

United States v. State of Rhode Island
Civil Action No. 24-cv-00531
Children's Behavioral Health Consent Decree

Baseline Data Report

Submitted by the State of Rhode Island on July 3, 2025

Contents

Introduction..... 2

Overview of the Baseline Data Report 2

 Organization of the Report..... 3

Section 1: Focus Population Summary..... 4

 Identifying Children in the Inpatient Group 5

 Identifying Children in the At-Risk Group..... 5

 Overview of the Focus Population..... 5

 Children Admitted to Bradley Hospital Acute Inpatient 7

Section 2: Behavioral Health Service Array 9

 Executive Office of Health and Human Services 9

 Behavioral Healthcare, Developmental Disabilities and Hospitals11

 Department of Children, Youth & Families.....12

Appendix A. DCYF Resource Guide: FCCP.....

Appendix B. DCYF Resource Guide: Home Based Services

Appendix C. DCYF Resource Guide: Foster Care.....

Appendix D. DCYF Resource Guide: Congregate Care.....

Introduction

On January 7, 2025, the State of Rhode Island entered into a consent decree with the U.S. Department of Justice (DOJ) to remedy the State's alleged violations of federal civil rights laws concerning psychiatric hospitalizations of youth from 2017 to 2022.¹ The purpose of this Consent Decree is to prevent children with behavioral health disabilities from experiencing avoidable or unnecessarily prolonged psychiatric hospitalization and to transition children who have been hospitalized to family settings with appropriate community-based services.

The Consent Decree applies to an limited census referred to as the “**focus population**” defined as any child with an “Open Case” to the Department of Children, Youth and Families (DCYF)—identified as either being assigned a Family Service Unit (FSU) caseworker (in-home or out-of-home) or deemed eligible for treatment through the voluntary Children's Behavioral Health Family Navigation Unit (FNU)—who meets at least one of the following criteria:

- a. *The child is currently admitted to Bradley Hospital for acute inpatient treatment;*
- b. *The child was admitted to Bradley Hospital for acute inpatient treatment within one year before the Effective Date of this Consent Decree (January 7, 2025);*
- c. *The child is admitted to Bradley Hospital for acute inpatient treatment at any point during this Consent Decree; or*
- d. *The child is deemed at serious risk of admission to Bradley Hospital for acute inpatient treatment because the child has had three or more emergency room visits within a twelve-month period (following the Effective Date of this Consent Decree) as a result of a current or subsequent diagnosed Behavioral Health Disability.*

The Rhode Island Executive Office of Health and Human Services (EOHHS), DCYF, and the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) are signatories to the Consent Decree based on their shared responsibility for the provision of behavioral health services for the focus population. These parties are referred to collectively as the State.

Overview of the Baseline Data Report

The Consent Decree requires the State to produce a Baseline Data Report that includes information on the Focus Population and the behavioral health service array. The report serves two primary purposes: (1) to inform the development of the State's Implementation Plan, which will guide efforts to achieve compliance with the Consent Decree's requirements; and (2) to support the Monitor's compliance reviews, which will assess the State's progress in meeting the Decree's requirements.

Per the Consent Decree:

Within 180 days of the Effective Date of this Consent Decree, the State will provide a Baseline Data Report to the United States and the Monitor. The Baseline Data Report will include all data elements that the State is able to report from the general categories of data described below and any other elements developed in coordination with the Monitor and agreed on by the Parties.

- a. *Overview of the Focus Population with Bradley Hospital admissions including the number of children in the Focus Population, where they are located (both geographically and by type of service setting, e.g., hospitals, Residential Treatment Facilities, community), their demographic*

¹ Throughout this report, all references to the Consent Decree refer to *United States v. State of Rhode Island*, Civil Action No. 24-CV-00531. <https://www.justice.gov/usao-ri/media/1381156/dl?inline>.

characteristics, and whether they are child welfare-involved or open through the voluntary Children’s Behavioral Health pathway;

- b. Availability of Community-Based Services and Therapeutic Foster Care parents statewide, including the number and type of Community-Based Service providers and Therapeutic Foster Care parents and their capacity, broken down by service type; and*
- c. The number of children with Open Cases who experienced three or more emergency room visits within a twelve-month period (including the 6-month period preceding the Effective Date of this Consent Decree) as a result of a current or subsequent diagnosed Behavioral Health Disability, including the number and length of stay of each child’s visits.*

The Parties acknowledge that systems to automatically track this data are not currently in place but will be developed as part of the Implementation Plan. The State will post the Baseline Data Report to DCYF’s website within 14 days of producing the report.

Based on the Focus Population definitions and the requirements stated above, this report covers two distinct time periods. For children admitted to Bradley Hospital for acute inpatient treatment, the reporting period is January 7, 2024, to June 3, 2025. For children identified as at risk for inpatient admission for behavioral health reasons, the period is July 7, 2024, to June 3, 2025.² All data were extracted on June 3, 2025, to allow sufficient time for analysis and report development. For clarity and ease of reference throughout this report, children admitted to Bradley Hospital are referred to as the **Inpatient Group**, and those meeting the risk criteria are referred to as the **At-Risk Group**. Together, these two subgroups comprise the Focus Population as defined in the Consent Decree.³

In accordance with the Consent Decree requirements, the State will provide quarterly updates to this report, beginning after the Implementation Plan is published in April 2026. Future reports will be informed by the Plan and will incorporate additional data elements as identified by the Monitor, State, and consulting partners.

Organization of the Report

This report follows the requirements outlined in the Consent Decree and incorporates additional available data to provide a more comprehensive understanding of the Focus Population, their experiences, and the behavioral health service array. This report is organized into two main sections:

- 1) **Focus Population Summary** – Provides detailed information on children who meet the Consent Decree definition, with distinctions between the Inpatient Group and At-Risk Group.
- 2) **Behavioral Health Service Array** – Describes the behavioral health services available to children, youth, and families across Rhode Island.

² Data covering the full 12-month period from July 7, 2024, to July 7, 2025, is not yet available and could not be fully analyzed in time for the completion of this report. Additionally, data used to identify ED visits may be incomplete for the six months prior to the report run date, due to data entry and processing lags. Additional data reflecting ED admissions from June 3, 2025, to July 7, 2025, and any substantive updates affecting the composition of the At-Risk Group identified in this report, will be included in future supplemental reports.

³ By the terms of the Consent Decree, the at-risk segment of the Focus Population is determined by reference to a twelve-month period “following the Effective Date of [the] Consent Decree”; however, for purposes of the Baseline Data Report, the At-Risk Group is determined by reference to a twelve-month period that includes the 6-month period preceding the Effective Date. Accordingly, although the two definitions are otherwise the same, the At-Risk Group identified in this report is not necessarily coextensive with the at-risk segment of the Focus Population. Instead, this report is intended to provide a snapshot, based on recent and currently available data, of the number of children with open cases who have had multiple emergency room visits as a result of a Behavioral Health Disability.

Section 1: Focus Population Summary

This section presents a summary of the Focus Population, including children admitted to Bradley Hospital for acute inpatient care and those at risk due to three or more behavioral health-related emergency room visits within a 12-month period. It includes their demographics, DCYF involvement, living arrangements, geographic distribution, and service experiences.

Definitions for each data element related to the Focus Population analysis are provided in Table 1.

All data contained in this report has been compiled in accordance with HIPAA (Health Insurance Portability and Accountability Act) standards, ensuring the confidentiality, integrity, and security of protected health information.

Table 1. Data Element Descriptions

Data Element	Description
Age	Calculated as the child's whole number age at the time of the index event, using a standardized date of birth (month/year/15 th day, to reduce re-identification risk). The index event is: (1) the first Bradley Hospital admission for the <i>Inpatient Group</i> ; or (2) the date of the third ED visit for the <i>At-Risk Group</i> .
Gender	Gender is the term used in DCYF's records to identify females and males.
Race/Ethnicity	Hispanic ethnicity is prioritized before race when categorizing children.
County	Determined by the zip code associated with the child's most recent living arrangement at the index event.
DCYF Involvement	Identified by the child having an open case with DCYF and assigned to DCYF's FSU or CSBH-FNU at the time of the index event.
Number of Bradley Hospital Stays	The distinct count of admissions to Bradley Hospital across all children between January 7, 2024, and the report run date. <i>Applies only to the Inpatient Group.</i>
Number of ED Visits	The number of distinct ED visits for behavioral health reasons between July 7, 2024, and the report run date. <i>Applies only to the At-Risk Group.</i>
Living Arrangement and Geographic Location at Discharge	Identified using the living arrangement start date that aligns with or immediately follows the child's Bradley Hospital discharge date. If multiple living arrangements began on the same date, the one with the longest duration was selected. <i>Applies only to the Inpatient Group.</i>
Current Living Arrangement and Geographic Location	Identified using the living arrangement at the time of the report run date (i.e., the living arrangement has a start date prior to the report run date and no end date). <i>Applies only to the Inpatient Group.</i>
Admissions Count	The number of Bradley Hospital admissions between January 7, 2024, and the report run date. <i>Applies only to the Inpatient Group.</i>
Length of Stay (LOS)	The number of days between admission and discharge. For children still admitted as of the report run, LOS is calculated up to the report run date. A LOS of 0 indicates the child was admitted and discharged on the same day. <i>Applies only to the Inpatient Group.</i>

Identifying Children in the Inpatient Group

The Focus Population includes three subgroups of children admitted to Bradley Hospital for acute inpatient treatment: (a) those admitted as of the Consent Decree Effective Date (January 7, 2025); (b) those admitted during the year prior (starting January 7, 2024); and (c) those admitted at any point during the Consent Decree period. For the purposes of this report, these three groups are combined and referred to collectively as the Inpatient Group. This group does not include children admitted to Bradley's Acute Residential program, other residential intervention (group care) settings, or psychiatric hospitals other than Bradley Hospital.

Identifying Children in the At-Risk Group

Children are considered at risk for admission to Bradley Hospital acute inpatient treatment if they had three or more ED visits for a behavioral health reason in the reporting period beginning on July 7, 2024. Behavioral health-related visits were identified using a diagnosis list developed collaboratively by RIDOH, DCYF, EOHHS, the Consent Decree Monitor, and consultants.

Overview of the Focus Population

Table 2 provides a descriptive overview of the Focus Population, broken out by the Inpatient Group and the At-Risk Group. It includes demographic characteristics such as age, race/ethnicity, and gender, along with information on the county location and DCYF involvement (Family Service Unit or Children's Behavioral Health Family Navigation Unit) for each child.

A total of **149 children in the Inpatient Group** had a psychiatric admission to Bradley Hospital between January 7, 2024, and June 3, 2025, and had an open DCYF case assigned to either FSU or CSBH-FNU. Among these children:

- 80% were between the ages of 11-21
- 54% were identified as male
- 43% were White and 42% were Hispanic
- 70% had a living arrangement in Providence County prior to admission
- The majority were involved with DCYF's Family Service Unit (*specific numbers not reported due to cell suppression guidelines to prevent re-identification*)
- 72% had a single inpatient stay at Bradley Hospital

The **At-Risk Group includes 45 children** who had three or more behavioral health-related ED visits in the reporting period. Among this group:

- 80% were between the ages of 16-21
- 51% were identified as male
- 60% were White and 31% were Hispanic
- 73% resided in Providence County
- The majority were involved with DCYF's Family Service Unit (*specific numbers not reported due to cell suppression guidelines to prevent re-identification*)
- 64% had four or more behavioral health-related ED visits

Table 2. Overview of Children in the Focus Population

	Inpatient Group % (n)	At-Risk Group % (n)
	Includes children admitted between 1/7/24 and 6/3/25.	Includes children with 3+ ED visits between 7/1/24 and 6/3/25.
Age		
0 to 5	*	0% (0)
6 to 10	16% (24)	*
11 to 15	43% (64)	*
16 to 18	37% (55)	53% (24)
19 to 21	*	27% (12)
Gender		
Female	46% (69)	49% (22)
Male	54% (80)	51% (23)
Race/Ethnicity		
White	43% (64)	60% (27)
Hispanic	42% (62)	31% (14)
Black	10% (15)	*
American Indian	*	0% (0)
Other	*	*
County		
Bristol	*	0% (0)
Kent	11% (16)	*
Newport	10% (15)	*
Providence	70% (105)	73% (33)
Washington	*	*
Missing or Unknown	*	0% (0)
DCYF Involvement		
CSBH – Family Navigation Unit	*	*
Family Services Unit	*	*
Number of Bradley Hospital Stays¹		
One Stay	72% (107)	--
Two Stays	19% (29)	--
Three or More Stays	9% (13)	--
Number of ED Visits within the Reporting Period^{2,3}		
Three Visits	--	36% (16)
Four or More Visits	--	64% (29)
Total	149	45

* EOHHS data suppressed due to (a) cell size <11 or (b) if the total for a given data category would identify a cell size <11.

¹ This field only applies to the Inpatient Group.

² This field only applies to the At-Risk Group.

³ ED duration data are unavailable at this time. Tracking systems are in the early implementation stages.

Children Admitted to Bradley Hospital Acute Inpatient

Between January 7, 2024, and June 3, 2025, there were 214 unique admissions to Bradley Hospital's acute inpatient unit, and 196 discharges. As of June 3, 2025, 18 children remained hospitalized.

Table 3 presents length of stay (LOS) data for both discharged children and those still admitted at the time of the report run. For discharged youth, the unit of analysis is discharges—meaning a single child may be represented more than once. A LOS of “0” days indicates the child was admitted and discharged on the same calendar day (i.e., no overnight stay).

Among children with a completed stay who have been discharged:

- The average length of stay was 38 days, with a median of 22 days.
- Just under one-third (32%) of discharges occurred within two weeks, while over one-quarter (27%) involved stays of 45 days or more.

For the 18 children who were still admitted at the time of this report:

- The average LOS was 73 days.
- Categorical data are not reported due to cell suppression guidelines to prevent re-identification.

Table 3. Children's Length of Stay (LOS) in Bradley Hospital Acute Inpatient

	Children Who Discharged ¹	Children Still Admitted ²
LOS (in days)		
Average	38	73
Median	22	41
Minimum	0	12
Maximum	314	300
LOS Categories		
0-14 days	32% (63)	*
15-29 days	30% (59)	*
30-44 days	11% (22)	*
45+ days	27% (52)	*
Total	196	18

* EOHHS data suppressed due to (a) cell size <11 or (b) if the total for a given data category would identify a cell size <11.

¹ Includes all discharges from Bradley Hospital; some children had multiple discharges.

² Includes children still admitted as of the report run date; LOS calculated from admission to the report run date.

Table 4 presents data on the living arrangements and geographic locations of the Inpatient Group at two points in time: (1) immediately following discharge from Bradley Hospital; and (2) as of the current report date, June 3, 2025. The unit of analysis is discharges. Both the “discharge” and “current” living arrangement totals include children whose involvement with DCYF has closed; in those cases, the table reflects the last living arrangement prior to case closure.

- Immediately after discharge from Bradley Hospital, the most common transition was to a residential facility (31%, n=51), followed by to a parent's home (20%, n=33) and group homes (16%, n=26).
- The majority of children (90%, n=148) were discharged to settings located within Rhode Island.
- As of June 3, 2025, the most common current living arrangement was with a parent (22%, n=32), followed by residential facilities (19%, n=29) and psychiatric hospitals (13%, n=19), indicating that a portion of the population remains in high-intensity care settings.

Table 4. Children’s Living Arrangements and Geographic Locations at Bradley Hospital Discharge and as of June 3, 2025 (“Current”)

	At Discharge ¹ % (n)	Current as of 6/3/2025 % (n)
Living Arrangement		
Home (parents) ²	20% (33)	22% (32)
Guardian	*	*
Subsidized Adoption	*	*
Relative Foster Home	8% (13)	*
Non-relative Foster Home	12% (19)	7% (11)
Private Agency Foster Care	*	*
Independent Living	*	*
Group Home	16% (26)	11% (16)
Assessment and Stabilization Center	*	*
Residential Facility	31% (51)	19% (29)
Residential Facility Pending	0 (0%)	*
Substance Abuse Facility	*	*
Psychiatric Hospital	*	13% (19)
Medical Hospital	*	*
Absent from Care	0 (0%)	*
No living arrangement recorded - Case closed	*	9% (13)
Geographic Location		
Rhode Island	90% (148)	75% (112)
Connecticut	*	*
Massachusetts	*	10% (15)
New Hampshire	*	0 (0%)
Vermont	0 (0%)	*
Pennsylvania	*	*
Not available - Absent from Care	0 (0%)	*
Not available - Case closed	*	9% (13)
Total	165	149

* EOHHS data suppressed due to (a) cell size <11 or (b) if the total for a given data category would identify a cell size <11.

¹ The unit of analysis is discharges and will exceed the total number of children if a child had more than one discharge during this time period.

² “Home (parents)” includes various parental compositions such as single female, single male, married couple, and unmarried couple.

Section 2: Behavioral Health Service Array

The Consent Decree requires the State to report on the availability of **community-based behavioral health services** and **therapeutic foster care parents** across Rhode Island. Specifically, it calls for data on the number, type, and capacity of providers, broken down by service type.

Community-based services are defined in the Consent Decree as behavioral health services delivered in a child's family home or community. These include, but are not limited to:

- Intensive In-Home Services (such as In-Home Mental Health Services, In-Home Family Stabilization and Prevention, Parent Skill Building, Youth Support, In-Home Developmental Disability Services, and Foster and Kinship Home Support)
- Substance Use Disorder Treatment
- Crisis Response and Stabilization
- Respite
- Family Peer Support
- Psychiatric Services and Medication Management

This section provides a broader look at Rhode Island's behavioral health service array for children and families. It includes data on the availability and capacity of community-based services and therapeutic foster care parents, as well as information on residential interventions and children placed out of state. These services are delivered, funded, or contracted by DCYF, EOHHS, and BHDDH—and are intended to support children and families in achieving safety, stability, and well-being.⁴

Executive Office of Health and Human Services

Rhode Island EOHHS launched its **Certified Community Behavioral Health Clinic (CCBHC)** initiative on October 1, 2024, in partnership with DCYF and BHDDH. CCBHCs provide a robust, coordinated system of behavioral health care that addresses the complex mental health and substance use needs of children, youth, and families across the state. These clinics are structured to eliminate traditional barriers to care, offering timely and accessible services to all individuals, regardless of insurance coverage, financial circumstances, or place of residence. CCBHCs serve as comprehensive hubs for behavioral health, where children and adolescents can receive a continuum of care beginning with thorough screenings, diagnostic evaluations, and assessments. These evaluations inform individualized treatment plans that may include a combination of individual and group therapy, medication management, psychiatric rehabilitation, and developmentally tailored peer support. Services are delivered using evidence-based practices that are grounded in a trauma-informed approach and guided by cultural competence to ensure care is respectful, responsive, and effective for all individuals.

A cornerstone of the CCBHC model is its emphasis on family-centered care, recognizing the critical role caregivers play in a child's emotional and psychological development. CCBHCs offer a wide range of family-focused services such as family therapy, parenting education, skill-building programs, and family/youth partner support, all aimed at equipping families with the tools and resilience to support their child's recovery and long-term well-being. Clinics foster deep, collaborative partnerships with key child-serving systems, including public schools, DCYF, Family Care Community Partnerships (FCCPs), local and pediatric hospitals, Federally Qualified Health Centers (FQHCs), primary care providers, and the juvenile justice system. This cross-sector coordination ensures a holistic, wraparound approach that addresses children's needs across social, emotional, academic, and behavioral domains. Within this model, care coordinators, case managers, and family and youth partners work in tandem to help families navigate services, advocate for their needs, and remain connected to ongoing supports.

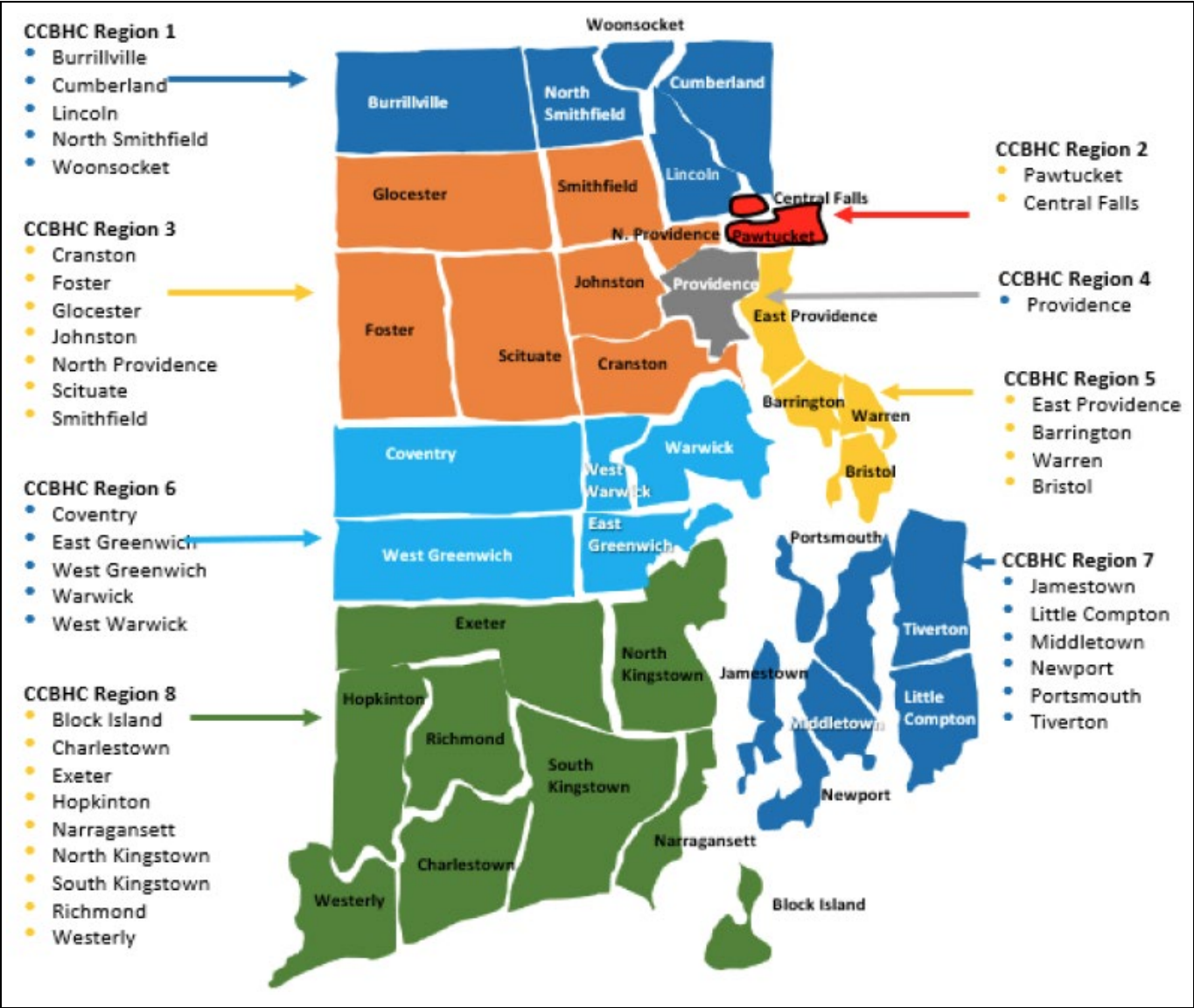
⁴ Note that data on capacity for In-Home Developmental Disability Services, Crisis Response and Stabilization, Respite, Family Peer Support, and Psychiatric and Medication Management were unavailable for this report and will be included in future updates. However, some of these services are included as components of programs listed within this report.

Substance use prevention and treatment is also a critical component of CCBHC services for youth and families. Clinics provide outpatient treatment, and recovery support for adolescents, often incorporating peer support specialists. In times of acute need, CCBHCs provide 24/7 access to Mobile Response and Stabilization Services (MRSS), which deploy crisis-trained professionals to support families in their homes or communities. MRSS plays a critical role in de-escalating behavioral health crises and reducing unnecessary reliance on emergency departments.

Through this integrated, person- and family-centered approach, Rhode Island’s CCBHCs serve as vital community anchors, delivering equitable, high-quality care that promotes healing, stability, and long-term emotional well-being for children, youth, and their families.

As noted above, Rhode Island launched its CCBHC initiative in October 2024. Currently, eight CCBHCs operate across the state. Rhode Islanders—regardless of residence or insurance coverage—can access care at any CCBHC. Figure 1 shows the regional distribution of the clinics, making a wide range of mental health and substance use services accessible throughout Rhode Island.

Figure 1. Map of Rhode Island’s CCBHC Regions



Behavioral Healthcare, Developmental Disabilities and Hospitals

BHDDH works to guarantee high-quality, safe, and accessible services through an integrated healthcare landscape in which all Rhode Islanders will thrive. BHDDH supports a statewide array of services for youth and adults experiencing mental health and substance use disorders (SUDs). Service provider organizations include Community Mental Health Centers (CHMCs), as well as CCBHCs, which are required to serve all individuals who request services, regardless of age or ability to pay.

Tables 5 and 6 present BHDDH-contracted mental health and SUD services available to youth, along with the number of youth served during State Fiscal Years (SFY) 2023 and 2024. Contracted providers are required to accept all eligible referrals; as such, the tables present only service utilization data (as opposed to capacity data). The data reflect SFY 2023-24 as this is the most current complete year data contained in regular reporting.

Table 5. BHDDH Contracted Mental Health Service Providers by Program Type, SFY23-SFY24

Provider	Number of Youth Served						Total
	Child and Adolescent Intensive Treatment Services	Contact	Community Support Program	General Outpatient	Mental Health Intensive Outpatient	Mobile Treatment Team	
Bayberry Psychology					*		*
be Collaborative Care				37	6		43
Community Care Alliance	224	336	*	839		*	1,404
Diversity Counseling				109	13		122
East Bay Community Action Program		75		245			320
Family Service Rhode Island	*	23		390			414
Gateway Healthcare	695	217	13	998		5	1,928
Newport Mental Health	16		16	297		*	330
Northeast Behavioral Health Associates				91			91
The Providence Center	142	115	5	1,645			1,907
Thrive Behavioral Health	250			401			651
United Cerebral Palsy of RI				165			165
Total	1,328	766	37	5,536	21	8	7,696

* BHDDH data suppressed due to (a) cell size <5 or (b) if the total for a given data category would identify a cell size <5.

Table 6. BHDDH Contracted Substance Use Disorder Service Providers by Program Type, SFY23-SFY24¹

Provider	Number of Youth Served				
	Residential	Substance Abuse Intensive Outpatient	Substance Abuse Outpatient	Seven Challenges	Total
Bridgemark			*		*
Clinical Services of RI		*	8		*
Codac			*		*
Comprehensive Community Action			44	6	60
Emma Pendleton Bradley	8				8
Family Service RI			14	58	72
Gateway Healthcare			*		*
Northeast Behavioral Health Associates			*		*
RI Training School				43	43
Thrive Behavioral Health			*		*
Tides				24	24
Tri-County Community Action			5		5
Trinity Village Recover Living		*	*		*
Total	8	*	83	141	237

* BHDDH data suppressed due to (a) cell size <5 or (b) if the total for a given data category would identify a cell size <5.

¹ Cells shaded in gray indicate the provider does not offer that program type.

Department of Children, Youth & Families

DCYF provides a statewide array of services through contracted programs, including prevention programs, home-based programs, group-based programs, and therapeutic foster homes. These programs support families with children from birth to age 18, with some services extending to age 21.

Data presented for the DCYF programs reflect three key points in time, to align with the Consent Decree baseline reporting requirements: (1) **January 7, 2024**—12 months prior to the Consent Decree Effective Date; (2) **January 7, 2025**—the Consent Decree Effective Date; and (3) **April 7, 2025**—the most recent data available at the time this report was developed, intended to provide a current snapshot of the service array. Where exact dates were not feasible, data from the closest available date were used.

Home-Based Services: Family Care Community Partnerships

Family Care Community Partnerships (FCCPs) serve as the **primary prevention** resource network contracted by DCYF. Operating under a Wraparound practice model, each FCCP coordinates a network of providers that offer a wide array of services—from basic needs supports to clinical care. This prevention-focused system is designed to wrap services around families within their communities and help mitigate the risk of DCYF involvement.

Families may be referred to FCCPs through the community—such as schools, medical professionals, law enforcement, or via self-referral—or directly by DCYF. FCCP services are voluntary.

For a full description of each FCCP, please refer to the **DCYF Resource Guide: FCCP** in Appendix A.

Table 7 shows the number of families served by FCCPs at the three selected time points. These figures represent the number of families—each potentially including multiple children—and reflect the utilization of the services. The number of families receiving FCCP services has remained relatively constant over the time period presented.

Table 7. Point-in-Time Count of FCCP Families Served by FCCP Region

FCCP Region	January 7, 2024	January 7, 2025	April 7, 2025
Northern	85	64	77
West Urban Core	84	77	70
Eastern Urban Core	68	81	83
East Bay	50	45	52
Washington-Kent	68	41	47
Statewide Total	355	308	329

Home-Based Services

Home-based services are a key component of the service array continuum provided to children and families involved with DCYF, specifically for those whose children are maintained in their home or cared for by a foster family. As of this report, there are **65 home-based programs** delivered by contracted service providers across the state. Home-based programs provide services to children in their homes, community settings, and foster homes. Services and supports are coordinated by DCYF as part of the SAFE practice model and contracted providers. The SAFE model is a comprehensive assessment conducted by DCYF caseworkers to identify a family's functional status, strengths, areas of need, and goals, which then informs their case plan.

In 2024, DCYF re-procured its home-based services, resulting in an expanded number of programs and increased service capacity for families. Over the reporting period, some programs were newly introduced through the 2024 procurement, while others were discontinued or restructured to better reflect the evolving needs of the population. Program capacity may have changed over time due to several factors, including: shifts in population needs, addition of new programs through procurement, and staffing and ramp-up periods for newly awarded contracts.

The home-based service array includes a subset of well-supported, evidence-based programs that are part of DCYF's Family First Prevention Services. The total count of 65 programs may include the same service models offered by multiple contracted providers. All providers deliver services statewide, with supports tailored to each family's needs based on children's ages, behaviors, and overall family functioning.

A summary of the service types and programs is provided in Table 8. For a full description of each contracted home-based service, please refer to the **DCYF Resource Guide: Home Based Services** in Appendix B.

Tables 9-14 present a list of all DCYF contracted home-based services, including their capacity, census, and capacity percent at the three points in time.

Table 8. DCYF Home-Based Service Types and Programs

Service Type	Programs	
Mental Health and Behavioral Services	Brief Strategic Family Therapy (BSFT) Family Centered Treatment (FCT) Family Centered Treatment Recovery (FCT-SAR) Functional Family Therapy (FFT) Functional Family Therapy - Gang (FFT-G) Intensive Care Dialectical Behavior Therapy (IC-DBT) Intensive In-Home Child & Adolescent Psychiatric Services (IICAPS) Multisystemic Therapy (MST) Multisystemic Therapy - Problem Sexual Behavior (MST-PSB)	Parenting with Love and Limits (PLL) Preserving Families Network (PFN) Preserving Families Network Lite (PFN Lite) Rapid Crisis Stabilization (RCS) Supporting Teens and Adults At-Risk (STAAR) Teen Assertive Community Team (TACT) Trauma Systems Therapy - Community Based (TST-CB) Youth Advocate Program (YAP) Youth Villages - Intercept (YV Intercept)
Family Stabilization and Prevention Services	Believe in Making Results (BMR) Commercial Sexual Exploitation of Children Mentoring Program (CSEC) Community Health Team (CHT) Credible Messenger (CM) Enhanced Family Support Services (EFSS) Family Stabilization Program (FSP) Familias Unidas Family Preservation Program (FPP) Homebuilders Outreach Program Parent and Family Empowerment Program (PFEP)	Parents and Children Together (PACT) Reunification Services (RS) Strong African American Families (SAAF) Supporting Adoptive and Foster Families Everywhere (SAFFE) Supporting Teens and Adults At-Risk (STAR) Therapeutic Day Care Support (TDCS) Thriving Together (TT) Trauma Treatment, Evaluation, Assessment, and Management (TTEAM) Youth Transition Center (YTC)
Parent Skill Building Services	Best Start Caring Dads Parent Child Interactive Therapy (PCIT)	Positive Parenting Program (PPP) SafeCare Strengthening Families Together (SFT)
Kinship, Foster Care, and Adoption Services	Care Coordination Kinship Services (CCKS) Children's Mobile Crisis Response (CMCR-FC) Family Stabilization Program - Foster Kinship (FSP-FK) Foster Care Support Services (FCSS)	Functional Family Therapy - Therapeutic Case Management (FFT-TCM) Kinship CARES (KC) Safe Families (SAFE) Supporting Kinship Foster Families (SKFF)
Family Visitation	Family Time (FT) Family Visitation Center (FVC) Family Visitation Center Parents w/ Cognitive Delays (FVC-DD) Nurturing Early Connections (NEC)	Nurturing Early Connections Parents w/ Cognitive Delays (NEC-DD) Trauma Systems Therapy Family Coaching and Visitation (FCV) Visitation - Families Together
Aftercare and Transitional Services	Aftercare (Aftercare) Supportive Apartment Service Aftercare (SAS Aftercare)	Teen Focus (Teen Focus) Therapeutic Treatment Program Aftercare (TTP Aftercare)

Table 9. DCYF Contracted Mental Health & Disruptive Behavior Programs by Capacity, Census, and Capacity Percent Over Time¹

Provider - Program	January 10, 2024			January 8, 2025			April 9, 2025		
	Capacity	Census	Capacity Percent	Capacity	Census	Capacity Percent	Capacity	Census	Capacity Percent
Child and Family Services - Family Centered Treatment	28	19	68%	22	21	95%	22	18	82%
Child and Family Services - Family Centered Treatment Recovery				10	10	100%	10	13	130%
Child and Family Services - Functional Family Therapy				26	15	58%	26	*	*
Child and Family Services - Functional Family Therapy - Gang	28	19	68%	10	15	150%	10	17	170%
Communities for People - Family Centered Treatment	36	31	86%	46	30	65%	46	32	70%
Family Service of RI - Intensive Care Dialectical Behavior Therapy				25	11	44%	25	16	64%
Family Service of RI - Trauma Systems Therapy - Community Based	42	43	102%	70	53	76%	70	44	63%
NAFI Connecticut - Multisystemic Therapy - Problem Sexual Behavior	9	8	89%	16	15	94%	16	15	94%
NAFI Connecticut - Brief Strategic Family Therapy				30	28	93%	30	28	93%
NAFI Connecticut - Parenting with Love and Limits	34	24	71%	45	24	53%	45	28	62%
NAFI Connecticut - Rapid Crisis Stabilization				16	13	81%	16	13	81%
Newport County Mental Health - Intensive In-Home Child & Adolescent Psychiatric Services				60	*	*	60	*	*
North American Family Institute - Multisystemic Therapy	22	*	*						
The Providence Center - Multisystemic Therapy	26	10	38%	24	9	38%	24	*	*
The Providence Center - Teen Assertive Community Team	28	13	46%						
Tides Family Services - Functional Family Therapy/ Functional Family Therapy - Gang	28	14	50%	42	16	38%	42	11	26%
Tides Family Services - Preserving Families Network	160	91	57%	42	16	38%	165	120	73%
Tides Family Services - Preserving Families Network Lite	33	19	58%						
Tides Family Services - Supporting Teens and Adults At-Risk				21	17	81%	21	13	62%
Youth Advocate Program	96	84	88%	96	84	88%	96	83	86%
Youth Villages - Intercept				80	37	46%	80	68	85%

* DCYF data suppressed due to (a) cell size <6 or (b) if the total for a given data category would identify a cell size <6.

¹ Cells shaded in gray indicate that the program was not contacted by DCYF during the specified time.

Table 10. DCYF Contracted Family Stabilization & Prevention Programs by Capacity, Census, and Capacity Percent Over Time¹

Provider - Program	January 10, 2024			January 8, 2025			April 9, 2025		
	Capacity	Census	Capacity Percent	Capacity	Census	Capacity Percent	Capacity	Census	Capacity Percent
Adoption Rhode Island - Thriving Together				50	13	26%	50	28	56%
Bethany Christian Services - Parents and Children Together				22	*	*	22	*	*
BoysTown - Reunification Services				64	20	31%	64	28	44%
Child and Family Services - Family Stabilization Program	66	33	50%	36	27	75%	36	37	103%
Children's Youth Cabinet - Familias Unidas	10	*	*	15	*	*	46	38	83%
Children's Youth Cabinet - Strong African American Families	10	*	*	80	*	*	25	24	96%
Children's Friend and Service - Family Preservation (Project Connect)	99	62	63%	90	54	60%	90	61	68%
Children's Friend and Service - Therapeutic Day Care Support							*	*	75%
Communities for People - Enhanced Family Support Services	71	45	63%	64	52	81%	64	68	106%
Day One - Commercial Sexual Exploitation of Children Mentoring Program	11	13	118%	11	9	82%	11	10	91%
Day One - Trauma Treatment, Evaluation, Assessment, and Management	22	22	100%						
Family Service of RI - Community Health Team	10	8	80%	16	17	106%	16	17	106%
Groden - Family Preservation Program	25	15	60%	10	7	70%	10	10	100%
Groden - Parent and Family Empowerment Program	7	*	*	25	23	92%	25	23	92%
Homebuilders	10	6	60%	13	*	*	13	*	*
The Key Program - Enhanced Family Support Services	66	52	79%	66	48	73%	66	46	70%
Tides Family Services - Believe in Making Results				45	6	13%	45	8	18%
Tides Family Services - Credible Messenger				6	*	*	6	7	117%
Tides Family Services - Tides Outreach Program	132	119	90%	150	98	65%	150	111	74%
Tides Family Services - Youth Transition Center	30	31	103%	30	34	113%	30	28	93%
St. Mary's Home for Children - Supporting Adoptive and Foster Families Everywhere ²	18	17	94%						
St. Mary's Home for Children - Supporting Teens and Adults At-Risk ²	18	12	67%						

* DCYF data suppressed due to (a) cell size <6 or (b) if the total for a given data category would identify a cell size <6.

¹ Cells shaded in gray indicate that the program was not contracted by DCYF during the specified time.

² SAFFE and STAR are provided through Tides Family Services.

Table 11. DCYF Contracted Parent Skill Building Programs by Capacity, Census, and Capacity Percent Over Time¹

Provider - Program	January 10, 2024			January 8, 2025			April 9, 2025		
	Capacity	Census	Capacity Percent	Capacity	Census	Capacity Percent	Capacity	Census	Capacity Percent
Children's Friend and Service - Caring Dads				20	12	60%	20	13	65%
Family Service of RI - Best Start	*	*	*	24	20	83%	24	17	71%
Family Service of RI - Caring Dads				15	8	53%	15	12	80%
Family Service of RI – Parent-Child Interaction Therapy				20	*	*	20	*	*
Family Service of RI – SafeCare	10	*	*	30	14	47%	30	22	73%
The Key Program - Positive Parenting Program	33	24	73%	40	21	53%	40	23	58%
Parent Support Network of Rhode Island - Strengthening Families Together	78	75	96%	150	83	55%	150	133	89%

* DCYF data suppressed due to (a) cell size <6 or (b) if the total for a given data category would identify a cell size <6.

¹ Cells shaded in gray indicate that the program was not contracted by DCYF during the specified time.

Table 12. DCYF Contracted Kinship, Foster Care & Adoption Programs by Capacity, Census, and Capacity Percent Over Time¹

Provider - Program	January 10, 2024			January 8, 2025			April 9, 2025		
	Capacity	Census	Capacity Percent	Capacity	Census	Capacity Percent	Capacity	Census	Capacity Percent
Boys Town - Care Coordination Kinship Services				72	11	15%	72	19	26%
Child and Family Services - Family Stabilization Program - Foster Kinship				10	9	90%	10	12	120%
Children's Friend and Service - Supporting Kinship Foster Families				55	10	18%	35	9	26%
Communities for People - Foster Care Support Services				24	9	38%	24	18	75%
Family Service of RI - Kinship CARES				50	21	42%	50	20	40%
NAFI Connecticut - Functional Family Therapy - Therapeutic Case Management				32	8	25%	32	10	31%
Tides Family Services - Children's Mobile Crisis Response				20	*	*	20	*	*
Tides Family Services - Safe Families				21	8	38%	21	14	67%

* DCYF data suppressed due to (a) cell size <6 or (b) if the total for a given data category would identify a cell size <6.

¹ Cells shaded in gray indicate that the program was not contracted by DCYF during the specified time.

Table 13. DCYF Contracted Family Visitation Programs by Capacity, Census, and Capacity Percent Over Time¹

Provider - Program	January 10, 2024			January 8, 2025			April 9, 2025		
	Capacity	Census	Capacity Percent	Capacity	Census	Capacity Percent	Capacity	Census	Capacity Percent
Communities for People - Family Time				24	24	100%	24	25	104%
Community Care Alliance - Family Visitation Center	42	21	50%	40	13	33%	40	11	28%
Community Care Alliance - Family Visitation Center Parents w/ Cognitive Delays	10	*	*	10	6	60%	10	*	*
Community Care Alliance - Nurturing Early Connections	16	11	69%	16	9	56%	16	7	44%
Community Care Alliance - Nurturing Early Connections Parents w/ Cognitive Delays	6	*	*	9	8	89%	9	6	67%
Family Service of RI - Trauma Systems Therapy Family Coaching and Visitation	52	29	56%	50	31	62%	50	27	54%
Providence Children's Museum - Visitation - Families Together	62	21	34%	62	17	27%	62	25	40%
Tides Family Services - Family Time				12	*	*	12	*	*
Boys Town	72	40	56%						

* DCYF data suppressed due to (a) cell size <6 or (b) if the total for a given data category would identify a cell size <6.

¹ Cells shaded in gray indicate that the program was not contracted by DCYF during the specified time.

Table 14. DCYF Contracted Aftercare & Transitional Programs by Capacity, Census, and Capacity Percent Over Time¹

Provider - Program	January 10, 2024			January 8, 2025			April 9, 2025		
	Capacity	Census	Capacity Percent	Capacity	Census	Capacity Percent	Capacity	Census	Capacity Percent
Adoption Rhode Island - Teen Focus	54	45	83%	74	53	72%	74	59	80%
BoysTown - Aftercare				12	8	67%	12	8	67%
Child and Family Services - Aftercare				*	*	*	*	*	*
Communities for People - Supportive Apartment Service Aftercare				6	*	*	6	*	*
Communities for People - Therapeutic Treatment Program Aftercare				6	*	*	6	*	*
OceanTides - Aftercare				12	*	*	12	11	92%

* DCYF data suppressed due to (a) cell size <6 or (b) if the total for a given data category would identify a cell size <6.

¹ Cells shaded in gray indicate that the program was not contracted by DCYF during the specified time.

Therapeutic Foster Care

DCYF's Division of Licensing is responsible for several key functions, including the licensing, monitoring, and enforcement of regulations for all foster homes. Additionally, Licensing oversees the recruitment, training, and support of foster families. Foster homes are classified into two broad categories:

- 1) families supported directly by DCYF through recruitment, training, and support; and
- 2) families supported by contracted agencies, which are responsible for recruiting, training, and supporting therapeutic foster families.

The Division's mission is to ensure that all foster families provide for the health, safety, and well-being of children in their care through compliance with regulations.

As part of the licensing and placement process, foster families specify the types of children they are willing and able to foster—such as preferred age ranges, medical and behavioral needs, sibling groups, and other characteristics. These criteria guide placement decisions and inform the Department's recruitment strategy. DCYF recruits foster homes for children across all populations in need of placement, with targeted efforts based on current system needs—for example, families willing to care for older youth and children with more intensive medical needs.

In 2024, the Division of Licensing conducted an extensive review of all foster home licenses to assess both the reported capacity and the alignment between family-specified criteria and children's actual placement needs. As a result of this review, foster families who did not have a child currently placed with them and who were unable or unwilling to broaden their criteria were removed from the roster of active foster homes. Also in 2024, the nine contracted therapeutic foster care agencies recruited and licensed 17 new families. These two factors contributed to a decrease in the total number of therapeutic foster families between 2024 and 2025.

Table 15 provides point-in-time data on the capacity and utilization of therapeutic foster homes. **A notable caveat when interpreting these data** is that reported capacity may overstate actual availability, which can distort both capacity numbers and the utilization percentages. For example, the reported capacity of 349 homes in January 2024 includes families who may only foster young children, sibling groups, children with minimal medical needs, or those needing respite care. If a family is licensed for a sibling group of four but is currently fostering only two siblings, the utilization rate would appear to be 50%, even though the family may not have the capacity for additional placements. Families may also temporarily pause their availability or adjust their criteria for placements, further impacting the accuracy of reported capacity figures.

Descriptions of the contracted therapeutic foster care providers are available in Appendix C.

Table 15. Point-in-Time Count, Capacity, and Utilization of Therapeutic Foster Homes

	January 7, 2024	January 7, 2025	April 7, 2025
Count of Therapeutic Foster Homes	234	201	193
Total Capacity ¹	349	290	257
Utilization % (n) ²	50% (176)	68% (137)	53% (135)

¹ Capacity reflects the total number of placement slots indicated across licensed foster homes. This figure can overstate actual availability, as some homes are only open to fostering specific types of children—such as sibling groups or young children—which limits their practical capacity.

² Utilization rate is calculated by dividing the total number of children placed by total capacity, expressed as a percentage. This may underrepresent true utilization, as some foster families are only willing to accept specific types of children. For example, a home licensed for a sibling group of four may be caring for two siblings—appearing as 50% utilization, even though the home is at full capacity based on their placement criteria.

Residential Interventions (Group Based)

Residential intervention services span a range of group-based settings, tailored to meet the varying levels of acuity and support needs of children. These services are designed to provide the least restrictive environment possible, while promoting safety, well-being, and stability.

As of the date of this report, there are **49 residential intervention settings** across Rhode Island that constitute the group-based service array. Similar to home-based settings, the residential continuum has evolved over this time frame in response to changing population needs, with some programs discontinued and others developed or restructured to better meet the current demands.

The residential intervention array in Rhode Island includes the following service types:

- Assessment & Stabilization Centers
- Group Homes
- Group Homes for Special Populations
- Residential Treatment Centers with on Campus Education
- Residential Treatment Centers with on Campus Education for Special Populations
- Semi-Independent Living Programs
- Independent Living Programs

For a full description of each contracted group-based service, please refer to the **DCYF Resource Guide: Congregate Care** in Appendix D.

Tables 16-19 present a list of the DCYF-contracted group-based residential services, including their capacity, census, and capacity percent at three points in time.

Table 16. DCYF Assessment and Stabilization Center by Capacity, Census, and Capacity Percent Over Time¹

Provider - Program	January 10, 2024			January 8, 2025			April 9, 2025		
	Capacity	Census	Capacity Percent	Capacity	Census	Capacity Percent	Capacity	Census	Capacity Percent
<i>Assessment and Stabilization Center – Female</i>									
Communities for People – Washington ²	6	6	100%	6	*	*	6	6	100%
Family Service of Rhode Island - Greenville	6	*	*						
Family Service of Rhode Island - Sakonnet				*	*	*	*	*	*
St. Mary's Hills	8	*	*						
<i>Assessment and Stabilization Center – Male</i>									
TTC Dartmouth (64)	8	*	*	8	*	*	8	7	88%

* DCYF data suppressed due to (a) cell size <6 or (b) if the total for a given data category would identify a cell size <6.

¹ Cells shaded in gray indicate that the program was not contracted by DCYF during the specified time.

² Temporary setting for female youth.

Table 17. DCYF Group Homes by Capacity, Census, and Capacity Percent Over Time¹

Provider - Program	January 10, 2024			January 8, 2025			April 9, 2025		
	Capacity	Census	Capacity Percent	Capacity	Census	Capacity Percent	Capacity	Census	Capacity Percent
Group Homes - Adolescent Male									
Boys Town - Flanagan (69)				6	*	*	6	*	*
Boys Town - Flanagan (74)	6	*	*	6	*	*	6	*	*
Boys Town - Flanagan (102)	6	6	100%	6	6	100%	6	*	*
Boys Town - Flanagan (125)	6	*	*	6	6	100%	6	*	*
Communities for People - Hope	8	8	100%	8	7	88%	8	8	100%
Community Solutions - Coventry	8	6	75%	8	*	*	8	8	100%
NAFI - Oakland	8	*	*	7	*	*	7	7	100%
Group Homes - Adolescent Female									
Bradley - Lincoln	8	8	100%	8	8	100%	8	7	88%
Boys Town - Flanagan	6	*	*	6	*	*	6	*	*
Communities for People - Knight	*	*	*	6	*	*	6	6	100%
NAFI - Ridge	6	6	100%	7	7	100%	7	7	100%
Turning the Corner - Star	6	*	*	6	*	*	6	*	*
Group Homes - Under 14									
Boys Town - Flanagan	6	*	*						
Group Homes - Developmental Disabilities									
Turning the Corner - Lake	8	*	*	8	6	75%	8	*	*
Whitmarsh - Adolescent Developmental Disabilities Program	*	*	*	6	*	*	6	*	*
Group Homes - Problem Sexual Behavior (PSB)									
Turning the Corner - Dartmouth	8	*	*	8	*	*	8	*	*
Turning the Corner - Pearl	8	6	75%	8	*	*	8	*	*

* DCYF data suppressed due to (a) cell size <6 or (b) if the total for a given data category would identify a cell size <6.

¹ Cells shaded in gray indicate that the program was not contracted by DCYF during the specified time.

Table 18. DCYF Residential Treatment Centers w/on Campus Education by Capacity, Census, and Capacity Percent Over Time¹

Provider - Program	January 10, 2024			January 8, 2025			April 9, 2025		
	Capacity	Census	Capacity Percent	Capacity	Census	Capacity Percent	Capacity	Census	Capacity Percent
<i>Residential Treatment Centers - Adolescent Male</i>									
Harmony Hill School - Blue Jays Cardinals	24	6	25%	10	7	70%	15	8	53%
Harmony Hill School - Eagles	23	21	91%	23	20	87%	23	22	96%
Harmony Hill School - Lions	*	*	*						
<i>Residential Treatment Centers - Adolescent Female</i>									
St. Mary's - Hope	6	6	100%	7	*	*			
St. Mary's - Horton	8	7	88%						
<i>Residential Treatment Centers - Children</i>									
Harmony Hill School - Osprey	7	6	86%	27	24	89%	*	*	*
St. Mary's - Mauran	7	*	*						
<i>Residential Treatment Centers - Juvenile Justice</i>									
Ocean Tides	24	22	92%	7	7	100%	27	21	78%
<i>Residential Treatment Center - Intensive Developmentally Disabled</i>									
Groden - Cowesett	7	7	100%	8	8	100%	7	7	100%
Groden - Farnum	7	*	*	8	7	88%	7	7	100%
Groden - Rome	*	*	*	8	8	100%	*	*	*
Bradley - Exeter				8	8	100%	8	8	100%
Bradley - Hill							8	8	100%
Bradley - Rumford							8	8	100%
Bradley - Heritage							8	8	100%

* DCYF data suppressed due to (a) cell size <6 or (b) if the total for a given data category would identify a cell size <6.

¹ Cells shaded in gray indicate that the program was not contracted by DCYF during the specified time.

Table 19. DCYF Semi-Independent and Independent Living Programs by Capacity, Census, and Capacity Percent Over Time¹

Provider - Program	January 10, 2024			January 8, 2025			April 9, 2025		
	Capacity	Census	Capacity Percent	Capacity	Census	Capacity Percent	Capacity	Census	Capacity Percent
<i>Semi-Independent – Male</i>									
NAFI - Main	10	10	100%	10	8	80%	10	9	90%
Whitmarsh - Lexington	6	6	100%	6	6	100%	6	6	100%
<i>Semi-Independent – Female</i>									
Child and Family Services - Semi-Independent Living Program	6	8	133%	7	*	*	7	*	*
Family Service of Rhode Island - Quanaicut	*	*	*	*	*	*	*	*	*
Family Service of Rhode Island - Wilson	*	*	*	*	*	*	*	*	*
Key Bridge Douglas	6	6	100%	6	*	*	6	*	*
<i>Independent Living</i>									
Child and Family Services - Independent Living Program	12	*	*	10	9	90%	20	10	50%
Child and Family Services - Independent Living Program PPT	8	6	75%	10	*	*	10	6	60%
Communities for People - Independent Living Program	33	25	76%	19	20	105%	19	21	111%
Communities for People - Manton T-Independent Living Program-				*	*	*	*	*	*
Communities for People - Washington T-Independent Living Program (ILP)				*	*	*			
Communities for People - Tappan Supportive Apartment Services	*	*	*	6	6	100%	6	6	100%
Communities for People - Wadsworth Supportive Apartment Services	*	*	*						
Family Service of Rhode Island - East St. Independent Living Program				6	*	*	6	*	*
The Providence Center - LGBT	*	*	*	*	*	*	*	*	*
The Providence Center - MOM	*	*	*	*	*	*	*	*	*
The Providence Center - Transitional Living Program	7	7	100%	7	7	100%	7	8	114%
Whitmarsh - Independent Living Program	*	*	*	6	*	*	6	*	*

* DCYF data suppressed due to (a) cell size <6 or (b) if the total for a given data category would identify a cell size <6.

¹ Cells shaded in gray indicate that the program was not contracted by DCYF during the specified time.

DCYF-Involved Children Residing in Out-of-State Settings

DCYF aims to place children as close to their families as possible while meeting their therapeutic needs. In some cases, this may require placement in an out-of-state setting, most often in residential treatment centers located in neighboring states.

Table 20 presents data on children residing in out-of-state settings, including counts and demographic characteristics at three points in time. The number and characteristics of children placed out of state has remained relatively stable over the period shown.

Table 20. Point-in-Time Number and Characteristics of Youth Placed Out of State - % (n)

	January 10, 2024	January 8, 2025	April 9, 2025
Total Number	70	71	72
Race/Ethnicity			
White Non-Hispanic	54% (38)	56% (40)	56% (40)
Hispanic (all races)	21% (15)	21% (15)	22% (16)
Black Non-Hispanic	14% (10)	15% (11)	14% (10)
Other	10% (7)	*	8% (6)
Gender			
Female	50% (35)	39% (28)	38% (27)
Male	50% (35)	61% (43)	62% (45)
Age			
9-15 years	46% (32)	46% (33)	50% (36)
>16 years	54% (38)	54% (38)	50% (36)

* DCYF data suppressed due to (a) cell size <6 or (b) if the total for a given data category would identify a cell size <6.

Appendix A. DCYF Resource Guide: FCCP

DCYF Resource Guide FCCP

Table of Contents

East Bay Family Care Community Partnership (FCCP)	3
Child & Family.....	3
Northern Family Community Care Partnership (FCCP)	5
Community Care Alliance.....	5
East Urban Core Family Care Community Partnership (FCCP).....	7
Communities for People	7
West Urban Core Family Care Community Partnership (FCCP)	9
Family Service of Rhode Island	9
Washington-Kent Family Care Community Partnership	11
Tri County Community Action Agency.....	11

East Bay Family Care Community Partnership (FCCP)

Child & Family

Description:

- The Family Care Community Partnership (FCCP) is a voluntary community-based prevention program that utilizes the Wraparound model to divert families from involvement, or further involvement, with DCYF and/or the Juvenile Justice system. Children in need of Youth Diversion Program* or Wayward Disobedient Petition** are referred to the FCCP; The FCCP assesses needs and makes appropriate recommendations and referrals to the family. Although one child within the family is identified as the primary client, staff work with all family members and their needs.
- FCCP utilizes a strength-based approach to support families in resolving identified crises and strengthen protective capacities. FCCP staff assist the family in crisis stabilization by developing a plan to address identified needs, concerns, or risks.
- FCCP empowers families to develop a family vision composed of individual goals for their family's future, helps them to develop steps to achieve these goals, and assists in identifying and mobilizing natural and formal supports to assist them in achieving their family vision.
- FCCP supports families in developing the knowledge and skills needed to maintain progress made during engagement and self-efficacy following transition from the program. As needed, families receive support in navigating resources and meeting their global needs, such as (1) basic needs including food, clothing, shelter (2) assistance in application or reapplication for state benefits (3) educational needs for parent and/or child (4) vocational needs for parent and/or child (4) medical, dental, and mental health needs for parent and/or child (5) connection to resources for familial relational difficulties including domestic violence and parenting needs (6) recreational needs for all family members.
- Each family is assigned to a Family Service Care Coordinator (FSCC) trained in the Wraparound model and overseen by a Licensed Independent Clinician. Each FSCC can carry up to 12 cases. Depending on the family's presenting need, they may also be assigned a Family Support Partner (FSP) and/or Housing Navigator. FCCP utilizes a team-based approach in which families are encouraged to identify and mobilize their natural and formal supports by asking them to be members of their Wraparound team; This team meets, on minimum, one time per month to support the family in working toward their identified goals.
- Once a referral is received the assigned FSCC will contact the family within 24 hours to schedule an intake appointment. The intake appointment is scheduled within 5 business days whenever possible. All assessments and the Family Service Plan are completed within 60 days of intake.
- With an average program duration of 6 months; weekly in person meetings are held in the home or community and families are provided with an additional phone contact per week. Families have access to 24/7 on call support as needed.
- Child & Family's FCCP program is offered in Barrington, Bristol, Warren, Jamestown, Little Compton, Middletown, Newport, Portsmouth, Tiverton, and Warren.
- Referrals are generated through DCYF, community partners, and families themselves.

Best fit criteria:

- Families with a least one child, aged birth-18, living within the home.
- Families with one or more of the following areas of need: (1) Are at risk of DCYF involvement due to potential child abuse or neglect, (2) meet criteria for a mental health diagnosis, and/or (3) youth at risk of becoming involved with the Juvenile Justice System, including those meeting criteria for the Youth Diversionary Program (YDP) or Wayward Disobedient Petition (WDP).

Exclusionary Criteria:

- The child has been removed from the custody of parents by DCYF.

*** The Youth Diversion Program:** Services to adolescents ages 9-17 who are at risk for involvement in the Juvenile Justice System or DCYF. Program is limited to 90 days- after 60 days of services the FCCP will make a determination that services are not needed past the 90-day program and will close at 90 days OR there is ongoing service need and the FCCP will help the family to connect to those services. Referrals can be made by community organizations including the police departments and program participation by the family is voluntary.

**** The Wayward Disobedient Program:** Services to youth whose parents are seeking to file a Wayward Disobedient complaint with the local police department as required by RIGL 14-1-11. The FCCP will respond with an intake appointment within 1 week of parents' referral on the standardized DCYF 197 form request and begin assessment of the family and service delivery. Based on outcomes of services the FCCP will either close the case or return the DCYF 197 form to the family noting the recommendation for court action or service delivery. The parent can file the form with the local police department to support filing of Family Court Action.

Northern Family Community Care Partnership (FCCP)

Community Care Alliance

Description:

- FCCP is the major prevention strategy of the Department of Children, Youth and Families (DCYF). We work with families who need assistance in navigating services or identifying community resources that may be available to help their family. The goal of FCCP is to strengthen families in becoming more self-sufficient and be better parents, so FCCP works with families to utilize their natural supports to overcome barriers. The Youth Diversionary and Wayward Disobedient programs are now served by FCCP.
- The FCCP is a statewide program divided into five regions. The Northern RI region is administered by lead agency Community Care Alliance with partner agency CCAP. Towns served are Woonsocket, Cumberland, Lincoln, North Smithfield, Smithfield, Burrillville, Gloucester, Scituate, N. Providence and Johnston.
- FCCP Practice Model provides Wraparound and Crisis Stabilization - Crisis stabilization is helping a family to access resources and services quickly and supporting the family through difficult, urgent crisis situations. This may include helping the family to access the statewide shelter system, domestic violence shelters, substance abuse services, wayward youth petition or basic needs. Wraparound is a process of navigating resources and meeting with team members to problem-solve how to resolve issues and get tasks done. This includes team members and providers finding ways to overcome barriers. Wraparound practice follows the philosophy of *"It takes a village"* and embraces family voice and choice, family strengths, and a Team approach to meet needs – family, supports and professionals work together to meet the longer term goals of the family.
- FCCP staff will visit with each family once per week for 3-6 months. After initial Intake and Releases are signed, staff will then begin a comprehensive assessment of the family while also meeting crisis needs and referring out or connecting to resources. The FCCP Supervisor, who is a licensed mental health professional, will meet with your child in order to provide brief clinical assessment or impressions. If there are concerns for this child, staff will refer to counseling services. The staff will also be working on an Initial Plan with the family.

The Youth Diversion Program

- Services to adolescents ages 9-17 who are at risk for involvement in the Juvenile Justice System or DCYF
- Program is limited to 90 days- after 60 days of services the FCCP will make a determination that services are not needed past the 90-day program and will close at 90 days OR there is ongoing service need and the FCCP will help the family to connect to those services.
- Referrals can be made by community organizations including the police departments and program participation by the family is voluntary.

The Wayward Disobedient Program

- Services to youth whose parents are seeking to file a Wayward Disobedient complaint with the local police department as required by RIGL 14-1-11.
- The FCCP will respond with an intake appointment within 1 week of parents' referral on the standardized DCYF 197 form request and begin assessment of the family and service delivery.
- Based on outcomes of services the FCCP will either close the case or return the DCYF 197 form to the family noting the recommendation for court action or service delivery. The parent can file the form with the local police department to support filing of Family Court Action.

Best fit criteria:

- Families with a child with mental health, behavior issues or diagnosis (serious emotional disturbance.)
- Families with a child 0-17 year old at-risk for involvement with the Department (child abuse or neglect.)

Exclusionary Criteria:

- Child's main residence is outside of Northern catchment region.
- Child has been removed from custody of parents by DCYF.
- No identified youth under the age of 18 or under 21 for youth being released from the Rhode Island Training School

East Urban Core Family Care Community Partnership (FCCP)

Communities for People

Description:

- The FCCP is a major prevention strategy of the Department of Children, Youth and Families (DCYF).
- All families need assistance in navigating services or community resources that may be available to help them utilize natural supports to overcome barriers. The goal of FCCP is to strengthen families in becoming more self-sufficient and to avert further involvement with DCYF and the criminal justice system.
- The FCCP is a statewide program divided into five regions. The East Urban Core region is administered by lead agency Communities for People with partner agency Key Inc. Towns served are Central Falls, East Providence and Pawtucket. The program serves families with one or more child from birth to age 17 residing in the home with risk of child safety, wellbeing and/or neglect.
- FCCP is a community-based process utilizing the Wraparound Model as an approach to empowering families. Family voice and choice, family strengths and a team approach to meet needs – family, supports and professionals work together are core to the support that the FCCP provides. Wraparound is a process of navigating resources and advocating with team members to problem-solve how to resolve issues and get a task done, often utilizing a team member.
- FCCP offers support in navigating resources including but not limited to: Wayward Petitioning, housing stability, provision of basic needs, educational/vocational advocacy, expressive arts, play and sports therapy techniques, parenting education and support; individual counseling, family counseling and mediation, substance abuse education; 24/7 availability for crisis intervention/stabilization, safety planning; comprehensive assessment of the child/youth and family's strengths and needs (completed within 30 days);
- Family support services include: Family meetings, role-modeling/coaching through the process of a Strength Needs and Cultural Discovery and Wrap Planning (completed within 60 days and ongoing every 90 days). FCCP offers support by "doing for, doing with" and subsequently "cheering on" in a process from FCCP hands on backing to the family's development of independence with their growing village.
- All staff are trained in the Wraparound model, trauma-informed practices, Motivational Interviewing, and Strength Based approaches. All Staff are supported with by an Independently Licensed Clinician who provides clinical consultation for each family.
- In the FCCP, every child and adult of the household is served, with one identified child aged 0 to 17 as the Primary Child.
- Services are readily available through evening and weekends, with on-call emergency support available 24/7.
- Each youth is assigned either a Family Service Care Coordinator, a Clinical Wrap Supervisor and may also have a Family Support Partner and/or Housing Navigator join their team. All Families are encouraged to include natural and professional supports in their Wrap Team. FSCC's are intended to carry a caseload of 12 families.
- Upon referral, initial contact with family is made within 24 business hours for routine referrals and sooner for urgent or emergency referrals.
- Families receive a minimum of one (1) face to face contacts per week, with additional telephone and collateral contact once (1) per week at a minimum.
- Typical duration can range up to (6) months.
- Services are provided primarily within the family's home, but may also occur within the community or school setting based on the needs and desires of the family.
- Languages spoken: English, Spanish, Portuguese and Cape Verdean Creole.
- Geographic area: Central Falls, Pawtucket and East Providence

- Referrals are generated through self-referral, community, school, police and DCYF.

The Youth Diversion Program

- Services to adolescents ages 9-17 who are at risk for involvement in the Juvenile Justice System or DCYF
- Program is limited to 90 days- after 60 days of services the FCCP will make a determination that services are not needed past the 90-day program and will close at 90 days OR there is ongoing service need and the FCCP will help the family to connect to those services.
- Referrals can be made by community organizations including the police departments and program participation by the family is voluntary.

The Wayward Disobedient Program

- Services to youth whose parents are seeking to file a Wayward Disobedient complaint with the local police department as required by RIGL 14-1-11.
- The FCCP will respond with an intake appointment within 1 week of parents' referral on the standardized DCYF 197 form request and begin assessment of the family and service delivery.
- Based on outcomes of services the FCCP will either close the case or return the DCYF 197 form to the family noting the recommendation for court action or service delivery. The parent can file the form with the local police department to support filing of Family Court Action.

Best fit criteria:

- Families with a child with mental health, behavior issues or diagnosis (serious emotional disturbance)
- Families with a child 0-17 year old at-risk for involvement with the Department (child abuse or neglect)

Exclusionary Criteria:

- Child's main residence is outside of East Urban Core region
- Child has been removed from custody of parents by DCYF
- No identified youth under the age of 18 or under 21 for youth being released from the Rhode Island Training School

West Urban Core Family Care Community Partnership (FCCP)

Family Service of Rhode Island

Description:

- The FCCP is a major prevention strategy of the Department of Children, Youth and Families (DCYF).
- All families need assistance in navigating services or community resources that may be available to help them utilize natural supports to overcome barriers. The goal of FCCP is to strengthen families in becoming more self-sufficient and to avert further involvement with DCYF and the criminal justice system.
- The FCCP is a statewide program divided into five regions. The West Urban Core region is administered by lead agency Family Service of Rhode Island, with partner agencies Children's Friend and Service, Comprehensive Community Action Program, Progreso Latino, and Tides Family Services. Cities served are Providence and Cranston. The program serves families with at least one child aged 0-17 years residing in the home with risk of child safety, wellbeing and/or neglect.
- FCCP is a community-based process utilizing the Wraparound Model as an approach to empowering families. Wraparound utilizes family voice and choice, family strengths and a team approach to meet needs. The family, natural supports, and providers work together to support the goals of the family. Wraparound is a process of navigating resources and advocating with team members to problem-solve how to resolve issues and get a task done, often utilizing a team member.
- FCCP offers support in navigating resources including but not limited to: Wayward Petitioning, housing stability, provision of basic needs, educational/vocational advocacy, mental and behavioral health services, parenting education and support, individual counseling, family counseling and mediation, substance abuse education, 24/7 availability for crisis intervention/stabilization, safety planning, diagnostic assessment of primary child, and comprehensive assessment of the child/youth and family's strengths and needs (completed within 30 days).
- Family support services include family meetings and role-modeling/coaching through the process of a Strength Needs and Cultural Discovery and Wrap Planning (completed within 60 days and ongoing every 90 days). FCCP offers support by "doing for, doing with" and subsequently "cheering on" in the process of empowering the family, building their team, and preparing them for independence within their growing village.
- All staff are trained in the Wraparound model, trauma-informed practices, Motivational Interviewing, and strengths-based approaches. All staff are supported by an independently licensed clinician who provides clinical consultation for each family.
- In FCCP, every child and adult of the household is served, with one identified child aged 0-17 as the "Primary Child."
- Services are readily available through evening and weekends as needed, with on-call emergency support available 24/7.
- Each family is assigned a Family Service Care Coordinator (FSCC) and a Clinical Supervisor. Families may also have a Family Support Partner (FSP) and/or Housing Navigator join their team. FSPs act as peer support coaches, as they have lived, personal experience related to parenting and/or child welfare. All families are encouraged to include natural and professional supports in their Wrap Teams. FSCCs are intended to carry a caseload of 12 families.
- Upon referral, initial contact with family is made within 24 business hours for routine referrals, and immediately for urgent or emergency referrals.
- Families receive a minimum of 1 face-to-face contact per week, with additional telephone and collateral contacts at least once per week. The Primary Child must be included in at least 1 face-to-face meeting per month.
- Duration of FCCP services is up to 6 months.
- Services are provided primarily within the family's home, but may also occur within the community or school setting based on the needs and desires of the family.

- Languages spoken: English and Spanish. Interpreters for languages not spoken by FCCP staff are provided as needed by the FCCP program.
- Geographic area: Providence and Cranston.
- Referrals may be generated through self-referral, community providers, schools, police, and DCYF.

The Youth Diversion Program

- Services to adolescents ages 9-17 who are at risk for involvement in the Juvenile Justice System or DCYF
- Program is limited to 90 days- after 60 days of services the FCCP will make a determination that services are not needed past the 90-day program and will close at 90 days OR there is ongoing service need and the FCCP will help the family to connect to those services.
- Referrals can be made by community organizations including the police departments and program participation by the family is voluntary.

The Wayward Disobedient Program

- Services to youth whose parents are seeking to file a Wayward Disobedient complaint with the local police department as required by RIGL 14-1-11.
- The FCCP will respond with an intake appointment within 1 week of parents' referral on the standardized DCYF 197 form request and begin assessment of the family and service delivery.
- Based on outcomes of services the FCCP will either close the case or return the DCYF 197 form to the family noting the recommendation for court action or service delivery. The parent can file the form with the local police department to support filing of Family Court Action.

Best fit criteria:

- Families with a child 0-17 years old who has a mental health/behavioral health diagnosis (serious emotional disturbance)
- Families with a child 0-17 years old who is at-risk for involvement with the Department (child abuse or neglect)

Exclusionary Criteria:

- Child's main residence is outside of West Urban Core region
- Child has been removed from custody of parents by DCYF
- Family is open to DCYF with legal status
- There are no identified youth under the age of 18 within the family

Washington-Kent Family Care Community Partnership Tri County Community Action Agency

Description:

The Family Care Community Partnership is a statewide prevention effort funded by the Department of Children, Youth and Families. The Washington-Kent FCCP serves families residing in Washington and Kent Counties. A primary goal of the FCCP is to help strengthen families' ability to successfully support and advocate for their children and understand how to navigate necessary systems. Wraparound provides a comprehensive, holistic, youth and family driven response to barriers. The FCCP, using the Wraparound model, places the child and family at the center of a system of professional and natural supports wherein their identified needs and perspectives drives the work of the team. The family creates a long-term vision for themselves, and then develops an individualized wraparound plan to help them reach that vision.

The Youth Diversion Program

- Services to adolescents ages 9-17 who are at risk for involvement in the Juvenile Justice System or DCYF
- Program is limited to 90 days- after 60 days of services the FCCP will make a determination that services are not needed past the 90-day program and will close at 90 days OR there is ongoing service need and the FCCP will help the family to connect to those services.
- Referrals can be made by community organizations including the police departments and program participation by the family is voluntary.

The Wayward Disobedient Program

- Services to youth whose parents are seeking to file a Wayward Disobedient complaint with the local police department as required by RIGL 14-1-11.
- The FCCP will respond with an intake appointment within 1 week of parents' referral on the standardized DCYF 197 form request and begin assessment of the family and service delivery.
- Based on outcomes of services the FCCP will either close the case or return the DCYF 197 form to the family noting the recommendation for court action or service delivery. The parent can file the form with the local police department to support filing of Family Court Action.

Best fit criteria:

- Family resides in Washington or Kent County
- At least one child in the home under the age of 18.
- Children at risk for involvement in the Juvenile Justice System (truancy, wayward petition, pre arrest diversion)
- Child under the age of 18 experiencing mental health crisis
- Child under the age of 18 experiencing developmental delays
- Family experiencing housing instability, food insecurity, or other financial crisis.
- Child experiencing behavioral concerns
- Family at risk for involvement with DCYF

Exclusionary Criteria:

- No children in the home under the age of 18
- Family legally involved with DCYF
- Children residing in foster care or congregate care settings
- Child's primary residence is outside of Washington or Kent County

Appendix B. DCYF Resource Guide: Home Based Services



DCYF Resource Guide Home Based Services



Table of Contents

Mental Health and Disruptive Behavior Services	4
Brief Strategic Family Therapy (BSFT)	5
Family Centered Treatment® (FCT)	6
Family Centered Treatment® – Recovery (FCT-R).....	6
Family Centered Treatment (FCT)	7
Functional Family Therapy® (FFT)	8
Functional Family Therapy® (FFT) - Gang.....	8
Functional Family Therapy/Functional Family Therapy-Gang.....	9
Intensive Care Dialectical Behavior Therapy.....	10
Intensive In-home Child and Adolescent Psychiatric Services (IICAPS)	11
Intercept®.....	13
Multi-Systemic Therapy for Problem Sexual Behavior (MST- PSB).....	15
Parenting with Love and Limits (PLL)-Re-Entry.....	16
Preserving Family Networks	17
Rapid Crisis Stabilization (RCS).....	18
STAAR.....	19
Trauma Systems Therapy (TST) Community	20
Youth Advocate Programs (YAP®), Inc.	21
Family Stabilization and Prevention Services.....	22
Believe in Making Results	23
Commercial Sexual Exploitation of Children (CSEC) Mentoring	24
Community Health Team	25
Credible Messenger	26
Enhanced Family Support Services (EFSS).....	27
Enhanced Family Support Services Program (EFSS).....	28
Familias Unidas	29
Family Preservation Program (FPP)	30
Family Stabilization Program (FSP)	31
Homebuilders.....	32
Parents and Children Together - PACT®	33
Parent and Family Empowerment Program (PFEP).....	34
Project Connect	35
Reunification Program	36
Strong African American Families.....	37

Thriving Together	38
Tides Outreach Program	39
Youth Transition Center (YTC)	40
Parent Skill Building Services	41
Best Start Rhode Island.....	42
Caring Dads	43
Caring Dads	44
Parent Child Interaction Therapy	46
Positive Parenting Program (Triple P)	47
SafeCare.....	48
Strengthening Families Together Program (SFT).....	49
Kinship, Foster Care and Adoption Services	50
Care Coordination Kinship Support.....	51
Children’s Mobile Response and Crisis Response for DCYF Foster/ Kinship Homes	52
Family Stabilization Program – Kinship/Foster Support (FSP-K)	53
Families for Children- Supportive Services (FFC–SS)	54
Fostering Families-Kinship Foster Families.....	56
Functional Family Therapy- Therapeutic Case Management (FFT-TCM)	57
Kinship CARES.....	58
Safe Families	59
Family Visitation	60
Families Together Visitation Program.....	61
Family Coaching and Visitation	62
Family Time- Enhanced Visitation Program	63
Family Time	64
Family Visitation Center	65
Family Visitation Center for Parents with Development Delays	66
Nurturing Early Connections (NEC)	67
Nurturing Early Connections for parents with Developmental Delays (NEC-DD).....	68
Aftercare and Transitional Services	69
Aftercare Services	70
Aftercare Services	71
Aftercare Services for Supportive Apartment Service (SAS).....	72
Aftercare Services for Transitional Treatment Program (TTP).....	73
Residential Aftercare Program (ESILP/ILP programs)	74
Transition & Aftercare (Juvenile Justice).....	75

Mental Health and Disruptive Behavior Services



Brief Strategic Family Therapy (BSFT)

NAFI Rhode Island

Program Description:

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

Best Fit Criteria:

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

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

Exclusionary Criteria:

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

Family Centered Treatment® (FCT)

Family Centered Treatment® – Recovery (FCT-R)

Child & Family Services of Newport County

Program Description:

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

Best fit criteria:

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

Exclusionary Criteria:

- No identified plan for reunification or no identified caregiver.

Family Centered Treatment (FCT)

Communities for People

Program Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

Functional Family Therapy® (FFT)

Functional Family Therapy® (FFT) - Gang

Child & Family Services of Newport County

Program Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

Functional Family Therapy/Functional Family Therapy-Gang

Tides Family Services

Program Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

Intensive Care Dialectical Behavior Therapy

Family Service of Rhode Island

Program Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

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

Newport Mental Health

Program Description:

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

Best Fit Criteria:

Symptoms and functional impairment include all of the following:

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

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

Exclusionary Criteria:

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

Intercept®

Youth Villages, Inc

Program Description:

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

Best Fit Criteria:

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

Exclusionary Criteria:

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

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

Multi-Systemic Therapy (MST)

Providence Center

Program Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

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

NAFI

Program Description:

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

Best Fit Criteria:

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

Exclusionary Criteria:

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

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

Program Description:

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

Best Fit Criteria:

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

Exclusionary

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

Preserving Family Networks

Tides Family Services

Program Description:

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

Best fit criteria:

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

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

Exclusionary Criteria:

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

Rapid Crisis Stabilization (RCS)

NAFI

Program Description:

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

Best Fit Criteria:

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

Exclusionary Criteria:

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

STAAR

Tides Family Services

Program Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

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

Program Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

Youth Advocate Programs (YAP®), Inc.

Program Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

Family Stabilization and Prevention Services



Believe in Making Results

Tides Family Services

Program Description:

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

BMR incorporates:

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

Best fit criteria:

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

Exclusionary Criteria:

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

Commercial Sexual Exploitation of Children (CSEC) Mentoring Day One

Program Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

Community Health Team Family Service of Rhode Island

Program Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

Credible Messenger

Tides Family Services

Program Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

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

Program Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

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

Program Description:

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

Best Fit Criteria:

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

Exclusionary Criteria:

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

Familias Unidas

Children and Youth Cabinet RI

Program Description:

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

Best fit criteria:

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

Exclusionary Criteria:

- N/A

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

Program Description:

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

Best-fit Criteria:

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

Exclusionary Criteria:

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

Family Stabilization Program (FSP)

Child & Family Services of Newport County

Program Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

Homebuilders

Bethany Christian Services of Southern New England

Program Description:

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

Best Fit Criteria:

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

Exclusionary Criteria:

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

Parents and Children Together - PACT®

Bethany Christian Services of Southern New England

Program Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

Parent and Family Empowerment Program (PFEP)

The Groden Center

Program Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

Project Connect Children's Friend

Program Description:

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

Best Fit Criteria:

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

Exclusionary Criteria:

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

Reunification Program

Boys Town New England

Program Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

Strong African American Families Children and Youth Cabinet RI

Program Description:

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

Best fit criteria:

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

Exclusionary Criteria:

- N/A

Thriving Together

Adoption Rhode Island

Program Description:

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

Best fit & exclusionary criteria:

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

Exclusionary Criteria:

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

Tides Outreach Program

Tides Family Service

Program Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

Youth Transition Center (YTC) Tides Family Services

Program Description:

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

Best fit criteria:

The target population for the project will be:

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

Exclusionary Criteria:

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

Parent Skill Building Services



Best Start Rhode Island

Family Service of Rhode Island

Program Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

Caring Dads Children's Friend

Program Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

Caring Dads

Family Service of Rhode Island

Program Description:

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

Best Fit Criteria:

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

Exclusionary Criteria:

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

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

Parent Child Interaction Therapy

Family Service of Rhode Island

Program Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

Positive Parenting Program (Triple P)

Key Program, Incorporated's

Program Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

SafeCare

Family Service of Rhode Island

Program Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

Strengthening Families Together Program (SFT)

Parent Support Network of Rhode Island (PSN)

Program Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

Kinship, Foster Care and Adoption Services



Care Coordination Kinship Support Boys Town New England

Program Description:

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

Best fit criteria:

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

Exclusionary Criteria:

- Refusal to participate in services.

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

Program Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

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

Child & Family Services of Newport County

Program Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

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

Program Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

Fostering Families-Kinship Foster Families Children's Friend

Program Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

Functional Family Therapy- Therapeutic Case Management (FFT-TCM)

NAFI Rhode Island

Program Description:

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

Best Fit Criteria:

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

Exclusionary Criteria:

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

Kinship CARES

Family Service of RI

Program Description:

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

Best Criteria:

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

Exclusionary Criteria:

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

Safe Families

Tides Family Services

Program Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

Family Visitation



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

Program Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

Family Coaching and Visitation Family Service of Rhode Island

Program Description:

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

Best Fit Criteria:

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

Exclusion Criteria:

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

Family Time- Enhanced Visitation Program Communities for People Inc.

Program Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

Family Time

Tides Family Services

Program Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

Family Visitation Center Community Care Alliance

Program Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

Family Visitation Center for Parents with Development Delays

Community Care Alliance

Program Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

Nurturing Early Connections (NEC)

Community Care Alliance

Program Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

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

Program Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

Aftercare and Transitional Services



Aftercare Services

Boys Town New England, Inc.

Program Description:

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

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

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

Exclusionary Criteria: None

Aftercare Services Fall River Deaconess

Program Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

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

Program Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

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

Program Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

Residential Aftercare Program (ESILP/ILP programs)

Child & Family Services of Newport County

Program Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

Transition & Aftercare (Juvenile Justice)

Ocean Tides Inc.

Program Description:

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

Best fit criteria:

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

Exclusionary Criteria:

- OTTA is available to OT RTC clients.

Teen Focus Program

Adoption Rhode Island

Program Description:

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

Best Fit:

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

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

Exclusionary Criteria:

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

Appendix C. DCYF Resource Guide: Foster Care

DCYF Resource Guide

Foster Care

Table of Contents

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

Alliance Human Service, Inc.

Therapeutic Foster Care program

Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

Boys Town

Foster Family Services

Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

Child & Family

ARC 1 and ARC 2 Foster Care

Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

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

Children's Friend

Family Preservation and Permanency Services: Private Foster Care

Description:

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

Best Fit Criteria (Circumstances):

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

Exclusionary Criteria (Circumstances):

- Adolescents who have severe behavioral and mental health needs.

Communities for People Inc. Families for Children (FFC)

Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

Communities for People Inc.

Families for Children Residence Model (FFC-RM)

Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

Devereux

Therapeutic Foster Care

Description:

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

Best fit criteria:

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

Exclusionary Criteria:

- Children and youth who are actively suicidal and homicidal.

Family Service of RI (FSRI)

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

Description:

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

Best fit criteria:

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

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

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

Exclusionary Criteria:

- None

The Groden Network

Treatment Foster Care

Description:

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

Best Fit Criteria:

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

Exclusionary Criteria:

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

NAFI

Therapeutic Foster Care

Description:

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

Best fit criteria:

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

Exclusionary Criteria:

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

Appendix D. DCYF Resource Guide: Congregate Care



DCYF Resource Guide

Congregate Care



Table of Contents

Assessment and Stabilization Centers	4
Communities for People- Short Term Assessment & Reunification (STAR).....	5
Family Service of Rhode Island- Sakonnet House- Screening and Assessment.....	7
Turning the Corner- Assessment Center	9
Group Homes.....	10
Bradley Hospital- The Compass Program at Lincoln House.....	11
Boys Town- Family Home Program.....	13
Communities for People- Transitional Treatment Program (TTP)	14
NAFI- Ridge Street.....	15
Turning the Corner- Hospital Diversion Program for Girls	16
Boys Town- Family Home Program.....	17
Communities for People- Intensive Supervised Living Program (ISLP).....	18
Community Solutions- Coventry House.....	19
NAFI- Oakland Beach	20
Group Homes- Special Populations	21
Turning the Corner- Lewis Bey Program at Lake Street.....	22
Whitmarsh- Adolescent Developmental Disabilities Program (ADDP).....	23
Turning the Corner- Abuse Reactive Program for Older Youth.....	24
Turning the Corner- Abuse Reactive Program for Younger Youth	25
Turning the Corner- Specialized Program at Bucklin Street.....	26
Residential Treatment Centers with on Campus Education	27
Harmony Hill School- ISAT II Blue Jay/ Cardinal Program	28
Harmony Hill School- ISAT Eagle Treatment Program (Eagles A, B, C and D).....	29
Harmony Hill School- ISAT Ospreys Treatment Program	30
Ocean Tides- Residential Treatment Center (Juvenile Justice)	31
Special Populations- Intensive Developmental Delays.....	32
The Groden Network- Residential Programs.....	33
Bradley Hospital- Center for Autism & Developmental Disabilities (CADD) Residential	35
Semi-Independent Living Programs	36
Child & Family- Enhanced Semi-Independent Living Program.....	37
Family Service of Rhode Island- Quanaicut House	38
Family Service of Rhode Island- Wilson House.....	40
Key Program- PSG-Bridge.....	42
NAFI- Main Street Program.....	43
Whitmarsh- Bridge Program Supervised Living (BPSL)	45
Independent Living Programs	46

Child & Family- Independent Living (ILP)	47
Child & Family- Pregnant and Parenting Teens (PPT) Independent Living	48
Communities for People- Independent Living Program (ILP).....	49
Communities for People- Transitional Treatment Program (SAS)	50
Family Service of Rhode Island- Independent Living.....	51
Providence Center- Transitional Living Program (TLP) - LGBTQ.....	52
Providence Center- Transitional Living Program (TLP)	54
Providence Center- Transitional Living Program (TLP)-Teen Mom.....	55
Whitmarsh- Independent Living Program.....	57

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 LGBTQQI.

Exclusionary Criteria:

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