

**Department of Children, Youth and
Families
Consent Decree Steering Committee
Meeting**

8 October 2025

**RHODE
ISLAND**

Consent Decree Steering Committee Agenda

Welcome

October Committee Discussions;

- Baseline Data Report
- Intensive Care Coordination
- DCYF SWOT Analysis

Closing

Baseline Data Report



DOJ Baseline Data Report Collaborative Data Analytic Team

Collaborative Team included:

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



Overview of Focus Population

Bradley patient:

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

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

FSU: Family Service unit. CSBH: Community Services Behavioral Health

At-Risk Population

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

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

How Long did Children Stay at Bradley Psychiatric Hospital?

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

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

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

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

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

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

At Discharge

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

Current as of 6/3/2025

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

DOJ Baseline Data Report: What is the Data Suggesting?

Focus population: Inpatient

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

At Risk population

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

Behavioral Health Service Array

Capacity and Utilization

Community-based,

Therapeutic Foster Parents and

Group Care

Agencies – EOHHS, BHDDH, RIDCYF

Community-based and Therapeutic Foster Parents

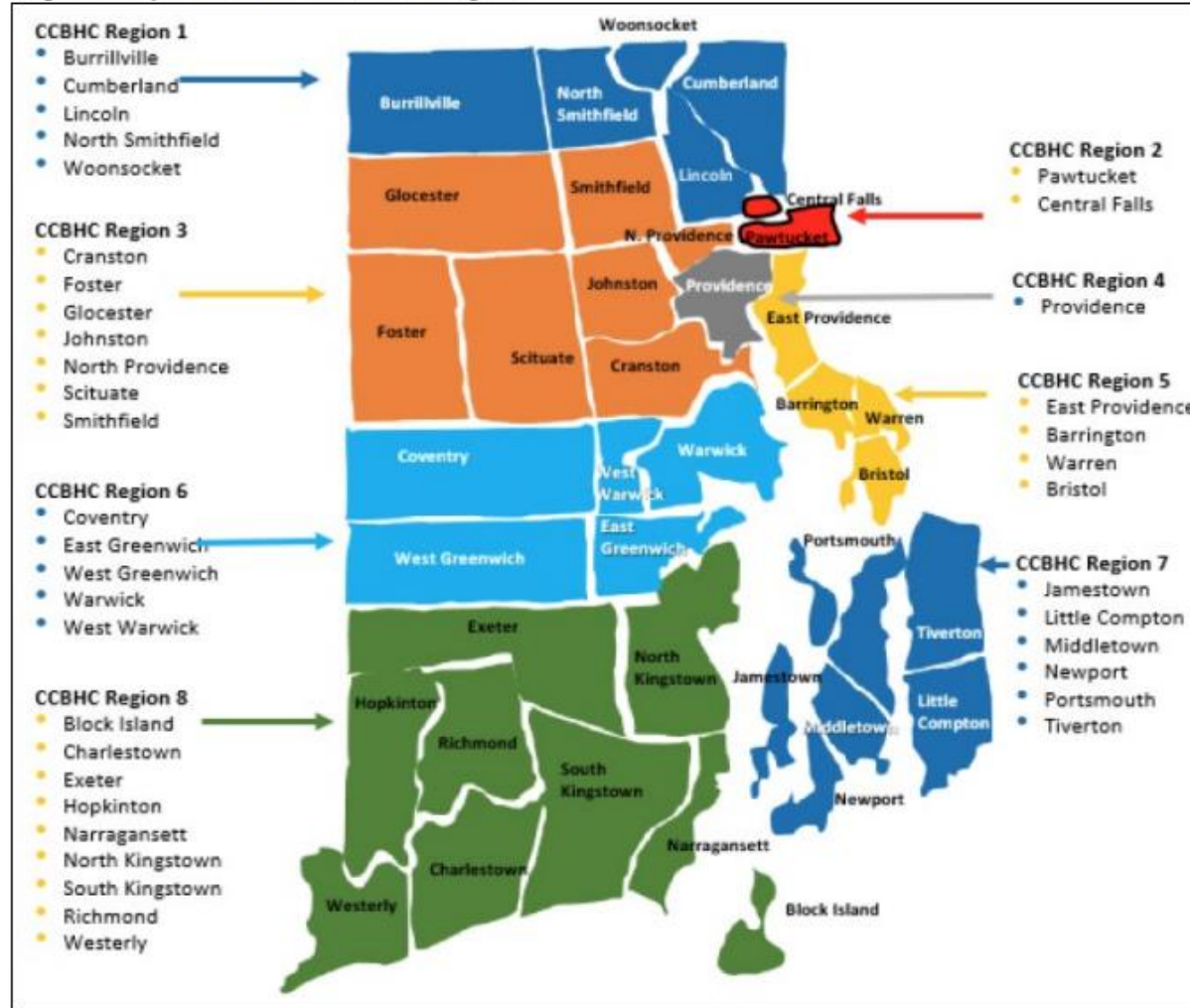
Community based defined by Consent Decree as behavioral health services delivered in a child's family home or community as illustrated below but not limited to:

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

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

EOHHS: Certified Community Behavioral Health Clinics

Figure 1. Map of Rhode Island's CCBHC Regions



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

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

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

Data Source: RI Family Information System

DCYF Contracted Home-based Service Types and Programs

Table 8. DCYF Home-Based Service Types and Programs

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

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

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

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

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

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

Data Source: Provider capacity census

BHDDH Contracted Mental Health Service Providers: Utilization

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

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

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

Therapeutic Foster Homes

A notable caveat when interpreting these data is that reported capacity may overstate actual availability, which can distort both capacity numbers and the utilization percentages.

For example:

If a family is licensed for a sibling group of four but is currently fostering only two siblings, the utilization rate would appear to be 50%, even though the family may not now want to foster non-siblings of the two in their home.

Or

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

Or

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

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

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

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

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

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

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

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

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

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

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

Data Source: Provider capacity census

Characteristics of Youth in Out of State

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

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

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

Intensive Care Coordination

Why Intensive Care Coordination (ICC)?

Context

- ICC is a core component of the consent decree and has been identified by the court monitor as a *non-negotiable* element for successful exit.
- Without full ICC implementation, the state **will not meet the conditions for compliance.**

Definition

- ICC is a wraparound, team-based approach that ensures children and families with the most complex behavioral health needs receive **individualized, coordinated, and family driven care** across multiple systems.
- Grounded in the principles of the **Wraparound Model**, ICC includes a dedicated Care Coordinator responsible for convening, managing, and monitoring a cross-system team around each child and family.

Key Features

- Single point of accountability for care planning and coordination
- High-intensity engagement (small caseloads, frequent contact)
- Cross-agency and cross-provider collaboration
- Real-time data use and progress monitoring

Scope, Expected Outcomes, and System Impact

General Scope

- Serves children and youth with serious emotional and behavioral challenges, including those with frequent or prolonged psychiatric hospitalizations, PRTF placement, or multi-system involvement.
- Implemented statewide in partnership with community-based provider agencies, Medicaid Managed Care Organizations (MCOs) and DCYF.

Expected Outcomes

- Reduced Length of Stay (LOS) in psychiatric hospitals and residential programs by ensuring timely discharge planning and post-discharge support.
- Decreased re-admissions and out-of-state placements.
- Improved family engagement and satisfaction with care.
- Better coordination among child welfare, behavioral health, and education systems.
- Enhanced accountability through shared outcome tracking and CQI.

Intensive Care Coordination vs Transition Coordinators

How ICC Differs from Transition Coordinators

ICC operationalizes the system of care Rhode Island has been building toward — one that keeps children safe, supported, and home whenever possible — and it is **the key to exiting the Consent Decree successfully**.

Intensive Care Coordination

Ongoing, comprehensive care management

Facilitates full system wraparound

Driven by family and youth team

Medicaid-billable, sustainable service

Transition Coordinators

Time-limited discharge support

Focuses on hospital/placement transitions

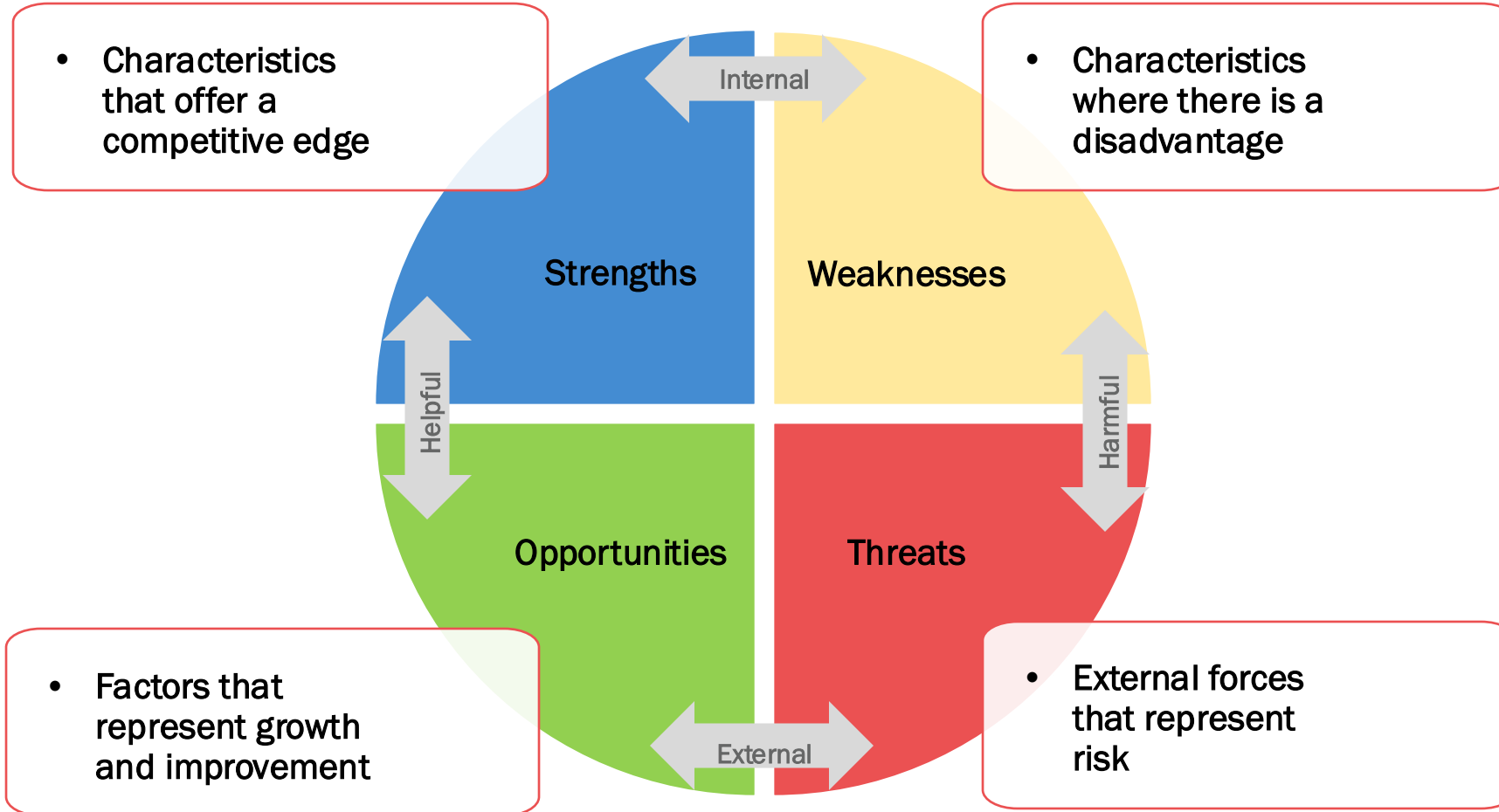
Driven by discharge readiness

Non-billable, DCYF staff

DCYF SWOT Analysis



SWOT Analysis – A Sound Basis To Plan For Change



SWOT Analysis: Leveraging Strengths & Opportunities

DCYF Executive Team continues to meet routinely:

- Maximizing identified Strengths and Opportunities to mitigate identified Weaknesses and Threats, some examples of our current focus areas;
 - How to improve SAFE Model practices
 - Better information sharing and communications (internal and external) to the Department
 - How to deal with limited State funding
 - Addressing a lack of Therapeutic Foster Care
 - Establishing Youth Voice in care planning
 - Department reputation and branding

SWOT Analysis: Leveraging Strengths & Opportunities

DCYF SWOT Cont'd:

- Medicaid interpretations impacting Operations and funding streams
- Engaging the Family Court on best practices for outcomes
- System limitations with RICHIST and development of MARVIN
- Federal Funding limitations based on changing policies
- Lack of substance abuse treatment
- Demand for immediate milestone implementation

SWOT Analysis:

Questions?