DCYF Resource Guide

Home Based Services

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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.

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.

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.