

# DCYF Resource Guide

Foster Care

## Table of Contents

<b>Alliance Human Service, Inc.</b> .....	3
<b>Boys Town</b> .....	4
<b>Child &amp; Family</b> .....	5
<b>Children’s Friend</b> .....	6
<b>Communities for People Inc.</b> .....	8
<b>Communities for People Inc.</b> .....	9
<b>Devereux</b> .....	11
<b>Family Service of RI (FSRI)</b> .....	13
<b>The Groden Network</b> .....	14
<b>NAFI</b> .....	15

# **Alliance Human Service, Inc.**

## **Therapeutic Foster Care program**

### **Description:**

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

### **Best fit criteria:**

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

### **Exclusionary Criteria:**

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

# Boys Town

## Foster Family Services

### **Description:**

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

### **Best fit criteria:**

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

### **Exclusionary Criteria:**

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

## **Child & Family**

### **ARC 1 and ARC 2 Foster Care**

#### **Description:**

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

#### **Best fit criteria:**

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

#### **Exclusionary Criteria:**

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

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

# **Children's Friend**

## **Family Preservation and Permanency Services: Private Foster Care**

### **Description:**

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

**Best Fit Criteria (Circumstances):**

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

**Exclusionary Criteria (Circumstances):**

- Adolescents who have severe behavioral and mental health needs.

## **Communities for People Inc. Families for Children (FFC)**

### **Description:**

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

### **Best fit criteria:**

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

### **Exclusionary Criteria:**

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



# **Communities for People Inc.**

## **Families for Children Residence Model (FFC-RM)**

### **Description:**

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

### **Best fit criteria:**

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

**Exclusionary Criteria:**

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

## **Devereux**

### **Therapeutic Foster Care**

#### **Description:**

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

**Best fit criteria:**

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

**Exclusionary Criteria:**

- Children and youth who are actively suicidal and homicidal.

# **Family Service of RI (FSRI)**

## **Trauma Systems Therapy (TST) Treatment Foster Care (TFC)**

### **Description:**

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

### **Best fit criteria:**

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

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

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

### **Exclusionary Criteria:**

- None

# The Groden Network

## Treatment Foster Care

### **Description:**

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

### **Best Fit Criteria:**

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

### **Exclusionary Criteria:**

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

# NAFI

## Therapeutic Foster Care

### **Description:**

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

### **Best fit criteria:**

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

### **Exclusionary Criteria:**

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