

DCYF Resource Guide

Congregate Care

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Assessment & Stabilization Centers

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

Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

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

Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

Hills Program

St. Mary's Home for Children

Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

Dartmouth Avenue Turning the Corner (TTC)

Description:

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

Best Fit Criteria:

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

Exclusionary Criteria:

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

Group Homes

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

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

Best fit criteria:

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

Exclusionary Criteria:

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

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

Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

Oakland Beach ARC Group Home

NAFI

Description:

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

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

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

Best fit criteria:

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

Exclusionary Criteria:

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

Coventry House Staff Secure Residential Community Solutions

Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

Lincoln House Bradley Hospital

Description:

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

Best fit criteria:

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

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

Exclusionary Criteria:

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

Family Home Program- 103 Flanagan- Adolescent Female Boys Town

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

Best fit criteria:

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

Exclusionary Criteria:

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

Transitional Treatment Program (TTP)

Communities for People Inc.

Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

Ridge Street Program- ARC Group Home

NAFI

Description:

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

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

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

Best fit criteria:

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

Exclusionary Criteria:

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

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

Description:

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

Best Fit Criteria:

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

Exclusionary Criteria:

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

Group Homes- Special Populations

Lake Street- Program for Youth with Developmental Disabilities

Turning the Corner (TTC)

Description:

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

Best Fit Criteria:

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

Exclusionary Criteria:

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

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

West Ave- Adolescent Developmental Disabilities Program Whitmarsh Corp

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

Best fit criteria:

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

Exclusionary Criteria:

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

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

Description

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

Best Fit Criteria:

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

Exclusionary Criteria:

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

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

Description:

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

Best Fit Criteria:

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

Exclusionary Criteria:

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

Residential Treatment Centers with on Campus Education

ISAT I Eagles (Intensive Stabilization, Assessment and Program)

Harmony Hill School

Description:

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

ISAT II Blue Jays & Cardinals

(Intensive Stabilization, Assessment and Program)

Harmony Hill School

Description:

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

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

Description:

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

Hope and Horton Houses

St. Mary's Home for Children

Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

Mauran House

St. Mary's Home for Children

Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

Ospreys

Harmony Hill School

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

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

**Residential Treatment
Center with on Campus
Education- Special
Populations**

Juvenile Justice Focused Residential Treatment Center Ocean Tides

Description:

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

Best Fit Criteria:

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

Exclusionary Criteria:

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

The Groden Center

Groden Residential

Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

Semi-Independent Living Programs

Main Street Semi-Independent Program

NAFI

Description:

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

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

Program has three phases which include:

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

Best fit criteria:

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

Exclusionary Criteria:

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

Bridge Program for Supervised Living- Lexington Whitmarsh Corp

Description:

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

Best Fit Criteria:

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

Exclusionary Criteria:

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

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

Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

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

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

Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

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

Description:

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

Best fit criteria:

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

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

Exclusionary Criteria:

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

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

Description:

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

Best Fit Criteria:

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

Exclusionary Criteria:

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

Independent Living Programs

Independent Living Child & Family

Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

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

Independent Living Program (ILP)

Communities for People Inc.

Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

Transitional Living Program (TLP)

Providence Center

Description:

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

Best fit criteria:

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

Exclusionary Criteria:

- Have another permanency plan to live with family members.

Transitional Living Program (TLP) - LGBTQ Providence Center

Description:

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

Best fit criteria:

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

Exclusionary Criteria:

- Have another permanency plan to live with family members.

Transitional Living Program (TLP)-Teen Mom Providence Center

Description:

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

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

Best fit criteria:

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

Exclusionary Criteria:

- Have another permanency plan to live with family members.

Supportive Apartment Service (SAS) Communities for People Inc.

Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

Independent Living Program

Whitmarsh Corp

Description:

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

Best Fit Criteria:

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

Exclusionary Criteria:

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