

RHODE ISLAND

TITLE IV-B FFY 2023 ANNUAL PROGRESS AND SERVICES REPORT



RHODE ISLAND DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES

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Vision, Mission and Guiding Principles

The Rhode Island Department of Children, Youth and Families (DCYF) has combined responsibility for child welfare, juvenile corrections and children's behavioral health services. The agency was created in 1980 and is statutorily designated as the *"principal agency of the state to mobilize the human, physical, and financial resources available to plan, develop, and evaluate a comprehensive and integrated statewide program of services designed to ensure the opportunity for children to reach their full potential. Such services shall include prevention, early intervention, outreach, placement, care and treatment, and aftercare programs. The Department shall also serve as an advocate for the needs of children,"* (RIGL 42-72-5).

Through the years, the Department has been guided by strong vision and mission statements that were crafted by a cross-section of the Department's staff. Most recently, the Department worked in 2020 and 2021 to ensure equity and family engagement are front and center in our work. As of January 1, 2022, the mission, vision and guiding principles have been updated in Department operating procedure as follows:

Vision – Healthy Children and Youth, Strong Families, Diverse Caring Communities.

Mission – To partner with families and communities to raise safe and healthy children and youth in a caring environment and to engage respectfully and effectively with people of all races, ethnicities, cultures, classes, genders, sexual orientations, and faiths in a manner that recognizes, affirms, and values the worth of all individuals, families, tribes, and communities, and protects and preserves the dignity of each.

Guiding Principles – To fulfill our mission, we believe that:

- family, community and government share responsibility for the safety, protection and well-being of children.
- when the natural family is unable to care for a child/youth, it is our responsibility, in as timely a manner as possible, to ensure the child/youth is provided permanency in his/her life in a safe, stable and nurturing environment.
- staff, foster parents and service providers are partners in the provision of timely and appropriate high-quality care.
- an integrated continuum of care should emphasize prevention over intervention, reflect a partnership between family, community and government and be culturally relevant.
- partnership requires open, honest and respectful communication fostering an awareness of the quality of services and clear and agreed upon authorities and responsibilities.
- staff at all levels should be held accountable to a professional code of conduct.
- as an invaluable resource, staff are entitled to a safe, supportive work environment that fosters professional development.
- quality improvement is an on-going process, utilizing external and internal performance standards.

In the coming months, the Department will be promulgating the new mission statement through the State's Office of Rules and Regulations.

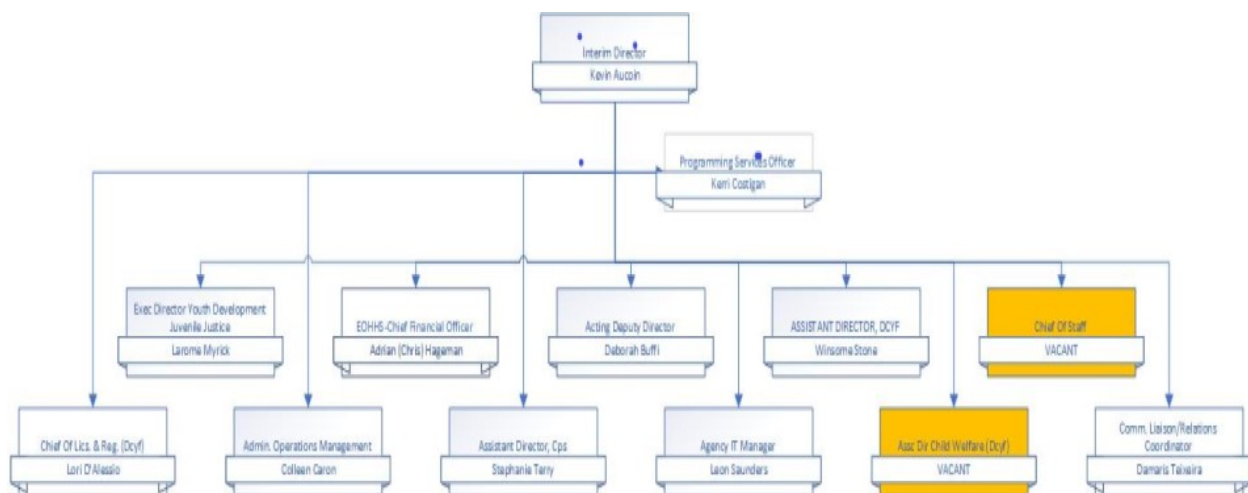
Organizational Structure

Through multiple programs extending through a range of community-based care to residential treatment, the Department provides child protection, child welfare, children's behavioral health, preventive services to children at risk of abuse/neglect, support services for children and families in need, and services for youth requiring community supervision or incarceration due to delinquency. This combined responsibility and service structure positions DCYF well for working in concert with other state Departments, community-based agencies and family representatives to continuously develop and improve strategies through the Title IV-B Child and Family Service Plan that address fundamental needs of children and families. Responsibility for the Title IV-B Child and Family Service Plan is within the Director's Office.

Rhode Island is the smallest state in the nation with a population of 1,097,379 million (2020 Census). The DCYF is a state administered child welfare system with a centralized 24/7/365 child protection operation.

In December 2020 Acting Director Kevin Aucoin with the Senior Team began the process of realigning DCYF resources and released the below Organizational Chart on January 25, 2021. (see Figure 1)

Figure 1: DCYF Organizational Chart (A pdf version is included in the attachments)



Programs and Direct Services are delivered through three service divisions (Figure 1):

- Child Welfare which includes Child Protective Services (including our Child Abuse/Neglect Hotline, Investigation), Family Services [including Ongoing case management and support, Support and Response Unit, and Older Youth Support Services and Voluntary Extension of Foster Care (VEC)] and the Administrative Review Unit (ARU);

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- Youth Development Services, including the Thomas C. Slater Training School for Youth (RITS) and Juvenile Probation/Parole; and
- Children’s Community Services and Behavioral Health

Division of Family Services

Our Division of Family Services provides ongoing child welfare case management and support through four regional offices which promote a community-based service system throughout the state. An Administrator of Family and Children’s Services manages each Region and the Administrators report to the Assistant Director of the Division of Family Services. During the past year, the Department has increased its staffing capacity within this Division. At present, there are nine casework units in Regions 1, 2 and 4 and eight in Region 3. Each unit is comprised of one supervisor and five social caseworkers. Social caseworkers are responsible for case management and coordination of service planning, as well as monitoring children in out-of-home placement, including managing visitation between parents and their children.

Figure 2: City/Town Map of Rhode Island

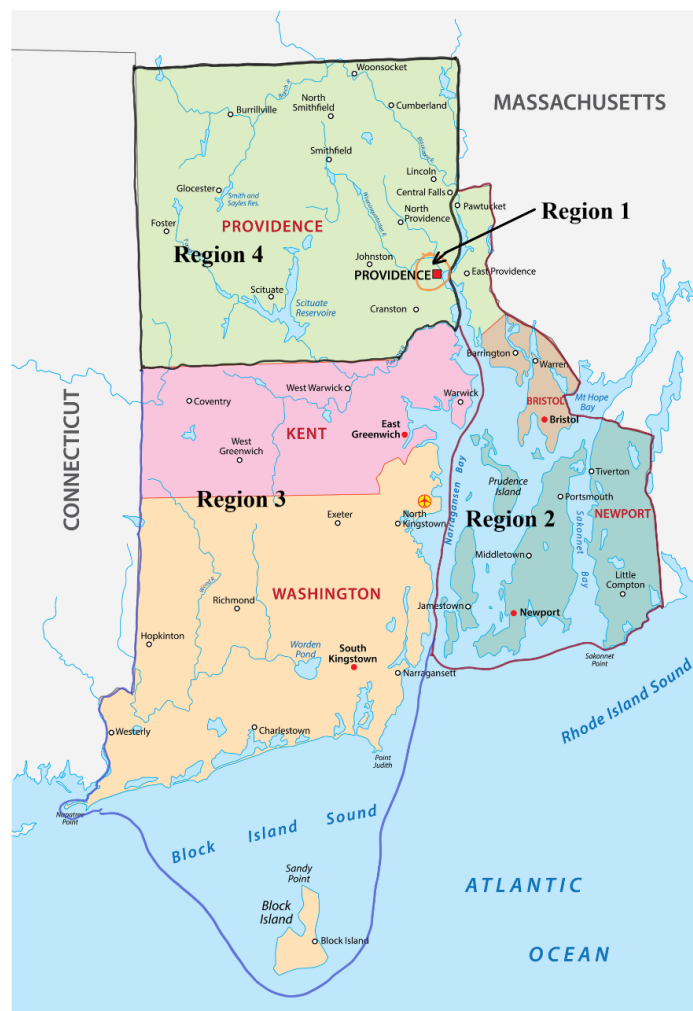


Figure 2 provides a visual of the locations of Rhode Island's communities and the Division of Family Services Regions. Region I is the second largest family service area representing the City of Providence. Region II is the smallest region and includes the communities of Pawtucket, East Providence, Barrington, Bristol, Warren, Portsmouth, Middletown, Newport, Jamestown, Tiverton and Little Compton. Region III, our most rural region, serves the Kent and Washington County communities of Warwick, West Warwick, East Greenwich, West Greenwich, Coventry, North Kingstown, South Kingstown, Exeter, Richmond, Narragansett, Hopkinton, Charlestown, Westerly and New Shoreham (Block Island). Region IV is the largest family service area geographically and includes the communities of Woonsocket, North Smithfield, Burrillville, Glocester, Foster, Smithfield, Lincoln, Central Falls, North Providence, Scituate, Johnston and Cranston.

In November 2020, DCYF established a Support and Response Unit within the Division of Family Services. The Support and Response Unit (SRU) assists families seeking help with navigating community services through assessments where appropriate, community service referrals, and transfers from CPS to FSU and CSBH, with or without legal involvement, when ongoing case management is required. The SRU does not provide long-term case management. When the Screening and Response Unit determines an assessment is necessary, the Unit's involvement is limited to the duration of the assessment and referral period.

A Support and Response Unit worker processes all child welfare referral calls during standard working hours (8:30 AM to 4:00 PM weekdays). During non-standard working hours (4:00 PM to 8:30 AM weekends and holidays), child welfare referral calls are processed through the Call Floor. A SRU worker follows up on the referral on the next business day.

The SRU performs the Department's screening, assessment, and referral function for child welfare matters involving families not active with the Department. A child welfare referral call that is received by the Call Floor or the Screening and Response Unit regarding an active case (child and/or family) is directed to the assigned primary social caseworker in the Family Services Unit (FSU). To date the unit has processed over 2400 families, with most of those families being directed back to the community for services.

[Division of Youth Development \(Juvenile Justice\)](#)

Our Division of Youth Development (formerly the Division of Juvenile Corrections) includes the Thomas C. Slater Training School for Youth (RITS) and Juvenile Probation and Parole. The Rhode Island Training School (RITS), located in just south of Providence in the City of Cranston, Kent County, is the state's only secure juvenile correctional facility. Juvenile Probation/Parole offices are located throughout the state usually near, if not housed inside, the county court houses. Youth sentenced to probation/parole are assigned to the probation/parole office either closest to their residence or in the county where the charges were filed.

[Division of Community Services and Behavioral Health](#)

The Division of Community Services & Behavioral Health (CSBH) fulfills DCYF's statutory responsibility as the state's children's behavioral health authority. As such, CSBH is responsible for developing a continuum of care for children's behavioral health and development disability services that supports children to live in family settings. Additionally, CSBH facilitates congregate

care placement for youths when needed for treatment purposes – with a focus on reunification with supportive services. Specific units or staff positions within CSBH focus on home-based services; levels of need assessments; congregate care placement; utilization management; quality improvement for Medicaid-funded services; and psychiatric hospital and adult services liaison functions. CSBH also provides family navigation and residential treatment, when needed, without a parent or caregiver having to relinquish any parental rights, when the child's behaviors are too acute to be cared for in the family's home and no abuse or neglect has occurred.

Central Office Support Functions

The Department's Central Office is in the City of Providence. The physical location houses the Region 1 and Region 4 Family Service Units, the Division of Children's Community Services and Behavioral Health, and other functions under Executive Services and Management, Budget and Support Services.

The Foster and Adoptive Care, Recruitment, and Licensing functions are under Support Programs and Direct Services. This office oversees the activities involved with recruitment, training, home studies and licensing of foster homes, as well as recruitment, training, and home studies for adoptive homes, and management of adoption and guardianship subsidies.

The Office of Education and Constituent Support Services falls under the Division of Legal Services. This Office provides support to staff to help ensure the educational needs of youth are being met, manages the Educational Advocate Referral Process and the implementation of the Every Student Succeeds Act (ESSA), serves as the principle liaison to the RI Department of Education and all Local Education Agencies (LEAs) in Rhode Island, serves as a feedback loop between and among LEAs and the Department, develops and coordinates training with educators regarding DCYF services, administers the federal education aid for the DCYF Limited LEA for Federal Funding Purposes (DCYF LEA – RITS Alternative Learning Program and Ocean Tides Narragansett Campus), and manages the DCYF Post-Secondary Education Tuition Assistance Program (PETAP) which includes the federally funded Chafee Education and Training Voucher (ETV) Program and the state general revenue funded DCYF Higher Education Opportunity Grant (HEOG) Program. This Administrator for this Office also serves as the agency's American with Disabilities Act (ADA)/Title 504 Coordinator, addresses Constituent Issues that come to the attention of the Department and coordinates compliance with the Prison Rape Elimination Act (PREA) at the RITS and other PREA identified facilities.

Collaboration

The Department of Children, Youth and Families is one of four agencies within the Executive Office of Health and Human Services (EOHHS) which is comprised of the Departments of Human Services; Behavioral Health, Developmental Disabilities and Hospitals; Children, Youth and Families; and Public Health. These agencies are all aligned to provide a continuum of services and supports for children and families. Additionally, as referenced in previous submissions, the State has a comprehensive Medicaid waiver that is designed to rebalance its publicly funded health and behavioral healthcare service system, placing greater emphasis on community-based, preventive care and less reliance on institutionally based care. The DCYF is an integral participant in the redesign of Rhode Island's Medicaid supported service delivery system.

Family Care Community Partnerships (FCCP)

Consistent with this overall movement toward community-based supports for children and families, the design and implementation of the Family Care Community Partnerships (FCCPs) places great emphasis on the front-end of DCYF's service delivery system to identify families who are at risk for DCYF involvement because of:

- Children who are at risk of abuse and neglect.
- Children who have a serious emotional disturbance (SED),
- Children with behavioral health concern, and/or
- Youth who have or are at risk of involvement in juvenile corrections.

All FCCPs have a full array of early child development programs within their networks of collaborative relationships. These include Early Head Start and Head Start programs, Early Intervention programs, Infant and Toddler Home Visiting programs, Healthy Families America and Parents as Teachers. During a recent restructuring of the Infant and Toddler Home Visiting program, the Department of Health took steps to align its home visiting program with the 5 FCCP regions so these service providers would be easily linked as referral and resource partners. As referenced earlier, there is a continuing emphasis to ensure awareness of these home visiting programs among the FCCPs, as well as within our Child Protection Division to assist in providing necessary preventative supportive services to families with infants and toddlers. Currently FCCP's in several parts of the state attend the RIDOH Family Visiting Local Implementation Teams. These teams work regionally to coordinate resources and supports for families.

The FCCPs play a key role in the implementation of the Family First Prevention Plan as they are one of two main candidacy pathways in which Family First candidates will be determined. The candidate populations that are included under the FCCPs are the following:

- Children and families that are assessed by the DCYF Support and Response Unit (SRU) but receive services through the FCCPs.
- Children who are post-guardianship and/or post-adoption at risk for disruption of placement but receive services through the FCCPs.
- Child and families referred to the Family Community Care Partnerships by another community-based organization or self-referral.

Children and families determined to be candidates eligible for Title IV-E prevention services by the Department will be assessed by the respective provider to identify mental health, substance abuse, and/or parenting skills needs.

The Family Care Community Partnerships are the Department's primary prevention resource for the state. For these children and families that access services and support from the FCCPs, the FCCP worker completes an assessment utilizing the Child and Adolescent Needs and Strengths Plus (CANS+) to determine the child and family's needs and to identify which services will best help the child and their family. The FCCP caseworker enters information related to the child and family assessment and services outcomes in the RIFIS system for DCYF review and approval of

candidacy and prevention planning. The child specific prevention plan will be completed by the child's DCYF caseworker or FCCP provider.

The Department resubmitted the Family First Prevention Plan on April 29, 2022. As the Department awaits final plan approval, implementation continues in preparation of the changes that will be needed to capture eligibility through the FCCPs. The Department continues to work on implementation through bi-weekly workgroups in three key areas: Fiscal and Information Technology, Continuous Quality Improvement, and Policy, Practice and Training.

[Indian Child Welfare: Collaboration](#)

DCYF has a standardized process used to gather input from the Narragansett Indian Tribe that is based on the Bureau of Indian Affairs (BIA), Indian Child Welfare Act (ICWA), and In-Demand Training (2016). The agency has identified Stephanie Terry, Assistant Director, Child Protective Services, as the tribal liaison. Both Assistant Director Terry and Acting Director Aucoin have had a series of meetings to discuss ongoing needs of the Tribe. The Department continues to meet regularly with the Narragansett Indian Tribe's Medicine Woman, Wenonah Harris and Tribal Advocate Anemone Mars to discuss systemic issues and continues to maintain regular contact with respect to specific families involved in on-going services as well as those who identify as being registered members for a federally recognized Indian Tribe at the start of all Child Protective Investigations. The Department also met with the Narragansett Indian Tribe and the Bureau of Indian Affairs to touch base and discuss updates related to ICWA. The Narragansett Tribe's Child Advocate also participated in focus groups to discuss Families First and provide feedback relative to family engagement.

[Active Contract Management](#)

DCYF continues to utilize "Active Contract Management" (ACM), a framework by which the Department coordinates shared data with providers on outcomes and process measures relevant to the services they provide. The team works together to find solutions and make improvements on those outcome areas and track progress. This is a concept that has shown good results with our Family Care Community Partners (FCCPs), where ACM has been successful in improving assessment completion times and timeliness of first face-to-face visit with the family, and, most importantly, prevention of deeper involvement with the DCYF. Over the past 5+ years the Department has expanded ACM to congregate care providers and resource family providers. ~~The~~

Like the ACMs, the Department has Active Division Management Meetings for DCYF divisions. Each division administrator - Child Protective Services, Family Service unit, Juvenile Justice, Resource Families\Licensing, Community Services and Behavioral Health – is paired with an epidemiologist from the Division of Performance Improvement to review division metrics monthly, identify underlying factors associated with the outcomes and identify strategies to address areas of need.

The Department has also engaged in collaboration in the implementation of the Title IV-E State Plan Program Improvement Plan (PIP). Rhode Island's IV-E PIP went into effect on May 11, 2017. In working towards meeting our PIP goals, DCYF continues to work closely with the Family Court, Court Appointed Special Advocates (CASA), and the Office of the Child Advocate on several items

related to the implementation of several provisions of the *Preventing Sex Trafficking and Strengthening Families Act*.

Engagement with DCYF Staff

Most DCYF staff were transitioned to teleworking in late March and early April 2020 and largely continued teleworking through 2021. At this time, the agency shifted to primarily a hybrid model where staff are doing a combination of teleworking and working from their office dependent on their need to be in the office. In 2020 the Acting Director implemented quarterly open forums with each division in a virtual format and which continue to be held to this day. These forums serve to communicate strategies, successes, and obstacles to meeting the mission of the Department. Staff are encouraged to attend and provide feedback directly to the Acting Director regarding new initiatives and share ideas for practice improvement. The Director's Office also continues to send a weekly e-message to all staff. These messages provide updates about our agency's involvement and engagement with external stakeholders in the community and other government agencies. Acting Director Aucoin has continued the weekly messages and quarterly virtual forums which has been very well received by staff especially during tele-working due to COVID-19. We also held a successful Virtual All-Staff Annual Meeting in December 2021 which replaced what we have done in-person in the past.

Engagement with the Family Court

The Department engages in regular and ongoing communication with the RI Family Court. Acting Director Aucoin has a positive and productive working relationship with the Chief Judge Michael Forte and the Family Court administration. The Acting Director meets with Chief Judge Forte and Child Advocate Jennifer Griffith monthly. More recently, joint legal trainings with the CASA and DCYF attorneys have been established.

Stakeholder Engagement Advisory Boards

To ensure family voice and shared experience is heard within the Department, Adam Williams has been tasked by Acting Director Aucoin to lead and implement the Parent Advisory Stakeholder Engagement Group. This group will have stakeholders from all areas and will serve to inform the work of the Department with the PIP, Family First Prevention Planning and began implementation in 2020.

The Department worked with the Center for States in November and December 2020 to create facilitation guides to host focus sessions with a diverse group of stakeholders. DCYF opted to break its stakeholders into two groups: consumers (parents, youth, foster parents) and providers (service providers, child welfare professionals; and experts from local police, family court, schools, health care, the tribal system, and communities of color). These Department spent 4-5 hours with each group over the course of multiple sessions in January 2021 to receive input on what belonged in our final stakeholder strategy and implementation plan. The sessions allowed opportunities to reflect on: what authentic partnership means for stakeholders, core engagement principles identified by the DCYF Stakeholder Engagement Workgroup, the draft stakeholder engagement theory of change, the array of stakeholder groups needed, and information regarding how DCYF's stakeholder groups should operate. Key takeaways from these focus sessions: (1) all of the stakeholders stressed that the top priority would be to commence a birth parent advisory group, and (2) that the Department needs to do a better job at holding itself

accountable for the feedback it receives and then transparently reporting back on how that feedback was used.

The DCYF Stakeholder Engagement Workgroup gathered in late January 2021 and early February 2021 to reflect on all the feedback received at the focus sessions and finalized many components of its stakeholder strategy and implementation plan. The Department retooled its theory of change, finalized four guiding values and seven guiding principles, and committed to four critical steps that would be completed in the first phase of implementation: (1) drafting of a final implementation plan, (2) formation of a birth parent group, (3) a significant bolstering of our youth advisory board (aka SPEAK), and (4) the establishment of an internal team that would provide stakeholder engagement oversight and hold the Department responsible for feedback received in stakeholder groups. The Workgroup also recognized that other desired phases of the work would take longer, such as strengthening new and existing groups with common tools and opportunities for training groups with common tools; and establishing regular communication materials (such as a newsletter) that will help all stakeholders to deepen their understanding of the Department's direction, successes, and challenges. The workgroup sunset in Spring 2021.

The Department first created a plan to partner with its contracted youth services provider to overhaul Rhode Island's existing youth advisory board, SPEAK. This group had recently suffered a setback because of a change in the contract that effectively led to this stakeholder group having to start over nearly from scratch. The new board needed support in several areas that were addressed in February and March of 2021. One of these areas included training the youth, so the group gradually shifts from being a provider and Department led group to being a youth-led group. The Department also increased recruitment efforts to bolster membership and is now committed to youth recruitment of a minimum of every six months to ensure youth who are new to the system know about this opportunity. Finally, the group met with the DCYF Director and establish the Department's willingness to hear recommendations from youth. The members of SPEAK participated in training provided by Foster Club designed to strengthen advocacy and leadership skills in 2021. One of their first endeavors was to advocate for the re-instatement of the Teen Grant. They worked on a presentation that illustrated how the teen grant improved a teen's experience in care and presented to the DCYF Director in October 2021. As a result of their efforts, the DCYF Director re-instated the Teen grant program and met with the SPEAK members in December to inform them of the success of their efforts. SPEAK members had been addressing internally what they needed from their workers at the Department and decided to actively participate in the training of new workers at the Department to address their experience in care and express what they needed from a DCYF worker to facilitate their growth towards independence. The members of SPEAK have presented at two DCYF trainings to date in April and May 2022. In addition, SPEAK has been advocating in support of bills which directly impact youth in Child Welfare attending State House legislative meetings demonstrating and voicing their concerns.

The Department also successfully established a parent advisory group, which commenced in April 2021 after careful planning. Ten known parent champions were invited to serve as founding members of the group and were presented with a vision for a parent-led advisory board. The Department identified a core team of people, including two FSU Supervisors who will support the group. Parents already have met with the DCYF Acting Director, head of CPS and head of FSU to

identify areas where they believe the Department needs to partner with parents to develop solutions. A primary area that is already being explored is the parents' desire for DCYF to improve its overall empathy skills when engaging with parents. The parents have decided to meet weekly or biweekly for the first few months to fully establish the board, recruit a diverse group of parents, establish a more formal structure, and identify and Department resources needed to grow and sustain the group. In the first year, the group had three primary advisory achievements related to supporting parents who are becoming involved with the child welfare system. These successes included: (1) helping the Department to draft written materials to be given to parents at the time of removal so they better understood their rights, (2) recommending the expansion of a parent partners (mentorship) program for parents who have become open to the Department, and (3) presenting to the Department a proposal for comfort calls to be made among birth parents, foster/kinship parents and the caseworker immediately after removal. The Department has implemented or is working to implement all three recommendations. The parent advisory continues to be in its infancy stages and struggles with group structure and recruitment of diverse families. As part of the group, we also have two DCYF staff members that are providing support as the group continues to develop.

Two other new critical stakeholder groups were launched. After several months of surveying, information sessions and planning, DCYF launched in February 2021 a foster family council that meets at least monthly to advise the Division of Resource Families on how to serve best and support our foster and adoptive parents. Nearly 50 people attended the first session with an ongoing monthly participation of both Resource Family champions who lead content development and the facilitation of RI Foster Parent Advisory Council Meetings. This parent co-led group has met with the DCYF Acting Director and has provided critical feedback, including reviewing the Department's foster care regulations, strengthening staff training and stakeholder engagement.

Second, the Department formed in January 2021 a Family First Advisory Board. This group of roughly 50 internal and external stakeholders is helping to shape the Department's implementation plan for the Family First Prevention Services Act. The group is co-led by the Department and a community provider. The Department submitted its first draft of the FFPSA plan in September of 2021 and is working to finalize the plan with ACF. The intention is that once this plan is finalized, this group may opt to pivot itself into an ongoing prevention advisory.

Finally, the Department was able to establish a Feedback Loop team. This internal team includes Department leadership who participate in all of our critical stakeholder groups (birth parent, youth, foster parent, kinship councils; the Fatherhood Initiative; juvenile justice advisory; and internal groups such as staff forums and the agency's Diversity Advisory Committee). With consultative support from the Center for States, this group reviews all feedback received by the various stakeholder groups and ensures that senior team members hear all the feedback being received across stakeholder groups. The Feedback Loop team is also serving as an oversight team and learning collaborative to identify the needs of our stakeholder groups. This will include tools like common agendas and note capturing, CQI development, and training needs such as supporting groups to increase their meeting facilitation skills. In the next year, this Feedback Loop team will also serve as a primary vehicle for ensuring implementation of the accreditation requirements related to provider and community engagement.

In addition to Stakeholder engagement work, the Department's practice approach includes a central tenet of the importance of inclusion and value of family and youth voice and choice. The Division of Resource Families has embarked on a series of efforts to ensure that family voice is heard, valued, and informs practice change. Some concrete examples include:

- Non-meeting methodology to connect with families who cannot actively participate in planned events: group emails, individual calls, increased social media footprint, engagement for survey responses.
- Direct "check ins" via phone for foster families through COVID-19 to ensure that the Department was able to identify additional supports for families.
- Twice-weekly focus group with foster families throughout COVID-19 to address specific issues and needs.
- Open forums and Town Hall meetings with open invitations to families to hear about system changes and ask questions and receive direct responses from Department leadership.
- Participation in monthly feedback loop discussion in the effort to address foster family concerns and support practice shifts to include Collaboration, Training and lifting family Voice and Choice
- Creation of Resource Guides and FAQs to support resource family retention and inclusion efforts
- Kinship Advisory Council, a mixed group of kinship caregivers and stakeholders, focusing on the unique needs of kinship caregivers.
- RI Foster Family Advisory Council (RIFFAC), which was developed by the Department after a near yearlong effort to gain feedback and insights from families on how a group of this type could be useful and is now actively led by foster families.
- RIFFAC Action Groups, a partnership group with families and the Department which collects concrete feedback and work product (such as edits to the proposed Foster Care Regulations, and a family developed community resource guide) to help improve the system.
- In January 2022, the Department entered into contract amendments with Child & Family and Prevent Child Abuse America (PCA), RI Chapter, Parent Support Network to promote the Circle of Parents® model for parent support and parent leadership training and the development, implementation, and evaluation of statewide parent support groups designed to promote family resilience and prevent abuse and neglect. Through the partnership Child & Family will outreach to, collaborate, and partner with the regional Family Care Community Partnership (FCCPs), Healthy Families America, and other child and family service partners and family leaders across the state. Circle of Parents® vision is a world where all caregivers have the knowledge, skills, and support to raise strong, resilient, and happy children. Circle of Parents® provides friendly, supportive environment led by parents and other caregivers in partnership with professional staff and support. Circle of Parents® groups are a venue where anyone in a parenting role can share their successes and challenges in parenting, develop supportive peer relationships, learn parent leadership skills, and promote family resilience in

the face of life stressors. There have been scheduled meetings with trained group facilitators on regular basis. Child & Family will track the number of parent leaders recruited to participate in training and who are co-facilitating and participating on local and state policy and advisory boards and other system of care activities; Child & Family will track our communication and collaboration with partners we work with and who work with us to identify parent leaders to participate; Child & Family will track the number of groups, the type of group, and the demographics of group attendees with the Circle of Parents® data collection tool quarterly and annually. Child & Family Circle of Parents® Coordinator will develop and market schedule of Circle of Parents® groups across the state and our website, social media, and flyers and will network and conduct outreach to promote Circle of Parents®. The goal is to receive valuable feedback from parents and valuable partners.

It is significant to note that the efforts above represent ongoing opportunities for families to actively connect and engage with the Department. Virtual engagement has improved the number of families who participate in planned events. Given this, the Department intends to maintain a mixed-delivery system with in-person and virtual engagement opportunities. SFY 2023 financial investments will further support foster family retention events and ensuring compensation to incentivize youth and family participation in stakeholder opportunities (as incentives reduce barriers related to childcare, transportation, changes in work schedules, etc.). Other investments will be made into programming that has been directly informed by families.

Practice shifts

During the past year, DCYF has implemented a practice model that promotes family and child wellbeing. Below are descriptions of major areas of work that are underway to support and achieve the goals of the practice model.

Implementation of a family engagement-focused practice model

Critical to alignment with the goal of improving outcomes for families is the transformation of overall practice at DCYF. A foundation for that transformation is the Safety Assessment Through Family Engagement (S.A.F.E.) Practice Model, which was implemented in November 2019. In selecting S.A.F.E., DCYF sought a practice model that gives a central voice to youth, families and communities.

By adopting the S.A.F.E. model, Child Protective Services shifted from taking a solely incident-based investigative approach to a more comprehensive assessment of families' strengths, behaviors and functioning. When possible, every effort is made to safety plan with families and their extended supports to maintain children at home. When the risks are such that out of home placement or long-term interventions are identified, the family is assigned to our Family Service Units. Family Service Social Caseworkers build partnerships with families, caregivers and supports to identify service plan objectives and action steps. These objectives are based on the behavioral changes mutually identified to achieve and maintain safety, well-being and permanency. Together, DCYF and families identify behavioral changes and develop service plan goals and action steps to enhance caregiver protective capacities and address the needs of the child.

Committed to the full implementation of the S.A.F.E. model with fidelity, the Department expects to see improved safety outcomes for children and families, including, but not limited to:

Increased rate of families served by DCYF at home; safer and timely reunification of children and families; and a reduction of re-maltreatment and re-entries into DCYF care. As part of this ongoing implementation, DCYF is making necessary policy revisions to align our practice to the model.

[Expanding and enhancing child maltreatment prevention efforts](#)

DCYF is shifting its operational direction and investments in prevention so that vulnerable families and children receive the support they need when they need it. To do this, DCYF has already strengthened its commitment to supporting five contracted Family Care Community Partnerships, which serve as primary resources for families across the state who need access to housing assistance, family counseling, childcare, early development programs, and other family support services. The Department also partners with other state agencies, such as the Department of Health, to ensure a robust array of supports for struggling families.

The Department is also preparing for implementation Family First Prevention Services Act ([Pub. L. 115–123](#)), which has the potential to bring new prevention funding and programming to Rhode Island. DCYF is developing its five-year Family First prevention plan to submit to the Children’s Bureau for review by July 1, 2021. The Prevention Plan was officially submitted to ACF on September 29, 2021. The Department received feedback and revised the Prevention Plan with a resubmission date of April 29, 2022. The Department continues to work on implementation within the areas of Fiscal and IT, CQI and Policy, Practice and Training while awaiting final approval.

[Rightsizing of foster care](#)

In 2007, just 60% of children in RI DCYF care were placed in families, with the other 40% living in congregate care settings (group homes, semi-independent living, residential treatment centers, and assessment and stabilization centers). As of January 1, 2022, the Department now has more than 81% of children in out-of-home care living with a family. Rhode Island has shown the most improvement in the country in placing children in family settings over the last 15 years.

In the last year in particular, the Department saw a significant reduction in the number of children in State care living in a congregate care setting (304 in February 2021 compared with 288 children in January 2022, a decrease of 5%). The agency continues its work to reduce the usage of congregate care for children who would be better served in a family setting. The “rightsizing of foster care” initiative allocates resources and makes investments to build an array of relative (kinship), foster and therapeutic foster homes available to meet the diverse needs of children in DCYF care. Recent agency activities include:

- The addition of 14 staff members to the Resource Family Division to recruit and retain more prospective resource families for children. The division has met its current goal to license 100 new families by June 2021. The Resource Families Division has currently licensed more than 250 homes since SFY 2021 – date.
- In the summer of 2020 the Department facilitated the renegotiation of contracts with the 10 private child-placing agencies who operate the state’s therapeutic foster care programs. New contracts provide for rate and service equity for all foster families based on the needs of the children in their care. In the fall of 2020, DCYF began implementation of active contract

management to support these vital agencies who provide family placements for children with higher levels of need. Active contract management continues to be an ongoing practice of the Department.

Juvenile Justice Transformation

For more than a decade, the Department has been working with communities and Family Court to reduce the number of children who are incarcerated at the Rhode Island Training School and/or involved in our Juvenile Probation program. This has been achieved through the creation of diversion programs and referring more youth and their families to community-based services. For youth who must spend time at the Training School, they are receiving targeted services ranging from physical and mental health to educational and job training, to transitional reentry programming.

Current initiatives include a rebranding of the division from “Juvenile Correctional Services” to the Division of Youth Development (DYD). The focus of DYD is to promote positive youth development by providing youth with opportunities in treatment, education, workforce training, mentoring and sustaining family connections. The division is also piloting innovative programming with local juvenile hearing boards in Providence and Central Falls to provide youth and families additional positive alternatives to involvement in the legal system.

Rhode Island Children’s Behavioral Health System of Care

To better serve the children and families who rely on us for children’s behavioral health services, the Department is working with EOHHS to create a child and family “system of care” in Rhode Island. Nationally, child-serving systems have implemented systems of care that includes a spectrum of effective community-based services and supports. It also includes a set of principles to guide the way these services are delivered. Interagency collaboration; individualized strengths-based care; cultural competence; child, youth, and family involvement; community-based services and accountability are all included. Historically, numerous evaluations have found that systems of care are associated with a range of positive outcomes.

The Children’s Behavioral Health System of Care will ensure that children and families have a unified process for receiving the behavioral health care they need to thrive. Rhode Island needs an integrated, culturally and linguistically competent continuum of behavioral health care for all children in the state that will provide an organized pathway to services and supports, in contrast to the multiple paths in existence today. Currently, EOHHS and DCYF have formed a core State interagency leadership group for the system of care planning and implementation process. In the spring of 2021, the EOHHS and DCYF established a public-private advisory committee to provide input on this initiative. The committee includes parents, youth, schools, nonprofit organizations, pediatricians and other medical providers, and other youth-serving stakeholders.

Current, overall statewide behavioral health system challenges include gaps in access and the capacity to meet the need, insufficient workforce capacity and disparities in health equity and race equity within the behavioral health system. The underlying drivers of these challenges include fragmentation of systems, payment models, infrastructure, the need for meaningful community engagement, systemic racism and social determinants of health - all of which are exacerbated by COVID-19 creating additional and severe challenges for the system as a whole.

Any policy solutions must address the underlying drivers, otherwise the challenges will persist. In order to address these areas, foundational components of the state's System of Care plan will focus on ensuring racial equity, eliminating disparities and creating sustainable and braided funding. Other foundational components include a significant investment in workforce transformation in addition to a strong community outreach and family engagement. Connector components will include a single point of access with no wrong door and will also include data systems for outcome measurement and evaluation.

More specifically, The Children's Behavioral Health System of Care top implementation priorities are the following core components:

- Single Point of Access – Priority is to ensure that 988 is ready to address children's crisis needs. 988 will roll out July 16th with continued planning and implementation for children-specific training needs.
- Mobile Response & Stabilization Services – Goal is to keep children and youth out of the Emergency Department. Proposals for funding include HCBS dollars, SAMHSA grant, and Congressionally Directed Funding. The RFP was submitted with plans to implement as soon as possible with hopes of starting in August or by the start of the school year.
- Expanding the Service Array – Goal is to ensure that the current service array can expand and that we can pursue more intensive services. Proposal for funding is HCBS during FY23.
- Expanding Care Coordination – Goal is to expand the current Family Care Community Partnership program to start during FY23.
- Care Management – Eventual goal is to address the idea of the "quarterback" to ensure alignment of care management. Proposal for funding is HCBS.
- Prevention – Received approval from CMS to be able to use HCBS dollars to fund First Connections. Implementation is in progress through RI Department of Health with hopes to start in early FY23.

Addressing Race Equity

Race equity initiatives and council: Beginning in the summer of 2020, DCYF began its journey to address systemic issues of race equity and inclusion that negatively affect agency staff and the children, youth and families served by the Department. The first steps included

- Creating a dialogue among staff, including "Listening, Learning and Leading" sessions on various topics of race and culture, implicit bias training for all staff (98% completion rate), and in-depth race equity training for staff leadership.
- Forming a Race Equity Team, which is a council comprised of staff leadership, members of the agency's Diversity Advisory Committee, members of DCYF's Peer Support Team, community members and other interested staff.
- Developing and implementing an agencywide Race Equity Plan. The focus of this work for the first half of 2021 will be to: Establish a shared understanding of race equity and inclusion

principles, engage affected populations and stakeholders, and gather and analyze disaggregated data to help begin to identify root causes of inequities.

- Reviewing and updating as needed the Department's mission statement and guiding principles to reflect our commitments to race equity and family engagement.

This Council is currently developing and finalizing by-laws and identifying efforts on which to focus our efforts to address Diversity, Equity and Inclusion challenges across the Department.

We have moved beyond the initial stages and have now formalized our Race Equity Council which is comprised of 13 staff from various levels across the Department. DCYF has established a Race Equity Council comprised of DCYF staff from various divisions to help set the agency's race equity strategies and monitor its progress toward strengthening diversity in DCYF hiring practices and eliminating race disparities and disproportionality within the child welfare, behavioral health, and juvenile justice system.

The goal of the Race Equity Council is to eliminate the racial disparities and disproportionality within the DCYF and child welfare, behavioral health, and juvenile justice system.

The purpose of the Race Equity Council is:

1. Develop an overarching Race Equity strategy and advise the Department's vision focused on reducing race disparities.
2. Establish strong leadership commitment, training, and technical assistance for DCYF's race equity initiatives.
3. Evaluate the current Race Equity management and structure to determine where opportunities for increased equity can be applied.
4. Evaluate existing research and perform a gap analysis of the effectiveness of Divisional race equity strategies
5. Develop Race Equity tool(s), monitor implementation, and track progress by each operational division.
6. Provide feedback to the Directors' office on the progress of programs and initiatives.

[Highlights of Practice Shift Efforts on Positive Outcomes for Children, Youth and Families](#)

Thus far, DCYF's systemic practices shifts are driving many positive outcomes for the children, youth and families we service. Listed below are highlights of some of the Department's recent achievements:

- The Department has made significant strides in the last 12 months in keeping children safe at home with their family and out of the juvenile justice system. Comparing the average monthly census of juvenile probation children in out-of-home-care in 2021 to the same metric in 2020, there was a 28% reduction in children in out-of-home care on probation. Overall, the average total census on a monthly basis of children being overseen by Juvenile Probation dropped by 22%, whereas there was a 4% decrease in children at the Training School.
- DCYF staff have focused efforts on completing service plans for children and families in a timely manner within both our child welfare and juvenile probation divisions. Since March 2020, the Family Service Units has decreased the number of untimely service plans from over 500 to just 5, as of May 6, 2022. FSU service plan data is monitored in monthly trends,

bimonthly reports, and daily dashboards accessible to all FSU staff for tracking. All our families and youth deserve service plans that are built with family voice and choice at the core, with goals and actions that strengthen each family over time.

- In September 2020, a new Support & Response Unit (SRU) was launched within the Family Services Unit division. The SRU's objective is to connect families with support services that are aimed at prevention and child wellbeing. The staff maintains a toll-free family support line and has since September has served over 2300 families.
- The Resource Families Division has increased the Department's capacity and utilization of licensed foster homes, including an increase in the number of licensed relative/kinship families. The number of licensed kinship families has stayed relatively consistent with 356 families as of May 1st, 2021 and 319 families as of May 1st, 2022
- The Department has seen dramatic success in placing a larger proportion of children who need out-of-home care in a family setting. As of January 1, 2022, 81.7% of children who need out-of-home care are living in family setting, compared with 82.9% in January 2021. Much of this success is attributable to finding more relative/kinship placements for children: 71.9% of our family placements are with relatives or kin in January 2022, compared with 70.7% a year ago.
- Correspondingly, DCYF has experienced a significant reduction in the use of congregate care settings in the last year. In February 2021, DCYF had 304 children in congregate care settings; as of January 1, 2022, that figure has decreased by 5% to 288 children.
- The youth of the Training School continued to thrive despite the challenges presented during the COVID-19 pandemic. In June of 2021, the school saw 8 students graduate (6 high school diplomas and 2 GEDs). Testing is showing that youth educated at RITS are showing improvement in both reading and math skills.
- The most recent annual report examining recidivism among RI DCYF youth who were adjudicated shows that rate of recidivism remained at 28% over a three-year period, compared with the same rate of 28% from the previous year's cohort.
- DCYF is set to renew its partnership with Rhode Island College June 30, 2022. The Internship to Employment Program is a critical part of our learning partnership with RI College. Next steps details are discussed in subsequent sections that pertain to Workforce Development.
- Catalyzed by the pandemic, the Department has successfully implemented a telework model for DCYF staff. Among its innovations in 2020 was a mobilized child abuse hotline that allows for workers to respond to reports of child abuse and neglect from any location. Also, DCYF has shifted its training and educational programs to virtual learning and continues to provide an intensive new worker training program for frontline staff. Between January 2021 and December 2021, WFD provided new hire training to 75 employees, representing four classes. One class overlapped from 2020 into 2021. Our training activity totaled 87 topics, collectively offered 277 times, reaching a participant total of 4,088 (individuals counted as 1 for each training they participated in), representing 1, 108 total training hours. We are in the process of training 53 new staff hired in February and May 2022 cohorts (and are not included in the

training stats listed above). The majority of training is remote, and we look forward to returning to a hybrid model that will retain the best of web-based learning, while taking in-person training to new heights, including a plan for adding simulation labs in our September 2022 new hire group.

Update to Assessment of Current Performance in Improving Outcomes –

In June 2018, DCYF underwent Round 3 of the Federal Child and Family Service Review (CFSR). The State's performance is assessed on 7 child and family outcomes and 7 systemic factors. The Department was found to not be in substantial conformity on the seven child and family outcomes. Those seven outcomes are:

Safety Outcome 1: Children are first and foremost, protected from abuse and neglect.

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

Permanency Outcome 1: Children have permanency and stability in their living situations.

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.

Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.

Child and Family Outcomes

In May 2021, the Department conducted an internal case review on the 18 items related to Safety, Permanency and Well-Being. The Department achieved all PIP items except for Item 4: Placement Stability. The Department and the Children's Bureau negotiated the item specific review to increase the probability of meeting the Item 4 Benchmark.

In November 2021, February 2022 and coming in June 2022, the Department conducted an Item specific review focused on Permanency Item 4: Placement Stability to meet the PIP target goal of 90%. Item 4 is the last remaining item for PIP goal achievement.

1. **Safety Outcome 1:** Of the seventeen (17) applicable cases in the November 2020 and May 2021 internal case reviews, 94.12% were found to be in substantial conformity. The Department's assessment of the performance of this item is that it is a Strength. The Department has addressed this outcome by including a strategy in its Program Improvement Plan that specifically targets improved documentation of investigative responsiveness to routine investigations. This PIP strategy has made a positive impact on investigative practice and documentation resulting in increased performance for this item since the 2018 Federal CFSR.
2. **Safety Outcome 2:** In the November 2020 and May 2021 internal case reviews, 61.54% of the 65 applicable cases reviewed were found to be in substantial conformity. Therefore, the Department's assessment of the performance of this item is that it continues to be an Area

Needing Improvement. The Department is currently addressing this outcome by its implementation of the Family Functional Assessment (FFA) and Ongoing Family Functional Assessment (OFFA). The agency's Program Improvement Plan (PIP) included strategies that enhance family engagement and staff supervision as well as incorporating the FFA and OFFA into safety and service planning.

3. **Permanency Outcome 1:** In the November 2020 and May 2021 internal case reviews, 22.5% of the 40 applicable cases reviewed were found to be in substantial conformity. Therefore, the Department's assessment of the performance of this item is that it continues to be an Area Needing Improvement. The agency is addressing this outcome by including a goal in the PIP that specifically targets the reduction of barriers to achieving timely permanency for our children in foster care. The agency is collaborating with the RI Family Court on developing a pilot mediation project as well as strategies that intend to reduce the number of petitions filed in family court. The Department is also collaborating with the Capacity Building Center for States on a Permanency Workstream to improve placement stability and Permanency achievement. This workstream was launched in May 2022. Details of this collaboration are forthcoming as the workstream determines specifics.
4. **Permanency Outcome 2:** In the November 2020 and May 2021 internal case reviews, 72.5% of the 40 applicable cases reviewed were found to be in substantial conformity. Therefore, the Department's assessment of the performance of this item is that it continues to be an Area Needing Improvement. The agency's Program Improvement Plan includes strategies that will enhance family engagement through the Family Functional Assessment (FFA) and Ongoing Family Functional Assessment (OFFA) and ensuring visitation services are available when needed for families.
5. **Well-Being Outcome 1:** In the November 2020 and May 2021 internal case reviews, 33.85% of the 65 applicable cases reviewed were found to be in substantial conformity. The Department's assessment of the performance of this item is that it continues to be an Area Needing Improvement. The Department is currently addressing this outcome by its implementation of the Family Functional Assessment (FFA) and Ongoing Family Functional Assessment (OFFA). The agency's Program Improvement Plan includes strategies that will enhance family engagement and staff supervision as well as incorporating the OFFA to improve the assessment of family needs and family engagement in service planning.
6. **Well-Being Outcome 2:** During Reporting Period 3, which consists of case reviews conducted in November 2020 and May 2021, 72.5% of the 40 applicable cases reviewed were found to be in substantial conformity. Therefore, the Department's assessment of the performance of this item is that it continues to be an Area Needing Improvement
7. **Well-Being Outcome 3:** In the November 2020 and May 2021 internal case reviews, 55.17% of the 58 applicable cases reviewed were found to be in substantial conformity. Therefore, the Department's assessment of the performance of this item is that it continues to be an Area Needing Improvement. The agency's program improvement plan includes strategies specific to improving accessibility and communication with the Central Referral Unit as well as expanding capacity and expertise in the Department around Substance Use Disorder services.

Systemic Factors

In the 2018 Child and Family Service Review, DCYF was rated in substantial conformity on two of the seven systemic factors: Statewide Information System and Agency Responsiveness to the Community. The Department was determined to not be in substantial conformity with the following systemic factors: Case Review System, Quality Assurance System, Staff and Provider Training, Service Array and Resource Development, and Foster and Adoptive Parent Licensing, Recruitment and Retention. The Department has addressed the systemic factors that were identified as Areas Needing Improvement in the Program Improvement Plan.

The Department's Statewide Information System was rated to be in substantial conformity in the 2018 CFSR. The Department's current assessment of this item is that it remains in substantial conformity. Information contained in RICHIST continues to be very accurate especially related to demographics and placement. As identified in the Department's Data Quality Plan, the Department has developed several data quality and timeliness reports that are reviewed weekly to ensure the accuracy and quality of demographic and placement data in RICHIST. In the 2018 Statewide Assessment, service plan information was found to be less accurate. The Department implemented new Family Functioning Assessment and Ongoing Family Functioning Assessment tools in RICHIST in November 2019. These tools were designed to streamline the service planning process with the goal of increasing timely development of the service plan. The service plan timeliness report has been re-designed to provide administrators and supervisors with the information they need to ensure timely development and approval of service plans. As a result of these actions, the timeliness and accuracy of service plan has improved greatly.

The Department has completed its transition into a more mobile workforce. All DCYF line staff are equipped with laptop computers which can access RICHIST while in the field or while working at home. All new line staff hired by the Department are provided with a laptop computer during their first week of training.

Development of a New Comprehensive Child Welfare Information System: The Department recognizes that RICHIST is 25 years old and has begun the process of planning for a replacement system. The state legislature approved funding for a new CCWIS in July 2021. A Planning Advance Planning Document (APD) was submitted to the Children's Bureau in September 2021 and approved by the Children's Bureau in October 2021. The Department released an RFP for a CCWIS Planning Vendor in December 2021. A tentative contract for the planning vendor was submitted to the Children's Bureau in May 2022. The Department anticipates the planning vendor will begin the 12-month planning process in July 2022 to be followed by an Implementation RFP for the development and implementation of a new CCWIS.

Chart 1: Legal Consultation

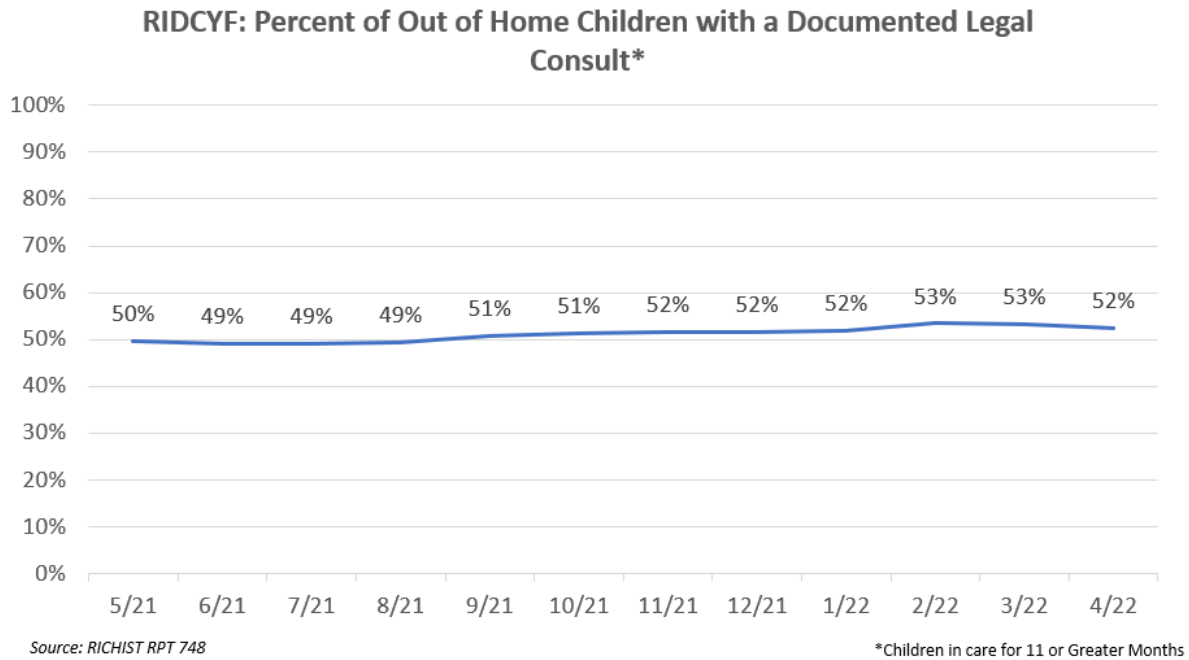


Chart 1 shows the percentage of children in out of home care with a documented legal consult. The source of this data is from RICHIST Report 748 and applies to children who have been in care for 11 months or greater. The chart shows that there has been a steady trend in the percent of legal consults obtained since May 2021. It is anticipated that there will be an increase in the number of legal consults obtained as FSU works with the legal division to streamline communication and efficiently utilize availability, with the goal of moving cases forward towards permanency.

Chart 2 reflects the percentage of children in out of home care with a TPR filed or granted. The source of this data is RICHIST Report #748. Between May 2021 and April 2022, the number of TPRs granted has slightly increased from 16.8% to 18.4%. However, the number of TPRs filed remained steady around 14.5% during the same period, with exceptions in June, September, and December of 2021. The percentage of children in care for 15 or greater months with no TPR filed or granted has slightly increased from May 2020 to April 2021.

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Chart 2: TPR Filings and Approvals

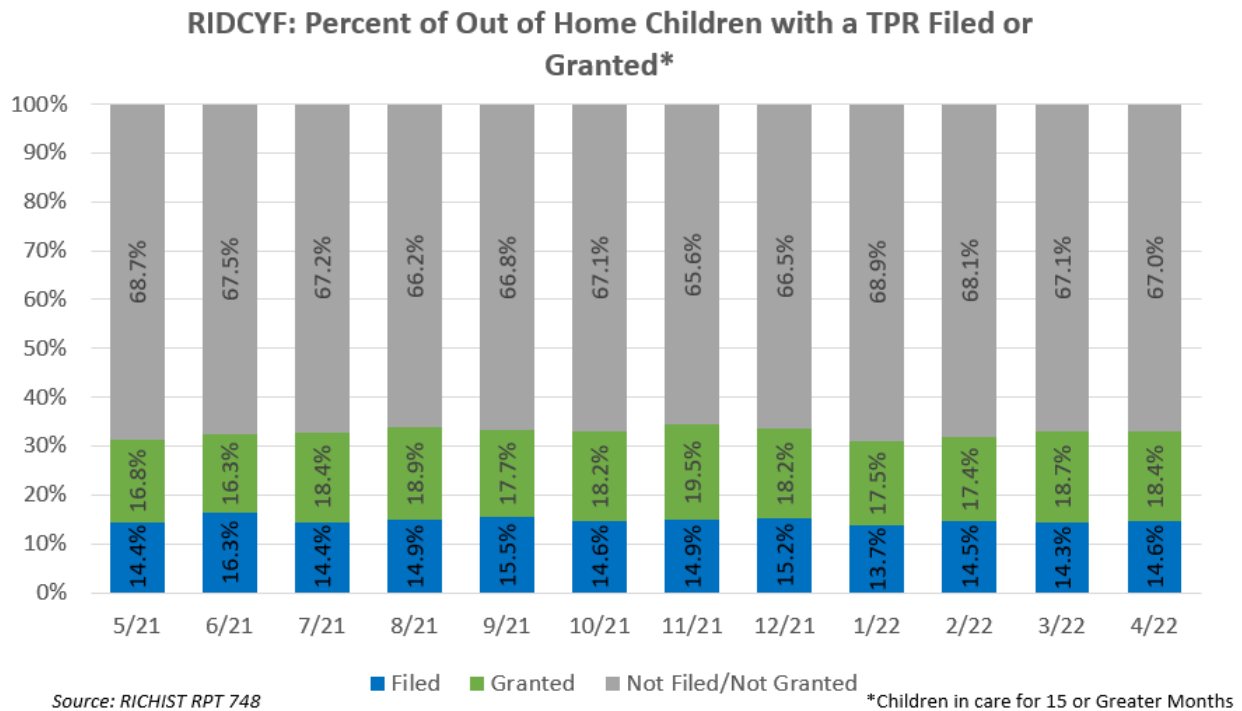


Chart 3: Children's Rights Initiative Case Plan Timeliness

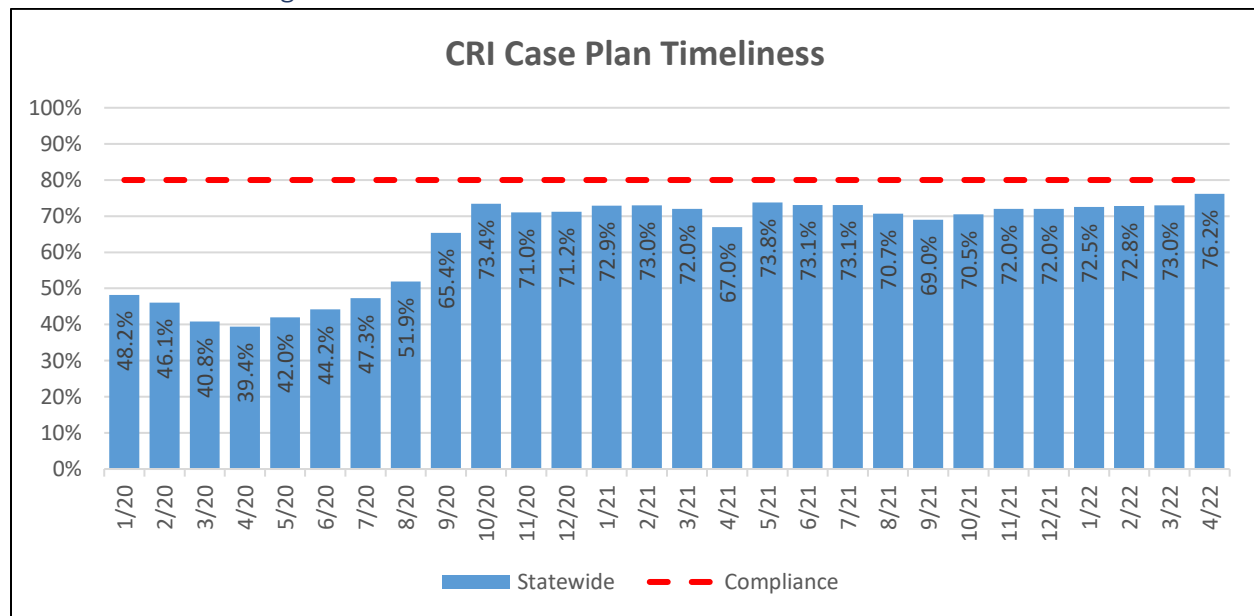


Chart 3 reflects the percentage of children who have a timely case plan. The Department is also showing improved performance in the number of timely completed case plans. As part of the Children's Rights Initiative (CRI) Settlement, which only includes children who open to DCYF due to a report or suspicion of abuse or neglect, case plan timeliness has been evaluated for Reporting Periods 1-7 (July 1, 2018 - December 31, 2021) and the current Reporting Period 8 (January 1, 2022-June 30, 2022).

Empowering Foster Families to advocate for themselves and children in their care continues to be a priority of the Department. Clear communication strategies such as notifications, Frequently Asked Questions (FAQs) and Department announcements are supported through email and U.S. Mail to foster parents.

In addition, the Department continues to utilize its state's CCWIS to generate notifications to foster parents automatically. If a youth has an open foster care placement and a permanency hearing is scheduled, an automated notification is generated to the foster parent two weeks before the hearing date and is sent via U.S. Mail to the foster parent's home address. Foster and pre-adoptive parents are invited to Administrative Case reviews by mail and by verbal notification from their assigned caseworkers. An automated letter is sent to all foster and pre-adoptive parents notifying them of the upcoming Administrative Review. If the foster parent is unable to attend the Administrative Review, they are given the option to fill out a Foster Parent Information sheet that provides information regarding how the foster child is doing in the home.

Family voice is critical in helping us to identify improvements for our foster care system so we can achieve the best possible outcomes for the children and families we serve. The RI Foster Family Advisory Council (RIFFAC) was developed through extensive stakeholder feedback and input in 2020, and formally launch in early 2021. The intended purpose of this advisory council is to create a space for DCYF, foster families, stakeholders, and community partners to collaborate and elevate the voices of our foster families. Full council meetings are held every other month and are family led, there are small workgroups focused on action, planning opportunities, as well as other events.

Initiatives of the RIFFAC include recommendations for revisions to the Foster Care Regulations for Licensure, development and implementation plan related to a satisfaction survey related to how our foster families experience our system, Department new hire training materials and targeted feedback forums impacting system improvements regarding communication, support and retention of Foster Families

The Department's Quality Assurance System was rated as an Area Needing Improvement in the 2018 CFSR. The CFSR Final Report noted that Rhode Island lacks a fully functional case review process that provides quality case review feedback on both in-home and out-of-home cases to staff.

The Department's current assessment of this systemic factor is that it is a Strength.

The Department executed its first internal case review process in 2019, utilizing staff from all divisions as reviewers. The internal case review process was conducted biannually, with reviews occurring in June and in November 2019. Using a proportional stratified random sample for the Department's case review process, the team reviewed a total of 32 cases in June 2019 and 33 cases in November 2019. The internal review established the baseline for the PIP Measurement.

Reviews were conducted by sixteen two-person teams consisting of volunteers from throughout the Department during each review. CQI staff provided training to the teams at the beginning of each review period. Each team reviewed two cases and each of the cases received two levels of quality assurance. Quality assurance was conducted by a combination of dedicated CQI staff and volunteers. Cases are entered into the OMS system allowing for reporting by case type as well

as Metro Site/Non-Metro Site. Each review occurred within a one-week timeframe and were sent for secondary oversight by the end of the review week. The Children's Bureau completed secondary oversight within two weeks of that date and cases were then finalized in the OMS. The qualitative case review unit worked with the Capacity Building Center for States to assist them with the development and refinement of its internal case review process.

In 2020, due to COVID-19, the Department changed its process of conducting its internal case reviews from an in-person format to a virtual process with support from the Capacity Building Center for States (CBCS). The Department's CFSR Coordinator worked closely with CBCS on designing, developing, and implementing a virtual case review process. The first virtual case review took place during a four-week period in June 2020 with additional virtual case reviews occurring in November 2020 and most recently in May 2021. Each of the reviews were conducted virtually utilizing experienced reviewers and Quality Assurance staff. Experienced reviewers were recruited to conduct reviews independently or as a two-person team. The Department also converted its case review training process and was able to recruit new reviewers to participate in the case review process in November 2020 and May 2021.

In November 2021, the Department began conducting Item 4 Only Specific Reviews, with follow up reviews occurring in February 2022 and June 2022. The Department continues to utilize a virtual case review process with the option of conducting in-person reviews if the reviewers and quality assurance staff feel comfortable. In the past, case interviews would be scheduled in person. For the virtual review, all case interviews are scheduled by phone or utilizing a virtual meeting platform such as Zoom or Microsoft Teams.

The Department's internal case review system has been able to provide relevant and reliable data on each of the seven CFSR child and family outcomes. Through the Division of Performance Improvement (DPI), DCYF communicates results of its biannual internal case review process through Active Divisional Management (ADM). ADM serves as the vehicle to provide feedback to staff as well as monitor and support the work of the Department.

The CFSR Coordinator and Chief of Change Management have also conducted case review results meetings within the FSU Regions, CPS and Juvenile Probation to communicate how the Department is performing on the 18 CFSR items as well as offer common themes of areas of strength and areas of opportunity for front-line staff in their child welfare practice. These case review results meetings are conducted after each biannual case review. Awards were also given to caseworkers whose cases performed well in the case review specific to areas of family engagement, permanency planning, and safety.

In addition to the above, the Administrative Review Unit currently operates with three full-time staff and an administrative assistant who are fully devoted to scheduling administrative reviews. This has resulted in Administrative Reviews being conducted in a timelier manner. During the pandemic, the administrative review unit utilized virtual platforms to conduct Administrative Reviews and will likely offer this as an option to parents if they prefer a virtual meeting over an in-person administrative hearing. Parents and foster parents are also able to have in-person administrative hearings if they prefer. The Department continues to utilize its Senior Casework Supervisors to conduct specific reviews of cases that require immediate attention (e.g., children who are placed in congregate care to see if they can be moved to less

restrictive placements). As part of the Children's Rights Initiative Settlement, the agency also utilizes two (2) Programming Services Officers, as well as a Child Protective Investigative Supervisor who was reassigned to the unit in December 2020, to conduct qualitative reviews of cases in which children who were removed for reasons due to abuse and/or neglect. The qualitative data elements that are reviewed include Sibling Placement, quality of face-to-face visit (DCYF and child), Sibling Visitation, Parent-Child Visitation Frequency and Quality, and Case Plan timeliness and elements.

Based on the above information, the Department is confident that its Case Review System has made significant improvements to its processes and would be rated as a Strength.

Staff and Provider Training was rated as an Area Needing Improvement in the 2018 CFSR. The 2018 Statewide Assessment and the CFSR Final Report noted that the Department lacked a fully functional training system to ensure workers have the knowledge and skills they need to work effectively with families. It is important to note this was in the context of the 2016 dismantling of the Child Welfare Institute that worked in partnership with RI College and training was an area of strength in prior CFSRs. In 2019-2020 Work Force Development (WFD) implemented changes that were created in the spring of 2019 which included the full immersion into our reimagined Learning Partnership (LPCS) with Rhode Island College School of Social Work (RIC). WFD now has a training site with all the latest technical support to assist us in the move to a more dynamic training delivery model with web-based and simulation technology as two key additions.

The LPCS relationship has also included sharing of the latest best practice models and methods and we team with the key educators at RIC in reviewing and assessing current & future training program needs. The LPCS has assisted in revising the current New Worker Training Program. This training program was built with the assistance of front-line workers, supervisors, and administrators from FSU as well as member of JCS & CPS.

In the fall of 2019 DCYF had its first New Worker Training Cohort (15 New Social Caseworker IIs). The first cohort completed this 6-month training in April of 2020 but due to the recent COVID 19 events the LPCS has not been able to fully evaluate the outcomes of this first cohort. A second cohort (16 new Social Caseworker IIs) started in January/February 2020. This group is completed training in July 2020. WFD has a pre & post-test evaluation for this training program. It was completed after the start of the last cohort so the full use of this process will be implemented with the next cohort. The post test is being provided to each of the first two cohorts.

WFD made quick adjustments to this training plan as the Department moved to teleworking and training moved to ALL on-line and web-based classes and limited field placement opportunities.

The LPCS continues to work on evaluating and modifying existing new worker courses. While we are we are currently working on the first 18 trainings, Phase II of this work will focus on developing Transfer of Learning activities for all 60+ trainings currently offered by WFD.

In 2018 it had been reported that there was a lack of ongoing training for staff. In 2019- & 2020 the Department has been providing a series of comprehensive training, large (36 hours) and small (1-hour refreshers) on topics directly related to our new SAFE Practice Model. This has been the primary focus for ongoing training for frontline staff.

All staff are now aware of how to track their individual training hours both in RICHIST and in a newly created training report located in the Department's shared file. Workers, supervisors, and administrators can review training singularly or in the aggregate (unit, division, agency).

Service Array and Resource Development was rated as an Area Needing Improvement in the 2018 CFSR. The CFSR Final Report noted that, despite the re-procurement of its service provider contracts, there were gaps in the service array and waitlists for some services. Results of the stakeholder interviews also revealed a gap between the current service array and the field's awareness of those services.

The Department has addressed these concerns through the agency's program improvement plan by improving internal communication between the Central Referral Unit, increasing capacity and expertise for Substance Use Disorder Treatment, and expanding capacity for visitation services for families. The Department has increased the number of Child Support Technicians to support visitation in 2019 and devotes a position within the Division of Child Protective Services to provide knowledge and expertise related to Substance Use Disorders and education regarding accessing those services to staff.

In May of 2019, the Department obtained grant funding through VOCA to support 2 Peer Recovery Specialists and a Substance Use Disorder Liaison. This position is in the Division of Child Protective Services to focus efforts at the "front door" by providing supports and interventions at the start of a family's involvement with DCYF.

Through a contract with the Parent Support Network, the Department currently works with Peer Recovery Specialists who are available during and after hours to support Child Protective Investigators and Social Caseworkers to engage and help parents to navigate services. These positions support existing work to help families to access and navigate recovery services. The goal of the Peer Recovery Specialists is to engage with families through CPS at the start of the family's involvement with DCYF.

Most of the initial work occurs during the Child Protective Investigation, but families who are later identified to be in need, or who may have been in recovery and relapsed have equal access to supports through the Family Service Units and Juvenile Justice. Peer Recovery Specialists accompany CPIs during investigations or directly reach out to families during the investigative process to support safety planning and engagement in treatment from the point of DCYF contact.

One Peer Recovery Specialist also provides outreach and support to pregnant mothers who are active with DCYF as to other children or have come to our attention as being at high risk due to substance use disorders. One Peer Recovery Specialist is dedicated to working with the RI Family Drug Treatment Court to support recovery efforts and assist in expediting permanency whenever possible.

The Department is working closely with the Department of Behavioral Health and Developmental Disabilities to expand its relationship with community agencies who provide transitional housing, and services specific to individuals and their family members who are affected by Substance Use Disorders. We are also working in partnership with multiple state and community agencies to establish a Residential Family Treatment Program.

The Substance Use Disorder Liaison also coordinates and facilitates trainings to DCYF staff and acts as the liaison between DCYF staff and Substance Use Disorder treatment providers in the community and serves on various task forces and commissions to represent the needs of families experiencing the effects of Substance Use Disorders who are involved in the Child Welfare system.

The Department had previously established a Service Response Team focused on providing support to line staff to ensure that children and families have timely access to appropriate services to reduce maltreatment, maintain children home, secure the right placement match when needed and expedite permanency. This team was realigned with the Central Referral Unit (CRU) of the Community Services and Behavioral Health (CSBH) Division who provides consultation and referral services for casework staff. With the above-mentioned improvements to our Service Array, the Department's current assessment of this item is that it would be rated in substantial conformity.

Agency Responsiveness to the Community was rated to be in substantial conformity in the 2018 CFSR. The Department's current assessment of this item is that it continues to remain in substantial conformity. The past and current efforts in collaborating and engaging with the community are contained in the Collaboration section of this APSR above. Since April 2020 we have had the assistance of the Capacity Building Center for the State's and their partners. In addition, this work aligns with the Department's stakeholder engagement work as it relates to the Family First Prevention Services Act.

Foster Parent Licensing, Recruitment and Retention has been a core focus of the Department's vision to "right size foster care", with the intent of ensuring that every child who is open to the child welfare, children's behavioral health, or youth development/juvenile justice system, is cared for in the least restrictive, most appropriate setting for their individualized needs. In priority order these are home, relative kinship, fictive kinship, traditional foster family, specialized foster family, or in rare cases a congregate care or hospitalized setting.

A strategic plan to address previous areas needing improvement was developed in late 2019 with ongoing implementation in 2020 and 2021 to reform the foster care system. Elements of the reform included staffing restructure and investments, rate and service equity for all foster families, contract renegotiations for private foster care agencies, development of comprehensive support programming for kinship providers, development of two peer to peer mentor support programs, 1 to support Kinship care givers, the second to support traditional foster families, launch of online foster care application process, development of a resource library and data-informed in-service training opportunities, and start of a series of stakeholder engagement strategies (including the RI Foster Family Advisory Council). The Department believes that this systemic foundation will support this year's efforts to further development of supports services and structure (including improving access and engagement for all families), enhance the value and inclusion of family and youth voice in Department practice, and focus on ensuring racial diversity, equity, and inclusion in the foster care system.

Research and Evaluation for Assessment of Current Performance in Improving Outcomes (2020-2025)

The Department has engaged in research and evaluation to monitor progress toward the CFSP 2020-2025 goals and objectives. Below is summary of the highlights of these efforts. The Department's Division of Performance Improvement leads the research, evaluation and continuous quality improvement for the Department's performance on outcomes including progress on APSR performance on outcomes via the feedback loops listed below. Data trends are reviewed and deep dive analyses are conducted to identify root causes and underlying factors contributing to child, family and system outcomes:

- Monthly data analytic and evaluation meetings amongst DCYF staff
- Active Divisional meetings specific to Department units
 - Family Service Unit Central and Regional monthly meetings
 - Resource Families and Licensing monthly meetings
 - Child Protective Services monthly meetings
 - Youth Development and Juvenile Probation monthly meetings
- Active Contract Management with providers
 - Congregate Care bi-monthly meetings
 - Private Foster Care provider bi-monthly meetings
 - Family Care Community Partnerships bi-monthly meetings
- Bi-monthly Executive Office of Health and Human Services (EOHHS) PULSE meetings where DCYF data is shared and discussed
- Regular meetings amongst partners and stakeholders (i.e. Family Court, Provider Coalition)
- Monthly EOHHS Child Well-being meetings
- Monthly data related and solution driven meetings with RI Department of Health
- Weekly, monthly, quarterly dashboards and research data reports and briefs distributed to staff as well as within the CQI related meetings listed above
- DCYF case review system developed, and findings integrated into current Department feedback system

Safety and Prevention

Safety Analytic Report: Each year the Department's Data and Evaluation unit publishes a safety analytic report (See appendix, Safety Annual Report) inclusive of descriptive statistics and predictive analytics. Safety related dimensions include descriptive statistics and advanced statistics of Child Protective Services (CPS) reports, CPS investigations, factors associated with maltreatment rates (i.e demographics, communities), factors associated with repeat maltreatment, factors associated with maltreatment in foster care and across all metrics, and

disproportionality outcomes. Both the descriptive statistics and predictive analytics provide information on both the profile and factors statistically significant in predicting child maltreatment, repeat maltreatment and maltreatment in foster care. This information is used to inform practice, policy and interventions as highlighted below.

Table 1 summarizes key metrics from the Safety Analytic Report. Among families investigated, the percent of children indicated overall decreased over the last four years. The rate of indicated child victims decreased from FFY18 to FFY21. In FFY20, 8.5% of children experienced a repeat maltreatment. The median age at the time of the initial maltreatment was 5 years old and the median length of time between the two indicated events was 127.5 days, just over 4 months. The number of unique children with a report of maltreatment in foster care remained the same from FFY20 to FFY21. Further, the maltreatment rate among children age 0-9 and within this age group, children under the age of 1, have higher maltreatment rates compared to children age 10 and older. Children under age 10 also experience disproportionality in maltreatment rates among children who are Black\African American or Multiracial compared to children who are White over this same period.

Table 1: Maltreatment Stats at a Quick Glance, By Federal Fiscal Year (FFY)

Table 1. Stats at a Quick Glance, by Federal Fiscal Year (FFY).

	FFY18	FFY19	FFY20	FFY21
Section 1: Investigations (Maltreatment)				
Number of children investigated	10821	9288	8022	6938
Among children investigated, percent of children indicated	33.8%	34.3%	34.0%	37%
Median age at CPS report for indicated child victims (years)	6.0	6.0	6.0	6.0
Rate of indicated child victims (per 1,000 children under 18 years old in Rhode Island)	16.3	14.3	13.1	11.6
Section 2: Repeat Maltreatment*				
Percent of children who had repeat maltreatment within 12 months of the initial maltreatment	10.2%	10.5%	8.5%	
Median age at initial maltreatment (years)	4.0	5.0	5.0	
Median length of time between initial and repeat maltreatment (days)	161.0	153.0	127.5	
Section 3: Maltreatment in Foster Care**				
Number of victimizations of maltreatment in foster care	74	84	52	54
Number of unique child victims of maltreatment in foster care	72	78	51	52
Median age at CPS report (years)	7.0	11.0	12	10.5

*Unadjusted for age. Children's Bureau adjust for age at initial victimization.

**At time of report, Children's Bureau method of bed days calculations had not yet been released – subject to be revised

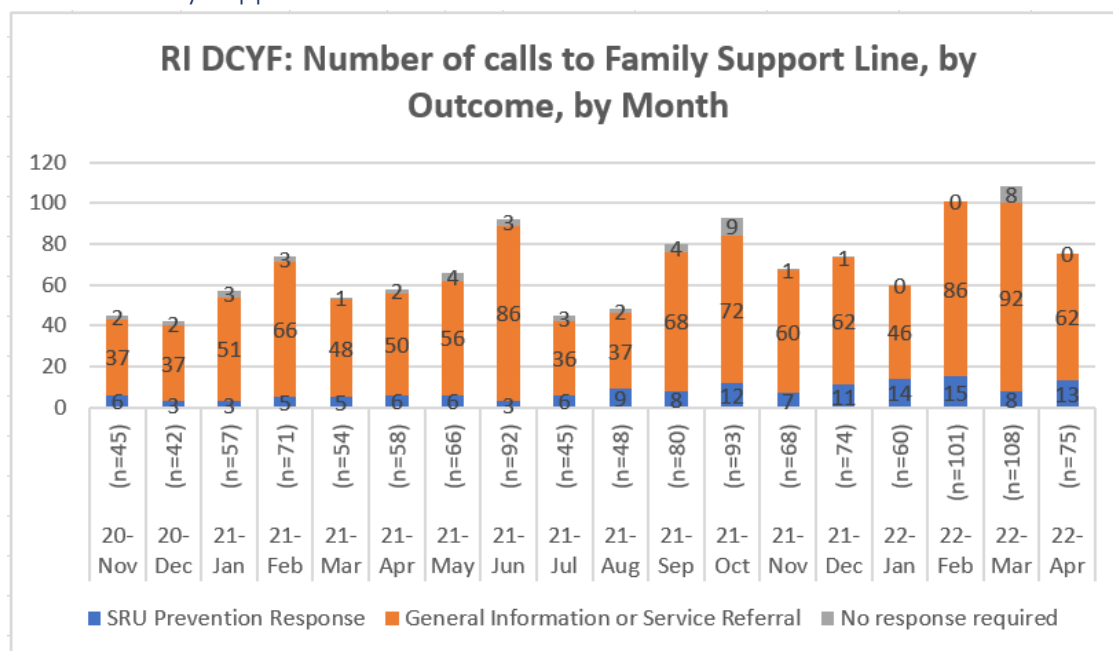
Collaboration with RI Department of Health (RIDOH): For the past three years, DCYF, RIDOH, and EOHHS have engaged in collaborative research wherein the epidemiologists\evaluators from both agencies under the public health framework focus on primary, secondary and tertiary prevention. A collaborative team of program staff and epidemiologists monitor and analyze data of families at risk of maltreatment and\or repeat maltreatment with a focus on children age 0-3. As part of CAPTA, DCYF and RIDOH established a monitoring system between identifying children age 0-3 who were indicated for maltreatment and referred to services inclusive of Early Intervention.

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The DCYF services include Family Care Community Partnerships (FCCPs) and contracted community-based programs. The RIDOH services include Healthy Families America (HFA), Parents as Teachers (PAT), Nurse-Family Partnerships (NFP) and First Connections CAPTA (FC CAPTA). This information is used for the dual purposes, on the individual level, timely service provision, and at the aggregate level for research and evaluation purposes to predict which families are at greater risk to not engage with supportive services. Data for children with indicated investigations, aged 0-3, has been tracked for over three years and will continue to be monitored (See Appendix, RIDCYF RIDOH). The Department plans to monitor this ongoing initiative and collaboratively procured an automated system for data to be managed in a single data system. This will allow for timely monitoring and responsiveness. The single data system was launched June 7th, 2021. Data analysis for the cohorts with the new system is in development.

Another application of data driven informed practice involves child maltreatment prevention. Over the last two years, Department changes included starting the Family Support Line and the Services and Referral Unit (SRU) in November 2020. From November 1, 2020 to April 30th, 2022 there were 1240 calls to the Family Support Line, of which 140 were transferred to the SRU unit.

Chart 4: Family Support Line Calls



From November 1, 2020 to April 30th, 2022 there were 1726 prevention response case open to the Services and Referral Unit (SRU). These prevention response cases include those referred from the Family Support Line, as well as CPS, Family Court, and Other sources of referral. The most common disposition of these cases is Referral to FCCP or Community-based services, followed by Court Home Studies Completed and Transfer to FSU. Further analysis will continue to track the outcomes of SRU cases.

Chart 5: SRU Prevention Responses - Opened

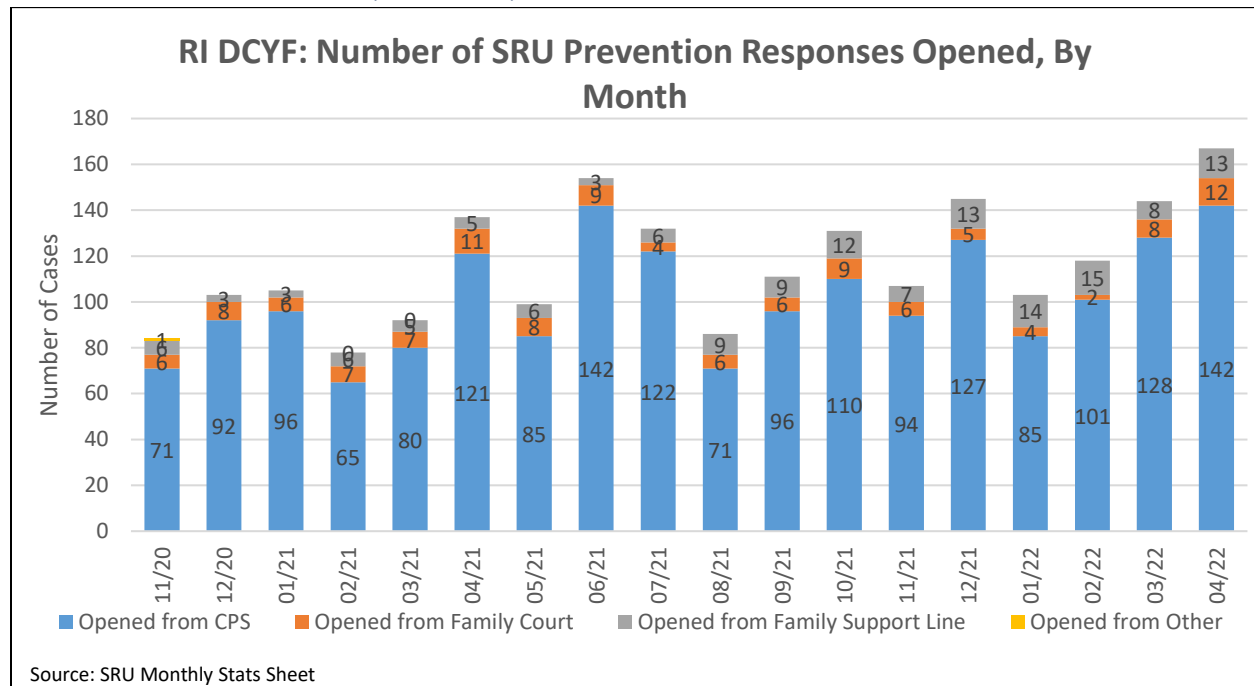
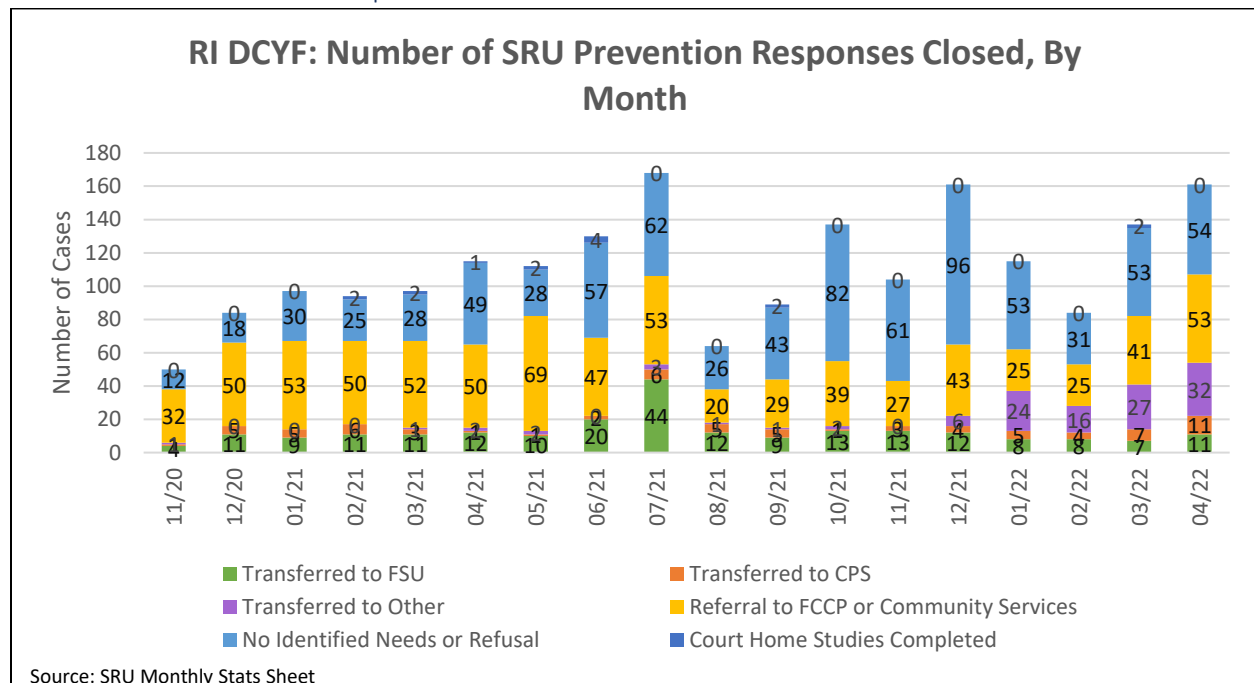


Chart 6: SRU Prevention Responses - Closed



Data from the Safety Analytic Report, (among other RI data analytic briefs) inform the Department and other programs, such as FCCPs initiatives. Although the Department has engaged in research and evaluation for approximately 15 years, for the past five years the Department has engaged in Active Contract Management (ACM). Department epidemiologists

and evaluators have played an active role with Department program staff and provider staff to identify a core set of metrics and outcomes in the areas of safety and maltreatment prevention.

The collaboration between the Department's Children's Community Services and Behavioral Health, Active Contract Management and Data Analytics and Evaluation with the Family Care Community Partnerships (FCCPs), the Department's contracted provider network designed to prevent child maltreatment and promote family well-being, meet monthly to review the core set of safety related metrics and outcomes and observe changes in trends over time. Based on the data and/or changes in trends, the collaborative team identifies areas to further explore potential root causes and underlying factors contributing to the metrics and outcomes.

The research often includes mixed methods to allow for both breadth and depth. Examples of research and evaluation designs for predictive analytics (quantitative) conducted include cross-sectional, case-control, and longitudinal study designs. Specific statistical analytics include logistic regression, multivariate regression, survival analysis, Cox proportional hazard, generalized estimating equation, mixed effects, among others, to allow the team to understand factors contributing to the safety outcomes.

Based on the results of these analyses, the team engages in the development of a logic model or strategic plan to identify an intervention and design the implementation of the intervention. Data is collected on process measures for implementation evaluation while the outcome measures via the dashboard are monitored to observe change over time. Based on the research question, qualitative research may also be implemented as part of the root cause analysis. The qualitative methodology ranges from case record reviews, focus groups and/or open-ended surveys. The monthly meeting amongst the collaborative team provides a structural and systematic platform to review data and research findings over time as well as identify any mid-course intervention modifications when needed.

The CPS ADM began in September 2019 and follow up meetings have been occurring every one to two months. In these meeting, CPS supervisor and administrators reviews dashboards, and discuss either a strategy deep dive topic or implementation action steps (See appendix for CPS ADM Slides). Dashboards include approximately 15 CPS data metrics that are reviewed each meeting to discuss monthly changes. Dashboards include, but are not limited to calls and reports, screening decisions (in/out), call priorities, screening outcomes (indicated/unfounded), investigation timeliness, and removals. Dashboards also include CPS measures broken down race/ethnicity disproportionality, as well as supervisor information. In strategy meetings, deep dive topics discussed have been CPS outcomes after the FFA Safe Model implementation in November 2019 (including investigations, referrals, removals, and repeat maltreatment); year to year comparisons of CPS measures (calls, investigations, allegations) to evaluate the impact of COVID-19; and CPS outcomes by professional reporter types and race/ethnicity. In implementation meetings, action steps discussed and implemented have been implementing a quality review process for CPS investigations to evaluate consistency in supervisor division-making using FFA Safe Model; supervisors meeting with workers to address increasing pending cases; and improving data collection of race/ethnicity information to decrease children with "Unknown" race or ethnicity.

The data from FCCP ACM monthly data meetings show a relatively low percentage, approximately 5% of families discharged from the FCCPs, have an indicated maltreatment or removal from home within 6 months from their FCCP discharge. A 2022 analysis examining length of stays in FCCP care, and the factors that lead to 6-month stays or longer. Among those families that entered FCCP care from FY 2019 – FY 2020 stayed a median time of 73 days, with 12% staying 6-months or longer. It was shown that caregiver mental health needs from the CANS Plus assessment was a strong predictor of long stays, when adjusting for other factors. Those with severe caregiver mental health needs had 4 times the odds of staying 6-months or longer than those with no caregiver mental health needs. This suggests that the FCCPs provide appropriate and adequate care depending upon not only the primary child's needs, but their caregivers as well.

To guide decision making for the Family First Act as to which populations are most at risk to enter foster care, a multivariate analysis was conducted to identify the factors associated with children remaining in-home without experiencing a removal. Children who opened to FSU while in-home during 2017-2018 were followed for 12 months or until their case closed to observe if they remained in-home or removed into foster care. The findings showed that older children and children who received DCYF funded homebased services remained in-home more frequently compared to younger children and children who did not receive a homebased service, respectively. Twenty-three percent of children under age 1 remained in-home while 58% of children age 1-5, 72% of children age 6-11, 71% of children age 12-15 and 66% of children age 16 or older remained in-home for 12 months. The percent of children who remained in-home among those who received homebased services compared to those who did not were 81% and 47%, respectively; children who received services had 6.7 times the odds of remaining in-home compared to those without services. Similar analysis was conducted for other potential candidacy populations with the final 7 candidacy population being children involved with the Family Care Community Partnership, In-home and assigned to FSU, In-home and assigned to Juvenile Probation, Children who have a sibling in an out of home placement, Children reunified, Children who adopted or in guardianship.

Since the inception of RI DCYF FFPSA efforts, DPI has continued their involvement from the initial analysis of candidacy. The Department has an FFPSA infrastructure that which DPI plays a role in providing subject matter expert on data analysis needs, continuous quality improvement (CQI) and rigorous evaluation design for RI FFPSA prevention plan development. DPI leads the Evaluation and CQI workgroup comprised of internal staff and RI providers who administer EBPs that are contained within the RI DCYF FFPSA prevention plan. The workgroup meets every other month where DPI shares with the providers updates on RI DCYF FFPSA prevention plan, in particular RI DCYF plan for CQI and the rigorous evaluation including data collection methods for both CQI fidelity and evaluation as well as collaborate with providers in seeking their input on most efficient mechanisms for data submission to DCYF.

As of the writing of this APSR, the Department has submitted its second FFPSA version to the Children's Bureau (CB) and is awaiting CB approval.

Permanency

Since 2009, the Department has published the Permanency Analytic Report (See Appendix, FY16-20 permanency). This report provides both descriptive statistics on the trends in the prevalence of removals, timely permanency, foster care re-entries and underlying factors associated with these three areas. This report is routinely used to inform practice, policy and interventions through the CQI channels described at the beginning of this section (Section I).

The state removal rate has fluctuated the past five years but has been decreasing the past three fiscal years. For children under age 18, the removal rate was 4.8 per 1,000 entry cohort FY16, 5.1 per 1,000 FY17 entry cohort 6.7 per 1,000 FY18 entry cohort, 5.5 per 1,000 FY19 entry cohort 4.5 per 1,000 FY20 entry cohort, and 3.7 per 1,000 FY21 entry cohort. Further analysis illustrated among the cities with elevated rates of removal are the five urban core cities. Based on this data along with additional Department analytic activities, the Department has actively engaged with urban core communities to share this information and to become active in community Health Equity Zones (HEZ) led by the RI Department of Health. The Department has representatives in the HEZs that focus on child maltreatment prevention and maintaining families together.

Another application of the permanency analytic report specific to removals into congregate care involves exploring factors associated with children with a higher prevalence of entry into congregate care over time. Since the first analysis of an entry cohort, the following factors are associated with children with an elevated prevalence of entry into congregate care: a) children age 12 and older compared to children 0-11, b) children age 12 and older of color compared to children who are White, d) children removed due to child behavior compared to maltreatment. Results from this ongoing analysis and feedback to inform practice, intervention and policy reveal progress in these areas.

The percent of all children whose first placement is congregate care reduced - particularly the percent of children age 0-12 whose first placement also decreased. Among a FY18 entry cohort of children age 12 and older, 58% had a first placement of congregate care compared to 54% among an FY21 entry cohort of children age 12 and older. Similarly, among an FY18 entry cohort of children age 0-11, 2% had a first placement of congregate care compared to 0.4% among a FY21 entry cohort of children age 0-11. Children of color age 12 and older have experienced disproportionality in first placements of congregate care with children who are Black\African American or Multiracial or Hispanic have higher rates compared to White children. FY18 entry cohort was the first entry cohort in the past four years where the disproportionality decreased, this trend has continued into the FY21 entry cohort. Further, the percent of children placed in kinship families has steadily increased. In FY18, 81% of children in an out-of-home placement were with a foster family compared to 83% as of FY21. Forty-five percent of children in a foster family were in a kinship foster family compared to 48% as of FY21

Additional analysis to inform appropriate use of congregate care was the establishment of a tracking system on functional status of youth entering congregate care and their respective Level of Need (LON). Data analysis revealed over two years approximately 40% of children placed in congregate care had a LON (based on a Child and Adolescent Needs and Strength assessment algorithm) that did not require congregate level care. Data shows comparable LON trends for youth assigned to the Family Services Unit, with 26-38% of children inappropriately placed in

congregate care setting from 2020 QRT1-QRT3. Most children not requiring congregate level care had a Tier 3 LON. The objective of the Department is to step down lower tier children as more foster homes become available. Additionally, data from the same subpopulation showed that approximately 68% of private therapeutic foster care placements were utilized for children with low LON tiers from 2020 QRT1-QRT3. As a result, these specialized placements are not available for children with higher levels of need and children who the Department should be stepping down. Research was also conducted to determine which children had statistically significant changes from baseline LON scores to LON scored upon discharge. The results yielded that children with higher levels of need experienced greater improvements at discharge than children who had less severe needs. This information further illustrated the need to ensure children who were placed in restrictive environments, when their LON did not suggest this need, did not benefit from their setting to the extent as those children who were placed in congregate care appropriately.

Starting June 2019, congregate care providers would pilot the CSEC Screening Tool sending monthly screening tools and tracking sheets to identify victims and understand risk factors associated with children and youth in congregate care who are current or previous victims of sex trafficking in the state of Rhode Island. Through the CSEC Screening Tool, RI Child Welfare System hope to better identify children and youth who have an increased level of risk or status of 'Confirmed victims' and provide them with access to resources available to better serve confirmed victims, high risk children, and their families. The CSEC screening tool is currently being used to identify youth involved with RI DCYF and in congregate care that may be 'At Risk', 'High Risk', or a 'Confirmed victim', and are to be rescreened every 6 months or when absent from care to account for changes in risk status.

Placement stability has consistently remained statistically above the national performance since FFY15 and as of FFY20 is 2.38 per 1,000 days in care.

A workgroup was established among the Department staff and external stakeholders including the family court, adolescents in foster care, and community juvenile boards among others. The workgroup has met approximately six times over the past year and developed initiatives to increase the Department's presence in community groups focusing on urban cities to prevent removal and provide community-based services. This initiative is in its first year of implementation. Removals by race, ethnicity and age as well as first placement will be monitored over time and reported out to the Department and the collaborative workgroup\stakeholders. Arising from this group was the need for sustainability. The Department has sustained this focus on race equity and specifically at the community level and for children in out of home placement with an emphasis on congregate care occurs in the Department's Active Division meetings. Further the Department addresses diversity and race equity in the Diversity committee. The DAC was established over 5 years ago and continues to address race equity. Most recently the Department developed a race equity group to coordinate the Department efforts in this area and address race inequity at a system level.

Service Array

Collectively, the ongoing monitoring of trends, descriptive statistics, predictive analytics, program evaluation and research has contributed to informing the population profile of families involved with the Department and their needs. This information is shared internally through mechanisms identified in Section I of this CFSP section as well as through ACM and the recent ADM mechanisms. This information is also shared bi-monthly with the RI Executive Office of Health and Human Services which can assist in cross agency collaborations and system-wide program planning.

The Rhode Island Human Trafficking Taskforce in collaboration with DCYF developed the CSEC Screening Tool and screening process to identify children and youth in congregate care who are current or previous victims of sex trafficking in the state of Rhode Island. Through the CSEC Screening Tool, RI Child Welfare System hope to better identify children and youth who have an increased level of risk or status of 'Confirmed victims' and provide them with access to resources available to better serve confirmed victims, high risk children, and their families. The CSEC screening tool is currently being used to identify youth involved with RI DCYF and in congregate care that may be 'At Risk', 'High Risk', or a 'Confirmed victim', and are to be rescreened every 6 months or when absent from care to account for changes in risk status.

Across the three years of screening, 660 children in congregate care had an initial screening using the CSEC Screening Tool. Amongst a child's first initial screening, (80.9% in CY19, 70.4% in CY20, and 73.3% in CY21) were screened with No Identified Level of Risk, (6.4% in CY19, 10.5% in CY20, and 10.5% in CY21) were screened as 'At Risk' youth, (5.9% in CY19, 14.8% in CY20, and 8.6% in CY21) were screened as 'High Risk' youth, (6.9% in CY19, 4.3% in CY20, and 5.7% in CY21) were screened as 'Confirmed victims.' The median age of children in congregate care screened for CSEC across all the calendar years is 16 years of age. Of the youth in congregate care screened for CSEC, (44.7% in CY19, 44.4% in CY20, and 40.4% in CY21) were identified to have a history of multiple absences from home or placement. With the addition of questions on the Exposure to Pornographic Material and Use of one or more Substances in January of 2020, children screened in CY20 and CY21 were identified with those two at risk characteristics as the second and third most common. With 26.5% of children in CY20 and 27.9% of children in CY21 having exposure to pornographic material. And 24.7% in CY20 and 18.3% in CY21 having used one or more substances. Female youth predominantly made up the greatest proportion of each At Risk characteristic except for disclosed, suspected, or reported gang affiliation and use of one or more substances which had a greater proportion of Male youth.

The VEC (Voluntary Extension of Care) Program ADM was created to monitor and increase entries of young adults ages 18-20 years of age into the VEC Program. During the COVID-19 Pandemic, young adults who would have aged out of the program at 21 years of age, were allowed to stay and continue receiving services. Through an ADM of the VEC Program, we can better understand the struggles of YDS staff and develop strategies to better assist young adults with their educational needs, employment needs, and service array as they transition into adulthood. As of March 2022, the VEC Program has 101 young adults participating and 58% at 20 years of age, 22% of them are 19 years of age, followed by 12% at 18 years of age, and 7% at 21 years of age.

Involvement in the VEC Program requires a young adult to either be enrolled in an educational program or employed. As of March 31, 2022, 98% of VEC young adults were enrolled in an educational program or employed as compared to 88% on March 31, 2021. of March 31, 2022. The increasing percentage of young adults enrolled in an educational program or employed highlights the central focus YDS staff made to support young adults in the pursuit of opportunities while in the VEC Program. These efforts were supported by the creation of the Academic and Career Pathway to encourage young adults to join Vocational Programs following the completion of a Vocational Assessment.

Over the past five years, the Department has used research findings and data analysis to develop Request for Proposals (RFP) for our service array and contract language to ensure providers support children and families within their programs. The Department has a community-based and group-based utilization monitoring system to track service array capacity and utilization needs amongst families involved with the Department (See Appendix, HomeBased.CapReport.05.04.22). The Department's capacity was expanded several years ago to meet the needs of the families as measured by utilization.

The Department has recently been faced with reduced capacity in its service array for home and community based and congregate care services due to the critical staffing shortages associated with the Covid-19 pandemic. The Department has worked to address partnering with the service providers by distributing American Rescue Recovery Funds (ARPA) to providers for the specific purpose of wage increases for those employees earning less than \$75,000.00 Each employee of our service providers earning less than \$75,000 for the year would receive \$694 per month additional in their paycheck.

In addition, as identified in an earlier section, the Department addresses this need through ongoing contract management. The Department also continuously monitor the outcomes of children receiving community-based services. Children who receive RI DCYF funded services are followed for 12 months to see if they experienced subsequent removal, investigation, indicated maltreatment, stay at RITS or adjudication after starting the service (see Appendix, Community Based Programs 2021 FY19 Entry Cohort v2).

Plan for Enacting the State's Vision

In preparation for the development of the new five-year strategic plan for the Child and Family Service Plan, the Department held multiple conversations with stakeholder groups including representatives from the Family Court, the Child Advocate, representatives of Children's Coalition of RI, the Family Care Community Partnerships (FCCPs), members of the minority community-based service organizations, the Narragansett Indian Tribe, Neighborhood Health Plan of RI (NHP) (the health plan provider for children in DCYF care), family advocacy representatives, the RI Fatherhood Initiative Committee and other community-based service providers.

Through these conversations the Department outlined five overarching goals for the next five years:

Goal I: Increase child safety outcomes by investing in prevention and standardizing practice

Goal II: Rhode Island will reduce barriers to achieving timely permanency for children in foster care

Goal III: Rhode Island is committed to increasing well-being outcomes for children and families through family and community engagement

Goal IV: Rhode Island will enhance its Continuous Quality Improvement System to support improving outcomes for children, youth and families that will monitor the implementation of strategies intended to have a positive impact on safety, permanency and well-being outcomes

Goal V: Develop a competent, stable and diverse workforce, focused on frontline workers, through enhanced recruitment, training, and retention strategies

Workgroups were formed for each of the goals and the participants engaged in a process to assist the Department in identifying feasible strategies designed to collectively reinforce continuing efforts to achieve less reliance on congregate care settings and greater capacity for strong community-based programs and service models to support families in maintaining their children at home and in their own communities.

In the following plan, the outline within each of the goals provides a strategic process for rightsizing and improving congregate care by focusing on increasing and strengthening the array of family preservation and support services and establishing clinical assessments and supports for the Department's CPS staff to avert families more effectively from coming to DCYF. The strategies are also focused on improving the services within the congregate care settings to ensure that youth are receiving the appropriate level of care and for the appropriate length of time within the setting, reducing the utilization of psychotropic medications; and, ensuring that effective aftercare support and services are available to transition the child back home to maintain stability and permanency within their families and communities. The Department plans to increase children in out-of-home care in a family setting by 5% over five years. And, the Department has made workforce wellness for DCYF staff and staff within the provider community a substantive goal as it directly relates to the ability of the system to deliver quality care and services to children and families.

As this plan is a work in progress, the Department is continuing to assess and determine the specific target achievements within each of the five years. The Department will continue to develop the details of the benchmarks within the plan in the months to come and will make modifications and adjustments as needed to support achievement of the objectives and improved outcomes.

Update on Progress Made to Improve Outcomes

Child and Family Services Plan 2020 – 2024

Goal I: Increase child safety outcomes by investing in prevention and standardizing practice
Safety 1, Safety 2, Permanency 1, Permanency 2, Well-Being 1, Well-Being 2, Well-Being 3 **Goal 1 of the PIP**

Objective: Pivot to Prevention strategic plan will reduce maltreatment to 12 per 1000 children in RI under age 18 by 2021.

Benchmark	Measure of Progress	Target Year Completion	Progress in 2022
1.1 Develop a communication plan which includes focus on in-person community presentations to share the Department's vision for prevention and introduce the SAFE Practice Model including but not limited to: the FCCPs as a direct referral source for families who are struggling and could benefit from prevention services.	<p>Communication plan developed 9/1/2019 date</p> <p>Number in person presentations dates and attendees documented</p> <p>Protocol developed</p> <p>Number and percentage of local school districts where partnerships established</p> <p>Increased community service Referrals by 10%</p> <p>Increase number and of percentage of FCCP Referrals from school</p>	<p>By July 1, 2020 the Department will have conducted 3 community-based presentations in each of 4 regions statewide</p> <p>This was unrelated to SAFE</p>	<p>In partnership with the RI Superintendent's Association and the National Education Association Rhode Island, and Casey Family Programs, meetings were held with school educators and school social workers to discuss the Departments new practice model and share information about FCCPs, SRU and community supports available for families who have been identified by schools as struggling, to promote Prevention without being DCYF involved</p> <p>Community presentations regarding CPS Reporting Laws were revised to include presentation of the SAFE Model and the array of services to which our community partners can refer families for Prevention</p> <p>Made SAFE presentations to RI Family Court Social Workers</p> <p>Presented SAFE to Hasbro Hospital Emergency Room and Aubin Center staff</p>
1.2 Develop partnerships and protocols with the RI Department of Education and local school districts relative to communication and consultation for at risk children and follow up regarding CPS reports and referrals; extend the broader procedures to each school district to ensure that each district and DCYF have specific contact points.	<p>Develop communication protocol between schools and DCYF</p> <p>Increased community service referrals by 10%</p> <p>Increased FCCP referrals by 10%</p> <p>Number and percentage of local school districts where</p>	<p>Communication protocol developed and distributed to all districts by 10/20</p> <p>Communication plans and protocols and partnerships will be in effect in Woonsocket, Central Falls, Newport and Providence by 12/31/2020</p>	<p>Developed a steering committee of school superintendents with the assistance of Casey Family Programs to hold community forums with school districts to help educators support families through the COVID 19 Pandemic. These forums are attended by our FCCP Partners and our Division of Children's Behavioral Health to provide resource information.</p> <p>Held regular meetings with Providence and Central Falls School Departments to discuss strategies and assess progress toward increased prevention efforts to decrease maltreatment</p> <p>Throughout 2021 and 2022, the Department has held several sessions with multiple school districts and the largest state</p>

Objective: Pivot to Prevention strategic plan will reduce maltreatment to 12 per 1000 children in RI under age 18 by 2021.

Benchmark	Measure of Progress	Target Year Completion	Progress in 2022
	partnerships established	Data for referrals to all community-based services will increase by 20% by end of CY 2020	<p>teachers' union (NEA RI) to discuss ways to work collaboratively with each other. Our Education Support Services Team has developed effective contacts with each LEA as well as with key professional groups (Superintendents, Special Education Administrators) which have created opportunities for greater dialogue on both the case and macro levels.</p> <p>In FY 2021, Community referrals did increase by 1%, but given the large numbers of referrals, that equated to 150 more community referrals. School referrals remained relatively stable since FY 2020.</p>
<p>1.3 Based on analysis of elected maltreatment rates, partner with Woonsocket and Central Falls to establish multi-disciplinary teams to identify and provide prevention services to at risk families.</p> <p>Develop protocols for inter-agency training, referrals, tracking and communication</p>	<p>MDTs Established by 8/1/2020 date</p> <p>Protocols developed by 8/1/19 date</p> <p>System and mechanism to track referrals established by 8/1/19 date</p> <p>Inter-agency training by 10/1/19 date</p> <p>4 of Meetings by 10/31/19 date</p> <p>Number of families referred to each MDT</p> <p>Number of families referred to FCCP from these communities</p>	<p>Central Falls MDT will be fulling operational by the start of school in by 8/1/19 with one in Woonsocket by the return to school in January 2020</p> <p>Development of MDTs in Newport and Providence will be explored during 2020</p> <p>Data for school year 2019-2020 will be available for Central Falls for comparison to maltreatment and removal data from DCYF</p> <p>Referrals from the communities with MDTs will increase by 10% in 2020 in each community</p>	<p>This is no longer a strategy of the Department.</p>

Objective: Pivot to Prevention strategic plan will reduce maltreatment to 12 per 1000 children in RI under age 18 by 2021.

Benchmark	Measure of Progress	Target Year Completion	Progress in 2022
1.4 Through partnership with the RI Department of Health ensure that all children who are subjects of substantiated CPS investigations have been referred to Home Visiting Programs while increasing follow through with these services; DCYF will present the services in a clear and supportive manner; DOH staff will increase engagement efforts.	In October 2018 a manual tracking system was developed between RI DCYF and RIDOH tracking children age 0-3 who had and indicated maltreatment. The RI DCYF and RIDOH workgroup meets monthly to review the data and meet month with RI DCYF and RIDOH Directors to review the data. The data reviewed includes the percent of children indicated and referred to RI DCYF and RIDOH programs, who received contacts by the respective programs, the percent whose family closed and did not receive a program contact within 60 days.	A manual tracking system was implemented in October 2018. Please see data brief in appendix for ongoing monitoring results	A manual tracking system has continued since October 2018. The single data system was launched June 7 th , 2021 and data analysis for the cohorts with the new system is in development. Please see data brief in appendix for ongoing monitoring results for CY 2020.
1.5 The Department will follow up on reports received by the CPS Hot Line involving pregnant mothers whose unborn children are at risk for removal by providing outreach to those mothers as well as reporters to offer prevention services, including but not limited to home visiting, prenatal care and behavioral health services,	Among the Hospital Alerts in a 6 month period decrease removals by 5%	By 12/31/2020 the number of children born who were the subjects of pregnancy alerts, those remaining at	Ongoing: the SUD Liaison refers pregnant women to services. In the past year: Total SUD Alerts Outreach for the period April 1, 2021 to March 31, 2022 = 46 Total Prenatal Outreach Engaged= 26 (57%)

Objective: Pivot to Prevention strategic plan will reduce maltreatment to 12 per 1000 children in RI under age 18 by 2021.

Benchmark	Measure of Progress	Target Year Completion	Progress in 2022
accessible during pregnancy to reduce the risk of DCYF involvement, and increase the rate of healthy births.	25% of mothers who were subjects of a Hospital Alerts received preventative services prior to delivery	home will increase by 10% Of the mothers offered services as the result of pregnancy alerts, by 12/31/20 25% will have engaged in preventative services prior to delivery 2020,	<ul style="list-style-type: none"> • 76% White • 13% Black • <1% Asian • <1% Native American • 15% Hispanic <p>For the Hospital Alert SUD population for 2020 45% were subject to removal. Comparison data will be evaluated ongoing to track potential decrease in rate of removal.</p>
1.6 Utilize recovery coaches to support parents and youth suffering from Substance Use Disorders by making referrals during CPS investigations and at any point throughout the life of a case when SUD is identified and the individual meets criteria for coaching.	Among parents identified by the Family Functioning Assessment and meet criteria for Substance Use Disorder (80%) are referred to a recovery coach within 5 days of the completion of the FFA	Of the parents referred to Peer Recovery Coaches in 2020, 60% will have had at least one contact with a coach	April 2021 – March 2022: Total Family Member Referrals = 369 Women= 269 (73%) Men= 100 (27%)
1.7 Participate as an active member of the Health Equity Zone (HEZ) project; a four-year place-based initiative funded by the Rhode Island Department of Health and Centers for Disease Control. The HEZ Project is based on the premise that our health is determined in part by access to social and economic opportunities; the safety of our neighborhoods and housing; our ability to access healthy food and equitable healthcare.	# of HEZ's where DCYF staff is a team member	By 12/31/2020 DCYF will be a member of each of the 9 statewide HEZs	This work has not begun but assigning a Lead to attend. At this time, the Department is not actively participating in these Teams but continues to collaborate with the Department of Health to ensure the needs of our clients are addressed. Our CSBH Division will explore engaging more directly with these Teams.
1.8 In partnership with the Narraganset Indian Tribe and Parent Support Network, identify and train tribal members as Peer Recovery Coaches	# of tribal members trained as Peer Recovery Coaches	By 12/31/2020 two members of the Narraganset Indian Tribe will be trained as	There have been discussions, but the Tribe has not identified tribal members as of this writing

Objective: Pivot to Prevention strategic plan will reduce maltreatment to 12 per 1000 children in RI under age 18 by 2021.			
Benchmark	Measure of Progress	Target Year Completion	Progress in 2022
		Certified Peer Recovery Coaches	
1.9 Partner with community treatment providers and the Narraganset Indian Tribe to combine traditional spiritual healing with clinical interventions to treat members suffering from behavioral and substance use disorders	Identify Community-based behavioral health provider Develop referral protocol, tracking and communication by 20% of tribal members served by partner agency	Provider will be identified, and protocols will be in place to begin referrals by June of 2020	A meeting was held with a partner agency located closest to tribal land, however it did not appear to be the best match for the vision of this program.

Objective: Eighty four percent of routine investigations will respond with an established face-to-face contact or attempt to establish face-to-face contact with the alleged victim within 48 hours of the hotline call to enhance DCYF's capacity to protect children from abuse and neglect as measured by RICHIST RPT 726.			
Benchmark	Measure of Progress	Target Year Completion	Progress in 2022
1.10 Utilize weekly supervisory meetings between supervisors and administrators to review timeliness data reports to monitor compliance with policy 1.11 CPS supervisors with meet with line staff to review timeliness reports specific to their caseloads to ensure accountability 1.12 Replace the current CPS investigation template with the Family Functioning Assessment (FFA) which streamlines the input of information into the RICHIST system which will support more timely documentation of investigative responses 1.13 Communicate quantitative and qualitative investigation timeliness data results with staff and	# of weekly supervisor/Admin meetings in a 12-month period # of supervisors who meet weekly with staff to review timeliness reports CPS will utilize the FFA in RICHIST by (1/10/2019)	90 % of supervisors held 3 or more meetings per worker on a monthly basis by end of CY 2020	CPS supervisors meet weekly with administrators for supervision, utilizing a data report specific to CPS outcome measures which includes timeliness to investigation. Supervisors use the report in weekly supervision with CPIs to ensure contact takes place in accordance with policy and that documentation reflects these contacts Completed

Objective: Eighty four percent of routine investigations will respond with an established face-to-face contact or attempt to establish face-to-face contact with the alleged victim within 48 hours of the hotline call to enhance DCYF's capacity to protect children from abuse and neglect as measured by RICHIST RPT 726.

Benchmark	Measure of Progress	Target Year Completion	Progress in 2022
external stakeholders utilizing the Division of Performance Management/ 1.14 Active Divisional Management. The DPI/ADM structure will be used to explore any further challenges and provide feedback to adjust timeliness	Provide data reports to staff and stakeholders monthly 12/1/19		Monthly Data Meetings ongoing Ongoing
1.15 Train CPS/FSU and Juvenile Corrections staff on a structured systematic safety assessment process utilizing the RI SAFE practice framework and the FFA so that they will be better and more consistently assess risk and safety, family needs, and refer for services all families screened in by the CPS Hot Line. The training will be conducted by the Change Champion Coaches who are content experts on the Safe Practice Framework and the FFA Tools 1.16 Utilize coaching from Action for Child Protection to measure and increase on-going fidelity to the Family Functioning Assessment Model; incorporate identified staff who will be coaches to assist staff with the practice 1.17 Utilize results of the CFSR case review process to assess the quality and consistency of safety assessments and plans developed using the FFA Present and Impending Danger Assessment Tools.	Measure of Progress All current staff trained on FFA by 4/1/19 Schedule of trainings for all new hires within the first 60 days of hire RICHIST modified to incorporate FFA for use in Family Assessment Response 2/1/19 and CPS Investigations by 10/1/2019 # of coaching sessions with Action for Child Protection	Progress in 2020 All staff performing field work independently are fully trained in core competencies Complete final IT updates by end of CY 2020 after full implementation and the opportunity to identify technical challenges and solutions DCYF Coaches established in each office to provide support to staff (track cases for	All new & current staff within CPS/FSU & JCS Staff have been provided SAFE FFA training. This training piece has been incorporated into the first 6 weeks of new worker training. Refresher training to target specific areas of practice challenges remains on-going Consultants developed practice manuals/desk references to support on-going implementation CPS supervisors have been trained and are now being coached to "SAFE Supervisory Practice" This same group has been provided ongoing formal coaching sessions and updated refreshers by both DCYF staff and our contracted provider

Objective: Eighty four percent of routine investigations will respond with an established face-to-face contact or attempt to establish face-to-face contact with the alleged victim within 48 hours of the hotline call to enhance DCYF's capacity to protect children from abuse and neglect as measured by RICHIST RPT 726.

Benchmark	Measure of Progress	Target Year Completion	Progress in 2022
	<p>(one three-day session bi-monthly)</p> <p>3 coaches identified for each division</p> <p>Change Champions will begin peer coaching by 1-10/1/2019</p>	<p>which coaching took place)</p> <p>Coaching received through Action for Child Protection reveals 20% fidelity to the SAFE model by the end of the first 6 months of CY 2020</p> <p>Coaching sessions will be tracked</p> <p>Fidelity will be measured in collaboration with Action for Child Protection</p>	Ongoing
1.18 Communicate quantitative and qualitative data results with staff and external stakeholders specific to the quality and consistency of the FFA Present and Impending Danger Plans utilizing the Division of Performance Improvement/Active Divisional Management structure. The DPI/ADM structure will be used to explore any further challenges and provide feedback to make adjustments to the tool in RICHIST	<p>Dashboards developed reflective of FFA/OFFA data</p> <p>Utilize the Active divisional management process to review data and identify action items for improvement</p> <p>Supervisor consensus among all Race/Ethnicity groups</p>	<p>85% consensus among all Race/Ethnicity group for all Supervisor Quality Reviews by end of CY2022</p>	<p>CPS investigations are reviewed weekly by a group of supervisors in conjunction with DPI staff and Action for Child Protection; information is redacted and each reviewer completes a survey submitted to DPI in advance of the review session- feedback from these reviews is incorporated into on-going coaching and training- the same review is being developed for CPS Reports from the Call Floor subject to completion of the assessment by Evident Change- this review includes a review through a Race Equity Lens.</p> <p><i>Supervisor Quality Reviews Dec 2021 – April 2022: 68% consensus among all Race/Ethnicity groups</i></p>

Goal II: Rhode Island will reduce barriers to achieving timely permanency for children in foster care

Permanency 1, Permanency 2, Systemic Factor: Case Review System: items 21, 22, 23 Systemic Factor: Foster and Adoptive Parent Licensing, Recruitment, and Retention

Objective: Design, develop, and implement a CFSR case review system with support from the Capacity Building Center for States that will review 65 cases in the first year then 80 cases per year by year 2023-2024.

Benchmark	Measure of Progress	Target Year Completion	Progress in 2022
2.1 DCYF will continue engagement in a workgroup with RI Family Court, CASA, and parents' attorneys supported by the Center for Courts to implement work plan for the pilot court mediation program which will offer mediation at about the 3 month mark in a case.	Mediation program begins	September 1, 2019	<p>In early 2021, the Department continued their focus on implementing the Court Mediation Pilot Project.</p> <p>The Capacity Building Center for States provided implementation assistance with several strategies in the Department's Program Improvement Plan. The Center for states Integrated Capacity Building Plan was approved in late April 2020. Since then, the Department and the Center for States have built a Stakeholder work group for this stream of work and a kick-off meeting was held in February 2021. The Center for States and the Department continue to work together to review the court mediation process overall and has developed a robust procedure. The Stakeholder Group includes Court-appointed and/or Private Attorneys, Public Defenders Office representatives, CASA Attorneys, Rhode Island Legal Services, the Department's Legal Division, and Court Mediators</p> <p>There are two questions regarding training that arose from the Department's prior progress report:</p> <ul style="list-style-type: none"> ❖ Training for the Family Functioning Assessment (FFA) / Ongoing Family Functioning Assessment (OFFA): training occurred with parent's attorneys, CASA, and RI family court representatives in March of 2021. ❖ Training for the Court Mediation Process: The Department has engaged with members of the family court, CASA, and parent's attorneys during the work with the Center for States <p>The Rhode Island Family Court closed during mid-March 2020, and as result, no cases could be referred. Due to the immense time requirements for dealing with COVID-19 situation, the Department was not able to work on the Mediation project during the crisis. The Department was able to work on the project in January 2021 and fully ramp up the</p>
2.2 DCYF, in partnership with RI Family Court, CASA, and parents' attorneys, will refer 100 cases to pilot mediation program	Number of cases referred to pilot program	September 1, 2020	
2.3 DCYF will partner with the RI Family Court to track these mediation cases to permanency to determine the pilot's effectiveness in the reduction of time to permanency	Tracking mechanism complete and cases tracked	2019-2024	
2.4 DCYF will assess possible expansion the pilot mediation program at 36 months based on the effectiveness	Pilot expanded to more than 50 cases each year.	2022	

Objective: Design, develop, and implement a CFSR case review system with support from the Capacity Building Center for States that will review 65 cases in the first year then 80 cases per year by year 2023-2024.

Benchmark	Measure of Progress	Target Year Completion	Progress in 2022
			<p>project in February 2021 with assistance from the Center for States.</p> <p><u>Court Mediation Summary</u></p> <ul style="list-style-type: none"> a. 99 cases have been referred b. 72 cases have gone to mediation c. 30 cases reached agreement outside of mediation <p>Of the children in entry cohort FY20 that achieved permanency within 12 months of entry, 84.0% achieved Reunification, 0.9% were Adopted, and 0.9% achieved Guardianship or Living with a Relative.</p> <p>meeting is planned in early June 2020. The Center for States and the Department will work together to review the court mediation process overall and develop a robust procedure. Members of the Legal division, Family Services division, and Rhode Island Family Court will be included.</p> <p>There are two questions regarding training that arose from the Department's prior progress report:</p> <p>Training for the Family Functioning Assessment (FFA) / Ongoing Family Functioning Assessment (OFFA): training was scheduled to occur with parent's attorneys, CASA, and RI family court representatives in March of 2020, however the outbreak of COVID-19 caused this training to be delayed. The Department is monitoring the guidance from the RI Department of Health to determine if this training can occur in person within the next few weeks or needs to be transitioned into a virtual training.</p> <p>Training for the Court Mediation Process: The Department will engage with members of the family court, CASA, and parent's attorneys during the work with the Center for States</p>

Objective: Design, develop, and implement a CFSR case review system with support from the Capacity Building Center for States that will review 65 cases in the first year then 80 cases per year by year 2023-2024.

Benchmark	Measure of Progress	Target Year Completion	Progress in 2022
			<p>The Rhode Island Family Court closed during mid-March 2020, and as result, no cases could be referred. Due to the immense time requirements for dealing with COVID-19 situation, the Department was not able to work on the Mediation project during the crisis. Work will ramp up again in June 2020 with the Center for States</p> <p>Of the children in entry cohort FY18 that achieved permanency within 12 months of entry, 81.5% achieved Reunification, 3.3% were Adopted, and 6.6% achieved Guardianship or Living with a Relative</p>
2.5 DCYF will assign a designated DCYF attorney to every petition at the pretrial date which will ensure continuity and uniform legal representation	At ARU hearings assess if cases are being assigned	2020-2024	This has been completed. All petitions are assigned to a DCYF attorney after arraignment at first pretrial
2.6 DCYF will partner with RI Family Court to expand the availability and increase the quality of legal representation for parents.	<p>a. Increase the approved number of parent attorneys on the court approved list from 2 to 6</p> <p>b. Train all parent attorneys on quality of legal representation as a form of prevention</p>	2023	DCYF has assisted in improving the quality of representation by providing education to parent attorneys on the use of the FFA and the new service plans
2.7 DCYF will draft operating procedures for the transfer of cases to FSU	Operating procedures complete	2019-2020	The Department planned to engage in conversations about the impacts of this reduction during the CIP Conference. Since it was cancelled, those conversations were not able to occur.

Objective: Design, develop, and implement a CFSR case review system with support from the Capacity Building Center for States that will review 65 cases in the first year then 80 cases per year by year 2023-2024.

Benchmark	Measure of Progress	Target Year Completion	Progress in 2022
			<p>The Department also restarted monthly meetings with representatives from the Rhode Island Family Court in early 2020; however, the conversations have been primarily focused on COVID-19, emergency cases, and reestablishing permanency hearings by WebEx. The Department plans to engage in this conversation as the COVID-19 crisis subsides. For more information on the Department's discussions with Family Court. The Department plans to have conversations with Family Court representatives about data sharing, specifically with regards to court mediation and the impacts on permanency. This will include the number of hearings that occur on each case. This request will be embedded in the Court Mediation data sharing agreement. Plans for conversations about this were delayed due to COVID-19 but will begin during the next few months.</p> <p>In addition to data sharing, the Chief Judge has issued a directive requiring the assigned social caseworker or supervisor attend the hearings, so they are more efficient and effective. DCYF is no longer allowing covering social caseworkers to attend hearings. The Department has directed our caseworkers to upload all their court letters and documents to the court portal in advance of the hearings to allow all parties to review the documents in advance. These two changes will result in far better communication with parent's attorneys, guardians, and the family court.</p> <p>Both of these efforts, data sharing, and the new directive described above, are aimed at increasing the timeliness and quality of permanency related hearings. The Department is still in the process of obtaining regular data pulls from Family Court. In early 2022 the Department plans to establish this mechanism</p>

Objective: Design, develop, and implement a CFSR case review system with support from the Capacity Building Center for States that will review 65 cases in the first year then 80 cases per year by year 2023-2024.

Benchmark	Measure of Progress	Target Year Completion	Progress in 2022
2.8 DCYF will continue to monitor straight petition filings using the existing process to ensure that only families who require Family Court intervention receive it, so that the number of cases on the daily Family Court calendar is reduced, allowing for judges to have more time to conduct a purposeful hearing	Quarterly monitoring reports reviewed at Monthly data meetings	2019-2024	<p>The Department planned to engage in conversations about the impacts of this reduction during the CIP Conference. Since it was cancelled, those conversations were not able to occur.</p> <p>The Department also restarted monthly meetings with representatives from the Rhode Island Family Court in early 2020; however, the conversations have been primarily focused on COVID-19, emergency cases, and reestablishing permanency hearings by WebEx. The Department plans to engage in this conversation as the COVID-19 crisis subsides. For more information on the Department's discussions with Family Court. The Department plans to have conversations with Family Court representatives about data sharing, specifically with regards to court mediation and the impacts on permanency. This will include the number of hearings that occur on each case. This request will be embedded in the Court Mediation data sharing agreement. Plans for conversations about this were delayed due to COVID-19 but will begin during the next few months.</p> <p>In addition to data sharing, the Chief Judge has issued a directive requiring the assigned social caseworker or supervisor attend the hearings, so they are more efficient and effective. DCYF is no longer allowing covering social caseworkers to attend hearings. The Department has directed our caseworkers to upload all their court letters and documents to the court portal in advance of the hearings to allow all parties to review the documents in advance. These two changes will result in far better communication with parent's attorneys, guardians, and the family court.</p> <p>Both of these efforts, data sharing, and the new directive described above, are aimed at increasing the timeliness and quality of permanency related hearings. The Department is still in the process of obtaining regular data pulls from Family</p>

Objective: Design, develop, and implement a CFSR case review system with support from the Capacity Building Center for States that will review 65 cases in the first year then 80 cases per year by year 2023-2024.

Benchmark	Measure of Progress	Target Year Completion	Progress in 2022
			Court. In early 2022 the Department plans to establish this mechanism
2.9 DCYF will engage the RI Family Court to obtain more frequent court related data pulls to more accurately monitor the number of court events on each case. By obtaining more frequent data pulls, we can assess whether the reduction in straight petitions filed has led to more time on the Family	Quarterly monitoring reports reviewed at Monthly data meetings	2019-2024	<p>The Department planned to engage in conversations about the impacts of this reduction during the CIP Conference. Since it was cancelled, those conversations were not able to occur.</p> <p>The Department also restarted monthly meetings with representatives from the Rhode Island Family Court in early 2020; however, the conversations have been primarily focused on COVID-19, emergency cases, and reestablishing permanency hearings by WebEx. The Department plans to engage in this conversation as the COVID-19 crisis subsides. For more information on the Department's discussions with Family Court. The Department plans to have conversations with Family Court representatives about data sharing, specifically with regards to court mediation and the impacts on permanency. This will include the number of hearings that occur on each case. This request will be embedded in the Court Mediation data sharing agreement. Plans for conversations about this were delayed due to COVID-19 but will begin during the next few months.</p> <p>In addition to data sharing, the Chief Judge has issued a directive requiring the assigned social caseworker or supervisor attend the hearings, so they are more efficient and effective. DCYF is no longer allowing covering social caseworkers to attend hearings. The Department has directed our caseworkers to upload all their court letters and documents to the court portal in advance of the hearings to allow all parties to review the documents in advance. These two changes will result in far better communication with parent's attorneys, guardians, and the family court.</p> <p>Both of these efforts, data sharing, and the new directive described above, are aimed at increasing the timeliness and</p>

Objective: Design, develop, and implement a CFSR case review system with support from the Capacity Building Center for States that will review 65 cases in the first year then 80 cases per year by year 2023-2024.

Benchmark	Measure of Progress	Target Year Completion	Progress in 2022
			quality of permanency related hearings. The Department is still in the process of obtaining regular data pulls from Family Court. In early 2022 the Department plans to establish this mechanism
2.10 Monitor data on the impact of the reduction in straight petitions filed with the goal of utilizing time saved being directed towards reducing the length of time between TPR trial continuances. By reducing the length of time between TPR continuances, cases can be resolved faster resulting in children in foster care achieving timely permanency	Quarterly monitoring reports reviewed at Monthly data meetings	2019-2024	The Department is still in the process of obtaining regular data pulls from Family Court. In 2020, the Department plans to establish this mechanism. This mechanism will be part of the court mediation process
2.11 DCYF will assess how many no legal involvement cases ultimately get opened to the Department with legal status in 12 months	Quarterly monitoring reports reviewed at Monthly data meetings	2019-2024	This mechanism is still in process. The Department plans to establish this mechanism by early 2021

Objective: DCYF will increase by 5% the number of children in out of home care who are placed in a family setting by 2024

Benchmark	Measure of Progress	Target Year Completion	Progress in 2022
2.12 Start up and expansion of the Kinship Unit used to expedite the licensing process and increase support and navigation for kinship caregivers which will stabilize kinship placements and prevent kinship disruptions	# of FTEs filled and trained	2019-2021	This is no longer the strategy of the Department
2.13 Implementation of Foster Care Redesign where all foster and pre-adoptive families will be supported directly by a private agency, providing more focus on permanency guidance, case management, and mentorship of families of origin.	RFP and contracts in place; reporting through Active Contract Management on key metrics	2020	This is no longer the strategy of the Department

Objective: DCYF will increase by 5% the number of children in out of home care who are placed in a family setting by 2024

Benchmark	Measure of Progress	Target Year Completion	Progress in 2022
2.14 Use of ACF Kinship Navigator funds to expand service array and resources such as support groups to kinship caregivers to stabilize placements and promote permanency (in all forms).	RFP and contracts in place; reporting through Active Contract Management on key metrics	2020-2021	Contracts have been in place since 2021 with capacity for 8 groups to be offered per month for kinship providers. In 2021 the department expanded to include 1 additional group supporting all families with a “topic talk” group covering a wide range of frequently asked support topics
2.15 Expand available permanency services for both pre-adoptive and post-adoption families.	RFP and contracts in place; reporting through Active Contract Management on key metrics	2020	While the approach to update contracts is no longer actively moving forward, there has been an ongoing partnership with contract holders to ensure accountability in metrics, and system response to family needs
2.16 Inservice training opportunity to include focus on working with families of origin.	# of in-service trainings offered, # of attendees	2020	The Department continues to work collaboratively with stakeholders on the implementation of “ice breaker” training models such as “comfort calls”. The Department intends to launch training in late 2022.
2.17 Expansion of efforts regarding Family Search and Engagement internally and through BBI initiatives, particularly focused on children inappropriately placed in congregate care.	# of step downs from congregate care to kinship	2019-2024	Since 2019 the Department has continued to work jointly with our community partner ARI to address a systemic change in permanency competence. This partnership continues use of a model that to focus on children and youth that have been in congregate care ongoing for some time, who are freed for adoption. There continues to be frequent and regular contact with community partners and the youth teams to address permanency issues for targeted youth as well as trouble shoot challenges in real time for other youth in the system. As part of this work, FSE worker(s) work closely with the various division and utilize various search engines to identify/engage possible kinship options. With the addition of additional FSE worker workers are more able to assist units in record mining and additional family mapping to enhance the identification of family connections.

Objective: DCYF will increase by 5% the number of children in out of home care who are placed in a family setting by 2024

Benchmark	Measure of Progress	Target Year Completion	Progress in 2022
2.18 Implementation of an online Foster Parent portal to lessen the time to initial licensure and provide more viable matching criteria between resource families and children in care.	Portal contracted and implemented		The use of the portal continues to expand and has proven to reduce the time the licensing, and anecdotally, has increased families' understanding of process and requirements.
2.19 Use expanded pool of resource families and reframe of placement referral process to a "matching" process, focusing on strengths of family and needs of children.	# of licensed resource families, and matching referral, placement, and stability data		The Placement Unit has been moved back to the Division of Resource Families. Weekly coordinated meetings occur to address emergency and planned placement needs and discuss opportunities for "step down" from congregate care. Further, the Family Consultation model has been implemented to related to matching criteria, as well as strengthen relationships with families and ensure a more effective matching process.
2.20 Formalize teaming system within Department and partner agencies to stabilize placements that are at risk for disruption.	Procedure in place for teaming, with tracking mechanisms in place to report on stability.		RED team efforts continue and demonstrate the importance of a team perspective when handling challenging case decisions. The Division of Resource Families also has worked to be a team liaison between foster families, private agencies, and the internal DCYF case team, ensuring clear communication and follow up to help support placement stability.
2.21 Increase the number of non-kinship foster homes, to ensure a diverse pool of resource families who are poised to take placement of all children in DCYF care who are appropriate for family placement	# of non-kinship foster homes, and # of placements by LON	2020-2024	14 FTEs were onboarded in the summer of 2020. The Department's goal to license 100 new non kinship foster families by 6/30/2021 was met nearly six months ahead of schedule, and new licensure continues to grow, currently there are over 250 new non-kinship families licensed since the onset of this goal.

Goal III: Rhode Island is committed to increasing well-being outcomes for children and families through family and community engagement

Safety 1, Safety 2, Permanency 1, Permanency 2, Well-Being 1, Well-Being 2, Well-Being 3

Goal 3 of the PIP

Objective: By 2024 95% of all children in FSU will receive at least monthly face-to-face contact with worker to ensure child and family have a safe environment, timely permanency achieved and overall well-being for children, family and community as measured by RICHIST RPT 579.

Benchmark	Measure of Progress	Target Year Completion	Progress in 2022
<p>.1 FSU Leadership Team will work with DPI to develop dashboards to enhance ability to implement and monitor practice change; review dashboards weekly with chiefs of practice standards in supervision and model use with their supervisors including face-to-face contacts with child.</p> <p>Develop and document actions planned and monitor follow-up to ensure that face to face contacts with children meets standard of 95%.</p>	<p>Dashboards are developed specifically for face to face with children.</p> <p>Weekly meetings between FSU leadership and chief of practice standards reviewing dashboards occur</p> <p># and % of actions implemented</p> <p># and % of face-to-face with child completed</p>	<p>2019, Dashboard developed</p> <p>2019-2024, Ongoing review and/or updates to dashboard, meetings and actions implemented</p>	<p>The Department currently reviews quantitative and qualitative data regarding both the quality and frequency of face to face visits with children and parents in several different meeting structures. During Active Divisional Management (ADM) with our Family Services Unit (FSU), several charts and data points monitor the frequency of caseworker visits with both parents and children. This information is discussed at every FSU ADM meeting. Beyond that, after each qualitative case review, qualitative data is incorporated into the weekly meetings and discussed in detail. Workers are given the opportunity to ask questions and discuss challenges with regards to engagement.</p>
<p>3.2 Chiefs of Practice Standards review dashboards with supervisors every week; develop and document action plans and monitor follow-up.</p>	<p>Weekly meetings completed every week</p> <p>Dashboards reviewed and shared with staff weekly.</p> <p># and % of face-to-face with child completed</p>	<p>2019-2024</p>	
<p>3.3 Chiefs of Practice Standards will focus a monthly supervision on no-legal status cases and/ or cases with</p>	<p>% of children seen in home per dashboards</p>	<p>2019-2024</p>	

Objective: By 2024 95% of all children in FSU will receive at least monthly face-to-face contact with worker to ensure child and family have a safe environment, timely permanency achieved and overall well-being for children, family and community as measured by RICHIST RPT 579.

Benchmark	Measure of Progress	Target Year Completion	Progress in 2022
children home with parents to ensure that children at home are seen monthly.			<p>contact with youth as follows: 97% in March 2021, 96.6% in June 2021; 96% in September 2021; 97% in December 2021 and 98.7% in March 2022.</p> <p>As of 9/2020, FSU has achieved over 95% of monthly face-to-face visits between workers and children statewide, and individual regions have maintained the same benchmark since 12/2020.</p>
<p>3.4 FSU Leadership Team to monitor face to face contacts with children/youth through permanency trackers in supervision and dashboards developed in conjunction with DPI</p> <p>***Permanency tracker discontinued</p>	% of visits with children documented in permanency tracker	2019-2024	
3.5 Based on monthly dashboards, supervisory weekly and bi-weekly meetings identify factors contributing to progress and barriers to progress.	Quarterly reviews occur to monitor progress and identify barriers impacting initiative implementation and/or progress toward outcomes	2019-2024	

Objective: By 2024 60% of mothers will receive at least monthly face-to-face contact with worker and 30% of fathers will receive at least monthly face-to-face contact with worker to ensure identified needs are being addressed with appropriate services, progress is being made toward permanency and overall well-being for parents to care for their child(ren)

Benchmark	Measure of Progress	Target Year Completion	Progress in 2022
3.6 FSU Leadership Team will work with DPI to develop dashboards to enhance ability to implement and monitor practice change with a focus on engagement with mother, with father	Dashboards are developed specifically for face to face contacts with mother, father	2019-2024	<p>Continued collaboration with FSU leadership, and DPI in reviewing the monthly dashboards for face to face contact with parents that was created in April 2020.</p> <p>The Chiefs of practice standards continue to utilize this data during weekly supervision with the supervisors to reinforce and support the practice of face-to-face contact with parents on at least a monthly basis, or more frequently depending on the needs of the family.</p> <p>In addition, the practice continues to be reviewed through Active Divisional Management and the bi-annual CFSR process. The results are presented regionally to enhance learning. Since September 2019, the Department has been consistently seeing 95% of children and youth on a monthly basis.</p> <p>This data is monitored in several areas of the Department, including Active Divisional Management with the Family Services Unit, the Department's Strategic Metrics Dashboard, PULSE performance meetings with the Executive Office of Health and Human Services, and the Department's case reviews. It is also one of the metrics identified in the Children's rights lawsuit that the Department needs to meet.</p> <p>As of April 2020, 40.6% of mothers and 16.2% of fathers had at least monthly contact with an FSU worker. In May 2021, the percentage of mothers and fathers with monthly visits increased to 59% and 34%, respectively. Face to face visits in April 2022 increased further to 65.8% for mothers and 38.7% for fathers.</p>
3.7 Review dashboards weekly with chiefs of practice standards in supervision and model use with their supervisors to monitor engagement with and frequency of face-to-face contact with mother, face-to-face with father.	Weekly meetings occur, and dashboards reviewed with staff # and % of mothers, fathers face-to-face contacts	2019-2024	
3.8 Develop and document actions planned and monitor follow-up to ensure that face to face contacts with mothers, and fathers, meets policy standard	Actions plan developed and monitored during weekly meetings	2019-2024	
3.9 Chiefs of Practice Standards will focus a monthly supervision on no-legal status cases and/or cases with children home with parents to ensure that mothers, and fathers are seen monthly.	% of mothers seen in home per dashboards % of fathers seen in home per dashboards	2019-2024	
3.10 FSU Leadership Team to monitor face to face contacts with mothers, and fathers through permanency trackers in weekly supervision and dashboards developed in conjunction with DPI ***Permanency tracker discontinued	% of visits with mother documented in permanency tracker	2019-2024	

Objective: By 2024 60% of mothers will receive at least monthly face-to-face contact with worker and 30% of fathers will receive at least monthly face-to-face contact with worker to ensure identified needs are being addressed with appropriate services, progress is being made toward permanency and overall well-being for parents to care for their child(ren)

Benchmark	Measure of Progress	Target Year Completion	Progress in 2022
	% of visits with father documented in permanency tracker		The Department partnered with the Capacity Building Center for States to create an Authentic Family Engagement training and piloted with a test group of Family Service Unit Caseworker Supervisors, Workforce Development, and the Practice Consultants. The training consisted of four (4) 90-minute sessions in March and April 2021. Most of the feedback from those staff who participated was overwhelmingly positive. The following steps are to review the training materials with parents, which we hope to schedule by June of 2021, and collaborate with Workforce Development to develop a plan to conduct the training with all the Family Service Unit Caseworker Supervisors and include this training and materials in the onboarding of new staff.
3.11 Based on monthly dashboards, supervisory weekly and bi-weekly meetings to identify factors contributing to progress and barriers to progress.	Quarterly reviews of any initiatives implemented and monitor progress of initiatives.	2019-2022	<p>In April 2021, the Department implemented a parent-led advisory group to improve family voice and choice aimed at informing and enhancing practice. The group is still in the infancy stage, with two meetings occurring in April 2021. These initial meetings focused on engaging and empowering parents to design the group's makeup that will enable them to partner with DCYF's leadership to improve our policies, practices, and programs moving forward.</p> <p>The Parent Advisory Group remains in the infancy stage of development. The Department continues to struggle with recruiting diverse parents to participate in the group.</p> <p>The group is also in the process of learning how to be facilitators, and leaders with the assistance of the Capacity Building Center for States whom the Department utilizes for Technical Assistance.</p>

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Benchmark	Measure of Progress	Target Year Completion	Progress in 2022
			<p>The Department continues to develop a more comprehensive father engagement program. The Department's Fatherhood Team Liaisons have conducted a series of information sessions with supervisors on the fatherhood team's work to increase work with fathers throughout the Department. As of April 30th, 2021, all information sessions have been completed with supervisors in Child Protective Services, Probation, and the four regions in the Family Service Unit. The Fatherhood Initiative has also been shared with the Department's divisions.</p> <p>The team of Fatherhood Liaisons developed the Fatherhood Champions Initiative. Fatherhood Champions will be DCYF staff who will be trained and mentored in fatherhood perspectives, secondary trauma, and cultural contexts. The Department has just completed the recruitment of "champion" staff from the Family Services Unit (including all regions), Child Protective Services, Juvenile Justice, Resource Family Divisions, and the Practice Review Unit. This group will start holding planning meetings in May 2021. In addition, the Department is researching fatherhood training models to use. Once the fatherhood model is selected, the Champions will start their training using the chosen model, and then these Champions will provide training and coaching to DCYF staff and be part of the more extensive statewide efforts by Parent Support Network regional efforts by the New England Fathering Conference. The Champions received an invitation to participate in the Fatherhood Conference in June 2021. Once in place, these coaches will be invited to participate in the ADM meetings so that direct feedback and improvement</p>

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Benchmark	Measure of Progress	Target Year Completion	Progress in 2022
			<p>suggestions can be piloted and tested while monitored in the monthly parent face-to-face dashboards.</p> <p>The Fatherhood Initiative Team has remained active with the New England Fathering Conference (NEFC) Committee and is Co-Facilitating a quarterly NEFC Webinar Series for staff, parents, and private providers. The first Webinar Series had over 350 participants from New England and around the country. Rhode Island had over 80 participants. We have also been re-engaging with the treatment and planning team at the RI Department of Corrections, and plans are in place to have reciprocal training programs and identify point persons/liaisons between DCYF & the RI Department of Corrections</p>

Objective: DCYF will increase the frequency and quality of face-to-face contacts with children to ensure child is safe, identified needs are being met with timely services, familial connections and contacts are being met and progress toward permanency and overall family well-being is being made. Establish baseline after year 1, set target at year 2. The 2019 Internal Case Reviews established the PIP baseline at 43.1%, with an achievement goal of 48% for year 2.

Benchmark	Measure of Progress	Target Year Completion	Progress in 2022
3.12 CFSR definition of quality face to face contact shared formally with staff and reviewed as needed	# and % of staff educated\informed of the definition of quality face to face contact	2019-2020 2020-2024 ongoing as needed	The quality review unit in conjunction with Administrative Review staff and the assigned regional FSU Senior Supervisors provided individual FSU unit information sessions (question and answer) beginning in March 2022-May 2022 on CFSR best practices to conducting quality face to face visits with children. and distributed learning guides regarding quality Face to face

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Benchmark	Measure of Progress	Target Year Completion	Progress in 2022
3.13 Biweekly group supervision and weekly individual supervision meetings contain a standing item on quality of face-to-face visits	Biweekly meetings occur and face-to-face and quality of visits review occurs Case review system established for quality of visits	2019-2024 June 2019 and ongoing, case reviews	documentation. The guide provided examples of documented visits that are inclusive of Child & Family Services Review safety, permanency, and well-being elements.
3.14 Based on monthly dashboards, supervisory weekly and bi-weekly meetings to identify factors contributing to progress and barriers to progress	Permanency tracker (DISCONTINUED) Weekly and biweekly supervisory meetings occur, and progress and barriers documented	2019-2024	The Chief of Practice Standards in collaboration with the supervisors currently review quantitative and qualitative data regarding the quality of face to face visits with children during weekly supervision; record review; supervisory meetings and Active Divisional Management (ADM) with our Family Services Unit (FSU). Biannual reviews (CFSR) are additionally held and the results shared with each region to identify both successes and challenges in documenting quality face to face visits with children. The permanency tracker had been in development to assist staff during the supervisory process but was replaced with the current dashboards tracking family engagement (face to face visits and service plans) to focus the work on family engagement As of March 2022, the Department has consistently seen over 96% of children and youth every month in the last year.

Objective: DCYF will increase the quality of face-to-face contacts with caregivers and will be based on baseline established from the 2019 internal case reviews of 51%, set target at year 2 established at 35.7% from the PIP baseline. The 2019 PIP Baseline reviews revealed that 23.2% of caseworker visits with parents were rated as a strength for both frequency and quality. The PIP Goal for this item is 28%.

Benchmark	Measure of Progress	Target Year Completion	Progress in 2022
3.15 CFSR definition of quality face to face contact shared formally with staff and reviewed as needed	# and % of staff educated\informed of the definition of quality face to face contact with mother, father	2019-2024	<p>The quality review unit in conjunction with Administrative Review staff and the assigned regional FSU Senior Supervisors w provided individual FSU Unit information sessions (question and answer) in March 2022-May 2022 on best practice related to conducting quality visits with parents. and distributed learning guides regarding quality Face to face documentation. The guide provided examples of documented visits that are inclusive of Child & Family Services Review safety, permanency, and well-being elements.</p> <p>This continues to be an area that is rated an area needing Improvement in the most recent full item CFSR case review. During Reporting Period 3 (case reviews conducted in November 2020 and May 2021, the Department achieved a 38.3% strength rating for Item 15-Caseworker Visits with Parents. %) the FSU administration team is continuing to monitor the documentation of caseworker visits with parents. . Chief of Practice Standards review documentation during their Quality Reviews of the OFFA, and continue to collaborate with DPI as to the language that is needed to be entered into RICHIST.</p>
3.16 Biweekly group supervision and weekly individual supervision meetings contain a standing item on quality of face-to-face visits	<p>Biweekly meetings occur and face-to face and quality of visits review occurs</p> <p>Case review system established for quality of visits</p>	<p>2019-2024</p> <p>June 2019 and ongoing, case reviews</p>	
3.17 Based on monthly dashboards, supervisory weekly and bi-weekly meetings to identify factors contributing to progress and barriers to progress	<p>Permanency tracker</p> <p>Weekly and biweekly supervisory</p>	2019-2024	

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Benchmark	Measure of Progress	Target Year Completion	Progress in 2022
	meetings occur, and progress and barriers documented		

Objective: Increase engagement of children (as age appropriate) in assessing family needs and in-service planning grounded in a trusting relationship where needs and services are openly discussed and addressed and in turn promote family, safety, permanency and well-being outcomes. The 2019 internal case reviews Established a baseline of 40%, set target in year 2 through the implementation of the SAFE Model in FSU by 2020; Increase engagement of mothers/caregiver in assessing family needs and in-service planning grounded in a trusting relationship where needs and services are openly discussed and addressed and in turn promote family, safety, permanency and well-being outcomes. The 2019 internal case reviews establish a baseline of 44%, set target in year 2 through the implementation of the SAFE Model in FSU by 2020; Increase engagement of fathers/caregiver in assessing family needs and in-service planning based grounded in a trusting relationship where needs and services are openly discussed and addressed and in turn promote family, safety, permanency and well-being outcomes. The 2019 internal case reviews established a baseline of 26%, set target in year 2 through the implementation of the SAFE Model in FSU by 2020

Benchmark	Measure of Progress	Target Year of Completion	Progress in 2022
3.18 Implement and utilize a structured systematic safety assessment process, SAFE model, in FSU which is based on engagement and collaboration with families and teaming to develop service plans that effectively meet family needs and maintain safe living environments.	Development of the SAFE model Implement Department wide training of SAFE model # and % of target staff to be trained are trained	Safe Model completed November 2019 Department wide training of SAFE model completed by December 2019	As part of the implementation design for the SAFE/On-going Family Functioning Assessment, coaches were trained and imbedded in each of the four regions of FSU, as well as the assignment of a Practice Consultant (senior supervisor) to support and facilitate the use of the SAFE/OFFA. Coaches and Practice Consultants initially had regular coaching hours to ensure consistent availability for all staff. The Practice consultants were included in supervisor meetings and unit meetings to build relationships within the regions and partner with staff struggling with family engagement. With every new case assignment, the worker and supervisor schedule a consult with the Practice Consultant and/or coach to start planning and addressing ways to engage the family and effectively establish a working relationship

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Benchmark	Measure of Progress	Target Year of Completion	Progress in 2022
			<p>with families. They are available to model family engagement in the field and participate in the development of in-home safety plans and conditions for return. The Practice consultants and/or coaches participate in legal consults with staff as needed and work with staff and supervisors to effectively compose court letters; supporting the shift in practice from compliance to behavioral change and the understanding that reunification is based on the ability to implement an in-home safety plan as opposed to compliance with service plan tasks.</p> <p>The Practice Consultants work closely with the Chiefs and ADs to support the practice change and promote staff's ability to effectively engage with their families. A substantial number of supervisors in the regions have been trained as coaches and to strengthen their ability to promote the practice shift in the regions, the Practice Consultants and coaches work with both workers and supervisors as a team to increase learning and promote their ability to utilize the foundations of the OFFA during supervision with their workers.</p> <p>The Department continues to successfully implement its virtual case reviews. Since the last progress report update, Rhode Island held its third virtual case review in May 2021 and additional Item 4 only case reviews that were conducted utilizing a hybrid virtual and in-person review model. As in prior virtual case reviews, experienced reviewers and quality assurance staff were utilized.</p>

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Benchmark	Measure of Progress	Target Year of Completion	Progress in 2022
			The Department also recruited and trained fourteen (14) new case reviewers from FSU, CPS, Juvenile Probation, and two reviewers from our provider community. The Department utilized the virtual training curriculum that was developed in collaboration with the Capacity Building Center for States in prior reviews and made improvements and additions to enhance the virtual training experience. One of the improvements made was creating an Item 4 tip sheet to encourage reviewers and QA to include more specific qualitative information and detail in rationale statements regarding Item 4 and additional information needed to include in rationale statements requested by the CB such as an overall case history, assessment and services provided to foster parents, and information regarding what family visitation looked like.. The May 2021 case review results were shared with the above-mentioned regions/divisions and the FCCP's during the summer of 2021. The Item 4 Only Case Review results were shared via the Director's Weekly Message as well as during ADM meetings with FSU.
3.19 Pilot use of Family Functioning Assessment by CPS Caseworkers in the Intake Social Work Unit for families' cases referred to DCYF for Prevention Services	Review pilot/ lessons learned through pilot.	2019 completed	FFA Tool and SAFE Model were used by CPS Social Caseworkers to asses families voluntarily working with Community- based services for Prevention
3.20 Monitor completion and fidelity to FFA implementation and make changes as needed	Monthly meetings occur, and implementation	2019-2024	

Objective: Increase engagement of children (as age appropriate) in assessing family needs and in-service planning grounded in a trusting relationship where needs and services are openly discussed and addressed and in turn promote family, safety, permanency and well-being outcomes. The 2019 internal case reviews Established a baseline of 40%, set target in year 2 through the implementation of the SAFE Model in FSU by 2020; Increase engagement of mothers/caregiver in assessing family needs and in-service planning grounded in a trusting relationship where needs and services are openly discussed and addressed and in turn promote family, safety, permanency and well-being outcomes. The 2019 internal case reviews establish a baseline of 44%, set target in year 2 through the implementation of the SAFE Model in FSU by 2020; Increase engagement of fathers/caregiver in assessing family needs and in-service planning based grounded in a trusting relationship where needs and services are openly discussed and addressed and in turn promote family, safety, permanency and well-being outcomes. The 2019 internal case reviews established a baseline of 26%, set target in year 2 through the implementation of the SAFE Model in FSU by 2020

Benchmark	Measure of Progress	Target Year of Completion	Progress in 2022
	fidelity documented, recommendations for changes documented # and % of timely FFA completed (SAFE Model)		Continue to work towards goal of 85% policy target of investigations completed within 45 days.
3.21 Monitor completion and fidelity to OFFA (inclusive of service plan) implementation and make changes as needed	Monthly meetings occur, and implementation fidelity documented, recommendations changes documented % of timely OFFA (SAFE Model)	2019 OFFA completed 2019-2024 ongoing	
3.22 FSU Leadership team to identify Change Champion coaches/mentors/trainers to support implementation of SAFE model with staff;	# and % of champion coaches trained	2019-2024	Staff in each division are trained as coaches and trainers. These staff are available to their peers for consultation. In CPS these staff have assisted with training new staff

Objective: Increase engagement of children (as age appropriate) in assessing family needs and in-service planning grounded in a trusting relationship where needs and services are openly discussed and addressed and in turn promote family, safety, permanency and well-being outcomes. The 2019 internal case reviews Established a baseline of 40%, set target in year 2 through the implementation of the SAFE Model in FSU by 2020; Increase engagement of mothers/caregiver in assessing family needs and in-service planning grounded in a trusting relationship where needs and services are openly discussed and addressed and in turn promote family, safety, permanency and well-being outcomes. The 2019 internal case reviews establish a baseline of 44%, set target in year 2 through the implementation of the SAFE Model in FSU by 2020; Increase engagement of fathers/caregiver in assessing family needs and in-service planning based grounded in a trusting relationship where needs and services are openly discussed and addressed and in turn promote family, safety, permanency and well-being outcomes. The 2019 internal case reviews established a baseline of 26%, set target in year 2 through the implementation of the SAFE Model in FSU by 2020

Benchmark	Measure of Progress	Target Year of Completion	Progress in 2022
	# and % of champion coaches who report successful SAFE model implementation		
3.23 FSU Leadership Team and FSU Supervisors support staff in assessing family functioning of all family members	Weekly meetings occur. # and % of OFFA completed (Safe Model)	2019-2024	
3.24 FSU Leadership Team to embed values of cultural competency, transparency, family engagement, teaming and equity in practice of SAFE Model; utilizing the ongoing family functioning assessment tool and reinforce those values through weekly supervision;	# and % of OFFAs completed in timely manner, total and by race and ethnicity	2020 2020-2024 ongoing	
3.25 Staff to actively practice family search and engagement as demonstrated in kinship placements, teaming in safety and service planning; and identifying the role of family in visitation	% of searches completed to identify family resources # and % of kinship placements	2019-2024	Non-relative placements by CPS cannot be made without administrative approval after all efforts to identify appropriate and willing kin have been made

Objective: Increase engagement of children (as age appropriate) in assessing family needs and in-service planning grounded in a trusting relationship where needs and services are openly discussed and addressed and in turn promote family, safety, permanency and well-being outcomes. The 2019 internal case reviews Established a baseline of 40%, set target in year 2 through the implementation of the SAFE Model in FSU by 2020; Increase engagement of mothers/caregiver in assessing family needs and in-service planning grounded in a trusting relationship where needs and services are openly discussed and addressed and in turn promote family, safety, permanency and well-being outcomes. The 2019 internal case reviews establish a baseline of 44%, set target in year 2 through the implementation of the SAFE Model in FSU by 2020; Increase engagement of fathers/caregiver in assessing family needs and in-service planning based grounded in a trusting relationship where needs and services are openly discussed and addressed and in turn promote family, safety, permanency and well-being outcomes. The 2019 internal case reviews established a baseline of 26%, set target in year 2 through the implementation of the SAFE Model in FSU by 2020

Benchmark	Measure of Progress	Target Year of Completion	Progress in 2022
	# and % of family visitation From case reviews: #and % of case reviews with mother, father, child engaged in service planning # and % of quality visits with mother, father, child # and % of mother, father child needs assessed and addressed		
3.26 FSU Leadership Team in conjunction with DPI to develop dashboards to monitor service plan completion;	# of dashboards developed and reviewed	2019-2024	
3.27 FSU Leadership Team to strategize any barriers to service planning in Active Divisional Management	# of barriers and corresponding strategies developed	2019-2024	

Objective: By 2024, 85% of social caseworker IIs in FSU will receive supervision that meet's their individual needs as a caseworker as measured by the FSU quarterly Supervision Survey.

Benchmark	Measure of Progress	Target Year Completion	Progress in 2022
<p>3.28 FSU Supervisors will meet weekly with their staff and supervise case practice with the assistance and use of the permanency tracker:</p> <p>***Permanency tracker discontinued</p>	<p>Weekly individual supervision within FSU occurs.</p> <p>% of Documentation in permanency tracker completed in timely manner.</p>	<p>2020</p> <p>2020, 2020-2024 updates</p>	<p>The Department rolled out the Supervision Surveys to FSU social caseworkers, and the three caseworker surveys prior to March 2021 were analyzed and reviewed at the administrative level. Survey results between survey #2 and survey #3 revealed significant improvements across most metrics.</p> <p>These findings were summarized and presented in conjunction with the Supervision Department Operating Procedure (DOP) to a large group of (~15) supervisors in April 2021. The focus group discussed ways the Department could improve future surveys and suggest policy changes to ensure more substantial support for caseworkers. The primary suggestions were for clarity in supervisor-caseworker expectations, decisions documented a family's case notes, and less frequent survey assessments.</p> <p>The feedback received in the supervision surveys and from the Social Caseworkers' focus group described in 3.3.6 was debriefed to the FSU administrators. Administrators determined that the solution needed was not a change in supervision protocols but instead additional training regarding case documentation expectations for both the Caseworkers and Supervisors.</p>
<p>3.29 FSU Leadership Team to fully manage staff in the regions through establishing clear expectation of practice and policy around supervision and reporting relationships with staff, modeling supportive supervision and accountability with chiefs, HR practice, crisis intervention, modeling and teaching best practice supervisory techniques, modeling crisis planning as a part of safety planning,</p>	<p>Clear expectations developed and documented</p> <p>Biweekly group supervision occurs.</p>	<p>2019-2024</p>	<p>Training of the Supervision Department Operating Procedure (DOP), particularly the family's case notes documentation, was implemented in summer 2021. Following training, the progress of implementing the Supervision Department Operating Procedure (DOP) documentation of the case activity notes will be monitored by the Supervisors during caseworker supervision.</p> <p>In the latter half of 2021, DPI collaborated with FSU staff on updates for the existing supervision survey for caseworkers to address more specific concerns and generate a new supervisory survey for FSU supervisors. These redesigned surveys are circulated biannually, starting in 2022. As of February 2022, there was a decrease in response rate with nearly half the responses of previous surveys. Over 70% of respondents met with their supervisor for individual supervision at least once a week, with 53% reporting duration of 31-60</p>
<p>3.30 Prioritize challenges and needs and brainstorm potential solutions through Active Divisional Management Meetings.</p>	<p>Number of challenges identified with corresponding solutions developed</p>	<p>2019-2024</p>	

Objective: By 2024, 85% of social caseworker IIs in FSU will receive supervision that meet's their individual needs as a caseworker as measured by the FSU quarterly Supervision Survey.

Monthly ADM meetings amongst DPI staff, Department Director, FSU leadership inclusive of the 4 Caseworkers of Practice Standards and an FSU supervisor (rotate different supervisor monthly)	during monthly ADM strategy meetings.		minutes, and 64% reporting that supervision completely meeting their needs.
3.31 FSU Leadership Team w/assistance of DPI implement permanency reviews in each of the regions utilizing the permanency tracker to model and reinforce supervision as to best practice and positive outcomes.	Positive outcomes identified during permanency reviews occurs quarterly.	2019-2024	The second round of updated surveys will be circulated in the latter half of 2022 and the responses will be assessed and compared to the February 2022 results to identify areas of strength and those that need improvement. The resulting survey findings will be presented and discussed in the FSU ADM meetings in all four regions, (see Goal 3 narrative for data specifics).
3.32 FSU Leadership Team to work with DPI to develop dashboards to enhance ability to monitor and implement practice change.	Dashboard developed and modified based on needs identified in supervision	2020 developed, ongoing monitoring on monthly basis to 2024	In March of 2021, FSU and MIS created a supervision window in the Department's RICHIST system to document supervisory sessions for the FSU Supervisors. This new supervision window would provide the necessary space for Supervisors to record their supervision meetings with staff and the cases reviewed during the session. The Department will monitor the trends in the supervisory sessions and address any identified issues or concerns.

Goal IV: Rhode Island will enhance its Continuous Quality Improvement System to support improving outcomes for children, youth and families that will monitor the implementation of strategies intended to have a positive impact on safety, permanency and well-being outcomes

Safety 1, Safety 2, Permanency 1, Permanency 2, Well-Being 1, Well-Being 2, Well-Being 3 Goal 4 of PIP

Objective: Establish the Division of Performance Improvement (DPI). DPI will serve as DCYF's agency-wide CQI program to evaluate child welfare practice and improve performance outcomes through evaluation, case reviews, and change management strategies.

Benchmark	Measure of Progress	Target Year Completion	Progress in 2022
4.1 Develop a clearly articulated mission and vision for DPI	Mission and vision statement will be developed with DPI staff, shared with DPI staff and DCYF leadership	November 1, 2019	<p>The Case Review Unit within the Division of Performance Improvement developed the internal case review annual report. This report was launched in February 2021. The report includes the results of the Department's internal case reviews from the prior year. The annual report includes how the Department performed on each of the 18 items within the OMS related to Safety, Permanency, and Well-Being. This year's reports include results from the May 2021 case review and the Item 4 Only case review conducted in November 2021.</p> <p>The Department has fully developed and implemented its internal case review system in 2019. The Department has conducted internal case reviews in May 2021 and an Item 4 Only specific review November 2021 and February 2022. The Department utilizes a combination of experienced and new reviewers to conduct the review of the cases with designated QA. The three most recent case reviews were conducted virtually due to COVID-19.</p> <p>The Department expanded FSU Active Divisional Management from leadership to individual regions, beginning on January 1, 2020 and occurring in 3-month cycles. The regional Administrators, Assistant Director of the Division of Family Services, and DPI collaborated on a plan to support FSU leadership in assuming presentation responsibilities, discussion facilitation, and strategy identification for trend data over a 6-month transition period. DPI provided extensive assistance through planning meetings, material preparation, and data support. This transition supports administrators to manage with data.</p>
4.2 Produce and distribute annual reports on findings from Case Review System)	Report will be developed and distributed to all DCYF staff	November 1, 2020	
4.3 Continue Active Divisional Management in 1 division by transitioning facilitation of ADM to FSU leadership	FSU Administrators will set agendas, lead meetings, and implement follow ups	January 1, 2020	
4.4 Train senior team members and middle managers in project planning and project management	25 staff will participate in a project planning and project management course provided by DCYF	July 1, 2020	
4.5 Expand Active Divisional Management to 2 additional divisions	ADM will be established in 2 new divisions of DCYF	July 1, 2020	

Objective: Establish the Division of Performance Improvement (DPI). DPI will serve as DCYF's agency-wide CQI program to evaluate child welfare practice and improve performance outcomes through evaluation, case reviews, and change management strategies.

Benchmark	Measure of Progress	Target Year Completion	Progress in 2022
			The VEC (Voluntary Extension of Care) Program Active Divisional Management began in November 2019 and meets quarterly with YDS staff and leadership from FSU and Behavioral Health within DCYF. During these meetings, we have seen a significant decrease in the percentage of VEC young adults that are not enrolled in an educational program or employed as seen in the data presented in the Service Array section.
4.6 Expand Active Divisional Management to 1 additional division	ADM will be established in 2 new divisions of DCYF	July 1, 2021	<p>The Child Protective Services (CPS) Active Divisional Management began in September 2019 and follow up meetings occur every one-to-two months with CPS administrators and supervisors. Deep dive topics have looked at CPH outcomes after FFA Safe Model implementation, changes to CPH measures after COVID-19, and CPS outcomes by professional reporter types and race/ethnicity.</p> <p>In May 2020 Juvenile Justice ADM was implemented and in September 2020 Licensing and Resource Families Division was implemented. Consistent with ADMs in other Divisions, the ADM meetings occur monthly.</p> <p>The Department currently has ADMs in the following divisions: CPS, FSU, CSBH (congregate care), Resource Families\Licensing, FCCP, Juvenile Justice</p>
4.7 Expand Active Divisional Management to 1 additional division		July 1, 2022	

Objective: Design, develop, and implement a CFSR case review system with support from the Capacity Building Center for States that will review 65 cases in the first year then 80 cases per year by year 2023-2024.

Benchmark	Measure of Progress	Target Year Completion	Progress in 2022
4.8 Create training manuals and establish case review staff from across the Department to participate in the case review process	a) Training materials created b) 2 trainings delivered each year c) 10 new staff per case review year	2020 and ongoing	In 2019, the Department completed its first internal case review that established the baseline for the PIP. A total of 65 cases were reviewed. Staff from across all regions and divisions are utilized as reviewers. The Qualitative Review Unit and Practice Review Unit are utilized to conduct quality assurance of cases. Rhode Island DCYF continues to successfully implement its virtual case reviews. Since the last APSR update, the Department has completed its work with the Capacity Building Center for States on its virtual case review process. The Department has conducted three virtual case reviews, with its most recent virtual case review occurring in May 2021. Since May 2021, the Department has conducted Item 4 only case reviews in November 2021 and in February 2022 utilizing a hybrid model of in-person and virtual case reviews. As in prior virtual case reviews, experienced reviewers and quality assurance staff were utilized. During the November 2021 and February 2022 reviews, the Department also recruited and trained thirteen (13) new case reviewers from FSU and CPS. The Department utilized the virtual training curriculum that was developed in collaboration with the Capacity Building Center for States in prior reviews and made improvements and additions to enhance the virtual training experience. All case review results are entered into the OMS and the Department fully intends to continue entering case review results into the OMS in future internal reviews. The Department intends to gradually add cases each year to reach the goal of 80 by 2023-2024.
4.9 Review 65 cases annually selected in accordance with the CFSR PIP measurement plan using the OMS tool	Case review results for 65 cases will be entered in the OMS	2019-2022	
4.10 Review 80 cases annually selected in accordance with the CFSR PIP measurement plan using the OMS tool	Case review results for 80 cases will be entered into the OMS	2023-2024	

Objective: Develop a feedback system to allow both internal and external stakeholders to provide input and recommendations for changes to the system by spring 2020 The Department will schedule quarterly meetings with foster and adoptive parents, birth parents, youth, front-line staff and supervisors and other internal and external stakeholders to seek input and recommendations.

Benchmark	Measure of Progress	Target Year Completion	Progress in 2022
4.11 Identify a process that will support ongoing consumer stakeholder engagement.	Protocol and process documented	2019	<p>In early 2020, the Department began discussions with the Capacity Building Center for States to provide implementation assistance with several strategies in the Department's Program Improvement Plan. The Center for states Integrated Capacity Building Plan was approved in late April 2020. Since then, the Department and the Center for States have been working on building up the work group for this stream of work and a kick-off meeting is planned in late May 2020. A formalized process that will ensure the continuation of stakeholder feedback will be developed. While no delays are expected, the Department continues to monitor the impacts of COVID-19. The workgroup meetings with Center for States are planned to be held virtually.</p> <p>The Department established in May 2020 a Stakeholder Engagement Workgroup to develop a model and implementation plan for the Department. The goal of the workgroup is to "develop an authentic engagement strategy with a diverse group of both internal and external stakeholders that will ensure open dialog and result in stronger initiative selection, policy development, training, and community supports." The group conducted an internal review of stakeholder activities and looked at best practices of stakeholder engagement in child welfare and human services systems across the country. The workgroup then conducted a root cause analysis to determine why it has been falling short on its engagement efforts and ultimately developed a theory of change and implementation plan to develop a robust system to support authentic voice and partnership with its stakeholders. Before finalizing the plan, the workgroup held several focus sessions with a wide mix of stakeholders, including bio parents, foster parents, youth in care, staff, child welfare professionals,</p>
4.12 Meet with consumer stakeholder groups (birth parents, foster parents, service providers, youth, front-line staff) on a quarterly basis.	Meetings are documented and occur every quarter	2020-2024	
4.13 Provide feedback gained from stakeholder groups to the Director and Senior Team quarterly	Reports are written and delivered to Director and senior team	2020-2024	
4.14 Annually, senior team considers all feedback and at a minimum acts on three recommendations annually for improved process, practice, or policy based on stakeholder feedback	Three improvements to process, practice, or policy are identified, implemented, and shared back with stakeholder groups	2021-2024	
4.15 As agreed establish bi-annual meetings with legal community workgroup with representatives from Family Court, CASA, Parents' attorneys, and DCYF attorneys to ensure consistent communication, share data, discuss challenges and engage in problem solving	Meetings occur every six months with attendance from each organization in the child welfare legal community	2020-2024	

Objective: Develop a feedback system to allow both internal and external stakeholders to provide input and recommendations for changes to the system by spring 2020 The Department will schedule quarterly meetings with foster and adoptive parents, birth parents, youth, front-line staff and supervisors and other internal and external stakeholders to seek input and recommendations.

Benchmark	Measure of Progress	Target Year Completion	Progress in 2022
			<p>school officials, healthcare officials, court leadership, and leaders within Rhode Island's BIPOC communities.</p> <p>The early stages of the stakeholder engagement plan have included ensuring there were avenues for all critical stakeholders to provide feedback and to ensure mechanisms to close the feedback loop (i.e., the Department hold itself accountable to the feedback it has received).</p> <p>Stakeholder groups that existed prior to this workgroup include divisional and regional staff forums, Kinship Advisory Council, and regular meetings with RI Family Court and the state's children and family service provider coalition. These groups meet at least quarter, many of them monthly.</p> <p>More recently, the Department has launched several new groups:</p> <ol style="list-style-type: none"> 1. Family First advisory/prevention planning group (launched January 2021). Meets monthly. The Advisory Team was instrumental in the selection of candidacy populations, service array, and informed drafting of the Prevention Plan. After the October 2021 Advisory Team meeting, the group paused while the Prevention Plan was reviewed and submitted for approval. The following next steps have been identified for the team once ready to reconvene policy and practice enhancements, training content and implementation and continuous quality improvement (CQI) and fiscal infrastructures. 2. Birth parent advisory group (launched April 2021). Meets weekly or biweekly. 3. Foster Family Council (launched February 2020). Meets monthly or more frequently as needed.

Objective: Develop a feedback system to allow both internal and external stakeholders to provide input and recommendations for changes to the system by spring 2020 The Department will schedule quarterly meetings with foster and adoptive parents, birth parents, youth, front-line staff and supervisors and other internal and external stakeholders to seek input and recommendations.

Benchmark	Measure of Progress	Target Year Completion	Progress in 2022
			<p>4. September 2021 and ongoing: Quarterly Meetings held by the Director with service providers and advocates for youth and families experiencing homelessness and/or who are at risk for experiencing homelessness.</p> <p>5. Ongoing participation of senior staff with the Unaccompanied Youth Committee and the Youth Housing Demonstration Project (YHDP) workgroup of Housing Continuum of Care responsible for the Consolidated Homeless Funds provided to the State.</p> <p>The Department also significantly strengthened its youth advisory board, known as SPEAK. This group is facilitated by a contracted community provider but was suffering from lack of consistent participation of youth. It was also largely driven by the facilitators rather than being youth-led, as we had desired. Significant efforts were put in place by the Department and the community provider in the winter of 2021 to recruit new members to the group and to develop the youths' skills and confidence in leading the advisory efforts. The youth have made significant gains over the past year in leadership and advocacy skills, as evidenced by their success in spearheading efforts to reinstate the teen grant for youth and actively working to positively impact foster youth's experience in care by providing a panel discussion to new DCYF workers in training; presenting what youth need from their DCYF workers to maximize their personal growth and work towards achieving their goals.</p> <p>In April of 2021, the Department launched an internal team to support all of the agency's stakeholder efforts. Each one of our stakeholder groups now has a designated executive lead who attends these team meetings, which occur multiple times per month. The purpose of the feedback team is to develop our internal skill sets around stakeholder engagement, to document</p>

Objective: Develop a feedback system to allow both internal and external stakeholders to provide input and recommendations for changes to the system by spring 2020 The Department will schedule quarterly meetings with foster and adoptive parents, birth parents, youth, front-line staff and supervisors and other internal and external stakeholders to seek input and recommendations.

Benchmark	Measure of Progress	Target Year Completion	Progress in 2022
			and share with leadership what our partners are saying, and to ensure we have "closed the feedback loop" (i.e., we have address the feedback received). It is our hope that this group will help the Department to become more sophisticated with its stakeholder engagement efforts over time, e.g., by developing common agendas and charter templates for groups, using common metrics to assess the quality and functioning of groups, and establishing communications for groups so they are kept well informed about Department efforts.

Goal V: Develop a competent, stable and diverse workforce, focused on frontline workers, through enhanced recruitment, training, and retention strategies

Safety 1, Safety 2, Permanency 1, Permanency 2, Well-Being 1, Well-Being 2, Well-Being 3 **Goal 6 of the PIP**

Objective: Improve the retention of front line caseworker staff (FSU, CPS, JCS).

Benchmark	Measure of Progress	Target Year Completion	Progress in 2022
5.1 Convene a group of Subject Matter Experts (SME's) to review and revise existing Competencies of each existing front-line position (SCWII, CPI, and Probation and Parole officer). Finalize competencies that will inform hiring decisions and workforce development offerings.	<p>Competencies will be finalized and will be reflected in position descriptions and training.</p> <p>Competencies were finalized and approved in 2019. Since that time the WFD team has applied the classification competencies when reviewing all new training proposals. With a focus on the relevance and relationship that training has to the base line competencies of the classification being trained. Prioritizing training implementation on the importance that training has in meeting the needs of the classification.</p>	2021	A Workforce Development committee with representation from DCYF & Rhode Island College School of Social Work utilized the competencies for front-line staff that were finalized in 2019 and cross-checked with job specifications for Social Caseworker II, Child Protective Investigator, and Juvenile Probation and Parole Officer. Based on the new competencies, the job specifications were revised to mirror the skill sets needed to be successful in these respective positions. The new job specifications for CPI and SCWII were submitted to RI Department of Administration for review and approval in Spring 2022.
5.2 Review and update current New Worker Training Program, and Ongoing Training Program delivery modalities inclusive of; simulation tools, web based & video based training, and other skill building techniques		2022 WFD is far ahead of the original target date with many aspects	Progress in this area was fast tracked in early 2020 when COVID 19 shut down in-person training. The WFD team had to make an immediate, overnight shift from classroom learning to virtual learning. All New Worker Training was moved to a virtual

Objective: Improve the retention of front line caseworker staff (FSU, CPS, JCS).

Benchmark	Measure of Progress	Target Year Completion	Progress in 2022
to assess which will deliver the optimum training experience for each topic. Working committee is to submit a short term and long-term strategy plan for implementing this change		put in place in 2020 & early 2021	<p>platform by April 2020 with WFD staff creating online programs on a week by week, day by day basis. By April/May 2020, WFD started offering virtual ongoing training on COVID 19 related topics (Staff Safety and Awareness programs). WFD was able to launch a full New Worker Training for it's August 2020 New Worker Class of SCWII's & CPI's. Virtual learning was made possible by the immediate infusion of technology including laptops given to all front-line divisions in the spring & summer of 2020. This made Teleworking/Teletraining a possibility. WFD was able to create and implement multiple competency-based virtual trainings on matters ranging from policy, protocols, and procedures to evidence-based practice sessions on trauma, substance use, & fatherhood matters.</p> <p>WFD was able to create a Transfer-of-Learning (TOL) program for New Workers and implemented this TOL program with class 36 in late 2020. This TOL program incorporated a model that can address all 60+ New Worker Training topics as well as any newly added training pieces.</p> <p>In 2022, WFD is on track to incorporate simulation software tools and equipment, that were researched and purchased but not utilized sooner, due to COVID 19 restrictions. WFD plans to pilot virtual reality simulation techniques in the summer and fall of 2022. This will include actors, software, and audience 2-way viewing. To start, these tools will be used around skillsets practiced around authentic family engagement and environmental safety assessment. Virtual and web-based training methods are primarily supported and being utilized. Virtual and web-based training has allowed for inclusion of equity training series, ongoing training on fatherhood, use of Narcan, and Family Care Community Partnership. What would ordinarily be a multi-faceted project to coordinate, is now a streamlined, efficient, and more convenient offering that increase staff participation. WFD plans to create more</p>

Objective: Improve the retention of front line caseworker staff (FSU, CPS, JCS).

Benchmark	Measure of Progress	Target Year Completion	Progress in 2022
			opportunities to learn via a series of workshops that respect busy schedules, while supporting professional development and retention efforts.
5.3 Upon completion and approval of 5.1 & 5.2, The Working Committee will advise and provide recommendations around curriculum building process to ensure that both content and delivery have the maximum impact on new staff with first focus on “core topics” as defined by the committee. Working committee continues same process to build out remainder of New Worker curricula.	<p>Implementation of core Pre-service New Worker Training topics</p> <p>Complete implementation of core topics 60% of new staff shall have completed new core topic</p>		The New Worker Training Program has been implemented with the first cohort starting in the fall of 2019 and the second in January of 2020. WFD brought on 8 New Worker Cohorts/January 2020, August 2020, Dec 2020, & March 2021, July 2021, November 2021, February 2022, and May 2022.
5.4 Develop and implement pre- & post-test evaluation process for all new worker trainings as part of a continual improvement plan.	<p>Pre and Post-test will be established and used in all trainings.</p> <p>75% of the evaluations will be complete.</p> <p>80% of the evaluations completed will score positively on worker satisfaction & knowledge attained.</p>	Complete in 2020 and Ongoing through 2024 2022	<p>WFD fully implemented a Pre & Post Test for the August 2020 and subsequent Cohorts.</p> <p>Edits to the new worker pre and post-test have occurred twice since the last APPSR. These edits included elimination of questions that a majority missed, indicating a problem with the question. Other edits were to reorganize the questions and group them into categories to improve the contextual flow.</p>

Objective: Develop a mechanism that will provide real time data to supervisors to assist them in accurately monitoring staff participation in on-going training in order to increase FSU & CPS workers compliance with 20 hours of training annually from 56% to ~~80~~ 70% by the end of 2024.

Benchmark	Measure of Progress	Target Year Completion	Progress in 2022
5.5 Develop a report for supervisors that provides quarterly updates of the hours & type of training each staff in their unit has participated in during the calendar year.	Report available to supervisors and data reviewed quarterly by senior team.	2020 Completed 2022 Modified	A report was developed and available to Supervisors in 2020. Modifications were attempted in 2021 to shift the data to the Rhode Island Learning Management System. This did not prove to be an attainable goal due to limitations around the States' LMS. At this time RICHIST is still being used to enter training completion by topic and individual staff. The LMS cannot be utilized to generate other needed reports, such as IV-E report, and ultimately double time was spent to enter single training into two systems, and was determined to be duplicative, and did not provide a better report than the one generated by RICHIST. In 2022 and beyond, WFD will work with IT to plan and explore how DCYF's new Statewide Automated Child Welfare Information System (SACWIS) can upgrade training database functions to better meet the demands for reporting, and tracking (and explore higher tech wishes, such as links to training registration). A Separate LMS Report may be utilized to track specific training completion and especially mandatory training such as Implicit Bias.
5.6 Workgroup to develop an annual audit process in which the Department can determine if training offerings are meeting the needs of staff.	Develop an audit process Implement the audit process	2020 2021	An annual audit process began in April 2021. The annual electronic Training Needs Assessment Survey will be administered in August 2022 with report out in late summer 2022. WFD anticipates hundreds of responses that will take time to review, interpret, and consolidate. This data will be used to inform current curriculum revisions and new training program needs. WFD implemented a Transfer-of-Learning (TOL) Program for new workers in 2020. WFD continues to meet with new workers and their supervisors on a monthly basis to review needs and TOL efficacy. Sustainment and QI of new worker programming is written into our DCYF-RI College Learning Partnership contract.

Objective: Develop a mechanism that will provide real time data to supervisors to assist them in accurately monitoring staff participation in on-going training in order to increase FSU & CPS workers compliance with 20 hours of training annually from 56% to ~~80~~ 70% by the end of 2024.

Benchmark	Measure of Progress	Target Year Completion	Progress in 2022
5.7 Launch an on-line learning management system which will streamline the training calendar, registration functions, attendance collection, and data reporting for all Ongoing training.	<p>Web-based learning management system will be available and used for 50% of Ongoing training offerings.</p> <p>Web-based learning management system will be available and used for 75% of Ongoing training offerings</p>	<p>2021</p> <p>2023</p>	<p>WFD continues to measure and test the suitability of using Rhode Island's LMS. Training uploaded and offered by the Department of Administration (DOA) is user friendly and a wonderful addition to an array of trainings offered to DCYF staff. The State changed its LMS provider which halted our in-depth use. To date, despite being administrative users, we have identified barriers that raise significant doubt that RI LMS could ever be our "one stop shop". In order fo the LMS to be ideal, we would need to figure out a way for the system to register, track, include an evaluation function, and feed into vital reports (such as 20- hour completion for individual employees, aggregated trainings offered, IV-E reporting). For the foreseeable future, LMS will continue to be a secondary source for web-based training and WFD will input training participation data into our RICHIST system (to meet report requirements). We plan to stay well-connected to the LMS and advertise web-based learning and include these trainings in our ongoing training program. We would continue to upload our own webinars, as applicable. We anticipate as technology changes, we will have an opportunity to explore greater literal system collaboration that will allow us to mitigate current challenges.</p>
5.8 Create an evaluation, assessment & revision process in order to continuously assess the workforce strengths and opportunities for growth which will inform updates to training offerings for all staff at DCYF.	<p>Assessment of workforce skills will be established and delivered annually. Trainings will be updated to reflect results.</p>	2024	<p>WFD created and implemented its first electronic Training Needs Assessment Survey in April 2021. Hard data was available in May 2021. Survey had 12 sections that allowed written responses. WFD reviewed 690+ written responses with a summer mid-summer report out.</p> <p>The scheduled April 2022 survey was postponed to pivot WFD focus on unprecedented amount of new worker training needs in support of Council On Accreditation hiring efforts, resulting in multiple training cohorts onboard at one time.</p>

Objective: Develop a mechanism that will provide real time data to supervisors to assist them in accurately monitoring staff participation in on-going training in order to increase FSU & CPS workers compliance with 20 hours of training annually from 56% to 80 70% by the end of 2024.			
Benchmark	Measure of Progress	Target Year Completion	Progress in 2022
			The next survey will be administered in August 2022 with report out in Fall 2022. The 2021 and 2022 aggregated data will be reviewed by the WFD Training Committee (see Task 5.1) for review and recommendations.

Objective: Improve the process for the recruitment and hiring of an appropriate and diversified workforce in CPS to increase the percentage of staff successfully completing period of probation to 80%			
Benchmark	Measure of Progress	Target Year Completion	Progress in 2022
5.9 CPS SME Group to review and revise existing competencies of CPI staff, update job description to reflect the competencies. and prepare recommendations to the Director	New position description for CPI reflects competencies	2020	This process was incorporated into the review of all front-line worker competency work performed in 2018-2019 and approved by Director Piccola in 2019. Completed on time and implemented in all New Worker Cohorts in late 2019, 2020, 2021, and 2022.
5.10 Policy and practice standards to be used to revise existing CPI preservice New Worker Training Program to meet new competencies.	New CPI preservice New Worker training program implemented	2021	<p>The CPI job description was updated in February/March of 2022, reviewed by DCYF and sent to Department of Administration (DOA) in accordance with the State's approval process. As previously reported, competencies were complete and implemented for training cohorts in 2019 and all subsequent cohorts.</p> <p>WFD assigned a Clinical Training Specialist (and former Child Protective Investigator) to work closely with CPS to ensure collaboration and connection to WFD and Department wide initiatives and greater deliverables.</p>
5.11 Develop and implement a recruitment plan that reaches out to a diverse & competent pool of candidates	New Recruitment plan in place	2020	<p>In 2019 & 2020 DCYF HR & WFD have been working with the DOA on recruitment plans Continues to be used for front-line recruitment.</p> <p>In 2020, 2021, and 2022 Department-wide Race Equity work increased engagement opportunities through efforts such as Merciful Conversations series meant to increase awareness and accentuate DCYFs support and commitment to racial equity and combating disparity in Child Welfare. Our Diversity Advisory Committee (DAC) is part of a larger DCYF Race Equity Plan and we are also meeting with EOHHS Director of Race, Equity, and Community Engagement that provides a statewide link to multiple community efforts.</p>

Objective: Improve the process for the recruitment and hiring of an appropriate and diversified workforce in CPS to increase the percentage of staff successfully completing period of probation to 80%			
Benchmark	Measure of Progress	Target Year Completion	Progress in 2022
			Community recruitment outreach activities include joint HR/WFD attendance at the Community College of RI virtual job fair in April 2022, and purposeful creation of a Internship to Employment Program with candidates from RI College, that enjoys a diverse student body.
5.12 Convene a recruitment workgroup inclusive of the Department's HR, diversity advisory group, workforce development, and members from DOA Affirmative Action Team. This team is to create a comprehensive recruitment plan for all front-line staff that addresses potential pipeline for staff qualified for these positions and attracts a diverse set of applicants.	<p>Recruitment Workgroup is to meet at least two (2) times prior to submission of staff recruitment plan.</p> <p>At least 3 recruitment activities identified in the plan will be implemented.</p>	<p>2020</p> <p>2021</p>	<p>In June 2020 Departmental focus shifted toward Race Equity work externally and internally. The Diversity Advisory Committee (DAC) & Racial Equity Team (RET) inform internal needs.</p> <p>WFD Equity Through Training Plan was completed in May 2022 in support of The RI DCYF Race Equity Plan. WFD is dedicated to creating a learning organization that cultivates passion and commitment to equity in Child Welfare. In answer to recruitment, one accomplishment of the RI DCYF Race Equity Plan was the creation of BLUE Teams that address Staff Diversity and Culture Change. Blue Teams support and execute culture change activities and staff diversity recruitment to build a stronger workforce that reflects and affirms the identities of the families and communities served by DCYF. Goals of the WFD 2022-2023 Equity Through Training Plan most relevant to this section are</p> <ul style="list-style-type: none"> • To include NCWWI Leadership Model pillar "ability to apply a racial equity lens" in our Supervisor curriculum • Continue to build professional development programming • Ensure equal access to all • Assist in development of strategies • Ensure WFD/agency accountability. <p>WFD staff participates in DAC Activities, Race Equity Team, and Race Equity Council.</p> <p>Our hiring data continue to show the Department is reaching a diverse community for our work pool. Between November 2021 group and May 2022 group we are respectively at 45-65% of staff identifying as minority.</p>
5.13 CPS SME group (including DOA testing personnel) to use the approved competencies and recommended job duties & responsibilities in order review and revise existing CPI civil service exam to accurately reflect new	Workgroup is to meet at least two (2) times prior to submitting final copy	2020	Competencies were complete prior to 2020. Job Specifications were complete in 2021 and submitted to DOA for their review/approval.

Objective: Improve the process for the recruitment and hiring of an appropriate and diversified workforce in CPS to increase the percentage of staff successfully completing period of probation to 80%			
Benchmark	Measure of Progress	Target Year Completion	Progress in 2022
standards. Group is to submit new exam recommendations to DOA HR for implementation	<p>to DOA HR. Revised CPI Civil service exam to be ready to administer in the 3rd quarter.</p> <p>When Job Specification is approved by DOA, CPS SME group will meet to review Civil Service Exam to reflect most recent Job Spec.</p>	2022 - 2023	The CPI civil service exam should be reviewed and revised based on the changes mentioned in Competencies and Job Classification. It needs to be current and this group approach on this task should allow for SME input and review.
5.14 Create and implement a post exam review process in order to assess the effectiveness that the new test has on increasing the quality of candidates to the workforce.	<p>Create an evaluation process Implement by end of the 6th quarter</p> <p>Review process administered six (6) months posting probationary training period</p> <p>70% of those staff hired off the new civil service test will have successfully completed their probationary period.</p>	<p>2021</p> <p>2022</p> <p>2023</p> <p>2024</p> <p>2025</p>	<p>Evaluation process was complete on target in 2021 and has continued to be administered for six cohorts (classes 36-41). Minor modifications were made to the pre- and post-test as noted in 5.4.</p> <p>In addition to post-test results, we look to other standards to assess whether candidates have the skills necessary to perform high quality work. Supervisor review, formal audits of case notes, interviews of families during CFSR, and stakeholder engagement have informed new worker and ongoing training needs.</p> <p>Retention continues to be above the benchmarks noted. Current retention rates based on class 36-41 new hires in training between 2021 and 2022, we are at 90% (based on Out of 120 employees, with no prior state service, 105 remaining on the job as of May 2022.</p>

Objective: Improve the process for the recruitment and hiring of an appropriate and diversified workforce in CPS to increase the percentage of staff successfully completing period of probation to 80%

Benchmark	Measure of Progress	Target Year Completion	Progress in 2022
	<p>75%. of those staff hired off the new civil service test will have successfully completed their probationary period.</p> <p>80% of those staff hired off the new civil service test will have successfully completed their probationary period.</p>		

Implementation and Program Supports

Rhode Island is a state system that does not utilize a county or regional system. Therefore, no training and technical assistance is provided specifically to counties or regional entities. (see Community Training in Training Plan).

1. In 2021 and currently the Department began working with Casey Family Programs on engagement and in May 2022 the Department launched an initiative with the Capacity Building Center for States to focus on strengthening our permanency outcomes for long staying youths and expanding our family stakeholder engagement. Both Casey Family Programming and the Capacity building Center for States provide support to the agency staff and within the last year they have assisted the Department in soliciting input from both internal and external stakeholders. The Department with the assistance of Casey Family Programming and the Capacity Building Center for States recently launched a FFPSA Community Provider Advisory Team, and the Birth Parent Advisory Group, with the goal of strengthening our impact on the families we serve. The Capacity Building Center for States supported the Department in launching the advisory groups by providing resources, coaching and demonstrations of effective facilitation skills.
2. With the Capacity Building Center for States assistance the Department has already engaged a core group of birth parents and they continue to provide similar supports and in addition will be providing training to birth parents and the DCYF staff. They will also provide support of program designs and evaluation of the progress.
3. The Permanency workstream is still at the infancy stages, with the core members recently identified in conjunction with the Capacity Building Center for States staff. Next steps will include review of the Department's data in collaboration with the DCYF DPI team and provide recommendations and strategies for achieving more timely permanency for those youth who remain in care over 12 months
4. The Department has focused its attention on monitoring racial and ethnic disparities within the agency's practice and performance. Each Division head is required to develop and Racial Equity plan for their division. The Division of Family Services, with the assistance of Casey Family Programming, racial equity plan is focus on engagement of parents, with an emphasis on Black and brown parents, and its ability to lead to more timely permanency. in the DCF 2020 Annual safety report, children who are black or Brown or Multiracial are disproportionally represented within the system. Due to the challenges faced by the Department with the social case workers not practicing authentic family engagement; in partnership with the Capacity Building Center for States, an Authentic Family Engagement training was developed and piloted with Case Work Supervisors to gain skills and competencies in family engagement. Those supervisors saw the impact this training could have on their culture of practice.
5. During the Summer of 2022 the Authentic Family Engagement Training will be administered to all DCYF social Case Workers and supervisors, along with a series of Cultural Seminars to explore the cultural differenced, micro aggressions and implicit bias.

6. The Department's DPI in collaboration with Department divisions expanded Active Contract Management (ACM) that now includes congregate care providers, FCCP, licensing and resource families and Voluntary Extension of Care (VEC). DCYF's Workforce Development division continues to collaborate with, and will continue to partner with, other state agencies within the Executive Office of Health and Human Services (EOHHS) to access technical assistance on issues like Opioid Usage Issues (BHDDH); Youth Transition to Adult Services (BHDDH); Fathering Matters (Parent Support Network); Family Care Community Partnerships (FCCP); and Safe Sleep (DOH) and Fatherhood Programs (DHS/Child Support). In the spring of 2020 DCYF reached out to and has started to get technical assistance from the Center for States on issues related to Family Engagement. In 2022, we continue to work with the Center for States around Family Engagement. We are using the Authentic Family Engagement curriculum developed through technical assistance, and all new staff beginning in 2021 were trained on the same. In July 2022, WFD is happy to be supporting Family Engagement efforts through a planned Family Empowerment Leadership Academy (FELA) training that will bring together youth, birth parents, foster parents, DCYF staff, and Community providers.
7. The Department completed its second year in partnership with Rhode Island College's School of Social Work (RIC) and is reviewing the Partnership contract for the 2022-2023 term. RIC is a critical partner in researching, designing, implementing, and evaluating current and future training programs. In addition, DCYF's Data and Evaluation Unit added two epidemiologists to staff to be able to have one epidemiologist support each of the primary areas of the agency: child welfare, behavioral health, and juvenile justice.
8. The Department has aligned its implementation supports with its CFSR PIP and CFSP which will be monitored quarterly at monthly data analytic meetings and during Active Division Management of the Division of Performance Management.

Staff Training, Technical Assistance and Evaluation

Explain how the training activities identified in the training plan are designed to support the goals and objectives in the plan:

- **Goal I:** Increase child safety outcomes by investing in prevention and standardizing practice
- **Goal II:** Rhode Island will reduce barriers to achieving timely permanency for children in foster care
- **Goal III:** Rhode Island is committed to increasing well-being outcomes for children and families through family and community engagement
- **Goal IV:** Rhode Island will enhance its Continuous Quality Improvement System to support improving outcomes for children, youth and families that will monitor the implementation of strategies intended to have a positive impact on safety, permanency and well-being outcomes
- **Goal V:** Develop a competent, stable and diverse workforce, focused on frontline workers, through enhanced recruitment, training, and retention strategies

In our last report-out, DCYF's Workforce Development Division clearly stated that the key to any child welfare agency's success in achieving its mission of raising safe and healthy children in a caring environment is having a highly competent, well-trained, and resilient workforce. We proposed a training plan that will give us the workforce capable of achieving this mission. In staying consistent in our focus on what are the key factors that need to be worked on and progress achieved over the past year we will respond within the Six Key Factors

The 2021-2022 Training plan maintains the original content of the 2020-2021 Training Plan and enhanced via on-the-job experiences, assignment of a "Buddy", and intentional supervisor interaction. Beginning with cohort 41 that started in May 2022, WFD/FSU/CPS are piloting a training class with alternating one week in the office/community (with transfer of learning assignments, a buddy system, shadowing, and supervision), and the next week in training. Classes were moved to remote via zoom for the month of May and anticipate a hybrid remote and in-person training in June (or when COVID-19 numbers stabilize). The training timeline remains a 6 month calendar with 1 early case assignment to immediately apply what is being learned in class. WFD provides monthly check-ins with new staff and supervisors, and more often as needed. These check-ins are a chance to assess learning needs, ensure connections, and support workers and supervisors. WFD plans to begin office days in each location (regions) in early 2023. New staff have a good amount of contact with WFD during their first 6 months. The office days will provide extra support beyond new worker training and extend to the entire workforce as needed.

We continue to utilize training proposal guidelines to assist in development of New Worker, and Ongoing Training. The training proposal guidelines assists in ensuring relevance and priority of the new topic to be sure it addresses a staff need, links to core competencies and the appropriate audience is reached. Training Proposals include suggested "on-the-job" activities so that the transfer of learning process is in place for all new topics.

On-line training allows WFD to administer individual evaluations on all new worker training and the beginning of an implementation plan on evaluating all ongoing trainings. These electronic evaluations allow for staff anonymity as they are collected and reviewed by our Rhode Island College partner employed through our Learning Partnership for Children Services (LPCS) MOA. The evaluations provide feedback on content, delivery, and presentation. (This is an ongoing item).

Hiring practices continue to be addressed, reviewed, and when possible, implemented. This has included work on revising job classification, working with local colleges on recruitment of new workers, and working with our Diversity advisory Committee (DAC) to ensure we continue to reach out to the diverse pool of candidates both in our local community and national community. Efforts in 2022 include participation in the April 2022 Virtual Fair at Community College Rhode Island to spark interest sooner in potential candidate's career. These are Associates level students who may be considering their future educational and professional path.

Outline of the Six Key Factors within the Training Plan

1. **Competencies:** In 2019 then Director Piccola signed off on a competency plan that addresses pre-requisite & developmental expectations for front-line staff, supervisor staff, and administrative staff. These competencies are used in reviewing current civil service job classifications (most recently used in reviewing the SCWII job specs), reviewing all new training topic proposals, and will be used in our 2021 professional development plan, a plan that will provide our staff to understand what skills & competencies are need for advancement, and what programming DCYF will need to create to achieve that professional development.

In 2022, these competencies are well-embedded and drive curriculum updates and additions. We anticipate continued review via multiple assessment and review checkpoints discussed further in this report. The competencies for Supervisors were also utilized in development of DCYF's Supervisor Training Program and is outlined in the greater Training Plan.

2. **Job Classification:** In 2020-2021 several teams within the Department have become involved in the review of the current front-line job classifications. DAC has reviewed the SCWII classification to ensure the requirements addresses, cultural & racial issues, WFD & HR have worked with divisional subject matter experts to update defined duties & responsibilities to address competencies and current field practice...did see a delay in implementing a new set of classifications as most formal State processes were on hold due to the pandemic.

In 2022, the job classification for SCWII is vetted by DCYF process above and approved at the DOA level. This new classification was used to update the latest SCWII Civil Service Exam. Also in 2022, the job classification for Child Protective Investigator was vetted by DCYF and submitted to DOA for approval. This approval is pending. Once approved, the new CPI job classification will be the basis for recommended edits to the respective Civil Service Exam.

3. **Recruitment:** The Department has used our internal formal and informal supports to assist in recruitment.

The Diversity Advisory Committee (DAC) & our newly formed Race Equity Team (RET) have been a part of this process as have many individual staff. WFD has been working with the Rhode Island College School of Social Work in re-designing our internship program. This program, Internship to Employment, is scheduled to be piloted starting in the fall of 2021. This work is aimed at increasing our "job experience" to a more diverse group of students that we hope will better represent the face of the community. DCYF HR, DAC, & Workforce Development & the State's DOA/Human Resources Outreach & Diversity Division continue to administer a state & national recruitment plan for civil services tests.

Between 2021 and 2022, we accomplished a 45-65% (across 6 cohorts) individual reported minority status of new hires through recruitment efforts. Additional recruitment activities are outlined in respective sections within this report.

4. **Civil Service Test:** The Department reviewed and updated the Child Protective Investigator Exam in 2019 and the SCWII exam was reviewed & updated in 2020. The SCWII exam was administered in 2021. Retention rates were improved. CWII 2017-2019 64% retention to

2019-2021 over 90% retention and CPI 2017-2019 59% retention rate to 2019-2021 over 90% retention rate.

In 2022, we continue to see high rates of retention. As to SCWII and CPI employees (with no prior DCYF or State service) hired between 2021 and 2022, of the 120 counted in May 2022, 105 remain resulting in roughly 90% retention rate, demonstrating sustained high performance in this area.

5. **Training:** WFD New Worker Training incorporates current competencies, duties & responsibilities of the position, and the level of knowledge and experience a new worker comes with and what knowledge and skills they will need. WFD is currently responding to the necessary prioritization of onboarding new staff. Ongoing Training has included online opportunities advertised through Department of Administration Online Learning Management System, and workshops to address needs such as understanding prevention of opiate overdose, community services, fatherhood initiative topics, and transition of youth to adult behavioral health system. Curricula are built and trainers in place to provide ongoing training in Motivational Interviewing, Youth Mental Health First Aid, and Authentic Family Engagement. These are planned to roll out in winter 2022 (and are already part of new worker training).

WFD's sister partners who review CFSR have provided multiple workshops and traveled unit to unit throughout FSU and CPI to provide relevant training around practice items within the CFSR. These trainings are considered part of ongoing training offerings.

Ongoing Training has been significantly helped by the use of our online training practice. WFD has provided numerous (titles below) trainings in a multi-session fashion to reach a much larger target audience.

Departmental Administrators have been supportive of ALL Staff participating in essential training.

On-line training will continue to be a key delivery method for WFD and the Department.

6. **Data & Evaluation:** In 2021-2022 WFD utilizes the evaluation process developed in 2021. These are reviewed by our partners at Rhode Island College, and our WFD work team. WFD and our RI College partners review the outcomes of our post-training evaluation tool, New Worker Pre-Test & Post Test evaluation, and yearly Training & Professional Development Needs Survey. The last survey was administered in May 2021. The next survey is planned for August 2022. As with the first survey, WFD will use our own Department's Division of Performance Improvement staff to assist in the reading and reporting out of our findings.

Quality Assurance System

The Department Data Analytics and Evaluation Unit engages in various evaluation and research activities conceptualization and operationalization of child, family and system outcomes, data collection methods and monitoring, research design, implementation science and evaluation. These activities occur throughout the year and have done so for over 10 years with ongoing modifications and expansions in response to Department goals, objectives and initiatives. Below

are selected highlights of the research and evaluation activities with a focus on CFSP and PIP goals that have occurred in the past five years, some of which have plans to continue.

Goal I Increase child safety outcomes via public health prevention

Objective 1

Safety Analytic Report: Each year the Department’s Data and Evaluation unit publishes a safety analytic report (See appendix, Annual Safety Report FFY21) inclusive of descriptive statistics and predictive analytics. Safety related dimensions include descriptive statistics and advanced statistics of Child Protective Services (CPS) reports, CPS investigations, factors associated with maltreatment rates (i.e. demographics, communities), factors associated with repeat maltreatment, factors associated with maltreatment in foster care and across all these metrics, disproportionality outcomes. Both the descriptive statistics and predictive analytics provide information on both the profile and factors statistically significant in predicting child maltreatment, repeat maltreatment and maltreatment in foster care. The FFY21 report also includes CPS measures specifically highlighting the effects of COVID-19; decrease in CPH hotline reports and investigations and increase in indicated investigation and domestic violence allegations. This information is used to inform practice, policy and interventions as highlighted below.

Table 1 below (also shown on p. 34) summarizes key metrics from the Safety Analytic Report. Among families investigated, the percent of children indicated overall decreased over the last four years. The rate of indicated child victims decreased from FFY18 to FFY21. In FFY20, 8.5% of children experienced a repeat maltreatment. The median age at the time of the initial maltreatment was 5 years old and the median length of time between the two indicated events was 127.5 days, just over 4 months. The number of unique children with a report of maltreatment in foster care remained the same from FFY20 to FFY21. Further, the maltreatment rate among children age 0-9 and within this age group, children under the age of 1, have higher maltreatment rates compared to children age 10 and older. Children under age 10 also experience disproportionality in maltreatment rates among children who are Black\African American or Multiracial compared to children who are White over this same period.

Table 1: Key Metrics from Safety Analytic Report (also shown on p. 34)

Table 1. Stats at a Quick Glance, by Federal Fiscal Year (FFY).

	FFY18	FFY19	FFY20	FFY21
Section 1: Investigations (Maltreatment)				
Number of children investigated	10821	9288	8022	6938
Among children investigated, percent of children indicated	33.8%	34.3%	34.0%	37%
Median age at CPS report for indicated child victims (years)	6.0	6.0	6.0	6.0
Rate of indicated child victims (per 1,000 children under 18 years old in Rhode Island)	16.3	14.3	13.1	11.6
Section 2: Repeat Maltreatment*				
Percent of children who had repeat maltreatment within 12 months of the initial maltreatment	10.2%	10.5%	8.5%	
Median age at initial maltreatment (years)	4.0	5.0	5.0	
Median length of time between initial and repeat maltreatment (days)	161.0	153.0	127.5	
Section 3: Maltreatment in Foster Care**				
Number of victimizations of maltreatment in foster care	74	84	52	54
Number of unique child victims of maltreatment in foster care	72	78	51	52
Median age at CPS report (years)	7.0	11.0	12	10.5

*Unadjusted for age. Children's Bureau adjust for age at initial victimization.

**At time of report, Children's Bureau method of bed days calculations had not yet been released – subject to be revised

Another application of data driven informed practice involves child maltreatment prevention. Over the last two-year, Department changes included starting the Family Support Line and the Services and Referral Unit (SRU) in November 2020. From November 1, 2020 to April 30th, 2022 there were 1240 calls to the Family Support Line, of which 140 were transferred to the SRU unit.

From November 1, 2020 to April 30th, 2022 there were 1726 prevention response cases open to the Services and Referral Unit (SRU). These prevention response cases include those referred from the Family Support Line, as well as CPS, Family Court, and Other sources of referral. The most common disposition of these cases is Referral to FCCP or Community-based services, followed by Court Home Studies Completed and Transfer to FSU. Further analysis will continue to track the outcomes of SRU cases.

Collaboration with RI Department of Health (RIDOH): For the three past years, RI DCYF, RIDOH and EOHHS have engaged in collaborative research wherein the epidemiologists\evaluators from both agencies under the public health framework focus on primary, secondary and tertiary prevention. A collaborative team of program staff and epidemiologists monitor and analyze data of families at risk of maltreatment and\or repeat maltreatment with a focus on children age 0-3. As part of CAPTA, RI DCYF and RIDOH established a monitoring system between identifying children age 0-3 who were indicated for maltreatment and referred to services inclusive of Early Intervention. The RI DCYF services include Family Care Community Partnerships (FCCP) and contracted community-based programs. The RIDOH services include Healthy Families America (HFA), Parents as Teachers (PAT), Nurse-Family Partnerships (NFP) and First Connections CAPTA (FC CAPTA). This information is used for the dual purposes, on the individual level, timely service provision, and at the aggregate level for research and evaluation purposes to predict which families are at greater risk to not engage with supportive services. Data for children with indicated investigations, aged 0-3, has been tracked for over three years and will continue to be

monitored (See Appendix, RIDCYF RIDOH). The Department plans to monitor this ongoing initiative and collaboratively procured an automated system for data to be managed in a single data system; this will allow for timely monitoring and responsiveness. The single data system was launched June 7th, 2021 and data analysis for the cohorts with the new system is in development.

To guide decision making for the Family First Act as to which populations are most at risk to enter foster care, a multivariate analysis was conducted to identify the factors associated with children remaining in-home without experiencing a removal. Children who opened to FSU while in-home during 2017-2018 were followed for 12 months or until their case closed to observe if they remained in-home or removed into foster care. The findings showed that older children and children who received DCYF funded homebased services remained in-home more frequently compared to younger children and children who did not receive a homebased service, respectively. Twenty-three percent of children under age 1 remained in-home while 58% of children age 1-5, 72% of children age 6-11, 71% of children age 12-15 and 66% of children age 16 or older remained in-home for 12 months. The percent of children who remained in-home among those who received homebased services compared to those who did not were 81% and 47%, respectively; children who received services had 6.7 times the odds of remaining in-home compared to those without services.

Although the Department has engaged in research and evaluation for approximately 15 years, for the past four years the Department has engaged in Active Contract Management where Department epidemiologists and evaluators have played an active role with Department program staff and provider staff to identify a core set of metrics and outcomes in the areas of safety and maltreatment prevention (See appendix, FCCP February 2022 Strategy meeting). The collaboration between the Department's Children's Community Services and Behavioral Health, Active Contract Management and Data Analytics and Evaluation and the Family Care Community Partnerships (FCCPs) (the Department's contracted provider network designed to prevent child maltreatment and promote family well-being), meet monthly basis to review the core set of safety related metrics and outcomes and observe changes in trends over time.

Based on the data and/or changes in trends, the collaborative team identifies areas to further explore potential root causes and underlying factors contributing to the metrics and outcomes. The research often includes mixed methods to allow for both breadth and depth. Examples of research and evaluation designs for predictive analytics (quantitative) conducted include cross-sectional, case-control, and longitudinal study designs. Specific statistical analytics include logistic regression, multivariate regression, survival analysis, Cox proportional hazard, generalized estimating equation, mixed effects, among others, to allow the team to understand factors contributing to the safety outcomes. Based on the results of these analyses, the team engages in the development of a logic model or strategic plan to identify an intervention and design the implementation of the intervention. Data is collected on process measures for implementation evaluation while the outcome measures via the dashboard are monitored to observe change over time. Based on the research question, qualitative research may also be implemented as part of the root cause analysis. The qualitative methodology ranges from case record reviews, focus groups and/or open-ended surveys. The monthly meeting amongst the

collaborative team provides a structural and systematic platform to review data and research findings over time as well as identify any mid-course changes in an intervention needed.

The CPS ADM began in September 2019 and follow up meetings have been occurring every one to two months. In these meeting, CPS supervisor and administrators reviews dashboards, and discuss either a strategy deep dive topic or implementation action steps (See appendix for CPS ADM Slides). Dashboards include approx. fifteen CPS data metrics that are reviewed each meeting to discuss monthly changes. Dashboards include, but are not limited to: calls and reports, screening decisions (in/out), call priorities, screening outcomes (indicated/unfounded), investigation timeliness, and removals. Dashboards also include CPS measures broken down race/ethnicity disproportionality, as well as supervisor information. In strategy meetings, deep dive topics discussed have included CPS outcomes after the FFA Safe Model implementation in November 2019 (including investigations, referrals, removals, and repeat maltreatment); year to year comparisons of CPS measures (calls, investigations, allegations) to evaluate the impact of COVID-19; and CPS outcomes by professional reporter types and race/ethnicity. In implementation meetings, action steps discussed and implemented have included implementing a quality review process for CPS investigations to evaluate consistency in supervisor division-making using FFA Safe Model; supervisors meeting with workers to address increasing pending cases; and improving data collection of race/ethnicity information to decrease children with “Unknown” race or ethnicity. The data shows a relatively low percentage, approximately 7% of families, discharged from the FCCPs have an indicated maltreatment or removal from home within 12 months from their FCCP discharge. Additionally, because of this work, the FCCP ACM identified interventions to address gaps in collaborations with community partners with a focus on school engagement. The Department in collaboration with the FCCPs conducted a survey amongst FCCPS to assess the magnitude and frequency of FCCP and their respective school engagement. The results illustrated FCCP and school engagement is occurring, but the frequency and uniform approach are areas needing improvement. The Department plans to continue the research and evaluation work with the FCCPS throughout the 5-year CFSP and beyond and expand these efforts to include more primary prevention via FCCP universal media messaging as well as increase relationships with schools.

The Department engages in Active Contract Management amongst the same Department units identified with congregate care and residential providers applying the same format as identified with the FCCPs. Monthly meetings are held and a core set of dashboards (data metrics) are provided to observe trends and identify areas for deeper exploration as to the root causes and underlying factors contributing to either changes in trends, lack of changes in trends and longitudinal outcomes (Specific to safety and prevention, the Department includes in some of the ongoing meetings with the providers data and information on child maltreatment in foster care (out-of-home placement) and factors contributing to maltreatment. As part of the deeper exploration as to factors associated with maltreatment in foster care, the Department is currently engaged in a case review process on children in congregate care who experienced a maltreatment. The findings of this analysis were shared at the ACM Congregate Care Strategy Meeting along with the maltreatment in foster care data from the Safety Analytic Report.

Applying the ACM internally, in January\February 2019 the Department implemented Active Divisional Management (ADM) with the Family Service Unit (FSU). ADM meetings occur monthly and reviews dashboards of data elements developed collaboratively with and from the input of FSU and DPI. In January 2020, the FSU ADMs were reestablished on a quarterly cycle. Each cycle incorporates a strategy meeting, individual regional meetings, and an implementation meeting to identify action items, integrate feedback on a regional level, and troubleshoot barriers to implementing practice changes. The two Regional Directors oversaw the four Chief of Practice Standards, although the Regional Directors will be transitioning into different roles following a redesign of the Department, effective in June 2020. The four Chief of Practice Standards each oversee one of the four geographic FSU regions. The FSU regions oversee families statewide. Specific to prevention and safety, data is shared at the state level and by FSU regions. The group reviews the dashboards, discusses factors potentially contributing to the trends and outcomes and identifies areas to further explore which factors are contributing to the outcome. Some of the dashboard metrics include face to face visits between caseworker and child, case plan timeliness, and level of need. The Department is currently continuing these efforts with FSU as well and has expanded to other Department divisions such as CPS, JJ, Licensing\Resource Families, and VEC throughout the CFSP and beyond

Objective 2

For the past five years, the Department has maintained a Department-wide dashboard inclusive of Child Protective Services (CPS) investigation face-to-face response times. The Department reviews this data monthly at a Department-wide staff meeting as well as emails the monthly dashboard to all DCYF division administrators. Previous data demonstrated the Department was not achieving the Department target of 90% of CPS investigations response times. This data analysis and monitoring yielded results that assisted in a subsequent further exploration into potential contributing factors to the response times observed. Some of the contributing factors identified included a) a non-uniform Hotline call instrument that did not capture essential data\information, b) a non-uniform CPS investigation tool, unvalidated, and c) review of realistic time frames. From March 2021 to February 2022 the Department met or exceeded the 90% target of CPS investigation response times for Combined reports. Over the same timeframe, the Department met or exceeded the target 90% for Routine Reports in 11 of the last 12 months of data (See appendix for CPS ADM Slides).

Goal II. Rhode Island will reduce barriers to timely permanency for children in foster care

Objectives 1, 2 and 3

The Department's research and evaluation has a long history in permanency achievement and factors associated with timely permanency. A hallmark surveillance and analytic report is the Permanency Annual Analytic Report. This report provides both descriptive statistics on the trends in the prevalence of timely permanency and factors associated with timely permanency. This report is routinely used to inform practice, policy and interventions.

An example of the application of this analytic report involves the identification of disproportionality of children removed from by age, race, ethnicity, and geographic region. In the most recent report, entry cohort of children FY17-FY21, children age 0-9 were disproportionately removed compared to the Rhode Island census for this age group.

Disproportionately was observed among children age 10-17 who are Black\African American, Hispanic, or Multiracial compared to the Rhode Island census. Children age 0-9 and Black/African American or Multiracial were disproportionately removed at higher rates compared to their Rhode Island census representation. Continuation of the disproportionality was observed in first placement. Children of color have experienced disproportionality in first placements of congregate care with children who are Hispanic having had higher rates compared to White children and Black/African American children having about the same as White children. FY18 entry cohort was the first entry cohort in the past four years where the disproportionality decreased, this trend has continued into the FY21 entry cohort.

Based on these findings a workgroup was established among the Department staff and external stakeholders including the Family Court, adolescents in foster care, community juvenile boards among others. The workgroup has met approximately six times over the past year and developed initiatives to increase the Department's presence in community groups aimed with a focus on the urban cities to prevent removal from home and provide community-based services. This initiative is in its first year of implementation. Removals by race, ethnicity and age as well as first placement will be monitored over time and reported out to the Department and the collaborative workgroup\stakeholders.

The Permanency Analytic Report revealed no disproportionality in permanency achievement by race or ethnicity. Factors that contribute to length of time in foster care included, first placement in a foster family compared to congregate care, adoption as a permanency goal compared to reunification, timeliness of permanency goal change to adoption and Termination of Parental Rights (TPR) filing. Specific to increased length of time association with a permanency goal of adoption compared to reunification, (this finding was also found in the RI 2018 CFSR), the Department conducted research on trends in timeliness to permanency for FY15-FY17, timeliness and appropriateness of permanency goal established, timeliness of TPR filing by Family Service Region, child age groups and case plan goal (See appendix). Based on this research, an intervention of a mediation workgroup among the Department and Family Court was developed to identify a strategy to reduce time to permanency with a focus on children with a goal of adoption. This collaborative workgroup and activity is part of Department's Program Improvement Plan (PIP) objectives and is planned to continue throughout the PIP.

As part of the ACM with congregate care providers bimonthly meetings where data and research on the core set of metrics is reviewed, a deep dive was conducted to better understand the factors associated with reentry into congregate care within six months of stepping down to foster home or reunification (See appendix, 02. 2021.ACMCongregateCare Deep Dive). The findings yielded gender, race and ethnicity as factors significantly associated with reentry into congregate care. Female children had about 3 times the odds of reentering into congregate care after step down compared to male children. Black Non-Hispanic children had about 4 times the odds of reentering into congregate care compared to White Non-Hispanic children. Hispanic children had about 3 times the odds of reentering into congregate care within 6 months of step down compared to White Non-Hispanic children.

Objective 4

The Department has been assessing the service gap with visitation programs among families involved with DCYF. As of May 2019, the waitlist to DCYF visiting programs was 60 families. The Department's focus on reducing the waitlist for visitation services among families involved with DCYF has included ongoing analysis of family characteristics, child characteristics, geographic location of families and factors associated with reasons family open to the Department. The regular and most recent update of this analysis in 2021 shows similar trends as the previous year in terms of experiencing greater frequency of indicated maltreatment and removal from home, first placements while in foster care, permanency within 12 months stratified by race, ethnicity, age groups, geographic location among other factors. These findings have informed the Department's initiatives over the past five years with a multiprong approach, first upstream to prevent family's involvement with DCYF and secondly, when a family becomes involved ongoing assessment of family needs and service needs. In the past two years, the Department expanded the FCCPs from four FCCPs to five FCCPs to allow for greater outreach to communities with a focus on communities experiencing elevated maltreatment rates and removal rates. For example, the city of Providence is an urban core city with elevated maltreatment rates compared to non-urban core cities. The FCCP servicing Providence was one FCCP, and within the past 15 months, the Providence FCCP was split into two programs to better serve the Providence population.

Complementary to the expansion of the FCCPS, is the Collaboration with RI Department of Health (RIDOH). For the past three years, DCYF, and RIDOH and EOHHS have engaged in collaborative research wherein the epidemiologists\evaluators from both agencies under the public health framework focus on primary, secondary and tertiary prevention. A collaborative team of program staff and epidemiologists monitor and analyze data of families at risk of maltreatment and\or repeat maltreatment with a focus on children age 0-3. As part of CAPTA, DCYF and RIDOH established a monitoring system between identifying children age 0-3 who were indicated for maltreatment and referred to services inclusive of Early Intervention. The DCYF services include Family Care Community Partnerships (FCCPs) and contracted community-based programs. The RIDOH services include Healthy Families America (HFA), Parents as Teachers (PAT), Nurse-Family Partnerships (NFP) and First Connections CAPTA (FC CAPTA). This information is used for the dual purposes, of assessing on the individual level for timely service provision, and at the aggregate level for research and evaluation purposes to predict which families are at greater risk to not engage with supportive services. Data for children with indicated investigations, aged 0-3, has been tracked for over three years and will continue to be monitored (See Appendix, RIDCYF RIDOH). The Department plans to monitor this ongoing initiative and plans to collaboratively procure an automated system for data to be managed in a single data system. This will allow for timely monitoring and responsiveness. The single data system will be launched June 7th, 2021 and data analysis for the cohorts with the new system is in development.

The FSU ADM monitors the length of time FSU youth spend in care. A past deep dive analysis focused on factors related to youth in care for 24+ months or greater when compared to youth in care for under 24 months. Findings demonstrated that youths removed at ages 9-14 had a higher percent (49%) of long-staying youth compared to all other ages (0-3: 41%, 4-8:42%, 15+:37%). White Non-Hispanic and Other/Multiracial youth, as well as youth who are part of a

sibling group have a higher frequency of long-staying youth compared to other race/ethnicities and non-sibling group children. Youth removed into a Non-Relative foster home or removed for sexual abuse, neglect, have a higher frequency of long-staying youth compared to those removed to other placements or without the removal reason. Children with less placements or caseworker assignments have smaller frequencies of long-staying youth compared to youth with more placements or caseworker assignments. On average, mothers (53%) and fathers (30%) of long-staying youth had a lower frequency of face-to-face visits with caseworkers compared to mothers (63%) and fathers (48%) of youth in care for 0-23 months. Following their entry into care, youth in care 24+ months have a greater time to TPR filed and granted than youth in care 0-23 months for both mothers and father. FSU subsequently generated action steps to decrease the number of children who remain in OOH placement at 24+ months.

The Department has a monitoring system to assess the impacts of these interventions and plans to continue to monitor through the Department's ACM process as well as the regular analytic reports the Department produces on factors predicting maltreatment, repeat maltreatment and removal rates.

Goal III Rhode Island is committed to increasing well-being outcomes for children and families through family and community engagement.

Objectives – frequency and quality of face-to-face contacts with children and parents.

For over five years, the Department has tracked the frequency of caseworker face-to-face visits with children as part of the DCYF monthly dashboard. The data includes monthly visits by FSU and Juvenile Probation. The Department has continued to hold Active Divisional Management (ADM) meetings with FSU where data dashboards are reviewed monthly. The data in the dashboards are based on feedback from FSU leadership and date back to April of 2018. The data is stratified across outcomes by the four FSU geographic Chief of Practice Standards. Among the dashboards is data on caseworker face-to-face visits with child, caseworker face-to-face visits with mother, and caseworker visits with father. Statewide monthly face-to-face visits between caseworker and child have trended above 94% since November of 2019, and above 95% since December 2020. Trends among the individual regions show that as of December 2021, all regions have maintained above 95% for the caseworker-child visitation metric. As an additional measure, FSU also implemented a dashboard to assess face to face visits with youth by their race/ethnicities. Based on feedback from FSU, it appears regular monitoring and discussion of the dashboard has resulted in an increased awareness of FSU leadership on the metrics with continuous improvements observed thus far.

The monthly face-to-face visits between caseworker and mother, and caseworker with father date from March 2019 to April 2022. The data reveal that statewide monthly face-to-face visits between caseworker and mother (35-66%) tend to be approximately double the frequency of monthly face-face visits between caseworker and father (13-41%). As of April 2022, the Department reached its objective of increasing face-to-face visits with mothers to 60% (65.8% in April 2022), and visits with fathers to 30% (38.7% in April 2022) by 2024. A longitudinal analysis of children's case characteristics and documented caseworker face to face visits with parents showed that parents of older children, Black Non-Hispanic children, and children in congregate care placements have lower frequencies of face to face visits with caseworkers when compared

to children of other ages, race/ethnicities, and placements. As an outcome of these findings as well as Department-wide race equity efforts, a new dashboard was introduced to monitor face to face visits with parents by their race/ethnicities. The Department plans to continue to improve the frequency of visits as identified above and plans to conduct longitudinal analysis on factors predicting monthly face-to-face visits between caseworker and child.

The Department continues to implement a case review system in each region where the quality of the visits between caseworker and child will be assessed. Case reviews occur two times per year, the first case review occurring in June 2019 and every six months thereafter.

Objective 3.

The caseworker supervision has been tracked through surveys since April 2020 and will continue into 2021. The resulting data is subsequently presented to the regions for additional feedback on implementation of policies. In addition, the Department is in the process of establishing a survey specifically for supervisor supervision.

Goal IV. See CQI section

The Department Continuous Quality Improvement (CQI) system has included a data analytic, research, and evaluation unit over the past 12 years with a feedback loop consisting of:

- Monthly data analytic meetings amongst leadership staff,
- Implementing and expanding both ACMs and ADMs over the past 5 years. As of the date of this report, there are ADMs in CPS, FSU, JJ, SRU, VEC, Licensing\Foster Families. There are ACMs with the FCCPs, Congregate Care providers and Private Foster Care providers
- Collaborative committees of data sharing and analysis of which include RI Department of Health, EOHHS, Brown University \ Hassenfeld Institute, University of RI Data Spark, Family Court and Juvenile Hearing Boards
- Deep dive analysis and predictive analytics, root cause analysis to identify factors predicting and contributing to child, family and system outcomes

Since the 2018 CFSR, the Department has supplemented the CQI system with a formal CFSR case review system. The Department implemented this formal CFSR case review system in June 2019 and has since conducted a minimum of two case reviews per year. RI's internal case review system utilizes the federal CFSR approach. The Department reviews a total of 65 cases per year and intends to reach a benchmark of 80 cases by 2023-2024. . The results from the case reviews supplement the existing data driven activities and provide greater depth, qualitative information, to better understand the underlying relationships among factors contributing to child, family, and system outcomes.

Goal V. Develop a competent, stable and diverse workforce, focused on frontline workers, through enhanced recruitment, training and retention strategies

Objective 1

The Department believes worker retention is important to the health and well-being of the Department. Nationally, the average length of time a child welfare caseworker remains in their position is two years. Workplace well-being contributes to a more stable workplace culture and indirectly influences child and family outcomes. The Department has traditionally relied on

anecdotal information as to the reasons why a worker remains with or departs from the Department.

The Department is in the final stages of developing a workforce unit 3-year strategic plan to address strategies for enhanced recruitment practices, staff training and development and staff retention. To ensure both implementation fidelity of these interventions and their subsequent workforce outcomes, the workforce development unit will also implement a mechanism to collect and track the data\information.

Qualitative review the State's hiring protocols and policies reinforced the parameters that may narrow the candidate pool for hiring DCYF caseworkers. This information led to the inclusion in the workforce unit strategic plan and the CFSP to implement a strategy that would allow an expansion of the caseworker pool to better match future workers with the activities associated with a child welfare caseworker position. The workforce unit will develop a mechanism to assess whether there is a direct impact from this intervention by assessing the percent of workers who successfully complete their probationary period.

Presently, the Department does not have a mechanism implemented for ongoing monitoring retention rates of DCYF FSU, CPS, and Juvenile Probation caseworkers. The Department's goal objectives under goal IV defines caseworker retention as a CPS, FSU or Juvenile Probation caseworker who remains with the Department. If a caseworker is promoted or transfers to another role, they would not be considered as leaving the Department. Retention within the Department is in its initial phase of observing trends of new workers remaining with the Department; subsequent phases will expand to observe transfers or promotions within the Department.

This tracking initiative will collect data so we will be better able to understand the factors associated with caseworkers remaining with the Department as opposed to anecdotal information. The analysis can stratify by caseworker type (i.e. CPS, FSU, Juvenile Probation) and identify factors that may be unique to each of these subgroups as well as allow for observation changes within each of these subgroups as a result of worker retention and well-being efforts.

[Objective 2](#)

The Department has a policy requiring staff to receive at least 20 hours of training annually. Currently the Department has a mechanism to track DCYF staff training inclusive of type of training and the number of hours of training. Although the Department has the functionality in RICHIST to track training hours, the training hours completed versus training hours entered into RICHIST is inconsistent. As part of the DCYF workforce development unit strategic plan, the Department will develop a feedback loop to administrators and leadership on the number of staff training hours to better monitor and ensure staff are remaining current in their professional body of literature and evidence based practices. This will be monitored over the five-year CFSP timeframe. Program in place May of 2020. Discussed earlier within this document

Update on Service Description –

Stephanie Tubbs Jones Child Welfare Services Program

The purpose of Title IV-B Subpart 1 Stephanie Tubbs Jones Child Welfare Services Program is to protect and promote the welfare of all children; prevent the neglect, abuse or exploitation of children; support at-risk families through services which allow children to remain with their families or return to their families in a timely manner; promote the safety, permanence and well-being of children in foster care and adoptive families; and provide training, professional development and support to ensure a well-qualified workforce.

Funding from Title IV-B, subpart 1 is used to support five programs relating to child welfare outcomes promoting safety, permanence, and well-being. These programs will all be continuing in FY 2022:

Family Care Community Partnerships (FCCP) –

This program provides emergency and stabilization services for families in crisis where children are at risk for removal from home due to concerns relating to child abuse, neglect, and dependency. The program offers family stabilization services for an average of 120 days per family. Services are statewide provided by the 5 FCCP agencies. Service Capacity across the State is approximately 1,778 families per year. The contracts will be extended until June 30, 2023.

Adoption Preparation and Support (Children's Friend & Service)

This program began as a federal demonstration project funded through ACF and is being continued through Title IV-B, subpart 1 funds. Services assist families in preparation for adoption of DCYF involved children and provide ongoing support including counseling; advocacy; therapeutic recreation, parent education, and crisis intervention as necessary to assist and preserve adoptive families. This program serves up to 20 families and is statewide.

Adoption Rhode Island

This program works solely with DCYF as the adoption exchange information and referral program. ARI provides matching services for waiting children and interested families, and also provides support services for children waiting for adoption. The program has expanded to provide additional support for the Department in development of the Regional Permanency Support Teams. This function provides necessary technical assistance and support for workers to be able to make the best and most informed decisions, e.g., gathering information from the case record to search for potential family connections and resources, and help the FSU worker to organization the information needed for full disclosure presentations. This program is statewide and available to any child registered. This program includes (1) recruitment services, (2) foster-to-adopt, and (3) Preserving families post-adopt support program. Between recruitment services (81) and foster-to-adopt (130), the number of youth served in calendar year 2020 is 211, which does not include additional youth served in WWK, which is funded by the DCYF WWK expansion contract and WWK through Dave Thomas Foundation. The Preserving Families program services approximately 25 families, in composition of 2-5 people per family.

The Families Together Therapeutic Visitation program

The Department of Children, Youth and Families in collaboration with the Providence Children's Museum has evolved a successful and innovative therapeutic visitation program which is nationally recognized. The Families Together Therapeutic Visitation program has now been in operation for more than 20 years. This program is operating in all four of the DCYF regional office locations, allowing visitation program consultants to be co-located into our Regions. The Families Together program consultants work with our supervisors and social caseworkers to develop stronger capacity for supervising visitations, providing education on child development and behavior management; and, providing helpful, constructive feedback to parents following visitations. This program is statewide and can serve 60 children a year.

Supplemental funding to prevent, prepare for, or respond to, Coronavirus Disease 2019 (COVID-19). The Department received \$127,345 in CARES Act supplemental IVB – I funding in 2020. These funds were distributed evenly to the five Family Care Community Partnerships (FCCPs) that service families statewide. The funds were distributed May 1st to quickly get into the hands of families struggling with the effects of Covid-19 on their families. Direct services to families included rental assistance, basic needs, technology assistance, transportation, childcare and others.

Services for Children Adopted from other Countries

The Department provides adoption preparation and post adoption support services through a Title IV-B funded contract for families who have adopted children through public child welfare systems. These support services are also available for families whose children were adopted internationally. Services include education and support groups, counseling, case management, crisis intervention and respite services. Additionally, the Department offers referral and assistance with linking families with services funded through other state agencies.

Services for Children Under Age Five

The Department has continued to focus specific attention on the needs of children under age five as a part of ongoing system improvement. One specific aspect of this work has been completion of grant activities related to the Rhode Island Getting to Kindergarten Initiative funded by the W.K. Kellogg Foundation. The Department has successfully sustained staff capacity to manage and support referral systems as well as strengthening partnerships with state agency partners to increase the effectiveness of service coordination for families with children under the age of 5 across service systems. The Department has also successfully launched an integrated electronic referral and data tracking system to support data collection and service referral coordination. This system is currently used by the department and by system partners to allow for real time improvement of engagement strategies with families and ensure that policy and practice decisions are data driven and data informed.

The Department has also sustained efforts to increase the rate of prevention-based referrals to supportive services for families with children birth to age five. Many of these efforts are with families that do not have formal involvement with the Department but can benefit from community-based supports through federally funded MIECHV and Early Head Start programs. Ongoing promotion of prevention-based services within the CPS Division and Support and

Response Unit has resulted in an overall increase in referrals to MIECHV Family Visiting programs. Referrals for these families are often in cases where there is not an indicated finding of abuse/neglect and it is more likely that families will engage with supports in their community and be less likely to return with formal involvement to the Department.

DCYF has also sought to increase the rate of referral for developmental screening for children 3 to 5 years old via the Child Outreach Screening system. This effort is of particular significance as it is expected that more pre-school aged children will show concerns related to development due to the impacts of the COVID-19 pandemic on access to childcare and other supportive services. Revisions to the Early Childhood Services Referral Policy are underway to establish a more diligent process for completing Child Outreach Screening for children in foster care. During the latter part of the current reporting period department staff dedicated to supporting the early childhood population has increased efforts to secure consents for completing Child Outreach Screening. As a result, the successful completion of screening for children in foster care is rising. The Rhode Island Department of Education has also granted access to the Child Outreach Screening section in the KidsNet data system to the departments Early Childhood Resource Specialist staff. This access will allow better alignment of data related to child welfare involved children and in turn higher rates of completed Child Outreach Screening. The Department continues to be committed to increasing the rate of completed screening of children age 3 to 5 in foster care to above 75% in the next two years.

The Department continues to seek the best options to ensure that children in foster care have access to high quality early care and education services to improve educational outcomes and overall child well-being. The Department has continued leveraging access to the expanding State Pre-Kindergarten system and well as Head Start and other high-quality opportunities as our state continues its path of recovery following the COVID-19 pandemic. Annual State Pre-K recruitment efforts have included email outreach to the caseworkers of all age eligible children in foster care with direct internet links to the State Pre-K lottery registration page that can be shared with foster parents. With State Pre-K and Head Start programs having integrated behavioral health consultation, it is expected that more child welfare involved children will have the social emotional support to find success in early care and education settings. The Department will continue to develop and improve coordination of services for children under the age of five to ensure safety, permanency and overall educational wellbeing for our most vulnerable young children.

The Department has continued to sustain tremendous efforts in supporting child welfare systems impacting children under the age of five in foster care:

- RED (Review, Evaluate Decide) team continues to review complex placements, mostly aimed at young children who do not have protective capacity. This has improved the quality of placements and case planning for young children.
- The Emergency Response Foster Program, created to ensure that all children in this age range were cared for in family-based settings, has grown and was able to make connections for young children into longer term placement settings.

- A Kinship Advisory Council was developed, focusing on the needs of kinship caregivers, with particular focus on young children and their relationships with biological families.
- A Peer Mentor program has been developed with mentors with lived experience being matched with foster parents. There is exclusive capacity for children ages 0-5.
- While in-person support elements are limited during the pandemic, the Kinship Support Groups contracts include investment made the child-care to allow foster parents to participate even while caring for young children.
- Updates to the state website to provide on-demand training resources with a specific section for caregivers for young children.
- Renegotiations of Private Agency Foster Care Contracts are in the final stages, which will allow the Department to ensure equity in rates and supports for all children. With the contract changes, this will have a particular impact on young children.

Throughout the course of this year, efforts for children under the age of five will additionally focus on:

- Foundation of a relationship between the child welfare system and the state's 2-1-1 system, to expand access to information and services
- Subgroups of the RI Foster Family Advisory Council (RIFFAC) to advise on the systemic and more specific needs of foster parents caring for young children
- Update of the Foster Care Regulations and associated Guidance Document as a resource for families.
- Continued efforts to educate families who intend to adopt on the process for permanency related to children under five.; and
- Implement "ice breakers" model to strengthen relationships between biological families and foster families, particularly to support the reunification pathway for younger children.
- In addition, the Quality Contact Guide that was implemented in In March 2021 throughout the Family Service Unit. The FSU Casework Supervisors utilize the guide to drive discussions during supervision with their workers when reviewing cases. In turn, the Social Caseworkers use the Quality Contact Guide to aid in determining the trajectory of the case. Workforce Development supports this effort by providing a Quality Contact Casework Activities Sheet during onboarding/orientation and reviews with new staff.

Safe and Secure Baby Court:

Began in 2017 as a pilot with the philosophy that emphasized early identification and intervention through assessments and referral of young parents involved with the Department of Children youth and Families to reduce time to permanency, increase number of visits with infant and get appropriate supports and ancillary services. The goal is to:

- Improve well-being of infants and families
- Improve parental capacity for protection and nurturance

- Improve workforce competency in infant mental health, relationship based and trauma informed principles and practices

The Safe and Secure Baby Court main objectives are to decrease the amount of time to permanency, decrease the number of placements experienced by an infant, decrease the time to an initial parent child contact for those infants that are out of the home and increase the frequency of parent child contact per week.

This is done through comprehensive case management through a team approach to care coordination, timely assessments and frequent case conferencing ensuring that critical information is exchanged among service providers. The families [progress is closely monitored by the Safe and Secure Baby Court (SSBC) Judge project Coordinator, supervisor and Care Coordinator in conjunction with the Department of Children Youth and Families (DCYF) and the Court Appointed Special Advocate (CASA). This intensive case monitoring and frequent status review enables informed judicial decision making regarding the placement of children.

FIFTH YEAR

SAFE AND SECURE BABY COURT (SSBC)

SUMMARY AND REVIEW

April 2021 – March 2022

INITIAL PREMISE OF SAFE and SECURE BABY COURT

The Safe and Secure Baby Court (“SSBC”) is a specialty calendar within the existing Rhode Island Family Court system which was created by Chief Judge Michael B. Forte in March of 2017 in an effort to recognize and address the cyclical and generational aspects of involvement with DCYF. The creation of this specialty court was also based on the recognition of the crucial role that early bonding and stimulation play in the brain development of infants and toddlers aged zero to three, in consultation with Dr. Susan Dickstein, who is an infant mental health specialist and President of the Rhode Island Association for Infant Mental Health (RIAIMH).

This data has led to the creation of so called “Baby Courts” and “Zero to Three” Court programs nationwide. This SSBC initiative by Chief Forte represents the first time a project in Rhode Island Family Court has focused exclusively on infants. March 31, 2022 marks the 5 year anniversary of this specialty calendar, which has grown steadily since its inception in the Spring of 2017.

PRESENT CRITERIA AND PROTOCOLS

The SSBC seeks to serve young, first time or new parents of children ages 0-18 months who may have history with the Department as juveniles, housing insecurity, mental health issues, exposure to domestic violence, trauma history and/ or tenuous parenting skills and who are open to cooperating with extra support to achieve reunification and case closure through increased court oversight and targeted referrals.

- Parents must be determined to be eligible through a Clinical Intake Assessment conducted by court-based clinical social workers/care coordinators who are overseen by Linda Lynch, Director of Women's Services at the Garrahy complex.
- Anyone (lawyer, hospital staff, social worker, community advocate, judge, self) can refer a parent or expectant parent for intake. It is a confidential assessment which generates a determination of eligibility for the Court.
- Joining SSBC requires a plea to Dependency (on an amended petition, if necessary) and parents must sign a contract and releases to allow court personnel to contact their service providers directly as well as make referrals on their behalf.
- Minors are eligible to participate as long as they have a Guardian ad Litem to assist them.
- Prior DCYF involvement (even prior termination) with another child is not a barrier to participation as long as the present goal for the child in question is reunification.
- Parents with cognitive limitations, acute psychiatric conditions and/or sex offender history are generally not eligible, although these issues are evaluated at the intake on a case by case basis. Ultimate authority to accept a parent into SSBC lies with the SSBC Judge. Likewise, any case already assigned to the regular DCYF calendar requires the assent of the originating judge to move it to SSBC.

For those accepted, special features of the Court include:

- Immediate referral to The Brown Center for Children at Risk for an Infant/Parent Assessment. This assessment, conducted by Dr. Cindy Loncar and staff, which is typically completed within the first two weeks of the case, is paid for by insurance (Medicaid) independent of DCYF, and guides the development of a case plan which is tailored to the family's needs. Case plans are incremental and flexible.
- Court reviews occur as frequently as every two weeks to assess progress and adjust case plans.
- Minimum of 3 weekly visits for parents with their children.
- A social worker ("care coordinator") is provided by the court to assist with referrals, with a preference for utilizing existing community resources in addition to providers traditionally relied upon by DCYF, with an emphasis on referrals to programs through Department of Health ("DOH") (Healthy Families America, Parents as Teachers, Early Intervention, etc.) which can remain in place even after DCYF closure by the Court.
- Foster parents are invited to court hearings and are encouraged to host visits and serve as mentors to new parents.

REFERRAL SOURCES

Our strongest source of referrals continues to be our own Family Court Judges and Magistrates. In Providence, all judicial officers assigned to the DCYF calendar have begun to routinely refer nearly all cases involving infants for intake with the Safe and Secure Baby Court at arraignment (the Court's first contact with the case). We also regularly receive timely referrals from the

counties. This is tremendously helpful in streamlining a parent's path to consideration for the SSBC.

We also receive referrals from the Public Defenders' office, Rhode Island Legal Services Inc. (RILS), Women and Infants Hospital, and increasingly, from private counsel, as well as from parents themselves.

Notably, we have had more than one occasion of an expectant mother self-referring for an intake to be ready to join the court, if eligible, upon the birth of her child and anticipated involvement with DCYF.

A basic premise of the SSBC is that the sooner we can become involved with eligible families, the more quickly we can offer an intake to DCYF-involved parents, and the sooner we can determine eligibility and begin moving to oversee engagement with services with the goal of safely reunifying and/or supporting safe in-home placement at the outset of the case. Quick engagement maximizes the potential to stabilize the parents and preserve infant mental health through parent-child contact.

The period directly following the child's birth is when parents seem particularly motivated to engage with services which, in turn, allows them to gain confidence and receive positive reinforcement that they can meet their baby's needs. Time is of the essence to establish regular visitation and achieve bonding, accommodate breast-feeding if that is the desire of the parent, and help the parents begin the process of establishing familiarity with developmental milestones, "safe sleep" practices and comfort with their child's routine and cues.

While all our other referral sources are robust, they all encounter the families several steps into the process of court involvement, whereas the initial encounter with the parents is obviously by DCYF staff.

During the most recent reporting period it became evident that the DCYF to SSBC direct referral process which was previously in place was not effective. Processes in place at the time in the Family Court clerk's office, changes during the pandemic, and staffing changes at DCYF, each contributed to a problematic and ineffective procedure for referrals. The Department fully supports the mission and vision of SSBC. To rectify the referral issues and to support our partnership, a supervisor in Child Protective Services has been assigned as the Liaison. All referrals for SSBC will go through the Liaison who will ensure that the referrals are made to the court. The Liaison will have weekly contact with SSBC to monitor progress and problem-solve as needed. In addition, a weekly list of all petitions filed by Child Protective Services will be reviewed by the Liaison who will research each family to be sure that all appropriate SSBC referrals are made. SSBC informational cards with the SSBC Intake number have been provided to Child Protective Services to share with parents. We believe that the revised process will enable all eligible families to be referred to SSBC.

COMMUNITY OUTREACH

SSBC continues to pursue community outreach and engagement by arranging presentations for community stakeholders, service providers and any interested parties. We also seek to gain feedback from providers not only about what services they can tailor to SSBC, but also to learn

from them about what we can improve. In this way, our relationships with providers have become a fruitful two-way street. Entities that were engaged as part of community outreach efforts include: RI Infant Mental Health Association, RI Bar Association, DCYF Workforce Development and providers including Groden Center, Boystown, Amos House Housing Program and others. These outreach efforts have allowed SSBC to sustain existing partnerships as well as develop new opportunities.

SERVICE DELIVERY

The combination of rapid referrals, tailored case plans based on our infant-parent assessment, increased visits, and frequent court reviews form the foundation of what the SSBC seeks to provide. Our goal is to identify service needs, safely reunify and ultimately close cases as timely as possible, ideally with the community-based services remaining in place or accessible to the family after case closure.

Specifically, here is what we have been able to offer in the following categories:

Speedy Intake

Intake is conducted by our court-based clinical social workers/care coordinators – Christine Munroe, BSW; Julie Connolly, LCSW; Jessica Karten, BSW; Sandy Hays, BSW and Kristina DeAngelis Poli. Appointments are consistently scheduled within 10 days of any request, and in most cases much sooner, even same day. Considering the increased volume of referrals, this efficient response is a tribute to the dedication and organization of the SSBC staff.

Role of the Care Coordinator

In terms of the functioning of the Court, one of the key features of the Court's operation is that each parent who joins the program is assigned to a care coordinator. This is a social work professional who works for the Court, not DCYF. The coordinator serves as an advocate for the parent, communicates directly with service providers involved in the case, assists the parent in making contacts necessary for case planning, and, not infrequently, assists the parent in communicating with their assigned DCYF social worker.

The concept is that the parent should always have someone to reach out to if they run into a barrier with visitation, transportation or any of the myriad challenges they may face in their individual circumstances. Some parents are in almost daily contact with their care coordinator, especially at the outset of a case. The coordinator generates an independent progress report for each family for every hearing and is able to obtain reports directly from service providers. (In addition, service providers are always invited to attend in person or virtually, and often participate.) Because of their ability to keep in close contact with parents and providers, the care coordinators are often able to troubleshoot and resolve issues in real time and bring them to the Court's attention if necessary. The Care Coordinators meet weekly with the Court to provide an update on each case prior to the Monday SSBC calendar.

Infant/Parent Assessments

Another distinguishing feature of the SSBC is that each parent who joins the court is eligible for a referral to an infant-parent assessment conducted by the Brown Center for Children at Risk.

Our care coordinators make this referral directly on a case-by-case basis. The evaluations are paid for by Medicaid, so we do not need to wait for DCYF funding.

The indispensable Dr. Cindy Loncar and her staff schedule and perform the evaluations and generate a report for the court within 30 days of meeting with the family, often sooner. These evaluations form the basis for case plans tailored to each family. This a behavioral assessment of the interaction between parent and child, evaluating such areas as the parent's ability to read and respond to the child's cues, knowledge of child development, and observation of the child's progress with developmental milestones. Dr. Loncar explicitly declines to review DCYF records which may exist concerning parents' history with the Department, as her focus is on evaluating parenting skills in real time. The evaluations are strength-based, but candid regarding service needs, identified risks, and specific recommendations for the frequency and level of supervision for visits and/or pace of reunification. These reports are provided directly to the Court and form the foundation for an individually tailored, incremental court-ordered case plan for each family.

In some cases, the Brown Center for Children at Risk schedules a follow-up appointment to assess the family's progress once services have been implemented. Dr. Loncar has also made herself available to our social workers, other service providers, and CASA for ongoing dialogue about issues which have arisen in individual cases as they unfold with the court. Reflecting her commitment to this project, Dr. Loncar has added staff to assist in scheduling appointments and conducting evaluations.

The Brown Center for Children at Risk's contribution to our process is probably the single most important element of the SSBC in terms of guiding targeted case planning and court oversight. Due to our increased volume, we now refer to the Brown Center for Children at Risk on a case-by-case basis.

Visits

DCYF social caseworkers have consistently cooperated with the standing SSBC order that parents receive a minimum of 3 visits per week. Incorporating foster parents and/or extended family members as resources to host and supervise visits is a big part of this. The effort by DCYF staff in coordinating these visits is greatly appreciated. **Of note, many DCYF social workers already have the three weekly visits up and running at the time of the referral and intake with SSBC, reflecting significant systemic change within the Department. In most cases, the cooperation of the social workers assigned to these cases is heartening and integral to the success of our families.**

Role of CASA (Court Appointed Special Advocates)

Finally, a further feature of SSBC which the Court relies on for information is the role played by the independent Guardian ad Litem assigned to each child at the time of case opening, aka the CASA lawyer. These are lawyers who work directly for the Court, assisted by their own social workers and volunteers. They visit children both at home and in foster care, depending on the case, and supply independent reports directly to the Court. Their ability to do additional home visits, provide oversight on progress of referrals, and serve as informal mentors to our young parents greatly enhances the Court's capacity to ensure child safety.

The role of the CASA office, especially with the help of our designated Guardians ad Litem, Attorney Kristen Cuddy and Attorney Denise Acevedo Perez, has expanded tremendously as SSBC has grown. Attorney Cuddy and Attorney Perez, along with social workers from their office and specially assigned CASA Volunteers Lynn Sheehan, Jane O’Farrell, Shaween Awan, and Allison Carcieri-Cassidy, Paul Gagnon, and Paul Fitzgerald have become an integral resource to the families and to the court. On more than one occasion, the CASA lawyer and volunteer has been dispensed directly to a family’s home to check on an issue which has arisen during the hearing. These real time “eyes and ears” have enabled us to address a problem before it became a safety risk on more than one occasion.

In addition to the crucial role played by the CASA Attorneys, CASA Dreams Fund continues to be a vital resource for baby supplies, clothing and equipment needed by our families. As we say, for these families who did not have a baby shower; being able to assist with basic supplies is invaluable. SUMR Brands continues to donate swaddles and sleep sacks, important for “safe sleep” practices, and the CASA partnership with Project Undercover has secured a regular bimonthly donation of 2,000 diapers and wipes for our families. Ocean State Job Lot continues to be a generous contributor of equipment and supplies.

This year, CASA is able to resume hosting its annual fundraisers to shore up funds for their Dream Fund. These include an annual golf outing held at Alpine Country Club in June, and an event at Bonnet Shores Beach Club in September. Many thanks to the community support for these events.

Community Based Services

Our goal of incorporating community based services, which are not reliant on DCYF funding, remains a centerpiece of the SSBC approach.

To this end, most, if not all, cases include programs such as Healthy Families America, Parents as Teachers, Early Intervention and Nurse Family Partnership, all of which are available through the Department of Health (DOH.) Many of these programs remain involved after case closure.

The DOH, particularly via our liaison and Steering Committee Member, Kristine Campagna, continues to be a key partner.

Internal data collection and tracking represents the vigilant effort of our clinical social workers/care coordinators: Julie Connolly, Christine Munroe, and Jessica Karten, as well as Kristina Poli and Sandy Hayes. Table 3 provides outcomes through March 2022.

Table 3: Safe and Secure Baby Court 5 year Outcomes updated through 3/3022

Snapshot of Momentum	First Year: March 2017-2018	Second Year: March 2018-2019	Third year April 2019-March 2020	Fourth Year April 2020-March 2021	Fifth Year April 2021-March 2022	Total to Date
Referrals:	38 parents	114 parents	139 parents	169 parents	140 parents	600 parents
New Enrollment	19 parents (Goal of 10)	54 parents (Goal of 30)	80 parents (Goal of 75)	99 parents (No goal set due to Covid)	79 parents (No goal set due to Covid)	331 parents
Successfully Completed Within that Year	8 parents	27 parents	34 parents	68 parents	69 parents	206 parents

Highlights of our Data

- Of the **600** parents referred for intakes over this five year period, there were **394** mothers and **206** fathers.
- Of the 331 total parents over five years, 229 mothers and 102 fathers were accepted.
- To date, **32** minors have been referred and **17** have joined
- Over the course of five years, the average length of time from opening to closing in SSBC is overall **5.8 months**.
- The average age of the children served by the SSBC Calendar **5.5 months** old.
- The average age of the parents served by the SSBC Calendar is **26 years old**.

Cases that Reopened to DCYF and RI Family Court

Since March 2017, only **10** of the 206 successfully closed SSBC cases have reopened to the Department with a new court petition. **None** of these new petitions arose from an episode of maltreatment or injury to the child. Finally of note, no SSBC cases have concluded with an involuntary termination of parental rights.

SSBC SNAPSHOT on March 31, 2022

57 parents and **49** children are currently enrolled in SSBC: **42** Mothers and **15** Fathers

18 potential parents are pending due to upcoming court dates and scheduled SSBC eligibility intakes.

COLLECTION OF DCYF STATISTICS RELEVANT TO SSBC

One bright spot in our efforts to engage with DCYF regarding SSBC is the relationship we have established with their Data Analytics and Evaluation Unit. Many thanks to Dr. Colleen Caron for

her detailed response to our request for outcome data tracked by the Department over the course of the five years that SSBC has been underway. Thanks, as well to her energetic assistant, Nicole Deschamps, for her work on this project.

Attached please find the DCYF Data Brief which they have graciously allowed us to include with this report.

Our internal program statistics for SSBC, detailed in the foregoing section, are limited to supplying information about how the cases proceed once they come into the court system, i.e. time to reunification, time to case closure with the Court, and whether a case re-opened to the court after closure. Obviously, we can only track our own participants.

The DCYF statistics are a valuable resource to us for two significant reasons. First, they offer a comparison of outcomes between families who were part of SSBC and those who were not. Second, they enable us to learn if and how many cases were subsequently investigated after we close them to SSBC, whereas we can only track those which had subsequent Court involvement, such as a new petition being filed or a court-ordered removal of a child.

For these reasons, the statistics compiled by DCYF add a key piece to our ability to assess the efficacy of the SSBC model. Based on the statistics shared with us so far by DCYF, in anticipation of their final issue brief, it is heartening to see that their internal figures bear out a strong result for SSBC cases:

- Specifically, among the cohort they assessed, their own statistics reveal a reunification rate of 63.00% for families who enrolled in SSBC, versus a 24.7% reunification rate for families who were not referred or enrolled. This is a 38.3% difference! (These are families where the child, age zero to eighteen months, was removed by the Department at case opening.)
- The pace of reunification for each of these two groups is also noteworthy: for the 23.8% reunified without SSBC involvement, the median length of time was 3.8 months. For the 63.00% sent home in SSBC, the length of time to reunification was slightly less: 3.7 months.
- Of further interest, a third group was also tracked by the Department: parents who were referred to SSBC but did not actually enroll. At first blush, this group seemed to present with a puzzling statistic: 23.8% reunified in a median length of time of only 2.6 months - a faster rate than either of the first two groups. In other words, those who reunified in this group did so more quickly without enrolling in SSBC, despite being referred and found to be eligible. But the explanation for this faster pace for those who reunified in the referred-but-not-enrolled group reflects perhaps the best news of all about our SSBC intake process. The intake process, with its rapid assembly of information about the family, enables the court to determine that although eligible, the family does not in fact appear to need the services of SSBC, or to have their case open at all to the Department. Rather than enrolling the family and keeping the case open for no reason, we are able to reunify and close the case promptly, preventing these families from needlessly malingering in the system. We have been able to completely close out 45 cases in this manner since SSBC began. This “bonus aspect” of our speedy intake process not only validates parents who turn out to display no safety concerns, but also frees up resources and time for families with actual service needs.

- Finally, the last group of statistics provided by DCYF which we wish to highlight provides the best “canary in the coal mine” to assess our outcomes. That is, within the cohort studied by the Department, in 5 years there has been only one subsequent removal of a child following reunification on the SSBC calendar, versus three subsequent removals for those reunified without SSBC involvement. In other words, we are reunifying at a 38.3% higher rate than the regular process (63.00% versus 24.7%) yet have had fewer subsequent removals than the non-SSBC group.

Most importantly, to date, no children reunified through SSBC have experienced injury or maltreatment after being reunified, even if their case had to reopen for services.

“Finally, Out of the System”

SAFE AND SECURE BABY COURT CASE STUDY:

SNAPSHOT OF A CASE: Intensive Services Lead to Safe and Secure Reunification

History of Mom:

Mom age 19, receives SSI due to fetal alcohol syndrome and is periodically homeless. Mom was open to DCYF as a child. She was adopted by paternal great aunt at age of 13. Aunt/Adoptive mom became “payee” for mom. Mom left this adoptive home before turning 18. Adoptive mom never notified DCYF despite continuing to receive adoption subsidy. Mom moved in with bio mom for short time. Then she was arrested for DV against bio mom. She next went to live with her bio dad and he became her “payee.” Mom became involved with boyfriend who has multiple DV assaults. Mom became pregnant and after having the baby is no longer involved with him.

DCYF Investigation and Removal:

- At birth of Baby on 1/1/2021, an anonymous DCYF hotline call was made regarding homelessness, smoking marijuana, domestic violence concerns.
- Hospital toxicology reports came back negative. Nurse shared mother appears to be asking appropriate questions. Mom went to all pre-natal appointments except for one.
- CPI spoke with adoptive mom who wished the conversation to be confidential and not disclosed to mother. Adoptive mom expressed concerns of the type of mother she would be due to fetal alcohol syndrome, poor decision making, cognitive delays, major concerns with father of the baby who has history of DV and he allegedly “prostituted her”. She stated she would take care of baby but won’t have the mom living with her.
- CPI investigated mom’s bio dad and his girlfriend and since they were involved in DCYF and not considered safe this was not an option for mom and baby to live.
- Physician put hold on baby. CPI report alleges “Other neglect” due to past reported history concerns, unstable housing, prostitution, violent abusive relationship, possible substance abuse, cognitive delays due to fetal alcohol syndrome and no suitable housing. “
- Baby placed in foster care.

DCYF Services and Visitation:

- Mom participated in visitation services with Families Together, which was not a good match. Mom was discharged on 6/21/2020. A provider report indicated foster mom interfered with mom and baby's visits when they transitioned to foster mom's house. Mom's visits were extended to three times a week supervised by foster mother.
- Mom was referred to The Providence Center 8/2021 for substance use evaluation, mental health counseling and case management. Providence Center found no need for substance use treatment.

Referral to Safe and Secure Baby Court:

- July 2021 this case was referred to Safe and Secure Baby Court by Judge Stuhlsatz and mom completed intake and assessment and joined Safe and Secure Baby Court on 10/25/2001. (Baby 10 months and Mom 20 years)
- Mom shared she was depressed, felt that her adoptive mom did not want her to have her baby and was frustrated that she was homeless and had no money since her payees were not giving her any money. Mom complained that visits were being supervised by the foster mom who would not let her hold the baby and was highly critical of her handling the baby.

Since joining SSBC 10/25/2001

- a. Mom was referred to The Groden Center visitation program and started 10/2021. The Groden Center has only had positive consistent reports of mom's parenting skills. They have joined SSBC hearings and are advocates for mom.
- b. Mom was assigned a Guardian Ad Litem by the court.
- c. Mom's payee changed to The Providence Center where they hold her money and help her with her budget. Mom will continue to receive The Providence Center services until she turns 25.
- d. Mom and baby were referred to The Brown Center for mother and child evaluation. Evaluation Report was positive and recommended DV services for mom.
- e. Mom was referred to Sandy Chito, LICSW for DV counseling. Sandy ended up being part of the safety plan when they reunified, and mom has since been discharged due to positive progress (March 2022).
- f. Mom's homelessness continued, until her adoptive mom suddenly let her move home when threatened with the removal of the baby by DCYF. The temporary living situation with mom and adoptive mom became volatile and providers indicated that the adoptive mom was interfering with necessary services for Mom and baby.
- g. DCYF and SSBC Care Coordinator continuously worked together on housing which was the only barrier to reunification.

Reunification (baby 11 months)

- a. The court ordered foster placement of the baby be changed in 11/2021 with the removal of the baby from the adoptive mom and placed with mom in a DCYF funded Extended Care Hotel with a supportive safety plan in place. No issues were reported.
- b. A HUD apartment through Foster Forward became available and mom and baby transitioned at the end of March 2022 to a two bedroom fully furnished apartment.
- c. The baby celebrated her first birthday and has blossomed hitting and exceeding all milestones.
- d. Mom has worked with DHS to obtain daycare, food assistance for her and her daughter and is working on getting her driver's license and finding a part-time job.
- e. Mom has no relationship with adoptive mom. Mom's adoptive mom has continued to call the DCYF hotline with false and unfounded accusations against mom.
- f. Mom's GAL is working to help Mom with domestic orders and orchestrating visitation with the bio dad who is currently in the ACI.
- g. Anticipate that this case will successfully close this month (April 2022).

SSBC GOALS FOR YEAR SIX (April 2022 – March 2023)

- Add Spanish speaking care coordinator to SSBC team.
- Continue to improve direct referral process with DCYF.
- Consider implementing exit evaluations to receive direct feedback from families.
- Improve SSBC staff training including the topic of domestic violence.
- Seek to understand any difference in outcomes for SSBC participants vs. other court involvement.
- In coordination with DCYF, consider establishing a mentor foster care program that would allow placement of child and parent/youth in the same home.

The Department of Performance Improvement collaborated with Safe and Secure Baby Court to analyze SSBC referrals and RI DCYF outcomes summarized in a data brief (See appendix).

The focus of the brief described the outcomes among three populations of children ages 0-18 months who were removed from their home between March 1, 2017 to March 31, 2021 and followed to assess selected outcomes.

The three populations include children ages 0-18 months who

- 1) did not receive a referral to Safe and Secure Baby Court
- 2) received a referral to SSBC and did not engage and
- 3) received a referral to SSBC and engaged in SSBC program

The primary outcomes include:

- RI benchmark of time to permanency
- Time to permanency among all three populations
- Subsequent CPS investigation and subsequent removal after permanency for all three populations

Results:

The results below reflect *out of home children* between March 1, 2017 to March 31, 2021 in a prospective cohort who were followed longitudinally for 9 months to identify those who reunified with parents. Children with a petition or SSBC referral on or after April 1, 2021 and out of home may have already reunified, however, there needs to be sufficient follow up time for each child in the cohort to measure reunification.

Among children removed the percent and number who reunified and were followed for 9 months post removal (March 1, 2017 – March 31, 2021):

- Among the 586 children with no SSBC referral: 24.7% (145) reunified/Median LOT 3.8 months
- Among the 96 children with SSBC referral, no SSBC enrollment: 23.8% (20) reunified/ Median LOT 2.6 months
- Among the 88 children with SSBC referral and engaged: 63.0% (51) reunified/Median LOT 3.7 months

The results below reflect *out of home children who reunified in 9 months* in a prospective cohort follow longitudinally for an additional 6 months to identify those who had a subsequent CPS investigation. The cohort of children reunified is shorten March 1, 2017 to September 30, 2020 to allow 9 months of follow up for reunification and 6 additional months for subsequent CPS investigation. Children with a petition or SSBC referral on or after October 1, 2021 and reunified may or may not have a subsequent CPS investigation, however, there needs to be sufficient follow up time for each child in the cohort to measure both reunification and subsequent CPS investigations. **Numbers of indicated investigations and removals are very small and should be used cautiously when drawing conclusions. Numbers of indicated investigations and removals are very small sample sizes. This analysis provides preliminary data using mechanisms which will be utilized for future analyses when a large sample size is available.**

Among children who reunified and were followed for 6 months from reunification, the percent and number who had a subsequent CPS investigation and/or removed (March 1, 2017 – September 1, 2020)

- Among the 110 children with no SSBC referral: 12.7% (14) subsequent CPS investigation
- Among the 19 children with SSBC referral, no SSBC enrollment: 21.1% (4) subsequent CPS investigation
- Among the 36 children with SSBC referral and engaged: 8.3% (3) subsequent CPS investigation

- *Among the 14 children with no SSBC referral and subsequent CPS investigation: 7.1% (1) removed*
- *Among the 4 children with SSBC referral, no SSBC enrollment and subsequent CPS investigation: 25% (1) removed*
- *Among the 3 children with SSBC referral and engaged and subsequent CPS investigation: 33.3% (1) removed*

[Reunification Support Program \(RSP\)](#)

The Department has worked with the Department of Human Services to continue to reinstate the Reunification Support Program (RSP). Due to the pandemic, efforts to get this program up and running were delayed. As described previously, the program existed the two agencies in 2012 and was put on hold in 2014 because of the Affordable Care ACT. The goal of the collaboration is to reunify children back with their families within 90 days. DHS would continue the family's medical assistance and TANF cash assistance for families when the Department removes a child. The Department's service plan will count toward work activity in a DHS employment plan.

The Department continues to work with the Department of Human Services (DHS) eligibility team to make the referrals as to not disrupt TANF benefits for those families identified for the Reunification Support Program.

[Family Court Case Plan Mediation \(Pilot\) Project](#)

In collaboration with the Capacity Building Center for States, the Department continues to focus on the Court Mediation Pilot Project and has made significant progress during the extension period. This collaborative effort has driven the progress and ensured that the process and data collection are effective and guide appropriate changes.

The eligibility criteria and the tracking method developed by the Court Mediation Workgroup remain the same.

- **Eligibility criteria:** cases opened for neglect, with no agreed-upon service plan; one parent attorney has entered on the case and no disposition on the underlying petition. If the case meets eligibility criteria, then at the second pre-trial, the Department's Attorney will request mediation if the case meets the eligibility criteria.
- **Tracking method:** Once the Department's Attorney requests mediation, they fill out the Request Form and submit it to clerical staff who enter the case into the tracker. If the case is mediated or has reached an agreement outside of mediation, the Department's Attorney will fill out the Outcome Form and submit it to clerical staff who update the tracker.

The Department tracked weekly; the number of referrals to mediation, the outcomes of those mediations, the number of agreements that occur outside of mediation, the number of court mediation denied, the reasons for the denial. Although the anticipated sample size will be small, the Department will observe the permanency outcomes of children who go through the mediation pilot.

The External stakeholders were involved in all aspects of planning this pilot. What seems like a "lack of buy-in" from external stakeholders has not affected the completion of this pilot or

impacted the number of families involved in the mediation pilot. The Department has received positive feedback from external stakeholders supporting the mediation process.

The Department is collaborating with the court through the Court Improvement Plan on a new Ex-Parte Calendar, where we are recommending early engagement and mediation as well as assigning a parent mentor, through the Parent Support Network, to be available to parents whose children have been removed from their care. It is the Department's understanding that the new Ex-Parte calendar is being piloted in the Providence Court. The Court is still in the planning phase with an anticipated start date within the next six-months.

There have been 99 mediation requests during the pilot. Of the 99 requests, 27 declined to mediate for various reasons that are outlined in the table, while 72 agreed to mediate. Of the 72 who agreed to mediation, 32 reached an agreement through mediation and 30 reached an agreement outside of mediation.

Among the 72 children who agreed to mediation and reached agreement through mediation or reached an agreement outside of mediation, 32 children, (44.4%) have achieved permanency or returned home through either reunification, guardianship, or supportive reunification.

Of the 72 who agreed to mediation, 32 achieved permanency with an average length of time from the date of the mediation request to the date permanency was achieved in 129 days. Ten of the 27 children whose families declined to mediate achieved permanency (reunification, guardianship, adoption) or returned home through supportive reunification within a median length of time 140 days.

The average number of court hearings per petition for families who experienced a TPR filed cannot be calculated for families who agreed to court mediation as no families have experienced a TPR as of this report. However, the average number of hearings per petition for the 32 families who either agreed to court mediation or reached an agreement outside of mediation and achieved permanency (guardianship, reunification) or supportive reunification is 2.8. The average number of court hearings per petition for the 10 families who did not agree to court mediation and achieved permanency (guardianship, reunification, adoption) is 5.4.

The observations where families who agreed to the court mediation pilot experienced slightly earlier permanency and experienced fewer court hearings than those that declined to mediate is promising. However, caution should be exercised in interpreting these early findings due to limitations with small sample sizes, not statistically tested, and differences between families who agree to mediate and those that declined may account for differences in their outcomes. Additional data from larger samples can address these limitations.

The stakeholder group that consisted of Parent's Attorneys, Public Defenders, RI Legal Services and DCYF attorneys developed a survey. The stakeholder group agreed the Parent's Attorney would survey their clients which would allow parents voice and ascertain level of satisfaction with the court mediation pilot. Despite the Parent's Attorney's best efforts, there has been a very low response rate. The Department decided to take a CQI approach and have the case review team call parents who participated in the mediation pilot. However, response rate was again low. Most parents either declined to participate or chose not to return the calls (3 max) suggestive of their choice to not participate.

[Efforts to Track and Prevent Child Maltreatment Deaths](#)

Rhode Island law requires that all allegations of child maltreatment be reported to the Department of Children, Youth & Families (DCYF). DCYF is the single state agency for collecting and reporting indicated allegations of child maltreatment resulting in death. This information is collected in the Rhode Island Children's Information System (RICHIST). RICHIST data is then used to report to NCANDS.

In addition, RI has a comprehensive child death review team to ensure that all child deaths in Rhode Island is thoroughly reviewed by a multidisciplinary body with recommendations to state leaders. This team is managed by the RI Department of Health.

[Rhode Island Child Death Review Team](#)

The Rhode Island Child Death Review Team (CDRT), managed by the Rhode Island Department of Health, is a multi-agency, multi-disciplinary group of professionals who conduct systematic reviews of childhood deaths in Rhode Island. The data are examined to identify risk factors, trends, and preventable child fatalities, with the goal of preventing child deaths and improving the lives of Rhode Island's children.

Each child death due to non-natural causes is reviewed, gathering information from a wide range of sources to identify risk factors that can be addressed to prevent future deaths. The team reviews all child fatalities in the state of Rhode Island including but not limited to suicides, abuse/neglect and car accidents. The CDRT conducts comprehensive reviews and systematically examines the cause of death and circumstances surrounding deaths of children and youth ages 0 through 24. This information is used to identify ways in which similar deaths might be prevented in the future, promotes public health concerns and to develop public health recommendations to protect and promote the safety and health of children in communities throughout Rhode Island.

[Rhode Island Citizens Review Panel](#)

The Rhode Island Citizens Review Panel performs two primary functions:

- To provide a multidisciplinary forum to review cases of suspected abuse and/or neglect reported to DCYF. Within this forum panel members additionally present cases to DCYF personnel to determine if agency referral was indicated by law or would be in the child's best interests.
- To identify areas of improvement for the multidisciplinary team response to child maltreatment for the entire state of Rhode Island.

Community members from a wide variety of disciplines met on a weekly basis to discuss concerning cases in which abuse and/or neglect had been reported to DCYF. The group also reviews cases in which abuse and/or neglect remained undetermined, requiring further input and recommendations from panel members. Core group members included the following:

- Administrators and supervisors for DCYF's Child Protective Investigators
- Administrators and supervisors for DCYF's Family Services Unit

- Representatives from Hasbro Children's Hospital's Lawrence A. Aubin Sr. Child Protection Program (The Aubin Center).
- Medical Director of RI Training School
- Representatives from the Rhode Island Attorney General's Office, Criminal Division, Child Abuse Unit and Juvenile Division
- Representatives from the Rhode Island Children's Advocacy Center (CAC) and Day One, including the Director of Clinical and CAC Services, Forensic Interviewers from the CAC, Commercial Sexual Exploitation of Children (CSEC) MDT Coordinator, and CAC MDT Coordinator.
- Representatives from the Providence Police Department (Youth Services Bureau) & Cranston Police Department (Detectives Division).
- The Law Enforcement Advocate (LEA) for the Providence and Rhode Island State Police Departments. The LEAs provide support throughout the criminal justice process to child victims of abuse as well as to children and families exposed to domestic violence.
- The Child Advocate and/or a representative

For specific and/or particularly complex cases requiring further input, outreach to other participants was conducted to elicit additional expert opinions. Those who were invited for comment on a case-by-case basis included the following:

- Other Hasbro Children's Hospital personnel, including the Clinical Social Work Department, Child Life Department, Pediatric Intensive Care Unit, Pediatric Ambulatory Clinic, Pediatric Partial Hospital Program, Nursing staff, Pediatric Sub-Specialty Clinics, Department of Child and Family Psychiatry, Pediatric Emergency Department, Nutrition Department
- DCYF investigators and social workers
- Representatives from community and/or state police agencies
- Emergency medical technicians from statewide community rescue services
- Representatives from Early Intervention Programs
- Community pediatricians
- Staff from chronic care institutions for children
- Staff from community foster care agencies
- Staff from residential treatment facilities
- Staff from Bradley Children's Hospital Psychiatric Units
- Staff from community mental health agencies
- Staff from public and private schools

DCYF Critical Event Reviews

In August of 2018, the Department's Critical Event Reviews, a process in which the Department conducts a detailed case analysis following a child fatality, near fatality or other serious situation that warrants review, was merged with the Citizen's Review Panel. These reviews in conjunction with the Citizens Reviews are designed to consider whether a single case incident reflects systemic issues that need to be addressed. Included as part of the reviews are applicable statutes, regulations, Department operating procedures, training, practice and use of collateral systems.

Participants on the review panel include current and previously assigned staff with direct knowledge of the case, representatives who can provide input on Department policy and practice as assess any systemic factors in relation to the fatality or near fatality for which improvement is recommended

Office of the Child Advocate Child Fatality Review Panel:

In July 2016, the statutory authority of the Office of the Child Advocate (OCA) was expanded with a new law mandating the review of any child fatality or near fatality in the following circumstances:

- when the child was in the care and custody of the Department of Children, Youth and Families or the child's family had recent contact with the Department of Children, Youth and Families;
- when a sibling, household member, or day care provider has been the subject of a child abuse and neglect investigation within the previous twelve (12) months; or
- if the fatality or near fatality was the result of abuse and/or neglect.

The OCA is responsible for establishing a voluntary child-fatality-review panel, whose members may vary on a case-by-case basis. This panel is responsible for assessing and analyzing such cases, making recommendations for improvements to laws, policies, and practices that support the safety of children.

DCYF Child Fatality Response Team:

For all child fatalities or near fatalities, the DCYF Director schedules an administrative review that includes DCYF and community partner staff who have were involved with the case, as well as DCYF's Chief of Staff and administrative legal counsel. If a foster family is involved, the DCYF licensing administrator also attends. The child's case record and legal case record is available for review at this meeting. The purpose of this meeting is to review the incident and gather all available information.

When the circumstances require further investigation, a response team, which includes Department staff and community partners, is convened and coordinated by the Deputy Director or designee. The purpose of this review is to examine the circumstances surrounding the child fatality or near fatality and to evaluate the implications for future practice. The team assesses the quality of services provided by the Department and community partners, evaluating compliance with applicable regulations and policies.

The review may require staff interviews to obtain firsthand information of critical case events. A coordinated and cooperative effort with other Departments and agencies such as hospitals,

Medical Examiner, Attorney General, and police Departments may be required. Upon completion of this review, a final report is submitted to the DCYF Director. The final report includes a summary of the findings and recommendations to improve any identified management and/or systems issues that were cited during the review process. The Director conducts a follow-up review within 60 days of receiving the final report to ensure that the recommendations are addressed and/or implemented.

Statewide Planning to Prevent Child Maltreatment Deaths

Keeping Kids SAFE

In 2017, Governor Raimondo appointed Dr. Trista D. Piccola as the Director of DCYF. Dr. Piccola launched the Pivot to Prevention in April 2018. This operational direction focuses on preventative services and supports the redirection of resources to prevent out-of-home placement and the misuse of more restrictive levels of care for youth who are not in need of those services. The work continues today under the SAFE Practice Model.

The Strategy focuses on **five key areas**:

1. Child Safety as a Public Health Issue

- use Kids Count data and other Department data to continue meeting with and supporting individual communities as they use this data to further establish and strengthen locally-based interventions that capitalize on the strengths of their residents and resources;
- advocate with our state partners across Health and Human Services to use cross-system data to understand and respond to our shared priorities particularly around the economic instability of many of our families, substance abuse, mental health, and the needs of parents of very young children; and
- share information more publicly about prevention related outcomes and to define child safety as a public health issue and not a solely a DCYF issue.

2. Strong Network of Prevention

- create a Behavioral Health strategic plan that includes a clear plan for equality in access to services, increased mentoring services, and the elimination of voluntary relinquishments;
- implement a team-based decision-making process that fully incorporates family voice;
- improve communication with our school partners around responding to families in crisis; and
- develop a strategy for ensuring families impacted by addiction, particularly opioid addiction, are fully connected to services starting by reestablishing a substance abuse liaison in the department.

3. Competent, Stable, Diverse Workforce

- orient our training and professional development for staff toward a health response, particularly social determinants of health, and increasing opportunities for advocacy for community health;
- create ongoing diversity in hiring and promotions; and

- expand employee career paths.

4. Fiscal Soundness

- maximize all opportunities for federal funding including implementing additional actions to leverage Title IV-E and Medicaid funding;
- analyze the new Family First Act to determine how best to leverage this policy shift to strengthen prevention funding; and
- ensure a robust process is in place for determining budget priorities and a plan that allows for shifts in funding to occur when priorities change

5. Effectiveness of Services

- complete our study of the Training School effectiveness;
- expand our Active Performance Management process to all DCYF contracts and implement Active Division Management; and
- eliminate redundancy in processes and paperwork across the department.

Keeping RI Kids Safe is built on:

- Cross- agency collaboration and partner collaboration
- A data-driven approach to keeping kids safe
- Child-focused screening and supports
- Data analysis that pinpoints strengths in our work to identify, refer and serve at-risk families
- Priority Strategies developed along with an implementation timeline

Child maltreatment is a statewide concern and public health crisis. Informed by integrated data, DCYF, EOHHS, RIDOH, and the Children’s Cabinet are partnering with community members to implement focused strategies to keep kids safe.

In 2018, DCYF and RIDOH partnered with the Harvard Kennedy School Government Performance Lab to jointly analyze data related to maltreatment between January 2016 and December 2017, with a focus on fatalities and near-fatalities. This analysis was particularly interested in the family’s involvement with DCYF and RIDOH before the critical incident:

- Did the state identify at-risk families?
- Were families referred to and connected with appropriate services?
- Where might there be opportunities to intervene earlier or improve service effectiveness?

After completing this analysis, we cross-checked our findings with recommendations from various sources including:

- Medical Examiner's Rhode Island Child Death Review, 2012
- Internal DCYF Critical Incident reviews, 2016-2017
- Office of Child Advocate Reports published in March 2017 and December 2017

- Citizens Review Commission completed in June 2018

Our initial analysis of the 31 critical incidents in 2016 and 2017 found some areas of opportunity to work together and strengthen our processes and services for at-risk families. For example:

- 12 of 31 families had not had face-to-face interaction with DCYF or RIDOH services or programs in the year before the birth of a child
- Compared to all risk-positive children, those who suffered a fatality or near-fatality were less likely to receive a First Connections visit following a risk-positive Newborn Developmental Risk Screening

These data points, and our case review, led us identify four specific strategies to implement:

- Developing additional risk tiers for Newborn Developmental Risk Screening at birth, to identify families for persistent outreach, ongoing support, and follow up for RIDOH's family home visiting services
- Strengthening engagement with pregnant moms open to DCYF
- Introduce clear referral criteria and process for CPS to quickly make appropriate referrals to preventative services
- Strengthening routine and timely DCYF/RIDOH data sharing and monitoring to track referrals from CPS to preventative services

We began implementation of these strategies in summer 2018 (full updates below). We also recreated our review of critical incidents from 2016-2017, using 2018 critical incidents instead, to confirm that we remained on the right track. In 2019, we continued to review metrics and track progress for these strategies at DCYF-RIDOH prevention performance meetings. In 2020, we are shifting goals to an upstream approach to prevent adverse effects and focus on overall child well-being. In 2021, Update recommendations that have been implemented or are in progress; prioritize next recommendations for implementation.

Updates on "Keeping RI Kids Safe" Key Strategies:

- Develop additional risk tiers for Newborn Developmental Risk Screening at birth to identify families for persistent outreach, ongoing support, and follow up for RIDOH's family home visiting services
- Matched current Newborn Development Risk Screening data with outcomes data from EOHHS data ecosystem. Analyzed data to assess which risk flags were most correlated with adverse outcomes.
- Using this analysis, identified a set of criteria that would flag a newborn as "Risk Plus" – more likely than the standard risk positive group to experience later maltreatment.
- Once implemented, this new "Risk Plus" protocol can be used to prioritize highest risk newborns for more intensive outreach and follow-up from home visiting programs upon hospital discharge.

- This work is on-going, identifying 17 Level 1 risk families in CY 2019, and 120 families in CY 2021. These families received follow up referrals to MEICV programs.
- Strengthen engagement with pregnant moms open to DCYF
- Analyzed CY2020 DCYF hospital alerts (i.e. calls to the DCYF hotline where the subject is a pregnant mother-to-be) to assess whether moms who were the subject of hotline calls while pregnant ultimately opened to DCYF, and whether they received RIDOH-contracted prenatal home visiting in the meantime.

Chart 7: Mother's Contact with DCYF after Hospital Alerts

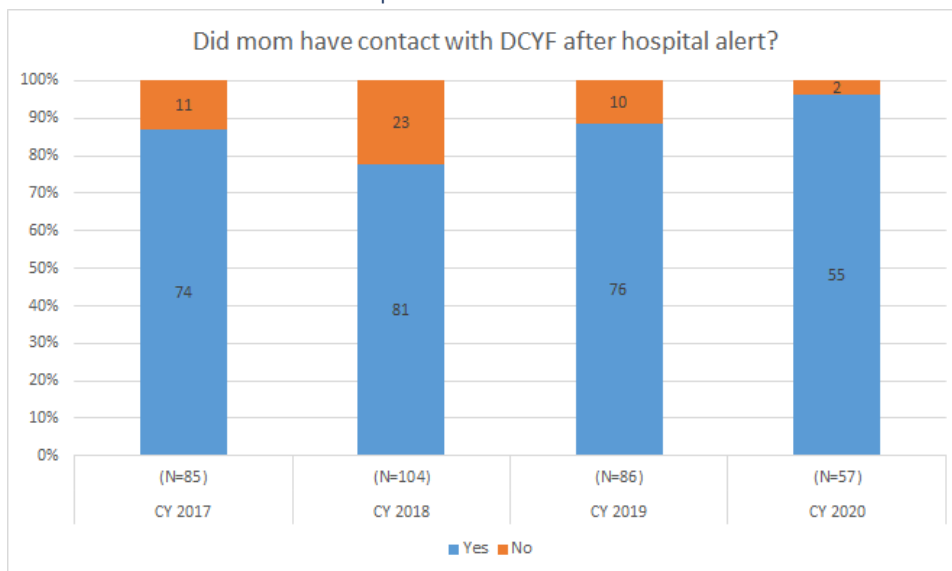
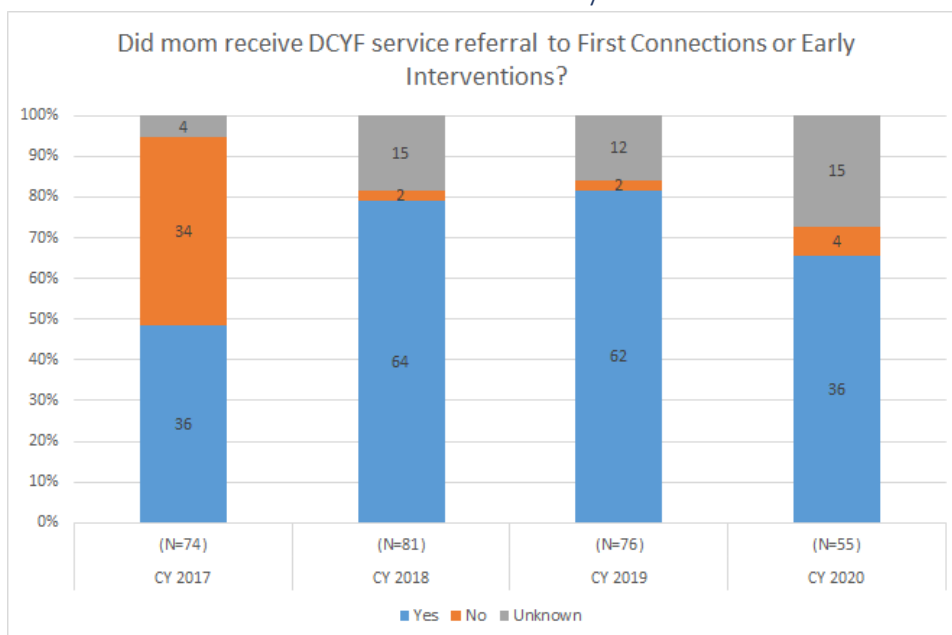
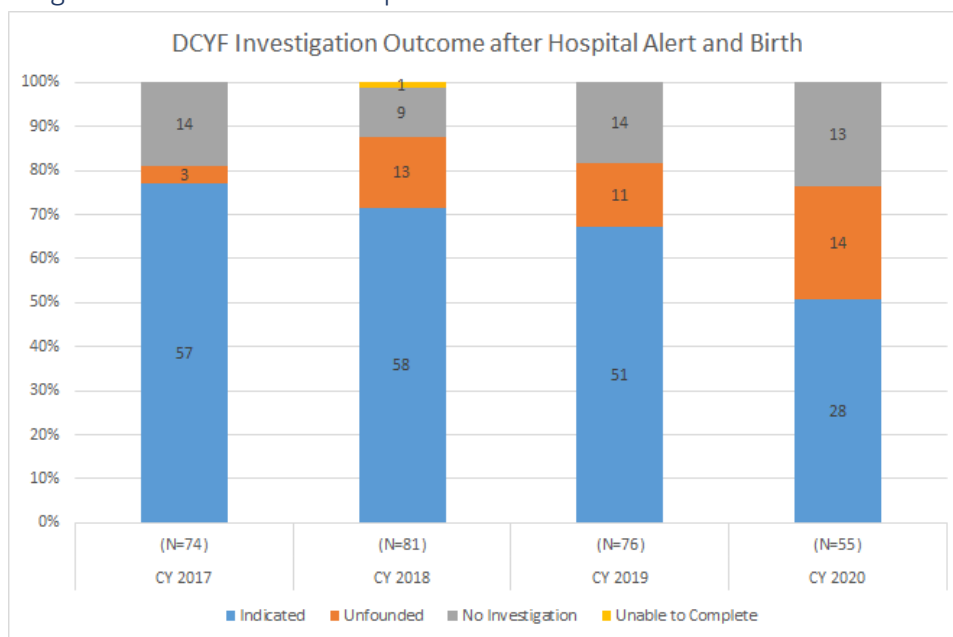


Chart 8: Mother's Service Referrals to First Connections or Early Intervention



- Joint task force with RIDOH and the Women & Infants Hospital Prenatal Clinic continue to work together with the goal of leveraging prenatal medical care providers to refer and engage more mothers with preventive services like home visiting and peer coaching before their due date.
- Since the first analysis in 2017, there was an initial increase and subsequent decrease in total hospital alerts (85 in 2017, 104 in 2018, 86 in 2019, and 57 in 2020). Additionally, there was an increase in pregnant mothers who received referrals for preventative services like home visiting and peer coaching (42% in 2017, 62% in 2018, 72% in 2019), followed by a decrease to 65% in 2020. We tracked hospital alerts, the outcomes of mothers and infants, and subsequent involvement with DCYF. There has been a decrease in indicated investigations following birth (77% in 2017, 72% in 2018, 67% in 2019, and 51% in 2020). There were alerts that did not have confirmation of a documented birth from a hospital, and as of September, 2021 are unknown to follow up.

Chart 9: DCYF Investigation Outcome after Hospital Alert and Birth



- Incorporated RIDOH into DCYF's facilitated case reviews for pregnant moms currently open to DCYF.
- Introduced clear referral criteria and process for CPS to quickly make appropriate referrals to preventative services
- Conducted referral quality workshops with CPS supervisors. Similar workshops with the Family Services Unit and Family Care Community Partnerships are forthcoming.
- Worked with vendors to create materials promoting family home visiting tailored to the DCYF-involved population.
- Strengthened routine and timely DCYF/RIDOH data sharing and monitoring to track referrals from CPS to preventative services

- Launched a manual data matching process to routinely assess whether referrals from DCYF to RIDOH-contracted family home visiting programs have engaged in those programs.
- DCYF-RIDOH team continuously collaborates to follow up on children who have been identified by this process as not engaged with any community supports (see implementation “Deep Dive” below).
- Procured a software system to automatically share this data, and shift DCYF from a fax-based system of referrals to RIDOH home visiting, to an e-referral system. Implementation of the e-referral was launched June 7th, 2021.

Additionally, this group focused on the prevention recommendation to “Incorporate family planning into child welfare practices and services”. In collaboration with Workforce Development and Planned Parenthood of Southern New England, the department provide an optional training for CPS and FSU workers training on family planning & pregnancy options. The training will focus on the many birth control methods and pregnancy prevention options available; the options a client has when they become pregnant; as well as information on how people make decisions around family planning. Attendees will also practice having conversations with clients about pregnancy prevention and/or connecting them to community resources for their reproductive health. This interactive training will include audience engagement, group activities, motivational interviewing, and resource sharing.

Additionally, this group focused on another recommendation to “Incorporate family planning into child welfare practices and services”. In collaboration with Workforce Development and Planned Parenthood of Southern New England, the department provided an optional training for CPS and FSU workers on family planning & pregnancy options. The training focused on the many birth control methods and pregnancy prevention options available; the options a client has when they become pregnant; as well as information on how people make decisions around family planning. Attendees also practiced having conversations with clients about pregnancy prevention and/or connecting them to community resources for their reproductive health. This interactive training included audience engagement, group activities, motivational interviewing, and resource sharing. This training was held in August and September 2021.

Preventative Service Follow-up Protocols

Goal: Identify families referred to preventive services by DCYF who have not engaged with services and provide ongoing outreach and support.

Preventive services “screened” for: RIDOH: First Connections, Early Intervention, MIECHV; DCYF: FCCPs, DCYF home-based services, DCYF open/close disposition

Population: All indicated cases age 0-3*

Follow-up protocols:

- Re-outreach by First Connections and/or Early Intervention providers.
- Ongoing or continuous follow-up with families who do not engage.

- Collaboration with community partners (pediatricians, childcare providers, etc.) to gauge family's existing supports and encourage engagement.

This protocol begins by generating a list of all children age 0-3 closed to DCYF with an indicated investigation. We then use DCYF and DOH data to determine whether the children on this list have engaged with a preventive service since closing to DCYF. We're interested in questions like: Did the family respond positively to the referral and receive the service? How many home visits did they get? Were they referred on to a longer term home visiting program like Nurse Family Partnership or Healthy Families America? If the child hasn't engaged with preventive services, are they now open to DCYF (meaning there are "eyes" on them regardless of the lack of engagement in preventive services).

Once we've answered those questions, we're able to build a list of indicated cases age 0-3 that haven't engaged in any programs. This is the group that could most benefit from better connections to services and more persistent follow-up. This follow-up initially takes the form of re-outreach by First Connections providers. If the family is not interested in enrolling:

- We can work with pediatricians, childcare providers, or other community partners to ensure child safety and encourage engagement in preventive services where appropriate.
- Conduct a "check-in" with family later if preventive services declined.
- Work with CPS to assess status of family at the time of case closure, identifying those who were closed with an understanding that they would engage with a preventive service.

A "baseline cohort" was previously established using indicated cases age 0-3 who closed to DCYF between March and July 2018. This baseline group served as a proof of concept, verifying that this complex data matching process was do-able in a timely manner. It also enabled us to establish a baseline engagement rate with a larger group. In the baseline cohort, we found that 20% of the families across all five months did not engage in any preventive service or were not open to DCYF when we completed this analysis.

After establishing this baseline, we started looking at this group of key families on a closer to real-time, monthly basis in October 2018, and continue to analyze program engagement on a monthly basis. There is a lag time of approximately 45 days when reporting each cohort to allow for one month of follow time and an additional two weeks for interdepartmental data merging and analysis. Above are the findings of this process over the last 14 months. In November 2019, 30% (18 of 60) children had not engaged with any preventive service and were not open to DCYF. This a slight increase from December 2019, in which 27% (26 of 97) children had not engaged with any preventive service and were not open to DCYF. Among the last 6 months of cohorts available, engagement with services has been approximately 70-75%. We consider families key in our prevention work and want to ensure they are well supported and can engage with services. As such, we will continue to monitor this metric monthly going forward, with two goals:

1. Decrease the proportion of families not engaged in any program.
2. Identify key families not engaged in any program and follow up with them more persistently, as outlined on the previous slide.

We've built a monthly reporting/accountability mechanism based on the active contract management framework used by both departments to track our performance on these goals.

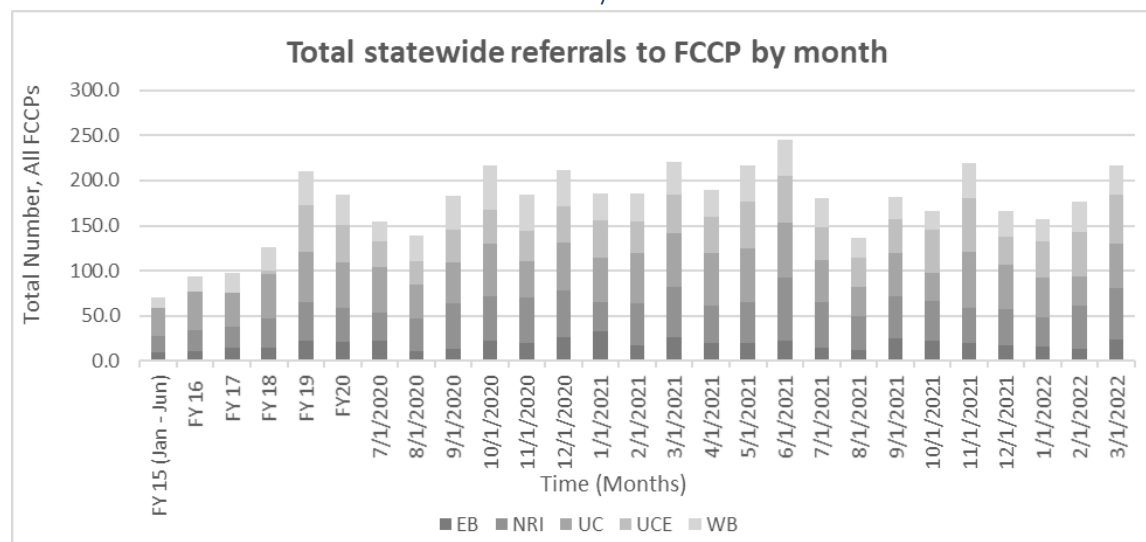
This is a key metric that will guide our fatality prevention work going forward. It serves as a proxy for whether the Departments are successfully directing the families at highest risk for a fatality or near-fatality to preventive services.

After the COVID-19 shutdown in March 2020, engagement with services for the 0-3 indicated population decreased to 79% in April 2020 (4 percent lower than the same month in 2019). However, engagement increased in May 2020 and remained steady until August 2020; this was a similar trend observed in 2019. Engagement decreased to 68% in December 2020 (21 percent lower than the same month in 2019). Engagement has increased in the early months of 2021 (see above). The Department plans to monitor this ongoing initiative and plans to collaboratively procure an automated system for data to be managed in a single data system; this will allow for timely monitoring and responsiveness. The single data system will be launched June 7th, 2021 and data analysis for the cohorts with the new system is in development.

Positive Referral and Engagement Trends for Preventative Services

Much of this work is about getting our key families into the preventive services that can support them. RI is already seeing some good signs when it comes to engagement with these preventive services. This is very encouraging for us and is a sign of the Pivot to Prevention in action.

Chart 10: Total Statewide Referrals to FCCP by Month



Much of this work is about getting our key families into the preventive services that can support them. RI is already seeing some good signs when it comes to engagement with these preventive services. This is very encouraging for us and is a sign of the Pivot to Prevention in action.

While much of our focus has been on engaging families in the home visiting program contracted by RIDOH, it's important to note that DCYF also contracts with preventive Family Care Community Partnerships (FCCPs) throughout the state. These providers are designed in part as a "first line of defense", engaging families at risk of DCYF involvement in wrap around services before they

arrive at DCYF's front door. Chart 10 shows the total number of new referrals to the FCCPs per month.

The total number of referrals continues to rise each year, on average, with close to 250 referrals in June 2021. Also as a continuation of a trend, a growing proportion of these referrals are coming from the community, as opposed to from DCYF directly. Recently, community referrals surpassed DCYF referrals by a large margin. In November of 2021, community referrals made up 60% of all referrals that month. As the COVID-19 pandemic and pandemic related events rise and fall, so do the FCCP referrals. However, in the past calendar year of 2021, the referral patterns by month have normalized to pre-pandemic trends.

[“Keeping RI Kids Safe” Next Steps](#)

- **Automate manual preventive service data-sharing system for children ages 0-3**
- **Work with healthcare providers to connect pregnant women reported to DCYF with prenatal services**
- **Build a performance management system aimed at fatality and near-fatality prevention**
- **Align Family First initiatives with Fatality Prevention efforts**

Starting in June 2021 the department began implementation of an automated data-sharing system in the Salesforce platform that allowed us to continue to identify the group of key families with children age birth to 3 who were not engaged in any preventive service at the compilation of an investigation.

This electronic referral and data tracking system has allowed the department to identify and track those children who had come through DCYF's front door by matching them with various data systems across DCYF and RIDOH to identify those children and families that had not participated in a preventive service.

With the implementation of the e-referral and data tracking system the department in collaboration with RIDOH, has established a periodic data push routine between Salesforce and the RIDOH KidsNet system in order to align child by child data across the two systems. This will provide greater opportunities to shape and track practices in both service systems to ensure greater degrees of family engagement to address the needs of our shared Birth to 3 population.

DCYF has continued to receive valuable feedback about its work and how to ensure better outcomes for Rhode Island's child welfare system. As the department moves forward, there is ongoing dedication to continuing our prevention efforts so that vulnerable families and children receive the support they need when they need it. The considerations around this are farther reaching than DCYF, so the Department has sustained engagement with other systems and community partners who are also focused on serious mental health and substance abuse issues as well as family violence and poverty in our communities. These issues matter most in the lives of families and children and whether they reach the doorstep of the Department. In addition, our families and children of color who are most adversely impacted by these issues must be the constant lens through which we judge our successes and our failures.

Because of these refocused efforts, DCYF has achieved the following outcomes:

- More children are living in families than ever before because of improvements made in our family-based foster care work.
- The number of licensed foster families has increased by 25%.
- The number of children living in institutional care has continued to decline by more than 25% since fiscal year 2016.
- The number of children placed in out-of-state care has remained at an all-time low of approximately 50 children and youth.
- The average monthly census at the Rhode Island Training School in CY 2021 was 29 youth.
- The current vacancy rate for frontline staff vacancy rate is at 9.2%.
- Since implementation in March 2018, more than 600 families have received a Family Assessment Response (FAR), an alternative prevention response, through our CPS division. Since implementation in September 2020, more than 2,000 families have received services from the Support and Response Unit (SRU).
- The Department's primary prevention partners, Family Care Community Partnerships (FCCPs), were expanded from 4 providers to 5 in March 2018 and, on average, 5% of families have subsequently opened to the dept within 6 months after receiving services from an FCCP.
- Since implementation in October 2017, over 300 youth and their families have had access to contracted behavioral health services outside of opening a DCYF case made available to the Family Court's Intake Unit and only 17% have subsequently opened to the Department.
- A series of permanency reviews for 563 children held between May 1, 2018 and October 31, 2018 resulted in 200 children moving to permanency and case closure.

[MaryLee Allen Promoting Safe and Stable Families](#)

The Department is also allocating IV-B Part 2 Promoting Safe and Stable Families Program funding in FY 2022 as follows:

[Family Support - 21%](#)

The Parent Support Network of Rhode Island was begun primarily to assist families of children with serious emotional disturbance (SED) who had no formal involvement with the child welfare agency. However, there is greater appreciation now for the trauma associated with child abuse/neglect and the impact that involvement in the child welfare system has on children and their families. The Parent Support Network, with funding through IV-B, part 2, is providing additional support for families; with peer supports, fatherhood groups, and many local free events to encourage parent involvement. PSN has also been a leader in the Peer Recovery Support movement in the state and have trained over 100 peer recovery coaches. PSN is available to all families statewide and serves over 300 families a year.

The Department is also allocating IV-B, part 2 funding to support the Family Care Community Partnership (FCCP) to provide resources for family support services for families either referred by DCYF or who are seeking assistance on their own. This program is available statewide and serves approximately 2,300 families a year.

Family Preservation - 20%

The Partners in Permanency program, which was developed by Children's Friend and Service in October 2000 as a demonstration project with funding from the U.S. Department of Health and Human Services, Administration on Children and Families, is now funded with Title IV-B, part 2 dollars. This program was quite impressive as a model for concurrent planning. It dovetails effectively with the Department's efforts to promote family-centered practice and to support concurrent planning practice changes within the Regions. This program bridges the categories for family support and adoption promotion/support and can serve 20 families at a time is statewide.

In 2019 DCYF began funding Familias Unidas. This is a culturally specific Spanish language family-based, preventative intervention to promote protect against, and reduce risk for behavior problems, illicit drug use, cigarette use, and unsafe sexual behavior in Hispanic youth and adolescents. The program also increases attachment to families and schools and is led by trained Hispanic/Latino facilitators. The program engages Hispanic parents/caretakers in an empowerment process for which they first build a strong parent support network and then use the network to increase knowledge of culturally specific parenting, strengthen parenting skills and apply the new skills in a series of activities. This program is statewide and serves 10 families at a time.

Family Reunification Services 23%

The Department of Children, Youth and Families in collaboration with the Providence Children's Museum has evolved a successful and innovative therapeutic visitation program which is nationally recognized. The Families Together Therapeutic Visitation program has now been in operation for more than 20 years. This program, funded by IV-B, part 2, is operating in all four of the DCYF regional office locations, allowing visitation program consultants to be out-stationed into our Regions. The Families Together program consultants work with our supervisors and social caseworkers to develop stronger capacity for supervising visitations, providing education on child development and behavior management; and, providing helpful, constructive feedback to parents following visitations. The program also provides a visitation specialist/parent educator component to further assist in supporting permanency outcome goals. This program has been recognized nationally by Harvard University's Innovations in Government program; it has been presented nationally as a promising practice at several child welfare conferences and through the national association of Children's Museums. This program is available statewide and can serve 60 children a year.

Adoption Promotion and Support Services - 26%

Funding through Title IV-B, part 2 supports the work of the Dave Thomas Foundation to hire two Wendy's Wonderful Kids family recruiters. One funded through IV-B, Part 2 and the other matched by The Foundation with the Foundation supplying the training for these positions. Adoption Rhode Island has been the only provider of the Dave Thomas Foundation for Adoption's *Wendy's Wonderful Kids* (WWK) Model in Rhode Island for just over a decade. This evidence-based national model was designed to meet the needs of our most vulnerable youth, including older youth and youth who have been in care for longer. WWK Recruiters provide intensive, child-focused recruitment, including case record mining, smaller caseloads, and more frequent, individualized casework with youth. After nine years of significant success in this program, the

Dave Thomas Foundation for Adoption and the RI Department of Children Youth and Families invested funding for two additional WWK Recruiters at Adoption Rhode Island in 2014, bring the total to three WWK Recruiters. The WWK model allows for caseloads of 12-15 youth in active recruitment. There are currently 48 youth in Adoption Rhode Island's WWK Program: 18 youth being served through DCYF-funded WWK, and the remaining 30 being served through Dave Thomas Foundation-funded WWK. This program is statewide.

Funding through Title IV-B, part 2 also supports Teen Focus is a program that includes several evidence-based and evidence-informed best practices to achieve permanency and independence outcomes for teens in care with the permanency goal of Another Planned Permanent Living Arrangement (APPLA). Historically, these youth were not enrolled in any permanency services at Adoption Rhode Island. The primary areas of focus of the Teen Focus program are to (1) keep older youth stable in supportive living arrangements while striving towards legal and relational permanency through adoption, guardianship, reunification, and/or the development of a network of peer and adult supports, (2) achieve educational and vocational goals, and (3) prepare youth for adulthood through life skills development. As part of a multi-disciplinary team, Teen Focus Permanency Specialists work with youth to achieve relational and emotional permanency through family search and engagement and other opportunities to build and sustain lifelong relationships, implementing models such as child-focused recruitment, Darla Henry's 3-5-7 Model for permanency clarification and preparation, and family search and engagement models. Education Specialists support positive educational outcomes for youth, including high school graduation, exploration of post-secondary education and career goals, increased community involvement, and extracurricular activities. The program started through a contract with DCYF in January 2017, with funding for three Permanency Specialists and two Education Specialists. The program was contracted to serve a total of 54 youth in the first year, with caseloads for Permanency Specialists up to 18 youth (each Education Specialist's caseload reflects half of the total program population). At this time, there are two Permanency Specialists and two Education Specialists, and the agency is in the hiring process for the third Permanency Specialist. Until the third Permanency Specialist is hired, the program capacity is 36 youth. This program is statewide.

Emergency Funding for the MaryLee Allen Promoting Safe and Stable Families (PSSF)
\$208,042

Proposed Investments & Programming

1. Support Groups for Non-Kinship Families

- a. Support groups help families reduce feelings of isolation for foster families, provide a community of shared experiences, and provide realistic strategies to address the challenges of foster care. Capacity exists in community-based partners to expand our existing contract for Kinship Support Groups with The Village for RI Foster and Adoptive Families.
- b. The proposed budget estimate up to an additional two support groups per month through the end of December 2022.

2. Peer-to-Peer Mentorship Program for Traditional Foster Families

- a. Foster families with lived experience are uniquely situated to help guide new or struggling foster families on how to face challenges. A Peer Mentor can provide emotional support, connect the family with services and resources available in the community, coach a family in how to advocate and communicate for themselves and the child(ren) in their care, convey experiences of foster families to ensure that no foster family feels alone. A Kinship Peer Mentor Program (*Kinship Connections*) is currently operating has supported stability and reunification transitions for kinship families, and support for social workers.
- b. The proposed budget estimates 1.5 hour/week engagements for approximately 10 families at a time, for a period of 75 weeks, plus capacity for program management and oversight.

3. Retention and Appreciation Events

- a. While the challenges of foster care are consistent, the pandemic has produced more feelings of isolation for foster families and youth, as well as placed unparalleled challenges for families worried about health, education, and treatment needs of the child(ren) in their care. By engaging families and youth in social activities, we provide opportunities for connection and demonstrate recognition and appreciation of the challenges they have faced, leading to increased satisfaction and retention among resource families.
- b. The proposed budget estimates small community-based social events in fall, 2021, spring, 2022, and fall 2021, as well as a larger appreciation event in summer 2022.

4. Compensation for Youth & Family Engagement & System Participation

- a. Family and youth voices are critical to the effectiveness of our system, as they experience our system from a consumer perspective. We often ask families and youth to engage as part of speaking panels, presenters in training, and as participants in meetings and committees. However, while our families and youth are often eager to contribute, work schedules, transportation, childcare, and other limitations are often barriers. By providing gift cards to family and youth for active engagement in a variety of system activities, we increase the likelihood of ensuring the right voices are “at the table” and that we inform our practice from the viewpoint of your stakeholders.
- b. The proposed budget estimates gift cards (to be determined) ranging from \$10-\$50.

5. Branded Materials

- a. Investing in branded materials (such as t-shirts, grocery bags, etc.) will help advertise the Be An Anchor community engagement campaign, bringing awareness to not only the need for foster families, but also the vast state and community resources available to support caregivers.
- b. The proposed budget estimates similar investment to previous purchases.

6. Youth Interviews

- a. The Department has recently brought “Anchors” (families and system staff) together to be interviewed about their experience. The inclusion and value of family voice is critical to the system, and these are video resources to inspire, engage, and educate. The next round of these videos would be focused on youth, and their perspective and experience being in the child welfare system.
- b. The proposed budget mirrors the costs for the already completed Anchor Interviews.

7. Trauma Informed Training for Child Care Professionals

- a. A significant challenge often faced by foster families is finding a childcare provider that is able to meet the unique needs of children in foster care. Foster children experience disruption from childcare settings more often than their peers, as the childcare providers are unprepared on how to address trauma-reactive behaviors. This leads to placement instability, and lost opportunity for critical social development. While the Department has invested resources to connect families with high quality childcare settings, the knowledge and competency gap still exists in that workforce. By partnering with Bradley’s SUCCESS Program and the RI Center for Early Learning Professionals, the Department can support the development of a trauma-informed training to engage child care providers differently in their care for foster children (in accordance with the *RI Early Learning Workforce Knowledge and Competencies*)
- b. The proposed budget is a placeholder and would need to be further developed with the aforementioned partners.

8. Training and Engagement Resources

- a. The pandemic accelerated the use of online connection technology, and while families are eager to engage in person as soon as possible, families, community partners, and system staff all share that we should not discontinue the innovations that have been developed. Training and engagement meetings should be offered through a mixed delivery system, to provide additional opportunity for all families to engage, in a way responsive to their schedule. *To date, the Department has held almost 75 virtual training events (including pre-service and in-service), and an nearly 100 additional family engagement opportunities, where engagement seems to be increased.*
- b. The proposed budget estimates the funding of three Zoom accounts (the preferred tool for families), and the funding of one Padlet or Mural Board account for engagement activities. *Please note, these accounts already exist, but have been paid privately by staff since March 2020.*

9. Pilot of Expansion of Digital Footprint

- a. Recently, staff privately funded sponsored advertisements on the Be An Anchor social media site. In one example, an investment of \$10 was made on a “post” to target families from Woonsocket, a key community where foster homes are needed, and

community awareness is critical. From that “post”, the Department received over a dozen inquiries and approximately six applications for families in Woonsocket.

- b. The proposed budget would support a targeted campaign to test the effectiveness of sponsored web advertisement through social media, to determine if a longer-term ROI is anticipated.

10. Foster Forward’s Christmas Program

- a. Each Christmas, the Department partners with community agencies and business to ensure that all families open to DCYF care (in home or out of home) have access to resources to support holiday gift giving. This program provides a sense of normalcy and relieves financial stress for families.
- b. The proposed budget estimates two years of Christmas Program funding, mirroring previous costs.

Service Decision-Making Process for Family Support Services

The above services were selected through active contract management or an RFP process. These services meet the requirements that family support services be community-based.

Populations at Greatest Risk of Maltreatment

The Department has identified and updated the population of children who are reportedly at greatest risk of maltreatment in 2021 as:

- Children age 5 and younger
- Children of color
- Children who are from families with low socioeconomic status
- Children with a family history of DCYF involvement or history of maltreatment
- Substance exposed newborns
- Victims of sex trafficking

The Department monitors and evaluates child maltreatment using multiple methods, the National Child Abuse Neglect Data System (NCANDS) and the Adoption and Foster Care Analysis Reporting System (AFCARS) data as a surveillance system, monthly continuous quality assurance meetings, targeted research studies and analysis employing advanced statistical analysis. Based on these multi-methods, DCYF employs CQI meetings to identify evidence-based programs demonstrating effectiveness with populations at elevated risk for maltreatment. These CQI meetings are inclusive of DCYF staff - child welfare, juvenile justice, children’s behavioral health and licensing – as well as community providers. Active contract management with providers has also been instituted within the past two years. Because of these analyses and collaboration with providers, within the past year, the providers implemented community-based programs and congregate care programs to address these youth at higher risk. These programs include Triple P, FFT, TST community programs and TST residential programs.

The Department is an active member of the Governor’s Task Force on Overdose and the Substance Exposed Newborn Task Force to continue to address and support substance exposed

infants. The Department will address in the CAPTA plan the activities undertaken for this population.

Infant Safe Sleep Program

Between 2016 and 2021 there were a total of 49 preventable infant sleep-related deaths in Rhode Island. In response to this concerning public health issue, the Rhode Island Department of Health (RIDOH) created a Safe Sleep Program. The mission of the Safe Sleep Program is to reduce preventable sleep-related infant morbidity and mortality in RI. Safe Sleep is also addressed in two other venues: (a) the multi-department Child Well Being Workgroup chaired by EOHHS and attended by DCYF, RIDOH, Office of the Child Advocate, and others; and (b) Safe Sleep Communications Workgroup where EOHHS, DCYF, and RIDOH meet regularly to ensure active and aligned Safe Sleep messaging throughout the state.

Recent activities of the Safe Sleep Program and Workgroup include:

1. Between 2018 - 2022, DCYF and RIDOH have purchased over 50,000 copies of *Sleep Baby Safe and Snug* board books for RI's five birthing hospitals to hand out to families who deliver a newborn.
2. Between 2018 - 2022, over 1,400 individuals have received Safe Sleep education and training
3. Annual Safe Sleep site visits at birthing hospitals to review safe sleep policies and procedures around patient and staff education and messaging
4. Safe Sleep products (cribnettes, sleep sacks) available at no cost to families through First Connections home visiting agencies
5. Safe Sleep Family Visiting assessments
6. Public-facing education through health fairs and other events

Attention to Sex Trafficking

A significant portion of Governor Raimondo's mission has been to develop a comprehensive program addressing the Commercial Sexual Exploitation of Children (CSEC) within the State of Rhode Island. On July 31, 2015 The Governor issued a Policy Directive to her cabinet, a Call to Action against Human Trafficking.

In January 2016, the Governor released the Uniform Response Protocol. In addition, the Rhode Island Human Trafficking Task Force was created. It is a collaboration of federal, state, and local law enforcement agencies, the USAO and the RIAG, who are dedicated to targeting and prosecuting offenders, dismantling human trafficking rings, and rescuing children and adult victims of human trafficking.

In 2016, a suspicion of human trafficking became a mandatory report to the DCYF hotline. To create a more streamlined, coordinated effort, a human trafficking prevention coordinator, within Child Protective Services, in the special investigation's unit was created. This position acts as the main point of contact for the Department for all human trafficking concerns. The Special Investigations Unit has worked towards using preventative measures to help prevent ongoing human trafficking concerns. The special Investigations Unit reports and updates DCYF leadership on a weekly basis surrounding recent concerns. Preventative measures include recognizing "hot spots" for at risk runways, identifying potential children who may become absent from care, and retrieving children when they do go absent from care. In partnership with the human trafficking

task force, a screening tool has been developed to help identify potential victims of human trafficking. The Department has enacted policy for the screening of all children in congregate care settings, including the RI Training School. The Human Trafficking Prevention coordinator is available to all DCYF staff and community partners to provide consultation, assistance with service coordination, and act as a liaison to The Statewide Human Trafficking Task Force process, which includes a Multi-Disciplinary Team. The special investigation unit has also partnered with the internal epidemiologist to help track, and chart data points that will be recorded during the roll out process of the screening tool. These data elements will be provided to the data Subcommittee of the human trafficking task force. The special Investigations unit currently:

- Reviews current programs, initiatives, and legislation
- Participates in meetings regarding individual child/youth or programs where identified youth reside
- Reviews screening results for all youth in congregate care who meet the criteria under DCYF Policy as being at risk for CSEC and works with caseworkers and placement providers to coordinate services.
- Participates in existing meetings with partners and stakeholders
- Implement/update standardized policies and procedures
- Increases collaboration, coordination, and partnerships with outside agencies
- Reduce the total number of children absent from care (CAFC) and locate all long term absent children
- Enter the names and identifying information for each youth absent from care into the NCMEC (National Center for Missing and Exploited Children) Data Base and work closely with NCMEC to provide updates and exchange information
- Provide professional training, outreach, and public awareness
- Provide weekly updates to DCYF Management

The Department classifies a victim up to the age of 18 and 21 if that youth is open to the Department or has a Serious Emotional Disorder or Developmental Delay.

A portion of these children are at high risk to become CSEC victims. Because of this, the screening tool implementation has been essential for helping identify potential High risk or confirmed victims of human trafficking. Since June of 2019, 149 children in congregate care have been categorized as at risk, High risk, or confirmed victims of human trafficking upon initial screening of the CSEC screening tool. In 2019, The Department issued a policy that all children entering congregate care would be screened for commercial sexual exploitation using a screening tool developed by the Data Subcommittee of the human trafficking task force, alongside the Department. Since the inception of that tool, 660 children have been screened at least once for human trafficking.

With coordinated efforts of all divisions within DCYF, The Special Investigations Unit has reduced the daily average number of absent children to 12-16. Through coordination with law

enforcement, Hasbro Hospital, Day One and others, we have confirmed (107) child victims of sex trafficking within the State. DCYF has made significant progress using a whole community approach to prevent, educate, and treat CSEC victims. The result is that everyone needs to be involved with helping not only identify, but to treat victims of human trafficking.

Provide professional training, outreach, and public awareness: DCYF is currently providing a multi-tiered mandatory training program for DCYF workers, to include awareness training for all workers and advanced CSEC training for the Child Protective Services Unit. The Human Trafficking Prevention Coordinator, who is a member of the education Subcommittee of the human trafficking task force has provided in house trainings to all new staff, and current in-house trainings are being provided for front line staff. In partnership with the education subcommittee of the human trafficking task force, community-based trainings held throughout the state have been offered, in coordination with the DCYF training Department, staff were offered the opportunity to attend these trainings throughout the state. These trainings include treatment, intervention, education, advocacy, and prevention services offered within Rhode Island. Covered in all trainings:

- Rhode Island General Law 11-67 (Trafficking of Persons and Involuntary Servitude)
- Federal Law H.R. 4980: Preventing Sex Trafficking and Strengthening Families Act
- Mandatory Federal reporting requirements (NCIC & NCMEC)
- Rhode Island Safe Harbor Act (2017 -- H 5857)
- DCYF Policies (Child Absent from Care – CAFC & CSEC)
- Victim Centered Approach
- Multi-disciplinary Teams
- Special Investigations Unit (CAFC, Kinship Locator and CSEC)
- Victim screening questions/DCYF CSEC Assessment Tool
- Specific Services provided for CSEC victims
- The MDT process through Day One

[Kinship Navigator Funding](#)

The Department received \$229,564 in FFY2018 and \$224,187 in FFY2019, and \$222,687 in FFY2020 and \$200,000 in FFY2021. The funding supports a full time contractor as a Kinship Program Manager (KPM). This individual serves as a project lead related to kinship efforts and has lived experience as a kinship caregiver. The KPM's work to develop programming for kinship providers is focusing on the target outcomes for future evaluation and ensuring that all offerings include an assessment component. Given the small size of Rhode Island, the required sample size for evaluation may present an initial barrier for evaluation. However, the Department intends to use future Kinship Navigator resources to invest in evaluation and exploration of models from other systems. The specific programs that have been operationalized include, but are not limited to:

1. Foundation of a Kinship Advisory Council (KAC) that advises on the systemic and more specific needs of kinship caregivers;
2. Development and implementation of an online tool used to maintain and monitor ongoing regulatory requirements, while helping to navigate kinship caregivers through the licensing process and challenges through the life of the placement;
3. Establishment of a kin-to-kin mentoring program, which provides kinship caregivers to provide others with supports who have had lived experience;
4. Development of a wider array of kinship training opportunities for both preservice; and in-service;
5. Increased access to material supports and informational resources specific for kinship caregivers;
6. Established a series of contacts at state and community agencies to support the connection of kinship caregivers to publicly available benefits; and
7. Expansion to a broader system of kinship support groups through a contract with two community-based organizations.
8. Delivery of staff training “Engaging Kinship Caregivers” to help social caseworkers understand the unique circumstances and needs of kinship families.

Additional efforts are underway to develop a trauma informed therapeutic resource guide that specifically addresses the unique dynamics of kinship care, and inform a process for policy and practice reviews to ensure kinship caregivers have support in navigating the child welfare system (with a particular focus on each stage of the process – before, during, and after placement), and knowledge of their rights as a foster parent.

[Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits](#)

It is the Department’s policy, in accordance with Public Law 109-288, Child and Family Services Improvement Act of 2006, to ensure that children in foster care are visited at least once per month, or more frequently as needed, to ensure their safety, well-being and attainment of their permanency goals.

The caseworker for purposes of this mandate includes any worker that the Department has assigned or contracted case management or visitation responsibilities. For a child placed out of state, whether in a treatment facility or foster home, the visit can be made by the worker from the sending state, the receiving state in which the child has been placed or a private agency under contract with either state.

During this visit the worker should ensure that the placement continues to be the most appropriate and least restrictive safe setting, consistent with the best interest and special needs of the child.

The Department uses the Monthly Caseworker Visit grant to improve the quality of caseworker visits with an emphasis on improving caseworker decision-making on the safety, permanency,

and well-being of foster children and caseworker recruitment, retention and training (section 424(f) and 436(b)(4)(B)(i) of the Act).

In 2021, the Department used Monthly Caseworker Visit funding to purchase broadband-enabled tablet laptop computers to support front line caseworkers. From 2022 through 2024, the Department has a plan to continue to purchase headsets and additional broadband-enabled tablet laptops and continue to enhance technology to support staff in the field. The laptops allow staff to complete face-to-face visits more efficiently and effectively by allowing them to work directly with their clients in the field. Information can be entered directly into our RICHIST system without the need to return to the office. In addition, the Department is addressing the frequency and quality of caseworker visits as part of the PIP.

The state made the performance standards in 2020.

[Adoption and Legal Guardianship Incentive Payments](#)

The Department foresees no significant barriers to expending the funds we received in FY 15 \$198,750; FY 16 \$327,000; FY 17 \$889,000, FY 18 \$215,000, FY 19 \$88,000, FY 20 \$80,000. The Department re-procured its service array and funded Teen Focus through Adoption RI for \$338,211 in fiscal years 2018, 2019, 2020 and 2021. In addition the Department is in the process of issuing an Adoption Services RFP by the beginning of fiscal year 2022. The RFP will be for the full range of pre-post adoption/guardianship recruitment, matching, and support. Adoption Incentive funding will be used to support new programming to support Adoption Services.

Teen Focus is a program that includes several evidence-based and evidence-informed best practices to achieve permanency and independence outcomes for teens in care with the permanency goal of Another Planned Permanent Living Arrangement (APPLA). Historically, these youth were not enrolled in any permanency services at Adoption Rhode Island. The primary areas of focus of the Teen Focus program are to (1) keep older youth stable in supportive living arrangements while striving towards legal and relational permanency through adoption, guardianship, reunification, and/or the development of a network of peer and adult supports, (2) achieve educational and vocational goals, and (3) prepare youth for adulthood through life skills development. As part of a multi-disciplinary team, Teen Focus Permanency Specialists work with youth to achieve relational and emotional permanency through family search and engagement and other opportunities to build and sustain lifelong relationships, implementing models such as child-focused recruitment, Darla Henry's 3-5-7 Model for permanency clarification and preparation, and family search and engagement models. Education Specialists support positive educational outcomes for youth, including high school graduation, exploration of post-secondary education and career goals, increased community involvement, and extracurricular activities. The program started through a contract with DCYF in January 2017, with funding for three Permanency Specialists and two Education Specialists. The program was contracted to serve a total of 54 youth in the first year, with caseloads for Permanency Specialists up to 18 youth (each Education Specialist's caseload reflects half of the total program population). At this time, the program is fully staffed and serves 48-50 clients at capacity. This program is statewide.

Adoption Savings

The Department foresees no significant barriers to expending the funds we received in FY 15 \$74,483; FY 16 \$99,940; FY 2017 \$245,237, FY 18 \$672,969 and FY 19 \$436,103. In 2017, the Department re-procured its service array and funded Adoption Recruitment and Support through Adoption RI for \$131,680 a year in fiscal years 2017, 2018, 2019 and 2020. In addition, the Department funded contract increases in Wendy's Wonderful Kids at Adoption RI in 2017, 2018, 2019 and 2020. The remaining Adoption Savings funds were used to support adoption/guardianship childcare costs for post adoption families on adoption subsidies.

Family First Prevention Services Act Transition Funds

DCYF intends to contract with a qualified research and evaluation team to conduct a rigorous evaluation of the two programs that have not been rated as "well supported" by the Title IV-E Prevention Clearinghouse or are pending a rating. The qualifying evaluator(s) that will evaluate the SafeCare, and Familias Unidas evidence-based programs. . The Department has drafted an RFP for the evaluator and plan to make public the RFP by July 2022.

The DPI Unit will provide oversight and guidance to the selected evaluator(s) to ensure a well-designed, rigorous evaluation plan is developed for each program or service which Rhode Island has not been granted an evaluation waiver. The Title IV-E Prevention Services Clearinghouse Handbook of Standards and Procedures and the Evaluation Plan Development Tip Sheet, provided by the Children's Bureau, will be used to guide development of each evaluation plan.

DPI unit, as part of the Department's FFPSA core group has engaged in Evaluation \ CQI workgroup meetings every other month comprised of internal staff (Division directors) as well as external providers who currently administer EBPs that are contained within the FFPSA prevention plan. These workgroup meetings will continue after the Department's plan after Children's Bureau approval to ensure ongoing collaboration with providers, timely data sharing\submission from providers, data quality issues, DPI data analysis in collaboration with the data evaluator of EBPs fidelity and outcome measures, recommendations for any midcourse corrections needed.

DCYF has identified two overall candidacy populations, with subpopulations within each. The first are children and families that are open to DCYF. Enhancements will need to be made to the Rhode Island Children's Information System (RICHIST) and an outside contractor will likely need to be hired due to the number of revisions that are needed.

The second overall candidacy population are children and families who are not open to DCYF but are at risk of entering foster care. These families are served through DCYF contracted Family Care Community Partnerships. The Family Community Care Partnerships (FCCP) data system, the Rhode Island Family Information System (RIFIS), will require enhancements to meet FFPSA requirements.

John H. Chafee Foster Care program for Successful Transition to Adulthood –

Agency Responsible for Administration of the Chafee Program, including the ETV Program

The Department of Children, Youth and Families (DCYF), is the state agency responsible for the administration, supervision and oversight of all programs and services required and funded under the Chafee Foster Care Independence Program (CFCIP), including the National Youth in Transition Database (NYTD) requirements and the Education and Training Voucher (ETV) program. As such, DCYF is responsible for providing youth in foster care and formerly in foster care with youth development services and supports to help them transition to adulthood and to achieve permanency and self-sufficiency. DCYF is committed to assisting all youth who are leaving the Department's care prepare to enter adulthood successfully.

Rhode Island intends to continue to use Chafee and ETV funding for youth who enter foster care on or after the youth's 16th birthday and up to the young adult's 21st birthday. This includes youth who are placed in guardianship or adopted on or after the youth's 16th birthday. On a case by case basis, we ensure that similar services are available as appropriate and necessary to youth ages 14 -15 using non-Chafee funding to support those services. In general, DCYF caseworkers work with foster care providers for youth ages 14-15 to address the youth's transition needs and assist the youth in accessing services available through community-based resources. At this time, Rhode Island is not opting to extend services beyond the young adult's 21st birthday except for ETV funding which will continue to be available to eligible participants until the academic year in which the young adult turns 23.

Program Design and Delivery, Services, Statewide Access

Since the State lowered DCYF's age of jurisdiction to age 18 in 2007, the youth, provider and advocacy community campaigned on extending foster care back to 21. While federal law authorized the use of Title IV-E funding for extending foster care in 2008, the advocacy campaign was not successful until DCYF Director Trista Piccola came on board in 2017 and worked with the youth, providers, the advocacy community and the Governor to design an extension of care program which addresses the concerns of these stakeholders. At the that time, Director Piccola was clear that her goal is that no youth is faced with having to choose participation in the Voluntary Extension of Care (VEC) Program because we have ensured that they have attained permanency prior to age 18.

In June 2018, Governor Gina Raimondo signed into law the Voluntary Extension of Care Act, which authorizes the extension of Foster Care to age 21 using Title IV-E criteria. As a result of this new law, the Department created the Youth Development Services Casework Unit. Currently comprised of one Casework Supervisor and three Caseworkers, it is anticipated that when fully built out there will be six caseworkers in this unit. This unit is responsible for the case management of VEC participants and will be the primary individuals responsible for ensuring youth succeed in being prepared for adulthood.

In July 2018 the Department began its development of the Voluntary Extension of Care Services. The goal of the Voluntary Extension of Care (VEC) program is simple: support young people in becoming self-sufficient, independent, and thriving adults. The program is youth-driven with the young adult setting their own goals for housing, education, employment, and future success.

DCYF's VEC staff work with others to aid young adults who choose to participate in the VEC program with this transition and to provide access to other supports and services. To participate in VEC, a young adult must be one of the following:

- In the care of DCYF due to dependency, neglect, or abuse petition on the young adult's 18th birthday, and must voluntarily agree to participate;
- 18-20 years old and was in the care and custody of DCYF due to abuse, neglect, or a dependency petition on his/her 18th birthday and is now closed to DCYF and is voluntarily agreeing to again be supervised by DCYF and Rhode Island Family Court through the VEC program;
- 18-20 years old and was in the care and custody of DCYF on his/her 18th birthday and had been a VEC participant but participation ended. The young adult may voluntarily agree to re-open with DCYF to participate in VEC; or
- A young adult adopted or placed in legal guardianship from DCYF care on or after the youth's 16th birthday and – after turning 18 and before turning 21 – the youth's relationship with his/her adoptive home or guardian was disrupted so the youth can no longer live with them.

To be part of the VEC program, young adults are responsible for continuing their education and pursuing career opportunities that support their long-term goals. Young adults who participate must meet and maintain at least one of the following requirements:

- Continue attending high school or an alternative program if they have not received a high school diploma or equivalent (e.g., GED);
- Be enrolled and participating in a college or vocational program;
- Participate in a job training program or an activity designed to remove barriers to employment;
- Be working a paid job at least 80 hours per month; or
- Have an approved medical waiver from DCYF based on the recommendation of a medical professional. Documentation from a licensed medical professional must be provided to DCYF on a semi-annual basis or more frequently if requested.

The VEC program supports young adults by providing support for and access to housing, education, employment, medical and behavioral health care, and other benefits and services. Each young adult has a YDS caseworker who works with the young adult and to help him/her be prepared to live independently at age 21. Young adults will receive guidance and assistance with:

- Transitioning: Developing and implementing a transition plan
- Housing: Identifying, securing, and maintaining an appropriate supervised living arrangement (SLA)
- Financial: Cash assistance for help with rental costs and assistance with daily living expenses

- **Benefits and Supports:** Accessing other supportive services for which the young adult might be eligible such as SNAP, cash assistance, heating oil assistance, WIC, Child Care Assistance Program, and more
- **Education:** YDS will work with the young person to identify educational needs and goals. Supports can include educational planning, applying for college financial aid, accessing on-campus programs, and identifying potential internship opportunities, and more
- **Career:** Developing and supporting a career plan based on the young adult's choices including referrals for vocational/ career assessment, connections to workforce training programs, and employment opportunities
- **Medical and Behavioral Healthcare:** Helping navigate use of health coverage to access needed medical and behavioral healthcare support team.

In September 2019, the Department also launched contracts with Foster Forward, Family Services and Communities for People to provide Enhanced Case Management (ECM) services to VEC Participants. These voluntary services are intended to augment the work of the DCYF VEC Caseworker and provide additional supports with key areas with which a young person may be struggling. They are brief, intensive, solution focused services for up to 3 months initially with the ability to extend based on continued need.

As of May 31, 2020, the youth and young adults assigned to the VEC Unit included the following:

- 79 VEC Participants (meaning they have been approved by the Family Court to participate in VEC;
- 5 young adults who had been VEC participants and who turned 21 between January 1, 2020 and June 30 2020 and were given the option of temporarily continuing to receive VEC services beyond their 21st birthday based on an Executive Order from Governor Gina Raimondo permitting this continuation until after she lifts the COVID-19 State of Emergency;
- 36 youth in some stage of transition from their Family Service Unit caseworker to a YDS Caseworker for eventual participation in the VEC Program. Of these, 9 youth were unable to have their cases heard prior to the suspension of court activities related to the COVID-19 pandemic and otherwise would have been court approved for VEC Participation. The YDS Casework Unit is working with these youth as if they had been court approved and will seek court approval as soon as the Family Court schedules hearings on their petitions.
- 39 young adults assigned to the YDS Casework Unit are receiving Enhanced Case Management Services.

In June 2020, as part of the Department's reorganization, all of the Department's youth development services, including the Youth Development Services (YDS) Casework Unit that manages the youth transitioning to the VEC Program and those young adults participating in the VEC Program, moved from the Office of Youth Development, Education and Constituent Support Services (YDECSS) to a newly created functional area under the direction of one of the Regional Directors.

While Chafee funds are not used to support the VEC Program directly, the young people involved in the VEC Program have access to and benefit from the Youth Development Services supported through a contract between DCYF and a service provider being selected through a competitive procurement process. The Department anticipates using \$490,000 of our Chafee allocation for support the services provided through this contract. We retain the remaining amount to cover the cost of staff travel for Chafee related activities. At this time the procurement process is not complete and state purchasing rules prohibit us from disclosing the chosen vendor.

In October 2020, the Department partnered in a VEC interagency Core Team which included stakeholders from RI Family Court, Executive Office of Health and Human Services, Governor's Office, Governor's Workforce Board/Department of Labor and Training, Community College of Rhode Island and the Office of the Child Advocate to streamline a referral process for young adults in VEC to access opportunities to embark on an academic and career pathway. The focus was to provide resources for youth/young adults that facilitated their ability to work towards employment and/or education that provided them with the opportunity for professional development in a career that would support their lifestyle and progress towards self-sufficiency. The key action steps of the Core Team were to secure provider buy-in, incorporate youth voice, select a vocational assessment identified and supported by youth, create pathways to job training, apprenticeships and employment and to create pathways to enroll and succeed at CCRI.

As part of the Core teamwork, youth facing and provider facing brochures were developed to illustrate the referral process and provide contact information of all support staff available to youth throughout the referral process. When youth participate in the informational and intake meetings with the intent of entering the Voluntary Extension of Care Program, the academic and career pathway is explained to them and they are provided with the documents outlining the process. The pathway starts with a referral to Communities for People [who has the Youth Development Service Contract (YDS) with the Department] for a vocational assessment that is completed and reviewed with the youth, highlighting their interests, skills, and aspirations and discussing the available resources to assist them in working towards their academic and career goals. Once the determination is made with the youth as to the best avenue to achieve their goals, the youth/young adult is referred to CCRI (academic and career pathway track or work partnerships program) or to one of the youth WIOA (Workforce Innovation and Opportunity Act) providers. The Youth WIOA providers are comprised of six agencies: Community Care Alliance, Comprehensive Community Action Program, Foster Forward, East Bay Community Action Program, Tri-County Community Action Program and the Providence Housing Authority. They provide services that include both work readiness skills, tutoring, unpaid and paid work experiences, apprenticeships, internships, occupational training, leadership development, supportive services, mentoring, counseling, and follow-up services.

The referral process is through a "hot hand-off" which involves a meeting with the youth, YDS case manager and identified staff from the WIOA provider or admission director from CCRI. Liaisons have been identified from each involved agency, at every step of the referral process, to form the academic and career development team. The VEC liaison facilitates monthly academic and career development round table meetings to address any challenges and/or barriers that VEC youth have experienced in navigating the system. In addition, there are bi-weekly check-ins

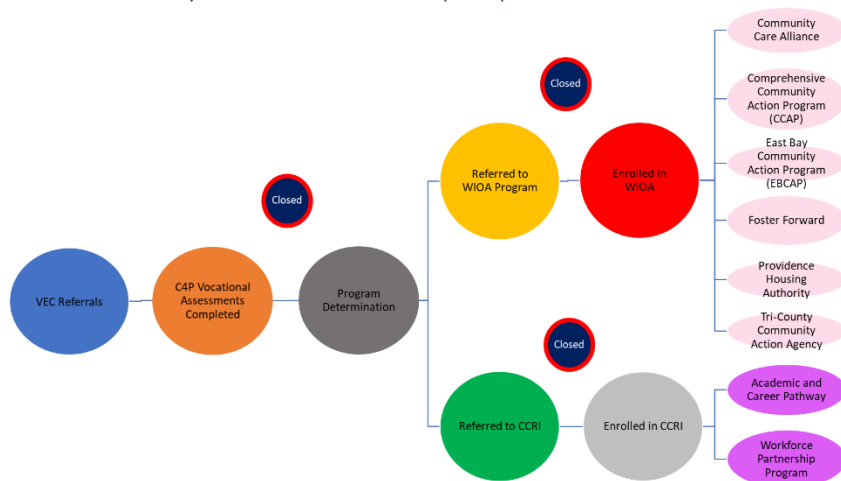
hosted by the Communities for People (YD) Liaison with all the providers to address any issues that arise. If barriers are identified, they are brought back to the VEC Core Team to address any systemic issues and problem-solve as needed. The first academic and career development round table meeting was held in February 2021 and continues monthly to date. The VEC Core Team meets monthly as well to assess process and problem-solve any identified barriers for youth. Finally, the Department's Division of Performance Improvement has developed an internal data collection process to evaluate the effectiveness of the referrals process and to ensure that youth are being connected with education and training opportunities. By mid- May 2021, there have been 29 VEC referrals for a vocational assessment; 11 vocational assessments completed with seven hot hand-offs (six to youth WIOA providers and 1 to CCRI).

As of May 31, 2021, the youth and young adults assigned to the VEC Unit included the following:

- 103 VEC Participants (meaning they have been approved by the Family Court to participate in VEC;
- 5 young adults who had been YESS participants and who turned 21 between January 2020 and April 2020 and were given the option of continuing to receive VEC services beyond their 21st birthday based on the Consolidated Appropriations Act 2020 until the age of 22 and/or 9-30-21;
- 37 youth in some stage of transition from their Family Service Unit caseworker to a YDS Caseworker for eventual participation in the VEC Program. The VEC Unit is working with these youth as if they had been court approved and will seek court approval as soon as the petitions are filed and the Family Court schedules hearings on their petitions.
- 33 young adults assigned to the VEC Casework Unit are receiving Enhanced Case Management Services.

The Academic and Career Pathway had been in operation for approximately one year in March 2022 and the data was reviewed by the VEC Core Team to assess progress and determine if there was a need to make changes to the process. There was concern as to the barriers evident in engaging youth in the WIOA program. The Department met in conjunction with partners from the Family Court, Office of the Child Advocate, Communities for People and the Governor's Work Force Board in April 2022 to address the need to streamline the process; reduce the number of agencies involved and focus on meeting the identified needs of the VEC youth in the effort to provide them with the opportunities and resources to engage on a career path that would allow them to support their lifestyles. As next steps, the Department agreed to provide a profile of the VEC youth based on the completed vocational assessments, detailing interests, skills and aspirations in the attempt to identify trends and patterns to design programs and partnerships to meet their identified needs. That data is being compiled now and a meeting is being scheduled in June 2022 with the partnership to best determine which educational and vocational programs can be made available to the VEC youth. (Real Jobs, WIOA, partnerships with specific companies geared to provide training/internships and then transition into employment with the company.)

Figure 3: Voluntary Extension of Care (VEC) Referral Process



As of May 31, 2022, the youth and young adults assigned to the VEC unit included the following:

- 98 VEC Participants (meaning that they have been approved by the Family Court to participate in VEC);
- 17 youth in some stage of transition from their Family Service Unit Social Caseworker to a VEC Social caseworker for eventual participation in the VEC program. The VEC Unit is working with these youth as if they had been court approved and will seek court approval as soon as the petitions are filed and/or the Family Court schedules hearings on their petitions.
- 31 young adults assigned to the VEC casework unit are receiving Enhanced Case Management Services.

The Department has a long history of engaging and collaborating with the homeless and affordable housing community advocacy and provider community through the Department of Housing Fostering Youth Independence vouchers. For the last 20 years, DCYF Administrator Mike Burk has represented the Department on a variety of related committees and governing bodies, including the HUD required Rhode Island Continuum of Care (CoC). This has included collaborating on at least 4 applications for Family Unification Program Vouchers with 4 different public housing authorities and on other youth development related RFPs. We recently supported Family Service of Rhode Island's application to bring a Basic Center Grant Program back to Rhode Island. In June we began a process of working with RI Housing, a quasi-state governmental authority focused on creating and sustaining affordable housing and is also the public housing authority for several communities in RI, to use some of their Housing Choice Vouchers (up to 25) for youth aging out of foster care. Since then, we finalized an MOU in late August and are now working to implement the program.

The Department entered into a Memorandum of Understanding with the Rhode Island Housing and Mortgage Finance Corporation in August 2020; outlining the collaboration between the agencies to effectively award twenty-five tenant protection vouchers to youth/young adults who

meet the eligibility criteria for the Foster Youth to Independence Initiative, for up to 36 months. The Department engaged with both the Rhode Island Family Court and the Office of the Child Advocate to identify young adults and prioritize their level of need based on the following eligibility criteria: 1) had attained at least 18 years and not more than twenty-four years of age; 2) left foster care or will be leaving foster care within 90 days, in accordance with a transition plan described in section 475(5)(H) of the Social Security Act at age 16 or older; and 3) is homeless or is at risk of becoming homeless. Pregnant and parenting young adults are eligible to receive this support and they are not excluded if they have an open child welfare case. The Department initially referred seven eligible participants in September 2020 and then referred an additional eighteen eligible participants in January 2021. Supportive staff provided the necessary case management support for the young adults to complete the application and attain the supporting documentation needed. The applications were then provided to RI Housing to determine eligibility for Housing Choice Voucher (HCV) assistance. The Rhode Island Housing Authority engaged the services of Foster Forward to provide supportive case management services for those young adults as a condition of attaining a FYI-TPV and participating in the program. The supportive services include basic life skills information/ counseling on money management; use of credit, housekeeping, proper nutrition/meal preparation and access to health care; counseling on compliance with rental lease requirements and with Housing Choice vouchers program participation requirements, including assistance/referrals for assistance on security deposits, utility hook-up fees, and utility deposits; housing locator assistance and lease-up coordination as necessary; providing such assurances to owners of rental property as are reasonable and necessary to assist a Family Unification Program (FUP)-eligible youth to rent a unit with a voucher; job preparation and attainment counseling and educational and career advancement counseling regarding attainment of general equivalency diploma (GED), attendance/financing of education at a technical school, trade school or college, including successful work ethic and attitude models.

All the income eligible young adults had to secure an apartment in the communities under the authority of the RI Housing and Mortgage Finance Corporation. Case managers secured by the Department from agency providers, supportive staff from RI Family Court and DCYF staff have all worked to support these young adults in searching for an apartment that meets the conditions of the FYI-TPV. Housing shortages in the state of RI have been the main barrier for these young adults to be leased up in apartments.

As to the applicants, three young adults are leased up in their apartment with the TPV and are receiving supportive case management services from Foster Forward; one young adult is pending the contract being signed by the landlord and the remaining twenty-one applicants are continuing to work on attaining supportive financial documentation and attaining affordable housing in the eligible communities.

As of May 31, 2022; of the twenty-five initial applicants for the RIH FYI program, nine young adults are leased up in their apartments with the FYI program receiving case management services through Foster Forward; seven are still trying to find an eligible apartment and nine of the applicants have withdrawn due to various reasons (above income guidelines; shared living with family and/or adult supporters; moved out of the area and /or dis-engaged contact). The

Department is working with RIH to determine if additional candidates can be referred to the program.

On February 19, 2021, the Department entered Memorandum of Understanding to collaboratively implement the FYI-TPV program with the East Providence Housing Authority and the Lincoln Housing Authority. East Providence withdrew from this commitment due to lack of staffing to implement the requirements of the program in March 2021. The Lincoln Housing Authority committed to the collaboration with the Department to award five Tenant protection vouchers to eligible young adults, with the understanding that there was the potential to increase the number of vouchers in the future, dependent on the progression of the program. Lincoln is a small community and there were concerns as to the availability of rental housing in the community. The names of five candidates were submitted on April 28, 2021 and the candidates with the support of case managers worked to complete the applications and attain the necessary supporting documentation. By March 2022, three of the original applicants were leased up in their apartments and two young adults withdrew from the program. The Lincoln Housing Authority agreed to provide five more vouchers to eligible applicants in March 2022. With the support of case managers, three of the five young adults have submitted their applications, attended briefings with the LHA and are currently searching for an apartment; the remaining two are still working to complete their applications.

On May 17, 2021, The Department entered a Memorandum of Understanding with the West Warwick Housing Authority to execute the FYI-TPV program. The West Warwick Housing Authority requested and received approval from HUD to distribute ten FYI-TPV vouchers in September 2021. While the applicants were strongly encouraged to secure housing in West Warwick, they had the ability to search for housing in any city or town in RI as long as the apartments meet the fair market payment standard for the corresponding town or city and that city was agreeable to a transfer of the voucher. Currently, one of the ten applicants is leased up in an apartment; three applicants have vouchers and are searching for affordable housing; three applicants are working to complete their applications and attend the briefing and three have withdrawn from the process. The Department has identified three eligible young adults for these open slots, and they are starting the process. We are still working in collaboration to establish the parameters of this program.

The East Providence Housing Authority re-engaged in a collaborative process with DCYF and Foster Forward to explore the FYI program in September 2021 and on September 13, 2021, The Department entered into a Memorandum of Understanding with the East Providence Housing Authority to execute the FYI-TPV program. The East Providence requested and received approval from HUD in April 2022 to distribute twenty-five FYI_TPV vouchers to eligible youth who had aged out or were aging out of foster care. The applications were provided to the twenty-five candidates who are actively working to complete their applications; attend the necessary briefing with the East Providence Housing Authority and secure an appropriate apartment with their vouchers.

In March 2022, The Department was advised that HUD has approved an extension of the support of the FYI-TPV vouchers to sixty months; extending the term of the voucher from 36 months to up to 60 months for the young adults enrolled in the Family Self-Sufficiency Program. All of the

young adults receiving the FYI vouchers receive information regarding the Self-Sufficiency Program both in the briefings and material provided by the Housing Authorities and are encouraged and supported to enroll in this program. The Family Self-Sufficiency Program is a voluntary five-year program that provides supportive services, connections with educational, vocational training and employment resources; financial coaching and the establishment of savings accounts with the ability to attain financial bonuses as young adults meet their established goals.

[Consolidated Appropriations Act 2020](#)

In compliance with the passage of Supporting Foster Youth and Families through the Pandemic Act, enacted on December 27, 2020, and additional instructions and clarifications as provided by Program Instruction ACYF-CB-PI-21- 04, the Department of Children, Youth and Families will offer financial support to youth/young adults currently or formerly in foster care impacted by the pandemic. The Department has amended several provider contracts to make funds and services available to eligible young adults ages 21 up to a young adult's 27th birthday (through 26). Young adults currently participating in the Voluntary Extension of Care and those who have recently left care were notified by their caseworker that they can remain in care or return to care through September 30, 2021, or to their 22nd birthday, whichever comes first. They also were notified that the education and employment requirements are suspended through September 30, 2021. This option for re-entry to VEC can be chosen by the young adult even if the young adult has reached their 21st birthday. The return to care provision applies to those who left care on or after January 27, 2020 through the end of the COVID-19 public health emergency as declared by the Secretary of Health and Human Services on January 27, 2020 and most recently renewed on April 21, 2020 for a period of up to 90 days. However, pursuant to Division X of the Consolidated Appropriations Act of 2021, the return to care option and the waiver of the education/employment requirements expire at the end of the day on September 30, 2021.

The Department collaborated with numerous stakeholders including the RI Family Court, Office of the Child Advocate, and agency providers to develop an informational flier in English, Spanish and Portuguese, which was posted on the website of both the Department and agency providers. It continued information on service eligibility and access and provided the DCYF Family Support Line (1-888-RI-FAMILY; 1-888-743-2659) number to ask questions and/or request benefit/services.

Young adults in the Voluntary Extension C program may opt to continue to receive VEC services beyond their 21st birthday provided they have not reached their 22nd birthday. They may continue in VEC until they reach their 22nd birthday or 9/30/21, whichever comes first. Young adults who are under 21 and closed to DCYF may opt to re-enter VEC until they reach their 22nd birthday and 9/30/21 whichever comes first.

Young adults ages 21 who left care from January 27th, 2020 through the end of the federal COVID-19 public health emergency most recently extended on April 21, 2021 and who have not yet reached their 22nd birthday may opt to receive case management and support services through a Division X Case Management Provider (Foster Forward, Communities for People, Family Service of Rhode Island, or Adoption Rhode Island). Division X case management will end when the young adult reaches their 22nd birthday or 9/30/21, whichever comes first. If the young

adult has reached their 22nd birthday before 9/30/21, they can opt to access other support services through the Department's Youth Development Services Contract with Communities for People through 9/30/21. Currently, nineteen young adults have chosen to re-enter care, have signed the agreement for participation in the Division X Voluntary Extension of Care and have been assigned for case management to one of the four provider agencies.

If the young adults do not want to re-enter through the Division X Case Management program, they can still opt to receive support services through the Department's Youth Development Services Contract with Communities for People through 9/30/21.

Young adults who have reached their 22nd birthday and who have not reached their 27th birthday may opt to receive support service through the Department's Youth Development Services contract with Communities for People through 9/30/21. Current foster youth and youth/young adults in foster care for at least one day on or after their 16th birthday and who have not yet reached their 27th birthday are eligible to receive services Chafee Services through 9/30/21. A referral process was developed whereby referrals are submitted through VEC and/or the Family Support Line. The Regional Director and/or Youth Specialist work collaboratively with the youth/young adult and their support team to assess their need and make determination as to benefit packages.

Consistent with the flexibilities and timelines established in the Pandemic Act and ACYF-CB-PI-21-04, the Department's plan to use the supplemental funding is as follows:

- Housing Assistance Package not to exceed \$800/rent plus \$200 for personal needs per month per youth (New VEC participants; extended YESS participants as needed; youth returning under Pandemic Act): Rent, Personal Assistance Funding, Accordion File to keep records.
- Move-In Package – Furniture and Household Goods not to exceed \$2,000 in total per youth (New VEC participants; extended YESS participants as needed; youth returning under Pandemic Act): Bed/sheets/towels/blankets/couch/ kitchen table and chairs/coffee table/kitchenware.
- Move-In Package – Technology not to exceed \$1,700 in total per youth (New VEC participants; extended YESS participants as needed; young adults returning under Pandemic Act): Wi-fi, Phone/Phone service, laptop, and necessary ancillary items such as cables.
- Vocational/Educational Package: Apprenticeships/Certificate Programs.
- Driving and Transportation Assistance Package not to exceed \$2,000 per youth (eligibility for this includes current foster youth who are at least age 15 years and ten months old, during the Pandemic flexibility period).

Currently, the Department has made sixty-seven referrals for young adults to receive benefit packages through Chafee funding.

During the period from April 2021 through September 30, 2021, twenty- one young adults, ages 21-22, re-entered care, signing the Division X, Voluntary Extension of Care agreement and were assigned to one of the four agencies (Foster Forward, Adoption Rhode Island, Family Service of Rhode Island and Communities for People) providing case management. All these young adults

received Division X Benefits In the form of housing assistance, household goods, driving package, technology package and vocational/ Educational supports. Petitions were filed in Family Court as to eleven of these young adults and on September 24, 2021, eleven young adults' petitions were granted by Magistrate Iannazzi, noting that it was in the young adults' best interests; that they had utilized the support of the program and would be closing to care on 9-30-2021. During this same period over one hundred ninety-five eligible youth and young adults received benefits from Division X Chafee funds. The table below illustrates the funding provided for those benefits.

Table 4: Division X Benefit Tracking April – September 2021

Package Tracking April-September 2021								
	April	May	June	July	August	September	October	Total
Housing	\$19,683.50	\$16,987.50	\$35,815.32	\$37,144.39	\$41,292.30	\$69,618.33	\$54,838.64	\$275,379.98
Move-In	\$-	\$1,436.55	\$500.00	\$6,353.09	\$8,000.00	\$6,500.00	\$3,573.00	\$26,362.64
Driving	\$-	\$2,391.06	\$1,400.00	\$12,816.81	\$ 9,832.30	\$38,332.78	\$29,871.25	\$84,811.90
Technology	\$-	\$-	\$4,455.00	\$16,735.09	\$ 4,670.00	\$33,176.12	\$24,794.91	\$79,161.12
Vocation/Ed	\$-	\$-	\$-	\$-	\$ 1,435.00	\$2,445.00	\$1,990.00	\$4,435.00
Monthly Total	\$19,683.50	\$20,815.11	\$42,170.32	\$73,049.38	\$49,292.30	\$150,072.23	\$115,067.80	\$470,150.64

The Department made over 195 referrals for young adults to receive benefit packages from April 2021 to October 2021 through Division X Chafee funding.

In compliance with the passage of Supporting Foster Youth and Families through the Pandemic Act, enacted on December 27, 2020, and additional instructions and clarifications as provided by Program Instruction ACYF-CB-PI-21- 04, the Department of Children, Youth and Families offered financial support to youth/young adults currently or formerly in foster care impacted by the pandemic. While the flexibilities and the requirements to extend benefits through age 26 as provided by Division X of the Consolidated Appropriations Act of 2020 ended on September 30, 2021, the Department had unexpended Division X funds (**\$ 959, 663.00**) which we obligated to Communities for People (C4P) through an amendment to their existing Youth Development Services Contract to provide housing assistance to eligible youth who had reached their 21st birthday but not yet reached their 23rd birthday. This allowed us to obligate funds by the September 30, 2021 deadline for obligation and to retain the flexibilities related to the percentage of Division X funds permitted to be used for housing assistance and case management.

The contract was amended to provide housing assistance (not to exceed \$1000.00 / month per youth) and case management support based on young adults' preference from October 1, 2021

through September 30, 2022 for the following groups of young adults, ages 21-23 years old: (approximate total possible population 162)

- Young adults have reached their 21st birthday and who have not yet reached their 23rd birthday who have exited or are exiting the Voluntary Extension of Care Program (VEC). Funding for young adults in this group will end with the assistance provided to them for the month in which they turn 23 or September 30, 2022, whichever date comes first. (Approximate: 57)
- Young adults who sought housing assistance and other youth development support services allowable under federal law as approved by the DEPARTMENT for the period from January 1, 2020 through September 30, 2021, and who have not yet reached their 23rd birthday. Funding for young adults in this group will end with the assistance provided to them for the month in which they turn 23 or September 30, 2022, whichever date comes first. (Approximate: 35)
- Young adults who remained open to the DEPARTMENT after their 18th birthday and did not open to the VEC Program but who now are closed to the DEPARTMENT and have not yet reached their 23rd birthday. Funding for young adults in this group will end with the assistance provided to them for the month in which they turn 23 or September 30, 2022, whichever date comes first. Excluded from this group are those young adults who have transferred to the Department of Behavioral Health, Developmental Disabilities and Hospitals (BHDDH) as their services are provided through BHDDH. (Approximate: 11)
- Young Adults who reach their 21st birthday (between 10-1-21 and 9-30-22) and are closing to the DEPARTMENT (VEC or Family Service Unit). Funding for young adults in this group will end with the assistance provided to them on September 30, 2022. Excluded from this group are those young adults who have transferred to BHDDH as their services are provided through BHDDH. (Approximate: 59)

As part of the process, all young adults were supported and encouraged to apply for Rent Relief RI, the federal Emergency Rental Assistance (ERA) through RI Housing for rental assistance. If the young adults were not eligible for whatever reason, the housing assistance would be provided through Chafee funds. Rhode Island Housing assisted by providing training workshops to teach staff how to complete the applications so that the case management staff could support and facilitate the young adults in submitting RRRI applications. In addition, RIH helped staff an event held at Communities for People in December 2021 to provide support and assistance for all of the eligible Chafee recipients. As the young adults came to the Communities for People's office to pick up their housing assistance checks, staff were available to assist them in completing their applications for Rent Relief RI. Over seventy-eight young adults applied for assistance through Rent Relief and approximately forty-five young adults were determined to be eligible and received rent relief RI funds which allowed the Department to maximize the benefits of the Chafee funds.

CFP's YDS Team partnered with other providers to provide case management services for those eligible young adults interested in taking advantage of this service. These services are provided directly by members for the YDS Team and other CFP Staff, Adoption Rhode Island (ARI), Family

Services of Rhode Island (FSRI) and most recently Tides. In the last Fiscal year there have been a total of 66 referrals for case management as indicated below:

1. Adoption Rhode Island (ARI)- 15 young adults
2. Family Service of RI (FSRI)- 27 young adults
3. Communities for People (CFP) -24 young adults

The recent partnership with Tides allows the program to meet the growing demands of this service to ensure all youth who need it acquire it.

From October 1, 2021 until April 30, 2022, a total of 125 young adults have been referred for Division X Chafee benefits. Approximately \$320,496.00 has been expended for housing assistance for eligible young adults and approximately \$97,599 expended for case management and administrative supports.

In April 2022, the Department amended the YDS contract with Communities for People again as a result of the success of utilizing both Rent Relief and Chafee funds for housing assistance for eligible young adults ages 21-22. The funds provided through the C4P contract amendment have not been expended as quickly as anticipated. This allows DCYF to work with C4P to expand the parameters of the benefits to now include youth and young adults who meet the foster care criteria defined below to access other support services.

Chafee Division X Support Services

- Eligibility:
 - Current foster youth and youth/young adults in foster care for at least one day on or after their 16th birthday and who have not yet reached their 23rd birthday are eligible to receive services as defined below through 9/30/22, inclusive of youth/young adults who meet this criteria who are no longer in foster care. This eligibility group excludes any young adults who have closed to DCYF on or after their 21st birthday and are now receiving residential services through the Department of Behavioral Health, Disabilities and Hospitals (BHDDH).
 - Youth or young adults who were adopted or placed in guardianship from DCYF care on after their 16th birthday and who have not yet reached their 23rd birthday are eligible to receive services as defined below through 9/30/22.
 - Youth who have reached at least age 15 and 10 months in foster care are eligible for the driving supports as defined below through 9/30/22.
- Services Available based on funding availability
 - Eligible young adults 18 through age 22 who are no longer involved with the Department, may receive Housing Assistance not to exceed a per month allowance of \$1,000 for rent plus \$200 for personal needs per youth. These young adults are expected to work with C4P to access Rent Relief RI funding if eligible for such.
 - Eligible young adults 18 through age 22 who are no longer involved with the Department may receive case management services.

- Eligible young adults 18 through age 22 who no longer are involved with the Department as well as young adults open to the Department through the Voluntary Extension of Care (VEC) Program, may receive assistance with Furniture, Household goods and Utilities with the funding amount based on assessed need but generally not to exceed \$2,000 in total per youth.
- All eligible youth and young adults as defined in Sections A.1.a. and A.1.b. above may receive Technology Supports which could include internet costs, cell phone purchase and service, computer, and necessary peripheral items such as printers and cables, with the funding amount based on assessed need but generally not to exceed \$2,000 in total per youth.
- All eligible youth and young adults as defined in Sections A.1.a. and A.1.b. above, may receive Vocational/Educational supports for Apprenticeships/Certificate Programs if those programs are not funded through other means either by DCYF (e.g. ETV program) or other public or private entities.
- All eligible youth and young adults as defined in Section A.1.a.-c. above may receive support for Driving and Transportation Assistance not to exceed \$2,000 per youth (eligibility for this includes current foster youth who are at least age 15 years and ten months old)
- All eligible youth and young adults as defined in Sections A.1.a. and A.1.b. above, may receive funds to support participation in Cultural and Personal Development Activities with the funding amount based on assessed need but generally not to exceed \$1,000 in total per youth.
- All supports and services identified in Division X Support Services outlined in Paragraph B.a.- f. above are subject to the availability of funds within this contract amendment.

The Department has developed new flyers to be distributed to the Department, partner agencies, RI Family Court, OCA and the eligible youth to communicate the expansion of the Division X Chafee benefits and will be working in collaboration with Communities for People to dispense the benefits to eligible youth and young adults.

Youth Development Support Services

The Department used input from The Voice (our former foster youth leadership council), data and lessons learned from the current Chafee funded Consolidated Youth Services (CYS) contract, and input from internal and external stakeholders to inform the development of a Request for Proposals (RFP) for a new Youth Development Services Program. For example, as reported by the previous vendor, the Teen Grant service of the CYS Contract was seen as less effective than having youth participate in the ASPIRE Financial Literacy Service. Participant data for the CYS Program services covered by Chafee funding is included below. That all staff are trained in the principles of Positive Youth Development.

Additionally, the successful vendor had to propose a model of providing independent living and youth development support services that are trauma-informed within a positive youth development framework which, at a minimum, cover the following areas: youth

development assessments, financial literacy education, asset focused matched savings accounts, mentor connections, career/work readiness services and youth advisory group operations.

In July of 2019, DCYF awarded Communities for People the Youth Development Services contract to provide Transition to Adulthood services for youth who are or were in foster care on their 16th birthday until their 21st birthday. The goal is to establish a comprehensive statewide program to maximize opportunities for older youth in the foster care system to successfully transition to adulthood and permanency. CFP established a partnership with Adoption RI, Community Care Alliance, Comprehensive Community Action Program, East Bay Community Action Program, Key Program, Tides Family Services, and Tri-County Action Program. This partnership is a shared venture where each organization leverages its expertise in youth development, youth permanency, independent living skills, mentoring, and career readiness to provide statewide, client-focused, flexible, and coordinated services for youth in foster care. This partnership is guided by the philosophy that youth in foster care benefit from both specialized assistance (assessments, mentorship, asset focused savings, and youth advisory groups) as well as exposure to supports and peers in their larger community (financial literacy education, career/work readiness services). The integration of both specialized and community support is a fundamental tenet of positive youth development.

The Youth Development Services Program consists of three major components: Double Up Matched Savings, Impact Mentoring, and SPEAK Youth Advisory Board. Involvement with the program begins with the Casey Life Skills Assessment, designed to deliver personalized life skill support services.

The model is designed to optimize the number of youths served in Rhode Island by utilizing Community Action Program Agencies that are geographically dispersed across the state of Rhode Island. These CAP agencies - Community Care Alliance (CCA) , Comprehensive Community Action Program (CCAP) , East Bay Community Action Program (EBCAP) and Tri-County Community Action Agency (TRI County) - work in tandem with the YDS Program Director, Youth Outreach Workers and DCYF in order to provide comprehensive services to all YDS clients. While the contract was awarded in July 2019, the ramp-up for staff hiring and program initiation took some time and the actual programming did not begin until October 2019.

Life Skills Assessment and Individualized Life Skills Education: The life skill assessment is used as a tool to see where a youth may need extra support going forward. It is a way for the YDS staff to track youth progress after receiving services and to be provided to the individual youth to DCYF social caseworkers and probation officers to assist in each youth's transition to adulthood. Designed by Casey Family Programs, the Casey Life Skills Assessment is a way to document youth strengths and discover additional skills that are of benefit to their transition to adulthood. The assessment covers seven categories: Daily Living, Self-Care, Relationships and Communication, Housing and Money Management, Work and Study Life, Career and Education Planning, Looking Forward and Permanency. Once a life skills assessment is completed by a Youth Outreach Worker, the youth is referred to the most convenient and accessible participating CAP agency. The comprehensive nature of services at the participating CAP agencies provide youth with pertinent life skills experiences and support. CAP agencies have entered this contract to provide

youth with appropriate life skills training and streamlining their transition to adulthood. CAP agencies began receiving referrals in September of 2019, after the hiring of three Youth Outreach Workers. As of June 8, 2020, Communities for People has completed 155 assessments, and has sent out 163 referrals to CAP agencies. Youth that have completed an assessment prior to the contract start date are referred out, and are not re-assessed by CFP, explaining why there are more referrals than assessments completed. As of June 1, 2021, Communities for People has completed 101 assessments, and has sent out 118 referrals to CAP agencies. As said previously, youth that have completed an assessment prior to the contract start date are referred out, and are not re-assessed by CFP, explaining why there are more referrals than assessments completed. For fiscal year 2022, Communities for People has received 139 Life Skill referrals and has completed 61 assessments. There were 68 referred to their local CAP agencies building community.

- **Ocean Tides:** Due to the unique nature of the Ocean Tides residential education program, the Department agreed to have Communities for People allow Ocean Tides to administer the Casey Life Skills Assessment directly and to provide services on site while ensuring connection to the YDS Program for when the youth leaves Ocean Tides.

As of April 17, 2020, Ocean Tides Academy began administering the Casey Life Skills Assessments to all youth who were in their care and had an active referral for the YDS Program. Ocean Tides Academy works directly with their youth to promote life skills development. The Director of Programs at Ocean Tides corresponds with the YDS Program Director and Youth Outreach Workers to keep up-to-date on active referrals and youth who have completed Work Readiness and Financial Literacy while residing at Ocean Tides. As of June 1, 2020, a total of 13 youth eligible for YDS are at Ocean Tides, with a total of 11 youth completing Work Readiness and Financial Literacy. As of June 1, 2021, a total of 19 youth are eligible for YDS are at Ocean Tides, with a total of 17 youth completing Work Readiness and Financial Literacy. As of June 1, 2022, Ocean Tides has completed 10 Life Skill assessments.

- **CCAP- Comprehensive Community Action Program (CCAP):** Comprehensive Community Action Plan (CCAP) comprises four community centers, with locations in Providence, Pawtucket, West Warwick and Cranston. CCAP provides extensive services including, but not limited to: Homework Helps Club after school, College Assistant Programs, Work Readiness Workshops, Financial Literacy Programs, Paid Work Experience Placements, GED Classes, Free Occupational Skills Training, and Life Skills and Leadership Development. As of June 1, 2020, a total of 89 youth has been referred to CCAP, with 40 engaged in services and 30 youth having completed Work Readiness and Financial Literacy. As of June 1, 2021, a total of 77 youth have been referred to CCAP, with 32 engaged in services and 29 youth having completed Work Readiness and Financial Literacy. As of June 1, 2022, a total of 42 youth have been referred to CCAP, with 38 engaged in services and 24 youth having completed Work Readiness and Financial Literacy.
- **Community Care Alliance (CCA):** The Harbour Youth Center with Community Care Alliance serves youth in Woonsocket, Lincoln, Cumberland, North Smithfield, Smithfield, and Burrillville. The Harbour Youth Center provides extensive services, but not limited to: Career Exploration, Job Readiness Workshops, Academic Skill Building, After-school Tutoring and

Homework services, College Planning and Preparation, Leadership Development, Clinical Case Management, and Year-Round employment opportunities. As of June 1, 2020, a total of 26 youth have been referred to CCA's Harbour Youth Center, with 11 engaged in services. As of June 1, 2021, a total of 24 youth have been referred to CCA's Harbour Youth Center, with 5 engaged in services. As of June 1, 2022, a total of 12 youth have been referred to CCA's Harbour Youth Center, with 14 engaged in services.

- **East Bay Community Action Program (EBCAP):** East Bay Community Action Plan (EBCAP) works out of their community center in East Providence and services youth in East Providence, Riverside, Newport, Tiverton, Middletown, and Portsmouth. EBCAP offers financial literacy and work readiness training. This Youth Center helps youth acquire the support and services necessary to be successful. Services are highly individualized and may include short-term tutoring, in-depth work readiness training, placement in an internship with eventual placement in unsubsidized employment, or long-term occupational skills training. EBCAP additionally provides: Vocational Interest Inventories, Academic Needs Assessments, Job Skills Services, GED Classes, Case Management, Paid Work Experience, Leadership Development Program, and Independent Living Skills Program. As of June 1, 2020, a total of 20 youth have been referred to EBCAP, with 14 engaged in services, and 9 youth completed Work Readiness and Financial Literacy. As of June 1, 2021, a total of 11 youth have been referred to EBCAP, with 3 engaged in services, and 3 youth completed Work Readiness and Financial Literacy. As of June 1, 2022, a total of 5 youth have been referred to EBCAP, with 6 engaged in services, and 2 youth completed Work Readiness and Financial Literacy.
- **Tri County Community Action Agency (Tri-County):** Tri-County Community Action Agency serves youth in North Providence, North Kingstown and Westerly. Tri-County provides a myriad of services including, but not limited to: Academic and Occupation Exploration, Employment Assistance, Paid Work Experience, Intensive Case Management, Job Coaching, Leadership and Life Skills Training. Additionally, Tri-County is a member of the State's Youthworks411 system. Tri-County North Kingstown was servicing youth at Ocean Tides Academy from September 2019 to April of 2020. As of June 1, 2020, a total of 14 youth have been referred to Tri-County, with 4 youth actively engaged. As of June 1, 2021, a total of 6 youth have been referred to Tri-County, with 2 youth actively engaged. As of June 1, 2022, a total of 9 youth have been referred to Tri-County, with 8 youth actively engaged.

Double Up Program: Double Up is a matched savings service designed to help youth attain a base understanding of personal finance and attain assets that will benefit their current needs and future goals. The goal is to help youth to learn techniques to manage personal finances, establish financial health and to live responsibly more effectively. Youth are eligible to match up to \$1,000 each year, between the ages of 16-21. To be eligible for match-savings, offered through C4P youth must have completed a financial literacy program within the past year and currently have a savings account in their name. Youth may be required to take a financial literacy refresher course if completion of the original FL course is past 1 year at the time of their matching. Financial literacy educational programs, using an evidence-based personal financial curriculum, are held at each CAP Agency. This curriculum includes basic budgeting and savings information, managing

credit, and the use of credit cards, banking information, and opening a bank account. CAP agencies have relationships with local banks that provide hands-on workshops to discuss banking basics. Each CAP agency has Double Up enrollment and request forms on hand in order to streamline the process for youth once they complete their financial literacy course. CAP agencies offer youth an incentive upon completion of their financial literacy or work readiness course (which includes financial literacy). This incentive is eligible for being matched within Double Up. As of June 8, 2020, there are a total of 60 youth engaged with financial literacy and 1 youth has been matched since the start of the program. As of June 1, 2021, there are a total of 53 youth engaged with financial literacy and 3 youth have been matched since June 8, 2020. As of June 1, 2022, there are a total of youth 48 engaged with financial literacy and 11 youth have been matched for items such as laptops, furniture, and vehicle expenses.

Impact Mentoring Program: The Impact program youth ages 16-21 employs a mentoring model to strengthen those relationships with positive adults and help establish relational permanency that can provide long term support to the youth. The program searches beyond immediate family members to identify extended family and "active kin," which could include coaches, teachers, neighbors, and the other valuable community resources that are too often overlooked. Youth Outreach Workers case mine for adult supporters during the youth's initial life skills assessment. If no adult connection from within the youth's own network can be identified, youth are then matched with a mentor from the community. All identified adult connections undergo a 5-hour mentor training and are supported by Communities for People for a minimum of a year.

In collaboration with Adoption Rhode Island (ARI) and external consultants, CFP began creating the curriculum for the first Impact mentor training in October of 2019. CFP also has worked with Mentor RI, a provider for the National Mentor Resource Center, since November of 2019. This collaboration has strengthened the Impact mentor program. CFP designated staff attended Mentor RI's all-day mentor coordinator training, joined the Mentor Connector, have had numerous consultation appointments to discuss recruitment of mentors, matching and initiating, and monitoring and support efforts. The training provides instruction on the youth served, adolescent development and the impact of trauma, permanency and resilience, the role of a mentor, safety and confidentiality, setting boundaries, and program-specific requirements. The Impact training is meant to give prospective mentors an accurate portrayal of the youth in their community and how they can be best supported by positive adult role models. Participants are led through activities, scenarios, and discussions that touch on topics such as traumatic stress reactions, cultural awareness and sensitivity, LGBTQ+ youth, and goal setting. These efforts are made successful by our training facilitators, including a former youth in care and a licensed clinical social worker with extensive experience. The robust trauma informed curriculum is intended to be utilized to train recruited mentors at a minimum of 6 times throughout the year. CFP hosted its first mentor training in January of 2020. There were a total of 11 participants in this meeting. One participant from the training was successfully matched with a youth in care. A second Impact Mentor Training was scheduled in March but was canceled due to COVID-19 concerns. CFP is currently formalizing an on-line training program. However, the training and screening process for Impact has been delayed due to COVID-19. C4P will work to create a way to conduct meetings virtually. Prospective mentors are required to attend an Impact training, pass a BCI and DCYF clearance, and complete an in-person, home interview with Communities for People staff. As of

June 1, 2021 there are a total of 54 youth waiting to be matched and a total of 4 youth matched. Due to COVID-19, there have been struggles to host recruiting events for Impact, and difficult to find adults to meet with youth during the pandemic. As of June 1st 2022, there are a total of 56 youth available to be matched and a total of 9 youth matched. There is currently 21 active mentors.

SPEAK Youth Advocacy Board: The purpose of this SPEAK, Rhode Island's Youth Advisory Board for the Department of Children, Youth and Families provides youth (ages 14-24) an opportunity to use their experience in foster care to work towards positive changes within the Child Welfare System. SPEAK has been actively engaging on advocating in support of bills which directly impact youth in Child Welfare attending State House legislative meetings demonstrating and voicing their concerns. SPEAK meetings are held every other week on Thursdays at 4 pm. As of July 2020, SPEAK meets on a weekly basis on Thursdays at 5 pm. To encourage engagement, youth are provided with a \$20 stipend for each advocacy meeting or workshop they attend and participate in. SPEAK is the Department's identified representative/member of the New England Youth Coalition (NEYC). In 2021, SPEAK has partnered with FosterClub of America and Young Voices of Rhode Island to aid in leadership and advocacy skills. SPEAK/YDS outreach efforts are supported through Facebook, Instagram pages, which detail each meeting, workshop and upcoming events.

SPEAK completed a Foster Club training in 2021 making them an official FC chapter. Last year, CFP sponsored a Foster Club All Star and sent one of its board members to a five week internship. The internship was a huge success and the youth developed significant advocacy skills. Since then the youth has joined and participated in NEYC (New England Youth Coalition) as a Youth Consultant. As a youth consultant she: facilitated focus groups, meetings and surveys. She was also a co-presenter at the Child Welfare League of America in Washington DC with NEYC.

This year CFP is sponsoring another Foster Club All Star from the advocacy board. The identified youth is an active member of SPEAK and will be flying out to Oregon to participate in a 2-week internship. He is looking forward to learning how to advocate effectively and gain experience on a national level.

SPEAK has been largely successful and continues to play an active role in the community hosting panels for training new workers at DCYF and providing info sessions describing experiences of youth in child welfare.

This year, the YDS Team will be working with the youth in SPEAK to host a statewide graduation event for its youth in congregate and foster care who have completed various programs such as their high school diploma, certificate program, citizenship exam and/or GED.

Workshops: Information Sessions Hosted by SPEAK Youth Advisory Board. YDS hosts these events both in person when it can be done so safely and virtually.

- Wellness
- Driver's Education
- Reproductive and Infancy Health
- Holiday Parties

- Movie Nights
- Craft Nights
- Tax Prep
- Cooking Nights
- Gardening
- Woman's Health Night
- FosterClub of America Leadership Workshops
- Young Voices of Rhode Island Workshops
- Quarterly meetings with DCYF Director
- Ongoing meetings with Communities for People COO
- Meetings with DCYF Leadership in Family Support Units, Youth Development Services and Juvenile Justice
- Youth representation on DCYF feedback groups for the DCYF improvement plan
- Selected SPEAK youth are on the impact mentoring training team to help educate new mentors on foster youth needs
- Youth participated in a two-week Foster Club of America training to improve advocacy skills and create the first FosterClub Chapter in RI
- Youth have taken on the responsibility of Corliss Park clean up, demonstrating community action and advocacy work

Teen Grant: SPEAK advocated to reenact Teen Grant a program that provides youth with funds to enrich their lives in care and facilitate their growth towards independence. Teen grant has already been accessed by 47 youth to get help fund beneficial things like graduation, drivers ed, and laptops. The Teen Grant Program is designed to provide funding for youth for services or activities that promote normalization, increase self-esteem, and facilitate their growth towards independence. The teen grant is available to the following eligible youth:

- Until September 30, 2022 in accordance with the Department's exercising the option to extend federal Chafee funded supports for youth who have reached age 21 and not yet reached age 23, youth ages 16 through age 22 (ends on the youth's 23rd birthday) years old who are in foster care or were formerly in foster care on or after the youth's 16th birthday;
- Commencing on October 1, 2022, youth ages 16 years old through age 20 (ends on the youth's 21st birthday) years old who are or were in foster care on or after the youth's 16th birthday;
- Youth who were adopted or entered a kinship guardianship through DCYF at age sixteen (16) or older through the youth's 22nd year (ends on the youth's 23rd birthday).

Youth must complete the Teen Grant application that describes what activity, service, or item that they want funded, the specific cost of this request, and a description of how this will enhance

their growth. A committee composed of members from DCYF, Communities for People YDS program, and a youth representative from SPEAK meet monthly to review the applications and approve all applications that meet the established criteria. The approved teen grant requests will then be submitted to Communities for People YDS program for the disbursement of Chafee funds. The recipients of the teen grants will be required to submit receipts for the approved funding to Communities for People. The Teen grant will allow for an award of \$300.00 maximum within a twelve- month period. From January 1, 2022-May 31, 2022, 49 young adults have received the teen grant, totaling an award of \$13,942.00.

Credit Checks: The Department's Principal Community Service Liaison provides monthly credit checks for youth, 14 and older, that are in foster care. The Department runs monthly reports through the three credit bureaus (Transunion, Equifax, and Experian), and if a youth's report is flagged, the Department disputes on their behalf. In addition, DCYF's IT Department has communicated with the three credit bureaus and has developed the internal structure necessary to implement a batch reporting process with the three Credit Reporting Agencies (CRAs).

During this reporting year, there was a delay in processing reports from August 2019 through January 2020 due to significant staffing shortages caused by unforeseen medical leave for the Principal Community Liaison. These checks are now in the process of being completed and will be done within the by August 1, 2020. The Department has completed 383 credit checks, with 29 youth credits being flagged. The Principal Community Service Liaison will ensure that youth 18 plus are provided information on conducting their own credit checks and assist upon request. As of 6/8/2021 the Department has completed at total of 912 checks, with 35 youth being flagged. During this reporting period the Department has been unable to process credit checks through the reporting agency EQUIFAX due to a technical upgrade. DCYF's IT department has been working with EQUIFAX IT team to rectify the issue. As of 6/1/2022 The Department has completed a total of 1104 checks with 40 being flagged

Table 5: Consolidated Youth Services Program Participation with Foster Forward (State Fiscal Year data)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY2018	FY2019	FY2020 As of 5/30/2020
LIFE SKILLS								
Referred	335	317	354	270	242	253	207	NA
Youth Plan Completion	210	204	201	143	113	85	48	NA
TEEN GRANTS								
Active Participants	265	228	260	284	274	283	47	NA
Aggregate Funding	\$73,239	\$69,363	\$64,498	\$70,863	\$81,370	\$83,749	\$0	NA
ASPIRE FINANCIAL LITERACY*(PROVIDER AUGMENTED FUNDING THROUGH EXTERNAL FUNDRAISING EFFORTS)								
Active Participants	376	388	340	316	381	410	392	328
New Enrollments	69	57	37	67	94	58	56	20
REAL CONNECTIONS MENTORING								
Active Participants	208	199	183	178	174	162	148	77
New Enrollments	82	48	58	41	57	63	45	13

- The Consolidated Youth Services contract with Foster Forwarded ended FY2019. The Department no longer funds these services and will not be added to FY2020.

Table 6: Youth Development Services Program Participation with Communities for People

	FY 2020	FY 2021	FY 2022					
Impact Mentoring Program								
Active Participants	1	4	8					
New Enrollments	1	54						
Double UP Program (Match savings)								
Active Participants	60	13	29					
New Enrollments	60	13	13					
LIFE SKILLS								
Referred	160	192	139					
Youth Plan Completion	53	50	61					

In addition to this assessment, the Communities for People provides the following to eligible youth:

1. Financial Literacy education, including a matched savings account opportunity;
2. Mentoring aimed at assisting youth in developing, enhancing and maintaining relational permanency connections;
3. Career/work readiness services; and
4. Management of SPEAK, including ensuring youth are provided opportunities to develop as young leaders and to apply the knowledge and skills they have gained. The vendor will also support the ongoing integration of The VOICE with the New England Foster Youth Coalition supported by the New England Association of Child Welfare Commissioner's and Directors.

The Department works closely with the vendor to ensure that services are individualized to meet the needs of the youth, that emphasis is placed on connecting youth to community-based services universally available to all youth in order to help youth connect to their communities and to continuously use current research to identify ways to adapt and improve the program. We also use The VOICE heavily in the process of ongoing program design, development and adaptation.

Services are available to all eligible youth and young adults throughout the State regardless of where they reside. Communities for People was required to demonstrate their capacity to meet this expectation and the Department works closely with Communities for People to ensure that geographic location is not a barrier to access.

Community Collaboration and Leveraged Opportunities

The Department continues our long tradition of collaborating with our sister state agencies, providers, youth and young adults and other stakeholders to ensure foster youth/young adults have access to the same opportunities of their non-foster youth peers. Examples of these collaborations include, but are not limited to:

- Voluntary Extension of Care Interagency State Implementation Team: This includes members of The VOICE; the Department of Labor and Training/Governor's Workforce Board (DLT/GWB); the Department of Human Services; Rhode Island Housing (Housing); the Department of Behavioral Health, Developmental Disabilities and Hospitals (BHDDH), the Office of the Child Advocate (OFC) and the Office of the Post-Secondary Commissioner (OPC). The focus of this group is to assist DCYF in helping to ensure that youth participating in VEC will have as seamless a transition as possible to the adult world. A key aspect of this work is to address barriers to youth participation and or access to services provided by or funded through these other agencies.
- Cross Training with RI Family Court personnel
- Farm Fresh Rhode Island's Harvest Kitchen Project
- Governor's Workforce Board's Career Pathways Advisory Committee
- Governor's Workforce Board's Adult Education and Employment Advisory Committee
- Rhode Island's Housing Continuum of Care Committee (CoC)
- In the Fall of 2019, DCYF launched the Enhanced Case Management (ECM) Services for young adult participants in the VEC Program. ECM is a voluntary add-on which provide intensive supports for young adult participants regarding housing stability, accessing behavioral and physical health services, relational permanency, career planning, accessing educational support services and crisis intervention. Depending on the need, young adults can receive up to 40 ECM support hours monthly for a 3-month period which can be renewed if the need continues. ECM services are provided through contracts with Family Service of Rhode Island (FSRI), Communities for People (CFP) and Foster Forward (FF).

- Foster Forward, through leveraged funding, has continued to provide multiple services and programs to young people within the Voluntary Extension of Care program, YESS Aftercare Services, and youth currently and formerly in foster care. Through funding from the Governor’s Workforce Board, Foster Forward provides the Works Wonders career development and employment engagement program. Supported through the GWB and the Annie E Casey Foundation, they provide financial education classes and asset matching through their ASPIRE program. Through federal Victims of Crime Act (VOCA) funds, Foster Forward provides clinical services to youth over the age of 18 and then connects those youth to clinical support within their community. Finally, through a donor endowment and fundraising dollars, they provide the Real Connections mentoring program to help develop positive, long-term adult supports for young people.

Federally Recognized Tribe Participation and Consultation

The former YDECS Administrator, Mike Burk, worked closely with the Department’s tribal liaison, Stephanie Terry, to ensure that we maintain a meaningful, collaborative relationship with the states only federally recognized Indigenous Tribe, the Narragansett Tribe. Ms. Terry is in constant contact with Tribal leaders to ensure a strong connection, to obtain feedback and input from the Narragansett Tribe on older youth services and to ensure Tribal youth and young adults who are eligible have full access to these services. We are committed to notifying the Tribe regarding any meeting involving a tribal youth and to partner with the Tribe on education and training opportunities.

The Narragansett Tribe has not requested an agreement to administer, supervise or oversee the Chafee and/or ETV program with respect to Indian youth. Indian youth are eligible to receive the full array of benefits and services available to any other youth in the state.

National Youth in Transition Database (NYTD)

The Department has been conducting NYTD Surveys since October 2018. Commencing with the Cohort 3, 19-year-old follow-up surveys, administered by the Department’s Principal Community Services Liaison, is responsible for conducting all surveys and entering the results into RICHIST. Our MIS staff ensure data on the surveys and the service data collected are uploaded to the NYTD Portal within the appropriate time frames. Although we have had a few minor challenges with data reporting compliance since the start of NYTD data reporting, any issues were quickly addressed. During the reporting period April 2019 – January 2020 The Principal Community Services Liaison was on medical leave for a period of almost 6 months (During two of the Cohorts) which led to the Department not meeting the goal for Cohort ending September 2019. The Department will continue to work to achieve compliance. Our survey participation rates are provided in the tables below:

Baseline surveys are considered “Completed” when the youth is marked as having participated and completed the NYTD survey within the corresponding reporting period. Follow-up surveys are considered “Completed” if the youth completed the baseline survey, is marked as participating, and completed the NYTD survey within the corresponding reporting period. Our survey participation rates are provided in the tables below:

Table 7: NYTD Survey Participation (Cohort 1)

NYTD	FFY 2011 Baseline	FFY 2013 19-year-old follow-up	FFY 2015 21-year-old follow-up
Referred	221	171	171
Completed	171	136	126
Pending Completion	N/A	N/A	N/A
Incomplete	28	35	45
Participation Rate	87%	80%	74%

Table 8: NYTD Survey Participation (Cohort 2)

NYTD	FFY 2014 Baseline	FFY 2016 19-year-old follow-up	FFY2018 21-year-old follow-up
Referred	187	125	125
Completed	125	98	84
Pending Completion	N/A	N/A	N/A
Incomplete	62	27	41
Participation Rate	67%	78%	67%

Table 9: NYTD Survey Participation (Cohort 3)

NYTD	FFY 2017 Baseline	FFY 2019 19-year-old follow-up	FFY2021 21-year-old follow-up
Referred	153	105	105
Completed	105	79	73
Pending Completion	N/A	N/A	N/A
Incomplete	48	26	32
Participation Rate	69%	75%	70%

Table10: NYTD Survey Participation (Cohort 4)

NYTD	FFY 2020 Baseline	FFY 2022 19-year-old follow-up	FFY2024 21-year- old follow- up
Referred	102	--	--
Completed	95	--	--
Pending Completion	N/A	--	--
Incomplete	7	--	--
Participation Rate	93%	--	--

To date the Department has published two data snapshots using the NYTD Services and Survey data from the first cohort. In Summer 2017 we published our Education, Employment and Financial Self-Sufficiency Snapshot and in December 2018 we published our Housing Snapshot. Both helped inform the development of our new Youth Development Services RFP, another RFP for which we are finalizing procurement for Enhanced Case Management Services for VEC Participants, and of our Voluntary Extension of Care Program.

During the 2019-2024 Child and Family Services Plan, we will improve on our ability to capture NYTD service data for services provided outside of our Chafee funded programs. We will work with our provider coalition, SPEAK and other key stakeholders to develop effective mechanisms to capture this data, ensure it is accurately captured in RICHIST and reported through the NYTD Portal. These discussions also will center on improving our dissemination of NYTD data to families, youth, providers, advocates, the Family Court, legislator and other stakeholders and continued use of this data to inform and improve practice with older youth.

Youth Development Focused Training

A variety of youth development focused trainings are embedded in the Department's Training Plan. Trainings are geared toward specific (e.g., new caseworkers) or more general audiences. These include the following which directly address the goals and objectives of Chafee:

- Child and Adolescent Development and the Impact of Child Abuse and Neglect
- Culturally Competent Practice with LGBTQ Individuals
- Educational Services and Resources for Children & Youth Involved with DCYF
- Transition to Adulthood Services and Resources for Children and Youth Involved with DCYF
- Trauma Informed Child Welfare Practice
- Youth Mental Health First Aid

- Prudent Parenting Standard and Normalcy in Foster Care
- The Commercial Sexual Exploitation of Children

In addition to these, the Office of Youth Development, Education and Constituent Support Services (YDECS) with the Department is working with our Communities for People, The VOICE and our Training Division to explore the development of additional professional development opportunities for DCYF staff, congregate care providers, foster parents, adoptive parents and others focused on addressing the needs of youth and young adults in regard to permanency and successful transition to adulthood. We envision these opportunities to have a strong youth presence and perspective, incorporating key concepts such as the effects of family privilege, relational permanency, social capital development and engaging with youth as partners.

2019-2024 Objectives

- Establish a baseline in FFY 2021 for the percentage of case plans completed for youth in foster care age 14 and older and set target.
- By June 30, 2021, 85% of youth in foster care age 16 will be referred for a life skills assessment within 15 calendar days of the youth's 16th birthday or within 15 calendar days of their entry/re-entry into foster care if the entry/re-entry is after age 16.
- By January 2, 2021, the Department will establish a baseline for the completion of life skills assessments within 45 days of referral and set target.
- By September 1, 2020, the Department will establish a baseline and set a target for VEC participants who meet one of the following requirements monthly:
 - Work 80 hours per month; or
 - Are enrolled in an approved workforce development program; that they are enrolled in an approved workforce development program; or
 - Are enrolled in a secondary, GED or postsecondary program; or
 - Are provided a medical waiver from meeting the above requirements by the Department.
- By September 30, 2020, the Department will establish a baseline and set a target for VEC participants who are enrolled in a full or part time post-secondary program and who matriculate to the next academic level in subsequent years.
- By June 30, 2022 the Department will establish a method to measure the percentage of youth who exit the VEC program on their 21st birthday and who are able to maintain housing without the VEC cash assistance.

DCYF will cooperate in any national evaluations of the effects of programs in achieving the purposes of Chafee.

The Narragansett Tribe has not requested an agreement to administer, supervise or oversee the Chafee and/or ETV program with respect to Indian youth. Indian youth are eligible to receive the full array of benefits and services available to any other youth in the state.

Juvenile Justice and Juvenile Hearing Boards

DCYF can capture the three portals of entry reflective of whether a child has entered care through Child Welfare, Juvenile Corrections or through Children's Behavioral Health. These data fields in RICHIST allow the Department to track case activity of children and families as they move through the system. This mechanism quantifies the number of children and youth who are opened to the Department for abuse or neglect but are later linked with children's mental health services or juvenile corrections.

Every fiscal year, the Department does a recidivism analysis and report. In December 2021, the annual report examines recidivation over a four-year period, among RI DCYF youth who were adjudicated in Fiscal Year 2017 – 2020, with up to three years of follow-up (See appendix, Descriptive Statistics Recidivism FY17-20 29DEC21). Those that were sentenced to Immediate Temporary Community Placement (TCP/Immediate) or Probation were eligible to recidivate upon the day of their entry adjudication into the cohort. Those youth sentenced to the Rhode Island Training School (RITS) were eligible upon their physical release from the facility. Department of Corrections data, for those youth who were subsequently convicted and incarcerated, is included in the analysis. 972 youth were included in the analysis, of which, 28% recidivated over a three-year period. Compared to our previous analysis (FY 16 – FY 19), this has remained the same, but with a smaller group of youth in that analytic period: 1,102. Additionally, the median number of days to recidivation in this cohort compared to the previous analytic time period has decreased to 292 days from 323 days.

In a multivariate model, TCP/Immediate youth had 1.7 times the odds of Probation youth of recidivating, keeping all other variables in the model constant. In comparison to the last reporting period, this odds ratio has increased, and remains statistically significant, indicating that the relationship is not due to chance. Also predictive of recidivation was the Structured Assessment of Violence Risk in Youth (SAVRY) performed at time of initial adjudication. Those youth with High SAVRY scores had 5.1 times the odds of recidivation compared to youth with Low SAVRY scores, keeping all other variables in the model constant, which has increased since the last reporting period (Odds Ratio = 5.0). In this model, Black Non-Hispanic youth were 1.9 times the odds of recidivating compared to White Non-Hispanic youth, keeping all other variables in the model constant. This has increased and become statistically significant since the last reporting period. Although Hispanic any race youth do not have a statistically significant odds ratio in the model of recidivating compared to White Non-Hispanic youth, the clinical significance of 1.5 times the odds for these children should not be ignored. The SAVRY assessment is correlated to race/ethnicity suggesting that the two measures are influencing each other.

The Juvenile Hearing Board (JHB) is designed to change the trajectory of a child's life who are otherwise exposed to the criminal justice system and diverts arrested juveniles from entering the justice system. With a focus on the Providence JHB in the past calendar year, an analysis was done to approximate the total number of potentially eligible children to the Providence JHB using Family Court data. Petitions for Providence based offense were included from January 1, 2018 – December 31, 2019. RI Family Court provided data of youth who were arrested in Providence and subsequently a petition filed over the two-year period. Demographics, case addresses and other pertinent information was provided.

The Providence JHB does not allow children to be referred if they are the following: over 17 years of age at time of arrest, assault charges, and general serious offense (defined in the analysis by a delinquent petition), truancy charges; although truancy charges are not seen by the Providence JHB, there is no statutory requirement to exclude trancy cases. There are a few other key indicators that are less clear on if they make a youth ineligible. Furthermore, they may be important places to intervene to provide more access to children who have been historically excluded from the JHB. Those include resident of Providence, former petitions filed in court, excess number of charges in a single arrest, former or current involvement in DCYF.

To better understand the breadth of potential referrals to the Providence JHB, we included the youth who were non-residents of Providence, had former petitions filed in court, any number of charges and former or current involvement in DCYF, by unduplicated petition, since theoretically, each time they are arrested, the youth is potentially eligible for the JHB. A limitation of this report is that this estimate may be a slight over count of as a single event could have two different petition numbers. We attempted to control for this by calling a petition unique if they are filed on separate dates. When including these youth, the Providence JHBs by our estimates had at least 275 youth petitions in CY 2018 and at least 288 youth petitions in CY 2019 that were eligible for the Providence JHB. Notably, the majority of these youth petitions are for Black Non-Hispanic, Hispanic any race and Other/multiracial Non-Hispanic youth, and most live in Providence. The analysis done for the Juvenile Hearing Boards was a one-time analysis and no further update is available.

[Chafee Education and Training Voucher Program](#)

The Department of Children, Youth and Families (DCYF), is the state agency responsible for the administration, supervision and oversight of all programs and services required and funded under the Chafee Foster Care Independence Program (CFCIP), including the National Youth in Transition Database (NYTD) requirements and the Education and Training Voucher (ETV) program.

Rhode Island continues to use ETV funding for youth who enter foster care on or after the youth's 16th birthday and up to the young adult's 21st birthday. At this time, Rhode Island is not opting to extend services beyond the young adult's 21st birthday except for ETV funding which will continue to be available to eligible participants until the academic year in which the young adult turns 23. We have not opted to extend ETV eligibility to age 26.

Last year there was additional funding and temporary flexibilities for the Education and Training Voucher (ETV) Program. The Consolidated Appropriations Act (CAA) of 2021 was signed into law on 12/27/2020, this COVID-19 Relief package contains several important provisions for the child welfare system. The CAA Division X, titled *Supporting Foster Youth and Families through the Pandemic Act* (Pandemic Act) provided \$50 million to be distributed to states in additional ETV funding and provided temporary flexibilities in the use of funding. This additional funding and flexibility allowed the Department to assist youth whose education was disrupted due to the COVID-19 pandemic and public health emergency. It also required states, through 9/30/21, to raise the maximum eligibility age to the 27th birthday. Through September 2022 allows states to increase the maximum allowable award amount to \$12,000 per youth per year but does not require states to give each eligible youth that amount. Increases the maximum allowable amount per individual for ETVs from \$5,000 to \$12,000 through FY2021 and under these provisions the

Chafee ETV vouchers may be used to maintain training and postsecondary education costs. additional Pandemic ACT FFY2021 allocation for Rhode Island is \$257,651.00

We continue to grow and expand post-secondary education opportunities for youth currently experiencing foster care and youth/young adults who formerly in foster care in Rhode Island Our allocations for the most recent federal awards, all of which we are permitted to raise the annual per student award cap to \$12,000 through 9/30/21), are:

- FFY 2020: 195,197
- FFY 2021: \$195,197 \$219,561
- FFY 2021 Pandemic Act Supplemental: \$257,651
- FFY2022: \$219,561 (estimate as no award letter has been provided to us yet)

Our DCYF Higher Education Grant Program funding, usually an annual allocation of \$200,000, can be used only for full-time students attending one of Rhode Island's three public higher education institutions. There is no per student cap on these state funds. In FFY 2021, thirteen (13) students received state funds totaling \$57,567.

Youth and young adults interested in receiving postsecondary educational funds must complete their DCYF Postsecondary Education Tuition Assistance Program on-line application. The eligibility criteria for each of the subprograms (DCYF Higher Education Opportunity Incentive Grant and ETV voucher) are based on state and federal laws and regulations and are clearly articulated in the application. Youth who have been placed in subsidized guardianships or adopted on or after their 16th birthday are eligible for ETV funding. The Department treats all funds under this program as the funding of last resort after all other non-loan funding sources (e.g., Pell Grants, scholarships) are considered and uses funds only to cover further unmet need to the extent possible and based on available funds and the total number of youth participating.

For eight years, the Department utilized the Office of Post-Secondary Education's Division of Higher Education Assistance's (OPSE-DHEA), web-based integrated DCYF Post-Secondary Education Tuition Assistance Program (PETAP) Application. The Department was notified in late November 2017 that they no longer have access to this system as the Office of Post-Secondary Commissioner had restructured their Department.

In August 2020, The Department finalized an agreement with Trilix, LLC to develop a new web-based integrated system. This web-based system will have all of features that of the past system, but it will be managed by the Department in concert with our selected software vendor. The system will allow the Department to receive unmet need amounts before loans for each applicant, make award payments, track students who drop out or reduce credit hours below full or part time, and will provide a direct mechanism for refunding funds back for students who do not complete the academic semester based on each school's refund policy. This system will also allow us to effectively track ETV recipients regarding the new federal five-year award maximum and alert students when they are reaching that limit. Trilix has worked at breakneck speed to produce a quality product which launched in August 2021. It has been a useful tool for managing our grant program. Since the launch, Trilix was purchased by another company and we are

working with the former Trilix staff to move the platform to a new company, Envision. We anticipate this to be a seamless transition

This system integrates our collaboration with the respective schools for each student, helps to ensure that our award does not duplicate other federal awards and that aid provided a student does not exceed the total cost of attendance as defined in section 472 of the Higher Education Act of 1965 and determined by the school. As was the case with our previous system, this system will allow the Department to collect unduplicated ETV award data. This unduplicated data is used to provide the annual ETV award update to the Children's Bureau.

One new element to this new system is that DCYF will upload the basic information for eligible youth and young adults from our RICHIST system, reducing efforts needed by the Educational Services Coordinator to verify applicant eligibility. Youth/young adults still must apply annually but their application will be automatically checked against the upload from the Department which is done on a monthly basis. The Educational Services Coordinator only will have to review those applicants that were not matched to ensure that they are not actually eligible. This also mechanizes our check as to whether the applicant meets the citizenship/immigration status requirements of ETV.

For the 2021-2022 Academic Year, DCYF provided each student with funds to cover 100% of their unmet need unless they were eligible for the ETV funds only and reached their \$5,000 annual federally mandated cap. For the 2021-2022, academic year, 27 youth attended school and received funding. This assistance totaled \$ \$290,177 from all funds [ETV - \$232,610; DCYF Higher Education Funds - \$57,567]. ETV awards ranged from \$598-\$12,000 and DCYF Higher Education Awards ranged from \$372-\$13,109. We anticipate our percentage for the 2022-2023, academic year to be between 80% -100% of unmet need. efforts to date are:

2020-21 Academic Year:

- with them on completing this and getting their award information.

We made additional awards to 22 youth with a total additional award amount of \$115,221.53.

2021-22 Academic Year

As of 5/25/21, 28 youth completed their application for our grant award. Of these, **15** are returning applicants and **13 are new applicants. As of 5/26/2022 78 students completed their application for our grant award. Of these 27 students were awarded, ten (10) of whom are returning applicants and 17 new applicants.**

Table 11 shows the actual participation rate for the 2021-2022 Academic Year.

Table 11: DCYF Post-Secondary Grant Funding for Academic Year 2021-2022

Postsecondary School Attended	Students Receiving State-funded DCYF Higher Education Grant Funds and Federal-funded Education and Training Voucher Grant Funds	Students Receiving Federally-funded Education and Training Voucher Grant Funds Only	Total Number of Student Participants
Community College of Rhode Island	6	5	11
UCLA	0	1	1
IRYS Yacht Building	0	2	2
Rhode Island College	4	4	8
University of Rhode Island	3	2	5
Total Award Recipients	13	14	27

2019-2024 Objectives & Accomplishments

- Identify a mechanism and/or formula to institute a per student per year maximum award amount in order to meet the needs of the greatest number of youth with the available funding.

The Department has not had to institute any cap at this time. We will continue to monitor this issue and determine if such a cap is necessary.

FFY 2022: Ongoing

- Continue to increase outreach to youth in postsecondary programs who have aged out of care to ensure that they can continue receiving financial supports for their educational program. The Educational Services Coordinator continues to stay connected with existing youth, sending reminder emails if they have not reapplied for the DCYF Higher Education Grants. The Education Support Services staff collaborate with the DCYF Youth Services Coordinator Jessica McCluskey to identify youth involved with our Chafee Independent Living funded program who can benefit from our educational funding assistance programs. Youth not currently involved with the Department but who may be eligible also call the Screening and Response line to obtain information how on how to get assistance. Youth are then connected to intake where a needs assessment is completed and refer them to the appropriate funding source.

FFY 2022: With the development of the new web-based application system, we will have access to email addresses on all youth attending school and use that to communicate with them. The Department will send out e-mail blasts to all past DCYF Post-Secondary applications reminding them to submit their DCYF applications. DCYF also posts information regarding eligibility and how to apply for Higher Education funds on the state website and Facebook accounts.

The DCYF Educational Services Coordinator, Diane Correia, identified and sent e-mails to social workers with the names of students still in foster care and eligible for the Post-Secondary Tuition Assistance program. The DCYF Educational Services Coordinator will monitor these students and remind social workers to have the student submit their DCYF Post-Secondary application.

Information is also provided to the **Regional Administrators**, the RITS Deputy Superintendent, and the Administrator of Juvenile Probation. Announcements and information are also shared during key statewide education meetings such as the RI Transition Council and RI Special Education Advisory Council (RISEAC).

- The Department will continue its work on developing and implementing stronger support systems at the public and private post-secondary schools and continues to provide training to staff on Educational Support Services, including post-secondary access and funding opportunities, through DCYF's Training and Workforce Development Division.

FFY 2022: DCYF Educational Support Services staff have reconnected to the Associate Director of the Educational Opportunity Center (EOC). The RIEOC is one of three federally-funded TRIO programs hosted at the Community College of Rhode Island (CCRI). It is designed to assist students from disadvantaged backgrounds in attending and succeeding in postsecondary education. The RIEOC Associate Director is a former Deputy Commissioner of Higher Education for the State of Rhode Island and has been a strong advocate and partner with DCYF in meeting the needs of DCYF involved youth in higher education. DCYF Educational Support Services staff hosted 6 "drop in" sessions *Supporting Youth Ready Making Post-Secondary Education Decisions and Enrolled in Post-secondary Programs* in which the Educational Opportunity Center (EOC) staff joined to provided DCYF staff with some opportunities for them to share with youth on their caseload who are High School Juniors, Seniors and already enrolled in a College, University or Other Post-Secondary Institution for next academic year. **The DCYF Educational Support Services staff will continue to host "drop in" sessions.** The Educational Services Coordinator Diane Correia along with the Administrator Mike Burk also presented a refresher on the DCYF Post-Secondary Tuition Assistance Program (state funded as well as the ETV program) along with providing this information during new staff hire trainings.

- Identify and collaborate with existing community organizations to help educate youth on high school and college expectations.

FFY 2022: The Educational Support Services staff is continuing to work with community partners, including the EOC, on helping to prepare our youth for postsecondary opportunities.

DCYF will cooperate in any national evaluations of the effects of programs in achieving the purposes of Chafee and the Education and Training Voucher Program.

FFY 2021:

Financial and Statistical Information Reporting

FFY Year 2021: ETV - Award \$219,561; Expended \$232,610 **Expended is higher than Award. It's over due to the increase cap which we were pulling from the Stimulus. How should I adjust the Award amount? The total of both awards was \$477,212**

Table 12: Number of ETV Recipients

	Fiscal Year	# of Recipients
Initial Voucher	2013	31
Total Participants	2013	82
Initial Voucher	2014	29
Total Participants	2014	51
Initial Voucher	2015	29
Total Participants	2015	48
Initial Voucher	2016	44
Total Participants	2016	90
Initial Voucher	2017	40
Total Participants	2017	69
Initial Voucher	2018*	23
Total Participants	2018	47
Initial Voucher	2019	14
Total Participants	2019	33
Initial Voucher	2020	22
Total Participants	2020	43
Initial Voucher	2021	30
Total Participants	2021	30
Initial Voucher	2022	27
Total Participants	2022	27

*Due to a change in our financial management system at the State Division of Accounts and Control, the FFY 18 funds were obligated by September 30, 2019 but we were unable to process payments until the first week of January 2020. This resulted in a significant reduction in our award for FFY 18. However, the Department used state funds to address this gap so that students who were awarded in September 2019 were able to receive an award.

Fund Administration

The Department's application process is currently a primitive web-based application combined with manual processing of award information and payment. We anticipate being able to streamline the process again with the advent of a new web-based service assuming approval of the contract with the identified software vendor. We anticipate our percentage for the 2022-2023, academic year to be between 80% -100% of unmet need.

The Educational Services Coordinator verifies applicant eligibility by examining the youth's record in our RICHIST system, which includes ensuring they meet citizenship/immigration status requirements to receive ETV funds.

Consultation and Coordination Between the States and Tribes –

The State of Rhode Island contains one federally recognized tribe within its border, the Narragansett Indian Tribe. The Tribe was federally recognized in 1983 and controls 1,800 acres of reservation trust lands in Charlestown, Rhode Island. They currently have approximately 2,000 recognized members.

The Narragansett Tribe does not operate its own child welfare system and relies on the Department to assist with all aspects of the state's child welfare functions. DCYF and Narragansett Tribe representatives have agreed that DCYF would use its *Implementing the Indian Child Welfare Act* (Policy: 700.0170) as a basis for a State-Tribe agreement. This Policy represents the understanding between the Department and the Tribe as it relates to the responsibility for providing protections for Tribal children who are in state custody, as referenced in Section 422(b).

DCYF has a standardized process used to gather input from the Narragansett Indian Tribe. This process is based on the Bureau of Indian Affairs (BIA), Indian Child Welfare Act (ICWA), In-Demand Training (2016). DCYF notifies, exchanges information and consults directly, with Tribe representative Wenonah Harris and Anemone Mars. The DCYF Liaison ensures that notification is made to the Tribal Liaison when a family who identifies as Native American enters the DCYF system. In addition, bi-monthly meetings are held to discuss general practice, as well as to review specific families when needed. Regular phone and e-mail contact occur between Tribe representatives and DCYF staff responsible for the coordination of care and services to each family. Notifications are made to Ms. Harris of all court hearings.

Due to the COVID-19 Pandemic, in-person meetings have not taken place, however virtual and phone contact has continued throughout the past year to discuss specific cases and touch base on planning to resume our collaborative work toward increasing the cultural competency and sensitivity of our staff. The Department has hired new staff in all divisions. In the Child Welfare divisions, there is a need for in-person training. Planning discussions have focused on cultural awareness trainings for DCYF staff targeted toward the late fall and winter of 2021. In addition, the Narragansett Tribe is represented on regularly scheduled Family Engagement Meetings facilitated by the Center for States. These meetings are focused on ensuring that family representation is at our table to help guide decisions related to our on-going implementation of the SAFE Practice Model along with policy and practice changes to improve child and family well-being. Participation by the Tribe informs our decisions and ensures that our practices reflect a

race equity lens inclusive of Native American Families. Meetings have focused on the ICWA reporting requirements, awareness training, tribal member verifications, Indian child removal and placement reviews, permanency planning, grant opportunities, Title IV-E issues, among other topics. The Narragansett Tribe and DCYF began a coordinated effort in conjunction with community behavioral health providers to provide support to the Tribe by training tribal members as Peer Recovery Coaches. Due, in part to the outbreak of COVID-19, those efforts were also paused, and we are in discussions with the Tribe to restart the initiative and identify tribal members interested in becoming certified. While we made efforts in late 2019 and early 2020 to develop treatment services geared toward Substance Use Disorders which partner traditional healing with clinical interventions, we were ultimately unsuccessful at engaging the identified service provider to the extent intended. The Department also sought to support the Tribe in their long-term goal of re-establishing the Narragansett Tribe's Safe House as a center of the community where members can meet for peer support. Those efforts are also on pause since the start of the Pandemic.

Safe Practice Model Tools were submitted to the Tribe for review and are in their final edition and are actively being utilized. Close case collaboration continues relative to families open to DCYF or under investigation to develop safety plans where possible with the support of the Tribe. In addition, the Tribe continues to assist in identifying kin to provide placement when safety planning is not an option and have actively worked with Child Protective Services to support prevention efforts for families coming to our attention.

DCYF's *Implementing the Indian Child Welfare Act* (Policy: 700.0170) requires that every child, their parents, or guardians are asked if they are affiliated with a federally recognized Indian Tribe. The response is recorded in the DCYF CCWIS system (RICHIST) and is documented in the case activity notes (CAN). The assigned Supervisor verifies that the CAN has been entered. Once the child is confirmed as a member of a Federally recognized Indian Tribe, the family and Tribe are notified in writing via registered or certified mail with return receipt requested, of all child custody proceedings and placements. The notice is also forwarded to the BIA Regional Director. Active efforts are made to maintain children at home. When this is not possible, all efforts are made, through collaboration with the family and Tribe, to place children with Kin (members of the Tribe). All efforts will be documented in the case activity notes. The Narragansett Indian Tribe has been provided with the draft policy for their input and comments and will be provided with any draft revisions prior to promulgation.

The Narragansett Indian Tribe is immediately notified of any DCYF investigation involving one of their members. All petitions filed by DCYF with the RI Family Court must include documentation as to whether or not a family has identified as being a member of a Federally Recognized Tribe.

Immediate notification of involvement with a family whose members identify as being members of a Federally Recognized Indian Tribe is made to Ms. Harris and/or Ms. Mars. Tribe representatives are notified of and consulted for case planning purposes, reviews and court hearings. Ms. Harris as the contact person responsible for providing child welfare services and protections for Tribal children is the qualified expert witness for the Narragansett Indian Tribe.

Notifications of state proceedings, placement preferences, active efforts to prevent the breakup of Indian family and jurisdictional issues/preferences are documented in the Rhode Island Children's Information System (RICHIST) and case activity notes (CAN). All correspondence, documents, reports, and other hard copy paperwork will be maintained in the specific DCYF RICHIST casefile.

Specific steps to improve or maintain compliance with ICWA include a memorandum that was distributed to all staff on the Bureau of Indian Affairs Final Rule on ICWA. The Department also began utilizing a new ICWA notification form that is completed by the assigned case manager in consultation with the client. The completed ICWA form is submitted to the DCYF legal office for final review and then sent to the designated Indian tribe(s) by certified mail. The Department will closely monitor worker compliance and document results of this process. The Department will continue to conduct regularly scheduled in-person meetings (every other month) between DCYF and Tribal representatives and maintain monthly contact between Ms. Harris. DCYF will continue to provide ICWA training to all DCYF employees and Tribal representatives.

The Narragansett Tribe has not requested an agreement to administer, supervise or oversee the Chafee and/or ETV program with respect to Indian youth. Indian youth are eligible to receive the full array of benefits and services available to any other youth in the state.

DCYF will send an electronic copy of the 2022 APSR to the Narragansett tribe for review and concurrence. DCYF will follow up with in-person meetings with Tribal representatives.

[CAPTA Plan](#)

As reported in previous Child and Family Service Plans, the CAPTA requirements are aligned with the Department's efforts to strengthen its Child Protective Services Division. The CFSR safety outcomes and indicators are integrated into the activities outlined in the CAPTA plan.

The CAPTA Plan focuses attention on strategies to support improvement in the CFSR Safety Outcomes 1 and 2. The Department is known for having a strong Child Protection Division.

In 2018, Rhode Island's child welfare system was reviewed by the federal Children's Bureau. The final report highlighted areas of strength as well as areas needing improvement; as a result, Rhode Island was required to develop a Program Improvement Plan (PIP) that specifically targeted the areas of practice that needed improvement. PIP implementation began in May 2019 and will conclude in 2021.

The areas needing improvement include:

- a. Developing appropriate safety plans to ensure the safety of children,
- b. Conducting ongoing quality safety and risk assessments,
- c. Achieving timely permanency for children in foster care (reunification within 12 months, guardianship within 18 months, and adoption within 24 months),
- d. Enhancing casework practice for children remaining in the home,
- e. Engaging with parents, and

f. Ensuring appropriate assessment of and service delivery to children and families.

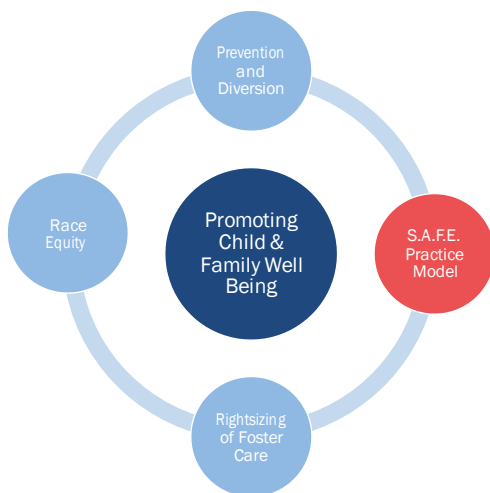
The Department completed the implementation of the PIP, which is overseen by the Children's Bureau. To date, the Department has achieved 93 of the 94 required systemic changes and activities. The Department satisfied all of these components by October 30, 2021. Additionally, DCYF is required to meet 10 quantitative improvement goals that assess our child and family wellbeing practices. Thus far, the Department has satisfied 9 of these goals and is on track to fully achieve compliancy by October 2022.

Critical to alignment with the goal of improving outcomes for families is the transformation of overall practice at DCYF. A foundation for that transformation is the Safety Assessment Through Family Engagement (S.A.F.E.) Practice Model, which was implemented in November 2019. In selecting S.A.F.E., DCYF sought a practice model that gives a central voice to youth, families and communities.

By adopting the S.A.F.E. model, Child Protective Services shifted from taking a solely incident-based investigative approach to a more comprehensive assessment of families' strengths, behaviors and functioning. When risks are identified, our Family Service Units' social caseworkers build partnerships with parents and caregivers to identify and seek agreement regarding the behavioral changes necessary to maintain child safety, permanency and wellbeing. Together, DCYF and families develop service plan goals that will enhance caregiver protective capacities and address the needs of the child.

Committed to the full implementation of the S.A.F.E. model with fidelity, the Department expects to see improved safety outcomes for children and families, including, but not limited to: Increased rate of families served by DCYF at home; safer and timely reunification of children and families; and a reduction of re-maltreatment and re-entries into DCYF care. As part of this ongoing implementation, DCYF is making necessary policy revisions to align our practice to the model.

Figure 4: Safe Practice Model



S.A.F.E. Practice Model

Foundational practice model known as S.A.F.E. (Safety Assessment Through Family Engagement) was implemented in November 2019.

S.A.F.E. provides:

- A central voice to youth, families and communities.
- A Shift CPS from a solely incident-based investigative approach to a more comprehensive assessment of families' strengths, behaviors and functioning.
- Empowerment of caseworkers to build partnerships with parents to co-create plans that will address the behavioral changes needed to maintain child safety, permanency and well being.

Expected outcomes of S.A.F.E.: an increased rate of families served at home, safer and timely reunification, and a reduction of re-maltreatment and re-entries into DCYF care.

All staff in Family Services Units, Child Protective Services, and in Juvenile Corrective Services have been trained on the Family Functioning Assessment (FFA) and the Ongoing Family Functioning Assessment (OFFA). Not only is this the first time that CPS and FSU have aligned practice models, but these tools also embody a philosophical shift away from an incident-based focus on maltreatment and towards working with families on enhancing caregiver protective capacities and addressing behaviors that lead to present or impending danger.

RICHIST modifications required for staff to begin using the FFA/OFFA were completed on November 13, 2019 and all staff are now using the FFA/OFFA for all new cases beginning on that date. Initial issues around the mechanics of the tool have been addressed. Staff began using the FFA for Family Assessment Response cases during Quarter 1 and staff have been receiving coaching from Action for Child Protection on those cases. Action for Child Protection has also been leading the training and support for a cohort of Change Champion Coaches.

Staff have largely responded to the concepts embedded within the FFA positively, with some expressing concern about the amount of time it takes and whether that will impact their ability to move through cases at the same rate as they currently complete them. To address these concerns, we have a full team of internal staff, Change Champion Coaches, and consultants from Action for Child Protection on site for consultation and troubleshooting during the first two weeks of implementation. Ongoing support will be available beyond that time frame as well.

Administrators in Child Protective Services are developing a structured plan to review the fidelity of the FFA on an on-going basis. Administrators in Family Services Unit will use documents provided from Action for Child Protection to review random cases on a regular basis; findings will be shared across the division. In addition, the Chief of Practice Standards in each region will identify cases to review with supervisors and their units on an ongoing basis.

The FFA tool was implemented fully in November 2019. Since then, the Department has been utilizing the FFA for all Family Assessment Responses and Investigations screened in. The Department has continued to focus its efforts on the implementation of the practice change that requires a shift from incident-based responses to assessments of family functioning overall. To achieve this, several different mechanisms are in place:

- **Weekly Implementation Group** meets weekly to address any concerns involving the use of the tools in RICHIST; practice and implementation guidance; policy changes; technical assistance and communication or training needs. This group is an administrator / senior management level team.
- **Biweekly Coaches Meetings** Change Champion Coaches and practice consultants address any concerns encountered and / or raised by workers in the field as it relates to the use of the FFA and OFFA and struggles with the model in meeting all the needs of youth and families.
- **An Inter-Divisional Practice Guidance Workgroup** was created with frontline representation from each division. The group is facilitated by the Department's Change Champion Coaches. The workgroup discusses the areas in need of improvement and formulates solutions. Questions related to policy, procedure and IT are brought to senior management at the Weekly Implementation Team Meetings. In addition, information is then brought back to the line level to create clear lines of communication and collaborative problem-solving.
- **Ongoing Listening Sessions** with all staff in each region and division were held after the first of the year. Subsequent sessions will start in July and, depending on social distancing restrictions, will be held remotely. The purpose of the sessions is to gather information about struggles as well as successes. The feedback has been valuable and provides insight into the fact that nearly all staff embrace the practice of assessing functioning to determine safety but are candid about their struggles with moving from an incident and compliance based system. Staff also provided positive feedback that they find coaching helpful as well as the guides, examples, and manuals in the shared folder and overall, feel that with practice and their level of comfort are improving.
- **Consulting with Action for Child Protection** is ongoing and prior to COVID-19, Action was on-site 3 days per week, approximately twice per month to provide one to one coaching to workers and their supervisors before initiating investigations as well as during the process and for case consultation.

Table 13a: CAPTA Strategies (Safety Outcome 1)

Safety Outcome 1 - Children are, first and foremost, protected from abuse and neglect.		
Indicator	Activities	Status
Item 1: Timeliness of investigations of reports of child maltreatment	<ul style="list-style-type: none"> Develop a reporting mechanism to monitor the documentation of attempted contacts in an investigation with the ability to view data by investigation type, investigation unit, and worker. 	Ongoing
	<ul style="list-style-type: none"> Generate CPS timeliness data reports and distribute to divisional administrators and supervisors. 	Ongoing
	<ul style="list-style-type: none"> Establish regularly scheduled supervisory meetings between division administrators and supervisors to review timeliness data reports to monitor compliance with policy timelines. 	Ongoing
	<ul style="list-style-type: none"> CPS Supervisors will meet with line staff to review timeliness data reports specific to their CPS case assignments. Supervisors will ensure accountability for meeting timeframes for documentation of initial attempt at face to face contact in all routine investigations through weekly reviews of these data reports with their staff. 	Ongoing
	<ul style="list-style-type: none"> Replace the current child protective services investigation template with the Family Functional Assessment (FFA). The FFA streamlines the input of information into the RICHIST system which will also support more timely documentation of investigation responses. 	Ongoing
	<ul style="list-style-type: none"> Communicate quantitative and qualitative investigation timeliness data results with staff and external stakeholders utilizing the Division of Performance Improvement/Active Divisional Management structure. The DPI/ADM structure will be used to explore any further challenges and provide feedback to make adjustments to the timeliness data reports as necessary. 	In Process

Table 13b: CAPTA Strategies (Safety Outcome 2)

Safety Outcome 2 – Children are safely maintained in their homes when possible and appropriate.		
Indicator	Activities	Status
<p>Item 2: Services to family to protect children in home and prevent removal</p> <p>Item 3: Risk and safety assessment and management</p>	<ul style="list-style-type: none"> Implement FA, OFFA assessments at every change of care for children in placement and at reunification 	Ongoing
	<ul style="list-style-type: none"> CPS Investigators and Intake Staff work with FCCPs to ensure development of Risk Management Plans when necessary to avert families from DCYF involvement 	In place – continuing as part of the FCCP operation in all of Rhode Island – reviewing family service cases weekly.
	<ul style="list-style-type: none"> Maintain co-location in CPS and all Regional locations with community agencies’ staff through collaborative process to assist with family service planning options focusing on community-based support and diversion from DCYF 	Ongoing
	<ul style="list-style-type: none"> Implement Family Assessment Response (FAR) in lieu of investigation to determine service support needs for families 	Ongoing
	<ul style="list-style-type: none"> Enhance community-based service referrals through work with FCCPs 	Ongoing
	<ul style="list-style-type: none"> Refer all children under the age of 3 who are victims of an indicated case of abuse and/or neglect for a developmental screen to determine eligibility for Early Intervention services 	Ongoing
	<ul style="list-style-type: none"> Train CPS, FSU, and Juvenile Corrections staff on a structured systematic safety assessment process utilizing the RI SAFE practice framework and the FFA so that they will be able to better and more consistently assess risk and safety, assess family needs, and refer for services for all families screened in by the CPS hotline. The training will be conducted by the Change Champion Coaches who are content experts on the RI SAFE Practice Framework and FFA tool. 	Ongoing
	<ul style="list-style-type: none"> Modify RICHIST to incorporate the FFA. The FFA will replace the current investigative template so that staff will use the new format and tool for all responses which will bring consistency to the response from front line staff. 	Ongoing
	<ul style="list-style-type: none"> Launch use of FFA through a soft roll out with Family Assessment Response cases in CPS. Staff and Change Champion Coaches will provide preliminary feedback regarding its usability and accuracy in assessing risk and safety in the field. This feedback will be used to make improvements to the tool and its use. 	In Process

that are designed to identify and meet the needs of children birth to 3 that have or are at risk of having a developmental delay. The First Connections program also provides key linkages to community resources and supports for families with children birth to 3 years old.

In fiscal year 2021 (July 1, 2020 to June 30, 2021), there were 728 children birth to 3 who were involved in indicated cases of abuse and neglect. Of these 728 children involved, 97.7% were referred to either First Connections for developmental screening or Early Intervention for full evaluation based on identified needs at the point of completed investigation. This determination is made by the CAPTA Liaison nurse who also supports the referral to a formal evaluation based on the results of completed screening. For children screened and determined to not need a formal evaluation, the First Connections program often seeks to refer the family to other programs that support early childhood development. These programs include Early Head Start and the MIECHV funded Home Visiting programs.

As a sustained effort that began under the Rhode Island Getting to Kindergarten Grant funded by the W.K. Kellogg Foundation, more in-depth analysis was completed on the CAPTA cohort of children birth to 3 who were involved in indicated cases of abuse and neglect. The primary interest of this more comprehensive analysis was to determine the rate of engagement, completion of screening/evaluation and enrollment in supportive programs for this vulnerable population. The following results were discovered as a part of this analysis:

Of the 711 successfully referred, 534 (73.4%) had in person contact with either First Connections, Early Intervention or another supportive program.

- **Of the 711 successfully referred, 359 (49.4%) had a completed developmental screening and/or full evaluation.**
- **Of the 711 successfully referred, 213 (29.3%) were found eligible for Early Intervention services or another supportive service.**
- **Of the 711 successfully referred, an additional 52 (7.5%) were enrolled in MIECHV family visiting programs. (Some additional families may have enrolled in MIECHV programs after completed developmental screening)**

This level of in-depth analysis will now become a routine annual process and is a direct result of the data sharing and cross-system partnerships developed through a one-year extension of the Rhode Island Getting to Kindergarten Grant. The department has refined the existing data sharing processes and established and implemented a dedicated electronic referral and data tracking system within the Salesforce platform to continue to track progress toward the goal of increasing access to developmental screening and supportive programs. This electronic referral system was launched in June of 2021 and initial capacity to manage data and referrals is very encouraging. Data integration with the Department of Health KidsNet system has begun and data fidelity testing is also underway. This integrated system will allow for the tracking of children in the child welfare system related to completion of developmental screening and engagement in supportive services.

In addition to the mandated referral of indicated victims, DCYF referred an additional 184 children who were identified in unfounded investigation or were siblings/family members in

households where an investigation took place, but no incident of abuse or neglect was determined. These children received the benefit of screening and or evaluation to support their early development and provide stabilizing support to their family.

The Department continues to work collaboratively with the Executive Office on Health and Human Services as well as the RI Department of Health to identify ways to improve communication and coordination of the referral process and services to children and families. These two state agencies administer the Early Intervention and First Connections programs respectively. Building on the development and implementation of the revised Early Childhood Service Referral Policy, the department has implemented an electronic referral and tracking data system within the Salesforce platform to support and manage the CAPTA referral process. The previously established Child Fatality Prevention Workgroup continues to meet quarterly to serve as the planning group for inter-agency collaboration for the birth to 5 child welfare involved population. This group continues to refine strategies and cross-system program alignment to track the outcome of referrals to First Connections and Early Intervention and other supportive programming including several DCYF contracted programs. Ongoing management of this system will ensure that the department and its cross-system partners will be able to maintain awareness of the rate of engagement in supportive services following a CAPTA referral. This process and system will allow the department to shift and manage practice approaches to better attend to child safety and child well-being related to this vulnerable population.

Throughout FY 2021 the Rhode Island Children's Cabinet has continued to focus attention on the needs of young children in the child welfare system. This is a group of high-level state department directors that meet monthly to work toward implementing policies and programs to better meet the needs of Rhode Island's most vulnerable children. As a part of the Children's Cabinet work, the department has completed grant activities for the Rhode Island Getting to Kindergarten Grant funded by the W.K. Kellogg Foundation in Battle Creek Michigan. Much of the work developed and implemented as a part of this grant has been sustained within DCYF through designation of the Early Childhood Resource Specialist position. This position will continue to provide coordination of services across the early childhood services sectors, provide case work and supervisory staff support and referral coordination for the birth to 5 population involved with the department.

The department has also continued implementation of a proactive child development awareness campaign in collaboration with the statewide CDC Learn the Signs Act Early program. This effort has continued to make child development information available in the lobby of all RI DCYF offices to increase awareness of tracking developmental milestones for the Birth to 3 population. All the above stated efforts have been coordinated within the Rhode Island Children's Cabinet Early Childhood Strategic Plan. This plan will work to have a positive impact on the youngest and most vulnerable child welfare involved children in the state to ensure effective cross-system coordination and supports.

During the most recent reporting period the department has also engaged in cross-system staff training with the Rhode Island Department of Health (RIDOH) to support DCYF staff and staff in contracted programs implemented by RIDOH. The department has delivered both CPS and Family Services Involvement training to staff in the RIDOH MIECHV Family Visiting Programs.

Concurrently, RIDOH has supported DCYF pre-service training related to available early childhood services and programs. Ongoing training and support of DCYF and community staff will ensure that all children subject to an indicated incident of neglect or abuse are referred for screening, evaluation and services within the early intervention system or other appropriate Home Visiting resources.

Child Abuse Prevention and Treatment Act State Plan Requirements and Updates

1. Describe substantive changes, if any, to state law or regulations, including laws and regulations relating to the prevention of child abuse and neglect, that could affect the state's eligibility for the CAPTA state grant (section 106(b)(1)(C)(i) of CAPTA).

Update: There have been no changes to state law or regulations that affect eligibility.

2. Describe any significant changes from the state's previously approved CAPTA plan in how the state proposes to use funds to support the 14 program areas enumerated in section 106(a) of CAPTA. (See section 106(b)(1)(C)(ii) of CAPTA).

Update: No significant changes are proposed to Rhode Island's approved CAPTA plan.

3. Describe how CAPTA state grant funds were used, alone or in combination with other federal funds, in support of the state's approved CAPTA plan to meet the purposes of the program since the state submitted its last update on June 30, 2020 (section 108(e) of CAPTA).

Update: CAPTA funds supported the following program areas since the last update

- Section 106(a)(10) developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect - ***Citizen Review Panel activities***
- Section 106(a)(13) supporting and enhancing collaboration among public health agencies, the child protection system, and private community-based programs to provide child abuse and neglect prevention and treatment services (including linkages with the education systems) and to address the health needs, including mental health needs, of children identified as abused or neglected, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports – ***Referral process for Early Intervention and other early child development services***
- Section 106(b)(2)(B)(iii) the development of a plan of safe care for the infant born and identified as being affected by substance abuse or withdrawal symptoms, or a Fetal Alcohol Spectrum Disorder to ensure the safety and well-being of such infant following release from the care of health care providers, including through—
 - (I) addressing the health and substance use disorder treatment needs of the infant and affected family or caregiver; and
 - (II) the development and implementation by the State of monitoring systems regarding the implementation of such plans to determine whether and in what manner local entities are providing, in accordance with State requirements, referrals to and delivery of appropriate services for the infant and affected family or caregiver; - ***Hired a full-time Substance Use Disorder Liaison to implement Plans of Safe Care and other related work to support families affected by substance abuse***

4. Submit a copy of the annual report(s) from the citizen review panels and a copy of the state agency's most recent response(s) to the panels and state and local child protective services agencies, as required by section 106(c)(6) of CAPTA.

Update: The Citizens Review Panel report and DCYF response are attached.

5. Provide an update on the steps the state has taken since submission of the 2020 APSR and Annual CAPTA Report and the passage of the CARA amendments to implement the provisions in section 106(b)(2)(B)(ii) - (iii) of CAPTA, to address the needs of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder.

Update:

The Department used the increased funding to hire a Substance Abuse Specialist within CPS who leads the Department's efforts with Plans of Safe Care implementation and monitoring. In addition, this position works directly with sister agencies in efforts to reduce the effects of opioid epidemic in the child welfare system and Rhode Island.

- During this time frame, the COVID-19 pandemic was directly responsible for the decline in Substance Exposed Newborns receiving a Plan of Safe Care due to the surge in COVID-19 hospital cases, hospital restrictions, and the Plan of Safe Care Administrator at RIDOH being deployed to the COVID-19 response.
- However, an increase in Plans of Safe Care occurred at Women & Infants Hospital, with 81% of all Plans of Safe Care being completed at Women & Infant Hospital. This was due to the hospital's Substance Exposed Newborns Patient Care Navigator being tasked with completing Plans of Safe Care for Substance Exposed Newborns.
- Substance Exposed Newborns was redefined as prenatal exposure to all licit and illicit substances except for nicotine-only and licit psychotropic drugs-only.
- Plans of Safe Care are implemented at Rhode Island's five birthing hospitals: Kent Hospital, Landmark Hospital, Newport Hospital, South County Hospital, Women & Infants Hospital. The majority of substance exposed newborns are delivered at Women & Infants Hospital.
- Through an existing mechanism, 100% of substance exposed newborns with an NAS diagnosis before discharge receive a referral to Early Intervention and First Connections, Rhode Island's short-term family visiting program for families with children up to the age of three.
- Through the First Connections Substance Exposed Newborns Project, all newborns with documented substance exposure receive priority referrals to First Connections Substance Exposed Newborns Teams
 - 1) Ongoing quality improvement occurs during annual hospital site visits where Plan of Safe Care data is shared. These site visits did not occur during the pandemic and will resume as hospitals ease their restrictions.
 - 2) Plan of Safe Care falls under The Rhode Island Task Force to Support Pregnant and Parenting Families with Substance Exposed Newborns (SEN Task Force), convened in 2016 at the request of the Governor. The SEN Task Force reports to The Governor's Overdose Task Force. The mission of the SEN Task Force is to improve the health and well-being of children and families affected by prenatal substance exposure. Task Force membership includes State agencies, birthing hospitals, and community-based providers with a vested interest in substance exposed

newborns and their families.

- 3) The SEN Task Force's Strategic Plan is focused on four overarching pillars: Access, Care Coordination, Workforce Development, and Data. Plan of Safe Care falls under Care Coordination and Data.
- 4) Peer Recovery Specialists co-located at DCYF help families involved with the Rhode Island Family Court's Family Treatment Drug Court and Safe and Secure Baby Court and receive referrals from the DCYF Hotline and the RIDOH SEN Liaison for pregnant women who are using substances, with the goal of engaging pregnant women before delivery with supports and services that protect the maternal-child dyad and decrease the number of substance exposed newborns going into foster care. In consultation with the DCYF Division of Performance Improvement, a tracking spreadsheet was developed that collects data including but not limited to what region and worker makes the referral. Staff in all regions have access to the SUD Liaison and have made referrals, although the majority originate from Child Protective Services. The SUD Liaison co-locates in each FSU region one day per month to provide face-to-face consultations and trainings. The SUD Liaison is also available by telephone and email. During the COVID-19 pandemic, staff have continued to make referrals to the SUD Liaison and the Peer Recovery Specialists (PRS) from all divisions as well as families who have had prior contact with the PRS continue to reach out regularly. Peer Recovery Specialists have continued to make contact via phone and face to face via face time etc. In-person contact in accordance with social distancing subsequent to COVID-19 Screening protocols is available on a case by case basis with approval from the SUD Liaison. Referrals for outreach and support remain steady for new referrals as well as to check in on high risk families.

[Child Abuse Prevention and Treatment Act Appropriation](#)

The Department anticipates receiving \$291,701 in FFY 22. These funds continue support for the Citizen Review Panel and are being used in the maintenance of the Early Intervention service referral process through the Child Protective Services Intake Unit. The Department has a contract with an Early Intervention Program to provide a registered nurse working as a co-location liaison with the Child Protective Services (CPS) investigators and intake staff. The nurse is familiar with the early intervention services network and is assisting DCYF in determining the appropriate referrals to be made to the Early Intervention providers, or whether referrals of children under the age of three should be made to other early child development and family support programs within the community.

In addition, DCYF has hired a full-time Substance Disorder Liaison position within the Children's Behavioral Health division. This position works closely with sister agencies, DOH, BHDDH as well as the treatment drug courts and baby court within the Family Court as well as in the community. The Department also sees this position as a support for the Plans of Safe Care Notification tracking requirements.

Supplemental CAPTA Funding (American Rescue Plan) the state received \$277,350 in April 2021. The Department has preliminarily planned to use \$128,705 to fund 2 full-time Domestic Violence Liaisons to co-locate with DCYF Investigators and Caseworkers who will work with high risk Domestic Violence cases which saw an uptick due to COVID-19. If this program is successful, it may be renewed in July 2022.

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Updates to Targeted Plans within the 2020 - 2024 CFSP

Foster and Adoptive Parent Diligent Recruitment Plan

An addendum to the 2020-2024 Foster and Adoptive Parent Diligent Recruitment Plan is attached.

No changes have been made to this plan in FFY 2022. We have attached an updated Diligent Recruitment Plan.

Health Care Oversight and Coordination

An addendum to the 2020-2024 Health Care Oversight and Coordination Plan is attached.

Disaster Plan

There have been no changes to the Disaster Plan. However, the Disaster Plan continues to be utilized during the COVID-19 Pandemic.

In early March 2020, DCYF administrators were made aware of the potential of a pandemic (it was later categorized as such). RI DCYF administrators implemented the RI June 2019 Disaster Plan, as well as sections of the COOP plan, due to this event. DCYF senior team met to review the Disaster Plan and portions of the COOP (pandemic response sections) upon implementation.

All sections of the plan were then implemented, including the coordination of communication through the Governor's Office, Designations of Authority, Social Distancing Protocols and Essential Functions sections.

By using the Essential Function section, staff were designated for VPN access and laptops as needed to allow for Social Distancing. This process was followed until all staff had access based on Essential Functions.

We are still working the Reconstitution section of the plan as Rhode Island enters Phase III, and as the event continues. We will conduct an after-action review of the Disaster Plan to determine areas of improvement and update our plan. We have instituted many best practices since March 2020 and continue to fine tune our plan.

Both the Disaster Plan and the COOP Plan will be updated, based on after action reviews, in 2023.

Training Plan

Updates to the Department's Training Plan are sent to Federal Title IVE Liaison as it is updated. These reports are sent each calendar year quarter. The last update reflected January 2022 – March 2022.

Statistical and Supporting Information -

Information on Child Protective Service Workforce

The job description for the position of Child Protective Investigator (CPI) specifies knowledge, skills and abilities relative to the responsibilities involved with child protection activities. CPIs must have a Bachelor's Degree in a related field; e.g., social work, social welfare, psychology, sociology, criminal justice, law enforcement; AND experience in private or public agencies in the field of human services specific to providing child protection services to children, or participating in child protection investigations; or providing services to children and their families; or investigating experience in the field of law enforcement in areas primarily dealing with juveniles or related activities.

As of 5/20/22, there are 101 staff in the Child Protection Division, 73 of whom are child protective investigators; the others include administrators, supervisors, intake caseworkers, a child support technician, a sex trafficking specialist and support staff. The individuals who oversee the Division each hold MSW's. All of the Supervisors have a minimum of bachelor's degree and 7 of the 20 Supervisors have Masters' degrees. Of the 73 investigators, all hold bachelor's degrees with 22 also holding master's degrees and one holding a Juris Doctorate.

The CPS staff are comprised of 30 male and 71 females; the average age is 40. There are 18 minority staff among the child protection investigators which includes 8 African American and 10 Latino. The rest are Caucasian. The average monthly caseload per investigator reflects 20 completed investigations per month. The CPS division completes an average of 8,000 investigations annually.

Table 15: CPS Staff Race/Ethnicity

CPS Staff Race/Ethnicity	Count	Percentage
ASIA AMERICAN	2	1.98%
BLACK/AFRICAN AMERICAN	9	8.91%
HISPANIC/LATINO	14	13.86%
N/D	2	1.98%
WHITE	74	73.27%
Grand Total	101	100.00%

The Service Response Unit (SRU) and Intake Services were transitioned into the Family Services Division in September 2020. The table below provides the ethnicity breakdown for staff in CPS as well as SRU.

Since our last CAPTA report, Workforce Development (WFD) and Administrative Staff within Child Protective Services (CPS) have continued to work on a comprehensive Child Protective Services Training Program, a standardized initial training curriculum for new staff, ongoing training for

Child Protective Investigators and Supervisors, and the beginning of a formal Supervisor Training Curriculum for new and existing CPS administrators & supervisors.

[Pre-Service Training program for Child Protective Investigators](#)

In our prior report-out, we provided information related to the New Worker, Training Program for Child Protective Investigators. WFD and Administrators from CPS re-organized the training program and followed the six-month training program along with SCWII's. CPIs and SCWII's share many of the same trainings and have the opportunity to understand their complimentary and dependent relationship. These changes, along with a concerted effort by CPS staff to provide more structured field activities, as they take part in the same Transfer of Learning Program that SCWII's take part in, led to an increase in retention.

Child Protective Services Staff Ongoing Trainings

As reported last year, CPS staff are eligible to take part in WFD's Ongoing Trainings as offered. These trainings either directly impact their current work practice or assist them in understanding the various changes that are occurring.

The major focus of Ongoing training in 2021-2022 for CPS staff continues to be on the SAFE Model and the FFA & OFFA tools including:

- Ongoing individual and whole CPI Unit Coaching by ACTION (FFA & OFFA contracted staff) and trained DCYF staff
- Continuously updated SAFE training modules either online or Web training

Department Wide Ongoing Trainings- ONLINE/VIRTUAL SERIES (FSU, YD, CPS and other divisions) in 2021-2022 (each topic was run multi-times)

- Active Threat Training available via Learning Management System (Run/Hide/Fight)
- COVID Safety workshops
- Substance Use Disorder
- Level of Need Tool Training
- Provider Service Array
- Opioid Usage, Prevention of Overdose via Narcan, & Treatment Resources
- Implicit Bias Training
- Motivational Interviewing (New CPIs will receive during New Worker training)
- Youth Mental Health First Aid (New CPIs will receive during New Worker training)
- Understanding the Foster Care Licensing Process
- Kinship Care Relationship Building
- Every Student Succeeds Act (ESSA)
- Placement Safety Review & Visitation Plans
- Case Plan Elements
- Authentic Family Engagement (New CPIs will receive during New Worker training)
- Neurobiology of Trauma (offered in 2021 and plan to offer in 2022)

- Optum Services/Medicaid Supports
- Responsibility, Accountability & Authority (Supervisor training)
- Secondary Traumatic Stress
- Supervisor Training & Orientation: How to work with New Workers
- Merciful Conversation On Race (MCOR) - Tentatively scheduled to resume in 2022
- Recognizing and Healing the Trauma of Father Absence
- Working with Fathers & Families Impacted by Incarceration.
- NCWWI Leadership Modules (Workshops are for Supervisors) - However, anyone may enroll and is a greater part of future recruitment/retention/workforce development opportunities yet to be built.
- Understanding CPS Protocol and Investigation Process
- Determining Present Danger Plan Option and Developing Impending Danger Safety Plans
- Overview of CPS Allegations and Standard of Proof

[Re-Establishing our Partnership with an Institution of Higher Learning](#)

In 2018 DCYF and Rhode Island College – School of Social Work (RIC) re-established through an MOA the Learning Partnership for Children Services (LPCS) their education and training partnership. This renewed partnership includes a joint effort to assess, develop, & (re)design DCYF's New Worker, and ongoing training programs. This effort was taken on to ensure that the DCYF Workforce Development Division (WFD) is providing state-of-the-art training programs that are based on the competencies of each job classification being trained. LPCS also included the review and revisions of an unbiased evaluation process for both individual trainers, training programs (New Worker, Supervisor & Administrator Programs) as well as a larger review process of the division itself.

The LPCS agreement includes RIC providing WFD access to; office and training space; the development of different modalities of curriculum delivery including simulation work (simulation rooms, house, actors & audio/video), web-based learning, and online learning. The LPCS has worked to build a comprehensive "Transfer of Learning" (TOL) practice for all New Worker Positions with the first TOL designed for front-line staff and work being done on a Supervisor TOL model.

A part of the LPCS agreement is for the members of LPCS team (DCYF & RIC staff) to review & address RIC's BSW & MSW curriculum(a) on an ongoing basis to ensure students in those programs receive an education that will complement the competencies associated with job classifications within DCYF.

The 2021 - 2022 calendar year has proven to be high up-tempo for WFD. Between preparation for accreditation and normative filling of vacancies, WFD onboarded six cohorts (training academies). It is fortunate that COVID-19 protocols presented a learning opportunity unlike no other time. The result, a training staff comfortable, and creative in a virtual environment. We found the ability to reach more staff and offer more training options. For 2022 – 2023 we plan to refocus efforts to pilot simulation rooms/actors, VR technology. The DCYF/RI College School of Social Work Partnership includes a graduate student, equipment, and appropriate backing to help with this lift. The LPCS will continue to assist WFD trainers, review curricula, develop training around equity in child welfare, and our Supervisor Training Program.

The new worker evaluation program has evaluations being delivered electronically after each training session (through the use of Microsoft Form links) and allows immediate review of results. The LPCS has

created a database to compile both individual and aggregate results on each training. New Worker Handbooks are provided to Supervisors and contain a detailed description of roles and responsibilities, tasks, and evaluative criteria for the 2, 4, and 6-month probationary periods. The New Worker Transfer of Learning Program is in its 3rd year and was last modified in March 2022 as a result of continuous feedback loop with supervisors, new workers, and via LPCS review.

The LPCS partnership has researched, developed, recruited, and implemented the Internship to Employment Program. Beginning in the Fall of 2023, Colleges other than RI College will be considered to widen our pool of diverse candidates. DCYF has made a commitment to improving the quality of applicants for front-line positions by providing a comprehensive internship program to bachelor-level & master-level social work students. Our target number of employees by 2030 is 50. Since our first cohort of interns are graduating this May. We hope to report recruitment success and remarkably prepared staff (coming from this program) over the next 2 years.

Juvenile Justice Transfers

DCYF is able to capture the three portals of entry reflective of whether a child has entered care through Child Welfare, Juvenile Corrections or through Children's Behavioral Health. These data fields in RICHIST allow the Department to track case activity of children and families as they move through the system. This mechanism quantifies the number of children and youth who are opened to the Department for abuse or neglect but are later linked with children's mental health services or juvenile corrections.

During FY2020, our system shows that there were 3,300 youth being activated in our system with circumstances relating to child welfare, compared with 3,906 in 2019. Of that number, 13 were subsequently identified with juvenile justice involvement, compared with 17 last year. Any youth sent to the RI Training School for Youth (RITS) for less than 30 days would remain active on the FSU caseload. These data show a decrease in number of cases opening to child welfare and a decrease in the number of transfers to juvenile corrections in 2020.

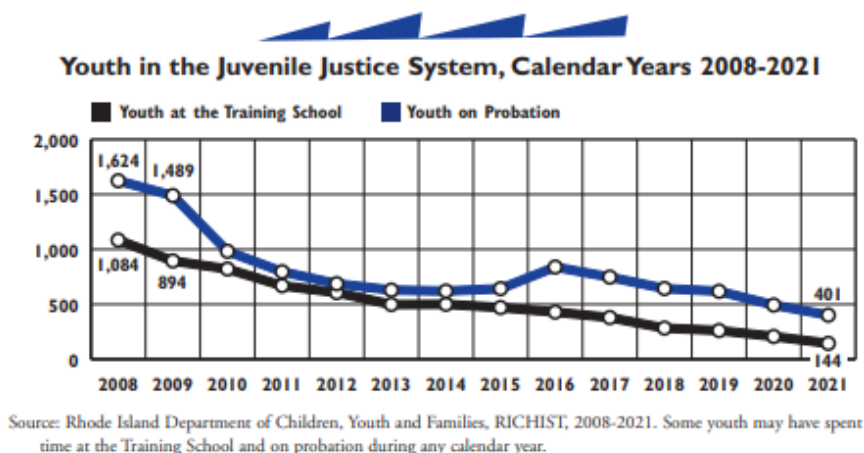
Table 16: Juvenile Justice Transfers

Transfers of Youth to JJ	2017	2018	2019	2020
# Opening to CW	5709	4738	3906	3300
# Transferring to JJ	27	21	17	13

The Rhode Island Department of Children, Youth and Families (DCYF) operates the Rhode Island Training School for Youth, the state's secure facility for adjudicated youth and youth in detention awaiting trial.

Chart 11: Youth in the Juvenile Justice System, Calendar Years 2008-2021

(Source: RI Kids Count Factbook 2022)



continued due to the dedication of their volunteers. RICJ began working with JHBs in 2009 and

◆ Between 2008 and 2021, the annual total number of youth at the Training School at any point during the year declined by 87% from 1,084 to 144. The steady decline of youth at the Training School began after a cap of 148 boys and 12 girls on any given day was placed on the Training School population in July 2008.

◆ A total of 144 youth were at the Training School during 2021, down 30% from 207 during 2020.

◆ Between 2008 and 2021, the annual total number of youth on probation during the year declined by 75% from 1,624 to 401. A total of 401 youth were on probation during 2021, down 19% from 493 in 2020. Of the 401 youth on probation, 84% (337) were on probation at home, and 16% (64) were on probation in out-of-home placements.

◆ Some of the recent decreases in youth at the Training School and on probation were due to decreases in the number of offenses referred to Family Court, but the Department of Children, Youth and Families and Family Court also instituted procedures to reduce counts because of risks related to the COVID-19 pandemic.

The Juvenile Hearing Board (JHB)

A Juvenile Hearing Board (JHB) is a community-based diversion program. Members of the JHB are community volunteer residents of the city or town. The goal is to divert youth arrested for lower-level offenses from Family Court, providing sanctions and referrals. Typically, JHB restorative justice meetings are 45 minutes, with a 15-30-minute follow-up 3 months later. The JHB has three goals: Restorative Justice, Prevention, and Community Investment.

There are active Juvenile Hearing Boards in 30 of RI's 39 cities and towns. JHBs hear about 400 cases per year across the state. The Rhode Island Justice Commission began JHBs in the 1980s by funding Coordinators. While those funds disappeared in the early 2000s, JHBs in recent years, FCCP/Family Care Community Partnership agencies have collaborated with JHBs to provide

mental health services. JHB outcomes are positive with low re-arrest rates for youth. JHB objectives are:

- Reduce the number/percentage of juvenile cases referred to Family Court and ultimately reduce the number of system-involved youth in RI.
- Increase victim satisfaction and (if appropriate) potential involvement with youth offenders.
- Reduce the likelihood that juvenile offenders will commit future crimes.
- Improve competencies of youth offenders in areas such as school performance and behavior, family and peer relationships, anger management and other life skills.
- Increase awareness of issues relating to youth and families within the community.

The Juvenile Hearing Board (JHB) is designed to change the trajectory of a child's life who are otherwise exposed to the criminal justice system and diverts arrested juveniles from entering the justice system. The board members are appointed by the mayor of each respective city and are composed of school staff, elected officials, and other community stakeholders. The JHB has been in operation for decades, however, this wasn't the case in Central Falls and Providence that were both reactivated with new members in Fall 2017. Now with the backing of the RI Department of Children, Youth, and Family (DCYF and RI Community for Justice (RICJ). The JHB's of Pawtucket and Central Falls received funding from the Department to expand and capacity of the JHBs and improve services. The JHBs in both of these districts had been operating without any funding. Youth now have access to bus passes, driver's education classes, and mental health workers that will expedite wrap-around services for vulnerable families, while also allocating resources to the training of JHBs members. With the support of DCYF and RICJ, the JHB has garnered resources to support and prevent recidivism.

Educational and Training Vouchers -
See Attachment D.

Inter-Country Adoptions -

In FY 2020, there were no children flagged as international adoption who were removed from home. The Department provides adoption preparation and post adoption support services through a Title IV-B funded contract for families who have adopted children through public child welfare systems. These support services are also available for families whose children were adopted internationally. Services include education and support groups, counseling, case management, crisis intervention and respite services. Additionally, the Department offers referral and assistance with linking families with services funded through other state agencies.

Financial Information

FFY 2020 State Expenditures as Compared to FY 1992 Baseline

The Department of Children, Youth and Families continues to demonstrate a strong maintenance of effort in its expenditures for child and family services. In FFY 1992, as the base year, the DCYF allocated approximately \$3.4-million on community-based programs to assist families who were at risk of becoming involved with the Department. In fiscal year 2020, the Department minimally

allocated \$7.4 million in general revenue funds for ongoing family support and preservation services. These funds support services such as the Family Care Community Partnerships, family stabilization services, and early intervention-type programming which assists vulnerable families with children in age ranges from birth to three and older. These community-based services also provide necessary care and intervention for families whose children are experiencing behavioral challenges and may be at risk for out-of-home placement.

[Allocation of Funds](#)

In this APSR, the Department is requesting an allocation of \$818,786 in Title IV-B, part 1 funds, and an allocation of \$856,765 in Title IV-B, part 2 funds. Additionally, the Department requests \$54,157 for ongoing efforts to improve performance in monthly caseworker visits; as well as an allocation of \$288,981 in CAPTA funds. The Department is also requesting \$696,992 in funds through the Chafee Foster Care Independence Program, and \$219,561 in Chafee Education and Training Vouchers. These funds will continue to support the programs that have been identified or established in the Child and Family Service Planning efforts and through the planning for the Chafee Foster Care Independence Program.

[Title IV-B, Subpart 1:](#)

The Department has no payment limitations to report relating to IV-B, Part 1 funding for any services relating to child care, foster care maintenance, or adoption assistance in reference to FY 2021. The Department did not allocate IV-B, Part 1 funding for these services in FY 2021, and has not used IV-B, Part 1 funds for this purpose as these services are supported with general revenue. In FY 2021, the DCYF expended \$3,425,207 in general revenue on services associated with foster care maintenance, as defined in Section 475(4) of the Act. Rhode Island did not use any State funds spent on foster care maintenance as match for IV-B, Part 1 in FY 2021.

The Department of Children, Youth and Families anticipates receiving \$818,786 in FFY 23 in its Title IV-B, Part 1 allocation. Funds in this allocation are used to support crisis intervention and programming aimed at providing additional support to keep families from coming into care; foster parent support; and adoption promotion and support. These service needs have continued to be identified through the planning process for the Child and Family Service Plan. The Department will use 7.3% in administrative costs.

[Title IV-B, Subpart 2:](#)

The Department anticipates receiving an allocation of \$856,765 in Title IV-B, Part 2 funds for FFY 23. These funds will continue to support the Department's initiatives in compliance with the Adoption and Safe Families Act, focusing on therapeutic visitation; family advocacy/support program initiatives; and adoption promotion and support, as described previously under Program and Service Development. Funding for family support services will be allocated 20.4% of the appropriation; family preservation services will be allocated 26.4%; family reunification services will receive 23.9%; and adoption promotion and support programs will receive 22% of IV-B, Part 2 funding. The Department will use 7.3% in administrative costs.

[Chafee Foster Care Independence Program Appropriation:](#)

The Department anticipates an allocation of \$696,992 in the CFCIP allocation, and \$219,561 in Educational Training Vouchers (ETVs) in FFY 2023 no more than 30% will be expended for room

and board. These funds will continue to support strategies aimed at helping youth transitioning to self-sufficiency; receiving the education; training and services necessary to obtain employment; prepare for and enter post-secondary training and educational institutions; provide personal and emotional support to youth through mentors; and continuing to provide additional appropriate support and services for youth leaving the child welfare system.

CFS 101, Part III Funding Difference in Estimated to Actual Expenditures

The Department met the required 20% minimum expenditures for each of the Title IV-B Subpart II categories in 2021.

State Contact Information:

(Temporary for APSR Purposes Only)

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This document will be posted on our website: <http://www.dcyf.ri.gov/data-evaluation/services-review.php>