State of Rhode Island Department of Justice Consent Decree Baseline Data Report

Advisory Committee on the DOJ Consent Decree



Agenda

Brief Overview of DOJ Consent Decree

DOJ Focus Population

DOJ Baseline Report requirements

DOJ Baseline Report Contributing Team

DOJ Baseline Report Results and Impressions

QA advisory committee





DOJ Consent Decree



DOJ Consent Decree

State of RI entered into a consent decree with the U.S. Department of Justice on January 7, 2025

Purpose:

- Transition children
 hospitalized at Bradley
 Psychiatric Hospital to family
 settings with community based services
- Prevent children with behavioral health disabilities from unnecessary prolonged psychiatric hospitalization





Focus Population: DOJ Consent Decree

Child open to DCYF Family Service unit or Community Service & Behavioral Health family navigation unit and one of the following:

- a. Child currently admitted to Bradley Psychiatric Hospital
- b. Child admitted to Bradley within 12 months year of effective date
- c. Child admitted to Bradley any point during Consent Decree

Or

d. Deemed at risk for Bradley admission having 3 or more behavioral health related emergency department visits (ED).



DOJ Baseline Data Report Requirements

- ✓ Baseline Data Report due within 180 days of Effective Date of 1/7/25
- ✓ a. Overview of Focus Population
- ✓ b. Availability of Community-Based Services and Therapeutic Foster Parents Statewide
- ✓ + c. The number of children with Open Cases who experienced 3 or more behavioral health related emergency department visits
- ✓ d. State will post Baseline Data
 Report to DCYF website within
 14 days of producing report





DOJ Baseline Data Report Collaborative Data Analytic Team

Collaborative Team included:

- Executive Office of Health and Human Services
- Department of Children, Youth and Families
- Behavioral Healthcare, Developmental Disabilities and Hospitals
- Department of Health
- Innovations Institute
- Collaborative team met weekly or biweekly for the Baseline Data Report development
- Ecosystem merged data
- Comprehensive data element descriptions





DOJ Baseline Data Report: Overview of Focus Population (includes At-Risk Group as part of the Focus Population)

Data included:

- Age
- Sex (Gender data field)
- Race and Ethnicity
- RI County
- DCYF Involvement: Family Service Unit (FSU); Community Services Behavioral Health Family Navigation (CSBH)
- Number of Bradley Hospital (BH) stays
- Number of ED visits
- Length of stay at Bradley Hospital
- Living arrangement at BH discharge and as of 6/3/2025





DOJ Baseline Data Report Results

For complete report:

https://dcyf_ri_gov/programsinitiatives/consent-decree



Overview of Focus Population

Bradeley patient:

Total 149 children had an admission to Bradley psychiatric hospital between 1/7/2024-6/3/2025:

- 80% between ages 11-21
- 54% identified as male
- 43% were white and 42% were Hispanic
- 70% had living arrangement in Providence County prior to admission
- Majority were involved with DCYF FSU vs CSBH
- 72% had a single stay at Bradley psychiatric hospital

At-Risk Population

Total 45 children had 3 or more behavioral health-related ED visits in the reporting period:

- 80% between ages 16-21
- 51% identified as male
- 60% were white and 31% were Hispanic
- 73% resided in Providence County
- Majority were involved with DCYF FSU vs CSBH
- 64% had 4 or more behavioral healthrelated 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 Stays ¹		
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



Data Notes:

*EOHHS data suppressed Due to cell size <11 or if total for a given category would Identify cell size<11 1: applies to inpatient group 2:applies to At-Risk Group



How Long did Children Stay at Bradley Psychiatric Hospital?

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.

Where Did Children at Bradley Psychiatric Hospital Discharge to Immediately After and as of the Current Report, June 3, 2025?

At Discharge

- 31% (n=51) transitioned to a residential facility
- 16% (n=26) to a group home
- 20% (n=33) to a parent's home
- 90% were geographically located in RI

Current as of 6/3/2025

- 22% (n=32) are with parents
- 19% (n=29) are at residential facilities
- 13% (n=19) are in psychiatric hospitals
- 75% geographically located in RI with 10% in MA and 9% were closed from DCYF

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

	At Discharge¹ % (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.

DOJ Baseline Data Report: What is the Data Suggesting?

Focus population

- Majority of youth are age 11-21
- 70% are from Providence County
- The majority (72%) had 1 hospital stay
- Length of Stay Of those discharged:
 - median length of stay is 22 days with 52% staying 29 days or less,
 - approximately 1 in 5 stayed 45+ days
- Most are discharged within RI (90%)
- Almost half discharge to a group setting,
 while 1 in 5 (20%) home with their family

At Risk population

- Majority of youth are age 16-21
- 73% are from Providence County
- 64% had four or more behavior related ED visits



Behavioral Health Service Array

Capacity and Utilization

Community-based,

Therapeutic Foster Parents and

Group Care

Agencies - EOHHS, BHDDH, RIDCYF



Community-based and Therapeutic Foster Parents

Community based defined by Consent Decree as behavioral health services delivered in a child's family home or community as illustrated below but not limited to:

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

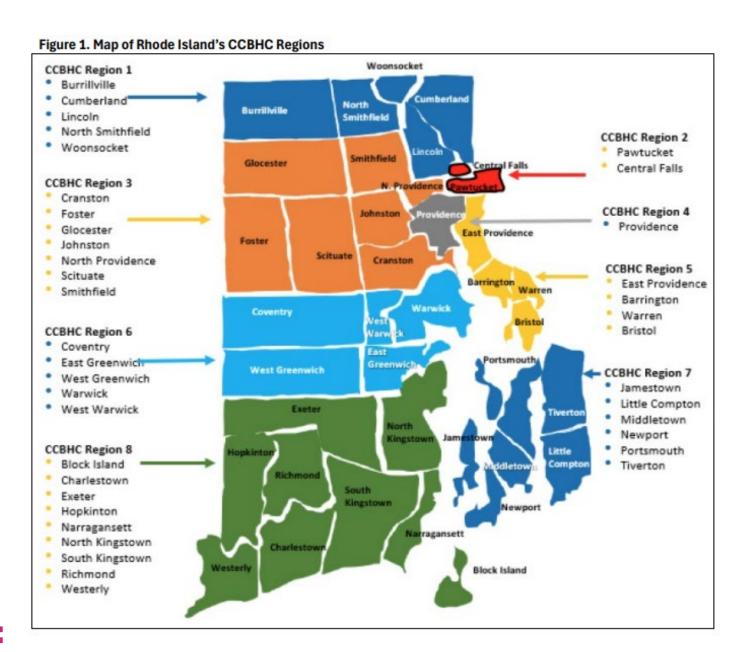
For DCYF contracted programs 3 points in time are provided that closely align with the Consent Decree effective date, 12 months prior to effective date as required by the Consent Decree for the Focus population, and most current as of the time the report was developed.



Selected Highlights of Service Array Capacity and Utilization Data Tables



EOHHS: Certified Community Behavioral Health Clinics (CCBHCs)





DCYF Home-Based Services: Family Care Community Partnerships (FCCP), Prevention: Utilization

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



DCYF Contracted Home-based Service Types and Programs

Table 8. DCYF Home-Based Service Types and Programs

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



DCYF Contracted Mental Health & Disruptive Behavior Programs: Capacity, Census, Capacity Percent Over Time¹

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

	Ja	nuary 10, 20	24	Ja	January 8, 2025			April 9, 2025		
Provider - Program	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.



DCYF Contracted Family Stabilization & Prevention Programs: Capacity, Census, Capacity Percent Over Time

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

	January 10, 2024			January 8, 2025			April 9, 2025		
Provider - Program	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.

² SAFFE and STAR are provided through Tides Family Services.



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

BHDDH Contracted Mental Health Service Providers: Utilization

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

			Numb	er of Youth S	erved		
Provider	Child and Adolescent Intensive Treatment Services	Contact	Community Support Program	General Outpatient	Mental Health Intensive Outpatient	Mobile Treatment Team	Total
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.



BHDDH Contracted Substance Use Disorder Service Providers: Utilization

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

		Num	ber of Youth Se	erved	
Provider	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.

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



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:

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 now want to foster non siblings of the two in their home.

Or

A family may temporarily pause their availability for various reasons, such as they recently adopted their foster child.

Or

A family may only want a child of a certain age group that doesn't match the current more pressing need of children of different ages.

Therapeutic Foster Homes: Point in Time Count, Capacity and Utilization

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.

DCYF Group Home: Capacity, Census, Capacity Percent Over Time

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

	Ja	January 10, 2024			January 8, 2025			April 9, 2025		
Provider - Program	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	*	*	*	6	*	*	6	*	*	
Program										
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.

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

DCYF Residential Treatment Centers: Capacity, Census, Capacity Percent Over Time

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

nable 18. DCTF Residential Treatment Centers w/on Campus Education by Capacity, Census, and Capacity Percent Over Time										
	Ja	nuary 10, 20	24	Ja	nuary 8, 202	25		April 9, 2025		
Provider - Program	Capacity	Census	Capacity Percent	Capacity	Census	Capacity Percent	Capacity	Census	Capacity Percent	
Residential Treatment Centers - Adolescent Male										
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	*	*	*							
Residential Treatment Centers - Adolescent Female										
St. Mary's - Hope	6	6	100%	7	*	*				
St. Mary's - Horton	8	7	88%							
Residential Treatment Centers - Children										
Harmony Hill School - Osprey	7	6	86%	27	24	89%	*	*	*	
St. Mary's - Mauran	7	*	*							
Residential Treatment Centers - Juvenile Justice										
Ocean Tides	24	22	92%	7	7	100%	27	21	78%	
Residential Treatment Center - Intensive Developmentally	Disabled									
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%	

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

Characteristics of Youth in Out of State

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.

Quality Assurance Advisory Committee



Quality Assurance Advisory Committee

Purpose: The Quality Assurance Committee, established under the Department of Justice Consent Decree, is responsible for reviewing data on a quarterly basis to assess progress in implementing Rhode Island's children's behavioral system improvements. The Committee provides feedback to inform midcourse corrections, identify gaps in service delivery, and help ensure the system is achieving its intended outcomes for children, families, and the broader behavioral health system.



Quality Assurance Advisory Committee

Committee Responsibilities:

- Review quarterly data reports related to implementation progress, service access, and outcomes for children in the Focus Population.
- Identify trends, gaps, and systemic issues at the provider, regional, and systemwide levels.
- Recommend responsive actions and strategies to improve quality and performance.

Membership Structure: The Committee is composed of representatives from key Rhode Island State Agencies (EOHHS, DCYF, BHDDH, RIDOH, DHS), including researchers, data analysts, and program staff. Membership reflects a cross-disciplinary approach to ensure comprehensive review and accountability.

Meeting Cadence: The Committee will meet quarterly, with additional meetings scheduled as needed based on implementation timelines and emerging issues.



Thank you!!

