



DCYF Resource Guide Home Based Services



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Mental Health and Disruptive Behavior Services



Brief Strategic Family Therapy (BSFT)

NAFI Rhode Island

Program Description:

- **Service Focus:** BSFT is an evidence-based, trauma-informed, culturally competent family therapy intervention for children and adolescents ages 6 to 18 years, who exhibit internalizing symptomatology (anxiety, depression, etc.) as well as externalizing behavior problems such as substance abuse, associations with antisocial peers, bullying, truancy, and other recognized youth risk factors.
- Each youth is assigned a therapist that will work with the family.
- Therapists seek to change maladaptive family interaction patterns by coaching family interactions as they occur in session to create the opportunity for new, more functional interactions to emerge.
- BSFT is a short-term, problem-oriented intervention. A typical session lasts 60 to 90 minutes. The average length of treatment is 12 to 15 sessions. For more severe cases, the average number of sessions and length of treatment may be doubled. Discharge is determined on a case-by-case basis.
- Treatment can take place in a variety of settings, such as social service agencies, mental health clinics, local community health agencies, and court-related programs.
- **Primary focus for therapists is to:**
 - Join with the family by engaging and entering the family system.
 - Diagnose maladaptive interactions and identify the family strengths.
 - Restructure the family dynamics by transforming maladaptive interactions.
- BSFT works with both the whole family system as well as with “subsystems”. Subsystems can be dyads, triads, the sibling group, the parenting group, the couple, or one individual.
- **Ages of Clients Served:** 6 to 18
- **Availability of Service:** We provide a flexible, non-traditional schedule Monday through Friday for families. For weekends, we offer 24/7 on-call and emergency support.
- **Frequency of Contact:** Therapist meets with family, at minimum, weekly for face-to-face therapy in the family’s home. Sessions are typically an hour to an hour and a half.
- **Duration of Services:** 3-5 months
- **Location of Services:** In the home and community.
- **Languages:** English and Spanish (if Spanish speaking team member not available, we will utilize interpretation services).
- **Geographic Area:** Statewide.

Best Fit Criteria:

Youth that are 6-18 years of age, and could include, among other things, any one of these factors:

- Youth with internalizing and externalizing symptoms,
- Youth that are either actively using or at high risk for using substances,
- Youth who have some type of family system (biological, adoptive, foster) in place who can be available to be engaged in treatment.
- Youth in foster care or residential who are working towards reunification.
- BSFT is recognized as very effective (and recommended) for youth with co-occurring disorders.

Exclusionary Criteria:

- Youth with active SI/HI
- Youth without an identified caregiver
- There is no specific time frame for reunification for a youth to receive BSFT. Youth and caregiver will need to meet as a family unit for each session. This can happen in the home or a community setting.

Family Centered Treatment® (FCT)

Family Centered Treatment® – Recovery (FCT-R)

Child & Family Services of Newport County

Program Description:

- **Service Focus:** Family Centered Treatment (FCT) provides support to families with a child at imminent risk of out-of-home placement and helps maintain the child in the home, or supports with rapid reunification with children, youth, and their caregivers when there has been a removal or reunification, or when there is a need for permanency planning.
- FCT is an evidence-based model. FCT Practitioners and Supervisors receive weekly consultation from the Family Centered Treatment Foundation to ensure fidelity to the model.
- FCT is a home-based family treatment program which utilizes the caregiver as the catalyst for change and works with families to identify and achieve their goals.
- In addition to the family support, the FCT program is an approved Trauma Treatment Model for the National Child Traumatic Stress Network (NCTSN).
- Practitioners have either a Master's or Bachelor's degree and are required to complete certification as Family Centered Treatment Specialists by the FCT Foundation.
- Each FCT Practitioner carries a caseload of 4-6 families. Given the small caseloads and large amount of time spent with each family, it is not uncommon for the FCT Practitioner to assist the family with linkages to support services such as basic needs programs, healthcare, childcare, and other family support services throughout the state.
- Once a referral is received, an FCT Practitioner will make contact with the family within 24 hours to schedule the first family session. The first session is scheduled within 5 business days whenever possible.
- Monthly updates are provided to DCYF and/or Probation.
- **FCT-R Further Information:** Family Centered Treatment – Recovery (FCT-R) builds on the traditional FCT model by providing support when any family member (youth or caregiver) is struggling with substance use issues. FCT-R includes treatment around building and maintaining sobriety in addition to the work with the family system. The FCT-R team is comprised of a Practitioner who is also a Certified Alcohol and Drug Counselor, as well as a Peer Recovery Specialist (PRS) who meets with the family weekly. FCT-R Practitioners meet for 2 sessions/week totaling 4 hours weekly, with one additional contact from the PRS for 30-60min/week, based on need. FCT-R conducts random twice-weekly substance screens. The program includes contingency management, a component of building motivation for recovery.
- **Ages of Clients Served:** Children aged 0 to 21 and their family/caretakers.
- **Availability of Service:** Services are provided Monday through Friday, with evening availability and flexibility around family's work schedules. Each FCT Practitioner is on call 24/7 for their assigned families and is available for phone support or additional face-to-face contact.
- **Frequency of Contact:** A minimum of two times a week totaling 4 hours weekly.
- **Duration of Services:** The average length of service is 6 months.
- **Location of Services:** In the home or community.
- **Languages:** English and Spanish
- **Geographic Area:** Statewide.

Best fit criteria:

- Families within 30-60 days of scheduled reunification.
- Families that are at risk of having a child removed from the home due to behavioral concerns or parenting issues.
- Addresses behaviors in children such as trauma, defiance, truancy, suicidal ideation, and attachment issues as well as concerns around parenting needs such as structure and boundaries.
- Best-fit criteria for FCT-R include an identified family member with substance abuse issues who is open to recovery.

Exclusionary Criteria:

- No identified plan for reunification or no identified caregiver.

Family Centered Treatment (FCT) Communities for People

Program Description:

- **Service Focus:** FCT is an evidence-based, intensive family and home-based treatment program. It includes 4 unique phases (Joining & Assessment, Restructuring, Valuing Change and Generalization) which promote improved family functioning among all household members. FCT specialists work with the entire family system opposed to just the identified client.
- The treatment model is action-based and provides families with in-the-moment, hands-on opportunities to practice change. FCT differs from other home-based, family-focused programs in that it emphasizes the importance of families finding value and developing ownership of the changes they choose to make.
- FCT is a trauma-informed therapy with roots in Emotion-Focused Therapy and Eco-Structural Family Therapy. Interventions guide the families through identifying and altering cycles of intergenerational trauma and managing emotional blocks that had previously hindered progress.
- All efforts are made to initiate contact with families within 48 hours of receiving the referral.
- FCT practitioners work with families' case workers, schools, and other providers to effectively coordinate and provide a continuum of care.
- FCT practitioners follow up with the family within 30 days of discharge.
- The FCT team includes both bachelor and master level clinicians, with each clinician carrying a caseload of 4-6 families.
- The target population includes families at risk of disruption or reunifying from prior disruption.
- **Ages of Clients Served:** 0 to 21
- **Availability of Service:** FCT practitioners are on call 24 hours a day, seven days a week for crisis support and client specific intervention/coping skills training.
- **Frequency of Contact:** FCT practitioners schedule twice-weekly sessions based on the families' availability, and sessions can be conducted in the evenings and/or on weekends, based on family members' schedules. A minimum of 4 hours of direct contact per week is expected and may increase or vary based on the needs of each family.
- **Duration of Services:** 6-9 months.
- **Location of Services:** In the home and community
- **Languages:** English and Spanish
- **Geographic Area:** Statewide.

Best fit criteria:

- Children/youth aged 0 to 21 with an identified caregiver.
- Youth at high risk for out-of-home placement, hospitalization, or incarceration or when less intensive treatment has proven unsuccessful.
- Youth/families with exposure to trauma; inclusive of crime, abuse, neglect, domestic violence, natural disaster, immigration, human trafficking, systemic/institutional racism, poverty, etc.
- Involvement with child welfare or juvenile justice systems
- Youth/families with behavioral/mental health diagnoses or substance abuse
- Families in the process of reunification within 60 days of FCT opening.
- Families experiencing deterioration of family functioning; inclusive of parenting/co-parenting problems, behavior concerns, poor patterns of attachment, adjustments to blended family, etc.

Exclusionary Criteria:

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

Functional Family Therapy® (FFT)

Functional Family Therapy® (FFT) - Gang

Child & Family Services of Newport County

Program Description:

- **Service Focus:** FFT is an evidence-based program providing close supervision and consultation with a representative from FFT, LLC to monitor implementation and fidelity to the treatment model.
- Provides support to families with a child at imminent risk of out-of-home placement.
- Supports rapid reunification with children, youth, and their families when there has been an out-of-home placement or otherwise assists youth transitioning to permanency.
- Provides support to children, youth, and families open to DCYF or juvenile probation in need of supportive services to achieve their goals.
- Approaches families from a strength-based relational model with a focus on the role of the therapist to be active and responsible for the engagement and cooperation of the family.
- Founded on acceptance and respect, this model has demonstrated high effectiveness in “challenging” or “difficult to engage” youth and families.
- Uses relational assessment and personalized interventions to match with the individuals in the family system, which produces better outcomes and stronger relapse prevention strategies.
- Once a referral is received, a Master’s level clinician will contact the family within 24 hours to schedule the first family session. The first session is scheduled within 5 business days whenever possible.
- Clinicians carry a caseload of approximately 12 cases.
- Treatment plan goals are measured during each session in the form of progress notes; official treatment plans are developed within 30 days of intake and reviewed every 90 days.
- **FFT-G Further Information:** Functional Family Therapy-Gang (FFT-G) is an add-on component of the evidence-based FFT model. It follows all the same principles of FFT; however, clinicians are trained extensively in working specifically with gang-involved or affiliated youth aged 11-18. FFT-G staff address a range of problems these youth face, such as minor behavioral challenges to known/suspected gang-involvement or affiliation, violent acting-out and/or substance abuse, juvenile justice involvement, probation at home, or reentry after a residential setting or locked facility stay. Skills and interventions are specific to the population. FFT-G has been proven to reduce criminal activity, minimize days of confinement, and lower recidivism rates, decreasing overall costs required for services.
- **Ages of Clients Served:** Children 11-18 years old
- **Availability of Service:** Services are provided Monday through Friday, with evening availability and flexibility around family’s work schedules. Families have access to 24/7 on-call services and support as needed.
- **Frequency of Contact:** Sessions occur on an as-needed basis with a minimum of one session and one additional contact per week; this depends on the risk factors and behavioral patterns of the family.
- **Duration of Services:** Treatment duration of about 12-18 sessions (or 3-5 months).
- **Location of Services:** Sessions can be held in the home, clinic, or community.
- **Languages:** FFT strives to offer services in the language that is appropriate either by bilingual staff or by utilizing interpreter services if needed.
- **Geographic Area:** Statewide.

Best fit criteria:

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

Exclusionary Criteria:

- Child placed in residential treatment facility with no immediate reunification plan (within 45 days or less).
- Children younger than 11.

Functional Family Therapy/Functional Family Therapy-Gang Tides Family Services

Program Description:

- **Service Focus:** FFT is a well-established and evidence-based therapeutic intervention designed to address behavioral and emotional issues within the family system. It is primarily used to work with adolescents and their families, aiming to improve family functioning, communication, and relationships. FFT is delivered in phases: engagement, motivation, behavior change, and generalization. Families move through each phase based on the development of skills and changes in overall functioning. FFT-G is added on to existing teams to address the higher intensity of risk factors associated with gang-involved youth and their families. FFT-G uses the same clinical approach as traditional FFT with an added emphasis on collaboration with community stakeholders with expertise in local communities and gangs. DCYF, Family Court, and other key stakeholders are active members of the treatment team, providing input from the point of intake to discharge through regular communication and invitations to participate in provider meetings scheduled every 90 days from intake to complement the recovery planning process. In the final phase of the model, generalization, skills are reviewed with the family and are practiced in and out of sessions. There are discussions about how the skills are being applied to the family's current daily interactions and how to plan for relapse prevention surrounding referral behaviors. Additionally, referrals and resources are provided to the family as needed.
- **FFT-G Further Information:** Functional Family Therapy – Gang (FFT-G) builds on the traditional FFT model by providing specialized engagement and support to families of youth who are engaged in or suspected of engagement in gang activity. In addition to the clinician, the FFT-G team includes a certified Community Health Worker with lived experience. This staff member generally provides 1 hour per week of additional contact with families. FFT-G staff do extensive community engagement, building relationships with youth throughout the community. FFT-G staff will assist youth and families in navigating community systems, for example, attending court with them for support.
- Target populations range from at-risk preadolescents to youth with very serious problems such as conduct disorder, violent acting-out, and substance use. Referral can be made one month prior to anticipated discharge from congregate care.
- **Ages of Clients Served:** FFT targets youth aged 11-18, younger siblings of referred adolescents often become part of the intervention process.
- **Availability of Service:** Monday-Friday, with 24/7/365 on call availability.
- **Frequency of Contact:** FFT is a short-term, high-quality intervention program with an average of 12-14 sessions over three to five months. Intervention ranges from, on average, eight to 12 one-hour sessions for mild cases and up to 30 sessions of direct service for more difficult situations over the course of treatment. FFT requires the youth and at least one caregiver to be present for each session. The frequency of sessions is based on the current risk of youth and family. FFT increases face-to-face sessions during the engagement phase and/or if there is a change in the youth or family's behavior, requiring more support.
- **Duration of Services:** The anticipated length of stay in the program is 3-5 months.
- **Location of Services:** Services are conducted in home-based settings, and can also be provided in schools, child welfare/juvenile justice facilities, and mental health facilities.
- **Languages:** English and Spanish.
- **Geographic Area:** Statewide.

Best fit criteria:

- FFT works primarily with youth who have been referred for behavioral or emotional problems by the juvenile justice, mental health, school or child welfare systems.
- FFT can be adapted to work with diverse populations, taking into account cultural, racial, and ethnic differences to ensure the intervention is culturally sensitive and relevant.

Exclusionary Criteria:

- Youth who are actively suicidal, homicidal, or psychotic
- Youth with no identified family or scheduled to be sent away (placement, foster care, etc.)
- Youth referred for sexual offender treatment.

Intensive Care Dialectical Behavior Therapy

Family Service of Rhode Island

Program Description:

- **Service Focus:** The Intensive Care Dialectical Behavior Therapy (IC-DBT) is a trauma responsive multi-disciplinary community-based team that will deliver psychotherapy with a strong psychoeducational component focused on helping children, youth and adults accept the reality of their lives and learn skills they need to gain control of their emotions.
- **Target Population:** Children and youth of all gender identities and expressions, between the ages 8-18 years old who have a diagnosis of Serious Emotional Disturbance (SED) and face persistent, complex mental health challenges, Borderline Personality and Eating Disorders, and impulsive, disruptive behaviors including: anger outbursts, conflicts with peers and adults, and self-injurious behavior.
- IC-DBT team will provide individual therapy, skills training groups, and telephone coaching.
- IC-DBT team will implement key adaptations of DBT focused on supporting children and families while ensuring that the intervention is child-centered, youth-guided, and family-driven. These adaptations are guided by the therapeutic approach of supporting the reinforcement of skills be learned by the child/youth with adult caregivers.
- IC-DBT can begin working with youth and family 30 days before anticipated discharge from congregate care.
- The program includes an Independently Licensed Clinical Director, 1 Clinical Supervisor, 3 Licensed Master's Level Clinicians, 3 Behavior Specialists, 1 Peer Support Specialist.
- The team is made up of staff with experience in social work, child welfare, juvenile justice, mental health, and related fields; and with youth coping with complex trauma, family needs, etc.
- The team works with the family to complete a trauma-informed diagnostic assessment on each child in the family within the first 30 days and a treatment plan on each child in the family that is informed by that assessment. The assessments will be used in partnership with the family to determine the levels of individual, group, and family work that are needed.
- The IC-DBT team works as part of the client and family's multidisciplinary team, partnering with the client and family, DCYF, Family Court, Child Advocate and other natural supports and community agencies to ensure that treatment is delivered in a collaborative way with the client and family at the center.
- The duration of service is determined by continual assessment of progress toward goals, with the typical DBT treatment lasting 6 months to one-year.
- **Ages of Clients Served:** 8-18
- **Availability of Service:** IC-DBT provides services Monday-Friday. FSRI's 24/7 on-call Emergency Response Service (ERS) offers immediate, direct contact with a trauma-informed Clinician trained in crisis intervention strategies. ERS Clinicians respond at FSRI, other community locations, or at the child/family home to evaluate safety and necessary level of care.
- **Frequency of Contact:** On average children, youth and their families will receive a minimum of 2 home visits per week depending on the acuity of the presenting symptoms. Visits will last for 1-2 hours and clients will also have access to weekly group treatment in addition to individual visits.
- **Duration of Services:** 6 months to 1 year.
- **Location of Services:** In home and the community.
- **Languages:** English & Spanish.
- **Geographic Area:** Statewide.

Best fit criteria:

- Families with children ages 8-18 regardless of gender or gender identity.

Exclusionary Criteria:

- Individuals with intellectual disabilities, uncontrolled schizophrenia, and anyone at imminent risk to self or other who need a more intensive level of care. Any individual receiving other intensive, home-based mental health services through insurance or state funded initiatives are also excluded.

Intensive In-home Child and Adolescent Psychiatric Services (IICAPS) Newport Mental Health

Program Description:

- **Service Focus:** Intensive In-Home Child and Adolescent Psychiatric Services (IICAPS) is a manualized treatment model designed to prevent children and adolescents from psychiatric hospitalization or institutionalization or to support discharge from inpatient levels of care. IICAPS is an intensive multi-generational complex trauma and attachment informed in-home treatment model. While children with psychiatric symptoms are the focus of intervention, the model addresses and intervenes with the domains that impact the child most directly: family, school, community resources and service systems. This means that we are offered to all families in chronic and acute psychiatric crisis. Data has consistently shown that IICAPS families (both parents and children) struggle with histories of significant and often chronic developmental trauma which impacts parenting practices and child and family mental health. IICAPS teams are expected to spend a minimum of five hours per week working directly with children and their families. The first step is to identify each child's "Main Issue" or feeling state leading to crisis behavior. The intervention 1) targets the Main Issue as it is manifested in four domains (child, family, school, community) and 2) proceeds through three treatment phases: Engagement and Assessment, Work and Action, and Ending and Wrap-up.
- Services are provided by a master's level clinician, and bachelor's level mental health counselor. The clinical teams are supported by a licensed clinical supervisor and a child & adolescent psychiatrist. Services include-family engagement, recruitment and education; multidisciplinary triage, screening and assessment, family-focused care plan; care coordination; clinical services; and Social Determinants of Health.
- Patient has met admission criteria within the past thirty (30) days for IICAPS as evidenced by:
 - The child or youth's symptoms or behaviors persist at a level of severity documented at the start of this episode of care; or
 - The child or youth has manifested new symptoms or maladaptive behaviors that meet admission criteria, and the treatment plan has been revised to incorporate new goals.
- **Ages of Clients Served:** 4-18
- **Availability of Service:** IICAPS teams are available Monday thru Friday. However, NMH operates 24/7/365 mobile crisis response program. So, if crisis support needs to occur after business hours the NMH Mobile Crisis team will respond.
- **Frequency of Contact:** On average the client and family will receive 4-5 hours of services a week.
- **Duration of Services:** 6 months
- **Location of Services:** In the home and community
- **Languages:** English. NMH has Boostlingo translation services. Boostlingo provides live audio and/or video translation services, offering over 300+ languages.
- **Geographic Area:** Newport County and Providence

Best Fit Criteria:

Symptoms and functional impairment include all of the following:

- Diagnosed DSM Axis I or Axis II disorder.
- Symptoms and impairment must be the result of a primary psychiatric disorder, excluding V-codes; substance use disorders may be secondary.
- The IICAPS program provides services for co-occurring disorders.
- Functional impairment not solely a result of Pervasive Developmental Disorder or Mental Retardation, and
- Presentation consistent with at least one of the following:
 - Recent and/or ongoing suicidal gestures and/or attempts; or
 - Recent and /or ongoing self-mutilation that is **moderate** and dangerous; or
 - Recent and/or ongoing risk of deliberate attempts to inflict serious injury on another person; or
 - Recent and/or ongoing dangerous or destructive behavior as evidenced by indication of episodic impulsivity or physically or sexually aggressive impulses that are moderately endangering to self or others (e.g., impulsive acts while intoxicated, self-mutilation, running away from home or placement with voluntary return, fire setting, violence toward animals, affiliation with dangerous peer groups); or

- Recent and/or ongoing psychotic symptoms or behavior that poses a moderate risk to the safety of the child or others (e.g., hallucination, marked impairment of judgment); or
- Recent and/or ongoing marked mood lability as evidenced by frequent or abrupt mood changes accompanied by verbal or physical outbursts/aggression and/or destructive behaviors or marked depression, anxiety, or withdrawal from activities and relationships and peers.
- The child has a family resource that is available and willing and able to participate in this intensive home-based intervention.

Exclusionary Criteria:

- Arrangements for supervision at home are not adequate to assure a reasonable degree of safety.
- The child is not willing to contract reliably for safety (applicable only when a developmentally appropriate expectation)
- The primary presenting problem is substance abuse or Conduct Disorder.
- The family is primarily in need of respite, social support or social welfare services.

Intercept® Youth Villages, Inc

Program Description:

- **Service Focus:** Youth Villages Intercept is an intensive, in-home, parenting skills program used to safely prevent children (ages infancy to 18) from entering out-of-home care or to reunify them with their family as quickly as possible if out-of-home care is necessary. Youth Family Intervention Specialists, under the guidance of a Licensed Program Expert, work with both the child and the caregivers to address issues impacting the stability of the family. The comprehensive treatment approach addresses all areas that surround the child, including family, school, peers, and community to develop a long-term support system. The program model provides services to children who have emotional and/or behavioral challenges, or have experienced abuse and/or neglect. Additionally, if there is a youth in an out-of-home placement and in need of services to promote reunification, Intercept will start working with a youth and their families 4-6 weeks prior to the anticipated discharge date. Intercept is an evidence-based model and is designated as “Well-Supported” from the Title IV-E Prevention Services Clearinghouse.
- Youth/family needs more focused safety planning than available in outpatient services.
- Youth/family is at risk of a serious incident.
- Youth/family require additional support to adequately participate in services and may have daily needs for basic support (transportation, housing, food, etc.).
- Youth is struggling with school, avoidance, runaway behaviors, self-harm, verbal/physical aggression.
- **Ages of Clients Served:** Infancy to 18
- **Availability of Service:** Monday – Friday with 24/7 on call support in-person or via phone
- **Frequency of Contact:** Meeting an average of three times a week, more if necessary, based on family’s needs.
- **Duration of Services:** 4-9 months
- **Location of Services:** In the home and community.
- **Languages:** English with interpreting services available.
- **Geographic Area:** Statewide.

Best Fit Criteria:

- Intercept provides services to children and youth from birth up to age 18.
- Youth have emotional and/or behavioral challenges, or
- Youth have experienced abuse and/or neglect.
- Intercept targets youth at risk of entering foster care or other out-of-home placements as well as youth reunifying with family or kin from out-of-home placements.

Exclusionary Criteria:

- Youth who has current access to a lethal weapon and caregiver is unable or unaligned to effective safety planning.
- Youth with problem sexual behavior who is 13 years old or older and has not completed a problem sexual behavior treatment program.
- Youth who is experiencing current homicidal ideations/behaviors with intent and plan, and caregiver is unable to restrict access to lethal means.
- Youth who are experiencing current suicidal ideations/behaviors with intent and plan, and caregiver is unable to restrict access to lethal means.

Note: A variety of other serious risk factors could be present. It is possible that a combination of risk factors, without the protective factors necessary for safety, may lead Youth Villages to deny a family for Intercept services. This assessment is done on a case-by-case basis and will be provided to the referral source upon denial outside of the four exclusionary factors above.

Multi-Systemic Therapy (MST)

Providence Center

Program Description:

- **Service Focus:** MST is an evidence-based, intensive family and community-based treatment program. It's goal-oriented treatment model that targets factors in each youth's social network that are contributing to his or her antisocial behavior or addiction. Interventions aim to: Improve caregivers discipline practices, enhance effective family relationships, decrease associations with negative peers, increase youth association with pro-social peers, improve youth school or vocational performance, pro-social recreational outlets and develop a support network to help caregivers achieve and maintain positive changes.
- Primary focus is to improve family functioning, which will decrease the youth's risk factors and problematic behaviors. The goals of the MST program are to keep clients in their home, reduce out-of-home placements, keep clients in school, keep clients out of trouble, reduce re-arrest rates, improve family relations and functioning, decrease adolescent psychiatric symptoms, and decrease adolescent drug and alcohol use.
- In addition, MST will administer drug screenings, abstinence incentives, social skill building, and connections to recovery support services. The drug screenings are anticipated to be paid by insurance. Families should be advised that w/o a specific court order, the families will be responsible for any applicable co-pays.
- Each youth is assigned a Master's level therapist, with each therapist having a caseload of 4-6.
- MST is provided primarily within the family's home, but may also occur within the community or school setting based on the needs of the family.
- MST therapists work with the family in utilizing evidence-based parenting strategies and interventions.
- Progress towards treatment goals are measured and evaluated weekly.
- Transportation to certain appointments can be provided, based on the need of the family.
- Upon referral, initial contact with family is made within two (2) business days.
- **Ages of Clients Served:** 12-17.5
- **Availability of Service:** Monday through Friday with on-call available 24 hours a day, seven days a week.
- **Frequency of Contact:** A minimum of two (2) face to face contacts per week, which may increase up to five (5) to six (6) times based on the family's needs. Typically, clients receive 60 hours of home-based services over four months, along with numerous additional family/counselor contacts occurring each week. At the beginning of treatment, weekly family meetings occur two or three times a week. The number of family meetings will decrease overtime based on clinician recommendation and family progress.
- **Duration of Services:** 3-5 months
- **Location of Services:** In the home and community
- **Languages:** English, Spanish.
- **Geographic Area:** Statewide.

Best fit criteria:

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

Exclusionary Criteria:

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

Multi-Systemic Therapy for Problem Sexual Behavior (MST- PSB)

NAFI

Program Description:

- **Service Focus:** Evidence-based, intensive family and community-based treatment program that works with youth who are struggling with problematic sexual behavior. Youth's primary treatment focus is on the problematic behavior but may also be struggling with other behaviors such as physical or verbal aggression, truancy, and non-compliance.
- Each youth is assigned a therapist that will work with the family.
- MST therapists work with the family in utilizing evidence-based parenting strategies and interventions, individual work with the youth is utilized if determined by the treatment team to be most effective.
- Primary focus is to create and maintain safety within the home for client and family, increase client accountability for problem sexual behavior, improve overall family functioning, and promote healing for client, victim, and family.
- A youth who is successful at discharge will have eliminated the problem sexual behavior and will have met their desired behavior change outlined in their treatment plan for other presenting problematic behaviors.
- **Ages of Clients Served:** 10-18
- **Availability of Service:** We provide a flexible, non-traditional schedule Monday through Friday for families. On call support available 24 hours a day, seven days a week.
- **Frequency of Contact:** A minimum of three (3) face to face contacts per week, which may increase up to five (5) to six (6) times based on the family's needs.
- **Duration of Services:** 5-7 months
- **Location of Services:** MST PSB is provided primarily within the family's home, but may also occur within the community or school setting based on the needs of the family.
- **Languages:** English, Spanish (if Spanish speaking clinician is not available, interpretation services are utilized).
- **Geographic Area:** Statewide.

Best Fit Criteria:

- Clients served are from 10 to 18 years old.
- Rhode Island Residents.
- Youth with sexual offending or concerning sexual behavior (i.e. excessive pornography watching, sending or receiving inappropriate pornographic photos or comments, voyeurism, illegal sexual activity, inappropriate touching etc.). Given the large spectrum of potential PSB behaviors, feel free to contact the Program Director to assess appropriateness.
- MST can be used to prevent out-of-home placement or assist in rapid reunification.
- For youth in out-of-home placement, services can be put in place 30 to 60 days prior to reunification.

Exclusionary Criteria:

- Youth not exhibiting problem sexual behavior
- Youth with an IQ under 70
- Youth that have no identified caregiver or are in semi-independent living

Parenting with Love and Limits (PLL)-Re-Entry

NAFI

Program Description:

- **Service Focus:** An evidenced-based and community-based family therapy program combining group and family therapy for children and adolescents, ages 10-18 who have severe emotional and behavioral problems who are in need of assistance to reunify from group or foster care.
- The PLL model accomplishes behavior changes in the family by closely structuring progression through the curriculum by the family successfully engaging in and attending six (6) multifamily groups, in home face to face family coaching, and case management services.
- Primary focus is to restore parental hierarchy, establish healthy communication, improve family functioning, and reduce problematic behaviors utilizing the Structural and Strategic models of therapy.
- Each team is comprised of a Therapist and a Case Manager which are directly supervised by the NAFI Program Director and PLL Clinical Expert.
- In addition to the 6 week groups, Individual families will receive family therapy and trauma based treatment weekly in a home-based setting to practice skills and concepts learned in groups. When appropriate, sessions can occur within a community or school setting based on the needs of the family.
- Case management is provided to the family throughout the duration of treatment. Case managers will do 1:1 work with the youth; support the family in implementation of the family contract; support the family in finding resources within their community as needed (i.e. housing, food banks, childcare).
- PLL provides transportation as needed.
- **Ages of Clients Served:** 10-18
- **Availability of Service:** We provide a flexible, non-traditional schedule Monday through Friday for families. On-call support is available 24 hours a day, seven days a week.
- **Frequency of Contact:** A minimum of one (1) face to face contact per week throughout the duration of treatment, which can increase based on need. Parents will attend six (6) parenting groups that are facilitated by a PLL clinician.
- **Duration of Services:** 6-8 months including aftercare.
- **Location of Services:** In home and the community. Groups held in Warwick.
- **Languages:** English and Spanish (if Spanish speaking team member not available, we will utilize interpretation services).
- **Geographic Area:** Statewide.

Best Fit Criteria:

- Youth ages 10-18
- Identified caregiver (can be foster, adoptive, kinship, and biological)
- Youth who are in residential care or foster care working toward reunification.
- Youth exhibiting problematic behaviors such as, but not limited to, disrespect, threats or acts of aggression, curfew violation, truancy, substance use and stealing.
- Caregivers who would benefit from support to address and intervene of youth's problematic behavior, as well as improve their parenting techniques and rebuild broken relationships within the family system.
- **A referral made simultaneously with placement is optimal as it affords PLL the opportunity to significantly shorten length of stay in placement while preparing the family for reunification.**

Exclusionary

- Youth with active SI/HI
- Youth with no identified caregiver (can be foster, adoptive, kinship, and biological)

Preserving Family Networks

Tides Family Services

Program Description:

- **Service Focus:** Preserving Family Network (PFN) is an innovative, community based network of care that provides a wide spectrum of programming allowing for a holistic response to families with complex needs. PFN provides in-home children's behavioral health services that aims to deliver comprehensive and personalized care while recognizing and respecting the diverse cultural backgrounds of the children and families served.
- PFN is appropriate for youth: who have chronic absenteeism or truancy concerns; identify as LGBTQIA+; are the victims of prolonged trauma; are in need of reunification; are in need of permanency; are, or are at risk of becoming, CSEC involved; families where a youth and/or caregiver exhibit behavioral, mental health, or substance abuse challenges; families experiencing domestic violence; youth with prior or current involvement with the JJ system; are in need of crisis stabilization; can benefit from positive youth development; have complex needs for services and supports; and are adolescents with severe behavioral and mental health needs. Referrals can be made one month prior to anticipated discharge from congregate care.
- **Ages of Clients Served:** Youth ages of 6 to 21 residing within the state of Rhode Island.
- **Availability of Service:** Monday-Saturday with 24/7/365 on call availability.
- **Frequency of Contact:** Since intensity and frequency of interventions are based on youth/family needs, caseloads are monitored not by the amount of youths but by the amount of hours workers are involved in direct and indirect service provision. Using this formula, clinicians caseloads average 12-15 families, Behavioral Assistant caseloads average 5-8 families, Peer Recovery Specialist caseloads average 25-30, and case managers average approximately 50 cases. Families receive a minimum of 1-3 hours of Home Based Clinical Services weekly with additional support from Tides Outreach Program, Peer Recovery Specialists, and Case Managers as needed.
- **Duration of Services:** PFN cases are open, on average, for eight months. PFN cases are authorized by the Central Referral Unit for an initial six month period, during which time the family and youth are assessed at a minimum of four times to determine the family's goals for treatment, youth risk and functioning and treatment progress. Due to the complexity of youth and family needs, a set time frame is not determined at onset.
- **Location of Services:** In the home and in the community.
- **Languages:** English and Spanish.
- **Geographic Area:** Statewide.

Best fit criteria:

In addition to meeting the PFN age range and geographic requirements, referred youth must also meet at least one of the following conditions:

- Being discharged from RI Training School for Youth
- Currently residing in an out-of-state placement with aim of returning home
- Hospitalization with additional service needs in order to be discharged
- Currently residing in a residential treatment program with aim of returning home
- In foster care needing services in order to maintain placement
- Have significant family court involvement (including Truancy, Drug and Re-Entry Court)
- At risk of out-of-home placement
- Involved with probation or parole

Exclusionary Criteria:

Outside of meeting the conditions listed above, there are no further exclusionary criteria.

Rapid Crisis Stabilization (RCS)

NAFI

Program Description:

- **Service Focus:** RCS is an evidence-informed program comprised of:
 - A strengths based approach.
 - family centered treatment
 - in-home and community-based services
 - stabilization program
- This service provides assessments, intensive therapy/counseling services, crisis de-briefing and safety planning, access to psychiatric consultation and/or medication management, empowerment and family support services and linkage with community-based support services.
- Each youth is assigned a Clinician and Behavior Specialist that will work with the family.
- RCS provides support to families as the child transitions from a higher level of care to home or as a preventative measure to reduce the risk of hospitalization or out-of-home placement.
- RCS staff work with the family in utilizing a variety of evidence informed practices with a heavy focus on Motivational Interviewing interventions.
- Treatment sessions are usually broken down into 2-4 weekly visits with each visit ranging from 2-4 hours.
- **Ages of Clients Served:** 2-18 (or up to age 21 with a caregiver/spouse residing in the home).
- **Availability of Service:** We provide a flexible, non-traditional schedule Monday through Friday for families. On call support available 24 hours a day, seven days a week.
- **Frequency of Contact:** RCS's approach allows for weekly in-home time to range from 6 hours per week to as much as 15-20 hours in extreme instances. Clinicians will provide a minimum of 6 hours of face-to-face clinical work to each family.
- **Duration of Services:** 6-9 months
- **Location of Services:** Services occur mainly in the family's home but can also occur out in the community if behaviors are occurring across settings.
- **Languages:** English, Spanish (if Spanish speaking clinician is not available, interpretation services are utilized).
- **Geographic Area:** Statewide.

Best Fit Criteria:

- Current DSM diagnosis.
- Presenting with moderate to severe behavioral health symptoms and serious impairment is evident in multiple setting (i.e. family, school, social, etc.).
- Parent/caregiver is willing to participate in services.
- At-risk for or recent admission to higher level of care.

Exclusionary Criteria:

- Actively psychotic
- Actively homicidal
- Level of acuity does not require this minimum of six (6) in-home hours per week
- Client requires a level of structure and supervision beyond the scope of RCS

STAAR

Tides Family Services

Program Description:

- **Service Focus:** Supporting Teens and Adults At-Risk (STAAR) Program provides trauma focused, community/home based services to youth up to age 21, statewide. A Clinical Team, consisting of a Clinician, Care Coordinator and Youth Peer Mentor, engages the family in 3-10 hours each week for 8-10 months, focusing on increasing healthy family functioning, safety and wellbeing to prevent placement disruption. The core components of the service include trauma specific therapy, both individually and family focused; Care coordination, including transportation assistance, advocacy and support within systems and resource development; Psychoeducation for caregivers specific to parenting a child/teen who has experienced sexual abuse and sexual exploitation through our internally developed curriculum Families Impacted by Sexual Abuse (FISA); Equine Assisted Psychotherapy; Bimonthly service provider meetings; Clinical Support Groups specific to prevention; and Youth Peer Mentorship. After care services to decrease weekly hours when treatment progress is sustained and/or treatment plan goals are met; and after care planning and successful discharge transition.
- The STAAR Program is a trauma focused, community and home based service aimed at preserving placements and reducing the need for youth to be placed in congregate care. The STAAR Program is intended to keep survivors and high-risk youth safe in their communities, reduce the risk of re-victimization, and decrease placement disruptions. Interventions focus on safety, social competence, life skills, victim support, educational support, mental health services, and substance abuse screening and referral. The treatment team works closely with the CSEC Multi-Disciplinary Team that tracks and manages services for CSEC victims in RI. We utilize a number of evidenced based and promising practices for treatment including Cognitive-Behavioral Therapy, Trauma-Focused Cognitive Behavioral Therapy, Equine Assisted Psychotherapy, Sensory Interventions, Family and Group Therapy.
- **Ages of Clients Served:** Youth to 21
- **Availability of Service:** Monday through Friday with 24/7/365 on call availability.
- **Frequency of Contact:** 3-10 hours a week
- **Duration of Services:** 8-10 months
- **Location of Services:** In the home and community
- **Languages:** English, Spanish and ASL.
- **Geographic Area:** Statewide.

Best fit criteria:

- Male and female victims of sexual exploitation and human trafficking, up to age 21, and their families.
- Services are available to youth involved with DCYF who have a confirmed history of Commercial Sexual Exploitation of Children (CSEC)/Human Trafficking involvement or identified high-risk youth.
- These youth would qualify as high-risk through identifying factors mirrored in the current research as risk factors for sexual exploitation and will include: frequently running away; gang involvement; spending time with known trafficking victims or traffickers; involvement in the child welfare system; members of the LGBTQ+ community; and victims of child sexual abuse.

Exclusionary Criteria:

- Youth who upon referral are determined not to be at high risk or trafficking victims,
- Youth who engage in aggressive behavior towards providers,
- Youth with significant mental health issues requiring long-term in-patient treatment (such as active psychosis) may be screened out.

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

Program Description:

- **Service Focus:** Trauma Systems Therapy-Community (TST-C) is a trauma-focused multi-disciplinary community-based team that employs an intensive clinical approach which empowers children/youth to regulate emotions and behaviors, while mitigating ongoing environmental stressors/triggers at home and/or school. TST enhances caregiver skills to facilitate the child's emotional and behavioral regulation.
- **Target Population:** Children and youth of all gender identities and expressions, between the ages 4-18 years old who have experienced complex trauma and need intensive support within environments that exacerbate trauma symptoms. TST-C also works with youth living in healthy environments but who need to learn to regulate emotions/behavior and process trauma experiences.
- TST-C team will provide assessment, individualized clinical treatment, psychoeducation, skills training, parent education, trauma narration, and system advocacy.
- TCT-C team will implement treatment while ensuring that the interventions offered are child-centered, youth-guided, trauma-focused and family-driven.
- The program includes a .5 Department Director, 1 Clinical Director, 2 Independently Licensed Clinical Supervisors, 9 Licensed Master's Level Clinicians, 7 Bachelor Level Case Managers.
- The team is made up of staff with experience in social work, child welfare, juvenile justice, mental health, and related fields; and with youth coping with complex trauma, family needs, etc.
- The team works with the family to complete a trauma-informed diagnostic assessment on each child in the family within the first 30 days and a treatment plan on each child in the family that is informed by that assessment. The assessments will be used in partnership with the family to determine the levels of individual, group, and family work that are needed.
- The TST-C team works as part of the client and family's multidisciplinary team, partnering with the client and family, DCYF, Family Court, Child Advocate and other natural supports and community agencies to ensure that treatment is delivered in a collaborative way with the client and family at the center.
- TST-C can begin working with a youth and family 30 days before anticipated discharge from congregate care.
- **Ages of Clients Served:** 4-18
- **Availability of Service:** TST-C provides services Monday-Friday. FSRI's 24/7 on-call Emergency Response Service (ERS) offers immediate, direct contact with a trauma-informed Clinician trained in crisis intervention strategies. ERS Clinicians respond at FSRI, other community locations, or at the child/family home to evaluate safety and necessary level of care.
- **Frequency of Contact:** On average children, youth and their families will receive a minimum of 2 home visits per week depending on the acuity of the presenting symptoms. Visits will last for 1-2 hours and clients will also have access to 24/7 emergency services.
- **Duration of Services:** The duration of service is determined by continual assessment of progress toward goals, with the typical TST-C treatment lasting 6-9 months.
- **Location of Services:** In the home and community.
- **Languages:** English & Spanish.
- **Geographic Area:** Statewide.

Best fit criteria:

- Families with children ages 4-18 regardless of gender or gender identity who have experienced complex trauma.

Exclusionary Criteria:

- Individuals with intellectual disabilities, uncontrolled schizophrenia, and anyone at imminent risk to self or other who need a more intensive level of care. Any individual receiving other intensive, home-based mental health services through insurance or state funded initiatives are also excluded.

Youth Advocate Programs (YAP®), Inc.

Program Description:

- **Service Focus:** Youth Advocate Programs (YAP®), Inc. provides community based wraparound services to children, youth and families referred by the Rhode Island Department of Children, Youth and Families (DCYF). All programming is grounded in YAP's Wraparound Advocacy model, YAPWrap™. The YAPWrap™ model is comprehensive, trauma informed and holistic, utilizing best practices found in the wraparound, mentoring, restorative justice, and positive youth development fields. The program is designed to promote family stability, increase pro-social behaviors, build decision-making skills, and strengthen relationships.
- The target population are children and youth referred from the Rhode Island Department of Children, Youth and Families (DCYF) to serve children, youth and families where the young person is at risk of removal from the family, who are reunifying from out-of-home care, in need of after-care services or otherwise transitioning to permanency or are open to DCYF or juvenile probation due to involvement in the juvenile justice system.
- Services may begin as soon as a referral is received, unless noted within the referral to delay services for any given reason provided by DCYF.
- In coordination with YAPWrap™, YAP also incorporates Supported Work (a form of subsidized paid employment) to age appropriate participants and two evidence based interventions, The Strengthening Families Program (SFP) an evidence based skills training program found to improve parenting skills and relationships, and Peaceful Alternatives to Tough Situations (PATTs) an SAMHSA and evidence-based approved cognitive behavioral intervention that utilizes group instruction to help youth learn nonviolent conflict resolution skills.
- **Ages of Clients Served:** 12-19
- **Availability of Service:** Monday – Saturday, on call availability based on safety planning.
- **Frequency of Contact:** Participants will receive up to 10 hours of service per week, however, the amount of service any participant receives will be based on individual needs.
- **Duration of Services:** 8-12 months.
- **Location of Services:** In the home and predominately in the community.
- **Languages:** English, Spanish, Haitian-Creole, Cape Verdean-Creole, Portuguese
- **Geographic Area:** Statewide.

Best fit criteria:

- YAP accepts all young people and their families as services are never refused or terminated due to case management difficulties.
- The program is designed to promote family stability, increase pro-social behaviors, build decision-making skills and strengthen relationships.
- YAP can be used to prevent out-of-home placement or assist in rapid reunification.

Exclusionary Criteria:

YAP has a “No Reject, No Eject” policy. Young people or their families are never refused services or terminated due to case management difficulties.

Family Stabilization and Prevention Services



Believe in Making Results

Tides Family Services

Program Description:

- **Service Focus:** Believe in Making Results (BMR) is a preventative, youth diversion program to work with youth and their families who need assistance with improving family functioning, meeting basic needs, preventing DCYF involvement, developing coping skills, and preventing out-of-home placement. Services include case management, recovery planning/ individualized goal setting, informal counseling, therapeutic recreation, skills-based groups, and social skills development. BMR caseworkers target interventions toward decreasing family conflict, strengthening emotional attachments, improving communication skills and improving problem-solving skills within the family unit.

BMR incorporates:

1. Positive Youth Development Framework
 2. Family Systems Theory
 3. Motivational Interviewing
 4. Cognitive Behavioral Therapy
- The target population for BMR is youth at risk of involvement with Family Court. BMR youth often exhibit behaviors such as truancy, parent/child relationship issues, and peer/social issues. In some cases, youth can present as impulsive, aggressive, or in conflict.
 - **Ages of Clients Served:** 10-14 years old
 - **Availability of Service:** Monday-Friday, with 24/7/365 on call availability.
 - **Frequency of Contact:** Youth are assigned a bachelor-level caseworker to provide 1-3 service hours per week per family with all treatment being provided via a home and community-based delivery model.
 - **Duration of Services:** The average treatment duration is 6 months.
 - **Location of Services:** In the home and community.
 - **Languages:** English and Spanish.
 - **Geographic Area:** Providence, Pawtucket/Central Falls, and South Kingstown

Best fit criteria:

- BMR youth often exhibit behaviors such as:
 - Truancy
 - Parent/child and/or peer/social issues relationship issues
 - In some cases, youth can present as impulsive, aggressive, or in conflict.
 - Ideal service to support the cases referred to CPS, SRU, and JHBs.

Exclusionary Criteria:

- Youth who are actively open to DFS or involved in Family Court are not eligible to receive this diversion program.
- Youth who are in need of significant clinical services
- Youth who have a major health diagnosis and no clinical services in place

Commercial Sexual Exploitation of Children (CSEC) Mentoring Day One

Program Description:

- **Service Focus:** Day One's CSEC Mentoring Program provides consistent support and transformational relationships critical to helping young CSEC victims.
- The Mentoring Program utilizes a strength-based approach, combined with wrap-around Multi-Disciplinary Team (MDT) and trauma-informed support.
- Empowering young victims to engage in activities that rebuild a sense of self.
- The CSEC Mentor Program is managed by a licensed clinician.
- Connecting youth with a survivor Mentor; CSEC Mentors may be either CSEC survivors who have been "out of the life" for at least five years, or CSEC-informed individuals.
- CSEC Mentors are assigned within 48 hours of referral.
- CSEC Mentoring Program can serve up to ten (10) concurrent referrals.
- The delivery of services is based on the individualized service plan and varies from six to twelve months. Service goals are completed within the first 30 days and reviewed every three months.
- **Ages of Clients Served:** 12 to 21
- **Availability of Service:** Offer services 24 hours a day, 7 days a week with an emergency on call when needed.
- **Frequency of Contact:** Offers victims an individualized service plan, which includes a meeting with the Mentor at least one time per week. Program participants are also offered the opportunity to participate in group activities with all youth involved in Mentor Program.
- **Duration of Services:** 6-12 months
- **Location of Services:** Services are provided in the home and / or in the community.
- **Languages:** Needs of referred client families can be met through volunteer advocates and Day One bilingual staff.
- **Geographic Area:** Statewide.

Best fit criteria:

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

Exclusionary Criteria:

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

Community Health Team

Family Service of Rhode Island

Program Description:

- **Service Focus:** The Community Health Team (CHT) is a trauma responsive multi-disciplinary team approach to strengthen family connections, ensure successful step-downs and discharges, and reduce re-entry. The CHT program is built on the clinical foundation of Trauma Systems Therapy (TST) and is designed to assist parents in developing parenting capabilities and family resources to promote safety while supporting the child's ability to regulate emotions and behaviors.
- This specialty service offers intensive clinical and family-based support to families facing complex challenges, such as youth with developmental disabilities, complex medical issues, and behavioral health needs. Although direct clinical services like ABA are not provided, we offer clinical family support and assistance.
- The Community Health team provides intensive in-home services with 4-6 hours of direct contact by our team weekly with additional hours of case management provided to families as needed.
- The Community Health Team offers ongoing support to families navigating complex systems, including hospitals, insurance, medical care, DHS/public assistance, and immigration. The team works closely and meets regularly with children, their families, and all service providers involved in their care, such as DCYF, pediatric healthcare practices, psychiatrists, psychologists, educators, home health, nursing, and physical/occupational therapists.
- The program includes an Independently Licensed Clinical Director, 2 Licensed Master's Level Clinicians, 3 Community Health Workers, 2 Family Support Partners
- TST-CHT staff will maintain weekly contact with the assigned DCYF social case worker and team.
- Target Population youth and families in need of intensive short-term care coordination, case management, and clinical stabilization.
- **Ages of Clients Served:** 0 to 21
- **Availability of Service:** In person Monday-Friday with early morning and evening availability. CHT is responsive to the needs of clients on a 24/7/365 with access to FSRI's emergency response services and mobile crisis team on nights, weekends, and holidays.
- **Frequency of Contact:** The program hours available to clients are determined based on the needs of the family. On average this would include 4 to 6 hours of direct contact weekly and 4 additional case management hours. Case management hours include all system level involvement (BHDDH, DCYF, DHS, Katie Beckett, Medicaid, Hospitals, etc.).
- **Duration of Services:** Children/families remain open to CHT based on individual need, with an average authorization of 6 months.
- **Location of Services:** In home and the community.
- **Languages:** English & Spanish.
- **Geographic Area:** Statewide.

Best fit criteria:

- Families with children ages birth to 21 regardless of gender or gender identity.
- Families (which may include resource families- but typically not those associated with private agencies) who are caring for youth with complex medical, behavioral health, and/or developmental needs, who require assistance, peer support, and clinical services to address the complex nature of the needs of youth in their care to support the best possible outcomes given the complexity of the cases.

Exclusionary Criteria:

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

Credible Messenger

Tides Family Services

Program Description:

- **Service Focus:** Credible Messenger is a mentoring program addressing the needs of youth who are involved with or are at risk of involvement with the juvenile justice system. The program is designed to be adaptable to meet the unique needs of youth with community safety concerns, helping them to reduce the cycle of incarceration. This program harnesses the power of credible messengers, individuals who have overcome their own involvement in the juvenile or criminal justice systems, to mentor and support justice-involved youth. Credible Messengers use their lived experience to establish credibility with youth and offer guidance, support, and resources, to empower justice involved youth to make positive life choices, develop essential skills, and break the cycle of criminal behavior. Youth will be matched with a Credible Messenger of the same gender and community affiliation.
- Credible Messenger is intended to complement and expand on the services available through the DCYF continuum of care for justice-involved youth, specifically, to serve youth identified to be at the highest risk for incarceration, reincarceration, or death. Youth can be referred one month prior to release or anticipated discharge date from the Youth Development Center or Congregate Care program.
- **Ages of Clients Served:** No exclusionary criteria based on age.
- **Availability of Service:** Monday-Friday, with weekend contact as needed, and 24/7/365 on call availability.
- **Frequency of Contact:** Credible Messengers work with small caseloads of approximately three youths at a point in time to allow for ten or more hours per week of mentoring.
- **Duration of Services:** Youth are open to the program for an initial six-month period, and services are reauthorized beyond the initial period based on the youth's needs.
- **Location of Services:** In the home and community.
- **Languages:** English.
- **Geographic Area:** Statewide.

Best fit criteria:

- Youth residing in the Youth Development Center
- Youth who are on probation
- Youth who present to the Family Court, Juvenile Hearing Boards, Police, or Hospital with community safety concerns
- Youth will likely score as high risk in one or more areas on the Structured Assessment of Violence Risk in Youth indicating a high likelihood of future violence or delinquent behavior

Exclusionary Criteria:

- Based on staffing, there may be exclusionary criteria based on gender or geography.

Enhanced Family Support Services (EFSS) Communities for People Inc.

Program Description:

- **Service Focus:** EFSS is a home-based, family-focused, strengths-based model of integrated services that incorporates evidence-based and evidence-informed practices, including trauma-informed treatment. EFSS helps families stabilize or reunify despite significant stressors. EFSS assist parents and caregivers with developing the skills necessary to ensure the safety, health, and well-being of all family members.
- EFSS provides families with a fully integrated array of services including: parenting education and support; individual counseling, problem-solving and skill building; family mediation; 24/7 availability for crisis intervention, safety planning; treatment planning; psycho-educational services; case management services; social and recreational activities; provision of or referral to substance abuse education; educational advocacy, tracking and accountability monitoring; referral to community behavioral health supports including psychiatry as needed for evaluation and medication management; expressive arts, play and sports therapy techniques, clinical self-care groups and creation of and linkages to family support and community resources.
- EFSS staff have been trained and or certified in motivational interviewing, crisis intervention, trauma informed treatment planning, and anger management. Depending on the client and family needs, we also provide teachings on independent living skills.
- Each youth is assigned either a Master's level clinician, a caseworker, or a team of both depending on referral needs and DCYF recommendations.
- **Ages of Clients Served:** The clients served are 0 to 21 years of age.
- **Availability of Service:** Services provided Monday-Friday, weekend availability based on the needs of the youth and family. 24/7 on-call.
- **Frequency of Contact:** Families receive an average of 4 hours of contact consisting of a minimum of two (2) face to face contacts per week, with additional telephone and collateral contact readily available.
- **Duration of Services:** 3-9 months
- **Location of Services:** Services are provided primarily within the family's home but may also occur within the community or school setting based on the needs and desires of the family.
- **Languages:** English and Spanish
- **Geographic Area:** Statewide.

Best fit criteria:

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

Exclusionary Criteria:

- Actively suicidal, homicidal or psychotic
- Primary referral reason is sexual offender behavior.
- Severe developmental delays
- Profound Developmental delays, Significant Autism Spectrum Disorders (Unless referral identifies primary goal of EFSS services to help support the family in dealing with the youth's presenting developmental delays etc.)

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

Program Description:

- **Service Focus:** EFSS is a family-centered, strengths-based program that incorporates evidence-based and evidence-informed practices, including trauma-informed treatment, Motivational Interviewing, Family-centered Practice, Seeking Safety, and Cognitive Behavioral Therapy in order to assist children, youth, and families with stabilizing family relationships; improving individual and family functioning; and helping parents/caregivers to develop the skills necessary for ensuring the safety, health, and well-being of all family members.
- EFSS can be used alone or in conjunction with other programs. For example, EFSS is sometimes linked with Key's Positive Parenting Program (Triple P).
- EFSS caseworkers have bachelor's degrees in human services-related fields; clinicians have master's degrees in counseling or social work and are overseen by an independently licensed clinician.
- Key staff maintain a flexible work week that can meet clients' scheduling needs and preferences.
- If assessed to be necessary, the clinician will provide short-term solution focused therapy to the youth or family and assist with helping the youth/family to enroll in longer-term counseling in the community.
- The clinician also provides clinical consultation to the bachelor's level caseworkers to guide and inform assessment, treatment planning, and intervention.
- Upon receipt of referral, initial contact with DCYF and/or family is attempted within 1 business day to schedule an intake meeting.
- EFSS has an extensive menu of services. Treatment plans and interventions are individualized and tailored to meet each client's unique strengths, needs, abilities and preferences. Treatment plans are reviewed monthly and revised every 90 days or earlier, if needed.
- As is needed, Key regularly provides youth and families with transportation to routine and emergency appointments such as medical/dental, counseling, psychiatric or other evaluations, school enrollment and reinstatement meetings, recreational activities, and court appearances, while simultaneously work with the youth and family to develop natural supports for transportation or to learn how to use public transportation for future needs.
- **Ages of Clients Served:** 0 to 21
- **Availability of Service:** Services are available to clients 7 days a week, 365 days per year, days and evenings, with 24-hour crisis intervention availability, both by phone and in-person.
- **Frequency of Contact:** Youth and families receive a minimum of two face-to-face contacts per week, which may increase as needed. Phone contact, virtual contact and/or collateral work occur as needed throughout the week.
- **Duration of Services:** 3-9 months.
- **Location of Services:** EFSS is a home-based service. However, EFSS caseworkers provide services within all relevant areas of the youth's life, including school, work, recreation, and community. Group work is facilitated at the program's office.
- **Languages:** English, Spanish, Khmer, Portuguese, Creole. Propio Language Translation services are also available.
- **Geographic Area:** Statewide.

Best Fit Criteria:

- EFSS can be used to prevent out-of-home placement or to facilitate reunification from placement. Referrals can be received up to 3 months prior to anticipated reunification.
- Youth and families who require support to function safely and effectively in their own homes and communities.

Exclusionary Criteria:

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

Familias Unidas

Children and Youth Cabinet RI

Program Description:

- **Service Focus: Familias Unidas** is a multilevel family-based intervention program designed to prevent problem behaviors in Hispanic adolescents. The program engages Hispanic immigrant parents or caregivers in an empowerment process in which they first build a strong parent-support network and then use the network to increase knowledge of culturally relevant parenting, strengthen parenting skills, and then apply these new skills in a series of activities designed to reduce risks.
- The program is also influenced by culturally specific models developed for Hispanic populations in the United States, and is delivered primarily through multi-parent groups, which aim to develop effective parenting skills, and family visits, during which parents or caregivers are encouraged to apply those skills while interacting with their adolescent. The multi-parent groups, led by a trained facilitator, meet in 8 weekly 2-hour sessions for the duration of the intervention. Each group has 10 parents, with at least 1 parent or caregiver from each participating family. Sessions include problem posing and participatory exercises. Group discussions aim to increase parents' understanding of their role in protecting their adolescent from harm and to facilitate parental investment. The program also includes 4 (1-hour) family visits.
- Familias Unidas program is a culturally specific program designed for youth aged 10-17 and their caregivers that builds on the strengths of each family and work on prevention. The program supports parents and youth during the transition from early adolescence to the teen years with an emphasis on helping young people avoid risky and dangerous behaviors. This evidence-based approach has been proven to reduce behavioral issues, drug use, and sexual risk for youth participants as compared to their peers.
- Familias addresses developmentally appropriate goals for parents/caregivers and youth via highly interactive activities and videos reflecting positive culturally relevant family interactions. Professionally delivered by Latinos facilitators from the participants' community, these weekly discussion groups provide catered sessions for caregivers to discuss relevant topics with their peers in addition to family sessions to practice and reinforce new skills.
- Program Benefits include Promote the three worlds (Family, school and Peers). Strengthens parents' & caregivers' communication skills. Teaches caregivers skills for dealing and resolve their adolescents' temptations and peer pressure. Provides strong networking and safe spaces for caregivers and youth. Increases family bonding & understanding. Increase knowledge of culturally relevant skills & parenting techniques. Access to resources and other programs in the community.
- Program Incentives include: Free dinner & Gift card incentives. On-site childcare. Transportation to and from program. Graduation certificate.
- **Ages of Clients Served:** Youth aged 10-17 and their caregivers.
- **Availability of Service:** Groups are held one night a week, Monday through Friday.
- **Frequency of Contact:** Weekly groups and Check-In calls made weekly
- **Duration of Services:** Cohorts that run approximately 12 weeks.
- **Location of Services:** Providence and Central Falls
- **Languages:** Spanish- speaking, culturally competent facilitators
- **Geographic Area:** Currently, Familias Unidas runs cohorts in Providence and Central Falls. Familias program also supports families from cities like Newport, Cranston, Woonsocket, etc.

Best fit criteria:

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

Exclusionary Criteria:

- N/A

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

Program Description:

- **Service Focus:** FPP for Parents with Cognitive Disabilities provides assessment and training to families who are involved with DCYF, the Family Court of RI, or the Safe and Secure Baby Calendar of RI.
- The purpose of FPP is to increase the number of successful reunifications for families whose children have been placed out of their homes and to reduce the need for out-of-home placements and permanent removal of children.
- FPP provides case management and clinical services including: assessment, individualized treatment planning and implementation, and parent/family training and support. FPP is not a traditional visitation program; it is a psycho-educational program for parents.
- The intensity and duration of FPP support services are identified through evidence-based assessments and interviews with parents and other service providers.
- The general goal of the FPP is to improve family functioning, safety, parenting abilities, and child well-being. Additional goals could involve training in: stress reduction strategies (e.g., relaxation, imagery, resilience and optimism), independence in organizing supports and services to meet their family's needs, and acquiring and maintaining skills over time.
- When appropriate, foster care providers may be involved in training and support to biological parents.
- The FPP treatment model is a component of the Groden Center's continuum of services that is based on empirically-validated options and represents best-practice in the treatment of severe behavior challenges.
- **Ages of Clients Served:** 0-12
- **Availability of Service:** Services are provided Monday through Friday with 24/7 on call services.
- **Frequency of Contact:** 6 hours a week of direct services and case coordination are provided by case managers. 3 hours a week of clinical oversight is provided by licensed clinical supervisors (LISCWs and BCBAs).
- **Duration of Services:** FPP typically works with a family for an average of six months. Services may be reauthorized based on the family's needs and progress towards FPP goals.
- **Location of Services:** FPP strives to provide behavioral health services in the home whenever possible. Services are often provided in alternative locations at the Groden Center or in community settings.
- **Languages:** English and Spanish
- **Geographic Area:** Statewide.

Best-fit Criteria:

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

Exclusionary Criteria:

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

Family Stabilization Program (FSP)

Child & Family Services of Newport County

Program Description:

- **Service Focus:** FSP is an evidence-informed model that utilizes four phases of treatment, intensive weekly supervision, and adheres to high-quality family stabilization treatment practices that place the parent/family as a partner in their own care.
- FSP provides support to families with a child at imminent risk of out-of-home placement due to a host of social factors that include but are not limited to: maladaptive behaviors such as challenges with coping or parenting, environmental concerns, and daily resource needs.
- FSP supports reunification with youth and their families when there has been an out-of-home placement, or otherwise assists youth transitioning to permanency.
- FSP focuses on stabilizing the family and supporting them to achieve their goals by building engagement and then addressing basic needs, family interactions, and behavioral issues including those related to trauma.
- FSP provides wraparound services to help families build their support network and achieve their goals.
- The FSP team is comprised of a Master's Level Clinician who completes the assessment, diagnosis, and treatment planning, a Bachelor's Level Clinical Care Coordinator who meets weekly with families to help them meet their identified goals, and a certified Community Health Worker with lived experience who provides further support.
- Crisis and Safety Planning are part of the model and aim to reduce risk and increase supports.
- When a referral is made, it is assigned to a worker and the family is then contacted within 24 hours. Intake is scheduled within 5 business days whenever possible.
- **Ages of Clients Served:** Children aged 0 to 21 and their family/caregivers
- **Availability of Service:** Services are provided Monday through Friday, with evening availability and flexibility around family's work schedules. Staff are on call to clients 24/7.
- **Frequency of Contact:** Families meet with their team members once weekly at minimum, with one additional weekly contact outside of sessions.
- **Duration of Services:** Services typically last for 6 months and can be extended at DCYF's discretion.
- **Location of Services:** Services are provided in the community or in families' homes and are scheduled with flexibility around families' needs.
- **Languages:** English and Spanish
- **Geographic Area:** Statewide.

Best fit criteria:

- Youth and their families requiring support and stabilization to remain together in their home and community with the aim of securing permanency for children.
- Families struggling with issues such as trauma, defiance, truancy, and attachment issues, as well as concerns around parenting needs such as structure and boundaries.
- For FSP-K: foster families potentially at risk of a disruption in placement

Exclusionary Criteria:

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

Homebuilders

Bethany Christian Services of Southern New England

Program Description:

- **Service Focus:** Intensive home-based services to prevent first-time out-of-home care placement when it is imminent, get kids back home from placement (home within 7 days of start of Homebuilders), and reduce re-referrals of abuse and neglect. Implementation of the model strengthens families through careful assessment, teaching of skills and overcoming barriers to success. An evidence-based model that follows tested standards and includes quality improvement in its basic design. The program serves children/youth ages 0-17 and their caregiver(s) where the children are at imminent (within 24-48 hours) risk of removal from the home, or the worker is submitting a petition for removal to the court. The Homebuilder's Programs aims to teach skills using cognitive behavioral therapy techniques to families to mitigate safety risks that pose out of home placement for the children. IE – Substance abuse, parenting concerns, decision making concerns, domestic violence, home management, mental health concerns, behavioral issues etc. Comprehensive reports are provided as needed for court and the ICPC process. North Carolina Family Assessment Scale (NCFAS) is used to at beginning of services to measure aspects of family functioning and child safety, and to shape case goals. A service plan is developed within 7 days after first face to face contact. A transitional NCFAS is also used at closure for evaluation. Service plans are developed with the family and updated as needed.
- **Staffing Qualifications** – Supervisor (Licensed Master's Level with home-based services experience), Therapists (Bachelor's or Master's Level with home-based services experience). 2 Cases per therapist.
- **Ages of Clients Served:** 0-17
- **Availability of Service:** Therapists are available to families 24/7.
- **Frequency of Contact:** Therapist meets with the family at least 3-5 times a week (40 hours of face-to-face direct service), when services are most needed and most effective.
- **Duration of Services:** Services are typically provided by therapist for 4-6 weeks; families have access to limited post intervention contract.
- **Location of Services:** All visits occur, in the caregiver's home and community.
- **Languages:** Able to serve English and Spanish speaking families.
- **Geographic Area:** Statewide.

Best Fit Criteria:

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

Exclusionary Criteria:

- Families who refuse the HOMEBUILDERS program.
- The physical, sexual or emotional abuse is considered life-threatening, necessitating the child(ren) be immediately placed to ensure safety (for ex, the parent threatens homicide of the child).
- Both parents are found incoherent all of the time due to substance abuse.
- A parent wants the child(ren) to be placed and refuses to consider services that enable the child(ren) to remain in the home.
- There are consistent threats to hurt any worker who works with the family or visits the home.
- A worker determines parents or children require hospitalization because of severe life threatening uncontrollable behavior.
- Mental illness and related factors prevent parents from meeting minimal needs of the children and there is NO potential for support from extended family members or other resources.
- The child has a life-threatening illness and the parent does not have the intellectual capacity to learn to provide necessary health care and no homemaker, public health nurse, or family member is available to provide the care.

Parents and Children Together - PACT®

Bethany Christian Services of Southern New England

Program Description:

- **Service Focus:** PACT® is a prevention/early intervention program that provides in-home counseling, skill building, and support for at-risk families. PACT® targets children who are "falling through the cracks" of our community service systems but are not yet at imminent risk of out-of-home placement. PACT® works with the whole family and can accept any family who consents to participate with the program and who has children 0-17 years old. The goals of the PACT® program is to help families improve family functioning by teaching needed skills to; increase parenting skills, increase decision making skills, improve children's behavior at home and in school, and increase family social supports and social connections. Caregiver must be available for an intake session within 72 hours of referral. Service plans are developed with the family and updated as needed. Comprehensive reports are provided as needed for court and the ICPC process. North Carolina Family Assessment Scale (NCFAS) is used to at beginning of services to measure aspects of family functioning and child safety, and to shape case goals. A service plan is developed following a 3-week assessment period after first face to face contact. A transitional NCFAS is also used at closure for evaluation.
- **Staffing Qualifications** – Supervisor (Licensed Master's Level with home-based services experience), Specialists (Bachelor's or Master's Level with home-based services experience). Caseload is 8-10/Specialist.
- **Ages of Clients Served:** 0-17
- **Availability of Service:** 24/7 Availability - PACT® Specialists available 24/7 for client emergencies.
- **Frequency of Contact:** Typically, 2-4 hours a week the first month, 2 face to face visits/week, then 1-2 visits/week, avg of 2 hours/week.
- **Duration of Services:** Services are typically provided by the specialist for 12 weeks. Typically, 20-30 total service hours (face to face, travel, consultation and supervision, paperwork, collateral).
- **Location of Services:** All visits occur, in the caregiver's home and community.
- **Languages:** English & we have access to use a language line for more commonly used languages.
- **Geographic Area:** Statewide.

Best fit criteria:

- Families have needs and are at risk of out of home placement in the future if they do not get help or learn new skills. The caregiver has been informed of the issues in the home.
- Maintaining the child in the home is not just a temporary plan. The child is not on a waiting list or pending entry into group care, psychiatric care, or a juvenile justice institution.
- DCYF is open with a family and does not intend to close while services with PACT are ongoing.
- The caregiver(s) will be available for an intake session within 72 hours of referral.
- The program intensity has been fully described to the family prior to the referral (20-30 hours of direct service over 12 weeks), AND at least one caregiver in the home is available to participate.
- The presenting problems may include child abuse, neglect, substance abuse, family conflict, juvenile delinquency, and child or parental developmental disabilities and/or mental health problems.

Exclusionary Criteria:

- Families who refuse the PACT program.
- The physical, sexual, or emotional abuse is considered life-threatening, necessitating the child(ren) be immediately placed to ensure safety.
- Mental illness and related factors prevent parents from meeting minimal needs of the children and there is NO potential for support from extended family members or other resources.

Parent and Family Empowerment Program (PFEP) The Groden Center

Program Description:

- **Service Focus:** PFEP is an evidence-based treatment program for families of children with autism and other developmental and behavioral challenges.
- PFEP includes an array of services in home/community settings. The array of services offered utilize a trauma-informed perspective and include Practical Functional Assessment (PFA) of the child's problem behavior, Skill Based Treatment (SBT), case management, safety planning, and parent education that includes providing information about the child's diagnosis.
- PFEP services are provided by a licensed clinician as well as a case manager.
- PFEP is a specialized program for parents with intellectual disabilities.
- Course of treatment is assessment driven and individualized to meet the needs of the family.
- **Ages of Clients Served:** The program serves families of children ages 3 to 21 years.
- **Availability of Service:** Services are provided Monday through Friday. Crisis management is provided with on-call system 24 hours/day, 7 days/week.
- **Frequency of Contact:** Families receive home-based family-based treatment 1-3 times/week for the duration needed. 6 hours of weekly case management is provided to help families access community resources. 4 hours of weekly clinical support is provided by a licensed clinician.
- **Duration of Services:** 6-12 months
- **Location of Services:** In the home and community.
- **Languages:** English and Spanish
- **Geographic Area:** Statewide.

Best fit criteria:

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

Exclusionary Criteria:

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

Project Connect Children's Friend

Program Description:

- **Service Focus:** To provide high-quality services for children and their families who are at risk of child removal, as well as reunification of children who have entered care. The program is designed to achieve safety, reunification, permanency, and child wellbeing in the least restrictive environment. The program is a set of individualized strength based, evidence-based integrated and trauma-informed family preservation and permanency services which will foster strong engagement with parents, prioritize the child and are aligned with best practices in child welfare. Groups are provided to families at various times throughout the year.
- Evidence-Based (EB) Services: include Project Connect; Nurturing Parenting Programs; & Promoting First Relationships.
- Family Preservation (FP) Worker is geared to address concerns such as trauma and/or toxic stress, mental health concerns, substance abuse, domestic violence, and provide case management services. The FP worker will be responsible for the overall case and service delivery. FP worker also provides linkage to the comprehensive, wraparound child and family programs and services of Children's Friend.
- Family Preservation (FP) Parent Educator is geared to specifically address parenting capabilities including, but not limited to, increasing parents' knowledge of child development and their skills in nurturing and responsive parenting.
- Family Preservation Nurse provides developmental milestone assessments such as ASQ-3 and ASQ-SE, to all children under 5, addresses medical issues of the family, ensures children are up to date on physicals, immunizations and dental care. The nurse also assists parents with health education.
- Treatment plans are developed in partnership with the child and youth (as appropriate) birth parents and/or foster parents. Treatment plan goals reviewed, and updated (as appropriate), at a minimum of quarterly.
- Child Psychiatry including Psychiatric Assessment, Psychiatric Services, and/or medication management are provided by a bilingual psychiatrist, as needed and as appropriate.
- Staffing Qualifications are as follows: Bachelor's degree or higher for all positions.
- Transportation is provided by staff for supervised visits or medical appointments as needed
- **Ages of Clients Served:** Supporting children ages 0-17, their families, and those pregnant and parenting.
- **Availability of Service:** Majority of the direct services will be provided Monday-Friday, including evening appointments; with the availability of on-call services 24 hours a day, 7 days a week.
- **Frequency of Contact:** A minimum of a weekly home or community based visit (60 to 120 minutes per visits) provided by a Family Preservation (FP) Worker, Family Preservation (FP) Parent Educator, and/or Family Preservation Registered Nurse.
- **Duration of Services:** As long as the family is open to DCYF, and up to three months after closing. The average length of services will be 12 months. Aftercare services for continued support for parents and children for three months after closing to DCYF or as clinically necessary.
- **Location of Services:** Whichever setting is appropriate for the children, parents, and/or kin or foster parents. This may include the home, DCYF visitation rooms, the visitation room at Children's Friend (at 153 Summer Street in Providence), and other community settings.
- **Languages:** Current staff who are bilingual speak English & Spanish.
- **Geographic Area:** Statewide.

Best Fit Criteria:

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

Exclusionary Criteria:

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

Reunification Program

Boys Town New England

Program Description:

- **Service Focus:** In Home Family Services Reunification Program utilizes evidence-based, family-centered interventions to support reunification by enhancing caregiver capacity through parenting and life skills education. Reunification Services aim to build protective factors, reducing further system involvement, and promoting family stability and self-sufficiency. Families gain protective factors such as household management, coping skills, self-advocacy, and improved family functioning and well-being.
- A Reunification Consultant employs a strengths-based, cognitive behavioral approach across three intervention stages: assessment and service planning, skill development, and skill application and extension. The Consultant collaborates closely with families to ensure they acquire the necessary skills and tools for successful youth transition, focusing on safety, permanency, and well-being.
- Families typically complete services upon addressing safety concerns, achieving behavior change, developing problem-solving skills, establishing support networks, mitigating risk factors, and resolving referral issues positively.
- Individualized interventions address any emerging needs or behavioral and safety concerns post-reunification. Collaboration with the Licensed Clinician ensures cohesive care, aligning treatment goals with family needs.
- Within 30 days, a Care Team meeting involving the family, DCYF, and key providers ensures coordinated care and prevents service duplication.
- To support placement stability, Consultants partner with parents, teaching effective parenting techniques and household management strategies. Using abbreviated modules from Boys Town's evidence-based, Common Sense Parenting® curriculum, they focus on skills like effective praise, preventive teaching, corrective teaching, problem-solving, self-control, and customized topics tailored to family needs. Skill teaching is personalized to accommodate different learning styles and parental capacities, aiming for independent skill application by case closure.
- Overall, IHFS emphasizes empowering families with the skills and resources needed for sustainable reunification and improved family dynamics.
- **Ages of Clients Served:** 0-17
- **Availability of Service:** Services provided Monday through Friday with on-call services available 24/7.
- **Frequency of Contact:** Individualized face-to-face meetings of two to six hours per week.
- **Duration of Services:** The average service duration ranges from 12 to 20 weeks (3-5 months).
- **Location of Services:** Services are flexible, delivered in the family's home and community, often during evenings hours, with 24/7 crisis support available. Service intensity adapts to family needs, typically starting high and tapering as families gain confidence and proficiency.
- **Languages:** English and Haitian Creole
- **Geographic Area:** Statewide.

Best fit criteria:

- State-wide program
- Families who are within 30 days or who have recently returned from out-of-home care and the family is in need of supportive services to preserve reunification.
- The program will provide effective treatment and care for children and parents with histories of prolonged trauma who are exhibiting behavioral or mental health challenges and/or diagnoses.

Exclusionary Criteria:

- Families with a child(ren) removed from the home and those that refuse to participate in services after repeated engagement attempts.

Strong African American Families Children and Youth Cabinet RI

Program Description:

- **Service Focus:** The Strong Black & African American Families (SAAF) program is a culturally specific program designed for youth aged 9-14 and their caregivers that builds on the strengths of racial pride and identity. The program supports parents and youth during the transition from early adolescence to the teen years with an emphasis on helping young people avoid risky and dangerous behaviors. This evidence-based approach has been proven to reduce behavioral issues, drug use, and sexual risk for youth participants as compared to their peers. SAAF addresses developmentally appropriate goals for parents/caregivers and youth via highly interactive activities and videos reflecting positive culturally relevant family interactions. Professionally delivered by Black & African American facilitators from the participants' community, these weekly sessions are prompted for caregivers and youth to discuss relevant topics that build their self-pride as a person in the African diaspora. In addition to family sessions to adapt to family cohesion and communication. This program runs one night per week for seven weeks, in addition to an orientation. Program Benefits include:
 - Promote youth's self-pride.
 - Strengthens parents' & caregivers' communication skills.
 - Teaches youth skills for dealing with temptations and peer pressure.
 - Provides strong networking and safe spaces for caregivers and youth.
 - Increases family bonding & understanding.
 - Increase knowledge of culturally relevant skills & parenting techniques.
 - Access to resources and other programs in the community.
 - Program Incentives include:
 - Free dinner
 - On-site childcare
 - Transportation to and from program
 - Gift card incentives
 - Graduation certificate
 - **Ages of Clients Served:** Ages 9-14
 - **Availability of Service:** Groups are held one night a week, Monday through Friday.
 - **Frequency of Contact:** Groups meet weekly, Check-In calls made weekly.
 - **Duration of Services:** Cohorts run for approximately 8 weeks.
 - **Location of Services:** Providence and Central Falls
 - **Languages:** English
 - **Geographic Area:** SAAF runs cohorts in Providence, Cranston, Pawtucket, Central Falls, East Providence, Woonsocket, etc.

Best fit criteria:

- Families with adolescent children ages 9-14 whom identify as Black or African American with any level of possible risk for current or future behavior problems.
- Participants can be from single-parent homes, two-parent homes, foster families, families with extended family as caregivers, multiracial and blended families.

Exclusionary Criteria:

- N/A

Thriving Together

Adoption Rhode Island

Program Description:

- **Service Focus:** Thriving Together is a program using comprehensive approaches to provide evidence-based clinical and supportive interventions for children and families; parent/caregiver education, advocacy, and support; and a collaborative, community-based network of providers that are trauma-informed and permanency-competent. This program will offer families a menu of services from which to build a treatment plan, depending on the unique circumstances of each child.
- Individual and Family Counseling/Trauma Treatment (as frequently as twice weekly if necessary or less frequently, as appropriate to the client's needs and model fidelity). Counseling will address the unique needs of children and families including attachment, grief/loss, clarification of life events, and trauma.
- Parent Education & Support (the frequency of these contacts will be determined during treatment planning and will vary, depending on what is most beneficial to the family). Families will work with a Parent Resource Advocate to be connected to resources, coached through difficult situations and bolstered to plan and strategize, rather than internalize, the parenting challenges they are facing.
- Psychoeducational, Clinical, & Support Groups (topics and frequency vary). ARI will work to arrange childcare and/or supervision for children. There are two groups that meet monthly: (1) the ARC Group for families who need intensive attachment and regulation supports, following the ARC model; and (2) the Kinship Support Group. Additional topic-specific groups may be offered throughout the year.
- Supported Community Activities (6 times per year)
- The target population are children, youth and their family who have experienced trauma. Family is defined broadly and inclusively, including birth parents, kinship caregivers, siblings, guardians, pre-adoptive, and adoptive parents. There may also be times when foster parents may participate in service of supporting the child's permanency and wellbeing. Length of service varies, depending on progress towards treatment goals and model fidelity to various evidence-based practices. Families may move along the continuum of services as their level of need changes.
- **Ages of Clients Served:** 0 to 21
- **Availability of Service:** Services are provided Monday through Friday with on-call availability 24/7.
- **Frequency of Contact:** Minimum of one time per week
- **Duration of Services:** 6-12 months
- **Location of Services:** In the home and community.
- **Languages:** English
- **Geographic Area:** Statewide.

Best fit & exclusionary criteria:

- Children/youth ages 0 to 21 & their family/caregivers
- Youth residing with Kinship Caregivers
- Are victims of prolonged and complex trauma
- Are in need of reunification
- Are in need of permanency through adoption or guardianship
- Are children and/or families who may exhibit behavioral or mental challenges and/or diagnoses
- Have complex needs for services and supports
- Are in need of parent education services.

Exclusionary Criteria:

- Families in significant crisis, requiring a more intensive level of care to maintain safety

Tides Outreach Program

Tides Family Service

Program Description:

- **Service Focus:** Tides Outreach Program (TOP) is designed to maintain youth in family-based settings in their community and is based on the belief that all families possess strengths that can be identified and harnessed toward their benefit. The program helps families stay together despite significant stressors while enabling them to build skills leading to their empowerment.
- TOP is appropriate for youth who have chronic absenteeism or truancy concerns; identify as LGBTQIA+; are the victims of prolonged trauma; are in need of reunification; are in need of permanency; or are at risk of becoming, CSEC involved; families where a youth and/or caregiver exhibit behavioral, mental health, or substance abuse challenges; families experiencing domestic violence; youth with prior or current involvement with the JJ system; are in need of crisis stabilization; and youth who can benefit from positive youth development.
- **Ages of Clients Served:** Youth ages 8 to 21.
- **Availability of Service:** Services are available in person Monday-Saturday with on-call availability as needed on Sundays.
- **Frequency of Contact:** The intensity of services is based on a comprehensive assessment of risk and resiliency factors conducted over the first 30 days of services and is then modified as needed based on ongoing changes in risk and resiliency factors. Youth who score at the highest level of need will receive a minimum of 5 scheduled in-person contacts per week and youth who score at the lowest level of need will receive a minimum of 2 scheduled in-person contacts per week. Contact can include home visits, assistance with transportation (including to school), crisis intervention, skill building, group therapy, and/or therapeutic recreation. There is no set maximum number of contacts per week in TOP; however, a youth/family requiring more than 2 contacts per day sustained over a two-week period will be assessed for the need to add additional services and support to maintain the youth in the home.
- **Duration of Services:** The average length of service is 7 months.
- **Location of Services:** In home and in the community.
- **Languages:** English and Spanish (varies by region).
- **Geographic Area:** Statewide.

Best fit criteria:

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

Exclusionary Criteria:

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

Youth Transition Center (YTC) Tides Family Services

Program Description:

- **Service Focus:** The Youth Transition Center (YTC) offers a comprehensive continuum of supervision and support services offered for youth residing in Providence, Pawtucket, and surrounding communities. Services are culturally competent, trauma-sensitive, and delivered in the context of family systems. YTC helps youth prepare for release from the Rhode Island Training School (RITS) or meet the conditions of their probation. It emphasizes responsibility and prevention strategies to avoid re-entry into the Juvenile Justice system.
- The YTC is appropriate for adolescents from a variety of cultural and socioeconomic backgrounds experiencing a wide range of behavioral, social, health/mental health, educational/vocational, and family problems. These youth often are impulsive, aggressive, and in conflict, and they have an intense need for structure, supervision, safety, and predictability.
- The average length of stay in YTC is six months. A successful discharge may look like the following:
 - Increase in Youth Functioning
 - Decrease in Problem Behavior
 - Increase in clients residing at home/in community at time of discharge
 - Increased intervention to enroll clients in education/vocational programming and/or employment.
 - Increase participation in community activities/community service activities
- **Ages of Clients Served:** 13-19
- **Availability of Service:** Monday through Saturday in person. The youth and family have team availability 24/7.
- **Frequency of Contact:** YTC caseworkers are expected to make face-to-face contacts with clients multiple times a day. When face-to-face contact is not possible, phone calls are made. Frequent face-to-face contacts with parent/guardians are how the caseworkers develop a positive working relationship with the parental subsystem within the family.
- **Duration of Services:** 6 months
- **Location of Services:** In the home and community.
- **Languages:** English and Spanish
- **Geographic Area:** YTC serves youth in the Woonsocket, Pawtucket/Central Falls, Providence, and Cranston areas.

Best fit criteria:

The target population for the project will be:

- High-risk youth on probation
- Youth at risk for probation violations/return to the RITS
- Youth being released from the RITS/ Re-Entry youth
- Youth who are placed at the RITS

Exclusionary Criteria:

- Outside of meeting the conditions listed above, there are no further exclusionary criteria.

Parent Skill Building Services



Best Start Rhode Island

Family Service of Rhode Island

Program Description:

- **Service Focus:** Best Start RI (BSRI) is comprised of a community based multidisciplinary team comprised of a Certified Community Health Worker (CCHW), Pediatric Registered Nurse (RN), and a Licensed Clinician specializing in early childhood development.
- BSRI is designed to be a community based, flexible, family-centered, trauma informed, stabilization approach to care that addresses family members needs to ensure safety, health and well-being of all participants.
- BSRI's staff are skilled in care coordination/referrals, short-term clinical interventions, and pediatric community nursing assessment and education that are culturally and linguistically diverse enabling families to build skills, navigate systems, and access resources.
- After a referral is made, a member of the BSRI's multidisciplinary team outreaches the family to conduct an initial screening, identifying any immediate needs, providing a brief overview of the program, and scheduling an in-home visit.
- BSRI is typically a six-month intensive program with high levels of engagement to empower families to build skills, navigate systems, and access resources. A successful discharge from BSRI will reflect that the family system has met goals and demonstrate a stable, safe living environment for their children.
- **Services include:**
 - A comprehensive whole family safety and wellbeing assessment including home environment, medical, behavioral health and developmental milestones that utilizes many tools including the Social Determinants of Health.
 - Creation of Care plans focusing on stabilization, family driven goals, and DCYF safety and permanency plans.
 - Ensuring basic needs are being met for family members including safe sleep for minor children.
 - Clinical interventions focusing on relational health, parenting skills, and child developmental education.
 - Pediatric and Health Home linkages for all family members to address unmet needs.
 - Individual coaching including positive discipline strategies and development of natural supports.
 - Linkage with community resources and warm-hand offs with other providers.
 - On-going contact with DCYF, Family Court, and other providers involved with the family.
 - 24/7/365 access to FSRI's emergency response services and children's mobile crisis team on nights, weekends, and holidays.
- **Ages of Clients Served:** Children ages birth-6 years.
- **Availability of Service:** Monday-Friday, other hours available on a case by case basis. After hours, weekends and holidays, clients needs are met by FSRI's 24/7 on-call Emergency Response Service (ERS).
- **Frequency of Contact:** Each family receives several contacts (4-5) per week where at least 1-2 are face-to-face hour long community visits, based on family needs.
- **Duration of Services:** BSRI is typically a six-month intensive program.
- **Location of Services:** Meetings may be in home or at a community setting additional contacts include care coordination, linkage to services, and provider meetings.
- **Languages:** English and Spanish.
- **Geographic Area:** Statewide focusing on the most at-risk population in the urban core (Providence, Central Falls, Pawtucket, Cranston).

Best fit criteria:

- Children 6 years or younger who are risk for out of home placement.
- Caretakers who are facing multiple challenges parenting.
- Families needing support with child reunification or placement in kinship/foster care.

Exclusionary Criteria:

- Referred child who is over six years old.
- Primary caretaker who is unable to participate due to severe impairment that may include, at risk to harming themselves or others needing a higher level of care to be safe.

Caring Dads Children's Friend

Program Description:

- **Service Focus:** Caring Dads Rhode Island focuses on men who have violent or problematic relationships with their children or the mothers of their children. This may include fathers who are over-controlling, over-involved, distant or irresponsible, or emotionally abusive or fathers who have hostile, conflictual, abusive, or violent relationships with the children's mothers.
- **Evidenced-Based (EB) Services: Caring Dads**
- Caring Dads is built around 17 weekly group sessions that focus on parenting, fathering, battering, and child protection practice to enhance the safety and well-being of children. Its program principles:
 - emphasize the need to enhance men's motivation,
 - promote child-centered fathering,
 - address men's ability to engage in respectful, non-abusive co-parenting with children's mothers,
 - recognize that children's experience of trauma will impact how quickly relationships change,
 - encourage collaboration with other service providers.
- **Staffing Qualifications:** Groups are led by accredited Caring Dads facilitators.
- Individualized weekly follow-up meetings with participating fathers in their homes or community settings.
- Contact with children's mothers by program staff to ensure women are informed about the program.
- Open communication between Caring Dads staff and collaboratives to ensure safety and well-being of family members.
- Transportation can be provided on a case by case basis.
- **Ages of Clients Served:** Program for dads with children ages 0-16
- **Availability of Service:** Majority of the direct services will be provided Monday-Friday, including evening appointments; with the availability of on-call services 24 hours a day, 7 days a week.
- **Frequency of Contact:** Caring Dads groups run for two hours, one day or night a week.
- **Duration of Services:** Anticipated average length of services is 17 weeks.
- **Location of Services:** Caring Dads groups run at 153 Summer St Providence, RI.
- **Languages:** English
- **Geographic Area:** Statewide.

Best fit criteria:

- To be eligible for the program, men must have some regularly-supervised or unsupervised contact with at least one of their children age 0-16 years old.

Exclusionary Criteria:

- Men who the primary concern is that they are perpetrating child sexual abuse.
- Men who have severe alcohol and/or substance use (not in recovery).
- Men whose denial is extremely high about having caused harm to his partner.
- Men have no contact with children.
- Men have been charged criminally with DV crime and have been court ordered to participate in BIP. If BIP has been completed, they are not excluded.
- Men have an open DV case that could be disposed of during the Caring Dad's Program interfering with court ordered BIP treatment.
- Men do not speak English or needs an interpreter.

Caring Dads

Family Service of Rhode Island

Program Description:

- **Service Focus:** The Caring Dads Program delivers specialized group counseling to fathers who have a history of/or are at risk of abusing their children or have physically/emotionally abused their child's mother.
- The 17-week program aims to support healthy father/child interactions and develop healthy strategies for co-parenting. The group component of Caring Dads combines elements of child centered parenting, role modeling healthy family interactions, active listening, impact of abusive behaviors, and promotion of the overall well-being of children.
- The program principles emphasize the need to improve father's engagement with their child, promote child-centered fathering, address father's ability to engage in respectful, non-abusive co-parenting relationship, recognize that children's experience of trauma will impact the rate of possible change, and work collaboratively with other service providers to ensure that children benefit as a result of father's participation in intervention.
- Caring Dads also involves a Mother Contact component. Program staff will connect with the mothers to keep them informed about the Dads progress during Caring Dads and provide targeted resources as needed. Additionally, program staff will complete a safety plan as needed and make additional referrals to community partners.
- **Ages of Clients Served:** Program for Dads
- **Availability of Service:** In person 5 days a week, Monday-Friday. After hours, weekends and holidays, clients needs are met by FSRI's 24/7 on-call Emergency Response Service (ERS).
- **Frequency of Contact:** Caring Dads participants will meet once a week; each session is two hours.
- **Duration of Services:** Cohorts last 17 weeks
- **Location of Services:** The groups are office based, in Providence, and fathers will be supported in accessing public transit, if needed, and if transport is still a barrier the program does have some funding to assist with rideshare vouchers. Services for mother and children are provided in the community and office.
- **Languages:** English and Spanish
- **Geographic Area:** Caring Dads geographically serves fathers and their families in Central Falls, Woonsocket, Pawtucket, and Providence. As capacity allows the program will serve fathers and their families from surrounding communities.

Best Fit Criteria:

- Fathers who physically or emotionally abused their child(ren) mother.
- Fathers who are at risk of maltreating their child(ren).
- Fathers with an overbearing, controlling style of interacting with their child(ren).
- Fathers who are in a relationship with the mother of their child(ren) who want to repair the harm of their doing.
- Fathers who have separated from their child(ren) mother yet continue to be in frequent hostile conflict with them.
- Fathers who have abandoned one or more child(ren) and moved onto another family and at risk of abusing or abandoning other child(ren).
- Fathers must have contact with at least one child, including supervise visits.
- Fathers who are able to comply with the intake process, which includes attending an intake meeting, completing intake paperwork and a willingness to discuss reasons for referral.

Exclusionary Criteria:

- Fathers who have no contact with their child(ren).
- Fathers involved in child custody proceedings resulting in changes to contact with child or potential termination of parental rights.
- Fathers with active alcohol and/or substance misuse that interferes with the group intervention.
- Fathers who have a history of canceling scheduled appointments.
- Fathers who are "low risk" for abuse and need supportive interventions (e.g peer support around parenting & strategies for addressing common challenges).
- Fathers with a history of sexually abusing child(ren).
- Father's whose denial is extremely about having caused harm to his partner.

- Father has been charged criminally with DV crime and has been court ordered to participate in BIP. If BIP has been completed, then they are not excluded.
- Father has an open DV case that could be disposed.
- Child(ren)'s mother objects to involvement.

Parent Child Interaction Therapy

Family Service of Rhode Island

Program Description:

- **Service Focus:** PCIT is an evidenced based program designed to improve parent-child (caregiver) relationships and address behavioral and emotional issues for children 2 -6 ½ years of age.
- PCIT includes step-by-step live coaching-sessions, in which the parent's interactions with their child are observed by a clinician in a separate observation room, through a one-way mirror, or live video feed and through a "bug-in-the-ear" device.
- Treatment includes primary caregivers and the child of focus and occurs weekly.
- This is a time-limited 2 step model completed across two treatment phases. Step 1: Child-Directed Interaction (CDI) focuses on improving the quality of parent-child interactions and teaching parents specific skills and techniques to practice with their child at home. Step 2: Parent Directed Interaction (PDI), focuses on teaching parents effective discipline strategies, and behavior management techniques.
- The team includes an Independently Licensed Clinical Director, 1 Clinical Supervisor, 5 Licensed Master's Level Clinicians, and 3 Case Managers.
- **Ages of Clients Served:** 2- 6 ½
- **Availability of Service:** PCIT provides services Monday-Friday. After hours weekends and holidays, clients needs are met by FSRI's 24/7 on-call Emergency Response Service (ERS). ERS offers immediate, direct contact with a trauma-informed Clinician trained in crisis intervention strategies. ERS Clinicians respond in person at FSRI, other community locations, or at the child/family home, as needed to evaluate safety and necessary level of care.
- **Frequency of Contact:** PCIT sessions will be conducted 1-2 times a week through a combination of office-based and home-based visits to ensure fidelity to the model. The CDI phase of the intervention will be offered in the families' homes, allowing PCIT staff to observe children's disruptive behaviors and the ways parents address these behaviors, in the natural home setting.
- **Duration of Services:** The average length of PCIT is 14-16 weeks. However, given the complex needs of the families referred, sessions may extend up to 26 weeks. The duration and intensity of PCIT services will be determined based on the needs of the family and the decrease in scores of the Eyberg Child Behavior Inventory (ECBI).
- **Location of Services:** Services are provided at the office located at 55 Hope Street, Providence, RO.
- **Languages:** English & Spanish.
- **Geographic Area:** Primarily urban core, including Providence, Central Falls, Pawtucket, East Providence, Warwick, Cranston and West Warwick. Referrals received from outside of this area will be evaluated on a case-by-case basis based on eligibility and program capacity.

Best fit criteria:

- PCIT is for children who are verbal (around age 2.5) up to age 6.5 with disruptive behaviors and disorders such as ADHD and Oppositional Defiant Disorder as well as for children with poor social skills, a history of maltreatment, children being reunified with parents or who are working to bond with a new caregiver, and children who demonstrate difficulty expressing emotions appropriately and are noncompliant the majority of the time with authority figures.
- PCIT is recommended for parents who need to build their parenting skills and to understand positive discipline.

Exclusionary Criteria:

- Children whose receptive language skills significantly less than 2 years old.
- Child/caregivers unable to participate in regularly scheduled treatment sessions.
- Limited contact between client and participating primary caregiver.

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

Program Description:

- **Service Focus:** Triple P is an evidence-based model that draws on social learning models of parent-child interaction that highlight the reciprocal and bi-directional nature of parent-child interactions. With clearly defined content, practice standards, and learning objectives, this program model is designed to teach positive strategies and parenting skills and their application to a range of target behaviors and settings.
- Key Program provides Triple P statewide as a home-based service that is geared at working with multi-stressed caretakers of children, ages 0-12 years, and Enhanced Triple P, ages 13-16, who exhibit behavioral or emotional difficulties, such as aggressive or oppositional behavior.
- The Triple P curriculum consists of 10 individual sessions; however, for caretakers whose parenting difficulties are complicated by other sources of family distress, such as relationship conflict, parental depression or high levels of stress, an additional 5 individual sessions may be necessary to provide more practice sessions to enhance parenting skills, mood management strategies, stress coping skills, and partner support skills.
- Triple P Family Specialists deliver session material in 2 or more home visits per week, based on family need. The Family Specialist also contacts the caretaker throughout the week to follow-up on homework assignments and reinforce what they have learned in that week's sessions.
- Video clips, role play, and homework tasks utilized to facilitate skills learning.
- Each Family Specialist has a bachelor's degree in a human services- related field, is formally trained by Triple America trainers, and is required to complete Triple P's accreditation process successfully.
- Average caseload size is 10 per worker.
- Triple P can be used as a standalone program or in conjunction with other services. Services can begin while child is in foster care if reunification is the permanency goal.
- Upon receipt of referral, initial contact to set up an intake appointment is made within 1 business day.
- The primary focus of this service is to improve family functioning in order to promote safety and permanency. It also is designed to achieve a reduction in behavioral and emotional issues in children, as well as a reduction of family risk factors for child maltreatment.
- Has proven to be successful with caretakers who have literacy issues or cognitive or developmental delays
- **Ages of Clients Served:** 0-12 years, Enhanced Triple P 13-16
- **Availability of Service:** Services are provided Monday through Saturday.
- **Frequency of Contact:** 2 or more home visits a week
- **Duration of Services:** 12-16 weeks
- **Location of Services:** Services are provided primarily within the caretaker's home, but may also be provided within the community, based on the caretaker's needs and preferences.
- **Languages:** English, Spanish, and Khmer.
- **Geographic Area:** Statewide.

Best fit criteria:

- Multi-stressed caretakers of children/adolescents, ages 0-16 years, who exhibit behavioral or emotional issues.
- Caretakers who use dysfunctional parenting techniques, such as coercion, corporal punishment, harsh discipline, criticism and humiliation.

Exclusionary Criteria:

- Active substance abuse; active psychosis; domestic violence situations that pose current safety threats; caretakers of children with special needs.

SafeCare

Family Service of Rhode Island

Program Description:

- **Service Focus:** SafeCare is an evidence-based in-home parent training program for parents/caretakers of children with known risk factors for/and or history of child neglect and physical abuse.
- The goal of the program is to reduce future incidents of child maltreatment by ensuring the safety of children in the home to promote family well-being.
- The SafeCare curriculum focuses on three key areas: Health, Home Safety, and Parent-Child/Parent-Infant Interactions, with additional emphasis on problem-solving and communication skills. SafeCare teaches parents/caretakers skills needed to increase positive parent-child interactions, improve parent's care for their children's health, and enhance home safety and parental supervision to create a stable and nurturing environment for children to thrive.
- Key equipment and supplies for families will also be provided, including home safety and child proofing materials, emergency first aid kits, developmentally appropriate educational materials, books, and toys. The SafeCare team will also conduct home visits to install child proofing and safety equipment.
- The program is provided over 18-25 weeks beginning with an initial assessment using the Ages and Stages Questionnaire (ASQ) and North Carolina Family Assessment Scale (NCFAS) to assess needs, determine the appropriateness of SafeCare, and identify priority needs for referral to additional services.
- The program includes a Clinical Director, a SafeCare Coach and Trainer, and 2.5 SafeCare Providers.
- Staffing ratio includes 1 Coach/Trainer, whose caseload will include up to 4 families; and 2.5 SafeCare Providers whose caseloads will average 12 families.
- **Ages of Clients Served:** 0-5
- **Availability of Service:** In person Monday-Friday. SafeCare responds to clients' needs 24/7/365, with access to FSRI's Emergency Response System (ERS) in case they experience a mental health emergency during non-work hours.
- **Frequency of Contact:** SafeCare providers meet weekly with parents in their homes for 60-90 minute sessions. Staff may schedule additional weekly sessions to support parents' mastery of each phase of treatment.
- **Duration of Services:** Clients will meet with SafeCare providers over the course of 18-25 weeks. Depending on parents' progress and engagement level.
- **Location of Services:** In the home and community.
- **Languages:** English and Spanish
- **Geographic Area:** Central Falls, Pawtucket, Providence, East Providence, Cranston, Warwick, and West Warwick.

Best fit criteria:

- SafeCare is designed for parents/caretakers of children ages 0 to 5 years with known risk of and/or a history of child neglect and physical abuse.
- Families can be intact with risk of removal or be working toward reunification.
- SafeCare can support families with risk of involvement with the department or those who are open to the department.
- SafeCare can work with families who have multiple priority needs and complex challenges including developmental disabilities, behavioral health needs, and/or domestic violence concerns. However, other services in addition to SafeCare must be actively involved to address those needs and available for collaborative service planning for SafeCare to be effectively delivered.

Exclusionary Criteria:

- Families whose children are all over five (5) years of age.
- Families with children requiring significantly specialized parental care due to trauma and/or behavioral health needs. (SafeCare is not specialized parenting or behavioral health treatment)
- Parents/caregivers who need, but are not yet engaged with, substance use treatment, mental health treatment, and/or domestic violence services.
- Parents/caretakers who do not have frequent or consistent contact/visits with their children.

Strengthening Families Together Program (SFT) Parent Support Network of Rhode Island (PSN)

Program Description:

- **Service Focus:** PSN SFT program is led by family and peer partners who are a team of culturally and linguistically diverse dual certified community health workers and peer recovery specialists who have strong lived experience with behavioral health and substance use recovery. These staff are ready to provide intensive individualized peer support and direct services including individual and group parent education, utilizing Nurturing Parenting curriculum; supervised visitation and wellness visits in the home and community; service navigation with linking and connecting to basic needs, formal treatment and other needed community resources to meet their child and family needs across all social determinants of health; and providing assistance by attending team meetings related to health, home, early childhood, school, and behavioral health.
- **Target Population and who is served by the service:** Families of children and youth who are at risk or formally involved with children's behavioral health, child welfare and the juvenile justice system; and parents, youth and young adults who are struggling with trauma and their own mental health, substance use and/or opioid addiction.
- PSN will serve pregnant women and parents of children of all ages and genders, including youth and young adults. PSN has the capacity to serve statewide with centers in Warwick, Scituate, Westerly, Newport, and Middletown. Currently we have staff who speak English, Spanish, Creole, and Portuguese. We continue to recruit Bilingual staff and build partnership with other culturally and linguistically diverse community partners representing Black Indigenous People of Color.
- PSN will receive referrals for youth who are currently involved in residential treatment or RI Training school providing group and individual family and youth peer support services to support successful transition to home, school, and community, with focus on transition to adulthood by increasing life skills and continued education and employment.
- **Ages of Clients Served:** 0-21
- **Availability of Service:**
- **Frequency of Contact:** PSN provides at least 2 hours of weekly face to face with each family or youth served and ongoing telephone and collateral support communicating and coordinating care with involved providers. Supervised visitation hours will be set in partnership with DCYF. PSN has a rapid response team of peer recovery specialists ready to work with DCYF investigators upon referral and will speak with families within one business day and face to face within two business days. PSN offers weekly parent education classes, peer-based support groups, workshops, and family social events in the community. PSN promotes family leadership delivering Circle of Parents and our Fatherhood Initiative. PSN is the RI Chapter of the Prevent Child Abuse America.
- **Duration of Services:** Families are able to remain active with PSN as long as they voluntarily want to. Families referred by CRU will remain open as long as they are authorized and non-cru families can transition to our statewide community health worker services and continue to receive light service delivery and participate in parenting education, support groups, family and youth leadership activities that promote health equity and promote healing from intergenerational trauma and racial discrimination.
- **Location of Services:** In the home and community.
- **Languages:** English
- **Geographic Area:** Statewide.

Best fit criteria:

- Parent reunification with supervised visitation and in home wellness visits.
- Diverse families who face inequities and need support to address social determinants of health.
- Children with behavioral health needs and at risk of or in out of home placement.
- Pregnant women, parents and fathers with mental health, opioid addiction, or other substance use.
- Youth and young adults with opioid or other substance use and their family members.

Exclusionary Criteria:

- Voluntary program -non-clinical with clinical supervision and oversight and it is determined need for clinical stabilization or when a parent or youth chooses not to engage in our services and activities.

Kinship, Foster Care and Adoption Services



Care Coordination Kinship Support Boys Town New England

Program Description:

- **Service Focus:** BTNE provides comprehensive Kinship Support through home and community-based interventions led by Kinship Consultants. Services include crisis intervention (available 24/7), skill development for caregivers and youth, and case management for placement stability. The Kinship Consultant collaborates with kinship caregivers and DCYF to meet children's medical, psychiatric, and developmental needs (e.g., mental health, academic, recreation, daycare, social supports). Consultants assist kinship caregivers in navigating care systems and coordinating services effectively. For youth in need of educational support, Check & Connect, an evidence-based dropout prevention strategy with seven components, is employed: relationship building, monitoring of indicators (e.g., attendance, grades), timely intervention, long-term commitment, consistent motivation, school affiliation, and problem-solving.
- The Kinship Consultant collaborates with kinship caregivers to enhance parenting skills using Boys Town's evidence-based, Common Sense Parenting® curriculum. Skills include corrective teaching, self-control, effective praise, and customized topics. Consultants regularly review progress with caregivers and children to promote ongoing skill development and behavioral improvement.
- Services conclude based on assessment of child stability, support adequacy, and readiness for placement success.
- Discharge planning initiated at intake, aligns with the child's permanency plan, and involves a comprehensive review, progress summary, needs assessment, and referrals to community supports.
- Success is achieved once service plan goals, assessed every 90 days with the Kinship Caregiver and DCYF, are met.
- **Ages of Clients Served:** 0-17
- **Availability of Service:** Services provided Monday through Friday with on-call services available 24/7.
- **Frequency of Contact:** Services involve weekly face-to-face contact ranging between 1-3 hours, adjusting in intensity based on family needs.
- **Duration of Services:** 6-9 months
- **Location of Services:** In the home and community.
- **Languages:** English, Portuguese and Cape Verdean Creole
- **Geographic Area:** Statewide.

Best fit criteria:

- Kinship caregiver willing to participate in services.
- State-wide program

Exclusionary Criteria:

- Refusal to participate in services.

Children's Mobile Response and Crisis Response for DCYF Foster/ Kinship Homes Tides Family Services

Program Description:

- **Service Focus:** Children's Mobile Response and Crisis Response (CMCR) program is a comprehensive service that aims to provide immediate support to youth residing in foster care with the goal of preventing disruptions in placement. CMCR offers immediate assistance, helping to prevent the escalation of crises and ensuring that children receive help when they need it most, offering rapid assistance in situations where a youth's emotional or behavioral well-being is at risk.
- Youth referred to CMCR typically show significant impairment in functioning in multiple environments, (home, school, community), may have had a recent acute episode requiring emergency services, out-of-home placement, hospitalization, or intervention in the legal system. In addition to the child's/ young adult's diagnostic and behavioral characteristics, the caregiver often has challenges influencing their ability to appropriately care for and/or cope with the child's needs. These challenges include (a) limitations in cognitive functioning, (b) mental illness, (c) substance abuse, and (d) a history of trauma, abuse, or neglect.
- **Ages of Clients Served:** The target population for this service is youth ages 4 to 21 residing in DCYF or kinship foster homes.
- **Availability of Service:** Monday-Friday, with weekend contact as needed, and 24/7/365 on call availability.
- **Frequency of Contact:** After the initial stabilization, contacts with the foster family average 2-3 hours per week. Extended sessions are not typically provided as part of this model.
- **Duration of Services:** CMCR remains in place for up to 30 days to provide ongoing support with the implementation of the safety plan and coordination of longer-term aftercare support that will address the root cause to prevent further crisis situations that jeopardize placement stability.
- **Location of Services:** In the home and community.
- **Languages:** English and Spanish.
- **Geographic Area:** Statewide.

Best fit criteria:

- Youth must have a presentation consistent with at least one of the following:
 1. Suicidal ideation, currently exhibiting or stating intent to inflict serious injury to self,
 2. Self-mutilation that is severe and dangerous,
 3. Currently exhibiting or stating intent to inflict or make attempts to inflict serious injury on another person,
 4. Currently exhibiting dangerous behaviors as evidenced by indication of episodic impulsivity or physically or sexually aggressive impulses that are moderately endangering to self or others (e.g. impulsive acts while intoxicated, self-mutilation, running away from home or placement with voluntary return, fire setting, violence towards animals, affiliation with dangerous peer groups),
 5. Currently exhibiting psychotic symptoms or behavior that poses a moderate risk to the safety of the child or others (e.g. hallucination, marked impairment of judgement),
 6. Recurrent history of mood lability as evidenced by frequent or abrupt mood changes accompanied by verbal or physical outbursts/aggression and/or destructive behaviors or marked depression, anxiety, or withdrawal from activities and relationship and peers.
- To participate in CMCR, there must be a family/caregiver resource that is available, willing and able to participate in an intensive home-based intervention and with adequate supervision in the home to assure a reasonable degree of safety and the youth must willingly enter into a reliable contract for safety.
- MRSS will need at least verbal permission from the youth's legal guardian in order to make the first visit.
- With assistance from DCYF, consent forms will need to be signed by the legal guardian, but this will not impact services beginning as long as verbal permission has been obtained and recorded in the youth's electronic health record.

Exclusionary Criteria:

- Absence of a family/caregiver resource that is available, willing and able to participate in intensive home-based intervention and with adequate supervision in the home to assure a reasonable degree of safety.
- Youth is not able to enter into a reliable contract for safety.
- The symptoms listed above cannot be contained, attenuated, evaluated, or treated in a lower level of community-based care.
- Inability to obtain at least verbal permission from a legal guardian in order to initiate CMCR.

Family Stabilization Program – Kinship/Foster Support (FSP-K)

Child & Family Services of Newport County

Program Description:

- **Service Focus:** FSP is an evidence-informed model that utilizes four phases of treatment, intensive weekly supervision, and adheres to high-quality family stabilization treatment practices that place the parent/family as a partner in their own care.
- FSP provides support to families with a child at imminent risk of out-of-home placement due to a host of social factors that include but are not limited to: maladaptive behaviors such as challenges with coping or parenting, environmental concerns, and daily resource needs.
- FSP supports reunification with youth and their families when there has been an out-of-home placement, or otherwise assists youth transitioning to permanency.
- FSP focuses on stabilizing the family and supporting them to achieve their goals by building engagement and then addressing basic needs, family interactions, and behavioral issues including those related to trauma.
- FSP provides wraparound services to help families build their support network and achieve their goals.
- The FSP team is comprised of a Master’s Level Clinician who completes the assessment, diagnosis, and treatment planning, a Bachelor’s Level Clinical Care Coordinator who meets weekly with families to help them meet their identified goals, and a certified Community Health Worker with lived experience who provides further support.
- Crisis and Safety Planning are part of the model and aim to reduce risk and increase supports.
- When a referral is made, it is assigned to a worker and the family is then contacted within 24 hours. Intake is scheduled within 5 business days whenever possible.
- **FSP-Kinship Further Information:** FSP-K works closely with kinship/foster placement families to aid in decreasing placement disruptions. Families in FSP’s Foster/Kinship track receive all FSP services above, as well as a weekly therapy session with a master’s level clinician and a weekly visit from the Community Health Worker, totaling three contacts per week. The initial family meeting is accelerated and scheduled to occur within one business day of completion of intake. FSP-K has a CHW assigned to every case to support in providing services through the lens of lived experience. Access to foster respite is provided as needed and available.
- **Ages of Clients Served:** Children aged 0 to 21 and their family/caregivers
- **Availability of Service:** Services are provided Monday through Friday, with evening availability and flexibility around family’s work schedules. Staff are on call to clients 24/7.
- **Frequency of Contact:** Families meet with their team members once weekly at minimum, with one additional weekly contact outside of sessions.
- **Duration of Services:** Services typically last for 6 months and can be extended at DCYF’s discretion.
- **Location of Services:** Services are provided in the community or in families’ homes and are scheduled with flexibility around families’ needs.
- **Languages:** English and Spanish
- **Geographic Area:** Statewide.

Best fit criteria:

- Youth and their families requiring support and stabilization to remain together in their home and community with the aim of securing permanency for children.
- Families struggling with issues such as trauma, defiance, truancy, and attachment issues, as well as concerns around parenting needs such as structure and boundaries.
- For FSP-K: foster families potentially at risk of a disruption in placement

Exclusionary Criteria:

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

Families for Children- Supportive Services (FFC-SS) Communities for People Inc.

Program Description:

- **Service Focus:** FFC-SS is a community-based intensive service using evidence-based and trauma informed practices to support children in “generic”, kinship or pre-adoptive homes state-wide. Primary focus is to improve stability of family functioning and ultimately preserve the youth’s placement while awaiting permanency. The program brings to bear the same intensive social work and clinical supports as those in ‘specialized foster homes’ to youth residing in DCYF’s array of foster, kinship, and pre-adoptive homes. Additionally, the program also provides high quality and rapid response coordination, transportation, and supervision of DCYF approved sibling/family visitation.
- The program will work with youth, birth parents and resource family. Our FFC-SS program will be grounded in the Attachment, Regulation and Competency (ARC) model. ARC is a widely used and replicated trauma-informed treatment framework. All services are oriented towards achieving permanency as quickly as possible. All aspects of the program utilize trauma-informed practices and incorporate trauma-informed principles. Staff are trained in Motivational Interviewing (MI), which guide their practice with children, youth, and families. We can also offer a wide range of training opportunities to resource/kinship parents as needed.
- The program provides youth and families with extensive case management and coordination, clinical services and assessment, behavioral management, individualized treatment planning, trauma-informed individualized therapy, behavioral management, emergency response, strategies and support, safety planning as needed, advocacy for the children and youth in the Departments’ resource families and kinship homes and sibling/family visitation.
- Ensures that all youth receive needed psychiatric and psychological services, medical care, and educational enrichment.
- Each youth is assigned a Bachelor’s level social worker (8:1 caseload) and Master’s level clinician
- Upon referral, initial contact with family is made within two (2) business days
- We ensure that all youth receive needed psychiatric and psychological services, with in-house resources available for urgent matters, as well as ensuring access to medical care, education and enrichment.
- FFC-SS staff will schedule appointments, complete applications, assist in transporting youth, coordinate and transport for sibling/birth parent visits, and mentor youth through daily living skills and guidance within therapeutic relationship.
- Initial treatment plans are developed within 30 days; subsequent reviews every 45 days. Progress towards treatment goals are measured and evaluated weekly
- **Additional Services**
 - Linkages to family support as well as family/sibling visitation
 - TIPS-MAPP training for Kinship homes
 - Licensing support and ‘hand-holding’ for kinship and new foster homes
 - Access to respite services
 - Formal after care services provided up to 6 months’ post discharge
- **Ages of Clients Served:** The program serves children/youth ages 0-20.
- **Availability of Service:** Services are readily available through evening and weekends, with on-call emergency support available 24/7.
- **Frequency of Contact:** Families receive a minimum of two (2) face to face contacts per week, with additional telephone and collateral contact readily available. The clinician sees each youth for a minimum of one (1) hour of individual counseling per month. This frequency may increase based on the family’s needs.
- **Duration of Services:** Anticipated service duration is approximately six months, however service length will be determined by the Department and family. All families receive 30 days of intensive Aftercare support post discharge, as well as ongoing availability for support as needed.
- **Location of Services:** Services are provided primarily within the family’s home, but may also occur within the community or school setting based on the needs of the family.
- **Languages:** English and Spanish
- **Geographic Area:** Statewide.

Best fit criteria:

- Youth placed in non-specialized, “generic” foster care, kinship, and pre-adoptive homes.
- The program is designed to support youth with complex medical needs, children with problem sexual behaviors, pregnant and parenting youth, juvenile justice involved youth, and youth with severe and persistent mental health needs.

Exclusionary Criteria:

- Actively suicidal, homicidal or psychotic
- Profound Developmental delays, Significant Autism Spectrum Disorders (Unless referral identifies primary goal of FFC-SS services to help support the family in dealing with the youth’s presenting developmental delays etc.)

Fostering Families-Kinship Foster Families Children's Friend

Program Description:

- **Service Focus:** To address the needs of kinship families with foster children who are at risk of experiencing removal through the duration of their time while open to DCYF. These children and youth include those with developmental disabilities, children and youth with complex medical needs, and pregnant or parenting youth.
- Evidenced-Based (EB) Services: Nurturing Parenting Programs; Promoting First Relationships.
- Family Preservation Nurse provides developmental milestone assessments such as ASQ-3 and ASQ-SE, to all children under 5, addresses medical issues of the family, ensures children are up to date on physicals, immunizations and dental care. The nurse also assists parents with health education.
- Child Psychiatry including Psychiatric Assessment, Psychiatric Services, and/or medication management are provided by a bilingual psychiatrist, as needed and as appropriate.
- Transportation is provided by staff for supervised visits or medical appointments as needed.
- Treatment Plan Goals: Treatment plan goals reviewed, and updated (as appropriate), at a minimum of quarterly.
- Staffing Qualifications: Bachelor's degree or higher for all positions
- **Ages of Clients Served:** Children, ages 0-10, their kinship foster families and pregnant or parenting youth and their kinship families.
- **Availability of Service:** Majority of the direct services will be provided Monday-Friday, including evening appointments; with the availability of on-call services 24 hours a day, 7 days a week.
- **Frequency of Contact:** A minimum of bi-weekly home visits (60-120 minutes, per visits) by a Family Preservation Worker.
- **Duration of Services:** Anticipated average length of services is 13 months.
- **Location of Services:** Provided in whichever setting is appropriate for the children, parents, and/or kin foster parents. This may include the home, the visitation room at Children's Friend (at 153 Summer St., Providence), and other community settings.
- **Languages:** Current staff who are bilingual speak English & Spanish.
- **Geographic Area:** Statewide.

Best fit criteria:

- Children ages 0-10 years old in Kinship homes
- Pregnant or Parenting youth in Kinship homes
- Children at risk for removal due to developmental, behavioral, or medical needs

Exclusionary Criteria:

- Children and youth who have current sexualized behavior.
- Children and youth with severe behavioral and mental health needs.
- Family is about to be closed to DCYF.

Functional Family Therapy- Therapeutic Case Management (FFT-TCM) NAFI Rhode Island

Program Description:

- **Service Focus:** FFT-TCM is a family-centered treatment program which is successful in treating a wide range of problems affecting families including drug use and abuse, conduct disorder, mental health concerns, truancy, and related family problems.
- FFT-TCM is a program to help support kinship foster families in the state of Rhode Island.
- FFT-TCM is a clinical adaptation of Functional Family Therapy that integrates traditional FFT interventions with a therapeutic case management practice to better meet the family's holistic needs.
- Each family is assigned an FFT-TCM trained therapist and case manager (when appropriate).
- FFT-TCM is intended to provide children ages 5-18 and their families with a pathway to engagement in treatment, skills to stabilize and work through daily family issues, and the ability to take those skills and generalize them to success in managing future problems.
- FFT-TCM allows for a risk responsive approach based on each family's unique strengths, needs, and risk factors. A determination is made by measuring the family functioning that places the family in one of the model's two service tracks.
 - **Low Risk track** supports families that are more likely to successfully engage and benefit from community-based interventions and programs. Highly trained Case Managers are responsible for ensuring that effective community services are in place, assisting with making necessary referrals, and then monitoring and maintaining the change brought about by these programs and interventions. Families identified as low risk receive an average of 1-3 hours of service per week
 - **High Risk track** supports families that would benefit from a more intensive change process to address risk of disruption or where there are imminent issues of child safety, neglect, family violence, mental health concerns, substance abuse, or risk of involvement in the criminal justice system. Within this track, families receive a higher level of coordinated case management integrated with traditional FFT treatment designed to assist in the necessary behavior change to address risk, needs, and safety. Families identified as high risk will receive an average of 2-4 hours of service per week.
- FFT-TCM has a developmental focus. In each track, the focus, assessment, treatment planning, and specific family competencies addressed in treatment are linked to the developmental status of the family.
- **Ages of Clients Served:** 5-18
- **Availability of Service:** We provide a flexible, non-traditional schedule Monday through Friday for families. For weekends, we offer 24/7 on-call and emergency support.
- **Frequency of Contact:** 1-4 hours a week
- **Duration of Services:** 2-6 months
- **Location of Services:** In the home and community.
- **Languages:** English and Spanish (if Spanish speaking team member not available, we will utilize interpretation services).
- **Geographic Area:** Statewide.

Best Fit Criteria:

- FFT is well suited to serve Kinship Families who are at risk of disruption or who have children with emotional or behavioral struggles. This can include family conflict, truancy, substance use and/or mental health concerns.

Exclusionary Criteria:

- Youth that are not in kinship foster care
- Caregiver/youth that do not have cognitive capacity for talk therapy

Kinship CARES

Family Service of RI

Program Description:

- **Service Focus:** The Kinship Connect, Assess, Respond, and Educate Support Team (Kinship CARES) is an innovative program that uses the evidence-based practice "Together Facing the Challenge" (TFTC) to enhance kinship families' access to care, education, and support to stabilize families, reduce placement disruptions, and support permanency.
- Kinship CARES offers in-home case management, care coordination, skills-based parenting education, peer support/mentorship, system navigation, basic needs support, and comprehensive crisis response services.
- The program offers an individualized, strengths-based, and comprehensive family-centered approach.
- The team includes an independently licensed Clinical Director, Clinical Supervisor, 5 Resource Family Navigators, and 3 Family Support Partners. Resource Family Navigator's caseload typically accommodates up to 10 children and their families.
- Resource Family Navigators work on connecting kinship families with community resources.
- Family Support Partners (FSPs), with their lived experience of similar challenges, are uniquely positioned to provide meaningful understanding and encouragement.
- **Target Population:** Kinship CARES will serve children/youth 0-18 years, regardless of gender or gender identities, living with kin in out-of-home care statewide and their family.
- **Ages of Clients Served:** 0-18
- **Availability of Service:** In person Monday-Friday with early morning and evening availability. Kinship CARES is responsive to the needs of clients on a 24/7/365 with access to FSRI's emergency response services and mobile crisis team on nights, weekends, and holidays.
- **Frequency of Contact:** The program provides one to two weekly visits. Resource Family Navigators and Family Support Partners provide support to the family through in-home direct care two to three hours a week.
- **Duration of Services:** Kinship CARES offers services for an average of 6 months with each family receiving an individualized treatment plan based on their specific needs to achieve treatment goals.
- **Location of Services:** In the home and community.
- **Languages:** English and Spanish
- **Geographic Area:** Statewide.

Best Criteria:

- All children aged birth to 18 years, regardless of gender or gender identity, who are referred by DCYF and living with kin in out-of-home care.

Exclusionary Criteria:

- Children who are over 18 years of age.
- Children who are not living with kin in out-of-home care.

Safe Families

Tides Family Services

Program Description:

- **Service Focus:** The Safe Families Program provides trauma focused, community and home based services to children aged 4 through 18, statewide, aimed at preserving families for children/teens with sexual abuse histories and active abuse reactive/sexualized behaviors. A Clinical Team, consisting of a Clinician and Care Coordinator, engages the family in 3-10 hours each week for 6-8 months, focusing on increasing healthy family functioning, safety and wellbeing to prevent placement disruption. The key indicators for success with clients in the Safe Families Program include: trauma specific therapy, both individually and family focused; Care coordination, including transportation assistance, advocacy and support within systems and resource development; Psychoeducation for caregivers specific to parenting a child/teen who has experienced sexual abuse through our internally developed curriculum Families Impacted by Sexual Abuse (FISA); Equine Assisted Psychotherapy; Clinical Support Groups; After care planning and successful discharge transition; and bimonthly service provider meetings.
- Treatment components offered are based on the clinical need and readiness of the child/teen and their family; this may include clinical support groups for the child/teen specific to impact of sexual abuse; clinical support groups for the caregiver specific to childhood sexual abuse experiences and parenting a child who has been sexually abused; Equine Assisted Psychotherapy for the child/teen; access to a Youth Peer Mentor and access to a Parent Peer Mentor.
- Treatment modalities include: TF-CBT, expressive therapies, EMDR, alternative therapies i.e. Equine Assisted Psychotherapy, sensory motor, etc. For children who have experienced 5 or more placements, weekly service hours and service components will be increased given the data we have collected indicating these children struggle with making treatment progress and stability within program timeframes.
- **Ages of Clients Served:** 4-18
- **Availability of Service:** Monday through Friday with 24/7/365 on call availability.
- **Frequency of Contact:** 3-10 hours a week
- **Duration of Services:** 6-8 months
- **Location of Services:** In the home and community
- **Languages:** English, Spanish and ASL
- **Geographic Area:** Statewide.

Best fit criteria:

- The Safe Families Program serves children/youth, up to age 18 that have either disclosed sexual abuse or are exhibiting symptoms of sexual abuse, such as sexualized behaviors, and live in a foster/adoptive/birth family placement that is at risk for disruption.
- The criteria for eligibility for our Safe Families Program includes, risk of placement disruption (foster, pre-adoptive, adoptive or birth families) due to disclosure of sexual abuse and/or evidence of sexual abuse symptoms and high risk behaviors, i.e. abuse reactive behaviors, sexualized behaviors, etc.

Exclusionary Criteria:

- Youth that do not have known or suspected sexual abuse.

Family Visitation



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

Program Description:

- **Service Focus:** Families Together (FT) is a strength based, therapeutic, family focused visitation and permanency planning program working with and assessing parents who are working toward reunification
- FT clinicians provide coaching, education, support, and feedback to parents, children and the referring case worker
- FT clinicians are master's level and FAST (Family Advocacy Support Tool) certified
- FT clinicians carry a case load of 12 families
- FT clinician will provide individual assessments, education, on-call supports and develop customized treatment plans that address the unique needs for every family member
- FT clinicians will identify and recommend additional services to support the parent and child
- FT clinicians attend provider meetings, DCYF Administrative Reviews (ARU) if requested, and schedule meetings with parents and case workers at regular intervals during their participation in FT
- FT clinicians will deliver timely detailed reports and assessments as requested by DCYF and the judiciary for periodic court reviews, legal procedures, administrative reviews and meetings
- FT program assistants provide transportation for all children participating in the program and in special circumstances will transport the parents
- The Assistant Director is co-located at the DCYF Regional offices
- FT staff offices are located at Nina's House
- The Museum is available to DCYF staff for client visits and Nina House is available to caseworkers for meetings and family visits for up to 16 hours a week
- **6 Visit Assessments** are a condensed version of the 18 week visitation program. Referrals for families in need of an accelerated clinical assessment to satisfy time sensitive case needs. Referrals for families with unique circumstances (circumstances to be discussed during screening). FT clinicians will identify and recommend additional services to support the parent and child.
- **Ages of Clients Served:** 0-12
- **Availability of Service:** Monday through Saturday
- **Frequency of Contact:** Visits take place weekly for 1-2 hours.
- **Duration of Services:** 18 or more weeks.
- **Location of Services:** Visits are facilitated at Providence Children's Museum (PCM) and Nina's House (NH)
- **Languages:** English and Spanish
- **Geographic Area:** Statewide.

Best fit criteria:

- Families with children ages birth-12 years old.
- Parents struggling with mental illness, substance abuse, domestic violence, and/or cognitive delays
- Cases open 120 days or less

Exclusionary Criteria:

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

Family Coaching and Visitation Family Service of Rhode Island

Program Description:

- **Service Focus:** TST-FCV is a community-based family visitation and coaching support service that leads to stronger parent engagement and increased likelihood of children/youth to reunify and decrease likelihood of recidivism.
- Case Managers provide 2 hour supervised visits and one on one coaching and modeling to parents during visits to aid parents in developing positive parenting strategies to improve interactions with the child/youth, enhance attachment, and reduce time from removal to reunification.
- FCV has 4 family visiting rooms equipped with developmentally appropriate toys and activities.
- The program offers parent education, one-on-one modeling and parent coaching, case management, clinical support, clinical assessment, and transportation to and from visits.
- The program's goal is to maintain/enhance parent/child attachment and facilitate reunification.
- The theoretical bases of this program's approach are Trauma Systems Therapy and attachment theory.
- The program can provide services for families experiencing substance use/misuse, domestic violence, mental health and trauma related stressors.
- The program includes a Clinical Director, Program supervisor, 2 master's level licensed Clinicians, 7 Case Managers, 3 Transportation Aides, and a Program Coordinator. Case Manager caseloads typically accommodate up to 7-8 visits per week. Exceptionally difficult cases and/or cases with large numbers of children may have 2 staff assigned.
- **Target Population:** The program provides in-person visits for children and youth aged from birth to 21 years old, regardless of gender or gender identities statewide, who are in out of home placement and in need of supervised visits with their biological parent(s).
- Offers an individualized, strengths-based, and comprehensive family-centered approach through a team of case managers, clinicians, and transportation specialists.
- **Ages of Clients Served:** 0 to 21
- **Availability of Service:** FCV is open 6 days a week (Monday through Saturday). TST-FCV is responsive to the needs of clients on a 24/7/365 with access to FSRI's emergency response services and mobile crisis team on nights, weekends, and holidays.
- **Frequency of Contact:** TST-FCV provides weekly 2-hour supervised visits for families.
- **Duration of Services:** FCV offers services for an average of 180 days and receives authorization for 6 months. Authorizations can be extended if needed. Aftercare can be offered for up to 6 months post reunification.
- **Location of Services:** FCV has 4 family visiting rooms at 134 Thurbers Ave, Providence, RI and in the community.
- **Languages:** English, Spanish and Turkish
- **Geographic Area:** Statewide.

Best Fit Criteria:

- All children ages birth to 21, regardless of gender or gender identity, who are in out-of-home placement with a case plan goal of reunification.

Exclusion Criteria:

- Threat of harm that jeopardizes the immediate safety of the child/youth, other family members, and/or staff.

Family Time- Enhanced Visitation Program Communities for People Inc.

Program Description:

- **Service Focus:** Family Time consists of weekly supervised visitation which integrates an evidence-based parenting curriculum “Incredible Years” (IY), to afford parents an opportunity to learn, apply, and practice parenting techniques using positive approaches to child discipline and behavior management.
- The supervised visitation component provides families with a regular, predictable visitation schedule as approved by the Department and/or Family Court.
- Minimum of one supervised visit/home visit weekly. This can be more frequent and/or longer visits may be provided as requested by the Department, Court or recommended by the program.
- Visits can take place in formal offices and visitation rooms. Parent Coaches have access to funds for recreational activities for observing child/parent interactions in informal settings.
- Recommendations are made within the context of progress or concerns observed during supervised visitation sessions and are one of several tools the Department and Family Court may utilize in supporting placement/reunification decisions.
- CFP’s Parenting Coaches carry a caseload between 5-6 families and supervise visits to (1) observe parents utilizing their parenting skills and techniques in action and (2) offer trusted support and constructive feedback to parents on their use of those parenting skills.
- The Incredible Years curriculum consists of one weekly 2-hour group session for a period of 16-20 weeks.
- Program staff will coordinate and provide transportation to families to parenting groups and visits.
- **Ages of Clients Served:** 0-18
- **Availability of Service:** Services provided Monday-Friday, weekend availability based on the needs of the youth and family. 24/7 on-call.
- **Frequency of Contact:** Minimum of one supervised visit/home visit weekly. The Incredible Years curriculum consists of one weekly 2-hour group session.
- **Duration of Services:** The average length of stay averages 6-9 months.
- **Location of Services:** In the home and community.
- **Languages:** English and Spanish
- **Geographic Area:** Statewide.

Best fit criteria:

- All youth, ages 0-18, who are separated from their parent(s) or caretaker(s).
- Youth requiring services to facilitate visitation with their families.
- Parents who could benefit from structured and supportive skill building.

Exclusionary Criteria:

- Protective or no-contact orders, or situations of immediate safety concerns/danger to the child, parent,

Family Time

Tides Family Services

Program Description:

- **Service Focus:** Family Time (FT) is designed to deliver children and youth in out-of-home care safe, meaningful and high-frequency family visitation that strengthens the family, expedites reunification, and improves parent and child well-being outcomes. FT creates a nurturing environment where families can flourish with an emphasis on maintaining the bond between children and their parents.
- Family Time at TFS is intended to be an empowering, non-judgmental, and respectful service to support both children who have been removed from a parent's care and parents who have experienced the removal of a child or children from their care. TFS will provide Family Time in the least restrictive setting possible, ideally within the family home or in a community setting in close proximity to a family's home. Family Time will also be available in TFS office locations as needed.
- Staffing ratios are maintained at one master's level clinician to no more than 12 families and one bachelor level staff to no more than 6 families. The clinician leads the development of the FT plan and conducts family sessions as warranted to aid in reunification. The clinician provides clinical supervision to the Visit Coach. The Visit Coach coordinates and facilitates family time sessions including transportation, supervision, and coaching for sessions.
- **Ages of Clients Served:** There is no age restriction.
- **Availability of Service:** Services provided Monday-Friday with 24/7 on-call availability.
- **Frequency of Contact:** Frequency and duration will vary based on the service plan, family needs, and capacity of the parent to participate with the goal of gradually increasing time together over time as families demonstrate readiness. Ideally, the first FT meeting should be held within 24-48 hours of the child's removal from the home and be scheduled at least weekly for one hour.
- **Duration of Services:** The length of service will be accommodating to the needs and requests of the family, DCYF, and Family Court.
- **Location of Services:** Family Time will work with families statewide.
- **Languages:**
- **Geographic Area:** Statewide.

Best fit criteria:

- A child must be residing in an out-of-home placement within the state of RI or for youth placed in an out-of-state placement, a 15-mile radius of a TFS office location.
- TFS' mission allows for the referrals of parents who may be labeled as "resistant" or "non-compliant" under traditional visitation models.

Exclusionary Criteria:

- FT operates with a no-reject, no-eject approach to referrals accepting all cases within contractual limitations.
- FT will continue despite periods of inconsistency, placement changes, and disruptive behavior; rather staff work collaboratively with families and the referral source to establish a comprehensive plan of care that matches the family's needs.

Family Visitation Center Community Care Alliance

Program Description:

- **Service Focus:** NRIVC is focused on supporting parent(s) towards their goal of reunification with children in care, or moving towards permanency for children. This is done via supervised visitation, intensive case management, parent skill building, parent-child relationship guidance, and frequent collaboration with all service providers.
- Addresses DCYF case plan goals.
- Developing, strengthening, or maintaining the parent, child relationship attachment. Circle of Security (COS) an EBP is the core treatment model, as well as Systematic Training for Effective Parenting (STEP,) to increase behavioral support.
- Developing positive and safe parenting skills. Staff provide interventions in visits that may include: observations/ assessments, reduction, reflection, coaching, modeling, and direct intervention to ensure the safety and well-being of the child (ren) at all times.
- Intensive case management to address all barriers to reunification; assistance with accessing resources.
- Support in the development of protective capacity and addressing protective factors (i.e. housing, employment, healthcare, supportive relationship, etc.)
- Family team meeting between parents, DCYF and other providers, to review progress, visitation plans, obstacles to be addressed and strategies for doing so. NRIVC practice is team based and collaborative.
- Services are provided by both Bachelor's level staff and receives oversight by an independently licensed clinician.
- Due to intensive nature of services provided, staff caseload is approximately eight (8).
- When a wait list is present, DCYF workers are notified of the time anticipated ASAP. Families receive outreach as soon as they are moved off the wait list.
- Program will offer transportation for children by program Transportation Specialist if the foster parent(s) and DCYF are unable to do so.
- Service plans are reviewed every 90 days, or more often if needed.
- **Ages of Clients Served:** The parent is the target of intervention of NRIVC services. Couples may be served as well. Children and parents served may be of any age.
- **Availability of Service:** Services are provided Monday-Friday, 8:30-7 pm and Saturday, 8:30-5 pm. Families have access to a 24/7 telephonic Emergency Crisis Line as well.
- **Frequency of Contact:** Visits are 1-2 hours each. Individual parenting guidance and case management sessions take place a minimum of 1x/ week. Goal is for monthly family-team meetings. Visitation services will include 3-4 hours of contact per week with parent and child inclusive of visitation observation, coaching and case management.
- **Duration of Services:** Program is typically 10-12 months. Services stay in place after reunification to assist with transition maintain placement for an average of 3-6 months.
- **Location of Services:** Visits typically take place at NRIVC (31 Orchard St., Woonsocket or 272 Smith St., Providence), which are home-like settings, and then are moved to the community or home. Visits may take place at DCYF in certain circumstances. Individual parent sessions take place at NRIVC, community and in the home.
- **Languages:** Services are available in English, Spanish, and Portuguese.
- **Geographic Area:** Services prioritize families in Region IV but will serve statewide upon availability.

Best fit criteria:

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

Exclusionary Criteria:

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

Family Visitation Center for Parents with Development Delays

Community Care Alliance

Program Description:

- **Service Focus:** CCA Visitation - DD is focused on supporting parent(s) towards their goal of reunification with children in care, or moving towards permanency for children. This occurs via supervised visitation, intensive case management, parent skill building, parent-child relationship guidance, and frequent collaboration with all service providers.
- CCA Visitation - DD uses the EBP, Step-by-Step parenting curriculum which breaks down essential parenting skills into small and manageable steps. The curriculum meets the parents where they are and builds on the parent skills and strengths.
- CCA Visitation DD uses Circle of Security (COS,) an EBP as the core treatment model to develop, strengthen, and maintaining the parent, child relationship attachment, as well as Systematic Training for Effective Parenting (STEP,) to increase behavioral management skills.
- Addresses DCYF case plan goals
- Developing, strengthening, or maintaining the parent, child relationship attachment
- Developing positive and safe parenting skills. Staff provide interventions in visits that may include: observations/ assessments, reduction, reflection, coaching, modeling, and direct intervention to ensure the safety and well-being of the child (ren) at all times.
- Intensive case management to address all barriers to reunification; assistance with accessing resources.
- Support in the development of protective capacity and addressing protective factors (i.e. housing, employment, healthcare, supportive relationship, etc.)
- Family team meeting between parents, DCYF and other providers to review progress, visitation plans, obstacles to be addressed and strategies for doing so. NRIVC practice is team based and collaborative.
- Transportation is available for children if foster parents and DCYF are unavailable to transport.
- Services are provided by both Bachelor's level staff and the program receives oversight by an independently licensed clinician.
- Due to intensive nature of services provided, staff caseload is approximately five (5).
- When a wait list is present, DCYF workers are notified of the time anticipated ASAP. Families receive outreach as soon as they are moved off the wait list.
- Service plans are reviewed every 90 days, or more often if needed.
- **Ages of Clients Served:** The parent(s) is the target of intervention of NRIVC services. Couples may be served as well. Children and parents served may be of any age.
- **Availability of Service:** Services are provided Monday-Friday, 8:30-7 pm and Saturday, 8:30-5 pm. Families have access to a 24/7 telephonic Emergency Crisis Line as well.
- **Frequency of Contact:** Visitation/parent coaching services will include 5-6 hours of contact per week with parent and child inclusive of visitation observation, coaching and case management.
- **Duration of Services:** Program is typically 10-12 months.
- **Location of Services:** Visits typically take place at NRIVC (31 Orchard St., Woonsocket or 272 Smith St. Providence), which are home-like settings, and then are moved to the community or home. Visits may take place at DCYF in certain circumstances. Individual sessions take place at NRIVC, community and in the home.
- **Languages:** Services are available in English, Spanish, and Portuguese.
- **Geographic Area:** Services prioritize families in Region IV but will serve statewide upon availability.

Best fit criteria:

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

Exclusionary Criteria:

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

Nurturing Early Connections (NEC) Community Care Alliance

Program Description:

- **Service Focus:** NEC provides intensive visitation for parents and children under 2, who are in placement, with the goal of maximizing permanency outcomes and improving attachment relationships between parents and children.
- Intensive case management, crisis intervention, education, and coaching to parent(s) in their efforts to improve parenting skills, parent-child relationship, address barriers to reunification, attend to mental health, substance use or other behavioral health needs.
- Attachment-focused interventions. Utilization of Circle of Security, a recognized Evidence Based Program.
- Ongoing collaboration with DCYF and other providers, including detailed reports to DCYF, the court and others (as needed) regarding progress and recommendations regarding permanency.
- Program is overseen by an Independently Licensed Clinician and facilitated by Bachelor's level social workers. Due to intensity, Clinical Case Managers carry 4-5 cases.
- Families receive outreach within 48 hours of referral. If there is a wait list, DCYF is notified, and families are contacted once space is available.
- Service plans are reviewed every 90 days. Families may stay open in NEC for up to one year.
- Program will offer transportation for children by program Transportation Specialist if the foster parent(s) and DCYF are unable to do so.
- **Ages of Clients Served:** Parents with children ages 0-2.
- **Availability of Service:** Program is offered Monday-Friday 8:30-6:30 pm.
- **Frequency of Contact:** Family visitation takes place approximately 4-8 hours per week (typically 2 visits), and individual sessions with clients occur a minimum of 1x/week.
- **Duration of Services:** Program is typically 10-12 months.
- **Location of Services:** Visitation to take place in settings that maximize stability for the child, success for parent and child, and provide a safe environment, including: NRIVC sites, foster home, day care setting, community, or DCYF.
- **Languages:** Current language capacity is English and Spanish.
- **Geographic Area:** Services prioritize families in Region IV but will serve statewide upon availability.

Best fit criteria:

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

Exclusionary Criteria:

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

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

Program Description:

- **Service Focus:** NEC-DD provides intensive visitation for parents with developmental delays and children under 2, who are in placement, with the goal of maximizing permanency outcomes and improving attachment relationships between parents and children.
- NEC-DD uses the evidence-based Step-by-Step parenting curriculum which breaks down essential parenting skills into small and manageable steps. The curriculum meets the parents where they are developmentally and builds on parenting skills and strengths.
- Intensive case management, crisis intervention, education, and coaching to parent(s) in their efforts to improve parenting skills, parent-child relationship, address barriers to reunification, attend to mental health, substance use or other behavioral health needs.
- Attachment-focused and behavioral interventions.
- Ongoing collaboration with DCYF and other providers, including detailed reports to DCYF, the court and others (as needed) regarding progress and recommendations regarding permanency.
- Program is overseen by an Independently Licensed Clinician and facilitated by Bachelor's level social workers. Due to intensity, Clinical Case Managers carry 3-4 cases.
- Families receive outreach within 48 hours of referral. If there is a wait list, DCYF is notified, and families are contacted once space is available.
- Service plans are reviewed every 90 days. Families may stay open in NEC for up to one year.
- Program will offer transportation for children by program Transportation Specialist if the foster parent(s) and DCYF are unable to do so.
- **Ages of Clients Served:** Parents with children ages 0-2.
- **Availability of Service:** Program is offered Monday-Friday 8:30-6:30 pm.
- **Frequency of Contact:** Family visitation and coaching takes place approximately 8-10 hours per week (3-4 contacts.)
- **Duration of Services:** Program is typically 10-12 months.
- **Location of Services:** Visitation to take place in settings that maximize stability for the child, success for parent and child, and provide a safe environment, including: NRIVC site, foster home, day care setting, community, or DCYF.
- **Languages:** Current language capacity is English and Spanish.
- **Geographic Area:** Services prioritize families in Region IV but will serve statewide upon availability.

Best fit criteria:

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

Exclusionary Criteria:

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

Aftercare and Transitional Services



Aftercare Services

Boys Town New England, Inc.

Program Description:

Service Focus: Boys Town New England (BTNE) offers Aftercare Services to youth departing Congregate Care Services (referred to the Family Home Program by Boys Town) through Care Coordination Services (CCS). CCS can help the Department of Children, Youth, and Families (DCYF) provide a comprehensive, integrated, continuum of care through supportive services that help youth successfully transition to a less restrictive placement. Our CCS Consultant provides targeted youth- and family-centered case management and support by partnering with youth, their family, DCYF, and Family Home Program (FHP) staff who support youth/families in meeting their permanency goals.

- CCS offers intensive support and intervention through two “tracks.”
- *CCS Family Track* focuses on youth who are reunifying with their family/kin or who are transitioning to another permanent living environment (e.g., foster care). *CCS Family Track* integrates school- and family-centered interventions – Check & Connect (evidence-based school intervention to prevent drop-out), Common Sense Parenting® (parent education) referrals, homework support, and skill-building. During services, parents or caregivers receive family training such as learning effective discipline techniques, appropriate child monitoring, school advocacy skills, and communication skills.
- *CCS Youth Track* is for youth with an independent living or semi-independent living permanency plan. During services, the Consultant helps youth develop specific skills needed to mitigate risky behaviors and the likelihood of future placements. The Consultant assists the youth in identifying their personal goals then utilizes individualized, research-informed interventions (e.g., social skills teaching, role-plays) to help youth develop the skills they need to support permanency, safety, and well-being. Other service components include independent living support, school interventions (Check & Connect), and case management (e.g., linking, monitoring, and advocating).
- Services begin when the youth is referred for CCS (typically within two months of FHP discharge unless a family needs services sooner). The Consultant collaborates with FHP staff to begin transitioning the youth to the community. Average CCS frequency is one weekly contact for six months post-discharge from residential services with crisis supports available 24/7. Service intensity is determined by individual need. Youth with multiple risk factors may require additional contact especially at service initiation. As youth demonstrate progress, service dosage is tapered. Both CCS Youth and Family Tracks adhere to the same case management model of care, service delivery structure, and emphasize three core areas: *Engagement* (relationship building, assessment, and service planning), *Service Coordination and Delivery* (navigate and monitor services and service advocacy), and *Empowerment* (teaching and fostering independence).
- The foundation of CCS is the evidence-based *Teaching-Family Model* (TFM) which incorporates Intensive Case Management and the Wraparound Models to promote individualized protective factors and risk reduction strategies.
- **Ages of Clients Served:** 12-17
- **Availability of Service:** In-person Monday-Friday with on-call services 24/7
- **Frequency of Contact:** One weekly contact.
- **Duration of Services:** 6 months
- **Location of Services:** In the home and community.
- **Languages:** English
- **Geographic Area:** Statewide.

Best Fit: BTNE provides CCS to youth transitioning from our FHP to their family home, another placement, or into independent living. Our FHP serves youth with a wide range of needs, including those with severe behavioral and mental health issues, juvenile justice, or child welfare involvement, and those in need of stabilization. We will serve DCYF-referred males and females, ages 12 through 17, from across Rhode Island, including sibling groups, and youth with a history or are at risk of child welfare or juvenile justice involvement. We serve all youth and their families, including all cultural/language/religious backgrounds, LGBTQI+, pregnant and parenting youth, and disabled individuals.

Exclusionary Criteria: None

Aftercare Services Fall River Deaconess

Program Description:

- **Service Focus:** Support & Stabilization provides intensive in-home therapeutic, vocational, educational, and community-based services.
 - **Housing-** assist youth and families to obtain and maintain stable housing.
 - **Employment-** assist youth and families with skills to gain and obtain employment.
 - **Life skills-** supporting youth and families with self-care skills, how to maintain a home environment and budgeting skills.
 - **Social skills-** connecting youth and families to safe and appropriate activities in their community.
- **Levels of Service:** Each model is designed to meet the specific needs of the youth and family. Models have individual rates and on-going assessment of need occurs in collaboration with youth, family, and funding agency to determine which service best meets the needs of the youth and family.
- **Step-Down, Foster Care Rate**
 - Youth and families who require more intensive in-home and school support than the Transitional Aged Youth Rate.
 - Frequency – 3-5 Days a week of in person service
- **Transitional Aged Youth Rate**
 - TAY youth and youth and families who require less intensive in-home services.
 - Frequency – 1-3 days a week – may increase depending on the needs of the youth and family – flexible model.
- Following referral, initial contact is made to the family within (2) business days. Services provided by a clinician (master's level to include LMHC, LCSW, and LICSW utilizing a Trauma Informed Approach), case manager, and/ or mentor.
- Provider Team Meetings with DCYF every 12 weeks to review case progress, barriers, treatment, and discharge planning.
 - **Assessments** are to include Bio Psych Social conducted within 45 days of intake.
 - **Bi-weekly** updates are provided to DCYF.
 - **Educational support services:** include 504 and IEP panning, tutoring and educational tracking.
- **Ages of Clients Served:** Youth ages 7 to 21.
- **Frequency of Contact:** Frequency to include 1 to 3 contacts per week dependent on service level. Families receive a minimum of (2) face to face contacts with additional telephone, virtual, and collateral contact.
- **Availability of Service:** Appointments are scheduled with flexibility when families are available. On call services are available 24 hours a day, seven days a week to include holidays.
- **Duration of Services:** Length of service is about 6 to 9 months.
- **Location of Services:** services provided are usually held within the family's home, but also may occur within the community or school setting, based on the needs of the family.
- **Languages:** Services can be provided in Spanish, Portuguese, and Cape Verdean Creole.
- **Geographic Area:** Currently serving the Providence and the East Bay Area.

Best fit criteria:

- Youth at high risk for out of home placement,
- Youth and families in the process of reunification,
- Kinship foster homes in need of supports with stabilizing client behaviors and accessing community-based services,
- Youth and families requiring support, stabilization, and therapeutic services to remain intact and/ or,
- Youth transitioning into an independent living setting in need of life skills to live independently.

Exclusionary Criteria:

- Youth with no identified caregiver,
- Youth who are actively suicidal, homicidal, psychotic or with behavior that poses imminent threat or harm,
- Youth who have history of sexual offending or fire setting and/ or,
- Caregivers who refuse to engage in services and treatment planning.

Aftercare Services for Supportive Apartment Service (SAS) Communities for People Inc.

Program Description:

- **Service Focus:** The Supportive Apartment Service Aftercare service provides ongoing support to youth and their families during the challenging and sometimes uncertain time of initial reunification and program transition. The aftercare service focuses on the continued growth and progress made during a youth's placement to be transferred to the family home, foster home or to an identified placement to ensure greater chances of success and thereby reducing the likelihood of disruptions and potential reentry back into congregate care.
- The aftercare program provides clinical services, case management, emergency response (24/7) On call Support and advocacy for the youth and their families.
- 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), Cognitive Behavioral Therapy (CBT) and Trauma Focused Cognitive Behavioral Therapy (TF-CBT).
- The program serves males, females, and gender non-conforming youth and young adults. Similarly, the program serves youth of any sexual orientation (LGBTQI+)
- As the youth's Discharge date approaches, they, along with their family and their treatment team, develop the youth's Transitional ISP which identifies the frequency and intensity of supports.
- Aftercare services are provided for a maximum of 3-Months following program discharge. In the event a family requires continued support after the 3-Month period, staff will refer the family to a community or DCYF longer term home-based services.
- Services are delivered by our residential program staff who have developed a strong, trusting relationship with the youth and their family members throughout their participation in program services; as well as the Clinician and Family Support Partner (FSP) who are considered the primary staff involved in the aftercare service.
- The clinician on-call also provides after-hours support and is utilized for crisis intervention, clinical consultation, and preliminary mental health evaluations.
- Transportation to meet treatment goals and initial transport to routine and emergency appointments with fading as routines are assimilated.
- **Ages of Clients Served:** 17 to 21
- **Availability of Service:** Services provided Monday-Friday, weekend availability based on the needs of the youth and family. 24/7 on-call. On call Support and advocacy for the youth and their families.
- **Frequency of Contact:** Youth and families initially receive a minimum of (1) face-to-face contact per week and additional phone contacts as needed by their assigned staff.
- **Duration of Services:** 3 months
- **Location of Services:** Aftercare services will predominantly be provided in the family's home; they may also occur at other community locations; in schools office locations or others to accommodate the needs and preferences of the family.
- **Languages:** English and Spanish
- **Geographic Area:** 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

Aftercare Services for Transitional Treatment Program (TTP) Communities for People Inc.

Program Description:

- **Service Focus:** The Transitional Treatment Program Aftercare service provides ongoing support to youth and their families during the challenging and sometimes uncertain time of initial reunification and program transition. The aftercare service focuses on the continued growth and progress made during a youth's placement to be transferred to the family home, foster home or to an identified placement to ensure greater chances of success and thereby reducing the likelihood of disruptions and potential reentry back into congregate care.
- The aftercare program provides clinical services, case management, emergency response (24/7) On call Support and advocacy for the youth and their families.
- 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), Cognitive Behavioral Therapy (CBT) and Trauma Focused Cognitive Behavioral Therapy (TF-CBT).
- Clients served are adolescent females from 13 to 18 years old; gender non-conforming youth and young adults. Similarly, the program serves youth of any sexual orientation (LGBTQI+)
- As the youth's Discharge date approaches, they, along with their family and their treatment team, develop the youth's Transitional ISP which identifies the frequency and intensity of supports.
- Aftercare services are provided for a maximum of 3-Months following program discharge. In the event a family requires continued support after the 3-Month period, staff will refer the family to a community or DCYF longer term home-based services.
- Services are delivered by our residential program staff who have developed a strong, trusting relationship with the youth and their family members throughout their participation in program services; as well as the Clinician and Family Support Partner (FSP) who are considered the primary staff involved in the aftercare service.
- The clinician on-call also provides after-hours support and is utilized for crisis intervention, clinical consultation, and preliminary mental health evaluations.
- Aftercare services will predominantly be provided in the family's home; they may also occur at other community locations; in schools office locations or others to accommodate the needs and preferences of the family.
- Transportation to meet treatment goals and initial transport to routine and emergency appointments with fading as routines are assimilated.
- **Ages of Clients Served:** 13-18
- **Availability of Service:** Services provided Monday-Friday, weekend availability based on the needs of the youth and family. 24/7 on-call.
- **Frequency of Contact:** Youth and families initially receive a minimum of (1) face-to-face contact per week and additional phone contacts as needed by their assigned staff.
- **Duration of Services:** 3 months
- **Location of Services:** In the home and community
- **Languages:** English and Spanish
- **Geographic Area:** 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

Residential Aftercare Program (ESILP/ILP programs)

Child & Family Services of Newport County

Program Description:

- **Service Focus:** Services provided to youth ages 16 to 21 transitioning from ESILP and or ILP.
- Aftercare staff will provide a transition service with wraparound support to youth transitioning from our Enhanced Semi-Independent Living Program (SILP), a staffed community-based group home setting to Independent Living (ILP) as well as those youth transitioning from ILP to VEC or aging out of DCYF care.
- Services will include as appropriate: treatment for mental health and substance use conditions, individual counseling, family therapy, educational and/or vocational programming, community cultural enrichment and reinforcement of independent living skills.
- If the youth is returning home from ESILP, family counseling will be provided by a licensed clinician who will assess the need for the community resources and integration services needed in their community.
- Life skills coach will follow the youth to the next level of care with continued support to ensure the youth meets their life skills goals along with a clinical case manager and/or youth support specialist to explore, develop and reinforce the skills necessary to thrive as independent adults.
- Treatment goals will be reevaluated from the stepdown program to meet youth and family needs.
- Development of a treatment plan in conjunction with youth's permanency plan as determined by DCYF.
- Staff will encourage and make every effort to promote the involvement of caregivers and transition team to greatest extent possible in all aspects of care, including service planning, family therapy, and trauma-focused psycho-educational opportunities.
- Clinician will be assigned as required for safety planning and mental health counseling, substance use treatment and referral services.
- **Ages of Clients Served:** 16 to 21
- **Availability of Service:** Monday-Friday with 24/7 crisis or clinical on call support at 401-662-2773.
- **Frequency of Contact:** 1x per week
- **Duration of Services:** 3-4 months
- **Location of Services:** In the home and community.
- **Languages:** English, translation in Spanish or other languages as needed can be available
- **Geographic Area:** Statewide.

Best fit criteria:

- Youth stepping down from ESILP home or aging out of care.
- Males and Females ages 16 to 21
- Youth stepping down from Child and Family ESILP or ILP

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.

Transition & Aftercare (Juvenile Justice) Ocean Tides Inc.

Program Description:

- **Service Focus:** Ocean Tides (OT) Transition & Aftercare (OTTA) services support the reunification and permanency of youth completing Residential Treatment Services with Ocean Tides. OT Residential Treatment Center (RTC) clients ages 13-18+. OTTA provides an array of Transition & Aftercare services that begin at intake into the RTC and works with the youth and family throughout placement and after discharge.
- **Boys Town On the Way Home® (OTWH) Aftercare Services-** For RTC youth that are reunifying with family and still working towards their high school diploma OTTA will utilize On the Way Home® (OTWH). OTWH is an evidence-based aftercare service for youth (and their families) who are transitioning from residential care. Many youth make behavioral and academic progress while in residential care, but face challenges maintaining these skills after they depart. The overall goals are to help youth maintain the gains they make, keep them at home and in school, and prevent their return to residential care.
- OTWH services typically begin six to eight weeks prior to departure from residential care. This helps to establish a parenting plan with the family that assists in the transition home.
- On the Way Home® is rated as “Supported by Research Evidence” on the California Evidence-Based Clearinghouse for Child Welfare (www.cebc4cw.org) and rated as “Promising” on the Title IV-E Prevention Services Clearinghouse (prevention.services.acf.hhs.gov).
- **Career Focused Aftercare Services-** For RTC youth who have completed High School or earned their GED and are reunifying with family OTTA will continue to utilize the Parenting Support component from OTWH but will substitute school and homework support for career development and job focused skills in continuation of the On and Off-Campus Employment program the youth experience while placed at the RTC. Ocean Tides partners with community-based providers to arrange and support career development opportunities including job training, internships, and exposure to higher education opportunities.
- **Step Down Aftercare Services-** For youth that are on track for independence and will be stepping down from the RTC Level of Care to another placement Ocean Tides will support that transition utilizing the school and homework support components of OTWH. Most youth make significant academic gains while in OT RTC due to improved attendance and small class size and individualized and differentiated instruction. Maintaining these academic gains will be a priority of the Step-Down Aftercare Services.
- **Clinical Services-** In addition to the case management support of the OTTA Transition and Aftercare worker OTTA will also provide ongoing clinical services as appropriate to meet the youth and family’s needs. Increased frequency of contacts and services will occur in preparation for and immediately following discharge. These services include Substance Abuse Counseling and Drug Screens as determined by DCYF/Probation and RI Family Court.
- **Ages of Clients Served:** 13-18+
- **Availability of Service:** Monday through Friday, check in’s on the weekends. On call services through case worker or main number.
- **Frequency of Contact:** Youth/families typically receive two hours of services a week.
- **Duration of Services:** 6 to 12 months
- **Location of Services:** Services occur in a youth’s home, school, and community.
- **Languages:** English and use of interpreter services as needed.
- **Geographic Area:** Statewide.

Best fit criteria:

- OT Residential Treatment Center (RTC) clients ages 13-18+ discharging from the program.

Exclusionary Criteria:

- OTTA is available to OT RTC clients.

Teen Focus Program

Adoption Rhode Island

Program Description:

- **Service Focus:** Teen Focus is a program specifically for teens with the goal of Another Planned Permanent Living Arrangement or who are over the age of 16 and are juvenile justice involved. The programs help youth build meaningful lifelong connections and improve their readiness to transition to adulthood through educational advocacy, academic support, vocational/employment readiness, and life skills support. Specifically, services offered include:
- **Youth-Driven Recruitment:** Numerous strategies are used that have been adapted from successful adoption and youth permanency models that consider the youth's individual circumstances, needs, and history.
- **Family Search & Engagement:** An ongoing focus on diligent search strategies aimed to identify, engage, and support adults who can provide legal or relational permanency and create lifelong networks of support.
- **Clarification of Life Story & Identity:** Because youth served in this program have experienced loss and grief and often demonstrate difficulties in attachment, relationship-development, and resiliency, the program incorporates the 3-5-7 framework to empower youth to engage in reconciling losses, integrating significant relationships, build relational competency, and repair past relationships.
- **Relational & Cultural Permanency:** Helping youth to establish and maintain positive adult and peer relationships and develop a network of lifelong natural supports and continuous connection to family, tradition, race, ethnicity, culture, language, and religion. The program works with youth to establish Permanency Pacts – a pledge by a supportive adult to provide specific support to a young person with a goal of establishing lifelong, kin-like relationships.
- **Educational & Vocational Advocacy:** Assisting youth with overcoming barriers to success by providing resources to complete their high school diploma/GED, prepare for and navigate college or other post-secondary options, explore careers of interest and career pathways, and learn important life skills.
- **Ages of Clients Served:** 16 to 21
- **Availability of Service:** Services are provided in person Monday through Friday.
- **Frequency of Contact:** Staff have multiple contacts with youth weekly, depending on need. All youth are seen face-to-face at least once monthly.
- **Duration of Services:** Youth may remain open to the Teen Focus Program until such time that they successfully complete their identified goals; they no longer wish to participate; or they close to DCYF. Youth enrolled in Teen Focus who open to the VEC unit may remain in Teen Focus if appropriate until they exit VEC.
- **Location of Services:** In home and the community.
- **Languages:** English and Spanish.
- **Geographic Area:** Statewide.

Best Fit:

Youth who could benefit from supports to improve outcomes in both permanency (legal and/or relational) and education/vocation who either:

- Have the goal of APPLA.
- Are 16+ and discharging from RI Youth Development Center or Temporary Community Placement in the coming 12 weeks or sooner.
- Are 16+ on Juvenile Probation.

Exclusionary Criteria:

- Youth under 16.
- Children with a primary goal of adoption.
- Youth with significant developmental delays that would prevent them from fully accessing services.