



DCYF Resource Guide

Congregate Care



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Assessment and Stabilization Centers



Communities for People- Short Term Assessment & Reunification (STAR)

Program Description:

- The Short-Term Assessment & Reunification Program (STAR) provides immediate access to a safe, structured, community-based residential setting providing; family support, rapid assessment and stabilization for youth exhibiting an array of mental health needs and behavioral presentations including self-harm and aggressive behavioral episodes and who need assessment and stabilization.
- In cases where youth are unable to return home after their stay at the STAR site, the program works to minimize disruption in their permanency goals by assisting in timely transitions to other family supports/relatives, foster homes, or when necessary, the ability to remain at the site past 90 days. The program immediately engages parents/caretakers with the goal of rapid reunification.
- The STAR program provides youth with a full range of supportive case management and educational continuity, including transporting the youth to the school where most recently attended.
- The program is designed to accept placement 24/7.

Clinical modalities utilized and frequency of individual, family, groups:

- Each youth is also assigned a Master's level clinician (1:6 caseload).
- The clinician sees each youth for a minimum of one (1) hour of individual counseling weekly and provides treatment planning consultation and care management. The clinician will also meet with the identified youth's family regularly to help remove barriers to reunification. The youth receive daily/ongoing case management, weekly review of service plan goals, coaching on life domains with additional telephone and collateral contact readily available.
- Staff work with the youth, parents/guardians, and natural resources using evidence based and trauma informed treatment models including, Attachment, Regulation, and Competency Model (ARC), Motivational Interviewing (MI), Cognitive Behavioral Therapy (CBT) and Trauma Focused Cognitive Behavioral Therapy (TF-CBT).
- When indicated, the program arranges consistent medication monitoring and routine psychiatric assessments through a contracted practitioner.

Supplemental services offered:

- Programmatic services for youth include: crisis prevention, stabilization and intervention as needed, brief, acute, residential care in a safe, secure and supportive community-based setting, the involvement of caregivers and family members in all aspects of treatment, including service planning, family therapy and trauma focused psycho-educational opportunities, service planning with permanency goals and timeframes for attainment, development and implementation of youth safety or crisis management plans; coordination of and transportation to appointments, provisions for daily therapeutic recreation activities, coordination of and/or access to educational groups; programming focus on enhancing independent daily living skills, medication management, educational and vocational coordination and support; case management and court advocacy.

Staffing ratio for each shift: The program has a staffing ratio of 1:3, with an awake-overnight staffing ratio of 1:4.

Ages, genders served: Clients served are adolescent females from 14 through 18 years old.

Capacity: 6

Rooms are individual or shared: Both options are available, 2 individual 2 shared.

Anticipated length of stay: 1-9 months

Is aftercare provided: Aftercare services are not provided at this time.

Best fit criteria:

- The program serves as an immediate, crisis resource to youth and families who require physical separation for a brief respite and 'cooling off' period when other traditional and home-based efforts have not succeeded.

- Youth who are exhibiting an array of mental health needs and behavioral presentations, including self-harm and aggressive behavioral episodes, and who need immediate assessment and stabilization.

Exclusionary Criteria:

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

Family Service of Rhode Island- Sakonnet House- Screening and Assessment

Program Description:

- Sakonnet House is a program that delivers Trauma Systems Therapy (TST) to youth who identify as females, who are in need of emergency placement, have experience trauma-reactive symptoms, mental health challenges, or are experiencing other emergent needs for whom assessment and stabilization is necessary.
- We accept emergency placements.
- TST Residential is aligned with child-welfare best practices and is individualized and strength-based in its approach.
- The team is experienced in working with youth who are coping with complex trauma, family needs, and related issues.
- The Program engages and involves families and the community in a youth's care from the moment of intake, making clear that the focus of treatment from the beginning is assessment, stabilization and then discharge planning.
- The team includes a House Manager, Assistant House Manager, Milieu Counselors, a Family Support Partner, and a full time Masters Level Licensed Clinician. A nurse is on staff and shared across FSRI's continuum of residential programs.
- Staffing qualification includes backgrounds in social work, child welfare, juvenile justice, mental health, or related fields, and experience working with youth dealing with complex trauma and family needs.
- Upon referral, initial contact with family is made within two (2) business days by the Family Support Partner.
- TST Residential is responsive to the needs of clients on a 24/7/365 basis.
- Progress towards treatment goals is measured and evaluated weekly.
- On call is available twenty-four (24) hours a day, seven (7) days a week.

Clinical modalities utilized and frequency of individual, family, groups:

- The goal of the program is to assess the youth and family while working with a multi-disciplinary team to identify needed supports, stabilize the youth and family, and formulate a transition plan.
- The Family Support Partner and clinician work closely with the parent/legal guardian/kin/potential resource parent to assess, provide mentorship, support and stabilization services, and develop goals for permanency. Frequency of family engagement is determined in partnership with the youth, family, and their DCYF social worker.
- A full time Licensed Masters Level clinician provides individual, group, and family therapy.

Supplemental services offered:

- **Family Support Partner (FSP):** Assists parents and kin by addressing Social Determinants of Health (SDOH), facilitating access to needed services, and organizing family connection events to strengthen bonds and promote stability.
- **Nursing:** A licensed registered nurse, knowledgeable in psychiatric medications, will provide nursing support to ensure health needs are met in line with mental health care requirements.

Staffing ratio for each shift: 1 staff to 2 youth and the ability to staff two staff on all shifts.

Ages, genders served: Females ages 13 to 17 years.

Capacity: 4

Rooms are individual or shared: Individual

Anticipated length of stay: 60-90 days.

Is aftercare provided: No

Best fit criteria:

- TST Residential is best for those who have experienced complex trauma, and are in need of short-term, clinically focused out-of-home treatment that addresses symptoms of trauma and barriers to reunification and permanency and improves independent living skills.
- Treatment may be particularly effective for youth who have previously been victims of childhood sexual abuse or sex trafficking and may display externalizing sexual behaviors.

- Youth who have traditionally been served in out-of-home treatment in an out-of-state location may be particularly good fits, as the program offers more frequent, local access to primary caregivers and families. Treatment may also be successful for youth who identify as LGBTQIA.

Exclusionary Criteria:

- Under thirteen (13) and over seventeen (17) years of age.
- Is not suitable for youth with developmental disabilities.
- The program is not suitable for youth in need of detox or inpatient substance use treatment.
- Major mental illness (active, untreated Schizophrenia, psychosis or sociopathy).
- Active suicidal/homicidal ideation/behaviors.
- Fire setting/animal cruelty.

Turning the Corner- Assessment Center

Program Description:

- Assessment Center program providing clinical care and assessment in a group home setting for juvenile males ages 13 to 18.
- This program aims to achieve the following outcomes: reduction in instances of elopement and truancy, decreased aggressive behavior; and lower substance abuse. Comprehensive assessments guide referrals to other service agencies as needed, providing a more expansive on future programming needed. Permanency options explored at time of admission, with a strong emphasis on family engagement throughout the process.

Clinical modalities utilized and frequency of individual, family, groups:

- Each youth is assigned a master's level clinician with a caseload not to exceed 8 clients per program.
- Within 72 hours of admission, each youth undergoes a trauma assessment to identify past trauma, trauma triggers, and coping mechanisms using the Trauma Systems Checklist assessment tool. Within 30 days, a comprehensive treatment plan is developed using Ohio Scales and CANS as measurement tools . This treatment plan is reviewed every 90 days to monitor progress and make necessary adjustments.
- Clients receive a minimum of 1 hour of individual therapy per week with their assigned clinician, 1 hour of group therapy per week, and family therapy as appropriate. Clinical session frequency may increase based on individual client needs.
- The program utilizes the ARC framework, an evidence-based treatment model designed to support youth and families who have experienced multiple and/or prolonged traumatic stress, as foundation for therapeutic interventions.

Supplemental services offered: In addition to clinical therapy and assessment, the program offers a variety of supplemental services to support the holistic development and well-being of each youth. These services aim to address educational, recreational, and life skills needs. Services include educational support and advocacy, life skills training, health and wellness exploration, recreational and enrichment activities, cultural and identity exploration, employment skills, transitional living planning, peer and mentor supports, community service engagement.

Staffing ratio for each shift: 1:4 morning shifts, 1:4 afternoon shifts, 1:4 overnight shifts (awake staff)

Ages, genders served: Males ages 13 to 18

Capacity: 8

Rooms are individual or shared: 6 bedrooms: 4 single rooms and 2 double rooms (share bedroom space)

Anticipated length of stay: 30 Days

Is aftercare provided: No

Best Fit Criteria:

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

Exclusionary Criteria:

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

Group Homes



Bradley Hospital- The Compass Program at Lincoln House

Description of your program:

- Community-based residential treatment program for youth with Serious Emotional Disorders (SED).
- The program utilizes a DBT-A model to establish and maintain a safe, DBT-A therapeutic residence and to reinforce generalization of skills in a safe environment.
- All clinical and residential staff are trained in DBT-A.
- All youth attend school in the community as determined by their LEA.
- The program provides 24- hour supervision, daily care, treatment planning, discharge planning, clinical case management, and manages medical care and prescribed medication.

Clinical modalities utilized and frequency of individual, family, groups:

- The clinical team is led by a licensed independent practitioner and includes a registered nurse, master level clinicians and residential care counselors all trained in DBT-A. A program psychiatrist provides consultation and oversees admissions and discharges from the program.
- Each youth is assigned a DBT-A trained, licensed clinician that provides weekly (minimum 1 hour) individual therapy at the program along with family therapy as indicated by the treatment plan.
- All youth participate in the Mindful Teen group curriculum – an 18 week DBT-A skills training program at Lincoln House facilitated by the Lincoln House clinicians. The clinicians also facilitate 1-2 additional groups a week to generalize the DBT-A skills acquired during Mindful Teen group.
- A parent group is offered virtually, dependent upon the number of involved caregivers available, to educate parents, guardians, other caregivers in DBT-A skills to support the youth's generalization of skills to the home environment. It is offered weekly for 12 weeks.
- All youth may access skills coaching from the residential care counselors and clinical staff when outside the program (on visits or at school) with phone-coaching.
- Parents/Caregivers are also able to access coaching in DBT-A skills from both residential and clinical staff while their youth is at home or in the community on visits.

Supplemental services offered:

- If youth have an established relationship with a medication prescriber (MD or NP) the program will work with that provider to coordinate medication management. Otherwise, youth are referred to the program psychiatrist who provides medication management through Bradley Hospital Outpatient Services.

Staffing ratio for each shift:

- The program maintains a staffing ratio of a minimum of 1 staff for every 3 youth during awake hours and 1 staff for every 6 youth during sleeping hours.

Ages, genders served: The program serves adolescent females (and various gender expression) ages 13 – 18.

Capacity: Maximum capacity of the program is 8 youth.

Rooms are individual or shared: All youth in the program are expected to share a room with one other youth. Roommate determination is based on age and clinical appropriateness.

Anticipated length of stay:

- The program is designed for a 6-month length of stay and each youth has an individualized plan with goals determining discharge readiness.
- Ideally youth will return home to their family after demonstrating their generalization of DBT-A skills both in the program and community as evidenced by a reduction in high-risk behaviors and improved family functioning.
- Youth who are unable to reunify with family will be supported to strengthen other natural supports within the community to prepare for an alternative to reunification (ie. Transition to SILP, foster care or VEC program).

Is aftercare provided: The treatment team works with the youth, family and community providers to create an aftercare plan with recommended community providers. There is no aftercare services provided by The Compass Program at Lincoln House. However, referrals may be made to various outpatient programs offered at Bradley Hospital if appropriate.

Best fit criteria:

- Youth presents with a recent history of at least one episode of suicidal behavior (plan, intent, and/or attempt), non-suicidal self-injury, and/or more than one episode of other high –risk impulsive behavior (such as aggression, elopement, risky sexual behavior, etc.).

- Less intensive levels of care have been unsuccessful in resolving high-risk behaviors, and/or the youth's level of acuity and existing safety concerns render them inappropriate for a lower level of care.
- Youth's cognitive functioning is within the low average range or higher.
- Youth is committed to participating in treatment, to remaining alive and learning to refrain from self-injury, and to remaining in the residential setting. The youth does not currently have a plan or intent for suicide and is not threatening to elope from treatment program.
- Youth has a parent/caregiver, mentor, visiting resource, or prospective foster parent who is able and willing to participate in treatment program, or such an adult can be identified by the program on their behalf.

Exclusionary Criteria:

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

Boys Town- Family Home Program

Program Description:

- Boys Town New England (BTNE) provides Congregate Care Services through our residential Family Home Program (FHP). Services are designed to provide treatment, crisis intervention/stabilization, and permanency planning in a trauma-informed environment for youth requiring enhanced supervision and specialized caregiver response. The FHP is built on the evidence-based *Teaching-Family Model* (TFM), which integrates best practices and evidence-based methods (e.g., trauma-informed, strengths-based, etc.).
- Our FHP offers residential care in a family-setting. Family-Teachers (married couples) serve as the primary caregivers in each home. They are supported by Assistant Family-Teachers, a Senior Assistant Family Teacher, and Overnight Program staff. Under direction of the FHP Director, the FHP Consultant supervises direct care staff and oversees youth services. A Licensed Clinician directs youth treatment and receives support from a Clinical Supervisor.
- BTNE provides this program to 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. The FHP includes an emphasis on strengthening youth skill development, behavioral modifications, and encouraging family involvement in service planning, decision-making, and progress toward goal attainment. BTNE provides for the safety and well-being of youth throughout implementation of our FHP Model.

Clinical modalities utilized and frequency of individual, family, groups.

- Our FHP moderates the accumulation of risks as youth gain pro-social skills, independent living skills, and access to appropriate resources and supports. Therapeutic services including individual, and group counseling; substance use treatment; and psychiatric consultations are provided as needed and indicated in the Service Plan. Service duration is individualized to meet the needs of each youth; length of stay associated with best outcomes is six to nine months.

Supplemental services offered:

- Structure of our FHP is based on best practices identified in research literature. Structural components include:
 - Staff are available 24-hours a day, seven-days a week;
 - Concrete services are provided according to youth/family needs;
 - Services address physical and mental health concerns;
 - Service planning is driven by youth/family identified needs;
 - Engagement of youth/family occurs throughout services;
 - Youth safety; and
 - Service intensity and duration are determined primarily by the needs and progress of the youth and their family as appropriate.

Staffing ratio for each shift: The homes operate with staff ratios of one staff to four youth.

Ages, genders served: Female ages 12-17

Capacity: 6 per home

Rooms are individual or shared: Rooms are shared with two youth per bedroom.

Anticipated length of stay and what successful discharge may look like: 6-9 months

Is aftercare provided:

- BTNE offers aftercare support through Care Coordination Services (CCS) as a continuation of our residential Family Home Program. 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 FHP staff who support youth/families in meeting their permanency goals.

Best fit criteria:

We serve DCYF referred 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 and LGBTQI+ and disabled individuals.

Exclusionary Criteria:

Includes pregnant and parenting youth and those with histories of severe sexual perpetration and arson.

Communities for People- Transitional Treatment Program (TTP)

Program Description:

- The Therapeutic Treatment Program (TTP) provides a home-like environment that facilitates assessment, stabilization, specialized treatment, vocational training and independent living skill building for adolescents exhibiting a wide variety of emotional and/or behavioral dysregulation. The TTP serves female adolescents as well as those who identify as female or non-binary who have histories of unsuccessful placement in, or who are stepping down from, larger restrictive group settings or hospitals. These youth frequently have extensive histories of psychiatric needs and emotional dysregulation.

Clinical modalities utilized and frequency of individual, family, groups.

- TTP is grounded in the Attachment, Regulation and Competency (ARC) model. ARC is a widely used and replicated trauma-informed treatment framework. The program Clinician and staff are also trained in, and utilize, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Motivational Interviewing (MI).
- TTP provides youth and their families with consistent psychiatric consultation and medication monitoring, emergency therapeutic intervention, routine and emergency evaluation, and psychiatric assessments through our contractual partnership with Baxter Behavioral Health.
- Each youth is also assigned a Master's level clinician (1:6 caseload).
- The clinician on-call also provided after-hours support and is utilized for crisis intervention, clinical consultation, and preliminary mental health evaluations.
- Youth receive formal therapy 2-3 times weekly.
- Initial treatment plans are developed within 21 days; subsequent reviews every 60 days.

Supplemental services offered:

- Transportation services for youth and families served by CFP's programs are provided in a safe manner consistent with the regulations of the local authorities. Coordination of and transportation to medical, dental, psychiatric, educational, family, vocational and legal appointments are provided as indicated in the treatment plan.

Staffing ratio for each shift: The program has a staffing ratio of 1:3, with an awake-overnight staffing ratio of 1:4.

Ages, genders served: Clients served are adolescent females from 13 to 18 years old.

Capacity: 6

Rooms are individual or shared: Both options are available, 2 individual, 2 shared.

Anticipated length of stay: 4-9 months

Is aftercare provided: Our Aftercare services will focus on continuing the growth and progress made during a youth's placement. The program will provide case management, emergency response, and advocacy. Follow Along is intended to be a short-term service to help maintain and support youth transitioning home, to a foster home or to another identified placement, and reduce the risk of disruption. We anticipate lengths of service to be a maximum of 90 days.

Best fit criteria:

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

Exclusionary Criteria:

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

NAFI- Ridge Street

Program Description:

- A residential group home providing clients with the skills and support to allow them to become self-supporting members of the community while working toward reunification with identified caregivers. Trauma informed individual therapy, family therapy, case management, life skills education, substance abuse and special topic treatment are incorporated into the program.
- A Master's Level Clinical Supervisor, a Master's level Clinician, and Case Manager work in tandem to provide quality therapeutic services to clients at a minimum of once per week, oftentimes more often.
- Program Director, Residential Manager and direct care staff operate the milieu and support clients daily.
- Clients will attend local public schools identified through ESSA meetings at time of intake.
- Services are available 24 hours 7 days a week.
- Contact is made within 48 hours of receiving referral. Arrangements to interview potential client will be within 72 hours and disposition of decision will be sent within 24 hours of interview.

Clinical modalities utilized and frequency of individual, family, groups:

- The program utilizes ARC a trauma-informed intervention that focuses on three core domains of Attachment, Regulation and Competency. The goal of the framework is to reduce symptomology, enhance resiliency and increase positive outcomes for individuals who have experienced complex trauma. Ridge also incorporates the Normative Approach to build pro-social mission driven communities in which clients and staff participate in the development of community norms.
- The program provides intensive integrated mental health and therapeutic services and collaborates to coordinate comprehensive aftercare services. Program staff support and guide clients and caregivers to enhance knowledge of complex trauma and how it can affect people's attachment patterns, self-regulation and developmental skills. ARC can be used across treatment settings, allowing for clients and caregivers to continue incorporating tools and concepts post discharge.

Supplemental services offered: Access to Psychiatric services

Staffing ratio for each shift: 1:3 during the day and 1:6 during the awake overnight.

Ages, genders served: Youth ages 13-18 years old, female, and/or non-binary and transitioning youth.

Capacity: 7

Rooms are individual or shared: Shared bedrooms.

Anticipated length of stay: Approximately 6-9 months depending on each individual client.

Is aftercare provided: No; however, there is access to NAFI's home-based services.

Best Fit Criteria:

- Youth ages 13-18 years old, female, and/or non-binary and transitioning youth.
- Complex Trauma
- Placement disruptions/Hospitalizations
- Gender Identity Issues
- Behavioral Concerns
- Sex Trafficked youth
- Probation/Temporary Community Placement (TCP) involvement/Juvenile Justice Involvement

Exclusionary Criteria:

- Excessively Assaultive behavior
- Actively Sexually Aggressive and/or Sexual Offending behaviors
- Actively Suicidal/Homicidal
- IQ below 70
- Substance Abuse needing Detoxification.
- History of Fire Setting

Turning the Corner- Hospital Diversion Program for Girls

Program Description:

- This community-based, 180-day Hospital Diversion Residential Treatment program offers clinical care and stabilization for female youth with complex psychiatric disorders in a therapeutic residential setting.
- The program aims to achieve the following outcomes: a reduction in self-harming behaviors, a decrease in aggressive incidents, and an increase in home visits to strengthen family functioning from intake through post-discharge.

Clinical modalities utilized and frequency of individual, family, groups:

- Each youth is assigned a master's level clinician with a caseload not to exceed 6 clients per program.
- Within 72 hours of admission, each youth undergoes a trauma assessment to identify past trauma, trauma triggers, and coping mechanisms using the Trauma Systems Checklist assessment tool. A comprehensive treatment plan is developed within 30 days, utilizing the Ohio Scales and CANS as measurement tools. This treatment plan is reviewed every 90 days and annually to assess progress and adjust as necessary.
- Each client receives a minimum of 1 hour of individual therapy per week, 1 hour of group therapy per week, and family therapy sessions as appropriate. Frequency of sessions can be increased based on the client's individual needs.
- The ARC framework, an evidence-based model, is the primary intervention approach for youth and families who have experienced significant or prolonged traumatic stress. Additionally, DBT, CBT, and EMDR are utilized in the therapeutic environment to address complex emotional and behavioral needs.

Supplemental services offered: In addition to clinical therapy and assessment, the program offers a variety of supplemental services to support the holistic development and well-being of each youth. These services aim to address educational, recreational, and life skills needs. Services include educational support and advocacy, life skills training, health and wellness exploration, recreational and enrichment activities, cultural and identity exploration, employment skills, transitional living planning, peer and mentor supports, community service engagement.

Staffing ratio for each shift: 1:3 morning shifts, 1:3 afternoon shifts, 1:4 overnight shifts (awake staff)

Ages, genders served: Females ages 12 to 17

Capacity: 6

Rooms are individual or shared: 4 bedrooms: 2 single rooms, 2 double rooms (shared bedroom)

Anticipated length of stay: 6 months

Is aftercare provided: No

Best Fit Criteria:

Adolescent females, ages 12 to 17, with severe and persistent mental health challenges or significant behavioral disorders who are either at risk for psychiatric hospitalization or have recently been discharged from psychiatric care and require an intensive treatment program to support their transition back to their permanent residences.

Exclusionary Criteria:

- Youth presenting solely with behavioral or conduct disorders without a co-occurring psychiatric diagnosis and not at risk for hospitalization.
- Inability to engage in or adhere to medication management.
- Active medical conditions that impair mobility or require ongoing hospitalization.
- Significant cognitive impairments hinder participation in mental health treatment.
- Youth with frequent elopement behaviors, substance use disorders, or involvement in high-risk activities such as CSEC (Commercial Sexual Exploitation of Children).

Boys Town- Family Home Program

Program Description:

- Boys Town New England (BTNE) provides Congregate Care Services through our residential Family Home Program (FHP). Services are designed to provide treatment, crisis intervention/stabilization, and permanency planning in a trauma-informed environment for youth requiring enhanced supervision and specialized caregiver response. The FHP is built on the evidence-based *Teaching-Family Model* (TFM), which integrates best practices and evidence-based methods (e.g., trauma-informed, strengths-based, etc.).
- Our FHP offers residential care in a family-setting. Family-Teachers (married couples) serve as the primary caregivers in each home. They are supported by Assistant Family-Teachers, a Senior Assistant Family Teacher, and Overnight Program staff. Under direction of the FHP Director, the FHP Consultant supervises direct care staff and oversees youth services. A Licensed Clinician directs youth treatment and receives support from a Clinical Supervisor.
- BTNE provides this program to 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. The FHP includes an emphasis on strengthening youth skill development, behavioral modifications, and encouraging family involvement in service planning, decision-making, and progress toward goal attainment. BTNE provides for the safety and well-being of youth throughout implementation of our FHP Model.

Clinical modalities utilized and frequency of individual, family, groups.

- Our FHP moderates the accumulation of risks as youth gain pro-social skills, independent living skills, and access to appropriate resources and supports. Therapeutic services including individual, and group counseling; substance use treatment; and psychiatric consultations are provided as needed and indicated in the Service Plan. Service duration is individualized to meet the needs of each youth; length of stay associated with best outcomes is six to nine months.

Supplemental services offered:

- Structure of our FHP is based on best practices identified in research literature. Structural components include:
 - Staff are available 24-hours a day, seven-days a week;
 - Concrete services are provided according to youth/family needs;
 - Services address physical and mental health concerns;
 - Service planning is driven by youth/family identified needs;
 - Engagement of youth/family occurs throughout services;
 - Youth safety; and
 - Service intensity and duration are determined primarily by the needs and progress of the youth and their family as appropriate.

Staffing ratio for each shift: The homes operate with staff ratios of one staff to four youth.

Ages, genders served: Male ages 12-17

Capacity: 6 per home

Rooms are individual or shared: Rooms are shared with 2 youth per bedroom.

Anticipated length of stay and what successful discharge may look like: 6-9 months

Is aftercare provided:

- BTNE offers aftercare support through Care Coordination Services (CCS) as a continuation of our residential Family Home Program. 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 FHP staff who support youth/families in meeting their permanency goals.

Best fit criteria:

We serve DCYF referred males 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 and LGBTQI+ and disabled individuals.

Exclusionary Criteria:

Those with histories of severe sexual perpetration and arson.

Communities for People- Intensive Supervised Living Program (ISLP)

Program Description:

- The Intensive Supervised Living Program is a community-based residential program designed to serve adolescent males, youth who identify as male or those who are non-binary or gender non-conforming between the ages of 13 and 18 years old, who are exhibiting acute emotional and/or behavioral dysregulation.
- While the program provides a high degree of supervision, support, and structure, it utilizes positive behavioral approaches and provide supports in the least restrictive, least intrusive manner possible.
- The program provides assessment, stabilization, treatment, and skills instruction to youth step-down from hospitalization or diversion and re-entry into the community from the Rhode Island Training School.
- The program provides youth with psychosocial, educational, and vocational training. The program uses a wide range of diagnostic and treatment services, including daily living and social skills training, to improve each youth's functioning.
- Initial treatment plans are developed within 21 days; subsequent reviews every 30 days.

Clinical modalities utilized and frequency of individual, family, groups.

- The clinician sees each youth for a minimum of one (1) hour of individual counseling weekly.
- Staff work with the youth, parents/guardian, and natural resources using evidence based, trauma informed treatment models including Attachment, Regulation, and Competency Model (ARC), Motivational Interviewing (MI), Cognitive Behavioral Therapy (CBT) and Trauma Focused Cognitive Behavioral Therapy (TF-CBT).
- Both staff and clinicians maintain a minimum of weekly family contact to provide clinical support and help identify resources and overcome barriers to youth returning home. Family engagement may occur at the site, in the family's home and/or in the community. We organize Family Nights and other planned activities for family socialization as well as celebrations for youth achievements in school, extra-curricular activities, etc.
- Non-traditional therapy styles and environments may also be used to help meet the comfort levels of the youth. Substance abuse and psychoeducational groups are provided as needed in-house.
- Each youth is also assigned a Master's level clinician (1:8 caseload).

Supplemental services offered:

- Programmatic service for youth include: Clinical assessment, trauma-informed individual counseling and therapy; coordinated service planning, including timeframes for achieving permanency goals; behavior management; psychiatry services, including evaluation and medication monitoring, individualized safety planning; care coordination and case management; educational and vocational; service coordination; crisis prevention, stabilization and intervention as needed; community integration and community service opportunities; residential care in safe, secure and supportive community-based setting; involvement of caregivers and family members in all aspects of treatment; coordination of and transportation to appointments; therapeutic recreational programming; coordination of and/or access to educational groups; and independent daily living skill preparation.

Staffing ratio for each shift: The program has a staffing ratio of 1:3, with an awake-overnight staffing ratio of 1:4.

Ages, genders served: Clients served are adolescent males from 13 to 18 years old.

Capacity: 8

Rooms are individual or shared: Both options are available, 2 individual 3 shared.

Anticipated length of stay and what successful discharge may look like: 3-6 months

Is aftercare provided: Aftercare services are not provided at this time.

Best fit criteria:

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

Exclusionary Criteria:

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

Community Solutions- Coventry House

Program Description:

- Community Solutions, Inc. is a staff secured residential treatment program.
- Provides a safe, highly structured environment in a residential setting with 24 hour monitoring and supervision.
- Provides behavioral, therapeutic, and academic stability.
- Virtual learning assistance provided by the Coventry School Department when deemed appropriate. Youth may also continue at school of origin if deemed in his best interest.
- Daily recreational activities (basketball, football, tv, pool, foosball, YMCA, etc.).
- Points and Levels system, Rewards Systems, Allowances.
- Weekly and random urine screens.
- On-call available 24 hours per day, seven days per week.

Clinical modalities utilized and frequency of individual, family, groups:

- On-grounds clinician provides Individual and Family Counseling when appropriate. Each resident receives at minimum (1) hour per week of Individual Therapy.
- Weekly Cognitive Behavioral & ART Therapy Groups.
- Weekly Substance Abuse Groups.
- Community Groups facilitated daily.
- Treatment Plans are established and facilitated with parent/guardian and DCYF/Probation within 30 days of intake.

Supplemental services offered: If determined, specialized services will be outreached.

Staffing ratio for each shift: 3:1

Ages, genders served: Males ages 12-17 (until 18th birthday)

Capacity: 8

Rooms are individual or shared: Shared

Anticipated length of stay: 6-9 months

Is aftercare provided: Aftercare is provided for a minimum of 6 months. Our aftercare program consists of weekly phone calls and possible participation in the "Improving Youth Justice" program for youth re-entering the community. Outreach will be whatever the youth needs that we can assist with above and beyond the estimated time frame.

Best fit criteria:

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

Exclusionary Criteria:

- Actively suicidal, homicidal or psychotic (6 months stability).
- Diagnosed with Schizophrenia.
- Developmental delays, Autism Spectrum Disorders.

NAFI- Oakland Beach

Program Description:

- A residential group home providing clients with the skills and support to allow them to become self-supporting members of the community while working toward reunification with identified caregivers. Trauma informed individual therapy, family therapy, case management, life skills education, substance abuse and special topic treatment are incorporated into the program.
- Program Director, Residential Manager and direct care staff operate the milieu and support clients daily.
- Clients will attend local public schools identified through ESSA meetings at time of intake.
- Services are available 24 hours 7 days a week.
- Contact is made within 48 hours of receiving referral. Arrangements to interview potential client will be within 72 hours and disposition of decision will be sent within 24 hours of interview.

Clinical modalities utilized and frequency of individual, family, groups:

- The program utilizes ARC a trauma-informed intervention that focuses on three core domains of Attachment, Regulation and Competency. The goal of the framework is to reduce symptomology, enhance resiliency and increase positive outcomes for individuals who have experienced complex trauma. Oakland Beach also incorporates the Normative Approach to build pro-social mission driven communities in which clients and staff participate in the development of community norms.
- A Master's Level Clinical Supervisor, a Master's level Clinician, and Case Manager work in tandem to provide quality therapeutic services to clients at a minimum of once per week, oftentimes more often.
- The program provides intensive integrated mental health and therapeutic services and collaborates to coordinate comprehensive aftercare services. Program staff support and guide clients and caregivers to enhance knowledge of complex trauma and how it can affect people's attachment patterns, self-regulation and developmental skills. ARC can be used across treatment settings, allowing for clients and caregivers to continue incorporating tools and concepts post discharge.

Supplemental services offered: Access to Psychiatric Services

Staffing ratio for each shift: 1:3 during the day and 1:6 during the awake overnight.

Ages, genders served: Youth ages 13-18 years old, male and/or non-binary and transitioning youth.

Capacity: 7

Rooms are individual or shared: Shared bedrooms.

Anticipated length of stay: Approximately 6-9 months depending on each individual client.

Is aftercare provided: No; however, Oakland Beach has access to NAFI's home-based services.

Best Fit Criteria:

- Youth ages 13-18 years old, male, and/or non-binary and transitioning youth.
- Complex Trauma
- Placement disruptions/Hospitalizations
- Gender Identity Issues
- Behavioral Concerns
- Sex Trafficked youth
- Probation/Temporary Community Placement (TCP) involvement/Juvenile Justice Involvement

Exclusionary Criteria:

- Excessively Assaultive behavior
- Actively Sexually Aggressive and/or Sexual Offending behaviors
- Actively Suicidal/Homicidal
- IQ below 70
- Substance Abuse needing Detoxification
- History of Fire Setting

Group Homes- Special Populations



Turning the Corner- Lewis Bey Program at Lake Street

Program Description:

- A community-based residential treatment program providing specialized clinical care in a therapeutic group home setting for adolescent males, ages 14 to 21, with complex developmental disabilities.
- The program aims to achieve the following outcomes: reduction in self-harm and aggressive behaviors, improvement in personal hygiene, increased ability to follow directions and routines, and enhanced family communication and functioning. Additionally, the program supports the development of natural supports and explores other permanency options, such as foster care, adoption, and mentorship opportunities.

Clinical modalities utilized and frequency of individual, family, groups:

- Each youth is assigned a master's level clinician with a caseload not to exceed 8 clients per program.
- Within 72 hours of admission, each youth undergoes a trauma assessment to identify past trauma, trauma triggers, and coping mechanisms using the Trauma Systems Checklist assessment tool. A comprehensive treatment plan is developed within 30 days, utilizing the Ohio Scales and CANS as measurement tools. This treatment plan is reviewed every 90 days and annually to assess progress and adjust as necessary.
- Each client receives a minimum of 1 hour of individual therapy per week, 1 hour of group therapy per week, and family therapy sessions as appropriate. Frequency of sessions can be increased based on the client's individual needs.
- The ARC framework, an evidence-based model, is the primary intervention approach for youth and families who have experienced significant or prolonged traumatic stress. Additionally, DBT, CBT, and EMDR are utilized in the therapeutic environment to address complex emotional and behavioral needs.

Supplemental services offered:

In addition to clinical therapy and assessment, the program offers a variety of supplemental services to support the holistic development. These services aim to address educational, recreational, and life skills needs. Services include educational support and advocacy, life skills training, health and wellness exploration, recreational and enrichment activities, cultural and identity exploration, employment skills, specialized clinical services youth displaying problematic sexualized behavior.

Staffing ratio for each shift: 1:3 morning shifts, 1:3 afternoon shifts, 1:4 overnight shifts (awake staff)

Ages, genders served: Males ages 14 to 21

Capacity: 8

Rooms are individual or shared: 6 bedrooms: 4 single bedrooms, 2 double bedrooms (youth can share bedroom space)

Anticipated length of stay: The average length of stay is one year.

Is aftercare provided: No

Best Fit Criteria:

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

Exclusionary Criteria:

- Lack of developmental or intellectual disability or a cognitive ability which exceeds 70.
- Actively homicidal or suicidal
- Unable to participate in medication management.
- Active medical impairment which prevents mobility or requires hospitalization.
- Under 13 (although exceptions can be approved by DCYF)
- Youth who have high frequency elopements, substance abuse disorder, and CSEC / high-risk behaviors

Whitmarsh- Adolescent Developmental Disabilities Program (ADDP)

Program Description:

- ADDP employs family and person-centered practices by developing an individualized, strength-based, culturally competent and trauma certified plan of care that aligns with DCYF's service plan. The program initially provides high-intensity clinical services, case management, and milieu therapy and will decrease the intensity of these services as the client approaches his goal of permanency or step-down to a family-based setting. The program is designed to assess and stabilize youth within three to twelve months. ADDP will collaborate with the youth, DCYF, engaged caregivers, providers, and natural supports to identify and address barriers to permanency and assist caregivers with developing safety plans and community resources to help prevent repeat maltreatment or placement disruptions.
- ADDP provides transportation for youth for school, appointments, and work as needed using agency vehicles and RIPTA bus passes. Eventually, we will help them navigate public transport, depending on ability.

Clinical modalities utilized and frequency of individual, family, groups:

- Trauma-certified care by an independently licensed, Certified Clinical Trauma Professional (CCTP) clinician (or certified within 6 months of hire) or licensed associate supervised by the above CCTP. Clinical services typically occur once per week. Intensive Dialectical Behavior Therapy (DBT), Cognitive Behavioral Therapy (CBT) can be included in weekly individual counseling as well as other modalities, weekly house groups, liaisons with outpatient psychiatrists and specialist clinicians (such as EMDR, SO, etc).
- A structured, routinized therapeutic milieu, informed by Justice Resource Institute (JRI) Trauma Center's Attachment, Regulation, and Competency (ARC) framework, the integration of sensory tools and other self-soothing strategies, and formal and incidental learning opportunities for social skills, emotional self-regulation, physical and emotional boundaries, and daily living skills;
- Weekly family therapy with an independently licensed or licensed associate (if needed/engaged)
- Comprehensive Assessments and Treatment Plans are completed within 30 Days of intake including OHIO, CANS and ACEs measures. CA's are completed annually and full treatment team reviews are conducted every 90 days.

Supplemental services offered:

- Access to therapeutic recreation opportunities such as: a therapeutic art program, referrals to insurance-based programs like the Therapeutic Sports Program, access to a YMCA/Planet Fitness membership, opportunities with gardening/community farming, access to Jim Gillen Teen Center, and access to equine therapy.
- Community integration to promote development of natural supports and experiential learning of social skills; Development of minimally restrictive visitation plans with caregiver and DCYF and supervised visitation and transportation as needed.
- Character development through Civil Air Patrol Curriculum Values for Living 2.0 via CEO, COO
- Incentivized work/study program that pays youth for hours spent volunteering service to the community and/or going above and beyond their chores, up to a maximum of 20 hours per week.
- Streamlined entrance to those who qualify for BHDDH adult residential, community based, day program and ORS services by our Director of Adult services support in applying for BHDDH services.

Staffing ratio for each shift: 1:3 Day/1:6 night

Ages, genders served: 16-20 year old males

Capacity: 6

Rooms are individual or shared: Individual

Anticipated length of stay: 3-12 months, depending on the youth's needs and permanency plan.

Within 30 Days of discharge, we reach out to former resident to see how they are doing. If there are needs that we can help them with, we would take that into consideration and talk to their current providers to see how that support will be best handled.

Best Fit Criteria:

- Youth with formal or rule-out diagnoses of mild to moderate developmental disabilities, serious learning disorders, or other cognitive impairments.

Exclusionary Criteria:

- Severe or profound developmental disabilities or a physical impairment requiring on-site professional medical care; or Whitmarsh's inability to provide specialized treatment due to lack of internal capacity or available service providers.

Turning the Corner- Abuse Reactive Program for Older Youth

Program Description:

- This staff-secure residential treatment program designed for up to eight males, ages 17 to 21, who have been adjudicated or non-adjudicated and demonstrate sexually reactive, offending, or abusive behaviors.
- The program aims to achieve the following outcomes: reduction in inappropriate sexual behaviors, decrease in aggressive and manipulative behaviors, increased understanding of legal consequences (for adjudicated individuals), and support in building independence and job placement skills. The program prepares youth for discharge to family or transition to another permanent placement.

Clinical modalities utilized and frequency of individual, family, groups:

- Each youth is assigned a master's level clinician with a caseload not to exceed 8 clients per program.
- Within 72 hours of admission, each youth undergoes a trauma assessment to identify past trauma, trauma triggers, and coping mechanisms using the Trauma Systems Checklist assessment tool. A comprehensive treatment plan is developed within 30 days, utilizing the Ohio Scales and CANS as measurement tools. This treatment plan is reviewed every 90 days and annually to assess progress and adjust as necessary.
- Each client receives a minimum of 1 hour of individual therapy per week, 1 hour of group therapy per week, and family therapy sessions as appropriate. Frequency of sessions can be increased based on the client's individual needs.
- The ARC framework, an evidence-based model, is the primary intervention approach for youth and families who have experienced significant or prolonged traumatic stress. Additionally, DBT, CBT, and EMDR are utilized in the therapeutic environment to address complex emotional and behavioral needs.

Supplemental services offered: In addition to clinical therapy and assessment, the program offers a variety of supplemental services to support the holistic development and well-being of each youth. These services aim to address educational, recreational, and life skills needs. Services include educational support and advocacy, life skills training, health and wellness exploration, recreational and enrichment activities, cultural and identity exploration, employment skills, transitional living planning, peer and mentor supports, community service engagement.

Staffing ratio for each shift: 1:3 morning shifts, 1:3 afternoon shifts, 1:4 overnight shifts (awake staff)

Ages, genders served: Males ages 17-21

Capacity: 8

Rooms are individual or shared: 8 single bedrooms, no youth share rooms.

Anticipated length of stay: Dependent to court order and progress through abuse cycle

Is aftercare provided: No

Best Fit Criteria:

Males, ages 17 to 21, either adjudicated or non-adjudicated, who exhibit sexually reactive, offending, or abusive behaviors and require a treatment plan focused on relapse prevention, understanding the cycle of abuse, emotional development, accepting full responsibility, and building empathy toward victims.

Exclusionary Criteria:

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

Turning the Corner- Abuse Reactive Program for Younger Youth

Program Description:

- This staff-secure residential treatment program designed for up to eight males, ages 13 to 17, who have been adjudicated or non-adjudicated and demonstrate sexually reactive, offending, or abusive behaviors.
- The program aims to achieve the following outcomes: reduction in inappropriate sexual behaviors, decrease in aggressive and manipulative behaviors, increased understanding of legal consequences (for adjudicated individuals), and support in building independence and job placement skills. The program prepares youth for discharge to family or transition to another permanent placement.

Clinical modalities utilized and frequency of individual, family, groups:

- Each youth is assigned a master's level clinician with a caseload not to exceed 8 clients per program.
- Within 72 hours of admission, each youth undergoes a trauma assessment to identify past trauma, trauma triggers, and coping mechanisms using the Trauma Systems Checklist assessment tool. A comprehensive treatment plan is developed within 30 days, utilizing the Ohio Scales and CANS as measurement tools. This treatment plan is reviewed every 90 days and annually to assess progress and adjust as necessary.
- Each client receives a minimum of 1 hour of individual therapy per week, 1 hour of group therapy per week, and family therapy sessions as appropriate. Frequency of sessions can be increased based on the client's individual needs.
- The ARC framework, an evidence-based model, is the primary intervention approach for youth and families who have experienced significant or prolonged traumatic stress. Additionally, DBT, CBT, and EMDR are utilized in the therapeutic environment to address complex emotional and behavioral needs.

Supplemental services offered: In addition to clinical therapy and assessment, the program offers a variety of supplemental services to support the holistic development and well-being of each youth. These services aim to address educational, recreational, and life skills needs. Services include educational support and advocacy, life skills training, health and wellness exploration, recreational and enrichment activities, cultural and identity exploration, employment skills, transitional living planning, peer and mentor supports, community service engagement.

Staffing ratio for each shift: 1:3 morning shifts, 1:3 afternoon shifts, 1:4 overnight shifts (awake staff)

Ages, genders served: Males ages 13-17

Capacity: 8

Rooms are individual or shared: 8 single bedrooms, no shared rooms.

Anticipated length of stay: Dependent to court order and progress through abuse cycle

Is aftercare provided: No

Best Fit Criteria:

Males, ages 13 to 17, either adjudicated or non-adjudicated, who exhibit sexually reactive, offending, or abusive behaviors and require a treatment plan focused on relapse prevention, understanding the cycle of abuse, emotional development, accepting full responsibility, and building empathy toward victims.

Exclusionary Criteria:

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

Turning the Corner- Specialized Program at Bucklin Street

Program Description:

- This community-based Residential Treatment Program provides clinical care and stabilization for youth with complex psychiatric disorders within a therapeutic residential setting
- The program aims to achieve the following outcomes: reduction in self-harming behaviors, decrease in aggressive incidents, reduction in psychiatric hospitalizations, and an increase in home visits to strengthen family functioning from intake through post-discharge.

Clinical modalities utilized and frequency of individual, family, groups:

- Each youth is assigned a master's level clinician with a caseload not to exceed 2 clients per program.
- Within 72 hours of admission, each youth undergoes a trauma assessment to identify past trauma, trauma triggers, and coping mechanisms using the Trauma Systems Checklist assessment tool. A comprehensive treatment plan is developed within 30 days, utilizing the Ohio Scales and CANS as measurement tools. This treatment plan is reviewed every 90 days and annually to assess progress and adjust as necessary.
- Each client receives a minimum of 1 hour of individual therapy per week, 1 hour of group therapy per week, and family therapy sessions as appropriate. Frequency of sessions can be increased based on the client's individual needs.
- The ARC framework, an evidence-based model, is the primary intervention approach for youth and families who have experienced significant or prolonged traumatic stress. Additionally, DBT, CBT, and EMDR are utilized in the therapeutic environment to address complex emotional and behavioral needs.

Supplemental services offered:

In addition to clinical therapy and assessment, the program offers a variety of supplemental services to support the holistic development and well-being of each youth. These services aim to address educational, recreational, and life skills needs. Services include educational support and advocacy, life skills training, health and wellness exploration, recreational and enrichment activities, cultural and identity exploration, employment skills, transitional living planning, peer and mentor supports, community service engagement.

Staffing ratio for each shift: 2:2 morning shifts, 3:2 afternoon shifts, 2:2 overnight shifts (awake staff)

Ages, genders served: Males ages 14 to 21

Capacity: 2

Rooms are individual or shared: 2 bedrooms: 2 individual rooms.

Anticipated length of stay: Determined by the Department

Is aftercare provided: No

Best Fit Criteria:

- Adolescents, ages 14 to 21
- Severe and persistent mental health conditions or significant behavioral disorders
- At risk of psychiatric hospitalization or have recently been discharged from psychiatric care
- Require an intensive treatment program before transitioning to a less restrictive placement.

Exclusionary Criteria:

- Youth exhibiting only behavioral or conduct disorders without a co-occurring psychiatric diagnosis and are not at risk for hospitalizations.
- Unable to participate in medication management.
- Active medical conditions that limit mobility or necessitate ongoing hospitalization.
- Youth with frequent elopement behaviors, substance use disorders, or involvement in high-risk activities, including CSEC

Residential Treatment Centers with on Campus Education



Harmony Hill School- ISAT II Blue Jay/ Cardinal Program

Program Description:

- This unit is a staff-secure 10 bed unit for youth with moderate to severe behavioral health issues. This unit is designed for those youth who are not in need of our highest level of care. The Blue Jay/Cardinal unit provides individualized support for youth who are experiencing moderate to severe mental health and or behavioral struggles.
- Continuum of care on campus, ranging from our more intensive ISAT Eagle program for stabilization or major medication changes, to our less restrictive programs is provided.
- Prior to discharge, members of the Clinical Team will provide Family Therapy as defined by the treatment plan. This may include increased therapy sessions here and at home during a Youth's home visit, meeting with parents/Caregivers in the community.
- Partner with families and/or caregivers and funders throughout treatment to ensure integrated treatment planning and transition goals.

Clinical modalities utilized and frequency of individual, family, groups:

- Regularly scheduled weekly 60-minute therapy sessions with clinician
- Regular scheduled clinical group therapy sessions that will be run by a clinician and/or licensed psychologist with a minimum of 60 minutes weekly.
- Initial psychiatric evaluation and bi-weekly appointments for symptom management, medication review and staff consultations
- Psychological behavioral case review and strategy interventions weekly and as needed.
- 24/7 Crisis intervention support from youth care, clinical, nursing and psychiatrist/MD staff
- Services will be offered to integrate families' involvement in the treatment process, which will include scheduled family support and psycho-educational groups, and family therapy.
- Individualized Treatment Plans with identified goals and objectives will be developed by the Treatment Team that includes: The Youth, Family, DCYF/Probation, Education, Youth Care, Clinical Team members and any other outside parties.
- Psychiatric evaluation as determined by the Treatment Team and external stakeholders.
- Weekly Eegala therapy
- Adventure Based Therapy

Supplemental services offered:

- Opportunity to participate in modified work study program to build employment skills for those who qualify.
- IEP with local education agency and family participation is provided and encouraged.
- Youth will attend our on-site school that will identify and provide necessary services.
- A Strength Based, Trauma-informed Model.
- OT consults and sensory room available in-unit
- Participate in activities on campus, including after-school and enrichment programs, and in the community with supervision and support.

Staffing ratio for each shift: 2:5 ratio during waking hours; Night Awake ratios 1:6. Alarmed building and egress doors. Modified facilities support a safe environment.

Ages, genders served: 13-18, males

Capacity: 10

Rooms are individual or shared: Individual

Anticipated length of stay: 6-18 months

Is aftercare provided: No

Best Fit Criteria:

- Males 13 – 18 years of age
- Youth being diverted from or stepping down from psychiatric hospitalization or from the RITS
- Youth with moderate to severe mental health needs

Exclusionary Criteria:

- Youth who need medical rehabilitation for substance abuse (detox).
- Youth with severe or profound cognitive deficits
- Youth presenting with multi handicapping conditions, (i.e., severe medically complicated youth, insulin dependent, deaf, blind, significant traumatic brain injury, etc.)
- Youth identified as English Language Learners (ELL)

Harmony Hill School- ISAT Eagle Treatment Program (Eagles A, B, C and D)

Program Description:

- A staff-secure 23 bed total capacity unit for males whose long-term ability to function outside a psychiatric or juvenile justice facility is uncertain. Average length of stay is six to fourteen months dependent on individual client needs, in collaboration with family and/or caregiver and funder.
- Cottage dining, secure indoor and outdoor recreation areas.
- Approved delayed egress and modified facilities to support safety issues.
- Standardized screenings to clarify diagnosis and assist with treatment planning.
- Specialty assessments determined at admission.
- Partner with families and funders throughout treatment to ensure integrated treatment planning and transition goals.
- Planful, individualized pace step-down to one of our own, or an external, less restrictive program or setting.

Clinical modalities utilized and frequency of individual, family, groups:

- Leadership Team model with weekly Rounds including Psychologist, Psychiatrist, Youth Care Supervisor, Clinician and Teacher
- Weekly 90 minute minimum of individual, family and group therapy by licensed clinician
- Initial psychiatric evaluation and weekly appointment for symptom management and medication review; weekly staff consultation
- Twice-weekly clinical group run by doctorate level psychologist and/or LICSW
- 24- hour crisis intervention support from youth care, clinical and psychiatrist/MD staff
- Coordination of all medical, dental and specialty services and appointments
- Eagala (Equine) Therapy offered weekly seasonally.
- Adventure Based Therapy offered annually.

Supplemental services offered:

- Special Education Teacher with Teacher Assistant and Youth Care coaching support.
- Individualized educational planning with local education agency and family participation.
- Individualized integration to campus school classrooms based on client readiness.
- Daily community meetings in trauma-informed milieu.
- OT consults and sensory room available in-unit.
- Specialists foster a safe, accepting, personally challenging and normalizing environment while helping clients develop the skills necessary to achieve their fullest potential socially, emotionally and academically.

Staffing ratio for each shift: 2:1 ratio during new student orientation and 72 hr. observation period. 3:5 ratio during waking hours; 2:5 ratio during overnight hours

Ages, genders served: 13-18, Males

Capacity: 23

Rooms are individual or shared: Individual

Anticipated length of stay: 6-18 months

Is aftercare provided: No

Best Fit Criteria:

- Males 13 – 18 years of age
- Youth being diverted from/or stepping down from psychiatric hospitalization or from the RITS
- Youth with severe mental health needs on a chronic or acute basis.

Exclusionary Criteria:

- Youth who need medical rehabilitation for substance abuse (detox).
- Youth with severe or profound cognitive deficits
- Youth presenting with multi handicapping conditions, (i.e., severe medically complicated youth, insulin dependent, deaf, blind, significant traumatic brain injury, etc.)
- Youth identified as English Language Learners (ELL)

Harmony Hill School- ISAT Ospreys Treatment Program

Program Description:

- A staff-secure seven bed unit for biological males ages 8 through their 13th birthday, experiencing persistent emotional and behavioral reactions to trauma and/or mental health problems. Clients have had moderate to severe dysfunction in residential, group home or juvenile justice settings, or home settings, requiring support and treatment to improve functioning in the home and community. Expected length of stay is six to eighteen months based on the individual client's needs.
- Trauma-informed milieu with daily community meetings.
- Participate in activities on campus, including after-school and enrichment programs, and in the community with supervision and support.

Clinical modalities utilized and frequency of individual, family, groups:

- Weekly 60 minute minimum of individual and/or family therapy.
- Weekly clinical group as needed such as art therapy, grief and loss, LGBTQI, and/or substance abuse.
- Initial psychiatric evaluation, weekly or as needed appointments for symptom management and medication review & bi-weekly staff consultation.
- 24-hour crisis intervention support from milieu, clinical, nursing and psychiatrist/MD staff.
- Coordination of all medical, dental and specialty services and appointments.
- Individualized educational planning with local education agency and family participation.
- Eagala (Equine) therapy weekly seasonal.
- Adventure Based Therapy group annually.

Supplemental services offered:

- Special Education Teacher with Teacher Assistant and Youth Care coaching support.
- Individualized educational planning with local education agency and family participation.
- Daily community meetings in trauma-informed milieu.
- OT consults and sensory room available in-unit
- Specialists foster a safe, accepting, personally challenging and normalizing environment while helping clients develop the skills necessary to achieve their fullest potential socially, emotionally and academically.

Staffing ratio for each shift: 3:7 ratio during waking hours; 1:6 ratio during overnight hours. Alarmed bedroom doors and covered windows. Modified facilities support a safe environment.

Ages, genders served: Biological males ages 8 to 14.

Capacity: 7

Rooms are individual or shared: Individual

Anticipated length of stay: 6-18 months

Is aftercare provided: No

Best Fit Criteria:

- Males 8 - 13 years of age
- Youth being diverted from, or stepping down from psychiatric hospitalization or from the RITS.
- Youth with severe mental health needs on a chronic or acute basis.

Exclusionary Criteria:

- Youth who need medical rehabilitation for substance abuse (detox).
- Youth with severe or profound cognitive deficits
- Youth presenting with multi handicapping conditions, (i.e., severe medically complicated youth, insulin dependent, deaf, blind, significant traumatic brain injury, etc.)
- Youth identified as English Language Learners (ELL)

Ocean Tides- Residential Treatment Center (Juvenile Justice)

Program Description:

- Ocean Tides (OT) Residential Treatment Center (RTC) is a Juvenile Justice focused residential treatment program and school for 27 young men ages 13-18 appropriate for this level of care. OT RTC utilizes trauma informed; neuroscience aligned services provided in a Lasallian Culture of Care. OT RTC provides a 3:1 client to staff ratio during the day and 6:1 during the overnight and clients live in their own room in the residential dorm.

Clinical modalities utilized and frequency of individual, family, groups:

- CARF accredited and PREA compliant RTC model provides milieu therapy with structures and services to effectively address the reasons for placement using a comprehensive array of strength and evidence-based therapeutic modalities designed to offer hope, foster growth, and improve the lives of the male adolescents and families we serve. These services focus on addressing critical issues of trauma, abuse, neglect, problematic behaviors, substance use/abuse, mental health, family reunification, safety, and well-being.

Supplemental services offered:

- OT offers a unique range of psycho-educational programs including anger management education, restorative justice practices, aggression replacement training, social skill development, independent living/life skills development, service learning, health/wellness/mindfulness promotion and employment skills development which will complement social service, residential and educational programs.
- Our RIDE licensed and NEASC accredited on-site Junior/Senior High school program provides regular and special educational services in a uniquely designed trauma informed, treatment supportive learning environment that gives youth the opportunity to earn high school credit and their diploma as well as the opportunity to complete their GED. The school program, in addition to its RIDE aligned curriculum, offers Credit Recovery and a 220-day school year, designed to give youth the opportunity to recover credits lost from truancy, lack of school engagement, and/or poor school performance prior to placement. In addition to traditional education OT RTC provides career education, on-site employment, and real-world internship opportunities where appropriate.

Staffing ratio for each shift: 3:1 client to staff ratio during the day and 6:1 during the overnight.

Ages, genders served: Males ages 13-18.

Capacity: 27

Rooms are individual or shared: Individual

Anticipated length of stay: 8-9 months and is based on adjudicated sentences, meeting of identified treatment and education goals, and the family preparedness for reunification.

Is aftercare provided: OT RTC offers an integrated 6-month Transition & Aftercare (OTTA) program that begins with transition planning 90 days prior to planned reunification and is scheduled to complete 6 months after discharge. The service offers parent education and support for academic, behavioral, and career success to continue the progress achieved in the RTC. Ongoing clinical services are also available to clients as needed.

Best fit criteria:

- 13-18 years old male juvenile offenders able to be cared for in a non-violent, restraint free, and non-secure RTC environment.
- Clients must be able to function in a large peer group setting, have some readiness to address behaviors & issues, be prepared to engage in school and want a better future for themselves.
- Each referral is reviewed on a case-by-case basis with real-time considerations to individual needs.

Exclusionary Criteria:

- Female
- History of violence, arson or self-harm that would jeopardize safety of youth or others in non-secure setting.
- Severe mental health diagnosis: psychosis, severe educational impairments that would prevent the client from benefiting from placement.
- Drug addiction requires detox or inpatient addiction services.
- Physical handicaps that prevent easy use of stairs and significant walking
- Non-compatibility with current group of resident youth related to gang involvement, legal or safety concerns.
- Clinical or service history that indicates likelihood to jeopardize safety of self or community in non-secure setting.

Special Populations- Intensive Developmental Delays



The Groden Network- Residential Programs

Program Description:

- Each residence includes the hierarchy of Director, Associate Director, Residential Manager, Assistant managers, and shift leaders at each house. The residential managers are available on a rotating on-call basis, while the associate and/or the director are always available. Clinical support is provided by the residential BCBA, in coordination with the Day Program. The Residential Program has a full-time nurse, and on-call nursing available. Each residence has multiple agency-owned vehicles used to transport clients, and each house is equipped with live cameras for monitoring. Groden has added 20 hours per week of Occupational Therapy consultation to assist our clients with these needs shared across all our homes.

Clinical modalities utilized and frequency of individual, family, groups:

- Groden Residential uses a whole child approach, all clients (including emergency placements) who reside in our residences attend our Groden Center School. The Residential Program uses a 5-step empirical model of clinical practice based on the philosophy and principles of Applied Behavior Analysis (ABA) and related key components of developmental, behavioral, and positive psychology. The 5 steps of the model are: (1) ID significant problem behaviors and the appropriate, functionally equivalent replacement behaviors, (2) operationally defining the behaviors for decrease, the desired skills for increase, and method of data collection to inform the functional assessment, (3) development of the Behavior Support Plan and Treatment Plan (4) procedural integrity checks, and (5) frequent monitoring by the clinical team, the integration of medical and behavioral interventions, and involvement with the parent/guardian to ensure continued engagement with an eye towards reunification/permanency.
- Clients can engage in individual and group activities daily. On weekends and school vacations there is an increase in community activities and engagement. All the homes are equipped with outdoor spaces that offer a variety of recreation options. Parents/guardians and family members are encouraged to visit frequently, to participate in program events, and to take their children out into the community and for day or overnight visits home.

Supplemental services offered: Our Therapeutic Foster Care program, the Groden Center's Community and Home-based Treatment Services and respite programs, and The Groden Center's Outpatient Services. The Residential Program maintains close connections with DCYF, community medical support, community mental health centers, local schools and RIDE, as well as COVE adult residential and day programs that are affiliated with the Groden Center. On an ongoing basis our clients can access OT, SLP, PE, and nursing when needed or to satisfy their IEP goals, which carry over into the residence.

Staffing ratio for each shift: 1 staff to 1.5 clients

Ages, genders served: 7-21 years of age; all houses are coed.

Capacity:

Rome- 5

Cowesett- 7

Farnum- 7

Rooms are individual or shared:

Rome- 5 Single bedrooms

Cowesett- 1 double and 5 single bedrooms

Farnum- 3 double and 1 single bedrooms.

Anticipated length of stay: Intensity and duration of service varies widely based on the client's presentation, goals, treatment progress, and family status. Instructional activities are coordinated to maximize learning opportunities, progress, generalization, and clinical outcomes. Training is designed to help parents/guardians and family members to develop the skills necessary to successfully support their child at home. Reunification efforts begin at intake through the process of assessing the barriers that led to the referral and creating goals for the client and caregiver to progress toward reunification.

Is aftercare provided: Parents/guardians are partners in all aspects of the program and are involved in the treatment planning and ongoing support of their child while in the residence. Successful transitions from the program are coordinated through a joint effort of the Residential and the Day Programs. the family, DCYF, and other community resources to identify, connect, and refer clients to needed supports and services for successful transition.

Best fit criteria:

- ASD and or DD diagnosis (DSM Level 2 and 3) as primary diagnosis
- Communication and socialization deficits
- Lack of independence in self-care/daily living and self-management
- Presentation of maladaptive behavior associated with their diagnosis.
- Academically below grade average
- Lack of safety and self-preservation skills
- Medical conditions that allow for med certified (can give meds) and CPR/first aid certified staff for daily care under the supervision of nursing.

Exclusionary Criteria:

- Psychiatric diagnosis as primary diagnosis
- Medical conditions requiring continued on-site nursing.
- Active suicidal or homicidal ideation/historical successful attempts
- Fire-setting.
- Sexually aggressive/predatory behavior
- Criminal history
- The use of PRN medications for behavior
- The ability to preplan and follow through with elopement or peer aggression.

Bradley Hospital- Center for Autism & Developmental Disabilities (CADD)

Residential

Program Description:

- CADD Residential is a community based, psychiatric residential treatment program for youth with intellectual and developmental disabilities (IDDs), serious emotional disabilities (SEDs), and their caregivers/families. The program provides residential treatment services to female, male, and transgender youth ages 12-21 whose cognitive, developmental, emotional, and/or behavioral challenges prohibit them from functioning safely in their family's home, school, and community. CADD Residential has four locations (each serving 8 residents) in Rhode Island: Hill House (North Providence), Exeter House (Exeter), Rumford House (East Providence), and Heritage House (East Greenwich).
- **Heritage and Rumford House** provide clinical services for residents with mild intellectual disabilities.
- **Hill and Exeter House** provide care for nonverbal residents with more significant intellectual disabilities.

Clinical modalities utilized and frequency of individual, family, groups:

- The clinical philosophy of the program is built around the TEACCH (Treatment and Education of Autistic and related Communication-Handicapped Children) method, an evidence-based approach that emphasizes: (1) Organization of the physical environment, (2) Predictable sequencing of activities, (3) Visual scheduling, and (4) Task organization/visually structured activities. Additionally, the program incorporates principles of trauma-informed care (TIC) into the treatment approach.
- All residents receive weekly individual and family therapy (or biweekly depending on a family's needs). Each resident also has an individualized behavior plan that incentivizes the completion of targeted tasks or skills. All youth receive weekly group therapy (OT/Speech integrated, Skills group, art therapy, music therapy). All staff are trained in Safety Care, a crisis intervention program, and the staffing pattern allows for close supervision and response.

Supplemental services offered: CADD Residential offers a range of therapies for residents, including counseling, speech, occupational, art and music therapy.

Staffing ratio for each shift:

- **Exeter, Rumford and Heritage:** 1st & 2nd shifts are 5 staff to 8 residents (5:8) and 2 staff to 8 residents (1:4) during 3rd shift (overnight).
- **Hill House:** 1st & 2nd shifts are 6 staff to 8 residents (3:4) and 3 staff to 8 residents (3:8) during 3rd shift.

Ages, genders served: Male and Female ages 12 to 21. All houses are co-ed except for Rumford, which is all male.

Capacity: 32, each house has a capacity of 8

Rooms are individual or shared: Individual and shared.

Anticipated length of stay: The average length of stay for residents is 3-5 years, but the range is 1-8 years.

Is aftercare provided: After a resident transitions to home or adult services, CADD Residential will follow up with the family and referring adult service provider to promote continuity of care and support. These check in's occur once a week for one month.

Best Fit Criteria

- Residents with IDD & SED diagnoses
- Residents who can maintain safety within a home/community setting.
- Residents who can attend a therapeutic school in the community and maintain safe transportation.
- Resident who are motivated to work on goals and objectives in the treatment plan.
- Caregivers/family who are engaged with their child and willing to visit and/or call routinely.

Exclusionary Criteria

- Active unsafe behaviors that prevent youth from maintaining safety at home and in the community.
- Lack of school placement or need for on-site school.
- Youth with severe conduct disorder and antisocial personality disorder.

Semi-Independent Living Programs



Child & Family- Enhanced Semi-Independent Living Program

Program Description:

- Program provides a transition from a bridge level of care to a less restrictive community-based setting in a safe and structured family-centered therapeutic environment. Support Services are integrated with the resident's daily living experience and includes, as appropriate: treatment for severe emotional disturbance or mental health and substance use conditions, individual and group counseling, family therapy, educational and/or vocational programming, recreational activities, legal advocacy, community cultural enrichment and independent living preparation.
- With the program's safe, secure, and supportive community-based setting, youth and their families will explore and develop a better understanding of themselves and their long-term goals.
- Offers supervision and structure that is individualized to meet clients' specific needs.

Clinical modalities utilized and frequency of individual, family, groups:

- Development of a treatment plan in conjunction with youth's permanency plan as determined by DCYF.
- Staffing provided by a Program Manager, Clinical Case Manager, Master's level clinician, Life skills coach, and residential counselors as direct care staff. All staff will be trained in Trauma Systems Therapy, Therapeutic Crisis Intervention, and Motivational Interviewing.
- Inhouse Psychiatric consultation by contracted provider.
- Provision of daily therapeutic activities and individual and weekly clinical sessions with program clinician.
- Group therapy and psycho educational groups are offered weekly, some with life skill education and substance abuse psychoeducation.

Supplemental services offered:

- Staff will encourage and make every effort to promote the involvement of caregivers and family members to the greatest extent possible in all aspects of treatment including service planning, family therapy, and trauma-focused psycho-educational opportunities.
- Provision of substance use services contracted by community provider as well as Peer Recovery Specialist.
- Active engagement of potential kinship providers through identification of mentors, family support and natural and community resources

Staffing ratio for each shift: 24/7 staffing; daytime ratio 1:3 and overnight awake staff ratio of 1:4 24/7 on call available at 401-662-2773

Ages, genders served: Females ages 16-20.

Capacity: 7

Rooms are individual or shared: Shared

Anticipated length of stay: 9-12 months

Is aftercare provided: After care is provided through our after-care program.

Best fit criteria:

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

Exclusionary Criteria:

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

Family Service of Rhode Island- Quanacut House Trauma Systems Therapy (TST) Residential

Program Description:

- QuanaCut House is FSRI's Specialized Semi-Independent Living Program, which is part of the TST Residential continuum. TST Residential is an evidence-informed practice that is aligned with child welfare best practices and is individualized and strength-based in its approach.
- QuanaCut House serves youth who have trauma-reactive, mental health and/or are working toward reunification, are free for adoption and have permanency related needs.
- Youth served typically have chronic histories of either involvement in the juvenile justice and/or mental health systems; significant risk and behavioral dysregulations; and/or complex trauma that may include physical abuse, sexual abuse, neglect, and exposure to violence in the home and the community.
- The program's goal is for the client to develop skills to move toward permanency, which may include independence, reunification, adoption or a lower level of care.
- This program includes a House Manager, Assistant House Manager, Care Coordinator, part time Master Level Licensed Clinician, Milieu Counselors, and a part time Community Engagement Specialist. A nurse is on staff and shared across FSRI's continuum of residential programs.
- Staffing qualification includes backgrounds in social work, child welfare, juvenile justice, mental health, or related fields, and experience working with youth dealing with complex trauma and family needs.
- Family engagement frequency is determined with the youth, family, and DCYF social worker.
- Progress towards treatment goals is measured and evaluated weekly. In addition, FSRI holds monthly treatment planning disposition meetings and completes quarterly trauma safety plans.
- FSRI will transport clients in need 24/7 and provide transportation vouchers for caregivers to reduce barriers related to their participation in treatment.
- On-call available 24 hours a day, seven days a week.
- Referrals will be acknowledged and followed up upon within 24 hours of receipt. Initial contact with youth/family is made within two business days.

Clinical modalities utilized and frequency of individual, family, groups:

- The program includes a part time Masters Level Licensed Clinician who provides individual, family, and group treatment.
- The program aligns with the "Building Bridges Initiative (BBI) Core Principles," promoting coordinated partnerships to provide family-driven, youth-guided mental health services.
- Individual therapy is offered multiple times a week with clinical staff on site.
- Clinical groups are offered at least weekly.
- Family therapy is offered weekly, when applicable and clinically appropriate.

Supplemental services offered:

- **Care Coordination:** Provides case coordination and advocacy for clients and families, collaborating with agencies like DCYF, schools, and healthcare providers to ensure effective services. Maintains Trauma Systems Therapy (TST) within the residential setting.
- **Community Engagement Specialist:** Connects youth with recreational and entertainment activities to foster a sense of normalcy and enrich their experiences outside the care environment.
- **Nursing:** A licensed registered nurse, knowledgeable in psychiatric medications, will provide nursing support to ensure health needs are met in line with mental health care requirements.

Staffing ratio for each shift: 1:5 during first and second shifts and 1:5 during the awake overnight.

Ages, genders served: Females ages 16 to 21 years

Capacity: 5

Rooms are individual or shared: Individual

Anticipated length of stay: Generally less than 6 months.

Is aftercare provided: No

Best fit criteria:

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

- Youth who have traditionally been served in out-of-home treatment in an out-of-state location may be particularly good fits, as the program offers more frequent, local access to primary caregivers and families.
- Treatment may also be successful for youth who identify as LGBTQI.
- Youth experiencing emotional dysregulation and behavioral dysregulation.
- Families working toward reunification and in need of family therapy and caregivers in need of support and intervention.
- Youth working toward independent living and in need of a supportive environment to develop skills, acquire a job and/or continue their education.
- System in need of support and intervention.

Exclusionary Criteria:

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

Family Service of Rhode Island- Wilson House Trauma Systems Therapy (TST) Residential

Program Description:

- Wilson House is a higher intensity Semi-Independent Living Program (SILP) designed for youth who are currently experiencing commercial sexual exploitation, victimization and trafficking, or who are at high risk for CSEC victimization including exhibiting behaviors of elopement, substance misuse, externalized sexualized behaviors, or have a history of juvenile justice involvement.
- The program is intended to serve youth who have experienced trauma and may be dealing with complex issues such as victimization in sex trafficking, or other similarly complex needs.
- TST Residential is best for those who have experienced complex trauma, and are in need of short-term, clinically focused out-of-home treatment that addresses symptoms of trauma and barriers to reunification and permanency and improves independent living skills.
- The team is experienced in working with youth who are transition age and are working towards independence while still coping with complex trauma, CSEC victimization, family needs, and related issues.
- Upon referral, if not an emergency, initial contact with youth/family is made within two business days.
- We may accept youth who otherwise meet the criteria for this program on an emergency basis, but we will not accept youth on an emergency basis who otherwise do not meet the general criteria for the program (i.e., this is not a general emergency placement).
- The Program includes a full time Licensed Masters Level Clinician who provides individual, group, and family treatment.
- TST Residential is responsive to the needs of clients on a 24/7/365 basis
- On call available twenty-four (24) hours a day, seven (7) days a week.

Clinical modalities utilized and frequency of individual, family, groups:

- TST Residential is an evidence-informed practice that is aligned with child welfare best practices and is individualized and strength-based in its approach.
- Team includes a House Manager, Assistant House Manager, full time Master's Level Licensed Clinician, Peer Support Specialist, Milieu Counselors, and Community Engagement Specialist. A nurse is on staff and shared across FSRI's continuum of residential programs.
- All Milieu Counselors are highly trained to support youth living with complex trauma symptoms, who have histories with the juvenile justice system and who have behavioral and mental health needs. The program is overseen by a Licensed Independent Clinical Social Worker (LICSW) Clinical Director.
- Progress towards treatment goals are measured and evaluated weekly. In addition, FSRI holds monthly treatment planning disposition meetings and completes quarterly trauma safety plans.
- The program engages and involves families and the community in a youth's care from the moment of intake, making clear that the focus of treatment from the beginning is discharging to permanency.
- Individual therapy is offered multiple time a week with clinical staff on site.
- Clinical groups are offered at least weekly.
- Family therapy is offered weekly, when applicable and clinically appropriate.

Supplemental services offered:

- **Peer Support Specialist:** Uses lived experience to mentor youth, lead group activities, increase engagement in programs, and build authentic connections with families, while also screening for SDOH to remove barriers to successful reunification.
- **Community Engagement Specialist:** Connects youth with recreational and entertainment activities to foster a sense of normalcy and enrich their experiences outside the care environment.
- **Nursing:** A licensed registered nurse, knowledgeable in psychiatric medications, will provide nursing support to ensure health needs are met in line with mental health care requirements.

Staffing ratio for each shift: 1:4 for first shift and awake overnight and 2:4 for second shift.

Ages, genders served: Females ages 18 to 21

Capacity: 4

Rooms are individual or shared: Individual

Anticipated length of stay: Typically, less than six months.

Is aftercare provided: No

Best fit criteria:

- Treatment may be particularly effective for youth who have a history of, high risk of, or are currently CSEC involved. Those who have previously been victims of childhood sexual abuse and may display externalizing sexual behaviors may also benefit. Youth who frequently elope from care and who may be at risk for or have suspected CSEC involvement.
- Youth who have traditionally been served in out-of-home treatment in an out-of-state location, may be particularly good fits, as the program offers more frequent, local access to primary caregivers and families.
- Treatment may also be successful for youth who identify as LGBTQI.

Exclusionary Criteria:

- Under (17) years of age. While we typically provide services for youth who are 18 or over, we can in certain circumstances accept youth who are 17. Younger than 17 is generally not appropriate given the needs and presentation of the youth in the program.
- Is not suitable for youth with developmental disabilities.
- The program is not suitable for youth in need of detox or inpatient substance use treatment.
- Major mental illness (active, untreated Schizophrenia, psychosis or sociopathy).
- Active suicidal/homicidal ideation/behaviors.
- Fire setting/animal cruelty.

Key Program- PSG-Bridge

Program Description:

- Key's PSG-Bridge Program is designed for six youths who are female, or identify as female, and range in age from 16-20 years old. In certain cases, if requested by DCYF, special consideration may be given to a client who is younger chronologically but exhibits the maturity needed to transition to independence. Typically, clients who enter the Bridge are older adolescents in congregate care who are ready to transition to a less restrictive setting. Whether returning to Rhode Island from an out-of-state placement or transitioning from a higher level of congregate care in-state, the ideal clients for this program are those who require programming that will enable them to develop the skills necessary for independent living while allowing them to maintain and to build upon ties to resources and natural support in their native communities. The client must be willing to participate in programming, including participating in an education and vocational program, engaging in clinical services, and following household routines.

Clinical modalities utilized and frequency of individual, family, groups:

- Clinical and milieu services are guided by the fundamental principles of trauma-informed care, strengths-based interventions, positive youth development and family-centered practice. These frameworks provide best practices and approaches to help youth engage in the work of developing permanent long-term relationships and critical life skills. Specifically, positive youth development promotes youth voice and participation, focuses on strengths and positive outcomes, emphasizes caring relationships between youth and adults, and ensures staff understanding of youth developmental stages. While independence is the overarching goal, Key assists all youths in the establishment of supportive relationships that will last into adulthood.
- Key uses an eclectic approach that draws from a psychodynamic perspective, as well as Cognitive Behavioral Therapy (CBT) and Dialectical Behavior Therapy (DBT) skill building to work towards reducing risky behaviors.
- Additional services provided by the Bridge Program include a weekly psycho-educational group, which expands upon topics covered in the Casey Life Skills curriculum and wellness and stress reduction groups that reinforce positive coping skills learned, such as mindfulness and relaxation.
- Individual and group therapy are offered weekly. Family therapy is case by case.

Supplemental services offered: None.

Staffing ratio for each shift: 1:3

Ages, genders served: Female, or identify as female, and range in age from 16-20 years old.

Capacity: 6

Rooms are individual or shared: Individual

Anticipated length of stay: 10 months

Is aftercare provided: Aftercare services can be provided by Key's EFSS program or outpatient therapy can be provided by the Unlocking Hope clinical practice, if a referral is submitted. Services can begin 30-60 days prior to discharge.

Best Fit Criteria:

The residence is an open, voluntary setting.

Clients referred to the Bridge typically have a range of trauma histories, including physical, emotional, or sexual abuse; sexual exploitation; domestic violence; living in abject poverty; and the experience of having multiple placements and losses. As a result, they may display poor impulse control or compulsivity; abuse substances; and have physical or behavioral health problems. Upon acceptance into the program, a client must be attending school or preparing for a GED, working full-time or engaging in a vocational program, or be involved in some combination of education and work.

Exclusionary Criteria:

This level of care is generally not appropriate for clients with untreated sexualized behavior problems; untreated fire setters; clients with acute psychiatric problems requiring hospitalization; clients who have moderate or severe developmental disabilities, including being below borderline in intellectual functioning; clients who have serious, chronic medical conditions requiring expert monitoring and care. While Key reserves the right to decline a client who displays any of the conditions outlined, it should be emphasized that each client's referral packet is reviewed individually.

NAFI- Main Street Program

Program Description:

- NAFI Main Street is a semi-independent living program for 10 adolescent males whose primary permanency plan is independent living. Main Street supports adolescent males to acquire the skills necessary to move forward toward independence.
- **Phase 1- Main Program Residence**
 - Approximately 3-6 months Congregate Care: Youth will live within the main program residence while learning basic living skills, participating in school/GED and/or work, with the constant support of staff, therapist, case manager and independent living specialists. They can practice managing both their independence and sharing their living space. The environment allows youth to learn and make mistakes while providing a safety net to support them. There is support available to assist with job searching and other necessary aspects to foster independence. The Independent Living Specialist will work with the youth to develop a plan and support the youth in working towards these goals. In addition to individual therapy, family/caregiver therapy is offered to identify and solidify any family/caregiver connections that the youth may possess.
- **Phase 2- Supported Apartment**
 - Youth will live in a nearby apartment leased by NAFI. Youth reside with another Main Street youth who is participating in Phase 2, while developing advanced living skills and participating in school/GED and/or work (approximately 3-6 months.) Youth are provided with a manual outlining expectations for their behavior, rules and instructions for emergencies and safety guidelines. This includes signing documentation that allows program staff access and permission to enter their apartment. Youth are expected to check-in at the Main program and maintain appointments as scheduled. In addition, there are announced and unannounced apartment visits to ensure youth are safe and responsible. Youth also agree to paying “mock-rent,” this money is put aside as an aftercare fund that will be available to them as they complete Phase 2 and transition to VEC or secure their own apartment and close to DCYF.
- **Phase 3- Primary: Transition/referral to Voluntary Extension of Care (VEC)**
 - The last phase involves assistance, support and collaboration with youth and the DCYF VEC program.

Clinical modalities utilized and frequency of individual, family, groups:

- The program uses Motivational Interviewing techniques to assist youth in building new thought patterns to overcome reluctance which allows for behavioral change. In addition, youth will also utilize and acquire living skills as developed by Casey Life Skills. CLS assessments assess and build young people’s skills for independent living and helps to guide youth toward developing healthy and productive lives. Beyond Motivational Interviewing and Casey Life Skills, Main Street uses the Normative Approach, a value-based approach to build pro-social, mission driven communities. This approach recognizes that people have a desire to belong, have the capability to change and want to experience success through positive experience and growth.
- Family therapy is offered weekly.
- Group takes place daily run by youth counselors/ supervisors and/or clinical staff. More specialized groups are facilitated weekly by clinical and case management.
- Clinician and Independent Living Specialist will meet with youth weekly or more often if needed. Youth Counselors and Case Manager interact and support youth daily.
- In all phases of treatment Main Street supports development of healthy relationships with caregivers. Youth are encouraged to discuss their relationship dynamics with staff to process how to interact in a positive manner. Staff are trained to recognize the trauma our youth may have experienced, re-establishing relationships that may been impacted by physical distance, mental health concerns etc.
- Services are available 24 hours a day 7 days a week.

Supplemental services offered: Access to Psychiatric Services

Staffing ratio for each shift: 1:5 Am and Pm Shifts; 1:6 overnights.

Ages, genders served: Males ages 16 to 21

Capacity: 10

Rooms are individual or shared: 3 shared bedrooms and 2 single beds.

Anticipated length of stay: Length of stay is dependent on youth’s age at admission and the identified discharge plan.

Is aftercare provided: Following Discharge youth and/or caregivers will receive contact from the Main Street Program at 30-, 90- and 180-days post-discharge to track progress and to offer referrals, if needed.

Best Fit Criteria:

- NAFI Main Street serves 16–21-year-old males and/or non-binary youth.
- Youth unable to be placed in foster care/family or kinship settings.
- Youth who have completed treatment at staff secured or other group home settings who have APPLA identified as a permanency plan.
- Youth who are completing probation or temporary community placements (TCP) with semi-independent living as the transition plan.
- Youth who are experiencing behavioral and mental health concerns looking to strengthen coping skills, anger management and emotional regulation while working on developing independent living skills.

Exclusionary Criteria:

- Actively suicidal/homicidal
- Excessively assaultive behavior
- Fire Setting
- Actively Sexually Aggressive and/or Sexual Offending behaviors
- Substance Use needing Detoxification/Active Heroin/Opioid addiction.
- IQ below 70

Whitmarsh- Bridge Program Supervised Living (BPSL)

Program Description:

- BPSL employs family and person-centered practices by developing an individualized, strength-based, culturally competent and trauma certified plan of care that aligns with DCYF's service plan.
- BPSL provides transportation for youth for school, appointments, and work as needed using agency vehicles and RIPTA bus passes. Eventually, we will help them navigate public transport, depending on ability.
- Monthly home visits for family team meetings and post-discharge follow-up and support through to ensure smooth transition and procurement of community-based services.
- Character development through Civil Air Patrol Curriculum Values for Living 2.0 via CEO, COO
- Incentivized work/study program that pays youth for hours spent volunteering service to the community and/or going above and beyond their chores, up to a maximum of 20 hours per week.

Clinical modalities utilized and frequency of individual, family, groups:

- Trauma-certified care by an independently licensed, Certified Clinical Trauma Professional (CCTP) clinician (or certified within 6 months of hire) or licensed associate supervised by the above CCTP. Clinical services typically occur once per week. Intensive Dialectical Behavior Therapy (DBT), Cognitive Behavioral Therapy (CBT) can be included in weekly individual counseling as well as other modalities, weekly house groups, liaisons with outpatient psychiatrists and specialist clinicians (such as EMDR, SO, etc.).
- A structured, routinized therapeutic milieu, informed by Justice Resource Institute (JRI) Trauma Center's Attachment, Regulation, and Competency (ARC) framework, the integration Trauma based strategies, and formal and incidental learning opportunities for social skills, emotional self-regulation, physical and emotional boundaries, and daily living skills.
- Weekly family therapy with an independently licensed or licensed associate (if needed/engaged).
- Comprehensive Assessments and Treatment Plans are completed within 30 Days of intake including OHIO, CANS and ACEs measures. CA's are completed annually and full treatment team reviews are conducted every 90 days.

Supplemental services offered:

- Access to therapeutic recreation opportunities such as: a therapeutic art program, referrals to insurance-based programs like the Therapeutic Sports Program, access to a YMCA/Planet Fitness membership, opportunities with gardening/community farming, access to Jim Gillen Teen Center, and access to equine therapy.
- Community integration to promote development of natural supports and experiential learning of social skills; Development of minimally restrictive visitation plans with caregiver and DCYF and supervised visitation and transportation as needed.
- Streamlined entrance to those who qualify for BHDDH adult residential, community based, day program and ORS services by our Director of Adult services support in applying for BHDDH services.

Staffing ratio for each shift: 1:5 Day/1:6 night

Ages, genders served: 16-20 year old males

Capacity: 6

Rooms are individual or shared: Individual

Anticipated length of stay: 3-12 months, depending on the youth's needs and permanency plan.

Is aftercare provided: Within 30 Days of discharge, we reach out to former resident to see how they are doing. If there are needs that we can help them with, we would take that into consideration and talk to their current providers to see how that support will be best handled.

Best Fit Criteria:

- Youth experiencing instability, complex trauma, substance use, legal issues, truancy, behavioral issues and mental health issues who need placement in a less restrictive setting as they work toward their goals of reunification, step-down to family-based setting, or independent living.

Exclusionary Criteria:

- Severe or profound developmental disabilities or a physical impairment requiring on-site professional medical care; assault/and or violence in the past three months, inability to provide specialized treatment due to lack of internal capacity or available service providers.

Independent Living Programs



Child & Family- Independent Living (ILP)

Program Description:

- Youth live in apartments either on their own or carefully matched with another youth. Apartments are located on or near bus routes so that clients have access to community resources.
- Assigned a Youth Support Specialist (YSS) who will provide assistance in cultivating self-sufficiency and independence, meeting weekly to work toward identified goals, connect with community resources, provide eco-mapping, assess their ability to keep their space clean, adhere to program and lease rules, and maintain their vocational and/or educational responsibilities.
- Assigned a Life Skills coach to develop Life Skills goals specific to their needs. Casey Life-Skills Assessments and the Life Skills Reimagined platform (an evidence-informed program) will be utilized to measure competence.
- Each youth will receive a weekly stipend of \$70 of which \$5 will be set aside for savings and a security deposit. Monies may be deducted in the event there is damage beyond normal wear and tear or if there are any fees in which the client is responsible are owed. Additional money can be earned by successfully demonstrating other life skills.
- Transportation or access to transportation assistance to medical, dental, psychiatric, educational, family, vocational and legal appointments; as well as coordination of and/or access to educational programs aimed at improving the youth's ability to thrive in adulthood.
- Involvement of caregivers and family members to the greatest extent possible in all aspects of treatment including service planning, family therapy, and trauma-focused psychoeducational opportunities.
- Active engagement of potential kinship providers through identification of mentors, family supports and natural and community resources.

Clinical modalities utilized and frequency of individual, family, groups:

- Licensed Clinician available for safety planning and mental health counseling, substance use treatment and referral services.
- Psychiatric consultation for medication management available through Child and Family's contracted psychiatrist, with the ability to provide immediate evaluation as required.
- All staff will be trained in Trauma Systems Therapy, Therapeutic Crisis Intervention, and Motivational Interviewing.

Supplemental services offered: See above.

Staffing ratio for each shift: Staff do not work in the apartment where clients live; 24/7 crisis or clinical on-call support available at 401-662-2773.

Ages, genders served: Males and Females ages 17 to 21

Capacity: 20

Rooms are individual or shared: Studio, 1-2-bedroom apartments.

Anticipated length of stay: 12 to 36 months depending on complexity of need and permanency plan of youth

Is aftercare provided: After care is provided through our after-care program

Best fit criteria:

Males and Females ages 17 to 21 who have demonstrated an ability to function independently. A typical timeline for intake into an apartment should be a planned, well-thought-out transition and is dependent upon apartment availability.

Exclusionary Criteria:

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

Child & Family- Pregnant and Parenting Teens (PPT) Independent Living

Program Description:

- Provides parents ages 16-20 and their child(ren) the opportunity to live in their own apartments. Apartments are located on or near bus routes, so clients have access to community resources.
- Assigned a Youth Support Specialist (YSS) who will provide assistance in cultivating self-sufficiency and independence, meeting with the youth 2-3 times/week to work toward identified goals, connect with community resources, provide eco-mapping, assess their ability to keep their space clean and safe, adhere to program/lease rules, and maintain their vocational, educational, and parenting responsibilities.
- Assigned a Life Skills Coach (LSC) to develop Life Skills goals specific to their needs. Casey Life-Skills Assessments and the Life Skills Reimagined platform (an evidence-informed program) utilized to measure competence.
- YSS will assist in coordination of care with all medical and social services providers to address all pre-natal and post-natal care including Healthy Families, parenting services, Baby Court, WIC and DHS.
- Up to two days/month of respite care offered through our foster care program.
- Weekly stipend of \$100 of which \$10 will be retained for savings and security deposit. These funds will be returned to the client upon successful completion of the program. Monies may be deducted in the event there is damage beyond normal wear and tear or if there are any fees in which the client is responsible are owed. Additional money can be earned by successfully demonstrating other life skills.
- Transportation or access to transportation to medical, dental, psychiatric, educational, family, vocational and legal appointments as needed; as well as coordination of and/or access to educational and parenting programs aimed at improving the youth's ability to parent and function in a successful manner into adulthood.

Clinical modalities utilized and frequency of individual, family, groups:

- Involvement of caregivers and family members to the greatest extent possible in all aspects of treatment including service planning, family therapy, and trauma-focused psychoeducational opportunities
- Active engagement of potential kinship providers through identification of mentors, family supports and natural and community resources.
- Access to a licensed clinician to assess urgent mental health needs and/or postpartum depression. Triage to appropriate community-based mental health services and psychiatric consultations as needed.
- Nursing services are available through Child & Family contracted agency as required beyond what is available.
- All staff will be trained in Trauma Systems Therapy, Therapeutic Crisis Intervention, and Motivational Interviewing.

Supplemental services offered: See above.

Staffing ratio for each shift: Staff do not work in the apartment where clients live; 24/7 crisis or clinical on-call support available at 401-662-2773.

Ages, genders served: Male or Female parents ages 16-20 with custody of their child(ren)

Capacity: 10

Rooms are individual or shared: 1-2-bedroom apartments.

Anticipated length of stay: 12 to 36 months depending on complexity of need and permanency plan of youth.

Is aftercare provided: We provide after-care through our after care program

Best fit criteria: Parents ages 16 to 20 who have demonstrated an ability to care for their child and function independently. Typical timeline for intake into an apartment should be a planned, well thought-out transition and is dependent upon apartment availability.

Exclusionary Criteria:

Active suicidal ideation, severe and persistent self-injurious behaviors, and homicidal and aggressive behaviors; Active and severe substance abuse; youth who require regular or close supervision due to safety concerns. Youth who are experiencing severe post-partum symptoms and who do not have a child in their care.

Communities for People- Independent Living Program (ILP)

Program Description:

- The Independent Living Program is an outreach supported apartment setting for older adolescents in need of intensive life skill training and development. Youth live alone or with roommates in an apartment setting in the communities of their choice. Overtime, the youth assume greater responsibility for his/her plan, apartment, and finances.
- Initial treatment plans are created within 14 days of intake and are reviewed every 30 days.
- Transportation is never a barrier to service access. While outreach workers routinely transport youth, the program's emphasis is on helping youth develop familiarity with public transportation. Youth most commonly transport themselves to routine appointments, visits, work, and school. Each youth receives a monthly RIPTA bus pass.

Clinical modalities utilized and frequency of individual, family, groups.

- Staff work with the youth, birth parents and natural resources using evidence based and trauma informed treatment models including, Trauma Focused Cognitive Behavioral Therapy and Motivational Interviewing.
- Each youth is assigned a Bachelor's level outreach worker (1:6 caseload).
- Outreach Workers have 2-3 face-to-face visits weekly with the youth and engage in ongoing phone and collateral contacts.

Supplemental services offered:

- Staff assist the youth in; job seeking and retention, housing, financial literacy, and adult decision making skills. The program focuses on preparing youth to live independently upon discharge.
- If youth are struggling to find a suitable apartment, the program can place youth into "Start-up Apartments, upon availability, while continuing to help youth identify a more permanent residence.

Staffing ratio for each shift: For youth who may require additional supervision and support, the program also has a semi-staffed "Transitional Apartment Setting" for females and males. This site is staffed from 4pm to midnight each night. Direct care staffing for Transitional Apartment (1:3 staffing ratio).

Ages, genders served: Adolescents ages 17.5 up to 21.

Capacity: 25

Rooms are individual or shared: Apartments are individual or shared.

Anticipated length of stay and what successful discharge may look like: The length of stay at the ILP is individualized, based upon the needs of the youth, as determined by the youth's treatment team, and subject to ongoing review by the Department.

Is aftercare provided: Aftercare services are not provided at this time.

Best fit criteria:

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

Exclusionary Criteria:

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

Communities for People- Transitional Treatment Program (SAS)

Program Description:

- The Supportive Apartment Service is a community-based residential program serving older adolescents with chronic and/or severe mental health needs. The program serves youth stepping down from out-of-state placements or higher levels of care in need of placement that provides “apartment style” living that is acutely focused on developing independent living skills while managing mental health symptoms.

Clinical modalities utilized and frequency of individual, family, groups.

- SAS is grounded in the Attachment, Regulation and Competency (ARC) model. ARC is a widely used and replicated trauma-informed treatment framework. The program Clinician and staff are also trained in, and utilize, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Motivational Interviewing (MI).
- SAS provides youth and their families with consistent psychiatric consultation and medication monitoring, emergency therapeutic intervention, routine and emergency evaluation, and psychiatric assessments through our contractual partnership with Baxter Behavioral Health.
- Each youth is also assigned a Master’s level clinician (1:6 caseload).
- The clinician on-call also provided after-hours support and is utilized for crisis intervention, clinical consultation, and preliminary mental health evaluations.
- Youth receive formal therapy 2-3 times weekly.
- Initial treatment plans are developed within 21 days; subsequent reviews every 30 days.

Supplemental services offered:

- Transportation services for youth and families served by CFP’s programs are provided in a safe manner consistent with the regulations of the local authorities. Coordination of and transportation to medical, dental, psychiatric, educational, family, vocational and legal appointments are provided as indicated in the treatment plan.

Staffing ratio for each shift: The program has a staffing ratio of 1:2.

Ages, genders served: Clients served are adolescent females from 17.5 to 20 years old.

Capacity: 6

Rooms are individual or shared: All rooms are individual.

Anticipated length of stay: 6-9 months

Is aftercare provided:

- Our Aftercare services will focus on continuing the growth and progress made during a youth’s placement. The program will provide case management, emergency response, and advocacy. Follow Along is intended to be a short-term service to help maintain and support youth transitioning home, to a foster home or to another identified placement, and reduce the risk of disruption. We anticipate lengths of service to be a maximum of 90 day.

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

Family Service of Rhode Island- Independent Living

Program Description:

- Independent living is an apartment-based program for youth and young adults aged 18-21 who are in need of independent living services in a supportive environment.
- Program offers 12-hours of case management staff per day, linkage to clinical and psychiatry services through FSRI's Certified Community Behavioral Health Clinic (CCBHC), case management, family reunification and support, life skills development, employment and academic support, service and discharge planning, and healthy community connections.
- Supportive Services are available 7 days a week
- The team includes a Program Supervisor and 2 FTE Case Managers. The program is overseen by the Residential Director.
- Staffing qualification includes backgrounds in social work, child welfare, juvenile justice, mental health, or related fields, and experience working with youth dealing with complex trauma and family needs.
- Case Managers work on engaging natural support system for youth, including family members, kin, and other role models.
- Upon referral, if not an emergency, interview and disposition is made within five business day.

Clinical modalities utilized and frequency of individual, family, groups:

- The program aligns with the "Building Bridges Initiative (BBI) Core Principles," promoting coordinated partnerships to provide family-driven, youth-guided services.
- Program staff facilitate groups that focus on psychoeducation, healthy communication, sexual health, healthy relationships, emotional expression, financial literacy, and risk prevention.
- On-call is available 24 hours a day, seven days a week.

Supplemental services offered:

- **Certified Community Health Clinic (CCBHC):** Residents have access to a continuum of behavioral health care services including, clinical treatment, group treatment, psychiatry and medication management, and substance use treatment at neighboring 55 Hope Street location.
- **Care Coordination:** Provides on-site case management and support services for youth and young adults in the program, connecting them to essential resource; including transportation, educational, and vocational support. Case Managers works on engaging natural support system for youth, including family members, kin, and other role models.
- **Lifeskills Groups:** Program staff facilitate groups that focus on psychoeducation, healthy communication, sexual health, healthy relationships, emotional expression, financial literacy, and risk prevention.

Staffing ratio for each shift: Independent living is an apartment-based program for youth and young adults aged 18-21 who are need of independent living services in a supportive environment. Case managers are available 7 days a week.

Ages, genders served: 18 to 21 years and all gender identities.

Capacity: 6

Rooms are individual or shared: Individual

Anticipated length of stay: Youth can remain in the program until they age out of care.

Is aftercare provided: No

Best fit criteria:

- The program will be best for those who have experienced complex trauma, and need accessible, safe, and supportive independent living services with a focus on family and community engagement and accessing community resources.,

Exclusionary Criteria:

- Under (18) years of age.
- Is not suitable for youth with developmental disabilities.
- The program is not suitable for youth in need of detox or inpatient substance use treatment.
- Major mental illness (active, untreated Schizophrenia, psychosis or sociopathy).
- Active suicidal/homicidal ideation/behaviors.
- Fire setting/animal cruelty.

Providence Center- Transitional Living Program (TLP) - LGBTQ

Program Description:

- The Transitional Living Program (TLP)-LGBTQ teaches adolescents through on-going education, one-on-one support, life skills training, treatment, and supportive services to prepare clients to successfully live independently. TLP-LGBTQ+ provides stable and safe supportive living arrangements, assists youth in developing natural positive peer and adult support systems, and provide service connections and more intensive services for those who are at-risk. TLP apartments are located in the greater Providence area and all of The Providence Center's adult and youth treatment and services programing is also located in Providence.
- Primary focus is to build support networks, gain financial independence, and learn important daily living skills such as navigating transportation and budgeting. Program services are youth centered and family focused to meet the needs of each youth. Once a youth is prepared for self-sufficiency, youth may be referred to VEC, achieve full independence, or transition into the adult system.
- Clients are expected to participate in a vocational or education program for approximately 30 hours a week. If client is not in school or does not have a job, the client is required to complete at least 10 applications for employment a week and visit NetworkRI for at least 20 hours a week.
- Assist with education and vocational needs (high school, GED, college, training programs, financial aid)
- Assist client employment needs (job searching, resume writing, interview skills)
- Assist client is setting up and maintaining a safe, cleanly apartment (includes turning utilities on, maintain relationships with landlords and neighbors)
- Assist client in budgeting, meal planning, food shopping and cooking
- Teach to use public transportation (provide them with a bus pass) and assist client with transportation when necessary
- Teach client how/where to do laundry if necessary
- Provide client with support in getting medical and /or clinical services/apply for Food stamp benefits.
- Advocate for the client's individual needs with DCYF, courts, schools, and other outside systems as needed
- Provide any additional case management supports as needed
- When ready to transition, TLP staff work with statewide housing providers to develop permanent housing options.

Clinical modalities utilized and frequency of individual, family, groups:

- Each youth is assigned a bachelor's level case manager. Each case manager has a caseload of 5 participants. The case manager receives supervision from the TLP program manager, who is a licensed clinician.
- Once the youth is accepted into the program, he or she will meet with a case manager immediately to develop personalized goals.
- A minimum of two (2) face to face contacts per week for a total of 4-6 hours per week, which may increase up to five (5) times based on the individual's needs.
- Progress towards treatment goals are measured and evaluated every three months.
- TLP is provided primarily within the individual's home, but may also occur within the community or school setting based on the needs of the client.
- On call, available 24 hours a day, seven days a week provided by a clinician.

Supplemental services offered: Outpatient, Healthy transitions, YAAH, medication management, Teen Center, substance abuse counseling, and substance abuse groups.

Staffing ratio for each shift: Youth live in their own apartments; staff do not live with them. The Providence Center pays the rent for each apartment and each participant is provided with an allowance to help them pay for daily necessities

Ages, genders served: Any gender the youth identifies as, ages 16 to 21.

Capacity: 5 Beds

Rooms are individual or shared: Individual apartments

Anticipated length of stay: Typical duration of TLP services is approximately three (3) months to 1 year or more.

Is aftercare provided: Once the youth is discharged from our program, they can continue with any therapy or medication management.

Best Fit Criteria:

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

Exclusionary Criteria:

- Have another permanency plan to live with family members.

Providence Center- Transitional Living Program (TLP)

Program Description:

- The Transitional Living Program (TLP) teaches adolescents through on-going education and support to prepare clients to successfully live independently. TLP apartments are located in the greater Providence area and all of The Providence Center's adult and youth treatment and services programming is also located in Providence.
- Primary focus is to build support networks, gain financial independence, and learn important daily living skills such as navigating transportation and budgeting. Program services are youth centered and family focused to meet the needs of each youth. Once a youth is prepared for self-sufficiency, youth may be referred to VEC, achieve full independence, or transition into the adult system.
- Clients are expected to participate in a vocational or education program for approximately 30 hours a week. If client is not in school or does not have a job, the client is required to complete at least 10 applications for employment a week and visit NetworkRI for at least 20 hours a week.
- Assist with education and vocational needs (high school, GED, college, training programs, financial aid)
- Assist client employment needs (job searching, resume writing, interview skills)
- Assist client in setting up and maintaining a safe, clean apartment (includes turning utilities on, maintain relationships with landlords and neighbors)
- Assist client in budgeting, with meal planning, food shopping and cooking.
- Teach to use public transportation (provide them with a bus pass) and assist client with transportation when necessary.
- Teach client how/where to do laundry if necessary.
- Provide client with support in getting medical and /or clinical services.
- Advocate for the client's individual needs with DCYF, courts, schools, and other outside systems as needed.
- Provide any additional case management supports as needed.
- When ready to transition, TLP staff work with statewide housing providers to develop permanent housing options.

Clinical modalities utilized and frequency of individual, family, groups:

- Each youth is assigned a bachelor's level case manager with a caseload up to 7. The case manager receives supervision from the TLP program manager, who is a licensed clinician.
- Once the youth is accepted into the program, he or she will meet with a case manager immediately to develop personalized goals.
- A minimum of two (2) face to face contacts per week, which may increase up to five (5) times based on the individual's needs, for a total of 3-4 hours a week. Progress towards treatment goals are measured and evaluated every three months.
- On-call available 24 hours a day, seven days a week. On call staff are all clinicians.

Supplemental services offered: Outpatient, Healthy transitions, YAHH, medication management, Teen Center, substance abuse counseling, and substance abuse groups.

Staffing ratio for each shift: Youth live in their own apartments; staff do not live with them. The Providence Center pays the rent for each apartment and each participant is provided with an allowance to help them pay for daily necessities.

Ages, genders served: Any gender the youth identifies as, ages 16 to 21

Capacity: 7 beds

Rooms are individual or shared: Individual apartments

Anticipated length of stay: 3 months to 1 year or more.

Is aftercare provided: Once the youth is discharged from our program, they can continue with any therapy or medication management.

Best Fit Criteria:

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

Exclusionary Criteria:

- Have another permanency plan to live with family members.

Providence Center- Transitional Living Program (TLP)-Teen Mom

Program Description:

- The Transitional Living Program (TLP) teen mom teaches adolescents, who are pregnant or parenting, through on-going education and support to prepare clients to successfully live independently and properly take care of their children. TLP apartments are located in the greater Providence area and all of The Providence Center's adult and youth treatment and services programming is also located in Providence.
- Primary focus is to build support networks, gain financial independence, and learn important daily living skills such as navigating transportation and budgeting. Program services are youth centered and family focused to meet the needs of each youth. Once a youth is prepared for self-sufficiency, youth may be referred to VEC, achieve full independence, or transition into the adult system.
- Clients are expected to participate in a vocational or education program for approximately 30 hours a week. If client is not in school or does not have a job, the client is required to complete at least 10 applications for employment a week and visit NetworkRI for at least 20 hours a week.
- The array of family focused services will include parenting education, child development, infant stimulation, and appropriate discipline for children.
- Assist with education and vocational needs (high school, GED, college, training programs, financial aid)
- Assist client employment needs (job searching, resume writing, interview skills)
- Assist client is setting up and maintaining a safe, cleanly apartment (includes turning utilities on, maintain relationships with landlords and neighbors)
- Assist client in budgeting, meal planning, food shopping and cooking.
- Teach to use public transportation (provide them with a bus pass) and assist client with transportation when necessary.
- Teach client how/where to do laundry if necessary.
- Provide client with support in getting medical and /or clinical services/apply for WIC and Food stamp benefits.
- Advocate for the client's individual needs with DCYF, courts, schools and other outside systems as needed.
- Provide any additional case management supports as needed.
- Make referrals for childcare needs (ex HFA, visiting nurses)
- Assist with pre- and post-natal appointments.
- When ready to transition, TLP staff work with statewide housing providers to develop permanent housing options.

Clinical modalities utilized and frequency of individual, family, groups:

- Each youth is assigned a bachelor's level case manager. Each case manager has a caseload of 5 participants. The case manager receives supervision from the TLP program manager, who is a licensed clinician.
- Once the youth is accepted into the program, he or she will meet with a case manager immediately to develop personalized goals.
- A minimum of two (2) face to face contacts per week, which may increase up to five (5) times based on the individual's needs, typically for a total of 4-6 hours per week. TLP is provided primarily within the individual's home, but may also occur within the community or school setting based on the needs of the client.
- Progress towards treatment goals are measured and evaluated every three months.
- On call, available 24 hours a day, seven days a week. On call staff are all clinicians.

Supplemental services offered: Outpatient, Healthy transitions, YAHH, medication management, Teen Center, substance abuse counseling, and substance abuse groups.

Staffing ratio for each shift: Youth live in their own apartments; staff do not live with them. The Providence Center pays the rent for each apartment and each participant is provided with an allowance to help them pay for daily necessities.

Ages, genders served: Any gender the youth identifies as, ages 16 to 21 years old and are pregnant and/or parenting.

Capacity: 5 beds

Rooms are individual or shared: Individual apartments

Anticipated length of stay: Typical duration of TLP services is approximately three (3) months to 1 year or more.

Is aftercare provided: Once the youth is discharged from our program, they can continue with any therapy or medication management.

Best Fit Criteria:

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

Exclusionary Criteria:

- Have another permanency plan to live with family members.

Whitmarsh- Independent Living Program

Program Description:

- ILP provides individual apartment-based independent living arrangements to up to 6 adolescents, ages 17-20 who may be experiencing instability, homelessness, trauma, substance use, legal issues, truancy, behavioral issues, and/or mental health disorders and need placement while working toward their goals of reunification, permanency, or independent living. Youth will receive up to 6 hours of case management/life skills services consistent with their level of independence and individual needs. Staff can also be provided as needed to assist with appointments, transportation, grocery shopping, job searches, etc.

Clinical modalities utilized and frequency of individual, family, groups:

- The ILP will utilize staff trained in the Justice Resource Institute's evidence-based, ARC program for the clinical framework work authored by Margaret E Blaustein, Ph.D. and Kristine Kinniburgh LICSW. Casey Family Life Skills are also offered.
- Trauma-certified care by an independently licensed, Certified Clinical Trauma Professional (CCTP) clinician (or certified within 6 months of hire) or licensed associate supervised by the above CCTP. Clinical services typically occur once per week, although this varies according to the youth's needs and if they have another primary therapist. Intensive Dialectical Behavior Therapy (DBT), Cognitive Behavioral Therapy (CBT) can be included in weekly individual counseling as well as other modalities, groups are offered, liaisons with outpatient psychiatrists and specialist clinicians (such as EMDR, SO, etc). Family therapy could be offered based on engagement of family or need.
- Comprehensive Assessments and Treatment Plans are completed within 30 Days of intake including OHIO, CANS and ACEs measures. CA's are completed annually and full treatment team reviews are conducted every 90 days.

Supplemental services offered:

- The ILP provides transportation initially for youth for school, appointments, and work as needed using agency vehicles and RIPTA bus passes. Eventually, we get them to independence with all transportation.
- Whitmarsh can also provide Office of Rehabilitation Services (ORS) licensed services to develop educational/vocational plans.
- Family/youth referrals for services and/or specialized assessments/treatment as indicated (high risk behaviors such as CSEC/Human Trafficking victims).
- Access to Nurturing Fathers Classes offered by Whitmarsh.
- Access to therapeutic recreation opportunities such as: a therapeutic art program, referrals to insurance-based programs like the Therapeutic Sports Program, access to a YMCA/Planet Fitness membership, opportunities with gardening/community farming, access to Jim Gillen Teen Center, and access to equine therapy.
- Community integration to promote development of natural supports and experiential learning of life skills.

Staffing ratio for each shift: N/A Independent Living

Ages, genders served: 17-20 year old males and females

Capacity: 6

Rooms are individual or shared: Single and two bedrooms apt on approval of roommate from DCYF.

Anticipated length of stay: 12-15 months, depending on the youth's needs and permanency plan.

Within 30 Days of discharge, we reach out to former resident to see how they are doing. If there are needs that we can help them with, we would take that into consideration and link them to community supports if necessary.

Best Fit Criteria:

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

Exclusionary Criteria:

- Diagnosis of a severe or profound developmental disability or mental illness that impedes treatment.
- Medical fragility.