

**RHODE ISLAND**

**TITLE IV-B FFY 2022 ANNUAL PROGRESS AND SERVICES REPORT**



***RHODE ISLAND DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES***

**KEVIN AUCOIN, ACTING DIRECTOR**

**JUNE 2021**

## Table of Contents

Collaboration	4
Attention to Race Equity	12
Update to Assessment of Current Performance	33
Update to Plan for Enacting the State’s Vision	33
Revisions to Goals, Objectives, and Interventions	35-94
Implementation and Program Supports	95
Staff Training, Technical Assistance and Evaluation	95
Quality Assurance System	98
Update on Service Description	109
Stephanie Tubbs Jones Child Welfare Services Program	109
Services for Children Adopted from other Countries	109
Services for Children under Age Five	109
Efforts to Track and Prevent Child Maltreatment Deaths	123
MaryLee Allen Promoting Safe and Stable Families	135
Service Decision Making Process for Family Support Services	137
Populations at Greatest Risk of Maltreatment	137
Kinship Navigator Funding	143
Monthly Caseworker Visit Formula Grants	144
Adoption and Legal Guardianship Incentive Payments	144
Adoption Savings	144
Family First Prevention Services Act Transition Funds	145

John H. Chafee Foster Care Program	146
Educational and Training Vouchers Program	167
Consultation and Coordination Between States and Tribes	173
CAPTA State Plan	175
Updates to Targeted Plans	187
Statistical Information	187
Financial Information	193
State Lead Contact Information	194
Appendices	Attached

## Rhode Island

### TITLE IV-B ANNUAL PROGRESS AND SERVICES REPORT

#### Collaboration –

The Rhode Island Department of Children, Youth and Families (DCYF) 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. In 2014, 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.*

The Department is in the process of updating our mission in conjunction with the Race Equity Team.

The Department also finalized and promulgated its guiding principles:

- ❖ The family, community and government share responsibility for the safety, protection and well-being of children through a family and child-centered wraparound model of care
- ❖ Decisions are made based on shared input and expertise, which includes the voice of the Department, the family, service provider, caregiver and child where appropriate
- ❖ Timely permanency is achieved when evident behavioral changes are made which demonstrate the ability to create and maintain safe, stable environments for children and youth
- ❖ When the natural family is unable to care for a child/youth, it is our responsibility, in as timely a manner as possible, to ensure the child/youth is provided permanency in his/her life in a safe, stable and nurturing home
- ❖ DCYF staff, parents, natural supports, foster caregivers, other community and State agencies, and their staff are partners in the provision of timely and appropriate high-quality care
- ❖ An integrated continuum of care should emphasize prevention over intervention, and reflect a partnership between family, community and government that is culturally relevant and helps families through readily available individualized services which achieve behavioral changes that can be sustained through natural supports
- ❖ Partnership requires open, honest and respectful communication fostering an awareness of the importance of individualized evidence-based practices and clear and agreed upon authorities and responsibilities
- ❖ Professionals at all levels should be held accountable to a professional code of conduct
- ❖ As an invaluable resource, staff are entitled to a safe, supportive work environment that fosters professional development
- ❖ Quality improvement is an on-going process, utilizing external and internal performance standards

- ❖ Professionals at all levels should be held accountable to a professional code of conduct
- ❖ As an invaluable resource, staff are entitled to a safe, supportive work environment that fosters professional development

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, 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 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.

Rhode Island is the smallest state in the nation with a population of 1,097,379 million (2020 Census). The DCYF state- administered child welfare system with a centralized 24-hour child protection operation. There are four regionalized offices to promote a community-based service system within the state. The state is divided into four regions and each region has an independent Chief of Practice Standards who report to an Assistant Director and there are seven work units in regions II and III and eight casework units in regions I and IV. Each unit is comprised of one supervisor and five social caseworkers. Social caseworkers are responsible for case management and coordination of service planning, as well as monitoring children in out-of-home placement, including managing visitation between parents and their children.

**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; it also 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 near, if not housed 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 the charges were filed. The Rhode Island Training School (RITS) 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 in the City of Providence. The physical location houses the Region 1 Family Service Units and much of Region IV's Family Service Units because of recent consolidation efforts, the Division of Children's Community Services and Behavioral Health, and other functions under Executive Services and Management, Budget and Support Services.

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.

The Department of Children, Youth and Families is one of four agencies within the Executive Office of Health and Human Services (EOHHS) which is comprised of the Departments of Human Services; Behavioral Health, Developmental Disabilities and Hospitals; Children, Youth and Families; and Public Health. These agencies are all aligned to provide a continuum of services and supports for children and families. Additionally, as referenced in previous submissions, the State has a comprehensive Medicaid waiver that is designed to rebalance its publicly funded health and behavioral healthcare service system, placing greater emphasis on community-based, preventive care and less reliance on institutionally based care. The DCYF is an integral participant in the redesign of Rhode Island's Medicaid supported service delivery system.

Consistent with this overall movement toward community-based supports for children and families, the design and implementation of the Family Care Community Partnerships (FCCPs) places great emphasis on the front-end of DCYF's service delivery system to identify families who are at risk for DCYF involvement because of:

- Children who are at risk of abuse and neglect;
- Children who have a serious emotional disturbance (SED);
- Children with behavioral health concerns; and/or

- Youth who have or are at risk of involvement in juvenile corrections.

All the FCCPs have within their networks of collaborative relationships a full array of early child development programs that include Early Head Start and Head Start programs; Early Intervention programs; Infant and Toddler Home Visiting programs; Parents as Teachers; etc. During a recent restructuring of the Infant and Toddler Home Visiting program, the Department of Health took steps to align its home visiting program with the FCCP regions so that these service providers would be easily linked as referral and resource partners. As referenced earlier, there is a continuing emphasis to ensure awareness of these home visiting programs among the FCCPs, as well as within our Child Protection Division to assist in providing necessary preventative supportive services to families with infants and toddlers.

DCYF has a standardized process used to gather input from the Narragansett Indian Tribe that is based on the Bureau of Indian Affairs (BIA), Indian Child Welfare Act (ICWA), and In-Demand Training (2016). DCYF notifies, exchanges information, and consults directly with Tribe representatives Wenonah Harris and Anemone Mars. The agency has identified Stephanie Terry as the tribal liaison. Both Ms. Terry and Acting Director Aucoin have had a series of meetings to discuss ongoing needs of the Tribe.

DCYF continues to utilize “Active Contract Management” (ACM), a framework by which the Department coordinates shared data with providers on outcomes and process measures relevant to the services they provide. The team works together to find solutions and make improvements on those outcome areas and track progress. This is a concept that has shown good results with our Family Care Community Partners (FCCPs), where ACM has been successful in improving assessment completion times and timeliness of first face-to-face visit with the family, and, most importantly, prevention of deeper involvement with the DCYF. The Department recently expanded the ACM process with group home and semi-independent living providers for teens where we hope to achieve similar successes.

The Department has also engaged in collaboration in the implementation of the Title IV-E State Plan Program Improvement Plan (PIP). Rhode Island’s IV-E PIP went into effect on May 11, 2017. In working towards meeting our PIP goals, DCYF has worked closely with the Family Court, Court Appointed Special Advocates (CASA), and the Office of the Child Advocate on several items related to the implementation of several provisions of the *Preventing Sex Trafficking and Strengthening Families Act*.

To communicate strategies, successes, and obstacles, the Department’s Acting Director has implemented quarterly open forum meetings with all staff which moved to virtual due to COVID-19. Staff are encouraged to attend and provide feedback directly to the Acting Director regarding new initiatives and share ideas for practice improvement. The Director’s Office sends a weekly e-message to all staff. These messages provide updates about our agency’s involvement and engagement with external stakeholders in the community and other government agencies. Acting Director Aucoin has continued the weekly messages and quarterly virtual forums which has been very well received by staff especially during tele-working due to COVID-19. Most DCYF staff were transitioned to tele-working in late March and early April 2020 and will continue through July 2021.

The Department engages in regular and ongoing communication with the RI Family Court. Acting Director Aucoin has a positive and productive working relationship with the Chief Judge Michael Forte and the Family Court administration. The Acting Director and the Department’s Executive Counsel continue with regular meetings with the representatives of the Rhode Island Family Court and more recently, meetings with the CASA attorneys have been established.

To ensure family voice and shared experience is heard within the Department, Adam Williams has been tasked by Acting Director Aucoin to lead and implement the Stakeholder Engagement Group. This group will have stakeholders from all areas and will serve to inform the work of the Department with the PIP, Family First Prevention Planning and began implementation in 2020.

The Department worked with the Center for States in November and December 2020 to create facilitation guides to host focus sessions with a diverse group of stakeholders. DCYF opted to break its stakeholders into two groups: consumers (parents, youth, foster parents) and providers (service providers, child welfare professionals; and experts from local police, family court, schools, health care, the tribal system, and communities of color). These Department spent 4-5 hours with each group over the course of multiple sessions in January 2021 to receive input on what belonged in our final stakeholder strategy and implementation plan. The sessions allowed opportunities to reflect on: what authentic partnership means for stakeholders, core engagement principles identified by the DCYF Stakeholder Engagement Workgroup, the draft stakeholder engagement theory of change, the array of stakeholder groups needed, and information regarding how DCYF's stakeholder groups should operate. Key takeaways from these focus sessions: (1) all of the stakeholders stressed that the top priority would be to commence a birth parent advisory group, and (2) that the Department needs to do a better job at holding itself accountable for the feedback it receives and then transparently reporting back on how that feedback was used.

The DCYF Stakeholder Engagement Workgroup gathered in late January and early February to reflect on all the feedback received at the focus sessions and finalized many components of its stakeholder strategy and implementation plan. The Department retooled its theory of change, finalized four guiding values and seven guiding principles, and committed to four critical steps that would be completed in the first phase of implementation: (1) drafting of a final implementation plan, (2) formation of a birth parent group, (3) a significant bolstering of our youth advisory board (aka SPEAK), and the establishment of an internal team that would provide stakeholder engagement oversight and hold the Department responsible for feedback received in stakeholder groups. The Workgroup also recognized that other desired phases of the work would take longer, such as strengthening new and existing groups with common tools and opportunities for training groups with common tools; and establishing regular communication materials (such as a newsletter) that will help all stakeholders to deepen their understanding of the Department's direction, successes, and challenges.

The Department first created a plan to partner with its contracted youth services provider to overhaul Rhode Island's existing youth advisory board, SPEAK. This group had recently suffered a setback because of a change in the contract that effectively led to this stakeholder group having to start over nearly from scratch. The new board needed support in several areas that were addressed in February and March of 2021. One of these areas included training the youth, so the group gradually shifts from being a provider and Department led group to being a youth-led group. The Department also increased recruitment efforts to bolster membership and is now committed to youth recruitment of a minimum of every six months to ensure youth who are new to the system know about this opportunity. Finally, the group was given direct access to meet with the DCYF Director and establish the Department's willingness to hear recommendations from youth.

The Department also successfully established a parent advisory group, which commenced in April 2021 after careful planning. Ten known parent champions were invited to serve as founding members of the group and were presented with a vision for a parent-led advisory board. The Department identified a core team of people, including two FSU Supervisors who will support the group. Parents already have met with



the DCYF Acting Director, head of CPS and head of FSU to identify areas where they believe the Department needs to partner with parents to develop solutions. A primary area that is already being explored is the parents' desire for DCYF to improve its overall empathy skills when engaging with parents. The parents have decided to meet weekly or biweekly for the first few months to fully establish the board, recruit a diverse group of parents, establish a more formal structure, and identify and Department resources needed to grow and sustain the group.

Two other critical stakeholder groups were launched first, after several months of surveying, information sessions and planning, DCYF launched in February 2021 a foster family council that meets at least monthly to advise the Division of Resource Families on how to serve best and support our foster and adoptive parents. Nearly 50 people attended the first session. This parent co-led group has met with the DCYF Acting Director and is already providing critical feedback, including reviewing the Department's foster care regulations.

Second, the Department formed in January 2021 a Family First Advisory Board. This group of roughly 50 internal and external stakeholders is helping to shape the Department's implementation plan, to be submitted in the summer of 2021, for the Family First Prevention Services Act. The group is co-led by the Department and a community provider. The intention is that once this plan is finalized, this group may opt to pivot itself into an ongoing prevention advisory.

Finally, the Department was able to establish a Feedback Loop team. This internal team is led by the chief of staff and includes Department leadership who participate in all of our critical stakeholder groups (birth parent, youth, foster parent, kinship councils; the Fatherhood Initiative; juvenile justice advisory; and internal groups such as the agency's Diversity Advisory Committee). This group will establish a system to capture all feedback and ensure that senior team members hear all the feedback being received across stakeholder groups. The Feedback Loop team is also serving as an oversight team and learning collaborative to identify the needs of our stakeholder groups. This will include tools like common agendas and note capturing, CQI development, and training needs such as supporting groups to increase their meeting facilitation skills.

In addition to Stakeholder engagement work, the Department's practice approach includes a central tenet of the importance of inclusion and value of family and youth voice and choice. The Division of Resource Families has embarked on a series of efforts to ensure that family voice is heard, valued, and informs practice change. Some concrete examples include:

- Non-meeting methodology to connect with families who cannot actively participate in planned events: group emails, individual calls, increased social media footprint, engagement for survey responses.
- Direct "check ins" via phone for foster families through COVID-19 to ensure that the Department was able to identify additional supports for families.
- Twice-weekly focus group with foster families throughout COVID-19 to address specific issues and needs.
- Open forums and Town Hall meetings with open invitations to families to hear about system changes and ask questions and receive direct responses from Department leadership.

- Kinship Advisory Council, a mixed group of kinship caregivers and stakeholders, focusing on the unique needs of kinship caregivers.
- RI Foster Family Advisory Council (RIFFAC), which was developed by the Department after a near yearlong effort to gain feedback and insights from families on how a group of this type could be useful and is now actively led by foster families.
- RIFFAC Action Groups, a partnership group with families and the Department which collects concrete feedback and work product (such as edits to the proposed Foster Care Regulations, and a family developed community resource guide) to help improve the system.

It is significant to note that the efforts above represent over 50 opportunities to connect with the Department. Virtual engagement has improved the number of families who participate in planned events (a set of open forums on system changes were held in 2018 with about a 10% participation rate; a similar endeavor from 2020 saw a 25% participation rate of foster families). With this information, the Department intends to maintain a mixed-delivery system with in-person and virtual engagement opportunities. Upcoming financial investments will further support foster family retention events, and ensuring compensation to incentivize youth and family participation in stakeholder opportunities (as incentives reduce barriers related to child care, transportation, changes in work schedules, etc.). Other investments will be made into programming that has been directly informed by families.

**Practice shifts:** During the past year, DCYF has implemented a practice model that promotes family and child wellbeing. Below are descriptions of major areas of work that are underway to support and achieve the goals of the practice model.

- **Implementation of a family engagement-focused practice model:** Critical to alignment with the goal of improving outcomes for families is the transformation of overall practice at DCYF. A foundation for that transformation is the Safety Assessment Through Family Engagement (S.A.F.E.) Practice Model, which was implemented in November 2019. In selecting S.A.F.E., DCYF sought a practice model that gives a central voice to youth, families and communities.

By adopting the S.A.F.E. model, Child Protective Services shifted from taking a solely incident-based investigative approach to a more comprehensive assessment of families' strengths, behaviors and functioning. When risks are identified, our Family Service Units' social caseworkers build partnerships with parents and caregivers to identify and seek agreement regarding the behavioral changes necessary to maintain child safety, permanency and wellbeing. Together, DCYF and families develop service plan goals that will enhance caregiver protective capacities and address the needs of the child.

Committed to the full implementation of the S.A.F.E. model with fidelity, the Department expects to see improved safety outcomes for children and families, including, but not limited to: Increased rate of families served by DCYF at home; safer and timely reunification of children and families; and a reduction of re-maltreatment and re-entries into DCYF care. As part of this ongoing implementation, DCYF is making necessary policy revisions to align our practice to the model.

- **Expanding and enhancing child maltreatment prevention efforts:** DCYF is shifting its operational direction and investments in prevention so that vulnerable families and children receive the support they need when they need it. To do this, DCYF has already strengthened its commitment to supporting five contracted Family Care Community Partnerships, which serve as primary

resources for families across the state who need access to housing assistance, family counseling, child care, early development programs, and other family support services. The Department also partners with other state agencies, such as the Department of Health, to ensure a robust array of supports for struggling families.

The Department is also preparing for implementation Family First Prevention Services Act ([Pub. L. 115-123](#)), which has the potential to bring new prevention funding and programming to Rhode Island. DCYF is developing its five-year Family First prevention plan to submit to the Children’s Bureau for review by July 1, 2021.

- **Rightsizing of foster care:** In 2007, just 60% of children in RI DCYF care were placed in families, with the other 40% living in congregate care settings (group homes, semi-independent living, residential treatment centers, and assessment and stabilization centers). As of January 1, 2021, the Department now has more than 83% of children in out-of-home care living with a family. Rhode Island has shown the most improvement in the country in placing children in family settings over the last 15 years.

In the last year in particular, the Department saw a significant reduction in the number of children in State care living in a congregate care setting (394 in February 2020 compared with 305 children in January 2021, a decrease of 23%). The agency continues its work to reduce the usage of congregate care for children who would be better served in a family setting. The “rightsizing of foster care” initiative allocates resources and makes investments to build an array of relative (kinship), foster and therapeutic foster homes available to meet the diverse needs of children in DCYF care. Recent agency activities include:

- The addition of 14 staff members to the Resource Family Division to recruit and retain more prospective resource families for children. The division remains on track with its current goal to license 100 new families by June 2021.
  - The recent renegotiation of contracts with 10 private child-placing agencies who operate the state’s therapeutic foster care programs. New contracts provide for rate and service equity for all foster families based on the needs of the children in their care. In the fall of 2020, DCYF began implementation of active contract management to support these vital agencies who provide family placements for children with higher levels of need.
- **Juvenile justice transformation:** For more than a decade, the Department has been working with communities and Family Court to reduce the number of children who are incarcerated at the Rhode Island Training School and/or involved in our Juvenile Probation program. This has been achieved through the creation of diversion programs and referring more youth and their families to community-based services. For youth who must spend time at the Training School, they are receiving targeted services ranging from physical and mental health, to educational and job training, to transitional re-entry programming.

Current initiatives include a rebranding of the division from “Juvenile Correctional Services” to the Division of Youth Development (DYD). The focus of DYD is to promote positive youth development by providing youth with opportunities in treatment, education, workforce training, mentoring and sustaining family connections. The division is also piloting innovative programming with local juvenile hearing boards in Providence and Central Falls to provide youth and families additional positive alternatives to involvement in the legal system.

- **Statewide system for children’s behavioral and mental health:** To better serve the children and families who rely on us for children’s behavioral health services, the Department is working with EOHHS to create of a “system of care” in Rhode Island. Nationally, child-serving systems have implemented systems of care that includes a spectrum of effective community-based services and supports. It also includes a set of principles to guide the way these services are delivered. Interagency collaboration, individualized strengths-based care, cultural competence, child, youth, and family involvement, community-based services and accountability are all included. Historically, numerous evaluations have found that systems of care are associated with a range of positive outcomes.

A system of care in Rhode Island will ensure that children and families have a unified process for receiving the behavioral health care they need to thrive. Currently, EOHHS and DCYF have formed a core State interagency leadership group for the system of care planning and implementation process. In the winter of 2021, the Department will establish a public-private advisory committee to provide input on this initiative. The committee will include parents, youth, schools, nonprofit organizations, pediatricians and other medical providers, and other youth-serving stakeholders.

There are two first-year service priorities:

1. Establish a Single Point of Access that will use an electronic referral and case management system to build a coordinated care network of health and social service providers in Rhode Island.
2. Establish Mobile Response and Stabilization Services statewide to avert unnecessary emergency Department visits, psychiatric hospitalizations, out-of-home placements and placement disruptions. Implementation will also work to reduce overall system costs.

### Attention to Race Equity –

**Race equity initiatives and council:** Beginning in the summer of 2020, DCYF began its journey to address systemic issues of race equity and inclusion that negatively affect agency staff and the children, youth and families served by the Department. The first steps have included:

- Creating a dialogue among staff, including “Listening, Learning and Leading” sessions on various topics of race and culture, implicit bias training for all staff (98% completion rate), and in-depth race equity training for staff leadership.
- Forming a Race Equity Team, which is a council comprised of staff leadership, members of the agency’s Diversity Advisory Committee, members of DCYF’s Peer Support Team, community members and other interested staff.
- Developing and implementing an agencywide Race Equity Plan. The focus of this work for the first half of 2021 will be to: Establish a shared understanding of race equity and inclusion principles, engage affected populations and stakeholders, and gather and analyze disaggregated data to help begin to identify root causes of inequities.

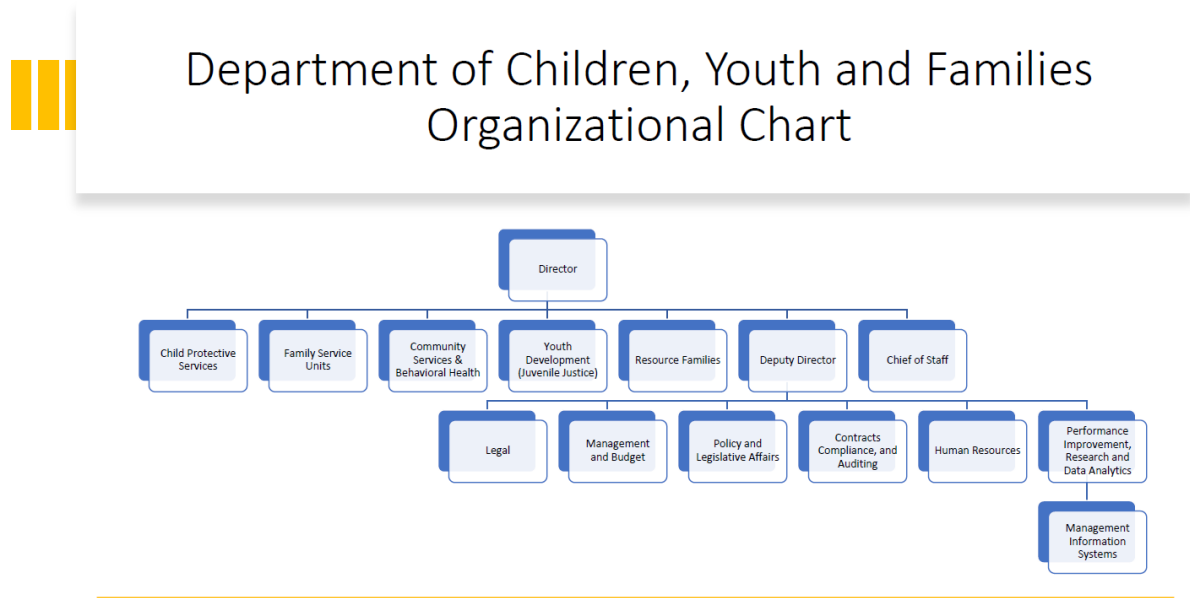
- Reviewing and updating as needed the Department's mission statement and guiding principles to reflect our commitments to race equity and family engagement.

Thus far, DCYF's systemic practices shifts are driving many positive outcomes for the children, youth and families we service. Listed below are highlights of some of the Department's recent achievements:

- The Department has made significant strides in the last 12 months in keeping children safe at home with their family and out of the juvenile justice system. Compared with January of 2020, there are now 94 fewer children in out-of-home care (5% decrease), 74 fewer youth being overseen by Juvenile Probation (27% decrease), and 25 fewer children at the Training School (63% decrease).
- DCYF staff have focused efforts on completing service plans for children and families in a timely manner within both our child welfare and juvenile probation divisions. Since March 2020, the Family Service Units has decreased the number of untimely service plans from over 500 to just 25. All of our families and youth deserve service plans that are built with family voice and choice at the core, with goals and actions that strengthen each family over time.
- In September 2020, a new Support & Response Unit (SRU) was launched within the Family Services Unit division. The SRU's objective is to connect families with support services that are aimed at prevention and child wellbeing. The staff maintains a toll-free family support line and has since September has served over 800 families.
- The Resource Families Division has increased the Department's capacity and utilization of licensed foster homes, including an increase in the number of licensed relative/kinship families. The number of licensed kinship families has increased from 271 in October 2019 to 627 as of December 2020.
- The Department has seen dramatic success in placing a larger proportion of children who need out-of-home care in a family setting. As of January 1, 2021, 82.9% of children who need out-of-home care are living in family setting, compared with 79.1% in January 2020. Much of this success is attributable to finding more relative/kinship placements for children: 70.7% of our family placements are with relatives or kin in January 2021, compared with 64.2% a year ago.
- Correspondingly, DCYF has experienced a significant reduction in the use of congregate care settings in the last year. In February 2020, DCYF had 394 children in congregate care settings; as of January 1, 2021, that figure has decreased by 23% to 305 children.
- The youth of the Training School continued to thrive despite the challenges presented during the COVID-19 pandemic. In June of 2020, the school saw seven students graduate (four high school diplomas, three GEDs). Testing is showing that youth educated at RITS are showing improvement in both reading and math skills.
- The most recent annual report examining recidivism among RI DCYF youth who were adjudicated shows that rate of recidivism is down to 28% over a three-year period, compared with 34% from the previous year's cohort.

- DCYF recently re-established a partnership with Rhode Island College to strengthen the training experience for employees. Next steps in the collaboration include the creation of an internship program that will provide opportunities for RIC students to be placed in several divisions within DCYF as interns to gain a robust background in the operations of the Department.
- Catalyzed by the pandemic, the Department has successfully implemented a telework model for DCYF staff. Among its innovations in 2020 was a mobilized child abuse hotline that allows for workers to respond to reports of child abuse and neglect from any location. Also, DCYF has shifted its training and educational programs to virtual learning and continues to provide an intensive new worker training program for frontline staff. Workforce Development provided both live and recorded virtual training on over 70 topics in 2020 and will continue to expand virtual training opportunities in 2021.

In December 2020 Acting Director Kevin Aucoin with the Senior Team began the process of realigning DCYF resources and released the below Organizational Chart on January 25, 2021.



### Update to Assessment of Current Performance in Improving Outcomes –

In June 2018, DCYF underwent Round 3 of the Federal Child and Family Service Review (CFSR). The State’s performance is assessed on 7 child and family outcomes and 7 systemic factors. The Department was found to not be in substantial conformity on the seven child and family outcomes. Those seven outcomes are:

Safety Outcome 1: Children are first and foremost, protected from abuse and neglect.

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

Permanency Outcome 1: Children have permanency and stability in their living situations.

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.

Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.

#### Child and Family Outcomes

- Safety Outcome 1: Of the seventeen (17) applicable cases in the November 2020 and May 2021 internal case reviews, 94.12% were found to be in substantial conformity. The Department's assessment of the performance of this item is that it is a Strength. The Department has addressed this outcome by including a strategy in its Program Improvement Plan that specifically targets improved documentation of investigative responsiveness to routine investigations. This PIP strategy has made a positive impact on investigative practice and documentation resulting in increased performance for this item since the 2018 Federal CFR.
- Safety Outcome 2: In the November 2020 and May 2021 internal case reviews, 61.54% of the 65 applicable cases reviewed were found to be in substantial conformity. Therefore, the Department's assessment of the performance of this item is that it continues to be an Area Needing Improvement. The Department is currently addressing this outcome by its implementation of the Family Functional Assessment (FFA) and Ongoing Family Functional Assessment (OFFA). The agency's Program Improvement Plan (PIP) includes strategies that will enhance family engagement and staff supervision as well as incorporating the FFA and OFFA into safety and service planning.
- Permanency Outcome 1: In the November 2020 and May 2021 internal case reviews, 22.5% of the 40 applicable cases reviewed were found to be in substantial conformity. Therefore, the Department's assessment of the performance of this item is that it continues to be an Area Needing Improvement. The agency is addressing this outcome by including a goal in the PIP that specifically targets the reduction of barriers to achieving timely permanency for our children in foster care. The agency is currently collaborating with the RI Family Court on developing a pilot mediation project as well as strategies that intend to reduce the number of petitions filed in family court.
- Permanency Outcome 2: In the November 2020 and May 2021 internal case reviews, 72.5% of the 40 applicable cases reviewed were found to be in substantial conformity. Therefore, the Department's assessment of the performance of this item is that it continues to be an Area Needing Improvement. The agency's Program Improvement Plan includes strategies that will enhance family engagement through the Family Functional Assessment (FFA) and Ongoing Family Functional Assessment (OFFA) and ensuring visitation services are available when needed for families.

- Well-Being Outcome 1: In the November 2020 and May 2021 internal case reviews, 33.85% of the 65 applicable cases reviewed were found to be in substantial conformity. The Department's assessment of the performance of this item is that it continues to be an Area Needing Improvement. The Department is currently addressing this outcome by its implementation of the Family Functional Assessment (FFA) and Ongoing Family Functional Assessment (OFFA). The agency's Program Improvement Plan includes strategies that will enhance family engagement and staff supervision as well as incorporating the OFFA to improve the assessment of family needs and family engagement in service planning.
- Well-Being Outcome 2: In the November 2020 and May 2021, 2019 internal case reviews, 80.43% of the 46 applicable cases reviewed were found to be in substantial conformity. Therefore, the Department's assessment of the performance of this item is that it continues to be an Area Needing Improvement.
- Well-Being Outcome 3: In the November 2020 and May 2021 internal case reviews, 55.17% of the 58 applicable cases reviewed were found to be in substantial conformity. Therefore, the Department's assessment of the performance of this item is that it continues to be an Area Needing Improvement. The agency's program improvement plan includes strategies specific to improving accessibility and communication with the Central Referral Unit as well as expanding capacity and expertise in the Department around Substance Use Disorder services.

#### Systemic Factors

In the 2018 Child and Family Service Review, DCYF was rated in substantial conformity on two of the seven systemic factors: Statewide Information System and Agency Responsiveness to the Community. The Department was determined to not be in substantial conformity with the following systemic factors: Case Review System, Quality Assurance System, Staff and Provider Training, Service Array and Resource Development, and Foster and Adoptive Parent Licensing, Recruitment and Retention. The Department will be addressing the systemic factors that were identified as Areas Needing Improvement in the Program Improvement Plan.

The Department's Statewide Information System was rated to be in substantial conformity in the 2018 CFSR. The Department's current assessment of this item is that it remains in substantial conformity. Information contained in RICHIST continues to be very accurate especially related to demographics and placement. As identified in the Department's Data Quality Plan, the Department has developed several data quality and timeliness reports that are reviewed weekly to ensure the accuracy and quality of demographic and placement data in RICHIST. In the 2018 Statewide Assessment, service plan information was found to be less accurate. The Department implemented new Family Functioning Assessment and Ongoing Family Functioning Assessment tools in RICHIST in November 2019. These tools were designed to streamline the service planning process with the goal of increasing timely development of the service plan. The service plan timeliness report has been re-designed to provide administrators and supervisors with the information they need to ensure timely development and approval of service plans. As a result of these actions, the timeliness and accuracy of service plan has improved greatly.

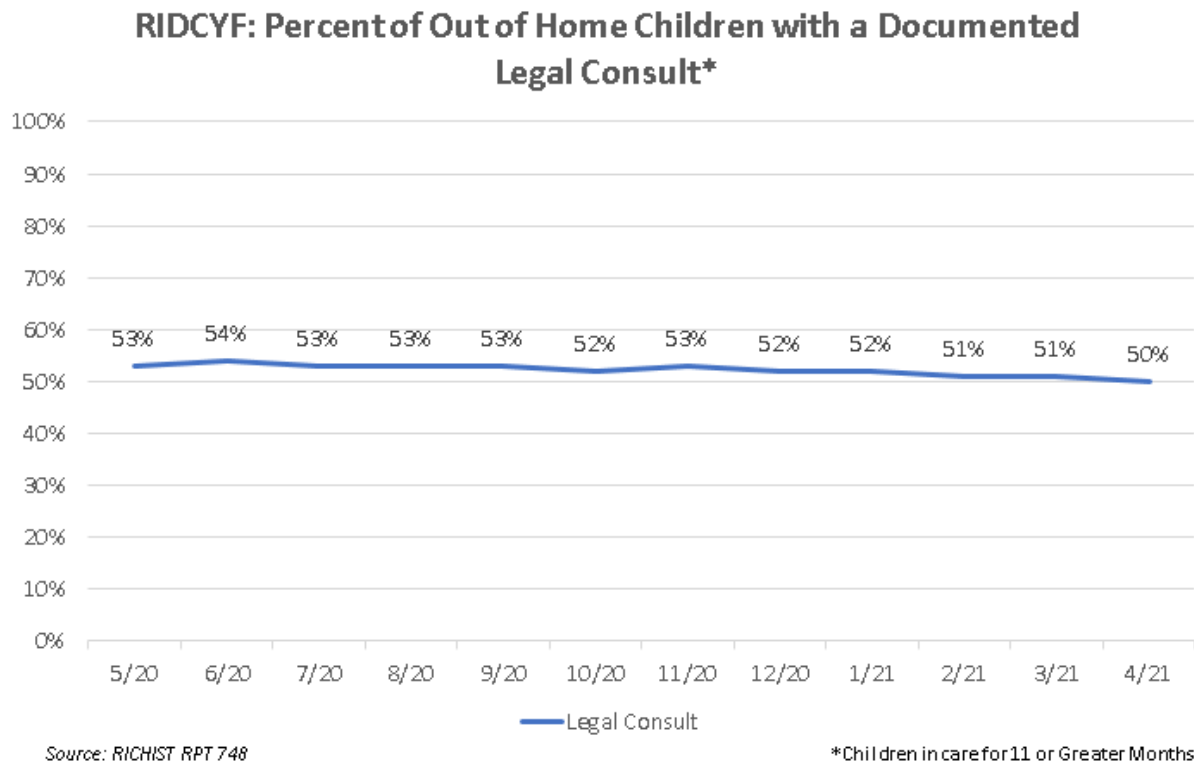
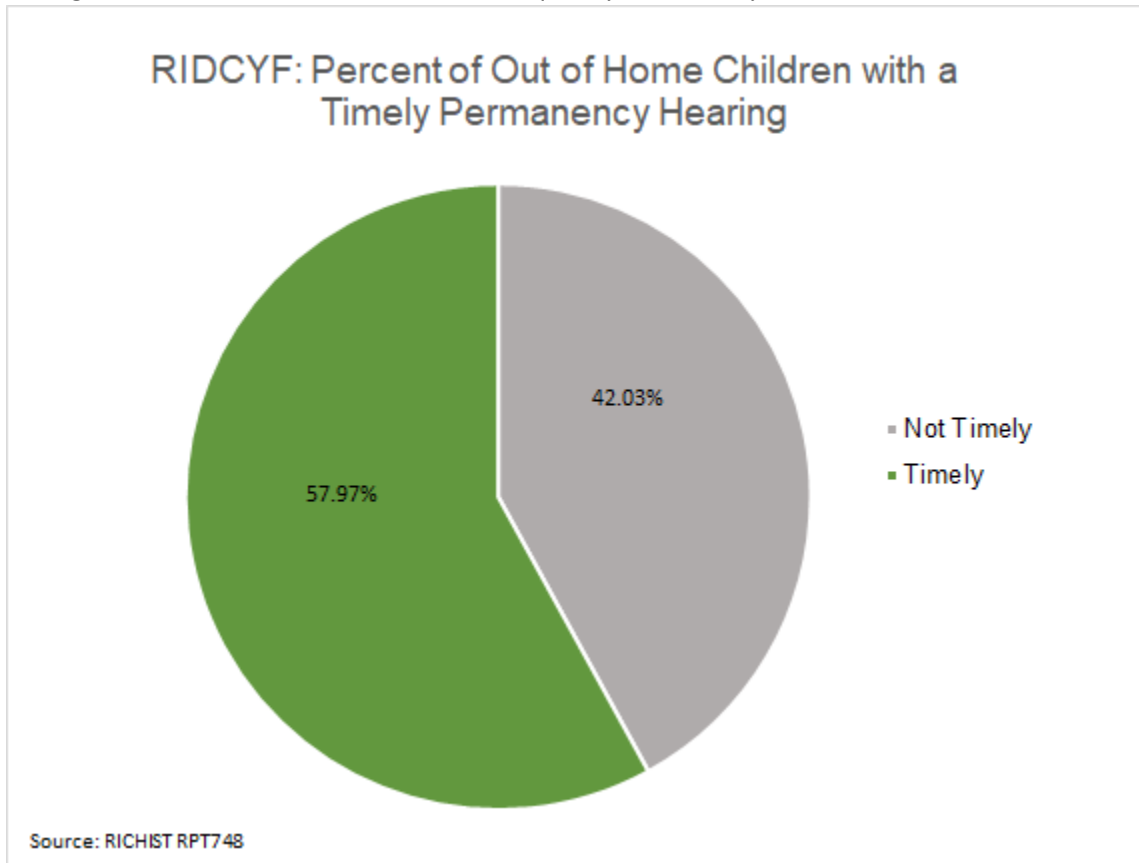
The Department continues to invest in a more mobile workforce. Over 550 DCYF staff are equipped with laptop computers which have the ability to access RICHIST while in the field or while working at



home. The Department recognizes that RICHIST is over 20 years old and has begun the process of planning for a replacement system. An RFI was released in February 2020 and vendors provided system demonstrations in March 2021. The Department has drafted a Planning Advance Planning Document (PAPD) and a Planning Vendor RFP which will be submitted to ACF upon legislative approval of CCWIS funding. DCYF anticipates releasing the RFP for the planning vendor in the fall of 2021 with an RFP for an implementation vendor in the fall of 2022.

The Department's Case Review System was rated as an Area Needing Improvement in the 2018 CFSR. The Department's current assessment of this systemic factor is that it remains an Area Needing Improvement, but there have been additional staff that have been added and have enhanced the Department's ability to conduct more timely reviews. The Administrative Review Unit had been short-staffed and was operating with two full-time staff. This has resulted in Administrative Reviews not being conducted in a timely manner, especially during the COVID-19 pandemic. In 2021, the Department hired an additional Administrative Review Officer and is in the process of training this individual to conduct reviews. This will likely result in more timely permanency reviews for children. During the pandemic, the administrative review unit utilized virtual platforms to conduct Administrative Reviews and will likely offer this as an option to parents if they prefer a virtual meeting over an in-person administrative hearing. The Department continues to utilize its Senior Casework Supervisors to conduct specific reviews of cases that require immediate attention (e.g. children who are placed in congregate care to see if they can be moved to less restrictive placements). As part of the Children's Rights Initiative Settlement, the agency also utilizes two (2) Programming Services Officers as well as a Child Protective Investigative Supervisor who was reassigned to the unit in December 2020 to conduct qualitative reviews of cases in which children who were removed for reasons due to abuse and/or neglect. The qualitative data elements that are reviewed include Sibling Placement, quality of face-to-face visit (DCYF and child),

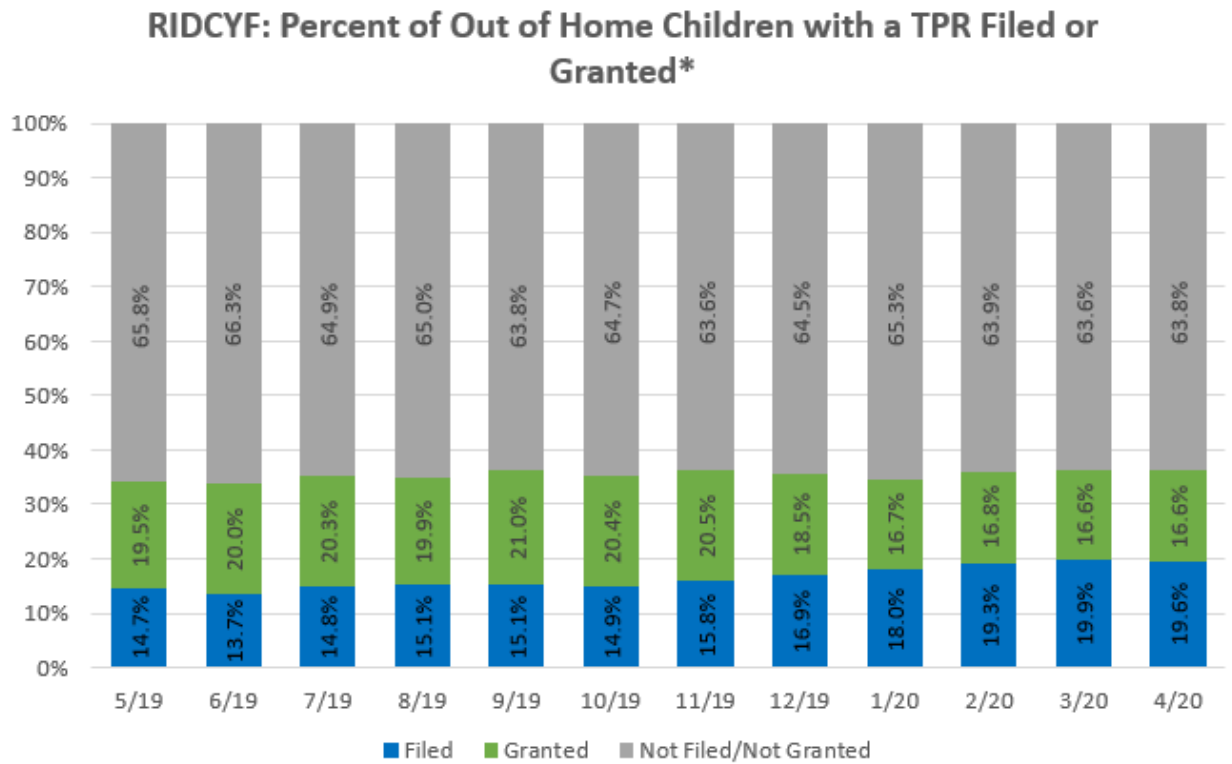
Sibling Visitation, Parent-Child Visitation Frequency and Quality, and Case Plan timeliness and elements.



The above chart shows the percentage of children in out of home care with a documented legal consult. The source of this data is from RICHIST Report 748 and applies to children who have been in care for 11 months

or greater.

The chart shows that there has been a steady trend in the percent of legal consults obtained since May 2020. It is

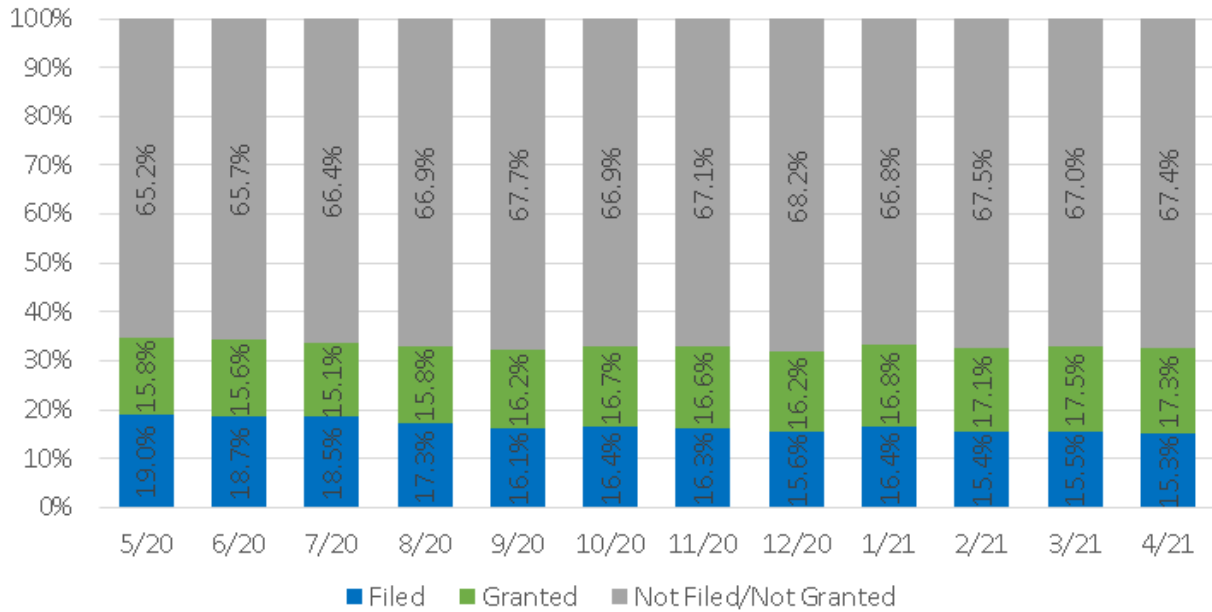


Source: RICHIST RPT 748

\*Children in care for 15 or Greater Months

anticipated that there will be an increase in the number of legal consults obtained as FSU works with the legal division to streamline communication and efficiently utilize availability, with the goal of moving cases forward towards permanency.

### RIDCYF: Percent of Out of Home Children with a TPR Filed or Granted\*

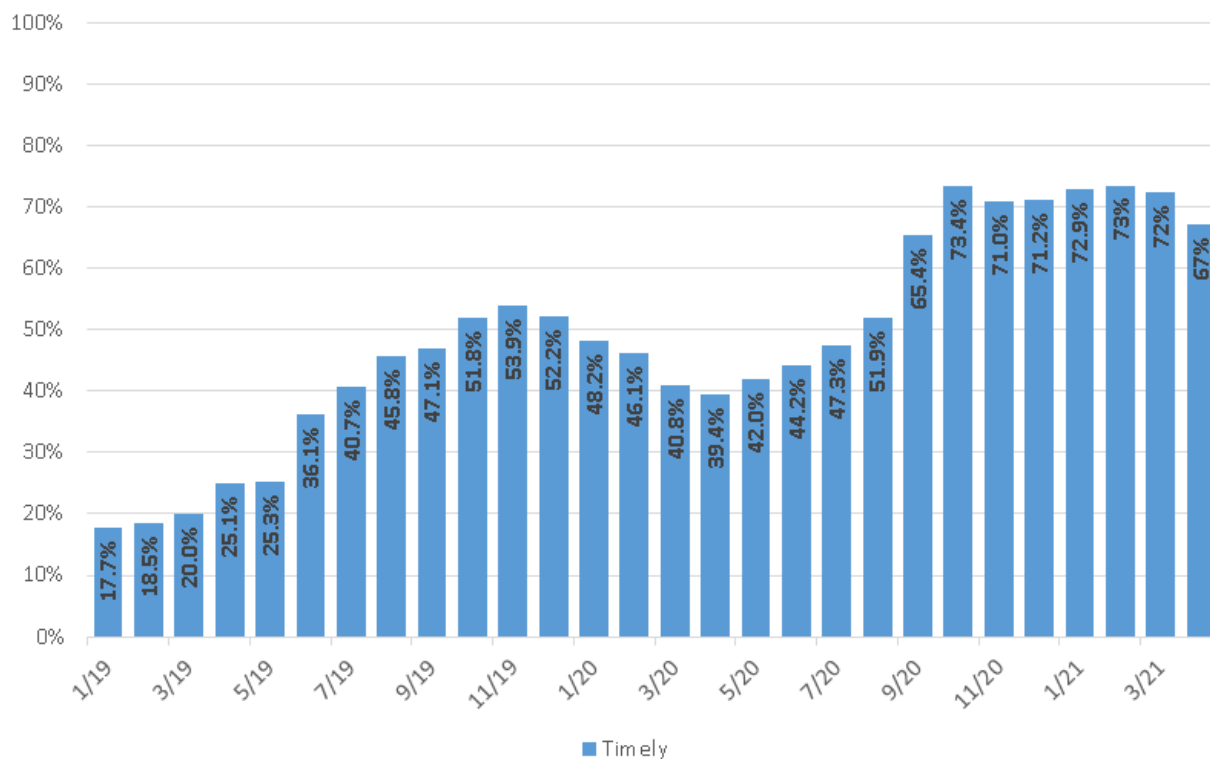


Source: RICHIST RPT 748

\*Children in care for 15 or Greater Months

The above chart reflects the percentage of children in out of home care with a TPR filed or granted. The source of this data is RICHIST Report #748. Between May 2020 and April 2021, the number of TPRs granted has slightly increased from 15.8% to 17.3%. However, the number of TPRs filed has decreased from 19.0% to 15.3% during the same time period. The percentage of children in care for 15 or greater months with no TPR filed or granted has slightly increased from May 2020 to April 2021.

### CRI Case Plan Timeliness



Notification to foster parents of their right to be heard has been identified in the past as an area needing improvement. The Department continues to utilize its state’s SACWIS to generate notifications to foster parents automatically. If a youth has an open foster care placement and a permanency hearing is scheduled, an automated notification is generated to the foster parent two weeks before the hearing date and is sent via U.S. Mail to the foster parent’s home address. Foster and pre-adoptive parents are invited to Administrative Case reviews by mail and by verbal notification from their assigned caseworkers. An automated letter is sent to all foster and pre-adoptive parents notifying them of the upcoming Administrative Review. If the foster parent is unable to attend the Administrative Review, they are given the option to fill out a Foster Parent Information sheet that provides information regarding how the foster child is doing in the home. The RI Foster Family Advisory Council (RIFFAC) was

developed through extensive stakeholder feedback and input in 2020, and formally launch in early 2021. The intended purpose of this advisory council is to create a space for DCYF, foster families, stakeholders, and community partners to collaborate and elevate the voices of our foster families. Family voice is critical in helping us to identify improvements for our foster care system so we can achieve the best possible outcomes for the children and families we serve. Full council meetings are held every other month and are family led, there are small workgroups focused on action, planning opportunities, as well as other events. The first two initiatives of the RIFFAC are for families to guide recommendations for revisions to the Foster Care Regulations for Licensure, and to help develop the content and implementation plan related to a satisfaction survey related to how our foster families experience our system.

The Department's Quality Assurance System was rated as an Area Needing Improvement in the 2018 CFSR. The CFSR Final Report noted that Rhode Island lacks a fully functional case review process that provides quality case review feedback on both in-home and out-of-home cases to staff. The Department executed its first internal case review process in 2019, utilizing staff from all divisions as reviewers. The internal case review process was conducted biannually, with reviews occurring in June and in November 2019. Using a proportional stratified random sample for the Department's case review process, the team reviewed a total of 32 cases in June 2019 and 33 cases in November 2019. The internal review established the baseline for the PIP Measurement. Reviews were conducted by sixteen two-person teams consisting of volunteers from throughout the Department during each review. CQI staff provided training to the teams at the beginning of each review period. Each team reviewed two cases and each of the cases received two levels of quality assurance. Quality assurance was conducted by a combination of dedicated CQI staff and volunteers. Cases are entered into the OMS system allowing for reporting by case type as well as Metro Site/Non-Metro Site. Each review occurred within a one-week timeframe and were sent for secondary oversight by the end of the review week. The Children's Bureau completed secondary oversight within two weeks of that date and cases were then finalized in the OMS. The qualitative case review unit worked with the Capacity Building Center for States to assist them with the development and refinement of its internal case review process.

In 2020, due to COVID-19, the Department changed its process of conducting its internal case reviews from an in-person format to a virtual process with support from the Capacity Building Center for States (CBCS). The Department's CFSR Coordinator worked closely with CBCS on designing, developing, and implementing a virtual case review process. The first virtual case review took place during a four-week period in June 2020 with additional virtual case reviews occurring in November 2020 and most recently in May 2021. Each of the reviews were conducted virtually utilizing experienced reviewers and Quality Assurance staff. Experienced reviewers were recruited to conduct reviews independently or as a two-person team. The Department also converted its case review training process and was able to recruit new reviewers to participate in the case review process in November 2020 and May 2021. In the past, case interviews would be scheduled in person. For the virtual review, all case interviews are scheduled by phone or utilizing a virtual meeting platform such as Zoom or Microsoft Teams.

The Department's internal case review system has been able to provide relevant and reliable data on each of the seven CFSR child and family outcomes Through the Division of Performance Improvement, DCYF communicates results of its biannual internal case review process through Active Divisional Management (ADM). ADM serves as the vehicle to provide feedback to staff as well as monitor and support the work of the Department. The CFSR Coordinator and Chief of Change Management have also

conducted case review results meetings within the FSU Regions, CPS and Juvenile Probation to communicate how the Department is performing on the 18 CFSR items as well as offer common themes of areas of strength and areas of opportunity for front-line staff in their child welfare practice. These case review results meetings are conducted after each biannual case review. Awards were also given to caseworkers whose cases performed well in the case review specific to areas of family engagement, permanency planning, and safety. Based on the above information, the Department is confident that its Case Review System has made significant improvements to its processes and would be rated as a Strength.

Staff and Provider Training was rated as an Area Needing Improvement in the 2018 CFSR. The 2018 Statewide Assessment and the CFSR Final Report noted that the Department lacks a fully functional training system that ensures workers have the knowledge and skills they need to work effectively with families. In 2019-2020 Work Force Development (WFD) implemented changes that were created in the spring of 2019 which included the full immersion into our Learning Partnership (LPCS) with Rhode Island College School of Social Work (RIC). WFD now has a full-time training site with all the latest technical support to assist us in the move to a more dynamic training delivery model with web-based and simulation technology as two key additions. The LPCS relationship has also included sharing of the latest best practice models and methods and we team with the key educators at RIC in reviewing and assessing current & future training program needs. The LPCS has assisted in revising the current New Worker Training Program. In the fall of 2019 DCYF had its first New Worker Training Cohort (15 New Social Caseworker IIs). This training program was built with the assistance of front-line workers, supervisors, and administrators from FSU as well as member of JCS & CPS. The first cohort completed this 6-month training in April of 2020 but due to the recent COVID 19 events the LPCS has not been able to fully evaluate the outcomes of this first cohort. A second cohort (16 new Social Caseworker IIs) started in January/February 2020. This group is expected to finish their training in July 2020. WFD has had to make quick adjustments to this training plan as the Department moved to teleworking and training moved to ALL on-line and web-based classes and limited field placement opportunities. The LPCS continues to work on evaluating and modifying existing new worker courses. In phase II of this work the focus is on developing Transfer of Learning activities for all 60+ trainings we are currently working on the first 18 trainings. WFD has a pre & post-test evaluation for this training program. It was completed after the start of the last cohort so the full use of this process will be implemented with the next cohort. The post test is being provided to each of the first two cohorts.

In 2018 it had been reported that there was a lack of ongoing training for staff. In 2019- & 2020 the Department has been providing a series of comprehensive training, large (36 hours) and small (1-hour refreshers) on topics directly related to our new SAFE Practice Model. This has been the primary focus for ongoing training for frontline staff.

All staff are now aware of how to track their individual training hours both in RICHIST and in a newly created training report located in the Department's shared file. Workers, supervisors, and administrators can review training singularly or in the aggregate (unit, division, agency).

Service Array and Resource Development was rated as an Area Needing Improvement in the 2018 CFSR. The CFSR Final Report noted that despite the re-procurement of its service provider contracts, there were definite gaps in its service array and the existence of waiting lists for some services. Results of the stakeholder interviews also revealed a gap between the current service array and the field's awareness

of those services. The Department will be addressing these concerns through the agency's program improvement plan by improving internal communication between the Central Referral Unit, increasing capacity and expertise for Substance Use Disorder Treatment, and expanding capacity for visitation services for families. The Department has increased the number of Child Support Technicians to support visitation in 2019 as well as devoting a position within the Division of Children's Services and Behavioral Health to provide knowledge and expertise related to Substance Use Disorders and education regarding accessing those services to staff. In May of 2019, the Department sought grant funding through VOCA to support 2 Peer Recovery Specialists and a Substance Use Disorder Liaison. Once approved, these positions will support existing work to support families to access and navigate recovery services. There are currently 2 Peer Recovery Specialists who outreach families primarily during CPS investigations to support safety planning and engagement in treatment from the point of DCYF contact. One Peer Recovery Specialist also provides outreach and support to pregnant mothers who are active with DCYF as to other children or have come to our attention as being at high risk due to substance use disorders. In addition, once the remaining positions are filled, one will be dedicated to work with the RI Family Drug Treatment Court to support recovery efforts and assist in expediting permanency whenever possible. The Department is working closely with the Department of Behavioral Health and Developmental Disabilities to expand its relationship with community agencies who provide transitional housing, and services specific to individuals and their family members who are affected by Substance Use Disorders. We are also working in partnership with multiple state and community agencies to establish a Residential Family Treatment Program.

The Department has also established a Service Response Team focused on providing support to line staff to ensure that children and families have timely access to appropriate services to reduce maltreatment, maintain children home, secure the right placement match when needed and expedite permanency. With the above-mentioned improvements to our Service Array, the Department's current assessment of this item is that it would be rated in substantial conformity.

Agency Responsiveness to the Community was rated to be in substantial conformity in the 2018 CFSR. The Department's current assessment of this item is that it continues to remain in substantial conformity. Some avenues of stakeholder engagement are still occurring regularly, and the Department continues to actively engage with external stakeholders to include the Courts, Birth parents, foster parents, youth, providers, and front-line staff. In early 2020, the Department began discussions with the Capacity Building Center for States to provide implementation assistance with several strategies in the Department's Program Improvement Plan. The Center for states Integrated Capacity Building Plan was approved in late April 2020. Since then, the Department and the Center for States have been working on building up the work group for this stream of work and a kick-off meeting occurred in late May 2020. The Center for States will help the Department develop the missing stakeholder groups and strengthen the groups listed above. Our stakeholder feedback will be a formalized process that is consistent with what is outlined in the Program Improvement Plan and continues as a regular part of the Department's practice. In addition, this work will align with the Department's stakeholder engagement work as it relates to the Family First Prevention Services Act.

Foster Parent Licensing, Recruitment and Retention has been a core focus of the Department's vision to "right size foster care", with the intent of ensuring that every child who is open to the child welfare, children's behavioral health, or youth development/juvenile justice system, is cared for in the least restrictive, most appropriate setting for their individualized needs (in priority order: home, relative



kinship, fictive kinship, traditional foster family, specialized foster family, or in rare cases a congregate care or hospitalized setting. A strategic plan to address previous areas needing improvement was developed in late 2019 with implementation in 2020 to reform the foster care system. Elements of the reform included staffing restructure and investments, rate and service equity for all foster families, contract renegotiations for private foster care agencies, development of comprehensive support programming for kinship providers, launch of online foster care application process, development of a resource library and data-informed in-service training opportunities, and start of a series of stakeholder engagement strategies (including the RI Foster Family Advisory Council). The Department believes that this systemic foundation will support this year's efforts to further development of supports services and structure (including improving access and engagement for all families), enhance the value and inclusion of family and youth voice in Department practice, and focus on ensuring racial diversity, equity, and inclusion in the foster care system.

### **Research and Evaluation for Assessment of Current Performance in Improving Outcomes (2020-2025)**

The Department has engaged in research and evaluation to monitor progress toward the CFSP 2020-2025 goals and objectives. Below is summary of the highlights of these efforts. The Department research, evaluation and continuous quality improvement for all activities listed below provide a feedback loop where data trends are review and deep dive analysis are conducted to identify root causes and underlying factors contributing to child, family and system outcomes:

- Monthly data analytic and evaluation meetings amongst DCYF staff
- Active Divisional meetings specific to Department units
  - Family Service Unit Central and Regional monthly meetings
  - Resource Families and Licensing monthly meetings
  - Child Protective Services monthly meetings
  - Youth Development and Juvenile Probation monthly meetings
- Active Contract Management with providers
  - Congregate Care bi-monthly meetings
  - Private Foster Care provider bi-monthly meetings
  - Family Care Community Partnerships bi-monthly meetings
- Bi-monthly Executive Office of Health and Human Services (EOHHS) PULSE meetings where DCYF data is shared and discussed
- Regular meetings amongst partners and stakeholders (i.e. Family Court, Provider Coalition)
- Monthly EOHHS Child Well-being meetings
- Monthly data related and solution driven meetings with RI Department of Health
- Weekly, monthly, quarterly dashboards and research data reports and briefs distributed to staff as well as within the CQI related meetings listed above

- DCYF case review system developed, and findings integrated into current Department feedback system

### Safety and Prevention

Safety Analytic Report: Each year the Department’s Data and Evaluation unit publishes a safety analytic report (See appendix, Safety Annual Report) inclusive of descriptive statistics and predictive analytics. Safety related dimensions include descriptive statistics and advanced statistics of Child Protective Services (CPS) reports, CPS investigations, factors associated with maltreatment rates (i.e demographics, communities), factors associated with repeat maltreatment, factors associated with maltreatment in foster care and across all metrics, and disproportionality outcomes. Both the descriptive statistics and predictive analytics provide information on both the profile and factors statistically significant in predicting child maltreatment, repeat maltreatment and maltreatment in foster care. This information is used to inform practice, policy and interventions as highlighted below.

The table below summarizes key metrics from the Safety Analytic Report. Among families investigated, the percent of children indicated overall decreased over the last four years. The rate of indicated child victims decreased from FFY17 to FFY21. In FFY19, 10.5% of children experienced a repeat maltreatment. The median age at the time of the initial maltreatment was 5 years old and the median length of time between the two indicated events was 153 days, just over 5 months. The number of unique children with a report of maltreatment in foster care decreased from FFY19 to FFY20. Further, the maltreatment rate among children age 0-9 and within this age group, children under the age of 1, have higher maltreatment rates compared to children age 10 and older. Children under age 10 also experience disproportionality in maltreatment rates among children who are Black\African American, or Multiracial or Hispanic compared to children who are White over this same period.

	FFY17	FFY18	FFY19	FFY20
<b>Section 1: Investigations (Maltreatment)</b>				
Number of children investigated	7470	10821	9288	8022
Among children investigated, percent of children indicated	41.4%	33.8%	34.3%	34.0%
Median age at CPS report for indicated child victims (years)	5.0	6.0	6.0	6.0
Rate of indicated child victims (per 1,000 children under 18 years old in Rhode Island)	13.8	16.3	14.3	13.1
<b>Section 2: Repeat Maltreatment*</b>				
Percent of children who had repeat maltreatment within 12 months of the initial maltreatment	11.2%	10.2%	10.5%	
Median age at initial maltreatment (years)	5.0	4.0	5.0	
Median length of time between initial and repeat maltreatment (days)	141.0	161.0	153.0	
<b>Section 3: Maltreatment in Foster Care**</b>				
Number of victimizations of maltreatment in foster care	80	74	84	52
Number of unique child victims of maltreatment in foster care	77	72	78	51
Median age at CPS report (years)	10.0	7.0	11.0	12

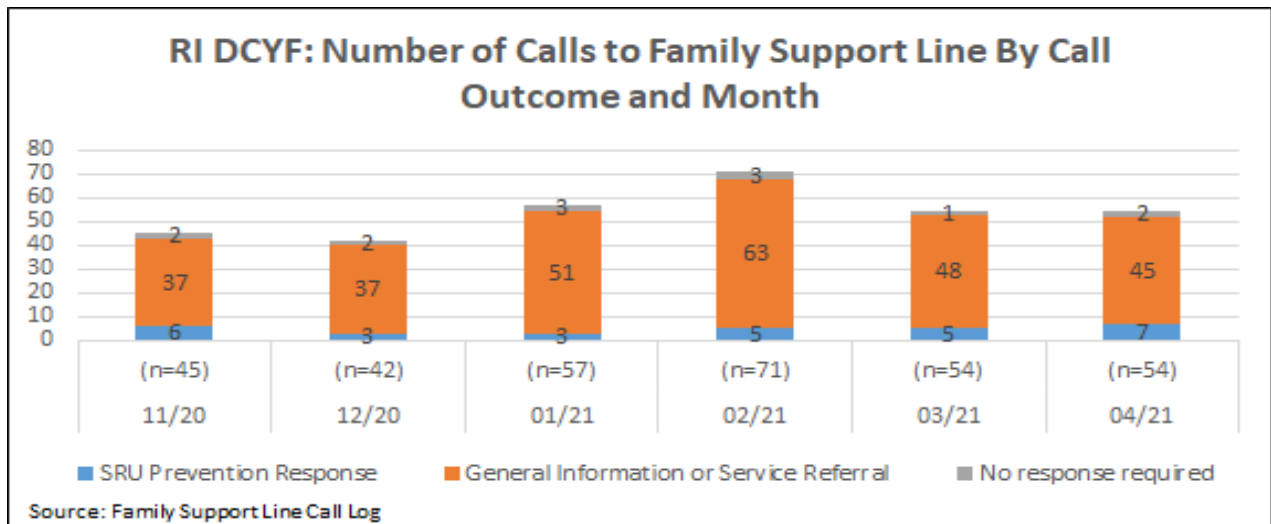
\*Unadjusted for age. Children’s Bureau adjust for age at initial victimization.

\*\*At time of report, Children’s Bureau method of bed days calculations had not yet been released – subject to be revised

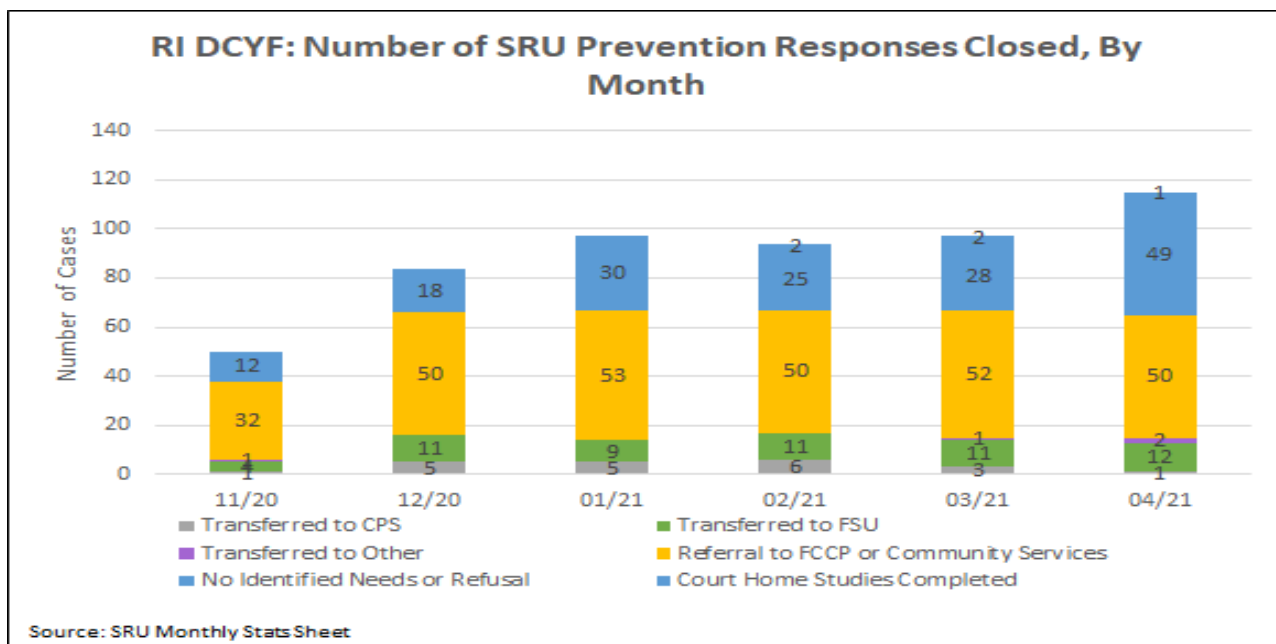
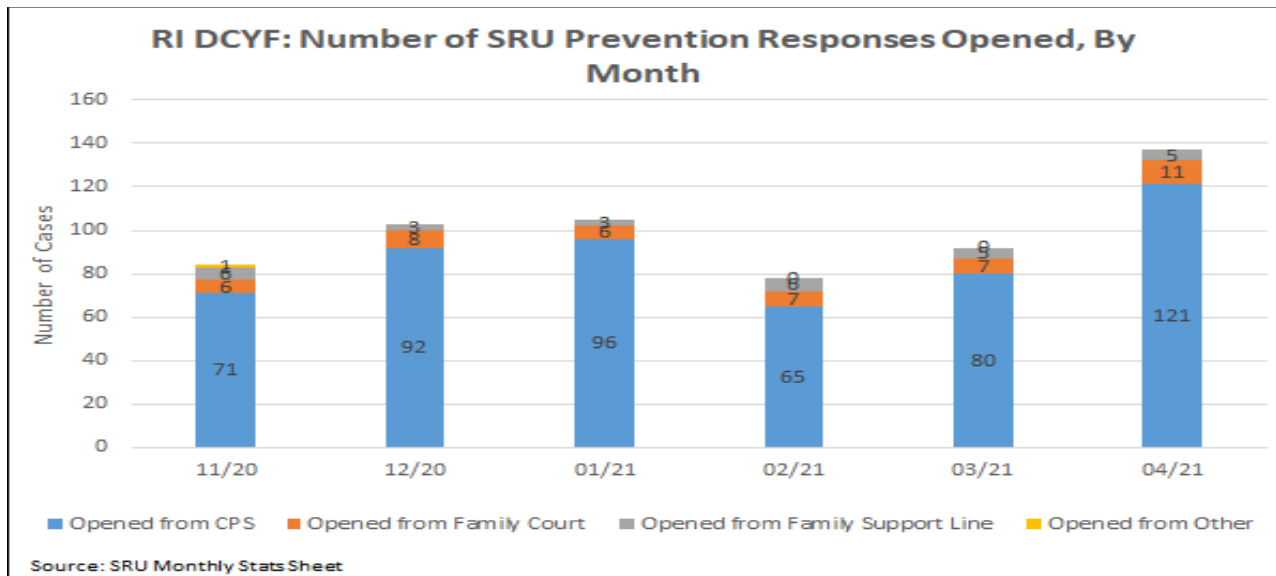
Collaboration with RI Department of Health (RIDOH): For the past two years, DCYF and RIDOH have engaged in collaborative research wherein the epidemiologists\evaluators from both agencies under the public health framework focus on primary, secondary and tertiary prevention. A collaborative team of

program staff and epidemiologists monitor and analyze data of families at risk of maltreatment and/or repeat maltreatment with a focus on children age 0-3. As part of CAPTA, DCYF and RIDOH established a monitoring system between identifying children age 0-3 who were indicated for maltreatment and referred to services inclusive of Early Intervention. The DCYF services include Family Care Community Partnerships (FCCPs) and contracted community-based programs. The RIDOH services include Healthy Families America (HFA), Parents as Teachers (PAT), Nurse-Family Partnerships (NFP) and First Connections CAPTA (FC CAPTA). This information is used for the dual purposes, on the individual level, timely service provision, and at the aggregate level for research and evaluation purposes to predict which families are at greater risk to not engage with supportive services. Data for children with indicated investigations, aged 0-3, has been tracked for over two years and will continue to be monitored (See Appendix, RIDCYF RIDOH). The most recent data available for the 0-3 child cohorts is February 2021. Among the 55 children, 48 children (87%) engaged with selected RI DCYF and RIDOH services by April 1, 2021. Children and families in this cohort may have engaged with RI DCYF or RIDOH selected services at a date later than April 1, 2021 or engaged with services other than those reflected in this data brief. Among the last 6 months of cohorts available, engagement with services has been approximately 70-85%. The Department plans to monitor this ongoing initiative and plans to collaboratively procure an automated system for data to be managed in a single data system; this will allow for timely monitoring and responsiveness. The single data system will be launch June 7<sup>th</sup>, 2021.

Another application of data driven informed practice involves child maltreatment prevention. Over the last year, Department changes included starting the Family Support Line and the Services and Referral Unit (SRU) in November 2020. From November 1, 2020 to April 30<sup>th</sup>, 2021 there were 323 calls to the Family Support Line, of which 29 were transferred to the SRU unit.



From November 1, 2020 to April 30<sup>th</sup>, 2021 there were 599 prevention response case open to the Services and Referral Unit (SRU). These prevention response cases include those referred from the Family Support Line, as well as CPS, Family Court, and Other sources of referral. The most common disposition of these cases is Referral to FCCP or Community-based services, followed by Court Home Studies Completed and Transfer to FSU. Further analysis will continue to track the outcomes of SRU cases.



Both the data from the Safety Analytic Report, (among other RI data analytic briefs) and the ACM with the Family Care Community Partnerships (See Appendix, Safety Annual Report, FCCP November 2019 Strategy meeting) inform the Department and FCCPs initiatives. Although the Department has engaged in research and evaluation for approximately 15 years, for the past five years the Department has engaged in Active Contract Management (ACM). Department epidemiologists and evaluators have played an active role with Department program staff and provider staff to identify a core set of metrics and outcomes in the areas of safety and maltreatment prevention.

The collaboration between the Department’s Children’s Community Services and Behavioral Health, Active Contract Management and Data Analytics and Evaluation with the Family Care Community Partnerships (FCCPs), the Department’s contracted provider network designed to prevent child maltreatment and promote family well-being, meet monthly to review the core set of safety related

metrics and outcomes and observe changes in trends over time. Based on the data and/or changes in trends, the collaborative team identifies areas to further explore potential root causes and underlying factors contributing to the metrics and outcomes.

The research often includes mixed methods to allow for both breadth and depth. Examples of research and evaluation designs for predictive analytics (quantitative) conducted include cross-sectional, case-control, and longitudinal study designs. Specific statistical analytics include logistic regression, multivariate regression, survival analysis, Cox proportional hazard, generalized estimating equation, mixed effects, among others, to allow the team to understand factors contributing to the safety outcomes.

Based on the results of these analyses, the team engages in the development of a logic model or strategic plan to identify an intervention and design the implementation of the intervention. Data is collected on process measures for implementation evaluation while the outcome measures via the dashboard are monitored to observe change over time. Based on the research question, qualitative research may also be implemented as part of the root cause analysis. The qualitative methodology ranges from case record reviews, focus groups and/or open-ended surveys. The monthly meetings amongst the collaborative team provides a structural and systematic platform to review data and research findings over time as well as identify any mid-course intervention modifications when needed.

The CPS ADM began in September 2019 and follow up meetings have been occurring every one to two months. In these meeting, CPS supervisor and administrators reviews dashboards, and discuss either a strategy deep dive topic or implementation action steps (See appendix for CPS ADM Slides). Dashboards include approx. ten CPS data metrics that are reviewed each meeting to discuss monthly changes. Dashboards include, but are not limited to: calls and reports, screening decisions (in/out), call priorities, screening outcomes (indicated/unfounded), investigation timeliness, and removals. Dashboards also include CPS measures broken down race/ethnicity disproportionality, as well as supervisor information. In strategy meetings, deep dive topics discussed have been: CPS outcomes after the FFA Safe Model implementation in November 2019 (including investigations, referrals, removals, and repeat maltreatment); and year to year comparisons of CPS measures (calls, investigations, allegations) to evaluate the impact of COVID-19. In implementation meetings, action steps discussed and implemented have been implementing a quality review process for CPS investigations to evaluate consistency in supervisor division-making using FFA Safe Model.

The data from FCCP ACM monthly data meetings show a relatively low percentage, approximately 4% of families discharged from the FCCPs, have an indicated maltreatment or removal from home within 6 months from their FCCP discharge. A 2021 analysis examining WRAP goals and their correlation to important factors showed that length of stay in FCCP care was related to WRAP goal success. Those families who stayed 121 days or longer had at over 90% of them closing with wrap goals being met, compared to those closing in 90 days or shorter, had at most 79% of WRAP goals being met at close. From this work, the FCCP ACM examined Medicaid audit files, to try to and see if there is a connection between the WRAP goals, length of stay, and successful Medicaid outcomes. The group identified the need to design a more in-depth analysis, and to perhaps examine the suggested length of stay in FCCP care in their contracts.

To guide decision making for the Family First Act as to which populations are most at risk to enter foster care, a multivariate analysis was conducted to identify the factors associated with children remaining in-

home without experiencing a removal. Children who opened to FSU while in-home during 2017-2018 were followed for 12 months or until their case closed to observe if they remained in-home or removed into foster care. The findings showed that older children and children who received DCYF funded homebased services remained in-home more frequently compared to younger children and children who did not receive a homebased service, respectively. Twenty-three percent of children under age 1 remained in-home while 58% of children age 1-5, 72% of children age 6-11, 71% of children age 12-15 and 66% of children age 16 or older remained in-home for 12 months. The percent of children who remained in-home among those who received homebased services compared to those who did not were 81% and 47%, respectively; children who received services had 6.7 times the odds of remaining in-home compared to those without services. Similar analysis was conducted for other potential candidacy populations with the final 7 candidacy population being children involved with the Family Care Community Partnership, In-home and assigned to FSU, In-home and assigned to Juvenile Probation, Children who have a sibling in an out of home placement, Children reunified, Children who adopted or in guardianship.

## **Permanency**

Since 2009, the Department has published the Permanency Analytic Report (See Appendix, FY16-20 permanency). This report provides both descriptive statistics on the trends in the prevalence of removals, timely permanency, foster care re-entries and underlying factors associated with these three areas. This report is routinely used to inform practice, policy and interventions through the CQI channels described at the beginning of this section (Section I).

The state removal rate has fluctuated the past five years. For children under age 18, the removal rate was 5.5 per 1,000 FY15 entry cohort, 4.8 per 1,000 entry cohort FY16, 5.1 per 1,000 FY17 entry cohort 6.7 per 1,000 FY18 entry cohort, 5.5 per 1,000 FY19 entry cohort, and 4.5 per 1,000 FY20 entry cohort. Further analysis illustrated among the cities with elevated rates of removal are the five urban core cities. Based on this data along with additional Department analytic activities, the Department has actively engaged with urban core communities to share this information and to become active in community Health Equity Zones (HEZ) led by the RI Department of Health. The Department has representatives in the HEZs that focus on child maltreatment prevention and maintaining families together.

Another application of the permanency analytic report specific to removals into congregate care involves exploring factors associated with children with a higher prevalence of entry into congregate care over time. Since the first analysis of an entry cohort, the following factors are associated with children with an elevated prevalence of entry into congregate care: a) children age 12 and older compared to children 0-11, b) children age 12 and older of color compared to children who are White, d) children removed due to child behavior compared to maltreatment. Results from this ongoing analysis and feedback to inform practice, intervention and policy reveal progress in these areas.

The percent of all children whose first placement is congregate care reduced - particularly the percent of children age 0-12 whose first placement also decreased. Among a FY18 entry cohort of children age 12 and older, 58% had a first placement of congregate care compared to 53% among an FY20 entry cohort of children age 12 and older. Similarly, among an FY18 entry cohort of children age 0-11, 2% had a first placement of congregate care compared to 1% among a FY20 entry cohort of children age 0-11. Children of color age 12 and older have experienced disproportionality in first placements of congregate care with children who are Black\African American or Multiracial or Hispanic have higher rates

compared to White children. FY18 entry cohort was the first entry cohort in the past four years where the disproportionality decreased, this trend has continued into the FY20 entry cohort. Further, the percent of children placed in kinship families has steadily increased. In FY18, 81% of children in an out-of-home placement were with a foster family compared to 84% as of FY20. Forty-five percent of children in a foster family were in a kinship foster family compared to 46% as of FY20.

Additional analysis to inform appropriate use of congregate care was the establishment of a tracking system on functional status of youth entering congregate care and their respective Level of Need (LON). Data analysis revealed over two years approximately 40% of children placed in congregate care had a LON (based on a Child and Adolescent Needs and Strength assessment algorithm) that did not require congregate level care. Data shows comparable LON trends for youth assigned to the Family Services Unit, with 26-38% of children inappropriately placed in congregate care setting from 2020 QRT1-QRT3. The majority of children not requiring congregate level care had a Tier 3 LON. The objective of the Department is to step down lower tier children as more foster homes become available. Additionally, data from the same subpopulation showed that approximately 68% of private therapeutic foster care placements were utilized for children with low LON tiers from 2020 QRT1-QRT3. As a result, these specialized placements are not available for children with higher levels of need and children who the Department should be stepping down. Research was also conducted to determine which children had statistically significant changes from baseline LON scores to LON scored upon discharge. The results yielded that children with higher levels of need experienced greater improvements at discharge than children who had less severe needs. This information further illustrated the need to ensure children who were placed in restrictive environments, when their LON did not suggest this need, did not benefit from their setting to the extent as those children who were placed in congregate care appropriately.

Starting June 2019, congregate care providers would pilot the CSEC Screening Tool sending monthly screening tools and tracking sheets in order to identify victims and understand risk factors associated with children and youth in congregate care who are current or previous victims of sex trafficking in the state of Rhode Island. Through the CSEC Screening Tool, RI Child Welfare System hope to better identify children and youth who have an increased level of risk or status of 'Confirmed victims' and provide them with access to resources available to better serve confirmed victims, high risk children, and their families. The CSEC screening tool is currently being used to identify youth involved with RI DCYF and in congregate care that may be 'At Risk', 'High Risk', or a 'Confirmed victim', and are to be rescreened every 6 months or when absent from care to account for changes in risk status.

Placement stability has consistently remained statistically above the national performance since FFY15 and as of FFY20 is 2.38 per 1,000 days in care.

A workgroup was established among the Department staff and external stakeholders including the family court, adolescents in foster care, and community juvenile boards among others. The workgroup has met approximately six times over the past year and developed initiatives to increase the Department's presence in community groups focusing on urban cities to prevent removal and provide community-based services. This initiative is in its first year of implementation. Removals by race, ethnicity and age as well as first placement will be monitored over time and reported out to the Department and the collaborative workgroup\stakeholders. Arising from this group was the need for sustainability. The Department has sustained this focus on race equity and in particular at the community level and for children in out of home placement with an emphasis on congregate care occurs

in the Department's Active Division meetings. Further the Department addresses diversity and race equity in the Diversity committee. The DAC was established over 5 years ago and continues to address race equity. Most recently the Department developed a race equity group to coordinate the Department efforts in this area and address race inequity at a system level.

### **Service Array**

Collectively, the ongoing monitoring of trends, descriptive statistics, predictive analytics, program evaluation and research has contributed to informing the population profile of families involved with the Department and their needs. This information is shared internally through mechanisms identified in Section I of this CFSP section as well as through ACM and the recent ADM mechanisms. This information is also shared bi-monthly with the RI Executive Office of Health and Human Services which can assist in cross agency collaborations and system-wide program planning.

The Rhode Island Human Trafficking Taskforce in collaboration with DCYF developed the CSEC Screening Tool and screening process to identify children and youth in congregate care who are current or previous victims of sex trafficking in the state of Rhode Island. Through the CSEC Screening Tool, RI Child Welfare System hope to better identify children and youth who have an increased level of risk or status of 'Confirmed victims' and provide them with access to resources available to better serve confirmed victims, high risk children, and their families. The CSEC screening tool is currently being used to identify youth involved with RI DCYF and in congregate care that may be 'At Risk', 'High Risk', or a 'Confirmed victim', and are to be rescreened every 6 months or when absent from care to account for changes in risk status. As of May 5<sup>th</sup>, 2021, the 1221 children in congregate care were screened using the CSEC Screening Tool (including children who were rescreened), 74% were screened with No Identified Level of Risk, 10% were screened as 'At Risk' youth, 9% were screened as 'High Risk' youth, 6% were screened as 'Confirmed victims.' The median age of children in congregate care screened for CSEC is 16 years of age. Residential Treatment Centers had the greatest proportion of youth identified as 'High Risk' (31%). Group Homes had the greatest proportion of youth identified as 'At Risk' (27%) and 'Confirmed victims' (44%). Of the youth in congregate care screened for CSEC, 45% were identified to have a history of multiple absences from home or placement, 13% of youth were identified with themselves or someone else having sexually explicit photo/video of them, 12% of youth were identified with having exposure to pornographic material, 11% of youth were identified with use of one or substances, and 11% of youth were identified with having a sexual or romantic relationship with an older partner. Female youth predominantly made up the greatest proportion of each At Risk characteristic except for disclosed, suspected, or reported gang affiliation and use of one or more substances which had a greater proportion of Male youth.

The VEC (Voluntary Extension of Care) Program ADM was created as a way to monitor and increase entries of young adults ages 18-20 years of age into the VEC Program. During the COVID-19 Pandemic, young adults who would have aged out of the program at 21 years of age, were allowed to stay and continue receiving services. Through an ADM of the VEC Program, we are able to better understand the struggles of YDS staff and develop strategies to better assist young adults with their educational needs, employment needs, and service array as they transition into adulthood. As of April 2021, the VEC Program has 101 young adults participating and 47% at 20 years of age, 42% of them are 19 years of age, followed by 8% at 21 years of age, and 4% at 18 years of age. Involvement in the VEC Program requires a young adult to either be enrolled in an educational program or employed, 88% of VEC young



adults are enrolled in an educational program or employed as of April 30, 2021. Whereas 12% of young adults were not enrolled in an educational program or employed compared to February 29, 2020 where 30% of young adults were not enrolled in an educational program or employed. The decreasing percentage of young adults not enrolled in an educational program or employed highlights the central focus YDS staff made to support young adults in the pursuit of opportunities while in the VEC Program.

Over the past five years, the Department has used research findings and data analysis to develop Request for Proposals (RFP) for our service array and contract language to ensure providers support children and families within their programs. The Department has a community-based and group-based utilization monitoring system to track service array capacity and utilization needs amongst families involved with the Department (See Appendix, HomeBased.CapReport.05.19.21). The Department's capacity was expanded several years ago to meet the needs of the families as measured by utilization. One area that continues to be challenged with capacity is visitation programs. The Department currently has wait lists for our visitation programs, with several programs experiencing difficulties hiring qualified staff and are unable to serve their contracted capacity. As identified in an earlier section, the Department addresses this need through ongoing contract management. The Department also continuously monitor the outcomes of children receiving community-based services. Children who receive RI DCYF funded services are followed for 12 months to see if they experienced subsequent removal, investigation, indicated maltreatment, stay at RITS or adjudication after starting the service (see Appendix, Community Based Programs 2020 FY18 entry cohort f).

### Plan for Enacting the State's Vision –

In preparation for the development of the new five-year strategic plan for the Child and Family Service Plan, the Department held multiple conversations with stakeholder groups including representatives from the Family Court, the Child Advocate, representatives of Children's Coalition of RI, the Family Care Community Partnerships (FCCPs), members of the minority community-based service organizations, the Narragansett Indian Tribe, Neighborhood Health Plan of RI (NHP) (the health plan provider for children in DCYF care), family advocacy representatives, the RI Fatherhood Initiative Committee and other community-based service providers.

Through these conversations the Department outlined five overarching goals for the next five years:

Goal I: Increase child safety outcomes by investing in prevention and standardizing practice

Goal II: Rhode Island will reduce barriers to achieving timely permanency for children in foster care

Goal III: Rhode Island is committed to increasing well-being outcomes for children and families through family and community engagement

Goal IV: Rhode Island will enhance its Continuous Quality Improvement System to support improving outcomes for children, youth and families that will monitor the implementation of strategies intended to have a positive impact on safety, permanency and well-being outcomes

Goal V: Develop a competent, stable and diverse workforce, focused on frontline workers, through enhanced recruitment, training, and retention strategies

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.

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 CPS staff to more effectively avert families from coming 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 support 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 children in out-of-home care in a family setting by 5% 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 benchmarks 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.

## Update on Progress Made to Improve Outcomes

### Child and Family Services Plan 2020 – 2024

Goal I: Increase child safety outcomes by investing in prevention and standardizing practice

*Safety 1, Safety 2, Permanency 1, Permanency 2, Well-Being 1, Well-Being 2, Well-Being 3*

Goal 1 of the PIP

<b>Objective: Pivot to Prevention strategic plan will reduce maltreatment to 12 per 1000 children in RI under age 18 by 2021.</b>			
<b>Benchmark</b>	<b>Measure of Progress</b>	<b>Target Year Completion</b>	<b>Progress in 2021</b>
1.1 Develop a communication plan which includes focus on in-person community presentations to share the Department’s vision for prevention and introduce the SAFE Practice Model including but not limited to: the FCCPs as a direct referral source for families who are struggling and could benefit from prevention services.	<p>Communication plan developed 9/1/2019 date</p> <p>Number in person presentations dates and attendees documented</p> <p>Protocol developed</p> <p>Number and percentage of local school districts where partnerships established</p> <p>Increased community service Referrals by 10%</p> <p>Increase number and of percentage of FCCP Referrals from school</p>	<p>By July 1, 2020 the Department will have conducted 3 community-based presentations in each of 4 regions statewide</p> <p>By 2020 DCYF will have established MDTs in Central Falls and Woonsocket</p> <p>Central Falls and Woonsocket MDTs will have 6 months of data to review by 12/1/2020</p>	<p>Established a Multidisciplinary Community investment team led by Tides Family Services, FCCP and Central Falls school. Several meetings held but these meetings have been put on hold to COVID-19.</p> <p>Woonsocket has not happened yet</p>

<p>1.2 Develop partnerships and protocols with the RI Department of Education and local school districts relative to communication and consultation for at risk children and follow up regarding CPS reports and referrals; extend the broader procedures to each school district to ensure that each district and DCYF have specific contact points.</p>	<p>Develop communication protocol between schools and DCYF</p> <p>Increased community service referrals by 10%</p> <p>Increased FCCP referrals by 10%</p> <p>Number and percentage of local school districts where partnerships established</p>	<p>Communication protocol developed and distributed to all districts by 10/20</p> <p>Communication plans and protocols and partnerships will be in effect in Woonsocket, Central Falls, Newport and Providence by 12/31/2020</p> <p>Data for referrals to all community-based services will increase by 20% by end of CY 2020</p> <p>FCCP referrals from schools in each region will increase by 10% during 2020</p>	<p>Developed a steering committee of school superintendents with the assistance of Casey Family Programs to hold community forums with school districts to help educators support families through the COVID 19 Pandemic. These forums are attended by our FCCP Partners and our Division of Children’s Behavioral Health in order to provide resource information.</p> <p>Hold regular meetings with Providence and Central Falls School Departments to discuss strategies and assess progress toward increased prevention efforts to decrease maltreatment</p>
<p>1.3 Based on analysis of elected maltreatment rates, partner with Woonsocket and Central Falls to establish multi-disciplinary teams to identify and provide prevention services to at risk families.</p> <p>Develop protocols for inter-agency training, referrals, tracking and communication</p>	<p>MDTs Established by 8/1/2020 date</p> <p>Protocols developed by 8/1/19 date</p> <p>System and mechanism to track referrals established by 8/1/19 date</p> <p>Inter-agency training by 10/1/19 date</p> <p>4 of Meetings by 10/31/19 date</p>	<p>Central Falls MDT will be fulling operational by the start of school in by 8/1/19 with one in Woonsocket by the return to school in January 2020</p> <p>Development of MDTs in Newport and Providence will be explored during 2020</p> <p>Data for school year 2019-2020 will be available for Central Falls for comparison to maltreatment and removal data from DCYF</p>	<p>This is no longer a strategy of the Department.</p>

	<p>Number of families referred to each MDT</p> <p>Number of families referred to FCCP from these communities</p>	<p>Referrals from the communities with MDTs will increase by 10% in 2020 in each community</p>	
<p>1.4 Through partnership with the RI Department of Health ensure that all children who are subjects of substantiated CPS investigations have been referred to Home Visiting Programs while increasing follow through with these services; DCYF will present the services in a clear and supportive manner; DOH staff will increase engagement efforts.</p>	<p>In October 2018 a manual tracking system was developed between RI DCYF and RIDOH tracking children age 0-3 who had and indicated maltreatment. The RI DCYF and RIDOH workgroup meets bi-monthly to review the data and meet monthly with RI DCYF and RIDOH Directors to review the data. The data reviewed includes the percent of children indicated and referred to RI DCYF and RIDOH programs, who received contacts by the respective programs, the percent whose family closed and did not receive a program contact within 30 days.</p>	<p>A manual tracking system was implemented in October 2018.</p> <p>Please see data brief in appendix for ongoing monitoring results</p>	<p>A manual tracking system has continued since October 2018. DCYF will be implementing the integrated electronic referral and data tracking system that will make the existing manual system more automated. The system will go live June 7<sup>th</sup>, 2021. Please see data brief in appendix for ongoing monitoring results for CY 2020.</p>
<p>1.5 The Department will follow up on reports received by the CPS Hot Line involving pregnant mothers whose unborn children are at risk for removal by providing outreach to those mothers as well as reporters to offer prevention services, including but not limited to home visiting, prenatal care and behavioral health services, accessible during pregnancy to reduce the risk of DCYF involvement, and increase the rate of healthy births.</p>	<p>Among the Hospital Alerts in a 6 month period decrease removals by 5%</p> <p>25% of mothers who were subjects of a Hospital Alerts received preventative services prior to delivery</p>	<p>By 12/31/2020 the number of children born who were the subjects of pregnancy alerts, those remaining at home will increase by 10%</p> <p>Of the mothers offered services as the result of pregnancy alerts, by 12/31/20</p>	<p>Ongoing: the SUD Liaison refers pregnant women to services.</p> <p>In the past year</p> <p>Direct contacts = 105</p> <ul style="list-style-type: none"> <li>• 80% White</li> <li>• 10% Hispanic</li> <li>• &lt;1% Black</li> <li>• &lt;1% Asian</li> </ul>

		25% will have engaged in preventative services prior to delivery 2020,	Numerous women have gone directly into residential, mother-child, IOP and/or MAT programs
1.6 Utilize recovery coaches to support parents and youth suffering from Substance Use Disorders by making referrals during CPS investigations and at any point throughout the life of a case when SUD is identified and the individual meets criteria for coaching.	Among parents identified by the Family Functioning Assessment and meet criteria for Substance Use Disorder (80%) are referred to a recovery coach within 5 days of the completion of the FFA	Of the parents referred to Peer Recovery Coaches in 2020, 60% will have had at least one contact with a coach	<p>July 2019 – March 2021: Total family member referrals = 344</p> <ul style="list-style-type: none"> <li>• 77% Women <ul style="list-style-type: none"> <li>• 81% Caucasian</li> <li>• 11% Hispanic</li> <li>• 7% African-American</li> <li>• 1% Other</li> </ul> </li> <li>• 23% Men* <ul style="list-style-type: none"> <li>• 70% Caucasian</li> <li>• 11% African-American</li> <li>• 18% Hispanic</li> <li>• 1% Other</li> </ul> </li> </ul>

<p>1.7 Participate as an active member of the Health Equity Zone (HEZ) project; a four-year place-based initiative funded by the Rhode Island Department of Health and Centers for Disease Control. The HEZ Project is based on the premise that our health is determined in part by access to social and economic opportunities; the safety of our neighborhoods and housing; our ability to access healthy food and equitable healthcare.</p>	<p># of HEZ's where DCYF staff is a team member</p>	<p>By 12/31/2020 DCYF will be a member of each of the 9 statewide HEZs</p>	<p>This work has not begun but assigning a Lead to attend.</p>
<p>1.8 In partnership with the Narraganset Indian Tribe and Parent Support Network, identify and train tribal members as Peer Recovery Coaches</p>	<p># of tribal members trained as Peer Recovery Coaches</p>	<p>By 12/31/2020 two members of the Narraganset Indian Tribe will be trained as Certified Peer Recovery Coaches</p>	<p>There have been discussions, but the Tribe has not agreed to as of this writing.</p>
<p>1.9 Partner with community treatment providers and the Narraganset Indian Tribe to combine traditional spiritual healing with clinical interventions to treat members suffering from behavioral and substance use disorders</p>	<p>Identify Community-based behavioral health provider Develop referral protocol, tracking and communication by 20% of tribal members served by partner agency</p>	<p>Provider will be identified, and protocols will be in place to begin referrals by June of 2020</p>	<p>There have been discussions, but the Tribe has not agreed to as of this writing.</p>

**Objective: ~~Ninety~~ Eighty four percent of routine investigations will respond with an established face-to-face contact or attempt to establish face-to-face contact with the alleged victim within 48 hours of the hotline call to enhance DCYF's capacity to protect children from abuse and neglect as measured by RICHIST RPT 726.**

Benchmark	Measure of Progress	Target Year Completion	Progress in 2021
<p>1.10 Utilize weekly supervisory meetings between supervisors and administrators to review timeliness data reports to monitor compliance with policy</p> <p>1.11 CPS supervisors with meet with line staff to review timeliness reports specific to their caseloads to ensure accountability</p> <p>1.12 Replace the current CPS investigation template with the Family Functioning Assessment (FFA) which streamlines the input of information into the RICHIST system which will support more timely documentation of investigative responses</p> <p>1.13 Communicate quantitative and qualitative investigation timeliness data results with staff and external stakeholders utilizing the Division of Performance Management/</p> <p>1.14 Active Divisional Management. The DPI/ADM structure will be used to explore any further challenges and provide feedback to adjust timeliness</p>	<p># of weekly supervisor/Admin meetings in a 12-month period</p> <p># of supervisors who meet weekly with staff to review timeliness reports</p> <p>CPS will utilize the FFA in RICHIST by (1/10/2019)</p> <p>Provide data reports to staff and stakeholders monthly 12/1/19</p>	<p>90 % of supervisors held 3 or more meetings per worker on a monthly basis by end of CY 2020</p>	<p>This is no longer a strategy by the Department.</p> <p>This is no longer a strategy by the Department.</p> <p>Completed</p> <p>Monthly Data Meetings ongoing</p> <p>Ongoing</p>



**Objective:** ~~Ninety~~ **Ninety Eighty four percent of routine investigations will respond with an established face-to-face contact or attempt to establish face-to-face contact with the alleged victim within 48 hours of the hotline call to enhance DCYF's capacity to protect children from abuse and neglect as measured by RICHIST RPT 726.**

Benchmark	Measure of Progress	Target Year Completion	Progress in 2021
<p>1.15 Train CPS/FSU and Juvenile Corrections staff on a structured systematic safety assessment process utilizing the RI SAFE practice framework and the FFA so that they will be better and more consistently assess risk and safety, family needs, and refer for services all families screened in by the CPS Hot Line. The training will be conducted by the Change Champion Coaches who are content experts on the Safe Practice Framework and the FFA Tools</p> <p>1.16 Utilize coaching from Action for Child Protection to measure and increase on-going fidelity to the Family Functioning Assessment Model; incorporate identified staff who will be coaches to assist staff with the practice</p> <p>1.17 Utilize results of the CFSR case review process to assess the quality and consistency of safety assessments and plans developed using the FFA Present and Impending Danger Assessment Tools.</p>	<p>Measure of Progress</p> <p>All current staff trained on FFA by 4/1/19</p> <p>Schedule of trainings for all new hires within the first 60 days of hire</p> <p>RICHIST modified to incorporate FFA for use in Family Assessment Response 2/1/19 and CPS Investigations by 10/1/2019</p> <p># of coaching sessions with Action for Child Protection (one three-day session bi-monthly)</p> <p>3 coaches identified for each division</p> <p>Change Champions will begin peer coaching by 1-10/1/2019</p>	<p>Progress in 2020</p> <p>All staff performing field work independently are fully trained in core competencies</p> <p>Complete final IT updates by end of CY 2020 after full implementation and the opportunity to identify technical challenges and solutions</p> <p>DCYF Coaches established in each office to provide support to staff (track cases for which coaching took place)</p> <p>Coaching received through Action for Child Protection reveals 20% fidelity to the SAFE model by the end of the first 6 months of CY 2020</p> <p>Coaching sessions will be tracked</p>	<p>All new &amp; current staff within CPS/FSU &amp; JCS Staff have been provided SAFE FFA training. This training piece has been incorporated into the first 6 weeks of new worker training</p> <p>This same group has been provided ongoing formal coaching sessions and updated refreshers by both DCYF staff and our contracted provider</p> <p>Ongoing</p>

**Objective:** ~~Ninety~~ Eighty four percent of routine investigations will respond with an established face-to-face contact or attempt to establish face-to-face contact with the alleged victim within 48 hours of the hotline call to enhance DCYF's capacity to protect children from abuse and neglect as measured by RICHIST RPT 726.

Benchmark	Measure of Progress	Target Year Completion	Progress in 2021
		Fidelity will be measured in collaboration with Action for Child Protection	
1.18 Communicate quantitative and qualitative data results with staff and external stakeholders specific to the quality and consistency of the FFA Present and Impending Danger Plans utilizing the Division of Performance Improvement/Active Divisional Management structure. The DPI/ADM structure will be used to explore any further challenges and provide feedback to make adjustments to the tool in RICHIST	Dashboards developed reflective of FFA/OFFA data  Utilize the Active divisional management process to review data and identify action items for improvement	2020  2021	CPS investigations are reviewed weekly by a group of supervisors in conjunction with DPI staff and Action for Child Protection; information is redacted and each reviewer completes a survey submitted to DPI in advance of the review session- feedback from these reviews is incorporated into on-going coaching and training- the same review is being developed for CPS Reports from the Call Floor subject to completion of the assessment by Evident Change- this review includes a review through a Race Equity Lens

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

**Objective: The Department and Family Court will improve the percent of children achieving permanency (adoption, guardianship, reunification) from 38% to 42% as measured through the State’s Data Profile.**

Benchmark	Measure of Progress	Target Year Completion	Progress in 2021
2.1 DCYF will continue engagement in a workgroup with RI Family Court, CASA, and parents’ attorneys supported by the Center for Courts to implement work plan for the pilot court mediation program which will offer mediation at about the 3 month mark in a case.	Mediation program begins	September 1, 2019	In early 2021, the Department continued their focus on implementing the Court Mediation Pilot Project.  The Capacity Building Center for States provided implementation assistance with several strategies in the Department’s Program Improvement Plan. The Center for states Integrated Capacity Building Plan was approved in late April 2020. Since then, the Department and the Center for States have built a Stakeholder work group for this stream of work and a kick-
2.2 DCYF, in partnership with RI Family Court, CASA, and parents’ attorneys, will refer 100 cases to pilot mediation program	Number of cases referred to pilot program	September 1, 2020	
2.3 DCYF will partner with the RI Family Court to track these mediation cases to permanency to determine the pilot’s effectiveness in the reduction of time to permanency	Tracking mechanism complete and cases tracked	2019-2024	

<p>2.4 DCYF will assess possible expansion the pilot mediation program at 36 months based on the effectiveness</p>	<p>Pilot expanded to more than 50 cases each year.</p>	<p>2022</p>	<p>off meeting was held in February 2021. The Center for States and the Department continue to work together to review the court mediation process overall and has developed a robust procedure. The Stakeholder Group includes Court-appointed and/or Private Attorneys, Public Defenders Office representatives, CASA Attorneys, Rhode Island Legal Services, the Department's Legal Division, and Court Mediators</p> <p>There are two questions regarding training that arose from the Department's prior progress report:</p> <ul style="list-style-type: none"> <li>• <b>Training for the Family Functioning Assessment (FFA) / Ongoing Family Functioning Assessment (OFFA):</b> training occurred with parent's attorneys, CASA, and RI family court representatives in March of 2021.</li> <li>• <b>Training for the Court Mediation Process:</b> The Department has engaged with members of the family court, CASA, and parent's attorneys during the work with the Center for States</li> </ul>
--	--	-------------	--

		<p>The Rhode Island Family Court closed during mid-March 2020, and as result, no cases could be referred. Due to the immense time requirements for dealing with COVID-19 situation, the Department was not able to work on the Mediation project during the crisis. The Department was able to work on the project in January 2021 and fully ramp up the project in February 2021 with assistance from the Center for States.</p> <p><b><u>Court Mediation Summary</u></b></p> <ul style="list-style-type: none"> <li>• 45 cases have been referred</li> <li>• 7 cases have gone to mediation</li> <li>• 10 cases reached agreement outside of mediation</li> </ul> <p>Of the children in entry cohort FY19 that achieved permanency within 12 months of entry, 78.0% achieved Reunification, 2.7% were Adopted, and 5.9% achieved Guardianship or Living with a Relative.</p> <p>meeting is planned in early June 2020. The Center for States and the Department will work together to review the court mediation process overall and develop a robust procedure. Members of the Legal division, Family Services division, and Rhode Island Family Court will be included.</p>
--	--	---

		<p>There are two questions regarding training that arose from the Department's prior progress report:</p> <ul style="list-style-type: none"> <li> <b>Training for the Family Functioning Assessment (FFA) / Ongoing Family Functioning Assessment (OFFA):</b> training was schedule to occur with parent's attorneys, CASA, and RI family court representatives in March of 2020, however the outbreak of COVID-19 caused this training to be delayed. The Department is monitoring the guidance from the RI Department of Health to determine if this training can occur in person within the next few weeks or needs to be transitioned into a virtual training. </li> </ul> <p><b>Training for the Court Mediation Process:</b> The Department will engage with members of the family court, CASA, and parent's attorneys during the work with the Center for States</p> <p>The Rhode Island Family Court closed during mid-March 2020, and as result, no cases could be referred. Due to the immense time requirements for dealing with COVID-19 situation, the Department was not able to work on the Mediation project during the crisis.</p>
--	--	---

			<p>Work will ramp up again in June 2020 with the Center for States</p> <p>Of the children in entry cohort FY18 that achieved permanency within 12 months of entry, 81.5% achieved Reunification, 3.3% were Adopted, and 6.6% achieved Guardianship or Living with a Relative</p>
2.5 DCYF will assign a designated DCYF attorney to every petition at the pretrial date which will ensure continuity and uniform legal representation	At ARU hearings assess if cases are being assigned	2020-2024	This has been completed. All petitions are assigned to a DCYF attorney after arraignment at first pretrial
2.6 DCYF will partner with RI Family Court to expand the availability and increase the quality of legal representation for parents.	<p>a. Increase the approved number of parent attorneys on the court approved list from 2 to 6</p> <p>b. Train all parent attorneys on quality of legal representation as a form of prevention</p>	2023	DCYF has assisted in improving the quality of representation by providing education to parent attorneys on the use of the FFA and the new service plans

**Objective: The Department will reduce the number of straight petitions filed with the Family Court so that it can better serve families who do not require judicial oversight but instead just demonstrate a need for services.**

Benchmark	Measure of Progress	Target Year Completion	Progress in 2021
2.7 DCYF will draft operating procedures for the transfer of cases to FSU	Operating procedures complete	2019-2020	The Department planned to engage in conversations about the impacts of this reduction during the CIP Conference. Since it was cancelled, those conversations were not able to occur.
2.8 DCYF will continue to monitor straight petition filings using the existing process to ensure that only families who require Family Court intervention receive it, so that the number of cases on the daily Family Court calendar is reduced, allowing for judges to have more time to conduct a purposeful hearing	Quarterly monitoring reports reviewed at Monthly data meetings	2019-2024	The Department also restarted monthly meetings with representatives from the Rhode Island Family Court in early 2020; however, the conversations have been primarily focused on COVID-19, emergency cases, and reestablishing permanency hearings by WebEx. The Department plans to engage in this conversation as the COVID-19 crisis subsides. For more information on the Department's discussions with Family Court. The Department plans to have conversations with Family Court representatives about data sharing, specifically with regards to court mediation and the impacts on permanency. This will include the number of hearings that occur on each case. This request will be embedded in the Court Mediation data sharing agreement. Plans for conversations about this were delayed
2.9 DCYF will engage the RI Family Court to obtain more frequent court related data pulls to more accurately monitor the number of court events on each case. By obtaining more frequent data pulls, we can assess whether the reduction in straight petitions filed has led to more time on the Family	Quarterly monitoring reports reviewed at Monthly data meetings	2019-2024	



			<p>due to COVID-19 but will begin during the next few months.</p> <p>In addition to data sharing, the Chief Judge has issued a directive requiring the assigned social caseworker or supervisor attend the hearings so they are more efficient and effective. DCYF is no longer allowing covering social caseworkers to attend hearings. The Department has directed our caseworkers to upload all their court letters and documents to the court portal in advance of the hearings to allow all parties to review the documents in advance. These two changes will result in far better communication with parent's attorneys, guardians, and the family court.</p> <p>Both of these efforts, data sharing, and the new directive described above, are aimed at increasing the timeliness and quality of permanency related hearings. The Department is still in the process of obtaining regular data pulls from Family Court. In early 2022 the Department plans to establish this mechanism</p>
--	--	--	---

2.10 Monitor data on the impact of the reduction in straight petitions filed with the goal of utilizing time saved being directed towards reducing the length of time between TPR trial continuances. By reducing the length of time between TPR continuances, cases can be resolved faster resulting in children in foster care achieving timely permanency	Quarterly monitoring reports reviewed at Monthly data meetings	2019-2024	The Department is still in the process of obtaining regular data pulls from Family Court. In 2020, the Department plans to establish this mechanism. This mechanism will be part of the court mediation process
2.11 DCYF will assess how many no legal involvement cases ultimately get opened to the Department with legal status in 12 months	Quarterly monitoring reports reviewed at Monthly data meetings	2019-2024	This mechanism is still in process. The Department plans to establish this mechanism by early 2021
<b>Objective: DCYF will increase by 5% the number of children in out of home care who are placed in a family setting by 2024</b>			
<b>Benchmark</b>	<b>Measure of Progress</b>	<b>Target Year Completion</b>	<b>Progress in 2021</b>
2.12 Start up and expansion of the Kinship Unit used to expedite the licensing process and increase support and navigation for kinship caregivers which will stabilize kinship placements and prevent kinship disruptions	# of FTEs filled and trained	2019-2021	This is no longer the strategy of the Department
2.13 Implementation of Foster Care Redesign where all foster and pre-adoptive families will be supported directly by a private agency, providing more focus on permanency guidance, case management, and mentorship of families of origin.	RFP and contracts in place; reporting through Active Contract Management on key metrics	2020	This is no longer the strategy of the Department

2.14 Use of ACF Kinship Navigator funds to expand service array and resources such as support groups to kinship caregivers to stabilize placements and promote permanency (in all forms).	RFP and contracts in place; reporting through Active Contract Management on key metrics	2020	Contracts have been in place for nearly two quarters, with capacity for 8 groups to be offered per month for kinship providers, with the intent to expand to non-kinship providers later in 2021.
2.15 Expand available permanency services for both pre-adoptive and post-adoption families.	RFP and contracts in place; reporting through Active Contract Management on key metrics	2020	While the approach to update contracts is no longer actively moving forward, there has been an increased partnership with contract holders to ensure accountability in metrics, and system response to family needs
2.16 Inservice training opportunity to include focus on working with families of origin.	# of in-service trainings offered, # of attendees	2020	The Department will be implementing “ice breaker” model later in 2021
2.17 Expansion of efforts regarding Family Search and Engagement internally and through BBI initiatives, particularly focused on children inappropriately placed in congregate care.	# of step downs from congregate care to kinship	2019-2024	The joint effort with community partner Adoption RI to address a systemic change in permanency competence has continued. This partnership has a model that is focusing on workforce development, systemic infrastructure, children to be adopted, and resource families. The effort to focus on children and youth that have been involved with the Department has been ongoing. The Departments liaison and admin meet on a frequent and regular basis to address permanency issues for targeted youth as well as trouble shoot challenges in real time. Focus

			<p>continues to be on a concrete effort relative to the current RI youth who are Free for Adoption and extreme family finding. As part of this work FSE worker completed up dated TLO's on youth identified and provided possible connections to FSU staff for consideration. FSE worker has also completed family mapping on specific cases to enhance the identification of family connections.</p> <p>FSE worker also assist FSU and other Department staff daily in identifying connections through the use of (TLO) search engine to identify possible relatives and kin for potential connections and court related matters.</p>
2.18 Implementation of an online Foster Parent portal to lessen the time to initial licensure and provide more viable matching criteria between resource families and children in care.	Portal contracted and implemented	2020	The use of the portal continues to expand and has proven to reduce the time the licensing, and anecdotally, has increased families' understanding of process and requirements.
2.19 Use expanded pool of resource families and reframe of placement referral process to a "matching" process, focusing on strengths of family and needs of children.	# of licensed resource families, and matching referral, placement, and stability data	2019-2024	The Placement Unit has been moved back to the Division of Resource Families. Weekly coordinated meetings occur to address emergency and planned placement needs and discuss opportunities for "step down" from congregate care.

			Further, the Family Consultation model has been implemented to related to matching criteria, as well as strengthen relationships with families and ensure a more effective matching process.
2.20 Formalize teaming system within Department and partner agencies to stabilize placements that are at risk for disruption.	Procedure in place for teaming, with tracking mechanisms in place to report on stability.	2019-2024	RED team efforts continue and demonstrate the importance of a team perspective when handling challenging case decisions. The Division of Resource Families also has worked to be a team liaison between foster families, private agencies, and the internal DCYF case team, ensuring clear communication and follow up to help support placement stability.
2.21 Increase the number of non-kinship foster homes, to ensure a diverse pool of resource families who are poised to take placement of all children in DCYF care who are appropriate for family placement	# of non-kinship foster homes, and # of placements by LON	2020-2024	14 FTEs were onboarded in the summer of 2020. The Department's goal to license 100 new non kinship foster families by 6/30/2021 was met nearly six months ahead of schedule, and new licensure continues to grow
2.22 Establish a system of stakeholder feedback, engagement, and empowerment to ensure family voice informs the needs of the system.	# of families who engage, and feedback loops completed	2020-2024	With the establishment of the RI Foster Family Advisory Council, and a series of other engagement opportunities, families report feeling more supported and aware of how to connect to resources, impact their ability to maintain children in foster homes

2.23 Implement a strategic plan for race equity to ensure foster families' ability to support a child's cultural needs (in accordance with MEPA).	Racial/ethnic/linguistic demographics of families, matching data related	2020-2024	Root cause analysis is in process, and this topic has been woven into all data analysis and public engagement. Resource guides are under development, as well as partnership with a series of stakeholders who can support recruitment efforts.
---	--	-----------	---

Goal III: Rhode Island is committed to increasing well-being outcomes for children and families through family and community engagement

*Safety 1, Safety 2, Permanency 1, Permanency 2, Well-Being 1, Well-Being 2, Well-Being 3*

Goal 3 of the PIP

<b>Objective: By 2024 95% of all children in FSU will receive at least monthly face-to-face contact with worker to ensure child and family have a safe environment, timely permanency achieved and overall well-being for children, family and community as measured by RICHIST RPT 579.</b>			
Benchmark	Measure of Progress	Target Year Completion	Progress in 2021
3.1 FSU Leadership Team will work with DPI to develop dashboards to enhance ability to implement and monitor practice change; review dashboards weekly with chiefs of practice standards in supervision and model use with their supervisors including face-to-face contacts with child.	Dashboards are developed specifically for face to face with children.  Weekly meetings between FSU leadership and chief of practice standards reviewing dashboards occur	2019, Dashboard developed  2019-2024, Ongoing review and/or updates to dashboard, meetings and actions implemented	The Department currently reviews quantitative and qualitative data regarding both the quality and frequency of face to face visits with

**Objective: By 2024 95% of all children in FSU will receive at least monthly face-to-face contact with worker to ensure child and family have a safe environment, timely permanency achieved and overall well-being for children, family and community as measured by RICHIST RPT 579.**

Benchmark	Measure of Progress	Target Year Completion	Progress in 2021
Develop and document actions planned and monitor follow-up to ensure that face to face contacts with children meets standard of 95%.	# and % of actions implemented # and % of face-to-face with child completed		children and parents in several different meeting structures. During Active Divisional Management
3.2 Chiefs of Practice Standards review dashboards with supervisors every week; develop and document action plans and monitor follow-up.	Weekly meetings completed every week  Dashboards reviewed and shared with staff weekly.  # and % of face-to-face with child completed	2019-2024	(ADM) with our Family Services Unit (FSU), several charts and data points monitor the frequency of caseworker visits with both parents and children. This information is discussed at every FSU ADM meeting. Beyond that, after each qualitative case review, qualitative data is incorporated into the meeting and

**Objective: By 2024 95% of all children in FSU will receive at least monthly face-to-face contact with worker to ensure child and family have a safe environment, timely permanency achieved and overall well-being for children, family and community as measured by RICHIST RPT 579.**

Benchmark	Measure of Progress	Target Year Completion	Progress in 2021
			discussed in detail. Workers are given the opportunity to ask questions and discuss challenges with regards to engagement.
3.3 Chiefs of Practice Standards will focus a monthly supervision on no-legal status cases and/ or cases with children home with parents to ensure that children at home are seen monthly.	% of children seen in home per dashboards	2019-2024	From January 2020 through April 2020, with the use of dashboards developed by DPI as a major element of supervision, FSU has demonstrated monthly FTF contact with youth as follows: 97.5% in
3.4 FSU Leadership Team to monitor face to face contacts with children/youth through permanency trackers in supervision and dashboards developed in conjunction with DPI	% of visits with children documented in permanency tracker	2019-2024	



**Objective: By 2024 95% of all children in FSU will receive at least monthly face-to-face contact with worker to ensure child and family have a safe environment, timely permanency achieved and overall well-being for children, family and community as measured by RICHIST RPT 579.**

Benchmark	Measure of Progress	Target Year Completion	Progress in 2021
3.5 Based on monthly dashboards, supervisory weekly and bi-weekly meetings identify factors contributing to progress and barriers to progress.	Quarterly reviews occur to monitor progress and identify barriers impacting initiative implementation and/or progress toward outcomes	2019-2024	<p>January 2020; 96.2% in February 2020; 96.4% in March 2020 and 97.1% in April 2020.</p> <p>As May 2021 96% of children that are involved with the Department has had a monthly FTF with the children and youth on their case load.</p>

**Objective: By 2024 60% of mothers will receive at least monthly face-to-face contact with worker and 50% 30% of fathers will receive at least monthly face-to-face contact with worker to ensure identified needs are being addressed with appropriate services, progress is being made toward permanency and overall well-being for parents to care for their child(ren)**

Benchmark	Measure of Progress	Target Year Completion	Progress in 2021
3.6 FSU Leadership Team will work with DPI to develop dashboards to enhance ability to implement and monitor practice change with a focus on engagement with mother, with father	Dashboards are developed specifically for face to face contacts with mother, father	2019-2024	Continued collaboration with FSU leadership, and DPI in reviewing the monthly dashboards for face to face contact with parents that was created in April 2020.
3.7 Review dashboards weekly with chiefs of practice standards in supervision and model use with their supervisors to monitor engagement with and frequency of face-to-face contact with mother, face-to-face with father.	Weekly meetings occur, and dashboards reviewed with staff # and % of mothers, fathers face-to-face contacts	2019-2024	The Chiefs of practice standards continue to utilize this data during weekly supervision with the supervisors to reinforce and support the practice of face to face contact with parents on at least a monthly basis, or more frequently depending on the needs of the family.
3.8 Develop and document actions planned and monitor follow-up to ensure that face to face contacts with mothers, and fathers, meets policy standard	Actions plan developed and monitored during weekly meetings	2019-2024	In addition, the practice continues to be reviewed through Active Divisional Management and the bi-annual CFSR process. The results are presented regionally to enhance learning. Since September 2019, the Department has been consistently seeing 95% of children and youth on a monthly basis.
3.9 Chiefs of Practice Standards will focus a monthly supervision on no-legal status cases and/or cases with children home with parents to ensure that mothers, and fathers are seen monthly.	% of mothers seen in home per dashboards % of fathers seen in home per dashboards	2019-2024	This data is monitored in several areas of the Department, including Active Divisional Management with the Family Services Unit, the Department's Strategic
3.10 FSU Leadership Team to monitor face to face contacts with mothers, and fathers through permanency trackers in weekly supervision and dashboards developed in conjunction with DPI	% of visits with mother documented in permanency tracker % of visits with father documented in permanency tracker	2019-2024	

<p>3.11 Based on monthly dashboards, supervisory weekly and bi-weekly meetings to identify factors contributing to progress and barriers to progress.</p>	<p>Quarterly reviews of any initiatives implemented and monitor progress of initiatives.</p>	<p>2019-2024</p>	<p>Metrics Dashboard, PULSE performance meetings with the Executive Office of Health and Human Services, and the Department’s case reviews. It is also one of the metrics identified in the Children’s rights lawsuit that the Department needs to meet.</p> <p>As of April 2020, 40.6% of mothers and 16.2% of fathers had at least monthly contact with an FSU worker</p> <p>As of May of 2021, the percentage of contacts with mother and fathers have increased. 59% of mothers and 34% of fathers had at least monthly contact with their FSU worker.</p> <p>The Department partnered with the Capacity Building Center for States to create an Authentic Family Engagement training and piloted with a test group of Family Service Unit Caseworker Supervisors, Workforce Development, and the Practice Consultants. The training consisted of four (4) 90-minute sessions in March and April 2021. Most of the feedback from those staff who participated was overwhelmingly positive. The following steps are to review the training materials with parents, which we hope to schedule by June of 2021, and collaborate with Workforce Development to develop a plan to conduct the training with all the Family Service Unit Caseworker</p>
---	--	------------------	---

		<p>Supervisors and include this training and materials in the onboarding of new staff.</p> <p>In April 2021, the Department implemented a parent-led advisory group to improve family voice and choice aimed at informing and enhancing practice. The group is still in the infancy stage, with two meetings occurring in April 2021. These initial meetings focused on engaging and empowering parents to design the group's makeup that will enable them to partner with DCYF's leadership to improve our policies, practices, and programs moving forward.</p> <p>The Department continues to develop a more comprehensive father engagement program. The Department's Fatherhood Team Liaisons have conducted a series of information sessions with supervisors on the fatherhood team's work to increase work with fathers throughout the Department. As of April 30th, 2021, all information sessions have been completed with supervisors in Child Protective Services, Probation, and the four regions in the Family Service Unit. The Fatherhood Initiative has also been shared with the Department's divisions.</p> <p>The team of Fatherhood Liaisons developed the Fatherhood Champions Initiative. Fatherhood Champions will be DCYF staff who will be trained and mentored in fatherhood perspectives,</p>
--	--	---

		<p>secondary trauma, and cultural contexts. The Department has just completed the recruitment of "champion" staff from the Family Services Unit (including all regions), Child Protective Services, Juvenile Justice, Resource Family Divisions, and the Practice Review Unit. This group will start holding planning meetings in May 2021. In addition, the Department is researching fatherhood training models to use. Once the fatherhood model is selected, the Champions will start their training using the chosen model, and then these Champions will provide training and coaching to DCYF staff and be part of the more extensive statewide efforts by Parent Support Network regional efforts by the New England Fathering Conference. The Champions received an invitation to participate in the Fatherhood Conference in June 2021. Once in place, these coaches will be invited to participate in the ADM meetings so that direct feedback and improvement suggestions can be piloted and tested while monitored in the monthly parent face-to-face dashboards.</p> <p>The Fatherhood Initiative Team has remained active with the New England Fathering Conference (NEFC) Committee and is Co-Facilitating a quarterly NEFC Webinar Series for staff, parents, and private providers. The first Webinar</p>
--	--	---

			Series had over 350 participants from New England and around the country. Rhode Island had over 80 participants. We have also been re-engaging with the treatment and planning team at the RI Department of Corrections, and plans are in place to have reciprocal training programs and identify point persons/liaisons between DCYF & the RI Department of Corrections
<b>Objective: DCYF will increase the frequency and quality of face-to-face contacts with children to ensure child is safe, identified needs are being met with timely services, familial connections and contacts are being met and progress toward permanency and overall family well-being is being made. Establish baseline after year 1, set target at year 2. The 2019 Internal Case Reviews established the PIP baseline at 43.1%, with an achievement goal of 48% for year 2.</b>			
Benchmark	Measure of Progress	Target Year Completion	Progress in 2021
3.12 CFSR definition of quality face to face contact shared formally with staff and reviewed as needed	# and % of staff educated\informed of the definition of quality face to face contact	2019-2020 2020-2024 ongoing as needed	The quality review unit in conjunction with work force development provided regional information sessions (question and answer) in February 2020-April 2020 and distributed learning guides regarding quality Face to face documentation. The guide provided examples of documented visits that are inclusive of Child & Family Services Review safety, permanency, and well-being elements.
3.13 Biweekly group supervision and weekly individual supervision meetings contain a standing item on quality of face-to-face visits	Biweekly meetings occur and face-to face and quality of visits review occurs  Case review system established for quality of visits	2019-2024  June 2019 and ongoing, case reviews	

<p>3.14 Based on monthly dashboards, supervisory weekly and bi-weekly meetings to identify factors contributing to progress and barriers to progress</p>	<p>Permanency tracker (DISCONTINUED)</p> <p>Weekly and biweekly supervisory meetings occur, and progress and barriers documented</p>	<p>2019-2024</p>	<p>The Chief of Practice Standards in collaboration with the supervisors currently review quantitative and qualitative data regarding the quality of face to face visits with children during weekly supervision; record review; supervisory meetings and Active Divisional Management (ADM) with our Family Services Unit (FSU). Biannual reviews (CFSR) are additionally held and the results shared with each region to identify both successes and challenges in documenting quality face to face visits with children. The permanency tracker had been in development to assist staff during the supervisory process but was replaced with the current dashboards tracking family engagement (face to face visits and service plans) to focus the work on family engagement</p> <p>As of May 2021, the Department has consistently seen 98% of children and youth monthly.</p>
--	--	------------------	---

**Objective: DCYF will increase the quality of face-to-face contacts with mother/caregivers and will be based on baseline established from the 2019 internal case reviews of 51%, set target at year 2 established at 35.7% from the PIP baseline. The 2019 PIP Baseline reviews revealed that 23.2% of caseworker visits with parents were rated as a strength for both frequency and quality. The PIP Goal for this item is 28%.**

Benchmark	Measure of Progress	Target Year Completion	Progress in 2021
3.15 CFSR definition of quality face to face contact shared formally with staff and reviewed as needed	# and % of staff educated\informed of the definition of quality face to face contact with mother, father	2019-2024	The quality review unit in conjunction with work force development provided regional information sessions (question and answer) in February 2020-April 2020 and distributed learning guides regarding quality Face to face documentation. The guide provided examples of documented visits that are inclusive of Child & Family Services Review safety, permanency, and well-being elements.  This continues to be an area that is rated an area needing Improvement in the CFSR. (not sure of the %) the FSU administration team is continuing to monitor the documentation of the SCWII. Chief of Practice Standards review documentation
3.16 Biweekly group supervision and weekly individual supervision meetings contain a standing item on quality of face-to-face visits	Biweekly meetings occur and face-to face and quality of visits review occurs  Case review system established for quality of visits	2019-2024  June 2019 and ongoing, case reviews	
3.17 Based on monthly dashboards, supervisory weekly and bi-weekly meetings to identify factors contributing to progress and barriers to progress	Permanency tracker  Weekly and biweekly supervisory meetings occur, and progress and barriers documented	2019-2024	



**Objective: DCYF will increase the quality of face-to-face contacts with mother/caregivers and will be based on baseline established from the 2019 internal case reviews of 51%, set target at year 2 established at 35.7% from the PIP baseline. The 2019 PIP Baseline reviews revealed that 23.2% of caseworker visits with parents were rated as a strength for both frequency and quality. The PIP Goal for this item is 28%.**

Benchmark	Measure of Progress	Target Year Completion	Progress in 2021
			during their Quality Reviews of the OFFA, and continue to collaborate with DPI as to the language that is needed to be entered into RICHIST.

**Objective: Increase engagement of children (as age appropriate) in assessing family needs and in-service planning grounded in a trusting relationship where needs and services are openly discussed and addressed and in turn promote family, safety, permanency and well-being outcomes. The 2019 internal case reviews Established a baseline of 40%, set target in year 2 through the implementation of the SAFE Model in FSU by 2020 ; Increase engagement of mothers/caregiver in assessing family needs and in-service planning grounded in a trusting relationship where needs and services are openly discussed and addressed and in turn promote family, safety, permanency and well-being outcomes. The 2019 internal case reviews establish a baseline of 44% , set target in year 2 through the implementation of the SAFE Model in FSU by 2020; Increase engagement of fathers/caregiver in assessing family needs and in-service planning based grounded in a trusting relationship where needs and services are openly discussed and addressed and in turn promote family, safety, permanency and well-being outcomes. The 2019 internal case reviews established a baseline of 26%, set target in year 2 through the implementation of the SAFE Model in FSU by 2020**

Benchmark	Measure of Progress	Target Year of Completion	Progress in 2021
3.18 Implement and utilize a structured systematic safety assessment process, SAFE model, in FSU which is based on engagement and collaboration with families and teaming to develop service plans that effectively meet family needs and maintain safe living environments.	Development of the SAFE model Implement Department wide training of SAFE model # and % of target staff to be trained are trained	Safe Model completed November 2019 Department wide training of SAFE model completed by December 2019	As part of the implementation design for the OFFA, coaches were trained and imbedded in each of the four regions of FSU, as well as the assignment of a Practice Consultant (senior supervisor) to support and facilitate the use of the OFFA. Coaches and Practice Consultants initially had regular coaching hours to ensure consistent availability for all staff. The Practice consultants were included in supervisor meetings and unit meetings to build relationships within the regions and partner with staff struggling with family engagement. With every new case assignment,
3.19 Pilot use of Family Functioning Assessment on no legal status cases in each Region;	Review pilot/ lessons learned through pilot.	2019	
3.20 Monitor completion and fidelity to FFA implementation and make changes as needed	Monthly meetings occur, and implementation fidelity documented, recommendations for changes documented  # and % of timely FFA completed (SAFE Model)	2019-2024	

			the worker and supervisor schedule a consult with the Practice Consultant and/or coach to start planning and addressing ways to engage the family and effectively establish a working relationship with families. They are available to model family engagement in the field and participate in the development of in-home safety plans and conditions for return. The Practice consultants and/or coaches participate in legal consults with staff as needed and work with staff and supervisors to effectively compose court letters; supporting the shift in practice from compliance to behavioral change and the understanding that reunification is based on the ability to implement an in-home safety plan as opposed to compliance with service plan tasks.
3.21 Monitor completion and fidelity to OFFA (inclusive of service plan) implementation and make changes as needed	Monthly meetings occur, and implementation fidelity documented, recommendations changes documented  % of timely OFFA (SAFE Model)	2019 OFFA completed  2019-2024 ongoing	
3.22 FSU Leadership team to identify Change Champion coaches/mentors/trainers to support implementation of SAFE model with staff;	# and % of champion coaches trained  # and % of champion coaches who report successful SAFE model implementation	2019-2024	
3.23 FSU Leadership Team and FSU Supervisors support staff in assessing family functioning of all family members	Weekly meetings occur.  # and % of OFFA completed (Safe Model)	2019-2024	
3.24 FSU Leadership Team to embed values of cultural competency, transparency, family engagement, teaming and equity in practice of SAFE Model; utilizing the ongoing family functioning assessment tool and reinforce those values through weekly supervision;	# and % of OFFAs completed in timely manner, total and by race and ethnicity	2020  2020-2024 ongoing	
3.25 Staff to actively practice family search and engagement as demonstrated in kinship placements, teaming in safety and service planning; and identifying the role of family in visitation	% of searches completed to identify family resources  # and % of kinship placements  # and % of family visitation	2019-2024	The Practice Consultants work closely with the Chiefs and ADs to support the practice

	<p>From case reviews:</p> <p>#and % of case reviews with mother, father, child engaged in service planning</p> <p># and % of quality visits with mother, father, child</p> <p># and % of mother, father child needs assessed and addressed</p>		<p>change and promote staff’s ability to effectively engage with their families. A substantial number of supervisors in the regions have been trained as coaches and to strengthen their ability to promote the practice shift in the regions, the Practice Consultants and coaches work with both workers and supervisors as a team to increase learning and promote their ability to utilize the foundations of the OFFA during supervision with their workers.</p> <p>The Department continues to successfully implement its virtual case reviews. Since the last progress report update, Rhode Island held its third virtual case review in May 2021. As in prior virtual case reviews, experienced reviewers and quality assurance staff were utilized. The Department also recruited and trained twenty (20) new case reviewers from FSU, CPS, and Juvenile Probation. The</p>
3.26 FSU Leadership Team in conjunction with DPI to develop dashboards to monitor service plan completion;	# of dashboards developed and reviewed	2019-2024	
3.27 FSU Leadership Team to strategize any barriers to service planning in Active Divisional Management	# of barriers and corresponding strategies developed	2019-2024	

			<p>Department utilized the virtual training curriculum that was developed in collaboration with the Capacity Building Center for States in prior reviews and made improvements and additions to enhance the virtual training experience. One of the improvements made was creating an FFA/OFFA Considerations sheet to encourage reviewers and QA to include more specific qualitative information and detail in rationale statements regarding the FFA/OFFA.</p> <p>During the past PIP Quarter, the Department presented the November 2020 case review results in January 2021. The case review results meetings were held virtually with each region within FSU, Juvenile Probation, and Child Protective Services.</p> <p>The May 2021 case review results were shared with the above-mentioned regions/divisions and the</p>
--	--	--	---

			FCCP's during the summer of 2021.
--	--	--	-----------------------------------

**Objective: By 2024, 85% of social caseworker IIs in FSU will receive supervision that meet's their individual needs as a caseworker as measured by the FSU quarterly Supervision Survey.**

Benchmark	Measure of Progress	Target Year Completion	Progress in 2021
3.28 FSU Supervisors will meet weekly with their staff and supervise case practice with the assistance and use of the permanency tracker:	Weekly individual supervision within FSU occurs.  % of Documentation in permanency tracker completed in timely manner.	2020  2020, 2020-2024 updates	The Department rolled out the Supervision Surveys to FSU social caseworkers in February 2021. The past three supervisor surveys were analyzed and reviewed at the administrative level. Survey results between survey #2 and survey #3 revealed significant improvements across most metrics. These findings were summarized and presented to a large group of (~15) supervisors on April 12, 2021. The focus group discussed ways the Department could improve future surveys such that the data was more formative about things that can better support workers. The focus group also looked at the Supervision Department Operating Procedure (DOP) to
3.29 FSU Leadership Team to fully manage staff in the regions through establishing clear expectation of practice and policy around supervision and reporting relationships with staff, modeling supportive supervision and accountability with chiefs, HR practice, crisis intervention, modeling and	Clear expectations developed and documented  Biweekly group supervision occurs.	2019-2024	

**Objective: By 2024, 85% of social caseworker IIs in FSU will receive supervision that meet's their individual needs as a caseworker as measured by the FSU quarterly Supervision Survey.**

<p>teaching best practice supervisory techniques, modeling crisis planning as a part of safety planning,</p>			<p>suggest policy changes to ensure more substantial support for caseworkers. The primary improvement suggestions were for clarity in how supervisor-caseworker discussions and decisions documented a family's case notes.</p> <p>The feedback received in the supervision surveys and from the Social Caseworkers' focus group described in 3.3.6 was debriefed to the FSU administrators. Administrators determined that the solution needed was not a change in supervision protocols but instead additional training regarding case documentation expectations for both the Caseworkers and Supervisors.</p> <p>Training of the Supervision Department Operating Procedure (DOP) particularly the family's case notes documentation, will be implemented, and completed in summer 2021.</p>
<p>3.30 Prioritize challenges and needs and brainstorm potential solutions through Active Divisional Management Meetings.</p> <p>Monthly ADM meetings amongst DPI staff, Department Director, FSU leadership inclusive of the 4 Caseworkers of Practice Standards and an FSU supervisor (rotate different supervisor monthly)</p>	<p>Number of challenges identified with corresponding solutions developed during monthly ADM strategy meetings.</p>	<p>2019-2024</p>	
<p>3.31 FSU Leadership Team w/assistance of DPI implement permanency reviews in each of the regions utilizing the permanency tracker to model and reinforce supervision as to best practice and positive outcomes.</p>	<p>Positive outcomes identified during permanency reviews occurs quarterly.</p>	<p>2019-2024</p>	
<p>3.32 FSU Leadership Team to work with DPI to develop dashboards to enhance ability to monitor and implement practice change.</p>	<p>Dashboard developed and modified based on needs identified in supervision</p>	<p>2020 developed, ongoing monitoring on monthly basis to 2024</p>	

**Objective: By 2024, 85% of social caseworker IIs in FSU will receive supervision that meet's their individual needs as a caseworker as measured by the FSU quarterly Supervision Survey.**

			<p>Following training, the progress of implementing the Supervision Department Operating Procedure (DOP) documentation of the case activity notes will be monitored by the Supervisors during caseworker supervision.</p> <p>In March of 2021, the Division of Performance Improvement sent a follow-up survey to the Social Caseworkers on how supervision was working. About half reported that they had weekly scheduled supervision with their supervisor, and 79% reported that supervision meetings are completely meeting their needs. Overall, there was an increase in the frequency of supervision sessions, a decrease in social caseworkers who felt that they did not receive enough support across all job functions and that there was an improvement in all metrics that addressed a supervisor's traits</p>
--	--	--	--



**Objective: By 2024, 85% of social caseworker IIs in FSU will receive supervision that meet's their individual needs as a caseworker as measured by the FSU quarterly Supervision Survey.**

(accessibility, management, and critical thinking to name a few). The survey results were presented and discussed in the FSU ADM meetings in all four regions, (see Goal 3 narrative for data specifics).

In March of 2021, FSU and MIS created a supervision window in the Department's RICHIST system to document supervisory sessions for the FSU Supervisors. This new supervision window would provide the necessary space for Supervisors to record their supervision meetings with staff and the cases reviewed during the session.

The Department will monitor the trends in the supervisory sessions and address any identified issues or concerns.

Goal IV: Rhode Island will enhance its Continuous Quality Improvement System to support improving outcomes for children, youth and families that will monitor the implementation of strategies intended to have a positive impact on safety, permanency and well-being outcomes

*Safety 1, Safety 2, Permanency 1, Permanency 2, Well-Being 1, Well-Being 2, Well-Being 3* Goal 4 of PIP

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

Benchmark	Measure of Progress	Target Year Completion	Progress in 2021
4.1 Develop a clearly articulated mission and vision for DPI	Mission and vision statement will be developed with DPI staff, shared with DPI staff and DCYF leadership	November 1, 2019	The Case Review Unit within the Division of Performance Improvement developed the internal case review annual report. This report was launched in February 2021. The report includes the results of the Department’s internal case reviews that occurred in 2019 and in 2020 which established the baseline for the PIP Measurement Plan as well as
4.2 Produce and distribute annual reports on findings from Case Review System)	Report will be developed and distributed to all DCYF staff	November 1, 2020	
4.3 Continue Active Divisional Management in 1 division by transitioning facilitation of ADM to FSU leadership	FSU Administrators will set agendas, lead meetings, and implement follow ups	January 1, 2020	
4.4 Train senior team members and middle managers in project planning and project management	25 staff will participate in a project planning and project management course provided by DCYF	July 1, 2020	

<p>4.5 Expand Active Divisional Management to 2 additional divisions</p>	<p>ADM will be established in 2 new divisions of DCYF</p>	<p>July 1, 2020</p>	<p>the results of the case reviews that occurred in June and November 2020. The annual report includes how the Department performed on each of the 18 items within the OMS related to Safety, Permanency, and Well-Being. The Department intends to launch this report each year in January.</p> <p>The Department has fully developed and implemented its internal case review system in 2019. The Department has conducted internal case reviews in June and November 2020 as well as most recently in May 2021. The Department utilizes a combination of experienced and new reviewers to conduct the review of the cases with designated QA. The three most recent case reviews were conducted virtually due to COVID-19.</p> <p>The Department expanded FSU Active Divisional Management from leadership to individual regions, beginning on January 1, 2020 and occurring in 3-month cycles</p>
--	---	---------------------	---

			The VEC (Voluntary Extension of Care) Program Active Divisional Management began in November 2019 and meets quarterly with YDS staff and leadership from FSU and Behavioral Health within DCYF.
--	--	--	---

4.6 Expand Active Divisional Management to 1 additional division	ADM will be established in 2 new divisions of DCYF	July 1, 2021	The Child Protective Services (CPS) Active Divisional Management began in September 2019 and follow up meetings occur every one-to-two months with CPS administrators and supervisors. Deep dive topics have looked at CPH outcomes after FFA Safe Model implementation and changes to CPH measures after COVID-19.  In May 2020 Juvenile Justice ADM was implemented and in September 2020 Licensing and Resource Families Division was implemented. Consistent with ADMs in other Divisions, the ADM meetings occur monthly.
4.7 Expand Active Divisional Management to 1 additional division		July 1, 2022	

**Objective: Design, develop, and implement a CFSR case review system with support from the Capacity Building Center for States that will review 65 cases in the first year then 80 cases per year by year 2023-2024.**

<b>Benchmark</b>	<b>Measure of Progress</b>	<b>Target Year Completion</b>	<b>Progress in 2021</b>
4.8 Create training manuals and establish case review staff from across the Department to participate in the case review process	a) Training materials created b) 2 trainings delivered each year c) 10 new staff per case review year	2020 and ongoing	In 2019, the Department completed its first internal case review that established the baseline for the PIP. A total of 65 cases were reviewed. Staff from across all regions and divisions are utilized as
4.9 Review 65 cases annually selected in accordance with the CFSR PIP measurement plan using the OMS tool	Case review results for 65 cases will be entered in the OMS	2019-2022	

<p>4.10 Review 80 cases annually selected in accordance with the CFSR PIP measurement plan using the OMS tool</p>	<p>Case review results for 80 cases will be entered into the OMS</p>	<p>2023-2024</p>	<p>reviewers. The Qualitative Review Unit and Practice Review Unit are utilized to conduct quality assurance of cases. Rhode Island DCYF continues to successfully implement its virtual case reviews. Since the last APSR update, the Department worked with the Capacity Building Center for States to convert its case review process to a virtual process due to the COVID-19 pandemic. The Department has conducted three virtual case reviews, with its most recent virtual case review occurring in May 2021. As in prior virtual case reviews, experienced reviewers and quality assurance staff were utilized. During the November 2020 and May 2021 reviews, the Department also recruited and trained thirty-three (33) new case reviewers from FSU, CPS, and Juvenile Probation. The Department utilized the virtual training curriculum that was developed in collaboration with the Capacity Building Center for States in prior reviews and made improvements and additions to enhance the virtual training experience. All case review results are entered into the OMS and the</p>
---	--	------------------	---

			<p>Department fully intends to continue entering case review results into the OMS in future reviews.</p> <p>The Department intends to gradually add cases each year to reach the goal of 80 by 2023-2024.</p>
<p><b>Objective: Develop a feedback system to allow both internal and external stakeholders to provide input and recommendations for changes to the system by spring 2020 The Department will schedule quarterly meetings with foster and adoptive parents, birth parents, youth, front-line staff and supervisors and other internal and external stakeholders to seek input and recommendations</b></p>			
Benchmark	Measure of Progress	Target Year Completion	Progress in 2021
4.11 Identify a process that will support ongoing consumer stakeholder engagement.	Protocol and process documented	2019	<p>In early 2020, the Department began discussions with the Capacity Building Center for States to provide implementation assistance with several strategies in the Department’s Program Improvement Plan. The Center for states Integrated Capacity Building Plan was approved in late April 2020. Since then, the Department and the Center for States have been working on building up the</p>
4.12 Meet with consumer stakeholder groups (birth parents, foster parents, service providers, youth, front-line staff) on a quarterly basis.	Meetings are documented and occur every quarter	2020-2024	
4.13 Provide feedback gained from stakeholder groups to the Director and Senior Team quarterly	Reports are written and delivered to Director and senior team	2020-2024	
4.14 Annually, senior team considers all feedback and at a minimum acts on three recommendations annually for improved process, practice, or policy based on stakeholder feedback	Three improvements to process, practice, or policy are identified, implemented, and shared back with stakeholder groups	2021-2024	

<p>4.15 As agreed establish bi-annual meetings with legal community workgroup with representatives from Family Court, CASA, Parents’ attorneys, and DCYF attorneys to ensure consistent communication, share data, discuss challenges and engage in problem solving</p>	<p>Meetings occur every six months with attendance from each organization in the child welfare legal community</p>	<p>2020-2024</p>	<p>work group for this stream of work and a kick-off meeting is planned in late May 2020. A formalized process that will ensure the continuation of stakeholder feedback will be developed. While no delays are expected, the Department continues to monitor the impacts of COVID-19. The workgroup meetings with Center for States are planned to be held virtually.</p> <p>The Department established in May 2020 a Stakeholder Engagement Workgroup to develop a model and implementation plan for the Department. The goal of the workgroup is to “develop an authentic engagement strategy with a diverse group of both internal and external stakeholders that will ensure open dialog and result in stronger initiative selection, policy development, training, and community supports.” The group conducted an internal review of stakeholder activities and looked at best practices of stakeholder engagement in child welfare and human services systems across the country. The workgroup then conducted a root cause analysis to determine why it has been falling short on its</p>
---	--	------------------	--



			<p>engagement efforts and ultimately developed a theory of change and implementation plan to develop a robust system to support authentic voice and partnership with its stakeholders. Before finalizing the plan, the workgroup held several focus sessions with a wide mix of stakeholders, including bio parents, foster parents, youth in care, staff, child welfare professionals, school officials, healthcare officials, court leadership, and leaders within Rhode Island's BIPOC communities.</p> <p>The early stages of the stakeholder engagement plan have included ensuring there were avenues for all critical stakeholders to provide feedback and to ensure mechanisms to close the feedback loop (i.e., the Department hold itself accountable to the feedback it has received).</p> <p>Stakeholder groups that existed prior to this workgroup include divisional and regional staff forums, Kinship Advisory Council, and regular meetings with RI Family Court and the state's children and family service provider coalition. These groups meet at least quarter, many of them monthly.</p>
--	--	--	--

			<p>More recently, the Department has launched several new groups:</p> <ul style="list-style-type: none"><li>• Family First advisory/prevention planning group (launched January 2021). Meets monthly.</li><li>• Birth parent advisory group (launched April 2021). Meets weekly or biweekly.</li><li>• Foster Family Council (launched February 2020). Meets monthly or more frequently as needed.</li></ul> <p>The Department also significantly strengthened its youth advisory board, known as SPEAK. This group is facilitated by a contracted community provider but was suffering from lack of consistent participation of youth. It was also largely driven by the facilitators rather than being youth-led, as we had desired. Significant efforts were put in place by the Department and the community provider in the winter of 2021 to recruit new members to the group and to develop the youths' skills and confidence in leading the advisory efforts.</p>
--	--	--	---

			<p>In April of 2021, the Department launched an internal team to support all of the agency's stakeholder efforts. Each one of our stakeholder groups now has a designated executive lead who attends these team meetings, which occur multiple times per month. The purpose of the feedback team is to develop our internal skill sets around stakeholder engagement, to document and share with leadership what our partners are saying, and to ensure we have "closed the feedback loop" (i.e., we have address the feedback received). It is our hope that this group will help the Department to become more sophisticated with its stakeholder engagement efforts over time, e.g., by developing common agendas and charter templates for groups, using common metrics to assess the quality and functioning of groups, and establishing communications for groups so they are kept well informed about Department efforts.</p>
--	--	--	--

Goal V: Develop a competent, stable and diverse workforce, focused on frontline workers, through enhanced recruitment, training, and retention strategies

*Safety 1, Safety 2, Permanency 1, Permanency 2, Well-Being 1, Well-Being 2, Well-Being 3*

Goal 6 of the PIP

<b>Objective: Improve the retention of front line caseworker staff (FSU, CPS, JCS).</b>			
<b>Benchmark</b>	<b>Measure of Progress</b>	<b>Target Year Completion</b>	<b>Progress in 2021</b>
5.1 Convene a group of Subject Matter Experts (SME's) to review and revise existing Competencies of each existing front-line position (SCWII, CPI, and Probation and Parole officer). Finalize competencies that will inform hiring decisions and workforce development offerings.	<p>Competencies will be finalized and will be reflected in position descriptions and training.</p> <p>Competencies were finalized and approved in 2019. Since that time the WFD team has applied the classification competencies when reviewing all new training proposals. With a focus on the relevance and relationship that training has to the base line competencies of the classification being trained. Prioritizing training implementation on the importance that training has in meeting the needs of the classification.</p>	2021	A Workforce Development committee has remanded in place (including representation from DCYF & Rhode Island College School of Social Work) to review training needs, & training proposals. This group has focused on social case worker II's CPI staff, supervisors from FSU, CPS & JCS.

<p>5.2 Review and update current pre-service(re-named New Worker Training Program) and in-service training(re-named Ongoing Training Program) delivery modalities inclusive of; simulation tools, web based &amp; video based training, and other skill building techniques to assess which will deliver the optimum training experience for each topic. Working committee is to submit a short term and long-term strategy plan for implementing this change</p>		<p><b>2022 WFD is far ahead of the original target date with many aspects put in place in 2020 &amp; early 2021</b></p>	<p>Progress in this area was fast tracked in early 2020 when Covid 19 shut down in person training. The WFD team had to make an immediate, overnight, shift from classroom learning to virtual learning. ALL New Worker Training was shifted to a virtual platform by April 2020 with WFD staff creating on-line programs on a week by week, and day by day basis.</p> <p>By April/May 2020 WFD started offering Virtual On-going Training on COVID related topics (Staff safety and awareness programs).</p> <p>WFD was able to launch a FULL New Worker Training for it's August 2020 New Worker Class of SCWII's &amp; CPI's</p> <p>Virtual learning was made possible by the immediate infusion of technology...laptops were given to all front-line divisions in the spring &amp; summer of 2020 making Teleworker/tele-training a possibility</p> <p>WFD has been able to create and implement multiple competencies based virtual trainings on matters ranging</p>
---	--	---	---

			<p>from policy, protocols &amp; procedures to evidence based practice sessions on trauma, substance use, &amp; fatherhood matters.</p> <p>WFD was able to create a Transfer of Learning (TOL) program for New Workers and implemented this TOL program with class #36 in late 2020. This TOL program was able to incorporate a model that can address all 60+ New Worker Trainings as well as any newly added training pieces.</p>
<p>5.3 Upon completion and approval of 5.1 &amp; 5.2 Working Committee will have oversight of the curriculum building process to ensure that both content and delivery have the maximum impact on new staff with first focus on “core topics” as defined by the committee. Working committee continues same process to build out remainder of pre-service New Worker curricula</p>	<p>Begin implementation of core Pre-service New Worker Training topics</p> <p>Complete implementation of core topics 60% of new staff shall have completed new core topic</p>		<p>The revised New Worker Training Program has been implemented with the first cohort starting in the fall of 2019 and the second in January of 2020 the working committee is still monitoring the outcome of these two cohorts Since 2020 WFD brought on 4 New Worker Cohorts/ Jan 2020, August 2020, Dec 2020, &amp; March 2021. WFD has implemented a full Pre &amp; Post Test for the August Cohort (first post-test administered at the end of the New Worker Training in Feb 2021)</p>

<p>5.4 Develop and implement pre- &amp; post-test evaluation process for all pre-service trainings as part of a continual improvement plan.</p>	<p>Pre and Post-test will be established and used in all trainings.</p> <p>75% of the evaluations will be complete. <b>Same target with the second &amp; third New Worker Cohorts underway in 2021</b></p> <p>80% of the evaluations completed will score positively on worker satisfaction &amp; knowledge attained.</p>	<p><b>2020 Fully implemented with the August 2020 New Worker Cohort. Pre-test 8/2020. Post Test 2/2021</b></p> <p><b>2021-</b></p> <p><b>2022</b></p>	
---	---	---	--

**Objective: Develop a mechanism that will provide real time data to supervisors to assist them in accurately monitoring staff participation in on-going training in order to increase FSU & CPS workers compliance with 20 hours of training annually from 56% to ~~80~~ 70% by the end of 2024.**

Benchmark	Measure of Progress	Target Year Completion	Progress in 2021
5.5 Develop a report for supervisors that provides quarterly updates of the hours & type of training each staff in their unit has participated in during the calendar year.	Report available to supervisors and data reviewed quarterly by senior team.	2020 Completed  2021...Modifications underway	A Report was created and tested in early 2020 and placed in the Department's shared file in May of 2020 for Supervisory staff to access (all staff can access) 2021 work has focused on shifting the data recording and retrieval to the New State DOA Training data base. Current plan is for this second data base to be available late 2021. Until then Reports to Supervisors are still being generated from existing RICHIST system



<p>5.6 Workgroup to develop an annual audit process in which the Department can determine if training offerings are meeting the needs of staff.</p>	<p>Develop an audit process Implement the audit process</p>	<p>2020  2021</p>	<p>This is on WFD's 2020-2021 work list  WFD created and implemented it's first electronic Training Needs Assessment Survey. Administered in April 2021. Hard data was available in May 2021. Survey had 12 sections that allowed written responses...WFD is reviewing 690+ written responses with a summer mid-summer report out planned</p>
<p>5.7 Launch an on-line learning management system which will streamline the training calendar, registration functions, attendance collection, and data reporting for all in-service On-Going training.</p>	<p>Web-based learning management system will be available and used for 50% of in-service training offerings.  Web-based learning management system will be available and used for 75% of in-service training offerings</p>	<p>2021  2023</p>	<p>WFD has started to use the State's LMS. And has loaded trainings into this system. Provider changes for this system has put the full launch of this system on hold till later in 2020 Due to COVID 19 changes...An immediate need to provide a registration &amp; attendance</p>

			<p>recording mechanism. WFD had to create our own on-line Training Announcement, Registration, attendance verification &amp; training evaluation system using Micro-Soft Forms. Work started in the spring of 2020. By the fall of 2020 WFD had the capability of providing a full announcement, registration, attendance, test/evaluation process for all New Worker, Ongoing, and ALL Staff Trainings. This new virtual training model has brought about an increase in most Ongoing &amp; All staff of ranging from 200% to 400% on a variety of topics.</p>
<p>5.8 Create an evaluation, assessment &amp; revision process in order to continuously assess the</p>	<p>Assessment of workforce skills will be established and delivered 2 times</p>	<p>2024</p>	<p>This task and task 5.6 will be on worked on</p>

<p>workforce strengths and opportunities for growth which will inform updates to training offerings for all staff at DCYF.</p>	<p>a year. Trainings will be updated to reflect results.</p>		<p>starting late 2020 early 2021 WFD created and implemented it's first electronic Training Needs Assessment Survey. Administered in April 2021. Hard data was available in May 2021. Survey had 12 sections that allowed written responses...WFD is reviewing 690+ written responses with a summer mid-summer report out planned</p>
--	--	--	---

**Objective: Improve the process for the recruitment and hiring of an appropriate and diversified workforce in CPS to increase the percentage of staff successfully completing period of probation to 80%**

<b>Benchmark</b>	<b>Measure of Progress</b>	<b>Target Year Completion</b>	<b>Progress in 2021</b>
<p>5.9 CPS SME Group to review and revise existing competencies of CPI staff, update job description to reflect the competencies. and prepare recommendations to the Director</p>	<p>New position description for CPI reflects competencies</p>	<p>2020</p>	<p>This process was incorporated into the review of all front line worker competency work performed in 2018-2019 and approved by Director Piccola in 2019 Completed on time and implemented in all New Worker Cohorts in late 2019, 2020, &amp; 2021</p>

<p>5.10 Policy and practice standards to be used to revise existing CPI preservice New Worker Training Program to meet new competencies.</p>	<p>New CPI preservice New Worker training program implemented</p>	<p>2021</p>	<p>WFD continues with our Policy division in order to incorporate all new policy &amp; practices into our training programs From the fall of 2019 to present WFD, CPS Admin &amp; our Policy Division share all new DOP's and incorporate &amp; update our training materials to reflect the changes.</p>
<p>5.11 Develop and implement a recruitment plan that reaches out to a diverse &amp; competent pool of candidates</p>	<p>New Recruitment plan in place</p>	<p>2020</p>	<p>In 2019 &amp; 2020 DCYF HR &amp; WFD have been working with the DOA on recruitment plans Continues to be used for front-line recruitment.</p>
<p>5.12 Convene a recruitment workgroup inclusive of the Department's HR, diversity advisory group, workforce development, and members from DOA Affirmative Action Team. This team is to create a comprehensive recruitment plan for all front-line staff that addresses potential pipeline for staff qualified for these positions and attracts a diverse set of applicants.</p>	<p>Recruitment Workgroup is to meet at least two (2) times prior to submission of staff recruitment plan.</p> <p>At least 3 recruitment activities identified in the plan will be implemented.</p>	<p>2020</p> <p>2021</p>	<p>A key component to a quality workforce is to reach out to a diverse &amp; competent pool of "potential" candidates. Assistance from DCYF staff, our DOA, providers and grass roots community programs are essential to insuring we do an exhaustive recruitment campaign. The formal establishment of an ongoing group was hampered in 2020-2021 with COVID restrictions. In June 2020</p>

			<p>Departmental focus shifted toward Race Equity work within the community as well as within the Department. Informal assistance on requirement has taken place with the assistance of the Diversity Advisory Committee (DAC) &amp; the newly formed Racial Equity Team (RET). 2021-2022 will need to have more focus in this area.</p> <p>Our hiring data still supports that the Department is reaching a diverse community for our work pool with the three most recent New Worker Cohorts made up of 40% to 50% reporting to be minorities.</p>
<p>5.13 CPS SME group (including DOA testing personnel) to use the approved competencies and recommended job duties &amp; responsibilities in order review and revise existing CPI civil service exam to accurately reflect new standards. Group is to submit new exam recommendations to DOA HR for implementation</p>	<p>Workgroup is to meet at least two (2) times prior to submitting final copy to DOA HR. Revised CPI Civil service exam to be ready to administer in the 3<sup>rd</sup> quarter.</p>	<p>2020</p>	<p>The CPI civil service exam should be reviewed and revised based on the changes mentioned in Competencies and Job Classification. It needs to be current and this group approach on this task should allow for SME input and review.</p>

<p>5.14 Create and implement a post exam review process in order to assess the effectiveness that the new test has on increasing the quality of candidates to the workforce.</p>	<p>Create an evaluation process Implement by end of the 6<sup>th</sup> quarter</p>	<p>2021</p>	<p>Ongoing evaluation, assessment &amp; revision of the process is a necessary component of all programming to inform ongoing improvements in training so that workers learn what they need to learn to be successful. The narrative related to 5.14 is in 5.6 &amp; 5.8 first evaluation created and implemented with a review of outcomes after second cohort completes in June 2021. Team is setting up a July review meeting.</p> <p>All other benchmarks are still on target. Modifications can be made based on the outcome of the 2021 cohort results</p>
	<p>Review process administered six (6) months posting probationary training period</p>	<p>2022</p>	
	<p>70% of those staff hired off the new civil service test will have successfully completed their probationary period.</p>	<p>2023</p>	
	<p>75%. of those staff hired off the new civil service test will have successfully completed their probationary period.</p>	<p>2024</p>	
	<p>80% of those staff hired off the new civil service test will have successfully completed their probationary period.</p>	<p>2025</p>	

### *Implementation and Program Supports*

Rhode Island is a state system that does not utilize a county or regional system. Therefore, no training and technical assistance is provided specifically to counties or regional entities. However, DCYF does provide training to the Family Care Community Partnerships often in conjunction with DCYF staff training (see Community Training in Training Plan).

In the upcoming year, the Department anticipates continuing to access technical assistance from several outside partners to support our CFSP/APSR goals. These include the Annie E. Casey Foundation and the Harvard Government Performance Lab, who have assisted the Department develop strategies based on best practice and research from other states. This includes assistance in developing strategies to improve family search and engagement as well as the expansion of the Active Contract Management (ACM) process to congregate care providers. DCYF's Workforce Development division has also collaborated, and will continue to partner with, other state agencies within the Executive Office of Health and Human Services (EOHHS) to access technical assistance on issues like Opioid Usage Issues (BHDDH) and Safe Sleep (DOH) and Fatherhood Programs (DHS/Child Support). In the spring of 2020 DCYF reached out to and has started to get technical assistance from the Center for States on issues related to Family Engagement. This assistance will also include a review of our new SAFE practice model and trainings associated with that model.

The Department is also partnering with the Capacity Building Center for States for continued work on the case review system.

The Department continues to actively pursue re-establishing a partnership with Rhode Island College's School of Social Work (RIC). With the current workload, DCYF's Workforce Development Division anticipates RIC will be a critical partner in researching, designing, implementing, and evaluating current and future training programs. In addition, DCYF's Data and Evaluation Unit added two epidemiologists to staff to be able to have one epidemiologist support each of the primary areas of the agency: child welfare, behavioral health, and juvenile justice.

The Department has aligned its implementation supports with its CFSR PIP and CFSP which will be monitored quarterly at monthly data analytic meetings and during Active Division Management of the Division of Performance Management.

### *Staff Training, Technical Assistance and Evaluation*

Explain how the training activities identified in the training plan are designed to support the goals and objectives in the plan:

1. Goal I: Increase child safety outcomes by investing in prevention and standardizing practice
2. Goal II: Rhode Island will reduce barriers to achieving timely permanency for children in foster care
3. Goal III: Rhode Island is committed to increasing well-being outcomes for children and families through family and community engagement

4. Goal IV: Rhode Island will enhance its Continuous Quality Improvement System to support improving outcomes for children, youth and families that will monitor the implementation of strategies intended to have a positive impact on safety, permanency and well-being outcomes
5. Goal V: Develop a competent, stable and diverse workforce, focused on frontline workers, through enhanced recruitment, training, and retention strategies

In our last report-out, DCYF's Workforce Development Division clearly stated that the key to any child welfare agency's success in achieving its mission of raising safe and healthy children in a caring environment is having a highly competent, well-trained, and resilient workforce. We proposed a training plan that will give us the workforce capable of achieving this mission. In staying consistent in our focus on what are the key factors that need to be worked on and progress achieved over the past year we will respond within the Six Key Factors

The 2020-2021 Training plan was one in which we finalized our New Worker Training Plan (formerly Pre-Service Training) so that the Department brought highly trained (via classroom & field experience) into the workforce in a timely fashion. A key factor was getting new staff "caseload ready" and providing the necessary supports to retain these new staff. In 2020 we started three New Worker Training Cohorts with over 30 new Social Caseworker II's & eleven Child Protective Investigators taking part in these six-month training plans. WFD & HR currently review new worker retention rates at a One (1) year point and an 18-month point, as two cohorts are less than one year from their start date and the third cohort just passed the one-year date our retention data is limited. We can report that the first two cohorts have completed their new worker training plan and we have retained all but one of the new social caseworker II's and all but one of the new Child Protective Investigators. The newest class from December 2020 has retained all workers to date.

Development of New Worker Training & On-going Training has followed our revised "Training Proposal Guidelines" which includes a vetting process to determine the; relevance and priority of the new topic to ensure it addresses a staff need, evaluating what core competencies that the training topic addresses, coordinate with Administration of "target group staff" to ensure the timely implementation of the new topic, as well as make the necessary technological modifications (virtual, web-based, or live) so that the topic reaches ALL targeted staff in a timely and effective fashion. Training Proposals include suggested "on-the-job" activities so that the transfer of learning process is in place for all new topics.

Delivery and Evaluation of New Worker & On-going Training. COVID 19 significantly impacted the 2020 plan. Some of that impact had a silver lining as the Department's necessity to go "mobile" with laptop & teleworking plans allowed WFD to shift its Ongoing Training Program from classroom only to Virtual. Our shift was rather quick with WFD starting to provide agency-wide online training to All Staff in late April/early May 2020. These COVID safety trainings were the pre-cursor to a rather deep virtual training plan that allowed WFD to provide approximately a dozen new On-Line Training topics from the spring of 2020 through the early part of 2021. This new training delivery model has seen training attendance jump from a small classroom setting to multi-session online delivery, in some cases staff participation growing by 300% to 400% on almost every topic.

On-line training has allowed WFD to administer individual evaluations on all new worker training and the beginning of an implementation plan on evaluating all ongoing trainings. These electronic evaluations allow for staff anonymity as they are collected and reviewed by our Rhode Island College



partner employed through our Learning Partnership for Children Services (LPCS) MOA. The evaluations will provide feedback on content, delivery, and presentation.

Hiring practices continue to be addressed, reviewed, and when possible, implemented. This has included work on revising job classification, working with local colleges on recruitment of new workers, and working with our Diversity advisory Committee (DAC) to ensure we continue to reach out to the diverse pool of candidates both in our local community and national community.

## **OUTLINE OF THE SIX KEY FACTORS WITHIN THE TRAINING PLAN**

# 1 Competencies; In 2019 then Director Piccola signed off on a competency plan that addresses pre-requisite & developmental expectations for front-line staff, supervisor staff, and administrative staff. These competencies are used in reviewing current civil service job classifications (most recently used in reviewing the SCWII job specs), reviewing all new training topic proposals, and will be used in our 2021 professional development plan, a plan that will provide our staff to understand what skills & competencies are need for advancement, and what programming DCYF will need to create to achieve that professional development.

# 2 Job Classification; In 2020-2021 several teams within the Department have become involved in the review of the current front-line job classifications. DAC has reviewed the SCWII classification to insure the requirements addresses, cultural & racial issues, WFD & HR have worked with divisional subject matter experts to update defined duties & responsibilities to address competencies and current field practice...did see a delay in implementing a new set of classifications as most formal State processes were on hold due to the pandemic

#3 Recruitment; The Department has used our internal formal and informal supports to assist in recruitment.

The DAC & our newly formed Race Equity Team (RET) have been a part of this process as have many individual staff. WFD has been working with the Rhode Island College School of Social Work in re-designing our internship program. This program, Internship to Employment, is scheduled to be piloted starting in the fall of 2021. This work is aimed at increasing our “job experience” to a more diverse group of students that we hope will better represent the face of the community. DCYF HR, DAC, & Workforce Development & the State’s DOA/Human Resources Outreach & Diversity Division continue to administer a state & national recruitment plan for civil services tests

#4 Civil Service Test; The Department had just reviewed and updated the Child Protective Investigator Exam in 2019 and the SCWII exam was reviewed & updated in 2020. The SCWII exam will be administered in the summer of 2021. The impact of the 2019-2020 CPI & SCWII exams have not been formally assessed but based on the four New Worker Training Cohorts that came from those two exams the Department can report that a conservative figure of over 40% of all new SCWII & CPIs have declared some form of minority status (voluntary reporting leaves open a more precise recording) with a retention rate improvement; SCWII 2017-2019 64% retention to 2019-2021 over 90% retention and CPI 2017-2019 59% retention rate to 2019-2021 over 90% retention rate.

#5 Training; Discussed in more detail in the narrative above WFD has re-built our New Worker Training (formerly pre-Service,) to address the current competencies, duties & responsibilities of the position, and the level of knowledge and experience a new worker comes with and what knowledge and skills

they will need. Due to a constant priority to onboard new staff and minimal staffing within WFD, Ongoing Training (formerly in-service) had been rather sparse in recent years. With the focus no longer on re-building new worker training in 2020=2021 WFD has been able to start to create an On-going Training Calendar that provides functional training topics (policy, DOP's, and social work tools training) as well as professional development type training (Trauma-Informed, Motivational Interviewing, Mental Health).

Ongoing Training has been significantly helped by the use of our online training practice. WFD has provided numerous (titles below) trainings in a multi-session fashion to reach a much larger target audience.

Departmental Administrators have been supportive of ALL Staff participating in essential training on topics like Implicit Bias, Secondary Trauma, and Fatherhood Programming Topics to name a few.

On-line training will continue to be a key delivery method for WFD and the Department.

WFD continues to support the statement given in our last report...That...Training development plans will rely on the foundational work being done (outlined above in numbers #1, #2, #3, #4). No item is a standalone process; it relies on committees and ideas being developed to provide a training plan that appropriately reviews, revises, and when necessary create new, training programs for our staff. Subject matter experts, which include our staff already in these positions as well as outside resources, will work collaboratively on this process.

#6 Data & Evaluation; In 2020-2021 WFD has implemented an evaluation process (discussed in the narrative above) and through the support of our partner at Rhode Island College, and our WFD work team, the Department will be reviewing the outcomes of our; post-training evaluation tool, New Worker Pre-Test & Post Test evaluation, and our yearly Training & Professional Development Needs Survey (just administered this past April/May) to address the quality of both individual and large planned programs. WFD will use our own Department's Division of Performance Improvement staff to assist in the reading and reporting out of our findings.

### Quality Assurance System

The Department Data Analytics and Evaluation Unit engages in various evaluation and research activities conceptualization and operationalization of child, family and system outcomes, data collection methods and monitoring, research design, implementation science and evaluation. These activities occur throughout the year and have done so for over 10 years with ongoing modifications and expansions in response to Department goals, objectives and initiatives. Below are selected highlights of the research and evaluation activities with a focus on CFSP and PIP goals that have occurred in the past five years, some of which have plans to continue.

### **Goal I Increase child safety outcomes via public health prevention**

#### Objective 1:

Safety Analytic Report: Each year the Department's Data and Evaluation unit publishes a safety analytic report (See appendix, Annual Safety Report FFY20) inclusive of descriptive statistics and predictive analytics. Safety related dimensions include descriptive statistics and advanced statistics of Child Protective Services (CPS) reports, CPS investigations, factors associated with maltreatment rates (i.e.

demographics, communities), factors associated with repeat maltreatment, factors associated with maltreatment in foster care and across all these metrics, disproportionality outcomes. Both the descriptive statistics and predictive analytics provide information on both the profile and factors statistically significant in predicting child maltreatment, repeat maltreatment and maltreatment in foster care. The FFY20 report also includes CPS measures specifically highlighting the effects of COVID-19; decrease in CPH hotline reports and investigations and increase in indicated investigation and domestic violence allegations. This information is used to inform practice, policy and interventions as highlighted below.

The table below summarizes key metrics from the Safety Analytic Report. Among families investigated, the percent of children indicated overall decreased over the last four years. The rate of indicated child victims decreased from FFY17 to FFY20. In FFY19, 10.5% of children experienced a repeat maltreatment. The median age at the time of the initial maltreatment was 5 years old and the median length of time between the two indicated events was 153 days, just over 5 months. The number of unique children with a report of maltreatment in foster care decreased from FFY19 to FFY20. Further, the maltreatment rate among children age 0-9 and within this age group, children under the age of 1, have higher maltreatment rates compared to children age 10 and older. Children under age 10 also experience disproportionality in maltreatment rates among children who are Black\African American, or Multiracial or Hispanic compared to children who are White over this same period.

	FFY17	FFY18	FFY19	FFY20
<b>Section 1: Investigations (Maltreatment)</b>				
Number of children investigated	7470	10821	9288	8022
Among children investigated, percent of children indicated	41.4%	33.8%	34.3%	34.0%
Median age at CPS report for indicated child victims (years)	5.0	6.0	6.0	6.0
Rate of indicated child victims (per 1,000 children under 18 years old in Rhode Island)	13.8	16.3	14.3	13.1
<b>Section 2: Repeat Maltreatment*</b>				
Percent of children who had repeat maltreatment within 12 months of the initial maltreatment	11.2%	10.2%	10.5%	
Median age at initial maltreatment (years)	5.0	4.0	5.0	
Median length of time between initial and repeat maltreatment (days)	141.0	161.0	153.0	
<b>Section 3: Maltreatment in Foster Care**</b>				
Number of victimizations of maltreatment in foster care	80	74	84	52
Number of unique child victims of maltreatment in foster care	77	72	78	51
Median age at CPS report (years)	10.0	7.0	11.0	12

\*Unadjusted for age. Children’s Bureau adjust for age at initial victimization.

\*\*At time of report, Children’s Bureau method of bed days calculations had not yet been released – subject to be revised

Another application of data driven informed practice involves child maltreatment prevention. Over the last year, Department changes included starting the Family Support Line and the Services and Referral Unit (SRU) in November 2020. From November 1, 2020 to April 30<sup>th</sup>, 2021 there were 323 calls to the Family Support Line, of which 29 were transferred to the SRU unit.

From November 1, 2020 to April 30<sup>th</sup>, 2021 there were 599 prevention response cases open to the Services and Referral Unit (SRU). These prevention response cases include those referred from the Family Support Line, as well as CPS, Family Court, and Other sources of referral. The most common disposition of these cases is Referral to FCCP or Community-based services, followed by Court Home

Studies Completed and Transfer to FSU. Further analysis will continue to track the outcomes of SRU cases.

Collaboration with RI Department of Health (RIDOH): For the past year, RI DCYF and RIDOH have engaged in collaborative research wherein the epidemiologists\evaluators from both agencies under the public health framework focus on primary, secondary and tertiary prevention. A collaborative team of program staff and epidemiologists monitor and analyze data of families at risk of maltreatment and\or repeat maltreatment with a focus on children age 0-3. As part of CAPTA, RI DCYF and RIDOH established a monitoring system between identifying children age 0-3 who were indicated for maltreatment and referred to services inclusive of Early Intervention. The RI DCYF services include Family Care Community Partnerships (FCCP) and contracted community-based programs. The RIDOH services include Healthy Families America (HFA), Parents as Teachers (PAT), Nurse-Family Partnerships (NFP) and First Connections CAPTA (FC CAPTA). This information is used for the dual purposes, on the individual level, timely service provision, and at the aggregate level for research and evaluation purposes to predict which families are at greater risk to not engage with supportive services. Data for children with indicated investigations, aged 0-3, has been tracked for over two years and will continue to be monitored (See Appendix, RIDCYF RIDOH).

The most recent data available for the 0-3 child cohorts is February 2021. Among the 55 children, 48 children (87%) engaged with selected RI DCYF and RIDOH services by April 1, 2021. Children and families in this cohort may have engaged with RI DCYF or RIDOH selected services at a date later than April 1, 2021 or engaged with services other than those reflected in this data brief. Among the last 6 months of cohorts available, engagement with services has been approximately 70-85%. The Department plans to monitor this ongoing initiative and plans to collaboratively procure an automated system for data to be managed in a single data system; this will allow for timely monitoring and responsiveness. The single data system will be launch June 7<sup>th</sup>, 2021.

To guide decision making for the Family First Act as to which populations are most at risk to enter foster care, a multivariate analysis was conducted to identify the factors associated with children remaining in-home without experiencing a removal. Children who opened to FSU while in-home during 2017-2018 were followed for 12 months or until their case closed to observe if they remained in-home or removed into foster care. The findings showed that older children and children who received DCYF funded homebased services remained in-home more frequently compared to younger children and children who did not receive a homebased service, respectively. Twenty-three percent of children under age 1 remained in-home while 58% of children age 1-5, 72% of children age 6-11, 71% of children age 12-15 and 66% of children age 16 or older remained in-home for 12 months. The percent of children who remained in-home among those who received homebased services compared to those who did not were 81% and 47%, respectively; children who received services had 6.7 times the odds of remaining in-home compared to those without services.

Although the Department has engaged in research and evaluation for approximately 15 years, for the past four years the Department has engaged in Active Contract Management where Department epidemiologists and evaluators have played an active role with Department program staff and provider staff to identify a core set of metrics and outcomes in the areas of safety and maltreatment prevention (See appendix, FCCP March 2019 Strategy meeting ). The collaboration between the Department's Children's Community Services and Behavioral Health, Active Contract Management and Data Analytics

and Evaluation and the Family Care Community Partnerships (FCCPs) (the Department's contracted provider network designed to prevent child maltreatment and promote family well-being), meet monthly basis to review the core set of safety related metrics and outcomes and observe changes in trends over time.

Based on the data and/or changes in trends, the collaborative team identifies areas to further explore potential root causes and underlying factors contributing to the metrics and outcomes. The research often includes mixed methods to allow for both breadth and depth. Examples of research and evaluation designs for predictive analytics (quantitative) conducted include cross-sectional, case-control, and longitudinal study designs. Specific statistical analytics include logistic regression, multivariate regression, survival analysis, Cox proportional hazard, generalized estimating equation, mixed effects, among others, to allow the team to understand factors contributing to the safety outcomes. Based on the results of these analyses, the team engages in the development of a logic model or strategic plan to identify an intervention and design the implementation of the intervention. Data is collected on process measures for implementation evaluation while the outcome measures via the dashboard are monitored to observe change over time. Based on the research question, qualitative research may also be implemented as part of the root cause analysis. The qualitative methodology ranges from case record reviews, focus groups and/or open-ended surveys. The monthly meetings amongst the collaborative team provides a structural and systematic platform to review data and research findings over time as well as identify any mid-course changes in an intervention needed.

The CPS ADM began in September 2019 and follow up meetings have been occurring every one to two months. In these meeting, CPS supervisor and administrators reviews dashboards, and discuss either a strategy deep dive topic or implementation action steps (See appendix for CPS ADM Slides). Dashboards include approx. ten CPS data metrics that are reviewed each meeting to discuss monthly changes. Dashboards include, but are not limited to: calls and reports, screening decisions (in/out), call priorities, screening outcomes (indicated/unfounded), investigation timeliness, and removals. Dashboards also include CPS measures broken down race/ethnicity disproportionality, as well as supervisor information. In strategy meetings, deep dive topics discussed have been: CPS outcomes after the FFA Safe Model implementation in November 2019 (including investigations, referrals, removals, and repeat maltreatment); and year to year comparisons of CPS measures (calls, investigations, allegations) to evaluate the impact of COVID-19. In implementation meetings, action steps discussed and implemented have been: implementing a quality review process for CPS investigations to evaluate consistency in supervisor division-making using FFA Safe Model. The data shows a relatively low percentage, approximately 7% of families, discharged from the FCCPs have an indicated maltreatment or removal from home within 12 months from their FCCP discharge. Additionally, because of this work, the FCCP ACM identified interventions to address gaps in collaborations with community partners with a focus on school engagement. The Department in collaboration with the FCCPs conducted a survey amongst FCCPS to assess the magnitude and frequency of FCCP and their respective school engagement. The results illustrated FCCP and school engagement is occurring, but the frequency and uniform approach are areas needing improvement. The Department plans to continue the research and evaluation work with the FCCPS throughout the 5-year CFSP and beyond and expand these efforts to include more primary prevention via FCCP universal media messaging as well as increase relationships with schools.

The Department engages in Active Contract Management amongst the same Department units identified with congregate care and residential providers applying the same format as identified with the FCCPs. Monthly meetings are held and a core set of dashboards (data metrics) are provided to observe trends and identify areas for deeper exploration as to the root causes and underlying factors contributing to either changes in trends, lack of changes in trends and longitudinal outcomes (See appendix, 6.1.2021 ACM FCCP). Specific to safety and prevention, the Department includes in some of the ongoing meetings with the providers data and information on child maltreatment in foster care (out-of-home placement) and factors contributing to maltreatment. As part of the deeper exploration as to factors associated with maltreatment in foster care, the Department is currently engaged in a case review process on children in congregate care who experienced a maltreatment. The findings of this analysis are expected to be completed and reported out by June 30, 2019. These results will be shared at a following monthly ACM meeting with the congregate care providers and an action plan will be developed to address areas contributing to maltreatment in these settings. The team will identify any additional data elements needed with the current tracking system to evaluate the implementation of the selected intervention and its corresponding impacts.

Applying the ACM internally, in January\February 2019 the Department implemented Active Divisional Management (ADM) with the Family Service Unit (FSU). ADM meetings occur monthly and reviews dashboards of data elements developed collaboratively with and from the input of FSU and DPI. In January 2020, the FSU ADMs were reestablished on a quarterly cycle. Each cycle incorporates a strategy meeting, individual regional meetings, and an implementation meeting to identify action items, integrate feedback on a regional level, and troubleshoot barriers to implementing practice changes. The two Regional Directors oversaw the four Chief of Practice Standards, although the Regional Directors will be transitioning into different roles following a redesign of the Department, effective in June 2020. The four Chief of Practice Standards each oversee one of the four geographic FSU regions. The FSU regions oversee families statewide. Specific to prevention and safety, data is shared at the state level and by FSU regions. The group reviews the dashboards, discusses factors potentially contributing to the trends and outcomes and identifies areas to further explore which factors are contributing to the outcome. Some of the dashboard metrics include face to face visits between caseworker and child, case plan timeliness, and level of need .The Department is currently continuing these efforts with FSU as well and has expanded to other Department divisions such as CPS, JJ, Licensing\Resource Families, and VEC throughout the CFSP and beyond

## **Objective 2.**

For the past five years, the Department has maintained a Department-wide dashboard inclusive of Child Protective Services (CPS) investigation face-to-face response times. The Department reviews this data monthly at a Department-wide staff meeting as well as emails the monthly dashboard to all DCYF division administrators. Previous data demonstrated the Department was not achieving the Department target of 90% of CPS investigations response times. This data analysis and monitoring yielded results that assisted in a subsequent further exploration into potential contributing factors to the response times observed. Some of the contributing factors identified included a) a non-uniform Hotline call instrument that did not capture essential data\information, b) a non-uniform CPS investigation tool, unvalidated, and c) review of realistic time frames. From September 2020 to February 2021 the Department met or exceeded the 90% target of CPS investigation response times for Routine reports.

Over the same timeframe, the Department met or exceeded the target 90% for Combined Reports in 4 of the last 6 months of data (See appendix for CPS ADM Slides).

## **Goal II. Rhode Island will reduce barriers to timely permanency for children in foster care**

Objectives 1., 2., 3.

The Department's research and evaluation has a long history in permanency achievement and factors associated with timely permanency. A hallmark surveillance and analytic report is the Permanency Annual Analytic Report. This report provides both descriptive statistics on the trends in the prevalence of timely permanency and factors associated with timely permanency. This report is routinely used to inform practice, policy and interventions.

An example of the application of this analytic report involves the identification of disproportionality of children removed from by age, race, ethnicity, and geographic region. In the most recent report, entry cohort of children FY16-FY20, children age 0-9 were disproportionately removed compared to the Rhode Island census for this age group. Disproportionately was observed among children age 10-17 who are Black\African American, Hispanic, or Multiracial compared to the Rhode Island census. Children age 0-9 and Multiracial were disproportionately removed at higher rates compared to their Rhode Island census representation. Continuation of the disproportionality was observed in first placement. Children of color have experienced disproportionality in first placements of congregate care with children who are Black\African American or Hispanic have had higher rates compared to White children. FY18 entry cohort was the first entry cohort in the past four years where the disproportionality decreased, this trend has continued into the FY20 entry cohort.

Based on these findings a workgroup was established among the Department staff and external stakeholders including the Family Court, adolescents in foster care, community juvenile boards among others. The workgroup has met approximately six times over the past year and developed initiatives to increase the Department's presence in community groups aimed with a focus on the urban cities to prevent removal from home and provide community-based services. This initiative is in its first year of implementation. Removals by race, ethnicity and age as well as first placement will be monitored over time and reported out to the Department and the collaborative workgroup\stakeholders.

The Permanency Analytic Report revealed no disproportionality in permanency achievement by race or ethnicity. Factors that contribute to length of time in foster care included, first placement in a foster family compared to congregate care, adoption as a permanency goal compared to reunification, timeliness of permanency goal change to adoption and Termination of Parental Rights (TPR) filing. Specific to increased length of time association with a permanency goal of adoption compared to reunification, (this finding was also found in the RI 2018 CFSR), the Department conducted research on trends in timeliness to permanency for FY15-FY17, timeliness and appropriateness of permanency goal established, timeliness of TPR filing by Family Service Region, child age groups and case plan goal (See appendix). Based on this research, an intervention of a mediation workgroup among the Department and Family Court was developed to identify a strategy to reduce time to permanency with a focus on children with a goal of adoption. This collaborative workgroup and activity is part of Department's Program Improvement Plan (PIP) objectives and is planned to continue throughout the PIP.

As part of the ACM with congregate care providers bimonthly meetings where data and research on the core set of metrics is reviewed, a deep dive was conducted to better understand the factors associated with reentry into congregate care within six months of stepping down to foster home or reunification (See appendix, 02.2021.ACMCongregateCare DeepDive). The findings yielded gender, race and ethnicity as factors significantly associated with reentry into congregate care. Female children had about 3 times the odds of reentering into congregate care after step down compared to male children. Black Non-Hispanic children had about 4 times the odds of reentering into congregate care compared to White Non-Hispanic children. Hispanic children had about 3 times the odds of reentering into congregate care within 6 months of step down compared to White Non-Hispanic children.

## **Goal II. Rhode Island will reduce barriers to timely permanency for children in foster care**

### Objective 4.

The Department has been assessing the service gap with visitation programs among families involved with DCYF. As of May 2019, the waitlist to DCYF visiting programs was 60 families. The Department's focus on reducing the waitlist for visitation services among families involved with DCYF has included ongoing analysis of family characteristics, child characteristics, geographic location of families and factors associated with reasons family open to the Department. Through this analysis the Department has identified Rhode Island communities with higher percentages of families involved with DCYF, an increase over the past year of entry cohorts coming into foster care who are younger in age, 10 years and younger compared to 11 and older, as well as communities with elevated maltreatment rates. These findings have informed the Department's initiatives over the past five years with a multiprong approach, first upstream to prevent family's involvement with DCYF and secondly, when a family becomes involved ongoing assessment of family needs and service needs. In the past two years, the Department expanded the FCCPs from four FCCPs to five FCCPs to allow for greater outreach to communities with a focus on communities experiencing elevated maltreatment rates and removal rates. For example, the city of Providence is an urban core city with elevated maltreatment rates compared to non-urban core cities. The FCCP servicing Providence was one FCCP, and within the past 15 months, the Providence FCCP was split into two programs to better serve the Providence population.

Complementary to the expansion of the FCCPS, is the Collaboration with RI Department of Health (RIDOH): For over two years, DCYF and RIDOH have engaged in collaborative research wherein the epidemiologists\evaluators from both agencies under the public health framework focus on primary, secondary and tertiary prevention. A collaborative team of program staff and epidemiologists monitor and analyze data of families at risk of maltreatment and\or repeat maltreatment with a focus on children age 0-3. As part of CAPTA, DCYF and RIDOH established a monitoring system between identifying children age 0-3 who were indicated for maltreatment and referred to services inclusive of Early Intervention. The DCYF services include Family Care Community Partnerships (FCCPs) and contracted community-based programs. The RIDOH services include Healthy Families America (HFA), Parents as Teachers (PAT), Nurse-Family Partnerships (NFP) and First Connections CAPTA (FC CAPTA). This information is used for the dual purposes, on the individual level, timely service provision, and at the aggregate level for research and evaluation purposes to predict which families are at greater risk to not engage with supportive services.



Data for children with indicated investigations, aged 0-3, has been tracked for over two years and will continue to be monitored (See Appendix, RIDCYF RIDOH). The most recent data available for the 0-3 child cohorts is February 2021. Among the 55 children, 48 children (87%) engaged with selected RI DCYF and RIDOH services by April 1, 2021. Children and families in this cohort may have engaged with RI DCYF or RIDOH selected services at a date later than April 1, 2021 or engaged with services other than those reflected in this data brief. Among the last 6 months of cohorts available, engagement with services has been approximately 70-85%. The Department plans to monitor this ongoing initiative and plans to collaboratively procure an automated system for data to be managed in a single data system; this will allow for timely monitoring and responsiveness. The single data system will be launch June 7<sup>th</sup>, 2021.

The FSU ADM monitors the length of time FSU youth spend in care. A recent deep dive analysis focused on factors related to youth in care for 24+ months or greater when compared to youth in care for under 24 months. Findings demonstrated that youths removed at ages 9-14 had a higher percent (49%) of long-staying youth compared to all other ages (0-3: 41%, 4-8:42%, 15+:37%). White Non-Hispanic and Other/Multiracial youth, as well as youth who are part of a sibling group have a higher frequency of long-staying youth compared to other race/ethnicities and non-sibling group children. Youth removed into a Non-Relative foster home or removed for sexual abuse, neglect, have a higher frequency of long-staying youth compared to those removed to other placements or without the removal reason. Children with less placements or caseworker assignments have smaller frequencies of long-staying youth compared to youth with more placements or caseworker assignments. On average, mothers (53%) and fathers (30%) of long-staying youth had a lower frequency of face to face visits with caseworkers compared to mothers (63%) and fathers (48%) of youth in care for 0-23 months. Following their entry into care, youth in care 24+ months have a greater time to TPR filed and granted than youth in care 0-23 months for both mothers and father. FSU will subsequently generate action steps to decrease the number of children who remain in OOH placement at 24+ months.

The Department has a monitoring system to assess the impacts of these interventions and plans to continue to monitor through the Department's ACM process as well as the regular analytic reports the Department produces on factors predicting maltreatment, repeat maltreatment and removal rates.

**Goal III Rhode Island is committed to increasing well-being outcomes for children and families through family and community engagement.**

Objectives – frequency and quality of face-to-face contacts with children and parents

For over five years, the Department has tracked the frequency of caseworker face-to-face visits with children as part of the DCYF monthly dashboard. The data includes monthly visits by FSU and Juvenile Probation. The Department has continued to hold Active Divisional Management (ADM) meetings with FSU where data dashboards are reviewed monthly. The data in the dashboards are based on feedback from FSU leadership and date back to April of 2018. The data is stratified across outcomes by the four FSU geographic Chief of Practice Standards. Among the dashboards is data on caseworker face-to-face visits with child, caseworker face-to-face visits with mother, and caseworker visits with father. Since November of 2019, the monthly face-to-face visits between caseworker and child has remained above 94% on a statewide level. Trends among the regions show three regions who typically meet or exceed the 95% target, and one region that typically trends below the target, averaging about 91%. Based on

feedback from FSU, it appears regular monitoring and discussion of the dashboard has resulted in an increased awareness of FSU leadership on the metrics with early improvements observed thus far.

The monthly face-to-face visits between caseworker and mother, and caseworker with father date from March 2019 to May 2021. The data reveal that monthly face-to-face visits between caseworker and mother (38-65%) tend to be approximately double the frequency of monthly face-to-face visits between caseworker and father (13-39%). A longitudinal analysis of children's case characteristics and documented caseworker face to face visits with parents showed that parents of older children, Black Non-Hispanic children, and children in congregate care placements have lower frequencies of face to face visits with caseworkers when compared to children of other ages, race/ethnicities, and placements.

The Department plans to continue to improve the frequency of visits as identified above and plans to conduct longitudinal analysis on factors predicting monthly face-to-face visits between caseworker and child.

The Department continues to implement a case review system in each region where the quality of the visits between caseworker and child will be assessed. Case reviews occur two times per year, the first case review occurring in June 2019 and every six months thereafter.

#### Objective 3.

The caseworker supervision has been tracked through surveys since April 2020 and will continue into 2021. The resulting data is subsequently presented to the regions for additional feedback on implementation of policies. In addition, the Department is in the process of establishing a survey specifically for supervisor supervision.

#### **Goal IV. See CQI section**

The Department Continuous Quality Improvement (CQI) system has included a data analytic, research, and evaluation unit over the past ten years with a feedback loop consisting of:

- Monthly data analytic meetings amongst leadership staff,
- Implementing and expanding both ACMs and ADMs over the past 5 years. As of the date of this report, there are ADMs in CPS, FSU, JJ, SRU, VEC, Licensing\Foster Families. There are ACMs with the FCCPs, Congregate Care providers and Private Foster Care providers
- Collaborative committees of data sharing and analysis of which include RI Department of Health, EOHHS, Brown University \ Hassenfeld Institute, University of RI Data Spark, Family Court and Juvenile Hearing Boards
- Deep dive analysis and predictive analytics, root cause analysis to identify factors predicting and contributing to child, family and system outcomes

Within the past year and after the recent 2018 CFSR, the Department has supplemented the CQI system with a formal CFSR case review system. The case review system will employ the federal CFSR approach and will review 65 cases per year. The Department will look to increase the sample size in future case reviews. Beginning in June 2019, the Department will review 33 cases and will review 32 cases in November 2019. The results from the case reviews will supplement the existing data driven activities

and provide greater depth, qualitative information, to better understand the underlying relationships among factors contributing to child, family, and system outcomes.

**Goal V. Develop a competent, stable and diverse workforce, focused on frontline workers, through enhanced recruitment, training and retention strategies**

Objective 1.

The Department believes worker retention is important to the health and well-being of the Department. Nationally, the average length of time a child welfare caseworker remains in their position is two years. Workplace well-being contributes to a more stable workplace culture and indirectly influences child and family outcomes. The Department has traditionally relied on anecdotal information as to the reasons why a worker remains with or departs from the Department.

The Department is in the final stages of developing a workforce unit 3-year strategic plan to address strategies for enhanced recruitment practices, staff training and development and staff retention. To ensure both implementation fidelity of these interventions and their subsequent workforce outcomes, the workforce development unit will also implement a mechanism to collect and track the data\information.

Qualitative review the State's hiring protocols and policies reinforced the parameters that may narrow the candidate pool for hiring DCYF caseworkers. This information led to the inclusion in the workforce unit strategic plan and the CFSP to implement a strategy that would allow an expansion of the caseworker pool to better match future workers with the activities associated with a child welfare caseworker position. The workforce unit will develop a mechanism to assess whether there is a direct impact from this intervention by assessing the percent of workers who successfully complete their probationary period.

Presently, the Department does not have a mechanism implemented for ongoing monitoring retention rates of DCYF FSU, CPS, and Juvenile Probation caseworkers. The Department's goal objectives under goal IV defines caseworker retention as a CPS, FSU or Juvenile Probation caseworker who remains with the Department. If a caseworker is promoted or transfers to another role, they would not be considered as leaving the Department. Retention within the Department is in its initial phase of observing trends of new workers remaining with the Department; subsequent phases will expand to observe transfers or promotions within the Department.

This tracking initiative will collect data so we will be better able to understand the factors associated with caseworkers remaining with the Department as opposed to anecdotal information. The analysis can stratify by caseworker type (i.e. CPS, FSU, Juvenile Probation) and identify factors that may be unique to each of these subgroups as well as allow for observation changes within each of these subgroups as a result of worker retention and well-being efforts.

Objective 2.

The Department has a policy requiring staff to receive at least 20 hours of training annually. Currently the Department has a mechanism to track DCYF staff training inclusive of type of training and the number of hours of training. Although the Department has the functionality in RICHIST to track training hours, the training hours completed versus training hours entered into RICHIST is inconsistent. As part

of the DCYF workforce development unit strategic plan, the Department will develop a feedback loop to administrators and leadership on the number of staff training hours to better monitor and ensure staff are remaining current in their professional body of literature and evidence based practices. This will be monitored over the five-year CFSP timeframe. Program in place May of 2020. Discussed earlier within this document

## Update on Service Description –

### *Stephanie Tubbs Jones Child Welfare Services Program*

The purpose of Title IV-B Subpart 1 Stephanie Tubbs Jones Child Welfare Services Program 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.

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 will all be continuing in FY 2022:

**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 dependence 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. New, 1-year contracts, with the five existing providers were signed on May 1, 2021.

**Adoption Preparation and Support (Children’s Friend & Service)** – 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. This program serves up to 20 families and is statewide.

**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. This program is statewide and available to any child registered. This program includes (1) recruitment services, (2) foster-to-adopt, and (3) Preserving families post-adopt support program. Between recruitment services (81) and foster-to-adopt (130), the number of youth served in calendar year 2020 is 211, which does not include additional youth served in WWK, which is funded by the DCYF WWK expansion contract and WWK through Dave Thomas Foundation. The Preserving Families program services approximately 25 families, in composition of 2-5 people per family.

**The Families Together Therapeutic Visitation program** - 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 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. This program is statewide and can serve 45 children a year.

Supplemental funding to prevent, prepare for, or respond to, Coronavirus Disease 2019 (COVID-19). The Department received \$127,345 in CARES Act supplemental IVB – I funding in 2020. These funds were distributed evenly to the five Family Care Community Partnerships (FCCPs) that service families statewide. The funds were distributed May 1<sup>st</sup> to quickly get into the hands of families struggling with the effects of Covid-19 on their families. Direct services to families included rental assistance, basic needs, technology assistance, transportation, child care and others.

#### *Services for Children Adopted from other Countries*

The Department provides 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 are also available for families whose children were adopted internationally. 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.

#### *Services for Children under Age Five*

The Department has continued to focus specific attention on the needs of children under age five as a part of ongoing system improvement. One specific aspect of this work has been a one-year extension of the Rhode Island Getting to Kindergarten Initiative funded by the W.K. Kellogg Foundation. As a part of transitional planning in the final year of the grant, the Department has made a commitment to continued staff capacity to manage and support referral systems as well as strengthening partnerships with state agency partners to increase the effectiveness of coordination for families across service systems. The Department has also completed development of an integrated electronic referral and tracking system to support data collection and service referral coordination. This system will be shared by system partners to allow for real time improvement of engagement strategies with families and ensure that policy and practice decisions are data driven and data informed.

The Department has also made a dedicated effort to increase the rate of prevention-based referrals to supportive services for families with children birth to age five. Many of these efforts are with families that do not have formal involvement with the Department but can benefit from community-based supports through federally funded MIECHV and Early Head Start programs. By promoting prevention-based referrals in cases where there is not an indicated finding of abuse/neglect it is more likely that families will engage with supports in their community and be less likely to return with formal involvement to the Department.

DCYF has also sought to increase the rate of referral for developmental screening for children 3 to 5 years old via the Child Outreach Screening system. Considering that the Child Outreach system is facilitated within local school districts in Rhode Island the negative impact of COVID-19 was more evident in this population. While ongoing screening of the 3 to 5-year-old child welfare involved population has been impeded in the past year, DCYF will strive to increase this rate of successful screening to above 75% in the

next several years. This will be accomplished by improving data driven referral processes and strengthening partnership with local educational authorities to improve access to this system for children and families. Further policy updates will also be considered to improve the rate of developmental screening for children in this age group.

DCYF has also continued to seek the best options to ensure that children in foster care have access to high quality early care and education services to improve educational outcomes and overall child well-being. With the closure of childcare for several months related to the COVID-19 pandemic, this goal was also significantly impacted. The Department will continue leveraging access to the expanding State Pre-Kindergarten system and well as Head Start and other high-quality opportunities as our state continues its path of recovery following the pandemic. Attention will be paid to children in the foster care system who have significant social-emotional challenges as they are more likely to experience discharge/expulsion from childcare settings that causes barriers on their path to educational success. The Department will continue to develop and improve coordination of services for children under the age of five to ensure safety, permanency and over all educational wellbeing for our most vulnerable young children.

The Department has continued to sustain tremendous efforts in supporting child welfare systems impacting children under the age of five in foster care:

- 1) RED (Review, Evaluate Decide) team continues to review complex placements, mostly aimed at young children who do not have protective capacity. This has improved the quality of placements and case planning for young children.
- 2) The Emergency Response Foster Program, created to ensure that all children in this age range were cared for in family-based settings, has grown and was able to make connections for young children into longer term placement settings.
- 3) A Kinship Advisory Council was developed, focusing on the needs of kinship caregivers, with particular focus on young children and their relationships with biological families.
- 4) A Peer Mentor program has been developed with mentors with lived experience being matched with foster parents. There is exclusive capacity for children ages 0-5.
- 5) While in-person support elements are limited during the pandemic, the Kinship Support Groups contracts include investment made the child-care to allow foster parents to participate even while caring for young children.
- 6) Updates to the state website to provide on-demand training resources with a specific section for caregivers for young children.
- 7) Renegotiations of Private Agency Foster Care Contracts are in the final stages, which will allow the Department to ensure equity in rates and supports for all children. With the contract changes, this will have a particular impact on young children.

Throughout the course of this year, efforts for children under the age of five will additionally focus on:

- 1) Foundation of a relationship between the child welfare system and the state's 2-1-1 system, to expand access to information and services
- 2) Subgroups of the RI Foster Family Advisory Council (RIFFAC) to advise on the systemic and more specific needs of foster parents caring for young children

- 3) Update of the Foster Care Regulations and associated Guidance Document as a resource for families.
- 4) Continued efforts to educate families who intend to adopt on the process for permanency related to children under five.; and
- 5) Implement “ice breakers” model to strengthen relationships between biological families and foster families, particularly to support the reunification pathway for younger children.

In addition, the Quality Contact Guide that was implemented in In March 2021 throughout the Family Service Unit. The FSU Casework Supervisors will utilize the guide to drive discussions during supervision with their workers when reviewing cases. In turn, the Social Caseworkers are to use the Quality Contact Guide to aid in determining the trajectory of the case. Workforce Development will also be introducing the Quality Contact Guide with the new class of Social Caseworkers that are scheduled to start in July of 2021.

- **Safe and Secure Baby Court:**

Began in 2017 as a pilot with the philosophy that emphasized early identification and intervention through assessments and referral of young parents involved with the Department of Children youth and Families to reduce time to permanency, increase number of visits with infant and get appropriate supports and ancillary services. The goal is to:

1. Improve well-being of infants and families
2. Improve parental capacity for protection and nurturance
3. Improve workforce competency in infant mental health, relationship based and trauma informed principles and practices

The Safe and Secure Baby Court main objectives are to decrease the amount of time to permanency, decrease the number of placements experienced by an infant, decrease the time to an initial parent child contact for those infants that are out of the home and increase the frequency of parent child contact per week.

This is done through comprehensive case management through a team approach to care coordination, timely assessments and frequent case conferencing ensuring that critical information is exchanged among service providers. The families [progress is closely monitored by the Safe and Secure Baby Court (SSBC) Judge project Coordinator, supervisor and Care Coordinator in conjunction with the Department of Children Youth and Families (DCYF) and the Court Appointed Special Advocate (CASA). This intensive case monitoring and frequent status review enables informed judicial decision making regarding the placement of children.

## **FOURTH YEAR**

### **SAFE AND SECURE BABY COURT (SSBC)**

#### **SUMMARY AND REVIEW**

**April 2020 – March 2021**

### **INITIAL PREMISE OF SAFE and SECURE BABY COURT**

The Safe and Secure Baby Court (“SSBC”) is a specialty calendar within the existing Rhode Island Family Court system which was created by Chief Judge Michael B. Forte in March of 2017 in an effort to recognize and address the cyclical and generational aspects of involvement with DCYF. The creation of this specialty court was also based on the recognition of the crucial role that early bonding and stimulation play in the brain development of infants and toddlers aged zero to three, in consultation with Dr. Susan Dickstein, who is an infant mental health specialist and President of the Rhode Island Association for Infant Mental Health (RIAIMH), and an active member of the SSBC Steering Committee.

This data has led to the creation of so called “Baby Courts” and “Zero to Three” Court programs nationwide. This SSBC initiative by Chief Forte represents the first time a project in Rhode Island Family Court has focused exclusively on infants.

### **PRESENT CRITERIA AND PROTOCOLS**

The SSBC seeks to serve young, first time or new parents of children ages 0-18 months who may have history with the Department as juveniles, housing insecurity, mental health issues, exposure to domestic violence, trauma history and/ or tenuous parenting skills and who are open to cooperating with extra support to achieve reunification and case closure through increased court oversight and targeted referrals.

- Parents must be determined to be eligible through a Clinical Intake Assessment conducted by court-based clinical social workers/care coordinators who are overseen by Linda Lynch, Director of Women’s Services at the Garrahy complex.
- Anyone (lawyer, hospital staff, social worker, community advocate, judge, self) can refer a parent or expectant parent for intake. It is a confidential assessment which generates a determination of eligibility for the Court.
- Joining SSBC requires a plea to Dependency (on an amended petition, if necessary) and parents sign a contract and releases to allow court personnel to contact their service providers directly as well as make referrals on their behalf.
- Minors are eligible to participate as long as they have a Guardian ad Litem to assist them.
- Prior DCYF involvement (even prior termination) with another child is not a barrier to participation as long as the present goal for the child in question is reunification.
- Parents with cognitive limitations, acute psychiatric conditions and/or sex offender history are generally not eligible, although these issues are evaluated at the intake on a case by case basis. Ultimate authority to accept a parent into SSBC lies with the SSBC Judge. Likewise, any case already assigned to the regular DCYF calendar requires the assent of the originating judge to move it to SSBC.

### **For those accepted, special features of the Court include:**



- Immediate referral to The Brown Center for Children At Risk for an Infant/Parent Assessment. This assessment, conducted by Dr. Cindy Loncar and staff, which is typically completed within the first two weeks of the case, is paid for by insurance independent of DCYF, and guides the development of a case plan which is tailored to the family’s needs. Case plans are incremental and flexible.
- Court reviews occur as frequently as every two weeks to assess progress and adjust case plans.
- Minimum of 3 weekly visits for parents with children.
- A social worker is provided by the court to assist with referrals, with a preference for utilizing existing community resources in addition to providers traditionally relied upon by DCYF, with an emphasis on referrals to programs through Department of Health (“DOH”) (Healthy Families America, Parents as Teachers, Early Intervention, etc.) which can remain in place even after DCYF closure by the Court.
- Foster parents are invited to court hearings and are encouraged to host visits and serve as mentors to new parents.

### **OUTREACH AND REFERRAL SOURCES**

Much like last year, our strongest source of referrals continues to be our own Family Court Judges and Magistrates, in combination with referrals from RILS, CASA, Public Defender and, increasingly, private counsel.

We have engaged in extensive outreach, with team members jointly presenting information about the court to neighborhood groups, Women and Infants Hospital, and numerous community-based providers and service agencies. While these efforts have undoubtedly led to greater familiarity with SSBC within the community, the majority of our actual referrals to date have come from members of the Court.

A basic premise of the Court is that the quicker we can become involved with eligible families, the greater the potential to stabilize the parents and maximize infant mental health through parent-child contact and bonding. The sooner we receive referrals from any source, the faster we can establish case planning consistent with evidence based infant mental health.

For this reason, anyone, including the parents themselves, can seek an intake appointment to determine eligibility for the SSBC.<sup>1</sup>

Consistent with the theme of “early intervention” in cases, our Steering Committee members asked us to prioritize improving communication between DCYF Investigators and hospital personnel regarding pre-natal alerts, 72 hour holds, and ex parte removal of newborns from their parents. We reached out to DCYF with the request that they consider dedicating a number of Child Protective Investigators (CPIs) to handle these cases with the benefit of training from Dr. Susan Dickstein and Dr.

---

<sup>1</sup> The ultimate decision to approve transfer to the SSBC from another calendar lies with the Judge originally assigned to the case.

Cindy Loncar. This initiative has yet to move forward as momentum stalled with the advent of COVID. It has been a source of frustration that despite diligent efforts to engage the Investigative Unit of DCYF, we have yet to receive a single referral from this sector of the Department. However, every other referral source has become so robust that we are actually at capacity on a rolling basis given the caseload capacity of our coordinators.

### **SERVICE DELIVERY**

The combination of rapid referrals, tailored case plans based on our infant-parent assessment, increased visits, and frequent court reviews form the foundation for what the SSBC seeks to provide. Our goal is to identify service needs, safely reunify and ultimately close cases as timely as possible, ideally with the community-based services remaining in place or accessible to the family after case closure.

Specifically, here is what we have been able to offer in the following categories:

#### **Speedy Intake**

Intake is conducted by our court-based clinical social workers/care coordinators – Christine Munroe, BSW; Julie Connolly, LCSW; Jessica Karten, BSW; Sandy Hays, BSW and Kristina DeAngelis Poli. Appointments are consistently scheduled within 10 days of any request, and in most cases much sooner, even same day. Considering the increased volume of referrals, this efficient response is a tribute to the dedication and organization of the SSBC staff. We were also assisted greatly but our intern, Dawn Iacobbo, social work Masters level candidate, who joined our team at the end of June.

#### **Infant/Parent Assessments**

Our collaboration with the Brown Center for Children at Risk, which enables us to immediately refer families for a comprehensive infant-parent assessment as our first step upon joining the SSBC, is really a foundation of our process. (Our care coordinators make the referral directly; the evaluations are funded by Medicaid.)

The indispensable Dr. Cindy Loncar and her staff schedule and perform the evaluations and generate a report for the court within 30 days of meeting with the family, often sooner. The Brown Center evaluations form the basis for case plans tailored to each family. They are strength-based but candid regarding service needs, identified risks, and specific recommendations for the frequency and level of supervision for visits and/or pace of reunification. In some cases, the Brown Center for Children at Risk schedules a follow-up appointment in order to assess the family's progress once services have been implemented. Dr. Loncar has also made herself available to our social workers, other service providers, and CASA for ongoing dialogue about issues which have arisen in individual cases as they unfold with the court. Reflecting her commitment to this project, Dr. Loncar has added staff to assist in scheduling appointments and conducting evaluations.

The Brown Center for Children at Risk's contribution to our process is probably the single most important element of the SSBC in terms of guiding targeted case planning and court oversight. Due to

our increased volume, we now refer to the Brown Center for Children at Risk on a discretionary case by case basis.

### **Visits**

DCYF social caseworkers have consistently cooperated with the standing SSBC order that parents receive a minimum of 3 visits per week. Incorporating foster parents and/or extended family members as resources to host and supervise visits is a big part of this. The effort by DCYF staff in coordinating these visits is greatly appreciated. Of note, many cases already have the three weekly visits up and running at the time of the referral and intake with SSBC, reflecting significant systemic change within the Department.

### **Role of CASA**

The role of the CASA office, especially with the help of our designated Guardians ad Litem, Attorney Kristen Cuddy and Attorney Denise Acevedo Perez, has expanded tremendously. Attorney Cuddy and Attorney Perez, along with social workers from their office and specially assigned CASA Volunteers Lynn Sheehan, Jane O'Farrell, Shaween Awan, and Allison Carcieri-Cassidy, Paul Gagnon, and Paul Fitzgerald have become an integral resource to the families and to the court. Their ability to do additional home visits, provide oversight on progress of referrals, and serve as mentors to our young parents greatly enhances the court's capacity to ensure child safety. In addition to the crucial role played by the CASA Attorneys, CASA Dreams Fund continues to be a vital resource for baby supplies, clothing and equipment needed by our families. SUMR Brands continues to donate swaddles and sleep sacks, important for "safe sleep" practices, and the CASA partnership with Project Undercover has secured a regular bimonthly donation of 2,000 diapers and wipes for our families. Ocean State Job Lot continues to be a generous contributor of equipment and supplies.

In addition, Amica made a \$2,500.00 donation in honor of one of their employees Shaweem Awan who is one of our dedicated CASA Volunteers. These funds have been used to purchase items such as car seats, pack & plays and strollers.

### **Community Based Services**

Our goal of incorporating community based services, which are not reliant on DCYF funding, remains a centerpiece of the SSBC approach.

To this end, most, if not all, cases include programs such as Healthy Families America, Parents as Teachers, Early Intervention and Nurse Family Partnership, all of which are available through the Department of Health (DOH.) Many of these programs remain involved after case closure.

The DOH, particularly via our liaison and Steering Committee Member, Kristine Campagna, continues to be a key partner.

## **FOCUS ON FOURTH YEAR**

**APRIL 2020 – MARCH 2021**

The beginning of our fourth year of SSBC coincided with the onset of the COVID19 pandemic, which caused the temporary shutdown of the courts and an initially indefinite suspension of our ability to have face to face contact with participants.

Parents' visits were suspended by the Department and/or reassigned as virtual visits for several months. Likewise, most if not all service providers suspended their in person therapy and hands-on parenting programs.

In this bleak and uncertain landscape, it did not seem realistic to set any participation goals as it was not clear if or how we would be able to sustain the program at all, much less plan to add families or improve our services delivery.

However, as a testament to the dedication and resourcefulness of the SSBC staff, DCYF personnel and the providers we have partnered with at The Brown Center for Children at Risk and Department of Health, not to mention the miracle of WebEx, we actually only suspended the program 2 weeks and resumed a full schedule of court hearings as of May 5, 2020.

Most significantly, our families displayed such grace and determination in adapting to virtual hearings and services, and enduring the suspension of direct contact with their babies, which was obviously devastating.

Fortunately, the pause in in-person visits was relatively brief. Referrals and intakes stuttered at first but then gained momentum. Thanks to the resourcefulness of the staff, and the staggered schedule created by Linda Lynch, even in-person intake appointments resumed by mid-summer.

Obviously, much is lost when contact is reduced to virtual meetings and phone calls, but we also discovered some advantages for the families. The ability to participate remotely in "time certain" hearings was actually a boon to parents with transportation barriers. Most, if not all, parents quickly figured out how to join the court hearings on WebEx – ironically with greater ease than many of the attorneys!

Likewise, many parents were able to continue to engage with counseling and other services virtually with decent success. Suffice to say, given the unique challenges of this past year, it is very gratifying to report that we not only kept Safe and Secure Baby Court alive, but actually doubled the number of parents who successfully completed the program from 34 last year (March 2019 – March 2020) to 68 for this reporting period (April 2020 – March 2021).

As the following data chart and summary reflects, we have continued to grow dramatically since the start of the program.

#### **HISTORY/CONTEXT:**

The initial goal of the SSBC Pilot was to serve 10 families in its first year (March 2017 – April 2018). The Court ended up serving nearly double that number in its first twelve months of operation, enrolling 19 parents, eight of whom successfully completed SSBC and closed to DCYF as of March 2018.

#### **Goal for second year (March 2018 – March 2019)**

Accordingly, we increased our participation goal for our second year, hoping to serve thirty (30) families.

We are happy to report that participation in our second year far exceeded that goal. We enrolled 54 new parents in our second year, 27 of whom have already successfully closed/completed and the balance of whom remain active with the court.

Goal for third year (April 2019 – March 2020)

For our third year, we increased our enrollment goal to 75 new parents ultimately serving 80 in the past year, 34 of whom successfully completed their case plans and achieved case closure.

No specific goal for fourth year due to Covid. However, as noted, we ended up doubling the number of parents who successfully completed the program despite the pandemic.

Snapshot of Momentum	First Year: March 2017-2018	Second Year: March 2018-2019	Third year April 2019-March 2020	Fourth Year April 2020-March 2021	Total to Date: (parents)
Referrals:	38	114	139 parents	169 parents	460
Enrolled:	19 (Goal of 10)	54 (Goal of 30 new parents)	80 parents (Goal of 75 new parents)	99 new parents	252
Successfully Completed:	8 parents	27 parents	34 parents 25 children	68 parents 49 children	137 parents 98 children

**\*\*\*On 4/5/2021, SSBC successfully closed a case with 2 siblings resulting in 100 children closed!**

Additional Data of Interest (updated to reflect totals from the third year):

- Of the **460** parents referred for intakes, there were **300** mothers and **160** fathers.
  - a. In the fourth year alone, of the **169** parents referred, there were **114** mothers and **55** fathers.
- Of the **252** total parents, **172** mothers and **80** fathers were accepted.

- a. Of the **99** parents enrolled in the fourth year alone, there were **67** mothers and **32** fathers. We are very proud of our success in engaging fathers as well as mothers.
- Of the **252** total parents enrolled since March 2017, **20** have been sent back to the regular calendar .
  - a. Of the **99** participants enrolled in the fourth year, **7** were sent back to the regular calendar, or less than 10%.
  - b. Typically, the reason for a return to the regular calendar is the recognition that the caseplan needs are not suited to the swifter pace of SSBC, or parent fails to follow their contract requiring them to cooperate with additional services and visits.
- To date, **19** minors have been referred:
  1. **10** minors joined SSBC
  2. **4** successfully closed
- During the fourth year, **5** minors had been referred, **1** joined SSBC, however **3** are currently active because two had opened during the previous data collection period. and **2** successfully closed in the fourth year. **2** are pending intakes to determine eligibility and **1** was not eligible for SSBC.
- During the fourth year, the average length of time from opening to closing in SSBC is **6 months**.<sup>2</sup>
- Only **3** cases of those closed to SSBC since the pilot began had further DCYF involvement of any kind. Significantly, none of the re-openings involved child maltreatment.

The average age of the children served by the court:

1. **3-months-old** during the first and second year
2. **5-months-old** in the third year
3. **9-months-old** in the fourth year

The average age of the parents:

- **24-years-old** during the first and second year
- **25 years old** during the third year

---

<sup>2</sup> Previous to Covid, our average length of time for families prior to closing was four (4) months. It is notable that cases remained open only on average of two (2) additional months in the face of challenges created by the pandemic.

- **27.5-years-old** during the fourth year

**76** parents and **63** children are currently enrolled in SSBC, as of the end of March 2021.

To date, **137** total parents have successfully closed in SSBC; **68** parents; **49** children in the fourth year alone.

This data collection and tracking represents the vigilant effort of our clinical social workers/care coordinators: Julie Connolly, Christine Munroe, and Jessica Karten, as well as Kristina Poli, Sandy Hayes and our intern, Dawn Iaccobbo. We also thank DCYF, specifically Colleen Caron, for assistance in identifying cases, if any, which re-open to the Department after closing to SSBC and coordinating on other statistics.

### **Developments and Events of Note**

#### **April 2020 – March 2021**

Ordinarily we schedule a Steering Committee meeting to establish goals for the upcoming year – due to Covid, we were not able to convene a meeting last Spring and it did not seem realistic to set goals with so much uncertainty ahead at that point. For this reason, in lieu of a formal update on goals, what follows is an informal summary of new developments over the course of the past year.

#### **WEB PAGE**

1. Casa Attorney Denise Perez suggested that we establish a dedicated web page within the existing Judiciary Website as a resource for those with interest in the Safe and Secure Baby Court calendar. Kudos to Attorney Perez as she worked diligently with Linda Lynch and Gail Valuk to create this page, utilizing input from the SSBC staff. This new page will be unveiled shortly, pending final review and approval by Chief Judge Forte, and is a very exciting addition to our ability to educate the public and potential participants about SSBC.

#### **GRODEN CENTER AND CCA/NEC**

2. As many are aware, DCYF ended its long-standing relationship with Spurwink, which provided services to cognitively limited parents. In its place, parents may now be referred for specialized services of this nature through the Groden Center and CCA/NEC (Community Care Alliance/Nurturing Early Connections). Representatives from both of these programs – Jeanne Rheume of CCA and Nancy Mabry of Groden Center both took the initiative to contact SSBC to learn more about how our program works so as to better collaborate with us in terms of our emphasis on more numerous visits and a mentoring approach to caseplanning.

So far, both of these providers have been very receptive to our model, already generating some success stories in terms of closed cases. Also, having two providers to choose from has all but eliminated the waiting list debacle presented by relying only on Spurwink for these services. This quick availability is consistent with our model of seeking to provide targeted services to families as soon as possible.

### **NOWELL ACADEMY**

3. We have been very fortunate to form a connection with Nowell Academy this year, thanks to the introduction provided by Julie Connolly, LCSW, a member of the SSBC staff. Nowell Academy is a specialized public high school in Providence that serves pregnant and parenting teens. A number of our parents have attended or are presently enrolled in the school, which provides on-site daycare as well as other supportive elements. We now receive reports directly from the school, as well as referrals, and they have assigned a liaison, Waffa Jaffe, who attends our hearings as needed. This is a mutually beneficial relationship which enhances our ability to serve school age parents.

### **RHODE ISLAND ASSOCIATION FOR INFANT MENTAL HEALTH (RIAIMH)**

4. Another important relationship, in this case with RIAIMH, continues to thrive. RIAIMH President, Dr. Susan Dickstein, continues to be a key member of our Steering Committee, and now provides training about infant mental health to DCYF staff and social workers.

SSBC staff were invited to be a part of a presentation entitled “Strong Roots RI and the Safe and Secure Baby Court” which is part of RIAIMH’s training series. This event, held on Zoom on March 23, 2021, was registered to capacity with over 125 social workers, foster parents and community stakeholders in attendance. SSBC received great feedback about the session, which was recorded for future training purposes.

Our partnership with RIAIMH on matters of educating the social work and provider community about the concepts underpinning SSBC continues to be valuable and mutually beneficial. We look forward to partnering for future events.

### **DCYF TRAINING**

5. In terms of training, we are also pleased to report that the Court was invited to participate in a Zoom training session for new social workers. Training Supervisor Betsy Aubin arranged the session which involved lively participation by the new recruits and a great opportunity to introduce new frontline workers to SSBC. Ms. Aubin has advised that she plans to incorporate further presentations from the Court in her training schedule. We welcome this collaboration with the Department.

### **THE BROWN CENTER for CHILDREN at RISK**

6. Our relationship with The Brown Center for Children at Risk, specifically with Dr. Cindy Loncar, continues to be a key element of SSBC. In a very productive recent meeting with Dr. Loncar, it was agreed that going forward, referrals for a parent child evaluation would be discretionary instead of automatic.



For example, if a child is already placed with a parent or in a kinship setting when the case opens, they may or may not be referred to The Brown Center for an assessment, depending on feedback from other providers and the parent's level of confidence in parenting.

This reflects the dramatic increase in the volume of referrals and the need to reserve the expertise of The Brown Center for Children at Risk for the cases they can best serve.

### **PROGRAM CRITERIA**

7. In terms of volume, we have also re-affirmed our target age group for our "babies" as zero to 18 months. Despite the aspiration to serve the "zero to three" population, and/or offer "Baby Court to every baby", it is recognized based on feedback from our care coordinators that it is not realistic to expand our age group unless we acquire more staff and resources. The higher value of adhering to our model of frequent court oversight and personal engagement by the staff is compromised when we allow our criteria to become overbroad. (Presently, caseloads are for SSBC staff approach 20 cases each, in addition to their ongoing intake duties.) Three of our staff also share the full caseload of the Family Treatment Drug Court parents, and one CASA staff assists us with SSBC.

### **REGIONAL INTEREST IN SSBC**

8. Chief Judge Forte has been contacted by NFI Family Resource Center of Greater Lowell, MA, an organization seeking to create a training with the goal of "building a bridge between foster families and biological families to minimize the trauma that occurs to children" with the request that SSBC staff provide an informational session to the members.

### **SSBC IN THE NEWS**

9. As a final note, SSBC received some "ink" in the form of an article featured in the *Providence Journal* on November 27, 2020. Obviously, the best part was the glamour shot of the staff (masked of course) taken in front of the Garrahy Courthouse!

#### **• Reunification Support Program (RSP)**

The Department has worked with the Department of Human Services to continue to reinstate the Reunification Support Program (RSP). Due to the pandemic, efforts to get this program up and running were delayed. As described previously, the program existed the two agencies in 2012 and was put on hold in 2014 because of the Affordable Care ACT. The goal of the collaboration is to reunify children back with their families within 90 days. DHS would continue the family's medical assistance and TANF cash assistance for families when the Department removes a child. The Department's service plan will count toward work activity in a DHS employment plan.

There is no need for policy changes at this time, however a process has been developed on the best way of identifying and making timely referrals for families. The Department is still considering recommending Safe and Secure Baby Court as an additional pilot for the referrals given that:

- Safe and Secure Baby court smaller have several families to begin with which will aide in getting implementation up and running easier

- The Family Court already has a process already in place for identifying families and making referrals to the Safe and Secure Baby Court
- The Goal of the Safe and Secure Baby Court is reuniting parents with their babies as fast and as safely as possible, to enhance services for those babies who remain at home and to offer a smooth exit from the child welfare system.
- Safe and secure Baby court also provides expedited services in cases of first-time parents with children under the age of five (5) who are involved with the Department

The Department will work with the Department of Human Services (DHS) eligibility team to make the referrals as to not disrupt benefits for those families identified for the Reunification Support Program. This program is ready to go and we look forward to working with a number of families so that their TANF benefits stay intact.

- **Family Court Case Plan Mediation (Pilot) Project**

Meetings amongst DCYF, Family Court, Children’s Bureau, and Center for the Courts and Center for the States workgroups identified multiple court continuances and limited availability in court calendars as factors associated with timeliness to permanency achievement. These stakeholders did identify anecdotally that the utilization of mediation to resolve permanency is a strength in the Rhode Island Child Welfare system. A focus group consisting of caseworkers and supervisors noted that mediation is a helpful process that produces agreements between the Department, parents, and foster parents that can lead to more timely permanency. Parents, attorneys, social workers, and others work together, asking and answering questions, airing concerns, and ultimately crafting a permanency plan that is acceptable by all the parties. The Department proposes that by expanding the use of the mediation process early in a case will result in a timelier resolution of the underlying petition, thus allowing all parties involved in the case to focus on the accomplishment of the service plan goals. This would then lead to a reduction in the number of court continuances, thus increasing availability in the court calendar to conduct more purposeful hearings on foster care cases resulting in more timely permanency.

The Family Court in collaboration with the Department will expand its current mediation capacity to allow for a pilot mediation project to occur at the 2-3-month mark in the case to assist in resolving underlying petitions that have not yet been adjudicated and cases where the service plan has not yet been agreed to in order to decrease the time between the filing of the petition and the adjudication. By bringing all parties of the case together earlier in the timeline of the case, agreement to participate in the service plan and therefore following the service plan can begin sooner which will allow all parties to move towards permanency planning either via reunification or adoption/guardianship without delays associated with continued court hearings. An earlier focus on permanency planning will increase the percentage of children achieving permanency within 12 months.

The Department has made great strides implementing the Court Mediation Project in 2021. In collaboration with internal and external stakeholders, the Department has finalized the mediation process, data collection and developed strong stakeholder engagement. Through collaboration and the integration of stakeholders input, insight and experience helped in the development and finalization of the roles and responsibilities, parent informational flyer, and stakeholder-parent surveys.

- The Department meets with the external stakeholders bi-weekly to discuss lessons learned, and challenges to ensure the mediation process allows for timely and positive outcomes for families.
- The Department engaged the RI Family Court on increasing the capacity of the Court's mediation program.
- The Family Court and the Department established several cases to be referred monthly to this mediation project to reduce the amount of time to resolve the underlying petition and agree to a service plan.
- The Department has partnered with the RI Family Court to track these mediation cases to permanency to determine the pilot's effectiveness in the reduction of time to permanency.

The Department met with all relevant parties, including RI Family Court, CASAs, and Parents' Attorneys via the establishment of a Stakeholder Workgroup. This workgroup agreed that the purpose of mediation is to return the child home as soon as is safely possible via a disposition and/or agreement on the conditions for return of the child to the home.

To date there have been 45 cases referred to mediation. Our goal is to have 100 cases referred to mediation over the next calendar year. This number was arrived at in consultation with the steering committee based on mediator capacity, average caseloads that meet the criteria of mediation pilot, and DCYF legal team capacity to review cases in consultation with FSU in preparation for mediation referrals.

The Department also developed a new master tracking sheet and is tracking the number of referrals to mediation, the outcomes of those mediations, the number of agreements that occur outside of mediation, the number of court mediation denied, the reasons for the denial. The candidacy population criteria for the pilot are cases opened for neglect, there is no agreed-upon service plan, one parent attorney entered on the case, and there is no disposition on the underlying petition. At the second pre-trial, the Department's Attorney will request mediation if the case meets the candidacy criteria.

### *Efforts to Track and Prevent Child Maltreatment Deaths*

Rhode Island law requires that all allegations of child maltreatment be reported to the Department of Children, Youth & Families (DCYF). DCYF is the single state agency for collecting and reporting indicated allegations of child maltreatment resulting in death. This information is collected in the Rhode Island Children's Information System (RICHIST). RICHIST data is then used to report to NCANDS.

In addition, RI does have comprehensive child death review processes to ensure each maltreatment death or near-fatality is thoroughly reviewed by a multidisciplinary body with recommendations to state leaders.

Rhode Island Child Death Review Team:

The Rhode Island Child Death Review Team (CDRT), managed by the Rhode Island Department of Health, is a multi-agency, multi-disciplinary group of professionals who conduct systematic reviews of childhood deaths in Rhode Island. The data are examined to identify risk factors, trends, and preventable child fatalities, with the goal of preventing child deaths and improving the lives of Rhode Island's children.

Each child death due to non-natural causes is reviewed, gathering information from a wide range of sources to identify risk factors that can be addressed to prevent future deaths. The team reviews all child

fatalities in the state of Rhode Island including but not limited to suicides, abuse/neglect and car accidents. The CDRT conducts comprehensive reviews and systematically examines the cause of death and circumstances surrounding deaths of children and youth ages 0 through 17. This information is used to identify ways in which similar deaths might be prevented in the future, promotes public health concerns and to develop public health recommendations to protect and promote the safety and health of children in communities throughout Rhode Island.

Rhode Island Citizens Review Panel:

The Rhode Island Citizens Review Panel performs two primary functions:

1. To provide a multidisciplinary forum to review cases of suspected abuse and/or neglect reported to DCYF. Within this forum panel members additionally present cases to DCYF personnel to determine if agency referral was indicated by law or would be in the child's best interests.
2. To identify areas of improvement for the multidisciplinary team response to child maltreatment for the entire state of Rhode Island.

Community members from a wide variety of disciplines met on a weekly basis to discuss concerning cases in which abuse and/or neglect had been reported to DCYF. The group also reviews cases in which abuse and/or neglect remained undetermined, requiring further input and recommendations from panel members. Core group members included the following:

- Administrators and supervisors for DCYF's Child Protective Investigators
- Administrators and supervisors for DCYF's Family Services Unit
- Representatives from Hasbro Children's Hospital's Lawrence A. Aubin Sr. Child Protection Program (The Aubin Center).
- Medical Director of RI Training School
- Representatives from the Rhode Island Attorney General's Office, Criminal Division, Child Abuse Unit and Juvenile Division
- Representatives from the Rhode Island Children's Advocacy Center (CAC) and Day One, including the Director of Clinical and CAC Services, Forensic Interviewers from the CAC, Commercial Sexual Exploitation of Children (CSEC) MDT Coordinator, and CAC MDT Coordinator.
- Representatives from the Providence Police Department (Youth Services Bureau) & Cranston Police Department (Detectives Division).
- The Law Enforcement Advocate (LEA) for the Providence and Rhode Island State Police Departments. The LEAs provide support throughout the criminal justice process to child victims of abuse as well as to children and families exposed to domestic violence.
- The Child Advocate and/or a representative

For specific and/or particularly complex cases requiring further input, outreach to other participants was conducted to elicit additional expert opinions. Those who were invited for comment on a case-by-case basis included the following:

- Other Hasbro Children's Hospital personnel, including the Clinical Social Work Department, Child Life Department, Pediatric Intensive Care Unit, Pediatric Ambulatory Clinic, Pediatric Partial Hospital Program, Nursing staff, Pediatric Sub-Specialty Clinics, Department of Child and Family Psychiatry, Pediatric Emergency Department, Nutrition Department
- DCYF investigators and social workers
- Representatives from community and/or state police agencies
- Emergency medical technicians from statewide community rescue services
- Representatives from Early Intervention Programs
- Community pediatricians
- Staff from chronic care institutions for children
- Staff from community foster care agencies
- Staff from residential treatment facilities
- Staff from Bradley Children's Hospital Psychiatric Units
- Staff from community mental health agencies
- Staff from public and private schools

In August of 2018, the Department's Critical Event Reviews, a process in which the Department conducts a detailed case analysis following a child fatality, near fatality or other serious situation that warrants review, was merged with the Citizen's Review Panel. These reviews in conjunction with the Citizens Reviews are designed to consider whether a single case incident reflects systemic issues that need to be addressed. Included as part of the reviews are applicable statutes, regulations, Department operating procedures, training, practice and use of collateral systems.

Office of the Child Advocate Child Fatality Review Panel:

In July 2016, the statutory authority of the Office of the Child Advocate (OCA) was expanded with a new law mandating the review of any child fatality or near fatality in the following circumstances:

- 1) when the child was in the care and custody of the Department of Children, Youth and Families or the child's family had recent contact with the Department of Children, Youth and Families;
- 2) when a sibling, household member, or day care provider has been the subject of a child abuse and neglect investigation within the previous twelve (12) months; or
- 3) if the fatality or near fatality was the result of abuse and/or neglect.

The OCA is responsible for establishing a voluntary child-fatality-review panel, whose members may vary on a case-by-case basis. This panel is responsible for assessing and analyzing such cases, making recommendations for improvements to laws, policies, and practices that support the safety of children.

DCYF Child Fatality Response Team:

For all child fatalities or near fatalities, the DCYF Director schedules an administrative review that includes DCYF and community partner staff who have been involved with the case, as well as DCYF's Chief of Staff and administrative legal counsel. If a foster family is involved, the DCYF licensing administrator also attends. The child's case record and legal case record is available for review at this meeting. The purpose of this meeting is to review the incident and gather all available information.

When the circumstances require further investigation, a response team, which includes Department staff and community partners, is convened and coordinated by the Deputy Director or designee. The purpose of this review is to examine the circumstances surrounding the child fatality or near fatality and to evaluate the implications for future practice. The team assesses the quality of services provided by the Department and community partners, evaluating compliance with applicable regulations and policies.

The review may require staff interviews to obtain firsthand information of critical case events. A coordinated and cooperative effort with other Departments and agencies such as hospitals, Medical Examiner, Attorney General, and police Departments may be required. Upon completion of this review, a final report is submitted to the DCYF Director. The final report includes a summary of the findings and recommendations to improve any identified management and/or systems issues that were cited during the review process. The Director conducts a follow-up review within 60 days of receiving the final report to ensure that the recommendations are addressed and/or implemented.

Statewide Planning to Prevent Child Maltreatment Deaths:

In 2017, Governor Raimondo appointed Dr. Trista D. Piccola as the Director of DCYF. Dr. Piccola launched the Pivot to Prevention in April 2018. This operational direction focuses on preventative services and supports the redirection of resources to prevent out-of-home placement and the misuse of more restrictive levels of care for youth who are not in need of those services. The work continues today under the SAFE Practice Model.

The Strategy focuses on **five key areas**:

**1. Child Safety as a Public Health Issue**

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

## **2. Strong Network of Prevention**

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

## **3. Competent, Stable, Diverse Workforce**

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

## **4. Fiscal Soundness**

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

## **5. Effectiveness of Services**

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

Keeping RI Kids Safe is built on:

- Cross- agency collaboration and partner collaboration
- A data-driven approach to keeping kids safe
- Child-focused screening and supports
- Data analysis that pinpoints strengths in our work to identify, refer and serve at-risk families
- Priority Strategies developed along with an implementation timeline

Child maltreatment is a statewide concern and public health crisis. Informed by integrated data, DCYF, EOHHS, RIDOH, and the Children's Cabinet are partnering with community members to implement focused strategies to keep kids safe.

In 2018, DCYF and RIDOH partnered with the Harvard Kennedy School Government Performance Lab to jointly analyze data related to maltreatment between January 2016 and December 2017, with a focus on fatalities and near-fatalities. This analysis was particularly interested in the family's involvement with DCYF and RIDOH before the critical incident:

- Did the state identify at-risk families?
- Were families referred to and connected with appropriate services?
- Where might there be opportunities to intervene earlier or improve service effectiveness?

After completing this analysis, we cross-checked our findings with recommendations from various sources including:

- Medical Examiner's Rhode Island Child Death Review, 2012
- Internal DCYF Critical Incident reviews, 2016-2017
- Office of Child Advocate Reports published in March 2017 and December 2017
- Citizens Review Commission completed in June 2018

Our initial analysis of the 31 critical incidents in 2016 and 2017 found some areas of opportunity to work together and strengthen our processes and services for at-risk families. For example:

- 12 of 31 families had not had face-to-face interaction with DCYF or RIDOH services or programs in the year before the birth of a child
- Compared to all risk-positive children, those who suffered a fatality or near-fatality were less likely to receive a First Connections visit following a risk-positive Newborn Developmental Risk Screening

These data points, and our case review, led us identify four specific strategies to implement:

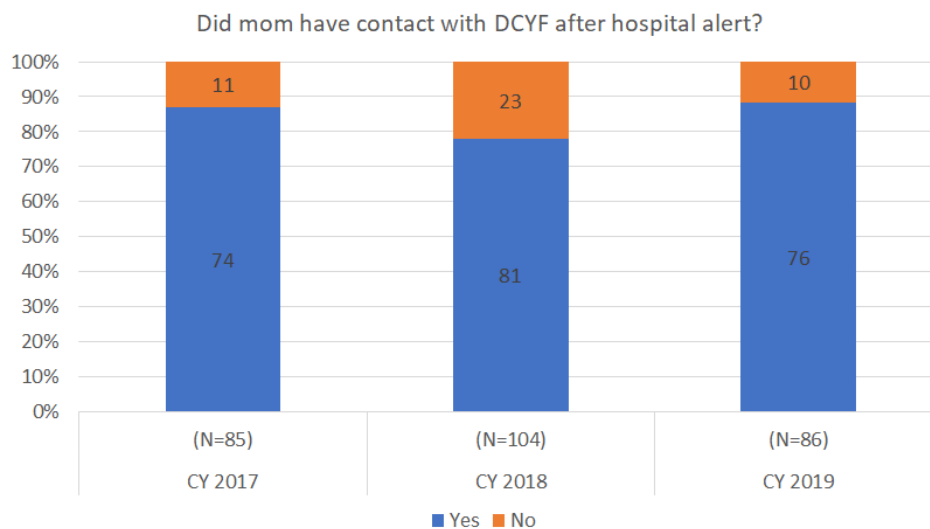
- Developing additional risk tiers for Newborn Developmental Risk Screening at birth, to identify families for persistent outreach, ongoing support, and follow up for RIDOH's family home visiting services
- Strengthening engagement with pregnant moms open to DCYF
- Introduce clear referral criteria and process for CPS to quickly make appropriate referrals to preventative services
- Strengthening routine and timely DCYF/RIDOH data sharing and monitoring to track referrals from CPS to preventative services

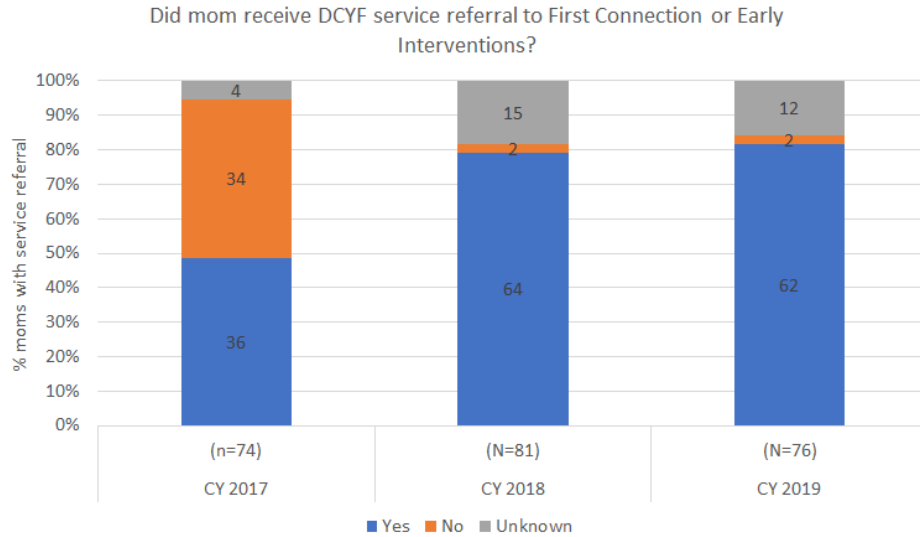


We began implementation of these strategies in summer 2018 (full updates below). We also recreated our review of critical incidents from 2016-2017, using 2018 critical incidents instead, to confirm that we remained on the right track. In 2019, we continued to review metrics and track progress for these strategies at DCYF-RIDOH prevention performance meetings. In 2020, we are shifting goals to an upstream approach to prevent adverse effects and focus on overall child well-being.

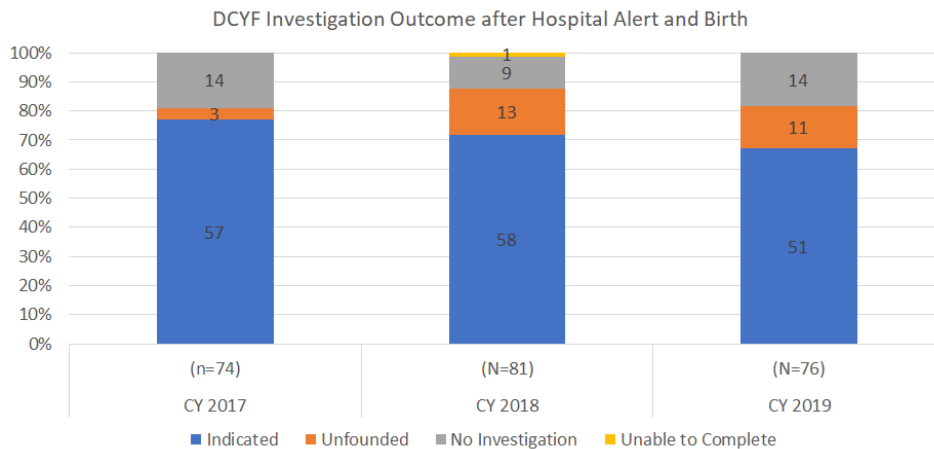
Updates on “Keeping RI Kids Safe” Key Strategies:

1. Develop additional risk tiers for Newborn Developmental Risk Screening at birth to identify families for persistent outreach, ongoing support, and follow up for RIDOH’s family home visiting services
  - Matched current Newborn Development Risk Screening data with outcomes data from EOHHS data ecosystem. Analyzed data to assess which risk flags were most correlated with adverse outcomes.
  - Using this analysis, identified a set of criteria that would flag a newborn as “Risk Plus” – more likely than the standard risk positive group to experience later maltreatment.
  - Once implemented, this new “Risk Plus” protocol can be used to prioritize highest risk newborns for more intensive outreach and follow-up from home visiting programs upon hospital discharge.
  - This work is on-going, identifying 17 Level 1 risk families in CY 2019, and 120 families in CY 2020. These families received follow up referrals to MEICHV programs.
  
2. Strengthen engagement with pregnant moms open to DCYF
  - Analyzed CY2019 DCYF hospital alerts (i.e. calls to the DCYF hotline where the subject is a pregnant mother-to-be) to assess whether moms who were the subject of hotline calls while pregnant ultimately opened to DCYF, and whether they received RIDOH-contracted prenatal home visiting in the meantime.





- Joint task force with RIDOH and the Women & Infants Hospital Prenatal Clinic continue to work together with the goal of leveraging prenatal medical care providers to refer and engage more mothers with preventive services like home visiting and peer coaching before their due date.
- Since the first analysis in 2017, there was an increase in total hospital alerts (85 in 2017, 104 in 2018, and 86 in 2019). Additionally, there was an increase in pregnant mothers who received referrals for preventative services like home visiting and peer coaching (42% in 2017, 62% in 2018, 72% in 2019). We tracked hospital alerts, the outcomes of mothers and infants, and subsequent involvement with DCYF. Among the 2019 hospital alerts, 59% had an indicated investigation after birth (compared to 67% indicated in 2017, and 56% in 2018). There were alerts that did not have confirmation of a documented birth from a hospital, and as of September, 2020 are unknown to follow up.



- Incorporated RIDOH into DCYF’s facilitated case reviews for pregnant moms currently open to DCYF.
3. Introduce clear referral criteria and process for CPS to quickly make appropriate referrals to preventative services
    - Conducted referral quality workshops with CPS supervisors. Similar workshops with the Family Services Unit and Family Care Community Partnerships are forthcoming.
    - Working with vendors to create materials promoting family home visiting tailored to the DCYF-involved population.
  4. Strengthen routine and timely DCYF/RIDOH data sharing and monitoring to track referrals from CPS to preventative services
    - Launched a manual data matching process to routinely assess whether referrals from DCYF to RIDOH-contracted family home visiting programs have engaged in those programs.
      - DCYF-RIDOH team continuously collaborates to follow up on children who have been identified by this process as not engaged with any community supports (see implementation “Deep Dive” below).
    - Began procurement of a software system to automatically share this data, and shift DCYF from a fax-based system of referrals to RIDOH home visiting, to an e-referral system. Implementation of the e-referral is set for June 7<sup>th</sup>, 2021.

#### Implementation “Deep Dive” #1: Preventative Service Follow-up Protocols

**Goal:** Identify families referred to preventive services by DCYF who have not engaged with services and provide ongoing outreach and support.

**Preventive services “screened” for:** RIDOH: First Connections, Early Intervention, MIECHV; DCYF: FCCPs, DCYF home-based services, DCYF open/close disposition

**Population:** All indicated cases age 0-3\*

#### **Follow-up protocols:**

- Re-outreach by First Connections and/or Early Intervention providers.
- Ongoing or continuous follow-up with families who do not engage.
- Collaboration with community partners (pediatricians, child care providers, etc.) to gauge family’s existing supports and encourage engagement.

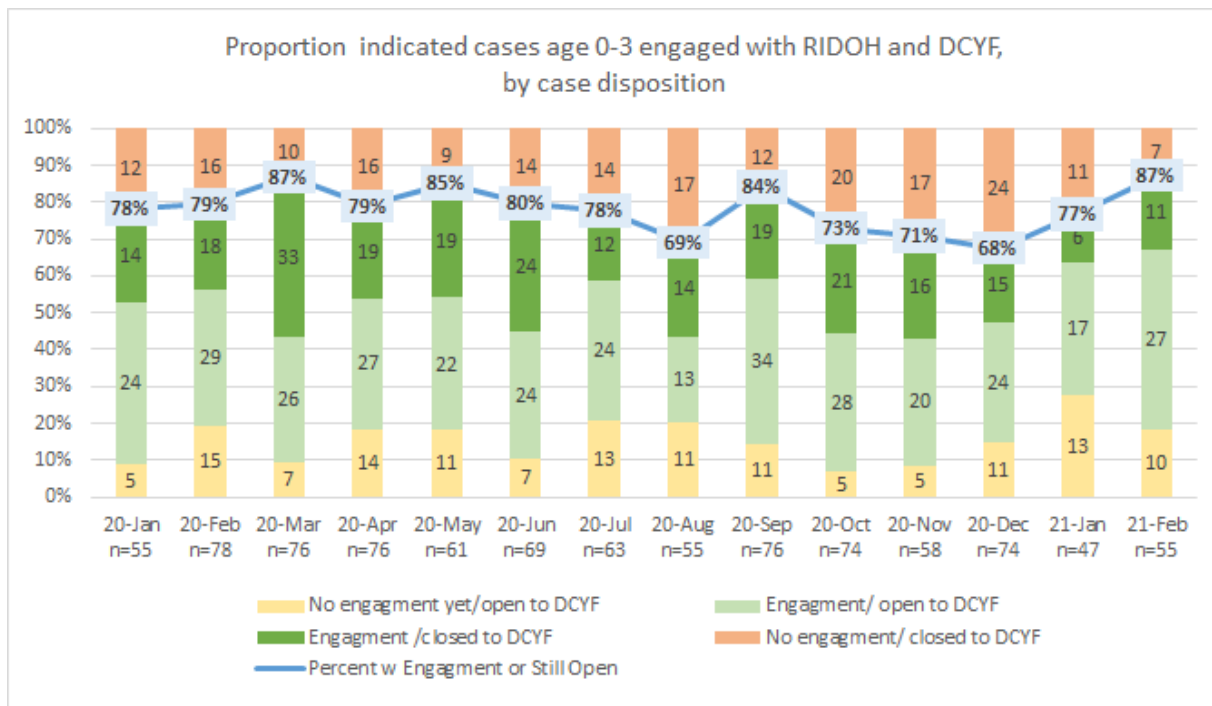
This protocol begins by generating a list of all children age 0-3 closed to DCYF with an indicated investigation. We then use DCYF and DOH data to determine whether the children on this list have engaged with a preventive service since closing to DCYF. We’re interested in questions like: Did the family respond positively to the referral and receive the service? How many home visits did they get? Were they referred on to a longer term home visiting program like Nurse Family Partnership or Healthy Families

America? If the child hasn't engaged with preventive services, are they now open to DCYF (meaning there are "eyes" on them regardless of the lack of engagement in preventive services).

Once we've answered those questions, we're able to build a list of indicated cases age 0-3 that haven't engaged in any programs. This is the group that could most benefit from better connections to services and more persistent follow-up. This follow-up initially takes the form of re-outreach by First Connections providers. If the family is not interested in enrolling:

- We can work with pediatricians, child care providers, or other community partners to ensure child safety and encourage engagement in preventive services where appropriate.
- Conduct a "check-in" with family later if preventive services declined.
- Work with CPS to assess status of family at the time of case closure, identifying those who were closed with an understanding that they would engage with a preventive service.

Results January 2020 to February 2021: Proportion of Key Families Engaged



A "baseline cohort" was previously established using indicated cases age 0-3 who closed to DCYF between March and July 2018. This baseline group served as a proof of concept, verifying that this complex data matching process was do-able in a timely manner. It also enabled us to establish a baseline engagement rate with a larger group. In the baseline cohort, we found that 20% of the families across all five months did not engage in any preventive service or were not open to DCYF when we completed this analysis.

After establishing this baseline, we started looking at this group of key families on a closer to real-time, monthly basis in October 2018, and continue to analyze program engagement on a monthly basis. There is a lag time of approximately 45 days when reporting each cohort to allow for one month of follow time and an additional two weeks for interdepartmental data merging and analysis. Above are the findings of

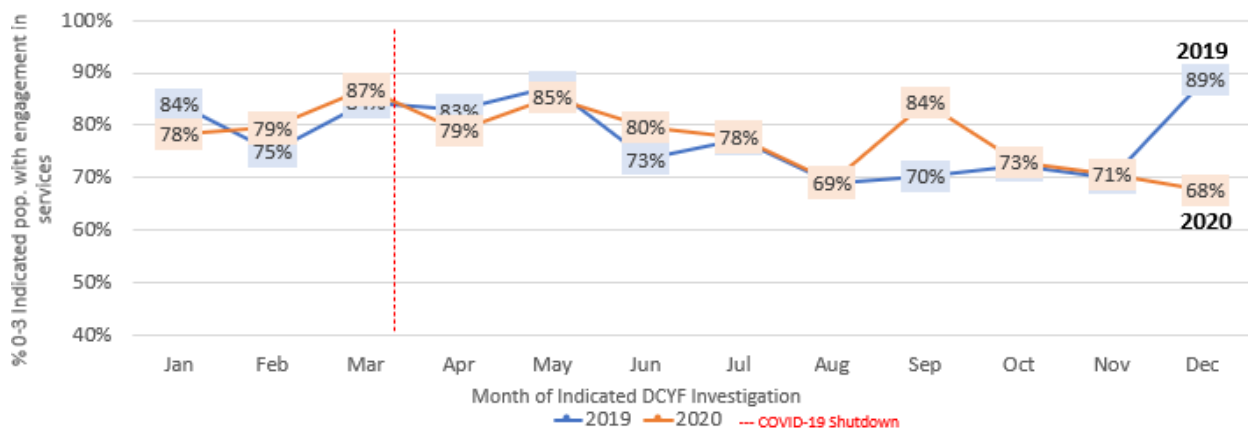
this process over the last 14 months. In November 2019, 30% (18 of 60) children had not engaged with any preventive service and were not open to DCYF. This a slight increase from December 2019, in which 27% (26 of 97) children had not engaged with any preventive service and were not open to DCYF. Among the last 6 months of cohorts available, engagement with services has been approximately 70-75%. We consider these key families in our prevention work, we want to ensure they are well supported and are able to engage with services. As such, we will continue to monitor this metric monthly going forward, with two goals:

- Decrease the proportion of families not engaged in any program.
- Identify key families not engaged in any program and follow up with them more persistently, as outlined on the previous slide.

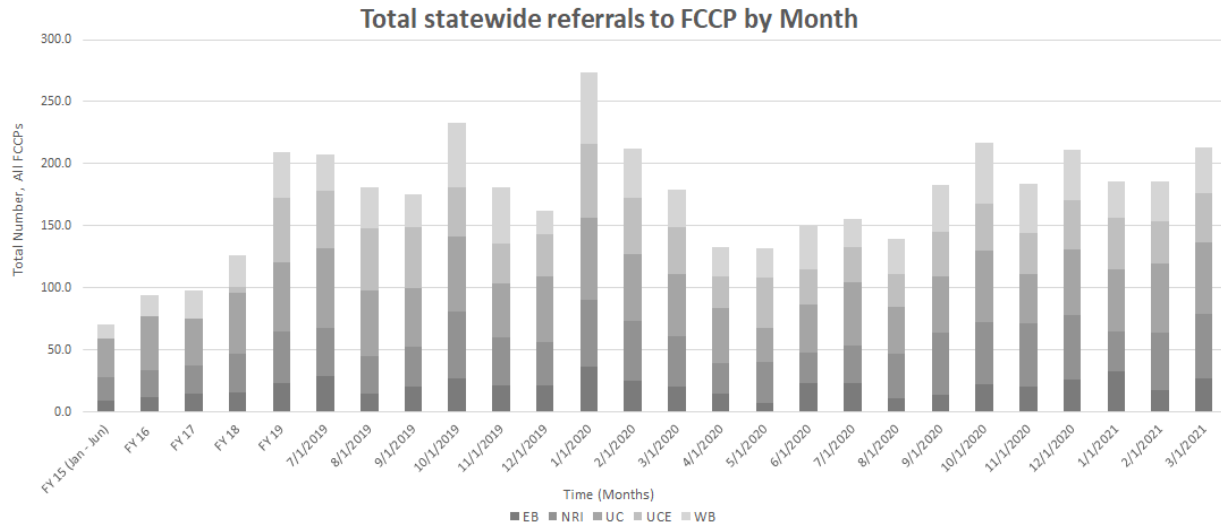
We’ve built a monthly reporting/accountability mechanism based on the active contract management framework used by both departments to track our performance on these goals.

This is a key metric that will guide our fatality prevention work going forward. It serves as a proxy for whether the Departments are successfully directing the families at highest risk for a fatality or near-fatality to preventive services.

After the COVID-19 shutdown in March 2020, engagement with services for the 0-3 indicated population decreased to 79% in April 2020 (4 percent lower than the same month in 2019). However, engagement increased in May 2020 and remained steady until August 2020; this was a similar trend observed in 2019. Engagement decreased to 68% in December 2020 (21 percent lower than the same month in 2019). Engagement has increased in the early months of 2021 (see above).



Implementation “Deep Dive” #2: Positive Referral and Engagement Trends for Preventative Services



While much of our focus has been on engaging families in the home visiting program contracted by RIDOH, it's important to note that DCYF also contracts with preventive Family Care Community Partnerships (FCCPs) throughout the state. These providers are designed in part as a "first line of defense", engaging families at risk of DCYF involvement in wrap around services before they arrive at DCYF's front door. The chart above shows the total number of new referrals to the FCCPs per month.

This number rose to over 200 for in March 2021. Further, a growing proportion of these referrals are coming from the community, as opposed to from DCYF directly. The FCCPs experienced a decrease in referrals from January 2020 to April 2020, which is associated with COVID-19 events and the decrease in calls to the DCYF CPS hotline.

#### **"Keeping RI Kids Safe" Next Steps:**

- **Automate manual preventive service data-sharing system for children ages 0-3**
- **Work with healthcare providers to connect pregnant women reported to DCYF with prenatal services**
- **Build a performance management system aimed at fatality and near-fatality prevention**
- **Align Family First initiatives with Fatality Prevention efforts**

Previewing some of our next steps, we're excited to automate the manual data-sharing system that allowed us to identify the group of key families who were not engaged in any preventive services, we looked at in earlier slides.

While the current process allows us to successfully identify those children over a predefined timeframe, our team went through a lengthy manual process to put it together, whittling down a list of all children who had come through DCYF's front door by matching it with various data systems until we finally identified those that hadn't received any services.

We realized that, to routinely identify these children in a sustainable manner, we had to build a new system that could automate aspects of this manual process in real time. So, our vision for this fourth strategy has gotten slightly more ambitious – we’re no longer aiming just to share data frequently: we’re going to build a new technology that allows us to coordinate services across both departments in real time. Over the past year, we have continued to work with the vendor to build up the e-referral system.

Over the past year, DCYF has received valuable feedback about its work and how to ensure better outcomes for Rhode Island’s child welfare system. As the department moves forward, there is dedication to zeroing in on prevention efforts so that vulnerable families and children receive the support they need when they need it. The considerations around this are farther reaching than DCYF, so the Department has re-engaged with other systems and community partners who are also focused on serious mental health and substance abuse issues, family violence, and poverty in our communities. These issues matter most in the lives of families and children and whether they reach the doorstep of the Department. In addition, our families and children of color who are most adversely impacted by these issues must be the constant lens through which we judge our successes and our failures.

Because of these refocused efforts, DCYF has achieved the following outcomes:

- More children are living in families than ever before because of improvements made in our family-based foster care work.
- The number of licensed foster families has increased by 25%.
- The number of children living in institutional care has continued to decline by more than 25% since fiscal year 2016.
- The number of children placed in out-of-state care has remained at an all-time low of approximately 50 children and youth.
- The number of youth at the Rhode Island Training School has been safely reduced to an all-time low of averaging a daily census of 55 youth.
- The frontline staff vacancy rate has remained under 5% for more than eight months.
- Since implementation in March 2018, more than 600 families have received a Family Assessment Response (FAR), an alternative prevention response, through our CPS division.
- The Department’s primary prevention partners, Family Care Community Partnerships (FCCPs), were expanded from 4 providers to 5 in March 2018 and, on average, 5% of families have subsequently opened to the dept within 6 months after receiving services from an FCCP.
- Since implementation in October 2017, over 300 youth and their families have had access to contracted behavioral health services outside of opening a DCYF case made available to the Family Court’s Intake Unit and only 17% have subsequently opened to the Department.
- A series of permanency reviews for 563 children held between May 1, 2018 and October 31, 2018 resulted in 200 children moving to permanency and case closure.

*MaryLee Allen Promoting Safe and Stable Families*

The Department is also allocating IV-B Part 2 Promoting Safe and Stable Families Program funding in FY 2022 as follows:

### **Family Support 21%**

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; with peer supports, fatherhood groups, and many local free events to encourage parent involvement. PSN has also been a leader in the Peer Recovery Support movement in the state and have trained over 100 peer recovery coaches. PSN is available to all families statewide and serves over 300 families a year.

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. This program is available statewide and serves approximately 2,300 families a year.

### **Family Preservation 20%**

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 can serve 20 families at a time is statewide.

In 2019 DCYF began funding Familias Unidas. This is a culturally specific Spanish language family-based, preventative intervention to promote protect against, and reduce risk for behavior problems, illicit drug use, cigarette use, and unsafe sexual behavior in Hispanic youth and adolescents. The program also increases attachment to families and schools and is led by trained Hispanic/Latino facilitators. The program engages Hispanic parents/caretakers in an empowerment process for which they first build a strong parent support network and then use the network to increase knowledge of culturally specific parenting, strengthen parenting skills and apply the new skills in a series of activities. This program is statewide and serves 10 families at a time.

### **Family Reunification Services 23%**

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 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 and can serve 60 children a year.

### **Adoption Promotion and Support Services 26%**

Funding through Title IV-B, part 2 supports the work of 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. Adoption Rhode Island has been the only provider of the Dave Thomas Foundation for Adoption's *Wendy's Wonderful Kids* (WWK) Model in Rhode Island for just over a decade. This evidence-based national model was designed to meet the needs of our most vulnerable youth, including older youth and youth who have been in care for longer. WWK Recruiters provide intensive, child-focused recruitment, including case record mining, smaller caseloads, and more frequent, individualized casework with youth. After nine years of significant success in this program, the Dave Thomas Foundation for Adoption and the RI Department of Children Youth and Families invested funding for two additional WWK Recruiters at Adoption Rhode Island in 2014, bring the total to three WWK Recruiters. The WWK model allows for caseloads of 12-15 youth in active recruitment. There are currently 48 youth in Adoption Rhode Island's WWK Program: 18 youth being served through DCYF-funded WWK, and the remaining 30 being served through Dave Thomas Foundation-funded WWK. This program is statewide.

Funding through Title IV-B, part 2 also supports Teen Focus is a program that includes several evidence-based and evidence-informed best practices to achieve permanency and independence outcomes for teens in care with the permanency goal of Another Planned Permanent Living Arrangement (APPLA). Historically, these youth were not enrolled in any permanency services at Adoption Rhode Island. The primary areas of focus of the Teen Focus program are to (1) keep older youth stable in supportive living arrangements while striving towards legal and relational permanency through adoption, guardianship, reunification, and/or the development of a network of peer and adult supports, (2) achieve educational and vocational goals, and (3) prepare youth for adulthood through life skills development. As part of a multi-disciplinary team, Teen Focus Permanency Specialists work with youth to achieve relational and emotional permanency through family search and engagement and other opportunities to build and sustain lifelong relationships, implementing models such as child-focused recruitment, Darla Henry's 3-5-7 Model for permanency clarification and preparation, and family search and engagement models. Education Specialists support positive educational outcomes for youth, including high school graduation, exploration of post-secondary education and career goals, increased community involvement, and extracurricular activities. The program started through a contract with DCYF in January 2017, with funding for three Permanency Specialists and two Education Specialists. The program was contracted to serve a total of 54 youth in the first year, with caseloads for Permanency Specialists up to 18 youth (each Education Specialist's caseload reflects half of the total program population). At this time, there are two Permanency Specialists and two Education Specialists, and the agency is in the hiring process for the third Permanency Specialist. Until the third Permanency Specialist is hired, the program capacity is 36 youth. This program is statewide.

### **Emergency Funding for the MaryLee Allen Promoting Safe and Stable Families (PSSF) \$208,042-**

## Proposed Investments & Programming

### 1) Support Groups for Non-Kinship Families

- a. Support groups help families reduce feelings of isolation for foster families, provide a community of shared experiences, and provide realistic strategies to address the challenges of foster care. Capacity exists in community-based partners to expand our existing contract for Kinship Support Groups with The Village for RI Foster and Adoptive Families.
- b. The proposed budget estimate up to an additional two support groups per month through the end of December, 2022.

### 2) Peer-to-Peer Mentorship Program for Traditional Foster Families

- a. Foster families with lived experience are uniquely situated to help guide new or struggling foster families on how to face challenges. A Peer Mentor is able to provide emotional support, connect the family with services and resources available in the community, coach a family in how to advocate and communicate for themselves and the child(ren) in their care, convey experiences of foster families to ensure that no foster family feels alone. A Kinship Peer Mentor Program (*Kinship Connections*) is currently operating has supported stability and reunification transitions for kinship families, and support for social workers.
- b. The proposed budget estimates 1.5 hour/week engagements for approximately 10 families at a time, for a period of 75 weeks, plus capacity for program management and oversight.

### 3) Retention and Appreciation Events

- a. While the challenges of foster care are consistent, the pandemic has produced more feelings of isolation for foster families and youth, as well as placed unparalleled challenges for families worried about health, education, and treatment needs of the child(ren) in their care. By engaging families and youth in social activities, we provide opportunities for connection and demonstrate recognition and appreciation of the challenges they have faced, leading to increased satisfaction and retention among resource families.
- b. The proposed budget estimates small community-based social events in fall, 2021, spring, 2022, and fall 2021, as well as a larger appreciation event in summer 2022.

### 4) Compensation for Youth & Family Engagement & System Participation

- a. Family and youth voices are critical to the effectiveness of our system, as they experience our system from a consumer perspective. We often ask families and youth to engage as part of speaking panels, presenters in training, and as participants in meetings and committees. However, while our families and youth are often eager to contribute, work schedules, transportation, child care, and other limitations are often barriers. By providing gift cards to family and youth for active engagement in a variety of system

activities, we increase the likelihood of ensuring the right voices are “at the table” and that we inform our practice from the viewpoint of your stakeholders.

- b. The proposed budget estimates gift cards (to be determined) ranging from \$10-\$50.

#### 5) Branded Materials

- a. Investing in branded materials (such as t-shirts, grocery bags, etc.) will help advertise the Be An Anchor community engagement campaign, bringing awareness to not only the need for foster families, but also the vast state and community resources available to support caregivers.

- b. The proposed budget estimates similar investment to previous purchases.

#### 6) Youth Interviews

- a. The Department has recently brought “Anchors” (families and system staff) together to be interviewed about their experience. The inclusion and value of family voice is critical to the system, and these are video resources to inspire, engage, and educate. The next round of these videos would be focused on youth, and their perspective and experience being in the child welfare system.

- b. The proposed budget mirrors the costs for the already completed Anchor Interviews.

#### 7) Trauma Informed Training for Child Care Professionals

- a. A significant challenge often faced by foster families is finding a child care provider that is able to meet the unique needs of children in foster care. Foster children experience disruption from child care settings more often than their peers, as the child care providers are unprepared on how to address trauma-reactive behaviors. This leads to placement instability, and lost opportunity for critical social development. While the Department has invested resources to connect families with high quality child care settings, the knowledge and competency gap still exists in that workforce. By partnering with Bradley’s SUCCESS Program and the RI Center for Early Learning Professionals, the Department can support the development of a trauma-informed training to engage child care providers differently in their care for foster children (in accordance with the *RI Early Learning Workforce Knowledge and Competencies*)

- b. The proposed budget is a placeholder and would need to be further developed with the aforementioned partners.

#### 8) Training and Engagement Resources

- a. The pandemic accelerated the use of online connection technology, and while families are eager to engage in person as soon as possible, families, community partners, and system staff all share that we should not discontinue the innovations that have been developed. Training and engagement meetings should be offered through a mixed delivery system, to provide additional opportunity for all families to engage, in a way responsive to their schedule. *To date, the Department has held almost 75 virtual*

*training events (including pre-service and in-service), and an nearly 100 additional family engagement opportunities, where engagement seems to be increased.*

- b. The proposed budget estimates the funding of three Zoom accounts (the preferred tool for families), and the funding of one Padlet or Mural Board account for engagement activities. *Please note, these accounts already exist, but have been paid privately by staff since March, 2020.*

#### 9) Pilot of Expansion of Digital Footprint

- a. Recently, staff privately funded sponsored advertisements on the Be An Anchor social media site. In one example, an investment of \$10 was made on a “post” to target families from Woonsocket, a key community where foster homes are needed, and community awareness is critical. From that “post”, the Department received over a dozen inquiries and approximately six applications for families in Woonsocket.
- b. The proposed budget would support a targeted campaign to test the effectiveness of sponsored web advertisement through social media, to determine if a longer-term ROI is anticipated.

#### 10) Foster Forward’s Christmas Program

- a. Each Christmas, the Department partners with community agencies and business to ensure that all families open to DCYF care (in home or out of home) have access to resources to support holiday gift giving. This program provides a sense of normalcy and relieves financial stress for families.
- b. The proposed budget estimates two years of Christmas Program funding, mirroring previous costs.

#### *Service Decision-Making Process for Family Support Services*

The above services were selected through active contract management or an RFP process. These services meet the requirements that family support services be community-based.

#### *Populations at Greatest Risk of Maltreatment*

The Department has identified and updated the population of children who are reportedly at greatest risk of maltreatment in 2021 as:

- Children age 5 and younger
- Children of color
- Children who are from families with low socioeconomic status
- Children with a family history of DCYF involvement or history of maltreatment
- Substance exposed newborns
- Victims of sex trafficking

The Department monitors and evaluates child maltreatment using multiple methods, the National Child Abuse Neglect Data System (NCANDS) and the Adoption and Foster Care Analysis Reporting System

(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. Active contract management with providers has also been instituted within the past two years. Because of these analyses and collaboration with providers, within the past year, the providers implemented community-based programs and congregate care programs to address these youth at higher risk. These programs include Triple P, FFT, TST community programs and TST residential programs.

The Department is an active member of the Governor's Task Force on Overdose and the Substance Exposed Newborn Task Force to continue to address and support substance exposed infants. The Department will address in the CAPTA plan the activities undertaken for this population.

#### Infant Safe Sleep Program

Between 2016 and 2019 there were a total of 35 infant sleep-related deaths in Rhode Island. In response to this public health issue, the Rhode Island Department of Health (RIDOH) established a Safe Sleep Program. The Program's work is driven by a Safe Sleep Workgroup, a multi-agency committee that meets monthly. The Workgroup is made up of representatives from RIDOH; WIC; the State's Family Visiting Program; the Department of Children, Youth, and Families (DCYF); the Office of the Child Advocate; the Parent Support Network; and other community-based organizations that serve children and families.

Recent activities of the Safe Sleep Program and Workgroup include:

- For the past three years, funding from DCYF and RIDOH has purchased over 30,000 *Sleep Baby Safe and Snug* board books. These books, in English and Spanish, are given to families who deliver a newborn at each of the state's five birthing hospitals.
- Safe Sleep site visits take place annually at the state's birthing hospitals where Safe Sleep policies and protocols are reviewed, and recommendations are made including seeking Cribs For Kids hospital certification in Safe Sleep.
- Creating Cribs 4 Kids distribution sites at all First Connections agencies to engender a mechanism to provide American Academy of Pediatrics (AAP)-recommended Pack 'n' Plays to families in need.
- Nearly 500 individuals were trained in Safe Sleep in 2019 including 315 DHS frontline staff. Other groups trained include Family Visitors, Early Intervention, WIC frontline staff, DCYF investigators and family service workers, police cadets, clinicians, social workers and case managers, substance use treatment providers, and early childhood educators.
- Direct community outreach through local agencies and public events such as health fairs and conferences to distribute Infant Safe Sleep information
- Incorporating a Safe Sleep Screening tool for Family Visitors.

#### Attention to Sex Trafficking

A significant portion of Governor Raimondo's mission has been to develop a comprehensive program addressing the Commercial Sexual Exploitation of Children (CSEC) within the State of Rhode Island. On July 31, 2015 The Governor issued a Policy Directive to her cabinet, a Call to Action against Human Trafficking.

In January 2016, the Governor released the Uniform Response Protocol. In addition, the Rhode Island Human Trafficking Task Force was created. It is a collaboration of federal, state, and local law enforcement agencies, the USAO and the RIAG, who are dedicated to targeting and prosecuting offenders, dismantling human trafficking rings, and rescuing children and adult victims of human trafficking.

In 2016, a suspicion of human trafficking became a mandatory report to the DCYF hotline. To create a more streamlined, coordinated effort, a human trafficking prevention coordinator, within Child Protective Services, in the special investigation's unit was created. This position acts as the main point of contact for the Department for all human trafficking concerns. The Special Investigations Unit has worked towards using preventative measures to help prevent ongoing human trafficking concerns. The special Investigations Unit reports and updates DCYF leadership on a weekly basis surrounding recent concerns. Preventative measures include recognizing "hot spots" for at risk runways, identifying potential children who may become absent from care, and retrieving children when they do go absent from care. In partnership with the human trafficking task force, a screening tool has been developed to help identify potential victims of human trafficking. The Department is currently in the process of implementing a policy integrated with congregate care, CPS, and the Rhode Island Training School to screen all children. The Human Trafficking Prevention coordinator is available to all DCYF staff and community partners to provide consultation, assistance with service coordination, and act as a liaison to Day One's MDT process. The special investigation unit has also partnered with the internal epidemiologist to help track, and chart data points that will be recorded during the roll out process of the screening tool. These data elements will be provided to the data Sub-committee of the human trafficking task force. The special Investigations unit currently:

- Reviews current programs, initiatives, and legislation
- Participates in existing meetings with partners and stakeholders
- Implement/update standardized policies and procedures
- Increases collaboration, coordination, and partnerships with outside agencies
- Reduce the total number of children absent from care (CAFC) and locate all long term absent children
- Provide professional training, outreach, and public awareness
- Provide weekly updates to DCYF Management

On a daily average, DCYF has 15-20 youth absent from care without official permission, half of these are from Probation and none are missing more than a month or two without being located. DCYF is in the process of implementing policies, procedures, and initiatives to verify, account for, prevent and locate these absent children. The Department classifies a victim up to the age of 18 and 21 if that youth is open to the Department or has a Serious Emotional Disorder or Developmental Delay.

A portion of these children are at high risk to become CSEC victims. Because of this, the screening tool implementation has been essential for helping identify potential High risk or confirmed victims of human trafficking. I Since June of 2018, 175 children have been categorized as at risk, High risk, or confirmed

victims of human trafficking. In 2019, The Department issue policy that all children entering congregate care would be screened for commercial sexual exploitation using a screening tool developed by the Data Subcommittee of the human trafficking task force, alongside the Department. Since the inception of that tool, over 600 children have been screened for human trafficking.

With coordinated efforts of all divisions within DCYF, The Special Investigations Unit has reduced the daily average number of absent children to 12-16. Through coordination with law enforcement, Hasbro Hospital, Day One and others, we have confirmed (107) child victims of sex trafficking within the State. DCYF has made significant progress using a whole community approach to prevent, educate, and treat CSEC victims. The result is that everyone needs to be involved with helping not only identify, but to treat victims of human trafficking.

**Provide professional training, outreach, and public awareness:** DCYF is currently providing a multi-tiered mandatory training program for DCYF workers, to include; awareness training for all workers, advanced CSEC training for the Child Protective Services Unit. The Human Trafficking Prevention Coordinator, who is a member of the education Subcommittee of the human trafficking task force has provided in house trainings to all new staff, and current in-house trainings are being provided for front line staff. In partnership with the education subcommittee of the human trafficking task force, community-based trainings held throughout the state have been offered, in coordination with the DCYF training Department, staff were offered the opportunity to attend these trainings throughout the state. These trainings include treatment, intervention, education, advocacy, and prevention services offered within Rhode Island. Covered in all trainings:

- Rhode Island General Law 11-67 (Trafficking of Persons and Involuntary Servitude)
- Federal Law H.R. 4980: Preventing Sex Trafficking and Strengthening Families Act
- Mandatory Federal reporting requirements (NCIC & NCMEC)
- Rhode Island Safe Harbor Act (2017 -- H 5857)
- DCYF Policies (Child Absent from Care – CAFC & CSEC)
- Victim Centered Approach
- Multi-disciplinary Teams
- Special Investigations Unit (CAFC, Kinship Locator and CSEC)
- Victim screening questions/DCYF CSEC Assessment Tool
- Specific Services provided for CSEC victims
- The MDT process through Day One

### *Kinship Navigator Funding*

The Department received \$229,564 in FFY2018 and \$224,187 in FFY2019, and \$222,687 in FFY2020. The funding supports a full time contractor as a Kinship Program Manager (KPM). This individual serves as a project lead related to kinship efforts and has lived experience as a kinship caregiver. The KPM's work to develop programming for kinship providers is focusing on the target outcomes for future evaluation and ensuring that all offerings include an assessment component. Given the small size of Rhode Island, the required sample size for evaluation may present an initial barrier for evaluation. However, the Department intends to use future Kinship Navigator resources to invest in evaluation and exploration of models from other systems. The specific programs that have been operationalized include, but are not limited to:

- Foundation of a Kinship Advisory Council (KAC) that advises on the systemic and more specific needs of kinship caregivers;
- Development and implementation of an online tool used to maintain and monitor ongoing regulatory requirements, while helping to navigate kinship caregivers through the licensing process and challenges through the life of the placement;
- Establishment of a kin-to-kin mentoring program, which provides kinship caregivers to provide others with supports who have had lived experience;
- Development of a wider array of kinship training opportunities for both preservice; and in-service;
- Increased access to material supports and informational resources specific for kinship caregivers;
- Established a series of contacts at state and community agencies to support the connection of kinship caregivers to publicly available benefits; and
- Expansion to a broader system of kinship support groups through a contract with two community-based organizations.
- Delivery of staff training “Engaging Kinship Caregivers” to help social caseworkers understand the unique circumstances and needs of kinship families.

Additional efforts are underway to develop a trauma informed therapeutic resource guide that specifically addresses the unique dynamics of kinship care, and inform a process for policy and practice reviews to ensure kinship caregivers have support in navigating the child welfare system (with a particular focus on each stage of the process – before, during, and after placement), and knowledge of their rights as a foster parent.

#### *Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits*

It is the Department’s policy, in accordance with Public Law 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.

The Department uses the Monthly Caseworker Visit grant to improve the quality of caseworker visits with an emphasis on improving caseworker decision-making on the safety, permanency, and well-being of foster children and caseworker recruitment, retention and training (section 424(f) and 436(b)(4)(B)(i) of the Act).

In 2021, the Department used Monthly Caseworker Visit funding to purchase broadband-enabled tablet laptop computers to support front line caseworkers. In 2022 through 2024, the Department is planning on purchasing additional broadband-enabled tablet laptops and continue to enhance technology to support staff in the field. The laptops allow staff to complete face-to-face visits more efficiently and effectively by allowing them to work directly with their clients in the field. Information can be entered



directly into our RICHIST system without the need to return to the office. In addition, the Department is addressing the frequency and quality of caseworker visits as part of the PIP.

The state made the performance standards in 2020.

#### *Adoption and Legal Guardianship Incentive Payments*

The Department foresees no significant barriers to expending the funds we received in FY 15 \$198,750; FY 16 \$327,000; FY 17 \$889,000, FY 18 \$215,000 and thus far in FY 19 \$88,000. The Department re-procured its service array and funded Teen Focus through Adoption RI for \$338,211 in fiscal years 2018, 2019, 2020 and 2021. In addition the Department is in the process of issuing an Adoption Services RFP by the beginning of fiscal year 2022. The RFP will be for the full range of pre-post adoption/guardianship recruitment, matching, and support. Adoption Incentive funding will be used to support new programming to support Adoption Services.

Teen Focus is a program that includes several evidence-based and evidence-informed best practices to achieve permanency and independence outcomes for teens in care with the permanency goal of Another Planned Permanent Living Arrangement (APPLA). Historically, these youth were not enrolled in any permanency services at Adoption Rhode Island. The primary areas of focus of the Teen Focus program are to (1) keep older youth stable in supportive living arrangements while striving towards legal and relational permanency through adoption, guardianship, reunification, and/or the development of a network of peer and adult supports, (2) achieve educational and vocational goals, and (3) prepare youth for adulthood through life skills development. As part of a multi-disciplinary team, Teen Focus Permanency Specialists work with youth to achieve relational and emotional permanency through family search and engagement and other opportunities to build and sustain lifelong relationships, implementing models such as child-focused recruitment, Darla Henry's 3-5-7 Model for permanency clarification and preparation, and family search and engagement models. Education Specialists support positive educational outcomes for youth, including high school graduation, exploration of post-secondary education and career goals, increased community involvement, and extracurricular activities. The program started through a contract with DCYF in January 2017, with funding for three Permanency Specialists and two Education Specialists. The program was contracted to serve a total of 54 youth in the first year, with caseloads for Permanency Specialists up to 18 youth (each Education Specialist's caseload reflects half of the total program population). At this time, the program is fully staffed and serves 48-50 clients at capacity. This program is statewide.

#### *Adoption Savings*

The Department foresees no significant barriers to expending the funds we received in FY 15 \$74,483; FY 16 \$99,940; FY 2017 \$245,237, FY 18 \$672,969 and FY 19 \$436,103. In 2017, the Department re-procured its service array and funded Adoption Recruitment and Support through Adoption RI for \$131,680 a year in fiscal years 2017, 2018, 2019 and 2020. In addition, the Department funded contract increases in Wendy's Wonderful Kids at Adoption RI in 2017, 2018, 2019 and 2020. The remaining Adoption Savings funds were used to support adoption/guardianship childcare costs for post adoption families on adoption subsidies.

#### *Family First Prevention Services Act Transition Funds*

DCYF intends to contract with a qualified research and evaluation team to conduct a rigorous evaluation of the three programs that have not been rated as “well supported” by the Title IV-E Prevention Clearinghouse or are pending a rating. The qualifying evaluator(s) that will evaluate the SafeCare, Triple P Level 4 and Familias Unidas evidence-based programs, will be selected from firms that have a Master Price Agreement with Rhode Island.

The DPI Unit will provide oversight and guidance to the selected evaluator(s) to ensure a well-designed, rigorous evaluation plan is developed for each program or service which Rhode Island has not been granted an evaluation waiver. The Title IV-E Prevention Services Clearinghouse Handbook of Standards and Procedures and the Evaluation Plan Development Tip Sheet, provided by the Children’s Bureau, will be used to guide development of each evaluation plan.

DCYF has identified two overall candidacy populations, with subpopulations within each. The first are children and families that are open to DCYF. Enhancements will need to be made to the Rhode Island Children’s Information System (RICHIST) and an outside contractor will likely need to be hired due to the number of revisions that are needed.

The second overall candidacy population are children and families who are not open to DCYF but are at risk of entering foster care. These families are served through DCYF contracted Family Care Community Partnerships. The Family Community Care Partnerships (FCCP) data system, the Rhode Island Family Information System (RIFIS), will require enhancements in order to meet FFPSA requirements.

## John H. Chafee Foster Care program for Successful Transition to Adulthood – Agency Responsible for Administration of the Chafee Program, including the ETV Program

The Department of 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 Chafee Foster Care Independence Program (CFCIP), including the National Youth in Transition Database (NYTD) requirements and the Education and Training Voucher (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.

Rhode Island intends to continue to use Chafee and ETV funding for youth who enter foster care on or after the youth’s 16<sup>th</sup> birthday and up to the young adult’s 21<sup>st</sup> birthday. This includes youth who are placed in guardianship or adopted on or after the youth’s 16<sup>th</sup> birthday. On a case by case basis, we ensure that similar services are available as appropriate and necessary to youth ages 14 -15 using non-Chafee funding to support those services. In general, DCYF caseworkers work with foster care providers for youth ages 14-15 to address the youth’s transition needs and assist the youth in accessing services available through community-based resources. At this time, Rhode Island is not opting to extend services beyond the young adult’s 21<sup>st</sup> birthday except for ETV funding which will continue to be available to eligible participants until the academic year in which the young adult turns 23.

### Program Design and Delivery, Services, Statewide Access

Since the State lowered DCYF’s age of jurisdiction to age 18 in 2007, the youth, provider and advocacy community campaigned on extending foster care back to 21. While federal law authorized the use of Title IV-E funding for extending foster care in 2008, the advocacy campaign was not successful until

DCYF Director Trista Piccola came on board in 2017 and worked with the youth, providers, the advocacy community and the Governor to design an extension of care program which addresses the concerns of these stakeholders. At the that time, Director Piccola was clear that her goal is that no youth is faced with having to choose participation in the Voluntary Extension of Care (VEC) Program because we have ensured that they have attained permanency prior to age 18.

In June 2018, Governor Gina Raimondo signed into law the Voluntary Extension of Care Act, which authorizes the extension of Foster Care to age 21 using Title IV-E criteria. As a result of this new law, the Department created the Youth Development Services Casework Unit. Currently comprised of one Casework Supervisor and three Caseworkers, it is anticipated that when fully built out there will be six caseworkers in this unit. This unit is responsible for the case management of VEC participants and will be the primary individuals responsible for ensuring youth succeed in being prepared for adulthood.

In July 2018 the Department began its development of the Voluntary Extension of Care Services. The goal of the Voluntary Extension of Care (VEC) program is simple: support young people in becoming self-sufficient, independent, and thriving adults. The program is youth-driven with the young adult setting their own goals for housing, education, employment, and future success. DCYF's Youth Development Services (YDS) staff work with others to aid young adults who choose to participate in the VEC program with this transition and to provide access to other supports and services. To participate in VEC, a young adult must be one of the following:

- In the care of DCYF due to dependency, neglect, or abuse petition on the young adult's 18th birthday, and must voluntarily agree to participate;
- 18-20 years old and was in the care and custody of DCYF due to abuse, neglect, or a dependency petition on his/her 18th birthday and is now closed to DCYF and is voluntarily agreeing to again be supervised by DCYF and Rhode Island Family Court through the VEC program;
- 18-20 years old and was in the care and custody of DCYF on his/her 18th birthday and had been a VEC participant but participation ended. The young adult may voluntarily agree to re-open with DCYF to participate in VEC; or
- A young adult adopted or placed in legal guardianship from DCYF care on or after the youth's 16th birthday and – after turning 18 and before turning 21 – the youth's relationship with his/her adoptive home or guardian was disrupted so the youth can no longer live with them.

To be part of the VEC program, young adults are responsible for continuing their education and pursuing career opportunities that support their long-term goals. Young adults who participate must meet and maintain at least one of the following requirements:

- Continue attending high school or an alternative program if they have not received a high school diploma or equivalent (e.g., GED);
- Be enrolled and participating in a college or vocational program;
- Participate in a job training program or an activity designed to remove barriers to employment;
- Be working a paid job at least 80 hours per month; or
- Have an approved medical waiver from DCYF based on the recommendation of a medical professional. Documentation from a licensed medical professional must be provided to DCYF on a semi-annual basis or more frequently if requested.

The VEC program supports young adults by providing support for and access to housing, education, employment, medical and behavioral health care, and other benefits and services. Each young adult has a YDS caseworker who works with the young adult and to help him/her be prepared to live independently at age 21. Young adults will receive guidance and assistance with:

- Transitioning: Developing and implementing a transition plan
- Housing: Identifying, securing, and maintaining an appropriate supervised living arrangement (SLA)
- Financial: Cash assistance for help with rental costs and assistance with daily living expenses
- Benefits and Supports: Accessing other supportive services for which the young adult might be eligible such as SNAP, cash assistance, heating oil assistance, WIC, Child Care Assistance Program, and more
- Education: YDS will work with the young person to identify educational needs and goals. Supports can include educational planning, applying for college financial aid, accessing on-campus programs, and identifying potential internship opportunities, and more
- Career: Developing and supporting a career plan based on the young adult's choices including referrals for vocational/ career assessment, connections to workforce training programs, and employment opportunities
- Medical and Behavioral Healthcare: Helping navigate use of health coverage to access needed medical and behavioral healthcare support team.

In September 2019, the Department also launched contracts with Foster Forward, Family Services and Communities for People to provide Enhanced Case Management (ECM) services to VEC Participants. These voluntary services are intended to augment the work of the DCYF YDS Caseworker and provide additional supports with key areas with which a young person may be struggling. They are brief, intensive, solution focused services for up to 3 months initially with the ability to extend based on continued need.

As of May 31, 2020, the youth and young adults assigned to the YDS Unit included the following:

- 79 VEC Participants (meaning they have been approved by the Family Court to participate in VEC;
- 5 young adults who had been VEC participants and who turned 21 between January 1, 2020 and June 30 2020 and were given the option of temporarily continuing to receive VEC services beyond their 21<sup>st</sup> birthday based on an Executive Order from Governor Gina Raimondo permitting this continuation until after she lifts the COVID-19 State of Emergency;
- 36 youth in some stage of transition from their Family Service Unit caseworker to a YDS Caseworker for eventual participation in the VEC Program. Of these, 9 youth were unable to have their cases heard prior to the suspension of court activities related to the COVID-19 pandemic and otherwise would have been court approved for VEC Participation. The YDS Casework Unit is working with these youth as if they had been court approved and will seek court approval as soon as the Family Court schedules hearings on their petitions.
- 39 young adults assigned to the YDS Casework Unit are receiving Enhanced Case Management Services.

In June 2020, as part of the Department's reorganization, all of the Department's youth development services, including the Youth Development Services (YDS) Casework Unit that manages the youth transitioning to the VEC Program and those young adults participating in the VEC Program, moved from

the Office of Youth Development, Education and Constituent Support Services (YDECSS) to a newly created functional area under the direction of one of the Regional Directors.

While Chafee funds are not used to support the VEC Program directly, the young people involved in the VEC Program have access to and benefit from the Youth Development Services supported through a contract between DCYF and a service provider being selected through a competitive procurement process. The Department anticipates using \$490,000 of our Chafee allocation for support the services provided through this contract. We retain the remaining amount to cover the cost of staff travel for Chafee related activities. At this time the procurement process is not complete and state purchasing rules prohibit us from disclosing the chosen vendor.

In October 2020, the Department partnered in a VEC interagency Core Team which included stakeholders from RI Family Court, Executive Office of Health and Human Services, Governor's Office, Governor's Workforce Board/Department of Labor and Training, Community College of Rhode Island and the Office of the Child Advocate to stream line a referral process for young adults in VEC to access opportunities to embark on an academic and career pathway. The focus was to provide resources for youth/young adults that facilitated their ability to work towards employment and/or education that provided them with the opportunity for professional development in a career that would support their lifestyle and progress towards self-sufficiency. The key action steps of the Core Team were to secure provider buy-in, incorporate youth voice, select a vocational assessment identified and supported by youth, create pathways to job training, apprenticeships and employment and to create pathways to enroll and succeed at CCRI.

As part of the Core team work, youth facing and provider facing brochures were developed to illustrate the referral process and provide contact information of all support staff available to youth throughout the referral process. When youth participate in the informational and intake meetings with the intent of entering the Voluntary Extension of Care Program, the academic and career pathway is explained to them and they are provided with the documents outlining the process. The pathway starts with a referral to Communities for People [who has the Youth Development Service Contract (YDS) with the Department] for a vocational assessment that is completed and reviewed with the youth, highlighting their interests, skills, and aspirations and discussing the available resources to assist them in working towards their academic and career goals. Once the determination is made with the youth as to the best avenue to achieve their goals, the youth/young adult is referred to CCRI (academic and career pathway track or work partnerships program) or to one of the youth WIOA (Workforce Innovation and Opportunity Act) providers. The Youth WIOA providers are comprised of six agencies: Community Care Alliance, Comprehensive Community Action Program, Foster Forward, East Bay Community Action Program, Tri-County Community Action Program and the Providence Housing Authority. They provide services that include both work readiness skills, tutoring, unpaid and paid work experiences, apprenticeships, internships, occupational training, leadership development, supportive services, mentoring, counseling, and follow-up services.

The referral process is through a "hot hand-off" which involves a meeting with the youth, YDS case manager and identified staff from the WIOA provider or admission director from CCRI. Liaisons have been identified from each involved agency, at every step of the referral process, to form the academic and career development team. The VEC liaison facilitates monthly academic and career development round table meetings to address any challenges and/or barriers that VEC youth have experienced in navigating the system. In addition, there are bi-weekly check-ins hosted by the Communities for People (YD) Liaison with all the providers to address any issues that arise. If barriers are identified, they are

brought back to the VEC Core Team to address any systemic issues and problem-solve as needed. The first academic and career development round table meeting was held in February 2021 and continues monthly to date. The VEC Core Team meets monthly as well to assess process and problem-solve any identified barriers for youth. Finally, the Department's Division of Performance Improvement has developed an internal data collection process to evaluate the effectiveness of the referrals process and to ensure that youth are being connected with education and training opportunities. By mid- May 2021, there have been 29 VEC referrals for a vocational assessment; 11 vocational assessments completed with seven hot hand-offs (six to youth WIOA providers and 1 to CCRI).

As of May 31, 2021, the youth and young adults assigned to the VEC Unit included the following:

- 103 VEC Participants (meaning they have been approved by the Family Court to participate in VEC;
- 5 young adults who had been YESS participants and who turned 21 between January 2020 and April 2020 and were given the option of continuing to receive VEC services beyond their 21<sup>st</sup> birthday based on the Consolidated Appropriations Act 2020 until the age of 22 and/or 9-30-21;
- 37 youth in some stage of transition from their Family Service Unit caseworker to a YDS Caseworker for eventual participation in the VEC Program. The VEC Unit is working with these youth as if they had been court approved and will seek court approval as soon as the petitions are filed and the Family Court schedules hearings on their petitions.
- 33 young adults assigned to the VEC Casework Unit are receiving Enhanced Case Management Services.

The Department has a long history of engaging and collaborating with the homeless and affordable housing community advocacy and provider community through the Department of Housing Fostering Youth Independence vouchers. For the last 20 years, DCYF Administrator Mike Burk has represented the Department on a variety of related committees and governing bodies, including the HUD required Rhode Island Continuum of Care (CoC). This has included collaborating on at least 4 applications for Family Unification Program Vouchers with 4 different public housing authorities and on other youth development related RFPs. We recently supported Family Service of Rhode Island's application to bring a Basic Center Grant Program back to Rhode Island. In June we began a process of working with RI Housing, a quasi-state governmental authority focused on creating and sustaining affordable housing and is also the public housing authority for several communities in RI, to use some of their Housing Choice Vouchers (up to 25) for youth aging out of foster care. Since then, we finalized an MOU in late August and are now working to implement the program.

The Department entered into a Memorandum of Understanding with the Rhode Island Housing and Mortgage Finance Corporation in August 2020; outlining the collaboration between the agencies to effectively award twenty-five tenant protection vouchers to youth/young adults who meet the eligibility criteria for the Foster Youth to Independence Initiative, for up to 36 months. The Department engaged with both the Rhode Island Family Court and the Office of the Child Advocate to identify young adults and prioritize their level of need based on the following eligibility criteria: 1) had attained at least 18 years and not more than twenty-four years of age; 2) left foster care or will be leaving foster care within 90 days, in accordance with a transition plan described in section 475(5)(H) of the Social Security Act at age 16 or older; and 3) is homeless or is at risk of becoming homeless. Pregnant and parenting young

adults are eligible to receive this support and they are not excluded if they have an open child welfare case. The Department initially referred seven eligible participants in September 2020 and then referred an additional eighteen eligible participants in January 2021. Supportive staff provided the necessary case management support for the young adults to complete the application and attain the supporting documentation needed. The applications were then provided to RI Housing to determine eligibility for Housing Choice Voucher (HCV) assistance. The Rhode Island Housing Authority engaged the services of Foster Forward to provide supportive case management services for those young adults as a condition of attaining a FYI-TPV and participating in the program. The supportive services include basic life skills information/ counseling on money management; use of credit, housekeeping, proper nutrition/meal preparation and access to health care; counseling on compliance with rental lease requirements and with Housing Choice vouchers program participation requirements, including assistance/referrals for assistance on security deposits, utility hook-up fees, and utility deposits; housing locator assistance and lease-up coordination as necessary; providing such assurances to owners of rental property as are reasonable and necessary to assist a Family Unification Program (FUP)-eligible youth to rent a unit with a voucher; job preparation and attainment counseling and educational and career advancement counseling regarding attainment of general equivalency diploma (GED), attendance/financing of education at a technical school, trade school or college, including successful work ethic and attitude models.

All the income eligible young adults had to secure an apartment in the communities under the authority of the RI Housing and Mortgage Finance Corporation. Case managers secured by the Department from agency providers, supportive staff from RI Family Court and DCYF staff have all worked to support these young adults in searching for an apartment that meets the conditions of the FYI-TPV. Housing shortages in the state of RI have been the main barrier for these young adults to be leased up in apartments.

As to the applicants, three young adults are leased up in their apartment with the TPV and are receiving supportive case management services from Foster Forward; one young adult is pending the contract being signed by the landlord and the remaining twenty-one applicants are continuing to work on attaining supportive financial documentation and attaining affordable housing in the eligible communities.

On February 19, 2021, the Department entered Memorandum of Understanding to collaboratively implement the FYI-TPV program with the East Providence Housing Authority and the Lincoln Housing Authority. East Providence withdrew from this commitment due to lack of staffing to implement the requirements of the program in March 2021. The Lincoln Housing Authority committed to the collaboration with the Department to award five Tenant protection vouchers to eligible young adults, with the understanding that there was the potential to increase the number of vouchers in the future, dependent on the progression of the program. Lincoln is a small community and there were concerns as to the availability of rental housing in the community. The names of five candidates were submitted on April 28, 2021 and the candidates with the support of case managers are working to complete the applications and attain the necessary supporting documentation.

On May 17, 2021, The Department entered a Memorandum of Understanding with the West Warwick Housing Authority to execute the FYI-TPV program. We are still working in collaboration to establish the parameters of this program.

## Consolidated Appropriations Act 2020

In compliance with the passage of Supporting Foster Youth and Families through the Pandemic Act, enacted on December 27, 2020, and additional instructions and clarifications as provided by Program Instruction ACYF-CB-PI-21-04, the Department of Children, Youth and Families will offer financial support to youth/young adults currently or formerly in foster care impacted by the pandemic. The Department has amended several provider contracts to make funds and services available to eligible young adults ages 21 up to a young adult's 27<sup>th</sup> birthday (through 26). Young adults currently participating in the Voluntary Extension of Care and those who have recently left care were notified by their caseworker that they can remain in care or return to care through September 30, 2021, or to their 22<sup>nd</sup> birthday, whichever comes first. They also were notified that the education and employment requirements are suspended through September 30, 2021. This option for re-entry to VEC can be chosen by the young adult even if the young adult has reached their 21<sup>st</sup> birthday. The return to care provision applies to those who left care on or after January 27, 2020 through the end of the COVID-19 public health emergency as declared by the Secretary of Health and Human Services on January 27, 2020 and most recently renewed on April 21, 2020 for a period of up to 90 days. However, pursuant to Division X of the Consolidated Appropriations Act of 2021, the return to care option and the waiver of the education/employment requirements expire at the end of the day on September 30, 2021.

The Department collaborated with numerous stakeholders including the RI Family Court, Office of the Child Advocate, and agency providers to develop an informational flier in English, Spanish and Portuguese, which was posted on the website of both the Department and agency providers. It continued information on service eligibility and access and provided the DCYF Family Support Line (1-888-RI-FAMILY; 1-888-743-2659) number to ask questions and/or request benefit/services.

Young adults in the Voluntary Extension C program may opt to continue to receive VEC services beyond their 21<sup>st</sup> birthday provided they have not reached their 22<sup>nd</sup> birthday. They may continue in VEC until they reach their 22<sup>nd</sup> birthday or 9/30/21, whichever comes first. Young adults who are under 21 and closed to DCYF may opt to re-enter VEC until they reach their 22<sup>nd</sup> birthday and 9/30/21 whichever comes first.

Young adults ages 21 who left care from January 27<sup>th</sup>, 2020 through the end of the federal COVID-19 public health emergency most recently extended on April 21, 2021 and who have not yet reached their 22<sup>nd</sup> birthday may opt to receive case management and support services through a Division X Case Management Provider (Foster Forward, Communities for People, Family Service of Rhode Island, or Adoption Rhode Island). Division X case management will end when the young adult reaches their 22<sup>nd</sup> birthday or 9/30/21, whichever comes first. If the young adult has reached their 22<sup>nd</sup> birthday before 9/30/21, they can opt to access other support services through the Department's Youth Development Services Contract with Communities for People through 9/30/21. Currently, nineteen young adults have chosen to re-enter care, have signed the agreement for participation in the Division X Voluntary Extension of Care and have been assigned for case management to one of the four provider agencies.

If the young adults do not want to re-enter through the Division X Case Management program, they can still opt to receive support services through the Department's Youth Development Services Contract with Communities for People through 9/30/21.

Young adults who have reached their 22<sup>nd</sup> birthday and who have not reached their 27<sup>th</sup> birthday may opt to receive support service through the Department's Youth Development Services contract with



Communities for People through 9/30/21. Current foster youth and youth/young adults in foster care for at least one day on or after their 16th birthday and who have not yet reached their 27<sup>th</sup> birthday are eligible to receive services Chafee Services through 9/30/21. A referral process was developed whereby referrals are submitted through VEC and/or the Family Support Line. The Regional Director and/or Youth Specialist work collaboratively with the youth/young adult and their support team to assess their need and make determination as to benefit packages.

Consistent with the flexibilities and timelines established in the Pandemic Act and ACYF-CB-PI-21-04, the Department's plan to use the supplemental funding is as follows:

- a. Housing Assistance Package not to exceed \$800/rent plus \$200 for personal needs per month per youth (New VEC participants; extended YESS participants as needed; youth returning under Pandemic Act): Rent, Personal Assistance Funding, Accordion File to keep records.
- b. Move-In Package – Furniture and Household Goods not to exceed \$2,000 in total per youth (New VEC participants; extended YESS participants as needed; youth returning under Pandemic Act): Bed/sheets/towels/blankets/couch/ kitchen table and chairs/coffee table/kitchenware.
- c. Move-In Package – Technology not to exceed \$1,700 in total per youth (New VEC participants; extended YESS participants as needed; young adults returning under Pandemic Act): Wi-fi, Phone/Phone service, laptop, and necessary ancillary items such as cables.
- d. Vocational/Educational Package: Apprenticeships/Certificate Programs.
- e. Driving and Transportation Assistance Package not to exceed \$2,000 per youth (eligibility for this includes current foster youth who are at least age 15 years and ten months old, during the Pandemic flexibility period).

Currently, the Department has made sixty-seven referrals for young adults to receive benefit packages through Chafee funding.

### **Youth Development Support Services**

The Department used input from The Voice (our former foster youth leadership council), data and lessons learned from the current Chafee funded Consolidated Youth Services (CYS) contract, and input from internal and external stakeholders to inform the development of a Request for Proposals (RFP) for a new Youth Development Services Program. For example, as reported by the previous vendor, the Teen Grant service of the CYS Contract was seen as less effective than having youth participate in the ASPIRE Financial Literacy Service. Participant data for the CYS Program services covered by Chafee funding is included below. That all staff are trained in the principles of Positive Youth Development.

Additionally, the successful vendor had to propose a model of providing independent living and youth development support services that are trauma-informed within a positive youth development framework which, at a minimum, cover the following areas: youth development assessments, financial literacy education, asset focused matched savings accounts, mentor connections, career/work readiness services and youth advisory group operations.

In July of 2019, DCYF awarded Communities for People the Youth Development Services contract to provide Transition to Adulthood services for youth who are or were in foster care on their 16<sup>th</sup> birthday until their 21<sup>st</sup> birthday. The goal is to establish a comprehensive statewide program to maximize opportunities for older youth in the foster care system to successfully transition to adulthood and permanency. CFP established a partnership with Adoption RI, Community Care Alliance, Comprehensive Community Action Program, East Bay Community Action Program, Key Program, Tides Family Services, and Tri-County Action Program. This partnership is a shared venture where each organization leverages its expertise in youth development, youth permanency, independent living skills, mentoring, and career readiness to provide statewide, client-focused, flexible, and coordinated services for youth in foster care. This partnership is guided by the philosophy that youth in foster care benefit from both specialized assistance (assessments, mentorship, asset focused savings, and youth advisory groups) as well as exposure to supports and peers in their larger community (financial literacy education, career/work readiness services). The integration of both specialized and community support is a fundamental tenet of positive youth development.

The Youth Development Services Program consists of three major components: Double Up Matched Savings, Impact Mentoring, and SPEAK Youth Advisory Board. Involvement with the program begins with the Casey Life Skills Assessment, designed to deliver personalized life skill support services.

The model is designed to optimize the number of youths served in Rhode Island by utilizing Community Action Program Agencies that are geographically dispersed across the state of Rhode Island. These CAP agencies - Community Care Alliance (CCA) , Comprehensive Community Action Program (CCAP) , East Bay Community Action Program (EBCAP) and Tri-County Community Action Agency (TRI County) - work in tandem with the YDS Program Director, Youth Outreach Workers and DCYF in order to provide comprehensive services to all YDS clients. While the contract was awarded in July 2019, the ramp-up for staff hiring and program initiation took some time and the actual programming did not begin until October 2019.

**Life Skills Assessment and Individualized Life Skills Education:** The life skill assessment is used as a tool to see where a youth may need extra support going forward. It is a way for the YDS staff to track youth progress after receiving services and to be provided to the individual youth to DCYF social caseworkers and probation officers to assist in each youth's transition to adulthood. Designed by Casey Family Programs, the Casey Life Skills Assessment is a way to document youth strengths and discover additional skills that are of benefit to their transition to adulthood. The assessment covers seven categories: Daily Living, Self-Care, Relationships and Communication, Housing and Money Management, Work and Study Life, Career and Education Planning, Looking Forward and Permanency. Once a life skills assessment is completed by a Youth Outreach Worker, the youth is referred to the most convenient and accessible participating CAP agency. The comprehensive nature of services at the participating CAP agencies provide youth with pertinent life skills experiences and support. CAP agencies have entered this contract to provide youth with appropriate life skills training and streamlining their transition to adulthood. CAP

agencies began receiving referrals in September of 2019, after the hiring of three Youth Outreach Workers. As of June 8, 2020, Communities for People has completed 155 assessments, and has sent out 163 referrals to CAP agencies. Youth that have completed an assessment prior to the contract start date are referred out, and are not re-assessed by CFP, explaining why there are more referrals than assessments completed. As of June 1, 2021, Communities for People has completed 101 assessments, and has sent out 118 referrals to CAP agencies. As said previously, youth that have completed an assessment prior to the contract start date are referred out, and are not re-assessed by CFP, explaining why there are more referrals than assessments completed

**Ocean Tides:** Due to the unique nature of the Ocean Tides residential education program, the Department agreed to have Communities for People allow Ocean Tides to administer the Casey Life Skills Assessment directly and to provide services on site while ensuring connection to the YDS Program for when the youth leaves Ocean Tides.

As of April 17, 2020, Ocean Tides Academy began administering the Casey Life Skills Assessments to all youth who were in their care and had an active referral for the YDS Program. Ocean Tides Academy works directly with their youth to promote life skills development. The Director of Programs at Ocean Tides corresponds with the YDS Program Director and Youth Outreach Workers to keep up-to-date on active referrals and youth who have completed Work Readiness and Financial Literacy while residing at Ocean Tides. As of June 1, 2020, a total of 13 youth eligible for YDS are at Ocean Tides, with a total of 11 youth completing Work Readiness and Financial Literacy. As of June 1, 2021, a total of 19 youth are eligible for YDS are at Ocean Tides, with a total of 17 youth completing Work Readiness and Financial Literacy.

**CCAP- Comprehensive Community Action Program (CCAP):** Comprehensive Community Action Plan (CCAP) comprises four community centers, with locations in Providence, Pawtucket, West Warwick and Cranston. CCAP provides extensive services including, but not limited to: Homework Helps Club after school, College Assistant Programs, Work Readiness Workshops, Financial Literacy Programs, Paid Work Experience Placements, GED Classes, Free Occupational Skills Training, and Life Skills and Leadership Development. As of June 1, 2020, a total of 89 youth has been referred to CCAP, with 40 engaged in services and 30 youth having completed Work Readiness and Financial Literacy. As of June 1, 2021, a total of 77 youth have been referred to CCAP, with 32 engaged in services and 29 youth having completed Work Readiness and Financial Literacy.

**Community Care Alliance (CCA):** The Harbour Youth Center with Community Care Alliance serves youth in Woonsocket, Lincoln, Cumberland, North Smithfield, Smithfield, and Burrillville. The Harbour Youth Center provides extensive services, but not limited to: Career Exploration, Job Readiness Workshops, Academic Skill Building, After-school Tutoring and Homework services, College Planning and Preparation, Leadership Development, Clinical Case Management, and Year-Round employment opportunities. As of June 1, 2020, a total of 26 youth have been referred to CCA's Harbour Youth Center, with 11 engaged in services. As of June 1, 2021, a total of 24 youth have been referred to CCA's Harbour Youth Center, with 5 engaged in services.

**East Bay Community Action Program (EBCAP):** East Bay Community Action Plan (EBCAP) works out of their community center in East Providence and services youth in East Providence, Riverside, Newport, Tiverton,

Middletown, and Portsmouth. EBCAP offers financial literacy and work readiness training. This Youth Center helps youth acquire the support and services necessary to be successful. Services are highly individualized and may include short-term tutoring, in-depth work readiness training, placement in an internship with eventual placement in unsubsidized employment, or long-term occupational skills training. EBCAP additionally provides: Vocational Interest Inventories, Academic Needs Assessments, Job Skills Services, GED Classes, Case Management, Paid Work Experience, Leadership Development Program, and Independent Living Skills Program. As of June 1, 2020, a total of 20 youth have been referred to EBCAP, with 14 engaged in services, and 9 youth completed Work Readiness and Financial Literacy. As of June 1, 2021, a total of 11 youth have been referred to EBCAP, with 3 engaged in services, and 3 youth completed Work Readiness and Financial Literacy.

**Tri County Community Action Agency (Tri-County):** Tri-County Community Action Agency serves youth in North Providence, North Kingstown and Westerly. Tri-County provides a myriad of services including, but not limited to: Academic and Occupation Exploration, Employment Assistance, Paid Work Experience, Intensive Case Management, Job Coaching, Leadership and Life Skills Training. Additionally, Tri-County is a member of the State's Youthworks411 system. Tri-County North Kingstown was servicing youth at Ocean Tides Academy from September 2019 to April of 2020. As of June 1, 2020, a total of 14 youth have been referred to Tri-County, with 4 youth actively engaged. As of June 1, 2021, a total of 6 youth have been referred to Tri-County, with 2 youth actively engaged.

**Double Up Program:** Double Up is a matched savings service designed to help youth attain a base understanding of personal finance and attain assets that will benefit their current needs and future goals. The goal is to help youth to learn techniques to more effectively manage personal finances, establish financial health and to responsibly. Youth are eligible to match up to \$1,000 each year, between the ages of 16-21. In order to be eligible for match-savings, offered through C4P youth must have completed a financial literacy program within the past year and currently have a savings account in their name. Youth may be required to take a financial literacy refresher course if completion of the original FL course is past 1 year at the time of their matching. Financial literacy educational programs, using an evidence-based personal financial curriculum, are held at each CAP Agency. This curriculum includes basic budgeting and savings information, managing credit, and the use of credit cards, banking information, and opening a bank account. CAP agencies have relationships with local banks that provide hands-on workshops to discuss banking basics. Each CAP agency has Double Up enrollment and request forms on hand in order to streamline the process for youth once they complete their financial literacy course. CAP agencies offer youth an incentive upon completion of their financial literacy or work readiness course (which includes financial literacy). This incentive is eligible for being matched within Double Up. As of June 8, 2020, there are a total of 60 youth engaged with financial literacy and 1 youth has been matched since the start of the program. As of June 1, 2021, there are a total of 53 youth engaged with financial literacy and 3 youth have been matched since June 8, 2020.

**Impact Mentoring Program:** The Impact program youth ages 16-21 employs a mentoring model to strengthen those relationships with positive adults and help establish relational permanency that can provide long term support to the youth. The program searches beyond immediate family members to identify extended family and "active kin," which could include coaches, teachers, neighbors, and the other valuable community resources that are too often overlooked. Youth Outreach Workers case mine for adult supporters during the youth's initial life skills assessment. If no adult connection from within the youth's own network can be identified, youth are then matched with a mentor from the community.

All identified adult connections undergo a 5-hour mentor training and are supported by Communities for People for a minimum of a year.

In collaboration with Adoption Rhode Island (ARI) and external consultants, CFP began creating the curriculum for the first Impact mentor training in October of 2019. CFP also has worked with Mentor RI, a provider for the National Mentor Resource Center, since November of 2019. This collaboration has strengthened the Impact mentor program. CFP designated staff attended Mentor RI's all-day mentor coordinator training, joined the Mentor Connector, have had numerous consultation appointments to discuss recruitment of mentors, matching and initiating, and monitoring and support efforts. The training provides instruction on the youth served, adolescent development and the impact of trauma, permanency and resilience, the role of a mentor, safety and confidentiality, setting boundaries, and program-specific requirements. The Impact training is meant to give prospective mentors an accurate portrayal of the youth in their community and how they can be best supported by positive adult role models. Participants are led through activities, scenarios, and discussions that touch on topics such as traumatic stress reactions, cultural awareness and sensitivity, LGBTQ+ youth, and goal setting. These efforts are made successful by our training facilitators, including a former youth in care and a licensed clinical social worker with extensive experience. The robust trauma informed curriculum is intended to be utilized to train recruited mentors at a minimum of 6 times throughout the year. CFP hosted its first mentor training in January of 2020. There were a total of 11 participants in this meeting. One participant from the training was successfully matched with a youth in care. A second Impact Mentor Training was scheduled in March but was canceled due to COVID-19 concerns. CFP is currently formalizing an on-line training program. However, the training and screening process for Impact has been delayed due to COVID-19. C4P will work to create a way to conduct meetings virtually. Prospective mentors are required to attend an Impact training, pass a BCI and DCYF clearance, and complete an in-person, home interview with Communities for People staff. As of June 1, 2021 there are a total of 54 youth waiting to be matched and a total of 4 youth matched. Due to COVID-19, there have been struggles to host recruiting events for Impact, and difficult to find adults to meet with youth during the pandemic.

**SPEAK Youth Advocacy Board:** The purpose of this SPEAK, Rhode Island's Youth Advisory Board for the Department of Children, Youth and Families provides youth (ages 14-24) an opportunity to use their experience in foster care to work towards positive changes within the Child Welfare System. SPEAK meetings are held every other week on Thursdays at 4 pm. As of July 2020, SPEAK meets on a weekly basis on Thursdays at 5 pm. In order to encourage engagement, youth are provided with a \$20 stipend for each advocacy meeting or workshop they attend and participate in. SPEAK is the Department's identified representative/member of the New England Youth Coalition (NEYC). In 2021, SPEAK has partnered with FosterClub of America and Young Voices of Rhode Island to aid in leadership and advocacy skills. SPEAK/YDS outreach efforts are supported through Facebook, Instagram pages, which detail each meeting, workshop and upcoming events.

**Workshops: Information Sessions Hosted by SPEAK Youth Advisory Board. YDS hosts these events both in person when it can be done so safely and virtually.**

- Wellness
- Driver's Education

- Reproductive and Infancy Health
- Holiday Parties
- Movie Nights
- Craft Nights
- Tax Prep
- Cooking Nights
- Gardening
- Woman's Health Night
- FosterClub of America Leadership Workshops
- Young Voices of Rhode Island Workshops
- Quarterly meetings with DCYF Director
- Ongoing meetings with Communities for People COO
- Meetings with DCYF Leadership in Family Support Units, Youth Development Services and Juvenile Justice
- Youth representation on DCYF feedback groups for the DCYF improvement plan
- Selected SPEAK youth are on the impact mentoring training team to help educate new mentors on foster youth needs
- Youth participated in a two-week Foster Club of America training to improve advocacy skills and create the first FosterClub Chapter in RI
- Youth have taken on the responsibility of Corliss Park clean up, demonstrating community action and advocacy work

**Credit Checks:** The Department's Principal Community Service Liaison provides monthly credit checks for youth, 14 and older, that are in foster care. The Department runs monthly reports through the three credit bureaus (Transunion, Equifax, and Experian), and if a youth's report is flagged, the Department disputes on their behalf. In addition, DCYF's IT Department has communicated with the three credit bureaus and has developed the internal structure necessary to implement a batch reporting process with the three Credit Reporting Agencies (CRAs).

During this reporting year, there was a delay in processing reports from August 2019 through January 2020 due to significant staffing shortages caused by unforeseen medical leave for the Principal Community Liaison. These checks are now in the process of being completed and will be done within the by August 1, 2020. The Department has completed 383 credit checks, with 29 youth credits being flagged. The Principal Community Service Liaison will ensure that youth 18 plus are provided information on conducting their own credit checks and assist upon request. As of 6/8/2021 the Department has completed at total of 912 checks, with 35 youth being flagged.

TABLE 1. CONSOLIDATED YOUTH SERVICES PROGRAM PARTICIPATION WITH FOSTER FORWARD (STATE FISCAL YEAR DATA)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY2018	FY2019	FY2020 As of 5/30/2020
<b>LIFE SKILLS</b>								
<b>Referred</b>	335	317	354	270	242	253	207	NA
<b>Youth Plan Completion</b>	210	204	201	143	113	85	48	NA
<b>TEEN GRANTS</b>								
<b>Active Participants</b>	265	228	260	284	274	283	47	NA
<b>Aggregate Funding</b>	\$73,239	\$69,363	\$64,498	\$70,863	\$81,370	\$83,749	\$0	NA
<b>ASPIRE FINANCIAL LITERACY*(PROVIDER AUGMENTED FUNDING THROUGH EXTERNAL FUNDRAISING EFFORTS)</b>								
<b>Active Participants</b>	376	388	340	316	381	410	392	328
<b>New Enrollments</b>	69	57	37	67	94	58	56	20
<b>REAL CONNECTIONS MENTORING</b>								
<b>Active Participants</b>	208	199	183	178	174	162	148	77
<b>New Enrollments</b>	82	48	58	41	57	63	45	13

- The Consolidated Youth Services contract with Foster Forwarded ended FY2019. The Department no longer funds these services and will not be added to FY2020.

	FY 2020	FY 2021						
<b>Impact Mentoring Program</b>								
<b>Active Participants</b>	1	4						
<b>New Enrollments</b>	1	54						
<b>Double UP Program (Match savings)</b>								
<b>Active Participants</b>	60	13						
<b>New Enrollments</b>	60	13						
<b>LIFE SKILLS</b>								
<b>Referred</b>	160	192						
<b>Youth Plan Completion</b>	53	50						

TABLE 2. YOUTH DEVELOPMENT SERVICES PROGRAM 4 PARTICIPATION WITH COMMUNITIES FOR PEOPLE (2020)

In addition to this assessment, the Communities for People provides the following to eligible youth:

- Financial Literacy education, including a matched savings account opportunity;
- Mentoring aimed at assisting youth in developing, enhancing and maintaining relational permanency connections;
- Career/work readiness services; and
- Management of SPEAK, including ensuring youth are provided opportunities to develop as young leaders and to apply the knowledge and skills they have gained. The vendor will also support the ongoing integration of The VOICE with the New England Foster Youth Coalition supported by the New England Association of Child Welfare Commissioner’s and Directors.

The Department works closely with the vendor to ensure that services are individualized to meet the needs of the youth, that emphasis is placed on connecting youth to community-based services universally available to all youth in order to help youth connect to their communities and to continuously use current research to identify ways to adapt and improve the program. We also use The VOICE heavily in the process of ongoing program design, development and adaptation.



Services are available to all eligible youth and young adults throughout the State regardless of where they reside. Communities for People was required to demonstrate their capacity to meet this expectation and the Department works closely with Communities for People to ensure that geographic location is not a barrier to access.

#### Community Collaboration and Leveraged Opportunities

The Department continues our long tradition of collaborating with our sister state agencies, providers, youth and young adults and other stakeholders to ensure foster youth/young adults have access to the same opportunities of their non-foster youth peers. Examples of these collaborations include, but are not limited to:

- Voluntary Extension of Care Interagency State Implementation Team: This includes members of The VOICE; the Department of Labor and Training/Governor's Workforce Board (DLT/GWB); the Department of Human Services; Rhode Island Housing (Housing); the Department of Behavioral Health, Developmental Disabilities and Hospitals (BHDDH), the Office of the Child Advocate (OFC) and the Office of the Post-Secondary Commissioner (OPC). The focus of this group is to assist DCYF in helping to ensure that youth participating in VEC will have as seamless a transition as possible to the adult world. A key aspect of this work is to address barriers to youth participation and or access to services provided by or funded through these other agencies.
- Cross Training with RI Family Court personnel
- Farm Fresh Rhode Island's Harvest Kitchen Project
- Governor's Workforce Board's Career Pathways Advisory Committee
- Governor's Workforce Board's Adult Education and Employment Advisory Committee
- Rhode Island's Housing Continuum of Care Committee (CoC)
- In the Fall of 2019, DCYF launched the Enhanced Case Management (ECM) Services for young adult participants in the VEC Program. ECM is a voluntary add-on which provide intensive supports for young adult participants regarding housing stability, accessing behavioral and physical health services, relational permanency, career planning, accessing educational support services and crisis intervention. Depending on the need, young adults can receive up to 40 ECM support hours monthly for a 3-month period which can be renewed if the need continues. ECM services are provided through contracts with Family Service of Rhode Island (FSRI), Communities for People (CFP) and Foster Forward (FF).
- Foster Forward, through leveraged funding, has continued to provide multiple services and programs to young people within the Voluntary Extension of Care program, YESS Aftercare Services, and youth currently and formerly in foster care. Through funding from the Governor's Workforce Board, Foster Forward provides the Works Wonders career development and employment engagement program. Supported through the GWB and the Annie E Casey Foundation, they provide financial education classes and asset matching through their ASPIRE program. Through federal Victims of Crime Act (VOCA) funds, Foster Forward provides clinical services to youth over the age of 18 and then connects those youth to clinical support within their community. Finally, through a donor endowment and fundraising dollars, they provide the Real Connections mentoring program to help develop positive, long-term adult supports for young people.

## Federally Recognized Tribe Participation and Consultation

The former YDECS Administrator, Mike Burk, worked closely with the Department’s tribal liaison, Stephanie Terry, to ensure that we maintain a meaningful, collaborative relationship with the states only federally recognized Indigenous Tribe, the Narragansett Tribe. Ms. Terry is in constant contact with Tribal leaders to ensure a strong connection, to obtain feedback and input from the Narragansett Tribe on older youth services and to ensure Tribal youth and young adults who are eligible have full access to these services. We are committed to notifying the Tribe regarding any meeting involving a tribal youth and to partner with the Tribe on education and training opportunities.

The Narragansett Tribe has not requested an agreement to administer, supervise or oversee the Chafee and/or ETV program with respect to Indian youth. Indian youth are eligible to receive the full array of benefits and services available to any other youth in the state.

## National Youth in Transition Database (NYTD)

The Department has been conducting NYTD Surveys since October 2018. Commencing with the Cohort 3, 19-year-old follow-up surveys, administered by the Department’s Principal Community Services Liaison, is responsible for conducting all surveys and entering the results into RICHIST. Our MIS staff ensure data on the surveys and the service data collected are uploaded to the NYTD Portal within the appropriate time frames. Although we have had a few minor challenges with data reporting compliance since the start of NYTD data reporting, any issues were quickly addressed. During the reporting period April 2019 – January 2020 The Principal Community Services Liaison was on medical leave for a period of almost 6 months (During two of the Cohorts) which led to the Department not meeting the goal for Cohort ending September 2019. The Department will continue to work to achieve compliance. Our survey participation rates are provided in the tables below:

*Baseline surveys are considered “Completed” when the youth is marked as having participated and completed the NYTD survey within the corresponding reporting period. Follow-up surveys are considered “Completed” if the youth completed the baseline survey, is marked as participating, and completed the NYTD survey within the corresponding reporting period. Our survey participation rates are provided in the tables below:*

TABLE 3. NYTD SURVEY PARTICIPATION (COHORT 1)			
NYTD	FFY 2011 Baseline	FFY 2013 19-year-old follow-up	FFY 2015 21-year-old follow-up
Referred	221	171	171
Completed	171	136	126
Pending Completion	N/A	N/A	N/A
Incomplete	28	35	45
Participation Rate	87%	80%	74%

TABLE 4: NYTD SURVEY PARTICIPATION (COHORT 2)			
NYTD	FFY 2014 Baseline	FFY 2016 19-year-old follow-up	FFY2018 21-year-old follow-up
Referred	187	125	125
Completed	125	98	84
Pending Completion	N/A	N/A	N/A
Incomplete	62	27	41
Participation Rate	67%	78%	67%

TABLE 5: NYTD SURVEY PARTICIPATION (COHORT 3)			
NYTD	FFY 2017	FFY2019	FFY2021
	Baseline	19 year-old follow-up	21 year-old
			follow-up
Referred	153	105	112
Completed	105	79	48
Pending Completion	N/A	N/A	48
Incomplete	48	26	64
Participation Rate	69%	75%	

To date the Department has published two data snapshots using the NYTD Services and Survey data from the first cohort. In Summer 2017 we published our Education, Employment and Financial Self-Sufficiency Snapshot and in December 2018 we published our Housing Snapshot. Both helped inform the development of our new Youth Development Services RFP, another RFP for which we are finalizing

procurement for Enhanced Case Management Services for VEC Participants, and of our Voluntary Extension of Care Program.

During the 2019-2024 Child and Family Services Plan, we will improve on our ability to capture NYTD service data for services provided outside of our Chafee funded programs. We will work with our provider coalition, SPEAK and other key stakeholders to develop effective mechanisms to capture this data, ensure it is accurately captured in RICHIST and reported through the NYTD Portal. These discussions also will center on improving our dissemination of NYTD data to families, youth, providers, advocates, the Family Court, legislator and other stakeholders and continued use of this data to inform and improve practice with older youth.

#### Youth Development Focused Training

A variety of youth development focused trainings are embedded in the Department's Training Plan. Trainings are geared toward specific (e.g., new caseworkers) or more general audiences. These include the following which directly address the goals and objectives of Chafee:

- Child and Adolescent Development and the Impact of Child Abuse and Neglect
- Culturally Competent Practice with LGBTQ Individuals
- Educational Services and Resources for Children & Youth Involved with DCYF
- Transition to Adulthood Services and Resources for Children and Youth Involved with DCYF
- Trauma Informed Child Welfare Practice
- Youth Mental Health First Aid
- Prudent Parenting Standard and Normalcy in Foster Care
- The Commercial Sexual Exploitation of Children

In addition to these, the Office of Youth Development, Education and Constituent Support Services (YDECS) with the Department is working with our Communities for People, The VOICE and our Training Division to explore the development of additional professional development opportunities for DCYF staff, congregate care providers, foster parents, adoptive parents and others focused on addressing the needs of youth and young adults in regard to permanency and successful transition to adulthood. We envision these opportunities to have a strong youth presence and perspective, incorporating key concepts such as the effects of family privilege, relational permanency, social capital development and engaging with youth as partners.

#### 2019-2024 OBJECTIVES

1. Establish a baseline in FFY 2021 for the percentage of case plans completed for youth in foster care age 14 and older and set target.
2. By June 30, 2021, 85% of youth in foster care age 16 will be referred for a life skills assessment within 15 calendar days of the youth's 16th birthday or within 15 calendar days of their entry/re-entry into foster care if the entry/re-entry is after age 16.
3. By January 2, 2021, the Department will establish a baseline for the completion of life skills assessments within 45 days of referral and set target.
4. By September 1, 2020, the Department will establish a baseline and set a target for VEC participants who meet one of the following requirements on a monthly basis:

- a. Work 80 hours per month; or
  - b. Are enrolled in an approved workforce development program; that they are enrolled in an approved workforce development program; or
  - c. Are enrolled in a secondary, GED or postsecondary program; or
  - d. Are provided a medical waiver from meeting the above requirements by the Department.
5. By September 30,2020, the Department will establish a baseline and set a target for VEC participants who are enrolled in a full or part time post-secondary program and who matriculate to the next academic level in subsequent years.
  6. By June 30, 2022 the Department will establish a method to measure the percentage of youth who exit the VEC program on their 21<sup>st</sup> birthday and who are able to maintain housing without the VEC cash assistance.

DCYF will cooperate in any national evaluations of the effects of programs in achieving the purposes of Chafee.

The Narragansett Tribe has not requested an agreement to administer, supervise or oversee the Chafee and/or ETV program with respect to Indian youth. Indian youth are eligible to receive the full array of benefits and services available to any other youth in the state.

#### *Juvenile Justice and Juvenile Hearing Boards*

DCYF is able to capture the three portals of entry reflective of whether a child has entered care through Child Welfare, Juvenile Corrections or through Children’s Behavioral Health. These data fields in RICHIST allow the Department to track case activity of children and families as they move through the system. This mechanism quantifies the number of children and youth who are opened to the Department for abuse or neglect but are later linked with children’s mental health services or juvenile corrections.

Every fiscal year, the Department does a recidivism analysis and report. In November 2020, examines recidivation over a four-year period, among RI DCYF youth who were adjudicated in Fiscal Year 2016 – 2019, with up to three years of follow-up (See appendix, Descriptive Statistics Recidivism FY16-19 9NOV20). Those that were sentenced to Immediate Temporary Community Placement (TCP/Immediate) or Probation were eligible to recidivate upon the day of their entry adjudication into the cohort. Those youth sentenced to the Rhode Island Training School (RITS) were eligible upon their physical release from the facility. Department of Corrections data, for those youth who were subsequently convicted and incarcerated, is included in the analysis. 1,102 youth were included in the analysis, of which, 28% recidivated over a three-year period. Compared to our previous analysis (FY 15 – FY 17), this has gone down from 34%, with a smaller group of youth in that analytic period: 1,048. Additionally, the number of days to recidivation in this cohort compared to the previous analytic time period has increased to 323 days from 279 days.

In a multivariate model, TCP/Immediate youth had 1.6 times the odds of Probation youth of recidivating, keeping all other variables in the model constant. In comparison to the last reporting period, this odds ratio has increased, and become statistically significant, indicating that the relationship is not due to chance. Also predicative of recidivation was the Structured Assessment of Violence Risk in Youth (SAVRY) performed at time of initial adjudication. Those youth with High SAVRY scores had 5.0 times the odds of recidivation compared to youth with Low SAVRY scores, keeping all other variables in the model

constant, which has increased since the last reporting period (Odds Ratio = 4.8). While race/ethnicity was suggestive of a relationship with recidivation, but not statistically significant, their clinical importance should not be ignored. The SAVRY assessment is correlated to race/ethnicity suggesting that the two measures are influencing each other.

The census at the RITS has been decreasing over the last number of years, resulting in an average census during CY 2020 of 30 youth. It is noted that the COVID-19 pandemic was driving a lower census during this time period as well. In early 2021, a collaborative forecasting model was created with colleagues at the Department of Corrections and the Office of Management and Budget (See appendix, DOC Youth Forecast Presentation 19FEB21). The model attempted to look at what would happen if young adults at the DOC locked, committed facility moved to the RITS. The best fitting model included DOC young adults, declining trend variables for FY2017/18, and economic indicators such as RI construction employment, national consumer sentiment and transfer payments. The model indicated a large increase if this policy was initiated, with steady populations over years ahead. It is noted that the farther into the future the model predicts, the less reliable the model becomes.

The Juvenile Hearing Board (JHB) is designed to change the trajectory of a child's life who are otherwise exposed to the criminal justice system and diverts arrested juveniles from entering the justice system. With a focus on the Providence JHB in the past calendar year, an analysis was done to approximate the total number of potentially eligible children to the Providence JHB using Family Court data. Petitions for Providence based offense were included from January 1<sup>st</sup>, 2018 – December 31<sup>st</sup> 2019. RI Family Court provided data of youth who were arrested in Providence and subsequently a petition filed over the two-year period. Demographics, case addresses and other pertinent information was provided.

The Providence JHB does not allow children to be referred if they are the following: over 17 years of age at time of arrest, assault charges, and general serious offense (defined in the analysis by a delinquent petition), truancy charges; although truancy charges are not seen by the Providence JHB, there is no statutory requirement to exclude truancy cases. There are a few other key indicators that are less clear on if they make a youth ineligible. Furthermore, they may be important places to intervene to provide more access to children who have been historically excluded from the JHB. Those include resident of Providence, former petitions filed in court, excess number of charges in a single arrest, former or current involvement in DCYF.

To better understand the breadth of potential referrals to the Providence JHB, we included the youth who were non-residents of Providence, had former petitions filed in court, any number of charges and former or current involvement in DCYF, by unduplicated petition, since theoretically, each time they are arrested, the youth is potentially eligible for the JHB. A limitation of this report is that this estimate may be a slight over count of as a single event could have two different petition numbers. We attempted to control for this by calling a petition unique if they are filed on separate dates. When including these youth, the Providence JHBs by our estimates had at least 275 youth petitions in CY 2018 and at least 288 youth petitions in CY 2019 that were eligible for the Providence JHB. Notably, the majority of these youth petitions are for Black Non-Hispanic, Hispanic any race and Other/multiracial Non-Hispanic youth, and most live in Providence.

## Chafee Education and Training Voucher Program

The Department of 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 Chafee Foster Care Independence Program (CFCIP), including the National Youth in Transition Database (NYTD) requirements and the Education and Training Voucher (ETV) program.

Rhode Island continues to use ETV funding for youth who enter foster care on or after the youth's 16<sup>th</sup> birthday and up to the young adult's 21<sup>st</sup> birthday. At this time, Rhode Island is not opting to extend services beyond the young adult's 21<sup>st</sup> birthday except for ETV funding which will continue to be available to eligible participants until the academic year in which the young adult turns 23. We have not opted to extend ETV eligibility to age 26.

This year there was additional funding and temporary flexibilities for the Education and Training Voucher (ETV) Program. The Consolidated Appropriations Act (CAA) of 2021 was signed into law on 12/27/2020 this COVID-19 Relief package contains several important provisions for the child welfare system. The CAA Division X, titled *Supporting Foster Youth and Families through the Pandemic Act* (Pandemic Act) provided \$50 million to be distributed to states in additional ETV funding and provided temporary flexibilities in the use of funding. This additional funding and flexibility allows the Department to assist youth whose was education disrupted due to the COVID-19 pandemic and public health emergency. It also requires states, through 9/30/21, to raise the maximum eligibility age to the 27<sup>th</sup> birthday. Through September 2022 allows states to increase the maximum allowable award amount to \$12,000 per youth per year but does not require states to give each eligible youth that amount. Increases the maximum allowable amount per individual for ETVs from \$5,000 to \$12,000 through FY2021 and under these provisions the Chafee ETV vouchers may be used to maintain training and postsecondary education costs. additional Pandemic ACT FFY2021 allocation for Rhode Island is \$257,651.00

We continue to grow and expand post-secondary education opportunities for youth currently experiencing foster care and youth/young adults who formerly foster care in Rhode Island to have access to effective ETV funding can be used for any postsecondary education 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 and a lifetime limit of no more than 5 academic years. Our allocations for the most recent federal awards, all of which we are permitted to raise the annual per student award cap to \$12,000 through 9/30/21), are:

- FFY 2020: 195,197
- FFY 2021: \$195,197 (estimate as no award letter has been provided us yet)
- FFY 2021 Pandemic Act Supplemental: \$257,651

Our DCYF Higher Education Grant Program funding, usually 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. There is no per student cap on these state funds. In FFY 2020, fourteen (14) students received state funds totaling \$123,389.

Youth and young adults interested in receiving postsecondary educational funds must complete their DCYF Postsecondary Education Tuition Assistance Program on-line application. 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 and based on available funds and the total number of youth participating.

For eight years, the Department utilized the Office of Post-Secondary Education's Division of Higher Education Assistance's (OPSE-DHEA), web-based integrated DCYF Post-Secondary Education Tuition Assistance Program (PETAP) Application. The Department was notified in late November 2017 that they no longer have access to this system as the Office of Post-Secondary Commissioner had restructured their Department.

In August 2020, The Department finalized an agreement with Trilix, LLC to develop a new web-based integrated system. This web-based system will have all of features that of the past system, but it will be managed by the Department in concert with our selected software vendor. The system will allow the Department to receive unmet need amounts before loans for each applicant, make award payments, track students who drop out or reduce credit hours below full or part time, and will provide a direct mechanism for refunding funds back for students who do not complete the academic semester based on each school's refund policy. This system will also allow us to effectively track ETV recipients regarding the new federal five-year award maximum and alert students when they are reaching that limit. Trilix has worked at breakneck speed to produce a quality product which we anticipate launching in June 2021.

This system integrates our collaboration with the respective schools for each student, helps to ensure that our award does not duplicate other federal awards and that aid provided a student does not exceed the total cost of attendance as defined in section 472 of the Higher Education Act of 1965 and determined by the school. As was the case with our previous system, this system will allow the Department to collect unduplicated ETV award data. This unduplicated data is used to provide the annual ETV award update to the Children's Bureau.

One new element to this new system is that DCYF will upload the basic information for eligible youth and young adults from our RICHIST system, reducing efforts needed by the Educational Services Coordinator to verify applicant eligibility. Youth/young adults still must apply annually but their application will be automatically checked against the upload from the Department which is done on a monthly basis. The Educational Services Coordinator only will have to review those applicants that were not matched to ensure that they are not actually eligible. This also mechanizes our check as to whether the applicant meets the citizenship/immigration status requirements of ETV.

For the 2020-2021 Academic Year, DCYF provided each student with funds to cover 100% of their unmet need unless they were eligible for the ETV funds only and reached their \$5,000 annual federally mandated cap. For the 2020-2021, academic year, 30 youth attended school and received funding. This assistance totaled \$269,168 from all funds [ETV - \$145,779; DCYF Higher Education Funds - \$123,389]. ETV awards ranged from \$1,000 - \$5,000.00 and DCYF Higher Education Awards ranged from \$2216 - \$19,289. We anticipate our percentage for the 2021-2022, academic year to be between 80% -100% of unmet need. However, we are now in the process of reviewing ETV awardees to determine if they have remaining unmet need which may be covered in full or in part by the temporary annual per student cap of \$12,000. Our efforts to date are:

**2020-21 Academic Year:**

- 1. Youth previously awarded for this Academic Year (17 youth)**



- a. We are working to assist 17 youth who we awarded previously for this year but have additional Unmet Need that can be supplemented with additional Pandemic Act ETV funding.
  - i. We are processing supplemental payments to the schools for 11 of these youth. The total additional amount for these 11 youth is \$67,031
  - ii. For the remaining 6 of these youth, we are working with their respective schools to confirm their remaining Unmet Need. This amount is anticipated to be \$34,762.
- 2. **Youth Not Previously awarded for this Academic Year identified through outreach efforts (6 youth)**
  - a. A total of 6 youth who had not applied for the current year have been referred and we are assisting.
    - i. Of these, 2 youth completed our application and we have their Unmet Need and we are working with their schools to determine award amounts and process payments.
    - ii. One of these youth completed our application and we are working with the youth to connect to their school. It is a school on the West Coast and it often takes several attempts to obtain what we need from schools that are not in Rhode Island.
    - iii. The remaining 3 youth were referred but have not yet completed our application. Diane is working with them on completing this and getting their award information.

**2021-22 Academic Year**

As of 5/25/21, 28 youth completed their application for our grant award. Of these, **15** are returning applicants and **13** are **new applicants**.

The following chart shows the actual participation rate for the 2012-2021 Academic Year.

TABLE 8. DCYF POST-SECONDARY GRANT FUNDING FOR ACADEMIC YEAR 2020-2021			
Postsecondary School Attended	Students Receiving State-funded DCYF Higher Education Grant Funds and Federal-funded Education and Training Voucher Grant Funds	Students Receiving Federally-funded Education and Training Voucher Grant Funds Only	Total Number of Student Participants
Community College of Rhode Island	6	5	11
Johnson and Wales University	0	2	2
New England Technical Institute	0	1	1
Neumont College of Computer Science	0	1	1
Post University	0	1	1

<b>Purdue Global</b>	0	1	1
<b>Empire Beauty</b>	0	1	1
<b>Curry College</b>	0	1	1
<b>Rhode Island College</b>	3	2	5
<b>University of Rhode Island</b>	5	1	6
<b>Total Award Recipients</b>	14	16	30

## 2019-2024 OBJECTIVES & ACCOMPLISHMENTS

1. 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.

*FFY 2021: Ongoing*

2. 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. The Educational Services Coordinator continues to stay connected with existing youth, sending reminder emails if they have not reapplied for the DCYF Higher Education Grants. The DCYF Educational Services Coordinator collaborates with the DCYF Youth Development Specialist to identify youth and young adults in need of educational funding assistance. Youth are also able to call the Family Help Line to obtain information how on how to get assistance. Youth seeking post-secondary assistance are referred to the Educational Services Coordinator.

*FFY 2021:* With the development of the new web-based application system, we will have access to email addresses on all youth attending school and use that to communicate with them. The Department will send out e-mail blasts to all past DCYF Post-Secondary applications reminding them to submit their DCYF applications. DCYF also posts information regarding eligibility and how to apply for Higher Education funds on the state website and Facebook accounts.

The DCYF Educational Services Coordinator, Diane Correia, identified and sent e-mails to social workers with the names of students still in foster care and eligible for the Post-Secondary Tuition Assistance program. The DCYF Educational Services Coordinator will monitor these students and remind social workers to have the student submit their DCYF Post-Secondary application.

Information is also provided to the Regional Chiefs of Practice Standards, the RITS Deputy Superintendent, and the Administrator of Juvenile Probation. Announcements and information are also shared during key statewide education meetings such as the RI Transition Council and RI Special Education Advisory Council (RISEAC).

3. The Department will continue its work on developing and implementing stronger support systems at the public and private post-secondary schools and continues to provide training to staff on Educational Support Services, including post-secondary access and funding opportunities, through DCYF's Training and Workforce Development Division.

**FFY 2021:** DCYF Educational support Services staff have reconnected to the Associate Director of the Rhode Island Educational Opportunity Center (EOC). The RIEOC is one of three federally-funded TRIO programs hosted at the Community College of Rhode Island (CCRI). It is designed to assist students from disadvantaged backgrounds in attending and succeeding in postsecondary education. The RIEOC Associate Director is a former Deputy Commissioner of Higher Education for the State of Rhode Island and has been a strong advocate and partner with DCYF in meeting the needs of DCYF involved youth in higher education. DCYF Educational support Services staff hosted 4 "drop in" sessions *Supporting Youth Ready Making Post-Secondary Education Decisions and Enrolled in Post-secondary Programs* in which the Educational Opportunity Center (EOC) staff joined to provided DCYF staff with some opportunities for them to share with youth on their caseload who are High School Juniors, Seniors and already enrolled in a College, University or Other Post-Secondary Institution for next academic year. The Educational Services Coordinator Diane Correia along with the Administrator Mike Burk also presented a refresher on the DCYF Post-Secondary Tuition Assistance Program (state funded as well as the ETV program).

TABLE 9. NUMBER OF RECIPIENTS OF ETV FUNDS		
	Fiscal Year	# of Recipients
Initial Voucher	2013	31
Total Participants	2013	82
Initial Voucher	2014	29
Total Participants	2014	51
Initial Voucher	2015	29
Total Participants	2015	48
Initial Voucher	2016	44
Total Participants	2016	90
Initial Voucher	2017	40
Total Participants	2017	69
Initial Voucher	2018*	23
Total Participants	2018	47
Initial Voucher	2019	14
Total Participants	2019	33
Initial Voucher	2020	22
Total Participants	2020	43
Initial Voucher	2021	30
Total Participants	2021	30

\*Due to a change in our financial management system at the State Division of Accounts and Control, the FFY 18 funds were obligated by September 30, 2019 but we were unable to process payments until the first week of January 2020. This resulted in a significant reduction in our award for FFY 18. However, the Department used state funds to address this gap so that students who were awarded in September 2019 were able to receive an award.

## Fund Administration

The Department's application process is currently a primitive web-based application combined with manual processing of award information and payment. We anticipate being able to streamline the process again with the advent of a new web-based service assuming approval of the contract with the identified software vendor. We anticipate our percentage for the 2021-2022, academic year to be between 80% -100% of unmet need.

The Educational Services Coordinator 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.

## Consultation and Coordination Between the States and Tribes –

The State of Rhode Island contains one federally recognized tribe within its border, the Narragansett Indian Tribe. The Tribe was federally recognized in 1983 and controls 1,800 acres of reservation trust lands in [Charlestown, Rhode Island](#). They currently have approximately 2,000 recognized members.

The Narragansett Tribe does not operate its own child welfare system and relies on the Department to assist with all aspects of the state's child welfare functions. DCYF and Narragansett Tribe representatives have agreed that DCYF would use its *Implementing the Indian Child Welfare Act* (Policy: 700.0170) as a basis for a State-Tribe agreement. 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).

DCYF has a standardized process used to gather input from the Narragansett Indian Tribe. This process is based on the Bureau of Indian Affairs (BIA), Indian Child Welfare Act (ICWA), In-Demand Training (2016). DCYF notifies, exchanges information and consults directly, with Tribe representative Wenonah Harris and Anemone Mars. The DCYF Liaison ensures that notification is made to the Tribal Liaison when a family who identifies as Native American enters the DCYF system. In addition, bi-monthly meetings are held to discuss general practice, as well as to review specific families when needed. Regular phone and e-mail contact occur between Tribe representatives and DCYF staff responsible for the coordination of care and services to each family. Notifications are made to Ms. Harris of all court hearings.

Due to the COVID-19 Pandemic, in-person meetings have not taken place, however virtual and phone contact has continued throughout the past year to discuss specific cases and touch base on planning to resume our collaborative work toward increasing the cultural competency and sensitivity of our staff. The Department has hired new staff in all divisions. In the Child Welfare divisions, there is a need for in-person training. Planning discussions have focused on cultural awareness trainings for DCYF staff targeted toward the late fall and winter of 2021. In addition, the Narragansett Tribe is represented on regularly scheduled Family Engagement Meetings facilitated by the Center for States. These meetings are focused on ensuring that family representation is at our table to help guide decisions related to our on-going implementation of the SAFE Practice Model along with policy and practice changes to improve child and family well-being. Participation by the Tribe informs our decisions and ensures that our practices reflect a race equity lens inclusive of Native American Families. Meetings have focused on the ICWA reporting requirements, awareness training, tribal member verifications, Indian child removal and placement reviews, permanency planning, grant opportunities, Title IV-E issues, among other topics. The Narragansett Tribe and DCYF began a coordinated effort in conjunction with community behavioral

health providers to provide support to the Tribe by training tribal members as Peer Recovery Coaches. Due, in part to the outbreak of COVID-19, those efforts were also paused, and we are in discussions with the Tribe to restart the initiative and identify tribal members interested in becoming certified. While we made efforts in late 2019 and early 2020 to develop treatment services geared toward Substance Use Disorders which partner traditional healing with clinical interventions, we were ultimately unsuccessful at engaging the identified service provider to the extent intended. The Department also sought to support the Tribe in their long-term goal of re-establishing the Narragansett Tribe's Safe House as a center of the community where members can meet for peer support. Those efforts are also on pause since the start of the Pandemic.

Safe Practice Model Tools were submitted to the Tribe for review and are in their final edition and are actively being utilized. Close case collaboration continues relative to families open to DCYF or under investigation to develop safety plans where possible with the support of the Tribe. In addition, the Tribe continues to assist in identifying kin to provide placement when safety planning is not an option and have actively worked with Child Protective Services to support prevention efforts for families coming to our attention.

DCYF's *Implementing the Indian Child Welfare Act* (Policy: 700.0170) requires that every child, their parents, or guardians are asked if they are affiliated with a federally recognized Indian Tribe. The response is recorded in the DCYF SACWIS system (RICHIST) and is documented in the case activity notes (CAN). The assigned Supervisor verifies that the CAN has been entered. Once the child is confirmed as a member of a Federally recognized Indian Tribe, the family and Tribe are notified in writing via registered or certified mail with return receipt requested, of all child custody proceedings and placements. The notice is also forwarded to the BIA Regional Director. Active efforts are made to maintain children at home. When this is not possible, all efforts are made, through collaboration with the family and Tribe, to place children with Kin (members of the Tribe). All efforts will be documented in the case activity notes. The Narragansett Indian Tribe has been provided with the draft policy for their input and comments and will be provided with any draft revisions prior to promulgation.

The Narragansett Indian Tribe is immediately notified of any DCYF investigation involving one of their members. All petitions filed by DCYF with the RI Family Court must include documentation as to whether or not a family has identified as being a member of a Federally Recognized Tribe.

Immediate notification of involvement with a family whose members identify as being members of a Federally Recognized Indian Tribe is made to Ms. Harris and/or Ms. Mars. Tribe representatives are notified of and consulted for case planning purposes, reviews and court hearings. Ms. Harris as the contact person responsible for providing child welfare services and protections for Tribal children is the qualified expert witness for the Narragansett Indian Tribe.

Notifications of state proceedings, placement preferences, active efforts to prevent the breakup of Indian family and jurisdictional issues/preferences are documented in the Rhode Island Children's Information System (RICHIST) and case activity notes (CAN). All correspondence, documents, reports, and other hard copy paperwork will be maintained in the specific DCYF RICHIST casefile.

Specific steps to improve or maintain compliance with ICWA include a memorandum that was distributed to all staff on the Bureau of Indian Affairs Final Rule on ICWA. The Department also began utilizing a new ICWA notification form that is completed by the assigned case manager in consultation

with the client. The completed ICWA form is submitted to the DCYF legal office for final review and then sent to the designated Indian tribe(s) by certified mail. The Department will closely monitor worker compliance and document results of this process. The Department will continue to conduct regularly scheduled in-person meetings (every other month) between DCYF and Tribal representatives and maintain monthly contact between Ms. Harris. DCYF will continue to provide ICWA training to all DCYF employees and Tribal representatives.

The Narragansett Tribe has not requested an agreement to administer, supervise or oversee the Chafee and/or ETV program with respect to Indian youth. Indian youth are eligible to receive the full array of benefits and services available to any other youth in the state.

DCYF will send an electronic copy of the 2022 APSR to the Narragansett tribe for review and concurrence. DCYF will follow up with in-person meetings with Tribal representatives.

## CAPTA Plan

As reported in previous Child and Family Service Plans, the CAPTA requirements are aligned with the Department's efforts to strengthen its Child Protective Services Division. The CFSR safety outcomes and indicators are integrated into the activities outlined in the CAPTA plan.

The CAPTA Plan focuses attention on strategies to support improvement in the CFSR Safety Outcomes 1 and 2. The Department is known for having a strong Child Protection Division.

In 2018, Rhode Island's child welfare system was reviewed by the federal Children's Bureau. The final report highlighted areas of strength as well as areas needing improvement; as a result, Rhode Island was required to develop a Program Improvement Plan (PIP) that specifically targeted the areas of practice that needed improvement. PIP implementation began in May 2019 and will conclude in 2021.

The areas needing improvement include:

- Developing appropriate safety plans to ensure the safety of children,
- Conducting ongoing quality safety and risk assessments,
- Achieving timely permanency for children in foster care (reunification within 12 months, guardianship within 18 months, and adoption within 24 months),
- Enhancing casework practice for children remaining in the home,
- Engaging with parents, and
- Ensuring appropriate assessment of and service delivery to children and families.

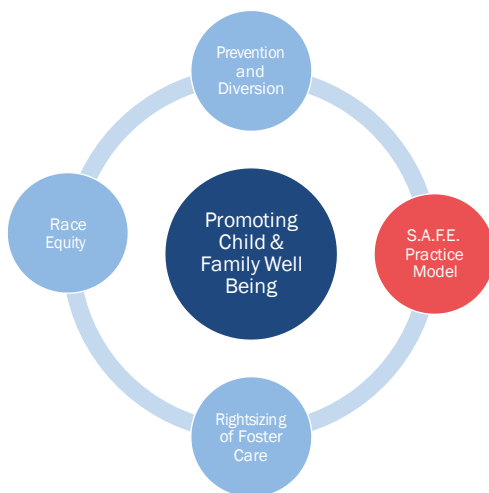
The Department is currently in Quarter 7 of the PIP implementation schedule, which is overseen by the Children's Bureau. To date, the Department has achieved 74 of the 94 required systemic changes and activities. The Department is on track to satisfy all of these components by April 30, 2021 (with a likely extension to October due to the ongoing pandemic). Additionally, DCYF is required to meet 10 quantitative improvement goals that assess our child and family wellbeing

practices. Thus far, the Department has satisfied 8 of these goals and is on track to fully achieve compliancy by October 2022.

Critical to alignment with the goal of improving outcomes for families is the transformation of overall practice at DCYF. A foundation for that transformation is the Safety Assessment Through Family Engagement (S.A.F.E.) Practice Model, which was implemented in November 2019. In selecting S.A.F.E., DCYF sought a practice model that gives a central voice to youth, families and communities.

By adopting the S.A.F.E. model, Child Protective Services shifted from taking a solely incident-based investigative approach to a more comprehensive assessment of families’ strengths, behaviors and functioning. When risks are identified, our Family Service Units’ social caseworkers build partnerships with parents and caregivers to identify and seek agreement regarding the behavioral changes necessary to maintain child safety, permanency and wellbeing. Together, DCYF and families develop service plan goals that will enhance caregiver protective capacities and address the needs of the child.

Committed to the full implementation of the S.A.F.E. model with fidelity, the Department expects to see improved safety outcomes for children and families, including, but not limited to: Increased rate of families served by DCYF at home; safer and timely reunification of children and families; and a reduction of re-maltreatment and re-entries into DCYF care. As part of this ongoing implementation, DCYF is making necessary policy revisions to align our practice to the model.



### S.A.F.E. Practice Model

Foundational practice model known as S.A.F.E. (Safety Assessment Through Family Engagement) was implemented in November 2019.

S.A.F.E. provides:

- A central voice to youth, families and communities.
- A Shift CPS from a solely incident-based investigative approach to a more comprehensive assessment of families’ strengths, behaviors and functioning.
- Empowerment of caseworkers to build partnerships with parents to co-create plans that will address the behavioral changes needed to maintain child safety, permanency and well being.

Expected outcomes of S.A.F.E.: an increased rate of families served at home, safer and timely reunification, and a reduction of re-maltreatment and re-entries into DCYF care.



All staff in Family Services Units, Child Protective Services, and in Juvenile Corrective Services have been trained on the Family Functioning Assessment (FFA) and the Ongoing Family Functioning Assessment (OFFA). Not only is this the first time that CPS and FSU have aligned practice models, these tools also embody a philosophical shift away from an incident-based focus on maltreatment and towards working with families on enhancing caregiver protective capacities and addressing behaviors that lead to present or impending danger.

RICHIST modifications required for staff to begin using the FFA/OFFA were completed on November 13, 2019 and all staff are now using the FFA/OFFA for all new cases beginning on that date. Initial issues around the mechanics of the tool have been addressed. Staff began using the FFA for Family Assessment Response cases during Quarter 1 and staff have been receiving coaching from Action for Child Protection on those cases. Action for Child Protection has also been leading the training and support for a cohort of Change Champion Coaches.

Staff have largely responded to the concepts embedded within the FFA positively, with some expressing concern about the amount of time it takes and whether that will impact their ability to move through cases at the same rate as they currently complete them. To address these concerns, we have a full team of internal staff, Change Champion Coaches, and consultants from Action for Child Protection on site for consultation and troubleshooting during the first two weeks of implementation. Ongoing support will be available beyond that time frame as well.

Administrators in Child Protective Services are developing a structured plan to review the fidelity of the FFA on an on-going basis. Administrators in Family Services Unit will use documents provided from Action for Child Protection to review random cases on a regular basis; findings will be shared across the division. In addition, the Chief of Practice Standards in each region will identify cases to review with supervisors and their units on an ongoing basis.

The FFA tool was implemented fully in November 2019. Since then, the Department has been utilizing the FFA for all Family Assessment Responses and Investigations screened in. The Department has continued to focus its efforts on the implementation of the practice change that requires a shift from incident-based responses to assessments of family functioning overall. To achieve this, several different mechanisms are in place:

- **Weekly Implementation Group** meets weekly to address any concerns involving the use of the tools in RICHIST; practice and implementation guidance; policy changes; technical assistance and communication or training needs. This group is an administrator / senior management level team.
- **Biweekly Coaches Meetings** Change Champion Coaches and practice consultants address any concerns encountered and / or raised by workers in the field as it relates to the use of

the FFA and OFFA and struggles with the model in meeting all the needs of youth and families.

- **An Inter-Divisional Practice Guidance Workgroup** was created with frontline representation from each division. The group is facilitated by the Department’s Change Champion Coaches. The workgroup discusses the areas in need of improvement and formulates solutions. Questions related to policy, procedure and IT are brought to senior management at the Weekly Implementation Team Meetings. In addition, information is then brought back to the line level to create clear lines of communication and collaborative problem-solving.
- **Ongoing Listening Sessions** with all staff in each region and division were held after the first of the year. Subsequent sessions will start in July and, depending on social distancing restrictions, will be held remotely. The purpose of the sessions is to gather information about struggles as well as successes. The feedback has been valuable and provides insight into the fact that nearly all staff embrace the practice of assessing functioning to determine safety but are candid about their struggles with moving from an incident and compliance based system. Staff also provided positive feedback that they find coaching helpful as well as the guides, examples, and manuals in the shared folder and overall, feel that with practice and their level of comfort are improving.
- **Consulting with Action for Child Protection** is ongoing and prior to COVID-19, Action was on-site 3 days per week, approximately twice per month to provide one to one coaching to workers and their supervisors before initiating investigations as well as during the process and for case consultation.

## CAPTA STRATEGIES

Safety Outcome 1 - <i>Children are, first and foremost, protected from abuse and neglect.</i>		
Indicator	Activities	Status
Item 1: Timeliness of investigations of reports of child maltreatment	<ul style="list-style-type: none"> <li>• Develop a reporting mechanism to monitor the documentation of attempted contacts in an investigation with the ability to view data by investigation type, investigation unit, and worker.</li> </ul>	Ongoing
	<ul style="list-style-type: none"> <li>• Generate CPS timeliness data reports and distribute to divisional administrators and supervisors.</li> </ul>	Ongoing
	<ul style="list-style-type: none"> <li>• Establish regularly scheduled supervisory meetings between division administrators and supervisors to review timeliness data reports to monitor compliance with policy timelines.</li> </ul>	Ongoing

	<ul style="list-style-type: none"> <li>• CPS Supervisors will meet with line staff to review timeliness data reports specific to their CPS case assignments. Supervisors will ensure accountability for meeting timeframes for documentation of initial attempt at face to face contact in all routine investigations through weekly reviews of these data reports with their staff.</li> <li>• Replace the current child protective services investigation template with the Family Functional Assessment (FFA). The FFA streamlines the input of information into the RICHIST system which will also support more timely documentation of investigation responses.</li> <li>• Communicate quantitative and qualitative investigation timeliness data results with staff and external stakeholders utilizing the Division of Performance Improvement/Active Divisional Management structure. The DPI/ADM structure will be used to explore any further challenges and provide feedback to make adjustments to the timeliness data reports as necessary.</li> </ul>	<p>Ongoing</p> <p>Ongoing</p> <p>In Process</p>
--	---	---

<b>Safety Outcome 2 – Children are safely maintained in their homes when possible and appropriate.</b>		
<b>Indicator</b>	<b>Activities</b>	<b>Status</b>
<p><b>Item 2:</b> Services to family to protect children in home and prevent removal</p>	<ul style="list-style-type: none"> <li>▪ Implement FA, OFFA assessments at every change of care for children in placement and at reunification</li> <li>▪ CPS Investigators and Intake Staff work with FCCPs to ensure development of Risk Management Plans when necessary to avert families from DCYF involvement</li> <li>▪ Maintain co-location in CPS and all Regional locations with community agencies’ staff through collaborative process to assist with family service planning options focusing on community-based support and diversion from DCYF</li> <li>▪ Implement Family Assessment Response (FAR) in lieu of investigation to determine service support needs for families</li> <li>▪ Enhance community-based service referrals through work with FCCPs</li> </ul>	<p>Ongoing</p> <p>In place – continuing as part of the FCCP operation in all of Rhode Island – reviewing family service cases weekly.</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>

**Safety Outcome 2** – Children are safely maintained in their homes when possible and appropriate.

Indicator	Activities	Status
<p><b>Item 3:</b> Risk and safety assessment and management</p>	<ul style="list-style-type: none"> <li>▪ Refer all children under the age of 3 who are victims of an indicated case of abuse and/or neglect for a developmental screen to determine eligibility for Early Intervention services</li> </ul>	Ongoing
	<ul style="list-style-type: none"> <li>• Train CPS, FSU, and Juvenile Corrections staff on a structured systematic safety assessment process utilizing the RI SAFE practice framework and the FFA so that they will be able to better and more consistently assess risk and safety, assess family needs, and refer for services for all families screened in by the CPS hotline. The training will be conducted by the Change Champion Coaches who are content experts on the RI SAFE Practice Framework and FFA tool.</li> </ul>	Ongoing
	<ul style="list-style-type: none"> <li>• Modify RICHIST to incorporate the FFA. The FFA will replace the current investigative template so that staff will use the new format and tool for all responses which will bring consistency to the response from front line staff.</li> </ul>	Ongoing
	<ul style="list-style-type: none"> <li>• Launch use of FFA through a soft roll out with Family Assessment Response cases in CPS. Staff and Change Champion Coaches will provide preliminary feedback regarding its usability and accuracy in assessing risk and safety in the field. This feedback will be used to make improvements to the tool and its use.</li> </ul>	In Process
	<ul style="list-style-type: none"> <li>• Launch use of FFA in all responses to cases screened in by the CPS hotline utilizing the Change Champion Coaches. Change Champion Coaches are front-line staff who have been trained in the RI SAFE Practice Framework and FFA. They will assist staff in the field with ongoing training and support to ensure the successful implementation of FFA.</li> </ul>	In Process
	<ul style="list-style-type: none"> <li>• Obtain feedback from staff through the Change Champion Coaches with input from line staff on usability and feasibility of the FFA Tool so as to make improvements to the tool as needed.</li> </ul>	In Process
	<ul style="list-style-type: none"> <li>• Utilize results of the CFSR case review process to verify the quality and consistency of safety plans that were completed with the FFA tool.</li> </ul>	In Process
	<ul style="list-style-type: none"> <li>▪ Communicate quantitative and qualitative data results with staff and external stakeholders specific to the quality and consistency of initial safety plans through the FFA utilizing the Division of Performance Improvement/Active Divisional Management structure. The DPI/ADM structure will be used to explore any further challenges and provide feedback to make adjustments to the tool in RICHIST as necessary</li> </ul>	In Process

**Referrals for Early Intervention and Developmental Screening –**

The intake referral process for facilitating referral to early intervention services was established 15 years ago. This process involves a nurse who is also recognized as a Part C provider under the Individuals with Disabilities Education Act (IDEA) working with DCYF Child Protection Services and Family Services Unit

<i>Number of Children &lt; 3 Involved in a CPS Investigation in FY 2019 Referred for Services (FY 2020, July 1, 2019 to June 30, 2020)</i>				
# Indicated referred to or already involved in an EI Program.	184	# Indicated referred to First Connections for screening.	600	Indicated Referred 784 <b>92% Referred of 848 Indicated</b>
# Non-indicated Referred to an EI Program.	110	# Non-indicated Referred to First Connections for screening.	151	<i>Total Non-indicated 261</i>
Total referred to Early Intervention (EI) Program	294 (28%)	Total referred to First Connections for screening.	751 (72%)	<i>Total All Referred 1,045</i>

staff to assist in facilitating screening and evaluation for developmental delay consistent with CAPTA mandate. Rhode Island has both a formal Part C provider network (Early Intervention) as well as a dedicated developmental screening program (First Connections) that are designed to identify and meet the needs of children birth to 3 that have or are at risk of having a developmental delay. The First Connections program also provides key linkages to community resources and supports for families with children birth to 3 years old.

In fiscal year 2020 (July 1, 2019 to June 30, 2020), there were 848 children birth to 3 who were involved in indicated cases of abuse and neglect. Of these 848 children involved, 92.0% were referred to either First Connections for developmental screening or Early Intervention for full evaluation based on identified needs at the point of completed investigation. This determination is made by the CAPTA Liaison nurse who also supports the referral to a formal evaluation based on the results of completed screening. For children screened and determined to not need a formal evaluation, the First Connections program often seeks to refer the family to other programs that support early childhood development. These programs include Early Head Start and the MIECHV funded Home Visiting programs.

As a part of the Rhode Island Getting to Kindergarten Grant funded by the W.K. Kellogg Foundation, more in-depth analysis was completed on the CAPTA cohort of children birth to 3 who were involved in indicated cases of abuse and neglect. The primary interest of this more comprehensive analysis was to determine the rate of engagement, completion of screening/evaluation and enrollment in supportive programs for this vulnerable population. The following results were discovered as a part of this analysis:

- **Of the 784 successfully referred, 509 (65%) had in person contact with either First Connections, Early Intervention or another supportive program.**

- **Of the 784 successfully referred, 413 (52.7%) had a completed developmental screening and/or full evaluation.**
- **Of the 784 successfully referred, 210 (26.8%) were found eligible for Early Intervention services.**
- **Of the 784 successfully referred, an additional 81 (10.4%) were enrolled in MIECHV family visiting programs. (Some additional families may have enrolled in MIECHV programs after completed developmental screening)**

This level of in-depth analysis has now become a routine annual process and is a direct result of the data sharing and cross-system partnerships developed through a one-year extension of the Rhode Island Getting to Kindergarten Grant. The Department has refined the existing data sharing processes and established a dedicated electronic referral and tracking system within the Salesforce platform to continue to track progress toward the goal of increasing access to developmental screening and supportive programs. This electronic referral system is scheduled to launch in early June of 2021.

In addition to the mandated referral of indicated victims, DCYF referred an additional 261 children who were identified in unfounded investigation or were siblings/family members in households where an investigation took place, but no incident of abuse or neglect was determined. These children received the benefit of screening and or evaluation to support their early development and provide stabilizing support to their family.

The Department continues to work collaboratively with the Executive Office on Health and Human Services as well as the RI Department of Health to identify ways to improve communication and coordination of the referral process and services to children and families. These two state agencies administer the Early Intervention and First Connections programs respectively. Building on the development and implementation of the revised Early Childhood Service Referral Policy, the Department has completed the development an electronic referral and tracking data system within the Salesforce platform to support and manage the CAPTA referral process. The previously established Child Fatality Prevention Workgroup has continued to meet monthly to serve as the planning group for inter-agency collaboration for the birth to 5 child welfare involved population. This group has refined strategies and cross-system program alignment to track the outcome of referrals to First Connections and Early Intervention and other supportive programming including several DCYF contracted programs. Ongoing management of this system will ensure that the Department and its cross-system partners will be able to maintain awareness of the rate of engagement in supportive services following a CAPTA referral. This process and system will allow the Department to shift and manage practice approaches to better attend to child safety and child well-being related to the vulnerable population. This work is also being developed in collaboration with the statewide EI/ Child Welfare Workgroup in order to include input by all stakeholders involved in the process.

Throughout FY 2020 the Rhode Island Children’s Cabinet has continued to focus attention on the needs of young children in the child welfare system. This is a group of high-level state Department directors that meet monthly to work toward implementing policies and programs to better meet the needs of Rhode Island’s most vulnerable children. As a part of the Children’s Cabinet work, the Department has entered a one-year extension of the Rhode Island Getting to Kindergarten Grant funded by the W.K. Kellogg Foundation in Battle Creek Michigan. Project staff and grant funded financial resources have been fully dedicated to development of the above-mentioned referral and tracking system and other related activities to support the developmental and educational well-being of young children in the Rhode Island child welfare system. Grant staff have also continued implementation of a proactive child development awareness campaign in collaboration with the statewide CDC Learn the Signs Act Early program. This effort has continued to make child development information available in the lobby of all RI DCYF offices to increase awareness of tracking developmental milestones for the Birth to 3 population. All the above stated efforts have been coordinated within the Children’s Cabinet Initiative titled Birth to 3<sup>rd</sup> Grade Reading Plan. This plan will work to have a positive impact on the youngest and most vulnerable children in the state in order to dramatically increase the rate of reading proficiently for 3<sup>rd</sup> grade students by 2025. Ongoing training and support of DCYF and community staff will ensure that all children subject to an indicated incident of neglect or abuse are referred for screening, evaluation and services within the early intervention system or other appropriate Home Visiting resources.

### **Child Abuse Prevention and Treatment Act State Plan Requirements and Updates**

1. Describe substantive changes, if any, to state law or regulations, including laws and regulations relating to the prevention of child abuse and neglect, that could affect the state’s eligibility for the CAPTA state grant (section 106(b)(1)(C)(i) of CAPTA).

**Update:** There have been no changes to state law or regulations that affect eligibility.

2. Describe any significant changes from the state's previously approved CAPTA plan in how the state proposes to use funds to support the 14 program areas enumerated in section 106(a) of CAPTA. (See section 106(b)(1)(C)(ii) of CAPTA).

**Update:** No significant changes are proposed to Rhode Island’s approved CAPTA plan.

3. Describe how CAPTA state grant funds were used, alone or in combination with other federal funds, in support of the state's approved CAPTA plan to meet the purposes of the program since the state submitted its last update on June 30, 2020 (section 108(e) of CAPTA).

**Update:** CAPTA funds supported the following program areas FFY 20

- Section 106(a)(10) developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect - ***Citizen Review Panel activities***
  - Section 106(a)(13) supporting and enhancing collaboration among public health agencies, the child protection system, and private community-based programs to provide child abuse and neglect prevention and treatment services (including linkages with the education systems) and to address the health needs, including mental health needs, of children identified as abused or neglected, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports – ***Referral process for Early Intervention and other early child development services***
  - Section 106(b)(2)(B)(iii) the development of a plan of safe care for the infant born and identified as being affected by substance abuse or withdrawal symptoms, or a Fetal Alcohol Spectrum Disorder to ensure the safety and well-being of such infant following release from the care of health care providers, including through—
    - (I) addressing the health and substance use disorder treatment needs of the infant and affected family or caregiver; and
    - (II) the development and implementation by the State of monitoring systems regarding the implementation of such plans to determine whether and in what manner local entities are providing, in accordance with State requirements, referrals to and delivery of appropriate services for the infant and affected family or caregiver;
      - ***Hired a full-time Substance Use Disorder Liaison to implement Plans of Safe Care and other related work to support families affected by substance abuse***
4. Submit a copy of the annual report(s) from the citizen review panels and a copy of the state agency's most recent response(s) to the panels and state and local child protective services agencies, as required by section 106(c)(6) of CAPTA.

**Update:** The Citizens Review Panel report and DCYF response are attached.

5. Provide an update on the steps the state has taken since submission of the 2020 APSR and Annual CAPTA Report and the passage of the CARA amendments to implement the provisions in section 106(b)(2)(B)(ii) - (iii) of CAPTA, to address the needs of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder.

**Update:**



The Department used the increased funding to hire a Substance Abuse Specialist within CPS who will lead the Department's efforts with Plans of Safe Care implementation and monitoring. In addition, this position will work directly with sister agencies in efforts to reduce the effects of opioid epidemic in the child welfare system and Rhode Island.

- During this time frame, the COVID-19 pandemic was directly responsible for the decline in Substance Exposed Newborns receiving a Plan of Safe Care due to the surge in COVID-19 hospital cases, hospital restrictions, and the Plan of Safe Care Administrator at RIDOH being deployed to the COVID-19 response.
- However, an increase in Plans of Safe Care occurred at Women & Infants Hospital, with 81% of all Plans of Safe Care being completed at Women & Infant Hospital. This was due to the hospital's Substance Exposed Newborns Patient Care Navigator being tasked with completing Plans of Safe Care for Substance Exposed Newborns.
- Substance Exposed Newborns was redefined as prenatal exposure to all licit and illicit substances except for nicotine-only and licit psychotropic drugs-only.
- Plans of Safe Care are implemented at Rhode Island's five birthing hospitals: Kent Hospital, Landmark Hospital, Newport Hospital, South County Hospital, Women & Infants Hospital. The majority of substance exposed newborns are delivered at Women & Infants Hospital.
- Through an existing mechanism, 100% of substance exposed newborns with an NAS diagnosis before discharge receive a referral to Early Intervention and First Connections, Rhode Island's short-term family visiting program for families with children up to the age of three.
- Through the First Connections Substance Exposed Newborns Project, all newborns with documented substance exposure receive priority referrals to First Connections Substance Exposed Newborns Teams
- Ongoing quality improvement occurs during annual hospital site visits where Plan of Safe Care data is shared. These site visits did not occur during the pandemic and will resume as hospitals ease their restrictions.
- Plan of Safe Care falls under The Rhode Island Task Force to Support Pregnant and Parenting Families with Substance Exposed Newborns (SEN Task Force), convened in 2016 at the request of the Governor. The SEN Task Force reports to The Governor's Overdose Task Force. The mission of the SEN Task Force is to improve the health and well-being of children and families affected by prenatal substance exposure. Task Force membership include State agencies, birthing hospitals, and community-based providers who have a vested interest in substance exposed newborns and their families.
- The SEN Task Force's Strategic Plan is focused on four overarching pillars: Access, Care Coordination, Workforce Development, and Data. Plan of Safe Care falls under Care Coordination and Data.
- Peer Recovery Specialists co-located at DCYF help families involved with the Rhode Island Family Court's Family Treatment Drug Court and Safe and Secure Baby Court, and receive referrals from the DCYF Hotline and the RIDOH SEN Liaison for pregnant women who are using substances, with the goal of engaging pregnant women before delivery with supports and services that protect the maternal-child dyad and decrease the number of substance exposed newborns going into foster care. In consultation with the DCYF Division of Performance Improvement, a tracking spreadsheet was developed that collects data including but not limited to what region and worker makes the referral. Staff in all regions have access to the SUD Liaison and have made referrals, although the majority originate from Child Protective Services. The SUD Liaison co-locates in each FSU region one day per month to provide face-to-face consultations and trainings. The SUD Liaison is also available by

telephone and email. During the COVID-19 pandemic, staff have continued to make referrals to the SUD Liaison and the Peer Recovery Specialists (PRS) from all divisions as well as families who have had prior contact with the PRS continue to reach out regularly. Peer Recovery Specialists have continued to make contact via phone and face to face via face time etc. In-person contact in accordance with social distancing subsequent to COVID-19 Screening protocols is available on a case by case basis with approval from the SUD Liaison. Referrals for outreach and support remain steady for new referrals as well as to check in on high risk families.

### Child Abuse Prevention and Treatment Act Appropriation

The Department anticipates receiving \$291,701 in FFY 22. 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.

In addition, DCYF has hired a full-time Substance Disorder Liaison position within the Children's Behavioral Health division. This position works closely with sister agencies, DOH, BHDDH as well as the treatment drug courts and baby court within the Family Court as well as in the community. The Department also sees this position as a support for the Plans of Safe Care Notification tracking requirements.

Supplemental CAPTA Funding (American Rescue Plan) the state received \$277,350 in April 2021. The Department has preliminarily planned to use \$128,705 to fund 2 full-time Domestic Violence Liaisons to co-locate with DCYF Investigators and Caseworkers who will work with high risk Domestic Violence cases which saw an uptick due to COVID-19. If this program is successful it may be renewed in July 2022.

#### *CAPTA Contact Information:*

State Liaison Officer:  
Kim Sande, Federal Grant Manager  
R.I. Department of Children, Youth and Families  
101 Friendship Street, 4<sup>th</sup> Floor  
Providence, RI 02903

[Kim.Sande@dcyf.ri.gov](mailto:Kim.Sande@dcyf.ri.gov)

401-528-3483

[www.dcyf.ri.gov](http://www.dcyf.ri.gov)

## Updates to Targeted Plans within the 2020 - 2024 CFSP

### Foster and Adoptive Parent Diligent Recruitment Plan

An addendum to the 2020-2024 Foster and Adoptive Parent Diligent Recruitment Plan is attached.

### Health Care Oversight and Coordination

An addendum to the 2020-2024 Health Care Oversight and Coordination Plan is attached.

### Disaster Plan

There have been no changes to the Disaster Plan. However, the Disaster Plan continues to be utilized during the COVID-19 Pandemic.

In early March 2020, DCYF administrators were made aware of the potential of a pandemic (it was later categorized as such). RI DCYF administrators implemented the RI June 2019 Disaster Plan, as well as sections of the COOP plan, due to this event. DCYF senior team met to review the Disaster Plan and portions of the COOP (pandemic response sections) upon implementation.

All sections of the plan were then implemented, including the coordination of communication through the Governor's Office, Designations of Authority, Social Distancing Protocols and Essential Functions sections.

By using the Essential Function section, staff were designated for VPN access and laptops as needed to allow for Social Distancing. This process was followed until all staff had access based on Essential Functions.

We are still working the Reconstitution section of the plan as Rhode Island enters Phase III, and as the event continues on. We will conduct an after-action review of the Disaster Plan to determine areas of improvement and update our plan. We have instituted many best practices since March 2020 and continue to fine tune our plan.

### Training Plan

Updates to the Department's Training Plan are sent to Federal Title IVE Liaison as it is updated.

## Statistical and Supporting Information -

### *Information on Child Protective Service Workforce*

The job description for the position of Child Protective Investigator (CPI) specifies knowledge, skills and abilities relative to the responsibilities involved with child protection activities. CPIs must have a Bachelor's Degree in a related field; e.g., social work, social welfare, psychology, sociology, criminal justice, law enforcement; AND experience in private or public agencies in the field of human services specific to providing child protection services to children, or participating in child protection investigations; or providing services to children and their families; or investigating experience in the field of law enforcement in areas primarily dealing with juveniles or related activities.

There are currently 89 staff in the Child Protection Division, 65 of whom are child protective investigators; the others include administrators, supervisors, intake caseworkers, a child support technician, a sex trafficking specialist and support staff. 7 of the 16 Supervisors have Master's Degrees and all have Bachelor's Degrees. Of the 65 investigators, all have Bachelor's Degrees and 18 have Master's Degrees. The CPS staff are comprised of 27 male and 62 females; the average age is 40. There are 18 minority staff among the child protection investigators which includes 8 African American and 10 Latino. The rest are Caucasian. The average monthly caseload per investigator reflects 20 completed investigations per month. The CPS division completes an average of 8,000 investigations annually.

Since our last CAPTA report, Workforce Development (WFD) and Administrative Staff within Child Protective Services(CPS) have continued to work on a comprehensive Child Protective Services Training Program; a standardized initial training curriculum for new staff, ongoing training for Child Protective Investigators and Supervisors, and the beginning of a formal Supervisor Training Curriculum for new and existing CPS administrators & supervisors.

### *Pre-Service Training program for Child Protective Investigators*

In our prior report-out, we provided information related to the particular "Pre-Service", now New Worker, Training Program for Child Protective Investigators. At that time the Department had serious concerns related to the level of training and its impact on worker retention. As pointed out above approximately 39% of new CPI's were leaving within the first year, many within the first 6 to 9 months. From 2019 to 2020 WFD and Administrators from CPS have re-organized the training program, go back to large(r) group hiring, and the practice of following the six-month training program that SCWII's followed. These changes, along with a concerted effort by CPS staff to provide more structured field activities as they take part in the same Transfer of Learning Program that SCWII's take part in, has led to an increase in retention. All these training modifications have occurred at the same time that the Department has implemented a new practice model. New staff has received both the newly revised generic CPI training topics as well as the comprehensive SAFE practice model with its ongoing coaching program.

### Child Protective Services Staff Ongoing Trainings

CPS staff are also eligible to take part in WFD's In-Service training offerings. These trainings either directly impact their current work practice or assist them in understanding the various changes that are occurring.

The major focus of Ongoing training in 2020-2021 for CPS staff continues to be on the SAFE Model and the FFA & OFFA tools including:

- Ongoing individual and whole CPI Unit Coaching by ACTION (FFA & OFFA contracted staff) and trained DCYF staff
- Continuously updated SAFE training modules either online or Web training

Department Wide Ongoing Trainings- ONLINE/VIRTUAL SERIES (FSU, YD, CPS and other divisions) in 2020-2021 (each topic was run multi-times)

- Active Threat Training (last ALL STAFF IN-PERSON TRAINING BEFORE COVID)
- COVID Safety workshops
- Substance Use Disorder
- Level of Need Tool Training
- Provider Service Array
- Opioid Usage, Treatment Resources, & Narcan
- Implicit Bias Training
- Motivational Interviewing
- Youth Mental Health First Aid
- Understanding the Foster Care Licensing Process
- Kinship Care Relationship Building
- Every Student Succeeds Act (ESSA)
- Placement Safety Review & Visitation Plans
- Case Plan Elements
- Authentic Family Engagement
- Neurobiology of Trauma
- Optum Services/Medicaid Supports
- Responsibility, Accountability & Authority (Supervisor training)
- Secondary Traumatic Stress
- Supervisor Training & Orientation: How to work with New Workers
- Merciful Conversation On Race (MCOR)
- Recognizing and Healing the Trauma of Father Absence
- Working with Fathers & Families Impacted by Incarceration.

#### Re-Establishing our Partnership with an Institution of Higher Learning

In 2018 DCYF and Rhode Island College – School of Social Work (RIC) re-established through an MOA the Learning Partnership for Children Services (LPCS) their education and training partnership. This renewed partnership includes; a joint effort to assess, develop, & (re)design DCYF's New Worker, and ongoing training programs. This effort was taken on to ensure that the DCYF Workforce Development Division (WFD) is providing state-of-the-art training programs that are based on the competencies of each job classification being trained. LPCS also included the review and revisions of an unbiased evaluation process for both individual trainers, training programs (New Worker, Supervisor & Administrator Programs) as well as a larger review process of the division itself.

The LPCS agreement includes RIC providing WFD access to; office and training space; the development of different modalities of curriculum delivery including simulation work (simulation rooms, house, actors & audio/video), web-based learning, and online learning. The LPCS has worked to build a comprehensive

“Transfer of Learning” (TOL) practice for all New Worker Positions with the first TOL designed for front-line staff and work being done on a Supervisor TOL model.

A part of the LPCS agreement is for the members of LPCS team (DCYF & RIC staff) to review & address RIC's current BSW & MSW curriculum(a) to ensure students in those programs receive an education that will complement the competencies associated with job classifications within DCYF.

The 2020 calendar year has been significantly impacted by Covid-19 and this has interrupted much of the in-person training options (ex. simulation rooms/actors, VR technology). However, the pivot to virtual training has been highly successful, and the training platform has become robust. The LPCS has worked to assist WFD trainers to quickly restructure the new worker and ongoing training models, resulting in a streamlined and organized delivery of training content.

The new worker evaluation program has evaluations being delivered electronically after each training session (through the use of Microsoft Form links) and allows immediate review of results. The LPCS has created a database to compile both individual and aggregate results on each training. New Worker Handbooks have been developed, providing supervisors a detailed description of roles and responsibilities, tasks, and evaluative criteria for the 2, 4, and 6-month probationary periods. The New Worker Transfer of Learning Program has rolled out and LPCS is reviewing & modifying when necessary the design and implementation of the process to ensure it aligns with all facets of the New Worker Training experience.

The LPCS partnership has researched, developed, recruited, and is ready to implement and monitor an Internship to Employment Program. DCYF has made a commitment to improving the quality of applicants for front-line positions by providing a comprehensive internship program to bachelor-level & master-level social work students. This will also provide RIC with a career ladder for graduating students in social work. This program will be piloted in the fall of 2021, targeting BSW students.

*Juvenile Justice Transfers -*

DCYF is able to capture the three portals of entry reflective of whether a child has entered care through Child Welfare, Juvenile

<b>Transfers of Youth to JJ</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
# Opening to CW	5709	4738	3906	3300
# Transferring to JJ	27	21	17	13

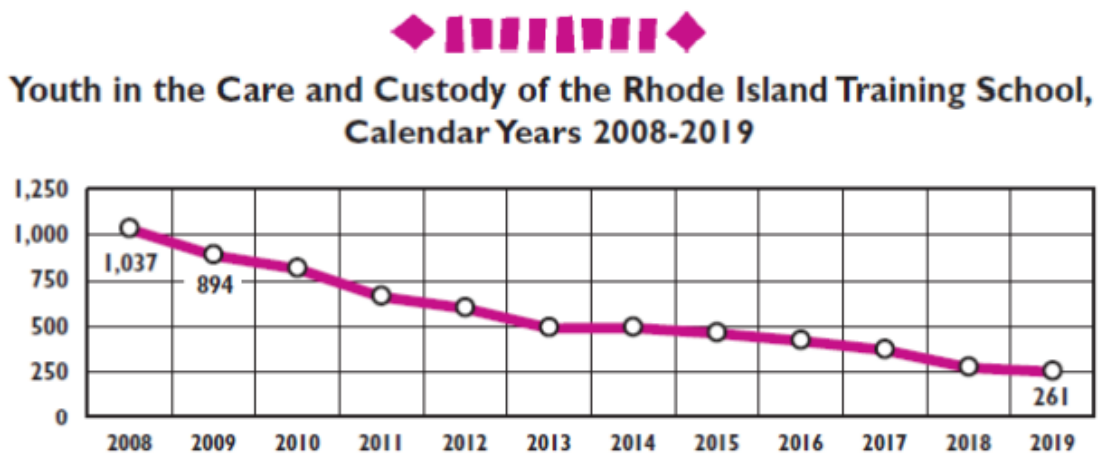
Corrections or through Children’s Behavioral Health. These data fields in RICHIST allow the Department to track case activity of children and families as they move through the system. This mechanism quantifies the number of children and youth who are opened to the Department for abuse or neglect but are later linked with children’s mental health services or juvenile corrections.

During FY 2020, our system shows that there were 3,300 youth being activated in our system with circumstances relating to child welfare, compared with 3,906 in 2019. Of that number, 13 were

subsequently identified with juvenile justice involvement, compared with 17 last year. Any youth sent to the RI Training School for Youth (RITS) for less than 30 days would remain active on the FSU caseload. These data show a decrease in number of cases opening to child welfare and a decrease in the number of transfers to juvenile corrections in 2020.

Between 2008 and 2019, the annual total number of youth in the care and custody of the Training School at any point during the year declined by 75% from 1,037 to 261.8 Some of this decline is due to the cap that was placed on the population at the Training School in July 2008 of 148 boys and 12 girls on any given day.

The Rhode Island Department of Children, Youth and Families (DCYF) operates the Rhode Island Training School for Youth, the state’s secure facility for adjudicated youth and youth in detention awaiting trial.



Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2008-2019.

- A total of 261 youth (84% male and 16% female) were in the care or custody of the Training School at some point during 2019, down from 283 during 2018.
- On December 31, 2019, there were 73 youth in the care or custody of the Training School, 40 of whom were physically at the Training School.
- Of the 261 youth who were in the care or custody of the Training School at some point during 2019, 19% (50) were admitted at least twice in 2019, and 7% (17) were admitted three or more times.
- Of the youth discharged from the Training School in 2019, 56% stayed less than two weeks, 21% stayed two weeks to five months, 14% stayed six to eleven months, 8% stayed one to two years, and 2% stayed longer than two years.
- During 2019, the average age for youth at the Training School was 16 years. During 2019, there was one child age 11 or under held at the Training School, two children age 12, 47 youth ages 13 to 14, 132 youth ages 15 to 16, and 103 youth ages 17 to 18.

The Juvenile Hearing Board (JHB)

A Juvenile Hearing Board (JHB) is a community-based diversion program. Members of the JHB are community volunteer residents of the city or town. The goal is to divert youth arrested for lower level offenses from Family Court, providing sanctions and referrals. Typically, JHB restorative justice meetings are 45 minutes, with a 15-30-minute follow-up 3 months later. The JHB has three goals: Restorative Justice, Prevention, and Community Investment.

There are active Juvenile Hearing Boards in 30 of RI's 39 cities and towns. JHBs hear about 400 cases per year across the state. The Rhode Island Justice Commission began JHBs in the 1980s by funding Coordinators. While those funds disappeared in the early 2000s, JHBs continued due to the dedication of their volunteers. RICJ began working with JHBs in 2009 and in recent years, FCCP/Family Care Community Partnership agencies have collaborated with JHBs to provide mental health services. JHB outcomes are positive with low re-arrest rates for youth. JHB objectives are:

- Reduce the number/percentage of juvenile cases referred to Family Court and ultimately reduce the number of system-involved youth in RI.
- Increase victim satisfaction and (if appropriate) potential involvement with youth offenders.
- Reduce the likelihood that juvenile offenders will commit future crimes.
- Improve competencies of youth offenders in areas such as school performance and behavior, family and peer relationships, anger management and other life skills.
- Increase awareness of issues relating to youth and families within the community.

The Juvenile Hearing Board (JHB) is designed to change the trajectory of a child's life who are otherwise exposed to the criminal justice system and diverts arrested juveniles from entering the justice system. The board members are appointed by the Mayor of each respective city and are composed of school staff, elected officials, and other community stakeholders. The JHB has been in operation for decades, however, this wasn't the case in Central Falls and Providence that were both reactivated with new members in Fall 2017. Now with the backing of the RI Department of Children, Youth, and Family (DCYF) and RI Community for Justice (RICJ). The JHB's of Pawtucket and Central Falls received funding from the Department to expand and capacity of the JHBs and improve services. The JHBs in both of these districts had been operating without any funding. Youth now have access to bus passes, driver's education classes, and mental health workers that will expedite wrap-around services for vulnerable families; while also allocating resources to the training of JHBs members. With the support of DCYF and RICJ, the JHB has garnered resources to support and prevent recidivism.

### *Educational and Training Vouchers -*

See Attachment D.

### *Inter-Country Adoptions -*

In FY 2020, there were no children flagged as international adoption who were removed from home. The Department provides 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 are also available for families whose children were adopted internationally. 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.

## Financial Information

### FFY 2019 State Expenditures as Compared to FY 1992 Baseline

The Department of Children, Youth and Families continues to demonstrate a strong maintenance of effort in its expenditures for child and family services. In FFY 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 2019, the Department minimally allocated \$3.5 million in general revenue funds 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 APSR, the Department is requesting an allocation of \$818,802 in Title IV-B, part 1 funds, and an allocation of \$866,017 in Title IV-B, part 2 funds. Additionally, the Department requests \$54,648 for ongoing efforts to improve performance in monthly caseworker visits; as well as an allocation of \$291,701 in CAPTA funds. The Department is also requesting \$669,415 in funds through the Chafee Foster Care Independence Program, and \$245,107 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, Subpart 1:

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.

The Department of Children, Youth and Families anticipates receiving \$818,802 in FFY 22 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. The Department will use 7% in Administrative costs.

#### Title IV-B, Subpart 2:

The Department anticipates receiving an allocation of \$866,017 in Title IV-B, Part 2 funds for FFY 22. 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 21% of the appropriation; family preservation services will be allocated 23%; family reunification services will receive 21%; and, adoption promotion and support programs will receive 29% of IV-B, Part 2 funding. The Department will use 3% in Administrative costs.

#### Chafee Foster Care Independence Program Appropriation:

The Department anticipates an allocation of \$669,415 in the CFCIP allocation, and \$245,107 in Educational Training Vouchers (ETVs) in FFY 2022 no more than 30% will be expended for room and board. 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.

#### CFS 101, Part III Funding Difference in Estimated to Actual Expenditures

The Department met the required 20% minimum expenditures for each of the Title IV-B Subpart II categories in 2019.

#### State Contact Information:

Kim Sande  
Federal Grant Manager  
Department of Children Youth & Families  
101 Friendship St  
Providence, RI 02903  
401-528-3483  
401-528-3590 (fax)  
kim.sande@dcyf.ri.gov

This document will be posted on our website: <http://www.dcyf.ri.gov/data-evaluation/services-review.php>