



**OFFICE OF THE CHILD ADVOCATE 2025 CHILD FATALITY REPORT  
RECOMMENDATIONS PROGRESS | MAY 2026**

<b>56 Report Recommendations</b>	<b>DCYF/Interagency Progress</b>
37 DCYF Specific	45 Recommendations
11 Cross-agency (includes DCYF)	41 In Process or Existing DCYF Policy, Practice or Resource 4 Pending Start Date
8 External agencies (does not include DCYF)	1 Declined

This table provides progress updates on the accepted and declined recommendations. Other recommendations are outside of DCYF scope and not included in this progress update.

<b>RECOMMENDATIONS</b>	<b>STATUS</b>
<ol style="list-style-type: none"><li>1. DCYF to develop an appropriate continuum of care to meet the needs of all youth at all levels of care. The panel recommends a multi-year procurement and investment plan be devised, addressing all levels of care. This plan should be made public and:<ol style="list-style-type: none"><li>a. Ensure that Mobile Response and Stabilization Services is adequately funded and accessible to all, in every community to support youth in crisis and maintain at home whenever possible.</li><li>b. Ensure there is a robust array of prevention services and home-based services,</li><li>c. Ensure there is a state-wide recruitment and retention plan, which includes provider input, to ensure there is an array of foster homes willing to meet the needs of various populations, including adolescents.</li><li>d. Ensure that Psychiatric Residential Treatment Facility (PRTF) and Residential Treatment is accessible in real time to meet the needs of acute populations and a plan for step-down programming for children and youth who require additional time in a structured environment, prior to transitioning home or to a foster home.</li><li>e. Ensure there are supportive services to meet the needs of our transition age youth.</li></ol></li><li>2. BHDDH and DCYF to coordinate in the development of a continuum of substance use treatment options for youth, with a specific focus on the specialized needs of adolescents.</li></ol>	<p>In Process</p> <p>Pending Start Date</p>

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| 3. BHDDH and DCYF to develop a process to coordinate planning, funding, and service delivery between agencies for our children and youth and ensure all staff are trained on this process.  | Pending Start Date                         |
| 4. EOHHS, BHDDH, and DCYF continue to evaluate the administrative structure for children's behavioral health to determine if it is effectively meeting the needs of our children and youth. Specifically, having services for adolescent substance use and children's behavioral health administered by two different agencies. | In Process                                 |
| 5. DCYF to identify all providers who conduct assessments and evaluations for youth and explore funding allocation needs to retain providers for immediate service delivery for DCYF youth.   | In Process                                 |
| 6. DCYF and BHDDH to develop or use an existing standardized substance use screening evaluation tool and train DCYF staff on utilizing the tool to immediately identify the substance use treatment needs of youth and families.  | In Process                                 |
| 7. DCYF to complete a system-wide needs assessment of all internal DCYF programming across child welfare, juvenile justice, and children's behavioral health and contracted services to ensure that the system is meeting the needs of the populations it serves.   | In Process<br>Funding allocated in FY 2025 |
| 8. DCYF to coordinate a state-wide survey of children and youth experiencing the children's behavioral health, juvenile justice, and child welfare systems to collect data and feedback to inform policy and practice impacting youth and young adults.   | Existing DCYF Policy, Practice or Resource |
| 9. DCYF to develop an intensive care coordination system, which will provide ongoing assessment and service planning, access and arrange for services, coordinate multiple services, including access to crisis services, assist and advocate for the child and family, and monitor the child or youth's progress.              | In Process                                 |
| 10. DCYF to develop a formal process, mandatory documentation, and training for all staff to engage in consistent and effective transition planning, which must include active engagement with youth and families.  | Existing DCYF Policy, Practice or Resource |
| 11. DCYF to prioritize youth and family voice at the center of care coordination, transition planning, and should be embedded in all areas of service delivery on an ongoing basis throughout involvement with DCYF.  | Existing DCYF Policy, Practice or Resource |
| 12. DCYF to provide continuing education to all staff regarding trauma-informed care best practices, embedded into daily practice, and ensure trainings are in line with new developments in research.  | Existing DCYF Policy, Practice or Resource |

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| 13. DCYF to ensure that youth who have experienced trauma are aligned with the appropriate services to address it while in treatment.   | Existing DCYF Policy, Practice or Resource  |
| 14. DCYF to explore and implement ongoing professional development for front line staff regarding the impact of trauma and exhibited behaviors by children and youth. Specifically, frontline staff should be trained in recognizing signs of trauma, building rapport, and approaching children and families with patience, understanding, and compassion. | Existing DCYF Policy, Practice or Resource  |
| 15. DCYF to develop a clear procedure and effective interventions to disrupt the pattern of AWOL behavior with input from DCYF, providers, parents, foster parents, and most importantly youth who engage in this behavior.   | Existing DCYF Policy, Practice or Resource<br><i>Note on providers: Responsibility lies with providers to implement protocols addressing AWOL prevention and de-escalation. Specific methods are determined at the provider's discretion.</i> |
| 16. DCYF to develop, implement, and follow a protocol around heightened communication for youth with AWOL behaviors to ensure that all parties involved are on the same page about where at-risk children may be going, who they are communicating and spending time with, and strategies to support their return to placement.                             | Existing DCYF Policy, Practice or Resource  |
| 17. DCYF to evaluate the services provided by the Substance Use Coordinator as part of the ongoing needs assessment, including assessment of data to determine the need, evaluate the number of children and parents served, develop outcome measures to track progress, and evaluate performance.  | In Process  |
| 18. DCYF to assess the need for an additional allocation of funding into the Special Investigations Unit to ensure the unit has enough staff and resources to continue the critical work in locating missing youth or youth absent from care.   | <b>Declined</b><br><i>Existing capacity is adequate. If need arises, DCYF will seek additional funding.</i>   |
| 19. DCYF to evaluate the staffing, resources, training, and qualifications required to adequately carry out the expansive role and responsibilities of the Substance Use Coordinator position.  | In Process  |
| 20. DCYF to integrate the Substance Use Coordinator as part of their plan to collaborate and coordinate care with BHDDH and serve as a liaison between agencies.  | Existing DCYF Policy, Practice or Resource  |
| 21. DCYF to coordinate monthly meetings between the Substance Use Coordinator and community providers to ensure all DCYF staff has the most up to date information regarding substance use treatment options and capacity within the programs   | Existing DCYF Policy, Practice or Resource  |

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| <p>22. DCYF to coordinate an all-staff training regarding the role and responsibilities of the Substance Use Coordinator, including ongoing continuing education, to include presentations at new worker trainings by the Substance Use Coordinator regarding best practice when working with parents and youth engaged in substance use.</p>   | <p>Existing DCYF Policy, Practice or Resource</p> |
| <p>23. DCYF to review and revise DOPs to include the role and responsibilities of the Substance Use Coordinator to ensure there is a clear understanding of the position's function. Specifically, we recommend reviewing and revising the following DOPs for this purpose:</p> <ul style="list-style-type: none"> <li>a. DOP 500.0080 Substance Exposed Newborns</li> <li>b. DOP 100.0290 Critical Event Reviews</li> <li>c. DOP 500.0000 Child Abuse and/or Neglect Reports</li> <li>d. DOP 700.0015 Delivery and Coordination of Support Services</li> </ul> | <p>In Process</p>                                 |
| <p>24. DCYF to develop a policy that requires social caseworkers to make a referral to the Substance Use Coordinator when a youth or family member on their caseload is engaged in substance use, to assist with the prompt coordination of services.</p>   | <p>In Process</p>                                 |
| <p>25. DCYF to update DOP 100.0060 – Issuing a Hospital Alert, to outline the procedure of sending alerts to out-of-state hospitals just over the Rhode Island state line.</p>  | <p>Pending Start Date</p>                         |
| <p>26. DCYF and BHDDH to coordinate a state-wide campaign to educate the public about the resources and treatment options available to address substance use or a substance use disorder among youth and young adults.</p>  | <p>In Process</p>                                 |
| <p>27. DCYF to collaborate with community-based service providers to develop and disseminate educational materials specifically designed for youth, addressing personal safety in the community, the risks associated with ingesting or using unknown substances, warning signs of Commercial Sexual Exploitation of Children (CSEC), and clear guidance on how and where to seek immediate help, when needed.</p>  | <p>In Process</p>                                 |
| <p>28. DCYF to collaborate with service providers and coordinate in-depth training for parents, foster parents, caregivers, or staff members regarding the care of children and adolescents who have exhibited high-risk behaviors, including but not limited to, AWOL behavior, substance use, and CSEC involvement.</p>   | <p>In Process</p>                                 |
| <p>29. DCYF to review licensing regulations with respect to requiring all congregate care facilities to have Narcan available and for all staff members in the facility to be trained in harm reduction, where to access Narcan within respective placements, and how to administer Narcan.</p>   | <p>In Process</p>                                 |

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| 30. DCYF to collaborate with DOH and BHDDH to develop education materials for parents, foster parents, caregivers, and youth on harm reduction, specifically when to have Narcan available in the home, where to obtain Narcan, and how to administer Narcan.  | Existing DCYF Policy, Practice or Resource |
| 31. DCYF to explore whether a multi-disciplinary team approach would benefit youth and families in determining the appropriate placement referrals to be made, with participation from FSU, current providers, the family, and most importantly, the youth.  | Existing DCYF Policy, Practice or Resource |
| 32. DCYF to strengthen the placement referral process, including developing a revised referral packet, to ensure that all referrals sent out on behalf of youth are based on their individual treatment needs, recommendations from their current clinical and provider team, and prioritize in-state placement whenever possible.   | In Process                                 |
| 33. DCYF to ensure that all referral packets sent to agencies on behalf of youth include the most recent clinical and educational documentation, as well as relevant historical information, with a particular focus on the youth's strengths, and personal attributes.  | Existing DCYF Policy, Practice or Resource |
| 34. DCYF to identify a DCYF staff member who is dedicated to working with all law enforcement, providing ongoing guidance, training, sharing resources and collaboration on cases.   | Existing DCYF Policy, Practice or Resource |
| 35. DCYF to collaborate with the American Academy of Pediatrics, Rhode Island Chapter, to provide ongoing trainings for local pediatricians and community healthcare agencies regarding mandatory reporting laws, identifying risk factors, available resources, and how to access necessary services.   | Existing DCYF Policy, Practice or Resource |
| 36. DCYF to review and revise DOP 100.0290: Critical Event Reviews. DOP 100.0290 requires the annual CER Summary Reports to be provided to the Office of the Child Advocate. The panel recommends this practice occur, and include the additional information outlined in this recommendation. <ul style="list-style-type: none"> <li>a. To amend required participants and add a DCYF representative at every Critical Event Review who can provide an update on the status of previous recommendations.</li> <li>b. To revise the section regarding "CER Summary Reports" to include the following information in DCYF's annual summary report: <ul style="list-style-type: none"> <li>i. Summary of all recommendations.</li> <li>ii. Whether a recommendation has been made more than once throughout the year.</li> <li>iii. An update on the status of the recommendation.</li> <li>iv. An update on the status of recommendations made in prior years.</li> </ul> </li> </ul> | In Process                                 |

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| 37. DCYF to ensure Critical Event Reviews are scheduled within five (5) business days of DCYF's notification of the fatality or near fatality and complete a final report within sixty (60) days from the review, in accordance with DCYF policy.  | Existing DCYF Policy, Practice or Resource  |
| 38. DCYF to provide heightened oversight to the provision of peer support following a critical incident, in accordance with DOP 200.0090.  | Existing DCYF Policy, Practice or Resource  |
| 39. DCYF to collaborate with DOH to develop a plan to increase access to educational materials, reinforcing the importance of the safe storage of substances. The written materials should be available in multiple languages.   | In Process  |
| 40. DCYF and DOH to develop a plan to provide widespread access to lock boxes or locked storage bags to families for the safe storage of substances in collaboration with community providers.   | Existing DCYF Policy, Practice or Resource  |
| 41. DCYF to review and revise DOPs to ensure that DCYF staff are addressing the safe storage of recreational substances and prescription medication with families at all home visits and that DCYF staff are making lock boxes or locked storage bags available to families.   | Existing DCYF Policy, Practice or Resource  |
| 42. DCYF, DOH, and BHDDH to develop a plan to recruit and retain a robust perinatal peer workforce to support pregnant and parenting mothers struggling with substance use.  | In Process  |
| 43. DOH and DCYF to coordinate with service providers to collect and evaluate data on referrals and the capture utilization rate of all family visiting programs to inform future investments and the need for programmatic changes.   | In Process  |
| 44. DCYF to coordinate with service providers to provide ongoing training to DCYF staff regarding family visiting programs to ensure there is an in-depth understanding of when referrals to these programs should be made and review their internal process to ensure referrals are made consistently.  | Existing DCYF Policy, Practice or Resource  |
| 45. DCYF, DOH, and medical providers to improve integration of family visiting programs in the development and implementation of Plans of Safe Care, including further investments to further support engagement with families prior to discharging from the hospital.   | Pending Start Date  |
| 46. DCYF to issue a public report within six (6) months of the release of this report. The report should be made available on the DCYF website and outline; Plan and timeline to implement the recommendations outlined in this report.<br>a. Barriers to implementation of any recommendations, including funding needs.<br>b. Recommendations DCYF will not be implementing. | Existing Policy, Practice or Resource<br><i>DCYF will issue this ongoing progress update and publish it on the DCYF website. A more detailed report reflecting the full recommendation is available to the OCA.</i> |

- c. Any efforts that have been taken to collaborate with other entities identified in this report.
- d. It is the recommendation of the panel that the requirement of a public response by DCYF be memorialized through legislative change.