



**RHODE ISLAND
TITLE IV-B FFY 2024 ANNUAL PROGRESS AND
SERVICE REPORT**

Rhode Island Department of Children, Youth & Families

Ashley Deckert, Director
Ashley.deckert@dcyf.ri.gov

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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. The Department worked to ensure equity and authentic family engagement are front and center in our work. As of January 1, 2022, the vision, mission, and guiding principles have been updated in Department operating procedure as follows:

DCYF Vision Statement

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

DCYF Mission Statement

The mission of the Rhode Island Department of Children, Youth & Families (DCYF) is 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:

- The family, community, and government share responsibility for children's safety, protection, and well-being through a family- and child-centered wraparound model of care.
- Decisions are made based on shared input and expertise, which includes the voice of the family, Department, service providers, caregivers, and child.
- Timely permanency is achieved when evident behavioral changes are made demonstrating the ability to create and maintain safe, stable environments for children and youth.
- When a family is unable to care for a child or youth, it is our responsibility, in as timely a manner as possible, to ensure the child or youth is provided permanency in their life in a safe, stable, and nurturing home.

- Parents, DCYF staff, natural supports, resource families and caregivers, other community and public agencies, and their staff are partners in providing timely and appropriate high-quality care.
- An integrated continuum of care should emphasize prevention over intervention; and help families access readily available, individualized, and culturally competent services that achieve behavioral changes sustained through natural supports.
- Partnership requires open, honest, and respectful communication fostering an awareness of the quality of services and clear and agreed upon authorities and responsibilities.
- Department 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 ongoing, utilizing external and internal performance standards.

Organizational Structure

The Department ends the 2023 state fiscal year with a new Director. Governor Daniel McKee appointed Ashley Deckert as the Director of RI DCYF on May 18, 2023. Director Deckert comes to us from the State of Illinois and brings over 16 years of experience in various sectors of child welfare.

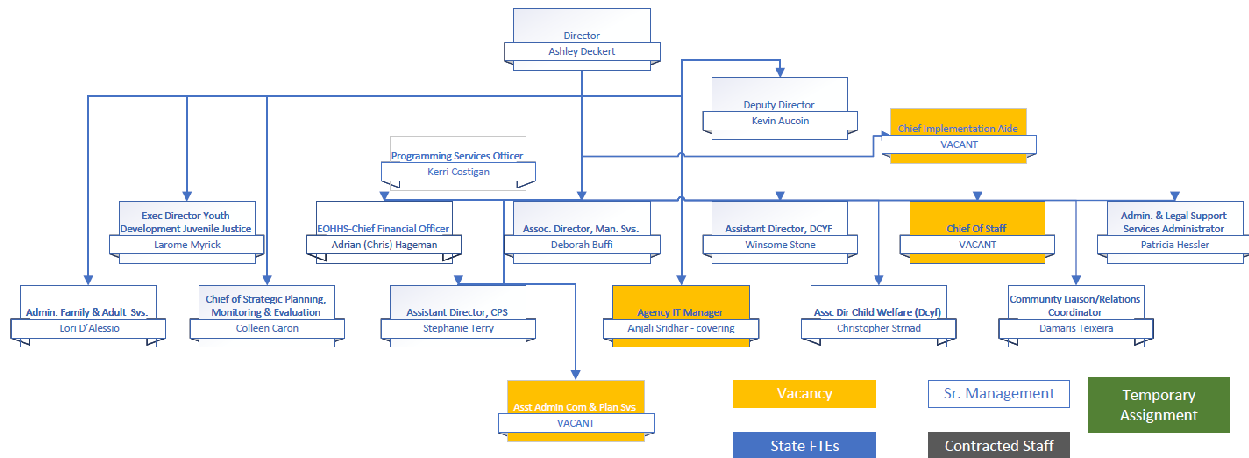
The Department provides child protection, child welfare, children’s behavioral health, preventive services to children at risk of abuse/neglect, support services for children and families in need, and services for youth requiring community supervision or incarceration due to delinquency. This combined 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 the 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.

Organizational Chart

The below chart shows the organizational structure of the Senior Leadership Team.

Figure 1: DCYF Organizational Chart for Senior Leadership dated 6/10/2023



A full organizational chart is attached as a pdf version

Service Divisions

Programs and Direct Services are delivered through four service divisions:

- **Child and Family Well-being (also known as Child Welfare)** which includes Child Protective Services [including our Child Abuse/Neglect Hotline, Investigation], Division of Family Services [including ongoing case management and support, the Support and Response Unit, Older Youth Support Services, and Voluntary Extension of Foster Care (VEC)] and the Administrative Review Unit (ARU);
- **Division of Youth Development** (Juvenile Justice), including the Thomas C. Slater Training School for Youth, Youth Development Center and Juvenile Probation/Parole; and
- **Children’s Community Services and Behavioral Health (CSBH)** which includes the Central Referral Unit, Children’s Behavioral Health Unit, Congregate Care and Level of Need Unit, Medicaid Unit and Utilization Management Unit.
- **Central Office Support Functions**

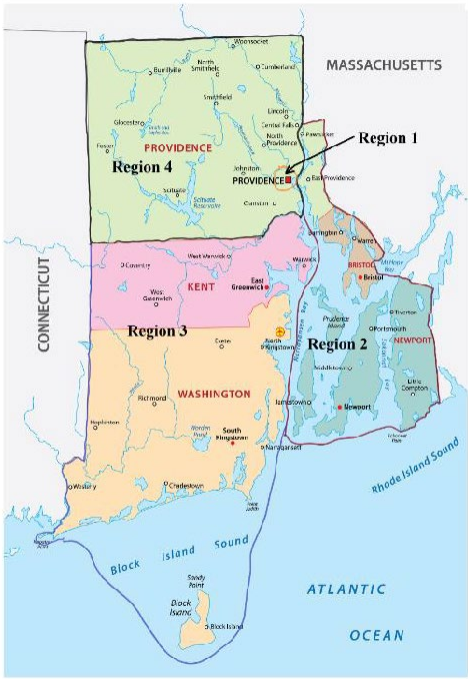
Child Welfare

The Division of **Child Protective Services (CPS)** is responsible for the operation of the Child Protective Services Hotline, which operates a 24/7 call floor/hotline staffed by Child Protective Investigators (CPI) who screen reports of alleged child maltreatment. Reports screened in for investigation are assigned to Child Protective Field Investigators who work one of four shifts 24/7 to respond to reports of alleged child maltreatment. CPS is centrally located in Providence but serves the entire state. Within the Division is the Special Investigations Unit which consists of two dedicated CPIs who respond to reports of child maltreatment in foster homes, group homes and childcare homes and facilities, which are licensed. Also within the unit are two staff who are responsible to work with other DCYF workers to identify, locate and retrieve children who are absent from care. These staff work with the Human Trafficking Prevention Coordinator who works with DCYF staff, families, and foster care providers to identify children and youth who are at high risk for Human Trafficking and ensure that they receive the services they need. The Substance Use Disorder (SUD) Liaison is also located in CPS to provide consultation and help

families and DCYF staff identify and navigate services to treat those affected by substance use disorders. The SUD Liaison also accompanies CPIs during investigations when necessary to support families in crisis and coordinates referrals to co-located Certified Peer Recovery Specialists.

The Division of **Family Services** (DFS) 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 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 maintained 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



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 DFS and CSBH, with or without legal involvement, when ongoing case management is required. The SRU does not provide long-term case management. When the Support 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). Most families are directed back to the community for services.

[Division of Youth Development](#)

Our Division of Youth Development (formerly the Division of Juvenile Corrections) includes the Thomas C. Slater Training School for Youth, Youth Development Center (also known as RITS) and Juvenile Probation and Parole. The Rhode Island Training School, Youth Development Center, 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.

[Children's 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 Division of licensing and resource families facilitate the recruitment, training, licensing and support of resource families within the umbrella of support programming and direct service. The

Division is responsible for the recruitment, training, assessment, licensing, and retention strategies for all foster homes, including adoption, ICPC home studies, and subsidy.

The Office of Education and Constituent Support Services falls under the Division of Legal Services and provides support to staff to help ensure the educational needs of youth are being met and they manage the Educational Advocate Referral Process. This office further manages the implementation of the Every Student Succeeds Act (ESSA) and serves as the principle liaison to the RI Department of Education and all Local Education Agencies (LEAs) in Rhode Island. The Office also 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). The Office 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. The 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 Rhode Island Training School Youth Development Center 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 (DHS); Behavioral Health, Developmental Disabilities and Hospitals (BHDDH); Children, Youth and Families (DCYF); and Public Health (RIDOH). 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.

Family and Community Care Partnerships (FCCP)

The department’s continued movement to community-based supports for children and families includes contracting with the five Family Care Community Partnerships (FCCPs). The 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, including our Youth Diversion Program (YDP) and Wayward/Delinquent (WD) programming.

All FCCPs have access to 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. The Department of Health's Infant and Toddler Home Visiting program also aligns 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. These programs work regionally to coordinate resources and supports for families.

As a key prevention partner, the FCCPs play a key role in the implementation of the department's federally approved Family First Prevention Services 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 the 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 FCCP case management system for DCYF's 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's Family First Prevention Plan was approved on October 1, 2022. Now that the plan has been approved, 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) and the Indian Child Welfare Act (ICWA). The agency has identified the Assistant Director of Child Protective Services, as the tribal liaison. The

department has had a series of meetings to discuss the ongoing needs of the Tribe. In the fall of 2022, the Narragansett Indian Tribes Medicine Woman, Wenonah Harris, who has been the Tribal Advocate for many years, passed unexpectedly. Anemone Mars, Ms. Harris' daughter has worked closely with DCYF in recent years with the expectation that she would eventually assume her mother's duties. Virtual meetings and regular phone contact has continued with Ms. Mars as she acclimates herself to independently assuming the role.

Prior to Ms. Harris' passing the Department met with the Narragansett Tribe and members of the Rhode Island Indian Council which is an independent entity representing members of many different tribes. The agency recently received grant funds to support education and employment training for eligible tribal members. While the initiative was not in partnership with the Narragansett Tribe, its members are eligible. The Department is in the process of coordinating a meeting with the Council to discuss other services for eligible families and professional development opportunities for our staff.

Since the fall of 2022, the Department and the Narragansett Tribe have maintained regular contact, but have not initiated ICWA Trainings as planned, or a large cultural convening/training which were among the agenda items for 2023. The objective for the summer of 2023 is to develop a work plan with Ms. Mars, for the fall moving forward to resume the planned activities to enhance DCYF staff knowledge and understanding of ICWA, Narragansett Tribal practices and the impact on families entering the child welfare system.

[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. ACM is a concept that has shown good results with our Family Care Community Partners (FCCPs), and because of the success of 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. The Department has expanded ACM to congregate care providers and resource family providers.

Like the ACMs, the Department has Active Division Management Meetings for DCYF divisions. Each division administrator - Child Protective Services, Division of Family Services, 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.

Within the Division of Family Services, the ADM process allows for regular monitoring of racial/ethnic disparities in caseworker face to face visits with children, mothers, and fathers and occasionally other metrics, as needed (service plans, TPRs). We also have opportunities to delve deeper into various topics (face to face visits, long-staying youth) that typically incorporate a race equity component into the analysis. As a result, the Division of Family Services developed a race equity plan in August of 2022 to address permanency and disproportionality, through education coaching and practice opportunities with staff that build racial awareness, allowing staff to

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incorporate that awareness in their work with the children and families, we serve. This awareness allows regular discussions, with real time data on performance, on all issues including disproportionality. This data allows for discussions specific to divisions, workgroups, unit and workers.

The Division of Licensing & Resource Families Race Equity Plan focuses outcomes on race and ethnic equity in distribution of first placement of children in care, race and ethnic equity in licensing of DCYF traditional caregivers, and race and equity in retention of DCYF traditional caregivers.

The Division of Child Protection Services ADM involves monthly meetings with CPS Supervisors to review outcomes with a focus on race equity. These reviews provide a means to assess the impact of interventions and strategies outlined in our Race Equity Plan. Data is broken down by race for each month and separated by supervisory unit to enable staff to see how they compare as individual supervisors against the group's outcomes. CPS also holds bi-weekly supervisory meetings to review actual cases for which identifying information has been redacted. The individual supervisors answer specific questions related to the information in the case then discuss the case as a group to assess fidelity to the SAFE Practice Model through a race equity lens. Results from these meetings and the ADM data guide strategies to improve fidelity, race equity and overall practice.

[The Race Equity Advisory Committee](#)

In the Spring of 2022, the Department of Children, Youth & Families launched a governance council that will help set the agency's race equity strategies and hold the agency accountable for its progress.

DCYF has other ongoing Race Equity initiatives. What is different about this new Race Equity initiative, and why was it created?

The Race Equity Advisory Committee (REAC) is responsible for the oversight of all Race Equity plans, initiatives, and processes within the Department of Children, Youth & Families. The REAC was created with the purpose of having a committed group of DCYF staff that are responsible for working together to examine and remove the racial and ethnic disproportionalities that exist within the department.

What is the Role of the Race Equity Advisory Committee?

- It is to develop an overarching race equity strategy that supports the Department's vision for reducing and eventually eliminating racial and ethnic disparities and disproportionality.
- Foster strong leadership commitment, agency culture, training, and technical assistance for DCYF's race equity initiatives.
- Evaluate the Race Equity management and structure.
- Evaluate existing research and perform a gap analysis of the effectiveness of divisional race equity strategies.
- Develop Race Equity tool(s),
- Provide feedback to the Director's Office on the progress of race equity interventions.

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- Complete an annual review of the work of the Council.
- Work with Human Resources to review and assist with the recruiting, retention, professional development, and promotion of staff to ensure a diverse workforce.

Authentic Engagement of Diverse Groups of Individuals

This year the SPEAK members have been addressing internally what they needed from their workers at the Department and are now active participants in the training of new workers at DCYF. During the training they share their experiences in care and express what they needed from a DCYF worker to help facilitate their growth towards independence. In addition, SPEAK has been advocating in support of bills which directly impact youth in Child and Family Well-being by attending State House legislative meetings, demonstrating, and voicing their concerns.

In FY23 SPEAK had accomplished the following:

- Participated in Family Empowerment Leadership Academy (FELA) Training which worked on strengthening the leadership and engagement skills for all partners, which included the youth, birth parent and foster parent/kinship advocacy groups;
- assisted with the planning and hosting of the 2021-2022 DCYF Youth Graduation and are taking an active leadership role in the upcoming 2023 graduation celebration for DCYF youth;
- Held in person recruiting presentations at a variety of service provider programs.
- Hosted and planned Career fair which included local businesses/employers, armed service recruiters and trade professionals (carpenter, electrician, nurse)
- Worked in collaboration with adult supporters to develop the SPEAK website.
- Hosted bi-monthly DCYF Training presentations for newly hired social caseworkers and CPIs
- Speak participants were offered the opportunity to engage in training to become focus group leaders
- Worked in collaboration with adult supporters to develop a survey to obtain feedback from youth in care
- Worked in collaboration with adult supporters to develop SPEAK Charter and Member guidelines

The Department successfully established a Birth Parent Advisory Council in 2021 and it remains active. A primary area the council explored is the parents' desire for DCYF to improve its overall empathy skills when engaging with parents. The parents meet twice a month; once with DCYF staff and one time among themselves to identify Department resources needed to grow and how to sustain the group.

Some of the success of the birth parents advisory group this year include:

- Participation in a focus group training in partnership with Brown University. Half of the members completed the training and the other half will take part in the second wave.
- In April, birth parents assisted the Workforce Development onboarding training of new staff and will work with CPS with the Mandated Reporter training; they will speak on lived experience.
- The group created a proclamation, which was signed by the Governor, designating

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June as Reunification Month. On June 24, 2023, the Birth Parent Advisory Committee successfully planned and executed a community celebration

- The Department received a grant to enhance our work with birth parents. The Department utilized this money to compensate our advisory board members for time as an active partner.
- CPS met with birth parents to review the outcomes of the pilot for the caring connection calls. They reported out on trends, frequency, what went well and what can be improved.

Two other new critical stakeholder groups were launched in 2021 and continue to meet and inform the department. These groups are the RI Foster Parent Advisory Council which meets at least monthly to advise the Division of Resource Families on how to best serve and support our foster and adoptive parents. The group previously met with the former DCYF Acting Director, Kevin Aucoin, and has provided critical feedback, including reviewing the Department's foster care regulations, strengthening staff training, and stakeholder engagement. The second group is the Family First Advisory Board. This group originally helped to shape the Department's implementation plan for the Family First Prevention Services Act and now the group meets annually for updates and progress reports. The group is co-led by the Department and a community provider. The Department Family First Prevention Plan was approved in October 2022.

Some groups that are meeting with some regularity include the Fatherhood Initiative group, which is helping the department better engage fathers. The Authentic Family Engagement Group, which is working with DCYF Workforce Development to train staff on understanding, engaging in and knowing the benefits of Authentic Family engagement. Finally, the Juvenile Justice Advisory Group, which is in the process of re-imagining and re-engaging their work.

The Department also established a Feedback Loop team. This internal team includes Department leadership who participate in critical partner groups (i.e., birth parent, youth, foster parent, and kinship advisory groups; the Fatherhood Initiative; juvenile justice advisory; and internal groups such as staff forums and the agency's Diversity Advisory Committee). This group reviews all feedback received from the various stakeholder groups and ensures that senior team members hear all the feedback being received across partner groups. The Feedback Loop Team also serves as an oversight team and learning collaborative to identify and meet the needs of our partner groups. The Feedback Loop Team assists the partner groups and offers tools like common agendas, note capturing, CQI development, and training needs such as supporting groups to increase their meeting facilitation skills. The Feedback Loop team serves as a primary vehicle for ensuring implementation of the accreditation requirements related to provider and community engagement.

In addition to our partner's engagement work as described above, the Department's practice approach includes a central tenet of the importance of inclusion and value of family and youth voice and choice.

For example, in January 2022, the Department entered into contract amendments with Child &

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Family and Prevent Child Abuse America (PCA), RI Chapter, Parent Support Network (PSN) 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 has recorded the number of parent leaders recruited and trained in the Circle of Parents®. There are currently 10 active Circle of Parents® groups co-facilitated by parents who are certified Parent Leaders. Child & Family also gathers data on 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 has developed and marketed a schedule of Circle of Parents® groups across the state and advertised on websites, social media, and shared flyers and will network and conduct outreach to promote Circle of Parents® through our FCCPs and PSN.

It is significant to note that the efforts above represent ongoing opportunities for families to actively connect and engage with the Department. SFY 2024 financial investments will further support foster family retention events and ensuring compensation to incentivize youth and family participation in partnering opportunities (as incentives reduce barriers related to childcare, transportation, changes in work schedules, etc.).

[Engagement with Prevention Partners](#)

RI DCYF contracts with the Parent Support Network of Rhode Island of Rhode Island (PSN) and is the RI State Chapter of Prevent Child Abuse America (PCA-RI). The Executive Director of PSN-PCA-RI serves as Prevention Coordinator, designated to work in partnership with the DCYF and community providers across the state to implement joint prevention activities and participate on state and local policy boards promoting prevention. PSN, as the PCA-RI Chapter is committed to public education, training, and advocacy to promote the prevention of child abuse and neglect and have children grow up happy, healthy, and prepared to succeed in supportive families and communities

The Prevention Coordinator of the PCA-RI Chapter and PSN staff continue to participate in ongoing monthly chapter calls and legislative and public awareness workgroups.

Over the last year PSN continued to focus on the following priorities:

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- Strengthen parental protective capacity and leadership of parents at risk or involved with child welfare to care for and nurture their children and youth towards health and well-being and remain in their homes, schools, and communities.
- Engage fathers to successfully parent their children and decrease the inequities that exist for all fathers seeking help and support.
- Work with pregnant women and parents with opioid addiction, substance use and mental health challenges to promote recovery and stabilize their health and wellbeing to care for their children.
- Conduct annual April Child Abuse Prevention Campaign and ongoing public education activities with families, communities, and state policy makers to support policy and practice changes for the prevention of abuse and neglect and promote the safety, health and well-being of children and young people.

Engagement with Family Court

The Department engages in regular and ongoing communication with the RI Family Court and the Office of the Child Advocate. Former Acting Director, Kevin Aucoin maintained a productive working relationship with Chief Judge Michael Forte and the Family Court administration. Kevin Aucoin met monthly with Chief Judge Forte and the Acting Child Advocate Katelyn Medeiros. Regular meetings with the Chief Judge and Child Advocate will continue under new RI DCYF Director, Ashley Deckert.

In other collaborative work the department has a joint project between DCYF and the Family Court regarding arraigning ex-parte orders and performing an early assessment for the needed services and these cases are assigned to one judge.

Engagement with DCYF Staff

At this time, post pandemic, the agency has shifted to a hybrid model where staff are doing a combination of teleworking and working in DCYF offices. The agency takes direction from the Rhode Island of Administration in terms of complying with the State of RI Teleworking policy.

Director Deckert has continued holding quarterly virtual forums and disseminating the Directors “Weekly Message.” The virtual staff forums continue to be well attended, well received, and appreciated by staff. These forums serve to communicate agency strategies, successes, as well as challenges facing the department. Staff are encouraged to submit agenda items, participate and provide feedback directly to the Director. Staff are encouraged to share new initiatives and ideas for practice improvement. The Director’s Office also continues to disseminate 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.

Practice Shifts

The agency has been committed to practice shifts including the implementation of the Safety Assessment through Family Engagement (S.A.F.E.) practice Model.

[Safety Assessment through Family Engagement Practice Model](#)

The department has been committed to enhancing its practice through the implementation of the S.A.F.E practice model, which promotes the assessments of family functioning through engagement.

Critical to improving outcomes for families is the transformation of overall practice at DCYF. A foundation for that transformation has been the implementation of 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, the Department 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. In accordance with the SAFE Practice Model, Family Service workers conduct on-going safety and functioning assessments using the same assessments tools. The adoption of the SAFE Model across systems supports consistent safety and permanency decisions across divisions.

Committed to the full implementation of the S.A.F.E. model with fidelity, the Department has seen 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. The department has engaged external stakeholders to support the practice change by updating the community services training that was held for our partners and the department increased ongoing capacity for sustaining the model through an increased number of certified trainers. Building sustainability in at the core of the department's ability to maintain the RI SAFE practice model. The department provides for ongoing training for coaches to support staff, supervisors and managers and has revised Quality Assurance tools, court reports and legal forms which reflect the RI SAFE Model's principals. This upcoming year DCYF will also begin engaging the Family Courts, the extended legal community and providers on the S.A.F.E. Model.

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

DCYF continues to shift its operational direction and investments in prevention so that vulnerable families and children will 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, Department of Education, and Department of Human Services to ensure a robust array of supports for struggling families.

The Department Family First Prevention Services Act Plan was approved in October 2022. The FFPSA has the potential to bring new prevention funding and programming to Rhode Island. The Department continues to work on implementation of the approved plan within the areas of Fiscal and IT, CQI and Policy, Practice and Training.

[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, Youth Development Center 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 Youth Development Center, they are receiving targeted services ranging from physical and mental health to educational and job training, to transitional reentry programming.

The Department rebranded 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 piloted 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 comprehensive 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 ensures that children and families have a unified process for receiving the behavioral health care they need to thrive. Rhode Island continues to strive to provide 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.

Currently statewide, the 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 were highlighted and exacerbated by COVID-19 creating additional and severe challenges for the system as a whole. 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 rolled out in SFY 23 with continued planning and implementation for children-specific training needs.
- Mobile Response & Stabilization Services, Certified Community Behavioral Health Clinics (CCBHC) – With the goal is to keep children and youth out of the Emergency Department.
- Expanding the Service Array – Goal is to ensure that the current service array can expand and that we can pursue more intensive services.
- Expanding Care Coordination – Goal is to expand the current Family Care Community Partnership program.
- Care Management – Eventual goal is to address the idea of the “quarterback” to ensure alignment of care management.
- Prevention –First Connections program is managed through RI Department of Health

[Addressing Race Equity](#)

Race Equity Initiatives and Race Equity 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 work continues and the ongoing steps included:

- Ongoing 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.
- Continued work of the 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.
- Ongoing refinements and implementation of an agencywide Race Equity Plan. The focus of this work is: Have 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.

The Race Equity Council follows written by-laws and identifies efforts on which to focus their efforts and attention to address Diversity, Equity and Inclusion challenges across the Department.

The Race Equity Council is comprised of 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 purpose of the Race Equity Council is:

1. Maintain an overarching Race Equity strategy and advise the Department’s vision focused on reducing race disparities.
2. Maintain a strong leadership commitment, training, and technical assistance for DCYF’s race equity initiatives.
3. Ongoing evaluation of 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.

Accreditation

The Rhode Island Department of Children, Youth and Families (hereinafter, the Department) is mandated by Rhode Island General Law ([RIGL 42-72-5.3](#)) to pursue human services accreditation for its child welfare program through the Council on Accreditation (COA), which is administered by the organization Social Current.

Public agencies have used accreditation as a means of creating and sustaining organizational change, enhancing supervisory practices, and improving quality in both oversight and service delivery. COA intends to provide an objective, independent and reliable validation of an agency’s performance. The accreditation process involves a detailed review and analysis of an organization’s administrative, management, and service delivery functions against international standards of best practice that emphasize services that are coordinated, culturally competent, evidence-based, and outcomes-oriented and that are provided by a skilled and supported workforce. Accreditation demonstrates accountability in the management of resources, sets standardized best practice thresholds for service and administration, and increases

organizational capacity and accountability by creating a framework for ongoing quality improvement.

The Department developed an implementation plan for accreditation in October 2020. Beginning in State Fiscal Year 2022 (July 1, 2021), the Department was allocated full funding for the plan, including the addition of 91 full-time employees identified as necessary to achieve all accreditation standards. The Department entered a formal agreement with Social Current in November 2021.

The Department is responsible for achieving three categories of accreditation standards:

- *Administration and Management Standards (29 standards)*. The Administration and Management Standards address practices that promote sound operations and management, including leadership, financial management, and quality improvement.
- *Service Delivery Administration Standards (24 standards)*. The Service Delivery Administration address practices related to the administration of services, including client rights, training and supervision, and program supervision.
- *Child and Family Service Standards (31 standards)*. Child and Family Services improve family functioning, promote child and family well-being, protect children’s safety, stabilize and strengthen families, and ensure permanency.

The first critical step in achieving the accreditation plan was to stage the hiring of the 91 FTEs, most of which were frontline workers and supervisors who were added to achieve COA’s caseload guidelines. As part of this hiring, the Department also created a two-person COA Unit within its Division of Performance Improvement to facilitate the program, policy and practice changes needed to achieve and maintain accreditation. The initial hiring of the 91 FTEs was completed in September 2022, and the Department continues to fill all vacancies with an emphasis on these frontline positions. The Department will be funded in the State Fiscal Year 2024 budget to add three more positions to support specific COA needs around staff education and contract monitoring.

The most significant and longest phase of accreditation is the Self-Study. In this phase the Department must review its policies, practices, and procedures against the 84 COA Standards summarized above; make any necessary improvements; and share evidence of implementation with COA. The Department began this phase in January 2021 and anticipates completion of this phase by December 18, 2022.

Another key phase of accreditation is the administration of a stakeholder survey, which began in March 2022 and will be completed no later than October 1, 2022. Through this process, the Department’s key stakeholders (including a sampling of parents and youth, all kinship and foster families, all contracted providers, all staff, and other key community partners) are given the

opportunity to provide anonymous feedback directly to COA that will help inform current strengths and future areas of improvement for the Department.

A COA Review Team will conduct an on-site visit in early calendar year 2024 in which a team of peer reviewers will assess the Department's implementation of the standards. They will then share their feedback with COA, who will issue a decision about whether the Department is ready to be accredited, or whether there is additional work to be done. Once accredited, the Department will be required to provide annual updates to COA and be re-accredited on a four-year cycle using the most updated best practice standards issued by COA.

[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 from April 2022 to May 2023, the average percent placed in out-of-home care on probation 26%, with the highest proportion being 34%, and the lowest being 20%. Overall, the average total census on a monthly basis of children being overseen by Juvenile Probation remained fairly consistent in this time period, with an average of 171 children. The Training School census in this time period was on average 44 children, which is an increase from 2021-2022, peaking with 52 children in August 2022.
- 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 2, as of April 7, 2023. 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 to date has served over 4000 families with most of those families being directed back to the community for services.
- 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 445 families as of June 13, 2022, and 382 families as of June 13, 2023. During this same time 190 new Kinship families were licensed.
- The Department has seen dramatic success in placing a larger proportion of children in foster families compared to congregate care. As of April 1, 2023, 1064 children were living

in foster families and 286 were living in congregate care, compared 1283 children living in foster families and 279 children living in congregate care on April 1, 2022. Much of this success is attributable to finding more relative/kinship placements for children: 70.6% of our family placements are with relatives or kin in April 2023, compared with 69.2% 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 April 1, 2023, that figure has decreased by 4% to 286 children.
 - In June of 2022, the DCYF Alternative Education Program saw 14 students graduate (8 high school diplomas and 6 GEDs). Quarterly testing shows that youth educated at the RITS are demonstrating improvement in both reading and math.
- 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, 2023. 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 successfully implemented a telework model for DCYF staff including a mobilized child abuse hotline that allows for workers to respond to reports of child abuse and neglect from any location. Also, DCYF shifted its training and educational programs to virtual learning and continues to provide an intensive new worker training program for frontline staff. Beginning January 2022, WFD returned to a primarily in-person training delivery. Between June 2022 and June 2023, WFD provided new hire training to 98 employees, representing five classes. One class overlapped from February 2022 into September 2022 and was not captured in previous report. The training activity totaled 81 topics, collectively offered 244 times, reaching a participant total of 4,331 (individuals counted as 1 for each training they participated in), representing 3,067.5 total training hours (This included 125 hours at the RI Training School). The majority of training is in-person, and we continue to offer the best of web-based learning, where beneficial. Simulation labs were added to our training in September 2022 and is now offered to each new worker class. We look forward in 2024 to exploring Opportunities to provide simulation training outside of new worker groups.

Update to the Assessment of Current Performance in Improving Outcomes

Child and Family 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 were:

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.

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 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 was the last remaining item for PIP goal achievement. The Department was able to meet and exceed the final PIP Goal and has since successfully exited out of the Program Improvement Plan, as of May 2022.

Since the Department exited out of the Program Improvement Plan, the Case Review Unit has implemented an updated version of its internal case review system. Rather than reviewing 32-33 cases in a 1-3-week time span twice per year utilizing volunteer reviewers, the Department is now conducting case reviews on an ongoing basis utilizing three full-time staff and volunteers. The Case Review Unit is provided with a quarterly rolling sample prepared by one of our Department's epidemiologists. This new updated process began in November 2022. As of April 28, 2023, the agency has reviewed a total of 33 Cases.

Safety Outcome 1: Of the twelve (12) applicable cases that have been reviewed between November 2022-April 2023, 75% were found to be in substantial conformity. The Department's assessment of the performance of this item is that it is an Area Needing Improvement. The department has identified a full time position to provide training and support to CPS supervisors and new CPI staff. This position also focuses supervisors on timeliness of investigations.

Safety Outcome 2: Of the thirty-three (33) applicable cases that have been reviewed between November 2022-April 2023, 60.61% 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. Due to the Children's Right initiative lawsuit the department is focused on improving caseworker quality visitation with children. The department also has regional staff that provide supportive training to supervisors and staff on how to continually assess for safety at each home visit. This senior social worker also facilitates ongoing discussions about the use of Ongoing Family Functional Assessment (OFFA).

Permanency Outcome 1: Of the twenty (20) applicable cases that have been reviewed

between November 2022-April 2023, 25% 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 collaborates with our family court using Baby Court and Drug Court which hears cases specific to facilitating timely permanency for children in foster care.

Permanency Outcome 2: Of the twenty (20) applicable cases that have been reviewed between November 2022-April 2023, 70% 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 continues to increase sibling placements and sibling visitation. Maintaining family relationship and family connections is critical work toward successful reunification. On August 1, 2023, the department will begin Caring Connection Calls with the goal to connect birth parents and foster parents to foster positive relationships.

Well-Being Outcome 1: Of the thirty-three (33) applicable cases that have been reviewed between November 2022-April 2023, 39% 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 continues its use of the Family Functional Assessment (FFA) and Ongoing Family Functional Assessment (OFFA), along with coaching staff on the authentic family engagement that will improve family engagement and assessment of family's needs.

Well-Being Outcome 2: Of the twenty-four (24) applicable cases that have been reviewed between November 2022-April 2023, 83% 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 continues to collaborate with our Educational Advocates and workers attend IEP to assure that children's educational needs are being met timely.

Well-Being Outcome 3: Of the thirty-one (31) applicable cases that have been reviewed between November 2022-April 2023, 61% 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 strategies include 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

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 initial 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 contract was entered into on July 22, 2022, with Public Consulting Group (PCG) as the planning vendor. PCG began work in August 2022.

PCG has completed the following CCWIS planning deliverables which have been accepted by the state:

- Project initiation deliverables including (Risks, Action Items, Issues, and Decisions) RAID Plan, Communications Plan, Project Management Plan and Stakeholder Engagement Plan
- CCWIS Business Requirements Document, Requirements Traceability Matrix (RTM) and Business Process Flows
- Alternatives Analysis and Cost-Benefit Analysis
- Gap Analysis, Technical and Architectural Design, and Feasibility Study Recommendation and Implementation Roadmap
- Implementation APD (awaiting Federal approval)
- Implementation RFP (awaiting Federal approval)

The state submitted an Implementation Advance Planning Document (IAPD) and an Implementation Request for Proposals (IRFP) to ACF for approval in May 2023. The state also submitted an update to its Planning APD to request additional planning funds to extend PCG's planning contract to assist with providing support for the Implementation RFP and Independent Verification & Validation (IV&V) RFP procurement processes, Project Management Office (PMO), Data Quality Planning, Business Process Redesign (BPR), and Organizational Change Management (OCM).

While we recognize the Department's Statewide Information System (RICHST) was rated to be in substantial conformity in the 2018 CFSR, the department has made continuous approval to RICHIST while building a new CCWIS system. The 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 appear below, that are reviewed weekly to ensure the accuracy and quality of demographic and placement data in RICHIST. The Department implemented new Family Functioning Assessment and Ongoing Family Functioning Assessment tools in RICHIST in November 2019 and 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, as an example below, 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. Below you will find examples of data reports that have been developed and used on a regular basis and these examples are showing positive outcomes of our work. These reports identify areas of need and allows supervisors and managers to focus their work using current data.

The Department’s Case Review System is an area that the department has increased staffing to assist in the Department’s ability to conduct more timely reviews. The Administrative Review Unit completes timely permanency reviews for children. During the pandemic, the administrative review unit utilized virtual platforms to conduct Administrative Reviews and this continues as an option to parents if they prefer a virtual meeting over an in-person administrative hearing. 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 Programming Services Officers as well as a Child Protective Investigative Supervisor 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. The department assesses timely permanency regularly. Permanency Hearings are set by the court when the case opens, and the subsequent dates are set each year for permanency reviews. The department has a strong review process to assure that cases do not fall through the cracks which delays permanency. The department reviews cases at 6 Months, 18 Months and 30 months and the Family Court reviews cases at 12 and 24 months.

The Department utilizes an automated e-mail notification system in which the assigned worker is informed that their foster care case is due for an Administrative Review and that they should contact the scheduler to schedule a review. The worker informs the scheduler of who is appropriate to be invited to the administrative review. Parents, youth and foster parents are strongly encouraged to participate in the administrative review. Youth who are 14 years of age and older are also informed that they can invite someone to the review of their choosing (e.g. mentor, teacher, etc.). Reviews are held in person or virtually depending on the invitees' choosing.

Chart 0 shows the children in out of home care with a timely Permanency Hearing.

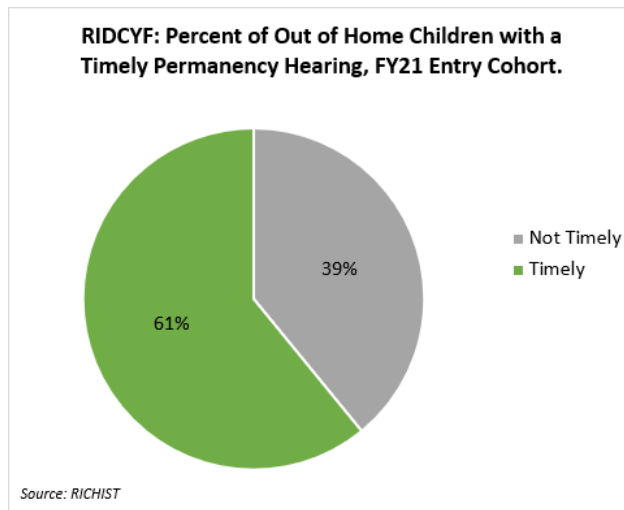


Chart 1 shows the percentage of children in out of home care by month and placement type. The source of this data is from RICHIST Report 776 and applies to children who have been in out of home care for 11 months or greater. The chart shows that there has been a slowly decreasing trend in the percent of legal consults obtained since February 2022. 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 1: Legal Consultation

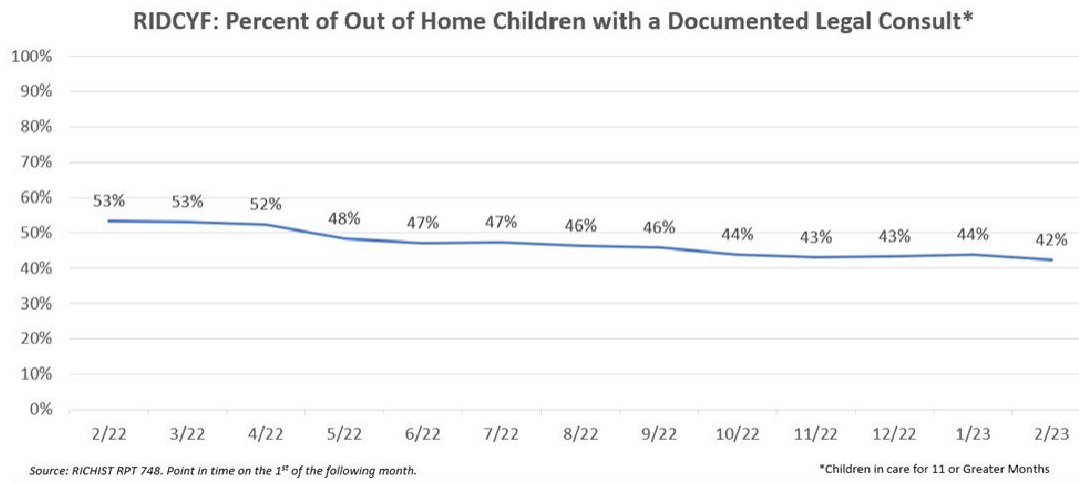


Chart 2 reflects the percentage of children in out of home care for 15 or more months with a TPR filed or granted. The source of this data is RICHIST Report #748. Between February 2022 and February 2023, the number of TPRs granted has fluctuated between 15.7% and 20.2% and the number of TPRs filed varied between 11.4% and 15.7%. The percentage of children in care for 15 or greater months with no TPR filed or granted has varied during 2022 but remained between 64.2% and 72.9%.

Chart 2: TPR Filings and Approvals

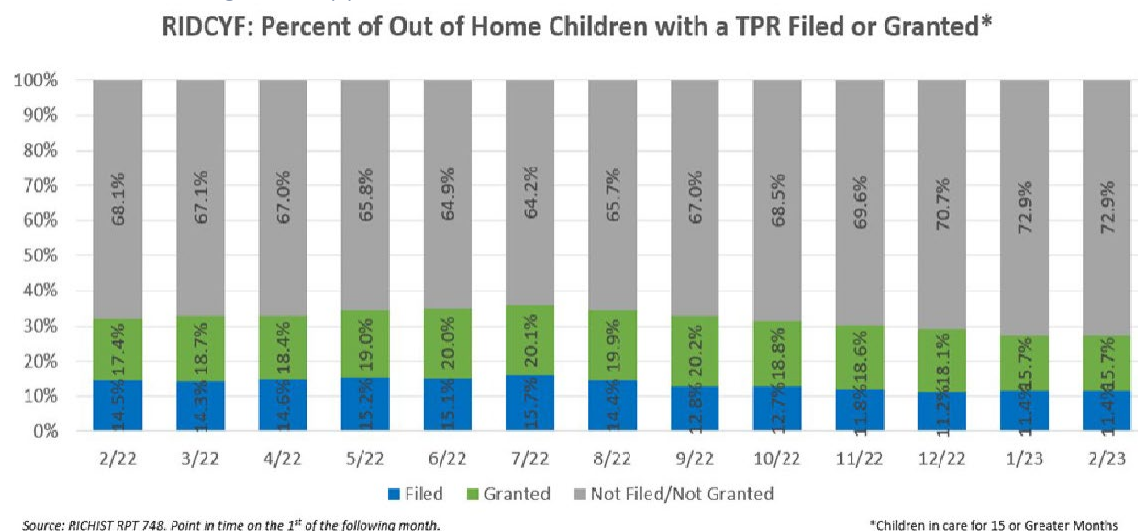
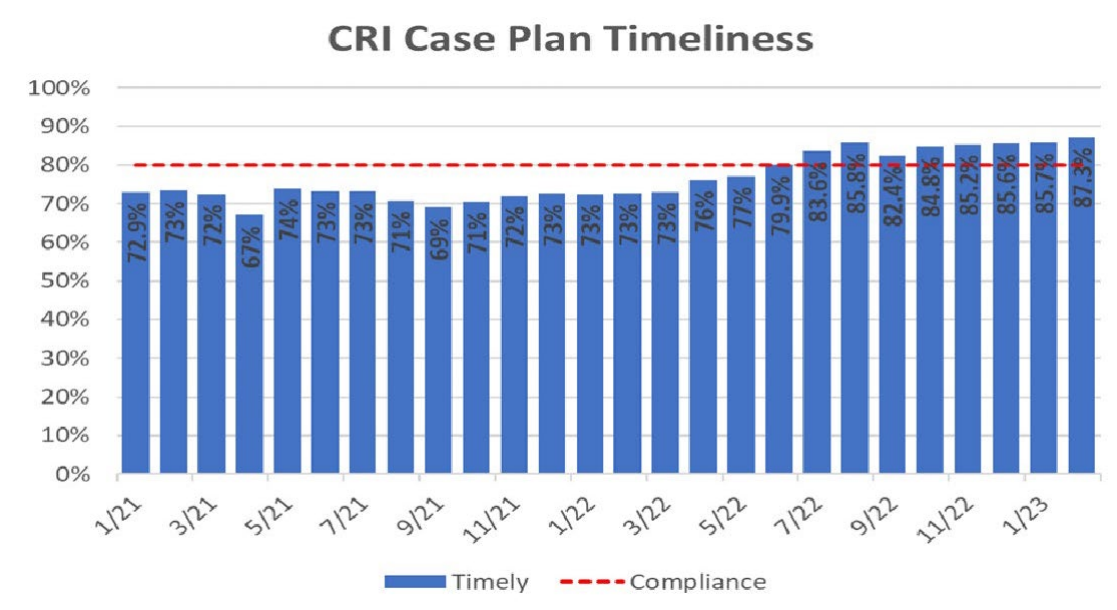


Chart 3 reflects the percentage of children who have a timely case plan. The Department is also

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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 1-9 (July 1, 2018 - December 31, 2022) and the current Reporting Period 10 (January 1, 2023-June 30, 2023).

Chart 3: Children’s Rights Initiative Case Plan Timeliness



Foster Care

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.

The Department’s RICHIST system does not allow us to collect data on notifications sent to foster parents for Administrative Reviews or on whether reviews are held every six (6) months. Foster parents are notified by the Administrative Review scheduled based on a report (Report 287) which generates children who the names of children who have been in out of home placed for 6,

18 and other intervals outside of the 12-month court hearings and notices are sent to the biological parents, foster parents and agency staff involved with the child for the ARU meetings. For the 12-month permanency reviews conducted by Family Court, a similar process is used. Foster parents are also provided with a form/questionnaire they can complete to share information about the children for whom they are caring, and this is shared with the reviewer. This can be submitted regardless of if they participate in person, virtually or simply choose to just submit the form. They can use the same form for Court reviews or permanency hearings before the Court. The worker/ parent can invite other stakeholders as they deem appropriate.

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) continues to meet and offers 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 of stakeholder feedback including satisfaction survey's 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 and a one page resource guide for families.

Quality Assurance System

The Department's Quality Assurance System. The CFSR Final Report in 2018 noted that Rhode Island lacked 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 our Quality Assurance System is that it now a strength in our department.

Since the Department exited out of the Program Improvement Plan in May 2022, the Case Review Unit has implemented an updated version of its internal case review system. Rather than reviewing 32-33 cases in a 1–3-week time span twice per year utilizing volunteer reviewers, the Department is now conducting case reviews on an ongoing basis utilizing three full-time staff and volunteers. The Case Review Unit is provided with a quarterly rolling sample prepared by one of our Department's epidemiologists. This new updated process began in November 2022. As of April 28, 2023, the agency has reviewed a total of 33 Cases.

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.

In addition to the above, the Administrative Review Unit currently operates with three full-time

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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 three (3) Programming Services Officers 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 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.

Workforce Development

Staff and Provider Training. In 2019-2020 Work Force Development (WFD) implemented changes which included the full immersion into our reimagined Learning Partnership for Children's Services (LPCS) with Rhode Island College School of Social Work (RIC). WFD currently 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 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.

New workers complete a 6-month training program. WFD administers a pre & post-test evaluation for this training program. The full use of this process was implemented with the July 2020 cohort. The pre & post was provided to subsequent cohorts and continues to be an important evaluative tool.

WFD made quick adjustments 2020-2022 to the New Worker Training Program in the setting of COVID-19 restrictions. Department moved to teleworking, and training moved to ALL on-line and web-based classes and limited field placement opportunities. This two-year period provided an opportunity for WFD to develop expertise and understanding of how-to best leverage web-based and virtual platforms to support training and Departmental goals. The department trains all new workers in person and other trainings offer optional in-person or virtual/web-based training.

The LPCS continues to work on evaluating and modifying existing new worker courses. Phase I involves review of the first 18 trainings. Phase II focused on developing Transfer of Learning activities incorporating not only 60+ trainings offered by WFD, but respective SCWII and CPI

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competencies. Transfer-of-Learning instruction is provided to all new workers and supervisors as part of orientation. In 2024, WFD will work with the LPCS Working Committee to determine the TOL activities connection to outcomes and what changes if any are recommended.

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. In 2023, WFD began to review opportunities to assist all Divisions around the 20 hour per year employee training requirement. The State of RI, Learning Management System (LMS) is available to every State employee and contracted employees upon request. There are a wide range of topics available to meet the needs of a diverse customer base. In May 2023, WFD added a Program Assistant to the team to assist in recording the training completion for approximately 700 staff and 14,000 required hours of cumulative training. It is notable that between June 2022 – May 2023, 12 courses totaling 45 hrs of ongoing training was provided to 881 participants, resulting in 2,655 cumulative hours of ongoing training this reporting period. Levels of training include front line, supervisors, managers, administrators from a variety of Divisions. The 2023 – 2025 Learning Partnership for Children’s Services (LPCS) specifically includes focus on the Ongoing Training Program and will assist the Ongoing Training Program WFD Lead in development of a robust array of training to meet the needs of RI’s DCYF staff.

All staff are 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

The efforts being made by DCYF to maintain and enhance the service array in the context of availability of services to Children in DCYF care both in home and in congregate care settings is ongoing. The 2020 pandemic caused staffing shortages for many of our contracted agencies causing significant reduced capacity in many of our programs. Despite the challenges, the Department has made gains in expanding capacity in the DCYF service array.

Expanding the Intensive Home and Community-Based Service Array

Since July 1, 2022, the number of operational slots for home-based services has increased by 17 percent and the number of children and families served on a given day has increased by 14 percent. Going back further, the number of operational slots has increased by 31 percent since February 2022.

Restoring FCCP capacity

As of the most recent available statistics from April 2023, daily FCCP utilization had increased by 142 families, or 25% overall, since July 1, 2022.

Most behavioral health services for children in DCYF care and custody are provided through Neighborhood Health Plan (NHP) and Optum, NHP’s behavioral health subcontractor. Children and youth in the state’s care are eligible for Medical Assistance. A child under eighteen (18) years of age is eligible for Medical Assistance (MA) on the basis of deprivation/separation from his/her family. A child who is older than eighteen (18) years of age but not yet twenty-one (21) years of

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age who is in foster care is also eligible for MA. The basis of eligibility for MA is deprivation of parental support occasioned by the child's separations from his/her family. NHP is a Managed Care Organization contracting with the state Medicaid agency, the Executive Office of Health, and Human Services, and provides the services for the state Medicaid recipients.

The Medicaid services include individual, family, and group therapy; psychiatric care and medication management; substance use treatment; partial hospitalization and intensive outpatient programs; and family-focused services for children with developmental disabilities, such as home-based therapeutic services (HBTS). NHP and Optum services are accessed through direct referrals that are made by caregivers or DCYF casework staff. As the single state Medicaid agency, the Executive Office of Health, and Human Services (EOHHS) has responsibility to develop, fund and manage the contract with NHP. Currently, there are wait periods for many of the services available through NHP and Optum. DCYF has monthly meetings with the Medicaid director, as well as weekly meetings with Optum, during which challenges with service availability have been regularly brought up and discussed.

Beyond the services available through NHP and Optum, DCYF has been working closely with EOHHS to develop the statewide children's behavioral health system of care. To date, this has involved securing a 5-year system of care implementation grant from SAMSHA, implementing state-wide and evidence based mobile crisis response system, increasing payment rates and expanding capacity for the DCYF home-based service array, and issuing requests for proposals for additional services. Mobile crisis response has been instrumental in preventing hospitalizations and keeping youth safely with families, with only 4 percent of the youth experiencing a crisis needing subsequent hospitalization.

Additionally, DCYF has been collaborating extensively with EOHHS and the state Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH) to implement the Certified Community Behavioral Health Clinic (CCBHC) model to provide comprehensive behavioral health services statewide to children, adults, and families. With this, DCYF has also been partnering with BHDDH and EOHHS to ensure that the 988-notification system is able to provide a critical behavioral health and suicide prevention hotline in Rhode Island. In addition, DCYF has been working with the Rhode Island Department of Education (RIDE) to increase awareness of children's mental health in schools and facilitate access to services through a SAMSHA Project AWARE grants.

With respect to the DCYF contracted services, effective July 1, 2022, for FY 23, every DCYF provider received a 14 % increase in their rates prospectively, as well as a retroactive 10% increase in rates to compensate for operational losses which occurred in FY 22. In addition, DCYF provided, through federal ARPA funds, wage Stabilization funds which allowed for rate increases and staffing bonuses for new staff.

With respect to congregate care, during the pandemic, the Department issued two Requests for Proposals (RFPs) for the purpose of increasing residential treatment capacity. Unfortunately, there were no successful Offerors, so DCYF was unable to increase its capacity specifically for female adolescents, despite the issuance of RFPs.

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The Department has consistently worked with current providers to increase capacity, particularly with the programs which had to close due to staffing concerns and the Provider not being able to meet staffing ratio criteria. Specifically, DCYF negotiated with Harmony Hill, a residential care provider, in July 2022 for the purpose of increasing residential treatment. The contract increased capacity for males ages 13-18 from 15 to 23 beds and from a per diem of \$459.00 per day to \$706.00 per day, including their wage stabilization funds, in their intensive residential treatment units. Boys Town, a provider of our Family Home Program has reopened four of their five group homes adding capacity for both females and males. The Key Program reopened an enhanced semi-independent living program for adolescent females and increased capacity by 6 beds. Turning the Corner opened a hospital diversion group home program for adolescent females in Providence for 6 beds. Family Service of Rhode Island reopened Greenville House Assessment Stabilization program for adolescent females. Child and Family Services of Rhode Island expanded their contract to increase capacity of independent living programs and teen parenting.

For In-Home Services, DCYF signed amendments with seven agencies to increase utilization for their programs with an infusion of funds up front to allow them to have the funds needed to hire staff to increase utilization and minimize wait lists. As a result of the staffing shortages, many of the in-home programs were not operating at the maximum number of slots allotted in their respective contracts. In order to incentivize reaching their contract capacity, DCYF entered into contract amendments to provide minimum monthly payments in advance regardless of actual census in these programs.

The programs provided an infusion of funds up front to decrease wait lists are the following:

- The Key Program: Enhanced Family Support Services
- Communities for People: Enhanced Family Support Services
- Tides Family Services: Outreach and Tracking & Preserving Families Network
- Family Service of Rhode Island: Trauma Systems Therapy-Family Coaching & Visitation”
- Boys Town New England Inc: Family Visitation Program
- Child and Family: Family Stabilization Program
- Community Care Alliance: Integrated Permanency Supports

In January of 2023, DCYF finalized a contract with St. Mary’s to increase female adolescent PRTF beds by 12. St Mary’s shall be building two new 6 bed facilities for female adolescents at their current location in North Providence, RI.

DCYF is in the process of designing and then building a new In-State Residential facility for female adolescents. The Rhode Island Legislature approved a total of \$45 million, appropriated across fiscal year 2024 to 2026, to construct a new 16-bed behavioral health residential treatment facility for female adolescent youth. DCYF has worked closely with Family Court, the OCA, and the State Division of Capital Asset Management & Maintenance to plan and construct the new facility on a large, state owned property in Exeter, Rhode Island. Once constructed, this property will continue to be state owned and DCYF will procure a vendor to operate the residential

programming.

DCYF is currently reprocurring its entire service array. A Request for Proposals (RFP) for congregate care programs was issued by DCYF in April 2023. Provider Responses were due May 25, 2023. The Department will thereafter be issuing RFPs for new home-based services, legal permanency, and adoption services, as well as treatment foster care services.

The Central Referral Unit (CRU) of the Community Services and Behavioral Health (CSBH) Division provides ongoing consultation and referral services for casework staff to assure 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.

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](#)

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. This work aligns with the Department's stakeholder engagement work as it relates to the Family First Prevention Services Act Plan.

Foster Parent Licensing, Recruitment and Retention has been a core focus of the Department's vision 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, therapeutic foster family, or in rare cases a congregate care or hospitalized setting.

Covid-19 highlighted the gaps in the foster care system of a shortage of home willing to care for the children entering care, who have acute needs, while at the same time partnering with families toward reunification. The department had invested in reform of the foster care system in 2020-21 which 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, one 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 partner engagement strategies (including the RI Foster Family Advisory Council). The Department believes that this systemic foundation will again support efforts to further transform foster care. The department will further offer 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 quarterly meetings
 - Resource Families and Licensing quarterly meetings
 - Child Protective Services quarterly meetings
 - Youth Development and Juvenile Probation semi-annual meetings
- Active Contract Management with providers
 - Congregate Care quarterly meetings
 - Private Foster Care provider bi-monthly meetings
 - Family Care Community Partnerships quarterly strategy 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 Division of Performance Improvement 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.

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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 FFY19 to FFY22. In FFY21, 9.9% 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 168 days, over 5 months. The number of unique children with a report of maltreatment in foster care increased from FFY21 to FFY22. 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, Multiracial, Hispanic compared to children who are White over this same period.

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

	FFY19	FFY20	FFY21	FFY22
Section 1: Investigations (Maltreatment)				
Number of children investigated	9288	8022	6938	4764
Among children investigated, percent of children indicated	34.3%	34.0%	37%	39%
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)	14.3	13.1	11.6	8.9
Section 2: Repeat Maltreatment*				
Percent of children who had repeat maltreatment within 12 months of the initial maltreatment	10.5%	8.5%	9.9%	
Median age at initial maltreatment (years)	5.0	5.0	5.0	
Median length of time between initial and repeat maltreatment (days)	153.0	127.5	168.0	
Section 3: Maltreatment in Foster Care**				
Number of victimizations of maltreatment in foster care	84	52	54	57
Number of unique child victims of maltreatment in foster care	78	51	52	55
Median age at CPS report (years)	11.0	12	10.5	13.0

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

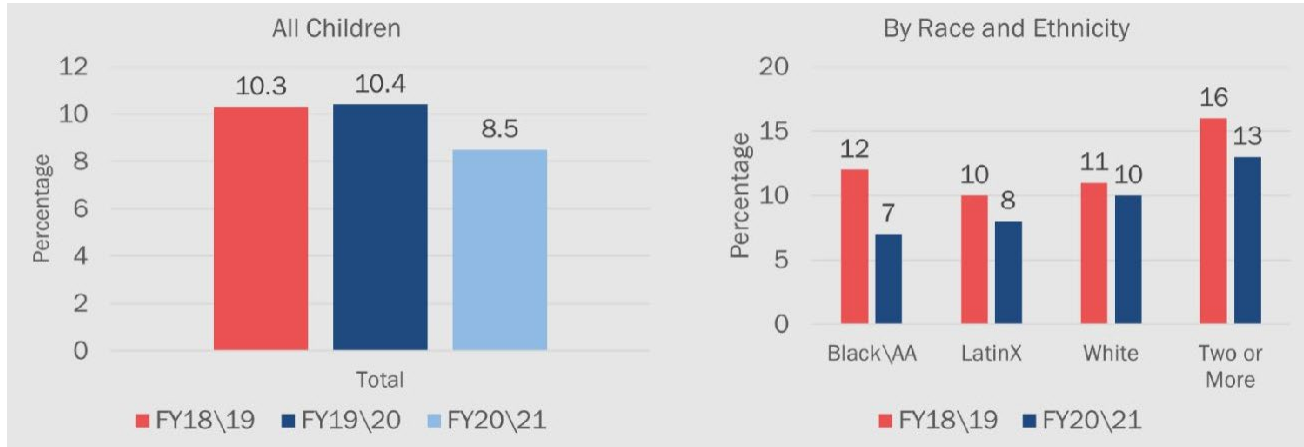
**At time of report, Children’s Bureau method of bed days calculations had not yet been released – subject to be revised

In addition to the Safety Analytic Report data and the CPS ADMs where data is reviewed (see CPS ADM section) RI DCYF utilizes the Rhode Island’s Data profile published by the Children’s Bureau to inform practice, policy and prevent maltreatment. In the most recent data profile, February 2023, the Department’s progress in safety related areas is observed. Recurrence of maltreatment decreased from 13.7 in FFY19-20 to 11.3 in FFY20-21 (See chart XX).

Improvements in recurrence maltreatment is observed across all race and ethnicity groups (See chart XX). In FFY19 maltreatment in care decreased from 22.2 per 100,000 days in care to 17.6 per 100,000 days in care in FFY20 (See chart XX). Maltreatment if foster care continues to demonstrate varied progress across race and ethnicity groups (See chart YY). In addition to disproportionality observed among race and ethnic groups there is disproportionality in maltreatment in age groups where children between the ages of 1-5 experience elevated maltreatment recurrence compared to older age groups. In the RI Data Profile, children between age 1-5 experienced maltreatment recurrence of 10% compared to 6.9% for children ages 11-16. DCYF’s progress was also observed in the national performance risk standardized

measures of maltreatment recurrence (13.7 FFY19-20 to 11.3 in FFY20-21) and maltreatment in foster care (22.28 in FFY19 to 17.6 in FFY20). The CPS ADMs address safety for all children and in particular for subpopulations (i.e. race, ethnicity, age groups) as well as addressed at the Department level through the Race Equity Committee.

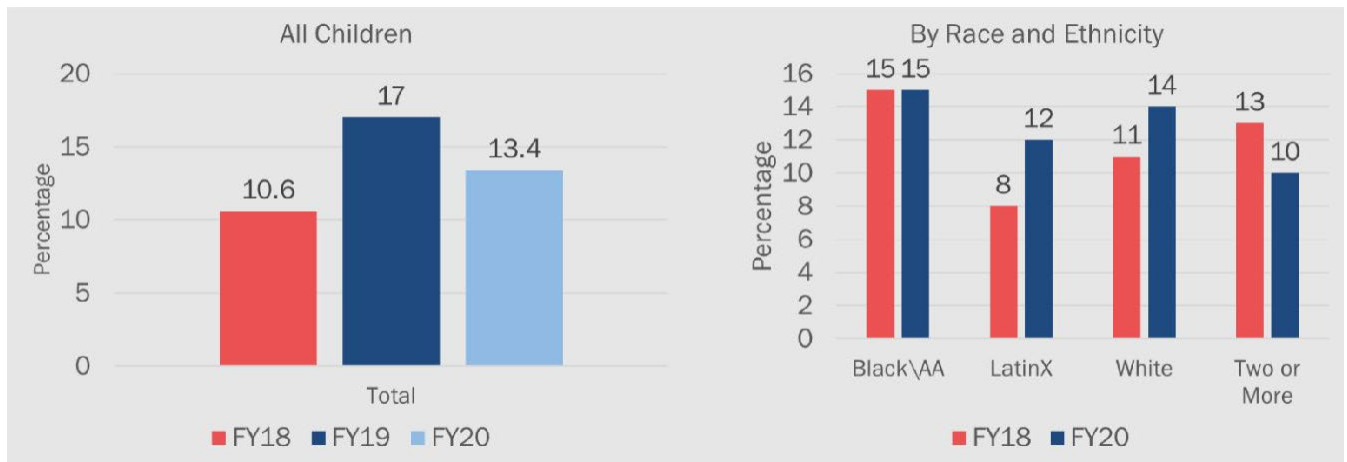
Chart XX Recurrence of Maltreatment[^] among all children and by race and ethnicity, over time, RIDCYF



Data Source: Children's Bureau NCANDs

[^]recurrence of maltreatment: maltreatment within 12 months of index maltreatment

Chart YY Maltreatment in Foster Care[#], among all children and by race and ethnicity, over time, RIDCYF



Data Source: Children's Bureau AFCARs

[#]Victimizations per 100,000 days

RI has also witnessed a decrease in the entry rate into foster care among all children combined and across all race and ethnicity groups (See chart XX).

Chart YY. Entry Rate Into Foster Care* Out of Home Placement per 1,000 Children in RI, RIDCYF.



Data Source: Children’s Bureau AFCARs
 *Foster care = out of home placements

All age groups experienced a reduction in entry rates into foster care however the trend of children under the age of 1 continues to experience the highest entry rate among all age groups. There is a negative linear relationship between age and entry rates, as age increases, entry rates decrease. For example, in FFY22, children under the age of 1 entered foster care at a rate of 15.7 per 1,000 children followed by ages 1-5 at 3.6/1,000, ages 6-10 at 2.7, ages 11-16 at 3.7/1,000 and ages 17+ at 2.1/1,000.

The Department’s collective prevention efforts have been borne out in the safety data such as recurrence of maltreatment and maltreatment in foster care as well as in the reduction of entry into foster care.

The CPS ADM began in September 2019 and follow up meetings have been occurring every one to two months with a recent change to quarterly meetings that allows more time between meetings to address areas needing improvement. In these meeting, CPS supervisor and administrators reviews dashboards inclusive of trend, and discuss either a strategy deep dive topic or implementation action steps. The data dashboards are aimed at monitoring CPS practice for the purpose of mitigating risk of maltreatment as well as monitoring child, family and community safety outcomes. 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 CPS 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.

Collaboration with RI Department of Health (RIDOH)

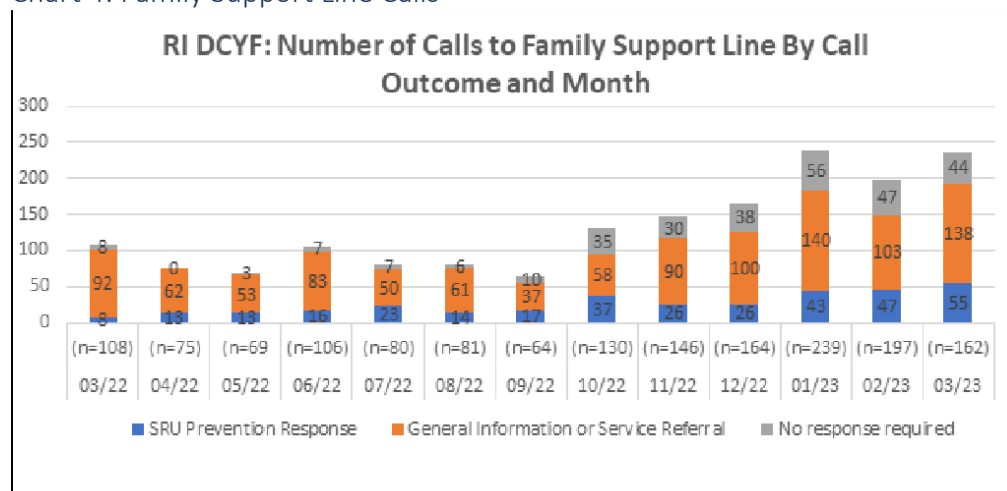
For the past five plus years, DCYF, RIDOH, and EOHHS have engaged in collaborative research wherein the epidemiologists\evaluators from both agencies under the public health framework focus on primary, secondary and tertiary prevention. A collaborative team of program staff and epidemiologists monitor 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.

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 four years and will continue to be monitored. 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 has been developed is used on an ongoing basis.

Maltreatment Prevention

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 March 1, 2022 to March 30th, 2023 there were 1576 calls to the Family Support Line, of which 162 were transferred to the SRU unit.

Chart 4: Family Support Line Calls



From March 1, 2022 to March 30th, 2023 there were 1845 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

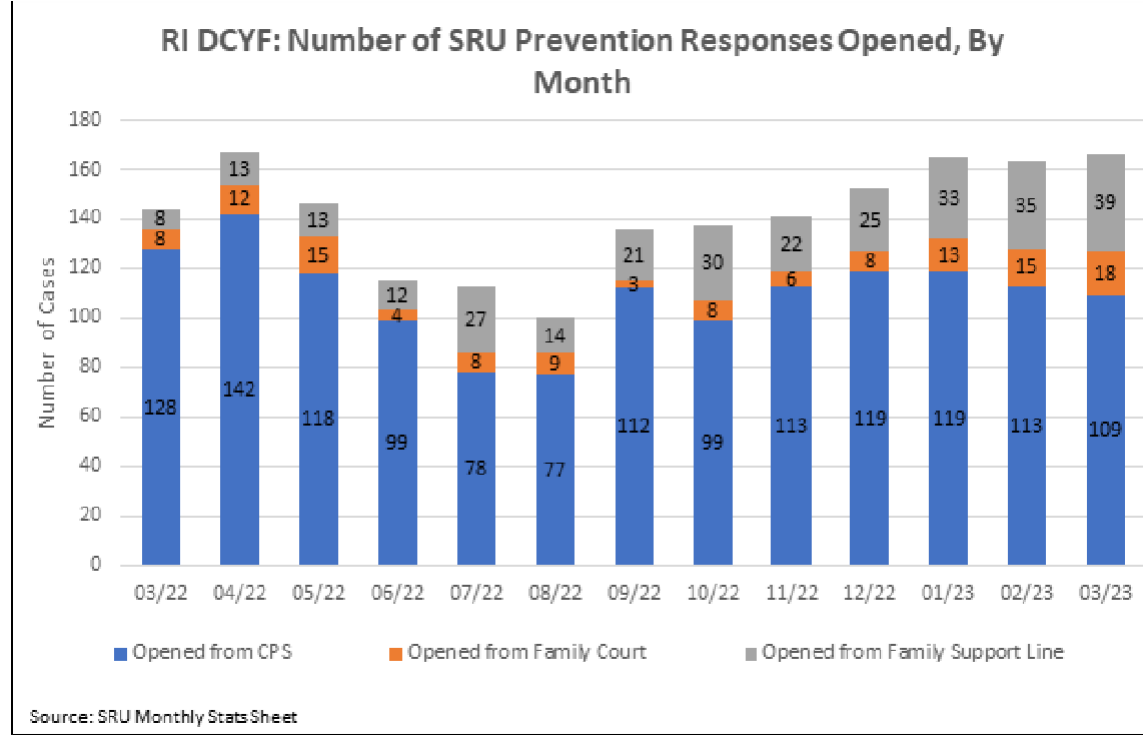
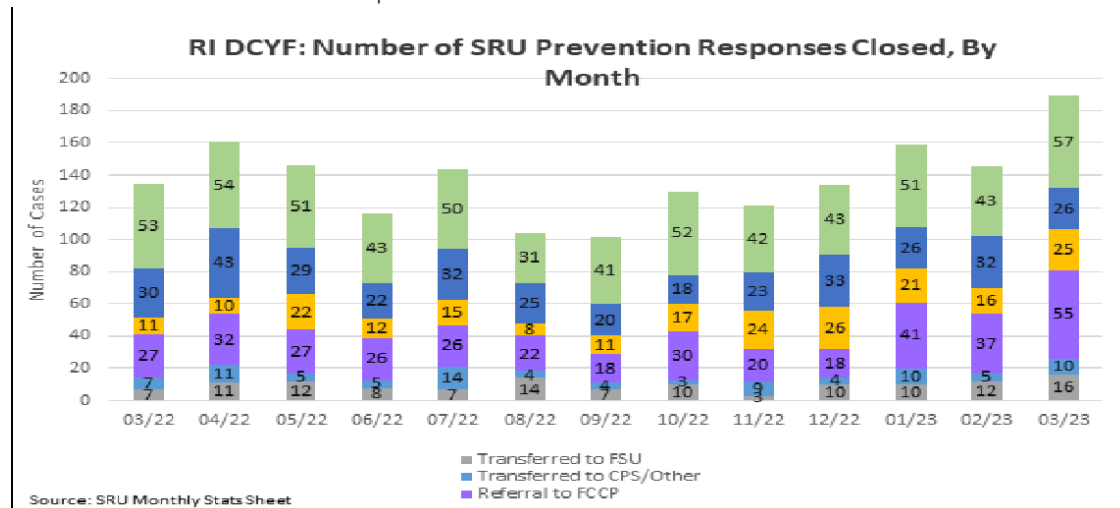


Chart 6: SRU Prevention Responses - Closed



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 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.

As of the writing of this APSR, the Department's FFPSA plan was approved October 1, 2022. The Department's DPI division is currently working with the FFPSA plan Evidence Based Providers and the EBPs national purveyors in developing a data collection mechanism. The aim is to collect data from the national purveyors involving CQI and fidelity measures and request CQI data from providers that is not captured in the national purveyors' systems. The plan for the sharing and reporting of the data is semi-annual meetings with the providers to review CQI, fidelity and outcome data. The infrastructure, the FFPSA CQI\Evaluation workgroup, for meeting with the providers was established previously during the Department's writing of the FFPSA plan with the providers and stakeholders and will be leveraged for the semi-annual data meetings. The frequency of the meetings at semi-annual cadence is due in part to the small population sizes in each of the programs proving semi-annual meetings for more meaningful data interpretation and confidence in acting upon that data. DPI will monitor this cadence and if needed can schedule the meetings more frequently.

[Permanency](#)

The Department uses the Permanency Analytic Report. 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.

The state removal rate has fluctuated the past five years but has been decreasing the past three fiscal years. For children under age 18, 6.7 per 1,000 FY18 entry cohort, 5.5 per 1,000 FY19 entry cohort, 4.5 per 1,000 FY20 entry cohort, 3.7 per 1,000 FY21 entry cohort, 3.9 per 1,000 FY22 entry cohort. Further analysis illustrated among the cities with elevated rates of removal are the five urban core cities.

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 has been 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 41% among an FY22 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 0.7% among a FY22 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 FY22 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 86% as of FY22. Forty-five percent of children in a foster family were in a kinship foster family compared to 49% as of FY22.

The most current RI Data Profile reveals improvements in RI’s permanency measures across all three permanency measures (See charts 8-12). Improvements varied across race and ethnicity groups. Improvements were observed in permanency in 12 months among an entry cohort in children who are Black\AA and two or more races yet a decrease among LatinX and White. Permanency achieved in 12 months among children in foster care (out of home placement) in 12-23 months and 24+ months improved across all race and ethnicity groups.

Chart 8. Permanency Achieved in 12 Months Among Children in Out of Home Placement (Entry Cohort), RIDCYF

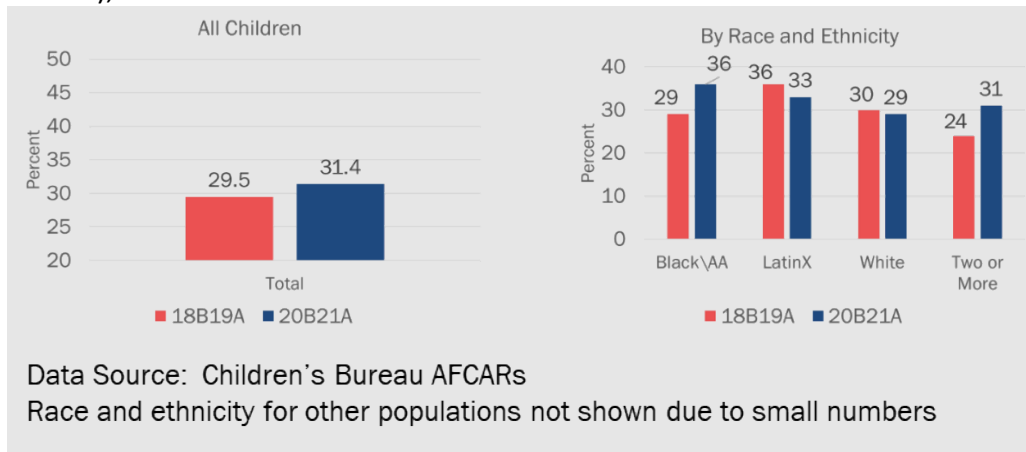


Chart 9. Permanency Achieved in 12 Months Among Children in Out of Home Placement (12-23 Months), RIDCYF

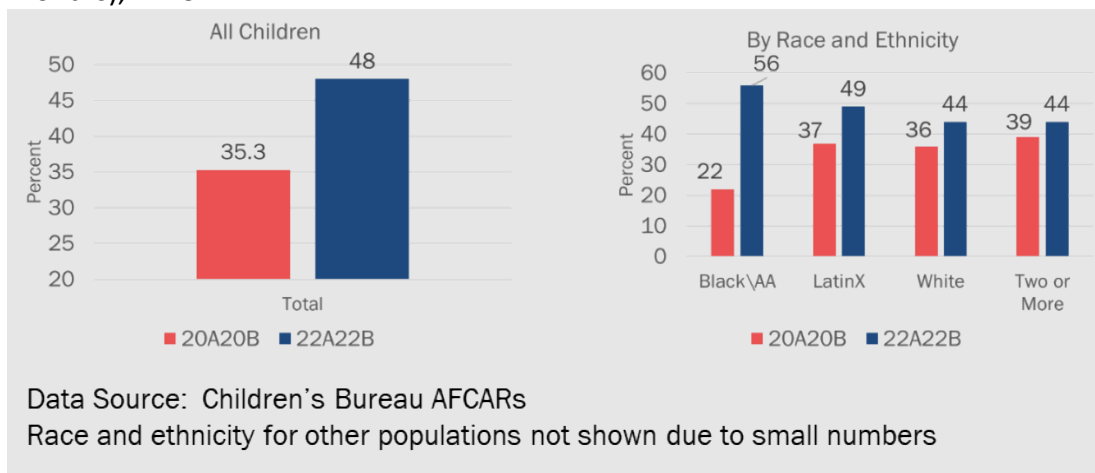
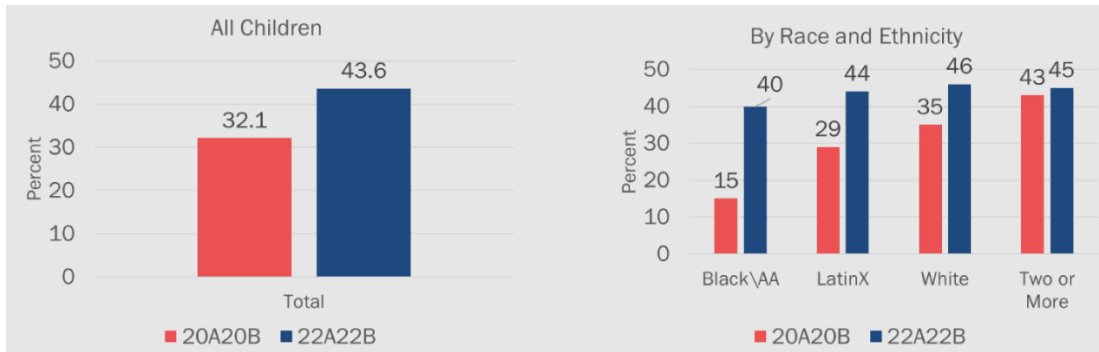


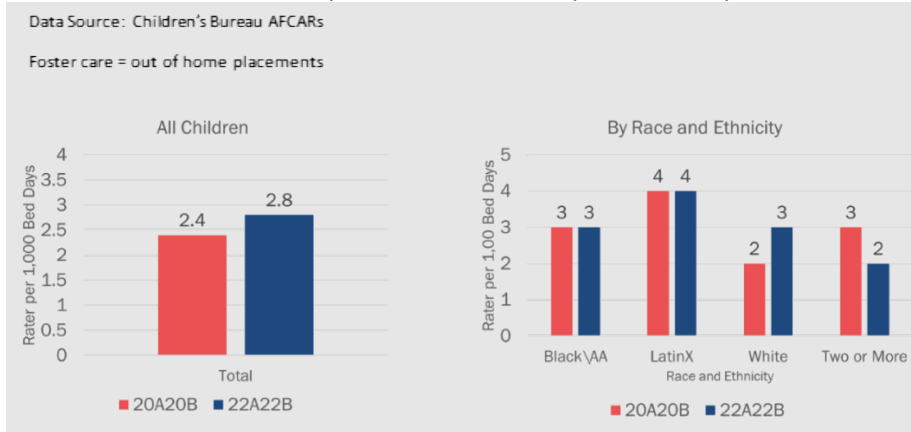
Chart 10. Permanency Achieved in 12 Months Among Children in Out of Home Placement (24+ Months), RIDCYF



Data Source: Children’s Bureau AFCARs
 Race and ethnicity for other populations not shown due to small numbers

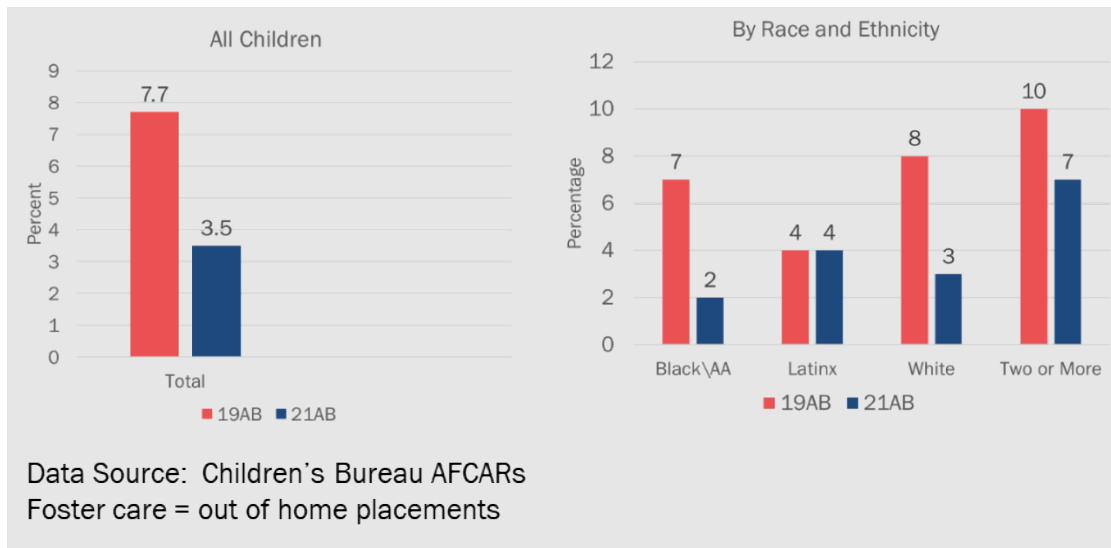
Placement stability has consistently remained statistically above the national performance since FFY15 and as of FFY22 is 2.8 per 1,000 days in care. Placement stability varied across race and ethnicity groups, remaining the same, increased and decreased.

Chart 11 Placement Stability, Number of Moves per 1,000 Days in Foster Care



The most current RI Data Profile reveals improvements in RI’s in foster care re-entry decreasing from 7.7% in FFY19 to 3.5% in FFY21. Decreases were observed across most race and ethnicity groups with LatinX remaining constant (See chart 12). Children between the ages 0-5 experienced a higher frequency of foster care re-entry compared to older age groups. In FFY21 among ages 0-5, 5.5% experienced a foster care re-entry compared to 1.7% ages 6-10 and 3.0% ages 11-16. Caution to the foster care re-entry as the number of children is quite small.

Chart 12. Foster Care Re-entry



The department uses Active Divisional Management, monthly data review meetings to share data analysis with the ongoing staff. The use of this data helps each unit identify areas of strength, areas of need and current outcomes for children and families on a regular basis.

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 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 and began using 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.

Congregate care providers complete the CSEC Screening Tool and send to DCYF 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 can 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.

The Human Trafficking Taskforce re-engaged their work in March 2023 after a hiatus due to the pandemic. As the taskforce begins to rebuild itself, data updates and presentations will begin towards the end of 2023.

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 2023, the VEC Program has 92 young adults participating and 41% at 20 years of age, 40% 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, 2023, 83% of VEC young adults were enrolled in an educational program or employed as compared to 88% on March 31, 2022. The 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. The Department's capacity was expanded several years ago to meet the needs of the families as measured by utilization. As part of an ongoing effort to better tailor the services to the children and families the Department serves, the outcomes of families receiving community-based services are analyzed and monitored annually. The Department follows an entry cohort of children for 12-months from the service start date to monitor if the child experienced selected five outcomes during the 12-month follow up period: removal from home, CPS investigation, indication or maltreatment, stay at Youth Development Center (YDC) or adjudication. The recent findings showed that over the past four years, FY18-FY21 entry cohort, there were decrease in all five outcomes.

The Department had 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 continues to work to address partnering with the service providers by distributing American Rescue Recovery Funds (ARPA) to providers by increasing their contracts by 14% across the board. Since July 1, 2022, due to this continued, work the department has been able to increase the Intensive Home and Community-Based Service Array and the number of operational slots for home-based services has increased by 17 percent and the number of children and families served on a given day has increased by 14 percent. Going back further, the number of operational slots has increased by 31 percent since February 2022.

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As of the most recent available statistics from April 2023, daily FCCP utilization had increased by 142 families, or 25% overall, since July 1, 2022.

In addition, as identified in an earlier section, the Department addresses this need through ongoing Active 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.

Plan for Enacting the State's Vision

In preparation for beginning the development of the new five-year strategic plan for the Child and Family Service Plan (CFSP), the Department plans to engage partner groups again in 2023-2024 including representatives from the Family Court, the Child Advocate, representatives of Rhode Island Coalition for Children and Families (RICCF), 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.

For the current CFSP, the department engaged with the partner groups as described above and through conversations, the Department established the following five overarching goals that we continue to work toward and assess progress:

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 the coming year workgroups will need to be formed to review and create each of the goals and the participants will engage 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 2020-2024 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

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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. For children who are in out-of-home care, the Department plans to increase their placement in a family setting by 5% over five years. 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 Improvement 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 2023
<p>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>	<p>Communication plan developed 9/1/2019 date Number in person presentations dates and attendees documented Protocol developed Number and percentage of local school districts where partnerships established Increased community service Referrals by 10% 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 This was unrelated to SAFE Completed- community presentations are on-going</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 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 Made SAFE presentations to RI Family Court Social Workers Presented SAFE to Hasbro Hospital Emergency Room and Aubin Center staff</p>

<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>	<p>Develop communication protocol between schools and DCYF Increased community service referrals by 10% Increased FCCP referrals by 10% Number and percentage of local school districts where partnerships established</p>	<p>Communication protocol developed and distributed to all districts by 10/20 Communication plans and protocols and partnerships will be in effect in Woonsocket, Central Falls, Newport and Providence by 12/31/2020 Data for referrals to all community-based services will increase by 20% by end of CY 2020 COMPLETED</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. Held regular meetings with Providence and Central Falls School Departments to discuss strategies and assess progress toward increased prevention efforts to decrease maltreatment Throughout 2021 and 2022, the Department has held several sessions with multiple school districts and the largest state 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</p>
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			<p>Administrators) which have created opportunities for greater dialogue on both the case and macro levels. 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. Collaboration with the educational community in Rhode Island is stronger than what it has been for many years. We have ongoing dialogue with Superintendents and Special Education Administrators, both individually and through their professional associations. We field requests throughout the year to present and/or meet with educational teams within multiple school districts and meet those requests. The Department presented two workshops at a May 2023 Symposium on Children in Care for NEARI – one on understanding the workings of DCYF and one on prevention and our FCCPs. We present annually at the general membership meeting of the Association of RI Special Education Administrators (ARIASE).</p>
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<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. Develop protocols for inter-agency training, referrals, tracking and communication</p>	<p>MDTs Established by 8/1/2020 date Protocols developed by 8/1/19 date System and mechanism to track referrals established by 8/1/19 date Inter-agency training by 10/1/19 date 4 of Meetings by 10/31/19 date Number of families referred to each MDT 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 Development of MDTs in Newport and Providence will be explored during 2020 Data for school year 2019-2020 will be available for Central Falls for comparison to maltreatment and removal data from DCYF 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>
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<p>.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.</p>	<p>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.</p>	<p>The RI E-CAPTA electronic referral and data tracking system has been implemented and refined to enable consistent analysis of the Birth to 3 population involved in substantiated CPS investigations.</p>	<p>Full implementation of RI E-CAPTA electronic referral and data tracking system is complete, and data is now pushed every 60 days from the RI KidsNet System that has enabled tracking of program engagement and completion of developmental screening for the Birth to 3 CAPTA population.</p>
<p>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, accessible during pregnancy to reduce the risk of DCYF involvement, and increase the rate of healthy births.</p>	<p>Among the Hospital Alerts in a 6 month period decrease removals by 5%</p> <p>25% of mothers who were subjects of a Hospital Alerts received preventative services prior to delivery</p>	<p>By 12/31/2020 the number of children born who were the subjects of pregnancy alerts, those remaining at home will increase by 10%</p> <p>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,</p>	<p>Ongoing: the SUD Liaison refers pregnant women to services.</p> <p>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%)</p> <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 2021 66% were subject to removal. Comparison data will be evaluated ongoing to track rate of removal. This data is being updated for April 1, 2022 to March 31, 2023.</p>
<p>1.6 Utilize recovery coaches to support parents and youth suffering from Substance Use Disorders by making referrals during CPS investigations and</p>	<p>Among parents identified by the Family Functioning Assessment and meet</p>	<p>Of the parents referred to Peer Recovery Coaches in 2020, 60% will have</p>	<p>April 2021 – March 2022: Total Family Member Referrals = 369 Women= 269 (73%) Men= 100 (27%)</p>

at any point throughout the life of a case when SUD is identified and the individual meets criteria for coaching.	criteria for Substance Use Disorder (80%) are referred to a recovery coach within 5 days of the completion of the FFA	had at least one contact with a coach	This data is being updated for April 1, 2022 to March 31, 2023.
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. 2023 the CSBH will assign a staff to attend these meetings
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 August 1, 2023, One member of a registered Tribe will be identified through partnership with the RI Indian Council to be trained as Certified Peer Recovery Specialist	By 12/31/2020 two members of the Narraganset Indian Tribe will be trained as Certified Peer Recovery Coaches	There have been discussions, but the Tribe has not identified tribal members as of this writing 2023 The Department is currently developing a working relationship with the Rhode Island Indian Counsel which serves members of any registered tribe. The group serves members of the Narragansett Indian but is not affiliated with the Tribe- the Dept is exploring whether the council can identify an interested individual
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. The Department and the Tribe are no longer pursuing this activity

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 2023
1.10 Utilize weekly supervisory meetings between supervisors and administrators to review timeliness data reports to monitor compliance with policy	# of weekly supervisor/Admin meetings in a 12-month period	90 % of supervisors held 3 or more meetings per worker	CPS supervisors meet weekly with administrators for supervision, utilizing a data report specific to CPS outcome measures which includes timeliness to investigation.

<p>1.11 CPS supervisors with meet with line staff to review timeliness reports specific to their caseloads to ensure accountability</p> <p>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</p> <p>1.13 Communicate quantitative and qualitative investigation timeliness data results with staff and external stakeholders utilizing the Division of Performance Management/</p> <p>1.14 Active Divisional Management. The DPI/ADM structure will be used to explore any further challenges and provide feedback to adjust timeliness</p>	<p># of supervisors who meet weekly with staff to review timeliness reports</p> <p>CPS will utilize the FFA in RICHIST by (1/10/2019)</p> <p>Provide data reports to staff and external stakeholders monthly 12/1/19</p>	<p>on a monthly basis by end of CY 2020</p>	<p>Supervisors use the report in weekly supervision with CPIs to ensure contact takes place in accordance with policy and that documentation reflects these contacts</p> <p>Completed</p> <p>Monthly Data Meetings ongoing</p> <p>Ongoing</p>
<p>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</p> <p>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</p> <p>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.</p>	<p>Measure of Progress</p> <p>All current staff trained on FFA by 4/1/19</p> <p>Schedule of trainings for all new hires within the first 60 days of hire</p> <p>RICHIST modified to incorporate FFA for use in Family Assessment Response 2/1/19 and CPS Investigations by 10/1/2019</p> <p># of coaching sessions with Action for Child Protection (one three-day session bi-monthly)</p> <p>3 coaches identified for each division</p> <p>Change Champions will begin peer</p>	<p>Progress in 2020</p> <p>All staff performing field work independently are fully trained in core competencies</p> <p>Complete final IT updates by end of CY 2020 after full implementation and the opportunity to identify technical challenges and solutions</p> <p>DCYF Coaches established in each office to provide support to staff (track cases for which coaching took place)</p> <p>Coaching received through Action for Child Protection reveals 20% fidelity</p>	<p>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</p> <p>Consultants developed practice manuals/desk references to support on-going implementation</p> <p>CPS supervisors have been trained and are now being coached to "SAFE Supervisory Practice"</p> <p>This same group has been provided ongoing formal coaching sessions and updated refreshers by both DCYF staff and our contracted provider</p> <p>Ongoing</p> <p>As of 2023 – All new SCWIIIs and CPIs receive FFA/OFFA training as part of the new worker training program.</p>

	coaching by 1-10/1/2019	to the SAFE model by the end of the first 6 months of CY 2020 Coaching sessions will be tracked Fidelity will be measured in collaboration with Action for Child Protection	
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	Dashboards developed reflective of FFA/OFFA data Utilize the Active divisional management process to review data and identify action items for improvement Supervisor consensus among all Race/Ethnicity groups	85% consensus among all Race/Ethnicity group for all Supervisor Quality Reviews by end of CY2022	CPS investigations are reviewed monthly by all supervisors and administrators. A supervisor presents a pending investigation, with elements completed well and elements that need improvement. Supervisor receives feedback from peers and admins to be incorporated into completion of the case.

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: the department and family court will improve the percent of children achieving permanency (adoption, guardianship, reunification) from 38% to 42% as measured through the states data profile.			
Benchmark	Measure of Progress	Target Year Completion	Progress in 2023
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	In early 2021, the Department continued their focus on implementing the Court Mediation Pilot Project. 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
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	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
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	Attorneys, Rhode Island Legal Services, the Department's Legal Division, and Court Mediators There are two questions regarding training that arose from the Department's prior progress report:
			<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 project in February 2021 with assistance from the Center for States.</p> <p>Court Mediation Summary</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 FY21 that achieved permanency within 12 months of entry, 88% achieved Reunification, 50% were Adopted, 6% achieved Guardianship and 1% 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> <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

<p>2.7 DCYF will draft operating procedures for the transfer of cases to FSU</p>	<p>Operating procedures complete</p>	<p>2019-2020</p>	<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. 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. 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>
<p>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</p>	<p>Quarterly monitoring reports reviewed at Monthly data meetings</p>	<p>2019-2024</p>	<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. 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</p>

			<p>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. 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>
<p>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</p>	<p>Quarterly monitoring reports reviewed at Monthly data meetings</p>	<p>2019-2024</p>	<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. 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</p>

			<p>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>
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 2023
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	RFP and contracts in place; reporting through Active	2020	This is no longer the strategy of the Department

directly by a private agency, providing more focus on permanency guidance, case management, and mentorship of families of origin.	Contract Management on key metrics		
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. Kinship support groups are ongoing in 2022 and 2023.
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 training models such as “comfort calls. The Caring Connections calls were piloted in CPS in Fall 2022 and implemented in all CPS units in January 2023.
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. In 2022-23 Family search and engagement work continues to do early

			search for family to help increase timely permanency
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. Daily 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 6/30/2022 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
PIP

Goal 3 of the

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 2023
3.1 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. Develop and document actions planned and monitor follow-up to ensure that face to face contacts with children meets standard of 95%.	Dashboards are developed specifically for face to face with children. Weekly meetings between FSU leadership and chief of practice standards reviewing dashboards occur # and % of actions implemented # and % of face-to-face with child completed	2019, Dashboard developed 2019-2024, Ongoing review and/or updates to dashboard, meetings and actions implemented	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 and barriers to visits are discussed. Beyond this communication, randomized samples of face to face visits are distributed to each unit on a monthly basis for assessment of accurate documentation, and 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.
3.2 Chiefs of Practice Standards review dashboards with supervisors every week; develop and document action plans and monitor follow-up.	Weekly meetings completed every week Dashboards reviewed and shared with staff weekly. # and % of face-to-face with child completed	2019-2024	
3.3 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 children at home are seen monthly.	% of children seen in home per dashboards	2019-2024	With the use of dashboards developed by DPI as a major element of supervision, FSU has demonstrated monthly FTF contact with youth as follows: 97% in March 2021, 96.6% in June 2021; 96% in September 2021; 97% in December 2021 98.7% in March 2022, and 98.7% in January 2023.
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 ***Permanency tracker discontinued	% of visits with children documented in permanency tracker	2019-2024	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 12/2021.
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	2019-2024	

	and/or progress toward outcomes		
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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 2023
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. 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>The percentage of mothers with monthly visits has increased from 40.6% in April 2020 to 59% in May 2021 to 65.8% in April 2022 to 68% in February 2023. The percentage of fathers with monthly visits has increased from 16.2% in April 2020 to 34% in May 2021 to 38.7% in April 2022 to 40.8% in February 2023.</p> <p>The Department partnered with the Capacity Building Center for States to create an Authentic Family Engagement</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 % of visits with father documented in permanency tracker	2019-2024	
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.	2019-202	

		<p>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. 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. 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> <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</p>
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		<p>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 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/liasons between DCYF & the RI Department of Corrections</p>
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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 2023
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 the assigned regional FSU Senior Supervisors conducted a second series of individual FSU unit information sessions (question and answer) beginning in March 2023 present time on CFSR best practices
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	to conducting quality face to face visits with children. 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.
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 2023
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	2019-2024	The quality review unit in conjunction with the assigned regional FSU Senior Supervisors provided individual FSU Unit information sessions (question and answer) in March 2023 May present time

	contact with mother, father		<p>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 case reviews conducted between November 2022 and April 2023 the Department achieved a 42% strength rating for Item 15-Caseworker Visits with Parents, which is a 4% increase in performance from the Round 3 CFSR Review.. the FSU administration team is continuing to monitor the documentation of caseworker visits with parents. Regional Administrators 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	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	ongoing, case reviews
3.17 Based on monthly dashboards, supervisory weekly and bi-weekly meetings to identify factors contributing to progress and barriers to progress	Permanency tracker Weekly and biweekly supervisory meetings occur, and progress and barriers documented	2019-2024	Permanency tracker discontinued and using ongoing case reviews

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 2023
<p>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.</p>	<p>Development of the SAFE model Implement Department wide training of SAFE model # and % of target staff to be trained are trained</p>	<p>Safe Model completed November 2019 Department wide training of SAFE model completed by December 2019</p>	<p>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 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. 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. 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.</p> <p>2023 Authentic Family Engagement training continues</p>
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 assess 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 fidelity documented, recommendations	2019-2024	<p>Continue to work towards goal of 85% policy target of investigations completed within 45 days.</p> <p>Goal met and continue to use service plan</p>

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			reviews to assure compliance with FFA
	for changes documented # and % of timely FFA completed (SAFE Model)		
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	Ongoing and Continue to use service plan reviews
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 # and % of champion coaches who report successful SAFE model implementation	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
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	Continue to use dashboards as tools to track
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	Continue work with Capacity Building for States on Race Equity and authentic family engagement

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 # and % of family visitation From case reviews: #and % of case reviews with	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
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	mother, father, child engaged in service planning # and % of quality visits with mother, father, child # and % of mother, father child needs assessed and addressed		
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3.26 FSU Leadership Team in conjunction with DPI to develop dashboards to monitor service plan completion;	# of dashboards developed and reviewed	2019-2024	Completed DPI established a FSU service plan dashboard in 2019 and FSU monitors service plan status and timeliness in this dashboard. Service Plan timeliness department-wide has improved from 50.9% in 5/2019 to 94.1% in 5/2023. DPI provides data support to the dashboard and service plan reports on a bi-weekly basis.
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3.27 FSU Leadership Team to strategize any barriers to service planning in Active Divisional Management	# of barriers and corresponding strategies developed	2019-2024	Completed and ongoing conversations regarding barriers to service planning are supported by data provided by DPI in the FSU ADMs. Some barriers that were addressed were documentation, planning regarding high levels of upcoming service plans, disparities due to race/ethnicity, and regional differences.
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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 2023
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<p>3.28 FSU Supervisors will meet weekly with their staff and supervise case practice with the assistance and use of the permanency tracker: ***Permanency tracker discontinued</p>	<p>Weekly individual supervision within FSU occurs. % of Documentation in permanency tracker completed in timely manner.</p>	<p>2020 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. 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. 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 Biweekly group supervision occurs.</p>	<p>2019-2024</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>3.30 Prioritize challenges and needs and brainstorm potential solutions through Active Divisional Management Meetings. 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)</p>	<p>Number of challenges identified with corresponding solutions developed during monthly ADM strategy meetings.</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. 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 were circulated biannually, starting in 2022. Caseworker and supervisor supervision surveys collected in 2022 showed over 70% of respondents met with their supervisor for scheduled individual supervision and over 80% reported the duration of scheduled individual supervision of 31-90 minutes. Over 80% of respondents reported receiving enough support across all job functions. In Caseworker surveys, 64% and 80% reported that supervision met their needs in the February and October surveys, respectively. In Supervisor surveys, 100% and 97% reported that supervision met their needs in the February and October surveys, respectively. Qualitative responses were also</p>
<p>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.</p>	<p>Positive outcomes identified during permanency reviews occurs quarterly.</p>	<p>2019-2024</p>	<p>These redesigned surveys were circulated biannually, starting in 2022. Caseworker and supervisor supervision surveys collected in 2022 showed over 70% of respondents met with their supervisor for scheduled individual supervision and over 80% reported the duration of scheduled individual supervision of 31-90 minutes. Over 80% of respondents reported receiving enough support across all job functions. In Caseworker surveys, 64% and 80% reported that supervision met their needs in the February and October surveys, respectively. In Supervisor surveys, 100% and 97% reported that supervision met their needs in the February and October surveys, respectively. Qualitative responses were also</p>
<p>3.32 FSU Leadership Team to work with DPI to develop dashboards to enhance ability to monitor and implement practice change.</p>	<p>Dashboard developed and modified based on needs identified in supervision</p>	<p>2020 developed, ongoing monitoring on monthly basis to 2024</p>	<p>Qualitative responses were also</p>

			<p>collected to identify areas of strength and those that need improvement. The survey findings were presented and discussed in the FSU ADM meetings in all four regions, (see Goal 3 narrative for data specifics). 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.</p> <p>2023 FSU staff use dashboards and ADM to enhance monitoring</p>
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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 2023
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	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. In the latter half of 2021-2022, the Dept. was conducting Item specific case reviews to meet its PIP obligations. The reviews were specific to Item 4-Placement Stability. The case review annual report was not issued as there was limited information to share for the Item 4 case reviews. The Department has since exited out of the Program Improvement Plan and
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	July 1, 2020	

	management course provided by DCYF		has resumed 18 item case reviews as of November 2022. The Case Review Unit intends to produce and distribute an annual report for the November 2022-October 2023 case reviews and report on the agency's performance on the 18 Items related to Safety, Permanency and Well-Being. The Department has fully developed and implemented its internal case review system in 2019. Since the last APSR update, the Department has made changes and modifications to their case review system. The changes include conducting case reviews using a hybrid of in-person and virtual reviews conducted by teams of two staff consisting of staff from the case review unit and volunteers from the Department. Reviews are now occurring on an ongoing basis, with approximately 5-7 cases being reviewed each month. The Department continues to utilize volunteer staff to conduct quality assurance on the internal CFSR case reviews.
4.5 Expand Active Divisional Management to 2 additional divisions	ADM will be established in 2 new divisions of DCYF	July 1, 2020	<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> <p>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.</p>

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 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,</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 2023
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
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	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 its case review process. The
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	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

			<p>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.</p>
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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 2023
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. 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,</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,	Meetings occur every six months with attendance from each organization in the	2020-2024	

<p>discuss challenges and engage in problem solving</p>	<p>child welfare legal community</p>		<p>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, school officials, healthcare officials, court leadership, and leaders within Rhode Island's BIPOC communities. 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). 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. 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
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			<p>implementation and continuous quality improvement (CQI) and fiscal infrastructures.</p> <ol style="list-style-type: none"> 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. 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. 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>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</p>
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			<p>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 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.</p>
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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 2023
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</p>	2021	<p>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.</p> <p>In 2023 – 2025, the LPCS Working Committee will continue to perform connected work that includes consideration</p>

	<p>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>		<p>of competencies when reviewing training programs.</p>
<p>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 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</p>		<p>2022 WFD is far ahead of the original target date with many aspects put in place in 2020 & early 2021</p>	<p>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 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 its 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. 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. 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</p>

			<p>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 opportunities to learn via a series of workshops that respect busy schedules, while supporting professional development and retention efforts.</p> <p>Fall 2022 – June 2023, new worker training included the aforementioned simulation lab activities. A worker safety component was added in 2023. This included opportunities for new workers to observe scenarios and then discuss and receive instructor/peer feedback during debrief session following lab practicum. WFD will be exploring expanding simulation lab opportunities outside the new worker calendar in 2024. New worker training returned to primarily in-person setting.</p>
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>		<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 12 New Worker Cohorts/January 2020, August 2020, Dec 2020, & March 2021, July 2021, November 2021, February 2022, May 2022, June 2022, September 2022, January 2023, and April 2023.</p>
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>Complete in 2020 and Ongoing through 2024</p> <p>2022</p>	<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</p>

	80% of the evaluations completed will score positively on worker satisfaction & knowledge attained.		were to reorganize the questions and group them into categories to improve the contextual flow. No changes identified in 2023.
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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 2023
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	<p>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.</p> <p>In 2023 WFD added an Administrator account to the RI State LMS increasing our ability to track training completed on this platform. This is in keeping with anticipated increase in staff utilization of LMS into 2023 and beyond.</p>

<p>5.6 Workgroup to develop an annual audit process in which the Department can determine if training offerings are meeting the needs of staff.</p>	<p>Develop an audit process</p> <p>Implement the audit process</p>	<p>2020</p> <p>2021</p>	<p>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.</p> <p>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.</p> <p>In 2022, the Audit time frame was moved to August. The next staff survey is due in August of 2023. Results will incorporated into planning for the Ongoing Training Program that is an area of focus in the 2023 – 2025 Learning Partnership.</p>
<p>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>	<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 for 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</p>

			<p>opportunity to explore greater literal system collaboration that will allow us to mitigate current challenges.</p> <p>In 2023 – 2024, WFD is exploring other databases such as the Children’s Bureau, or National Child Welfare Workforce Institute NCWWI virtual and web-based training opportunities. Th 2022 –2023 years Ongoing Training focused on meeting initiative training to include cohorts of Motivational Interviewing; OFFA for Supervisors; Leadership Development; and American Disabilities Act training for all staff. These were provided in-person. Virtual offerings included Adult Services; CFSR Case Review Process for Reviewers; New England Council on Crime and Delinquency course in Professional Development category; Masterfile and Papervision reports for supervisors; Family Care Community Partnership information sessions; and Understanding Personality Types. Of the 12 Ongoing courses this period, four were in-person only, 7 were virtual only, and 1 was both in-person and virtually offered. This represents 66% of virtual availability. This number does not include LMS training that staff may have completed and would elevate this percentage, and likely close in on the 75% goal.</p> <p>-</p>
<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>	<p>Assessment of workforce skills will be established and delivered annually. Trainings will be updated to reflect results.</p>	<p>2024</p>	<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. 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> <p>The next survey will be administered in August 2022 with report out in Fall 2022. The 2021 and 2022 aggregated data will</p>

			<p>be reviewed by the WFD Training Committee (see Task 5.1) for review and recommendations.</p> <p>The next review is due to repeat in August 2023. No significant changes were identified via this process in 2022.</p>
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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 2023
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 the department in 2019. Completed on time and implemented in all New Worker Cohorts in late 2019, 2020, 2021, 2022, and 2023.
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	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. 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.
5.11 Develop and implement a recruitment plan that reaches out to a diverse & competent pool of candidates	New Recruitment plan in place	2020	In 2019 & 2020 DCYF HR & WFD have been working with the DOA on recruitment plans. Continues to be used for front-line recruitment. 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>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 an Internship to Employment Program with candidates from RI College, that enjoys a diverse student body.</p> <p>In 2023, DCYF is exploring a paid-internship program to support the needs of today's higher education population and to be poised to compete where paid internships are commonplace and necessary to support workplace equity and diversity goals. This was presented to RI Department of Administration and is a work in progress.</p>
<p>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>	<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. 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. 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>

			<p>In the 2023 – 2025 Learning Partnership for Children’s Services (LPCS) between DCYF and RI College School of Social Work (SSW) there are 3 main deliverables requested of the SSW including review of the WFD Equity Through Training Plan that was updated in April 2023. and incorporate those goals as follows:</p> <p>Supervisor Focus: Faculty assistance in developing a training for supervisors around equity in child welfare, coaching and holding self and staff accountable for identifying and addressing bias, and how to have these conversations in teams and with staff they supervise. Help them (and us) to be a leader in culture shift efforts.</p> <p>Curriculum Focus: Help WFD to identify and come up with appropriate replacement language for terminology considered offensive, insensitive, judgmental, rooted in racism, or that perpetuates inequality.</p> <p>Trainer Skill-building: Help Trainers increase capacity to train on topics related to race, anti-racism, disparities, disproportionality, disenfranchised people, and facilitate conversations around equity. Enhance WFD Staff/Trainers skill in curriculum development, review, and edit with focus on equity.</p> <p>The Internship Program continues to be a promising recruitment strategy and will continue into 2024 and 2025 as part of the Learning Partnership contract.</p>
<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 standards. Group is to submit new exam recommendations to DOA HR for implementation</p>	<p>Workgroup is to meet at least two (2) times prior to submitting final copy 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</p>	<p>2020</p> <p>2022 - 2023</p>	<p>Competencies were complete prior to 2020. Job Specifications were complete in 2021 and submitted to DOA for their review/approval.</p> <p>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.</p>

	to reflect most recent Job Spec.		
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</p> <p>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>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>	<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. 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>

Update on Progress Made to Improvement Outcomes

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.

In 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. The Department with the assistance of Casey Family Programming and the Capacity Building Center for States was able to establish several partner groups as discussed earlier in this report. The

goal was to strengthen 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. The department can sustain and build on these groups due to the skill and lesson learned during technical assistance.

1. The permanency work continues to evolve with staff working with the Capacity Building Center for State staff toward initiatives to remove barriers to achieving timely permanency. Some of these efforts include training staff on authentic family engagement, race equity work, continuing to implement SAFE model and using Active Divisional Management data to identify further barriers.
2. 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 racial equity plan is focused on engagement of parents, with an emphasis on Black and brown parents, and its ability to lead to more timely permanency. In the DCF 2022 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 fully practicing authentic family engagement an Authentic Family Engagement training was developed and began 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.
3. During the Summer of 2022, the Authentic Family Engagement Training began being 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.
4. 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 2022, we continued to work with the

Center for States around Family Engagement. We are using the Authentic Family Engagement curriculum developed through technical assistance to train all new and ongoing staff. In July 2022, WFD supported Family Engagement efforts through a planned Family Empowerment Leadership Academy (FELA) training that brought together youth, birth parents, foster parents, DCYF staff, and Community providers.

5. 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.
6. 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](#)

Below describes 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 2022-2023 Training plan maintains the original content of the 2020-2021 Training Plan with some additions and enhanced via on-the-job experiences, assignment of a “Buddy”, and intentional supervisor interaction. The in-person training timeline for new staff remains a 6-month calendar with one 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 began office days in each location (regions) in early 2023. New staff have a good amount of contact with WFD during their first six 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.

WFD administers online 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.

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 include participation in Job Fairs 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, the department developed 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 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.

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:** The Department regularly reviews 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.

In 2022, the job classification for SCWII was 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 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 2022 and 2023, we accomplished 50% and 55% (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 continues to rely on the civil services exam to fill vacancies. Exams include Child Protective Investigator Exam, and

SCWII exam. Retention rates were improved. SCWII 2019-2021 over 90% retention and CPI 2019-2021 over 90% retention rate. In CY 2022, we continued to see high rates of retention within DCYF with SCWII at 80% retention and CPI's at 57%. It should be noted that the rates increase if we add in staff who have left for other state service jobs to 85% for SCWII and 71% for CPI's. 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 87% retention rates, and for FY 23 there was a 73% retention rate. The Department also collaborated with the Office of the Governor, SEIU Local 580, the union that represents Social Caseworkers and Child Protective Investigators, and Senate and House sponsors to pass RI Public Laws 201 ([2023 H 6375 Sub A](#)) and 202 ([2023 S 1071 Sub A](#)). These duplicate laws create a one year pilot program, to commence no later than October 1, 2023, which expedites the exam, interviewing and hiring process for SCWII's and CPI's. Under this pilot, DCYF will directly administer civil service exams for these positions three times each month and requires the Department of Administration to score the exams on a pass/fail basis and send the results to DCYF within 5 business days. It eliminates the "civil service list" for this time period and allows the Department to interview qualified candidates and determine which candidates to hire in a matter of weeks as opposed to the current 4-6 months. The Department will provide data to the General Assembly at the mid-point of the pilot to assist the Assembly in determining if this pilot should become the normal process for finding and hiring qualified staff.

Additionally, the RI House of Representatives, through [House Resolution 2023-415](#) created a Special House Commission to study and provide recommendations for changes to the merit system for personnel administration and personnel management as this relates to DCYF and the Department of Human Services. The DCYF Director or designee is a member of this Commission and the Commission is charged with reporting findings back to the House of Representatives no later than April 1, 2023.

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 professional development, Adult Services, CFSR Case Review Basics; American Disabilities Act training for Child Welfare; DCYF Masterfile and Papervision system; and Understanding Personality Types. Curricula are built and trainers in place to

provide ongoing training in Motivational Interviewing, Youth Mental Health First Aid, and Authentic Family Engagement. These trainings have reached the Supervisor level and are planned to roll out to front line staff in winter 2023 (and continue to be part of the New Worker Training Program).

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. The period of June 2022 – May 2023, 12 courses reached 881 staff for a total of 2,655 cumulative ongoing training hours. Our Administrators were included and 14 completed a 10 hour Optimizing Leadership workshop meant to support development of leadership and support for the entire department.

In 2024, WFD will be supporting the Quality Improvement Center on Engaging Youth in Finding Permanency initiative. This is an important element added and supports youth perspective in the educational process. This also aligns well with equity and engagement work. Departmental Administrators have been supportive of ALL Staff participating in essential training. On-line training will continue to be a key delivery method available to WFD and the Department.

6. **Data & Evaluation:** 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 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 Division of Performance Improvement 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

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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 FFY19 to FFY22. In FFY21, 9.9% 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 168.0 days. The number of unique children with a report of maltreatment in foster care had a small increase from FFY20 to FFY22. 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.37)

	FFY19	FFY20	FFY21	FFY22
Section 1: Investigations (Maltreatment)				
Number of children investigated	9288	8022	6938	4764
Among children investigated, percent of children indicated	34.3%	34.0%	37%	39%
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)	14.3	13.1	11.6	8.9
Section 2: Repeat Maltreatment*				
Percent of children who had repeat maltreatment within 12 months of the initial maltreatment	10.5%	8.5%	9.9%	
Median age at initial maltreatment (years)	5.0	5.0	5.0	
Median length of time between initial and repeat maltreatment (days)	153.0	127.5	168.0	
Section 3: Maltreatment in Foster Care**				
Number of victimizations of maltreatment in foster care	84	52	54	57
Number of unique child victims of maltreatment in foster care	78	51	52	55
Median age at CPS report (years)	11.0	12	10.5	13.0

*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. Department starting the Family Support Line and the Support and Response Unit

(SRU) in November 2020. From April 30, 2022 to April 30th, 2023, there were 1730 calls to the Family Support Line, of which 130 were transferred to the SRU unit.

From April 30, 2022, to April 30, 2023 there were 1300 prevention response cases open to 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.

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 (ACM) 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. 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 occur 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. 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 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 (ACM) 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

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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.

Along with the ACM internally, also holds Active Divisional Management (ADM) with the Division of Family Services (DFS). ADM meetings occur monthly and reviews dashboards of data elements developed collaboratively with and from the input of DFS and DPI. The DFS ADMs are held 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 four Chief of Practice Standards each oversee one of the four geographic DFS regions. The DFS regions oversee families statewide. Specific to prevention and safety, data is shared at the state level and by DFS 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 DFS 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

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. From February 2022 to February 20232 the Department met or exceeded the 90% target of CPS investigation response times for Combined reports in 7 of the last 12 months of data.

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 FY18-FY22, 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

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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 FY22 entry cohort.

Based on the initial findings above 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 met and developed initiatives such as court mediation initiative to increase the Department's presence in community groups with a focus on the urban cities to prevent removal from home and provide community-based services. During this initiative removals by race, ethnicity and age as well as first placement were monitored over time and reported out to the Department and the collaborative workgroup\stakeholders.

The last 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. The Department conducts research on trends in timeliness to permanency, timeliness and appropriateness of permanency goal established, timeliness of TPR filing by Family Service Region, child age groups and case plan goal to assess results and reduce time to permanency.

As part of the ACM with congregate care providers, quarterly meetings where data and research on the core set of metrics, is reviewed. Additionally, a deep dive was conducted to better understand the restoring capacity of the programs. The findings showed that the need for restoring capacity into congregate care applied more for males compared to females. Group Homes has 86% male capacity and 54% female capacity. Residential Treatment Center has 49% male capacity and 64% female capacity. Semi-independent living has 87% male capacity and 41% female capacity. There are approximately 145 youths in need of placement.

[Objective 4](#)

The Department has been assessing the service gap with visitation programs among families involved with DCYF. 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. Department's initiatives over the past few 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. 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.

Also important is the Collaboration with RI Department of Health (RIDOH). 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. 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.

The Department has a monitoring system to assess the impacts of these interventions and plans to continue to monitor through the Department's ACM and ADM 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 1 and 2 – frequency and quality of face-to-face contacts with children and parents.](#)

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 DFS and Juvenile Probation. The Department has continued to hold Active Divisional Management (ADM) meetings with DFS where data dashboards are reviewed monthly. The data is stratified across outcomes by the four DFS 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 DFS youth have trended above 97% since June 2022, and above 98% in March 2023. As an additional measure, DFS also implemented a dashboard to assess face to face visits with youth by their race/ethnicities and monthly assessments in every unit to review visit documentation for accuracy. Based on feedback from DFS, it appears regular monitoring and discussion of the dashboard has resulted in an increased awareness of DFS 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 February 2023. The data reveal that statewide monthly face-to-face visits between caseworker and mother (35-66%) tend to be nearly twice the frequency of monthly face-face visits between caseworker and father (13-41%). The Department reached and maintained the 2024 objective of increasing face-to-face visits with mothers to 72% as of March 2023, and visits with fathers to 44% as of March 2023. In 2022, 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 annually. 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 14 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

The Department supplements 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 had traditionally relied on anecdotal information as to the reasons why a worker remains with or departs from the Department and over the last two years has conducted staff surveys that gather information on well-being in the workplace.

The Department's WFD is at the end of their a 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 DFS , CPS, and Juvenile Probation caseworkers. The Department's goal objectives under goal IV defines caseworker retention as a CPS, DFS 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 as of May 2020 and continues. Discussed earlier within this document. In May 2023, WFD was provided with a contracted Program Assistant II to assist in entering staff training into the RICHIST system.

[Update on the Service Descriptions](#)

[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.

In 2022 the department received \$825,873 and 2023 we received \$838,813. With the funding from Title IV-B, subpart 1, it is used to support 2,374 individuals and 1,056 families through the grant funded portions of these services:

[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 1,700 families per year. The contracts remains until June 30, 2024.

[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 \(SS-27\)](#)

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

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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 (96) and foster-to-adopt (173), the number of youth served in calendar year July 2022- March 203 is 289, 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 18 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.

[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. The Department had no involvement with this population this year.

[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. The Department has continued to 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. This work is carried out by the Early Childhood Resource Specialist who works across department divisions and early childhood systems to support access to needed services from prevention through permanency. The Department has also successfully launched the RI E-CAPTA 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. During FY 2022 these prevention-based referrals increased by approximately 12% from the prior fiscal year. 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 regarding the process for Child Outreach Screening for children in foster care have been completed and are pending final approval. The revised process will require that casework staff facilitate signature of consent and referral for Child Outreach Screening within 45 days for any age eligible child or children turning 3 while in foster care. Dedicated efforts during the last fiscal year have supported an increase in the rate of successful Child Outreach Screening for children in foster care.

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 over all 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:

The Safe and Secure Baby Court (SSBC) 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 is in its 6th year.

The goals remain:

- 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

SIXTH YEAR

SAFE AND SECURE BABY COURT (SSBC) SUMMARY AND REVIEW

April 2022- March 2023

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 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. This SSBC initiative by Chief Forte represents the first time a project in Rhode Island Family Court has focused exclusively on infants. March 31, 2023, marks the 6 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

- 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. Of note, expectant parents who believe DCYF may open a case on their newborn based on their history with the Department may do an intake before their baby is born if they wish to prepare for possible DCYF involvement by determining their eligibility. An increasing number of expectant parents have chosen to do this to get a head start on this process.
- 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 is a behavioral assessment 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.

- Baby supplies, such as diapers, wipes and other items are distributed to families as needed, thanks to our generous donors. Pack'n Plays, strollers and other equipment are also available as needed.

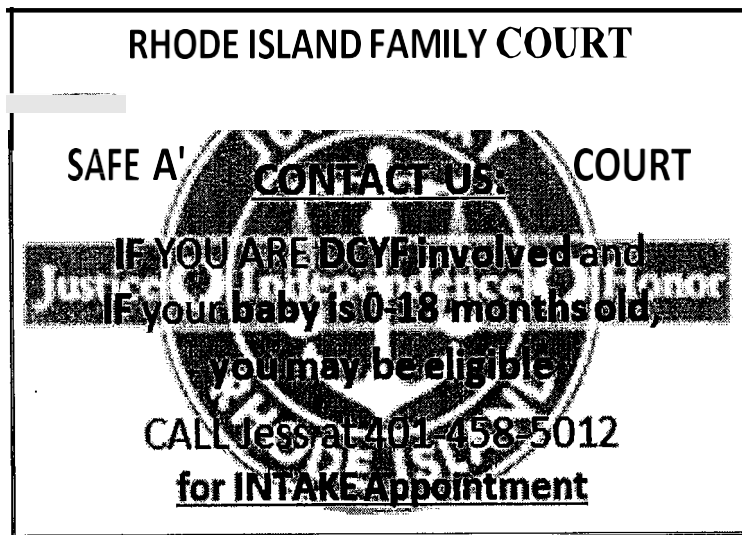
REFERRAL SOURCES

The 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). SSBC also regularly receive timely referrals from the counties. This is tremendously helpful in streamlining a parent's path to consideration for the SSBC.

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

In a major development in our sixth year, the SSBC has achieved a long-sought goal of establishing a direct referral system with DCYF. The SSBC created a card with basic contact information for seeking an intake.



The Department designated a point person, as a liaison to the Department's investigative staff. With their help, the SSBC developed a system whereby cards are provided directly to the parent(s) by the Child Protective

Investigator (CPI) at the time of removal and/or case opening for cases involving children zero to eighteen months, the target group.

This allows parents to self-refer for the confidential intake and has proven to be an effective additional referral source. (The cards have become quite popular, as well, as we distribute them as part of our community outreach efforts.)

A basic premise of the SSBC is that the sooner the SSBC can become involved with eligible families, the more quickly the SSBC can offer an intake to DCYF-involved parents, and the sooner the SSBC 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 of time 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 the SSBC 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.

For this reason, the Department is in the unique position of being able to make an immediate referral, so establishing this pipeline from the within the Department has been a tremendous development in terms of maximizing the benefits of the SSBC to families.

COMMUNITY OUTREACH

The SSBC continues to pursue community outreach and engagement at every opportunity, arranging presentations for community stakeholders, service providers and any interested parties. As the SSBC has established a steady stream of referrals from various providers, their community outreach has evolved to serve a purpose beyond simply introducing SSBC to community partners. The SSBC also seeks to gain feedback from providers not only about what services they can tailor to SSBC, but also to learn from them about what the SSBC can improve. In this way, the SSBC relationships with providers have become a fruitful two-way street.

Outreach Efforts in Our Sixth Year

(1-25-22) SSBC/FTDC Specialty Court - Provided training session to Family Support Unit and Child Protective Unit of DCYF (virtual).

(5-10-22) Training Provided to DCYF Staff As described above (virtual) by Specialty Court Staff.

(8-23-22) Live Training Provided to DCYF Staff Specialty Court team provided in-person training.

(12-6-22) Live Training Provided to DCYF Staff Specialty Court team provided in-person training.

(12-8-22) Community Justice Symposium Hosted by the Committee on Racial and Ethnic Fairness, heard from community stakeholders regarding the court experience for youth and families.

(Fall of 2022) "Ten Men" Presentation Coalition Against Domestic Violence - invited to speak to staff about available services for fathers in domestic violence involved families.

(January 2023) Established "Work Group" of stakeholders including Coalition Against Domestic Violence, DCYF personnel, service providers, Chief Forte and Family Court Judges and Specialty Court staff to seek to research and identify available services for domestic violence involved families.

(2-10-23)"Caring Dads" Sarah Webb virtual presentation to our "work group" from Toronto, Canada, explaining this program. Members of newly formed DCYF Fatherhood Initiative invited and in attendance.

February 2023 Presentation Specialty Court staff presentation to CPS Unit of DCYF

3-16-23 New England Fathering Conference, Newport, RI Participated in a Rhode Island panel directed at engaging fathers beyond collection of child support. Gathered information about services and programs being utilized in other states.

3-22-23 Women and Infants Physicians Conducted training on our SSBC Specialty Court referral process for members of obstetrics staff. Provided referral cards at their request.

3-29-23 Center for Health and Justice Transformation Attended "Re-entry Training" held at ACI which simulated the challenges faced by justice involved individuals when they are released from prison and must navigate their return to society.

SERVICE DELIVERY

The combination of rapid referrals, tailored case plans based on the infant-parent assessment, increased visits, and frequent court reviews form the foundation structure of the SSBC. The SSBC's 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. Of note, since Covid, the SSBC has been able to offer virtual hearings to parents on request. This flexibility can relieve a parent of the burden of travelling to Court, arranging work and/or day care. Parents are offered this option but may always elect to come in person.

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

Speedy Intake

Intake is conducted by the court-based clinical social workers/care coordinators. 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.

Of note, the SSBC has established a "Unified Intake" process whereby evaluation for eligibility in both the specialty courts is evaluated in a single interview. In other words, if a parent presents with untreated substance use as a prominent issue, he or she can be referred directly to our Family Treatment Drug Court without the need for an additional intake process.

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 care 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 care 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. DCVF Legal and CASA participate in these meetings as well.

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

The staff at the Brown Center for Children at Risk 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 is 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. The Brown Center for Children at Risk

staff explicitly declines to review DCYF records which may exist concerning parents' past history with the Department, as their 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 in order to assess the family's progress once services have been implemented. The staff at the Brown Center for Children at Risk makes themselves available to the SSBC social workers, care coordinators, and CASA for ongoing dialogue about issues which have arisen in individual cases as they unfold with the court.

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

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 the SSBC designated Guardians ad Litem, has expanded tremendously as SSBC has grown. Attorneys, along with social workers from their office and specially assigned CASA Volunteers, have become an integral resource to the families and to

the Court. On more than one occasion, the CASA lawyer and volunteer have 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 the SSBC 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 these families. For these families who did not have a baby shower, assistance 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 these families. Ocean State Job Lot continues to be a generous contributor of equipment and supplies.

This year, CASA continues 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

The SSBC 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. Many of these programs remain involved after case closure.

RECAP OF HISTORY/CONTEXT:

The initial goal of the SSBC Pilot was to serve 10 families in its first year (March 2017 - April 2018). The Court ended up serving nearly double that number in its first twelve months of operation, enrolling 19 parents, eight of whom successfully completed SSBC and closed to DCYF as of March 2018. The SSBC have grown steadily each year since the formation of the SSBC, to the point where they now have one hundred participants open on any given day on a rolling basis. In other words, in six years the SSBC has increased participation ten times beyond the initial service goal. This level of service reflects the capacity of staff and resources at this time, so it is no longer a priority to set goals regarding enrollment.

In terms of tracking referrals, enrollments and outcomes, in the past year the SSBC has created a formal database which has been updated to include all information.

Due to the greater precision made possible with this tool, as opposed to hand-counting cases, the SSBC was able to make slight adjustments in their numbers to reflect greater accuracy. This is the explanation for the slight discrepancies between the hand "Report" and "Database" numbers in the following chart.

Safe and Secure Baby Court

April 2022-March 2023 Outcomes

Snapshot of Intervention	Report: 38 Database: 37	Report: 114 Database: 114	Report: 139 Database: 137	Report: 169 Database: 172	Report: 140 Database: 139	Report: 155 Database: 155	6 th Year Report: 600 P 6 th Year Database: 599 P SSBC DATABASE TTL: 754
Referrals (participants)							
Enrollers (participants)	Report: 19 (Goal of 10) Database: 19	Report: 54 (Goal: 30) Database: 46	Report: 80 (Goal of 6) Database: 81	Report: 99 Database: 99	Report: 79 Database: 80		5 th Year Report: 331 participants 5 th Year Database: 325 SSBC DATABASE TTL: 405 P
Successfully Completed Participants (children)	Report: 8 P Database: 6 P 4C	Report: 27 P Database: 27 P 19 C	Report: 34 P 25C Database: 37 P 26C	Report: 68 P 49C Database: 66 P 49C	Report: 69 P 62C Database: 71 P 60C		5 th Year Report: 206 P 5 th Year Database: 207 P SSBC DATABASE TTL: 269 P / 211 C

Additional Data of Interest (updated to reflect totals from the 6th year):

- Of the **754** participants referred for intakes, there were **49.5** mothers and **259** fathers.
 - a. In the 6th year alone, of the **155** parents referred, there were **102** mothers and **53** fathers.

- Of the **405** total participants, **284** mothers and **121** fathers were accepted.
 - a. Of the **80** participants **NEWLY**: enrolled in the 6th year alone, there were **56** mothers and **24** fathers.

- Since March 2017, **72, parents** have been sent back to the regular calendar, most frequently because it became apparent that their service needs were not a good fit for the accelerated pace of SSBC. In addition, **6 parents** have been transferred to Family Treatment Drug Court when a substance use issue revealed itself.

MINORS IN SSBC

- To date, **48** minors have been referred:
 - o **26** minors joined SSBC
 - o **18** of those participants have successfully closed

AVERAGES: LENGTH OF TIME PARENT'S AGE & CHILD'S AGE

- Over the course of six years, the average length of time from opening to closing in SSBC is overall **6.5 months**.
- The average age of **the children served by the SSBC Calendar:** (at the time of the referral): **9 Months**
- The average age of **the participants served by the SSBC Calendar:** (at the time of the referral): **26 years old**

Cases that reopen to DCYF and RI Family Court

Since March 2017, fewer than 10% of successfully closed SSBC cases have reopened to FSU and/or RI Family Court. Of note, only one case has re-opened due to an episode of maltreatment and only one accepted case has concluded with an involuntary termination of parental rights since the inception of the court.

SSBC SNAPSHOT

50 parents and **50** children are currently enrolled in SSBC
17 potential participants are pending due to upcoming court dates and scheduled SSBC eligibility intakes.

Goal 1	Add a Spanish speaking care-coordinator to the SSBC Staff. Staff added 12/18/22	Goal Met
Goal 2	Establish a direct referral system from DCYF to our intake process.	Goal Met
Goal 3	Establish a "Satisfaction Survey" to enable us to receive feedback	Goal Met
Goal 4	Pursue further training and resources to address domestic violence as a prevalent issue in our cases	Goal Met

Goal 5	Coordinate with DCYF for the collection of statistics for outcomes in SSBC regarding re-opening, termination rate and pace of reunification relative to regular calendar	Goal Met
Goal 6	Work with DCYF to establish a model for mentor foster homes which can accommodate young parents with their babies in the same household	Goal Not Met

LOOKING AHEAD

GOALS FOR YEAR SEVEN (APRIL 2023- MARCH 2024)

One of the key features of the SSBC model is the weekly meetings held with the care coordinators, CASA attorneys and the DCYF attorney assigned to the SSBC calendar. This regular contact allows the SSBC to discuss and troubleshoot issues, identify themes that are recurring on the calendar, and speak frankly about how the SSBC may improve services to the families, considering which providers are most accessible and cooperative with our strength-based model.

This weekly meeting enhances the SSBC ability to collaborate to ensure safety and brainstorm solutions as we notice trending challenges. To set the SSBC priorities for year seven, this group decided unanimously to focus on two goals: housing and services for fathers.

HOUSING

The degree to which the absence of affordable housing impacts the families cannot be overstated. Even when parents have completed all services called for in their case plans and demonstrated behavioral change and safe parenting, in far too many cases the SSBC cannot reunify, much less close, because the parents lack a suitable apartment.

For this reason, it often becomes necessary to house a family in a hotel when housing becomes the "last barrier" to reunification. As many as 20% of the SSBC cases require hotel stays as the only way to move the case forward. These are not short stints either. The average hotel stay is 9.5 months. In one instance a family of four, including infant twins, remained housed in an extended stay hotel for 2 years.

This dramatically delays case closure, erodes the family's sense of independence, and obviously limits home food preparation, rest, routines, privacy, and child play as months pass for these families housed together in a single hotel room. In a number of cases, families have spent more than a year in these circumstances, while going to work, cooperating with the coordinated entry system for housing, and getting their children to daycare, school and appointments by bus. To the uninformed passerby, the glow of a Christmas tree through a hotel window may seem charming, if a bit odd, but to the occupants trying to create normal holidays in such cramped space it is a challenge. These environments, while greatly appreciated by the families as the only way to be together, take a toll on adults and children alike and keep us from ending Court involvement for

far too long.

For this reason, the consensus is that the SSBC must seek to partner within the community to identify and create solutions. The SSBC have focused on three main avenues to achieve greater access to housing for the families, which the SSBC is committed to pursuing in the coming year.

1. **McCauley Village** - the SSBC looks forward to a meeting with their Director to determine if the SSBC can streamline a referral process to their housing for SSBC families.
2. **Foster Forward** - this organization is collaborating with other non-profits in breaking low-income families and will include on-site daycare. The SSBC hopes to partner with Foster Forward to set aside units for SSBC families. The SSBC shares the same "target audience" as this organization serves DCYF involved youth aging out of foster care, some of whom are parents on the SSBC calendar.
3. **Open Doors** -This organization recently invited SSBC staff to meet to discuss their plans to create women and children's multi-unit housing in property they have recently acquired in Providence. The SSBC hopes to collaborate with Open Doors to identify services that could be offered on site which match the family's needs as well as to establish a referral system directly from SSBC. This project is of particular interest to the SSBC team as it will serve justice involved mothers whose criminal records prevent them from being eligible for other types of housing.

FOCUS ON FATHERS

As with the housing issue, the SSBC team unanimously identified addressing the absence of effective services for the dads as a priority in on the coming year. The wide recognition of the effects of

trauma on children, as reflected in the Adverse Childhood Experiences (ACES) tool used in the intake process, does not presently translate to many, if any, services being available to young fathers on our calendar. To tackle this, the SSBC plans to pursue the following:

1. Partner with DCYFs Fatherhood Initiative to identify and create services for dads.
2. Bring "Caring Dads" pilot program to Rhode Island as a resource for domestic violence involved fathers.
3. Coordinate with Parent-Support Network regarding parent training and support for young fathers.
4. Conduct ongoing research as to programs used in other nearby states which could be replicated in Rhode Island. The SSBC participation in this year's "New England Fathering Conference," held in Newport, was an eye-opener to the team as to existing programs that can be explored.
5. Host Adult Corrections representatives for a staff training to enable the SSBC to learn

more about services and family visitation available at the ACI.

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 are 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), was established in 1997 and is managed by the Rhode Island Department of Health. It 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. Rhode Island reviews deaths due to SUID, injuries, homicides, suicides, abuse/neglect and deaths of natural causes that are potentially preventable such as those due to asthma. Reviews are conducted retrospectively. 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 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

reviews the final report to ensure that the recommendations are addressed and/or implemented. The Department will establish a process to review report and track compliance with recommendations.

Keeping RI Kids Safe

Updates on “Keeping RI Kids Safe” Key Strategies:

- Developed 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 MEICHV programs.
- Strengthen engagement with pregnant moms open to DCYF
- Analyzed CY2021 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 13 Parents Contact with DCYF after Hospital Alerts

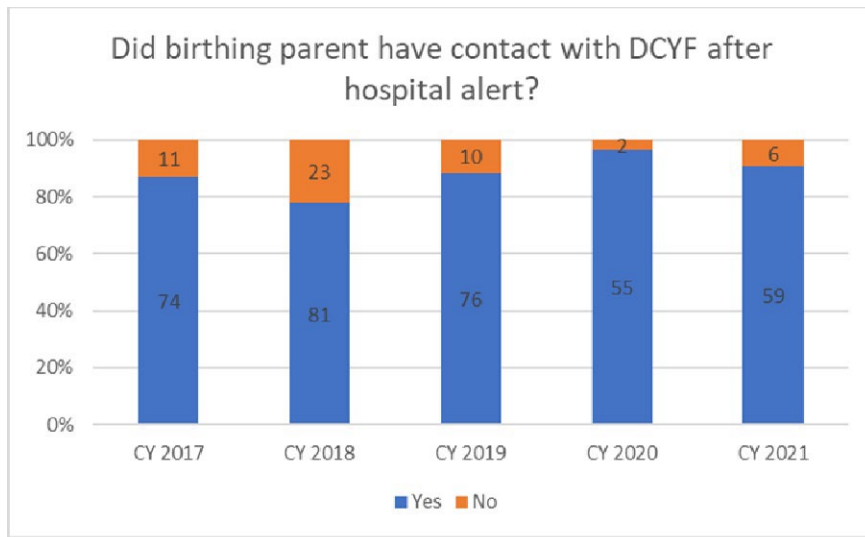
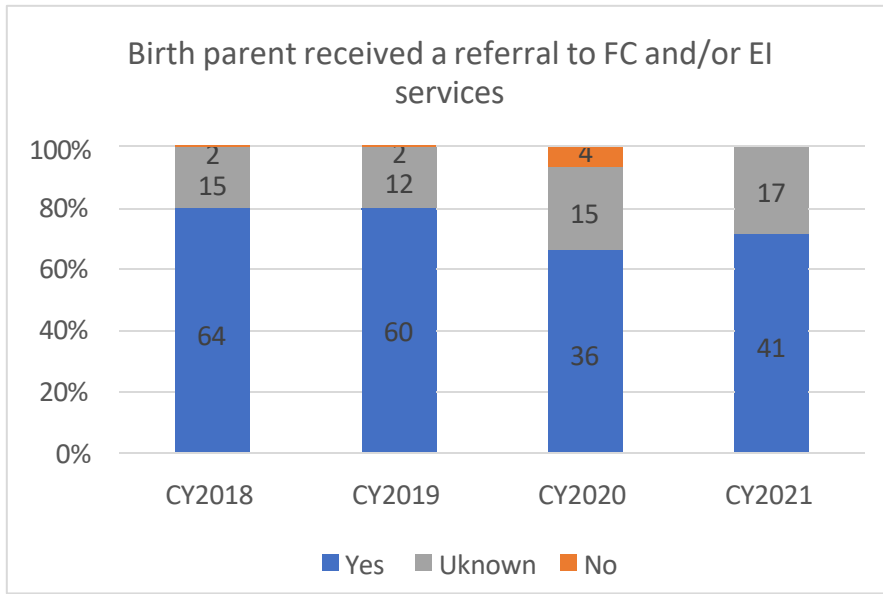
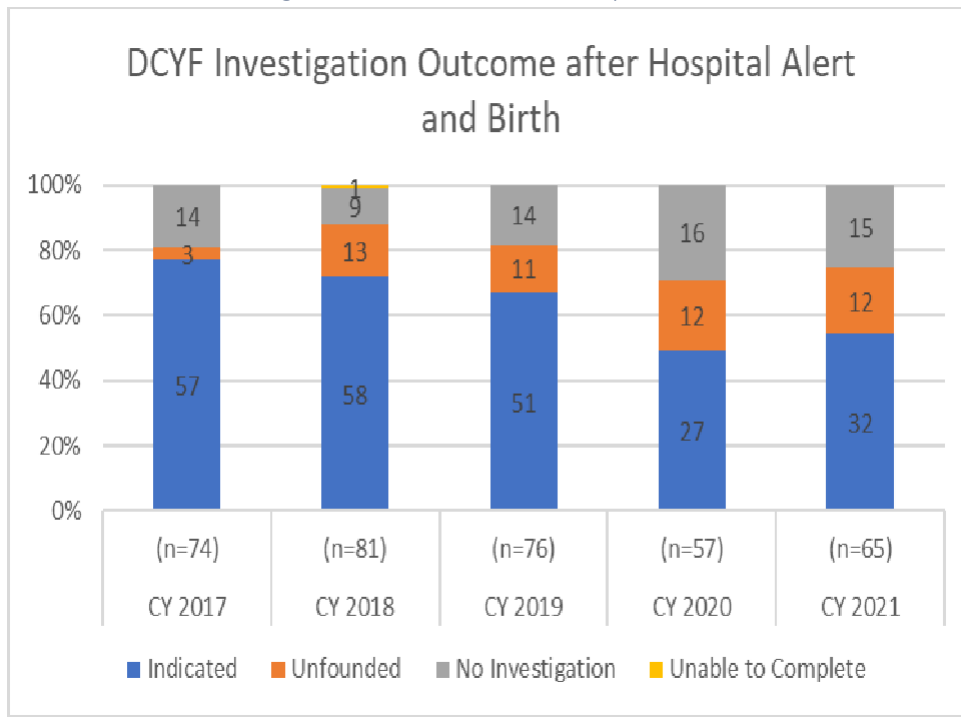


Chart 14 Birth Parents Received Referrals to First Connections or Early Intervention Services



- 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 2018, there was an initial increase and subsequent decrease in total hospital alerts (104 in 2018, 86 in 2019, 57 in 2020 and 65 in 2021). Additionally, there was a decrease in pregnant mothers who received referrals for preventative services like home visiting and peer coaching during covid, (64 in 2018, 60 in 2019, 36 in 2020 and 41 in 2021). 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, 51% in 2020 and 49% in 2021). 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 15 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).

Preventative Service 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.

The department in collaboration with cross-system partners has sustained this protocol by generating a list of all children age 0-3 involved with 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 as DCYF involvement has continued or at the point of DCYF closing. 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 were able to answer those questions, we were 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.

As part of the ongoing Child Fatality Prevention Workgroup the department has established consistent monthly cohort data processes for the above-mentioned population to track the rate of engagement in preventive services and any potential barriers. This data tracking process has become more consistent and reliable through the utilization of the Rhode Island E-CAPTA Electronic Referral and Data Tracking System that was launched in June of 2021 and has continues to be refined during FY2022. The cohorts are now processed monthly with a 60-day lag in data synthesis from the RI KidsNet system. This process allows consistent tracking of engagement in preventative services and the ability to plan follow up strategy for the populations not yet engaged who remain open to DCYF. For the 2022 State Fiscal Year reporting period, the average rate of engagement has been sustained at 63% across prevention-based programs. This is a notable increase from the average rate of 46% engagement over the prior (2021) State Fiscal Year reporting period. Much of this notable increase can be attributed to community providers transitioning out of the COVID-19 pandemic conditions and family's increased willingness to engage in community-based prevention programs.

One developing aspect of the Child Fatality Prevention Workgroup focus has been to increase the rate of prevention-based referrals for Birth to 3 children and families that are subject to investigation, but the finding is unsubstantiated. The department sees this effort as another important step in our prevention-based work. Connecting families with supports further

upstream in child welfare involvement will be key to avoiding more complex involvement in the future. Currently data cohorts are being established and rates of referral are being refined consistent with the data development work for the indicated Birth to 3 population. While initial indicators show low rates of referral, understating this population will support development if key practices within CPS that will improve rates of referral and engagement for this important prevention-based population.

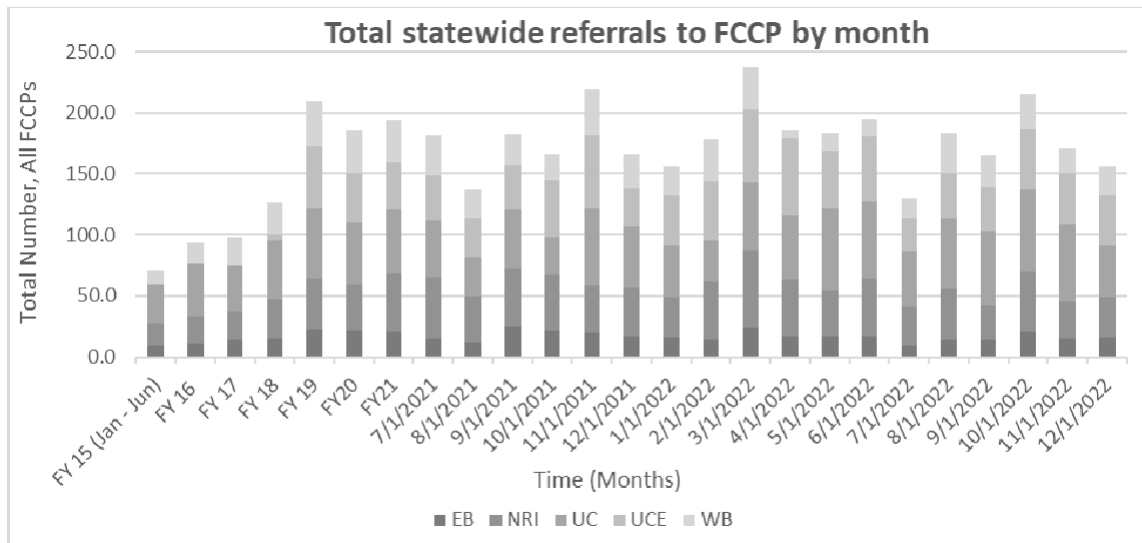
We consider families key in our prevention work and want to ensure they are well supported and can engage with services. As such, we will continue to monitor the above stated metrics monthly going forward, with three goals:

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 previously.
3. Increase the rate of referral of families that are subject to investigation, but the finding is unsubstantiated.

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 16: 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. 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 remained steady in FY 2022, on average, with just over 200 referrals in October 2022. 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 October 2022, 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. The referral patterns by month have normalized to pre-pandemic trends, in the past calendar year of 2022

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 decreased by 147 families from June 2022-June 2023, 63 kin families and 84 non-relative families. However, it should be noted that that a majority of the closing were due to positive outcomes such as achieving permanency, reunification and closing in good standing (retiring, moving)
- The number of children living in congregate care has increase from 279 in April 2022 to 286 in April 2023.
- The number of children placed in out-of-state care has increased from 63 in April 2022 and 68 in April 2023.
- The average monthly census at the Rhode Island Training School in CY 2022 was 41 youth.
- Since implementation in September 2020, more than 4,000 families have received services from the Support and Response Unit (SRU).
- The Department's primary prevention partners, Family Care Community Partnerships (FCCPs), continue to service families prior to them coming in to care. From July 2021-December 2021 only 5% of families who closed with FCCP open to DCYF within 6 months.

MaryLee Allen Promoting Safe and Stable Families

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

Family Support – 20.4%

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 and the program is available statewide and serves approximately 2,200 families a year.

[Family Preservation – 26.4%](#)

Children’s Friend and Service’s Family Preservation and Permanency is funded with Title IV-B, part 2 dollars. This program is 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. This program can serve up to 30 families per year.

The department also funds 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 can serve up to 70 families per year.

[Family Reunification Services 23.9%](#)

The Department of Children, Youth and Families in collaboration with the Providence Children’s Museum has a successful and innovative therapeutic visitation program. 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 is available statewide and can serve 60 children a year.

[Adoption Promotion and Support Services - 22%](#)

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 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. 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. This program is statewide.

[Emergency Funding for the MaryLee Allen Promoting Safe and Stable Families \(PSSF\)](#)

\$208,042 however fully expended but was able to fund

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 of Christmas Program funding, mirroring previous costs.

Service Decision-Making Process for Family Support Services

The above service was selected through active contract management 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 2022 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 is also used to assure our at-risk population is better served. Because of these analyses and collaboration with providers the providers implemented community-based programs and congregate care programs to address these youth at higher risk.

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 2022 there were a total of 53 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. The department has also implemented a new hybrid Safe Sleep training model in collaboration with Workforce Development for all new DCYF staff that are onboarded. This hybrid training includes classroom and applied skills content that is delivered in a simulation lab setting made available through a partnership with the Rhode Island Nursing Education Center.

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 1,800 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](#)

The Department collaborates on a comprehensive program addressing the Commercial Sexual Exploitation of Children (CSEC) within the State of Rhode Island. The Rhode Island Human Trafficking Task Force continues to collaborate with 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.

The suspicion of human trafficking is a mandatory report required to the DCYF hotline. The department has a human trafficking prevention coordinator in the special investigation's unit within Child Protective Services. 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. 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, that is used in congregate care settings, has been implemented 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 record the screening tool. These data elements will be provided to the data Sub-committee of the human trafficking task force. The department is currently reviewing Policy and Practices as it related to CSEC. The Special Investigation's Unit:

- 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
- Working to increase collaboration, coordination, and partnerships with outside agencies including local law enforcement
- 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
- Provides some training, outreach, and public awareness

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.

With coordinated efforts of all divisions within DCYF, the department has reduced the daily average number of absent children. 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.

Kinship Navigator Funding

The Department received \$200,000 in FY2023. 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 is to develop programming for kinship providers. 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. Ongoing use 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 including training for kinship caregivers.
8. Continuing the staff training "Engaging Kinship Caregivers" to help social caseworkers understand the unique circumstances and needs of kinship families.

The Division of Resource Families developed a one-page 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 2022, 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.

[Adoption and Legal Guardianship Incentive Payments](#)

The Department foresees no significant barriers to expending the funds we received. The Department funded Teen Focus through Adoption RI 2022. In addition, the Department is in the process of issuing an Adoption Services re-procurement by the beginning of fiscal year 2023. 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.

[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. These funds were used for adoption subsidy payments up to age 18; Adopt Subsidy to age 21; Guardianship payments for non-relatives; and Guardianship for relatives.

[Family First Prevention Services Act Transition Funds](#)

DPI unit, as part of the Department's FFPSA core group has engaged in Evaluation \ CQI workgroup meetings every quarter 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 to ensure ongoing collaboration with providers, timely data sharing\submission from providers, data quality issues.

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. RICHIST enhancements were made to capture the candidacy populations inclusive of "at imminent risk of removal", prevention plan (goal). RICHIST already had service authorizations start and end dates which would capture the EBP start and end dates. RICHIST is currently being updated to collect service start dates along with the existing service authorization dates.

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), did require minor 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](#)

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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](#)

The department follows the Rhode Island Voluntary Extension of Care Act, which authorizes the extension of Foster Care to age 21 using Title IV-E criteria. The Department has a Youth Development Services Casework Unit. Currently comprised of one Casework Supervisor and six caseworkers in this unit. This unit is responsible for the case management of VEC participants and are the primary individuals responsible for ensuring youth succeed in being prepared for adulthood.

Since 2018, the Department's 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

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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. The State Medicaid Program meets the expectation that Medicaid to age 26 is provided to youth who turned 18 while in foster care in another state and who have or will become residents of Rhode Island. Eligible youth can apply online through Healthy Rhode Island or in-person at any DHS office. Downloadable applications are available in English and Spanish as is the online application. Youth involved with DCYF who would otherwise be eligible for coverage through RI Medicaid if they remained a Rhode Island resident are informed by DCYF that they will be eligible if they become a resident of another state and left foster care in Rhode Island on or after their 18th birthday.

The Department continues to contract 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.

The Department's Division of Family Services includes the VEC and Support and Response units and VEC Caseworkers who manages the youth transitioning to and those young adults participating in the VEC Program.

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 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.

The Department streamlined 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 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.

In September 2022, VEC began making direct referrals for young adults based on their interests, strengths, and skills as determined by the Vocational assessment to REAL Jobs Opportunities and ETPL programs (Eligible Training Provider List) made available through the Governor's Workforce Board. A connection was made with Electric Boat (General Dynamics) in the fall of 2022 for interested youth to engage in the Boat for Everyone Program which allows for a two-week exploration of the trades available through this company and facilitated interested young adults in applying for employment through this agency. VEC had eight young adults who participated in the program and two young adults have been hired by Electric Boat.

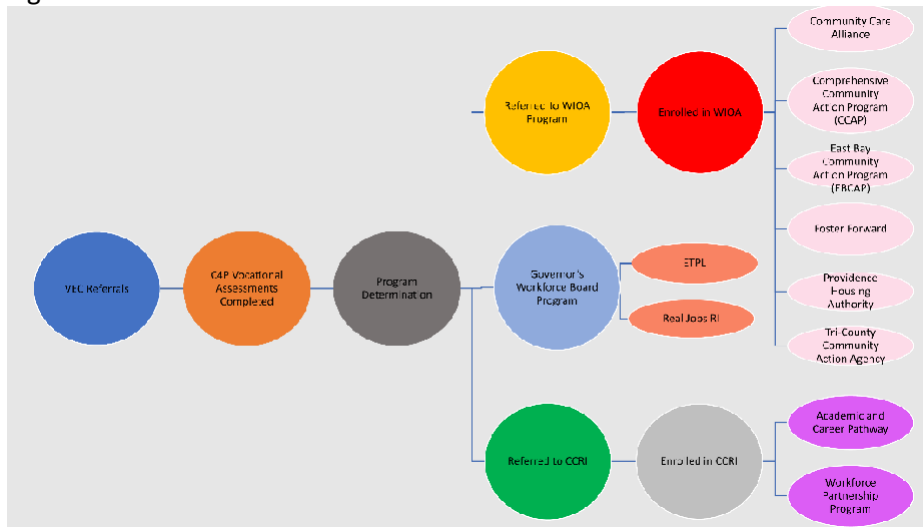
In January 2023, the Department's Voluntary Extension of Care (VEC) Unit started working in collaboration with CCRI's Director of Workforce Development Delivery and the Director of Veterans Affairs to provide an opportunity for the young adults aging out of foster care to participate in a CNA training class with a path to employment. This pilot project is a twelve-week program sponsored by the state that includes ten weeks of instruction and skills lab at CCRI Lincoln campus, followed by two weeks of clinical placement at either the Veterans Home or Eleanor Slater Hospital. Upon successful completion, the students will receive a 120-day temporary license and will be supported in sitting for the state exam to attain their CNA license. The course is fully funded including textbooks and blood pressure cuff and provides a \$1,000 stipend in two \$500 increments after completing the CPR training and successful completion of

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the course. This stipend is designed to alleviate any barriers that the student would encounter that hinder success. The Voluntary Extension of Care Unit will ensure that the enrolled youth/young adults have white scrubs and appropriate footwear as required by the program. Upon CNA licensure, the young adults will have the opportunity to be employed for third shift at the Veterans Home in Bristol or at Eleanor Slater Hospital in Burrillville. The minimum salary would be approximately \$40, 000 a year. This program has the potential to engage these young adults into pursuing higher education at CCRI in working towards their LPN and/or RN and putting them on a career path. The VEC unit referred 53 youth (a combination of VEC participants, FSU and young adults who have left foster care) to the program. The CCRI team connected with the young adults and determined that there were thirty young adults interested in pursuing this opportunity. As the course started a significant number of students dropped out due to concerns as to transportation as the sites for both clinical and employment were not on consistent bus routes and the distance to the program was prohibitive. Currently there are approximately six young adults who are actively engaged in the program and working towards attaining their CNA license. The Department continues to collaborate with CCRI and the Director of Veterans Affairs to problem solve the barrier of transportation to Bristol and Burrillville (clinical and employment sites) in preparation for the next class that is starting in the summer 2023. Meetings have been scheduled with RIPTA (Rhode Island Public Transportation Authority) to explore transportation options and attempt to secure consistent transport for the interested youth. Based on the previous inconsistent engagement of the young adults in the process, the actual recruitment and orientation process has changed as well. The plan is to provide an orientation session for the young adults interested in the program and transport them to the site of the Veteran’s home to tour the facility, meet the staff and be introduced to the employment opportunities that are available. If at that point, the young adults are still interested, human resource staff will be available to assist them in completing their application to the program.

In April 2023, the VEC team met with the executive Director of the Governor’s Workforce Board to explore the option of increasing the number of supports to enable these young adults to successfully navigate employment resources/opportunities that are available to them. Currently the plan being explored is to have a representative from Adult WIOA (Workforce Initiative Opportunity Act) to be present when the young adult participates in a vocational assessment to facilitate their enrollment in Adult WIOA to provide that an increased level of support is available for the young adults, such as case management and job coaching, and this program would then facilitate the referrals to vocational opportunities/workforce programs and support the young adult in navigating the process.

Figure 3 VEC Referral Process



As of May 1, 2023, the youth and young adults assigned to the VEC unit included the following:

- 85 VEC Participants (meaning that they have been approved by the Family Court to participate in VEC);
- 12 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.
- 29 young adults assigned to the VEC casework unit are receiving Enhanced Case Management Services.

Homeless youth

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 plus 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.

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.

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.

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.

In the Fall 2022, The Department worked to refer young adults within the FYI program who were still trying to secure apartments to the Copley Chambers Housing Program, a partnership between Adoption Rhode Island, Marathon Development, House of Hope and Providence Community Health Center.

Marathon Building and Development, a full -service construction, design, and project development business, purchased and developed a historic, blighted property in Providence, Rhode Island. This building was redesigned and built to accommodate 26 brand new, furnished apartments, a common space, and several office spaces, with a goal of providing youth and young adults exiting the foster care system with affordable housing and integrated, on-site supportive services. These onsite service providers include Adoption Rhode Island (ARI) House of Hope CDC, and Providence Community Health Center (PCHC). PCHC provides case management services as well as linkage to primary care and behavioral health care. House of Hope CDC is a housing and homeless services provider. They assist with all housing and tenant/landlord items. Adoption Rhode Island is a child welfare service provider. ARI provides support to promote relational permanency and community connections, educational advocacy and life skills education and support. In addition to the on-site support, YouthBuild partners on this project to offer workforce training opportunities to the tenants.

Prior to the completion of the building construction, Adoption Rhode Island reached out to DCYF to partner in identifying potential tenants. DCYF and ARI worked closely to identify, support, and prepare young people for tenancy application. All the young people were at-risk or experiencing homelessness at the time of referral. The first tenants moved into their new apartments mid -January. The building is nearly full currently. Thirty percent of the apartments are subsidized by Providence Housing Authority site -based subsidies. The remaining 70% of the units have tenants with FYI and other housing vouchers.

As of 4-30-23, the DCYF currently has MOUs in place to administer the Foster Youth to Independence Initiative with four Housing Authorities and Foster Forward as the agency providing supportive case management for the young adults: RI Housing Authority, Lincoln Housing Authority, West Warwick Housing Authority and East Providence Housing Authority. The Department has facilitated the young adults (18-24) aging out of foster care in attaining stable housing through this partnership.

RI Housing Authority: Providing 25 vouchers

- 18 young adults have been leased up with their vouchers in an apartment;
- 2 young adults have their voucher and are working to secure an apartment
- 7 young adults are currently working on their applications

Lincoln Housing Authority: Providing 10 vouchers

6 young adults were leased up with their vouchers in an apartment

West Warwick Housing Authority: Providing 10 vouchers

8 young adults have been leased up with their vouchers in an apartment
2 young adults are working to complete their applications

East Providence Housing Authority: Providing 25 vouchers

13 young adults were leased up in apartments (ported out)
1 has voucher looking for an apartment
3 young adults are pending application completion

The Department is currently working with the Providence Housing Authority to engage in an MOU to provide tenant protection vouchers to young adults aging out of care who are at risk of homelessness.

[Consolidated Appropriations Act 2020 summary](#)

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 who were impacted by the pandemic. The Department 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 who were participating in the Voluntary Extension of Care (VEC) and those who had recently left care were notified by their caseworker that they could remain in care or return to care through September 30, 2021, or until their 22nd birthday, whichever came first. They were further notified that the education and employment requirements were suspended through September 30, 2021. The option for re-entry to VEC could have been chosen by the young adult even if the young adult had reached their 21st birthday. The return to care provision applied 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 renewed on April 21, 2020 and again on April 21, 2021. 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 expired at the end of the day on September 30, 2021.

During this difficult time 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 contained information on service eligibility, access and provided the DCYF Family Support Line number (1-888-RI-FAMILY; 1-888-743-2659) to call ask questions and/or request benefit/services.

The young adults, during the Covid Emergency could receive case management and support services through a Division X Case Management Providers (Foster Forward, Communities for People, Family Service of Rhode Island, or Adoption Rhode Island). Division X case management ended when the young adult reached their 22nd birthday or 9/30/22, whichever came first. There were transitional support services through the Department's Youth Development Services Contract with Communities for People available. The Regional Director and/or Youth Specialist worked collaboratively with the youth/young adult and their support teams to assess their needs and make determinations as to benefit packages that were available to them.

Consistent with the flexibilities and timelines established in the Pandemic Act and ACYF-CB-PI-21-04, the Department's used 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).

The Communities for People 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.

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 RRRRI 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 went 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 were provided directly by members for the YDS Team and other CFP Staff, Adoption Rhode Island (ARI), Family Services of Rhode Island (FSRI) and most Tides.

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.

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 was eligible to receive services as defined below through 9/30/22, inclusive of youth/young adults who meet this criterion 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 was 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 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 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 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 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 above are subject to the availability of funds within this contract amendment.

The Department developed new flyers that were 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.

From May 2022 to September 30, 2022, a total of 198 youth received benefits from Division X Chafee funds packages.

YDS Team along with its provider partners continued to provide case management services from June 2022 to Sept 15th, 2022, when the services were discontinued. YDS’s Partnership with Tides was amended in July 2022 and joined the other existing partners in providing case management services. There has been a total of 24 referrals for case management from June 2022- Sept 2022 as indicated below:

- Adoption Rhode Island (ARI)- 3 young adults
- Family Service of RI (FSRI)- 4 young adults
- Communities for People (CFP) -14 young adults
- Tides Family Services- 3

Table 2: Division X Benefit Tracking Oct 2021 – September 2022

	Package Tracking Oct 21 to Sept 22												Total
	10/1/21	11/1/21	12/1/21	1/1/22	2/1/22	3/1/22	4/1/22	5/1/22	6/1/22	7/1/22	8/1/22	9/1/22	
Housing	59380.50	62166.50	52148.50	49117.00	36320.00	25498.00	36303.50	56311.50	55811.00	69612.00	73904.50	41948.00	\$618,521.00
Move-in									11725.01	21643.01	83108.33	161858.00	\$278,334.35
Technology									8709.04	25337.92	55978.82	31195.11	\$121,220.89
Driving									19323.67	37962.40	21882.93	27680.89	\$106,849.89
Vocational/Educational									0.00	0.00	0.00	1975.00	\$1,975.00
Cultural Development									1500.00	5859.03	15052.11	11709.49	\$34,120.63
Monthly Total	59380.50	62166.50	52148.50	49117.00	36320.00	25498.00	36303.50	56311.50	97068.72	160414.36	249926.69	276366.49	

From April 2021 until September 30, 2022, the following Division X Chafee benefits were provided to eligible youth:

Housing Assistance Package:**150 young adults served**

Move in package:**121 young adults served**

Driving Package:**171 youth/young adults served**

Technology Package:**187 youth/young adults served**

Vocational/Education Package:**10 youth/young adults served**

Cultural/Personal Development: **64 youth /young adults served**

Table 3 Summary of Division X funds

	4/1/2021-9/2021	10/1/2021-9/2022	Total
Housing	\$ 618,521.00	\$ 275,379.98	\$ 893,900.98
Move-In	\$ 278,334.35	\$ 26,362.64	\$ 304,696.99
Driving	\$ 121,220.89	\$ 84,811.90	\$ 206,032.79
Technology	\$ 106,849.89	\$ 79,161.12	\$ 186,011.01
Vocation/Ed	\$ 1,975.00	\$ 4,435.00	\$ 6,410.00
Cultural Develop	\$ 34,120.63	\$ -	\$ 34,120.63
Total	\$ 1,161,021.76	\$ 470,150.64	\$ 1,631,172.40

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 was 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.

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. For FY23 Communities for People-YDS received **131** Life Skill referrals and has completed **109** assessments. **42 youth were** referred to their local CAP agencies. The number of youth referred to CAP agencies does not include youth who were previously enrolled.

- **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.

Ocean Tides Academy administers 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.

- **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, 2023, a total of **28** youth have been referred to CCAP. **24** youth have completed Work Readiness and Financial Literacy. In the last fiscal year over **68** YDS youth have participated in CCAP Life skill development programs (this includes enrollments from previous years who remain active and engaged in the program). These programs include but are not limited to case management, WIOA, Career Development, GED and other educational supports.
- **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, 2023, a total of **9** youth have been referred to CCA's Harbour Youth Center. **4** youth have completed Work Readiness and Financial Literacy. In the last fiscal year **5** YDS youth have participated in CCA Life skill development programs. These programs include but are not limited to: case management, WIOA, Career Development, GED and other education supports.
- **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, 2023, a total of **1** youth has been referred to EBCAP. **1** youth has completed Work Readiness and Financial Literacy. In the last fiscal year over **3** YDS youth have participated in EBCAP Life skill development programs. These include but are not

limited to: case management, WIOA, Career Development, GED and other educational supports.

- **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. As of June 1, 2023, a total of **3** youth have been referred to Tri-County Community Action Agency. There have not been any youth who have completed Work Readiness and Financial Literacy. In the last fiscal year only **2** YDS youth have been active participants in Tri-County Life skill development programs. These include but are not limited to: case management, WIOA, Career Development, GED and other education supports.

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. In January 2023 CFP worked to develop different approaches designed to strengthen youths' capacity to participate in Double-up and improve their overall financial literacy. Utilizing an incentivized approach YDS outreach workers will work with youth to open and maintain bank accounts. Youth will be compensated at various stages for saving money: \$50.00 for anyone entering the program with a savings account; \$50.00 to open a savings account; \$50.00 for saving \$200.00 in one month; and a \$100.00 bonus for saving an additional \$300.00 in the second month (unmatched money). As of June 1, 2023, there are a total of 30 youth who enrolled in Double Up and completed financial literacy training. **8** youth have been matched for items such as laptops, furniture, and vehicle expenses. A total of **\$8,873** have been awarded through this asset savings program.

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. In FY 23 there are a total of **12** youth available to be matched, 8 youth engaged in active mentor relationships and a total of **2** youth newly matched. Currently there are **9** active mentors. In the last year several changes have been made to strengthen the Impact program:

- Mentor recruitment events/presentations are held 2x/week.
- Meeting with local community resources, businesses or contacts to set up passive recruitment
- Collaborated with CFP Foster Care recruiter to coordinate and share events.
- Amendment of YDS partnership with ARI. ARI's partnership role has been changed to strengthen this dept of YDS and will be working directly as a part of the Impact Mentor team. Starting May 2023 ARI's new role within the YDS partnership will consist of identifying existing supports within the youth's life and connecting them with our Impact team to provide training and support to build/strengthen their relationship.

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. 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). 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.

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.

Communities for People's Youth Development Services Program along with members of the SPEAK Youth Advisory Board facilitated the DCYF Graduation celebration on 6/30/2022 at the Nylo hotel in Warwick. The event was held to celebrate youth in DCYF who had attained one of the following achievements from 2021-2022.

- High School Diploma
- GED
- Associate's degree
- Completion of a vocational certificate program (i.e. CNA, Pharm technician, welding etc...)
- Completion of Citizenship

The event was an overall success. There were over 100 people who attended the event. Out of that number 43 were youth "Graduates" with the remaining attendees consisting of friends, family, and people from both the DCYF/Provider Community. The event's itinerary included a speech congratulating all the youth and their families from Director Aucoin, inspirational speeches from several youth from SPEAK, lunch and the achievement ceremony. The Youth Graduates were called up to acknowledge their individual achievement and were presented with a certificate of achievement along with a graduation gift. The youth graduates were allowed to select one option between an Apple Watch, IPAD or a \$300 Visa Gift Card. The feedback provided by those in attendance was very positive, citing the ease of access to the event, the decorations, the setting with the view of the river and the buffet. Youth and their families were very appreciative and grateful for the celebration.

As it has done in the last two years CFP plans to sponsor another youth to become a Foster Club All Star. The result from youth participating in this internship cannot go understated. Both youth

who have participated in this program demonstrate an increased level of confidence with public speaking, presenting their stories and advocating for change to improve youth's experience in foster care. They clearly have benefitted from this program.

SPEAK continues to operate successfully expanding its membership and developing new ways to expand on its engagement within the child welfare system. Currently we have 6 active members with an additional 2 auxiliary members.

SPEAK continues to play an active role in the community participating on youth panels for in person and virtual presentations and hosting youth events. In FY23 SPEAK had accomplished the following

- Participated in FELA Training which worked on strengthening the leadership and engagement skills for all partners, which included the youth, birth parent and foster parent/kinship advocacy groups;
- assisted with the planning and hosting of the 2021-2022 DCYF Youth Graduation and taking an active leadership role in the upcoming 2023 graduation celebration for DCYF youth;
- Held in person recruiting presentations at a variety of service provider programs.
- Hosted and planned Career fair which included local businesses/employers, armed service recruiters and trade professionals (carpenter, electrician, nurse)
- Worked in collaboration with adult supporters to develop the SPEAK website.
- Hosted bi-monthly DCYF Training presentations for newly hired social caseworkers and CPIs
- Speak participants were offered the opportunity to engage in training to become focus group leaders
- Worked in collaboration with adult supporters to develop a survey to obtain feedback from youth in care
- Worked in collaboration with adult supporters to develop SPEAK Charter and Member guidelines
- Participated in new worker trainings at DCYF to share their story and vision

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
- Job Etiquette
- Tax Clinic 2023
- Event planning
- Landlord Tenant Law
-

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. Between October 1, 2022 to May 2023 **37** Youth have received the Teen

grant with a total of \$14,000 awarded. From May 2022-September 2022, teen grant applications were diverted to Chafee Division X benefits.

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 6/1/2023 The Department has completed at total of 1078 checks with 26 being flagged.

Table 4: Youth Development Services Program Participation with Communities for People

	FY 2020	FY 2021	FY 2022	FY 2023
Active Participants	1	4	8	22
New Enrollments	1	54	1	10
Active Participants	60	13	29	24
New Enrollments	60	13	13	13

Referred	160	192	139	131
Youth Plan Completion	53	50	61	109

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.

LGBTQI+ services for children, youth, parents, and caregivers

In accordance with the June 15,2022, Executive Order 14075, the Department is committed to reducing the disparities that directly impact LGBTQI+ children, parents, and caregivers. This is accomplished by having a targeted focus that includes identifying and implementing services, supports, and resources that improve outcomes for those who identify as LGBTQI+.

The Department’s mission is 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.

The Department acknowledges that children and youth who identify LGBTQI+ and are involved with the child welfare system have increased vulnerabilities and historically marginalized and underserved. They can also be at high risk for varying degrees of family rejection, neglect, exploitation, and hostility. The services and supports delivered by the Department must cater to their individual needs, including those related to their sexual orientation, gender identity, or gender expression.

The Department is committed to providing a healthy and affirming environment, free from harassment and discrimination for all youth placed in its care. This is accomplished by implementing trainings, revising policies, educating youth, staff, and resource families r, and providing services that better support youth.

The Department is in the process of a major procurement of its service array. In the Fall of 2022, and prior to the issuance of the first Request for Proposals (RFP), the Department issued a series of Requests for Information (RFI). Within that process, the Department issued an RFI for LGBTQI+ services. The goal of this RFI was to learn from the community what programming is most appropriate for youth who identify as LGTBQI+. The following goals were identified:

- Establish a statewide network of agencies/organizations/entities to provide a wide array of services for LGBTQI+ youth, both home and community based, and congregate care.
- Elicit strategies for identifying programs to inform the Department of best practices in providing services to youth who identify as LGBTQI+.
- Elicit ideas and/or recommendations on how to structure an RFP that will encompass the range of services needed to support and strengthen basic competencies of the Department and contractors to promote the well-being of placed LGBTQI+ youth and their families.
- Identify potential challenges and/or roadblocks related to implementing a program model designed to meet the unique needs Department placed LGBTQI+ youth and their families.
- Provide gender affirming care to transgender youth, that is in the best interest of children and youth who need it.
- Provide prevention and support services to families who are struggling to accept that the child or youth is LGBTQI+ or otherwise are not providing a safe environment for the child or youth.

The Department is using this feedback and information for purposes of the Procurement and is looking forward to enhanced and appropriate programming as a result of the RFI and RFP process.

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)
- DCYF funds 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 Department’s tribal liaison maintains contact to ensure that we maintain a meaningful, collaborative relationship with the states only federally recognized Indigenous Tribe, the Narragansett Tribe. The department is in 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. The department is 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.

The department does share the APSR with the Tribe once approved and meets regularly with the Tribe.

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. 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 5: 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%

Table 6: NYTD Survey Participation (Cohort 4)

NYTD	FFY 2020 Baseline	FFY 2022 19-year-old follow-up	FFY2024 21-year-old follow-up
Referred	102	95	--
Completed	95	72	--
Pending Completion	N/A	N/A	--
Incomplete	7	23	--
Participation Rate	93%	76%	--

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. Completed
- 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. Completed

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

Juvenile Justice

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 March 2023, the annual report examines recidivation over a four-year period, among RI DCYF youth who were adjudicated in Fiscal Year 2018 – 2021, with up to three years of follow-up (See appendix, Descriptive Statistics Recidivism (FY18-21 20MAR23 v1.0 final). 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.

Newly added in this year's report is Rhode Island Department of Corrections Probation data. It is expected that the percent of recidivation would increase with the addition of adult probation data compared to previous cohorts, however the magnitude of this increase is not large, with 1% of the group attributable to adult probation recidivations. 829 youth were included in the analysis, of which, 31% recidivated over a three-year period. Compared to our previous analysis (FY 17 – FY 20), this has increased from 28% to 31%, with a smaller group of youth in that analytic period: 972. Additionally, the median number of days to recidivation in this cohort compared to the previous analytic period has increased to 302 days from 292 days. Notably, there was a decrease in RITS as a first sentence type from 16% to 8%, likely attributable to changes in policy during the COVID-19 pandemic. Other descriptive characteristics such as gender, race/ethnicity, have similar distributions to the previous reporting period.

In a multivariate model, Black non-Hispanic youth were 2.5 times the odds of recidivating compared to White non-Hispanic youth, keeping all other variables in the model constant. This has increased from 1.9 times the odds since the last reporting period. Although Hispanic any race and Other/multiracial non-Hispanic youth do not have a statistically significant odds ratios in the model of recidivating compared to White non-Hispanic youth, the clinical significance of 1.3 and 1.5 times the odds, respectively, for these children should not be ignored. 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 12 times the odds of recidivation compared to youth with Low SAVRY scores, keeping all other variables in the model constant, which has increased dramatically since the last reporting period (aOR = 5.1). Moderate SAVRY scoring youth had 4.8 times the odds of recidivation compared to youth with Low SAVRY scores, keeping all other variables in the model constant. This has increased from 2.5 times the odds since the last reporting period. In this cohort, the SAVRY assessment is correlated to race/ethnicity suggesting that the two measures are influencing each other.

Throughout 2022 and into 2023, the EOHHS PULSE meetings have pivoted to reviewing each internal DCYF division with a race equity lens. While not novel work for DPI, the Division of Juvenile Justice and DPI partnered to develop a race equity plan for the February 2022 PULSE. In analyses done over the recent years, it had been identified that there are disproportionate scores in the Structured Assessment of Violence Risk in Youth (SAVRY) that is administered at baseline after adjudication. More specifically, across the SAVRY domains, the racial/ethnic disproportionality persists. Three outcomes were identified:

- Decreasing disproportionality in subsequent SAVRY domain of strong attachments and bonds
- Decrease SAVRY risk levels across all high SAVRY JJ youth
- Decrease disproportionality in SAVRY risk levels in high scoring SAVRY JJ youth

[Chafee Education and Training Voucher Program](#)

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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.

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 DCYF with an additional Pandemic ACT FFY2021 ETV allocation of \$257,651 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 to raise the maximum eligibility age to the 27th birthday and permitted states to increase the maximum allowable award amount to \$12,000 per youth per through 9/30/22.

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 9/30/22), are:

- FFY 2020: 195,197
- FFY 2021: \$219,561
- FFY 2021 Pandemic Act Supplemental: \$257,651
- FFY2022: \$248,717
- FFY 2023: \$201,145

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 2022, six (6) students received state funds totaling \$39,793. The decrease in award amount was due to the increase of ETV funds.

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.

In August 2020, The Department finalized an agreement with Trilix, LLC to develop a new web-based integrated system. This web-based system contains all of features that of the past system and was managed collaboratively by DCYF and Trilix. The system allows 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 provides 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 allows us to effectively track ETV recipients regarding the new federal five-year award maximum and alert students when they are reaching that limit. This system also 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.

It has been a useful tool for managing our grant program. Since the launch, Trilix was purchased by another company and the Department worked with the former Trilix leadership to move the platform to a new company, Envision. The Department finalized an agreement with Envision and we are working collaboratively to ensure we have continued use with web based application program while transitioning to Envision's platform.

For the 2022-2023 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. If students applied before September 30, 2022, we were able to provide them up to the Division X maximum award of \$12,000. For the 2022-2023, academic year, 25 youth attended school and received funding. This assistance totaled \$ \$263,459 from all funds [ETV - \$223,666; DCYF Higher Education Funds - \$39,793]. ETV awards ranged from \$2,525-

\$12,000 and DCYF Higher Education Awards ranged from \$463-\$17,195. We anticipate our percentage for the 2022-2023, academic year to be between 80% -100% of unmet need.

2022-2023 Academic Year

As of 5/2/2023 58 students completed their application. Of these, 25 students who were awarded, nine (9) of whom were returning and sixteen (16) new applicants.

Table 7 shows the actual participation rate for the 2022-2023 Academic Year.

Table 7: DCYF Post-Secondary Grant Funding for Academic Year 2022-23

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
Bridgewater	0	1	1
Community College of Rhode Island	2	5	7
Curry College	0	1	1
East Texas Baptist University	0	1	1
Johnson & Wales University	0	1	1
Lincoln Technical Institute	0	1	1
MTTI	0	1	1
New England Institute of Technology	0	1	1
Rhode Island College	2	3	5
Roger Williams University	0	1	1
University of Maine	0	1	1
University of Rhode Island	1	2	3
Total Award Recipients *	5	19	24

*Actual number of youth who have received an award is 25, one youth only received state award.

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 2023: 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. The Educational Services Coordinator sends out emails regarding the DCYF Post-Secondary Higher Education Grant to the courts, Office of the Child Advocate, the LEAs and on campus financial aid counselors to inform them the application is open.

FFY 2023: 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 2023: DCYF Educational Support Services staff has developed a strong collaborative relationship with 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. The DCYF Educational Support Services staff continues to host "drop in" sessions. Two drop in sessions were held in December 2022 focusing on Special Education and IEP process with the assistance of a Special Education Director. The Educational Services Coordinator Diane Correia along with the Administrator Mike Burk also presented 3 refreshers for the Legal Department, Supervisors and Administrators of Family & Children Service 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. As of 5/2/2023 The DCYF Educational Services Coordinator along with the Administrator have presented three new hire trainings with additional trainings scheduled within the next couple of months.

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

FFY 2023: The Educational Support Services staff continues 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 2022: Financial and Statistical Information Reporting

Table 8 FFY Year 2022: ETV - Award \$248,717 Expended \$223,666

	Fiscal Year	# of Recipients
Initial Voucher	2021	30
Total Participants	2021	30
Initial Voucher	2022	27
Total Participants	2022	27

Table 9: Number of ETV Recipients

	Fiscal Year	# of Recipients
Initial Voucher	2021	30
Total Participants	2021	30
Initial Voucher	2022	27
Total Participants	2022	27
Initial Voucher	2023	24
Total Participants	2023	24

Fund Administration

The Departments 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 2023-2024, 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 Narragansett 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) and Indian Child Welfare Act (ICWA). DCYF notifies, exchanges information and consults directly with Tribe representatives. Longtime Tribal Liaison and Medicine Woman Wenonah Harris in November 2022. Her daughter, Anemone Mars, has assumed the role of Medicine Woman and Tribal Liaison. The DCYF Liaison ensures that notification is made to the Tribal Liaison when a family who identifies as Native American enters the DCYF system. When a family is identified, regular meetings, 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. Mars of all court hearings.

Contact with the tribe continues with discussions on specific cases and on the collaborative work toward increasing the cultural competency and sensitivity of our staff. The Department has hired many 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 2023. 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 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 (SUD) which partner traditional healing with clinical interventions, we were ultimately unsuccessful at engaging the identified service provider to the extent intended.

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 the tribe. Longtime tribal liaison and Medicine Woman Ms. Wenona Harris passed away in November 2022 and her daughter, Ms. Anemone Mars will become the new tribal liaison. Tribe representatives are notified of and consulted for case planning purposes, reviews and court hearings. Ms. Harris/Ms. Mars 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.

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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. 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.

Once approved the APSR will be shared with the Narragansett Tribe and follow up meetings will be held to discuss the report.

[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 RI DCYF successfully exited the plan in May 2022.

[Safe Model](#)

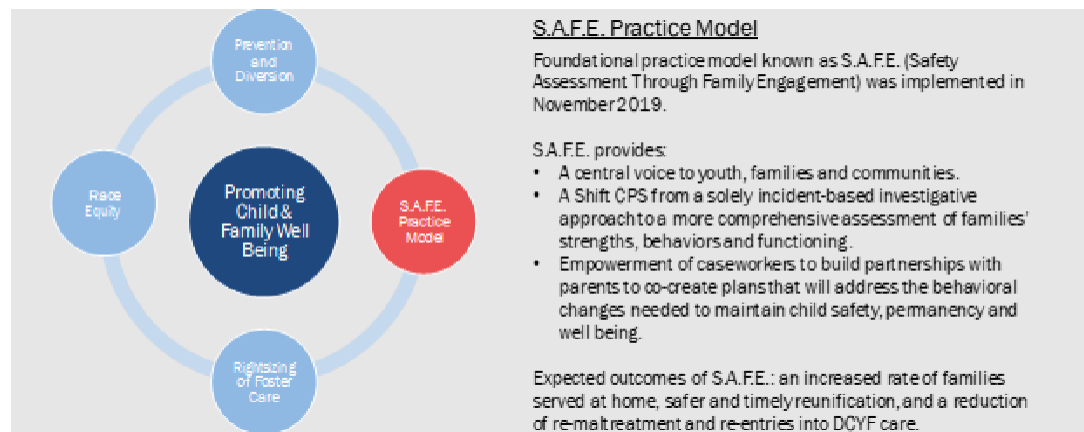
Critical to alignment with the goal of improving outcomes for families is the transformation of overall practice at DCYF. A foundation for that transformation is the Safety Assessment Through Family Engagement (S.A.F.E.) Practice Model, which was implemented in November 2019. In selecting S.A.F.E., DCYF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

By adopting the S.A.F.E. model, the department 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.

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Committed to the full implementation of the S.A.F.E. model with fidelity, the Department has seen 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



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 have been completed and all staff are now using the FFA/OFFA for all cases. Staff have been receiving coaching from Action for Child Protection and internal Change Champion SAFE 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 available for consultation and support.

Administrators in Child Protective Services and Division of Family Services have a structured plan to review the fidelity of the FFA and OFFA on an on-going basis and will 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.

Table 10a: 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 10b: 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>	<ul style="list-style-type: none"> • Implement FA, OFFA assessments at every change of care for children in placement and at reunification • CPS Investigators and Intake Staff work with FCCPs to ensure development of Risk Management Plans when necessary to avert families from DCYF involvement • 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 • Implement Family Assessment Response (FAR) in lieu of investigation to determine service support needs for families 	<p>Ongoing</p> <p>In place – continuing as part of the FCCP operation in all of Rhode Island –reviewing family service cases weekly.</p> <p>Ongoing</p> <p>Ongoing</p>
<p>Item 3: Risk and safety assessment and management</p>	<ul style="list-style-type: none"> • Enhance community-based service referrals through work with FCCPs • 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 • 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 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. • 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. • 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 	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Completed</p> <p>completed</p>

	<p>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</p> <ul style="list-style-type: none"> • Launch use of FFA in all responses to cases screened in by the CPS hotline utilizing the Change Champion Coaches. Change Champion Coaches are front-line staff who have been trained in the RI SAFE Practice Framework and FFA. They will assist staff in the field with ongoing training and support to ensure the successful implementation of FFA. • Obtain feedback from staff through the Change Champion Coaches with input from line staff on usability and feasibility of the FFA Tool so as to make improvements to the tool as needed. • Utilize results of the CFSR case review process to verify the quality and consistency of safety plans that were completed with the FFA tool. • Communicate quantitative and qualitative data results with staff and external stakeholders specific to the quality and consistency of initial safety plans through the FFA 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 as necessary 	<p>Completed</p> <p>Completed</p> <p>In Process</p> <p>In Process</p>
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Table 11: Referrals for Early Intervention and Developmental Screening

Number of Children < 3 Involved in a CPS Investigation in FY 2022 Referred for Services (FY 2022, July 1, 2021 to June 30, 2022)				
# Indicated referred to or already involved in an EI Program.	210	# Indicated referred to First Connections for screening.	453	Indicated Referred 97.6% Referred of 679 Indicated
# Non-indicated Referred to an EI Program.	30	# Non-indicated Referred to First Connections for screening.	96	Total Non-indicated 126
Total referred to Early Intervention (EI) Program	240 (28 %)	Total referred to First Connections for screening.	549 (72%)	Total All Referred 789

The intake referral process for facilitating referral to early intervention services involves a nurse. This nurse who is also recognized as a Part C provider under the Individuals with Disabilities Education Act (IDEA) works with DCYF Child Protection Services and Family Services Unit staff to assist in facilitating screening and evaluation for developmental delay consistent with CAPTA mandate. Rhode Island has both a formal Part C provider network (Early Intervention) as well as a dedicated developmental screening program (First Connections) 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 2022 (July 1, 2021 to June 30, 2022), there were 679 children birth to 3 who were involved in indicated cases of abuse and neglect. Of these 679 children involved, 97.6% 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 part of the departments ongoing diligent review of the CAPTA Birth to 3 population a more in-depth analysis was completed for children who were involved in indicated cases of abuse and neglect. The ongoing interest of this more comprehensive analysis is 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 ongoing analysis: Of the 663 successfully referred, 440 (64.8%) had in person contact with either First Connections, Early Intervention or another supportive program.

- Of the 663 successfully referred, 323 (47.6%) had a completed developmental screening and/or full evaluation.
- Of the 663 successfully referred, 209 (30.8%) were found eligible for Early Intervention services or another supportive service.
- ☐ Of the 663 successfully referred, an additional 69 (10.4%) were enrolled in MIECHV family visiting programs. (Some additional families may have enrolled in MIECHV programs after completed developmental screening)

Aligning and tracking of the above stated data was possible through the implementation of the Rhode Island E-CAPTA Electronic Referral and Data Tracking system implemented in June of 2021. By establishing routine data exchanges every 60 days with the Rhode Island Department of Health KidsNet system, the Rhode Island E-CAPTA system has been utilized to provide discrete data reviews on a monthly and quarterly basis regarding this Birth to 3 population. This data has begun to shape practice through the work of the DCYF/RIDOH Child Fatality Prevention Workgroup. This workgroup has focused on implementing a set of strategies across systems to improve family engagement and access to supportive services. All these efforts have been central to improving outcomes for children identified as victims in indicated cases of abuse/neglect.

In addition to the mandated referral of indicated victims, DCYF referred an additional 126 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 has continued 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. The 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 via this workgroup 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 early childhood referral. This process has allowed 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 2022 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. Alignment across systems through the RI Children’s Cabinet has allowed for better access to specific early childhood programming such as State Pre-K and Head Start for child welfare involved families.

During the 2022 fiscal year the department has sustained the Early Childhood Resource Specialist position to support resource referral processes across all divisions. This position has ~~will~~ continued 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. Activities include referral to MIECHV long-term Home Visiting programs, childcare access for children birth to 5 in foster care, State Pre-K and Head Start recruitment, data alignment and planning, oversight of Safe Haven initiative, grant writing and representation at key early childhood advisory boards. This dedicated position will continue to support alignment of services and supports across systems.

During the most recent reporting period the department has also sustained 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 continued to deliver-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 last 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.

1. A Substance Exposed Newborn is defined as an infant who has been exposed in utero to a substance that has to potential to affect their biopsychosocial health, behavior, and development.
2. Plan of Safe Care is managed by the Substance Exposed Newborns (SEN) Program at the Rhode Island Department of Health. The SEN Program is driven by the 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 Prevention Task Force. The mission of the SEN Task Force is to improve the biopsychosocial health and well-being of children and families affected by prenatal substance exposure. The SEN Task Force is a robust group of State departments, birthing hospitals, and community-based providers who have a vested interest in this population.
3. 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.
4. All substance exposed newborns receive priority referrals to Home Visiting Substance Exposed Newborns Teams.
5. All substance exposed newborns with a neonatal abstinence syndrome diagnosis receive a priority referral to Home Visiting and Early Intervention.
6. Plan of Safe Care has been directly affected by the COVID-19 pandemic as well as the current increase of influenza and RSV cases. Hospital infection control restrictions and the challenges of the remaining healthcare workforce to manage the relentless the surge of patient care has resulted in fewer Plans of Safe Care.
7. Annual hospital site visits review Plan of Safe Care data and recommendations for improvement
8. Plan of Safe Care is currently being built into KIDSNET, Rhode Island's secure database for critical health information for children. ePOSC will engender improvements in data entry, collection, analysis, and reporting. Anticipated launch date Summer 2023.
9. A Plan of Safe Care informational video was produced to introduce ePOSC to hospital providers and patients.
10. 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. 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 \$299,081 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 used \$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.

[CAPTA Contact Information:](#)

State Liaison Officer:

Pamela Kelley, Interdepartmental Project Manager

R.I. Department of Children, Youth and Families

101 Friendship Street, 4th Floor

Providence, RI 02903

pamela.kelley@dcyf.ri.gov

401-528-3771

www.dcyf.ri.gov

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 as we enter the endemic phase.

The Disaster Plan is being updated and the COOP plan has been updated and submitted for final review in 2022, based on after action reviews.

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 2023 – June 2023.

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 6/16/22, there are 91 staff in the Child Protection Division, 61 of whom are child protective investigators; the others include administrators, supervisors, a child support technician, a Commercial Sexual Exploitation of Children and 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.

The CPS staff are comprised of 26 male and 65 females. There are 19 minority staff among the child protection investigators which includes 4 African American, 2 Asian, 12 Hispanic/Latino and 1 Indian/Alaskan. The remaining are Caucasian.

CPS Caseloads support the achievement of child and family outcomes, are regularly reviewed, and generally do not exceed 12 investigations at a time, including no more than 8 new investigations per month. There are circumstances under which caseloads may exceed these limits. For example, caseloads may be higher when the agency is faced with temporary staff vacancies, or if administrative case functions (e.g., entering notes, filing, etc.) are assigned to other personnel. New personnel should not carry independent caseloads prior to the completion of training.

Table 12: CPS Staff Race/Ethnicity

CPS	Count of ETHNICITY
ASIA AMERICAN	2.20%
BLACK/AFRICAN AMERICAN	8.79%
HISPANIC/LATINO	13.19%
Indian/Alaskan Native	1.10%
WHITE	74.73%
(blank)	0.00%
Grand Total	100.00%

The Service Response Unit (SRU) and Intake Services were transitioned into the Division of Family Services in April 2023. The table below provides the ethnicity breakdown for staff in CPS as well as SRU.

SRU does not have a specific caseload standard except that cases remain in that unit for intake, assessment and respond for up to 30 days only, but can be extended to 45 with administrative approval.

The Division of Family Services staff are comprised of 42 males and 216 females. There are 89 minority staff within the DFS which includes 42 African American, 36 Hispanic/Latino, 2 Asia American, 1 Indian/Alaskan native and 7 two or more races. The remaining staff are Caucasian.

The FSU caseload is limited to 15 cases with no more than 10 children in out of home placement.

Table 13: DFS Staff Race/Ethnicity

Division of Family Service	Count of ETHNICITY
ASIA AMERICAN	0.78%
BLACK/AFRICAN AMERICAN	16.28%
HISPANIC/LATINO	13.95%
Indian/Alaskan Native	0.39%
N/D	0.39%
TWO OR MORE RACES	2.71%
White	65.50%
Grand Total	100.00%

Since our last CAPTA report, Workforce Development (WFD) has a comprehensive Child Protective Services Training Program, a standardized initial training curriculum for new staff, ongoing training for Child Protective Investigators and Supervisors, and formal Supervisor Training Curriculum for new and existing CPS administrators & supervisors.

Pre-Service Training program for New Worker, Child Protective Staff and Ongoing staff

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.

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 for all staff continues to be on the SAFE Model and the FFA & OFFA tools including.

Department Wide Ongoing Trainings-

ONLINE/VIRTUAL SERIES (FSU, YD, CPS and other divisions) (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

DCYF and Rhode Island College School of Social Work (RIC) renewed their partnership for Learning Partnership for Children Services (LPCS) that includes an education and training partnership. WFD currently 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.

New workers complete a 6-month training program. WFD administers a pre & post-test evaluation for this training program. The full use of this process was implemented with the July 2020 cohort. The pre & post was provided to subsequent cohorts and continues to be an important evaluative tool.

LPCS also includes the use of 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.

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 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

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graduating this May. We hope to report recruitment success and remarkably prepared staff (coming from this program) over the next 2 years.

Simulation Lab technology was made available via the RI Nursing Education Center the end of this period. Worker Safety and Family Engagement exercises were written and introduced in September 2022. RI College and DCYF are committed to expanding the Simulation Lab to include practicum opportunities in support of practice.

Between June 2022 and June 2023, WFD provided new hire training to 98 employees, representing five classes. One class overlapped from February 2022 into September 2022 and was not captured in previous report. The training activity totaled 81 topics, collectively offered 244 times, reaching a participant total of 4,331 (individuals counted as 1 for each training they participated in), representing 3,067.5 total training hours (This included 125 hours at the RI Training School). The majority of training is in-person, and we continue to offer the best of web-based learning, where beneficial.

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 13: 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.

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 RICJ began working with JHBs in 2009 and 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.
- Reduce the likelihood that youth will re-offend.
- 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 2022 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 2022, the Department minimally allocated \$11.0 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 \$825,873 in Title IV-B, part 1 funds, and an allocation of \$843,515 in Title IV-B, part 2 funds. Additionally, the Department requests \$53,319 for ongoing efforts to improve performance in monthly caseworker visits; as well as an allocation of \$299,081 in CAPTA funds. The Department is also requesting \$761,765 in funds through the Chafee Foster Care Independence Program, and \$248,717 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 childcare, foster care maintenance, or adoption assistance in reference to FY 2005. The Department did not allocate IV-B, Part 1 funding for these services in FY 2005, and has not used IV-B, Part 1 funds for this purpose as these services are supported with general revenue. In FY 2005, the DCYF expended \$2,838,725 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 2005.

In FY 2023, the DCYF expended \$15,753,558 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 \$825,873 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 0.0% in administrative costs.

[Title IV-B, Subpart 2:](#)

The Department anticipates receiving an allocation of \$843,515 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 \$761,765 in the CFCIP allocation, and \$248,717 in Educational Training Vouchers (ETVs) in FFY 2023 no more than 0% 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 2023.

[Disaster Plan \(COOP\)](#)

Last year there were no natural disasters that affected the State of Rhode Island that required the use of the Department's Continuity of Operations Plan (COOP) Disaster Plan. The plan is updated regularly when names of key personnel change. Lessons from Covid-19 and other public health emergencies have been included in our plan. It highlights communication and identifies key staff that are responsible for determining next steps for other personnel. Covid-19 allowed for telework to be incorporated into the COOP plan which allows for deployment of staff with the least amount of disruption to service.

There were no changes to the COOP plan last year. However, as part of the CFSP FY2025-2029, the State of Rhode Island and Department of Children, Youth and Families will be revising their Disaster and COOP Plans. Currently the plan does not address disparities for marginalized groups including people of diverse racial and ethnic backgrounds. Proposed changes to the State of Rhode Island's current Disaster Plan and the department's COOP plan are below:

One of the Pre-Disaster Recovery Goals for the State of RI is:

Focus on fairness: The State is committed to pre- and post-disaster recovery work and intends to resolve competing, legitimate interests fairly and transparently among diverse communities,

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organizations, and economic drivers.

Our State Disaster Recovery Plan has addressing disparity as one of our objectives in the Health and Social Services RSF (which DCYF is a partner agency).

The objective states:

Promote self-sufficiency and continuity of the health and well-being of affected individuals, particularly the needs of children; seniors; people living with disabilities and others with access and functional needs; people from diverse origins and backgrounds; people with limited English proficiency; and underserved populations.

The State of RI Plan (RIEMA plan) identifies a State Disaster Recovery Coordinator (SDRC).

The SDRC leads disaster recovery for the State and serves as the primary contact for the Rhode Island recovery coordination structure and recovery preparedness. Specifically, the SDRC serves as the chair of the DRTF and will be assigned by the Governor of Rhode Island. Depending on the severity of the incident as well as the anticipated scope and duration of disaster recovery efforts, the state coordinating officer (SCO) may fulfill the SDRC role under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act). However, after large-scale disasters or catastrophic incidents, Rhode Island will appoint a separate position to ensure recovery activities are well-managed while extended response and short-term recovery activities are ongoing.

Pre-Disaster

- Serve as primary point of contact for disaster recovery operations with both local and federal governments, particularly with the Federal Disaster Recovery Officer (FDRO).
- Chair the DRTF and coordinate the execution of its pre-disaster actions.
- Coordinate development, training, and exercise of jurisdiction disaster recovery plan.
- Establish and maintain contacts and networks for disaster recovery resources and support systems.
- Convene the DRTF annually or more frequently, as appropriate, to build relationships and recovery capacity.
- Promulgate principles and practices that further resiliency and sustainability in development and strategic planning initiatives.
- Maintain communication with the network.

Post-Disaster

- Chair the DRTF, the statewide structure for managing recovery. Provide support for local recovery-dedicated organization's initiatives and serve as lead on overall recovery operations.
- Communicate the roles and responsibilities of the State to the local governments.
- Work with recovery coordinators and leads at the local, tribal, and federal levels to facilitate the development of a unified and accessible communication strategy.
- Act as cross-jurisdictional liaison at the intra- and interstate level.
- Support recovery planning processes, which includes individuals with AFN and members of underserved communities, to fully engage constituent's input and result in development of the community's recovery visions, priorities, resources, capability, and capacity.
- Ensure inclusiveness in the community recovery process, including individuals with disabilities, low/moderate income, AFN, and limited English proficiency.
- Reinforce the importance of post-disaster compliance with existing privacy and civil rights laws, policies, and regulations.

- Coordinate with agency/organization responsible for administering long-term state recovery fund (private monetary donations).
- Facilitate coordinated, expedited permitting, and/or implementation of post-disaster moratoria. Facilitate communication of recovery priorities for all impacted communities.
- Facilitate the development of State recovery priorities. Communicate statewide recovery priorities to the FDRO.
- Oversee general tracking of all federal, state, and local disaster assistance.
- Encourage incorporation of critical mitigation, resilience, sustainability, and accessibility-building measures into recovery, planning, and efforts.
- With the DRTF, coordinate state, federal, and other funding streams for recovery efforts and communicate issues and solutions to recovery assistance gaps and overlaps.
- With the DRTF, collaborate with federal and other stakeholders, such as the business and nonprofit communities, to raise financial support (including long-term capital investment in local businesses) for the community's recovery; leverage existing resources where possible; and resolve potential duplication of assistance.
- Work closely with the recovery leadership at all levels to ensure a well-coordinated, timely, and well-executed recovery.
- Develop and implement recovery progress measures and communicate adjustments and improvements to applicable stakeholders and authorities.
- Facilitate after-action reporting.

State Contact Information:

Pamela Kelley
Interdepartmental Project Manager
Department of Children Youth & Families
101 Friendship Street
Providence, RI 02903
401-528-3771
Pamela.Kelley@dcyf.ri.gov

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