



**United States v. State of Rhode Island
Civil Action No. 24-cv-00531**

**Children's Behavioral Health
Consent Decree Monitoring Report**

Submitted by Elizabeth Manley, MSW, Monitor

*Provided to the State of Rhode Island, the U.S. Department of Justice, and
the U.S. District Court by November 2, 2025*

Contents

- Introduction.....3
- The Role of the Monitor.....4
- Overview of Report.....4
 - The Focus Population5
 - Data, Outcomes, and Continuous Quality Improvement6
 - Baseline Data Report.....6
 - Infrastructure, Governance, and Systems Management10
 - Service Array and Workforce Development10
 - Stakeholder Engagement.....11
- Looking Ahead12
- Appendix13

Introduction

On January 7, 2025, the State of Rhode Island entered a Consent Decree with the U.S. Department of Justice (DOJ) in *Civil Action No. 24-cv-00531*.¹ This agreement was reached after a federal investigation found violations of federal civil rights laws concerning psychiatric hospitalizations of youth from 2017 to 2022. In the Consent Decree, the State acknowledged the federal findings and, while the State disputed aspects of the findings, the State “committed to achieving the shared goal of fostering and strengthening community-based services for those children with behavioral health disabilities in the care and custody of the Department of Children, Youth and Families (DCYF), so they are treated in the most integrated setting appropriate to their needs to support child safety, psychosocial development, permanency and wellbeing, and overall family functioning.”

The Consent Decree is intended to remedy the State’s alleged noncompliance with the violation of Title II of the Americans with Disabilities Act of 1990 (ADA), 42 U.S.C. § 12132 and its implementing regulations and Section 504 of the Rehabilitation Act of 1973 (Section 504), 29 U.S.C. § 794 through design and implementation of an agreed-upon remedial plan. The purpose of this Consent Decree is to transition children who have been hospitalized at Bradley Hospital to family settings with needed community-based services and to prevent children with behavioral health disabilities from experiencing avoidable or unnecessarily prolonged psychiatric hospitalization.

The Consent Decree defines the **focus population** as any child who has an “Open Case” with DCYF and meets one of the following criteria:

- The child is currently admitted to Bradley Hospital for acute inpatient treatment.
- The child was admitted to Bradley Hospital for acute inpatient treatment within one year before January 7, 2025 (the Consent Decree’s Effective Date).
- The child is admitted to Bradley Hospital for acute inpatient treatment at any point during this Consent Decree.
- 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 since January 7, 2025, as a result of a current or subsequent diagnosed Behavioral Health Disability.

The State of Rhode Island worked with the U.S. Department of Health and Human Services and the U.S. Department of Justice, U.S. Attorney’s Office to develop this Consent Decree. 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 will be referred to collectively as the State throughout this report.

EOHHS is “the principal agency of the executive branch of state government” (R.I.G.L. §42-7.2-2) responsible for managing the departments of: Health (RIDOH); Human Services (DHS); Office of Healthy Aging (OHA); Office of Veterans Services (VETS); Children, Youth and Families (DCYF); and Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH). EOHHS is also designated as the single State agency to administer the Medicaid program in Rhode Island (EOHHS,

¹ Throughout this Plan, 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>.

2025). Within EOHHS, DCYF has statutory authority and oversight of the children’s behavioral health system, and BHDDH has statutory authority and oversight of the children’s substance use system and hospitals.

The Role of the Monitor

On January 30, 2025, the U.S. District Court for the District of Rhode Island approved the Joint Motion by the U.S. and the State for approval of Elizabeth Manley as Monitor for the Consent Decree. As outlined in the Consent Decree, “the Monitor will gather, analyze and report on data reflecting the State’s progress in implementing and complying with requirements of the Consent Decree and Implementation Plan. The Monitor will pursue a problem-solving approach to amicably resolve any disagreements that arise between the Parties so the Parties can focus on the State’s compliance with the Consent Decree” (p. 27).

The Consent Decree further outlines the role and responsibilities of the Monitor which include, but are not limited to:

- **Review and update the Monitoring Plan** that was submitted and finalized on May 2, 2025, and is anticipated to be updated and revised as needed throughout the Agreement.
- **Providing subject matter expertise, reviewing, and commenting** to support the implementation of the Consent Decree, including
 - Contributing to the development of the data categories and elements to be included in the Baseline Data Report; [Children's Behavioral Health Consent Decree | RI Department of Children, Youth & Families](#)
 - Providing comments on the State’s proposed Implementation Plan and as needed supporting revisions of the Implementation Plan prior to finalization.
 - Reviewing and commenting on materials, status of implementation activities and the Focus Population, and proposed strategies and approaches.
 - Contributing to the selection of the Clinical Assessment Tool.
 - Issuing letters, reports, or testimony.
- **Gathering, analyzing, and reporting on data reflecting the State’s progress in implementing and complying** with the requirements of the Consent Decree and the Implementation Plan, including
 - Conducting Quality Service Reviews (QSR), at least annually, in accordance with XI(B) of the Consent Decree (p. 25) and
 - Issuing an ongoing Compliance Review and Monitoring Report every six months to determine compliance with the requirements of the Consent Decree and the Implementation Plan.

The Consent Decree outlines areas for improvements to the Rhode Island children’s behavioral health system that are necessary to meet the needs of the Focus Population. The findings of the federal investigation are consistent with the observations of advocates within Rhode Island who have identified similar needs for changes to and further investments in the children’s behavioral health system to support home and community-based services to meet the unique needs of children and families (Rhode Island Coalition of Children and Families, 2024).

Overview of Report

This Monitoring Report is submitted in accordance with the requirements of the Consent Decree to provide the first Monitoring Report six months after the submission of the approved Monitoring

Plan. The Monitoring Report provides an assessment of progress RI EOHHS, DCYF and BHDDH have made regarding required activities within the Monitoring Plan as consistent with the Consent Decree.

This Monitoring Report will address progress or activities in following areas:

- Focus Population:
 - The number of children within the Focus Population at the time the Baseline Data Report was published.
 - Development of the state's ability to track the needs and progress of the Focus Population
- Data, Outcomes and Continuous Quality Improvement
 - Findings from the Baseline Data Report
 - Progress toward the development of a Continuous Quality Improvement Process
- Infrastructure, Governance and Management
 - The development of an Executive Director of Children's Behavioral Health Position within DCYF and timeline for recruitment to be developed in next reporting period
 - Supervisor of the Transition Coordinators has been hired and is in the process of being trained in FOCUS
 - Transition Coordinators will begin working with children in January 2026
- Service Array and Workforce Development
 - Customized Crisis System - Mobile Response and Stabilization Services (MRSS)
 - Statewide Access to MRSS
 - Legislation has passed to support financing MRSS for children with commercial insurance plans
 - Medicaid State Plan Amendment
 - Intensive Care Coordination timeline development and activities
 - Transition Coordinators receive training and coaching in the [FOCUS Model](#)
- Stakeholder Engagement
 - Use of Advisory Committee
 - Updating website with required materials

Additionally, this report will elevate challenges to the implementation of the Consent Decree that may require attention by the State.

As outlined in the Consent Decree (p. 7), the Independent Consultant will provide a report on their observations six months after the Baseline Data Report is complete. It is anticipated that the next Monitoring Report will include identified strategies from the Consultant Report due to be submitted on January 6, 2026.

The Focus Population

The Baseline Data Report has identified, at the time it was published, 149 children who were admitted to Bradley Hospital and 45 children who had 3 or more behavioral health visits to the emergency department in this reporting period.

The total number of children included in the Focus Population will change over time as youth enter care at Bradley Hospital acute inpatient and/or have 3 visits to an emergency department while in the care of the DCYF.

Data, Outcomes, and Continuous Quality Improvement

Baseline Data Report

The State submitted the Baseline Data report as required within the Consent Decree, 180 days and made the report public on the DCYF Consent Decree website within 14 days. The Baseline Data report was required and did provide an overview of the Focus Population with Bradley admissions (p. 3, para. 12 (a)-(b)).

The Baseline Data Report indicates that DCYF has two pathways to care, the Family Service Unit (FSU) and a voluntary Community Service and Behavioral Health (CSBH) Family Navigation Unit (FNU). The Monitor notes that although there is a different path between voluntary and non-voluntary engagement with DCYF, the initial entry for children to access behavioral health care is through the Rhode Island's child protection organization. The need to enter through the child protection system is a barrier for children to access the clinical care necessary to address their behavioral health needs. The Monitor identifies the need to explore strategies to address the development of a single point of access for families of children with behavioral health needs separate from the state's child protection system.

A. The Baseline Data Report identified children in the Focus Population, where they are located (both geographically and by type of service setting) their demographic characteristics, and whether they are child-welfare involved or have an be opened to DCYF through the voluntary Children's Behavioral Health pathway. A DCYF "Open Case" is identified as either being assigned to a Family Service Unit (FSU) or deemed eligible for treatment through the voluntary Children's Behavioral Health Family Navigation Unit (CSBH).

The Focus Population includes:

- Total children admitted to Bradley between 1/7/2024 and 6/3/2025: 149
 - 80% were between the ages of 11 and 21
 - 54% have been identified as male
 - 43% have been identified as white
 - 42% have been identified as Hispanic
 - 70% had living arrangements in Providence County prior to admission
 - Majority were involved with DCYF's FSU vs CSBH
 - 72% had a single stay at Bradley

- Child Length of Stay in Bradley Acute Inpatient who are discharged:
 - Average 38 days
 - Median 22 days
 - Minimum 0 days
 - Maximum 314 days

- Child Length of Stay in Bradley Acute Inpatient who are still admitted:
 - Average 73 days
 - Median 42 days
 - Minimum 12 days
 - Maximum 300 days

- Total children in the at-risk population who had 3 or more behavioral health-related visits to the emergency department in the reporting period: 45
 - 80% were between the ages of 16-21
 - 51% have been identified as male
 - 60% have been identified as white
 - 31% have been identified as Hispanic
 - 73% resided in Providence County
 - Majority were involved with DCYF's FSU vs. CSBH
 - 64% had 4 or more behavioral health related visits to the emergency department

- Where the Focus Population are located upon discharge from Bradley:
 - 31% transitioned to a residential facility
 - 16% transitioned to a group home
 - 20% transitioned to a parent's home
 - 90% were geographically located in Rhode Island

- Where the Focus Population is residing as of the publishing of Baseline Data Report in July 2025.
 - 22% are with their parents
 - 19% are in a residential facility
 - 7% are in a non-relative foster home
 - 11% are in a group home
 - 13% are in a psychiatric hospital
 - 9% are closed with DCYF

The Baseline Data Report identified that 31% of youth within the Focus Population transitioned from Bradley to a residential facility. The Monitor identifies that the Focus Population within the residential facilities will require attention to determine if the State has access to the resources necessary to meet the unique needs of the Focus Population. Additionally, the Baseline Data Report identifies that the at-risk population had 4 or more behavioral health related visits to the emergency department, with 64% having 4 or more visits. DCYF has reported that they are implementing new tracking to identify all children at the time of their second emergency department visit and is working on identifying strategies to address the need of each child. The Monitor will continue to assess the State's progress in meeting the unique needs of the at-risk population.

B. The Baseline Data Report includes a substantial overview of the current available Community-Based Services and Therapeutic Foster Care parents statewide, including the number and type of community-based service providers and their capacity. The Baseline Data Report includes a substantial overview of the current available Community-Based Services.

- The report identifies the Certified Community Behavioral Health Center (CCBHC) as a core component of the State's strategy to improve access to behavioral health care in Rhode Island. The CCBHC Initiative launched in Rhode Island in October 2024. The CCBHC Initiative reports to provide a robust, coordinated system of behavioral health care that addresses complex mental health and substance use intervention needs for children, youth and families across the state. The Monitor recognizes that CCBHCs are an important step to

improving the behavioral health service delivery system in Rhode Island. This initiative is in the early stages of implementation and customization of the service array to meet the unique needs of children is inconsistent across the CCBHCs. The Monitor recognizes that the development of a customized continuum of services and supports is possible within the Rhode Island CCBHC structure but is not currently consistently available to meet the unique needs of children within the Focus Population. The Monitor will continue to monitor capacity to customize care for children within the Focus Population:

- Six CCBHCs within Rhode Island:
 - Community Care Alliance – Woonsocket
 - Family Service of Rhode Island – Providence
 - Gateway – Pawtucket, Johnston, and South County
 - Newport Mental Health – Newport County
 - The Providence Center – Providence
 - Thrive Behavioral Health - Warwick
- CCBHCs offer many types of behavioral health services, which may include:
 - Mobile Crisis Response (24/7/365), not necessarily customized for children
 - Screening, diagnosis and risk assessment
 - Psychiatric Rehabilitation Services
 - Outpatient primary care screening and monitoring
 - Targeted case management
 - Outpatient mental health and substance use services
 - Person and family centered treatment planning
 - Community Based mental health care for veterans
 - Peer family support and counselor services
- Community-Based Services are defined as:
 - Intensive In-Home (such as In-Home Mental Health, 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 – not specifically youth models of care
 - Crisis Response and Stabilization
 - Respite
 - Family Peer Support Psychiatric Services and Medication Management
- The DCYF is responsible for provision of behavioral health services and building an adequate array of services. DCYF’s service array is separate and distinct from the CCBHCs and is accessed through DCYF. The service array includes prevention programs, home-based programs, group-based programs and therapeutic foster homes. These programs support families and children from birth to 18, with some extending to age 21.
 - The DCYF service array includes:
 - Mental Health and Behavioral Health Services
 - Family Stabilization and Prevention Services
 - Parent Skill Building Services
 - Kinship, Foster Care and Adoption Services

- Family Visitation
 - Aftercare and Transitional Services
- The BHDDH is responsible for the provision of substance use service array. BHDDH service array is separate and distinct from DCYF but does include the CCBHCs. BHDDH service array includes:
 - Child and Adolescent Intensive Treatment Services
 - Contact
 - Community Support Program
 - General Outpatient
 - Mental Health Intensive Outpatient
 - Mobile Treatment Team

The Monitor observes gaps within the service array, specifically access to co-occurring residential interventions and intensive care coordination that led to delayed access to both mental health and substance use services for children in the Focus Population. A significant challenge for the state is in coordination of care for youth with substance use and behavioral health needs who are multi-system involved. The Monitor’s observation is consistent with the findings Rhode Island Office of the Child Advocate report from the Child Fatality Review Panel: A Review of Seven Fatalities and Twenty-Three Near Fatalities, published in May 2025. The report identifies both service gaps and coordination challenges between BHDDH and DCYF, the extent of these gaps and the strategies to address them are not fully identified by the Monitor within this reporting period and will be the focus of subsequent Monitor Reports.

The Monitor supports the strategies identified by the Office of Child Advocate:

- The state needs to develop a concrete plan with input from both DCYF and BHDDH to design and develop a continuum of care that addresses the spectrum of complex needs, behaviors and diagnoses youth may experience.
- Care Coordination and Transition Planning is necessary to address this population of children.

C. The Baseline Data report identified 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. In the interim, DCYF will track this data through internal reports.

The State continues to work to have a complete accounting of the Focus Population, with an understanding of their needs. The State will have a plan for continuing to account for the Focus Population throughout the duration of the Consent Decree, even as the Population shifts due to the age of the youth and changes in the availability, accessibility, and quality of services. The State will establish and implement policies and procedures to ensure that timely, individualized, behavioral health assessment, using a recognized Clinical Assessment Tool, is conducted for all members of the Focus Populations clinically indicated.

The Baseline Data Report provided the starting point foundation and benchmark for ongoing Quarterly Data Reports by the State. In addition to providing other data, the Quarterly Reports will measure the degree to which children are being diverted from and transitioned from Bradley Hospital. The Implementation Plan will identify areas where there is a need for additional data collection, linking, analysis, and/or reporting in order to achieve full compliance with the Consent Decree and support sustainability of its strategies and initiatives.

The Baseline Data Report enables all parties to identify and track the experience of the Focus Population and provides a mechanism for measuring the impacts of changes in policy, workforce, and infrastructure. Additionally, the data highlights current and emerging challenges and barriers to care. The Baseline Data Report provided the starting point foundation and benchmark for ongoing Quarterly Data Reports by the State. In addition to providing other data, the Quarterly Reports will measure the degree to which children are being diverted from and transitioned from Bradley Hospital.

The state will convene a Quality Assurance Committee composed of State entities responsible for implementing the Consent Decree. This committee will meet quarterly to review data and identify any responsive action needed at the provider, regional and system-wide levels, to improve the outcomes of the Focus Population. The State is in the process of identifying committee members for the Quality Assurance Committee.

Infrastructure, Governance, and Systems Management

DCYF has identified and the Monitor supports the need for Rhode Island to build internal behavioral health expertise within DCYF to support the system design, implementation and coordination across state agencies. In order to meet this identified need DCYF plans to create the new position of Executive Director of Children's Behavioral Health that has the resources and authority to address system challenges that limit the ability of the state to provide the right service at the right time for the right duration.

The Consent Decree requires the State to (pp. 10-13, para. 37-45) to assign a Transition Coordinator to every child within the Focus Population admitted to Bradley Hospital, within five days of the child's admission. The State is collaborating with the Consultant, pursuant to the Consent Decree on the hiring, training and supervision for the Transition Coordinators. The State has hired a supervisor to oversee the Transition Coordinators and is beginning the training. The State anticipates that all Transition Coordinators will be hired and trained in beginning of 2026.

Service Array and Workforce Development

The Consent Decree identifies Mobile Crisis Response and Crisis Prevention Intervention & Stabilization as essential components of the service delivery system. MRSS is a "rapid response, home- and community-based crisis intervention model customized to meet the developmental needs of children, youth, young adults, and their families" (Innovations Institute, 2022). MRSS currently exists within Rhode Island and has demonstrated positive outcomes for the youth and families served. The State has supported implementation of MRSS following the national best practice as identified in the publication of the National Mobile Response & Stabilization Services

Quality Learning Collaborative, [MRSS National Best Practice Paper](#)². The Monitor recognizes the State's efforts to build statewide capacity including:

- The State has reported statewide access to Mobile Response and Stabilization
- Legislation: Beginning on January 1, 2026, the act would require coverage for acute mental health crisis mobile response and stabilization services enrolled as plan beneficiaries. [H-6118A](#) and [S-0263A](#),
- The State has identified the potential for a State Plan Amendment for MRSS.

Intensive Care Coordination: The Consent Decree requires the state to address service planning and care coordination. At this time, the state does not provide intensive care coordination for children within the Focus Population. The state will need to resolve how care coordination is delivered for the Focus Population. The Monitor supports the best practice of the state implementing Intensive Care Coordination for youth with complex needs including behavioral health, substance use, and intellectual/developmental disabilities: Intensive Care Coordination utilizes the practice model of High-Fidelity Wraparound grounded in the use of Child and Family Teams. Intensive Care Coordination activities include youth and family engagement, child and family team coordination, coordination of care, stakeholder engagement, and leading systems transformation at the state and local levels. The State has been engaged in learning activities to identify a model for intensive care coordination, for the Focus Population.

- The Consultant provided an overview of intensive care coordination models to State leadership.
- State Leadership and strategic partners are engaged in peer-to-peer learning with NJ, including on-site visits to organizations responsible for intensive care coordination, virtual meetings with NJ.
- State leadership is working to build a timeline to for implementation of intensive care coordination for youth within the Focus Population.

The Monitor will continue to support the efforts of the state to engage in peer learning activities with a focus on identifying an intensive care coordination model that will meet the unique needs of Rhode Island.

Stakeholder Engagement

The Consent Decree requires the State to convene an advisory group, including a representative cross-section of Community-Based Services providers (both current and prospective), children and parents or caregivers or children in the Focus Population, and advocated for children in the Focus Population, along with representatives from limited English populations (p. 21). On an ongoing basis, the State will submit proposed policy and regulatory changes relevant to the Consent Decree and the Implementation Plan to the advisory group for comment on the implementing responsive changes where appropriate. The State will also work with the advisory group in developing the Implementation Plan. The Advisory Committee has been meeting regularly, the Office of Child Advocate and the Rhode Island Coalition for Children and Families are active participants. The State has a website with information about the Consent Decree, information is posted and updated

² Innovations Institute, University of Connecticut School of Social Work. (2022). Mobile Response & Stabilization Services National Best Practices. In Partnership with Child Health and Development Institute

in a timely manner. [Children's Behavioral Health Consent Decree | RI Department of Children, Youth & Families](#)

Looking Ahead

The next Monitor Report is scheduled to be completed on May 3, 2026. The Monitor anticipates that the Consultant's observations and recommendations, as included in the Consultant's Report will be included in the next Monitor's report.

The Monitor anticipates that the State will begin to address the need for behavioral health expertise within DCYF by identifying the process of hiring, training and supporting a leader of the behavioral health system. The Monitor expects the DCYF Transition Coordinators to be hired, trained, and engaged with children in the Focus Population. The Monitor anticipates that the Transition Coordinators will begin to identify specific barriers to accessing home, community and residential interventions necessary to meet the clinical needs of children within the Focus Population.

The Monitor anticipates that the State entities will develop an ongoing process of continuous quality improvement to build on the lessons learned from the Baseline Data Report and identifies systems challenges, successes and strategies to address the barriers to accessing necessary care.

The Monitor anticipates that the State will have an articulated plan for implementation of independent Intensive Care Coordination with a practice model of High-Fidelity Wraparound as the practice model and ensures that all children within the Focus Population have access to child family teams.

The Monitor will continue to engage with State, US Department of Justice, the Court, as well as other stakeholders, and will provide updated reports, plans and materials to support ongoing implementation and compliance monitoring to achieve the shared goals of the Consent Decree.

Appendix

The Monitor will rate the state’s compliance with each provision during its designated completion quarter.

Area	Category	Status Update	Consent Decree Requirement and Page/Paragraph	Proposed Evidence to Determine Compliance	Date Work Begins	Completion Date
Data, Outcomes, and Continuous Quality Improvement	Baseline Data Report	Complete	Produce baseline data report that meets all requirements outlined (P. 16, Para.18-20)	Baseline Data Report	4/1/2025	7/6/2025
		Complete	Post Baseline Data Report to consent decree website within 14 days of production (P. 16, Para. 20)	Baseline Data Report posted on website	N/A	07/20/2025
Data, Outcomes, and Continuous Quality Improvement	Quality Assurance and Performance Improvement	In progress	Iterative inclusion of additional focus population related data in Quarterly Data Reports (P. 17, Para. 20) including: Aggregated data on the provision of community-based services Gaps in community-based services (P. 17, Para. 86-91)	Baseline and Data Reports	4/1/2026	Ongoing
						6/30/2026
		In progress	Establishment and minimum quarterly convening of quality assurance committee to review data and identify strategies to improve outcomes for the focus population (P. 16, Para. 89)	Meeting members list and meeting notes And agenda prep	4/1/2026	Ongoing
	Not started	Publication of quarterly data reports within 14 days of production (P. 17, Para. 20)	Quarterly data reports on consent decree website	4/1/2026	Ongoing	
Data, Outcomes, and Continuous	Quality Service Review Process	Not started	Once QSR responsibility transitions to the state, submit draft of QSR(s) for Monitor’s review. (P. 17, Para. 92)	Draft QSR Plan to be included in Monitoring Plan Update anticipated	N/A	TBD

Quality Improvement				after the Implementation Plan is completed		
Data, Outcomes, and Continuous Quality Improvement Focus Population	Identification & Assessment	In progress	Data Sharing Agreement established between DCYF, BHDDH, RIDOH, and EOHHS (P. 17, Para 31-36)	Fully executed data sharing agreement	4/1/2026	3/31/2028
		In progress	Produce policies and procedures for identifying children within the focus population (P. 17, Para. 31)	Policy and procedure documents review. Specific policy on Children’s Behavioral Health Coordination Policy.	4/1/2026	3/31/2028
		Not started	Implement policies and procedures for identifying children within the focus population (P. 17, Para. 31)	Document summarizing progress and challenges identifying children within the focus population	4/1/2026	3/31/2028
		Not started	Policies and procedures to ensure timely, person-centered behavioral health assessment using a recognized clinical assessment tool (P. 17, Para. 32)	Written description of behavioral health assessment clinical assessment tool	4/1/2026	3/31/2028
Infrastructure, Governance, and Systems Management Focus Population	Clinical Assessment Tool Implementation	Not started	Establish policies and procedures to ensure behavioral health assessment using a recognized Clinical Assessment Tool (P. 17, Para. 32)	Policy and procedure documents	4/1/2026	3/31/2028
		Not started	Implement timely assessment of focus population members with clinical assessment tool, as clinically indicated (P. 18, Para. 32)	Quarterly data on assessment rates and time frames	4/1/2026	3/31/2028
		Not started	Establish policies to ensure prompt delivery of services responsive to	Policy Documents including both updates and policy	4/1/2026	3/31/2028

			needs identified in the assessment process (P. 18, Para. 34)	development necessary to meet the needs of the Focus Population within the Consent Decree		
Infrastructure, Governance, and Systems Management	Implementation Plan	In progress	Partner with consultant to implement review of RI's children's behavioral health service system (P. 18, Para. 21-22)	Completed system review including record reviews, interviews with Focus Population, state leadership, transition coordinators, advocates and systems partners	4/1/2025	1/6/2026
		Not started	Submission of Proposed Implementation Plan (P. 18, Para. 24)	Implementation Plan	N/A	4/6/2026
		Not started	Consultation with relevant stakeholders about Implementation plan (P. 18, Para. 24)	List of stakeholders consulted with and summary of input	1/1/2026	6/30/2026
		Not started	Final version of implementation plan filed with court 14 days after plan is finalized (P. 19, Para. 26)	Final version of implementation plan	N/D	5/10/2026
Infrastructure, Governance, and Systems Management	Tracking focus population entry	In progress	Develop and implement policies and procedures governing tracking children's admission to Bradley Hospital, or been evaluated for potential in-patient hospitalization by an ED resulting from a psychiatric crisis, and assessment/evaluation related information requests (P. 19, Para. 33)	Policy and procedure documents Ongoing engagement with Focus Population, state leaders, Bradley Hospital, OCA, stakeholders, Transition Coordinators	4/1/2026	3/31/2028
		In progress	As needed, provide behavioral health, social, and/or community services	Quarterly documentation of	4/1/2026	Ongoing

			linkages for focus population members assessed and found not to need the services in the consent decree (P. 19, Para. 35)	service linkages for assessed Focus Population members that do not need consent decree services		
Infrastructure, Governance, and Systems Management	Child and Family Team	Not started	Develop policies and procedures to convene a child and family team for each focus population (P. 19, Para. 46-56)	Policy and procedure documents	4/1/2026	3/31/2028
		Not started	Each member of the focus population will have a primary service worker (P. 19, Para. 47)	De-identified documentation of primary service worker for each focus population member	7/1/2025	Ongoing
		Not started	Each child and family team will develop an ISP or update the child's OFFA, and consider a child's IEP as necessary (P. 20, Para. 48-50)	Quarterly documentation of ISP, OFFA, or IEP development when indicated for focus population members	4/1/2026	Ongoing
		Not started	Ensure prompt initiation of services upon completion of ISP or OFFA (P. 20, Para. 51)	Quarterly documentation of days between completion of ISP or OFFA and initiation of services	4/1/2026	Ongoing
		Not started	Ensure access to intensive care coordination for focus population members (P. 20, Para. 52)	Quarterly data on intensive care coordination service provision to focus population members	4/1/2026	Ongoing
		Not started	Regular convening of the Child and Family Team to review and update the ISP and OFFA (P. 20, Para. 53)	Quarterly de-identified documentation of	7/1/2026	Ongoing

				Child and Family Team ISP and OFFA review meetings		
		Not started	Annual budget request for a statewide flexible fund to address barriers to integrate returning focus population members in integrated settings appropriate to their needs (P. 20, Para. 54)	Documentation of annual budget request	10/1/2025	Ongoing annually
		Not started	Maintain documentation of reasons that families decline care coordination, after reasonable efforts to engage the child and family (P. 20, Para. 55)	Documentation and compilation of reasons that families decline care coordination and engagement efforts	7/1/2026	Ongoing
Service Array and Workforce Development	Community Provider Development	Not started	Produce workforce development plan to enhance provider capacity throughout the state (P. 21, Para. 81)	Workforce development plan	4/1/2026	6/30/2026
		Not started	Implement workforce development plan (P. 21, Para. 81)	Quarterly documentation of work force implementation development plan	4/1/2026	Ongoing
		Not started	Develop and implement training materials relating to the consent decree and implementation Plan in alignment with para 83. (P. 21, Para. 83)	Training Curricula and materials, development pre/post tests as necessary and participate surveys	4/1/2026	9/30/2026
		Not started	Establish contracting or certification conditions that community-based service providers ensure targeted training of assigned personnel to address focus population needs and effectively provide the services	Document describing contracting or certification conditions to meet best practice	1/1/2026	9/30/2026

			required in the consent decree (P. 21, Para. 84)			
		Not started	Submit training materials to the Monitor for comment (P. 21, Para. 85)	Monitor receives and reviews training materials for consistency with best practices		9/30/2026
		Not started	In implementation plan, identify potential funding mechanisms to reimburse community-based service providers for participating in transition planning out of Bradley Hospital (P. 22, Para. 41)	Description within the implementation plan		5/10/2026
Service Array and Workforce Development	Discharge and Transition from Hospital to Community	Not started	Establishing policies and/or procedures to ensure the youth in the Focus Population are discharged from Bradley Hospital to the most integrated setting appropriate to their needs, with needed community-based services. (P. 22, Para. 36-45)	Policy and Procedure Documents and review with a focus on access to home and community-based services and supports; care coordination; and assessment consistent with best practices	4/1/2026	6/30/2026
		In progress	Transition Coordinators assigned to every child in the Focus population within 5 days of admission to Bradley Hospital (P. 22, Para. 37)	Quarterly data on the Focus Population's admission to Bradley Hospital and days to assignment of transition coordinator	4/1/2026	Ongoing
		In progress	Role of Transition Coordinators is clearly defined within the implementation plan in alignment	Implementation plan text defining role of transition		5/10/2026

			with paragraphs 37-40 (P. 22, Para. 37-40)	coordinators with timelines for hiring, training and coordination with Bradley		
		In progress	Implement process for collaborating with Bradley Hospital to develop transition plan for each child in focus population in its care in alignment with the requirements of paragraph 38 (P. 22, Para. 38)	Document describing collaboration process with Bradley Hospital	7/1/2025	12/31/2025
		Not started	Development of procedure for transition coordinator to elevate any unresolvable barriers to DCYF focal point identified in Implementation Plan (P. 23, Para. 40)	Procedure document that clearly defines how barriers to care will be resolved	4/1/2026	3/31/2028
Service Array and Workforce Development	Intensive In-Home Services	In progress	Develop policies or procedures that effectively identify and provide access to intensive in-home services including individual home therapy, in-home family therapy, behavioral services, therapeutic mentoring (P. 23, Para. 62-63)	Policy and/or procedure document	4/1/2026	9/30/2026
		Not started	Trained and certified peer support specialists are available to all families of the focus population. (P. 23, Para. 47, 69)	Quarterly data reported on the number of trained and certified peer support specialists, the number assigned to focus population families, and the number of families not receiving peer support services and the reason	4/1/2026	Ongoing

Service Array and Workforce Development	Therapeutic Foster Care	Not started	Produce policies or procedures to ensure services and clinical supports for therapeutic foster care families (P. 24, Para. 64-67)	Policy and/or procedure documents	1/1/2026	6/30/2026
		Not started	Implement policies or procedures to ensure services and clinical supports for therapeutic foster care families (P. 24, Para. 64-67)	Quarterly data on therapeutic foster care family services for focus population	4/1/2026	Ongoing
		Not started	Implement reimbursement for TFC families for their participation for service planning activities for children in the focus population (P. 24, Para. 64-67)	Documentation on reimbursement process and quarterly data on reimbursement provided	4/1/2026	Ongoing
		Not started	Implement recruitment for Therapeutic Foster Care Homes (P. 24, Para. 64-67)	Documentation of recruitment tactics and quarterly data on recruitment rates	7/1/2026	Ongoing
		Not started	All youth in Focus Population have access to Therapeutic Foster Care as indicated in the clinical assessment process (P. 24, Para. 64-67)	Quarterly data describing number of youth for whom therapeutic foster care is clinically indicated, and their rates of receiving therapeutic foster care	7/1/2026	Ongoing
Service Array and Workforce Development	Mobile Crisis Response and Crisis Prevention, Intervention & Stabilization	In progress	Maintain provision of crisis hotline Develop policies and procedures to ensure <ol style="list-style-type: none"> 1) 24/7 live answering 2) When dispatched teams respond in person within 60 minutes in alignment with para 71 	Policy and Procedure documents	4/1/2025 4/1/2026	Ongoing 3/31/2028

			3) MRSS teams in alignments with credential requirements in para 69 (P. 24, Para. 68-77)			
		In progress	Implementation of required Mobile Response and Stabilization Services for all youth in Rhode Island (P. 25, Para. 70)	Quarterly data on MRSS usage for youth in Rhode Island	7/1/2026	Ongoing
Service Array and Workforce Development	Residential Interventions	Not started	Youth within the Focus Population have access to timely quality residential care as identified in the clinical assessment process. (P. 25)	Residential Interventions	10/1/2026	Ongoing
Stakeholder Engagement	Advisory Group	In progress	Convening Cross-Sectional Advisory Group (P. 25, Para. 78-80)	Advisory Group membership list, agendas and meeting minutes	7/1/2025	Ongoing
		Not started	Submit proposed policy, regulatory and procedure changes to the Advisory Group, and where appropriate, implement responsive changes (P. 25, Para. 79)	For each submitted policy, regulatory and procedural change, brief summation of Advisory Group responses and the state's use of this feedback, as appropriate	7/1/2025	Ongoing
	Stakeholder Outreach	In progress	Conduct outreach to stakeholders in alignment with para 80 to seek feedback regarding community-based services provided under the consent decree and implementation plan (P. 26, Para. 80)	Quarterly documentation of outreach efforts, issues that are identified by stakeholders and strategies to address challenges	7/1/2025	Ongoing
		Not started	Post consent decree related reports and plans on the DCYF website (P. 26, Para. 20, 90, 97, 118)	Maintenance of consent decree information on DCYF website	4/1/2025	Ongoing

