

## **RESIDENTIAL GROUP CARE SERVICES**

## **Assessment and Stabilization**

## **Fact Sheet – Short Term Assessment & Reunification (STAR) - Communities for People Inc.**

### **Description:**

- The Short-Term Assessment & Reunification Program (STAR) provides immediate access to a safe, structured, community-based residential setting providing; family support, rapid assessment and stabilization for youth exhibiting an array of mental health needs and behavioral presentations including self-harm and aggressive behavioral episodes and who need assessment and stabilization.
- The program immediately engages parents/caretakers with the goal of rapid reunification.
- The STAR program provides youth with a full range of supportive case management and educational continuity, including transporting the youth to the school where he most recently attended.
- Staff work with the youth, birth parents and natural resources using evidence based and trauma informed treatment models including, Trauma Focused Cognitive Behavioral Therapy and Motivational Interviewing.
- Programmatic services for youth include: crisis prevention, stabilization and intervention as needed, brief, acute, residential care in a safe, secure and supportive community-based setting, the involvement of caregivers and family members in all aspects of treatment, including service planning, family therapy and trauma focused psycho-educational opportunities, service planning with permanency goals and timeframes for attainment, development and implementation of youth safety or crisis management plans; coordination of and transportation to appointments, provisions for daily therapeutic recreation activities, coordination of and/or access to educational groups; programming focus on enhancing independent daily living skills, medication management, educational and vocational coordination and support; case management and court advocacy.
- Clients served are adolescent males from 12-18 years old.
- The program is designed to accept placement 24/7.
- The program has a staffing ratio of 1:3, with an awake-overnight staffing ratio of 1:4. Each youth is also assigned a Master's level clinician (8:1 caseload). For youth with an identified goal of reunification, a Master's level family reunification specialist (8:1 caseload) will be assigned.
- The clinician sees each youth for a minimum of one (1) hour of individual counseling weekly and provides treatment planning consultation and care management. The family specialist meets with identified youth and their families a minimum of two (2) times per week in the family home. Daily/ongoing case management, weekly review of service plan goals, coaching on life domains with additional telephone and collateral contact readily available. The Star program offers in the home weekly substance abuse groups and provides alternative talk therapy, including in-house trauma informed yoga and therapeutic sports.
- The maximum duration is 90 days, with the initial treatment plan being developed within 72 hours. The first review of the plan is on the 14<sup>th</sup> day and 30<sup>th</sup> day.
- Location: 244 Washington Ave Providence.
- Bilingual: English and Spanish, Spanish speaking staff are not on site 24/7.
- Referrals are accepted statewide
- Referrals are generated through the Department's Central Referral Unit (CRU) during normal business hours (Mon.-Fri., 9am-5pm) or through DCYF Child Protective Services (CPS) after normal business hours, weekends, and holidays. The Central Referral Unit initiates phone contact with a STAR program administrator during normal business hours. Outside of traditional office hours, CPS workers may initiate emergency placements by phoning CFP's on-call Supervisor.

**Best fit criteria:**

- The program serves youth and families who require physical separation for a brief respite when other traditional and home-based efforts have not succeeded.
- Youth who are exhibiting an array of mental health needs and behavioral presentations, including self-harm and aggressive behavioral episodes, and who need immediate assessment and stabilization.

**Exclusionary Criteria:**

- Actively homicidal, suicidal or psychotic
- Youth whose medical needs require 24-hour monitoring or specialized skills
- Profound developmental delays

## **Fact Sheet – Trauma Systems Therapy (TST) Residential (Sakonnet House) - Family Service of RI**

### **Description:**

- Sakonnet House is FSRI's Stabilization and Assessment Center, which is part of the TST Residential continuum. TST Residential is an evidence-informed practice that is aligned with child-welfare best practices, and is individualized and strength-based in its approach.
- Youth served typically have chronic histories of either involvement in the juvenile justice and or mental health system; significant risk and behavioral dysregulations; and/or complex trauma that may include physical abuse, sexual abuse, neglect, and exposure to violence in the home and the community.
- TST Residential is best for those who have experienced complex trauma, and need short-term, clinically focused out-of-home treatment that addresses symptoms of trauma and barriers to reunification and permanency and improves independent living skills.
- Site Location: Sakonnet House, North Smithfield, RI.
- Clients served are from 12-17 years of age in accordance with licensing regulations.
- Staff ratio is 1:3 during first and second shifts and 1:4 during the awake overnight (eight total).
- Duration of services on average is generally less than six (6) months.
- Each program has a full-time program manager, full-time Master's level clinician, and case managers, as well as a full-time nurse and occupational therapist (OT) shared across programs. The program is overseen by a Licensed Independent Clinical Social Worker (LICSW) clinical administrator.
- Children who have experienced complex trauma frequently struggle with day-to-day activities. Therefore, coupled with TST delivered in the residential home and in the community, FSRI offered a unique OT component, delivered in partnership with New England Institute of Technology. OT focuses on social participation, activities of daily living, education, vocational skills, leisure activities to encourage success in daily functioning and reduced symptoms of trauma.
- Progress towards treatment goals is measured and evaluated weekly. Monthly treatment planning disposition meetings are held and trauma safety plans are completed quarterly.
- FSRI will transport clients in need on a 24/7 basis and will provide transportation for caregivers to reduce barriers related to their participation in treatment.
- On call available 24 hours a day, seven days a week.
- Languages spoken: English and Spanish.
- Geographic area: Statewide.
- Emergency referrals to Sakonnet House can be received and processed immediately, including an initial clinical assessment to determine recommendation of level of care need and supports. Initial contact with family/guardian is made within two business days.
- Referrals are generated through DCYF's Central Referral Unit (CRU).

### **Best fit criteria:**

- Treatment may be particularly effective for youth who have previously been victims of childhood sexual abuse or sex trafficking and may display externalizing sexual behaviors.
- Youth who have been exposed to complex trauma that may include physical abuse, sexual abuse, neglect, and exposure to violence in the home and/or community; chronic histories of either involvement in the juvenile justice and/or mental health systems; significant risk and behavioral dysregulation.
- Youth who have traditionally been served in out-of-home treatment in an out-of-state location may be particularly good fits. Treatment may also be successful for youth who identify as LGBTQQI.

**Exclusionary Criteria:**

- Under 12 years of age.
- Is not suitable for youth with developmental disabilities.
- Major mental illness (active, untreated Schizophrenia, psychosis, or sociopathy).
- Active suicidal/homicidal ideation/behaviors.
- Fire setting/animal cruelty.
- Current risk of sexual offending.

Intake: Intake: (401) 331-1350, Ext. 3413 or (401) 282-8018 (cell)

## **Fact Sheet – 30 Day Assessment and Emergency Shelter Program – Jammatt Housing and Community Development Center**

### **Description:**

- 30-day Assessment and Emergency Shelter Center program providing clinical care and assessment in a group home setting for juvenile males ages 13-18 years of age.
- Each youth is assigned a Master's level clinician with a clinician has a caseload not to exceed eight (8) clients per program.
- Within 72 hours of admission, a trauma assessment is completed identifying previous trauma, trauma triggers and coping mechanisms using the Trauma Systems Checklist assessment tool. Within 30 days a comprehensive treatment plan is developed using Ohio Scales and CANS as measurement tools Treatment plan is reviewed 90 days.
- Clients provided one (1) hour of individual therapy by clinician per week, family therapy (when appropriate), one (1) hour of group therapy by clinician per week. Clinical times can increase based on client's need.
- Attachment, Self-Regulation and Competency evidence based treatment model into all its programming. The ARC model is a framework for intervention for youth and families who have experienced multiple and/or prolonged traumatic stress.
- This program's outcomes are the following: Reduction in instances of elopement/truancy; Reduction in instances of aggressive behavior; and Reduced substance abuse. Assessments are referred to other service agencies when necessary to provide a more expansive view of future programming needed. Permanency options explored for time of admission and family engagement is a priority.
- Daily, staff will provide guidance to residence in personal hygiene, basic meal preparation, cooking, housekeeping, shopping, money management and social skills.
- TTC will meet all transportation and associated needs for each youth in placement including transportation for 1) routine and emergency medical, dental and vision appointments 2) purchases of clothing and personal items 3) mental health appointments 4) vocational training, school, and educational advocacy; and 5) family court and other court appearances.
- The agency will assist parents with accessing public transportation or provide transportation to ensure parents participate fully in treatment planning and implementation. Parents can assist with transportation of the youth when appropriate.
- Languages spoken: English and Spanish
- Geographic area: 64 Dartmouth Avenue, Providence, RI (Elmwood neighborhood)
- Referrals are generated through DCYF's Central Referral Unit (CRU).

### **Best Fit Criteria:**

- Adolescent eight males, ages 13-18 years in need of temporary shelter and evaluation due to delinquent behaviors, dependency issues, an inability to return to their home for several reasons or may be in transition.

### **Exclusionary Criteria:**

- Actively homicidal or suicidal.
- Unable to participate in medication management.
- Active medical impairment which prevents mobility or requires hospitalization.
- Under 13 (although exceptions can be approved by DCYF).

## Fact Sheet - Assessment and Stabilization Services (Hills Program) – St. Mary's Home for Children

### Description:

- The primary focus of treatment is residential treatment services that provides stabilization of youth through the provision of a supportive, affirming and structured environment, clinical treatment services, opportunities to spend time in the community and an emphasis on spending time with their families or important adults in their lives.
- Our program operates with a belief that a safe, consistent, therapeutic treatment environment that emphasizes relationship-building, provides youth with opportunities to develop emotional regulation skills, master skills associated with daily living, and repair family relationships.
- Based on the Building Bridges Initiative, our clinicians are being certified to utilize TF-CBT (Trauma Focused-Cognitive Behavioral Therapy).
- Ages of the clients served: Females, 12-17 years of age
- Service is available: 24 hours a day, 7 days a week
- Master's level clinicians typically carry six (6) cases.
- Initial contact is made with the client immediately upon receipt of all necessary approvals.
- Clients receive at least weekly individual and family treatment and multiple group sessions.
- Psychiatric evaluations and medication management are available by our full-time psychiatrist or our part time consulting advanced psychiatric nurse practitioner for youth in need of these services.
- Two (2) full time registered nurses and a CAN comprise our onsite nursing staff
- Regarding family involvement, the agency had grant funding to assist with transportation needs and has set up a voucher system with a local taxi service.
- We also provide transportation to youth in our care who are attending medical appointments and involved in community activities and/or athletics
- Duration of services: 90 days
- The service is provided on the St. Mary's campus and in the community.
- For those youth that qualify for special education, services also include an on-campus special education school.
- Family Therapy and Parent Education is delivered in the primary language of our clients.
- Treatment plan goals are measured and evaluated monthly.
- Languages spoken include English, Spanish and Creole
- Geographic area served: Statewide
- Referrals are generated through the DCYF's Central Referral Unit (CRU).

**Best fit criteria:** The target population is youth involved in the child welfare system who exhibit chronic runaway behaviors, may be victims of sex trafficking and may also exhibit pervasive emotional, behavioral, and psychiatric challenges that interfere with their ability to function at home, school, and in the community.

**Exclusionary Criteria:** Youth not eligible for our services include individuals who require 24 hours medical or nursing care, one-to-one support or meet criteria for ARTS or hospital level care.

Contact Information for the 24/7: After hours, Campus Supervisor (401) 641-3874



## **Fact Sheet – Stabilization, Assessment, and Rapid Re-Integration Program (STARR) – The Key Program**

### **Description:**

- STARR is a short-term placement program for nine (9) females, ages 13-18 years. Focusing on safety and risk factors, barriers to permanency, and precipitating factors that led to out-of-home placement, the STARR program offers services to support a safe and rapid transition to the setting that best meets the referred youth's needs.
- Key's STARR incorporates four evidence-based and/or research informed modalities into its clinical framework: Seeking Safety; Cognitive Behavioral Therapy; Motivational Interviewing; and Family-centered Practice.
- Respite capacity is built into this program model, as it is licensed for 10 adolescent females. For up to six (6) months post discharge from STARR to a home-based setting, both day and overnight respite services at the STARR facility will be available. The maximum length of stay for youth utilizing respite services is seven (7) days.
- Youths who discharge to a home-based setting will have Enhanced Family Support Services in place 30-days prior to discharge from the STARR program.
- Within 24 hours of intake (or the next business day), Key's family case manager will connect with the youth's family in order to begin the family assessment process, identify obstacles to reunification and the family's strengths, needs, abilities and preferences, determine natural and community supports, and begin planning for the youth's reintegration to her home and community. A visitation plan will also be created at this time.
- The program clinician, who holds a Master's degree in social work or counseling, begins the assessment process with the youth within 24 hours of intake (or the next business day), and a Bachelor's level primary caseworker is also assigned to the youth at that time. The family case manager, program clinician, and primary caseworker collaborate and coordinate assessment and treatment planning, including aftercare planning, for the youth and family throughout the youth's stay at the STARR program.
- Most services are delivered at the STARR program; however, services are coordinated across all facets of the youth's life which can include family, schools, or community settings.
- STARR will provide transportation for routine and emergency medical care, counseling appointments, psychiatric or other evaluations, purchasing of clothing and personal items, vocation training, school enrollment and reinstatement, educational advocacy, court appearances, and case plan reviews while also working with the youth to develop the life skills to be able to use public transportation.
- The program will also assist with transportation of family members so they may more fully participate in the assessment and planning process for their child, while also strategizing with families how to obtain transportation in the future.
- Staff to client ratio is 1:3. On the overnight shift, a 1:5 ratio is maintained by awake staff. Length of stay for the STARR program is 1-60 days.
- An initial treatment agreement is completed at intake; an individualized treatment plan is created and implemented within two (2) weeks of intake; treatment plan review meetings occur at days 7, 14, 30 and 45.
- Languages spoken: English, Spanish, Creole, Portuguese.
- Referrals are generated through DCYF's Central Referral Unit (CRU).

### **Best fit criteria:**

- Youth who have experienced trauma; exhibit poor impulse control; have mental health or emotional challenges.

**Exclusionary Criteria:**

- Actively suicidal, homicidal or psychotic; untreated aggressive sexual behaviors or fire setting behaviors; chronic health conditions that require expert monitoring or care; meeting criteria for severity levels 2 or 3 for Autism Spectrum Disorder.

Intakes occur around- the- clock, 365 days per year. For intake, contact (401) 533-1706.

## **Residential Treatment Centers**

## **Fact Sheet - ISAT I Eagles (Intensive Stabilization, Assessment and Program) - Harmony Hill School**

### **Description:**

- ISAT I Eagles offers residential treatment to males 13-18 years old with the most complex and/or imminent safety concerns. Youth are stepping down from or being diverted from psychiatric hospitalization or may be too ill to manage at the RI Training School.
- HHS utilizes the Recovery Model of Mental Health as a framework for all treatment provided in ISAT I (Eagles). Within the Recovery Model framework individual clinicians utilize a variety of commonly accepted treatment modalities including, but not limited to, Trauma Focused- Cognitive Behavioral Therapy (TF-CBT), CBT, Dialectal Behavioral Therapy (DBT skills), Narrative Therapy, Motivational Interviewing, Expressive Therapy and Family Systems Therapy.
- ISAT I youth receive counseling services from their individual licensed Master's level clinician for 90 minutes weekly. Twice-weekly clinical group run by Doctorate level psychologist and initial psychiatric evaluation and weekly appointment for symptom management and medication review. A member of the clinical team is available on campus from 7:00am-7:00pm, Monday-Friday and on-call at all other times for consultation and support. (ISAT youth may attend other groups on campus and are evaluated on a case-by-case basis looking at individual safety.)
- HHS offers youth and families a variety of supporting resources that include but not limited to: safety and crisis intervention, dietary concerns, clothing, medical concerns, personal care items, on campus psychiatric/psychological routine pediatric care, community base visits for general/specific needs, court transportation, and community based support/treatment groups.
- Transportation for family visitation can be provided, as well as supervision of visits on a case-by-case basis. Space for visitation is also provided on campus as well.
- Members of the clinical team provide family therapy at a time and place convenient to parents/guardians/caregivers. Telephone support from an "on call" clinician is available 24/7 when youth are visiting in the community in preparation for reunification. HHS also has 24/7 access to nursing and psychiatric on call.
- Due to the complexity in this unit, staffing ratio are 3:5 (staff to youth) during awake hours and 2:5 during sleep hours. The ISAT I is a five-bed unit to ensure proper supervision of youth experiencing such significant mental health and safety issues.
- HHS provides residential services to youth 24 hours a day 365 day a year. Same day admissions can be arranged.
- Length of time: Typically, from 30-90 days or until they have demonstrated some ability to maintain personal safety.
- Treatment plans are developed within the first 30 days of admission and reviewed/revised every 90 days following. Treatment plan goal data is collected daily on a per shift basis.
- Language: We can communicate with families whom may speak other languages (interpreter services used). Youth must be able to be educated in English.
- Geographic area: HHS services all males 13-18 years old and their families statewide.
- Each referral is reviewed by the admissions team and decisions are made on a case-by-case basis.
- Referrals are generated through DCYF's Central Referral Unit (CRU).

## **Fact Sheet - ISAT II Blue Jays & Cardinals (Intensive Stabilization, Assessment and Program) - Harmony Hill School**

### **Description:**

- ISAT II Blue Jays and Cardinals offer residential treatment to males 13-18 years old who are currently experiencing chronic (Blue Jays) or acute (Cardinals) mental health symptoms. These youths require a high degree of staff support and intervention to maintain safety.
- HHS utilizes the Recovery Model of Mental Health as a framework for all treatment provided in ISAT II (Blue Jays/Cardinals). Within the Recovery Model framework individual clinicians utilize a variety of commonly accepted treatment modalities including, but not limited to, Trauma Focused- Cognitive Behavioral Therapy (TF-CBT), CBT, Dialectical Behavioral Therapy (DBT skills), Narrative Therapy, Motivational Interviewing, Expressive Therapy, and Family Systems Therapy.
- ISAT II youth receive counseling services from their individual licensed Master's level clinician for 60 minutes weekly. Weekly clinical group run by Doctorate level psychologist and initial psychiatric evaluation and bi-weekly appointment for symptom management and medication review. A member of the clinical team is available on campus from 7:00am-8:00pm, Monday-Friday (in the milieu from 3:00pm-8:00pm) and on-call at all other times for consultation and support. (ISAT youth may attend other groups on campus this is evaluated on a case by case basis looking at individual safety.)
- ISAT II also provides the following minimum array of service components: one (1) hour weekly DBT skills training groups by clinical psychologist (campus based), two (2) times monthly psychiatry services (on campus) and a 2:5 staff to student ratio during awake hours as well as during sleep hours.
- HHS offers youth and families a variety of supporting resources that include but are not limited to: safety and crisis intervention, dietary concerns, clothing, medical concerns, personal care items, on campus psychiatric/psychological routine pediatric care, community base visits for general/specific needs, court transportation, and community based support/treatment groups.
- Transportation for family visitation can be provided, as well as supervision of visits on a case-by-case basis. Space for visitation is also provided on campus as well.
- Members of the clinical team provide family therapy at a time and place convenient to parents/guardians/caregivers. Telephone support from an "on call" clinician is available 24/7 when youth are visiting in the community in preparation for reunification. HHS also has 24/7 access to nursing and psychiatric on call.
- Length of Stay: ISAT II youth are typically in this level of care from 90-180 days or until they have demonstrated some ability to improve self-management/ self-control skills.
- Treatment Plans are developed within the first 30 days of admission and reviewed/revised every 90 days following. Treatment plan goal data is collected daily on a per shift basis.
- Language: We can communicate with families whom may speak other languages (interpreter services used). Youth must be able to be educated in English.
- Geographic area: HHS services all males 13-18 years old and their families statewide.
- The admissions team and decisions review each referral are made on a case-by-case basis.
- Referrals are generated through the DCYF's Central Referral Unit (CRU).
- HHS provides residential services to youth 24 hours a day, 365 days a year. Same Day Admissions can be arranged.

## **Fact Sheet - General Treatment Mustangs - Harmony Hill School**

### **Description:**

- General Treatment Mustangs offer residential treatment to males 13-18 years old who can maintain more personal safety. These youths may be involved in juvenile justice, be struggling with behavioral concerns in their homes, schools, and /or communities.
- HHS utilizes the Recovery Model of Mental Health as a framework for all treatment provided in general treatment Mustangs. Within the Recovery Model framework individual clinicians utilize a variety of commonly accepted treatment modalities including, but not limited to, Trauma Focused- Cognitive Behavioral Therapy (TF-CBT), CBT, Dialectal Behavioral Therapy (DBT skills), Narrative Therapy, Motivational Interviewing, Expressive Therapy, and Family Systems Therapy.
- General treatment youth receive counseling services from their individual licensed Master's level clinician for 60 minutes weekly (campus based), minimally one (1) hour weekly family therapy (campus/home base), weekly access to art therapy (campus based), weekly access to recreational therapy (on/off campus), daily individualized education (on campus), daily therapeutic community meetings (unit base), daily access to medication administration by an RN (on campus), psychiatric services 30 days and additionally as needed.
- One-hour weekly skills group(s) (team building, transitional focus activities, daily living skills, anger management skills, conflict resolution skills, wellness, etc.) led by Direct Care staff but may include members from education and/or the clinical/medical departments depending on topics being addressed. Life/daily living skills, and /or transitional skills are tailored to meet the individual needs of each youth, specialized groups may be offered to those youth who have some diagnoses and/or risk related behaviors (i.e., trauma, ODD/conduct issues, LGBTQI), a Work Study program (on campus or off campus) is available to youth who demonstrate consistent levels of appropriate behavior and social interactions.
- Work Study provides youth an opportunity to practice social skills, develop a work ethic, communication skills, money management, and learn employability skills. Building Bridges Program is an alliance between the HHS program and a local nursing home. It affords our youth an opportunity to work with residents of a local nursing home in an intergenerational, supervised visitation program, linkages to outside agencies/services such as ORS, coordination, and collaboration with outside service providers to ensure that transitions are successful and supports are in place.
- Monthly psycho-education groups for parents/guardians, caregivers provided by a member of the clinical staff and direct care staff. Therapeutic visitation is offered on a case by case basis (on/off grounds).
- HHS offers youth and families a variety of supporting resources that include but not limited to: safety and crisis intervention, dietary concerns, clothing, medical concerns, personal care items, on campus psychiatric/psychological routine pediatric care, community based visits for general/specific needs, court transportation, and community based support/treatment groups.
- Transportation for family visitation can be provided, as well as supervision of visits on a case-by-case basis. Space for visitation is also provided on campus as well.
- Members of the clinical team provide family therapy at a time and place convenient to parents/guardians/caregivers. Telephone support from an "on call" clinician is available 24/7 when youth are visiting in preparation for reunification. HHS also has 24/7 access to nursing and psychiatric on call.
- Length of time: Typically, from 270-365 days or until completion of all tasks associated with treatment.
- Treatment Plans are developed within the first 30 days of admission and reviewed/revised every 90 days following. Treatment plan goal data is collected daily on a per shift basis.
- Language: Interpreter services used. Youth must be able to be educated in English.
- Geographic area: HHS services all males 13-18 years old and their families statewide.
- Each referral is reviewed by the admissions team and decisions are made on a case by case basis
- Referrals are generated through the DCYF's Central Referral Unit (CRU) HHS provides residential services to youth 24 hours a day, 365 days a year. Same Day Admissions can be arranged.

## **Fact Sheet - Program for Sexually Abusive Adolescents (PSAA) Lions – Harmony Hills School**

### **Description:**

- PSAA Lions offer residential treatment to males 13-18 years old who have engaged in sexually abusive behaviors. These youths may be involved in juvenile justice system and have engaged in sexually abusive and /or problematic sexual behaviors.
- HHS utilizes the Recovery Model of Mental Health as a framework for all treatment provided in PSAA lions. Within the Recovery Model framework individual clinicians utilize a variety of commonly accepted treatment modalities including, but not limited to, Trauma Focused- Cognitive Behavioral Therapy (TF-CBT), CBT, Dialectal Behavioral Therapy (DBT skills), Narrative Therapy, Motivational Interviewing, Expressive Therapy, and Family Systems Therapy.
- PSAA youth receive counseling services from their individual licensed Master's level clinician for 60 minutes weekly; psychiatric services 30 days and additionally as needed, sexual abuse specific groups occur twice a week including a Trauma Focused Cognitive Behavior Therapy and DBT based coping skills component in addition to Pathways material, family therapy is offered weekly, individual therapy occurs weekly; if there is not a Sexually Abusive youth specific evaluation at the time of admission or there is a Court request or order for HHS to complete the evaluation; a sexually abusive youth specific evaluation will be completed shortly after admission, transitional assessments are completed once all the clinical tasks of the program are completed. Transitional assessment indicates completed clinical tasks, risk and protective factors, on-going sexually abusive specific clinical needs and level of care placement recommendations.
- Harmony Hill School offers youth and families a variety of supporting resources that include but not limited to: safety and crisis intervention, dietary concerns, clothing, medical concerns, personal care items, on campus psychiatric/psychological routine pediatric care, community base visits for general/specific needs, court transportation, and community based support/treatment groups.
- Transportation for family visitation can be provided, as well as supervision of visits on a case-by-case basis. Space for visitation is also provided on campus as well.
- Members of the clinical team provide family therapy at a time and place convenient to parents/guardians/caregivers. Telephone support from an "on call" clinician is available 24/7 when youth are visiting in the community in preparation for reunification. Harmony Hill School also has 24/7 access to nursing and psychiatric on call.
- Length of stay: Typically, from 270-365 days or until they have completed all tasks associated with treatment.
- Treatment plans are developed within the first 30 days of admission and reviewed/revised every 90 days following. Treatment plan goal data is collected daily on a per shift basis.
- Language: We can communicate with families whom may speak other languages (interpreter services used). Youth must be able to be educated in English.
- Geographic area: HHS services all males 13-18 and their families statewide.
- Each referral is reviewed by the admissions team and decisions are made on a case-by-case basis.
- Referrals are generated through DCYF's Central Referral Unit (CRU). HHS provides residential services to youth 24 hours a day, 365 days a year. Same Day Admissions can be arranged.

## **Fact Sheet – Juvenile Justice Focused Residential Treatment Center – Ocean Tides**

### **Description:**

- Juvenile Justice (TCP/Probation) focused RTC model will provide milieu therapy with structure and services to effectively address the reasons for placement with on-site psychiatric and psychological services, clinical services which offers comprehensive array of strength and evidence based therapeutic modalities designed to offer hope, foster growth, and improve the lives of the male adolescents and families we serve focusing on critical issues of trauma, abuse, neglect, problematic behaviors, substance abuse, mental health, family reunification, safety and well-being, and taking into account the effect of toxic trauma and adverse childhood experience.
- The program is developed based on the Lasallian Care Model and using the Service Outcome Action Research model.
- Program serves 13-19-year-old males, generally high school students, consideration to select 13-year-olds, 7<sup>th</sup> & 8<sup>th</sup> graders.
- RTC services are provided 24/7, 365 days/year; standard business office hours.
- Staffing qualifications are as follows: Counselors have a MA/MS/MSW, Residential Counselors/Case Managers have a BA; and teachers are RIDE certified.
- Interviews are scheduled within 72 hours of referral; RITS/Detention interviews conducted weekly or upon request.
- Youth receive 24/7 care, supervision, and guidance. Social Service staff provide weekly counseling sessions (50 minutes) with each youth and weekly contact with family member/caregiver. At least 90 minutes of family/caregiver counseling is provided each month through RTC program. Counseling agenda is individualized to each youth.
- Social service counselor practice trauma informed care with specialties in grief, identifying triggers/beliefs that produce anger, family relationships and dynamics, substance abuse and sexual/relational boundaries counseling. Counselors are integrated into the daily activities of every youth in care which allows residents the opportunity for counseling and support as needed.
- Length of service: Based on orders of Family Court (TCP) and completion of treatment goals (flexibly targeting 6-9 months or longer per charges/sentence; aftercare/transitional services up to three months).
- Location: 635 Ocean Road, Narragansett (RTC); Hillside Ave., Providence (Transition Services Office)
- Monthly review of treatment plan including progress toward goals and transition to permanency
- Languages Spoken: Youth must be able to communicate in English; limited availability for Spanish speaking family services.
- Geographic Area: Statewide
- Referrals are generated through DCYF's Central Referral Unit (CRU).

### **Best Fit Criteria:**

- Males 14-19 years old, non-violent behaviors or offenses, juvenile delinquent with limited gang involvement, able to be cared for in a non-secure residential treatment center environment. Youth must be able to function in a large peer group setting, have some readiness to address behaviors and issues, be prepared to engage in school program and want a better future for themselves. Each referral is reviewed on a case-by-case basis with real time considerations to individual needs, juvenile delinquent youth interested in creating their better future.



**Exclusionary Criteria:**

- Female
- History of violence, arson or self-harm that would jeopardize safety of youth or others in non-secure setting.
- Severe mental health issues; psychosis, severe educational impairments.
- Drug addiction requiring detox or inpatient addiction services.
- Major gang/street involvement that would obstruct or prevent participation in treatment.
- Physical handicaps that prevent easy use of stairs and significant walking.
- Non-compatibility with current group of resident youth (gang, street, or other issues-inherent conflicts to safety).
- Clinical or service history that indicates likelihood to jeopardize safety of self or community in non-secure setting.

## **Fact Sheet - High End Residential Treatment – Horton Unit - St. Mary's Home for Children**

### **Description:**

- The primary focus of treatment is residential treatment services. Our goal is to reduce length of stay in the residential intervention to 3-6 months, followed by six (6) months of continued service in the home through EOS and other third party funded services.
- Increasing the caretaker's ability to cope during and after the residential intervention, along with improving functioning and relationships in the home, are key elements of the program which will lead to improved long-term outcomes.
- Based on the Building Bridges Initiative, our clinicians utilize TF-CBT (Trauma Focused-Cognitive Behavioral Therapy)
- Home based treatment elements of our program (which start at referral) are provided by a PSN Partner and Family Liaison (position that are above and beyond traditional residential milieu and clinical supports) in conjunction with the individual or family clinician.
- Ages of the clients served: 13-18 years old
- Service is available: 24 hours a day, 7 days a week
- Master's level clinicians typically carry six (6) cases.
- Initial contact is made with the client immediately upon receipt of all necessary approvals.
- Clients receive at least weekly individual and family treatment and multiple group sessions.
- Family engagement, involvement of natural supports, community and neighborhood resources are top priorities of our program model.
- With assistance from our PSN Partners and assigned Family Liaisons, we provide care coordination and case management and ensure that basic needs are met, help navigate systems issues, and advocate for the families we serve.
- Duration of services: 4-6 months
- The service is provided on the St. Mary's campus, in families' homes, and in the community.
- For family sessions and/or community-based work with the families we serve, we and our partner (Parent Support Network) offer transportation to ensure consistent time with family takes place as frequently as can be arranged, often multiple times per week.
- Psychiatric evaluations and medication management are available by our full-time psychiatrist or our part time consulting advanced psychiatric nurse practitioner for youth in need of these services.
- Two (2) full time registered nurses and a CAN comprise our onsite nursing staff.
- For those youth that qualify for special education, services also include us on-campus special education school.
- We also provide transportation to youth in our care who are attending medical appointments and are involved in community activities and/or athletics.
- Treatment plan goals are measured and evaluated quarterly and more frequently as needed.
- Languages spoken include English, Spanish, and Creole
- Geographic area served: Statewide
- Referrals are generated through DCYF's Central Referral Unit (CRU).

**Best fit criteria:** The target population is youth involved in the child welfare system who exhibit pervasive emotional, behavioral, and psychiatric challenges that interfere with their ability to function at home, school and in the community.

- We hope to prevent youth from being sent to out-of-state placements.
- We hope to provide an avenue to bring youth back to RI from out-of-state.
- We serve youth and families with significant trauma histories (sexual and physical abuse, neglect, witnessing domestic violence, multiple placement disruptions).

**Exclusionary Criteria:** Youth not eligible for our services include individuals who require 24 hours medical or nursing care, youth who are pregnant, and youth with IQ under 60.

Contact Information for the 24/7 campus supervisor - (401) 641-3874

## **Fact Sheet - High End Residential Treatment – Hope Unit – St. Mary's Home for Children**

### **Description:**

- The primary focus of treatment is residential treatment services. Our goal is to reduce length of stay in the residential intervention to 3-6 months, followed by six (6) months of continued service in the home through EOS and other third party funded services.
- Increasing the caretaker's ability to cope during and after the residential intervention, along with improving functioning and relationships in the home, are key elements of the program which will lead to improved long-term outcomes.
- Based on the Building Bridges Initiative, our clinicians utilize TF-CBT (Trauma Focused-Cognitive Behavioral Therapy).
- Home based treatment elements of our program (which start at referral) are provided by a PSN Partner and Family Liaison (position that are above and beyond traditional residential milieu and clinical supports) in conjunction with the individual or family clinician.
- Ages of the clients served: 13-18 years old
- Service is available: 24 hours a day, 7 days a week
- Master's level clinicians typically carry six (6) cases.
- Initial contact is made with the client immediately upon receipt of all necessary approvals.
- Clients receive at least weekly individual and family treatment and multiple group sessions.
- Family engagement, involvement of natural supports, community and neighborhood resources are top priorities of our program model.
- With assistance from out PSN Partners and assigned Family Liaisons, we provide care coordination and case management and ensure that basic needs are met, help navigate systems issues and advocate for the families we serve.
- Duration of services: 4-6 months
- The service is provided on the St. Mary's campus, in families' homes, and in the community.
- For family sessions and/or community-based work with the families we serve, we and our partner (Parent Support Network) offer transportation to ensure consistent time with family takes place as frequently as can be arranged, often multiple times per week.
- Psychiatric evaluations and medication management are available by our full-time psychiatrist or our part time consulting advanced psychiatric nurse practitioner for youth in need of these services.
- Two (2) full time registered nurses and a CAN comprise our onsite nursing staff.
- For those youth that qualify for special education, services also include an on-campus special education school.
- We also provide transportation to youth in our care who are attending medical appointments and involved in community activities and/or athletics.
- Treatment plan goals are measured and evaluated quarterly and more frequently as needed.
- Languages spoken include English, Spanish, and Creole
- Geographic area served: Statewide
- Referrals are generated through DCYF's Central Referral Unit (CRU).

**Best fit criteria:** The target population is youth involved in the child welfare system who exhibit pervasive emotional, behavioral and psychiatric challenges that interfere with their ability to function at home, school and in the community.

- We hope to prevent youth from being sent to out-of-state placements.
- We hope to provide an avenue to bring youth back to RI from out-of-state.
- We serve youth and families with significant trauma histories (sexual and physical abuse, neglect, witnessing domestic violence, multiple placement disruptions).

**Exclusionary Criteria:** Youth not eligible for our services include individuals who require 24 hours medical or nursing care, youth who are pregnant, and youth with IQ under 60.

Contact Information for the 24/7 campus supervisor - (401) 641-3874

## **Fact Sheet - High End Residential Treatment – Mauran Unit - St. Mary's Home for Children**

### **Description:**

- The primary focus of treatment is residential treatment services. Our goal is to reduce length of stay in the residential intervention to 3-6 months, followed by six (6) months of continued service in the home through EOS and other third party funded services.
- Increasing the caretaker's ability to cope during and after the residential intervention, along with improving functioning and relationships in the home, are key elements of the program which will lead to improved long-term outcomes.
- Based on the Building Bridges Initiative, our clinicians utilize TF-CBT (Trauma Focused-Cognitive Behavioral Therapy)
- Home based treatment elements of our program (which start at referral) are provided by a PSN Partner and Family Liaison (position that are above and beyond traditional residential milieu and clinical supports) in conjunction with the individual or family clinician.
- Ages of the clients served: mixed gender, ages 8-12 years old
- Service is available: 24 hours a day, 7 days a week
- Master's level clinicians typically carry six (6) cases.
- Initial contact is made with the client immediately upon receipt of all necessary approvals.
- Clients receive at least weekly individual and family treatment and multiple group sessions.
- Family engagement, involvement of natural supports, community and neighborhood resources are top priorities of our program model.
- With assistance from our PSN Partners and assigned Family Liaisons, we provide care coordination and case management and ensure that basic needs are met, help navigate systems issues and advocate for the families we serve.
- Duration of services: 4-6 months
- The service is provided on the St. Mary's campus, in families' homes, and in the community.
- For family sessions and/or community-based work with the families we serve, we and our partner (Parent Support Network) offer transportation to ensure consistent time with family takes place as frequently as can be arranged, often multiple times per week.
- Psychiatric evaluations and medication management are available by our full-time psychiatrist or our part time consulting advanced psychiatric nurse practitioner for youth in need of these services.
- Two (2) full time registered nurses and a CAN comprise our onsite nursing staff.
- For those youth that qualify for special education, services also include our on-campus special education school.
- We also provide transportation to youth in our care who are attending medical appointments and are involved in community activities and/or athletics.
- Treatment plan goals are measured and evaluated quarterly and more frequently as needed.
- Languages spoken include English, Spanish and Creole
- Geographic area served: Statewide
- Referrals are generated through DCYF's Central Referral Unit (CRU).

**Best fit criteria:** The target population is youth involved in the child welfare system who exhibit pervasive emotional, behavioral and psychiatric challenges that interfere with their ability to function at home, school and in the community.

- We hope to prevent youth from being sent to out-of-state placements.
- We hope to provide an avenue to bring youth back to RI from out-of-state.
- We serve youth and families with significant trauma histories (sexual and physical abuse, neglect, witnessing domestic violence, multiple placement disruptions).

**Exclusionary Criteria:** Youth not eligible for our services include individuals who require 24 hours medical or nursing care, youth who are pregnant, and youth with IQ under 60.

Contact Information for the 24/7 campus supervisor - (401) 641-3874

## **Fact Sheet –Community Residential Program (CRP) – The Groden Center**

### **Description:**

- CRP provides a comprehensive and effective alternative to institutionalization for children and youth exhibiting autism spectrum disorders, significant behavioral disorders, psychiatric disorders, and other developmental disabilities.
- Children and youth who reside at the Groden Center present a profile whose primary features include severe communication and social deficiencies and serious problems such as aggressiveness, self-injury, or excessively high rates of motor activity.
- The services provided through the program include a range of therapeutic educational, social, and recreational services designed to meet this goal. All services in the program are deeply rooted in commonly accepted behavioral procedures developed under the rubric of Applied Behavior Analysis (ABA) and positive behavior support. In addition, the program applies innovative approaches such as relaxation therapy, imaginary-based procedures, cognitive therapy, and social skills training.
- CRP's residences serve children/youth referred by the Department of Children, Youth, and Families, ages 12 to 21 years.
- CRP maximizes groups residences in four (4) local communities for children/youth who need an alternative home for variety of reasons. Their purpose is to provide a living environment that is as close to a typical home life as possible, while fostering independent functioning in their home and community in the least restrictive environment possible.
- Program includes a broad range of therapeutic, educational, vocational, social, and recreational services.
- Initial treatment plan is developed within 30 days of enrollment outlining positive behavior supports, initial targets for skills building, and initial goals for family involvement.
- CRP operates 24 hours a day, 7 days a week.
- Programs are carefully coordinated with the Groden school program, which all residential children/youth attend. Groden North and Groden South Schools operate year-round, five days a week from 8:30am - 3:30pm, Monday through Friday. One-to-one staffing is available if required for safety.
- Parents remain integral in child's life, visiting frequently at the home, participating in home functions, and taking their children out for meals, community trips, and/or overnights visits. Parents have access to multiple forms of parent training and support designed to develop their ability to successfully support their child in their home.
- A clinician and a program manager are on-call always. Direct nursing service is available 40 hours a week and on-call nursing is provided always.
- CRP is designed to provide residential service of the shortest duration possible.
- Treatment team reviews individual progress on an ongoing basis; treatment plans are updated and modified based on data review and progress.
- CPR has four locations.
- Languages in addition to English and access to translators, if needed.
- Referrals are generated through DCYF's Central Referral Unit (CRU).

### **Best fit criteria:**

- Severe communication and social deficiencies and serious problems such as aggressiveness, self-injury, or excessively high rates of motor activity.
- Individuals whose acceptance into our community's essential social system (e.g., home, school, public areas) is prevented, or at least jeopardized, by differences and problems.



**Exclusionary Criteria:**

- Medical conditions requiring continued on-site nursing, active suicidal or homicidal ideation, fire-setting, or sexually aggressive behavior.

## **Group Care - Developmentally Disabled**

## **Fact Sheet –Adolescent Developmental Disabilities Program (ADDP) – Whitmarsh Corp.**

### **Description:**

- The ADDP provides a residential setting for the assessment, stabilization, and treatment of mild to moderately developmentally disabled youth, youth with learning disorders, and youth with co-occurring severe mental health needs. Youth will receive high-intensity case management, milieu therapy, individual, group, and family therapy, and other specialized treatment as indicated by their individual needs. The ADDP offers additional services such as life skills coaching, art therapy, therapeutic drumming, and aftercare services.
- The ADDP will utilize Integrated Clinical Services' evidence-based, DBT-informed clinical services for individual and group therapy, a model developed by Julie Brown, Ph.D., whose findings have been published in peer-reviewed psychiatric journals. Milieu therapy will use the framework of the evidence-based Attachment, Self-Regulation, and Competency model.
- The ADDP serves male clients ages 13-17, 24 hours a day, 7 days per week.
- The Whitmarsh Supervisor on Duty can be reached at (401) 270-2300.
- Residential staff are required to have a minimum of a high school diploma with a BA in human services preferred. The program director/case manager has a BA and is a Master's level clinical intern. All clinical services are provided by licensed therapists. The ADDP is a (6) six-bed, community-based facility.
- The ADDP will notify the CRU of its decision to interview, waitlist, accept, or reject a referral within three (3) days of the referral's receipt. Once accepted, the program can typically admit a client within 1-2 business days, although this may vary depending on the complexity of the youth's needs and services required.
- The client is supervised by program staff 24/7. Clinical services typically occur once per week, although this varies per the youth's needs.
- Anticipated length of stay is 3-12 months, depending on the youth's needs and permanency plan.
- The ADDP is located in Providence, RI.
- Treatment plan goals are evaluated internally monthly. Full treatment team reviews are conducted every 90 days.
- Primary language is English, although the agency does employ staff who speak Spanish and various African dialects. Every effort will be made to meet the language needs of incoming youth.
- The ADDP serves all of Rhode Island.
- The ADDP provides transportation for youth for school, appointments, and work as needed using agency vehicles and RIPTA bus passes.

### **Best fit criteria:**

- Cognitive impairments and developmental disabilities, including but not limited to intellectual disabilities, Autism Spectrum Disorder, and learning disabilities.
- Youth with severe behavioral and mental health needs, including those who have historically had high rates of out-of-state placement.

### **Exclusionary Criteria:**

- Lack of formal or rule-out diagnosis of mild to moderate developmental disabilities, learning disorders, or other cognitive impairments.
- Diagnosis of a severe or profound development disability.
- Medical fragility.

## **Fact Sheet - Developmental Disabilities Therapeutic Group Home – Jammat Housing and Community Development Center**

### **Description**

- Community based residential treatment program for complex youth with developmentally disabilities; providing clinical care in a therapeutic group home setting for adolescent males ages 14-21 years old.
- Each youth is assigned a Master's level clinician with a caseload not to exceed eight (8) clients per program.
- Within 72 hours of admission, a trauma assessment is completed identifying previous trauma, trauma triggers and coping mechanisms using the Trauma Systems Checklist assessment tool. Within 30 days a comprehensive treatment plan is developed using Ohio Scales and CANS as measurement tools. Treatment plan is reviewed every 90 days and annually.
- Clients provided one (1) hour of individual therapy by clinician per week, family therapy (when appropriate), and one (1) hour of group therapy by clinician per week. Clinical times can increase based on client's need.
- Attachment, Self-Regulation, and Competency evidence based treatment model has been incorporated into all its programming. The ARC model is a framework for intervention for youth and families who have experienced multiple and/or prolonged traumatic stress.
- This program's outcomes are the following: reduction of instances of self-harm/ and or aggressive behavior, improved hygiene, ability to follow direction and routine, basic meal preparation, cooking, housekeeping, shopping, money management, and social skills.
- Improved family communication and functioning and or/natural supports and/or explore and help facilitate other permanency options such as foster care, adoption, and mentors.
- TTC offers school advocacy and integration into public schools (or education in the least restrictive environment), as well as access to recreational and vocational programming.
- Transportation: TTC will meet all transportation and associated needs for each youth in placement including transportation for 1) routine and emergency medical, dental and vision appointments 2) purchases of clothing and personal items 3) mental health appointments 4) vocational training, school, and educational advocacy, and 5) family court and other court appearances.
- The agency will assist parents with accessing public transportation or provide transportation to ensure parents participate in treatment planning and implementation. Parents can assist with transportation.
- Languages spoken: English and Spanish
- Geographic area: 14 Lake Street, Warwick, RI
- Referrals are generated through DCYF's Central Referral Unit (CRU).

### **Best Fit Criteria:**

- Adolescent males (ages 14-21) who have developmental or intellectual disabilities along with psychiatric or behavior disorders requiring placement in a caring, nurturing and structured environment that can help participants learn to manage aggressive or disruptive behaviors.

### **Exclusionary Criteria:**

- Lack of developmental or intellectual disability or a cognitive ability which exceeds 70.
- Actively homicidal or suicidal.
- Unable to participate in medication management.
- Active medical impairment which prevents mobility or requires hospitalization.
- Under 13 (although exceptions can be approved by DCYF).

## **Group Care – Adolescent Female**

## **Fact Sheet – Trauma Systems Therapy (TST) Residential (Wilson) - Family Service of RI**

### **Description:**

- TST Residential is aligned with child-welfare best practices, and is individualized and strength-based in its approach.
- Clients served are from twelve (12) to seventeen (17) years old.
- Each program has a full-time program manager, full-time clinician, and case managers, as well as a full-time nurse and occupational therapist (OT) shared across programs. The program is overseen by a Licensed Independent Clinical Social Worker (LICSW) clinical administrator.
- Upon referral, initial contact with family is made within two (2) business days.
- TST Residential is responsive to the needs of clients on a 24/7 basis.
- TST Residential is best for those who have experienced complex trauma, and need short-term, clinically focused out-of-home treatment that addresses symptoms of trauma and barriers to reunification and permanency and improves independent living skills.
- Progress towards treatment goals are measured and evaluated weekly.
- On call available twenty-four (24) hours a day, seven (7) days a week.
- Languages spoken: English and Spanish
- Geographic area: Statewide

### **Best fit criteria:**

- Engages and involves families and the community in a youth's care from the moment of intake, making clear that the focus of treatment from the beginning is discharging to permanency.
- Treatment may be particularly effective for youth who have previously been victims of childhood sexual abuse or sex trafficking and may display externalizing sexual behaviors.
- Youth who have traditionally been served in out-of-home treatment in an out-of-state location, may be particularly good fits, as the program offers more frequent, local access to primary caregivers and families. Treatment may also be successful for youth who identify as LGBTQQI.

### **Exclusionary Criteria:**

- Under twelve (12) years of age
- Is not suitable for youth with developmental disabilities

Intake: (401) 519-2280

## **Fact Sheet - Lincoln House - Bradley Hospital**

### **Description:**

- Short-term community based Adolescent Residential Treatment program for adolescents with Serious Emotional Disorders (SED) and their families/caregivers.
- Adolescents will live together in a therapeutic community while working on behavioral, emotional, and social difficulties they encounter at home and in the community. During this period, the adolescent and parent/caregiver are expected to participate in treatment.
- The program follows a Dialectical Behavior Therapy- Adolescent (DBT-A) treatment model. DBT-A is an empirically validated treatment.
- The program serves adolescent females age 13-18 years old who are still in school.
- The program includes clinical assessments and treatment planning, medication management, individual therapy, family therapy, adolescent skills training, caregiver education, clinical and milieu coaching in skills generalization, school consultation, educational support, 24-hour supervision and support, case management, care coordination, and discharge planning.
- The residential program operates 24/7 and staff is available for both the resident and the family/adult support.
- The clinical team is led by a licensed independent practitioner and includes a registered nurse, Master level clinicians and milieu staff all trained in DBT-A. The clinical team leader provides clinical and administrative.
- The clinical manager processes referrals and determines the eligibility for admission within two (2) business days.
- Both the DBT-A residential program staff and the Bradley Mindful Teen will provide DBT-A treatment. The clinical staff, of both programs participates in a DBT-A consultation team and the staff in each program has discrete functions. Bradley Mindful Teen treatment will be billed separately and consists of treatment on the Bradley Hospital campus twice per week. The role of the Mindful Teen program is to deliver DBT-A treatment including weekly individual treatment, family treatment if needed, and multifamily DBT-A skills group. The DBT-A team is available to the youth and parent/adult mentor for 24-hour phone coaching.
- The residential program utilizes a DBT-A model to establish and maintain a safe, DBT-A therapeutic residence and to reinforce generalization of skills in a safe environment. The DBT-A residential program provides 24-hour supervision, daily care, treatment planning, discharge planning, clinical case management, and manages medical care and prescribed medication. The residential team clinical staff leads twice weekly skills practice group, provides daily skills coaching, daily diary card review, reinforces skills and behaviors learned during the week's multifamily DBT-A group, teaches daily life skills, coordinates education planning, supervises community and recreational activities, supervises parent/family visits, and transports youth as needed.
- The primary role of the milieu therapist is the supervision of the residents, maintenance of a DBT-focused therapeutic environment and management of daily schedule
- Minimum staff to adolescent ratio is 1:3 during awake hours and 2:8 residents during sleep hours.
- Anticipated length of stay in residence is 3-6 months.
- Progress is measured weekly. Treatment plans are reviewed and modified every 90 days and as needed.
- Primary language is English. Interpreter services may be arranged when appropriate.
- Referrals are accepted statewide.
- Referrals are generated through DCYF's Central Referral Unit (CRU).

**Best fit criteria:**

- Adolescent presents with a recent history of at least one episode of suicidal behavior (plan, intent, and/or attempt), non-suicidal self-injury, and/or more than one episode of other high –risk impulsive behavior (such as aggression, elopement, risky sexual behavior, etc).
- Less intensive levels of care have been unsuccessful in resolving high-risk behaviors, and/or the adolescent’s level of acuity and existing safety concerns render them inappropriate for a lower level of care.
- The adolescent has exhibited the ability to remain free of any life-threatening behavior for a minimum of four weeks.
- Adolescent exhibits difficulties in at least three of the five problem areas associated with features of Borderline Personality Disorder in adolescence: 1) dissociation/confusion about self; 2) mood dysregulation; 3) impulsive behaviors when distressed; 4) instability in interpersonal relationships; 5) significant child-caregiver conflict.
- Adolescent additionally meets DSM-V/ICD-10 criteria for a mood and/or anxiety disorder.
- Adolescent’s cognitive functioning is within the low average range or higher.
- Adolescent is committed to participating in treatment, to remaining alive and learning to refrain from self-injury, and to remaining in the residential setting. The adolescent does not currently have a plan or intent for suicide, and is not threatening to elope from treatment program.
- Adolescent has a parent/caregiver, mentor, visiting resource, or prospective foster parent who is able and willing to participate in treatment program, or such an adult can be identified, by the program on the adolescent’s behalf.

**Exclusionary Criteria:**

- Significant learning or developmental issues that would render youth unable to participate in and benefit from treatment programming.
- Adolescent with active psychosis, active unmanaged mania, homicidal ideation, severe violent behavior, or any other acute psychiatric or behavioral problem that would render them unable to effectively participate in treatment programming.
- Adolescent with a substance abuse/dependence disorder that would impede their ability to participate in treatment effectively.

Lincoln House- 34 Harris Ave., Lincoln 401-365-6009.



## **Fact Sheet – Girard Program for Girls – Child & Family**

### **Description:**

- The primary goal of this program is to provide a safe, temporary, trauma-informed, treatment-informed environment that will assist youth in effectively address their emotional, behavioral, and psychiatric needs.
- Our staff secure programs provide a highly structured milieu of trauma informed treatment based on the ARC Model (Attachment, Self-Regulation, and Competency) and 24-hour monitoring. Girard provides a structured milieu for females who have been involved in the legal systems on numerous occasions.
- Females ages 13-18 years old.
- ARC is an evidenced informed treatment model; Staff are trained in Trauma Informed Care and Therapeutic Crisis Intervention.
- Program staff are able to provide staff coordination of and transportation to medical, dental, psychiatric, educational, family, vocational and legal appointments; as well as coordination of and/or access to educational groups aimed at improving the youth's ability to function in a successful manner in the community.
- 24/7 supervision with a highly trained TCI (Therapeutic Crisis Intervention Certified) direct care worker; 24-hour on-call available at (401) 662-2773; staff ratio 1:3 during the day and 1:4 during the overnight with awake staff and on-staff nursing that provides after-hour on call for medication management support and minor medical consultation.
- Crisis management – Clinical support and coordination for psychiatric emergencies.
- A comprehensive assessment of the child/adolescent and the development of a treatment plan that identifies short-term and permanency options for the youth.
- Licensed clinicians assigned to each case; all clinical care and services are directed by a licensed clinical supervisor.
- On staff psychiatrist – psychiatric assessment, monthly med management, as well as regular staff consultation.
- Staff encourages and make every effort to promote the involvement of caregivers and family members in all aspect of treatment including service planning, family therapy, and trauma-focused psycho-educational opportunities. Also, staff involves DCYF staff throughout the entire treatment process to encourage timely reunification.
- Clients meet with clinicians at least weekly. Group therapy will be provided by the program's clinician on a weekly basis. Treatment team meetings are monthly to review treatment plan.
- Expected length of stay is 9-12 months depending on the complexity of needs.
- Referrals are generated through DCYF's Central Referral Unit (CRU).

### **Best fit criteria:**

- Females are accepted as a condition of probation, ordered from family court, or as Temporary Community Placement after leaving the Rhode Island Training School. Presenting problems may include truancy, involvement with the legal system, verbal and minor physical aggression, substance abuse, AWOL, and oppositional and defiant behaviors. The severity of their behaviors has inhibited their ability to function effectively across various domains including social, psychological, academic, and within the home setting.

**Exclusionary Criteria:**

- Active and severe suicidal ideation- not being able to contract for safety, active and severe aggressive behaviors (towards peers and staff), severe self-injurious behaviors, or active homicidal ideation, active and severe substance abuse, active and severe psychotic/manic symptoms and behaviors, youth who display unprovoked assaultive behaviors.

Outcomes: 70% of youth served in this program will have a decrease in emotional/behavioral dysregulation as evidenced by CANS within 6 months of treatment; 80% of the youth served in this program will be ready to step down into lower level care after 6 months; Decrease the number of youth who discharge to “AWOL” or Higher Level of Care by 20%.

## **Fact Sheet – Portsmouth Center Program for Girls - Child & Family**

### **Description:**

- Portsmouth is designed to support youth in effectively addressing their trauma and psychiatric/behavioral challenges to increase their overall level of functioning.
- Our staff secure programs provide a highly structured milieu of trauma informed treatment based on the ARC Model (Attachment, Self-Regulation, and Competency) and 24-hour monitoring. The program staff receives ongoing training and regular psychiatric, trauma informed consultation to provide quality services to the clients.
- ARC is an evidenced informed treatment model. Staff are trained in Trauma Informed Care and Therapeutic Crisis Intervention serving females ages 13-18 years old.
- Program staff can provide staff coordination of and transportation to medical, dental, psychiatric, educational, family, vocational and legal appointments; as well as coordination of and/or access to educational groups aimed at improving the youth's ability to function in a successful manner in the community.
- 24/7 supervision with a highly trained TCI (Therapeutic Crisis Intervention Certified) direct care worker; 24-hour on-call available at (401) 662-2773; staff ratio 1:3 during the day and 1:4 during the overnight with awake staff and on-staff nursing that provides after-hour on call for medication management support and minor medical consultation.
- Crisis management – Clinical support and coordination for psychiatric emergencies.
- A comprehensive assessment of the child/adolescent and the development of a treatment plan that identifies short-term and permanency options for the youth.
- Licensed clinicians assigned to each client; DBT skills are integrated into the treatment model. All clinical care and services are directed by a licensed clinical supervisor.
- On staff psychiatrist – psychiatric assessment, monthly med management, and regular staff consultation.
- Staff encourages and make every effort to promote the involvement of caregivers and family members in all aspect of treatment including service planning, family therapy, and trauma-focused psycho-educational opportunities. Also, involving and integrate youth's family and DCYF (FSU/Probation) throughout the entire treatment process to encourage timely reunification. Work with the family can occur within the program.
- Clients meet with clinicians at least weekly; group therapy will be provided by the program's clinician on a weekly basis. Treatment team meetings are monthly to review treatment plan.
- Expected length of stay is 9-12 months depending on the complexity of needs.
- Referrals are generated through DCYF's Central Referral Unit (CRU).

### **Best fit criteria:**

- History of trauma, neglect and abuse, mental health diagnosis, history of trafficking, suicidal ideation, minor to moderate self-injurious behaviors, history suicide attempts, homicidal ideation as long as not active and youth is contracting for safety, substance abuse as long as not active, youth needing higher level of care/youth returning from out-of-state provider or stepping down from higher level of care

### **Exclusionary Criteria:**

- Not being able to contract for safety, active and severe aggressive behaviors (towards peers and staff), active and severe suicidal ideation, severe self-injurious behaviors, or active homicidal ideation, active and severe substance abuse, active and severe psychotic/manic symptoms and behaviors, youth who display unprovoked assaultive behaviors.

Outcomes: 70% of youth served in this program will have a decrease in emotional/behavioral dysregulation as evidenced by CANS within 6 months of treatment; 80% of the youth served in this program will be ready to step down into lower level care after 6 months; Decrease the number of youth who discharge to “AWOL” or Higher Level of Care by 20%.

## **Group Care – Adolescent Male**

## **Fact Sheet – Boys 1:3 Group Home - Devereux**

### **Description:**

- A 1:3 ratio, eight (8) bed, community based group home that achieve the following goals: identify and ameliorate barriers to living in a family or community setting, ensure youth and families develop necessary skills to function safely and effectively in their community, and promote lifelong connection for youth and their families.
- Clients served age range is from 13 through 18 years old.
- Clinical model is primarily Applied Behavior Analysis (ABA), will also infuse TF-CBT, DBT, PBIS and Risking Connections Trauma Informed Care.
- A key feature of the Devereux 1:3 program is the incorporation of Positive Behavioral Interventions and Supports (PBIS) into the therapeutic milieu. It is a multi-tiered ecological behavioral treatment model that uses a broad range of systemic and individual strategies for preventing problem behavior and improving supports for youth with emotional and behavioral disorders.
- Clinical and milieu treatment will focus on the amelioration of symptoms such as Self-Injuries Behavior(SIB), aggression, elopement, Problematic Sexualized Behavior (PSB), and deficits in self-preservation.
- Treatment will also focus on the acquisition of independent living skills, adaptive coping strategies, and skill generalization.
- Primary goal is to provide the indicated treatment and ensure that referred youth can safely transition to their home or community with sustained positive outcomes.
- A major goal of 1:3 services is to create strong and coordinated partnerships with families, youth, and the community to ensure comprehensive services that meet the needs of families and youth served.
- Each youth is assigned a Master's level clinician, who will provide individual and family therapy on a weekly basis.
- With the guardian's support, clinicians will reach out to siblings to schedule visits and activities.
- Programming will include educational assistance in the form of coordinating the youth's enrolment and continued collaboration with the school on the attainment of positive educational outcomes.
- The program will collaborate with Community Care Alliance on securing the appropriate service linkage for youth served.
- Progress towards treatment goals are measured and evaluated weekly.
- On-call available 24 hours a day, seven days a week.
- Languages spoken: English, Spanish and French.
- Geographic area: Statewide
- Referrals are generated through DCYF's Central Referral Unit (CRU).

### **Best fit criteria:**

- Male youth aged between 13 years and 18 years, who meet some or all the following criteria, are deemed eligible for 1:3 services; youth with severe behavioral and mental health needs; youth presenting with barrier behaviors preventing them from succeeding in family based settings; youth in need of services that provide rapid and sustained step down to a family based setting or other successful permanency options.

**Exclusionary Criteria:**

- Sexual Perpetrator, (Moderate to severe sexually abusive behaviors).
- Needs Inpatient Setting.
- Extensive Criminal Involvement, (Against People, Weapon, no probation/parole involvement).
- Extreme Aggression, (Unprovoked, Impulsive, random, significant injury toward staff).
- Fire Setting, (Moderate to Severe).
- Intensive, Inpatient, Drug and Alcohol treatment required.
- Medical needs cannot be met.
- Actively suicidal.
- Needs Secure/Locked setting.
- PICA.
- Eating Disorder, (Acute/Chronic).
- Pregnant.
- Extensive Gang Involvement
- Traumatic Brain Injury

## **Fact Sheet – Family Home Program - Boys Town**

### **Description:**

- The Family Home Program provides strength-based, trauma-informed residential services to youth in DCYF care, to address and stabilize children that require a higher placement level than foster care.
- Boys Town's Residential Family Home Program is an evidence-based program that provides quality and professional services through its highly researched Boys Town Model of Care. The Model is centered on teaching children skills and how to build healthy relationships, it is flexible and individualized, well-defined, and replicable. This puts children first and ensures their safety, permanency, and well-being.
- Three Family Homes are identified to serve male youth ages 11 through 18, and one home is identified to serve male and female youth ages 5 through 12, and can accommodate sibling sets.
- The Family Teachers, who reside in the home, and Assistant Family Teachers are the primary care agents; they provide supervision and care 24 hours a day, 7 days a week. Consultation and support is also available and accessible to direct care staff 24/7. Assistant Family Teachers also provide awake overnight supervision.
- Direct care staff possess a minimum of a Bachelor's degree in a related field of study. Director positions require a Master's degree and experience working with at-risk youth and families. Clinical staff possess a Master's degree, and the Clinical Supervisor is independently licensed. All homes are licensed to serve six (6) youth/children; occupancy is dependent upon referrals.
- Boys Town promptly responds to both emergency and non-emergency placement referral requests. Upon 24 hours of receipt of a referral, program and clinical staff review the youth's referred behavior and clinical needs to assess appropriateness for program placement. Program staff then schedules an interview within five (5) business days. Once the interview is complete and staff has determined placement appropriateness, staff returns the required DCYF disposition sheet.
- Direct care staff provide treatment and care daily. Supervisors provide coaching, support, and supervision to direct care staff on a consistent basis. Clinical staff provide initial and ongoing assessments to address youth needs.
- Average length of stay is approximately 4-8 months with an emphasis on permanency goals.
- Contact Information: Sr. Program Operations Director C: 402-679-3867. Office: Bazarsky Campus, 58 Flanagan Rd, Portsmouth, RI 02871. T: 401.845.2250. Family Homes: 74, 102, 103 Flanagan Rd (Adolescents); 69 Flanagan Rd (Younger Children).
- Treatment Service Plans are developed during the first 30 days of care to target issues that impair functioning, safety, permanency, and well-being. Staff track and document the progress of each youth's service plan goals daily, and review and update the plan monthly with the consultant. We engage families and youth in the service planning process unless otherwise indicated in a court order.
- Staff will provide transportation to all appointments and will follow up with any routine or emergency healthcare needs.
- Boys Town employs bilingual employees, and serves families speaking Spanish and English.
- The Family Home Program serves youth from all geographic areas, throughout the state of Rhode Island.

### **Best fit criteria:**

- The Family Home Program is a placement-based service appropriate for children that require temporary, safe, effective, out-of-home care and effective treatment interventions that address barriers to returning to a family-like setting, or to prepare youth for independence. The program is designed to address youth safety, permanency, and well-being.

### **Exclusionary Criteria:**

- Exclusionary program criteria include youth with severe sexual perpetration, and a documented history of arson, as well as female youth over the age of 12.



## **Fact Sheet – Intensive Supervised Living Program (ISLP) - Communities for People Inc.**

### **Description:**

- The Intensive Supervised Living Program is a community-based residential program serving adolescent boys who are exhibiting acute emotional and/or behavioral dysregulation. While the program provides a high degree of supervision, support, and structure, it utilizes positive behavioral approaches and provide supports in the least restrictive, least intrusive manner possible.
- The program provides assessment, stabilization, treatment, and skills instruction to youth step-down from hospitalization or diversion and re-entry into the community from the RI Training School.
- The program provides youth with psychosocial, educational, and vocational training. The program uses a range of diagnostic and treatment services, including daily living and social skills training, to improve each youth's functioning.
- Staff work with the youth, birth parents and natural resources using evidence based and trauma informed treatment models including Trauma Focused Cognitive Behavioral Therapy and Motivational Interviewing.
- Programmatic service for youth include: clinical assessment, trauma-informed individual counseling and therapy, coordinated service planning, including timeframes for achieving permanency goals, behavior management, psychiatry services (including evaluation and medication monitoring), individualized safety planning, care coordination and case management, educational and vocational, service coordination, crisis prevention, stabilization and intervention as needed, community integration and community service opportunities, residential care in safe, secure and supportive community-based setting, involvement of caregivers and family members in all aspects of treatment, coordination of and transportation to appointments, therapeutic recreational programming, coordination of and/or access to educational groups, and independent daily living skill preparation.
- Clients served are adolescent males from 13 to 18 years old.
- The program has a staffing ratio of 1:3, with an awake-overnight staffing ratio of 1:4. Each youth is also assigned a Master's level clinician (8:1 caseload). The clinician sees each youth for a minimum of one (1) hour of individual counseling weekly and provides treatment planning and care management.
- Anticipated length of stay is 3-5 months
- Location: 380 Hope St., Providence and 81 Washington Ave., Providence
- Initial treatment plans are developed within 30 days; subsequent reviews quarterly.
- Language spoken: English
- Referrals are accepted statewide.
- Referrals are generated through DCYF's Central Referral Unit (CRU).

### **Best fit criteria:**

- Youth stepping down from higher levels of care including; The RI Training School, out of state treatment facilities and the hospital.
- Youth requiring increased structure and support from current placement.

### **Exclusionary Criteria:**

- Actively homicidal, suicidal or psychotic
- Youth whose medical needs require 24-hour monitoring or specialized skills
- Profound developmental delays

## **Fact Sheet – Coventry House Staff Secure Residential – Community Solutions**

### **Description:**

- Community Solutions, Inc. Coventry House is a staff secure residential program for youth with acute mental or behavioral health needs who have been unable to thrive in family-based setting.
- CSI is licensed for eight (8) males, 12 to 17 years of age (through their 18<sup>th</sup> birthday).
- CSI provides a safe, highly structured environment in a residential setting, with 24-hour monitoring and supervision. Our staff secure program is open and staffed with awake and alert staff 24-7, 365 days a year.
- The staffing ratio is three youth to one staff person.
- CSI provides behavioral /therapeutic /and academic success and stability.
- CSI offers on-grounds academic/physical education, provided by Coventry School Department.
- CSI provides an on-grounds clinician offering Individual / Family Counseling, as well as weekly A.R.T. (Aggression Replacement Therapy) Groups. Each resident receives (1) hour per week of Individual Therapy by a licensed clinician.
- Substance Abuse Groups are provided by an outside provider.
- Community Groups are facilitated twice daily.
- Families are consistently invited to participate in treatment plan meetings and client therapy sessions.
- Program staff also will arrange counseling sessions with clients before or after visits to make these sessions easily available for the parent/caregiver.
- Treatment Plans are established in collaboration with parent/guardian and DCYF/Probation within 30 days of intake.
- CSI provides daily recreational activities (basketball, football, TV, pool, foosball, YMCA, etc.).
- CSI incorporates the use of a points and levels system that encourages residents to follow rules and expectations. Youth who showcase their achievements earn rewards and allowances.
- Weekly random urine screens are conducted by a certified laboratory.
- CSI staff is on call and available 24 hours a day, seven days a week.
- Each team have their own vehicle for transportation, to deliver services to families, bring youth to appointments and ensure staff are readily available to respond to a family's needs. Staff drive throughout Rhode Island to meet medical appointments, family visits, etc.
- Length of stay: 3-5 months.
- Referrals are generated through DCYF's Central Referral Unit (CRU).

### **Best fit criteria:**

- Truancy, Delinquency
- Exhibiting severe acting out behaviors, putting themselves and others at risk.
- Sex Offenders

### **Exclusionary Criteria:**

- Actively suicidal, homicidal, or psychotic behavior with less than six-month stability.
- Diagnosed with schizophrenia, Developmental delays, or Autism Spectrum Disorders.

## **Fact Sheet – Hospital Diversion Program – Jammatt Housing and Community Development Center**

### **Description**

- Community based, 90-Day Hospital Diversion Residential Treatment program providing clinical care and stabilization of complex psychiatric- disordered male youth in a therapeutic residential setting.
- Each youth is assigned a Master's level clinician with a clinician has a caseload not to exceed eight (8) clients per program.
- Within 72 hours of admission, a trauma assessment is completed identifying previous trauma, trauma triggers and coping mechanisms using the Trauma Systems Checklist assessment tool. Within 30 days a comprehensive treatment plan is developed using Ohio Scales and CANS as measurement tools.
- Treatment plan is reviewed, 90 days and annually.
- Clients provided one (1) hour of individual therapy by clinician per week, family therapy (when appropriate), and one (1) hour of group therapy by clinician per week. Clinical times can increase based on client's need.
- Attachment, Self-Regulation and Competency evidence based treatment model into all its programming. The ARC model is a framework for intervention for youth and families who have experienced multiple and/or prolonged traumatic stress.
- This program's outcomes are the following: reduction in instances of self-harm, reduction in instances of aggressive behavior, increase home visits enhancing family functioning from intake to post discharge.
- Daily, staff will provide guidance to residence in personal hygiene, basic meal preparation, cooking, housekeeping, shopping, money management, and social skills.
- Transportation: TTC will meet all transportation and associated needs for each youth in placement including transportation for 1) routine and emergency medical, dental and vision appointments 2) purchases of clothing and personal items 3) mental health appointments 4) vocational training, school, and educational advocacy; and 5) family court and other court appearances.
- The agency will assist parents with accessing public transportation or provide transportation to ensure parents participate fully in treatment planning and implementation. Parents can assist with transportation of the youth when appropriate.
- Languages spoken: English and Spanish
- Geographic area: 35 Star Street Pawtucket, RI (Woodlawn neighborhood)
- Referrals are generated through DCYF's Central Referral Unit (CRU).

### **Best Fit Criteria:**

- Adolescent males, ages 12 to 17 years old with serious and persistent mental illness or serious behavioral disorders who are at risk for psychiatric hospitalization, or who have completed a psychiatric hospitalization and need an intensive treatment program before returning to their permanent residences.

### **Exclusionary Criteria:**

- Youth who only display serious behavioral/conduct disorders without a psychiatric diagnosis who are not at risk for hospitalizations.
- Unable to participate in medication management.
- Active medical impairment which prevents mobility or requires hospitalization.
- Youth with sufficient cognitive impairments that prevent them from participating in mental health treatment.

## **Fact Sheet – Oakland Beach & Ridge Street Program - NAFI**

### **Description:**

- Oak-Ridge is a male staff secure residential program providing clients with the skills and support to allow them to become self-supporting members of the community and possible reunification with families.
- Trauma informed individual therapy, scheduled family therapy, weekly parent groups, life skills education, substance abuse and special topic groups are some of the treatments incorporated into the program.
- The program utilizes the Normative Approach, a research based evidence informed practice, to build pro-social mission driven communities in which clients and staff participate in the developments of community norms.
- Positive Peer Culture, a clinically recognized evidence informed model, is utilized daily in community groups.
- Clients will attend local public schools, however, Oak-Ridge will maintain a full time special education teacher at each site, to ensure clients who require gradual transitions the opportunity to stay on track and graduate.
- Clients served are ages 13-18 years old.
- The program clinician will have at minimum a Master's degree and will meet with clients twice per week.
- Residential manager (Associate's degree), program director (Bachelor's degree), and direct care staff all meet with clients daily.
- Oak-Ridge maintains a ratio of 1:3 during the day and 1:6 during the awake overnight.
- Average length of stay is 6-9 months depending on each individual client.
- Individual treatment plans are completed within 30 days of admission and are reviewed every 90 days.
- The program will provide transportation for clients to family visitation, all medical appointments, field trips and community activities.
- Contact is made within 48 hours of receiving referral. Arrangements to interview potential client will be within 72 hours and disposition of decision will be sent within 24 hours of interview.
- Services are available 24 hours 7 days a week.
- Languages Spoken: English and Spanish speaking staff are available.
- Locations: Oakland Beach: 280 Pequot Ave, Warwick and Ridge Street: 151 Ridge Street, Pawtucket
- Geographic area served: Statewide
- Referrals are generated through DCYF's Central Referral Unit (CRU).

### **Best fit criteria:**

- Male client's age ranging from 13-18 years old.
- Clients who can reintegrate back into the community.
- Behaviors to be addressed include but are not limited to social, emotional, and anger management coping skills.
- Clients in need of support with educational, vocational and life skills.

### **Exclusionary Criteria:**

- IQ below 70.
- History of fire setting.
- Sexually aggressive behaviors that put the community at risk (as determined in risk assessment).
- Substance abuse requiring extensive detox and treatment.

## **Fact Sheet – Community Living Program - Whitmarsh Corp.**

### **Description:**

- CLP serves youth experiencing instability, homelessness, trauma, substance use, legal issues, truancy, behavioral health issues, and mental health disorders who need placement or stabilization while working toward their goals of reunification, step down, or independent living.
- CLP will utilize the evidence-based Affect, Self-Regulation, and Competency model to inform milieu therapy, client interventions, case management, and therapeutic services.
- The CLP serves male clients ages 13-17.
- This CLP operates 24 hours a day, 7 days per week.
- Residential staff are required to have a minimum of a high school diploma, with a BA in human services preferred. The case manager has an Associate's degree and over 30 years of experience in human services. All clinical services are provided by licensed therapists. The CLP is designed to serve up to five (5) youth simultaneously.
- The CLP will notify the CRU of its decision to interview, waitlist, accept, or reject a referral within three (3) days of the referral's receipt. Once accepted, the program can typically admit a client within 1-2 business days, although this may vary depending on the complexity of youth's needs and services required.
- Clinical services typically occur once per week, although this varies according to the youth's needs. Clients receive milieu therapy and staff supervision 24/7 and daily case management services.
- Anticipated length of stay is 3-6 months, depending on the youth's needs and permanency plan.
- The CLP is located in Providence.
- Treatment plan goals are evaluated internally monthly. Full treatment team reviews are conducted every 90 days.
- Primary language is English, although the agency does employ staff who speak Spanish and various African dialects. Every effort will be made to meet the language needs of incoming youth.
- The CLP serves all of Rhode Island.
- The CLP provides transportation for youth for school, appointments, and work as needed using agency vehicles and RIPTA bus passes.
- Referrals are generated through DCYF's Central Referral Unit (CRU).

### **Best Fit Criteria:**

- Male youth ages 13-17 experiencing instability, homelessness, trauma, substance use, legal issues, truancy, behavioral health issues, and mental health disorders who need placement or stabilization while working toward their goals of reunification, step down, or independent living.

### **Exclusionary Criteria:**

- Diagnosis of a severe or profound development disability.
- Medical fragility.

## **Group Care – Younger Youth**

## **Fact Sheet – Family Home Program - Boys Town**

### **Description:**

- The Family Home Program provides strength-based, trauma-informed residential services to youth in DCYF care, to address and stabilize children that require a higher placement level than foster care.
- Boys Town's Residential Family Home Program is an evidence-based program that provides quality and professional services through its highly researched Boys Town Model of Care. The model is centered on teaching children skills and how to build healthy relationships, it is flexible and individualized, well-defined, and replicable. This puts children first and ensures their safety, permanency, and well-being.
- Three family homes are identified to serve male youth ages 11 through 18, and one home is identified to serve male and female youth ages 5 through 12, and can accommodate sibling sets.
- The Family Teachers, who reside in the home, and Assistant Family Teachers are the primary care agents; they provide supervision and care 24 hours a day, 7 days a week. Consultation and support is also available and accessible to direct care staff 24/7. Assistant Family Teachers also provide awake overnight supervision.
- Direct care staff possess a minimum of a Bachelor's degree in a related field of study. Director positions require a Master's degree and experience working with at-risk youth and families. Clinical staff possess a Master's degree, and the clinical supervisor is independently licensed. All homes are licensed to serve six (6) youth/children; occupancy is dependent upon referrals.
- Boys Town promptly responds to both emergency and non-emergency placement referral requests. Upon 24 hours of receipt of a referral, program and clinical staff review the youth's referred behavior and clinical needs to assess appropriateness for program placement. Program staff then schedules an interview within five (5) business days. Once the interview is complete and staff has determined placement appropriateness, staff returns the required DCYF disposition sheet.
- Direct care staff provide treatment and care daily. Supervisors provide coaching, support, and supervision to direct care staff on a consistent basis. Clinical staff provide initial and ongoing assessments to address youth needs.
- Average length of stay is approximately 4-8 months with an emphasis on permanency goals.
- Contact Information: Sr. Program Operations Director C: 402-679-3867. Office: Bazarsky Campus, 58 Flanagan Rd, Portsmouth, RI 02871. T: 401.845.2250. Family Homes: 74, 102, 103 Flanagan Rd (adolescents); 69 Flanagan Rd (younger children).
- Treatment Service Plans are developed during the first 30 days of care to target issues that impair functioning, safety, permanency, and well-being. Staff track and document the progress of each youth's Service Plan goals daily, and review and update the plan monthly with the consultant. We engage families and youth in the service planning process unless otherwise indicated in a court order.
- Staff will provide transportation to all appointments and will follow up with any routine or emergency healthcare needs.
- Boys Town employs bilingual employees, and serves families speaking Spanish and English.
- The Family Home Program serves youth from all geographic areas, throughout the state of Rhode Island.

### **Best fit criteria:**

- The Family Home Program is a placement-based service appropriate for children that require temporary, safe, effective, out-of-home care and effective treatment interventions that address barriers to returning to a family-like setting, or to prepare youth for independence. The program is designed to address youth safety, permanency, and well-being.

### **Exclusionary Criteria:**

- Exclusionary program criteria include youth with severe sexual perpetration, and a documented history of arson, as well as female youth over the age of 12.

## Fact Sheet – Devereux Boys 1:4 Group Home

### Description:

- A 1:4 staff, youth ratio, eight (8) bed, community based group home that achieves the following goals: identify and ameliorate barriers to living in a family or community setting, ensure youth and families develop necessary skills to function safely and effectively in their community, and promote lifelong connection for youth and their families.
- Clients served age range is 10 to 16 years old.
- Clinical model is primarily Applied Behavior Analysis (ABA), will also infuse TF-CBT, DBT, PBIS and Risking Connections Trauma Informed Care.
- Clinical and milieu treatment will focus on the amelioration of symptoms such as Self-Injuries Behavior (SIB), Aggression, Elopement, Problematic Sexualized Behavior, and deficits in self-preservation.
- Treatment will also focus on the acquisition of independent living skills, adaptive coping strategies, and skill generalization.
- Primary goal is to provide the indicated treatment and ensure that referred youth can safely transition to their home or community with sustained positive outcomes.
- A major goal of 1:4 services is to create strong and coordinated partnerships with families, youth, and the community to ensure comprehensive services that meet the needs of families and youth served.
- Each youth is assigned a Master's level clinician, who will provide weekly individual and family therapy.
- With the guardian's support, clinicians will reach out to siblings to schedule visits and activities.
- Programming will include educational assistance in the form of coordinating the youth's enrolment and continued collaboration with the school on the attainment of positive educational outcomes.
- The program will collaborate with Community Care Alliance on securing the appropriate service linkage for youth served.
- Progress towards treatment goals are measured and evaluated weekly.
- On-call available 24 hours a day, seven days a week.
- Languages spoken: English, Spanish and French.
- Referrals are generated through DCYF's Central Referral Unit (CRU).
- Geographic area: Statewide

### Best fit criteria:

- Male youth aged between 10-16 years, who meet some or all the following criteria, are deemed eligible for 1:4 services: youth with severe behavioral and mental health needs, youth presenting with barrier behaviors preventing them from succeeding in family based settings, youth in need of services providing rapid and sustained step down to a family based setting or other successful permanency options.

### Exclusionary Criteria:

- |  |  |
|--|--|
| • Sexual Perpetrator, (Moderate to severe sexually abusive behaviors).                       | • Intensive, Inpatient, Drug and Alcohol treatment required. |
| • Needs Inpatient Setting.   | • Medical needs cannot be met.                               |
| • Extensive Criminal Involvement, (Against People, Weapon, no probation/parole involvement). | • Actively suicidal.   |
| • Extreme Aggression, (Unprovoked, Impulsive, random, significant injury toward staff).      | • Needs Secure/Locked setting.                               |
| • Fire Setting, (Moderate to Severe).  | • PICA.  |
|  | • Eating Disorder, (Acute/Chronic).                          |
|  | • Pregnant.  |
|  | • Extensive Gang Involvement                                 |
|  | • Traumatic Brain Injury                                     |



## **Group Care – Semi-Independent Living**

## **Fact Sheet - Residential Community Living - Child & Family**

### **Description:**

- Services provided to females ages 15-20 in two separate houses located in residential neighborhoods in Newport and Middletown; Maximum capacity of six (6) youth per program.
- Program provides a transition from a bridge level of care to a less restrictive community-based setting in a safe and structured family-centered therapeutic environment. Support Services are integrated with the resident's daily living experience and includes, as appropriate: treatment for severe emotional disturbance or mental health and substance use conditions, individual and group counseling, family therapy, educational and/or vocational programming, recreational activities, legal advocacy, community cultural enrichment and independent living preparation.
- With the program's safe, secure, and supportive community-based setting, youth and their families will explore and develop a better understanding of themselves and their long-term goal.
- Offers supervision and structure that is individualized to meet clients' needs.
- Development of a treatment plan in conjuncture with youth's permanency plan as determined by DCYF.
- 24/7 staffing; daytime ratio 1:3 and overnight awake staff ratio of 1:6; 24/7 on call available at 662-2773.
- Staffing provided by a program manager, case manager, caseworkers, and a Master's level clinician (shared between the two programs).
- Staff will encourage and make every effort to promote the involvement of caregivers and family members to the greatest extent possible in all aspects of treatment including service planning, family therapy, and trauma-focused psycho-educational opportunities.
- Active engagement of potential kinship providers through identification of mentors, family supports and natural and community resources.
- Provision of daily therapeutic activities and individual and weekly clinical sessions with program clinician.
- Length of stay 9-12 months depending on complexity of need and permanency plan of youth.
- Referrals are generated through the DCYF's Central Referral Unit (CRU).

### **Best fit criteria:**

- Females ages 15-20. Youth stepping down from a higher level of care or needing placement from a home setting due to emotional and/or developmental needs, needing to develop independent living skills to transition to independent living or return to a home setting.

### **Exclusionary Criteria:**

- Children who are actively unsafe in a community setting program due to severe aggression, suicidal ideation, sexualized (or sexual offending behaviors) and self-injurious behaviors. Youth who have demonstrated severe and persistent psychiatric disorders requiring a controlled environment with a high degree of supervision and structure. Youth who require holds.

Outcomes: 90% of the youth served in the program will exhibit a decrease in emotional/behavioral dysregulation within 6 months based on CANS; 50% of the youth will be ready to successfully transition to independent living for youth who are aging out; Increase number of potential life-long connections for youth by 30% by using eco mapping, wraparound, and family finding

## **Fact Sheet - Transitional Treatment Program (TTP) - Communities for People Inc.**

### **Description:**

- The Transitional Treatment Program is a community-based residential program serving older adolescents with chronic and/or severe mental health needs. The program serves as both a diversion to psychiatric hospitalization, and/or as a step-down option for youth who are leaving the hospital or out of state residential treatment centers and who are not able to return to living with their family.
- The program provides youth with consistent psychiatric consultation as well as psychosocial, educational, and vocational training. The program uses a wide range of diagnostic and treatment services, including daily living and social skills training, to improve each youth's functioning.
- The TTP model provides youth and their families with consistent psychiatric consultation and medication monitoring, emergency therapeutic intervention, routing and emergency evaluation, and psychiatric assessment through our contractual partnership with Gateway Healthcare.
- Staff work with the youth, birth parents and natural resources using evidence based and trauma informed treatment models including, Dialectical Behavioral Therapy, Trauma Focused Cognitive Behavioral Therapy, and Motivational Interviewing.
- Clients served are adolescent males and females from 16-20 years old.
- Transportation services for youth and families served by CFP's programs are provided in a safe manner consistent with the regulations of the local authorities. Coordination of and transportation to medical, dental, psychiatric, educational, family, vocational and legal appointments are provided as indicated in the treatment plan.
- The program has a staffing ratio of 1:3, with an awake-overnight staffing ratio of 1:4. Each youth is also assigned a Master's level clinician (12:1 caseload) and a Bachelor's level case manager (12:1 caseload).
- The clinician on-call also provided after-hours support and is utilized for crisis intervention, clinical consultation, and preliminary mental health evaluations.
- Youth receive formal therapy 2-3 times weekly.
- Anticipated length of stay is 6-9 months.
- Location: 24 Tappan St., Providence and 136/138 Knight St., Providence.
- Initial treatment plans are developed within 30 days; subsequent reviews quarterly.
- Language spoken: English
- Referrals are accepted statewide.
- Referrals are generated through DCYF's Central Referral Unit (CRU).

### **Best fit criteria:**

- Youth with chronic mental health/ frequent hospitalization.
- Youth who are exhibiting an array of mental health needs and behavioral presentations, including self-harm and aggressive behavioral episodes

### **Exclusionary Criteria:**

- Actively homicidal, suicidal or psychotic.
- Youth whose medical needs require 24-hour monitoring or specialized skills.
- Profound developmental delays.

## **Fact Sheet – Supportive Apartment Service (SAS) - Communities for People Inc.**

### **Description:**

- The Supportive Apartment Service is a community-based residential program serving older adolescents with chronic and/or severe mental health needs. The program serves youth stepping down from out-of-state placements or higher levels of care in need of placement that provides “apartment style” living that is acutely focused on developing independent living skills while managing mental health symptoms.
- Youth are matched with one other roommate and they live together in an apartment in the community. Staff provide guidance, support, and structure to the young person’s day.
- The program provides youth with consistent psychiatric consultation as well as psychosocial, educational, and vocational training. The program uses a wide range of diagnostic and treatment services, including daily living and social skills training, to improve each youth’s functioning.
- Staff work with the youth, birth parents and natural resources using evidence based and trauma informed treatment models including, Dialectical Behavioral Therapy, Trauma Focused Cognitive Behavioral Therapy, and Motivational Interviewing.
- Clients served are adolescent males and females from 17.5 to 20 years old.
- The program does not accept emergency intakes. Strong consideration is given to matching youth with compatible roommates. Once matched, the youth’s transition is guided by his/her treatment team.
- The program has a staffing ratio of 1:2. Each youth is also assigned a Master’s level clinician (12:1 caseload) and a Bachelor’s level case manager (12:1 caseload).
- Youth receive formal therapy 2-3 times weekly.
- Anticipated length of stay is 4-6 months.
- Current location: Currently 26 Traver Ave., Johnston and 160 North Bend St., Pawtucket. Locations can vary based on the needs of the referred youth.
- Initial treatment plans are developed within 30 days; subsequent reviews quarterly.
- Services are provided statewide in English.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

### **Best fit criteria:**

- Youth with chronic mental health/frequent hospitalization/residential treatment step-down.
- Youth who are exhibiting an array of mental health needs and behavioral presentations, including self-harm and aggressive behavioral episodes.

### **Exclusionary Criteria:**

- Actively homicidal, suicidal or psychotic.
- Youth whose medical needs require 24-hour monitoring or specialized skills.
- Profound developmental delays.

## **Fact Sheet – Trauma Systems Therapy (TST) Residential (Quanacut) - Family Service of RI (FSRI)**

### **Description:**

- Quanacut House is FSRI's Specialized Semi-Independent Living Program, which is part of the TST Residential continuum. TST Residential is an evidence-informed practice that is aligned with child-welfare best practices, and is individualized and strength-based in its approach.
- Quanacut House serves youth from 16-21 years-old who have trauma-reactive, mental health and/or are free for adoption and have adoption needs.
- Youth served typically have chronic histories of either involvement in the juvenile justice and/or mental health systems, significant risk and behavioral dysregulations, and/or complex trauma that may include physical abuse, sexual abuse, neglect, and exposure to violence in the home and the community.
- TST Residential is best for those who have experienced complex trauma, and need short-term, clinically focused out-of-home treatment that addresses symptoms of trauma and barriers to reunification and permanency and improves independent living skills.
- Site Location: Quanacut House, East Providence.
- Staff ratio is 1:5 during first and second shifts and 1:5 during the awake overnight (five total).
- Duration of services is generally less than six (6) months.
- This program has a full-time program manager, half-time Master's level clinician, and case managers, as well as a full-time nurse and occupational therapist (OT) shared across programs. The program is overseen by a Licensed Independent Clinical Social Worker (LICSW) clinical administrator.
- Children who have experienced complex trauma frequently struggle with day-to-day activities. Therefore, coupled with TST delivered in the residential home and in the community, FSRI offers a unique OT component, delivered in partnership with the New England Institute of Technology. OT focuses on social participation, activities of daily living, education, vocational skills, leisure activities to encourage success in daily functioning and reduced symptoms of trauma.
- Progress towards treatment goals is measured and evaluated weekly. In addition, FSRI holds monthly treatment planning disposition meetings and completes quarterly trauma safety plans.
- FSRI will transport clients in need on a 24/7 basis and will provide transportation for caregivers in order to reduce barriers related to their participation in treatment.
- On-call available 24 hours a day, seven days a week.
- Languages spoken: English and Spanish
- Geographic area: Statewide
- Referrals will be acknowledged and followed up upon within 24 hours of receipt if the referral is not an emergency. Initial contact with family is made within two (2) business days.
- Referrals are generated through the DCYF's (CRU).

### **Best fit criteria:**

- Treatment may be particularly effective for youth who have previously been victims of childhood sexual abuse or sex trafficking and may display externalizing sexual behaviors.
- Youth who have been exposed to complex trauma that may include physical abuse, sexual abuse, neglect and exposure to violence in the home and/or community, chronic histories of either involvement in the juvenile justice and/or mental health systems, and significant risk and behavioral dysregulation.
- Youth who have traditionally been served in out-of-home treatment in an out-of-state location may be particularly good fits, as the program offers more frequent, local access to primary caregivers and families. Treatment may also be successful for youth who identify as LGBTQQI.
- Exposure to traumatic event(s).

- Completion of Child Symptom Stress Disorder Checklist (CSDC).
- Emotional dysregulation.
- Behavioral dysregulation.
- Caregiver in need of support/intervention.
- System in need of support intervention.

**Exclusionary Criteria:**

- Under 16 years of age.
- Is not suitable for youth with developmental delays.
- Major mental illness (active, untreated Schizophrenia, psychosis or sociopathy).
- Active suicidal/homicidal ideation/behaviors.
- Fire setting/animal cruelty.
- Current risk of sexual offending.

Intake: (401) 331-1350, Ext. 3413 or (401) 282-8018 (cell)

## Fact Sheet – Main Street Program - NAFI

### Description:

- The Primary focus of this service is to provide the clients with skills and logistical support that will allow them to become self-supporting in the community.
- The program will use Motivational Interviewing an evidence-based practice and the Lighthouse Model which is an evidence- informed model.
- Clients served are adolescent males from 16-19 years old.
- Caseloads are 1:8.
- Clinician, vocational specialist, and life skills coach will meet weekly unless more is needed. Direct care staff and case manager will meet daily.
- Program has three phases which are:
  - Phase 1- 648 Main Street Warren RI 02885
  - Phase 2- 2 Apartments in Town of Warren (Addresses to be determined)
  - Phase 3- Address will determine on client's choice
- Phase 1 - Approximately three (3) months congregate care: Youth will live within the main program residence while learning basic living skills, participating in school/GED and/or work, with the constant support of staff therapists and case managers. The vocational specialist will work with the youth to develop a plan and support the youth in working towards these goals. Family therapy will be used to identify and solidify any family connections that the youth may possess; the goal being to give them a template of how to be an active yet independent member of a family.
- Phase 2 - Approximately three (3) months supported apartment: Youth will live at a nearby apartment with a roommate while developing advanced living skills and participating in school/GED and/or work. Youth are expected to follow the policy manual outlining expectations. The vocational specialist and independent living specialist will work closely with the youth.
- Phase 3 - If transitioning to YESS – approximately one (1) month primary: A case manager and independent living specialist will assist the youth in applying for YESS at 17.5 years of age. The vocational specialist provides a clear blueprint of all future goals, tasks, and benchmarks.
- Phase 3 - If transitioning to an apartment with lease in client's name – Approximately six (6) months. Alternate: Main Street will assist youth in finding an apartment of the client's choosing that will be subsidized by the program (with gradually diminishing financial support) while the youth participates in school/GED and/or work.
- Main Street supports the youth's development of healthy relationships with family members. Youth are encouraged to discuss their family dynamics with staff to process how to interact in a positive manner. Staff are trained to recognize the trauma these youths may have experienced, re-establishing relationships that may be further tarnished by physical distance between them and dealing with mental health concerns of family members.
- Transportation provided by staff. Youth also given bus passes.
- Treatment Plans are 90 days while in placement. In addition, 30, 90, 180 days after discharge.
- Languages spoken: English
- Referrals are accepted statewide.
- Within 72 hours of receiving referral. Determination of entrance or exclusionary criteria. If client is appropriate, arrangements will be made for an interview within 48 hours. If not, appropriate referring worker will be notified immediately.
- Referrals are generated through DCYF's Central Referral Unit (CRU).

**Best fit criteria:**

- Male between ages 16-19 years old.
- Client who can't return home or kinship.
- Not a viable candidate for foster care or have a history of unsuccessful foster care placements.
- Youth with medical conditions can be considered for placement.
- Services provided- vocational, educational and life skills.
- Behaviors to be addressed include but are not limited to emotional regulation, coping skills, anger management.

**Exclusionary Criteria:**

- IQ below 70.
- History of fire setting within the previous three (3) years.
- Sexually aggressive behaviors which put the community at risk if not closely supervised (as determined by risk assessment).
- Substance abuse requiring detox or the regular use of "hardcore" drugs such as Heroin or Meth.

Service available 24 hours a day, 7 days a week. Program Phone (401) 245-1174.



## **Fact Sheet – Bridge to Independent Living Program (The Bridge) – Key Program**

### **Description:**

- The Bridge is a specialized semi-independent living program that assists young women, ages 16-20 years, in transitioning to living independently while concurrently helping them to create life-long connections with natural and community supports.
- The Bridge's clinical and milieu services utilize evidence-informed approaches and best practices, such as the Positive Youth Development Model, Family-Centered Practice (when applicable) and trauma-informed care in combination with Dialectical Behavior Therapy (DBT) an evidence-based modality. DBT serves as the program's theoretical and practice framework through a combination of group work and individual therapy sessions. DBT skill sets are also embedded in the program's routines and structure in order to integrate them into clients' daily lives.
- The Bridge focuses on the following core components: preparation for adulthood through life skills assessment and skill -building, using the Ansell-Casey Life Skills Suite, development of permanent relationships and natural and community supports, using the Lifelong Families Model, and the integration of Dialectical Behavior Therapy (DBT) concepts, strategies and skills in all areas of the youth's life.
- In addition to life skills instruction and the creation and fostering of permanent connections, the program provides the following services: psycho-educational groups, specialized group therapy sessions by community resources, recreational activities, vocational/educational services, medical/health advocacy, transportation, service planning, and behavior management.
- Clients referred to the Bridge typically have a range of trauma histories including: physical, emotional, or sexual abuse, sexual exploitation, domestic violence, living in abject poverty, and the experience of having multiple placement and losses.
- They may display poor impulse control or compulsivity, abuse substances, and have physical or behavioral health problems.
- Upon acceptance into the program, a client must be attending school or preparing for a GED, working full-time, engaging in a vocational program, or be involved in some combination of education and work.
- Staff to client ratio is 1:3 on all shifts. The program is licensed for six (6) female adolescents.
- Residential caseworkers have Bachelor's degrees, the program clinician has a Master's degree in social work or counseling and is supervised by an independently licensed clinical director.
- Average length of stay for the Bridge is one (1) year.
- An initial treatment agreement is created upon intake; an individualized treatment plan is created within one month of intake and reviewed monthly. Treatment plans are revised, at minimum, every 90 days.
- Languages spoken: English and Spanish

### **Best Fit Criteria:**

- Older adolescent females (ages 16-20 years) in congregate care settings, either in-state or out-of-state, who are ready to transition to a less restrictive level of care, develop life skills, and begin to form connections to natural and community supports.
- Youth should exhibit ability to have unsupervised time in the community.
- Youth who have a range of trauma histories, including emotional, physical or sexual abuse, domestic violence, multiple placements and losses.
- Youth who display poor impulse control, compulsivity, or have behavioral health issues.

### **Exclusionary Criteria:**

- Actively suicidal, homicidal or psychotic, untreated aggressive sexual behaviors or fire setting behaviors, chronic health conditions that require expert monitoring or care, meeting criteria for severity levels 2 or 3 for Autism Spectrum Disorder.

## **Fact Sheet – Bridge Program for Supervised Living (BPSL) - Whitmarsh Corp.**

### **Description:**

- BPSL serves youth experiencing instability, homelessness, trauma, substance use, legal issues, truancy, behavioral health issues, and mental health disorders who need placement in a less restrictive setting while working toward their goals of reunification, step down, or independent living. The BPSL provides two levels of supervision. Youth who require more supervision are placed in a two-bedroom apartment that houses the staff office. As they become more independent, they may transition to one of the private one- or two-bedroom apartments, with apartment checks conducted twice per shift. The BPSL will also offer services such as life skills coaching and aftercare follow-up.
- BPSL will utilize the evidence-based Affect, Self-Regulation, and Competency model to inform milieu therapy, client interventions, case management, and therapeutic services.
- The BPSL serves male clients ages 16-20 years old.
- This BPSL operates 24 hours a day, 7 days per week.
- Residential staff are required to have a minimum of a high school diploma, with a BA in human services preferred. The program director has over 30 years of experience in human services. All clinical services are provided by licensed therapists. The BPSL is designed to serve up to five (5) youth simultaneously.
- The BPSL will notify the CRU of its decision to interview, waitlist, accept, or reject a referral within three (3) days of the referral's receipt. Once accepted, the program can typically admit a client within 1-2 business days, although this may vary depending on the complexity of the youth's needs and services required.
- Clinical services typically occur once per week, although this varies according to the youth's needs. Clients receive daily case management services and have access to on-site staff 24/7.
- Anticipated length of stay is 6-12 months, depending on the youth's needs and permanency plan.
- The BPSL is located in Providence, RI.
- Treatment plan goals are evaluated internally monthly. Full treatment team reviews are conducted every 90 days.
- Primary language is English, although the agency does employ staff who speak Spanish and various African dialects. Every effort will be made to meet the language needs of incoming youth.
- The BPSL serves all of Rhode Island.
- The BPSL provides transportation for youth for school, appointments, and work as needed using agency vehicles and RIPTA bus passes.
- Referrals are generated through DCYF's Central Referral Unit (CRU).

### **Best Fit Criteria:**

- Male youth ages 16-20 years experiencing instability, homelessness, trauma, substance use, legal issues, truancy, behavioral health issues, and mental health disorders who need placement or stabilization while working toward their goals of reunification, step down, or independent living.

### **Exclusionary Criteria:**

- Diagnosis of a severe or profound development disability.
- Medical fragility.

The Whitmarsh Supervisor on Duty can be reached at (401) 270-2300.

## **Fact Sheet – Specialized Supported Living Program (S-SLP) - Whitmarsh Corp**

### **Description:**

- The S-SLP provides a residential setting for the assessment, stabilization, and treatment of youth with mild to moderate developmental disabilities, serious emotional disturbances, and/or complex trauma. Youth will receive high-intensity case management, milieu therapy, individual, group, family therapy, and other specialized treatment as indicated by their individual needs; the intensity of these services will decrease as the client progresses toward his goals. The S-SLP offers additional services such as life skills coaching, art therapy, therapeutic drumming, and aftercare services.
- The S-SLP will utilize Integrated Clinical Services' evidence-based, DBT-informed clinical services for individual and group therapy, a model developed by Julie Brown, Ph.D., whose findings have been published in peer-reviewed psychiatric journals. Milieu therapy will use the framework of the evidence-based Attachment, Self-Regulation, and Competency model.
- The S-SLP serves male clients ages 16-20 years.
- This S-SLP operates 24 hours a day, 7 days per week.
- Residential staff are required to have a minimum of a high school diploma, with a BA in human services preferred. The program director/case manager has a BSW. All clinical services are provided by licensed therapists. The S-SLP is a six (6) bed, community-based facility.
- The S-SLP will notify the CRU of its decision to interview, waitlist, accept, or reject a referral within three (3) days of the referral's receipt. Once accepted, the program can typically admit a client within 1-2 business days, although this may vary depending on the complexity of the youth's needs and services required.
- The client is supervised by program staff 24/7. Clinical services typically occur once per week, although this varies according to the youth's needs.
- Anticipated length of stay is 3-12 months, depending on the youth's needs and permanency plan.
- The S-SLP is located in Pawtucket.
- Treatment plan goals are evaluated internally monthly. Full treatment team reviews are conducted every 90 days.
- Primary language is English, although the agency does employ staff who speak Spanish and various African dialects. Every effort will be made to meet the language needs of incoming youth.
- The S-SLP serves all of Rhode Island.
- The S-SLP provides transportation for youth for school, appointments, and work as needed using agency vehicles and RIPTA bus passes.
- Referrals are generated through DCYF's Central Referral Unit (CRU).

### **Best Fit Criteria:**

- Cognitive impairments and developmental disabilities, including but not limited to intellectual disabilities, Autism Spectrum Disorder, and learning disabilities.
- Youth with severe behavioral and mental health needs, including those who have historically had high rates of out-of-state placement.
- Youth preparing for transition into adulthood.

### **Exclusionary Criteria:**

- Lack of formal or rule-out diagnosis of mild to moderate developmental disabilities, learning disorders, other cognitive impairments, or emotional/behavioral disturbances.
- Diagnosis of a severe or profound development disability.
- Medical fragility.

The Whitmarsh Supervisor on Duty can be reached at (401) 270-2300.

## **Group Care – Problem Sexual Behavior**

## **Fact Sheet -Sex Offenders Residential Treatment Program for Youth, (Ages 13-17) - Turning the Corner (TTC) Pearl Street – Jammatt Housing and Community Development Organization**

### **Description**

- A staff-secure residential treatment program for up to eight (8) adjudicated or non-- adjudicated males, ages 13 to 17, demonstrating sexually reactive, offending or abusive behaviors.
- Each youth is assigned a Master's level clinician with a caseload not to exceed eight (8) clients per program.
- Within 72 hours of admission, a trauma assessment is completed identifying previous trauma, trauma triggers and coping mechanisms using the Trauma Systems Checklist assessment tool. Within 30 days a comprehensive treatment plan is developed using Ohio Scales and CANS as measurement tools. Treatment plan is reviewed, every 90 days and annually.
- Clients provided one (1) hour of individual therapy by program clinician per week, family therapy (when appropriate, with family, not victim), three (3) hours of sex offender group therapy by SO accredited clinician per week. Clinical times vary based on client's need.
- Attachment, Self-Regulation and Competency (ARC) evidence based treatment model into all its programming. The ARC model is a framework for intervention for youth and families who have experienced multiple and/or prolonged traumatic stress. It's delivered by Master's level clinicians along with intensive casework in coordination with family members, natural supports, and other stakeholders.
- TTC offers school advocacy and integration into public schools (or education in the least restrictive environment), as well as access to recreational and vocational programming.
- Daily, staff will provide guidance to residence in personal hygiene, basic meal preparation, cooking, housekeeping, shopping, money management and social skills.
- Transportation: TTC will meet all transportation and associated needs for each youth in placement including transportation for 1) routine and emergency medical, dental and vision appointments 2) purchases of clothing and personal items 3) mental health appointments 4) vocational training, school, and educational advocacy; and 5) family court and other court appearances.
- The agency will assist parents with accessing public transportation or provide transportation to ensure parents participate fully in treatment planning and implementation. Parents can assist with transportation of the youth when appropriate.
- This program's outcomes are the following: Reduction in instances of inappropriate sexual behavior; Reduction in instances of aggressive behavior; and Reduced use of reoffending
- Languages spoken: English, Spanish
- Geographic area: 179 Pearl Street, Providence (Elmwood neighborhood)
- Referrals are generated through DCYF's Central Referral Unit (CRU).

### **Best Fit Criteria:**

- Adjudicated or non-adjudicated males, ages 13 to 17, demonstrating sexually reactive, offending or abusing behaviors, who need a treatment plan that includes relapse prevention, understanding the cycle of abuse, emotional development, accepting responsibility, and victim empathy.

### **Exclusionary Criteria:**

- Youth who are not sex offenders.
- Actively homicidal or suicidal.
- Unable to participate in medication management.
- Active medical impairment which prevents mobility or requires hospitalization.
- Under 13 (although exceptions can be approved by DCYF).

## **Fact Sheet -Sex Offenders Residential Treatment Program for Youth, (Ages 17-21) - Turning the Corner (TTC) Dartmouth Avenue – Jammatt Housing and Community Development Organization**

### **Description**

- A staff-secure residential treatment program for up to eight adjudicated or non-adjudicated males, ages 17 to 21, demonstrating sexually reactive, offending or abusive behaviors.
- Each youth is assigned a Master's level clinician who has a caseload not to exceed eight (8) clients per program.
- Within 72 hours of admission, a trauma assessment is completed identifying previous trauma, trauma triggers and coping mechanisms using the Trauma Systems Checklist assessment tool. Within 30 days a comprehensive treatment plan is developed using Ohio Scales and CANS as measurement tools. Treatment plan is reviewed, 90 days and annually.
- Clients provided one (1) hour of individual therapy by program clinician per week, family therapy (when appropriate, with family not victim), three (3) hours of sex offender specific group therapy by SO accredited clinician per week. Clinical times vary based on client's need.
- Attachment, Self-Regulation, and Competency evidence based treatment model into all its programming. The ARC model is a framework for intervention for youth and families who have experienced multiple and/or prolonged traumatic stress. It's delivered by Master's level clinicians along with intensive casework in coordination with family members, natural supports, and other stakeholders.
- Daily, staff will provide guidance to residence in personal hygiene, basic meal preparation, cooking, housekeeping, shopping, money management and social skills.
- Transportation: TTC will meet all transportation and associated needs for each youth in placement including transportation for 1) routine and emergency medical, dental and vision appointments 2) purchases of clothing and personal items 3) mental health appointments 4) vocational training, school, and educational advocacy; and 5) family court and other court appearances.
- The agency will assist parents with accessing public transportation or provide transportation to ensure parents participate fully in treatment planning and implementation. Parents can assist with transportation of the youth when appropriate.
- This program's outcomes are: Reduction of inappropriate sexual behavior; Reduction in instances of aggressive behavior; reduced use of manipulative behavior, understanding of legal ramifications, if adjudicated; assistance in independence/job placement, discharge to family or permanent placement.
- Services are provided in English and located at 58 Dartmouth Avenue, Providence (Elmwood neighborhood).
- Referrals are generated through DCYF's Central Referral Unit (CRU).

### **Best Fit Criteria:**

- Adjudicated or non-adjudicated males, ages 17 to 21, demonstrating sexually reactive, offending or abusing behaviors, who need a treatment plan that includes relapse prevention, understanding the cycle of abuse, emotional development, accepting full responsibility, and victim empathy.

### **Exclusionary Criteria:**

- Youth who are not sex offenders.
- Actively homicidal or suicidal.
- Unable to participate in medication management.
- Active medical impairment which prevents mobility or requires hospitalization.
- Under 17 (although exceptions can be approved by DCYF).