DCYF Resource Guide

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Family Community Care Partnership (FCCP)

East Bay Family Care Community Partnership (FCCP)
Child & Family

Description:

- The Family Care Community Partnership (FCCP) is a voluntary community-based prevention program that utilizes the Wraparound model to divert families from involvement, or further involvement, with DCYF and/or the Juvenile Justice system. Children in need of Youth Diversion Program* or Wayward Disobedient Petition** are referred to the FCCP; The FCCP assesses needs and makes appropriate recommendations and referrals to the family. Although one child within the family is identified as the primary client, staff work with all family members and their needs.
- FCCP utilizes a strength-based approach to support families in resolving identified crises and strengthen protective capacities. FCCP staff assist the family in crisis stabilization by developing a plan to address identified needs, concerns, or risks.
- FCCP empowers families to develop a family vision composed of individual goals for their family's future, helps them to develop steps to achieve these goals, and assists in identifying and mobilizing natural and formal supports to assist them in achieving their family vision.
- FCCP supports families in developing the knowledge and skills needed to maintain progress made during engagement and self-efficacy following transition from the program. As needed, families receive support in navigating resources and meeting their global needs, such as (1) basic needs including food, clothing, shelter (2) assistance in application or reapplication for state benefits (3) educational needs for parent and/or child (4) vocational needs for parent and/or child (4) medical, dental, and mental health needs for parent and/or child (5) connection to resources for familial relational difficulties including domestic violence and parenting needs (6) recreational needs for all family members.
- Each family is assigned to a Family Service Care Coordinator (FSCC) trained in the Wraparound model and overseen by a Licensed Independent Clinician. Each FSCC can carry up to 12 cases. Depending on the family's presenting need, they may also be assigned a Family Support Partner (FSP) and/or Housing Navigator. FCCP utilizes a team-based approach in which families are encouraged to identify and mobilize their natural and formal supports by asking them to be members of their Wraparound team; This team meets, on minimum, one time per month to support the family in working toward their identified goals.
- Once a referral is received the assigned FSCC will contact the family within 24 hours to schedule an intake appointment. The intake appointment is scheduled within 5 business days whenever possible. All assessments and the Family Service Plan are completed within 60 days of intake.
- With an average program duration of 6 months; weekly in person meetings are held in the home or community and families are provided with an additional phone contact per week. Families have access to 24/7 on call support as needed.
- Child & Family's FCCP program is offered in Barrington, Bristol, Warren, Jamestown, Little Compton, Middletown, Newport, Portsmouth, Tiverton, and Warren.
- Referrals are generated through DCYF, community partners, and families themselves.

Best fit criteria:

- Families with a least one child, aged birth-18, living within the home.
- Families with one or more of the following areas of need: (1) Are at risk of DCYF involvement due to potential child abuse or neglect, (2) meet criteria for a mental health diagnosis, and/or (3) youth at risk of becoming involved with the Juvenile Justice System, including those meeting criteria for the Youth Diversionary Program (YDP) or Wayward Disobedient Petition (WDP).

Exclusionary Criteria:

- The child has been removed from the custody of parents by DCYF.

* **The Youth Diversion Program:** Services to adolescents ages 9-17 who are at risk for involvement in the Juvenile Justice System or DCYF. Program is limited to 90 days- after 60 days of services the FCCP will make a determination that services are not needed past the 90-day program and will close at 90 days OR there is ongoing service need and the FCCP will help the family to connect to those services. Referrals can be made by community organizations including the police departments and program participation by the family is voluntary.

** **The Wayward Disobedient Program:** Services to youth whose parents are seeking to file a Wayward Disobedient complaint with the local police department as required by RIGL 14-1-11. The FCCP will respond with an intake appointment within 1 week of parents' referral on the standardized DCYF 197 form request and begin assessment of the family and service delivery. Based on outcomes of services the FCCP will either close the case or return the DCYF 197 form to the family noting the recommendation for court action or service delivery. The parent can file the form with the local police department to support filing of Family Court Action.

Northern Family Community Care Partnership (FCCP)
Community Care Alliance

Description:

- FCCP is the major prevention strategy of the Department of Children, Youth and Families (DCYF). We work with families who need assistance in navigating services or identifying community resources that may be available to help their family. The goal of FCCP is to strengthen families in becoming more self-sufficient and be better parents, so FCCP works with families to utilize their natural supports to overcome barriers. The Youth Diversionary and Wayward Disobedient programs are now served by FCCP.
- The FCCP is a statewide program divided into five regions. The Northern RI region is administered by lead agency Community Care Alliance with partner agency CCAP. Towns served are Woonsocket, Cumberland, Lincoln, North Smithfield, Smithfield, Burrillville, Gloucester, Scituate, N. Providence and Johnston.
- FCCP Practice Model provides Wraparound and Crisis Stabilization - Crisis stabilization is helping a family to access resources and services quickly and supporting the family through difficult, urgent crisis situations. This may include helping the family to access the statewide shelter system, domestic violence shelters, substance abuse services, wayward youth petition or basic needs. Wraparound is a process of navigating resources and meeting with team members to problem-solve how to resolve issues and get tasks done. This includes team members and providers finding ways to overcome barriers. Wraparound practice follows the philosophy of *"It takes a village"* and embraces family voice and choice, family strengths, and a Team approach to meet needs – family, supports and professionals work together to meet the longer term goals of the family.
- FCCP staff will visit with each family once per week for 3-6 months. After initial Intake and Releases are signed, staff will then begin a comprehensive assessment of the family while also meeting crisis needs and referring out or connecting to resources. The FCCP Supervisor, who is a licensed mental health professional, will meet with your child in order to provide brief clinical assessment or impressions. If there are concerns for this child, staff will refer to counseling services. The staff will also be working on an Initial Plan with the family.

The Youth Diversion Program

- Services to adolescents ages 9-17 who are at risk for involvement in the Juvenile Justice System or DCYF
- Program is limited to 90 days- after 60 days of services the FCCP will make a determination that services are not needed past the 90-day program and will close at 90 days OR there is ongoing service need and the FCCP will help the family to connect to those services.
- Referrals can be made by community organizations including the police departments and program participation by the family is voluntary.

The Wayward Disobedient Program

- Services to youth whose parents are seeking to file a Wayward Disobedient complaint with the local police department as required by RIGL 14-1-11.
- The FCCP will respond with an intake appointment within 1 week of parents' referral on the standardized DCYF 197 form request and begin assessment of the family and service delivery.
- Based on outcomes of services the FCCP will either close the case or return the DCYF 197 form to the family noting the recommendation for court action or service delivery. The parent can file the form with the local police department to support filing of Family Court Action.

Best fit criteria:

- Families with a child with mental health, behavior issues or diagnosis (serious emotional disturbance.)
- Families with a child 0-17 year old at-risk for involvement with the Department (child abuse or neglect.)

Exclusionary Criteria:

- Child's main residence is outside of Northern catchment region.
- Child has been removed from custody of parents by DCYF.
- No identified youth under the age of 18 or under 21 for youth being released from the Rhode Island Training School

East Urban Core Family Care Community Partnership (FCCP)
Communities for People

Description:

- The FCCP is a major prevention strategy of the Department of Children, Youth and Families (DCYF).
- All families need assistance in navigating services or community resources that may be available to help them utilize natural supports to overcome barriers. The goal of FCCP is to strengthen families in becoming more self-sufficient and to avert further involvement with DCYF and the criminal justice system.
- The FCCP is a statewide program divided into five regions. The East Urban Core region is administered by lead agency Communities for People with partner agency Key Inc. Towns served are Central Falls, East Providence and Pawtucket. The program serves families with one or more child from birth to age 17 residing in the home with risk of child safety, wellbeing and/or neglect.
- FCCP is a community-based process utilizing the Wraparound Model as an approach to empowering families. Family voice and choice, family strengths and a team approach to meet needs – family, supports and professionals work together are core to the support that the FCCP provides. Wraparound is a process of navigating resources and advocating with team members to problem-solve how to resolve issues and get a task done, often utilizing a team member.
- FCCP offers support in navigating resources including but not limited to: Wayward Petitioning, housing stability, provision of basic needs, educational/vocational advocacy, expressive arts, play and sports therapy techniques, parenting education and support; individual counseling, family counseling and mediation, substance abuse education; 24/7 availability for crisis intervention/stabilization, safety planning; comprehensive assessment of the child/youth and family's strengths and needs (completed within 30 days);
- Family support services include: Family meetings, role-modeling/coaching through the process of a Strength Needs and Cultural Discovery and Wrap Planning (completed within 60 days and ongoing every 90 days). FCCP offers support by "doing for, doing with" and subsequentially "cheering on" in a process from FCCP hands on backing to the family's development of independence with their growing village.
- All staff are trained in the Wraparound model, trauma-informed practices, Motivational Interviewing, and Strength Based approaches. All Staff are supported with by an Independently Licensed Clinician who provides clinical consultation for each family.
- In the FCCP, every child and adult of the household is served, with one identified child aged 0 to 17 as the Primary Child.
- Services are readily available through evening and weekends, with on-call emergency support available 24/7.
- Each youth is assigned either a Family Service Care Coordinator, a Clinical Wrap Supervisor and may also have a Family Support Partner and/or Housing Navigator join their team. All Families are encouraged to include natural and professional supports in their Wrap Team. FSCC's are intended to carry a caseload of 12 families.
- Upon referral, initial contact with family is made within 24 business hours for routine referrals and sooner for urgent or emergency referrals.
- Families receive a minimum of one (1) face to face contacts per week, with additional telephone and collateral contact once (1) per week at a minimum.
- Typical duration can range up to (6) months.
- Services are provided primarily within the family's home, but may also occur within the community or school setting based on the needs and desires of the family.
- Languages spoken: English, Spanish, Portuguese and Cape Verdean Creole.
- Geographic area: Central Falls, Pawtucket and East Providence

- Referrals are generated through self-referral, community, school, police and DCYF.

The Youth Diversion Program

- Services to adolescents ages 9-17 who are at risk for involvement in the Juvenile Justice System or DCYF
- Program is limited to 90 days- after 60 days of services the FCCP will make a determination that services ate not needed past the 90-day program and will close at 90 days OR there is ongoing service need and the FCCP will help the family to connect to those services.
- Referrals can be made by community organizations including the police departments and program participation by the family is voluntary.

The Wayward Disobedient Program

- Services to youth whose parents are seeking to file a Wayward Disobedient complaint with the local police department as required by RIGL 14-1-11.
- The FCCP will respond with an intake appointment within 1 week of parents' referral on the standardized DCYF 197 form request and begin assessment of the family and service delivery.
- Based on outcomes of services the FCCP will either close the case or return the DCYF 197 form to the family noting the recommendation for court action or service delivery. The parent can file the form with the local police department to support filing of Family Court Action.

Best fit criteria:

- Families with a child with mental health, behavior issues or diagnosis (serious emotional disturbance)
- Families with a child 0-17 year old at-risk for involvement with the Department (child abuse or neglect)

Exclusionary Criteria:

- Child's main residence is outside of East Urban Core region
- Child has been removed from custody of parents by DCYF
- No identified youth under the age of 18 or under 21 for youth being released from the Rhode Island Training School

West Urban Core Family Care Community Partnership (FCCP)
Family Service of Rhode Island

Description:

- The FCCP is a major prevention strategy of the Department of Children, Youth and Families (DCYF).
- All families need assistance in navigating services or community resources that may be available to help them utilize natural supports to overcome barriers. The goal of FCCP is to strengthen families in becoming more self-sufficient and to avert further involvement with DCYF and the criminal justice system.
- The FCCP is a statewide program divided into five regions. The West Urban Core region is administered by lead agency Family Service of Rhode Island, with partner agencies Children's Friend and Service, Comprehensive Community Action Program, Progreso Latino, and Tides Family Services. Cities served are Providence and Cranston. The program serves families with at least one child aged 0-17 years residing in the home with risk of child safety, wellbeing and/or neglect.
- FCCP is a community-based process utilizing the Wraparound Model as an approach to empowering families. Wraparound utilizes family voice and choice, family strengths and a team approach to meet needs. The family, natural supports, and providers work together to the support the goals of the family. Wraparound is a process of navigating resources and advocating with team members to problem-solve how to resolve issues and get a task done, often utilizing a team member.
- FCCP offers support in navigating resources including but not limited to: Wayward Petitioning, housing stability, provision of basic needs, educational/vocational advocacy, mental and behavioral health services, parenting education and support, individual counseling, family counseling and mediation, substance abuse education, 24/7 availability for crisis intervention/stabilization, safety planning, diagnostic assessment of primary child, and comprehensive assessment of the child/youth and family's strengths and needs (completed within 30 days).
- Family support services include family meetings and role-modeling/coaching through the process of a Strength Needs and Cultural Discovery and Wrap Planning (completed within 60 days and ongoing every 90 days). FCCP offers support by "doing for, doing with" and subsequently "cheering on" in the process of empowering the family, building their team, and preparing them for independence within their growing village.
- All staff are trained in the Wraparound model, trauma-informed practices, Motivational Interviewing, and strengths-based approaches. All staff are supported by an independently licensed clinician who provides clinical consultation for each family.
- In FCCP, every child and adult of the household is served, with one identified child aged 0-17 as the "Primary Child."
- Services are readily available through evening and weekends as needed, with on-call emergency support available 24/7.
- Each family is assigned a Family Service Care Coordinator (FSCC) and a Clinical Supervisor. Families may also have a Family Support Partner (FSP) and/or Housing Navigator join their team. FSPs act as peer support coaches, as they have lived, personal experience related to parenting and/or child welfare. All families are encouraged to include natural and professional supports in their Wrap Teams. FSCCs are intended to carry a caseload of 12 families.
- Upon referral, initial contact with family is made within 24 business hours for routine referrals, and immediately for urgent or emergency referrals.
- Families receive a minimum of 1 face-to-face contact per week, with additional telephone and collateral contacts at least once per week. The Primary Child must be included in at least 1 face-to-face meeting per month.
- Duration of FCCP services is up to 6 months.
- Services are provided primarily within the family's home, but may also occur within the community or school setting based on the needs and desires of the family.

- Languages spoken: English and Spanish. Interpreters for languages not spoken by FCCP staff are provided as needed by the FCCP program.
- Geographic area: Providence and Cranston.
- Referrals may be generated through self-referral, community providers, schools, police, and DCYF.

The Youth Diversion Program

- Services to adolescents ages 9-17 who are at risk for involvement in the Juvenile Justice System or DCYF
- Program is limited to 90 days- after 60 days of services the FCCP will make a determination that services ate not needed past the 90-day program and will close at 90 days OR there is ongoing service need and the FCCP will help the family to connect to those services.
- Referrals can be made by community organizations including the police departments and program participation by the family is voluntary.

The Wayward Disobedient Program

- Services to youth whose parents are seeking to file a Wayward Disobedient complaint with the local police department as required by RIGL 14-1-11.
- The FCCP will respond with an intake appointment within 1 week of parents' referral on the standardized DCYF 197 form request and begin assessment of the family and service delivery.
- Based on outcomes of services the FCCP will either close the case or return the DCYF 197 form to the family noting the recommendation for court action or service delivery. The parent can file the form with the local police department to support filing of Family Court Action.

Best fit criteria:

- Families with a child 0-17 years old who has a mental health/behavioral health diagnosis (serious emotional disturbance)
- Families with a child 0-17 years old who is at-risk for involvement with the Department (child abuse or neglect)

Exclusionary Criteria:

- Child's main residence is outside of West Urban Core region
- Child has been removed from custody of parents by DCYF
- Family is open to DCYF with legal status
- There are no identified youth under the age of 18 within the family

Washington-Kent Family Care Community Partnership
Tri County Community Action Agency

Description:
The Family Care Community Partnership is a statewide prevention effort funded by the Department of Children, Youth and Families. The Washington-Kent FCCP serves families residing in Washington and Kent Counties. A primary goal of the FCCP is to help strengthen families' ability to successfully support and advocate for their children and understand how to navigate necessary systems. Wraparound provides a comprehensive, holistic, youth and family driven response to barriers. The FCCP, using the Wraparound model, places the child and family at the center of a system of professional and natural supports wherein their identified needs and perspectives drives the work of the team. The family creates a long-term vision for themselves, and then develops an individualized wraparound plan to help them reach that vision.

The Youth Diversion Program

- Services to adolescents ages 9-17 who are at risk for involvement in the Juvenile Justice System or DCYF
- Program is limited to 90 days- after 60 days of services the FCCP will make a determination that services ate not needed past the 90-day program and will close at 90 days OR there is ongoing service need and the FCCP will help the family to connect to those services.
- Referrals can be made by community organizations including the police departments and program participation by the family is voluntary.

The Wayward Disobedient Program

- Services to youth whose parents are seeking to file a Wayward Disobedient complaint with the local police department as required by RIGL 14-1-11.
- The FCCP will respond with an intake appointment within 1 week of parents' referral on the standardized DCYF 197 form request and begin assessment of the family and service delivery.
- Based on outcomes of services the FCCP will either close the case or return the DCYF 197 form to the family noting the recommendation for court action or service delivery. The parent can file the form with the local police department to support filing of Family Court Action.

Best fit criteria:

- Family resides in Washington or Kent County
- At least one child in the home under the age of 18.
- Children at risk for involvement in the Juvenile Justice System (truancy, wayward petition, pre arrest diversion)
- Child under the age of 18 experiencing mental health crisis
- Child under the age of 18 experiencing developmental delays
- Family experiencing housing instability, food insecurity, or other financial crisis.
- Child experiencing behavioral concerns
- Family at risk for involvement with DCYF

Exclusionary Criteria:

- No children in the home under the age of 18
- Family legally involved with DCYF
- Children residing in foster care or congregate care settings
- Child's primary residence is outside of Washington or Kent County

Home Based Services

Disruptive Behavior Programs

Family Centered Treatment® (FCT)
Child & Family

Description:

- Family Centered Treatment is an evidence-based model. FCT specialists and supervisors receive weekly consultation from the Family Centered Treatment Foundation to ensure fidelity to the model.
- FCT provides support to families with a child at imminent risk of out-of-home placement and supports rapid reunification with children, youth and their caregivers when there has been an out of home placement or there is a need for permanency planning.
- FCT provides support to children, youth and families open to DCYF or Juvenile Probation in need of supportive services to achieve their goals.
- FCT is a home-based Family Therapy program which utilizes the caregiver as the catalyst for change with the goal of successful reunification and/or maintenance of the child in their home.
- In addition to the family therapy the FCT program is an approved Trauma Treatment Model for the National Child Traumatic Stress Network (NCTSN).
- Eligibility includes children aged 0-21 and their family/caretakers.
- Staff have either a Master's or Bachelor's degrees in a mental health related field and are certified as Family Centered Treatment Specialists by the FCT Foundation ®
- All staff are required to complete the Family Centered Treatment certification process.
- Each FCT Specialist carries a caseload of 4-6 families providing FCT within families homes a minimum of 2 sessions per week totaling 4 hours. The average length of service is 6 months.
- Each FCT therapist will be on call 24/7 for their assigned families and will be available for phone support or additional face to face contact.
- Given the small caseload and intense level of treatment, it is not uncommon for the FCT Specialist to assist the family with linkages to support services such as basic needs programs (food, housing, clothing), healthcare, childcare, parent trainings and other family support services provided by nonprofit organizations and/or government agencies throughout the state.
- Once a referral is received, a clinician will make contact with the family within 24 hours to schedule the first family session. The first session is scheduled within 5 business days whenever possible.
- Services include case management and guidance to address all service and support needs.
- Family Centered Treatment services are provided in the family's home setting as well as in the community.
- Monthly updates are provided to DCYF and/or Probation.
- Family Centered Treatment at Child and Family is offered statewide in English and Spanish.
- Referrals are generated through the Department's Central Referral Unit (CRU).

Best fit criteria:

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

Exclusionary Criteria:

- No identified plan for reunification or no identified caregiver

Outcomes:

85% of families enrolled will complete the program; Using CANS pre and post test data, 85% of children and families will show improvement in behaviors; 90% of youth will remain in the home after 6 months of termination; 85% of the families served shall be shown to have avoided an out of home placement after 12 months of exit from the program; 100% of staff will demonstrate FCT model fidelity within 9 months

Family Centered Treatment (FCT)
Communities for People

Description:

- FCT is an evidence-based, intensive family and home-based treatment program. It includes four unique phases (Joining & Assessment, Restructuring, Valuing Changes and Generalization) which promote improved family functioning among all household members. FCT practitioners work with the entire family system opposed to just the identified client.
- The treatment model is action-based and provides families with in-the-moment, hands-on opportunities to practice change. FCT differs from other home-based, family-focused programs in that it emphasizes the importance of families finding value and developing ownership of the changes they choose to make. It is this ownership that leads to long-term, sustainable change.
- FCT practitioners schedule weekly sessions based on the families' availability and sessions can be conducted in the evenings and/or on weekends, based on family members' schedules. A minimum of 4 hours of direct contact per week is expected and may increase or vary based on the needs of each family.
- All efforts are made to initiate contact with families within 48 hours of receiving the referral.
- Duration of services is approximately 6- 9 months.
- FCT practitioners are on call 24 hours a day, seven days a week for crisis support and client specific intervention/coping skills training.
- The FCT team includes both bachelor and master level practitioners, with each practitioner carrying a caseload of 4-6 families.
- All practitioners, regardless of experience, are trained in the FCT model and must become FCT Certified within one year of hire.
- Languages spoken: English and Tagalog
- Geographic area served: Statewide
- Referrals are generated through the Department's Central Referral Unit (CRU) and come from court diversion, Family Care Community Partnerships (FCCP), Support and Response Unit (SRU), and Child Protective Services (CPS)

Best fit criteria:

- Children/youth aged 0-20 with an identified caregiver
- Youth/families with exposure to traumatic experience (acute, chronic, and/or complex); inclusive of crime, abuse, neglect, domestic violence, natural disaster, immigration, asylum seeking, human trafficking, systemic/institutional racism, poverty, etc.
- Involvement with Child Welfare System or Juvenile Justice System, Department of Correction, and/or Court Supervision Program involvement for any family member
- Youth/families with behavioral/mental health diagnoses, exposure to and/or experience with substance abuse, crisis or the cumulative effect of caring for a family member with chronic physical, mental, and/or behavioral health illness
- Families experiencing deterioration of family functioning; inclusive of parenting/co-parenting problems, behavior concerns, poor patterns of attachment, adjustments to blended family, etc.
- Family reunifications in which a family member, child or adult, is in an out-of-home placement with a plan to return home, is hospitalized, or incarcerated
- Youth for whom less intensive treatment has proven unsuccessful

- Challenges adjusting to new life transitions inclusive of pregnancy, addition of foster/adopted child, grief, military member deployment or return, and/or severely impacting new medical/behavioral health diagnosis

Exclusionary criteria:

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

Functional Family Therapy© (FFT)
Child & Family

Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

Outcomes:

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

Functional Family Therapy (FFT)
Tides Family Services

Description:

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

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

5 Stages of FFT
Engagement
Motivation
Relational Assessment
Behavior Change
Generalization

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

Multi-Systemic Therapy (MST)
NAFI

Description:

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

Best fit criteria:

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

Exclusionary Criteria:

- Youth living independently
- Actively suicidal, homicidal or psychotic at time of referral
- Developmental delays, Autism Spectrum D/O (Assessed at time of referral by the MST treatment team)
- Under 12 (10 and 11 year olds will be assessed on a case-by-case basis)

Multi-Systemic Therapy (MST)
Providence Center

Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

Parenting with Love and Limits (PLL)
NAFI

Description:

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

Best Fit Criteria:

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

Exclusionary Criteria:

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

Positive Parenting Program (Triple P)
Key Program, Incorporated's

Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

Preserving Families Network (PFN)
Tides Family Services

Description:

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

- Services can be initiated prior to a youth's reunification home from a residential facility.
- Referrals are generated through the Department's Central Referral Unit (CRU).

Best fit criteria:

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

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

Exclusionary Criteria:

- There are no set exclusionary criteria.

Tides Preserving Families Network (PFN Lite)
Tides Family Services

Description:

- PFN Lite provides families with an array of community and home-based services that help avoid placing children in expensive and restrictive settings.
- PFN Lite's largest component consists of Home-Based Services (HBS) which includes a master's level clinician and Behavioral Assistant who are assigned to work with the client and their family to address identified behaviors and clinical symptoms. Sessions are typically a combination of individual and family sessions.
- The PFN Lite program also incorporates Outreach and Tracking which is modeled after an intensive supervision program for at-risk adolescents in Baltimore, Maryland, called the "Choices" program. Tides sent three employees down to Baltimore for a week of "immersion" training in 1994 and has modeled a similar program for at-risk youth and their families here in Rhode Island.
- To improve client outcomes, PFN Lite utilizes a strength-based, trauma-informed family-focused approach. Our services are community-based. We focus on building trust and establishing a therapeutic relationship with the families served.
- The program is available 7 days a week with 24/7 emergency on-call access to a Supervisor and 24/7 agency-wide clinical support.
- Youth are seen in school, at home and in the community multiple times a day Monday- Saturday with a 24/7/365 crisis on-call system. Recreational activities are planned on nights and weekends.
- Some additional services components include: Assisting in court-related matters, connecting youth to community therapeutic recreational activities or Tides groups, school advocacy and truant support, case coordination with outside providers, connecting youth to psychiatry, etc.
- Average length of stay is 6 months.
- The family and youth are assessed at minimum four times to determine the family's goals for treatment, youth risk and functioning, and treatment progress--at the initial assessment, 30-day treatment plan, and every 90 days thereafter for treatment updates & utilization reviews. Due to the complexity of youth and family needs, a set time frame is not determined at onset.
- Services are available in English, Spanish and Creole.
- The service area is statewide with offices based in West Warwick, Providence, Pawtucket, Woonsocket, Middletown, and Wakefield.

Best fit criteria:

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

Exclusionary Criteria:

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

Family Stabilization Programs

Enhanced Family Support Services (EFSS)
Communities for People

Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

Enhanced Family Support Services Program (EFSS)
Key Program, Incorporated's

Description:

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

Best Fit Criteria:

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

Exclusionary Criteria:

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

Family Centered Treatment® (FCT)
Child & Family

Description:

- Family Centered Treatment is an evidence-based model. FCT specialists and supervisors receive weekly consultation from the Family Centered Treatment Foundation to ensure fidelity to the model.
- FCT provides support to families with a child at imminent risk of out-of-home placement and supports rapid reunification with children, youth and their caregivers when there has been an out of home placement or there is a need for permanency planning.
- FCT provides support to children, youth and families open to DCYF or Juvenile Probation in need of supportive services to achieve their goals.
- FCT is a home-based Family Therapy program which utilizes the caregiver as the catalyst for change with the goal of successful reunification and/or maintenance of the child in their home.
- In addition to the family therapy the FCT program is an approved Trauma Treatment Model for the National Child Traumatic Stress Network (NCTSN).
- Eligibility includes children aged 0-21 and their family/caretakers.
- Staff have either a Master's or Bachelor's degrees in a mental health related field and are certified as Family Centered Treatment Specialists by the FCT Foundation ®
- All staff are required to complete the Family Centered Treatment certification process.
- Each FCT Specialist carries a caseload of 4-6 families providing FCT within families homes a minimum of 2 sessions per week totaling 4 hours. The average length of service is 6 months.
- Each FCT therapist will be on call 24/7 for their assigned families and will be available for phone support or additional face to face contact.
- Given the small caseload and intense level of treatment, it is not uncommon for the FCT Specialist to assist the family with linkages to support services such as basic needs programs (food, housing, clothing), healthcare, childcare, parent trainings and other family support services provided by nonprofit organizations and/or government agencies throughout the state.
- Once a referral is received, a clinician will make contact with the family within 24 hours to schedule the first family session. The first session is scheduled within 5 business days whenever possible.
- Services include case management and guidance to address all service and support needs.
- Family Centered Treatment services are provided in the family's home setting as well as in the community.
- Monthly updates are provided to DCYF and/or Probation.
- Family Centered Treatment at Child and Family is offered statewide in English and Spanish.
- Referrals are generated through the Department's Central Referral Unit (CRU).

Best fit criteria:

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

Exclusionary Criteria:

- No identified plan for reunification or no identified caregiver

Outcomes:

85% of families enrolled will complete the program; Using CANS pre and post test data, 85% of children and families will show improvement in behaviors; 90% of youth will remain in the home after 6months of termination; 85% of the families served shall be shown to have avoided an out of home placement after 12 months of exit from the program; 100% of staff will demonstrate FCT model fidelity within 9 months

Family Centered Treatment (FCT)
Communities for People

Description:

- FCT is an evidence-based, intensive family and home-based treatment program. It includes four unique phases (Joining & Assessment, Restructuring, Valuing Changes and Generalization) which promote improved family functioning among all household members. FCT practitioners work with the entire family system opposed to just the identified client.
- The treatment model is action-based and provides families with in-the-moment, hands-on opportunities to practice change. FCT differs from other home-based, family-focused programs in that it emphasizes the importance of families finding value and developing ownership of the changes they choose to make. It is this ownership that leads to long-term, sustainable change.
- FCT practitioners schedule weekly sessions based on the families' availability and sessions can be conducted in the evenings and/or on weekends, based on family members' schedules. A minimum of 4 hours of direct contact per week is expected and may increase or vary based on the needs of each family.
- All efforts are made to initiate contact with families within 48 hours of receiving the referral.
- Duration of services is approximately 6- 9 months.
- FCT practitioners are on call 24 hours a day, seven days a week for crisis support and client specific intervention/coping skills training.
- The FCT team includes both bachelor and master level practitioners, with each practitioner carrying a caseload of 4-6 families.
- All practitioners, regardless of experience, are trained in the FCT model and must become FCT Certified within one year of hire.
- Languages spoken: English and Tagalog
- Geographic area served: Statewide
- Referrals are generated through the Department's Central Referral Unit (CRU) and come from court diversion, Family Care Community Partnerships (FCCP), Support and Response Unit (SRU), and Child Protective Services (CPS)

Best fit criteria:

- Children/youth aged 0-20 with an identified caregiver
- Youth/families with exposure to traumatic experience (acute, chronic, and/or complex); inclusive of crime, abuse, neglect, domestic violence, natural disaster, immigration, asylum seeking, human trafficking, systemic/institutional racism, poverty, etc.
- Involvement with Child Welfare System or Juvenile Justice System, Department of Correction, and/or Court Supervision Program involvement for any family member
- Youth/families with behavioral/mental health diagnoses, exposure to and/or experience with substance abuse, crisis or the cumulative effect of caring for a family member with chronic physical, mental, and/or behavioral health illness
- Families experiencing deterioration of family functioning; inclusive of parenting/co-parenting problems, behavior concerns, poor patterns of attachment, adjustments to blended family, etc.
- Family reunifications in which a family member, child or adult, is in an out-of-home placement with a plan to return home, is hospitalized, or incarcerated
- Youth for whom less intensive treatment has proven unsuccessful

- Challenges adjusting to new life transitions inclusive of pregnancy, addition of foster/adopted child, grief, military member deployment or return, and/or severely impacting new medical/behavioral health diagnosis

Exclusionary criteria:

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

Integrated Permanency Supports - Intensive Family Preservation (IFP)
Community Care Alliance

Description:

- IFP is a flexible intensive case management program, focused on maintaining or achieving permanency for children and families. Services may be provided to families to prevent out of home placement, assist with reunification, prevent re-removal, or maintain stability of kinship foster homes. Services may be provided to families exiting other CCA permanency programs, such as NRIVC or TFC.
- Services address all areas of family's DCYF case plan and the family's own goals, including: parenting skill building, parent-child relationship development, home management, daily life skills, accessing needed resources/supports for all family members, etc. Kinship foster families receive guidance in navigating the DCYF system and support to maintain the wellbeing of family and foster child(ren).
- The parent is the target of intervention of IFP services. Children and parents served may be of any age. All families must be open to the Department.
- Ongoing risk assessment, mitigation, and planning strategies; focus on family stability and functioning
- Parental skill building, enhancement of parent-child relationship, and problem solving
- Active planning, teaming and progress review with DCYF and CCA personnel as well as other community providers supporting families. Development of mutual support networks.
- Assuring access to protective resources that keep risk at lower levels (i.e., emergency shelter or permanent housing, food and other basic needs, mental health services and addiction treatment, education, and employment.
- Advocacy to address specific systemic needs of concerns; particularly with respect to kinship families. Kinship families will also receive supportive services and information around aimed at maintaining placement stability, navigation of the DCYF system and family adaptation and transition to having a youth in their care.
- Services are provided Monday-Friday, 8:30-7 pm and Saturday, 8:30-5 pm. Families have access to a 24/7 telephonic Emergency Crisis Line as well.
- Services are provided by Bachelor's level Case Managers, with oversight by an independently licensed clinician and highly experienced Master's level staff.
- Staff caseload is approximately ten (10). We may serve up to 34 families at any time.
- When a wait list is present, DCYF workers are notified of the time anticipated ASAP. Families receive outreach as soon as they are moved off the wait list.
- Home visits take place 1-3 times per week, for 1-2 hours each, depending on the need of each family.
- Services may be provided for up to one year.
- Intervention typically takes place in the home and community but may also take place at NRIVC (31 Orchard St., Woonsocket).
- Service plans are reviewed every 3 months, or more often if needed.
- Services are available in English.
- Program serves families within the Region IV area, or outside with prior approval.
- Referrals are generated through the Department's Central Referral Unit (CRU)

Best fit criteria:

- Program serves any family to support reunification, maintenance of children in the home, or stability of kinship placement.
- Who live in Region IV or outside with pre-approval.
- Are ready and able to engage with the IFP program; and

Exclusionary Criteria:

- Families whose permanency plan is other than reunification are not ideal for IFP (with the exception of Kinship foster families).
- Families unwilling to participate in a home-based program.

Intensive Family Preservation for Parents with Development Delays (IFP-DD)
Community Care Alliance

Description:

- IFP-DD is a flexible intensive case management and parenting program, focused on maintaining or achieving permanency for children who have parents with developmental delays. Services may be provided to families to prevent out of home placement, assist with reunification, prevent re-removal, or maintain stability of kinship foster homes. Services may be provided to families exiting other CCA permanency programs, such as NRIVC or TFC.
- IFP-DD uses the evidence-based Step by Step parenting curriculum which breaks down essential parenting skills into small and manageable steps. The curriculum meets the parents where they are at and builds on parenting skills and strengths.
- Services address all areas of family's DCYF case plan and the family's own goals, including: parenting skill building, parent-child relationship development, home management, daily life skills, accessing needed resources/supports for all family members, etc. Kinship foster families receive guidance in navigating the DCYF system and support to maintain the wellbeing of family and foster child(ren).
- The parent is the target of intervention of IFP services. Children and parents served may be of any age. All families must be open to the Department.
- Ongoing risk assessment, mitigation, and planning strategies; focus on family stability and functioning
- Parental skill building, enhancement of parent-child relationship, and problem solving
- Active planning, teaming and progress review with DCYF and CCA personnel as well as other community providers supporting families. Development of mutual support networks.
- Assuring access to protective resources that keep risk at lower levels (i.e., emergency shelter or permanent housing, food and other basic needs, mental health services and addiction treatment, education, and employment.
- Services are provided Monday-Friday, 8:30-7 pm. Families have access to a 24/7 telephonic Emergency Crisis Line as well.
- Services are provided by Bachelor's level Case Managers, with oversight by an independently licensed clinician and highly experienced Master's level staff.
- Staff caseload is approximately six (6). We may serve up to 12 families at any time.
- When a wait list is present, DCYF workers are notified of the time anticipated ASAP. Families receive outreach as soon as they are moved off the wait list.
- Home visits take place 2-4 times per week, for 1-3 hours each, depending on the need of each family.
- Services may be provided for up to one year.
- Intervention typically takes place in the home and community but may also take place at NRIVC (31 Orchard St., Woonsocket).
- Service plans are reviewed every 90 days, or more often if needed.
- Program serves families Providence north or outside with prior approval.
- Referrals are generated through the Department's Central Referral Unit (CRU) and do not need to be open to FSU for services.

Best fit criteria:

- Program serves any family to support reunification, maintenance of children in the home, or stability of kinship placement.
- Who live in Region IV or outside with pre-approval.

Exclusionary Criteria:

- Families whose permanency plan is other than reunification are not ideal for IFP (with the exception of Kinship foster families).
- Families unwilling to participate in a home-based program.

Family Stabilization Program (FSP)
Child & Family

Description:

- The FSP is an evidence informed model that utilizes three phases of treatment (Engagement, Implementation and Transition), intensive weekly supervision, is family centered, and adheres to high quality family stabilization treatment practices that place the parent/family as a partner in their care.
- FSP provides support to families with a child at imminent risk of out-of-home placement due to a host of social factors that include but are not limited to substance use, maladaptive behaviors, coping and parenting needs, and environmental concerns.
- FSP supports reunification with youth and their families when there has been an out-of-home placement or otherwise assists youth transitioning to permanency.
- FSP provides support to children, youth and families open to DCYF or juvenile probation in need of supportive services to achieve their goals.
- FSP focuses on stabilizing the family by addressing basic needs, family interactions and family structure, and behavioral issues such as truancy and oppositional behavior. Co-parenting interventions are targeted to intact families as well as those families that are separated but maintain contact with their children.
- Eligibility includes children ages birth to 21 and their family/caregiver.
- Risk and Crisis Planning are part of the model and works with families to reduce risk, increase supports, and address basic needs such as housing and food insecurity.
- Families are seen a minimum of twice a week and services include Case Management and Family Therapy.
- In addition to family and individual meetings, the Family Stabilization Program provides supports that will increase the family's likelihood of success, such as transportation and linkages to food pantries, housing programs, financial programs provided by the Department of Human Services (DHS), and other basic needs programs and services that will support the family.
- There is 24/7 on-call.
- When a referral is made, it is assigned to a worker and the family is contacted within 24 hours. Intake is scheduled within 5 business days whenever possible.
- Appointments are scheduled with flexibility when families are available, and initial assessment activities are completed within the first 30 days.
- Services and activities are monitored weekly, and plans are reviewed every 90 days.
- Services are provided in the home and community and typically last for 6 months. Services can be extended for 3-6 months at DCYF's discretion.
- Monthly updates are provided to DCYF and/or Probation.
- Family Stabilization Services are offered statewide in English and Spanish.
- Referrals are generated through the Department's Central Referral Unit (CRU).

Best fit criteria:

- Youth and their families requiring support, stabilization, and therapeutic services to remain together in their home and community with the aim of securing permanency for children.
- Addresses behaviors in children such as trauma, defiance, truancy, suicidal ideation, and attachment issues as well as concerns around parenting needs such as structure and boundaries. Safety planning is considered at every juncture of care.

Exclusionary Criteria

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

Outcomes:
90% of families served will complete program successfully; Using CANS pre and post test data, 85% of children and families will show improvement in behaviors; 90% of youth will remain in the home after 6months of termination; 85% of the families served shall be shown to have avoided an out of home placement after 12 months of exit from the program

Family Preservation and Permanency: Project Connect and Project Family
Children's Friend

Description:

- To provide high-quality services for children and their families who are at risk of child removal, as well as reunification of children who have entered care. The program is designed to achieve safety, reunification, permanency, and child wellbeing in the least restrictive environment. The program is a set of individualized strength based, evidence-based integrated and trauma-informed family preservation and permanency servicers which will foster strong engagement with parents, prioritize the child and are aligned with best practices in child welfare.
- Evidence-Based (EB) Services include Project Connect; Nurturing Parenting Programs; Nurturing Program for Families in Substance Abuse Treatment and Recovery; Child-Parent Psychology; Promoting First Relationships.
- Supporting children ages 0-17, their families, and pregnant and parenting youth and including developmental disabilities (DD) and complex medical needs; and families with parents who have co-occurring substance abuse, domestic violence (DV) and/or mental health needs.
- Availability of Service: Majority of the direct services will be provided Monday-Friday, including evening appointments; with the availability of on-call services 24 hours a day, 7 days a week.
- A minimum of a weekly home or community-based visit (60 to 120 minutes per visits) provided by a Family Preservation (FP) Worker, Family Preservation (FP) Parent Educator, and/or Family Preservation Registered Nurse.
- Family Preservation (FP) Worker is geared to address concerns such as trauma and/or toxic stress, mental health concerns, substance abuse and/or DV. The FP worker will be responsible for the overall case and service delivery.
- Family Preservation (FP) Parent Educator is geared to specifically address parenting capabilities including, but not limited to, increasing parents' knowledge of child development and their skills in nurturing and responsive parenting.
- Family Preservation Nurse provides developmental milestone assessments such as ASQ-3 and ASQ-SE, to all children under 5, addresses medical issues of the family, ensures children are up to date on physicals, immunizations and dental care. The nurse also assists parents with health education.
- Families receiving Project Connect (PC) EB Model will receive twice weekly visits for an average of one year and additionally as needed.
- Behavior Health and/or Mental Health Counseling is based on the individualized needs of the child and family. These services will be provided in the office, home, or community.
- Child Psychiatry including Psychiatric Assessment, Psychiatric Services, and/or medication management are provided by a bilingual psychiatrist, as needed and as appropriate.
- Weekly case management are provided by the FP worker and includes outside programing, accessing to linkage to the comprehensive, wraparound child and family programs and services of CF.
- Specialized services geared to address the needs of co-occurring substance affects families, provided by staff who have specialized experience in working with families who are substance affected.
- DV advocacy services include court advocacy provided for those experiencing or who have a history of DV.
- Groups are facilitated by a FP worker, a FP Parent Educator and/or RN Nurturing Parenting Groups, recreational activities, Healthy Relationship, and Women in Sobriety Peer Support Groups are also provided.
- Staffing Qualifications are as follows: Bachelor's degree or higher for all positions.

- Caseloads range from 12 lower-risk cases to 8-9 high-risk cases at any given time.
- Transportation is provided by staff for supervised visits or medical appointments as needed.
- Duration of Services**:** As long as the family is open to DCYF, and up to three months after closing. The average length of services will be 12 months. Aftercare services for continued support for parents and children for three months after closing to DCYF or as clinically necessary.
- Location of Services: Whichever setting is appropriate for the children, parents, and/or kin or foster parents. This may include the home, DCYF visitation rooms, the visitation room at Children's Friend (at 153 Summer Street in Providence), and other community settings. The family visitation room at Children's Friend has a kitchen area. PC can provide supplemental visits supervised visits in addition to current visits which will focus on enhancing and maintaining the parent-child bond and include ongoing parent-child assessment.
- Treatment plans are developed in partnership with the child and youth (as appropriate) birth parents and/or foster parents. Treatment plan goals reviewed, and updated (as appropriate), at a minimum of quarterly.
- Kinship and Foster care support services provided by the FP Worker or FP Parent Educator include monitoring visits, child safety education.
- Respite care for kinship and foster families are provided by Children's Friend licensed foster families.
- Languages Spoken: Current staff who are bilingual speak English, Portuguese, and Spanish.
- Geographic Area: Statewide.
- Referrals are generated through the Department's Central Referral Unit (CRU).

Best Fit Criteria (Circumstances):

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

Exclusionary Criteria (Circumstances):

- Family is about to be closed to DCYF within 30-60 days.
- Children and youth who have current sexualized behavior.
- Children or youth who have severe behavioral and mental health needs.

Homebuilders
Bethany Christian Services of Southern New England

Description:

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

Best Fit Criteria:

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

Exclusionary Criteria:

- Families who refuse the HOMEBUILDERS program.
- The physical abuse is considered life-threatening, necessitating the child(ren) be immediately placed to ensure safety (for ex, the parent threatens homicide of the child).
- Both parents are found incoherent all of the time due to substance abuse.
- Family members, including parents, fear being murdered by the drug community and move constantly to avoid harm.
- A parent wants the child(ren) to be placed and refuses to consider services that might enable the child(ren) to remain in the home.
- There is no sexual abuse referral we would routinely refuse. Our worker will continually monitor to ensure the child's safety and notify DCYF if it appears that HOMEBUILDERS can't ensure safety of the child(ren).
- There are consistent threats to hurt any worker who works with the family or visits the home.

- A worker determines parents or children require hospitalization because of severe life-threatening uncontrollable behavior.
- Mental illness and related factors prevent parents from meeting minimal needs of the children and there is NO potential for support from extended family members or other resources. (Keep in mind that HOMEBUILDERS has the ability to develop stabilizing community support. Therefore, if there is ANY potential, this instance may qualify as an appropriate referral).
- The child has a life-threatening illness, and the parent does not have the intellectual capacity to learn to provide necessary health care and no homemaker, public health nurse, or family member is available to provide the care.

Trauma Systems Therapy Community Health Team (TST-CHT)
Family Service of RI (FSRI)

Description:

- TST-CHT program is built on the clinical foundation of TST and is designed to assist parents in developing parenting capabilities and family resources to promote safety while supporting the child's ability to regulate emotions and behaviors.
- The Community Health Team (CHT) adaptation reinforces family well-being and safety by including support from a Community Health Workers (CHW) in addition to a Peer Recovery Specialist and Clinical Staff.
- This specialty service is designed to provide intensive clinical and family-based supports to families who are dealing with particularly complex circumstances; these may include but are not limited to youth who have developmental disabilities, complex medical issues, complex behavioral health needs, or a combination of all. While this program does not provide direct clinical services such as ABA to address these needs, we provide clinical family support and assistance.
- The program hours available to clients are determined based on the needs of the family. On average this would include, 4 hours of direct contact weekly and additional case management hours (up to 8 hours). Case management hours include all system level involvement (BHDDH, DCYF, DHS, Katie Beckett, Medicaid, Hospitals, etc.) with additional time going to training, supervising documentation, etc.
- The TST-CHT will provide ongoing support to families as they navigate complex systems including hospitals, insurance, medical care and providers, DHS/public assistance, immigration, and more. The TST-CHT team works closely and meets regularly with children and their families, service providers involved in the family's care, inclusive of DCYF, pediatric healthcare practices, psychiatrists, psychologists, educators, home-health, nursing, physical/occupational therapists and more.
- The team works with the family to complete an initial assessment on each child in the family within the first 30 days and a treatment plan on each child in the family that is informed by that assessment; and to establish a mutually agreeable weekly schedule for face to face as well as collateral services.
- TST-CHT staff will maintain weekly contact with the assigned DCYF social case worker and team.
- On-call assistance is available 24 hours a day, seven days a week. This assistance is provided by a trauma-informed clinician and, when warranted, in-person evaluations are available and will happen within two hours of initial contact.
- Languages spoken: English & Spanish.
- Geographic area: Statewide.
- Referrals are generated through the Department's Central Referral Unit (CRU).

Best fit criteria:

- Families (which may include resource families- but typically not those associated with private agencies) who are caring for youth with complex medical, behavioral health, and/or developmental needs, who require assistance, peer support, and clinical services to address the complex nature of the needs of youth in their care to support the best possible outcomes given the complexity of the cases.

Exclusionary Criteria:

Children who are solely in need of ABA/HBTS as that is not provided by this program. This program can work alongside youth/families who are receiving that service or in need of that service, but this service does not replace ABA/HBTS.

Mental Health Programs

Family Centered Treatment® (FCT)
Child & Family

Description:

- Family Centered Treatment is an evidence-based model. FCT specialists and supervisors receive weekly consultation from the Family Centered Treatment Foundation to ensure fidelity to the model.
- FCT provides support to families with a child at imminent risk of out-of-home placement and supports rapid reunification with children, youth and their caregivers when there has been an out of home placement or there is a need for permanency planning.
- FCT provides support to children, youth and families open to DCYF or Juvenile Probation in need of supportive services to achieve their goals.
- FCT is a home based Family Therapy program which utilizes the caregiver as the catalyst for change with the goal of successful reunification and/or maintenance of the child in their home.
- In addition to the family therapy the FCT program is an approved Trauma Treatment Model for the National Child Traumatic Stress Network (NCTSN).
- Eligibility includes children aged 0-21 and their family/caretakers.
- Staff have either a Master's or Bachelor's degrees in a mental health related field and are certified as Family Centered Treatment Specialists by the FCT Foundation ®
- All staff are required to complete the Family Centered Treatment certification process.
- Each FCT Specialist carries a caseload of 4-6 families providing FCT within families homes a minimum of 2 sessions per week totaling 4 hours. The average length of service is 6 months.
- Each FCT therapist will be on call 24/7 for their assigned families and will be available for phone support or additional face to face contact.
- Given the small caseload and intense level of treatment, it is not uncommon for the FCT Specialist to assist the family with linkages to support services such as basic needs programs (food, housing, clothing), healthcare, childcare, parent trainings and other family support services provided by nonprofit organizations and/or government agencies throughout the state.
- Once a referral is received, a clinician will make contact with the family within 24 hours to schedule the first family session. The first session is scheduled within 5 business days whenever possible.
- Services include case management and guidance to address all service and support needs.
- Family Centered Treatment services are provided in the family's home setting as well as in the community.
- Monthly updates are provided to DCYF and/or Probation.
- Family Centered Treatment at Child and Family is offered statewide in English and Spanish.
- Referrals are generated through the Department's Central Referral Unit (CRU).

Best fit criteria:

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

Exclusionary Criteria:

- No identified plan for reunification or no identified caregiver

Outcomes:

85% of families enrolled will complete the program; Using CANS pre and post test data, 85% of children and families will show improvement in behaviors; 90% of youth will remain in the home after 6months of termination; 85% of the families served shall be shown to have avoided an out of home placement after 12 months of exit from the program; 100% of staff will demonstrate FCT model fidelity within 9 months

Family Centered Treatment (FCT)
Communities for People

Description:

- FCT is an evidence-based, intensive family and home-based treatment program. It includes four unique phases (Joining & Assessment, Restructuring, Valuing Changes and Generalization) which promote improved family functioning among all household members. FCT practitioners work with the entire family system opposed to just the identified client.
- The treatment model is action-based and provides families with in-the-moment, hands-on opportunities to practice change. FCT differs from other home-based, family-focused programs in that it emphasizes the importance of families finding value and developing ownership of the changes they choose to make. It is this ownership that leads to long-term, sustainable change.
- FCT practitioners schedule weekly sessions based on the families' availability and sessions can be conducted in the evenings and/or on weekends, based on family members' schedules. A minimum of 4 hours of direct contact per week is expected and may increase or vary based on the needs of each family.
- All efforts are made to initiate contact with families within 48 hours of receiving the referral.
- Duration of services is approximately 6- 9 months.
- FCT practitioners are on call 24 hours a day, seven days a week for crisis support and client specific intervention/coping skills training.
- The FCT team includes both bachelor and master level practitioners, with each practitioner carrying a caseload of 4-6 families.
- All practitioners, regardless of experience, are trained in the FCT model and must become FCT Certified within one year of hire.
- Languages spoken: English and Tagalog
- Geographic area served: Statewide
- Referrals are generated through the Department's Central Referral Unit (CRU) and come from court diversion, Family Care Community Partnerships (FCCP), Support and Response Unit (SRU), and Child Protective Services (CPS)

Best fit criteria:

- Children/youth aged 0-20 with an identified caregiver
- Youth/families with exposure to traumatic experience (acute, chronic, and/or complex); inclusive of crime, abuse, neglect, domestic violence, natural disaster, immigration, asylum seeking, human trafficking, systemic/institutional racism, poverty, etc.
- Involvement with Child Welfare System or Juvenile Justice System, Department of Correction, and/or Court Supervision Program involvement for any family member
- Youth/families with behavioral/mental health diagnoses, exposure to and/or experience with substance abuse, crisis or the cumulative effect of caring for a family member with chronic physical, mental, and/or behavioral health illness
- Families experiencing deterioration of family functioning; inclusive of parenting/co-parenting problems, behavior concerns, poor patterns of attachment, adjustments to blended family, etc.
- Family reunifications in which a family member, child or adult, is in an out-of-home placement with a plan to return home, is hospitalized, or incarcerated
- Youth for whom less intensive treatment has proven unsuccessful

- Challenges adjusting to new life transitions inclusive of pregnancy, addition of foster/adopted child, grief, military member deployment or return, and/or severely impacting new medical/behavioral health diagnosis

Exclusionary criteria:

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

Functional Family Therapy© (FFT)
Child & Family

Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

Outcomes:

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

Functional Family Therapy (FFT)
Tides Family Services

Description:

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

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

5 Stages of FFT
Engagement
Motivation
Relational Assessment
Behavior Change
Generalization

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

Parenting with Love and Limits (PLL)
NAFI

Description:

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

Best Fit Criteria:

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

Exclusionary Criteria:

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

Preserving Families Network (PFN)
Tides Family Services

Description:

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

- Services can be initiated prior to a youth's reunification home from a residential facility.
- Referrals are generated through the Department's Central Referral Unit (CRU).

Best fit criteria:

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

Exclusionary Criteria:

- There are no set exclusionary criteria.

Tides Preserving Families Network (PFN Lite)
Tides Family Services

Description:

- PFN Lite provides families with an array of community and home-based services that help avoid placing children in expensive and restrictive settings.
- PFN Lite's largest component consists of Home-Based Services (HBS) which includes a master's level clinician and Behavioral Assistant who are assigned to work with the client and their family to address identified behaviors and clinical symptoms. Sessions are typically a combination of individual and family sessions.
- The PFN Lite program also incorporates Outreach and Tracking which is modeled after an intensive supervision program for at-risk adolescents in Baltimore, Maryland, called the "Choices" program. Tides sent three employees down to Baltimore for a week of "immersion" training in 1994 and has modeled a similar program for at-risk youth and their families here in Rhode Island.
- To improve client outcomes, PFN Lite utilizes a strength-based, trauma-informed family-focused approach. Our services are community-based. We focus on building trust and establishing a therapeutic relationship with the families served.
- The program is available 7 days a week with 24/7 emergency on-call access to a Supervisor and 24/7 agency-wide clinical support.
- Youth are seen in school, at home and in the community multiple times a day Monday- Saturday with a 24/7/365 crisis on-call system. Recreational activities are planned on nights and weekends.
- Some additional services components include: Assisting in court-related matters, connecting youth to community therapeutic recreational activities or Tides groups, school advocacy and truant support, case coordination with outside providers, connecting youth to psychiatry, etc.
- Average length of stay is 6 months.
- The family and youth are assessed at minimum four times to determine the family's goals for treatment, youth risk and functioning, and treatment progress--at the initial assessment, 30-day treatment plan, and every 90 days thereafter for treatment updates & utilization reviews. Due to the complexity of youth and family needs, a set time frame is not determined at onset.
- Services are available in English, Spanish and Creole.
- The service area is statewide with offices based in West Warwick, Providence, Pawtucket, Woonsocket, Middletown, and Wakefield.

Best fit criteria:

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

Exclusionary Criteria:

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

Teen Assertive Community Treatment (TACT)
Providence Center

Description:

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

Best fit criteria:

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

Exclusionary Criteria:

- Developmental delays, Autism Spectrum Disorders

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

Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

Visitation Programs

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

Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

Family Visitation/Care Coordination Services
Boys Town

Description:

- Family Visitation Services provides monitoring of and coaching to families during regular visits for as long as these services are required. Through a treatment-based approach of coaching and supporting parents during supervised visits, and through case management activities, parents work towards safely, quickly, and permanently reunifying with their children.
- Family Visitation Services incorporates components from Boys Town's Teaching Model, an evidence-based program listed in the *California Evidence-Based Clearinghouse for Child Welfare* (www.cebc4cw.org) and the *OJJDP Model Programs Guide* (www.ojjdp.gov/mpg/).
- The population served consists of families who have had their children removed and have been placed in out-of-home placements. Ages range from birth to 17 years old.
- Family visits occur at the convenience of the family. They are supervised in the community, the family's home, at DCYF, or Boys Town's Visitation Rooms in Portsmouth or Providence. Specialists also meet the families outside of visits to provide case management services: mental health, substance abuse, housing etc.
- FVS provide observation, supervision, parent coaching, feedback and skill development in areas of need, a detailed summary and transportation.
- Children can be provided with transportation to and from visits; staff work with parents to address any barriers to their own transportation to visits.
- Contact Information: Program Director, C: 401.207.5765. Office: 294 West Exchange Street, Providence, RI 02903 T: 401-214-4960. Specialists have a BT cell and are available 24/7 for crisis support. Boys Town's National Hotline (1-800-448-3000) and Boys Town Support Services are available 24/7.
- The Program Director is required to have Master's degree and 5-7 years' experience working with families in a social service setting. Supervisors and Specialists are required to have a Bachelor's degree.
- Specialist caseload ranges from 7-9 families depending upon need, with an average of 8 families.
- After a Specialist has been assigned a family, they will attempt to establish initial contact within 24 hours.
- Typically, family visits occur weekly. Frequency of services is determined by the caseworker.
- The target length of stay is 8 months; however, the duration of services is based on family needs.
- Treatment plan goals are developed and reviewed in weekly supervision and staffing meetings. Progress reports are submitted at on a 90-day basis to the referring caseworker. Care Team meetings are held with the family and other providers who are assigned to the family to further monitor and evaluate family progress.
- Program staff speak Spanish and hiring bi-lingual staff is an ongoing priority.
- Boys Town serves the entire state of Rhode Island.

Best fit criteria:

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

Exclusionary Criteria:

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

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

Description:

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

Best fit criteria:

- Service is most appropriate for parents with children who are working towards reunification.
- Who live in Region IV or can travel to Woonsocket.
- Are ready and able to attend visits with their children; and

- Are engaged in mental health and/or substance use treatment services. If parent is not yet engaged in this service, we will provide outreach and engagement to assist them in securing this service. Parent must be receiving treatment service prior to visits occurring at NRIVC.

Exclusionary Criteria:

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

Northern RI Visitation Center for Parents with Development Delays (NRIVC-DD)
Community Care Alliance

Description:

- NRIVC-DD is focused on supporting parent(s) towards their goal of reunification with children in care or moving towards permanency for children. This is done via supervised visitation, intensive case management & recovery coaching, parent skill building, parent-child relationship guidance, and frequent collaboration with all service providers.
- NRIVC-DD uses the evidence-based Step by Step parenting curriculum which breaks down essential parenting skills into small and manageable steps. The curriculum meets the parents where they are at and builds on parenting skills and strengths.
- The parent is the target of intervention of NRIVC services. Couples may be served as well. Children and parents served may be of any age. All parents served must present with a need for substance use and/or mental health treatment.
- Addresses DCYF case plan goals
- Developing, strengthening, or maintaining the parent, child relationship attachment
- Developing of positive and safe parenting skills. Staff provide interventions in visits that may include: observations/ assessments, reduction, reflection, coaching, modeling, and direct intervention to ensure the safety and well-being of the child (ren) at all times.
- Recover coaching to address mental health and substance use treatment and recovery and build recovery capital.
- Intensive case management to address all barriers to reunification; assistance with accessing resource.
- Support in the development of protective capacity and addressing protective factors (i.e., housing, employment, healthcare, supportive relationship, etc.
- Family team meeting between parents, DCYF and other providers, to review progress, visitation plans, obstacles to be addressed and strategies for doing so. NRIVC practice is team based and collaborative.
- Visitation/parent coaching services will include 5-6 hours of contact per week with parent and child inclusive of visitation observation, coaching and case management.
- Transportation is available for children Providence north.
- Services are provided Monday-Friday, 8:30-7 pm and Saturday, 8:30-5 pm. Families have access to a 24/7 telephonic Emergency Crisis Line as well.
- Services are provided by both Bachelor's level (with 5 + years of experience in the field) and Master's level Clinical Case Managers. Program receives oversight by an independently licensed clinician and highly experienced Master's level staff.
- Due to intensive nature of services provided, staff caseload is approximately five (5).
- When a wait list is present, DCYF workers are notified of the time anticipated ASAP. Families receive outreach as soon as they are moved off the wait list. .
- No limit to time frame for service, based on authorization.
- Visits typically take place at NRIVC (31 Orchard St., Woonsocket), which is a home-like setting, and then are moved to the community or home. Visits may take place at DCYF in certain circumstances. Individual sessions take place at NRIVC, community and in the home.
- Service plans are reviewed every 90 days, or more often if needed.
- Services are available in English and Spanish.
- Referrals are generated through the Department's Central Referral Unit (CRU)

Best fit criteria:

- Service is most appropriate for parents with children who are working towards reunification and are ready and able to attend visits with their children.

Exclusionary Criteria:

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

Nurturing Early Connections (NEC)
Community Care Alliance

Description:

- NEC provides intensive visitation for parents and children under 2, who are in placement, with the goal of maximizing permanency outcomes and improving attachment relationships between parents and children.
- Intensive case management, recovery coaching, crisis intervention, education, and coaching to parent(s) in their efforts to improve parenting skills, parent-child relationship, address barriers to reunification, attend to mental health, substance use or other behavioral health needs.
- Attachment-focused intervention, utilizing the Growing Great Kids curriculum
- Ongoing collaboration with DCYF and other providers, including detailed reports to DCYF, the court and others (as needed) regarding progress and recommendations regarding permanency.
- Parents with children ages 0-2 (and their siblings) are the target population, but children ages 2-3 will be accepted on a case-by-case basis.
- Program is offered Monday-Friday 8:30-7 pm.
- Program is overseen by an Independently Licensed Clinician and facilitated by Bachelor's level social workers with 5+ years of experience in the field. Due to intensity, Clinical Case Managers carry 4-5 cases.
- Families receive outreach within 48 hours of referral. If there is a wait list, DCYF is notified, and families are contacted once space is available.
- Family visitation takes place approximately 4-8 hours per week (2-3 visits), and individual sessions with clients occur a minimum of 1x/week.
- Service plans are reviewed every 90 days. Families may stay open in NEC for up to one year.
- Visitation to take place in settings that maximize stability for the child, success for parent and child, and provide a safe environment, including: NRIVC site, foster home, day care setting, community, or DCYF
- Current language capacity is English.
- Families must either live in the DCYF Region IV area or can effectively travel to the site from their home community. Children may be placed anywhere in the state geographically.
- Program will offer transportation for children by program Transportation Specialist if the foster parent(s) are unable to do so.
- Referrals are generated through the Department's Central Referral Unit (CRU)

Best fit criteria:

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

Exclusionary Criteria:

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

Nurturing Early Connections for parents with Developmental Delays (NEC-DD)
Community Care Alliance

Description:

- NEC-DD provides intensive visitation for parents with developmental delays and children under 2, who are in placement, with the goal of maximizing permanency outcomes and improving attachment relationships between parents and children.
- NEC-DD uses the evidence-based Step by Step parenting curriculum which breaks down essential parenting skills into small and manageable steps. The curriculum meets the parents where they are at and builds on parenting skills and strengths.
- Intensive case management, recovery coaching, crisis intervention, education, and coaching to parent(s) in their efforts to improve parenting skills, parent-child relationship, address barriers to reunification, attend to mental health, substance use or other behavioral health needs.
- Attachment-focused intervention, utilizing the Growing Great Kids curriculum
- Ongoing collaboration with DCYF and other providers, including detailed reports to DCYF, the court and others (as needed) regarding progress and recommendations regarding permanency.
- Parents with children ages 0-2 (and their siblings) are the target population, but children ages 2-3 will be accepted on a case-by-case basis.
- Program is offered Monday-Friday 8:30-7 pm.
- Program is overseen by an Independently Licensed Clinician and facilitated by Bachelor's level social workers with 5+ years of experience in the field. Due to intensity, Clinical Case Managers carry 3-4 cases.
- Families receive outreach within 48 hours of referral. If there is a wait list, DCYF is notified, and families are contacted once space is available.
- Family visitation and coaching takes place approximately 8-10 hours per week (3-4 visits.)
- Service plans are reviewed every 90 days. Families may stay open in NEC for up to one year.
- Visitation to take place in settings that maximize stability for the child, success for parent and child, and provide a safe environment, including: NRIVC site, foster home, day care setting, community, or DCYF
- Current language capacity is English.
- Program will offer transportation only for children Providence north.
- Referrals are generated through the Department's Central Referral Unit (CRU)

Best fit criteria:

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

Exclusionary Criteria:

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

Trauma Systems Therapy (TST) Visitation and Coaching
Family Service of RI (FSRI)

Description:

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

Best fit criteria:

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

Exclusionary Criteria:

- Children and youth identified as sexual perpetrators.

Special Populations Programs

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

Description:

- Day One's CSEC Mentoring Program provides consistent support and transformational relationships critical to helping young CSEC victims.
- The Mentoring Program utilizes a strength-based approach, combined with wrap-around Multi-Disciplinary Team (MDT) and trauma-informed support.
- Empowering young victims to engage in activities that rebuild a sense of self.
- The CSEC Mentor Program is managed by a licensed clinician.
- Supporting youth between the ages of 12-21 throughout Rhode Island.
- Offer services 24 hours a day, 7 days a week with an emergency on call when needed.
- Connecting youth with a survivor Mentor; CSEC Mentors may be either CSEC survivors who have been "out of the life" for at least five years, or CSEC-informed individuals.
- CSEC Mentors are assigned within 48 hours of referral.
- Offers victims an individualized service plan, which includes a meeting with the Mentor at least one time per week. Program participants are also offered the opportunity to participate in group activities with all youth involved in Mentor Program.
- CSEC Mentoring Program can serve up to ten (10) concurrent referrals.
- Services are provided in the home and / or in the community.
- The delivery of services is based on the individualized service plan and varies from six to twelve months. Service goals are completed within the first 30 days and reviewed every three months.
- Language needs of referred client families can be met through volunteer advocates and Day One bilingual staff

Best Fit Criteria:

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

Exclusionary Criteria:

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

Strong African-American Families
Third Sector New England, Inc. | CYCRI

Description:
All families have Strength. The Strong Black & African-American Families (SAAF) program is a culturally-specific program designed for youth aged 10-14 and their caregivers that builds on the strengths of each family. The program supports parents and youth during the transition from early adolescence to the teen years with an emphasis on helping young people avoid risky and dangerous behaviors. This evidence-based approach has been proven to reduce behavioral issues, drug use, and sexual risk for youth participants as compared to their peers.

SAAF addresses developmentally appropriate goals for parents/caregivers and youth via highly interactive activities and videos reflecting positive culturally relevant family interactions. Professionally delivered by Black & African American facilitators from the participants' community, these weekly discussion groups provide catered sessions for caregivers and youth to discuss relevant topics with their peers in addition to family sessions to practice and reinforce new skills. This program runs one night per week for seven weeks, in addition to an orientation.

Program Benefits include:
- Promote youth's self-pride.
- Strengthens parents' & caregivers' communication skills.
- Teaches youth skills for dealing with temptations and peer pressure.
- Provides strong networking and safe spaces for caregivers and youth.
- Increases family bonding & understanding.
- Increase knowledge of culturally relevant skills & parenting techniques.
- Access to resources and other programs in the community.

Program Incentives include:
- Free dinner
- On-site childcare
- Transportation to and from program
- Gift card incentives
- Graduation certificate

Best fit criteria:
- Families with adolescent children ages 10-14 whom identify as Black or African-American with any level of possible risk for current or future behavior problems.
- Participants can be from single-parent homes, two-parent homes, foster families, families with extended family as caregivers, multiracial and blended families.

Exclusionary Criteria:
- N/A

Familias Unidas
Third Sector New England, Inc. | CYCRI

Description:

Familias Unidas is a multilevel family-based intervention program designed to prevent problem behaviors in Hispanic adolescents. The program engages Hispanic immigrant parents or caregivers in an empowerment process in which they first build a strong parent-support network and then use the network to increase knowledge of culturally relevant parenting, strengthen parenting skills, and then apply these new skills in a series of activities designed to reduce risks.

The program is also influenced by culturally specific models developed for Hispanic populations in the United States, and is delivered primarily through multi-parent groups, which aim to develop effective parenting skills, and family visits, during which parents or caregivers are encouraged to apply those skills while interacting with their adolescent. The multi-parent groups, led by a trained facilitator, meet in 8 weeklies 2-hour sessions for the duration of the intervention. Each group has 10 parents, with at least 1 parent or caregiver from each participating family. Sessions include problem posing and participatory exercises. Group discussions aim to increase parents' understanding of their role in protecting their adolescent from harm and to facilitate parental investment. The program also includes 4 (1-hour) family visits.

Familias Unidas program is a culturally specific program designed for youth aged 10-17 and their caregivers that builds on the strengths of each family and work on prevention. The program supports parents and youth during the transition from early adolescence to the teen years with an emphasis on helping young people avoid risky and dangerous behaviors. This evidence-based approach has been proven to reduce behavioral issues, drug use, and sexual risk for youth participants as compared to their peers.

Familias addresses developmentally appropriate goals for parents/caregivers and youth via highly interactive activities and videos reflecting positive culturally relevant family interactions. Professionally delivered by Latinos facilitators from the participants' community, these weekly discussion groups provide catered sessions for caregivers to discuss relevant topics with their peers in addition to family sessions to practice and reinforce new skills.

Program Benefits include:

- Promote the three worlds (Family, school and Peers)
- Strengthens parents' & caregivers' communication skills.
- Teaches caregivers skills for dealing and resolve their adolescents' temptations and peer pressure.
- Provides strong networking and safe spaces for caregivers and youth.
- Increases family bonding & understanding.
- Increase knowledge of culturally relevant skills & parenting techniques.
- Access to resources and other programs in the community.

Program Incentives include:

- Free dinner & Gift card incentives
- On-site childcare
- Transportation to and from program
- Graduation certificate

Best fit criteria:

- Families with adolescent children ages 10-17 whom identify as Hispanic or Latino with any level of possible risk for current or future behavior problems.
- Participants can be from parent, grandparent, adult sibling, sponsors, foster families, families with extended family as caregivers, multiracial and blended families.

Exclusionary Criteria:

- N/A

Family Preservation Program (FPP)
for Parents with Cognitive Disabilities
The Groden Center

Description:

- FPP for Parents with Cognitive Disabilities provides assessment and training to families who are involved with DCYF, the Family Court of RI, or the Safe and Secure Baby Calendar of RI.
- The purpose of FPP is to increase the number of successful reunifications for families whose children have been placed out of their homes and to reduce the need for out-of-home placements and permanent removal of children.
- FPP accepts referrals from DCYF and currently has the capacity to serve up to 20 families.
- FPP strives to provide behavioral health services in the home whenever possible. Services are often provided in alternative locations at the Groden Center or in community settings.
- FPP provides services throughout the state of RI.
- FPP provides case management and clinical services including: assessment, individualized treatment planning and implementation, and parent/family training and support.
- The intensity and duration of FPP support services are identified through evidence-based assessments and interviews with parents and other service providers.
- Direct services and case coordination are provided by case managers. Clinical oversight is provided by independently licensed clinical supervisors (LISCWs and BCBAs).
- The general goal of the FPP is to improve family functioning, safety, parenting abilities, and child well-being. Additional goals could involve training in: stress reduction strategies (e.g., relaxation, imagery, resilience and optimism), independence in organizing supports and services to meet their family's needs, and acquiring and maintaining skills over time.
- FPP typically works with a family for an average of six months. Services may be reauthorized based on the family's needs and progress towards FPP goals.
- When appropriate, foster care providers may be involved in training and support to biological parents.
- FPP's treatment model is a component of the Groden Center's continuum of services that is based on empirically validated options and represents best-practice in the treatment of severe behavior challenges.

Best-fit Criteria:

- Families with children living in foster care or families whose children have been reunified and need additional support.
- Parents who have a diagnosis of intellectual or developmental disability (IDD), autism spectrum disorder (ASD), learning disability, or other neurodevelopmental challenges.
- Parents who are considered at risk for child abuse and neglect and/or losing their children.
- Parents who are in the process of being reunified with their children and need assistance in improving their family functioning and/or ensuring child safety in the home.

Exclusionary Criteria:

- Lack of parent engagement/participation in FPP services.
- Parents who demonstrate threatening or abusive behavior; express the intent to hurt themselves or others; and/or who are incapacitated by physical or mental health problems or substance abuse issues.
- Parental rights have been terminated by the Family Court of RI.
- Inability to provide FPP services to the parents in a safe and secure environment.

Multi-Systemic Therapy for Problem Sexual Behavior
NAFI

Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

Parent and Family Empowerment Program (PFEP)
The Groden Center

Description:

- PFEP is an evidence-based treatment program for families of children with autism and other developmental and behavioral challenges
- PFEP includes an array of services in both clinic and home/community settings
- PFEP services are provided by a licensed clinician as well as a behavior technician/case manager
- PFEP is a specialized program for parents with intellectual disabilities
- The program serves families of children ages 3 to 21 years
- Course of treatment is assessment driven and individualized to meet the needs of the family
- Families receive clinic and/or home-based family-based treatment 1-3 times/week for the duration needed
- Case management is provided to help families access community resources
- Crisis management is provided with on-call system 24 hours/day, 7 days/week
- Geographic area: statewide

Best fit criteria:

- Parents with or without intellectual disabilities with children with autism, developmental disabilities and/or challenging behaviors (tantrums, aggression, oppositional)
- Parents in need of parenting and behavior management strategies
- Requires that parents/caregivers be active participants in the assessment of needs, development of an intervention plan and implementation of strategies.

Exclusionary Criteria:

- Parents with severe psychiatric diagnoses (psychosis, schizophrenia) or active addiction
- Children or parents with active suicidal, homicidal ideation or psychotic symptoms
- Parents who refuse to participate in the treatment process

Supporting Adoptive and Foster Families Everywhere (SAFFE)
St. Mary's Home for Children

Description:

- SAFFE is an intensive home-based service aimed at preserving foster and adoptive placements for children/teens with sexual abuse histories and active sexualized behaviors. *Also accessible to birth families!*
- Services provided by a Masters level clinician and a Bachelors level care coordinator.
- Upon referral and receipt of signed Intake Consents, initial contact with family is made within two (2) business days.
- Each family receives between 8-12 hours of in-home support from the Clinical Team for up to 6 months.
- Treatment modalities include: TF-CBT, motivational interviewing, expressive therapies, EMDR, alternative therapies (i.e. Equine Assisted Psychotherapy, sensory motor, therapeutic yoga, etc.).
- Interventions focus on increasing healthy functioning of the family; focus on safety by reducing the risk of further victimization of the children/youth; and focus on permanency by stabilizing the youth's living situation**.**
- A clinical team provides individual, group and family therapy, caretaker support and education and case management. Other services include transportation assistance, access to 24/7 on call support, assistance with building a support network and aftercare planning which includes referrals to appropriate services at discharge.
- Caregivers will be provided psychoeducation on parenting a child who has experienced sexual abuse and other trauma utilizing our Families Impacted by Sexual Abuse (FISA) Curriculum, (formerly NOP Curriculum).
- Team coordinates bimonthly Provider Team meetings.
- Progress towards treatment goals is reviewed quarterly.
- On call available 24 hours a day, seven days a week.
- Length of program: Typical duration of home-based SAFFE services is 6-8 months.
- Services in English, Spanish (translation services as needed).
- Geographic area: Statewide.
- Referrals are generated through DCYF's Central Referral Unit (CRU).

Best fit criteria:

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

Exclusionary Criteria:

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

Supporting Teens and Adults At-Risk (STAAR)
St. Mary's Home for Children

Description:

- STAAR is an intensive home-based clinical and care coordination service for high risk and sexually exploited youth and their families.
- Children/youth up to age 18 (21 for dependent children), with a confirmed history of Commercial Sexual Exploitation of Children (CSEC) involvement OR identified high-risk youth which includes frequently running away, gang involvement, spending time with known trafficking victims or traffickers, involvement in the child welfare system; members of the LGBTQ community; and victims of child sexual abuse.
- The program model is to provide home/community-based services to high-risk youth and youth who have experienced sexual exploitation/human trafficking.
- Services provided by a Masters Level clinician and a Bachelors level care coordinator.
- Upon referral and receipt of signed Intake Consents, initial contact with family is made within two (2) business days.
- Each family receives between 8-12 hours of in-home support from the Clinical Team.
- Length of service: Typical duration of home-based STAAR services is 6 - 8 months.
- Interventions focus on safety, social competence, life skills, victim support, educational support, mental health services, and substance use screening and referral.
- Youth can access Equine Assisted Psychotherapy, Individual Therapy, Group Therapy and Family Therapy. Referrals made for psychiatric care.
- Caregivers will be provided psychoeducation on parenting a child who has experienced trauma utilizing our Families Impacted by Sexual Abuse (FISA) Curriculum, (formerly NOP Curriculum).
- Primary focus is to keep survivors and high-risk youth safe in their communities, reduce the risk of re-victimization, decrease placement disruptions and improve family functioning.
- A clinical team provides individual, group and family therapy, caretaker support and education and case management. Other services include transportation assistance, access to 24/7 on call support, assistance with building a support network and aftercare planning which includes referrals to appropriate services at discharge.
- Team coordinates bimonthly Provider Team meetings.
- Progress towards treatment goals is reviewed quarterly.
- On call available 24 hours a day, seven days a week.
- Services in English, Spanish, and American Sign Language. Other languages accommodated through an interpreter.
- Geographic area: Statewide

Best fit criteria:

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

Exclusionary Criteria:

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

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

Description:

- TTEAM response is home / community-based service that includes thorough trauma evaluation, assessment of child and family needs, management and intervention and development of individualized, comprehensive, measurable treatment plans.
- TTEAM collaborates with DCYF and the RI Children's Advocacy Center to identify children and caregivers who will benefit from this intensive service.
- Treatment plans include objectives for all those involved in the child's care and healing process.
- Serves children and teens ages 3-18 throughout Rhode Island.
- Offers services 7 days a week with an emergency on call when needed.
- Capacity is twenty (20) concurrent referrals, with a limit of ten (10) clients per clinician.
- The delivery of services is based on the individualized treatment plans delivered for 6 months. Services are provided in the home and community by the assigned clinician.
- Service features daily check-ins, and no more than four (4) hours of individual and family contact per week.
- Clinicians are supervised by a Licensed Clinical Supervisor.
- Trauma Informed Clinical service will take place in-home, and/or in the community.
- The program serves all geographical areas in Rhode Island.
- Languages spoken by staff may include English, Spanish and Portuguese.

Best Fit Criteria:

TTEAM is a six-month intervention for youth in DCYF care, with complex trauma histories (trauma reactions due to sexual abuse, physical abuse, Problem Sexualized Behavior) and their non-offending caregivers, and begins with a thorough, multi-setting trauma evaluation.

Parent Training Programs

Safe Care
Family Service of RI

Description:

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

Best fit criteria:

- SafeCare is a program designed to alleviate risk factors associated with abuse and neglect.
- Research shows this model as successful with parents with a variety of stress and risk factors associated with poor outcomes for children--including parents with depression, young parents, parents with multiple children and parents with a history of other mental health problems, substance abuse or some intellectual disabilities as long as other necessary services and supports for those conditions are also being utilized.

Exclusionary Criteria:

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

Best Start RI Pilot
Family Service of RI

Description:

- The BSRI Pilot is a community based, flexible, and family- centered approach that addresses and builds skills in the areas of: basic needs; safety concerns; routine and preventive medical care; infant and early childhood caretaker coaching; social/ emotional needs; developmental/educational milestones; and any identified gaps in care.
- The multi-disciplinary team is equipped to assess, identify, and intervene with families to address early safety issues and/or child abuse and neglect, therefore mitigating the incidence of child removal from families.
- The BSRI Pilot may be customized to the individual needs of the family and is intended to provide support and assistance in a manner that is equitable, embraces family culture, respects all family members and can be successfully sustained over time.
- The BSRI Pilot model is led by a Certified Community Health Worker (CCHW) who serves as the point person for the family. The CCHW ensures that screening and intervention cover all disciplines. The service begins with a comprehensive assessment of the whole family and a mutually agreed upon plan with actionable items are then designed. Multi-Disciplinary Team intervention then begins along with linkages to community services to meet all family member's needs.
- Services will be focused on: developmental screening and assessment; responding to health-related needs and questions; ensuring safety in the home (with a focus on safe sleep, lead, etc.); parenting skills and individualized coaching, including positive discipline strategies; assistance with accessing necessary community resources (such as basic needs); and warm-hand offs with other providers and community resources. The team will interface with a child's pediatrician and any other medical providers pertinent to the wellbeing of the family.
- Typical Interventions include: parental newborn/child education and skills training; medical provider coordination for parents and children to ensure milestones are met, medical supply coordination, access to insurance and SSI, nutritional guidance and assistance with access to SNAP, outreach and school department coordination, support with addressing inadequate living environments or other safety concerns, referrals to longer term supportive parenting programs such as Early Intervention, short term therapeutic services for mental health and substance use/ abuse, development of a safety plan related to domestic violence, and warm handoffs to community resources who will best meet the needs of individual family members.
- This BSRI Pilot will only accept referrals from DCYF.
- BSRI will schedule weekly in person services by our team focused on identified need. Services typically involves the primary child, but at times can be with other family members, without the primary child included, depending on the need. Staff hours include all system level involvement with additional time going to training, supervising documentation, etc.
- On-call assistance is available 24 hours a day, seven days a week. This assistance is provided by a trauma-informed clinician and, when warranted, in-person evaluations are available and will happen within two hours of initial contact.
- Languages spoken: Generally able to serve in English and Spanish.
- Geographic area: Providence and Cranston
- Referrals are generated through the Department's Central Referral Unit (CRU).

Best fit criteria:

- The team can serve any family with an infant or child 0-5 years old (who is living at home, or in the process of reunifying and is at risk of abuse, neglect, or re-maltreatment) that needs continued services that are focused on child safety and care coordination.

Exclusionary Criteria:

Children over the age of 5, those outside of Providence/Cranston

Positive Parenting Program (Triple P)
Key Program, Incorporated's

Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

Miscellaneous Programs

Outreach and Tracking Program
Tides Family Services

Description:

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

Best fit criteria:

- Youth ages 6 to 21 and their families who were at-risk to become further involved in the juvenile justice system and/or the child welfare system.

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

Exclusionary Criteria:

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

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

Family/Parent Partner Services-Early Referral Expansion Pilot (A)--Formal Centralized Referral Unit Service Request (B) Parent Support Network of Rhode Island

Service Overview:
Parent Support Network of Rhode Island (PSN) offers a bundle of a Family/Parent Partner and Peer Recovery Services to engage and support families at their first step of becoming formally involved with child protective services (CPS) leading to an emergency court petition and orders for out of home placement. If this opportunity missed, PSN will provide our Family/Parent Partner and Peer Recovery Services as requested through the Formal Central Referral Unit (CRU) at any time the family is involved and family preservation and/or family reunification is the goal. Family/Parent Partners promote the welfare of children and families through authentic partnerships that provide integrated, quality parent peer support services that are individualized, strength based, family centered, culturally and linguistically sensitive.

Parents who are being investigated for child protection services or have recently lost custody of their children are in high need of emotional support, due to anger, confusion, and additional trauma in their lives. Parent Partners who have overcome similar experiences can make a big difference when the parent is feeling alone and has mistrust towards CPS and other service providers involved. PSN Parent Partners can be supportive without the power differential that comes with working with CPS and Family Court. Parent Partners serve as a bridge of communication. Family/Parent Partners assist with engagement and mentor the family towards positive outcomes for the child and family and reduce the length of involvement with CPS.

Family Partners and Peer Recovery Specialists are parents, family members, and individuals with lived experience accessing services and supports across the child and family service systems and/or caring for a child or adolescent with behavioral health needs. Peer Recovery Specialists bring the additional lived experience of being in recovery from mental health and /or substance use. Based on these lived experiences and formal training are good at engagement, building trust, and sharing our own success in accessing and receiving services for their own children and family.

Family/Parent Partner and Peer Recovery services are evidence based and recognized by the California Evidence Based Clearing House for Child Welfare and by the Center for Medicaid Services (CMS). Family/Parent Partners and Peer Recovery utilize evidence-based approaches, interventions, and strategies in our delivery. Casey Family Programs share that there is growing research and evidence that parent partner services are effective and suggests that these serves improve parents coping skills, knowledge to care for their children, self -efficacy, protective capacity, and seeking needed treatment, services and supports. Empirical studies demonstrate that parent partners working with child welfare have higher rates of reunification, lower rates of re-entry into CPS, and increased participation in services and court hearings.

Wraparound Family Support Plan: Family/Parent Partners and Peer Recovery Specialists utilize evidence based wraparound process to engage children and families, conduct a strength, needs, cultural discovery assessment; build a support team around the child and family; facilitate the development of a family support plan across all life domain needs (safety, housing, health, behavioral health, school, vocational, child care, employment, legal, finances, transportation, culture, spirituality, etc.); and work with children and families to implement goals and activities identified in their family support plans and celebration successful transitions and reunification. This includes providing individualized face to face

and telephone support; transportation and warm transfers to services and supports; and attending medical, treatment and education related meetings as needed.

Strengthening Families: Family/Parent Partners are trained to utilize the evidence based Strengthening Families Protective Factors Framework with the Children's Trust Fund Alliance. This framework is utilized in our approach with all families, and we provide ongoing individual and group sessions. The Strengthening Families protective factor framework includes the following five protective factors: Parental Resilience; Social Connections; Knowledge of Parenting and Child Development; Concrete Support in Times of Need; and Social and Emotional Competence of Children.

Nurturing Parenting: Family/Parent Parents utilize the evidence based Nurturing Parenting curriculum by delivering ongoing 12 session classes and individualized sessions. Nurturing Parenting is a family-centered trauma informed curriculum designed to build nurturing parenting skills as an alternative to abusive and neglecting parenting and child -rearing practices. We foster positive parenting skills with nurturing behaviors, promote healthy physical and social development, and teach appropriate role and developmental expectations. We conduct pre and post assessments with families who participate and provide court letters.

Wellness Home Visits: Family/Parents Partners define with DCYF scheduled and unscheduled wellness home visits to check in on the children and families to ensure safety and progress towards working on their care plan goals and reinforcing Strengthening Families & Nurturing parenting lessons. Wellness Visit reports provided upon completion of wellness visits.

Child & Family Visitation: Family/Parent Partners, who are trained visitation specialists, deliver supervised visitation services based on a plan developed with DCYF and the family. Supervised visitation plan outlines days and times of ongoing weekly visits; transportation of children; where the visitation services occur; and any safety factors or concerns. Family/Parent Partners transport children and provide ongoing coaching and support to family/parents during the visit to focus on caring for and nurturing their children, positive communication; reinforce strengthening families and nurturing parenting approaches; and are required to write and submit a supervised visitation observation report within 48 business hours of delivery to PSN and DCYF.

Family/Parent Partner Experience

- Each family is assigned a Family/Parent Partner who is a parent/family caregiver who has lived experience either raising a child or youth with serious behavioral (mental health and substance use) challenges and/or experience with child welfare and other service system involvement. Peer Recovery Specialist will also be assigned for parents with mental health and/or substance use challenges themselves.
- Family/Parent Partners and Peer Recovery Specialists are required to have a high school diploma/GED and be certified or actively working on Dual Certified Peer Recovery Specialist -Community Health Care Worker Federal Registered Apprenticeship program s certificates with the RI Certification Board.
- Family/Parent Partners and Peer Recovery Specialists receive individual and/or group clinical supervision weekly by our Clinical Director, with MA, CAGS, LMHC, LCDP credentials. Daily supervision by an experienced non-clinical peer specialist supervisor with over 20 years of peer service delivery.

Delivery Approach

- A minimum of (2) face to face contacts per week, which may increase up to five times based on the family's needs.
- Parent Partners and Peer Recovery Specialists are assigned a caseload of approximately 12 to 20 families, depending on the number of children and youth within the family and the intensity of needs.

- Duration of parent partner and peer recovery services for this pilot is three months of intensive services (4 to 6 hours per week) for approximately three months, with transfer to the Department's Centralized Referral Unit for additional six months as needed and stepping down to a single service request (2 hours per week) as needed by the family.
- Parent Partner services occur in the home, community, treatment centers, schools, and other agency settings.
- The Initial plan is developed within 45 days of the initial contact. Progress towards family support plan goals are measured and evaluated weekly.
- Parent Partners are available to serve across the statewide, weekdays 9 - 5 pm, scheduled nights and weekends.
- PSN will provide gas cards and/or Ubers to support clients in getting to their treatment or visitation appointments when it is cost effective and promotes self-efficacy.
- Because Parent Partner and Peer Recovery services are non-clinical, they would not be the first responders; they will make sure that all families have a crisis plan in place as to which clinical provider is identified as 24/7 clinical response.
- Current Parent Partners staff speak English, Spanish, Portuguese, Creole, and Chinese and we utilize interpretation as needed.
- Upon referral, initial contact with family is made within two (2) business days. Initial face to face with the parents/family/caregiver occurs within 5 business days of referral.

Best fit criteria:

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

Exclusionary Criteria:

- Parents who after numerous attempts refuse to engage with Parent Partner services.
- Child or Parent's need for clinical service delivery with visitation and parenting instruction.

Youth Advocate Programs (YAP)

Description:

- YAP's wraparound advocacy model utilizes evidence-based and evidence informed interventions to prevent or safely integrate youth from out of home place back into their home community through intensive family community-based interventions
- YAP works with the highest risk and most complex need youth and families across several systems including child welfare, juvenile justice and behavior health.
- Services are designed for male and female youth ages 12 to 18+ years old, although all cases will be accepted.
- Each youth is served by an Assistant Director (AD) who is supplemented by 1-2 Advocates. The AD is responsible for the intake, assessment and implementation of client services as well as the overall case management and direction of the Advocate staff. Advocates are part-time para-professional staff that carry a caseload of 2-3 families. They are available 24/7 and are responsible for connecting families to community resources and providing direct services such as transportation, mentoring, coaching, teaching parenting skills, modeling, and tutoring. They will also have the ability to participate in our Supported Training Program, which is paid by YAP and supervised by local employer sites.
- YAP initiates services 6-8 weeks prior to youth's discharge from placement, when applicable. If a youth moves to foster or congregate care setting YAP is able to continue to provide services with the goal of expedited reunification or permanency with another resource
- The level of service for this program will be an average of 12 hours with 3-5 face-to-face contacts per week per family with service intensity adjusted based on individual needs.
- The average length of service will be 4-6 months.
- YAP services are holistic and serve the entire family unit, addressing issues as they arise.
- Ancillary/Flex Funds are utilized when families have no other resources to maintain safety and stability
- Services will occur in youth and family homes, schools and neighborhoods at times and locations most needed by the family.
- YAP's wraparound model engages the youth, family as well as invested others in facilitating the creation of an Individualized Service Plan (ISP) which is developed within the first 30 days and acts as the blueprint for service delivery. Goals are based upon the strengths and needs of the family and are agreed upon by all parties, who form the Child and Family Team. The program Director will also provide individual and or group sessions in the Strengthening Family curriculum.
- The Program Director and AD's are responsible for providing weekly face-to-face supervision to Advocates and monitor goal progress throughout the duration of the case.
- YAP provides 24/7 crisis intervention and support.
- Languages spoken: English, Spanish and Portuguese. YAP has an additional translation service contract for other languages
- Geographic area: Statewide.
- Referrals are made through the Departments Central Referral Unit (CRU)
- YAP outreaches to the family within 48 hours of the referral

Best fit criteria:

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

Exclusionary Criteria:

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

Youth Transition Center
Tides Family Services

Description:
The Youth Transition Center (YTC) offers a comprehensive continuum of supervision and support services offered both at the YTCs (Providence and Pawtucket) as well as community/neighborhood based. Services are culturally competent, trauma sensitive and delivered in the context of family systems. The program design of the YTC has allowed for the flexibility to meet the evolving needs of youth on probation and is currently able to accept all probation youth in the program's geography who are in need of supportive community and/or center-based services.

Best fit criteria:
The target population for the project will be:

- High-risk youth on probation
- Youth at risk for probation violations/return to the RI Training School (RITS)
- Youth being released from the RITS/ Re-Entry youth
- Youth who are placed at the RITS
- The YTC is appropriate for male/female adolescents from a variety of cultural and socioeconomic backgrounds experiencing a wide range of behavioral, social, health/mental health, educational/vocational, and family problems. These youth often are impulsive, aggressive, and in conflict, and they have an intense need for structure, supervision, safety, and predictability. The YTC has been developed to serve 2 separate populations of youth: those living in the community and those who are residing in the RITS. The average length of stay in YTC is six months.

High Risk Youth: Youth scoring at high risk in one or more areas of the SAVRY indicating high risk of future violence and/or delinquent behavior. Youth at this level of need are appropriate for the full range of services offered by the YTC including assessment and/or intervention from the program clinician.
Moderate Risk Youth: Youth scoring at moderate risk in one or more areas of the SAVRY indicating moderate risk of future violence and/or delinquent behavior. Youth at this level of need are typically appropriate for traditional outreach and tracking, participation in restorative justice projects, therapeutic groups and will likely require educational/vocational support.
Low Risk Youth: Low probability of future violence and/or delinquent behavior. Youth in this category would benefit from services geared towards increasing protective factors such as educational/vocational involvement, involvement with pro-social activities and peers, empowering parents to take the lead in managing youth's behavior within the family system.
Youth in RITS: Youth sentenced to the RITS in need of supportive programing, transportation assistance for family visitation/therapy, and/or case management to support transition while at the RITS or are working with Re-entry Court. This level of care also includes outreach and tracking support while on passes from the RITS when deemed appropriate through Re-entry Court. The number of youth served will depend on what youth participate in groups and are engaged in the re-entry activities.

Direct Referrals

Child-Specific Recruitment Program
Adoption Rhode Island

Description:
Child-Specific Recruitment programming focuses on recruiting, matching, and supporting prospective adoptive families for children registered with the program, utilizing various recruitment and preparation tools. Staff in this program also provide technical assistance and training in permanency best practices, policies, and procedures, which can be done during co-locations at DCYF regional offices and/or by appointment.

Upon registration, each youth is assigned an Adoption & Permanency Specialist, who works with the youth's team to create an individualized recruitment plan, based on the youth's background and needs. Recruitment tools utilized in this program can include Tuesday's Child, photo listing on the ARI website, National website photo listing on Adopt Us Kids, The Heart Gallery, recruitment and matching events, videos of youth, and posts on social media platforms.

To refer a youth to this program, FSU must complete the Adoption Profile Registration (#054) for DCYF-internal processing.

Best fit criteria:
Youth ages 0-21 for whom a TPR has been filed or adjudicated are eligible for program participation.

Exclusionary Criteria:
Youth for whom adoption is not the primary, nor secondary case plan goal and a TPR has not been filed.

Child-Specific Outreach & Monitoring
Adoption Rhode Island

Description:
The Child-Specific Outreach & Monitoring efforts at Adoption RI engage foster families who have formally committed to adoption of children currently placed to inform families of formal and informal supports offered by ARI, both pre- and post-adoption/guardianship finalization. Efforts also ensure timeliness to permanency, with staff providing technical support to FSU, as needed, including guidance in preparing Pre-Adoptive Reports to families. This support can be done during co-locations at DCYF regional offices and/or by appointment.

To refer a youth to this program, FSU must complete the Adoption Profile Registration (#054) for DCYF-internal processing.

Best fit criteria:
Youth ages 0-21 for whom a TPR has been filed or adjudicated and Resource Families, who have formally committed to permanency through legal adoption or guardianship are eligible for program participation.

Exclusionary Criteria:
Youth for whom a TPR has not been filed or adjudicated and is in a foster home that has not committed to permanency through legal adoption or guardianship.

Extreme Family Finding (EFF) Program
Adoption Rhode Island

Description:
Extreme Family Finding (EFF) is an innovative and promising model that pairs an experienced adoption specialist with a private investigator to identify extended family members for children and youth in foster care. This model allows for application of other child-specific recruitment tactics.
Upon registration, the EFF Recruiter and Investigator implement the EFF model which includes creation and expansion of the family genogram and focus on preparing youth for adoption, including their mental health and educational needs. The model also includes application of all forms of permanency recruitment efforts that can result in both legal and relational permanency, including social media outlets, a diligent search conducted by the private investigator to help identify relative/kin, including use of various national search engines and databases, and face-to-face meetings with identified members of the family to secure additional knowledge of potential family and/or extended family members. Weekly meetings between the child's professional team members and recruitment staff occur over the course of 12-20 weeks.

To refer a youth to this program, FSU must complete the Adoption Profile Registration (#054) for DCYF-internal processing.

Best fit criteria:
Youth ages 10-21 for whom a TPR has been filed or adjudicated and one or more of the following are present are eligible for program participation: primary permanency goal is adoption, is part of a sibling group, has documented elevated medical, behavioral, and/or mental health needs, is legally free for adoption for six months or have an affidavit to utilize public recruitment, and does not already have an identified family able to provide permanency.

Exclusionary Criteria:
Cases where the aforementioned Best Fit Criteria is not met.

Preserving Families Program
Adoption Rhode Island

Description:
Preserving Families is a state-wide program that is based on the principles of the evidenced based Attachment, Regulation and Competency (ARC) and Trauma Focused CBT (TF-CBT) Models. Staff are also trained in a variety of other evidence-based treatment and promising practices (Collaborative Problem Solving, 3-5-7, EMDR, etc.) that address the core clinical issues related to adoption, mental health, permanency and well-being. This family-centered program, which includes multiple points of contact each week through individual, family, and group interventions, works with each family member to develop a treatment plan that is carefully tailored to meet the specific needs of the child and family.

Referrals can be made directly to the program by emailing cfs@adoptionri.org or calling Adoption RI at 865-6000.

Best fit criteria:
Children and families impacted by foster care and adoption, including families brought together through kinship, domestic, and international adoption and guardianship arrangements, are eligible for programming. Families at-risk of disrupting adoptions are encouraged to participate.

Exclusionary Criteria:
Given the delicate needs of families impacted by adoption, families and/or staff interested in the Preserving Families are encouraged to contact the program directly to discuss referrals needs, individualized to the family, to determine eligibility/ineligibility.

Kinship Support Group
Adoption Rhode Island

Description: Monthly support groups are offered to relative and kin caregivers. Groups are open to any kin family, including those providing care through formal DCYF foster placement, kinship adoption, and kinship guardianship. These groups are co-facilitated by leaders with kinship caretaking experience and/or expertise in adoption, foster care and resources available to families.

Best Fit Criteria: Although all kin families are eligible, the best fit includes families who are considering guardianship or adoption and are interested in additional support and education about process, services and supports.

Exclusionary Criteria: Families providing non-kinship care

Wendy's Wonderful Kids (WWK) Program
Adoption Rhode Island

Description:
Wendy's Wonderful Kids (WWK) is a signature program of the Dave Thomas Foundation for Adoption that is the only evidence-based model of child-focused recruitment in the country, proven to be up to three times more effective to identify adoptive homes for youth meeting criteria noted below. Upon receipt of youth registration, a WWK recruiter is assigned and will create an individualized recruitment plan upon conducting:

- An exhaustive care record review & Seneca search
- Diligent search for family & connections
- Assessment of adoption readiness
- Adoption preparation (non-clinical)
- Network building to form new connections with youth

To refer a youth to this program, FSU must complete the Adoption Profile Registration (#054) for DCYF-internal processing.

Best fit criteria:
The program is specifically designed for youth who have waited the longest, experienced previous unsuccessful recruitment efforts, including teenagers, siblings, and youth who present with special healthcare needs, including medical, cognitive, and/or behavioral, and/or do not already have an identified family able to provide permanency.

Exclusionary Criteria:
Cases where the aforementioned Best Fit Criteria is not met.

Teen Focus Program
Adoption Rhode Island

Description:
Teen Focus is a permanency and education-focused program, designed to support older youth in building and re-establishing safe and meaningful connections, reaching educational goals of graduation/GED attainment and advancement, and improving their readiness for healthy transition into adulthood.

Permanency Specialists utilize multiple family search & engagement tools, as well as recruitment strategies to identify support family members and community supports, with goals of both legal and relational permanency. Educational Specialists work with youth to ensure high school/GED completion, explore post-secondary educational/vocational options, and equip youth with life skills for safe and healthy living.

Referrals can be made directly by emailing the *TF Referral Form* to the program at tfs@adoptionri.org or calling Adoption RI at 865-6000.

Best fit criteria:
Youth ages 16+ with the permanency goal of APPLA, including youth in FSU and VEC, are eligible for the program.

Exclusionary Criteria:
Youth who do not have a primary or secondary goal of APPLA.

Homebuilders
Bethany Christian Services of Southern New England

Description:

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

Best Fit Criteria:

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

Exclusionary Criteria:

- Families who refuse the HOMEBUILDERS program.
- The physical abuse is considered life-threatening, necessitating the child(ren) be immediately placed to ensure safety (for ex, the parent threatens homicide of the child).
- Both parents are found incoherent all of the time due to substance abuse.
- Family members, including parents, fear being murdered by the drug community and move constantly to avoid harm.
- A parent wants the child(ren) to be placed and refuses to consider services that might enable the child(ren) to remain in the home.
- There is no sexual abuse referral we would routinely refuse. Our worker will continually monitor to ensure the child's safety and notify DCYF if it appears that HOMEBUILDERS can't ensure safety of the child(ren).
- There are consistent threats to hurt any worker who works with the family or visits the home.

- A worker determines parents or children require hospitalization because of severe life-threatening uncontrollable behavior.
- Mental illness and related factors prevent parents from meeting minimal needs of the children and there is NO potential for support from extended family members or other resources. (Keep in mind that HOMEBUILDERS has the ability to develop stabilizing community support. Therefore, if there is ANY potential, this instance may qualify as an appropriate referral).
- The child has a life-threatening illness, and the parent does not have the intellectual capacity to learn to provide necessary health care and no homemaker, public health nurse, or family member is available to provide the care.

Family & Youth Support Partner Services /Peer Recovery Coaching
Parent Support Network of Rhode Island

Parent Support Network Overview

Parent Support network of Rhode Island (PSN) is a statewide family and peer run organization who are dedicated to working with children, youth, families, and individuals at risk for or who have emotional behavioral, and mental health challenges and who interact with and receive services from healthcare, behavioral health, housing, human services, early childhood, education, employment/vocational, child welfare, juvenile justice, adult correction, etc. PSN is the RI Chapter of Prevent Child Abuse America. We are committed to raising public awareness and conducting public health education; providing direct family and youth support services and parent peer recovery coaching for opioid addiction and other substance use or mental health challenges; we collaborate, partner, and advocate to promote policy and practice change within behavioral health, health equity and wellbeing of all Rhode Islanders.

Family Partners and Peer Recovery Specialists are parents, family members, and individuals with lived experience accessing services and supports across the child and family service systems and/or caring for a child or adolescent with behavioral health needs. Peer Recovery Specialists bring the additional lived experience of being in recovery from mental health and /or substance use. Based on these lived experiences and formal training are good at engagement, building trust, and sharing our own success in accessing and receiving services for their own children and family. Family/Parent Partner and Peer Recovery services are evidence based and recognized by the California Evidence Based Clearing House for Child Welfare and by the Center for Medicaid Services (CMS). Family/Parent Partners and Peer Recovery utilize evidence-based approaches, interventions, and strategies in our delivery.

Family & Youth Support Partner Services

PSN offers a menu of Family and Youth Support Partner services statewide to support children and youth at risk for or who have serious emotional disturbance (SED) and/or child welfare involvement and their families; and young adults who have a DSM V diagnosis and are involved individual care planning. SED is defined as birth to 18 with DSM V diagnosis, multi-agency needs (behavioral health, special education, child welfare, juvenile justice, etc.), and are at risk of out of home placement. PSN is committed to working with families and youth to prevent or intervene as early as possible with the family, youth, and young adults to reduce need for hospitalization, out of home or residential placement, and increase access to home and community-based treatment and services for positive behavioral health and well-being outcomes for the child, family, and young adults.

- **Statewide Warmline (401-467-6855):** Family & Youth Support Partners offer telephone and individual telehealth zoom sessions with our PSN warmline services weekdays 9 am to 5 pm, with the ability to schedule follow up call and zoom services nights and weekends as needed. Any Family or young adult across the state can contact to the warm line for emotional support, information, and referral as they are seeking help to care for their child and family or self; and to learn about how to get involved; and participate in our workshops, meetings, and events.
- **Individualized Service Assistance:** Family & Youth Support Partners work with the families and youth adults to schedule virtual zoom or in person meetings with their providers pending releases; and identify key needs for accessing and navigating services and assist them with taking the steps, completing applications, and providing warm transfers to providers to ensure the families and youth are connected to service programs. Partners attend in person or virtual appointments at the family and young adult request such as medical; early childhood; school-individualized educational planning

meetings or 504; treatment and care planning; hospital discharge; and family court appearances. We accompany families and youth in person or virtually to their interdisciplinary teams and wraparound team meetings as requested by the family.

- **Support Groups:** PSN offers ongoing weekly virtual support groups for families in English and Spanish. Families can receive ongoing peer support with other family members who are raising children and youth with behavioral health challenges. PSN has weekly virtual father support groups meetings every Wednesday night. We offer a virtual weekly youth support group for adolescents ages 13 to 18 years old. These groups are open and inclusive. We are working towards getting small in-person groups up and running this summer based on safe COVID social distancing. Please see our schedule for support groups on our website at www.psnri.org
- **Nurturing Parenting Classes:** Family & Youth Support Partners utilize the evidence based Nurturing Parenting curriculum by delivering ongoing 12 session classes and individualized sessions. Nurturing Parenting is a family-centered trauma informed curriculum designed to build nurturing parenting skills as an alternative to abusive and neglecting parenting and child -rearing practices. We foster positive parenting skills with nurturing behaviors, promote healthy physical and social development, and teach appropriate role and developmental expectations. We conduct pre and post assessments with families who participate and provide court letters. These classes are open to all RI families in need on a first come first serve basis and we usually run concurrent classes reduce wait lists.
- **Ongoing Family & Youth Workshops**: Family & Youth Support Partners offer ongoing workshops to build knowledge and skills for empowerment, self-efficacy, caring for yourself, child, and family; how to navigate and access behavioral health and the child service delivery systems; rights and laws; youth transition to adulthood; etc.

Regional Circle of Parents

PSN is working in partnership with the regional FCCPs, Healthy Families America Program, and other community based partners working with families/parents to create regional parent leadership groups who will hold ongoing support peer to peer support meetings; bring in guest speakers and workshops, and promote and build family/parent leadership to participate in local and state policy and advisory boards to provide input on service delivery needs and approaches to meet their child and family needs. Currently all staff and partners are receiving training to start up and facilitate groups around the state within the FCCP regions. More information will be available on our website at www.psnri.org

Peer Recovery Coaching Services

PSN provides peer-based recovery support services (PBRSS) specialized to working with transition age youth, young adults and parents who are struggling with opioid addiction, substance use and/or mental health challenges.

- **RAPID Response -Formal DCYF Referrals:** PSN receives direct referrals from Investigative and child protective service workers for a peer recovery specialist to connect with the young adult or parent to meet their immediate treatment needs within 24 hours. This includes detox, screens, and treatment and recovery services necessary for caring for self and their children and family.
- **Healing Mothers and Babies:** PSN receives direct referrals for working with pregnant women and new partners who are struggling with opioid addiction, substance use and co-occurring mental health challenges. Peer Recovery Specialists work with the pregnant women to move from illicit substances to medication assisted treatment, screens, OBGYN visits, housing, and other recovery services and preparation for parenting. Peer Recovery Specialists participate in birth process and support parents with infants born with neonatal abstinence syndrome (NAS) and connect parents with early childhood services and parents with ongoing treatment and recovery services.

- **Recovery Community Centers**: PSN has walk in recovery community centers in Newport, Middletown, and Westerly that offer an array of peer recovery services and supports including ongoing mutual aid meetings, sober social events, wellness activities and intensive one to one peer service support.

  Middletown/Newport-401-324-5861 Westerly-401-598-6400

Family & Youth Support Partner/Peer Recovery Specialist Experience

- Each family is assigned a Family/Parent Partner who is a parent/family caregiver who has lived experience either raising a child or youth with serious behavioral (mental health and substance use) challenges and/or experience with child welfare and other service system involvement. Peer Recovery Specialist will also be assigned for parents with mental health and/or substance use challenges themselves.
- Family/Parent Partners and Peer Recovery Specialists are required to have a high school diploma/GED and be certified or actively working on Dual Certified Peer Recovery Specialist -Community Health Care Worker Federal Registered Apprenticeship program s certificates with the RI Certification Board.
- Family/Parent Partners and Peer Recovery Specialists receive individual and/or group clinical supervision weekly by our Clinical Director, with MA, CAGS, LMHC, LCDP credentials. Daily supervision by an experienced non-clinical peer specialist supervisor with over 20 years of peer service delivery.

Service Details

- Peer Recovery Specialists provide rapid response to meet the needs of young adults and parents seeking immediate support and assistance with access treatment and recovery services and support for opioid addiction, substance use and mental health challenges we respond and connect face to face with individuals within 24 hours of referral.
- Family & Youth Support Partners work to accommodate families and young adults statewide and at times will need a two week notice to engage family or youth to learn about service needs and prepare to attend meetings with families and/or youth.
- Family & Youth Partners work to provide brief and individualized support and assistance and assist with making referrals to intensive child and family and peer recovery programs within PSN and to other agency partners such as First connections, Healthy Families America, Family Care Community Partnership (FCCP), etc.
- Family & Youth Support Partner and Peer Recovery Specialist duration of services can be very brief to remaining active as a member involved with our organization for years. We work to meet families where they are at and support them in identifying their immediate service needs and continue assist them in developing and implementing their own care plans.
- The Initial care plan is developed based on immediate need request during first contact with family or young adult; families and youth are engaged to participate in strengths needs intake and assessment process to learn to develop and implement their own plan of care. Family & Youth Support partners identify how to assist parents with implementing their own care plans. PSN can provide families with electronic written care plan and can work with parents to track their progress too.
- Family & Youth Support Partner and Peer Recovery services occur in the home, community, treatment centers, early care, schools, and other agency settings. Family & Youth Support Partners can transport or arrange for transportation for families and youth to participate.
- Parent Partners and Peer Recovery Specialists are available to serve across the statewide, weekdays 9 - 5 pm, scheduled nights and weekends.
- PSN will provide gas cards and/or taxis to support families and youth to accessing their treatment or participation in our services, groups, workshops, and event when it is cost effective and promotes self-efficacy.

- Because Family & Youth Support Partner and Peer Recovery Services are non-clinical, we are first responders; we work with the family to have crisis and safety plans in place as to which clinical provider is identified as 24/7 clinical response.
- Current Family & Youth Support Partner staff and Peer Recovery Specialists speak English, Spanish, Portuguese, Chinese, and utilize interpretation.
- Upon referral, initial contact with family is made within two (2) business days. Initial face to face or virtual meetings with the parents/family/caregiver occurs within 5 business days of referral.
- Referrals can be statewide can be self-referral, and agencies can refer on behalf of families and youth with electronic release and referral form.

Best fit criteria:

- Family & Youth Support Partner services should be highly encouraged and voluntary.
- Families & Youth who are hard to engage, build trust and positive communication; need ongoing peer support, education, mentoring and advocacy; positive parent and child interaction and healthy development.
- Families who have children and youth with serious emotional disturbance, have multi-agency needs, and are transitioning from out of home placement to home.
- Families and young adults who are in recovery for mental health, substance use and/or other chronic health needs or who are incarcerated at RI Adult Corrections and working on re-entry and reunification.
- Youth and Young Adults working on successful transition to adulthood and in need of life skills.

Exclusionary Criteria:

- Families and youth who after numerous attempts refuse to engage with Family & Youth Support Partner or Peer Recovery Specialist services.

Making Referrals or More Information:

Parents can self-refer, or we receive Department direct referrals with release to Parent Support Network for Family and Youth Partner services by contacting PSN at 401-467-6855.

To learn more about our new Circle of Parents initiative and all our support groups and ongoing parent workshops visit our website at www.psnri.org

Youth Development Services (YDS)
Communities for People Inc.

Description:

- The Youth Development Services Program provides youth with support and helps youth develop their life skills. The services that are provided include development assessments, financial literacy education, matched savings accounts, mentor connections, career/work readiness services, youth advisory group participation and more.
- Communities for People partners with East Bay Community Action Program, Community Care Alliance, Comprehensive Community Action Program, Tri County, The Key Program, Tides Family Services and Adoption Rhode Island to provide the below services as well as outreach and wrap around family supports.
- All staff are trained in evidence-based, trauma-informed practices, including Motivational Interviewing and the Positive Youth Development Framework.

- **8 Components of YDS**
  - **Life Skills Assessment**
    - The Youth Outreach Worker will meet with the identified youth at their home, or in a community space in order to complete the Casey Life Skills Assessment. The assessment is then used to identify the primary needs of the youth and results are passed on to one of the partnering CAP agencies.
  - **Financial Literacy Education and Work Readiness**
    - Youth receive financial literacy and work readiness through our partnered CAP agencies CCAP, CCA, EBCAP, and Tri County. The education taught in trainings conducted by the CAP agencies provide youth with long term financial skills as well as necessary skills for obtaining and maintain employment.
  - **Impact! Mentor Program**
    - YDS staff recruit, train and provide ongoing support to mentors matched to a youth. A mentor will work with youth to identify and establish authentic life-long connections.
  - **Teen Grant**
    - The Teen Grant Program is designed to provide funding for youth for services or activities that promote normalization, increase self-esteem, and facilitate their growth towards independence. Youth will complete a Teen Grant application and a committee composed of members from DCYF, Communities for People YDS program, and a youth representative from SPEAK will review the applications. Only grants applications that have met the established criteria will be approved and submitted for disbursement of funds. There is a maximum award of $300.00 within a twelve- month period.
  - **CCA**
    - Division X Chaffee funds supporting rental assistance until September 2022 and case management upon youths request.
  - **VEC**
    - C4P is the designated liason for the VEC academic and Career Development Program. C4P provides youth with a vocational assessment and has a conversation about results. Based on the youth's assessment, they will refer them to either a Youth WIOA Provider or CCRI. C4P will participate in the intake meeting with the youth so that there is a "hot handoff."
  - **The Youth Advisory Board: SPEAK**
    - The goal of SPEAK is to give proactive and motivated youth a chance to express their feedback regarding policies with in DCYF, practices within placements and raise money for various initiatives related to the Foster Care System.
    - Although staff will sit in on each SPEAK meeting, the youth will determine the direction and goals of the group.
    - Leaders on the board are trained by Foster Club of America and become certified facilitators. They have also received training from Rhode Island's Young Voices advocacy Board.

        - Youth are given many opportunities to advocate in their state and even help facilitate YDS mentoring trainings.
    - **The Double Up! Match Savings Program**
        - Youth has the ability to receive a match up to $1,000 a year of what youth has responsibly saved in their savings account. The matched money can be used to purchase a vehicle, laptop, physical wellness memberships/classes, a phone, work related equipment, and furniture for housing etc.
        - In order for a youth to be eligible for this program, they must have completed a Casey Life Skills Assessment, has completed a financial literacy training/course offered by one of the CAP agencies and have a savings account through a reputable bank.
- Youth must complete a Life Skills Assessment in order to access programs (with the exception of SPEAK).
- Clients served are adolescents and young adults aged 16-21 (16-24 for SPEAK) who have resided in the Foster Care System a minimum of 1 day on or after their 16th birthday.
- Language(s) spoken: English and Spanish.
- Referrals are generated through DCYF and the Rhode Island's Children Information System (RICHIST).

Best fit criteria:

- Youth must be 16-21 (24 for SPEAK) years of age.
- Youth must have been in the foster care system for at least 1 day on or after their 16th birthday

Exclusionary Criteria:

- Youth who have not been in foster care after their 16th birthday.
- Youth who are younger than 16 or older than 21 (24 for SPEAK).

LGBTQ+ youth Health and Wellness Program
Youth Pride, Inc.

Description:

- Peer-to-peer support groups facilitated by staff
- Case management & mental health support services, including referrals to outside organizations/agencies
- Self-advocacy, and other health and wellness activities
- Professional Development offerings to those working with LGBTQ+ youth
- Members of various department and community level committees
- Actively outreach to schools, educators, and afterschool time, mental health, and medical providers across Rhode Island.
- Basic Needs Pantry provides youth with toiletries, school supplies, and groceries free of charge
- Clothes Closet provides youth with gender-affirming and seasonally appropriate clothes free of charge

Best fit criteria:

- LGBTQ+, Rhode Island Youth ages 5 through 23, who are or need DCYF involvement.
- Partners and Providers who work with these youth.

Exclusionary Criteria:

- Youth below the age of 5 or above the age of 23
- Youth outside service area

Foster Care

Alliance Human Service, Inc.
Therapeutic Foster Care program

Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

Boys Town
Foster Family Services

Description:

- Foster Family Services provides treatment level care for children placed with DCYF. The program is a trauma-informed, strength-based foster care program that serves children from birth through 18 who are in need of temporary out-of-home placement. Program highlights include model-based strategies, behavior assessment, crisis management, clinical oversight, while driving permanency and positive outcomes.
- The Teaching Family Model is the foundation of all Boys Town Programs. Boys Town's foster care program incorporates evidence-based practices that are centered on teaching children skills and how to build healthy relationships, are flexible and individualized, and are well-defined and replicable. This puts children first and ensures their safety, permanency, and well-being.
- Each consultant maintains a caseload of approximately eight youth, while assisting the Foster Parent in their role as the primary caregiver.
- The foster care consultant is available to the foster parent and youth at all times and is on call 24 hours a day and 7 days a week.
- Foster care consultants are required to have a minimum of a bachelor's degree in social services with most consultants have master's degrees in those same areas. The Director holds a master's degree in social services and there is one Master leveled clinician with a clinical supervisor who has an independent license.
- Boys Town New England accepts referrals for foster care placements 24-hours-a-day, seven-days-a week from the Central Referral Unit (CRU) at DCYF and works to respond within 48 hours of referral. Upon receipt, the Program Director or Supervisor begins the process of seeking an appropriate match with a Boys Town licensed foster home.
- Boys Town provides regular supports and coaching in the foster home based on the Level of Need of the youth in placement.
- Foster Parents are responsible for providing transportation for all of the child's appointments while in their care. This includes medical, dental, educational, counseling and family visitation.
- When appropriate and approved by DCYF, Foster Parents are encouraged to regularly communicate with the child's parents about the child's progress and needs, as well as scheduling and encouraging parent participation in activities.
- Duration of Service: Boys Town provides supports and advocacy throughout the duration of the youth's placement in the foster home.
- From the initial clinical assessment, a service plan is developed during the first 30 days of care and is reviewed and updated on a quarterly basis thereafter, or as needed. The Service Plan contains techniques and strategies to reinforce positive behaviors and to decrease trauma-related behaviors while facilitating and coordinating clinical and specialty services. Service planning conforms to Medicaid requirements and includes clinical oversight.
- Boys Town New England has several bilingual employees and has the ability to serve Spanish- and English-speaking youth. We continue to expand the language capacity of the program.
- TFFS provides services in foster homes located throughout the state of Rhode Island.

Best fit criteria:

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

Exclusionary Criteria:

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

Child & Family
ARC 1 and ARC 2 Foster Care

Description:

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

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

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

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

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

Description:

- To provide high-quality care for children in family-based foster care, including concurrent planning services. The program is designed to achieve safety, reunification, permanency, and child wellbeing in the least restrictive environment. To support foster children including children with complex medical needs, as well as pregnant and parenting youths. The design includes providing high quality foundational supports to all children, birth parents, and/or foster parents. It also includes specialized services.
- Evidence-Based (EB) Services include Promoting First Relationships; Nurturing Parenting Programs; TIPS-MAPP.
- Ages of Clients Served: Direct services for children ages 0-10, their birth parents, and/or foster families, and pregnant and parenting youth. Also includes foster care recruitment services, SAFE home studies, training, and other support activities for foster families.
- Services include Child and Family Assessments; Service plans are developed in partnership with the children or youth (as appropriate), birth parents and/or foster parents; high quality licensed foster homes including those who support the sub-population of children with complex medical needs and sibling placements.
- A minimum of every other week home visit (60-120 minutes per visit) provided by a Permanency worker. Permanency workers include Bachelor's and Master's level clinician staff including licensed Master's licensed level staff.
- Behavioral Health and/or Mental Health Counselor provided by a Master's level staff or a licensed Master's level staff as needed.
- Child Psychiatry, including Psychiatric Assessments, Psychiatric services and/or medication management provided by a bilingual psychiatrist, as needed as appropriate.
- In Home Nursing Services, delivered by a registered Nurse (RN) including consultation, health education, and direct nursing service.
- 24/7 On-call Crisis Intervention.
- Case management and Case Conferencing, a minimum of every other week.
- Concurrent planning as appropriate
- Transportation for supervised visits or medical appointments as needed
- Availability of Service: The majority of the direct services will be provided Monday-Friday, including evening appointments; with the availability of 24/7 on-call support. Foster care recruitment services, training and other support activities will be provided during the work week, evenings, and weekends, as appropriate.
- Staffing Qualifications: For direct service positions, bachelor's degree or higher. Caseloads range from 12 lower-risk cases to 10 high-risk cases at any given time.
- Initial Contact**:** Initial contact is responsive to the referral situation, and could be the same day, if needed.
- Duration of Services: Until permanency is achieved; average duration of direct services is anticipated to be 15 months.
- Whichever setting is appropriate for the children, birth parents, and/or foster parents. This may include the home, DCYF visitation rooms, the visitation room at Children's Friend (at 153 Summer Street in Providence), and other community settings. Foster care recruitment, training, and other support activities will occur in community settings and/or conference rooms at Children's Friend, as appropriate.
- Languages Spoken: Current staff who are bilingual speak English, Spanish, Portuguese, Cape Verdean Creole and Haitian Creole.
- Geographic Area**:** Statewide.
- Referrals are generated through the Department's Central Referral Unit (CRU).

Best Fit Criteria (Circumstances):

- Children, ages 0-10, in foster care; including children with complex medical needs, sibling groups or pregnant or parenting youth.

Exclusionary Criteria (Circumstances):

- Adolescents who have severe behavioral and mental health needs.

Communities for People Inc.
Families for Children (FFC)

Description:

- FFC is a specialized foster care program designed to serve youth who, due to their behavioral presentations and clinical needs, cannot be served in traditional, public agency foster homes. The program has also served as a family-based treatment setting for both diversion and step-down from residential care, inpatient hospitalization, as well as substance abuse services.
- Staff work with the youth, birth parents and Resource Family using evidence based and Trauma informed treatment models including Trauma Focused Cognitive Behavioral Therapy and Motivational Interviewing.
- The program offers coordination, transportation, and supervision of family visitation for youth in the program as well as respite coordination as needed.
- Clients served are from birth to 20
- Services are readily available through evening and weekends, with on-call emergency support available 24/7.
- Each youth is assigned a Bachelor's /level social worker, each carrying a mixed caseload. The caseload carried by each Social Worker is determined by Tier levels of the youth. A Master's level clinician will be assigned to cases in Tiers 3, 4 and 5, (12:1 caseload).
- The program's Social Worker sees youth as indicated by Tier level, or more if needed. Tiers 1 and 2 will be seen a minimum of once weekly. Tiers 3, 4 and 5 will have a minimum of two (2) to (3) face-to-face visits per week. The clinician sees each youth in Tiers 3, 4 and 5 for a minimum of one (1) hour of individual counseling weekly. This frequency may increase based on the family's needs.
- Once a youth has been matched to an available resource home, a planned transition can begin immediately
- Typical service duration is approximately six (6) to nine (9) months.
- FFC is provided primarily within the family's home but may also occur within the community or school setting based on the needs of the family.
- Initial treatment plans are developed within 30 days and are updated monthly.
- Referrals are generated through the Department's Central Referral Unit (CRU)
- Languages spoken: English, Spanish
- Geographic area: Statewide

Best fit criteria:

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

Exclusionary Criteria:

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

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

Description:

- FFC-Residence Model, (FFC-RM) is a unique hybrid foster home program that has components of specialized foster care as well as residential care. It is designed to serve youth who have proven difficult to place in specialized foster home settings. The program supports youth with clinical, social work, and behavioral management staff.
- The program offers coordination, transportation, and supervision of family visitation for youth in the program.
- Staff will work with both the youth, birth parents and resource family using evidence based and Trauma informed treatment models including Trauma Focused Cognitive Behavioral Therapy and Motivational Interviewing.
- Clients served are from 0 to 21 years old, but typically reserved for adolescents 13-21.
- Once a youth has been identified, a planned transition into the home can begin immediately
- Each youth is assigned a Bachelor's level social worker (8:1 caseload), Master's level clinician (12:1 caseload) and Behavioral Specialist (4:1 caseload).
- Families receive a minimum of two (2) face to face contacts per week, with additional face to face, telephone and collateral contact readily available. Youth will have a minimum of three face to face visits weekly with the social worker, including at least one family meeting. The primary support is complemented by individual, group and family therapy by the clinician. Frequency of therapy is individualized but is designed to be at a minimum weekly and can be increased to whatever level is needed, especially at times of crisis.
- A Behavioral Specialist will provide direct support in the home for 10 hours a week per youth.
- Anticipated duration of service is approximately three (3) to Nine (9) months.
- Services are provided primarily within the resource family's home but may also occur within the community or school setting based on the needs of the youth.
- On call provides after hours support and is utilized for crisis intervention, clinical consultation, and preliminary mental health evaluations, and is available to youth and birth/resource families as well as DCYF.
- In addition to after hours, on call support, we provide transportation, and coordinate youth and families' transportation needs for routine and emergency appointments.
- Initial treatment plans are developed within 30 days: subsequent reviews every 90 days. Progress towards treatment goals are measured and evaluated weekly.
- Referrals are generated through the Department's Central Referral Unit (CRU)
- Languages currently spoken: English, Spanish and Portuguese.
- Geographic area: The program can work with youth and their families statewide, however our current residence home is located in Providence.

Best fit criteria:

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

Exclusionary Criteria:

- Actively suicidal, homicidal or psychotic
- Primary referral reason is sexual offender behavior
- Profound Developmental delays, Significant Autism Spectrum Disorders

Devereux
Therapeutic Foster Care

Description:

- Devereux provides therapeutic foster care placements for children and youth in the custody of DCYF with the goal of transitioning them to their home and community with sustained positive outcomes.
- Devereux utilizes Together Facing the Challenge and Risking Connection as the evidenced based models supporting service delivery.
- Children/Youth served are between the ages of 0-21 years old.
- Services are provided to children/youth and their foster families 7 days per week and 24 hours per day. Devereux's 24 hour on-call service is available to support any crisis that may involve our child/youth and foster family.
- All foster care workers and recruiters have a minimum of a bachelor's degree and are supervised by master's level supervisors.
- Devereux staff guarantee to engage in their first face to face meeting (after intake) with the child/youth and foster family within 48 hours (2 business days) of placement. A Licensed Devereux Worker completes a Risk Assessment and Columbia Suicide Screener on child/youth, within 24 hours of placement. A Devereux Worker completes a Case Management Assessment and an ACES Assessment on child/youth, within 48 hours of placement.
- Devereux foster care workers, meet with the child/youth/family; based upon their needs, and aligned with the child/youth's Level of Need (LON) score.
- Devereux's services are intended to both stabilize the child/youth and support their permanency goals. Devereux will work collaboratively with identified permanency providers in an attempt to secure permanency outcomes. Length of service is dependent on child/youth's permanency plan.
- Devereux's services are provided in the foster home, the community or school-based setting based on the needs of the child/youth and family.
- Treatment plans, Clinical Biopsychosocial Assessments, Trauma CANS, CANS, OHIO's, ASQ's, and Discharge Plans are completed by Devereux workers, within 30 days of intake and quarterly thereafter. Progress and barriers of treatment plan objectives are reviewed during scheduled home visits.
- Devereux Foster Care workers complete Columbia Suicide Assessments of child/youth at discharge and when deemed necessary.
- Devereux Foster Parents and adult household members must complete all DCYF required licensing activities and must also pass a Diana Screen. Devereux is COA accredited, and as aligned with COA requirements, conducts annual home study updates on all foster homes.
- Foster Parents are responsible to respond to immediate and ongoing child/ youth needs, during their workday. In the event they are not available, a plan will have been arranged involving a natural support and or agency representative.
- Foster Parents and Devereux, support the social and recreational needs of the child/youth; and ensure that they have access to community and afterschool activities; provide transportation and attend events.
- Foster Parents and Devereux ensure that child/youth are transported to and are accompanied for, all routine, emergency, preventative or screening appointments related to medical, dental, nutritional, pre or post-natal, behavioral health and safety needs.
- Devereux is currently equipped to provide services in English and Spanish and will access translation services for other linguistic needs.
- Geographic area: Statewide

Best fit criteria:

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

Exclusionary Criteria:

- Children and youth who are actively suicidal and homicidal.

Family Service of RI (FSRI)
Trauma Systems Therapy (TST) Treatment Foster Care (TFC)

Description:

- TST Treatment Foster Care is a trauma-focused, strength-based, culturally responsive approach to foster care which is grounded in the evidence-informed Trauma Systems Therapy (TST). Under this model, FSRI assists youth who have experienced trauma to develop skills to regulate behaviors and emotions, while improving the ability of the caregiver and the service system to support youth well-being.
- The TST team will partner with DCYF to encourage participation of biological parents where reunification is a goal.
- The TST TFC team will help to coordinate efforts to connect youth in the program with their siblings, kin and natural supports to enhance the safety net of the child.
- While the program can accommodate youth of all ages (0-21 years), specific attention for foster care recruitment will be paid to building capacity for adolescents, sibling sets, LGBTQQI youth, and youth who have had difficulty in previous foster placements—all who have been impacted by trauma and struggle with emotional and behavioral dysregulation.
- The TST TFC team will consist of clinicians, case managers, independently licensed clinical supervisors, as well as staff focused on foster parent recruitment, licensing, and development.
- The youth will meet with the TST clinician and case manager in accordance with their assigned LON.
- The team will support foster parents, biological parents and the child(ren) through weekly home-based contact, clinical services, case management, advocacy and transportation assistance.
- On-call available 24 hours a day, seven days a week. FSRI will provide in-person response to stabilize the child and family and address any immediate risk that occurs.
- Languages spoken: English and Spanish.
- Geographic area: Statewide.
- Upon referral, initial contact with family is made within one business day.
- Referrals are generated through the Department's Central Referral Unit (CRU).

Best fit criteria:

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

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

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

Exclusionary Criteria:

- None

The Groden Network
Treatment Foster Care

Description:

- TFC is a home-based treatment foster care (TFC) program for children and youth with emotional and developmental disabilities who are either unable to continue living at home or not ready to return home following a more restrictive placement.
- TFC foster parents are carefully selected, licensed in foster care, and trained in both parenting and professional skills.
- Clients served are between the ages of birth to 21 years.
- The TFC program has oversight by a licensed Director and master-level clinicians (BCBA, LICSW, LCSW) who work with TFC Foster Families in assessing the client, developing treatments to support the client, coordinating the transition between home and TFC, and monitoring the client's progress.
- TFC Clinician's caseload is an average of 9 clients.
- The TFC clinician provides clinical service and coordination with other service providers including medical, counseling and recreational facilities. They also monitor the child's school placement and attend school meetings as appropriate.
- Each client's placement in TFC, including the length of care, is based on the DCYF Case Plan which defines permanency goals. Historically, placements have lasted from six months to over three years. Typically, reunification with the client's family has taken approximately a year.
- To the extent possible, clients will be placed in a culturally appropriate home within a family constellation where consistent care is provided with access to typical neighborhood and community and experiences.
- Along with clinical goals, TFC treatment plans include permanency goals with strategies and task which include: addressing behaviors that place the client at risk for placement disruptions; training of the client's family or adoptive family on parenting skills and implementation of the client's Behavior Support Plan; coordinating with other service providers if the goal is independent living; and providing opportunities for healthy, functional relationships with family or mentors, regardless of the permanency goal.
- Progress towards treatment goals and progress is reviewed weekly by the entire clinical team, including the Director who is a Licensed Clinician.
- TFC Clinicians and Program Director are on-call for TFC Foster Families and TFC Clients 24 hours a day, 7 days a week.
- TFC staff members speak languages other than English or have access to translators if needed.
- Geographic area; Statewide.
- Referrals are generated through the Department's Placement Unit (CRU).

Best Fit Criteria:

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

Exclusionary Criteria:

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

NAFI
Therapeutic Foster Care

Description:

- The goals of the program are to place children in the least restrictive environment working to: eliminate inappropriate behaviors; provide community integration; support the child's mental health and emotional needs; and to include parents/kin in the child's treatment to enhance reunification. The treatment team aims to stabilize behavior while teaching skills, and to promote values necessary to function productively and independently in the community.
- Therapeutic Foster Care is an evidence-informed program. NAFI has implemented internal measures to evaluate outcomes and successes.
- Children ranging in age from 0-21 are eligible for the program.
- Staffing qualifications include Supervisors and Therapists at a Master's level, and Case Managers at a Bachelor's Level. Each Case Manager carries a caseload of 9 clients at a time.
- Each client is seen face to face at a frequency determined by their clinical need/level of need. This frequency ranges from two hours weekly to one hour bi-weekly. Clients are also able to be supported more frequently as their clinical needs change.
- Case Managers manage all aspects of the child's case, including regular contact with DCYF, school personnel, biological family, as well as, working with the foster parents to focus on optimal behavior strategies and interventions. They will also attend all meetings to advocate for the child.
- Average length of stay in Therapeutic Foster Care is 9 months.
- All services are provided in the foster home, school, and in the community.
- Initial service plan and standard assessments are completed by the 30th day of placement, and then reviewed and updated every 90 days.
- Foster Parents are required to provide all transportation. This includes transportation for all medical, dental, and mental health appointments; as well as any services or activities as outlined in the child's service plan that will enhance the quality of the child's life, such as specialty groups, extracurricular activities, and peer interactions. They are expected to provide transportation to family visitation. If they are unable to provide transportation for visitation, NAFI staff will assist in ensuring the child is transported.
- Foster Parents are required to attend 16 hours of additional training each year.
- NAFI offers all foster parents the ability to utilize respite care.
- The program provides 24/7 on call support through the on-call phone (401-623-0657) as well as an administrative on call phone system, (401-623-9264).
- The current languages spoken are: English, Spanish
- Geographic are served: statewide
- Once a referral is accepted and matched with an appropriate foster home, contact is made with the client within 24 hours.
- Referrals are generated through the Department's Central Referral Unit (CRU).

Best fit criteria:

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

Exclusionary Criteria:

- Youth who are actively suicidal, homicidal or showing psychotic behavior will need a safety evaluation to determine if they are able to be supported in a less – restrictive family setting.

Congregate Care

Assessment & Stabilization Centers

Short Term Assessment & Reunification (STAR)
Communities for People Inc.

Description:

- The Short-Term Assessment & Reunification Program (STAR) provides immediate access to a safe, structured, community-based residential setting providing; family support, rapid assessment and stabilization for youth exhibiting an array of mental health needs and behavioral presentations including self-harm and aggressive behavioral episodes and who need assessment and stabilization.
- In cases where youth are unable to return home after their stay at the STAR site, the program works to minimize disruption in their permanency goals by assisting in timely transitions to other family supports/relatives, foster homes, or when necessary, the ability to remain at the site past 90 days. The program immediately engages parents/caretakers with the goal of rapid reunification
- The STAR program provides youth with a full range of supportive case management and educational continuity, including transporting the youth to the school where he most recently attended.
- Staff work with the youth, parents/guardians, and natural resources using evidence based and trauma informed treatment models including, Attachment, Regulation, and Competency Model (ARC), Motivational Interviewing (MI), Cognitive Behavioral Therapy (CBT) and Trauma Focused Cognitive Behavioral Therapy (TF-CBT).
- Programmatic services for youth include: crisis prevention, stabilization and intervention as needed, brief, acute, residential care in a safe, secure and supportive community-based setting, the involvement of caregivers and family members in all aspects of treatment, including service planning, family therapy and trauma focused psycho-educational opportunities, service planning with permanency goals and timeframes for attainment, development and implementation of youth safety or crisis management plans; coordination of and transportation to appointments, provisions for daily therapeutic recreation activities, coordination of and/or access to educational groups; programming focus on enhancing independent daily living skills, medication management, educational and vocational coordination and support; case management and court advocacy.
- Clients served are adolescent females from 14 through 18 years old.
- The program is designed to accept placement 24/7. Referrals are generated through the Department's Central Referral Unit (CRU)-during normal business hours (Mon.-Fri., 9am-5pm) or through DCYF Child Protective Services (CPS) after normal business hours, weekends, and holidays. The Central Referral Unit initiates phone contact with a STAR program administrator during normal business hours. Outside of traditional office hours, CPS workers may initiate emergency placements by phoning CFP's on-call Supervisor.
- The program has a staffing ratio of 1:3, with an awake-overnight staffing ratio of 1:4. Each youth is also assigned a Master's level clinician (8:1 caseload).
- The clinician sees each youth for a minimum of one (1) hour of individual counseling weekly and provides treatment planning consultation and care management. The clinician will also meet with the identified youth's family regularly to help remove barriers to reunification. The youth receives daily/ongoing case management, weekly review of service plan goals, coaching on life domains with additional telephone and collateral contact readily available.
- When indicated, the program arranges consistent medication monitoring and routine psychiatric assessments through a contracted practitioner.
- Location: 81 Washington Ave Providence.
- Bilingual: English and Spanish, Spanish speaking staff are not on site 24/7.
- Referrals are accepted statewide

Best fit criteria:

- The program serves youth and families who require physical separation for a brief respite when other traditional and home-based efforts have not succeeded.
- Youth who are exhibiting an array of mental health needs and behavioral presentations, including self-harm and aggressive behavioral episodes, and who need immediate assessment and stabilization.

Exclusionary Criteria:

- Actively homicidal, suicidal or psychotic
- Youth whose medical needs require 24-hour monitoring or specialized skills
- Profound developmental delays

Greenville House-Trauma Systems Therapy (TST) Residential Family Service of RI

Description:

- TST Residential is aligned with child-welfare best practices and is individualized and strength-based in its approach. Greenville House is a six-bed program and is an Assessment Center.
- Clients served are from thirteen (13) to seventeen (17).
- Greenville provides assessment and stabilization while working with a multi-disciplinary team to formulate a transition plan.
- The program is intended to serve youth who have experienced trauma and may be dealing with complex issues such as victimization in sex trafficking, or other similarly complex needs.
- The team is experienced in working with youth who are coping with complex trauma, family needs, and related issues.
- Upon referral, initial contact with family is made within two (2) business days.
- TST Residential is responsive to the needs of clients on a 24/7 basis
- TST Residential is best for those who have experienced complex trauma, and are in need of short-term, clinically focused out-of-home treatment that addresses symptoms of trauma and barriers to reunification and permanency and improves independent living skills.
- Progress towards treatment goals are measured and evaluated weekly.
- We accept emergency placements.
- On call available twenty-four (24) hours a day, seven (7) days a week.
- Languages spoken: English and Spanish
- Geographic area: Statewide

Best fit criteria:

- Engages and involves families and the community in a youth's care from the moment of intake, making clear that the focus of treatment from the beginning is assessment, stabilization and then discharge planning.
- Treatment may be particularly effective for youth who have previously been victims of childhood sexual abuse or sex trafficking and may display externalizing sexual behaviors.
- Youth who have traditionally been served in out-of-home treatment in an out-of-state location, may be particularly good fits, as the program offers more frequent, local access to primary caregivers and families. Treatment may also be successful for youth who identify as LGBTQIA.

Exclusionary Criteria:

- Over seventeen (17) years of age.
- Is not suitable for youth with developmental disabilities.

Hills Program
St. Mary's Home for Children

Description:

- The primary focus of our assessment and stabilization program is the stabilization of youth through the provision of a supportive, affirming and structured environment, clinical treatment services, opportunities to spend time in the community and an emphasis on spending time with their families or important adults in their lives.
- Our program operates with a belief that a safe, consistent, therapeutic treatment environment that emphasizes relationship-building, provides youth with opportunities to develop emotional regulation skills, master skills associated with daily living, and repair family relationships.
- Ages of the clients served: Females, 12-17 years of age
- Service is available: 24 hours a day, 7 days a week
- Master's level clinicians typically carry six (6) cases.
- Clinicians are trained in TF-CBT and other evidence-based treatment modalities
- Youth are referred on an emergency basis and may be admitted to the program 24/7
- Clients receive at least weekly individual and family treatment and multiple group sessions.
- Psychiatric evaluations and medication management are available by our full-time psychiatrist or our part time consulting advanced psychiatric nurse practitioner for youth in need of these services.
- Registered nurses and a CNA comprise our onsite nursing staff: 24/7 access to nursing
- Regarding family involvement, the agency had grant funding to assist with transportation needs and has set up a voucher system with a local taxi service.
- We also provide transportation to youth in our care who are attending medical appointments and involved in community activities and/or athletics
- Duration of services: 90 days
- The service is provided on the St. Mary's campus and in the community.
- Youth are educated in their home school districts
- Family Therapy and Parent Education is delivered in the primary language of our clients.
- Treatment plan goals are measured and evaluated monthly.
- Languages spoken include English, Spanish and Creole
- Geographic area served: Statewide

Best fit criteria:

The target population is youth involved in the child welfare system who exhibit chronic runaway behaviors, may be victims of sex trafficking and may also exhibit pervasive emotional, behavioral, and psychiatric challenges that interfere with their ability to function at home, school, and in the community.

Exclusionary Criteria:

Youth not eligible for our services include individuals who require 24 hour medical or nursing care, one-to-one support or meet criteria for ARTS or hospital level care.

Dartmouth Avenue
Turning the Corner (TTC)

Description:

- 30-day Assessment and Emergency Shelter Center program providing clinical care and assessment in a group home setting for juvenile males ages 13 to 18
- Each youth is assigned a Master's level clinician with a clinician has a caseload not to exceed 8 clients per program
- Within 72 hours of admission, a trauma assessment is completed identifying previous trauma, trauma triggers and coping mechanisms using the Trauma Systems Checklist assessment tool. Within 30 days a comprehensive treatment plan is developed using Ohio Scales and CANS as measurement tools Treatment plan is reviewed 90 days.
- Clients provided 1hour of individual therapy by clinician per week, family therapy (when appropriate), 1hour of group therapy by clinician per week. Clinical times can increase based on client's need.
- Attachment, Self-Regulation and Competency evidence-based treatment model into all its programming. The ARC model is a framework for intervention for youth and families who have experienced multiple and/or prolonged traumatic stress.
- This program's outcomes are the following: Reduction in instances of elopement/truancy: Reduction in instances of aggressive behavior; and Reduced substance abuse. Assessments are referred to other service agencies when necessary to provide a more expansive view of future programming needed. Permanency options explored for time of admission and family engagement is a priority.
- Daily, staff will provide guidance to residence in personal hygiene, basic meal preparation, cooking, housekeeping, shopping, money management and social skills.
- Transportation: TTC will meet all transportation and associated needs for each youth in placement including transportation for 1) routine and emergency medical, dental and vision appointments 2) purchases of clothing and personal items 3) mental health appointments 4) vocational training, school, and educational advocacy; and 5) family court and other court appearances
- The agency will assist parents with accessing public transportation or provide transportation to ensure parents participate fully in treatment planning and implementation. Parents can assist with transportation of the youth when appropriate.
- Languages spoken: English, Spanish
- Geographic area: 64 Dartmouth Avenue, Providence, RI, Elmwood neighborhood
- Referrals are generated through the Department's Central Referral Unit (CRU)

Best Fit Criteria:

- Adolescent eight males, ages 13 to 18, in need of temporary shelter and evaluation due to delinquent behaviors, dependency issues, an inability to return to their home for various reasons or may be in transition.

Exclusionary Criteria:

- Actively homicidal or suicidal
- Unable to participate in medication management
- Active medical impairment which prevents mobility or requires hospitalization
- Under 13 (although exceptions can be approved by DCYF)

Group Homes

Family Home Program- 102 and 125 Flanagan- Adolescent Male Boys Town

- The Family Home Program provides strength-based, trauma-informed residential services to youth in DCYF care, in order to address and stabilize children that require a higher placement level than foster care.
- Boys Town's Residential Family Home Program is an evidence-based program that provides quality and professional services through its highly researched Boys Town Model of Care. The Model is centered on teaching children skills and how to build healthy relationships, it is flexible and individualized, well-defined, and replicable. This puts children first and ensures their safety, permanency, and well-being.
- Three Family Homes are identified- two to serve male youth ages 11 through 18, and one home is identified to serve female youth ages 11 through 18.
- The Family Teachers, who reside in the home, and Assistant Family Teachers are the primary care agents; they provide supervision and care 24 hours a day, 7 days a week. Consultation and support is also available and accessible to direct care staff 24/7. Assistant Family Teachers also provide awake overnight supervision.
- Direct care staff possess a minimum of a Bachelor's degree in a related field of study or a High School Diploma with relevant experience. Director positions require a Bachelor's degree and experience working with at-risk youth and families. Clinical staff possess a Master's degree, and the Clinical Supervisor is independently licensed. All homes are licensed to serve six youth/children; occupancy is dependent upon referrals.
- Boys Town promptly responds to both emergency and non-emergency placement referral requests. Upon 24 hours of receipt of a referral, program and clinical staff review the youth's referred behavior and clinical needs to assess appropriateness for program placement. Program staff then schedule an interview within 5 business days. Once the interview is complete and staff has determined placement appropriateness, staff returns the required DCYF disposition sheet.
- Direct care staff provide treatment and care daily. Supervisors provide coaching, support, and supervision to direct care staff on a consistent basis. Clinical staff provide initial and ongoing assessments to address youth needs.
- Average length of stay is approximately 4-8 months with an emphasis on permanency goals.
- Treatment Service Plans are developed during the first 30 days of care to target issues that impair functioning, safety, permanency, and well-being. Staff track and document the progress of each youth's Service Plan goals daily, and review and update the plan monthly with the Consultant. We engage families and youth in the service planning process unless otherwise indicated in a court order.
- Staff will provide transportation to all appointments and will follow up with any routine or emergency healthcare needs.
- Boys Town employs bilingual employees and serves families speaking Spanish and English.
- The Family Home Program serves youth from all geographic areas, throughout the state of Rhode Island.

Best fit criteria:
The Family Home Program is a placement-based service appropriate for children that require temporary, safe, effective, out-of-home care and effective treatment interventions that address barriers to returning to a family-like setting, or to prepare youth for independence. The program is designed to address youth safety, permanency, and well-being.

Exclusionary Criteria:
Exclusionary program criteria include youth with severe sexual perpetration or a documented history of arson.

Intensive Supervised Living Program (ISLP) Hope St. Communities for People Inc.

Description:

- The Intensive Supervised Living Program is a community-based residential program serving adolescent boys who are exhibiting acute emotional and/or behavioral dysregulation. While the program provides a high degree of supervision, support, and structure, it utilizes positive behavioral approaches and provide supports in the least restrictive, least intrusive manner possible.
- The program provides assessment, stabilization, treatment, and skills instruction to youth step-down from hospitalization or diversion and re-entry into the community from the Rhode Island Training School.
- The program provides youth with psychosocial, educational, and vocational training. The program uses a wide range of diagnostic and treatment services, including daily living and social skills training, to improve each youth's functioning.
- Staff work with the youth, parents/guardian, and natural resources using evidence based, trauma informed treatment models including Attachment, Regulation, and Competency Model (ARC), Motivational Interviewing (MI) and Cognitive Behavioral Therapy (CBT)
- Programmatic services for youth include: Clinical assessment, trauma-informed individual counseling; coordinated service planning, including timeframes for achieving permanency goals; behavior management; psychiatric services, including evaluation and medication monitoring, individualized safety planning; care coordination and case management; educational and vocational training; service coordination; crisis prevention, stabilization and intervention as needed; community integration and community service opportunities; residential care in a safe, secure and supportive community-based setting; involvement of caregivers and family members in all aspects of treatment; coordination of and transportation to appointments; therapeutic recreational programming; coordination of and/or access to educational groups; and independent daily living skill preparation.
- Clients served are adolescent males from 13 through 18 years old.
- Referrals are generated through DCYF's Central Referral Unit (CRU).
- The program has a staffing ratio of 1:3, with an awake-overnight staffing ratio of 1:4. Each youth is also assigned a Master's level clinician (8:1 caseload).
- The clinician meets with each youth for a minimum of one (1) hour of individual counseling weekly and provides treatment planning consultation and care management.
- The clinician on-call also provides after-hours support and is utilized for crisis intervention, clinical consultation, and preliminary mental health evaluations.
- Anticipated length of stay is 3-5 months
- Location: 380 Hope St. Providence
- Initial treatment plans are developed within 30 days: subsequent reviews monthly.
- Language spoken: English
- Referrals are accepted statewide

Best fit criteria:

- Youth stepping down from higher levels of care including; The RI Training School, out of state treatment facilities and the hospital.
- Youth requiring increased structure and support from current placement

Exclusionary Criteria:

- Actively homicidal, suicidal or psychotic
- Youth whose medical needs require 24-hour monitoring or specialized skills
- Profound developmental delays

Oakland Beach ARC Group Home
NAFI

Description:
These two programs are under one contract serving a total of 14 adolescents, both male and female, allowing for any configuration of residents between the two sites (ie. 8 at Oakland Beach, and 6 at Ridge Street or vice versa) depending on the needs of the Department. Residents will be between the ages of 13 through 18.

Oakland Beach – 280 Pequot Avenue, Warwick - Staff secure residential program providing clients with the skills and support to allow them to become self-supporting members of the community and possible reunification with families.

- Identified treatment model – Attachment, Regulation and Competency (ARC).
- The ARC framework is a flexible, components-based intervention developed for teens who have experienced complex trauma.
- ARC is designed as an individual clinical intervention to be used in treatment settings for youth and families as a way to understand and process complex and chaotic organizational frameworks, as well as to support trauma informed care.
- The program is built on 4 components: normative childhood development, traumatic stress, attachment, risk and resilience.
- These areas identify important childhood skills and competencies which are shown to be negatively affected by traumatic stress and by attachment disruptions; which when therapeutically addressed predict resilient outcomes.
- Group home staff work with youth and families to enhance protective factors by working on the youth's re-engagement and connection to family, community, and other support networks and through evidence informed research based programming and pro-social activities.

Best fit criteria:

- Male and Female client's age ranging from 13-18 years old.
- Emphasis on clients who have an identified care giver to return home to, not limited strictly to a parent, could include an aunt, former foster parent, etc.

Exclusionary Criteria:
- IQ below 70.
- History of fire setting.
- Sexually aggressive behaviors that put the community at risk (as determined in risk assessment).
- Substance abuse needing detoxification

Coventry House Staff Secure Residential
Community Solutions

Description:

- Community Solutions, Inc. (CSI) Coventry House is a staff secure residential program for youth with acute mental or behavioral health needs who have been unable to thrive in family-based setting.
- CSI is licensed for eight (8) males, 12 through 17 years of age.
- CSI provides a safe, highly structured environment in a residential setting, with 24-hour monitoring and supervision. Our staff secure program is open and staffed with awake and alert staff 24-7,365 days a year.
- The staffing ratio is three youth to one staff person.
- CSI provides behavioral/therapeutic land academic success and stability.
- CSI offers on-grounds academic/physical education, provided by Coventry School Department.
- CSI provides an on-grounds clinician offering Individual/Family Counseling, as well as weekly A.R.T. (Aggression Replacement Therapy) Groups. Each resident receives (1) hour per week of Individual Therapy by a licensed clinician.
- Incorporates the use of Cognitive Behavioral Therapy (CBT) a minimum of once per week for individuals and conducts group sessions a minimum of once per week for the youth onsite at Coventry House.
- Substance Abuse Groups are provided by an outside provider.
- Community Groups are facilitated twice daily.
- Families are consistently invited to participate in treatment plan meetings and client therapy sessions.
- Program staff also will arrange counseling sessions with clients before or after visits to make these sessions easily available for the parent/caregiver.
- Treatment Plans are established in collaboration with parent/guardian and DCYF/Probation within 30 days of intake.
- CSI provides daily recreational activities (basketball, football, IV, pool, foosball, YMCA, etc.).
- CSI incorporates the use of a points and levels system that encourages residents to follow rules and expectations. Youth who showcase their achievements earn rewards and allowances.
- Weekly random urine screens are conducted by a certified laboratory.
- CSI staff is on call and available 24 hours a day, seven days a week.
- Each team have their own vehicle for transportation, to deliver services to families, bring youth to appointments and ensure staff are readily available to respond to a family's needs. Staff drive throughout Rhode Island to meet medical appointments, family visits, etc.
- Aftercare services provided; first 30 days after discharge, CSI makes weekly calls to the youth and family, and twice per month for 31-90 days, and monthly from 91 to 120 days.
- Length of stay: 3-5 months.
- Referrals are generated through DCYF's Central Referral Unit (CRU).

Best fit criteria:

- Truancy, Delinquency
- Exhibiting severe acting out behaviors, putting themselves and others at risk.
- Sex Offenders

Exclusionary Criteria:

- Actively suicidal, homicidal, or psychotic behavior with less than six-month stability.
- Diagnosed with schizophrenia, Developmental delays, or Autism Spectrum Disorders.

Lincoln House
Bradley Hospital

Description:

- Short-term community-based Adolescent Residential Treatment program for adolescents with Serious Emotional Disorders (SED) and their families/caregivers.
- Adolescents will live together in a therapeutic community while working on behavioral, emotional, and social difficulties they encounter at home and in the community. During this period, the adolescent and parent/caregiver are expected to participant in treatment.
- The program follows a Dialectical Behavior Therapy- Adolescent (DBT-A) treatment model. DBT-A is an empirically validated treatment.
- The program serves adolescent females age 13-18 years old who are still in school.
- The program includes clinical assessments and treatment planning, medication management, individual therapy, family therapy, adolescent skills training, caregiver education, clinical and milieu coaching in skills generalization, school consultation, educational support, 24-hour supervision and support, case management, care coordination, and discharge planning.
- The residential program operates 24/7 and staff is available for both the resident and the family/adult support.
- The clinical team is led by a licensed independent practitioner and includes a registered nurse, Master level clinicians and milieu staff all trained in DBT -A. The clinical team leader provides clinical and administrative.
- The clinical manager processes referrals and determines the eligibility for admission within two (2) business days.
- Both the DBT-A residential program staff and the Bradley Mindful Teen will provide DBT-A treatment. The clinical staff, of both programs participates in a DBT-A consultation team and the staff in each program has discrete functions. Bradley Mindful Teen treatment will be billed separately and consists of treatment on the Bradley Hospital campus twice per week. The role of the Mindful Teen program is to deliver DBT-A treatment including weekly individual treatment, family treatment if needed, and multifamily DBT-A skills group. The DBT-A team is available to the youth and parent/adult mentor for24-hour phone coaching.
- The residential program utilizes a DBT -A model to establish and maintain a safe, DBT -A therapeutic residence and to reinforce generalization of skills in a safe environment. The DBT -A residential program provides 24-hour supervision, daily care, treatment planning, discharge planning, clinical case management, and manages medical care and prescribed medication. The residential team clinical staff leads twice weekly skills practice group, provides daily skills coaching, daily diary card review, reinforces skills and behaviors learned during the week's multifamily DBT-A group, teaches daily life skills, coordinates education planning, supervises community and recreational activities, supervises parent/family visits, and transports youth as needed.
- The primary role of the milieu therapist is the supervision of the residents, maintenance of a DBT -focused therapeutic environment and management of daily schedule
- Minimum staff to adolescent ratio is 1:3 during awake hours and 2:8 residents during sleep hours.
- Anticipated length of stay in residence is 3-6 months.
- Progress is measured weekly. Treatment plans are reviewed and modified every 90 days and as needed.
- Primary language is English. Interpreter services may be arranged when appropriate.
- Referrals are accepted statewide.
- Referrals are generated through DCYF's Central Referral Unit (CRU).

Best fit criteria:

- Adolescent presents with a recent history of at least one episode of suicidal behavior (plan, intent, and/or attempt), non-suicidal self-injury, and/or more than one episode of other

high -risk impulsive behavior (such as aggression, elopement, risky sexual behavior, etc).

- Less intensive levels of care have been unsuccessful in resolving high-risk behaviors, and/or the adolescent's level of acuity and existing safety concerns render them inappropriate for a lower level of care.
- The adolescent has exhibited the ability to remain free of any life-threatening behavior for a minimum of four weeks.
- Adolescent exhibits difficulties in at least three of the five problem areas associated with features of Borderline Personality Disorder in adolescence: 1) dissociation/confusion about self; 2) mood dysregulation; 3) impulsive behaviors when distressed; 4) instability in interpersonal relationships; 5) significant child-caregiver conflict.
- Adolescent additionally meets DSM-V/ICO-10 criteria for a mood and/or anxiety disorder.
- Adolescent's cognitive functioning is within the low average range or higher.
- Adolescent is committed to participating in treatment, to remaining alive and learning to refrain from self-injury, and to remaining in the residential setting. The adolescent does not currently have a plan or intent for suicide and is not threatening to elope from treatment program.
- Adolescent has a parent/caregiver, mentor, visiting resource, or prospective foster parent who is able and willing to participate in treatment program, or such an adult can be identified, by the program on the adolescent's behalf.

Exclusionary Criteria:

- Significant learning or developmental issues that would render youth unable to participate in and benefit from treatment programming.
- Adolescent with active psychosis, active unmanaged mania, homicidal ideation, severe violent behavior, or any other acute psychiatric or behavioral problem that would render them unable to effectively participate in treatment programming.
- Adolescent with a substance abuse/dependence disorder that would impede their ability to participate in treatment effectively.

Family Home Program- 103 Flanagan- Adolescent Female
Boys Town

- The Family Home Program provides strength-based, trauma-informed residential services to youth in DCYF care, in order to address and stabilize children that require a higher placement level than foster care.
- Boys Town's Residential Family Home Program is an evidence-based program that provides quality and professional services through its highly researched Boys Town Model of Care. The Model is centered on teaching children skills and how to build healthy relationships, it is flexible and individualized, well-defined, and replicable. This puts children first and ensures their safety, permanency, and well-being.
- Three Family Homes are identified- two to serve male youth ages 11 through 18, and one home is identified to serve female youth ages 11 through 18.
- The Family Teachers, who reside in the home, and Assistant Family Teachers are the primary care agents; they provide supervision and care 24 hours a day, 7 days a week. Consultation and support is also available and accessible to direct care staff 24/7. Assistant Family Teachers also provide awake overnight supervision.
- Direct care staff possess a minimum of a Bachelor's degree in a related field of study or a High School Diploma with relevant experience. Director positions require a Bachelor's degree and experience working with at-risk youth and families. Clinical staff possess a Master's degree, and the Clinical Supervisor is independently licensed. All homes are licensed to serve six youth/children; occupancy is dependent upon referrals.
- Boys Town promptly responds to both emergency and non-emergency placement referral requests. Upon 24 hours of receipt of a referral, program and clinical staff review the youth's referred behavior and clinical needs to assess appropriateness for program placement. Program staff then schedule an interview within 5 business days. Once the interview is complete and staff has determined placement appropriateness, staff returns the required DCYF disposition sheet.
- Direct care staff provide treatment and care daily. Supervisors provide coaching, support, and supervision to direct care staff on a consistent basis. Clinical staff provide initial and ongoing assessments to address youth needs.
- Average length of stay is approximately 4-8 months with an emphasis on permanency goals.
- Treatment Service Plans are developed during the first 30 days of care to target issues that impair functioning, safety, permanency, and well-being. Staff track and document the progress of each youth's Service Plan goals daily, and review and update the plan monthly with the Consultant. We engage families and youth in the service planning process unless otherwise indicated in a court order.
- Staff will provide transportation to all appointments and will follow up with any routine or emergency healthcare needs.
- Boys Town employs bilingual employees and serves families speaking Spanish and English.
- The Family Home Program serves youth from all geographic areas, throughout the state of Rhode Island.

Best fit criteria:
The Family Home Program is a placement-based service appropriate for children that require temporary, safe, effective, out-of-home care and effective treatment interventions that address barriers to returning to a family-like setting, or to prepare youth for independence. The program is designed to address youth safety, permanency, and well-being.

Exclusionary Criteria:
Youth with severe sexual perpetration or a documented history of arson.

Transitional Treatment Program (TTP)
Communities for People Inc.

Description:

- The Transitional Treatment Program is a community-based residential program serving older adolescents with chronic and/or severe mental health needs. The program serves as both a diversion to psychiatric hospitalization, and/or as a step-down option for youth who are leaving the hospital or out of state residential treatment centers and who are not able to return to living with their family.
- The TTP Model provides youth and their families with consistent psychiatric consultation and medication monitoring, emergency therapeutic intervention, routing and emergency evaluation, and psychiatric assessment through our contractual partnership with a community based mental health provider.
- The program provides youth with psychosocial, educational, and vocational training. The program uses a wide range of diagnostic and treatment services, including daily living and social skills training, to improve each youth's overall functioning and their ability to live independently.
- Staff work with the youth, parents/guardians, and natural resources using evidence based and trauma informed treatment models including, Attachment, Regulation, and Competency Model (ARC), Motivational Interviewing (MI) and Cognitive Behavioral Therapy (CBT)
- Clients served are adolescent females from 13 to 18 years old.
- Coordination of and transportation to medical, dental, psychiatric, educational, family, vocational and legal appointments are provided as indicated by the treatment team.
- The program has a staffing ratio of 1:3, with an awake-overnight staffing ratio of 1:4. Each youth is also assigned a Master's level clinician (8:1 caseload).
- The clinician on-call also provides after-hours support and is utilized for crisis intervention, clinical consultation, and preliminary mental health evaluations.
- The clinician meets with each youth for a minimum of one (1) hour of individual counseling weekly and provides treatment planning consultation and care management.
- Anticipated length of stay is 6-9 months
- Location: 136/138 Knight St. Providence
- Initial treatment plans are developed within 30 days; subsequent reviews monthly.
- Language spoken: English
- Referrals are generated through the Department's Central Referral Unit (CRU)
- Referrals are accepted statewide

Best fit criteria:

- Youth with chronic mental health/ frequent hospitalization
- Youth who are exhibiting an array of mental health needs and behavioral presentations, including self-harm and aggressive behavioral episodes

Exclusionary Criteria:

- Actively homicidal, suicidal or psychotic
- Youth whose medical needs require 24-hour monitoring or specialized skills
- Profound developmental delays

Ridge Street Program- ARC Group Home
NAFI

Description:
These two programs are under one contract serving a total of 14 adolescents, both male and female, allowing for any configuration of residents between the two sites (ie. 8 at Oakland Beach, and 6 at Ridge Street or vice versa) depending on the needs of the Department. Residents will be between the ages of 13 through 18.

Ridge Street – 151 Ridge Street, Pawtucket - Staff secure residential program providing clients with the skills and support to allow them to become self-supporting members of the community and possible reunification with families.

- Identified treatment model – Attachment, Regulation and Competency (ARC).
- The ARC framework is a flexible, components-based intervention developed for teens who have experienced complex trauma.
- ARC is designed as an individual clinical intervention to be used in treatment settings for youth and families as a way to understand and process complex and chaotic organizational frameworks, as well as to support trauma informed care.
- The program is built on 4 components: normative childhood development, traumatic stress, attachment, risk and resilience.
- These areas identify important childhood skills and competencies which are shown to be negatively affected by traumatic stress and by attachment disruptions; which when therapeutically addressed predict resilient outcomes.
- Group home staff work with youth and families to enhance protective factors by working on the youth's re-engagement and connection to family, community, and other support networks and through evidence informed research based programming and pro-social activities.

Best fit criteria:

- Male and Female client's age ranging from 13-18 years old.
- Emphasis on clients who have an identified care giver to return home to, not limited strictly to a parent, could include an aunt, former foster parent, etc.

Exclusionary Criteria:
- IQ below 70.
- History of fire setting.
- Sexually aggressive behaviors that put the community at risk (as determined in risk assessment).
- Substance abuse needing detoxification

Star Street-Hospital Diversion Program, Ages 12 to 17
Turning the Corner (TTC)

Description:
• Community based, 90-Day Hospital Diversion Residential Treatment program providing clinical care and stabilization of complex psychiatric- disordered female youth in a therapeutic residential setting.
• Each youth is assigned a master's level clinician with a clinician has a caseload not to exceed 6 clients per program
• Within 72 hours of admission, a trauma assessment is completed identifying previous trauma, trauma triggers and coping mechanisms using the Trauma Systems Checklist assessment tool. Within 30 days a comprehensive treatment plan is developed using Ohio Scales and CANS as measurement tools Treatment plan is reviewed, 90 days and annually.
• Clients provided 1 hour of individual therapy by clinician per week, 1 hours family therapy per week,1 hour of group therapy by clinician per week. Clinical times can increase based on client's need.
• Attachment, Self-Regulation and Competency evidence-based treatment model into all its programming. The ARC model is a framework for intervention for youth and families who have experienced multiple and/or prolonged traumatic stress.
• This program's outcomes are the following: Reduction in instances of self-harm; Reduction in instances of aggressive behavior; Increase home visits enhancing family functioning from intake to post discharge
• Languages spoken: English, Spanish
• Geographic area: 35 Star Street Pawtucket, RI, Woodlawn neighborhood

Best Fit Criteria:
• Adolescent females, ages 12 to 17, with serious and persistent mental illness or serious behavioral disorders who are at risk for psychiatric hospitalization, or who have completed a psychiatric hospitalization and need a short-term intensive treatment program before returning to their permanent residences.

Exclusionary Criteria:
• Youth who only display serious behavioral/conduct disorders without a psychiatric diagnosis who are not at risk for hospitalizations
• Unable to participate in medication management
• Active medical impairment which prevents mobility or requires hospitalization
• Youth with sufficient cognitive impairments that prevent them from participating in mental health treatment

Group Homes- Special Populations

Lake Street- Program for Youth with Developmental Disabilities
Turning the Corner (TTC)

Description:

- Community based residential treatment program for complex youth with Developmentally Disabilities providing clinical care in a therapeutic group home setting for adolescent males ages fourteen through twenty-one (14-21)
- Each youth is assigned a Master's level clinician with a caseload not to exceed 8 clients per program
- Within 72 hours of admission, a trauma assessment is completed identifying previous trauma, trauma triggers and coping mechanisms using the Trauma Systems Checklist assessment tool. Within 30 days a comprehensive treatment plan is developed using Ohio Scales and CANS as measurement tools. Treatment plan is reviewed every 90 days and annually.
- Clients provided 1hour of individual therapy by clinician per week, family therapy (when appropriate), 1hour of group therapy by clinician per week. Clinical times can increase based on client's need.
- Attachment, Self-Regulation and Competency evidence based treatment model has been incorporated into all its programming. The ARC model is a framework for intervention for youth and families who have experienced multiple and/or prolonged traumatic stress.
- This program's outcomes are the following: Reduction of instances of self-harm/ and or aggressive behavior; Improved hygiene, ability to follow direction and routine; basic meal preparation, cooking, housekeeping, shopping, money management, and social skills
- Improved family communication and functioning and or/natural supports and/or explore and help facilitate other permanency options such as foster care, adoption, mentors
- TTC offers school advocacy and integration into public schools (or education in the least restrictive environment), as well as access to recreational and vocational programming.
- Transportation: TTC will meet all transportation and associated needs for each youth in placement including transportation for 1) routine and emergency medical, dental and vision appointments 2) purchases of clothing and personal items 3) mental health appointments 4) vocational training, school, and educational advocacy; and 5) family court and other court appearances
- The agency will assist parents with accessing public transportation or provide transportation to ensure parents participate fully in treatment planning and implementation. Parents can assist with transportation of the youth when appropriate.
- Languages spoken: English, Spanish
- Geographic area: 14 Lake Street, Warwick, RI
- Referrals are generated through the Department's Central Referral Unit (CRU)

Best Fit Criteria:

- Adolescent males ages fourteen through twenty-one (14-21) who have developmental or intellectual disabilities along with psychiatric or behavior disorders requiring placement in a caring, nurturing and structured environment that can help participants learn to manage aggressive or disruptive behaviors

Exclusionary Criteria:

- Lack of developmental or intellectual disability or a cognitive ability which exceeds 70
- Actively homicidal or suicidal

- Unable to participate in medication management
- Active medical impairment which prevents mobility or requires hospitalization
- Under 13 (although exceptions can be approved by DCYF)

West Ave- Adolescent Developmental Disabilities Program
Whitmarsh Corp

- The ADDP provides a residential setting for the assessment, stabilization and treatment of mild to moderately developmentally disabled youth, youth with learning disorders, and youth with co-occurring severe mental health needs. Youth will receive high-intensity case management, milieu therapy, individual, group, and family therapy, and other specialized treatment as indicated by their individual needs. The ADDP offers additional services such as life skills coaching, art therapy, one to one service, and aftercare services.
- The ADDP will utilize Justice Resource Institute's evidence-based, ARC program for the clinical framework for the therapeutic milieu, work authored by Margaret E Blaustein, Ph.D. and Kristine Kinniburgh LICSW, will guide and direct training staff and the framework of the evidence-based Attachment, Self-Regulation, and Competency model.
- The ADDP serves male clients ages 16-20.
- This ADDP operates 24 hours a day, 7 days per week.
- The Whitmarsh DCYF On Call Phone can be reached at (401) 639-4697. The ADDP Program Director can be reached at (401) 954-7095 and Chief Operations Officer can be reached at (401) 954-7386 during normal business hours.
- Residential staff is required to have a minimum of a high school diploma with experience or BA in human services (preferred). The Program Director/Case Manager has a BA. All clinical services provided by Whitmarsh are licensed therapists. The ADDP is a six-bed, community-based facility.
- The ADDP will notify the CRU of its decision to interview, waitlist, accept, or reject a referral within the specified timeframe on referral. Once accepted, the program can typically admit a client within 1-2 business days, although this may vary depending on the complexity of the youth's needs and services required.
- The client is supervised by program staff 24/7. Clinical services typically occur once per week, although this varies according to the youth's needs. Family sessions are offered for those engaged members.
- Anticipated length of stay is 3-12 months, depending on the youth's needs and permanency plan.
- The ADDP is located in Providence, RI.
- Comprehensive Assessments and Treatment Plans are completed within 30 Days of intake including OHIO and CANS measures. CA's are completed annually, and Treatment Plan goals are evaluated internally on a monthly basis. Full treatment team reviews are conducted every 90 days.
- Primary language is English, however, every effort will be made to meet the language needs of incoming youth.
- The ADDP serves all of Rhode Island.
- The ADDP provides transportation for youth for school, appointments, and work as needed using agency vehicles and RIPTA bus passes.

Best fit criteria:

- Cognitive impairments and developmental disabilities, including but not limited to intellectual disabilities, Autism, and learning disabilities.
- Youth with severe behavioral and mental health needs, including those who have historically had high rates of out-of-state placement.

Exclusionary Criteria:

- Lack of formal or rule-out diagnosis of mild to moderate developmental disabilities, learning disorders, or other cognitive impairments.
- Diagnosis of a severe or profound development disability or mental illness which impede treatment.
- Medical fragility.

Dartmouth Avenue- Sex Offenders Residential Treatment Program for Youth
Turning the Corner (TTC)

Description

- A staff-secure residential treatment program for up to eight adjudicated or non-- adjudicated males, ages 17 to 21, demonstrating sexually reactive, offending or abusive behaviors.
- Each youth is assigned a Master's level clinician with a clinician has a caseload not to exceed 8 clients per program
- Within 72 hours of admission, a trauma assessment is completed identifying previous trauma, trauma triggers and coping mechanisms using the Trauma Systems Checklist assessment tool. Within 30 days a comprehensive treatment plan is developed using Ohio Scales and CANS as measurement tools Treatment plan is reviewed, 90 days and annually.
- Clients provided 1hour of individual therapy by program clinician per week, family therapy (when appropriate, with family not victim), 3 hours of sex offender specific group therapy by SO accredited clinician per week. Clinical times vary based on client's need.
- Attachment, Self-Regulation and Competency evidence-based treatment model into all its programming. The ARC model is a framework for intervention for youth and families who have experienced multiple and/or prolonged traumatic stress. It's delivered by Master's level clinicians along with intensive casework in coordination with family members, natural supports, and other stakeholders.
- Daily, staff will provide guidance to residence in personal hygiene, basic meal preparation, cooking, housekeeping, shopping, money management and social skills.
- Transportation: TTC will meet all transportation and associated needs for each youth in placement including transportation for 1) routine and emergency medical, dental and vision appointments 2) purchases of clothing and personal items 3) mental health appointments 4) vocational training, school, and educational advocacy; and 5) family court and other court appearances
- The agency will assist parents with accessing public transportation or provide transportation to ensure parents participate fully in treatment planning and implementation. Parents can assist with transportation of the youth when appropriate.
- This program's outcomes are the following: Reduction in instances of inappropriate sexual behavior; Reduction in instances of aggressive behavior; and reduced use of manipulative behavior, understanding of legal ramifications, if adjudicated.Assistance in independence/job placement, discharge to family or another permanent placement
- Languages spoken: English,Spanish
- Geographic area: 58 Dartmouth Avenue, Providence, RI, Elmwood neighborhood
- Referrals are generated through the Department's Central Referral Unit (CRU)

Best Fit Criteria:

- Adjudicated or non-adjudicated males, ages 17 to 21, demonstrating sexually reactive, offending or abusing behaviors, who need a treatment plan that includes relapse prevention, understanding the cycle of abuse, emotional development, accepting full responsibility, and victim empathy

Exclusionary Criteria:

- Youth who are not sex offenders
- Actively homicidal or suicidal
- Unable to participate in medication management
- Active medical impairment which prevents mobility or requires hospitalization
- Under 17 (although exceptions can be approved by DCYF)

Pearl Street- Sex Offenders Residential Treatment Program for Youth
Turning the Corner (TTC)

Description:

- A staff-secure residential treatment program for up to eight adjudicated or non-- adjudicated males, ages 13 to 17, demonstrating sexually reactive, offending or abusive behaviors.
- Each youth is assigned a Master's level clinician with a caseload not to exceed 8 clients per program
- Within 72 hours of admission, a trauma assessment is completed identifying previous trauma, trauma triggers and coping mechanisms using the Trauma Systems Checklist assessment tool. Within 30 days a comprehensive treatment plan is developed using Ohio Scales and CANS as measurement tools. Treatment plan is reviewed, every 90 days and annually.
- Clients provided 1hour of individual therapy by program clinician per week, family therapy (when appropriate, with family, not victim), 3 hours of sex offender group therapy by SO accredited clinician per week. Clinical times vary based on client's need.
- Attachment, Self-Regulation and Competency (ARC) evidence-based treatment model into all its programming. The ARC model is a framework for intervention for youth and families who have experienced multiple and/or prolonged traumatic stress. It's delivered by Master's level clinicians along with intensive casework in coordination with family members, natural supports, and other stakeholders.
- TTC offers school advocacy and integration into public schools (or education in the least restrictive environment), as well as access to recreational and vocational programming.
- Daily, staff will provide guidance to residence in personal hygiene, basic meal preparation, cooking, housekeeping, shopping, money management and social skills.
- Transportation: TTC will meet all transportation and associated needs for each youth in placement including transportation for 1) routine and emergency medical, dental and vision appointments 2) purchases of clothing and personal items 3) mental health appointments 4) vocational training, school, and educational advocacy; and 5) family court and other court appearances
- The agency will assist parents with accessing public transportation or provide transportation to ensure parents participate fully in treatment planning and implementation. Parents can assist with transportation of the youth when appropriate.
- This program's outcomes are the following: Reduction in instances of inappropriate sexual behavior; Reduction in instances of aggressive behavior; and Reduced use of reoffending
- Languages spoken: English, Spanish
- Geographic area: 179 Pearl Street, Providence, RI, Elmwood neighborhood
- Referrals are generated through the Department's Central Referral Unit (CRU)

Best Fit Criteria:

- Adjudicated or non-adjudicated males, ages 13 to 17, demonstrating sexually reactive, offending or abusing behaviors, who need a treatment plan that includes relapse prevention, understanding the cycle of abuse, emotional development, accepting responsibility, and victim empathy

Exclusionary Criteria:

- Youth who are not sex offenders
- Actively homicidal or suicidal
- Unable to participate in medication management
- Active medical impairment which prevents mobility or requires hospitalization
- Under 13 (although exceptions can be approved by DCYF)

Residential Treatment Centers with on Campus Education

ISAT I Eagles (Intensive Stabilization, Assessment and Program)
Harmony Hill School

Description:

- ISAT I Eagles offers residential treatment to biological males 13-18 with the most complex and/or imminent safety concerns. These youths are stepping down from or being diverted from psychiatric hospitalization or may be too ill to manage at the RITS.
- HHS utilizes the Recovery Model of Mental Health as a framework for all treatment provided in ISAT I (Eagles). Within the Recovery Model framework individual clinicians utilize a variety of commonly accepted treatment modalities including, but not limited to, Trauma Focused- Cognitive Behavioral Therapy (TF-CBT), CBT, Dialectal Behavioral Therapy (DBT skills), Narrative Therapy, Motivational Interviewing, Expressive Therapy and Family Systems Therapy.
- ISAT I youth receive counseling services from their individual licensed Masters level clinician for 90 minutes weekly. Twice-weekly clinical group run by a psychologist and Initial psychiatric evaluation and weekly appointment for symptom management and medication review. A member of the clinical team is available on campus from 8A-8P Monday-Friday and on-call at all other times for consultation and support. (ISAT youth may attend other groups on campus and is evaluated on a case-by-case basis looking at individual safety)
- HHS offers youth and families a variety of supporting resources that include but not limited to: safety and crisis intervention, dietary concerns, clothing, medical concerns, personal care items, on campus psychiatric/psychological routine pediatric care, community base visits for general/specific needs, court transportation, community based support/treatment groups.
- Transportation for family visitation can be provided, as well as supervision of visits on a case-by-case basis. Space for visitation is also provided on campus as well.
- Members of the clinical team provide family therapy at a time and place convenient to parents/guardians/caregivers. Telephone support from an "on call" clinician is available 24/7 when youth are visiting in the community in preparation for reunification. HHS also has 24/7 access to nursing and psychiatric on call.
- Due to the complexity in this unit, staffing ratio are 3:5 (staff to youth) during awake hours and 2:5 during sleep hours. The ISAT I is a 23 bed unit to ensure proper supervision of youth experiencing such significant mental health and safety issues.
- HHS provides residential services to youth 24 hours a day 365 days a year.
- Length of time: Typically, from 30-90 days or until they have demonstrated some ability to maintain personal safety.
- Treatment Plans are developed within the first 30 days of admission and reviewed/revised every 90 days following. Treatment plan goal data is collected daily on a per shift basis
- Language: We have the ability to communicate with families whom may speak other languages (interpreter services used). Youth must be able to be educated in English.
- Geographic area: HHS services all biological males 13-18 and their families statewide.
- Each referral is reviewed by the admissions team and decisions are made on a case-by-case basis
- Referrals are generated through the Department's Central Referral Unit (CRU) HHS provides residential services to youth 24 hours a day 365 days a year.

ISAT II Blue Jays & Cardinals
(Intensive Stabilization, Assessment and Program)
Harmony Hill School

Description:

- ISAT II Blue Jays and Cardinals offer residential treatment to biological males 13-18 who are currently experiencing Chronic (Blue Jays) or Acute (Cardinals) mental health symptoms. These youths require a high degree of staff support and intervention to maintain safety.
- HHS utilizes the Recovery Model of Mental Health as a framework for all treatment provided in ISAT II (Blue Jays/Cardinals). Within the Recovery Model framework individual clinicians utilize a variety of commonly accepted treatment modalities including, but not limited to, Trauma Focused- Cognitive Behavioral Therapy (TF-CBT), CBT, Dialectal Behavioral Therapy (DBT skills)-, Narrative Therapy, Motivational Interviewing, Expressive Therapy, and Family Systems Therapy.
- ISAT II youth receive counseling services from their individual licensed Masters level clinician for 60 minutes weekly. Weekly clinical group run by a psychologist and Initial psychiatric evaluation and bi-weekly appointment for symptom management and medication review by our psychiatrist. A member of the clinical team is available on campus from 8A-8P Monday-Friday (in the milieu from 3-8) and on-call at all other times for consultation and support. (ISAT youth may attend other groups on campus this is evaluated on a case-by-case basis looking at individual safety)
- ISAT II also provides the following minimum array of service components: one (1) hour weekly DBT skills training groups by Clinical Psychologist (campus based), two (2) times monthly psychiatry services (on campus) and a 2:5 staff to student ratio during awake hours and two during sleep hours.
- HHS offers youth and families a variety of supporting resources that include but not limited to: safety and crisis intervention, dietary concerns, clothing, medical concerns, personal care items, on campus psychiatric/psychological routine pediatric care, community base visits for general/specific needs, court transportation, community based support/treatment groups.
- Transportation for family visitation can be provided, as well as supervision of visits on a case-by-case basis. Space for visitation is also provided on campus as well.
- Members of the clinical team provide family therapy at a time and place convenient to parents/guardians/caregivers. Telephone support from an "on call" clinician is available 24/7 when youth are visiting in the community in preparation for reunification. HHS also has 24/7 access to nursing and psychiatric on call.
- ISAT II is an 11bed unit.
- Length of Stay: it is our hope that an ISAT II youth would reside in this level of care from 90-180 days with our focus of stepping them down to a home/ less restrictive setting or until they have demonstrated some ability to improve self-management/ self-control skills.
- Treatment Plans are developed within the first 30 days of admission and reviewed/revised every 90 days following. Treatment plan goal data is collected daily on a per shift basis.
- Language: We have the ability to communicate with families whom may speak other languages (interpreter services used). Youth must be able to be educated in English.
- Geographic area: HHS services all biological males 13-18 and their families statewide.
- Each referral is reviewed by the admissions team and decisions are made on a case-by-case basis.
- Referrals are generated through the Department's Central Referral Unit (CRU) HHS provides residential services to youth 24 hours a day 365 days a year.

Program for Sexually Abusive Adolescents (PSAA) Lions
Harmony Hill School

Description:

- PSAA Lions offer residential treatment to biological males 13-18 who have engaged in sexually abusive behaviors. These youths may be involved in juvenile justice system and have engaged in sexually abusive and /or problematic sexual behaviors.
- HHS utilizes the Recovery Model of Mental Health as a framework for all treatment provided in PSAA lions. Within the Recovery Model framework individual clinicians utilize a variety of commonly accepted treatment modalities including, but not limited to, Trauma Focused- Cognitive Behavioral Therapy (TF-CBT), CBT, Dialectal Behavioral Therapy (DBT skills), Narrative Therapy, Motivational Interviewing, Expressive Therapy, and Family Systems Therapy.
- PSAA youth receive counseling services from their individual licensed masters level clinician for 60 minutes weekly: psychiatric services 30 days and additionally as needed; sexual abuse specific groups occur twice a week including a Trauma Focused Cognitive Behavior Therapy and DBT based coping skills component in addition to Pathways material; family therapy is offered bi-weekly; individual therapy occurs weekly; if there is not a Sexually Abusive youth specific evaluation at the time of admission or there is a Court request or order for HHS to complete the evaluation; a sexually abusive youth specific evaluation will be completed shortly after admission; transitional assessments are completed once all the clinical tasks of the program are completed. Transitional assessment indicates completed clinical tasks, risk and protective factors, on-going sexually abusive specific clinical needs and level of care placement recommendations
- Harmony Hill School offers youth and families a variety of supporting resources that include but not limited to: safety and crisis intervention, dietary concerns, clothing, medical concerns, personal care items, on campus psychiatric/psychological routine pediatric care, community base visits for general/specific needs, court transportation, community based support/treatment groups.
- Transportation for family visitation can be provided, as well as supervision of visits on a case-by-case basis. Space for visitation is also provided on campus as well.
- Members of the clinical team provide family therapy at a time and place convenient to parents/guardians/caregivers. Telephone support from an “on call” clinician is available 24/7 when youth are visiting in the community in preparation for reunification. Harmony Hill School also has 24/7 access to nursing and psychiatric on call.
- Length of stay: Typically, from 270-365 days or until they have completed all tasks associated with PSAA Treatment
- Treatment Plans are developed within the first 30 days of admission and reviewed/revised every 90 days following. Treatment plan goal data is collected daily on a per shift basis.
- Language: We have the ability to communicate with families whom may speak other languages (interpreter services used). Youth must be able to be educated in English.
- Geographic area: HHS services all biological males 13-18 and their families statewide.
- Each referral is reviewed by the admissions team and decisions are made on a case-by-case basis
- Referrals are generated through the Department’s Central Referral Unit (CRU). HHS provides residential services to youth 24 hrs. a day 365 days a year.

Hope and Horton Houses
St. Mary's Home for Children

Description:

- The PRTF program delivers comprehensive mental health treatment to children and adolescents who, due to mental illness or severe emotional disturbance, need quality active treatment that can only be provided in a psychiatric residential treatment facility and for whom alternative, less restrictive forms of treatment have been unsuccessful or are not medically indicated.
- PRTF programming is reflective of the Building Bridges Initiative (BBI) Core Principles, which include family-driven and youth-guided care, cultural and linguistic competence, clinical excellence and quality standards, accessibility, community involvement and transition planning (between settings and from youth to adulthood).
- Goal is to reduce length of stay in the residential intervention to 3-6 months, followed by six (6) months of continued service in the home through our BBI team, EOS or other third party funded services.
- This framework is consistent with our trauma-informed, relational model approach in which we emphasize family driven and youth guided care, cultural and linguistic competence, clinical excellence, quality standards, community involvement, transition planning and services, continuous assessment and evaluation and continuous quality improvement.
- Family/caregiver engagement is extremely important and, unless contraindicated, occurs immediately from the point of referral to the PRTF and the initiation of treatment – and continues thereafter. A strong emphasis on engaging and involving family voice and addressing a family's needs must occur from the outset. Individuals with lived experience, Parent Partners, engage families and assist with basic needs, resource development and advocacy.
- Clinicians provide weekly individual, family and group therapies; clinicians are trained in TF-CBT and other treatment modalities.
- Consistently identifies and reduces any barriers or reluctance of youth or family members to participate in treatment by providing a comprehensive debriefing and consistently and patiently addressing issues, with staff creatively employing new engagement strategies, as needed
- Innovative and transformational model of care, particularly in that 'aftercare' services are not referred elsewhere but instead are fully incorporated into the program model.
- Service requires identification of a Family or Youth track at referral, so that targeted interventions can be implemented at the onset of treatment. For youth with no identified permanency plan in place, intervention includes family finding and more intense advocacy and coordination with DCYF to help determine that plan.
- Psychiatric Evaluation and medication management services are provided by full time Psychiatrist or part time consulting Advanced Psychiatric Nurse Practitioner. The psychiatrist directs all facets of the youth's inpatient stay, including the written plan of care, plans for continuing care and plans for discharge. A psychologist provides staff with case consultation two (2) times per month and a national expert in trauma and trauma stewardship provides consultation and support to our staff twice per month as well.
- Registered Nurses and a CNA comprise our on-site Nursing staff. The department provides Nursing Assessment at admission, first aid triage, written orders and assessment of restraints and coordination of all psychiatric services and of all health services including, but not limited to, dental, medical and specialty services
- A psychiatrist and nurse are available to agency staff 24/7 via an On Call system. There is on-site nursing available to manage and support youth with medical conditions, to order a restraint if that becomes necessary and assess a youth's physical and emotional well-being within an hour of the restraint.
- Youth are educated in our on-campus special education school, which, in addition to academics, provides SEL, transition planning and services, and enrichment activities such as acting classes, music production, kickboxing and equine assisted psychotherapy
- Languages spoken: English, Spanish and Creole
- Geographic area served: Statewide

Best fit criteria:

The target population is youth ages 13 through 18 involved in the child welfare system who exhibit pervasive emotional, behavioral and psychiatric challenges that interfere with their ability to function at home, school and in the community.

Exclusionary Criteria:

Youth not eligible for our services include individuals who require 24 hours medical or nursing care, youth who are pregnant, and youth with IQ under 60.

Mauran House
St. Mary's Home for Children

Description:

- The PRTF program delivers comprehensive mental health treatment to children and adolescents who, due to mental illness or severe emotional disturbance, need quality active treatment that can only be provided in a psychiatric residential treatment facility and for whom alternative, less restrictive forms of treatment have been unsuccessful or are not medically indicated.
- PRTF programming is reflective of the Building Bridges Initiative (BBI) Core Principles, which include family-driven and youth-guided care, cultural and linguistic competence, clinical excellence and quality standards, accessibility, community involvement and transition planning (between settings and from youth to adulthood).
- Goal is to reduce length of stay in the residential intervention to 3-6 months, followed by six (6) months of continued service in the home through our BBI team, EOS or other third party funded services.
- This framework is consistent with our trauma-informed, relational model approach in which we emphasize family driven and youth guided care, cultural and linguistic competence, clinical excellence, quality standards, community involvement, transition planning and services, continuous assessment and evaluation and continuous quality improvement.
- Family/caregiver engagement is extremely important and, unless contraindicated, occurs immediately from the point of referral to the PRTF and the initiation of treatment – and continues thereafter. A strong emphasis on engaging and involving family voice and addressing a family's needs must occur from the outset. Individuals with lived experience, Parent Partners, engage families and assist with basic needs, resource development and advocacy.
- Clinicians provide weekly individual, family and group therapies; clinicians are trained in TF-CBT and other treatment modalities.
- Consistently identifies and reduces any barriers or reluctance of youth or family members to participate in treatment by providing a comprehensive debriefing and consistently and patiently addressing issues, with staff creatively employing new engagement strategies, as needed
- Innovative and transformational model of care, particularly in that 'aftercare' services are not referred elsewhere but instead are fully incorporated into the program model.
- Service requires identification of a Family or Youth track at referral, so that targeted interventions can be implemented at the onset of treatment. For youth with no identified permanency plan in place, intervention includes family finding and more intense advocacy and coordination with DCYF to help determine that plan.
- Psychiatric Evaluation and medication management services are provided by full time Psychiatrist or part time consulting Advanced Psychiatric Nurse Practitioner. The psychiatrist directs all facets of the youth's inpatient stay, including the written plan of care, plans for continuing care and plans for discharge. A psychologist provides staff with case consultation two (2) times per month and a national expert in trauma and trauma stewardship provides consultation and support to our staff twice per month as well.
- Registered Nurses and a CNA comprise our on-site Nursing staff. The department provides Nursing Assessment at admission, first aid triage, written orders and assessment of restraints and coordination of all psychiatric services and of all health services including, but not limited to, dental, medical and specialty services
- A psychiatrist and nurse are available to agency staff 24/7 via an On Call system. There is on-site nursing available to manage and support youth with medical conditions, to order a restraint if that becomes necessary and assess a youth's physical and emotional well-being within an hour of the restraint.
- Youth are educated in our on-campus special education school, which, in addition to academics, provides SEL, transition planning and services, and enrichment activities such as acting classes, music production, kickboxing and equine assisted psychotherapy
- Languages spoken: English, Spanish and Creole
- Geographic area served: Statewide

Best fit criteria:

The target population is youth ages 8 through 12 involved in the child welfare system who exhibit pervasive emotional, behavioral and psychiatric challenges that interfere with their ability to function at home, school and in the community.

Exclusionary Criteria:

Youth not eligible for our services include individuals who require 24 hours medical or nursing care, youth who are pregnant, and youth with IQ under 60.

Ospreys
Harmony Hill School

A staff-secure seven bed unit for biological males ages 8-13th birthday experiencing persistent emotional and behavioral reactions to trauma and/or mental health problems. Clients have had moderate to severe dysfunction in residential, group home or juvenile justice settings, or home settings, requiring support and treatment to improve functioning in the home and community. Expected length of stay is individual to client needs.

- Enhanced staffing and security
  - 3:7 ratio during waking hours; 1:6 ratio during overnight hours
  - Alarmed bedroom and windows
  - Modified facilities support a safe environment
- Clinical treatment and extensive on-site medical services
  - Weekly 60 minute minimum of individual and/or bi-weekly family therapy
  - Weekly clinical group as needed such as coping skills, grief and loss, and LGBTQQI.
  - Initial psychiatric evaluation, weekly or as needed appointments for symptom management and medication review & bi-weekly staff consultation
  - 24-hour crisis intervention support from milieu, clinical, nursing and psychiatrist/MD staff
  - Coordination of all medical, dental and specialty services and appointments
  - Specialty assessments and services can be contracted for at admission (on site or arranged pending insurance), including PT/OT, psychosexual or fire setter evaluations, and psychological testing
- Educational services
  - Opportunity to participate in modified work study program to build employment skills for those who qualify
  - Individualized educational planning with local education agency and family participation
- Milieu services
  - Trauma-informed milieu with daily community meetings
  - OT consults and sensory room available in-unit
  - Participate in activities on campus, including after-school and enrichment programs, and in the community with supervision and support
  - Specialists foster a safe, accepting, personally challenging and normalizing environment while helping clients develop the skills necessary to achieve their fullest potential socially, emotionally and academically
- Transition
  - Partner with families and/or caregivers and funders throughout treatment to ensure integrated treatment planning and transition goals to return youth to their home and/or a community-based setting
- Referrals are generated through the Department's Central Referral Unit (CRU) HHS provides residential services to youth 24 hours a day 365 days a year.

Residential Treatment Center with on Campus Education- Special Populations

Juvenile Justice Focused Residential Treatment Center
Ocean Tides

Description:

- Juvenile Justice (TCP/Probation, Family Court) focused RTC model will provide milieu therapy with structure and services to effectively address the reasons for placement with psychiatric and clinical services which offer a comprehensive array of strength and evidence based therapeutic modalities designed to offer hope, foster growth, and improve the lives of the male adolescents and their families focusing on critical issues of trauma, abuse, neglect, problematic behaviors, substance abuse, mental health, family reunification, safety and well-being, and taking into account the effect of toxic trauma and adverse childhood experience.
- The program is developed based on the Lasallian Care Model and using the Service Outcome Action Research model.
- 13-19-year-old males, generally high school students, consideration to select 13-year-olds, 7 & 8th graders.
- RTC services are provided 24/7, 365 days/year; office hours-standard business.
- Staffing qualifications are as follows: Counselors have a MA/MS/MSW: Residential Counselors/Case Managers have a BA or equivalent experience; and teachers are RIDE Certified.
- Interviews are scheduled with 72hours of referral; RITS/Detention interviews conducted weekly or upon request
- Youth receive 24/7care, supervision & guidance. Social Service staff provide weekly counseling sessions (50 minutes) with each youth and weekly contact with family member/caregiver. At least 90 minutes of family/caregiver counseling is provided each month through RTC program. Counseling agenda is individualized to each youth.
- Social service counselor practice trauma informed care with specialties in grief, identifying triggers/beliefs that produce anger, family relationships and dynamics, substance abuse and sexual/relational boundaries counseling. Counselors are integrated into the daily activities of every youth in care which allows residents the opportunity for counseling and support as needed.
- Length of service: Based on orders of Family Court (TCP) and completion of treatment goals (flexibly targeting 6-9 months or longer per charges/sentence; aftercare/transitional services 3-6 months).
- Location 635 Ocean Road, Narragansett (RTC); Hillside Ave., Providence (Transition Services Office).
- Monthly review of treatment plan including progress toward goals and transition to permanency.
- Languages Spoken: Youth must be able to communicate in English; limited availability for Spanish speaking family services.
- Geographic Area: State of Rhode Island.
- Referrals are generated through the Department's Central Referral Unit (CRU).

Best Fit Criteria:

Males 14-19 years old, non-violent behaviors or offenses, juvenile delinquent with limited gang involvement, able to be cared for in a non-secure residential treatment center environment. Youth must be able to function in a large peer group setting, have some readiness to address behaviors & issues, be prepared to engage in school program and want a better future for themselves. Each referral is reviewed on a case-by-case basis with real time considerations to individual needs.

Exclusionary Criteria:

- Female.
- History of violence, arson or self-harm that would jeopardize safety of youth or others in non-secure setting.
- Severe mental health issues; psychosis, severe educational impairments.
- Drug addiction requiring detox or inpatient addiction services.
- Major gang/street involvement that would obstruct or prevent participation in treatment.
- Physical handicaps that prevent easy use of stairs and significant walking.
- Non-compatibility with current group of resident youth (gang, street, or other inherent conflicts to safety).
- Clinical or service history that indicates likelihood to jeopardize safety of self or community in non-secure setting

The Groden Center
Groden Residential

Description:

- The Groden Center Residential Program aims to enhance the lives of children and youth with developmental disabilities, autism, behavioral disorders, and others at risk, and their families through provision of an intensive learning environment where they can achieve a balance across all life skills that leads to greater independence and inclusion. The center is dedicated to understanding the developmental needs of its children and youth, investigating the most effective educational and treatment strategies, and contributing this information to related fields.
- The residential program services those between the age of 12 to 21 years old.
- Treatment intervention is based on behavioral psychology. These interventions may target skills acquisition, adaptive living skills, social skills development, and behavioral programming.
- Additional consultative support from the agency nursing team, psychologists, and clinical team from day program (e.g., speech language pathologist, BCBAs)
- Service is available 24 hours a day, 7 days a week
- The program is comprised of three residential homes located in the following Rhode Island cities Smithfield, Johnston, and Warwick.
- Residents of the program are all students of the Groden Center Day Program which allows for continuity of care and for the residents to receive an intensive educational environment.
- The following diagnostic criteria are a guide for referring individuals to the program: Intellectual/Developmental Disabilities, Autism Spectrum Disorders, Pervasive Developmental Disorders, Dual-Diagnosed Cognitive Disorders
- Duration of services depends on the needs of the individual and family. Due to clinical presentation of residents this may extend for longer periods of time.

Best fit criteria:

- Individuals with autism spectrum disorder, developmental disabilities, pervasive developmental disorders, and dual-diagnosed developmental disability.

Exclusionary Criteria:

- Individuals under the age of 12 years old.
- Individuals over the age of 21 years old.
- Individuals who display sexually predatory, fire setting, homicidal, or suicidal behavior.
- Individuals with a functioning level/behavioral repertoire that varies too far from the current peer grouping of the program.
- Individuals who are currently involved in or have had a history in the juvenile criminal court.

Semi-Independent Living Programs

Main Street Semi-Independent Program
NAFI

Description:
Located in Warren, RI, the focus of the program is to provide young adults with the skills and logistical support needed to become self-supporting in the community.

- Clinician, vocational specialist, and life skills coach are provided to work with clients on specific skills and needs.

Program has three phases which include:
- **Phase 1** – Located at 648 Main Street, Warren - approximately three (3) months in a congregate care setting. Youth will live within the main program residence while learning basic living skills, participating in school/GED and/or work, with the constant support of staff therapists and case managers. Vocational and family therapy are used to identify and solidify goals and family connections to teach the client how to be an active yet independent member of a family.
- **Phase 2** – Located at one of NAFI's 2 apartments located in Warren, RI - approximately three (3) months supported apartment. Youth will live at a nearby apartment with a roommate while developing advanced living skills and participating in school/GED and/or work. Youth will continue to be provided with all program supports.
- **Phase 3** – Located in an apartment of the client's choice - approximately one (1) month primary. Case manager, independent living specialist, and vocational specialist provide a clear blueprint of all future goals, tasks, and benchmarks.

Best fit criteria:
- Serving adolescent males, ages 16-19 years old, who are unable to return home or to a kinship provider.

Exclusionary Criteria:
- IQ below 70
- History of fire setting within the previous three (3) years.
- Sexually aggressive behaviors which put the community at risk if not closely supervised (as determined by risk assessment).
- Substance abuse requiring detox

Bridge Program for Supervised Living- Lexington Whitmarsh Corp

Description:

- BPSL serves youth experiencing instability, homelessness, trauma, substance use, legal issues, truancy, behavioral health issues, and mental health disorders who need placement in a less restrictive setting while working toward their goals of reunification, step down, or independent living. The BPSL will also offer services such as life skills coaching and aftercare follow-up.
- The ADDP will utilize Justice Resource Institute's evidence-based, ARC program for the clinical framework for the therapeutic milieu, work authored by Margaret E Blaustein, Ph.D. and Kristine Kinniburgh LICSW, will guide and direct training staff and the framework of the evidence-based Attachment, Self-Regulation, and Competency model.
- The BPSL serves male clients ages 16-20.
- This BPSL operates 24 hours a day, 7 days per week.
- The Whitmarsh DCYF On Call Phone can be reached at (401) 639-4697. The BPSL Program Director can be reached at (401) 954-7095 and Chief Operations Officer can be reached at (401) 954-7386 during normal business hours.
- Residential staff is required to have a minimum of a high school diploma with experience or BA in human services (preferred). The Program Director/Case Manager has a BA. All clinical services provided by Whitmarsh are licensed therapists. The BPSL is a 6 bedroom, community-based facility with a capacity of 6 (or 8 with DCYF approval).
- The BSPL will notify the CRU of its decision to interview, waitlist, accept, or reject a referral within the specified timeframe on referral. Once accepted, the program can typically admit a client within 1-2 business days, although this may vary depending on the complexity of the youth's needs and services required.
- The client is supervised by program staff 24/7. Clinical services typically occur once per week, although this varies according to the youth's needs. Family sessions are offered for those engaged members.
- Clients receive daily case management services and have access to on-site staff 24/7.
- Anticipated length of stay is 6-12 months, depending on the youth's needs and permanency plan.
- The BPSL is located in Providence, RI.
- Comprehensive Assessments and Treatment Plans are completed within 30 Days of intake including OHIO and CANS measures. CA's are completed annually, and Treatment Plan goals are evaluated internally on a monthly basis. Full treatment team reviews are conducted every 90 days.
- Primary language is English, however, every effort will be made to meet the language needs of incoming youth.
- The BPSL serves all of Rhode Island.
- The BPSL provides transportation for youth for school, appointments, and work (as needed) using agency vehicles and RIPTA bus passes. However, being a semi-independent living program, we encourage independence for work and college courses.

Best Fit Criteria:

- Male youth ages 16-20 experiencing instability, homelessness, trauma, substance use, legal issues, truancy, behavioral health issues, and mental health disorders who need placement or stabilization while working toward their goals of reunification, step down, or independent living.

Exclusionary Criteria:

- Diagnosis of a severe or profound development disability or mental illness which impedes treatment.
- Severe Criminal activity in last six months such as assault with deadly weapon, assault that resulted in hospitalization of victim, etc. and medical fragility.

The Bridge Program-Intensive Supervised Community Living/ Semi-Independent Living Program for Girls, ages 16 to 20 Child & Family

Description:

- Services provided to females ages 16-20 located in a residential neighborhood in Newport; Maximum capacity of 9 youth
- Program provides a transition from a bridge level of care to a less restrictive community-based setting in a safe and structured family-centered therapeutic environment. Support Services are integrated with the resident's daily living experience and includes, as appropriate: treatment for severe emotional disturbance or mental health and substance use conditions, individual and group counseling, family therapy, educational and/or vocational programming, recreational activities, legal advocacy, community cultural enrichment and independent living preparation.
- With the program's safe, secure, and supportive community-based setting, youth and their families will explore and develop a better understanding of themselves and their long term goal.
- Offers a Life Skills/Job Coach that works in partnership with the Youth's treatment team in developing a successful transition to permeance and independence by building on life skills specific to vocational training and integration of behavioral health in their community
- Offers supervision and structure that is individualized to meet clients' specific needs
- Development of a treatment plan in conjuncture with youth's permanency plan as determined by DCYF
- 24/7 staffing; daytime ratio 1:3 and overnight awake staff ratio of 1:6; 24/7 on call available at 401-662-2773
- Staffing provided by a Program Manager, Assistant Program Manager, Case Manager, Master's level clinician, and residential counselors as direct care staff.
- Staff will encourage and make every effort to promote the Involvement of caregivers and family members to the greatest extent possible in all aspects of treatment including service planning, family therapy, and trauma-focused psycho-educational opportunities
- Active engagement of potential kinship providers through identification of mentors, family supports and natural and community resources
- Provision of daily therapeutic activities and individual and weekly clinical sessions with program clinician
- Length of stay 9 to 12 months depending on complexity of need and permanency plan of youth
- Referrals are generated through the Department's Central Referral Unit (CRU)

Best fit criteria:

Females ages 16-20; Youth stepping down from a higher level of care or needing placement from a home setting due to emotional and/or developmental needs; needing to develop independent living skills in order to transition to independent living or return to a home setting

Exclusionary Criteria:

Children who are actively unsafe in a community setting program due to severe aggression, homicidal ideation, suicidal ideation, sexualized (or sexual offending behaviors) and self-injurious behaviors; Youth who have demonstrated severe and persistent psychiatric disorders requiring a controlled environment with a high degree of supervision and structure; Youth who require holds

Outcomes: 90% of the youth served in the program will exhibit a decrease in emotional/behavioral dysregulation within 6 months based on CANS; 50% of the youth will be ready to successfully transition to independent living for youth who are aging out; Increase number of potential life-long connections for youth by 30% by natural resources, wraparound, and family finding

Wilson- Trauma Systems Therapy (TST) Residential
Family Service of RI

Description:

- TST Residential is aligned with child-welfare best practices and is individualized and strength-based in its approach. Wilson House is a five-bed program, and is a higher intensity Semi-Independent Living Program (SILP)
- Clients served are from eighteen (18) to twenty-one (21)
- The program is intended to serve youth who identify as female, who have experienced trauma and may be dealing with complex issues such as victimization in sex trafficking, or other similarly complex needs.
- The team is experienced in working with youth who are transition age and are working towards independence while still coping with complex trauma, family needs, and related issues.
- Upon referral, initial contact with family is made within two (2) business days.
- TST Residential is responsive to the needs of clients on a 24/7 week basis
- TST Residential is best for those who have experienced complex trauma, and are in need of short-term, clinically focused out-of-home treatment that addresses symptoms of trauma and barriers to reunification and permanency and improves independent living skills.
- Progress towards treatment goals are measured and evaluated weekly.
- We may accept youth who otherwise meet the criteria for this program on an emergency basis, but we will not accept youth on an emergency basis who otherwise do not meet the general criteria for the program (i.e., this is not a general emergency placement).
- On call available twenty-four (24) hours a day, seven (7) days a week.
- Languages spoken: English and Spanish
- Geographic area: Statewide

Best fit criteria:

- Engages and involves families and the community in a youth's care from the moment of intake, making clear that the focus of treatment from the beginning is discharging to permanency.
- Treatment may be particularly effective for youth who have previously been victims of childhood sexual abuse or sex trafficking and may display externalizing sexual behaviors.
- Youth who have traditionally been served in out-of-home treatment in an out-of-state location, may be particularly good fits, as the program offers more frequent, local access to primary caregivers and families. Treatment may also be successful for youth who identify as LGBTQQI.

Exclusionary Criteria:

- Under (17) years of age. While we typically provide services for youth who are 18 or over, we can in certain circumstances accept youth who are 17. Younger than 17 is generally not appropriate given the needs and presentation of the youth in the program.
- Is not suitable for youth with developmental disabilities

Quanacut- Trauma Systems Therapy (TST) Residential
Family Service of RI (FSRI)

Description:

- Quanacut House is FSRI's Specialized Semi-Independent Living Program, which is part of the TST Residential continuum. TST Residential is an evidence-informed practice that is aligned with child-welfare best practices and is individualized and strength-based in its approach.
- Quanacut House serves youth from 16 to 21 years old who have trauma-reactive, mental health and/or are free for adoption and have adoption needs.
- Youth served typically have chronic histories of either involvement in the juvenile justice and/or mental health systems; significant risk and behavioral dysregulations; and/or complex trauma that may include physical abuse, sexual abuse, neglect, and exposure to violence in the home and the community.
- TST Residential is best for those who have experienced complex trauma, and are in need of short-term, clinically focused out-of-home treatment that addresses symptoms of trauma and barriers to reunification and permanency and improves independent living skills.
- Site Location: Quanacut House, East Providence, RI.
- Staff ratio is 1:5 during first and second shifts and 1:5 during the awake overnight (Five total).
- Duration of services is generally less than six months
- This program has a full-time program manager, half-time master's level clinician, and case managers, as well as a full-time nurse and occupational therapist (OT) shared across programs. The program is overseen by a Licensed Independent Clinical Social Worker (LICSW) clinical administrator.
- Children who have experienced complex trauma frequently struggle with day-to-day activities. Therefore, coupled with TST delivered in the residential home and in the community, FSRI offers a unique OT component, delivered in partnership with the New England Institute of Technology. OT focuses on social participation, activities of daily living, education, vocational skills, leisure activities to encourage success in daily functioning and reduced symptoms of trauma.
- Progress towards treatment goals is measured and evaluated weekly. In addition, FSRI holds monthly treatment planning disposition meetings and completes quarterly trauma safety plans.
- FSRI will transport clients in need on a 24/7 basis and will provide transportation for caregivers in order to reduce barriers related to their participation in treatment.
- On-call available 24 hours a day, seven days a week.
- Languages spoken: English and Spanish.
- Geographic area: Statewide.
- Referrals will be acknowledged and followed up upon within 24 hours of receipt if the referral is not an emergency. Initial contact with family is made within two business days.
- Referrals are generated through the Department's Central Referral Unit (CRU).

Best fit criteria:

- Treatment may be particularly effective for youth who have previously been victims of childhood sexual abuse or sex trafficking and may display externalizing sexual behaviors.
- Youth who have been exposed to complex trauma that may include physical abuse, sexual abuse, neglect and exposure to violence in the home and/or community; chronic histories of either involvement in the juvenile justice and/or mental health systems; significant risk and behavioral dysregulation.

- Youth who have traditionally been served in out-of-home treatment in an out-of-state location may be particularly good fits, as the program offers more frequent, local access to primary caregivers and families. Treatment may also be successful for youth who identify as LGBTQQI.
- Exposure to traumatic event(s).
- Completion of Child Symptom Stress Disorder Checklist (CSDC).
- Emotional dysregulation.
- Behavioral dysregulation.
- Caregiver in need of support/intervention.
- System in need of support intervention.

Exclusionary Criteria:

- Under 16 years of age.
- Is not suitable for youth with developmental delays.
- Major mental illness (active, untreated Schizophrenia, psychosis or sociopathy).
- Active suicidal/homicidal ideation/behaviors.
- Fire setting/animal cruelty.
- Current risk of sexual offending.

Bridge to Independent Living Program (The Bridge)
Key Program, Incorporated's

Description:

- The Bridge is a specialized semi-independent living program that assists young women, ages 16-20 years, in transitioning to living independently while concurrently helping them to create life-long connections with natural and community supports.
- The Bridge's clinical and milieu services utilize evidence-informed approaches and best practices, such as the Positive Youth Development Model, Family-Centered Practice (when applicable) and trauma-informed care in combination with Dialectical Behavior Therapy (DBT) an evidence-based modality. DBT serves as the program's theoretical and practice framework through a combination of group work and individual therapy sessions. DBT skill sets are also embedded in the program's routines and structure in order to integrate them into clients' daily lives.
- The Bridge focuses on the following core components: preparation for adulthood through life skills assessment and skill -building, using the Ansell-Casey Life Skills Suite; development of permanent relationships and natural and community supports, using the Lifelong Families Model; and the integration of Dialectical Behavior Therapy (DBT) concepts, strategies and skills in all areas of the youth's life.
- In addition to life skills instruction and the creation and fostering of permanent connections, the program provides the following services: psycho-educational groups, specialized group therapy sessions by community resources, recreational activities, vocational/educational services, medical/health advocacy, transportation, service planning, and behavior management.
- Clients referred to the Bridge typically have a range of trauma histories, including physical, emotional, or sexual abuse; sexual exploitation; domestic violence; living in abject poverty; and the experience of having multiple placement and losses
- They may display poor impulse control or compulsivity; abuse substances; and have physical or behavioral health problems.
- Upon acceptance into the program, a client must be attending school or preparing for a GED, working full-time, or engaging in a vocational program, or be involved in some combination of education and work.
- Staff to client ratio is 1:3 on all shifts. The program is licensed for 6 female adolescents.
- Residential Caseworkers have bachelor's degrees; the Program Clinician has a master's degree in social work or counseling and is supervised by an independently licensed Clinical Director.
- Average length of stay for the Bridge is 1 year.
- An initial treatment agreement is created upon intake; an individualized treatment plan is created within one month of intake and reviewed monthly. Treatment plans are revised, at minimum, every 90 days.
- Languages spoken: English, Spanish.

Best Fit Criteria:

- Older adolescent females (ages 16-20 years) in congregate care settings, either in-state or out-of-state, who are ready to transition to a less restrictive level of care, develop life skills, and begin to form connections to natural and community supports.
- Youth should exhibit ability to have unsupervised time in the community.
- Youths who have a range of trauma histories, including emotional, physical or sexual abuse; domestic violence; multiple placements and losses.
- Youth who display poor impulse control, compulsivity, or have behavioral health issues.

Exclusionary Criteria:

- Actively suicidal, homicidal or psychotic; untreated aggressive sexual behaviors or fire setting behaviors; chronic health conditions that require expert monitoring or care; meeting criteria for severity levels 2 or 3 for Autism Spectrum Disorder.

Independent Living Programs

Independent Living
Child & Family

Description:

- Independent Living offers youth the opportunity to live in their own apartments. All attempts are made to locate apartments on or near bus routes so that clients have access to community resources. Staff does not live in the apartments with clients.
- Each youth will have a Youth Support Specialist who will provide assistance in cultivating self-sufficiency and independence. Youth will either be in their own apartments or carefully matched with another youth. They will have weekly meetings with their YSS to assess their ability to keep their space clean, adhere to program and apartment rules, and maintain their vocational and/or educational responsibilities.
- The ILP youth will have a Youth Support Specialist who will provide advocacy, live-skills coaching, eco-mapping, linkage to supports such as SSI or housing. Each youth will receive a weekly stipend of $70 of which $5 will be put towards savings fund and security deposit. Both will be returned after the youth completes the program. The security deposit will be returned so long is there are no damages to the apartment beyond normal wear and tear. Youth will have access to 24/7 crisis or clinical on call support at 662-2773.
- The ILP will also provide assistance and support for youth to access transportation to medical, dental, psychiatric, educational, family, vocational and legal appointments; as well as coordination of and/or access to educational programs aimed at improving the youth's ability to function in a successful manner into adulthood.
- Apartments will be situated on the Aquidneck Island, East Bay, and greater Providence areas with bus access.
- Involvement of caregivers and family members to the greatest extent possible in all aspects of treatment including service planning, family therapy, and trauma-focused psychoeducational opportunities
- Active engagement of potential kinship providers through identification of mentors, family supports and natural and community resources
- Access to agency clinician and staff psychiatrist through third party billing.
- Length of stay 9 to 12 months depending on complexity of need and permanency plan of youth
- Referrals are generated through the Department's Central Referral Unit (CRU)

Best fit criteria:
Males and Females ages 17 to 20 who have demonstrated an ability to function independently. Typical timeline for intake into an apartment should be a planned, well-thought out transition of 1 or 2 weeks.

Exclusionary Criteria:
Active suicidal ideation, severe and persistent self-injurious behaviors, and homicidal and aggressive behaviors; Active and severe substance abuse; youth who require regular or close supervision due to safety concerns.

Outcomes: 80% of the youth served will have increased life skills and independent daily skills by using the Casey Life Skills assessment; 80% will successfully transition to independence once ready to discharge our services; 100% will have a primary goal of identifying a potential life-long connection through eco-mapping, family finding, or wraparound supports

Independent Living Program (ILP)
Communities for People Inc.

Description:

- The Independent Living Program is an outreach supported apartment setting for older adolescents in need of intensive life skill training and development. Youth live alone or with roommates in an apartment setting in the communities of their choice. Overtime, the youth assumes greater responsibility for his/her plan, apartment, and finances.
- Staff assist the youth in; job seeking and retention, housing, financial literacy, and adult decision-making skills. The program focuses on preparing youth to live independently upon discharge.
- If youth are struggling to find a suitable apartment, the program can place youth into "Start-up Apartments, upon availability, while continuing to help youth identify a more permanent residence.
- Staff work with the youth, birth parents and natural resources using evidence based and trauma informed treatment models and Motivational Interviewing.
- Clients served are adolescents, ages 17 up to 21.
- Each youth is assigned a Bachelor's level outreach worker (7:1 caseload). Direct care staffing for Transitional Apartment (1:3 staffing ratio).
- Outreach Workers have 2-3 face-to-face visits weekly with the youth and engage in ongoing phone and collateral contacts.
- Transportation is never a barrier to service access. While outreach workers routinely transport youth, the program's emphasis is on helping youth develop familiarly with public transportation. Youth most commonly transport themselves to routine appointments, visits, work, and school. Each youth receives a monthly RIPTA bus pass.
- For youth you initially may require additional supervision and support, the program also has 2 semi-staffed "Transitional Apartments" for males and females. This site is staffed from 4pm to midnight each night.
- Location: Apartments throughout the state of RI
- Initial treatment plans are developed within 30 days; subsequent reviews monthly.
- Language(s) spoken: English
- Referrals are generated through the Department's Central Referral Unit (CRU)
- Referrals are accepted statewide

Best fit criteria:

- Youth with histories of residential placement who do not have identified family or adult permanency options.
- Youth whose behavioral needs do not require 24-hour supervision.
- Youth displaying motivation to obtain employment full-time, attend school full-time or a combination of both.

Exclusionary Criteria:

- Youth who's behavioral, mental health or medical presentation require 24-hour supervision

Transitional Living Program (TLP)
Providence Center

Description:

- The Transitional Living Program (TLP) teaches adolescents through on-going education and support to prepare clients to successfully live independently. TLP apartments are located in the greater Providence area and all of The Providence Center's adult and youth treatment and services programing is also located in Providence.
- Primary focus is to build support networks, gain financial independence, and learn important daily living skills such as navigating transportation and budgeting. Program services are youth centered and family focused to meet the needs of each youth. Once a youth is prepared for self-sufficiency, he/she may be referred to YESS, achieve full independence, or transition into the adult system.
- Clients are expected to participate in a vocational or education program for approximately 30 hours a week. If client is not in school or does not have a job, the client is required to complete at least 10 applications for employment a week and visit NetworkRI for at least 20 hours a week.
- Assist with education and vocational needs (high school, GED, college, training programs, financial aid)
- Assist client employment needs (job searching, resume writing, interview skills)
- Assist client in setting up and maintaining a safe, cleanly apartment (includes turning utilities on, maintain relationships with landlords and neighbors)
- Assist client in budgeting, with meal planning, food shopping and cooking.
- Teach to use public transportation (provide them with a bus pass) and assist client with transportation when necessary
- Teach client how/where to do laundry if necessary
- Provide client with support in getting medical and /or clinical services
- Advocate for the client's individual needs with DCYF, courts, schools, and other outside systems as needed
- Provide any additional case management supports as needed.
- When ready to transition, TLP staff work with statewide housing providers to develop permanent housing options.
- Clients served are from 16 to 21 years old males and females.
- Each youth is assigned a bachelor's level case manager with a caseload up to 7. The case manager receives supervision from the TLP program manager, who is a licensed clinician.
- Once the youth is accepted into the program, he or she will meet with a case manager immediately to develop personalized goals.
- A minimum of two (2) face to face contacts per week, which may increase up to five (5) times based on the individual's needs, for a total of 3-4 hours a week.
- Typical duration of TLP services is approximately three (3) months to 1 year or more.
- TLP is provided primarily within the individual's home, but may also occur within the community or school setting based on the needs of the client.
- Youth live in their own apartments; staff do not live with them. The Providence Center pays the rent for each apartment and each participant is provided with an allowance to help them pay for daily necessities
- Progress towards treatment goals are measured and evaluated every three months.
- On-call available 24 hours a day, seven days a week. On call staff are all clinicians.
- Languages spoken: English
- Geographic area: Greater Providence area.
- Upon referral, initial contact with DCYF is made within two (2) business days.
- Referrals are generated through the Department's Central Referral Unit (CRU).

Best fit criteria:

- Clients 16 – 21, male or female, who transition from semi-independent living programs.
- Don't have a permanency plan to live with family members.

Exclusionary Criteria:

- Have another permanency plan to live with family members.

Transitional Living Program (TLP) - LGBTQ
Providence Center

Description:

- The Transitional Living Program (TLP)-LGBTQ teaches adolescents through on-going education, one-on-one support, life skills training, treatment, and supportive services to prepare clients to successfully live independently. TLP-LGBTQ+ provides stable and safe supportive living arrangements, assists youth in developing natural positive peer and adult support systems, and provide service connections and more intensive services for those who are at-risk. TLP apartments are located in the greater Providence area and all of The Providence Center's adult and youth treatment and services programing is also located in Providence.
- Primary focus is to build support networks, gain financial independence, and learn important daily living skills such as navigating transportation and budgeting. Program services are youth centered and family focused to meet the needs of each youth. Once a youth is prepared for self-sufficiency, he/she may be referred to YESS, achieve full independence, or transition into the adult system.
- Clients are expected to participate in a vocational or education program for approximately 30 hours a week. If client is not in school or does not have a job, the client is required to complete at least 10 applications for employment a week and visit NetworkRI for at least 20 hours a week.
- Assist with education and vocational needs (high school, GED, college, training programs, financial aid)
- Assist client employment needs (job searching, resume writing, interview skills)
- Assist client is setting up and maintaining a safe, clean~~ly~~ apartment (includes turning utilities on, maintain relationships with landlords and neighbors)
- Assist client in budgeting, meal planning, food shopping and cooking
- Teach to use public transportation (provide them with a bus pass) and assist client with transportation when necessary
- Teach client how/where to do laundry if necessary
- Provide client with support in getting medical and /or clinical services/apply for Food stamp benefits.
- Advocate for the client's individual needs with DCYF, courts, schools, and other outside systems as needed
- Provide any additional case management supports as needed
- When ready to transition, TLP staff work with statewide housing providers to develop permanent housing options.
- Clients served are from 16 to 21 years old.
- Each youth is assigned a bachelor's level case manager. Each case manager has a caseload of 5 participants. The case manager receives supervision from the TLP program manager, who is a licensed clinician.
- Once the youth is accepted into the program, he or she will meet with a case manager immediately to develop personalized goals.
- A minimum of two (2) face to face contacts per week for a total of 4-6 hours per week, which may increase up to five (5) times based on the individual's needs.
- Typical duration of TLP services is approximately three (3) months to 1 year or more.
- TLP is provided primarily within the individual's home, but may also occur within the community or school setting based on the needs of the client.
- Youth live in their own apartments; staff do not live with them. The Providence Center pays the rent for each apartment and each participant is provided with an allowance to help them pay for daily necessities
- Progress towards treatment goals are measured and evaluated every three months.
- On call, available 24 hours a day, seven days a week provided by a clinician.
- Languages spoken: English
- Geographic area: Greater Providence area
- Upon referral, initial contact with DCYF is made within two (2) business days.
- Referrals are generated through the Department's Central Referral Unit (CRU).

Best fit criteria:

- LGBTQ+, all individuals who identify as having sexual orientations or gender identities that differ from the heterosexual and cisgender majority, clients 16 – 21 who transition from semi-independent living programs.
- Don't have a permanency plan to live with family members.

Exclusionary Criteria:

- Have another permanency plan to live with family members.

Transitional Living Program (TLP)-Teen Mom
Providence Center

Description:

- The Transitional Living Program (TLP) teen mom teaches adolescents, who are pregnant or parenting, through on-going education and support to prepare clients to successfully live independently and properly take care of their children. TLP apartments are located in the greater Providence area and all of The Providence Center's adult and youth treatment and services programing is also located in Providence.
- Primary focus is to build support networks, gain financial independence, and learn important daily living skills such as navigating transportation and budgeting. Program services are youth centered and family focused to meet the needs of each youth. Once a youth is prepared for self-sufficiency, he/she may be referred to YESS, achieve full independence, or transition into the adult system.
- Clients are expected to participate in a vocational or education program for approximately 30 hours a week. If client is not in school or does not have a job, the client is required to complete at least 10 applications for employment a week and visit NetworkRI for at least 20 hours a week.
- The array of family focused services will include parenting education, child development, infant stimulation, and appropriate discipline for children.
- Assist with education and vocational needs (high school, GED, college, training programs, financial aid)
- Assist client employment needs (job searching, resume writing, interview skills)
- Assist client is setting up and maintaining a safe, cleanly apartment (includes turning utilities on, maintain relationships with landlords and neighbors)
- Assist client in budgeting, meal planning, food shopping and cooking
- Teach to use public transportation (provide them with a bus pass) and assist client with transportation when necessary
- Teach client how/where to do laundry if necessary
- Provide client with support in getting medical and /or clinical services/apply for WIC and Food stamp benefits.
- Advocate for the client's individual needs with DCYF, courts, schools and other outside systems as needed.
- Provide any additional case management supports as needed.
- Make referrals for childcare needs (ex HFA, visiting nurses)
- Assist with pre- and post-natal appointments
- When ready to transition, TLP staff work with statewide housing providers to develop permanent housing options.
- Clients served are from 16 to 21 years old and are pregnant and/or parenting
- Each youth is assigned a bachelor's level case manager. Each case manager has a caseload of 5 participants. The case manager receives supervision from the TLP program manager, who is a licensed clinician.
- Once the youth is accepted into the program, he or she will meet with a case manager immediately to develop personalized goals.
- A minimum of two (2) face to face contacts per week, which may increase up to five (5) times based on the individual's needs, typically for a total of 4-6 hours per week.
- Typical duration of TLP services is approximately three (3) months to 1 year or more.
- TLP is provided primarily within the individual's home, but may also occur within the community or school setting based on the needs of the client.

- Youth live in their own apartments; staff do not live with them. The Providence Center pays the rent for each apartment and each participant is provided with an allowance to help them pay for daily necessities
- Progress towards treatment goals are measured and evaluated every three months.
- On call, available 24 hours a day, seven days a week. On call staff are all clinicians.
- Languages spoken: English
- Geographic area: Greater Providence area
- Upon referral, initial contact with DCYF is made within two (2) business days.
- Referrals are generated through the Department's Central Referral Unit (CRU).

Best fit criteria:

- Clients 16 – 21 who transition from semi-independent living programs and are pregnant and/or parenting.
- Don't have a permanency plan to live with family members.

Exclusionary Criteria:

- Have another permanency plan to live with family members.

Supportive Apartment Service (SAS)
Communities for People Inc.

Description:

- The Supportive Apartment Service is a community-based residential program serving older adolescents with chronic and/or severe mental health needs. The program serves youth stepping down from out-of-state placements or higher levels of care in need of placement that provides "apartment style" living that is acutely focused on developing independent living skills while managing mental health symptoms.
- Youth are matched with one other roommate and they live together in an apartment in the community. Staff provide guidance, support, and structure to the young person's day.
- The program provides youth with consistent psychiatric consultation as well as psychosocial, educational, and vocational training. The program uses a wide range of diagnostic and treatment services, including daily living and social skills training, to improve each youth's functioning.
- Staff work with the youth, parents/guardians, and natural resources using evidence based, trauma informed treatment models including, Attachment, Regulation, and Competency Model (ARC), Motivational Interviewing (MI) and Cognitive Behavioral Therapy (CBT)
- Clients served are adolescent males and females from 17.5 to 20 years old.
- Referrals are generated through the Department's Central Referral Unit (CRU). The program does not accept emergency intakes. Strong consideration is given to matching youth with compatible roommates. Once matched, the youth's transition is guided by his/her treatment team.
- The program has a staffing ratio of 1:2. Each youth is also assigned a Master's level clinician (1:8 caseload)
- The clinician meets with each youth for a minimum of one (1) hour of individual counseling weekly and provides treatment planning consultation and care management.
- The clinician on-call also provides after-hours support and is utilized for crisis intervention, clinical consultation, and preliminary mental health evaluations.
- Anticipated length of stay is 4-6 months
- Location: Currently 26 Traver Ave, Johnston and 244 Washington Ave, Providence. Locations can vary based on the needs of the referred youth.
- Initial treatment plans are developed within 30 days; subsequent reviews monthly.
- Language spoken: English
- Referrals are accepted statewide

Best fit criteria:

- Youth with chronic mental health/frequent hospitalization/Residential Treatment step-down
- Youth who are exhibiting an array of mental health needs and behavioral presentations, including self-harm and aggressive behavioral episodes

Exclusionary Criteria:

- Actively homicidal, suicidal or psychotic
- Youth whose medical needs require 24-hour monitoring or specialized skills
- Profound developmental delays

Independent Living Program
Whitmarsh Corp

Description:

- ILP provides apartment-based independent living arrangements to adolescents ages 17-20 who may be experiencing instability, homelessness, trauma, substance use, legal issues, truancy, behavioral issues, and/or mental health disorders and need placement while working toward their goals of reunification, permanency, or independent living. Youth will receive case management services consistent with their level of independence and individual needs.
- The ILP will utilize Justice Resource Institute's evidence-based, ARC program for the clinical framework for the therapeutic milieu, work authored by Margaret E Blaustein, Ph.D. and Kristine Kinniburgh LICSW, will guide and direct training staff and the framework of the evidence-based Attachment, Self-Regulation, and Competency model.
- The ILP serves clients ages 16-20.
- This ILP operates 24 hours a day, 7 days per week.
- Residential staff is required to have a minimum of a high school diploma with experience or BA in human services (preferred). All clinical services provided by Whitmarsh are licensed therapists, however, some residents have their own therapist. ILP serves up to 5 adolescents.
- The ILP will notify the CRU of its decision to interview, waitlist, accept, or reject a referral within the specified timeframe on referral. Once accepted, the program can typically admit a client within 1-2 business days, if an apartment is currently available; otherwise admission depends on finding suitable housing.
- Clinical services typically occur once per week, although this varies according to the youth's needs and if they have another primary therapist. Case management services vary based on individual needs but check-ins occur a minimum of twice per week. Staff is available as needed to assist with appointments, transportation, grocery shopping, job hunting, etc.
- Anticipated length of stay is 12-15 months, depending on the youth's needs and permanency plan.
- The ILP is apartment-based; although typically in the Providence area, apartments can be found in the youth's identified community.
- Comprehensive Assessments and Treatment Plans are completed within 30 Days of intake including OHIO and CANS measures. CA's are completed annually, and Treatment Plan goals are evaluated internally on a monthly basis. Full treatment team reviews are conducted every 90 days.
- Primary language is English, however, every effort will be made to meet the language needs of incoming youth.
- The ILP serves all of Rhode Island.
- The ILP provides transportation initially for youth for school, appointments, and work as needed using agency vehicles and RIPTA bus passes. Eventually, we get them to independence with all transportation.

Best Fit Criteria:

- Youth who are preparing for transition into adulthood and do not require supervision, rather guidance.

Exclusionary Criteria:

- Diagnosis of a severe or profound development disability or mental illness that impede treatment.
- Medical fragility.