



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

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

**Submitted by Elizabeth Manley, Monitor**

***Provided to the State of Rhode Island, the U.S. Department of Justice, U.S. Department of Health and Human Services, Office for Civil Rights and the U.S. District Court by May 2, 2026***

# Contents

Introduction .....	3
The Role of the Monitor .....	4
Overview of Report.....	4
The Systems Review Report.....	5
The Focus Population .....	6
Data, Outcomes, and Continuous Quality Improvement .....	7
Infrastructure, Governance, and Systems Management .....	8
Service Array and Workforce Development .....	10
Stakeholder Engagement .....	11
Looking Ahead .....	11
Rhode Island Consent Decree Progress Table .....	13

## Introduction

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

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

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

- The child is currently admitted to Bradley Hospital for acute inpatient treatment.
- The child was admitted to Bradley Hospital for acute inpatient treatment within one year before January 7, 2025 (the Consent Decree’s Effective Date).
- The child is admitted to Bradley Hospital for acute inpatient treatment at any point during this Consent Decree.
- The child is deemed at serious risk of admission to Bradley Hospital for acute inpatient treatment because the child has had three or more emergency room visits within a twelve-month period since January 7, 2025, as a result of a current or subsequent diagnosed Behavioral Health Disability.

The State of Rhode Island worked with the U.S. Department of Health and Human Services and the U.S. Department of Justice, U.S. Attorney’s Office to develop this Consent Decree. The Rhode Island Executive Office of Health and Human Services (EOHHS), DCYF, and the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) are signatories to the Consent Decree based on their shared responsibility for the provision of behavioral health services for the focus population. These parties will be referred to collectively as the State throughout this report.

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

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<sup>1</sup> Throughout this Plan, all references to the Consent Decree refer to *United States v. State of Rhode Island*, Civil Action No. 24-CV-00531. <https://www.justice.gov/usao-ri/media/1381156/dl?inline>.

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

## The Role of the Monitor

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

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

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

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

## Overview of Report

This Monitoring Report is submitted in accordance with the requirements of the Consent Decree. The Monitoring Report outlines the progress RI EOHHS, DCYF and BHDDH have made regarding

required activities within the Monitoring Plan and is updated every six months until the State has resolved the agreed goals within the Consent Decree.

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

- **Required Reports:**
  - The Consultant’s Report: The Rhode Island Children’s Behavioral Health Consent Decree: System Review Report, hereby referred to as the System Review, observations and recommendations identified by the Consultant through extensive interviews, record reviews, focus groups and document reviews
- **The Focus Population:**
  - The impact of the Transition Coordinators on expediated transitions from Bradley.
- **Infrastructure, Governance and Management:**
  - The Executive Director of Children’s Behavioral Health position with DCYF
  - Transition Coordinators
  - Single Point of Access Customized for Children
  - Peer Support and Systems Navigation
  - Intensive Care Coordination Planning
  - Mobile Response and Stabilization challenges in statewide implementation and movement toward a Medicaid State Plan Amendment.
- **Service Array and Workforce Development:**
  - Certified Community Behavioral Health Clinics (CCBHC)
  - Substance Use Treatment Services
  - Therapeutic Foster Care innovations
  - In-Home Service Continuum
  - Residential Interventions
- **Stakeholder Engagement**
  - The Consent Decree Advisory Committee is currently meeting monthly. The Advisory can support the State partners with feedback on system design, potential policy, and necessary resources for the service expansion.

The Monitor will elevate challenges to the implementation of the Consent Decree that may require attention by the State.

## The Systems Review Report

The Consultant submitted the Systems Review Report as required within the Consent Decree six months after the completion of the Base Line Data Report.

The report has identified numerous strengths of the State. Stakeholders report that strengths of the system include an engaged DCYF Leadership Team, who is communicative and has shared values and priorities. Some stakeholders have described “a willingness to evolve on the part of both DCYF and Bradley Hospital, with one noting that Bradley Hospital is trying to think outside the box and find creative approaches” (page 11). Additional strengths include a strong core service array with providers who work hard to meet the needs of youth and families. The review team reported that there is a willingness of stakeholders across the sectors to share data, observations, and ideas on what can be improved.

Challenges within the system are described as a “set of interconnected challenges that extend beyond the specific issues cited in Consent Decree (e.g., children having very long lengths of stay in inpatient hospitalizations or experiencing multiple ED visits) and reflect deeper structural, systemic, operational, and family-centered barriers within Rhode Island’s children’s behavioral health system. These challenges affect how families access care, how services are coordinated and delivered, how decisions are made across public agencies, providers, and courts. Collectively they contribute to confusion and stigma for families, fragmented accountability across systems, strained interagency relationships, risk adverse practices that can favor restrictive settings, and inconsistent elevation of youth and family voice.”

The Monitor has observed and agreed with the identified challenges within the System’s Review. The current system structure for children’s behavioral health is divided between multiple state agencies. DCYF is the children’s behavioral health authority; BHDDH is substance use and intellectual/developmental disabilities authority and each have their own assessment, access and oversight tools that create artificial barriers to care for Rhode Island children and families. Funding is siloed within each of the State agencies; authority for deployment of resources is confusing. State agencies have historically planned in silos that have exacerbated an already fragmented system. This identified confusion has created distrust within the State agencies which has spilled over into both child serving systems partners, parent, caregivers and the youth that the system is responsible for supporting. In response to the Office of the Child Advocate Fatality, Near Fatality Report, DCYF and BHDDH have started to engage in joint planning for new resources for children with substance use treatment needs.

The State has not developed clear mechanisms to integrate planning for implementation of services and supports. Effective children’s behavioral health systems have a coordinated approach across silos with one identified leader who operates as the locus of accountability within the state structure. The State’s identified strategy of hiring an Executive Director for Children’s Behavioral Health to sit within DCYF is an important first step in building the necessary accountability. This position is a significant addition to the state’s infrastructure and the first step in building a distinct children’s behavioral health system. The Monitor anticipates that the Executive Director will serve as the leader for all behavioral resources, planning, regulatory and oversight of the full continuum of care and will access to the necessary resources to meet the needs of children within the Focus Population.

The System’s Review identified fragmentation and lack of coordination at the individual and systems level. The report points out that a foundational principle in systems of care is that there must be a clear locus of accountability for services and outcomes with coordination across providers, settings and domains. There is no organization within Rhode Island that serves as the locus of accountability for engaging youth and their families, the provision of individualized services and supports youth within the Focus Population.

## The Focus Population

The State’s first step to address the children who are staying at Bradely longer than is therapeutically necessary, is to hire five Transition Coordinators (paragraph 37 to 45). The Transition Coordinators and their supervisor have been hired, trained in the FOCUS Model (a care

coordination training curriculum that includes coaching). The Transition Coordinator supervisors are receiving coaching from the National Wraparound Implementation Center at the Innovations Institute. The State is collaborating with Bradley Hospital to develop protocols with a focus on communication, access and coordination transitions for youth within Bradley.

In DCYF testimony to the Senate Finance Committee on April 7, 2026. The DCYF Director reported that the daily census in Bradley has been reduced due to the State's efforts to have youth within the Focus Population move from Bradley when they have completed their treatment. The Director reported to the Senate Finance Committee that the reduction in Bradley has created a new challenge for the State is that this shift has increased the number of young people who are receiving care in an out-of-state residential facility. The continued challenge for the state is the absence of intensive care coordination as the bridge for youth between Bradley and their home, school and community. This testimony is consistent with the Consultant's System Review Report. The misalignment between the child's clinical readiness for discharge and the availability of appropriate community-based services, placement, and support (System Review page 19). Intensive Care Coordination plays an important role in sequencing and coordinating care to better align a child and family's readiness for care and the connection the community supports and services.

## Data, Outcomes, and Continuous Quality Improvement

The State has developed Quarterly Data Reports for the DCYF Leadership to identify youth who are at risk of emergency department visits. This process brings attention to youth who are at risk of emergency department visits. Leadership within DCYF uses this information to support the case workers to build plans to intervene in a proactive approach. The information is collected in RICHIST, the DCYF electronic record.

The Quarterly Data Report shows that DCYF has a significant decrease (see exhibit 1) in the number of children who are accessing care through an emergency department, as evidenced within this DCYF report. DCYF shares this data twice a week internally with administrators and the DCYF regions with a specific focus on children who have had two or more emergency department visits due to behavioral health related needs. In this way, the administrators have timely information and are prepared to have a team with the supervisors and case workers who are working with the child. The goal for the team is to assess the current plan and update additional information and interventions to prevent another emergency department visit.

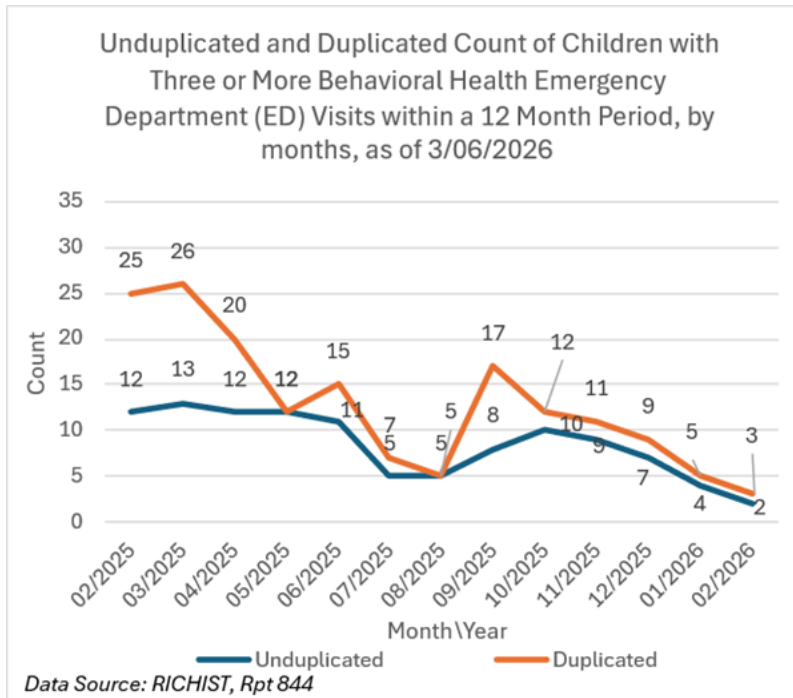


Exhibit 1

The state has convened a Quality Assurance Committee composed of State entities responsible for implementing the Consent Decree. This committee meets quarterly to review data and identify any responsive action needed at the provider, regional and system-wide levels, to improve the outcomes of the Focus Population. The State is in the process of identifying committee members for the Quality Assurance Committee. This committee has access to data across the child serving systems including DCYF, BHDDH, and EOHHS. This comprehensive approach will allow state leaders to gain important perspective on the functioning of each system and gaps within the system that will need attention.

## Infrastructure, Governance, and Systems Management

**Children’s Behavioral Health Leadership:** DCYF has identified, and the Monitor supports the need for Rhode Island to build internal behavioral health expertise within DCYF to support the system’s design, implementation and coordination across state agencies. To meet this identified need DCYF will hire an Executive Director for Children’s Behavioral Health and ensure the qualified individual will have the resources and authority to recommend system challenges across state agencies. The Executive will have the authority to address issues that limit the ability of the state to provide the right service at the right time for the right duration. This position has been approved to move forward. The Monitor anticipates that the Executive will include young people and families with lived experience in system design and policy development at both the state and local levels. The mechanism to gain this valuable information has not yet been identified. The Monitor anticipates more robust information in the next reporting period.

**Residential Oversight:** DCYF and the Office of the Child Advocate have long identified the need for skilled oversight of all residential interventions provided to Rhode Island children. This residential oversight extends to residential programs in Rhode Island and outside of Rhode Island.

Additionally, all residential interventions, including behavioral health and substance use, need to have consistent oversight, including regulations, licensing, and access to technical assistance. The Residential Monitoring and Licensing Unit within DCYF is currently in the process of building the tools necessary to coordinate across state entities to address the gaps that lead to inconsistent experiences for children, families and providers. The Residential Oversight Unit will need to be grounded in national best practices and engaging with all state partners. The Monitor identifies the need to coordinate activities that support program development, regulatory, oversight, and data collection. The Monitor identifies the importance of this work to build and sustain the necessary services and supports for youth within the Focus Population.

The State has made a significant investment in the building of a new sixteen bed residential treatment center known as Exeter. This facility is anticipated to provide care for girls between the ages of 13 and 18 and is specifically designed as a behavioral health program. This program is anticipated to begin servicing young people within this reporting period. This program is designed to serve youth who are either currently in an out-of-state residential program or will prevent the youth from going to an out-of-state facility. This program will have

The Monitor has been tracking the challenges for parents/caregiver's experience in accessing care. As identified in the November Monitor report, access to the state's behavioral health service delivery system requires families to enter through the DCYF access line. The Systems Review supports the identified challenges that parents and caregivers continue to report. "Services for people with disabilities operate in silos, leading to inefficiencies and gaps in care. There is no overarching statewide structure to ensure service are coordinated." (page 12).

The overarching state structures necessary to address this challenge:

- **Single Point of Access with a No Wrong Door Approach:** A single point of access or single point of entry is a structure that serves as an entry point for triage, referrals, assessments, and access to services, which can include MRSS, ICC, and other services and supports
- **Peer Support:** The providers of peer support services are family members or youth with lived experience who have personally faced the challenges of coping with complex behavioral health needs. Peer support activities include but are not limited to one-to-one peer support, warm lines, community education, and support group activities. The Monitor is expecting that parent peer support and youth peer support services will align with national best practices, including developing and linking families and youth with formal and informal support; instilling confidence and empowering families and youth; and assisting in the development of goals.
- **Intensive Care Coordination:** Intensive Care Coordination for youth with moderate and complex needs including behavioral health, substance use, and intellectual/developmental disabilities: Intensive Care Coordination utilizes the practice model of High-Fidelity Wraparound grounded in the use of Child and Family Teams. Intensive Care Coordination activities include youth and family engagement, child and family team coordination, coordination of care, stakeholder engagement, and leading systems of transformation at the state and local levels. The Monitor expects the State to commit to a model for providing Intensive Care Coordination and develop a plan for implementation that includes necessary resources for start-up and ongoing fiscal and technical support. In addition, the implementation plan will need to outline the State's expectations for staff, supervision, training, ongoing coaching, and fidelity/outcomes monitoring.

- Mobile Response and Stabilization Services (MRSS): MRSS is a “rapid response, home- and community-based crisis intervention model customized to meet the developmental needs of children, youth, young adults, and their families” (Innovations Institute, 2022). MRSS currently exists within Rhode Island and has demonstrated positive outcomes for the youth and families served. It is important to note that there is pending legislation that would support MRSS implementation to best practice; it is unclear at the time of this report if this legislation will pass in this legislative session. [H8180.pdf](#)

These four components are not just services within the array, they play a substantial role in changing the service delivery system to better serve the children, youth and families of Rhode Island. In coordination and when well supported by the State, these four components support noncomplicated access to the right service, at the right time, for the right duration and supports and efficient rational system.

The Monitor anticipates that the State’s Implementation Plan will outline how these core components will be designed, financed, and supported. In addition, it is anticipated that the State parents will all be engaged in the implementation of these core components.

## Service Array and Workforce Development

The current children’s behavioral health service array is challenging for parents, caregivers, and young people to navigate. The funding of the service drives access, and it does matter what door a child walks in to access that care. As identified within the System Review Report “Within the children’s behavioral health system, DCYF, BHDDH, Medicaid, the Rhode Island Department of Health (RIDOH), and NHP all have responsibilities associated with providers, payments, contracting, and oversight.” (page 12).

Current services within the service array include:

- Certified Community Behavioral Health Services: The 6 CCBHCs are in early implementation, and some have limited experience and services for children and their families. The Monitor anticipates that the CCBHCs will continue to build their continuum of care to meet the unique needs of youth within their community, but this is currently inconsistent across the state.
- The DCYF Service Array includes home and community-based services, and residential interventions. The service array is extensive and difficult to navigate. DCYF is working to assess the service array.
  - DCYF provides a broad continuum of in-home services and support. DCYF is currently assessing the continuum.
  - DCYF oversees the continuum of Therapeutic Foster Care. DCYF is currently engaged in assessing and updating the TFC continuum of care. This is a joint process between DCYF and the provider community.
  - DCYF has a continuum of residential programs that have reported needing support as they work to move to residential best practices.
- Substance Use Treatment Services are managed by BHDDH. The service array includes prevention, outpatient, intensive outpatient, and residential options. BHDDH is currently in the process of implementing new residential treatment beds for youth with substance use

needs. The Monitor supports a comprehensive approach to providing care for youth with substance use treatment needs that is consistent with residential best practices and with other residential interventions that are within the DCYF service array.

The Monitor recognizes that the State's efforts to transform their Medicaid system with a specific focus on DCYF providers billing Medicaid directly. There are several steps within the State's implementation plan that are worth identifying.

- Rating setting to ensure that the true cost of providing the service is captured within the rate inclusive of shifting administrative activities.
- The provider network will need technical assistance to move from a contract reimbursement model to providers billing Medicaid direct for services.

The Monitor strongly encourages the State to anticipate and plan to provide real-time assistance to providers to prevent service disruptions for youth and families.

## Stakeholder Engagement

The State's primary engagement with Stakeholders sits within the Consent Decree Advisory Committee. The Advisory has been meeting regularly and has been actively engaged in the development of the Implementation Plan.

The Monitor anticipates that the State will continue to work to engage parents, caregivers and young people with lived experience in system design, policy development and continuous quality improvement activities.

## Looking Ahead

The Monitor anticipates that within the next reporting period, the State will hire the first Executive Director of Children's Behavioral Health within DCYF. The Executive Director will begin to address the need for individuals with lived experience, both parents and children, in the system, design, planning and policy tables.

The Monitor anticipates that the State's Implementation Plan will be approved and serve as the roadmap for the State to meet the requirements of the Consent Decree. The Monitor anticipates that there will be substantial activities in these five areas:

- The Single Assessment Tool Development
  - The identification of a single assessment tool
    - To support timely access to the right service, at the right time for the right duration
    - Identify who will administer the assessment,
    - Will review and coordinate the recommendations received.
- The Single Point Of Access
  - Establish a coordinated, statewide customized structure to support timely access to screening, crisis care, assessment, care coordination and service linkages.
  - Identify a model, funding, and create an implementation plan.

- Intensive Care Coordination
  - ICC with High Fidelity Wraparound within a Child Family Team model.
  - Identification of structure to support independent care management that prioritizes youth and family-driven care within community.
  - Identification of financing and implementation plan.
- The Residential Monitoring Unit
  - Will begin to provide oversight in coordination with the Office of the Child Advocate and BHDDH.
- Engagement with children and families
  - In systems design, policy and quality oversight.
  - The Monitor anticipates that the Executive Director for Children’s Behavioral Health will work with parent and youth support organization such as The Rhode Island Parent Support Network and Rhode Island Parent Information Network to build parent and youth engagement strategies.

The Monitor recognizes that the State, led by DCYF, has made substantial efforts to meet the conditions of the Consent Decree with a focus on sustaining the changes to meet the unique needs of children and families to prevent future violations of children’s civil rights.

## Rhode Island Consent Decree Progress Table

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

Data, Outcomes, and Continuous Quality Improvement  Focus Population	Identification & Assessment	In process	Data Sharing Agreement established between DCYF, BHDDH, RIDOH, and EOHHS <b>(P. 17, Para 31-36)</b>	Fully executed data sharing agreement	4/1/2026	3/31/2028
		In process	Produce policies and procedures for identifying children within the focus population <b>(P. 17, Para. 31)</b>	Policy and procedure documents review. Specific policy on Children’s Behavioral Health Coordination Policy.	4/1/2026	3/31/2028
		Not started	Implement policies and procedures for identifying children within the focus population <b>(P. 17, Para. 31)</b>	Document summarizing progress and challenges identifying children within the focus population	4/1/2026	3/31/2028
		Not started	Policies and procedures to ensure timely, person-centered behavioral health assessment using a recognized clinical assessment tool <b>(P. 17, Para. 32)</b>	Written description of behavioral health assessment clinical assessment tool	4/1/2026	3/31/2028
Infrastructure, Governance, and Systems Management  Focus Population	Clinical Assessment Tool Implementation	In process	Establish policies and procedures to ensure behavioral health assessment using a recognized Clinical Assessment Tool <b>(P. 17, Para. 32)</b>	Policy and procedure documents	4/1/2026	3/31/2028
		Not started	Implement timely assessment of focus population members with clinical assessment tool, as clinically indicated <b>(P. 18, Para. 32)</b>	Quarterly data on assessment rates and time frames	4/1/2026	3/31/2028
		Not started	Establish policies to ensure prompt delivery of services responsive to needs identified in the assessment process <b>(P. 18, Para. 34)</b>	Policy Documents including both updates and policy development necessary to meet the needs of the Focus Population within the Consent Decree	4/1/2026	3/31/2028

Infrastructure, Governance, and Systems Management	Implementation Plan	Complete	Partner with consultant to implement review of RI's children's behavioral health service system <b>(P. 18, Para. 21-22)</b>	Completed system review including record reviews, interviews with Focus Population, state leadership, transition coordinators, advocates and systems partners	4/1/2025	1/6/2026
		In process	Submission of Proposed Implementation Plan <b>(P. 18, Para. 24)</b>	Implementation Plan	2/1/2026	4/9/2026
		In process	Consultation with relevant stakeholders about Implementation plan <b>(P. 18, Para. 24)</b>	List of stakeholders consulted with and summary of input	1/1/2026	6/30/2026
		In process	Final version of implementation plan filed with court 14 days after plan is finalized <b>(P. 19, Para. 26)</b>	Final version of implementation plan	N/D	5/10/2026
Infrastructure, Governance, and Systems Management	Tracking focus population entry	In process	Develop and implement policies and procedures governing tracking children's admission to Bradley Hospital, or been evaluated for potential in-patient hospitalization by an ED resulting from a psychiatric crisis, and assessment/evaluation related information requests <b>(P. 19, Para. 33)</b>	Policy and procedure documents  Ongoing engagement with Focus Population, state leaders, Bradley Hospital, OCA, stakeholders, Transition Coordinators	4/1/2026	3/31/2028
		In process	As needed, provide behavioral health, social, and/or community services linkages for focus population members assessed and found not to need the services in the consent decree <b>(P. 19, Para. 35)</b>	Quarterly documentation of service linkages for assessed Focus Population members that do not need	4/1/2026	Ongoing

				consent decree services		
Infrastructure, Governance, and Systems Management	Child and Family Team	Not started	Develop policies and procedures to convene a child and family team for each focus population ( <b>P. 19, Para. 46-56</b> )	Policy and procedure documents	4/1/2026	3/31/2028
		Not started	Each member of the focus population will have a primary service worker ( <b>P. 19, Para. 47</b> )	De-identified documentation of primary service worker for each focus population member	7/1/2025	Ongoing
		Not started	Each child and family team will develop an ISP or update the child's OFFA, and consider a child's IEP as necessary ( <b>P. 20, Para. 48-50</b> )	Quarterly documentation of ISP, OFFA, or IEP development when indicated for focus population members	4/1/2026	Ongoing
		Not started	Ensure prompt initiation of services upon completion of ISP or OFFA ( <b>P. 20, Para. 51</b> )	Quarterly documentation of days between completion of ISP or OFFA and initiation of services	4/1/2026	Ongoing
		Not started	Ensure access to intensive care coordination for focus population members ( <b>P. 20, Para. 52</b> )	Quarterly data on intensive care coordination service provision to focus population members	4/1/2026	Ongoing
		Not started	Regular convening of the Child and Family Team to review and update the ISP and OFFA ( <b>P. 20, Para. 53</b> )	Quarterly de-identified documentation of Child and Family Team ISP and OFFA review meetings	7/1/2026	Ongoing
		In process	Annual budget request for a statewide flexible fund to address barriers to integrate returning focus	Documentation of annual budget request	10/1/2025	Ongoing annually

			population members in integrated settings appropriate to their needs <b>(P. 20, Para. 54)</b>			
		Not started	Maintain documentation of reasons that families decline care coordination, after reasonable efforts to engage the child and family <b>(P. 20, Para. 55)</b>	Documentation and compilation of reasons that families decline care coordination and engagement efforts	7/1/2026	Ongoing
Service Array and Workforce Development	Community Provider Development	Not started	Produce workforce development plan to enhance provider capacity throughout the state <b>(P. 21, Para. 81)</b>	Workforce development plan	4/1/2026	6/30/2026
		Not started	Implement workforce development plan <b>(P. 21, Para. 81)</b>	Quarterly documentation of work force implementation development plan	4/1/2026	Ongoing
		Not started	Develop and implement training materials relating to the consent decree and implementation Plan in alignment with para 83. <b>(P. 21, Para. 83)</b>	Training Curricula and materials, development pre/post tests as necessary and participate surveys	4/1/2026	9/30/2026
		Not started	Establish contracting or certification conditions that community-based service providers ensure targeted training of assigned personnel to address focus population needs and effectively provide the services required in the consent decree <b>(P. 21, Para. 84)</b>	Document describing contracting or certification conditions to meet best practice	1/1/2026	9/30/2026
		Not started	Submit training materials to the Monitor for comment (P. 21, Para. 85)	Monitor receives and reviews training materials for consistency with best practices		9/30/2026

		Not started	In implementation plan, identify potential funding mechanisms to reimburse community-based service providers for participating in transition planning out of Bradley Hospital (P. 22, Para. 41)	Description within the implementation plan		5/10/2026
Service Array and Workforce Development	Discharge and Transition from Hospital to Community	Not started	Establishing policies and/or procedures to ensure the youth in the Focus Population are discharged from Bradley Hospital to the most integrated setting appropriate to their needs, with needed community-based services. (P. 22, Para. 36-45)	Policy and Procedure Documents and review with a focus on access to home and community-based services and supports; care coordination; and assessment consistent with best practices	4/1/2026	6/30/2026
		In process	Transition Coordinators assigned to every child in the Focus population within 5 days of admission to Bradley Hospital (P. 22, Para. 37)	Quarterly data on the Focus Population's admission to Bradley Hospital and days to assignment of transition coordinator	4/1/2026	Ongoing
		In process	Role of Transition Coordinators is clearly defined within the implementation plan in alignment with paragraphs 37-40 (P. 22, Para. 37-40)	Implementation plan text defining role of transition coordinators with timelines for hiring, training and coordination with Bradley		5/10/2026
		In process	Implement process for collaborating with Bradley Hospital to develop transition plan for each child in focus population in its care in alignment with the requirements of paragraph 38 (P. 22, Para. 38)	Document describing collaboration process with Bradley Hospital	7/1/2025	12/31/2026

		In process	Development of procedure for transition coordinator to elevate any unresolvable barriers to DCYF focal point identified in Implementation Plan (P. 23, Para. 40)	Procedure document that clearly defines how barriers to care will be resolved	4/1/2026	3/31/2028
Service Array and Workforce Development	Intensive In-Home Services	In process	Develop policies or procedures that effectively identify and provide access to intensive in-home services including individual home therapy, in-home family therapy, behavioral services, therapeutic mentoring (P. 23, Para. 62-63)	Policy and/or procedure document	4/1/2026	9/30/2026
		Not started	Trained and certified peer support specialists are available to all families of the focus population. (P. 23, Para. 47, 69)	Quarterly data reported on the number of trained and certified peer support specialists, the number assigned to focus population families, and the number of families not receiving peer support services and the reason	4/1/2026	Ongoing
Service Array and Workforce Development	Therapeutic Foster Care	Not started	Produce policies or procedures to ensure services and clinical supports for therapeutic foster care families (P. 24, Para. 64-67)	Policy and/or procedure documents	1/1/2026	6/30/2026
		Not started	Implement policies or procedures to ensure services and clinical supports for therapeutic foster care families (P. 24, Para. 64-67)	Quarterly data on therapeutic foster care family services for focus population	4/1/2026	Ongoing
		Not started	Implement reimbursement for TFC families for their participation for service planning activities for children in the focus population (P. 24, Para. 64-67)	Documentation on reimbursement process and quarterly data on reimbursement provided	4/1/2026	Ongoing

		Not started	Implement recruitment for Therapeutic Foster Care Homes (P. 24, Para. 64-67)	Documentation of recruitment tactics and quarterly data on recruitment rates	7/1/2026	Ongoing
		Not started	All youth in Focus Population have access to Therapeutic Foster Care as indicated in the clinical assessment process (P. 24, Para. 64-67)	Quarterly data describing number of youth for whom therapeutic foster care is clinically indicated, and their rates of receiving therapeutic foster care	7/1/2026	Ongoing
Service Array and Workforce Development	Mobile Crisis Response and Crisis Prevention, Intervention & Stabilization	In process	Maintain provision of crisis hotline  Develop policies and procedures to ensure 1) 24/7 live answering 2) When dispatched teams respond in person within 60 minutes in alignment with para 71 3) MRSS teams in alignments with credential requirements in para 69 (P. 24, Para. 68-77)	Policy and Procedure documents	4/1/2025  4/1/2026	Ongoing  3/31/2028
		In process	Implementation of required Mobile Response and Stabilization Services for all youth in Rhode Island (P. 25, Para. 70)	Quarterly data on MRSS usage for youth in Rhode Island	7/1/2026	Ongoing
Service Array and Workforce Development	Residential Interventions	Not started	Youth within the Focus Population have access to timely quality residential care as identified in the clinical assessment process. (P. 25)	Residential Interventions	10/1/2026	Ongoing
Stakeholder Engagement	Advisory Group	In process	Convening Cross-Sectional Advisory Group (P. 25, Para. 78-80)	Advisory Group membership list, agendas and meeting minutes	7/1/2025	Ongoing

		In process	Submit proposed policy, regulatory and procedure changes to the Advisory Group, and where appropriate, implement responsive changes (P. 25, Para. 79)	For each submitted policy, regulatory and procedural change, brief summation of Advisory Group responses and the state's use of this feedback, as appropriate	7/1/2025	Ongoing
	Stakeholder Outreach	In process	Conduct outreach to stakeholders in alignment with para 80 to seek feedback regarding community-based services provided under the consent decree and implementation plan (P. 26, Para. 80)	Quarterly documentation of outreach efforts, issues that are identified by stakeholders and strategies to address challenges	7/1/2025	Ongoing
		In process	Post consent decree related reports and plans on the DCYF website (P. 26, Para. 20, 90, 97, 118)	Maintenance of consent decree information on DCYF website	4/1/2025	Ongoing