

**RHODE ISLAND**  
**DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES**

**IV-B Child and Family Service Plan**

**2015 – 2019 *Final Report***

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## 1. Collaboration

The Department has engaged in ongoing collaboration with child welfare stakeholders in the implementation of the 2015-2019 CFSP and subsequent APSRs.

During the past year, DCYF involved a diverse array of stakeholders in the development of the Child and Family Service Review (CFSR) Statewide Self-Assessment and during preparations for the CFSR site visit, held June 4-8th, 2018. To kick-off this process, the Department hosted an internal and external stakeholders' conference held on June 8, 2017 at a conference space at Amica Insurance Company in Lincoln, Rhode Island. The half-day conference included an overview of the CFSR and Statewide Self-Assessment and was attended by a variety of Rhode Island child welfare stakeholders, including representatives from the following groups: DCYF, Family Court, Child Advocate's Office, Rhode Island General Assembly, Narragansett Tribe, Rhode Island College School of Social Work, the federal Children's Bureau, provider agencies, foster parents, as well as parent and youth representatives.

DCYF has a standardized process used to gather input from the Narragansett Indian Tribe that is based on the Bureau of Indian Affairs (BIA), Indian Child Welfare Act (ICWA), and In-Demand Training (2016). DCYF notifies, exchanges information, and consults directly with Tribe representatives Wenonah Harris and Anemone Mars. The agency has identified Stephanie Terry as the tribal liaison with the Narragansett Indian Tribal Liaison.

Director Trista Piccola has maintained DCYF's engagement with the Rhode Island Coalition for Children and Families, an advocacy coalition made up of DCYF provider agencies. In addition, DCYF's consultants (Harvard, Annie E. Casey, Casey Family Programs) have engaged in conversations with providers regarding the services they deliver for our children and families. These discussions have provided opportunities to review the goals and objectives articulated in the CFSP and obtain feedback on how we are perceived to be doing and how we might be able to be more effective.

DCYF continues to utilize "Active Contract Management" (ACM), a framework by which the Department shares data with providers on outcomes and process measures relevant to the services they provide. The team then works together to find solutions and make improvements on those outcome areas and track progress. This is a concept that has shown good results with our Family Care Community Partners (FCCP), where ACM has been successful in improving assessment completion times and timeliness of first face-to-face visit with the family. The Department recently expanded the ACM process with group home and semi-independent living providers for teens where we hope to achieve similar successes.

The Department has also engaged in collaboration in the implementation of the Title IV-E State Plan Program Improvement Plan (PIP). Rhode Island's IV-E PIP went into effect on May 11, 2017. In working towards meeting our PIP goals, DCYF has worked closely with the Family Court, Court Appointed Special Advocates (CASA), and the Office of the Child Advocate on several items related to the implementation of several provisions of the *Preventing Sex Trafficking and Strengthening Families Act*.

In April of 2019 DCYF staff and the Family Court went to the ACF State Team Planning meeting in Washington DC. This event facilitated rich and productive conversations around the current system in RI and how to work together to improve. Specifically, discussion's around the time for pre-trial conferences and the use of Probable Cause hearings, and specialized training for attorneys on referral lists. Family Court staff also participated in work groups in development of the CFSP goals.

In addition, DCYF in the development of its CFSR, PIP and CFSP have met and sought input from the following community partners:

- Foster and Adoptive Parents at Foster Forward and the Village
- Youth at the Voice
- Bio Parents at Parent Support Network
- Safe Sleep Committee
- May is Mental Health Month Committee
- Newport Prevention Committee
- Fatherhood Initiative with Parent Support Network
- Pivot to Prevention Advisory Group
- Children’s Cabinet
- 3<sup>rd</sup> Grade Reading Committee
- Substance Exposed Newborn Taskforce
- FCCP Advisory Boards
- HEZ Statewide Conference

In order to communicate strategies, successes, and obstacles, the Director has implemented quarterly open forum meetings in which all staff are invited to participate and attend. Staff are encouraged to attend and provide feedback to the Director on new initiatives and to share ideas for practice improvement. Since Dr. Piccola’s appointment as director in 2017, she has also committed to sending out a weekly message to staff of our agency’s involvement and engagement with external stakeholders in the community and other government entities. The agency’s director will continue to hold open forum meetings with staff as well as communicating with staff through her weekly message.

The agency’s CFSR Coordinator and other staff have been engaging in focus group discussions with biological parents, youth, and foster/adoptive parents as well as staff from the front-line and resource divisions. As part of the Program Improvement Plan, the Department will be identifying existing external consumer stakeholder groups that DCYF can partner with as a vehicle for feedback on agency initiatives and practices. Staff will be identified within the agency who would be most appropriate to engage with Stakeholder groups on an ongoing basis. Those staff identified will meet on an at least minimum quarterly basis so as to ensure consistent communication, share data, discuss challenges, and engage in a problem-solving process. Feedback gained from consumer stakeholder groups will be provided to the Director and Senior Team for review and to discuss the feedback gained.

The Department engages in regular and ongoing communication with the Family Court. Director Piccola, who began as Director in February 2017, has a positive and productive working relationship with the Chief Judge Michael Forte since arriving at DCYF. The Director and the Chief Judge continue to communicate, share data, discuss challenges, and engage in a problem-solving process. The Department, the Family Court and the Court Improvement Program will continue to engage and collaborate on an early mediation project as described in the agency’s Program Improvement Plan.

## 2. Update on Assessment of Performance, the Plan for Improvement and Progress to Improve Outcomes –

National Performance Measures	National Performance	13B14A	14A14B	14B15A	15A15B	15B16A	16A16B	16B17A	17A17B	17B18A	18A18B
Permanency in 12 months (entries)	42.7% or more	42.7%	40.1%	38.5%	38.9%	40.3%	37.6%				
Permanency in 12 months (12-23 months)	45.9% or more					46.7%	50.5%	48.4%	44.7%	41.4%	47.8%
Permanency in 12 months (24+ mos)	31.8% or more					37.6%	35.8%	32.5%	31.5%	33.1%	32.3%
Re-entry to Foster Care	8.1% or fewer	10.4%	8.9%	11.4%	13.7%	13.2%	13.7%				
Placement Stability (moves, 1,000 days in care)	.444% or fewer					2.72	2.76	2.83	3.26	2.92	3.02
		14AB,F Y14	15AB,F Y15	16AB,F T16		FY 14-15	FY 15-16	FY 16-17			
Maltreatment in care (victimizations/100,000 in care)	9.67% or fewer	13.86	14.72	12.92							
Recurrence of maltreatment	9.5% or fewer					14.7%	13.4%	12.4%			

Data Source: Rhode Island Child and Family Services Review (CFSR 3) Data Profile, January 2019

Figure 1(Data has been updated to reflect the revised CB calculations of the RI CFSR 3 Data Profile , Jan. 2019)

### National Standards Met

*Permanency in 12 months (12-23 months), Permanency in 12 months (24+ months), and Placement Stability (moves/1,000 days in care)*

The Department continues to meet the national standard of achievement of permanency in 12 months (12-23 months). Since Fiscal Year 2015, the Department has either exceeded or met the national standard of performance. In 2018, time to permanency achievement increased from 41.4% to 47.8%.

The Department continues to meet the national standard of achievement to permanency in 12 months (24+ months). The national performance indicator is 31.8% or higher. DCYF has remained steadily above this mark since 2015. The Department has met the national standard at 32.3% in 2018.

The Department continues to meet and exceed the national standard of achievement as to Placement Stability (moves/1,000 days in care). The national performance indicator is 4.44 or less. DCYF has exceeded the national standard of performance of this item. As of Fiscal Year 2018, the Department has exceeded the national standard at 3.02.

### National Standards Not Met

*Permanency in 12 months (entries), Foster Care Re-Entry, Maltreatment in Care, and Maltreatment Recurrence.*

The Department is not meeting the national standard of performance as to permanency in 12 months (entries). The national performance indicator for this item is 42.7% or higher. Since FFY 2014, the Department has shown a steady decline in achieving permanency in 12 months, from 42.7% in FFY 2014 to 37.6% in FFY 2016.

The Department is not meeting the national standard of performance as to re-entry to foster care. The national performance indicator is 8.1% or less. The Department has shown a steady increase in foster care re-entry from 10.4% in FFY 2014 to 13.7% in FFY 2016.

The Department is not meeting the national standard of performance as to maltreatment in care. The national performance indicator is 9.67 or less. Although Rhode Island is not meeting the national standard, it is showing improvement with this performance measure from 13.86 in FFY 2014 to 12.92 in FFY 2016.

The Department is not meeting the national standard of performance as to recurrence of maltreatment. The national performance indicator is 9.5% or less. Although Rhode Island is not meeting the national standard, it is showing improvement with this performance measure from 14.7% in FY 14-15 to 12.4% in FY 16-17.

#### *Performance on CFSR Systemic Factors*

In the 2018 Child and Family Service Review, DCYF was rated in substantial conformity on two of the seven systemic factors: Statewide Information System and Agency Responsiveness to the Community. The Department was determined to not be in substantial conformity with the following systemic factors: Case Review System, Quality Assurance System, Staff and Provider Training, Service Array and Resource Development, and Foster and Adoptive Parent Licensing, Recruitment and Retention. The Department will be addressing the systemic factors that were identified as Areas Needing Improvement in the Program Improvement Plan.

#### CASE REVIEW SYSTEM

The Department's case review system includes the Department's 6 and 18-month administrative review process as well as the 12 and 24-month court permanency review. According to Federal and State Law (RIGL 40-11-12.1), a permanency hearing in Family Court is required to take place within 12 months of a child's placement in foster care, and every 12 months thereafter until permanency is achieved and the case closes. The permanency reviews in Family Court meet the criteria for a periodic review as it occurs before a child reaches twelve months in foster care placement and addresses the visitation between parents and children, the progress towards permanency and the general well-being of the child in care.

Case reviews conducted by Administrative Review Staff and are frequently attended by parents, foster parents, and providers who work with the families. Foster and pre-adoptive parents are invited to the reviews by mail and by verbal notification from their assigned caseworkers. An automated letter is sent to all foster and pre-adoptive parents notifying them of the upcoming Administrative Review.

The Department previously had a contract with Foster Forward in which a survey was conducted with foster parents whose foster children had a scheduled permanency review. The intention of the survey was to collect data regarding whether foster parents were aware of their right to be heard at the 12 month permanency hearing, if they were able to provide information to the Court as to the well being of

the child in their care. That contract has since expired with Foster Forward. The Department intends on submitting a Request for Proposal (RFP) for this service in the future.

The Department's Case Review System was rated as an Area Needing Improvement in the 2010 CFSR as well as the 2018 CFSR. To improve the case review system, the department clearly delineated when it was appropriate to utilize a compelling reason not to file a termination of parental rights, implemented family team meetings to ensure service plans are developed jointly with families, formalized the process for administrative review findings to be incorporated into service plans, and established a Joint Family Court/DCYF Permanency Committee. The Administrative Review Unit has been short-staffed and is operating with two full-time staff. The Department is in the process of identifying other staffing resources who could be utilized to conduct an Administrative Review. The Department is also exploring other review processes within the Department that can be used in place of the formal Administrative Review and meets criteria as established by federal law.

The Department's Quality Assurance System was rated as an Area Needing Improvement in the 2018 CFSR. The CFSR Final Report noted that Rhode Island lacks a fully functional case review process that provides quality case review feedback on both in-home and out of home cases to staff. Through the Division of Performance Improvement, DCYF will communicate results of its biannual internal case review process through Active Divisional Management (ADM). ADM will serve as the vehicle to provide feedback to staff as well as monitor and support the work of the Department.

The Department's Quality Assurance System was rated as an Area Needing Improvement in the 2018 CFSR. The CFSR Final Report cited that Rhode Island has many components of a continuous quality improvement (CQI) system but needs to develop a fully functional case review process capable of regularly gathering timely and accurate data on outcomes for children and families. Since the 2018 CFSR, the Department has implemented an internal case review process that mirrors the Federal Child and Family Service Review on a biannual basis. The Department has executed its first internal case review in June 2019, utilizing staff from all divisions as reviewers and QA. The internal case review reviewed a total of 32 cases that include children that reside in foster care, in-home cases, as well as FCCP and Juvenile Probation. The qualitative case review unit will also work with the Capacity Building Center for States to assist them with the development and refinement of its internal case review process.

Staff and Provider Training was rated as an Area Needing Improvement in the 2018 CFSR. The 2018 Statewide Assessment and the CFSR Final Report noted that the Department lacks a fully functional training system that ensures workers have the knowledge and skills they need to work effectively with families. The Final Report also noted that training for foster care kinship providers did not effectively prepare them for their role. The Department is currently in the process of revamping its pre-service training curriculum for new hires as well as ongoing training for all staff. Since the last CFSP, the Department has utilized the TIPS-MAPP as its foster parent training curriculum.

Service Array and Resource Development was rated as an Area Needing Improvement in the 2018 CFSR. The CFSR Final Report noted that despite the re-procurement of its service provider contracts, there were definite gaps in its service array and the existence of waiting lists for some services. Results of the stakeholder interviews also revealed a gap between the current service array and the field's awareness of those services. The Department will be addressing these concerns through the agency's program improvement plan by improving internal communication between the Central Referral Unit, increasing capacity and expertise for Substance Use Disorder Treatment, and expanding capacity for visitation services for families.

Foster Parent Licensing, Recruitment and Retention was rated as an Area Needing Improvement in the 2018 CFSR. To improve the recruitment, licensing and retention of foster parents, the Department has begun to restructure its foster care system to support increased recruitment and retention of foster families. The Department will accomplish this by re-procuring all provider -based non-kinship foster care contracts with private foster care agencies. DCYF will also be communicating with non-kinship resource families affiliated with DCYF that they have the opportunity to connect with a private agency to receive support services which are specific to the child's needs they have in their care. The Department intends on transitioning all DCYF non-kinship resource families to private agencies who can then provide additional support and connection to services. The Department hopes that by connecting foster parents with private agencies, foster parents will have the supports they need, therefore leading to increased retention. In January 2019, DCYF created a new unit within the Resource Family Division called the Kinship Support Unit. The new kinship unit aims to increase placement of children with kin and retain them as kinship providers. The Kinship Support Unit has been developed to immediately connect with kinship resources earlier on the in the placement process. It also assists the provider with navigating through the Foster Care Licensing Process, with the intention to improve the length of time from placement of the child to being fully licensed through the licensing process.

#### **2015 -2019 Research, evaluation, management information systems contribution**

**Safety 1:** Children are first and foremost protected from abuse and neglect.

**Safety 2:** Children are safely maintained in their home when possible and appropriate

**Systemic Factor V:** Service Array and Resource Development

#### **Goal I: Rightsizing and Improving Congregate Care to Minimize Placement Disruptions and Improve Child/Youth Well Being**

**Reduce the need for congregate care with greater emphasis on prevention-focused services and supports**

#### **Safety and Prevention**

Safety Analytic Report: Each year the Department's Data and Evaluation unit publishes a safety analytic report (See Appendix, Safety Annual Report) inclusive of descriptive statistics and predictive analytics. Safety related dimensions include descriptive statistics and advanced statistics of Child Protective Services (CPS) reports, CPS investigations, factors associated with maltreatment rates (i.e demographics, communities), factors associated with repeat maltreatment, factors associated with maltreatment in foster care and across all metrics, disproportionality outcomes. Both the descriptive statistics and predictive analytics provide information on both the profile and factors statistically significant in predicting child maltreatment, repeat maltreatment and maltreatment in foster care. This information is used to inform practice, policy and interventions is below.

Results from the safety report analysis focusing on geographic location of children in RI who have elevated rates of maltreatment revealed urban core cities had elevated child maltreatment rates compared to non-urban maltreatment rates. The state maltreatment rate in FFY16 was 13.6 per 1,000 children with the 5 urban core cities in the top 10 cities for maltreatment rates among children under the age of 10. In FFY18, the state maltreatment rate was 16.3 per 1,000 children with the 5 urban core cities among the top 10 cities with the highest maltreatment rates among children under the age of 18.

Further, the maltreatment rate among children age 0-9 and within this age group, children under the age of 1, have higher maltreatment rates compared to children 10 and older. Children under age 10 also experience disproportionality in maltreatment rates among children who are Black\African American, or Multiracial or Hispanic compared to children who are white over this same time period.

The maltreatment information was shared with the 5 urban communities and RI DCYF staff became involved with existing RI Department of Health, Health Equity Zones (HEZ). HEZ's are geographic areas in RI with RIDOH established collaborations with community members. Each HEZ has a workplan identifying self- identified outcomes to address. The HEZ's meet regularly to monitor progress toward their respective outcomes. Following the RI DCYF analysis identifying elevated maltreatment rates in an urban core city, one of RI's urban core city selected child maltreatment as one of their outcomes to focus on. (See Appendix, RIDCYF RIDOH, Woonsocket Rate of Removal and Maltreatment FY17).

Collaboration with RI Department of Health (RIDOH): For the past year, RI DCYF and RIDOH have engaged in collaborative research wherein the epidemiologists\evaluators from both agencies under the public health framework focus on primary, secondary and tertiary prevention. A collaborative team of program staff and epidemiologists monitor and analyze data of families at risk of maltreatment and\or repeat maltreatment with a focus on children age 0-3. As part of CAPTA, RI DCYF and RIDOH established a monitoring system between identifying children age 0-3 who were indicated for maltreatment and referred to services inclusive of Early Intervention. The RI DCYF services include Family Care Community Partnerships (FCCP) and contracted community-based programs. The RIDOH services include Healthy Families America (HFA), Parents as Teachers (PAT), Nurse-Family Partnerships (NFP) and First Connections CAPTA (FC CAPTA). This information is used for the dual purposes, on the individual level, timely service provision, and at the aggregate level for research and evaluation purposes to predict which families are at greater risk to not engage with supportive services. Preliminary data on a small cohort of children being tracked included 66 children age 0-3 who were indicated for maltreatment during November 15 to December 14, 2018 (See Appendix, RIDCYF RIDOH).

Among the 66 children, 61 children engaged with selected RI DCYF and RIDOH services by February 15, 2019. Children and families in this cohort may have engaged with RI DCYF or RIDOH selected services at a date later than February 15, 2019 or engaged with services other than those reflected in this data brief. Results reviewed fifty-two children age 0-3 who were indicated for maltreatment during November 15 to December 14, 2018 and were engaged with selected RI DCYF and RIDOH services by February 15, 2019. Children can be engaged in more than one program. As this is a new initiative the sample size is very small and caution should be exercised in drawing any conclusions. Keeping this in mind, a difference between those children\families engaged in a program compared to not engaged was age of the child. The median age of the child not engaged was 24 months compared to 7 months for children and families who were engaged. The Department plans to monitor this initiative ongoing with a plan to collaboratively procure an automated system where this data can be managed in a single data system for timely monitoring and timely responsiveness to make adjustments in this monitoring program.

Another application of data-driven informed practice relative to child maltreatment involved fatalities and near fatalities. Subsequent to an Office of Child Advocate Report in 2017 of child fatalities and near fatalities, the Department designed a predictive analysis on the family level to determine among families who received an Information Referral (IR) which factors predicted child maltreatment (See appendix, OCA safety analysis). The factors identified as predictive of increasing the odds of maltreatment

subsequent to an IR were families with a child younger than 6 years of age, reporter was a professional compared to not, family had a previous removal within the past 12 months, family had a previous indicated maltreatment within the past 12 months. These findings informed the development of a new screening process inclusive of a new screening instrument completed with factors found predictive of child maltreatment.

The changes included a re-organization of the CPS unit, new hotline screening tools, discontinuation of the IRs for this purpose, and a new Family Assessment Response. Both the data from the Safety Analytic Report, (among other RI data analytic briefs) and the ACM with the Family Care Community Partnerships (See Appendix, Safety Annual Report, FCCP March 2019 Strategy meeting) helps to inform the Department and FCCP prevention work. Although the Department has engaged in research and evaluation for over 10 years, for the past 4 years the Department has engaged in Active Contract Management where Department epidemiologists and evaluators have played an active role with Department program staff and provider staff to identify a core set of metrics and outcomes in the areas of safety and maltreatment prevention.

The collaboration between the Department's Children's Community Services and Behavioral Health, Contract Management and Data Analytics and Evaluation with the Family Care Community Partnerships (FCCPs), the Department's contracted provider network designed to prevent child maltreatment and promote family well-being, meet on a monthly basis to review the core set of safety related metrics and outcomes and observe changes in trends over time. Based on the data and/or changes in trends, the collaborative team identifies areas to further explore potential root causes and underlying factors contributing to the metrics and outcomes. The research often includes mixed methods to allow for both breadth and depth. Examples of research and evaluation designs for predictive analytics (quantitative) conducted include cross-sectional, case-control, and longitudinal study designs. Specific statistical analytics include logistic regression, multivariate regression, survival analysis, Cox proportional hazard, generalized estimating equation, mixed effects, among others, to allow the team to understand factors contributing to the safety outcomes.

Based on the results of these analyses, the team engages in the development of a logic model or strategic plan to identify an intervention and design the implementation of the intervention. Data is collected on process measures for implementation evaluation while the outcome measures via the dashboard are monitored to observe change over time. Based on the research question, qualitative research may also be implemented as part of the root cause analysis. The qualitative methodology ranges from case record reviews, focus groups and/or open-ended surveys. The monthly meetings amongst the collaborative team provides a structural and systematic platform to review data and research findings over time as well as identify any mid-course intervention modifications when needed.

The data from the ACM FCCP monthly data meetings show a relatively low percentage, approximately 7% of families discharged from the FCCPs have an indicated maltreatment or removal from home within 12 months from their FCCP discharge. Preliminary data from a recent analysis examining disproportionality in selected FCCP outcomes reveals families who are Black/African American appear to discharge with their WRAP goals being met at a slightly lower frequency than White families. As a result of this work the FCCP ACM identified interventions to address gaps in collaborations with community partners with a particular focus on school engagement as a way to promote FCCP preventive efforts as well explore further preliminary results of disproportionality.

Specific to the FCCP school initiative, the Department in collaboration with the FCCPs conducted a survey amongst FCCPS to assess the magnitude and frequency of FCCP and their respective school engagement. The results illustrated FCCP and school engagement is occurring although the frequency as well as a uniform approach are areas needing improvement. The Department plans to continue the research and evaluation work with the FCCPS throughout the 5 year CFSP and beyond and expand these efforts to include more primary prevention via FCCP universal media messaging as well as increase relationships with schools.

The Department's Community based Analytic Report (See Appendix, CBP\_2016\_cfinal\_01202017) is published annually and informs the Child Welfare System the status of families and children involved with the Department and receiving community based services to promote health and well-being and maintain families together. In the most recent report, entry cohort FY14 of children in-home and assigned to a DCYF caseworker (FSU or Jprob) and followed for 6 months post start of a community-based program the following results are from a survival analysis (most current still in process). The survival analysis combines all child\youth centric community-based services to provide a system level analysis on the 5 selected outcomes:

- 1) time to removal
- 2) time to CPS investigation
- 3) time to CPS indicated maltreatment
- 4) time to adjudication
- 5) time to RI Training School stay

On a system level, 6 months post community program based start

- 84% of children remained in home 91% of children did not have a CPS investigation
- 98% of children did not have an indicated maltreatment
- 97% of youth did not have an adjudication
- 92% did not enter the RI Training School

This data yielded positive findings where a majority of the children experienced positive outcomes. Further exploration into program specific outcomes where there was a sufficient sample size revealed programs experiencing greater challenges compared to others as well as outcomes most challenging. The most common negative outcome was removals, with some programs experiencing 1 out of 5 children being removed. The second most prevalent negative outcome was CPS investigations subsequent to the start of a community-based service. This information helped inform the RFP to include elements within programs the Department was seeking as well as attempts to expand the service array to address the most challenging outcomes.

## **Permanency**

Since 2009, the Department has published the Permanency Analytic Report (See Appendix, FY14-18 permanency). This report provides both descriptive statistics on the trends in the prevalence of removals, timely permanency, foster care re-entries and underlying factors associated with these three areas. This report is routinely used to inform practice, policy and interventions through the CQI channels described at the beginning of this section, Section I.

The state removal rate has fluctuated across the past 4 years. For children under age 18, the removal rate was 5.5 per 1,000 FY15 entry cohort, 4.8 per 1,000 entry cohort FY16, 5.1 per 1,000 FY17 entry cohort and 6.7 per 1,000 FY18 entry cohort. Further analysis illustrated among the RI cities with elevated rates of removal are the 5 urban core cities. Based on this data along with additional Department analytic activities, the Department has actively engaged with urban core communities to share this information and to become active in community Health Equity Zones led by the RI Department of Health. The Department has representatives in the HEZs with a focus on child maltreatment prevention and maintaining families together.

Another application of the permanency analytic report specific to removals into congregate care involves exploring factors associated with children with a higher prevalence of entry into congregate care over time. Since the first analysis of an entry cohort, the following factors are associated with children with an elevated prevalence of entry into congregate care, a) children age 12 and older compared to children 0-11, b) children age 12 and older of color compared to children who are white, d) children removed due to child behavior compared to maltreatment. Results from this ongoing analysis and feedback to inform practice, intervention and policy reveal progress in these areas.

The percent of all children whose first placement is congregate care reduced and in particular the percent of children age 0-12 whose first placement also decreased. Among a FY16 entry cohort of children age 12 and older, 70% had a first placement of congregate care compared to 58% among an FY18 entry cohort of children age 12 and older. Similarly, among an FY16 entry cohort of children age 0-11, 8% had a first placement of congregate care compared to 2% among a FY18 entry cohort of children age 0-11. Children of color age 12 and older have experienced disproportionality in first placements of congregate care with children who are Black/African American or Multiracial or Hispanic have significantly had higher rates compared to White children. FY18 entry cohort was the first entry cohort in the past 3 years where the disproportionality decreased. Further, the percent of children placed in kinship families has steadily increased. In FY2016, 72% of children in an out-of-home placement were with a foster family compared to 79% as of April 2019. Sixty-two percent of children in a foster family were in a kinship foster family compared to 66% as of April 2019.

Additional analysis to inform appropriate use of congregate care was the establishment of a tracking system on functional status of youth entering congregate care and their respective level of need. Data analysis revealed over the past two years, that approximately 40% of children placed in a congregate care had a level of need based on a Child and Adolescent Needs and Strength assessment algorithm did not need that level of care. Research was also conducted to determine which children had statistically significant changes from baseline LON scores to LON scored upon discharge. The results yielded that children with higher levels of need experienced greater improvements at discharge than children who had less severe needs. This information further illustrated the need to ensure children who were placed in restrictive environments when their LON did not suggest this level did not benefit from their setting to the extent as those children who were placed in congregate care appropriately.

As part of the ACM with congregate care providers monthly meetings where data and research on the core set of metrics is reviewed, a deep dive was conducted to better understand the factors contributing to youth remaining in congregate care for longer length of time, greater than 6 months. The findings yielded system level factors statistically predicted longer lengths of time in congregate care whereas individual factors did not (individual level factors - demographics, removal reason, level of need assessment). The systemic factors significantly predicting congregate care stay greater 6 months or

greater included: a) youth whose most recent case plan goal is planned living arrangement compared to youth whose most recent goal is reunification, b) youth who had more than 1 provider compared to youth staying with 1 provider, and c) youth assigned to DCYF Family Service Unit caseworker compared to a DCYF Juvenile Probation caseworker.

In response to these findings ACM workgroups identified interventions aimed at reducing length of stay in congregate care. The interventions included a) establishing a mechanism for providers to refer children to the Department's Expedited Permanency Team meetings, b) establishing a regular meeting between congregate care providers and foster families to promote matching and transition from congregate care to a foster family setting, and c) Building Bridges trainings to providers and DCYF staff. The Department is currently tracking the interventions' process and impact outcomes at the monthly meetings. Presently the interventions have been implemented for approximately 6 months and time to detect change for the impact outcomes may require up to 12 months. The impact outcomes include length of stay in congregate care and foster care re-entry. The process outcomes include: a) number of families referred to EPMS, b) meetings between foster care providers and congregate care providers, c) placement changes in congregate care as well two specific process outcomes to BBI, family contact frequency and clinical services delivered in the family home. The two BBI process outcomes are part of the monthly dashboards that were in place prior to BBI and provide a baseline to assess changes post BBI training (See appendix, 3.27.19CC BBI .03.24.19).

- Among the most recent cohort of children in congregate care referred to the EPMS, 4 of the 13 were reunified, 1 youth was transitioned into a more appropriate placement to meet needs of the child, and the remaining children have remained in their current placement
- The 4 months post BBI training have shown modest improvements in the two BBI process outcomes – family contacts\engagement and clinical sessions. However, this timeframe may be too short to detect changes and will be monitored ongoing. The Department plans to continue with these interventions and tracking and at the 12 month mark, (December 2019) evaluate the impacts and make recommendations.

Data analysis revealed factors that contribute to length of time in foster care included, first placement in a foster family compared to congregate care, adoption as a permanency goal compared to reunification, timeliness of permanency goal change to adoption and Termination of Parental Rights filing. Specific to increased length of time association with a permanency goal of adoption compared to reunification, (this finding was also found in the RI 2018 CFSR), the Department conducted research on trends in timeliness to permanency for FY15-FY17, timeliness and appropriateness of permanency goal established, timeliness of TPR filing by Family Service Region, child age groups and case plan goal (See appendix). Based on this research, an intervention of a mediation workgroup among the Department and Family Court was developed to identify a strategy to reduce time to permanency with a focus on children with a goal of adoption. This collaborative workgroup and activity is part of Department's Program Improvement Plan objectives and is planned to continue throughout the PIP. Placement stability has consistently remained statistically above the national performance since FFY15 and as of FFY18 is 3.02 per 1,000 days in care.

A workgroup was established among the Department staff and external stakeholders including the Family Court, adolescents in foster care, community juvenile boards among others. The workgroup has met approximately 6 times over the past year and developed initiatives to increase the Department's presence in community groups aimed with a focus on the urban cities to prevent removal from home

and provide community-based services. This initiative is in its first year of implementation. Removals by race, ethnicity and age as well as first placement will be monitored over time and reported out to the department and the collaborative workgroup\stakeholders.

**Goal II: Diligent Recruitment for Foster and Adoptive Families To Ensure Every Child Has a Safe, Compatible Home**

**Objective: Increase the resource capacity of family homes (relative, fictive kin, and non-relative) to decrease number of placement disruptions and use of congregate care.**

**Safety 1:** Children are, first and foremost, protected from abuse and neglect.

**Permanency 1:** Children have permanency and stability in their living situations

**Well-Being 1:** Families have enhanced capacity to provide for their children's needs

**Well-Being 3:** Children receive adequate services to meet their physical and mental health needs

**Systemic Factor VII:** Foster and Adoptive Parent Licensing, Recruitment, and Retention.

**Permanency 2:** The continuity of family relationships and connections is preserved for children.

**Appropriate Placement, Permanency, Well-being**

Since 2009, the Department has published the Permanency Analytic Report. This report provides both descriptive statistics on the trends in the prevalence of removals, timely permanency, foster care re-entries and underlying factors associated with these three areas. This report is routinely used to inform practice, policy and interventions through the CQI channels described at the beginning of this section, Section I.

An example of the application of this analytic report specific to removals into congregate care involves exploring factors associated with children with a higher prevalence of entry into congregate care over time. Since the first analysis of an entry cohort, the following factors are associated with children with an elevated prevalence of entry into congregate care, a) children age 12 and older compared to children 0-11, b) children age 12 and older and of color compared to children who are white, d) children removed due to child behavior compared to maltreatment.

The Department also established a tracking system on functional status of youth entering congregate care and their respective level of need. Data analysis revealed over the past two years, that approximately 40% of children placed in a congregate care had a level of need based on a Child and Adolescent Needs and Strength assessment algorithm did not need that level of care. Research was also conducted to determine which children had statistically significant changes from baseline LON scores to LON scored upon discharge. The results yielded that children with higher levels of need experienced greater improvements at discharge than children who had less severe needs. This information further illustrated the need to ensure children who were placed in restrictive environments when their LON did not suggest this level did not benefit from their setting to the extent as those children who were placed in congregate care appropriately.

The percent of all children whose first placement is congregate care reduced and in particular the percent of children age 0-12 whose first placement also decreased. Among a FY16 entry cohort of children age 12 and older, 70% had a first placement of congregate care compared to 58% among an FY18 entry cohort of children age 12 and older. Similarly, among an FY16 entry cohort of children age 0-11, 8% had a first placement of congregate care compared to 2% among a FY18 entry cohort of children

age 0-11. Children of color age 12 and older have experienced disproportionality in first placements of congregate care with children who are Black\African American or Multiracial or Hispanic have significantly had higher rates compared to White children. FY18 entry cohort was the first entry cohort in the past 3 years where the disproportionality decreased. Further, the percent of children placed in kinship families has steadily increased. In FY2016, 72% of children in an out-of-home placement were with a foster family compared to 79% as of April 2019. Sixty-two percent of children in a foster family were in a kinship foster family compared to 66% as of April 2019.

The Department has conducted extensive amount of research to address the area of foster family recruitment. The total number of licensed foster families increased from CY2015 to CY2019. In January 2015 the total number of licensed foster families was 1278 and in January 2019 the total number was 1562.

Over the past 5 years the Department engaged in research to obtain input from current foster families on their perceptions and experience of the licensing process, their needs, gaps in training or services, and ways in which the Department can better support foster families. Overall, resource parents reported being very satisfied with the initial contact experience. More than 95% of survey participants indicated the initial contact was respectful, and more than 90% felt that the staff member was knowledgeable about foster care or adoption and clearly explained the application process. The only item that received negative ratings in the 14-15% range was whether participants had received a timely response if they had left a message; other items were negatively rated by approximately 10% of resource parents.

A majority (75% to 95%) of resource parents reported positive or very positive experiences related to the training process. Nearly all respondents felt that the steps to becoming licensed were clearly explained, they learned what paperwork they needed to complete, and the trainer did a good job presenting training material. Nearly 90% of resource parents indicated positive ratings of overall satisfaction with the trainings they attended. Survey findings involving training that informed the Department in revising foster family training were the need to incorporate a greater emphasis on available services and supports for resource parents and the children or youth in their care. Training also could provide more focus on content to help resource parents understand the potential range of behavioral issues they may encounter in caring for children with special needs or who are involved in the child welfare system.

Top factors related to possible discontinuation included poor communication with caseworker, not having a say in children's future, difficulty seeing a child leave, and lack of support from the child welfare. Satisfaction with supports and with role relationships, higher family income and having one or more foster\adoptive children in the home were associated with lower likelihood of discontinuing to provide resource care. A key finding on factors surrounding youth characteristics that foster parents identified as most challenging were adolescents compared to younger children, followed by children with severe medical conditions.

This research informed the Department efforts of which included a Foster Parent Training weekend which resulted in over 100 families participating. The aims were to reduce barriers for potential foster families through a shortened timeframe from a 1 day a week, 10-week format to a weekend that although would not complete the process for many foster families, would expedite the process. Additionally, based on the foster parent survey feedback, adolescents were one of the groups identified

as most challenging to place in a foster family. The Department collaborated with Annie E. Casey to develop and implement the foster parent weekend initiative.

As of February 1, 2019, the number of foster parents who participated in the foster parent weekend event and are licensed is 92. The number of children placed in a weekend foster parent participant is 43. The Department was also interested in the efforts to recruit more families who would be interested in fostering children age 12 and older. Data collected via a pre and post weekend training and follow up data from RICHIST (08.17.18). Among foster parents who expressed a child 0-11, 67% had a child placed within the 0-11 age range, and 24% had a child placed outside of this age range 12 and older). Among foster families who indicated an interest in children age 12 and older, 46% had a child placed within the desired age range, and 39% were outside of the age range, 0-11. The remaining percentages were either unknown or no desired age range provided.

The Department is in the process of posting a foster parent support RFP that reflects the data analysis and feedback loop wherein subpopulations of youth who are most challenging to match with a foster family, supports and services identified in foster parent surveys and initiatives as described, as well as partnerships that will match recent internal organizational changes to best serve foster parents and children achieve positive outcomes.

The Department also implemented a universal foster parent training curriculum to be used statewide in all foster parent trainings. This uniform training includes best practices as well as essential licensing information delivered to foster families. As mentioned, the Department based, on data analysis, research on best practices and collaboration with Annie E. Casey, re-organized the Licensing division to develop internal supports to foster families and shift some of the homestudy work to the department's collaborative partners. In collaboration with Annie E. Casey the Department also implemented a mechanism to estimate the number of foster families needed in total and specifically families needed for various child populations (i.e adolescents, children with special needs etc.) The Department will continue to track outcomes to assess the impacts of these organizational and functional changes in the form of a) percent of children in out of home placements are in foster families when appropriate, b) placement stability within foster family settings, c) timeliness to permanency, d) timeliness to licensing, e) diversity of foster parents to match the children in foster care and f) overall foster parent and youth satisfaction.

Placement stability has consistently remained statistically above the national performance since FFY15 and as of FFY18 is 3.02 per 1,000 days in care. DCYF research has shown children in foster families have greater stability than children in congregate care. In this similar analysis, DCYF research revealed children in foster families have longer lengths of stay than children in congregate care. In response to these findings DCYF led interventions included a) establishing a mechanism for providers to refer children to the Department's Expedited Permanency Team meetings, b) establishing a regular meeting between congregate care providers and foster families to promote matching and transition from congregate care to a foster family setting, and c) Building Bridges trainings to providers and DCYF staff.

The Department is currently tracking the interventions' process and impact outcomes at the monthly meetings. Presently the interventions have been implemented for approximately 6 months and time to detect change for the impact outcomes may require up to 12 months. The impact outcomes include length of stay in congregate care and foster care re-entry. The process outcomes include: a) number of families referred to EPMs, b) meetings between foster care providers and congregate care providers, c)

placement changes in congregate care as well two specific process outcomes to BBI, family contact frequency and clinical services delivered in the family home. The two BBI process outcomes are part of the monthly dashboards that were in place prior to BBI and provide a baseline to assess changes post BBI training. The 4 months post BBI training have shown modest improvements in the two BBI process outcomes. However, this timeframe may be too short to detect changes and will be monitored ongoing. The Department plans to continue with these interventions and tracking and at the 12 month mark, (December 2019) evaluate the impacts and make recommendations.

Applying the ACM internally, in January\February 2019 the Department implemented active divisional management (ADM) with the Family Service Unit. As with ACM, ADM meetings monthly and reviews dashboards of data elements developed collaboratively with and from the input of the FSU Chief of Practice Standards and Regional Directors. Two Regional Directors oversee the 4 Chief of Practice Standards who each oversee one of the 4 geographic FSU regions. The FSU regions oversee families statewide. The group reviews the dashboards, discusses factors potentially contributing to the trends and safety, permanency and well-being outcomes and identifies areas to further explore which factors are contributing to the outcome. Some of the dashboard metrics specific to safety, permanency and well-being include caseworker face-to-face monthly visits, timely case plans removal rates, length of time in foster care, maltreatment rates, repeat maltreatment and maltreatment within 6 months of discharge home (See Appendix, FSD ADM 5.7.19).

The Department is currently in the early stages of implementation of ADM and plans to continue these efforts with FSU as well as expand to other Department divisions throughout the CFSP and beyond.

### **Well-Being, Family Engagement with DCYF**

Data from the Child and Family Service Review in 2018 revealed the Department has area for improvement with family engagement between the Department and families. Wellbeing 1 Outcome was the lowest performing outcome among the safety, permanency and well-being outcomes. Along with well-being Outcome 1, data from the ADMs (March 2019) reveal approximately 40% of caseworker-mother visit frequency is occurring while only 20% of caseworker-father visits are occurring. The CFSR data on Well-Being Outcome 1, Quality of caseworker visits with parents and the recent ADM data contributed to the strategies outline in RI's Program Improvement Plan to address and optimize family engagement as a mechanism to improve family outcomes and promote well-being. Additionally, following suit with the BBI training with congregate providers, the Department also provided BBI training to the RIDCY staff in early 2019. The Department through the newly implemented case review system, ACM and ADM and ongoing research and evaluation will monitor the outcomes of the PIP interventions, BBI interventions and ongoing staff trainings.

As part of workforce development, the inclusion of social determinants of health is included. The Department has adopted a public health model, has a staff of public health epidemiologists who are trained in public health principles and frameworks, and is including public health principles in its workforce development. The social determinants of health framework can enhance family engagement through having a workforce that apply this framework when working with families as it allows workers to understand the larger context of social, political and economic disenfranchisement and impacts on families and helps to minimize victim blaming.

### **Goal III: Improve the Overall Safety of Children in Our Care**

## Safety

Maltreatment in Foster care is monitored through both the Children's Bureau Performance Measures as well as the Department's Safety Analytic Annual report, the Department data briefs and most recently ADM.

According to the most recent Children's Bureau data available, FFY15 (14B15A) although the maltreatment rate in foster care over those past 3 years has remained above the national performance the maltreatment rate decreased from 147 to 12.9 in FFY15. The Department's research into understanding the factors associated with elevated maltreatment rates in foster care illustrate the following. Over the past 3 years the number of child victimizations ranged from 71 to 63 to 80, FFY15-FFY17. The median age at time of CPS report was 11, 9, 10 across those same years respectively. The rate of child maltreatment in foster care in foster families was 14.2 per 1,000 children and 16.2 per 1,000 children in congregate care in FFY17. As more younger children are in foster families compared to congregate care, the median age of children maltreated in foster family was younger, median age 5, compared to congregate care, median age 15. The analysis also illustrated the median number of placements from removal to maltreatment in foster care was 2 (Safety Analytic Reports). This research along resulted in a subsequent qualitative exploration through a case review of maltreatment in foster care. Areas identified to address included training of foster parents and congregate care providers. Specific to congregate training was training on supervision and proper de-escalation techniques. Based on the quantitative analysis in the Safety Analytic report, paired with qualitative case reviews as well as recent analysis of a child death, the following changes occurred:

- a) Uniform training and uniform curriculum of foster parents
- b) Enhancement of training of congregate care providers inclusive of de-escalation techniques and family engagement
- c) Changes in both organization and function of the CPS (front door) wherein a new hotline screening tool was implemented and the Family Assessment Response
- d) Changes in the licensing division to increase staff dedicated to support foster families
- e) Two new operating procedures, of which one focusing on the procedure of a coordinated CPS, Licensing and FSU response to all indicated maltreatment events in foster care

Another application of data driven informed practice involving child maltreatment involved fatalities and near fatalities. Subsequent to an Office of Child Advocate Report in 2016 on the review of child fatalities and near fatalities, the Department designed a predictive analysis on the family level to determine among families who received an Information Referral which factors predicted child maltreatment (See appendix). The factors identified as predictive of increasing the odds of maltreatment subsequent to an IR were families with a child younger than 6 years of age, reporter was a professional compared to not, family had a previous removal within the past 12 months, family had a previous indicated maltreatment within the past 12 months. These findings informed the development of a new screening process inclusive of a new screening instrument completed with factors found predictive of child maltreatment. The changes included a re-organization of the CPS unit, new hotline screening tools, discontinuation of the RIs, and a new Family Assessment Response.

For the past 5 years, the Department has maintained a Department-wide dashboard inclusive of CPS investigation face to face response times. The Department reviews this data monthly at a Department-wide staff meeting as well as emails the monthly dashboard to all DCYF division administrators. The data demonstrated the Department was not achieving the Department target of 90% of CPS investigations response times. This data analysis and monitoring yielded results that assisted in a subsequent further

exploration into potential contributing factors to the response times observed. Some of the contributing factors identified included a) a non-uniform hot line call instrument that did not capture essential data\information, b) a non-uniform CPS investigation tool, unvalidated, and c) review of realistic time frames.

As a result of the research and data analysis a uniform hotline instrument and new process, the Family Assessment Response (FAR), was developed by DCYF with external consultants. DCYF conducted data analysis identifying predictive factors of indicated investigations. A new CPS investigation instrument was developed based on best-practice and more current approaches to health response and well-being, the Family Functional Assessment. The FAR process began in early 2018. Both the hotline instrument and the FFA are being monitored. A recent analysis of the FAR process revealed Among 663 FARs between 2018-2019 (as of 4/23/2019), 71% (447 families\cases) closed after FAR and 29% (186 families\cases) remained open after FAR (as of 05.07.2019). Among the families who had a FAR and subsequently closed, 3% had a child removed and **27% had their case re-opened** . Alongside these data driven changes, the CPS face to face response times have increased. Data analysis and research yielded an increase in face to face response time from 60% in March of 2018 to 82% in February 2019. See data brief of selected metrics in appendix. The Department plans to examine some short term and long term outcomes throughout the next 5 years.

At the time of this CFSP report, the Department is in process in modifying RICHIST to link CPS hot line calls, CPS investigations to FARs. The expected time to complete this activity is Fall of 2019. The Department will include in the monthly dashboard, monthly data on CPS hotline calls, CPS investigations, and CPS FFA start and completion times, and FAR outcomes.

The Department engages in active contract management amongst the same Department units identified with congregate care and residential providers applying the same format as identified with the FCCPs. Monthly meetings are held, and a core set of dashboards (data metrics) are provided to observe trends and identify areas for deeper exploration as to the root causes and underlying factors contributing to either changes in trends, lack of changes in trends and longitudinal outcomes. Specific to safety and prevention, the Department includes in some of the ongoing meetings with the providers data and information on child maltreatment in foster care (out-of-home placement) and factors contributing to maltreatment. As part of the deeper exploration as to factors associated with maltreatment in foster care, the Department is currently engaged in a case review process on children in congregate care who experienced a maltreatment. The findings of this analysis are expected to be completed and reported out by June 30, 2019. These results will be shared at a following monthly ACM meeting with the congregate care providers and an action plan will be developed to address areas contributing to maltreatment in these settings. The team will identify any additional data elements needed with the current tracking system to evaluate the implementation of the selected intervention and its corresponding impacts.

Applying the ACM internally, in January\February 2019 the Department implemented active divisional management (ADM) with the Family Service Unit. As with ACM, ADM meetings monthly and reviews dashboards of data elements developed collaboratively with and from the input of the FSU Chief of Practice Standards and Regional Directors. Two Regional Directors oversee the 4 Chief of Practice Standards who each oversee one of the 4 geographic FSU regions. The FSU regions oversee families statewide. Specific to prevention and safety, data is shared at the state level and by FSU regions. The group reviews the dashboards, discusses factors potentially contributing to the trends and outcomes

and identifies areas to further explore which factors are contributing to the outcome. Some of the dashboard metrics include maltreatment rates, repeat maltreatment and maltreatment within 6 months of discharge home. The Department is currently in the early stages of implementation of ADM and plans to continue these efforts with FSU as well as expand to other Department divisions throughout the CFSP and beyond.

Collaboration with RI Department of Health (RIDOH): For the past year, RI DCYF and RIDOH have engaged in collaborative research wherein the epidemiologists\evaluators from both agencies under the public health framework focus on primary, secondary and tertiary prevention. A collaborative team of program staff and epidemiologists monitor and analyze data of families at risk of maltreatment and\or repeat maltreatment with a focus on children age 0-3. As part of CAPTA, RI DCYF and RIDOH established a monitoring system between identifying children age 0-3 who were indicated for maltreatment and referred to services inclusive of Early Intervention, RIDCYF FCCPS or other community based contracted programs, and 4 RIDOH community-based programs. This information is used for the dual purposes, on the individual level, timely service provision, and at the aggregate level for research and evaluation purposes to predict which families are at greater risk to not engage with supportive services (See Appendix RI DCYFDOH).

#### **Goal IV: Improve Organizational Health and Combat Secondary Traumatic Stress**

The Department has a peer support team (PST) to support staff from secondary trauma, general stress and promote overall staff well-being. Over the most recent complete calendar year, CY2018, the PST had a total of 150 contacts with 147 contacts being in person.

In addition to the PST, the Department has restructured the training unit to broaden its focus to develop into a Workforce Development unit. The aim is to leverage the training the Department has had over the past 5 years and expand to strategically organize and function as a comprehensive workforce development unit. The Department also recently re-established its relationship with Rhode Island College to support the Department's efforts in workforce development.

The Workforce Development unit is in the process of developing a 3-year strategic grounded in a public health prevention and social determinant of health focus and feedback from DCYF workers so as to be prevention focused and responsive to the staff expressed needs (See workforce development strategic plan). Currently staff retention among a 2015 entry cohort of DCYF Family Service unit Child Protective Service and Juvenile Probation caseworkers. The Department will track the workplan initiatives to assess the impacts of these new initiatives.

## Update on Progress Made to Improve Outcomes

### Child and Family Services Plan 2015-2019 Update on Progress

#### Goal I: Rightsizing and Improving Congregate Care to Minimize Placement Disruptions and Improve Child/Youth Well Being

<b>Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports</b>				
	<b>2015 → 2019</b>	<b>Measure of Progress</b>	<b>Progress in 2015-2019</b>	<b>Outcome/Indicator</b>
<b>Strategies</b>	<b>Activities</b>			
1.1 Expand and increase array of family preservation services.	<p>(a) Establish additional evidence-based practice models that ensure effective family treatment options and choices.</p> <p>(b) Ensure emphasis on and competence in trauma-focused care for all EBPs.</p> <p>(c) Implement short-term clinical stabilization crisis response team.</p> <p>(d) Establish additional services to support non-clinical issues, e.g., behavioral strategies and parenting skills.</p> <p>(e) Increase community awareness and access for engagement with Family Care Community Partnerships (FCCPs).</p>	<p>Evidence-Based Practice Models are established.</p> <p>EBP staff are trained in trauma-focused care</p> <p>Crisis stabilization response team is established.</p> <p>Non-clinical services focusing on behavioral strategies/parenting skills are established.</p> <p>Increase in community referrals to FCCPs.</p>	<p>1.1 (a) As reported in the FY 2018 APSR submission, in 2017 the Department entered into 116 new contracts for home and community based services, as well as placement based services. The department continues to work on contractual performance measures in all contracts for provider accountability in desired outcomes. Contracts also contain provisions for incentive based payments to encourage performance in reduction of misuse of congregate care.</p> <p>In early 2018, the Department contracted with a service provider to offer the Familias Unidas program, a family-based intervention to promote protection against, and reduce risk for, behavior problems, illicit drug use, alcohol use, cigarette use, and unsafe sexual behavior in Hispanic youth and adolescents.</p>	<p><b>Safety-1:</b> Children are, first and foremost, protected from abuse and neglect.</p> <p><b>Safety-2:</b> Children are safely maintained in their homes when possible and appropriate.</p> <p><b>Systemic Factor V:</b> Service Array and Resource Development.</p>

Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports				
	2015 → 2019	Measure of Progress	Progress in 2015-2019	Outcome/Indicator
Strategies	Activities			
			<p>Also in 2018, the Department entered into new contracts for five regional Family Care Community Partnerships (FCCP's). Previously, the FCCP's had been divided into four regions. The addition of a new FCCP service provider and the reconfiguration of the FCCP regions is intended to allow for greater access and coordination of services at the community level.</p> <p>DCYF continues to practice Active Contract Management (ACM) with each FCCP provider, with the continued assistance of the Harvard Kennedy School of Government. Through ACM, the Department engages FCCP providers in a collaborative effort to share and reflect on outcomes data, review the FCCP service model, and ultimately better serve and preserve families. The Department consistently meets with the FCCP providers two times per month with a monthly meeting with the Director to review</p>	

Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports				
	2015 → 2019	Measure of Progress	Progress in 2015-2019	Outcome/Indicator
Strategies	Activities			
			<p>data and reflect on lessons learned and discuss all best practices.</p> <p>1.2 (b) There have been no changes during the past year in the array of available EBP's focused on trauma focused care. The following EBP's continue to be available: Trauma Systems Therapy (TST), Family Centered Therapy (FCT), Positive Parenting Program (Triple P), and Teen Assertive Community Teaming (Teen ACT). mechanism for these programs.</p> <p>1.1 (c) The Department has not issued an RFP for a Mobile Crisis Intervention Team and is reconsidering its initial plans to do so. DCYF has contracted with several programs that include a 24-hour response capability.</p> <p>1.1 (d) DCYF continues to offer services that support non-clinical needs of children and families, including Parent Partner Services (PPS), Parenting with Loving Limits (PLL), Homebuilders, and other programs. A full list of programs is attached as Appendix B (please note</p>	

Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports				
	2015 → 2019	Measure of Progress	Progress in 2015-2019	Outcome/Indicator
Strategies	Activities			
			<p>that this list of programs does not include the Familias Unidas program, which was added to the service array in early 2018).</p> <p>1.1 (e) In the recent procurement of the FCCP contracts, agencies were scored on their ability to conduct community outreach to identify and successfully engage families in the community who are at risk of involvement with DCYF and build strong networks of community resources available to support families.</p> <p>Community referrals to the FCCPs have held steady over the past year, representing approximately half of all referrals during CY2017.</p> <p>CY2013 1st and 2nd quarters: Community referrals were 39.5%</p> <p>CY2013 3rd and 4th quarters: 38.4%</p> <p>CY2014 1st and 2nd quarters: 40.0%</p> <p>CY2014 3rd and 4th quarters: 40.5%</p> <p>CY2015 1st and 2nd quarters: 40.6%</p>	

Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports				
	2015 → 2019	Measure of Progress	Progress in 2015-2019	Outcome/Indicator
Strategies	Activities			
			CY2015 3rd and 4th quarters: 42.0% CY2016 1st and 2nd quarters: 42.6% CY2016 3rd and 4th quarters: 48.2% CY 2017 1st and 2nd quarters: 50.6% CY 2017 3rd and 4th quarters: 49.2%	
1.2 Install successful programs designed to divert youth from placement.	<p>(a) Work with the provider community to identify evidence-based and evidence-informed service models that have demonstrated success in diverting youth from residential placement.</p> <p>(b) Work with provider community to implement identified successful service models.</p> <p>(c) Establish a clinical assessment support team to work with the DCYF Intake Unit to assist in assessing appropriate intervention to avert placement.</p> <p>(d) Support implementation of additional community-based programs through realized</p>	<p>Successful service models are identified.</p> <p>Successful models implemented.</p> <p>Funding diverted from residential programs will be used to expand successful models.</p> <p>Clinical Assessment Support Team established.</p> <p>Improve % of youth at home who receive community-based services and do not enter care.</p>	<p>1.2 (a) The Department anticipates that the Familias Unidas program will help Hispanic families with teenagers at risk for placement in residential care.</p> <p>Children and families served by DCYF continue to benefit from the following evidence based and evidence informed home-based services:</p> <ul style="list-style-type: none"> <li>• Trauma Systems Therapy</li> <li>• Family-Centered Treatment</li> <li>• Positive Parenting Program (Triple P)</li> <li>• Teen Assertive Community Treatment</li> <li>• Parenting with Love and Limits</li> <li>• Multi Systemic Therapy</li> <li>• TF-CBT and AF-CBT</li> </ul>	<p><b>Safety-2:</b> Children are safely maintained in their homes when possible and appropriate.</p> <p><b>Permanency-1:</b> Children have permanency and stability in their living situations.</p> <p><b>Systemic Factor V:</b> Service Array and Resource Development.</p>

Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports				
	2015 → 2019	Measure of Progress	Progress in 2015-2019	Outcome/Indicator
Strategies	Activities			
	reductions in congregate care settings.		<p>1.2 (b) The Department continually seeks input from the provider community and uses invoice expenditure for services to understand the needs of the children, youth and families. The department is committed to active contract management to ensure collaboration with providers to enhance performance ensure successful service models.</p> <p>1.2 (c) The SMART clinical assessment teams are no longer active since the contract with the Networks of Care ended. DCYF's Intake Unit continues to have access clinical support from the Central Referral Unit (CRU), which was established when the Networks of Care ended.</p> <p>1.2 (d) The Department is committed to eliminating the unnecessary use of residential placements. During the comprehensive re-procurement of services in 2016, approximately 90 of the 116 contracts were for home-based services.</p>	

Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports				
	2015 → 2019	Measure of Progress	Progress in 2015-2019	Outcome/Indicator
Strategies	Activities			
1.3 Expand and increase the array of community-based services to support reunification, preventing re-entries into care.	<p>(a) Ensure emphasis on and competence in trauma-focused care for all congregate care staff.</p> <p>(b) Identify and address barriers to family involvement when youth is in congregate care</p> <p>(c) Establish transition services that work with families and youth while youth is in congregate care (focus on needs of whole family – parents and youth)</p> <p>(d) Ensure family involvement for youth in congregate care.</p> <p>(e) Ensure transition services, including wraparound, continue to provide aftercare support and monitoring for youth/family returning home.</p>	<p>Improve % of children/youth that are maintained safely in their homes without re-entry.</p> <p>Re-procurement of service array.</p>	<p>1.3 (a-e) DCYF’s procurement of a new service array in 2016 emphasized competence in trauma-focused care, reduce barriers to family involvement, and work with families while a youth is in congregate care. A full description of congregate care programs and the therapeutic services they provide can be found in Appendix B.</p> <p>The Department has continued to use Expedited Permanency Meetings (EPM) in to help move children out of residential facilities and into families. The practice was developed from the recognition that many children currently living in group placements can live in families. EPM aims to sharply reduce the number of children living in unnecessary group care placements, overcome barriers to raising children in families and ensure that once EPMs get children out of</p>	<p><b>Safety-2:</b> Children are safely maintained in their homes when possible and appropriate.</p> <p><b>Permanency 2:</b> The continuity of family relationships and connections is preserved for children.</p> <p><b>Well-Being 1:</b> Families have enhanced capacity to provide for their children’s needs.</p> <p><b>Systemic Factor V:</b> Service Array and</p>

<b>Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports</b>				
	<b>2015 → 2019</b>	<b>Measure of Progress</b>	<b>Progress in 2015-2019</b>	<b>Outcome/Indicator</b>
<b>Strategies</b>	<b>Activities</b>			
			<p>unnecessarily restrictive settings, more children do not take their place.</p> <p>EPM is a three-part process that includes preparatory work, a team meeting and structured follow-up.</p> <p>EPM has been in effect for the last two years. The identification of youths that may require an EPM is no longer done through cohorts. As of January 2018, youths whose treatment needs no longer warrant a congregate care setting are identified as needing an Expediated Permanency Meeting (EPM) through DCYF's Utilization Management Unit. In addition to facilitating EPM's, the facilitator's will also assist with family and youth engagement at the RITS, the child fatality/near fatality reviews, the CFSR, Partnering with the Department's permanency support team to work specifically with the FFA / guardianship youth identifying barriers to permanency and coaching to PST staff, and assist and support the direct care</p>	Resource Development.

<b>Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports</b>				
	<b>2015 → 2019</b>	<b>Measure of Progress</b>	<b>Progress in 2015-2019</b>	<b>Outcome/Indicator</b>
<b>Strategies</b>	<b>Activities</b>			
			<p>staff in developing plans to move kids to permanency.</p> <p>In June of 2018, an EPM pilot program with our congregate care providers was implemented. The goal of this pilot is to increase the number of young people stepping down within 6 months of entry into a congregate care facility. Congregate care providers are able to make referrals to CBH for youth who they think would benefit. This is ongoing.</p> <p>Congregate care providers involved with the youth will be able to make referrals for an EPM. The expectation is for provider staff to be active participants on the EPM teams for the young people in their care therefore sustaining the practice. Referrals should be made within 2 months of the child's entry into the group home.</p>	

Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports				
	2015 → 2019	Measure of Progress	Progress in 2015-2019	Outcome/Indicator
Strategies	Activities			
Objective: Transform the continuum of child placing agencies to child caring communities				
	2015 - 2019	Measure of Progress	Progress in 2018	Outcome/Indicator
Strategies	Activities			
1.4 Improve the services in congregate care facilities	<p>(a) Ensure administration of Child and Adolescent Needs and Strengths (CANS) tool in all programs.</p> <p>(b) Improve management of psychotropic medications.</p> <p>(c) Identify short-term evidence based intervention models that can be introduced in congregate care facilities.</p> <p>(d) Ensure staffing patterns in congregate care facilities to provide appropriate clinical supports.</p> <p>(e) Identify a minimum of one congregate care setting to re-purpose for an identified needed community service.</p>	<p>Increase % of youth who are required to receive a CANS is administered a CANS</p> <p>% reduction in youth receiving 2 or more psychotropic medications.</p> <p>Short-term evidence-based interventions are introduced in congregate care settings.</p> <p>Congregate care setting(s) re-purposed to provide community-based services.</p> <p>Congregate care staff are trained on safety management and</p>	<p>(a) The CANS is being administered by staff within all residential provider agencies. The Department also uses the Ohio Scale and Ages/Stages SE to determine functional change and to complement the CANS. See Appendix C for data on DCYF's adherence to administering the CANS.</p> <p>1.4 (b) DCYF hired a part time psychiatrist, who consults on individual cases, including when concerns are raised about the appropriateness of the child's psychotropic medication prescription.</p> <p>DCYF is still working to establish capacity within the agency for collecting data and monitoring psychotropic medication use on a systemic level.</p>	<p><b>Safety 1:</b> Children are first and foremost protected from abuse and neglect</p> <p><b>Permanency 2:</b> The continuity of family relationships and connections is preserved for children.</p> <p><b>Well-being 3:</b> Children receive adequate services to meet their physical and mental health needs.</p>

Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports				
	2015 → 2019	Measure of Progress	Progress in 2015-2019	Outcome/Indicator
Strategies	Activities			
	<p>(f) Train staff on engaging youth in talking about their placement preferences.</p> <p>(g) Train staff on family engagement practices, which move beyond visitation.</p> <p>(h) Enhance safety management practices in congregate care settings.</p>	<p>trauma-informed care practices.</p> <p>Improve the % of youth in congregate care who attain permanency.</p> <p>LOS in congregate care is decreased.</p>	<p>1.4 (c) The Department continues to offer trauma informed treatment practices within congregate care programs. The programs include Trauma Systems Therapy (TST), Attachment, the Self-Regulation and Competency (ARC) model, the Building Bridges Initiative (BBI), and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT).</p> <p>1.4 (d-e) DCYF’s contracts with provider agencies ensure that agencies are adequately staffed to provide children with appropriate clinical supports. The new procurement has expanded the array of home and community-based services and decreased the number of congregate care beds.</p> <p>1.4 (f) DCYF’s training around Out of Home Placement/Natural Supports includes discussion about using a “script” to contact natural supports. Training also addresses helping DCYF workers have conversation with youth</p>	<p><b>Systemic Factor III:</b> Quality Assurance System</p>

Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports				
	2015 → 2019	Measure of Progress	Progress in 2015-2019	Outcome/Indicator
Strategies	Activities			
			<p>to locate natural supports, sometimes as placement and other times as a resource. Permanency training includes discussion about talking to youth about their placement preferences and permanency goals.</p> <p>1.4 (g) DCYF staff are required to have a bachelor’s degree in a social service field and we expect staff to have some familiarity with human development and engagement of clients. DCYF does offer a “Working with Adolescents” training that focuses on aspects of their brain development and sheds light on how to have conversations and engage with teenagers.</p> <p>1.4 (h) Legislation (RIGL 42-158) was enacted in 2016 prohibiting the use of Prone Restraints among congregate care facilities. DCYF’s new contracts with agencies providing residential services contain references to the updated Rhode Island statute governing the use of restraints.</p>	

Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports				
	2015 → 2019	Measure of Progress	Progress in 2015-2019	Outcome/Indicator
Strategies	Activities			
1.5 Ensure implementation of Practice model with fidelity to National Standards.	<p>(a) Identify a practice model that best meets the needs of Rhode Island’s children and families.</p> <p>(b) Develop strategic plan to implement practice model.</p> <p>(c) Implement practice model with fidelity to national standards.</p>		1.5 (a-c) DCYF has not identified or developed a strategic plan to implement a specific practice model. However, during the procurement process, DCYF required contracted providers to present compelling evidence that their program(s) have a meaningful and observable impact on the children and families in their care, and demonstrate how the outcomes against which programs have been evaluated are relevant, achievable, and impactful.	<p><b>Permanency 1:</b> Children have permanency and stability in their living situations</p> <p><b>Permanency 2:</b> The continuity of family relationships and connections is preserved for children.</p> <p><b>Well-Being 1:</b> Families have enhanced capacity to provide for their children’s needs</p> <p><b>Well-Being 2:</b> Children receive services to meet their educational needs.</p> <p><b>Well-being 3:</b> Children receive adequate services</p>

Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports				
	2015 → 2019	Measure of Progress	Progress in 2015-2019	Outcome/Indicator
Strategies	Activities			
				to meet their physical and mental health needs.  <b>Systemic Factor II:</b> Case Review System  <b>Systemic Factor III:</b> Quality Assurance System
1.6 Transform the placement system to ensure only youth needing such placements are in not placed in congregate care settings.	(a) Review the process for placement of children in congregate care  (b) Introduce a new process for placement into congregate care.  (c) Train child welfare and community providers on congregate care placement policies and practices.  (d) Recruit more foster families to ensure availability and accessibility of placements that are alternative to congregate care.	Congregate care placements are gradually reduced by 10%  Kinship placements are gradually increased by 10%.  Recruited and trained resource families are gradually increased by 10%.  Child welfare and community provider	1.6 (a) The percentage of youth in congregate care has declined. In FY 2012, 66.9% of youth in out of home placement were in foster family settings. On June 1, 2017, 75% were in foster family settings and on May 1, 2018, 81% of youth were in foster family settings.  1.6 (b) The Department continues to use the Director’s Approval Process (DAP), which requires that any placement of a child into a congregate care setting to be directly authorized by the Director. The DAP ensures	<b>Safety 2:</b> Children are safely maintained in their homes whenever possible and appropriate  <b>Permanency 1:</b> Children have permanency and stability in their living situations  <b>Well-Being 1:</b> Families have enhanced capacity

Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports				
	2015 → 2019	Measure of Progress	Progress in 2015-2019	Outcome/Indicator
Strategies	Activities			
	<p>(e) Increase the use of kinship placements.</p> <p>(f) Train child welfare, community providers and resource families on trauma-informed care.</p> <p>(g) Engage key stakeholders to support effective placement alternatives.</p>	<p>staff are trained on trauma-informed care.</p>	<p>multiple levels of effort to identify alternative placements and emphasizes congregate care as a last resort.</p> <p>The Department continues to use a Central Referral Unit (CRU) to connect children in DCYF care to the right services at the right times on a pathway to permanency, and to reduce reliance on congregate care settings. The CRU maintains a single point of access for youth and families requiring services. A single point of access allows for services to be more closely matched with needs and families receive the same access to needed services.</p> <p>(c) Since the DAP process and the CRU have been operational, the child welfare and community providers are well-aware of DCYF's placement practices. DCYF's employee and provider bulletins are used to communicate any pertinent changes in agency practice.</p>	<p>to provide for their children's needs</p> <p><b>Systemic Factor VI:</b> Agency Responsiveness to the Community</p>

Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports				
	2015 → 2019	Measure of Progress	Progress in 2015-2019	Outcome/Indicator
Strategies	Activities			
			<p>1.6 (d) The Department continues to work to increase the number of resource families (See update below).</p> <p>1.6 (e) On May 1, 2018, 65.1% of children in a family foster care setting were in kinship foster families, compared to 53.6% in FY 2012.</p> <p>1.6 (f) The Department’s training plan includes a focus on trauma-focused care.</p> <p>1.6 (g) DCYF has continued to work with child welfare stakeholders to support effective placement alternatives. The ongoing enhancement of DCYF’s recruitment, development, and support capacity (described below) is expected to increase the recruitment and retention of resource families to support children who may otherwise be in congregate care settings.</p>	
1.7 Improve Educational stability across the	1.7 (a) Ensure that children birth to 5 in DCYF care are adequately	Increase placement stability	1.7 (a) Over the course of the last year DCYF has continued to adapt policy refinements for children Birth to 3 that	<b>Permanency 1:</b> Children have permanency and

Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports				
	2015 → 2019	Measure of Progress	Progress in 2015-2019	Outcome/Indicator
Strategies	Activities			
life cycle for children in care.	prepared and supported for educational achievement.	Children will be linked with Early Intervention and Child Find resources as appropriate	<p>are subject to the CAPTA Mandate. Grant staff has begun implementation of the revised Early Childhood Service Referral Policy As a result, the overall rate of referral for children Birth to 3 who are identified as victims in indicated cases of abuse/neglect has increased to 82%. As part of the new Rhode Island Getting to Kindergarten Grant funded by the W.K. Kellogg Foundation DCYF will see to develop cross-system data tracking to track rate of referral, engagement and completion of developmental screening/evaluation and access to IDEA Part C services.</p> <p>DCYF has continued to implement a system of referral of newborns not eligible for Early Intervention into evidenced based Family/Home Visiting programs to support parent/child relationship-attachment and well-being from birth. These efforts resulted 46 families being referred in 2017. While this is a decrease from last year, there is evidence that many case work</p>	<p>stability in their living situations.</p> <p><b>Well-Being 2:</b> Children receive services to meet their educational needs.</p>

Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports				
	2015 → 2019	Measure of Progress	Progress in 2015-2019	Outcome/Indicator
Strategies	Activities			
			<p>and hospital discharge staff are continuing to facilitate these referrals for eligible families. The integrated data system mentioned above will allow for tracking of these referrals</p> <p>DCYF continues to implement an integrated system with RI Dept. of Education and RI KidsNet to ensure that children age 3 to 5 in foster care have access to Child Outreach Screening to identify developmental delays prior to entry into kindergarten. These efforts have now been integrated into the goals of the RI Getting to Kindergarten grant and is a primary focus of the Governors Birth to 3rd Grade Reading initiative. Data systems are now under development at DCYF to track all children 3 to 5 yrs. old who are identified as victims in indicated cases of abuse and neglect. These data systems will function in a similar way to the existing data system that support the Birth to 3 population.</p>	

Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports				
	2015 → 2019	Measure of Progress	Progress in 2015-2019	Outcome/Indicator
Strategies	Activities			
			Another additional aspect of the Rhode Island Getting to Kindergarten Grant is to sustain efforts to support access to High Quality Early Care and Education for children birth to five in foster care. Since the grant award from the W.K. Kellogg Foundation in September 2017 grant staff have assembled a workgroup specific to this goal and informational and direct recruitment strategies have begun. Grant staff have established base line data related to enrollment in High Quality Early Care to ensure that children birth to five in foster care have access to developmental and educational support that will help them succeed educationally in the future.	
	1.7 (b) Ensure that children between 5 and 14 years of age are adequately prepared and supported for educational achievement.	Improved coordination with school systems to ensure continuity of education.	1.7 (b) – RIDE and DCYF completed an MOU related to ESSA in 2018 which provides a broad outline of our work and expectations of continued collaboration. Through a series of Interim Orders from the RI	<b>Permanency-1:</b> Children have permanency and stability in their living situations.

Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports				
	2015 → 2019	Measure of Progress	Progress in 2015-2019	Outcome/Indicator
Strategies	Activities			
			<p>Commissioner of Education throughout the 2017-18 academic year, guidelines are being established related to school of origin identification, best interest determinations and transportation. RIDE and DCYF have identified Foster Care Points of Contacts as have almost every LEA in Rhode Island.</p> <p>We have conducted best interest conference calls on 488 children in foster care. While we have not fully analyzed the data, the majority of these have resulted in children remaining in their schools of origin.</p> <p>One major barrier has been ensuring children are transported to/from school by the LEA. In the interim, DCYF provided transportation through staff, foster parents and group home providers. This led to Caseworkers being diverted from traditional casework to transporting children, high amounts of overtime for Case Support Technicians and foster parents and group home providers spending an</p>	<p><b>Well-Being 2:</b> Children receive services to meet their educational needs.</p>

Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports				
	2015 → 2019	Measure of Progress	Progress in 2015-2019	Outcome/Indicator
Strategies	Activities			
			<p>inordinate amount of time transporting children to/from school. In mid-April 2018, due to a collaborative effort including DCYF, RIDE, General Assembly members, Superintendents representatives, advocates and others, we developed a system of providing RIDE with the names of children needing transportation and RIDE establishing transportation for these children using the Statewide Transportation System.</p> <p>This stopgap intervention has resulted in most children now being transported through the Statewide Transportation system or through the LEA for the school of origin. Over 200 children have had their transportation needs addressed in the last 45 days. We will use this for the remainder of this year and work with RIDE to allow DCYF to have direct access to the Statewide Transportation Portal for next year which should make the task simpler for all.</p>	

<b>Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports</b>				
	<b>2015 → 2019</b>	<b>Measure of Progress</b>	<b>Progress in 2015-2019</b>	<b>Outcome/Indicator</b>
<b>Strategies</b>	<b>Activities</b>			
			<p>The Department continues to achieve expected and higher rates of referrals for Educational Surrogate Parents/Educational Advocates for children and youth in DYCF care who have been identified as needing special education services or at risk for needing such services.</p> <p>The Department has continued to improve the transitioning planning process for youth exiting the Thomas C. Slater Training School and Ocean Tides. Currently, DCYF Probation staff and the Providence Public Schools meet monthly to identify educational and transitional needs in order to develop a plan that is ready to implement upon the youth's discharge. It also includes follow up from DCYF Probation Staff with Providence Schools and the youth and assisting parents in re-registering their child. Providence Schools also alert DCYF when a youth does not register as anticipated.</p>	

Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports				
	2015 → 2019	Measure of Progress	Progress in 2015-2019	Outcome/Indicator
Strategies	Activities			
	1.7 (c) Ensure that children age 14 and older are adequately prepared and supported for educational achievement.	Foster parents and residential staff will be trained regarding DCYF educational enrollment policies.	1.7 (c) All direct service staff and other staff were provided ESSA related training in November 2017. ESSA training is included in the New Worker Training Program and DCYF Youth Development and Education Support Staff make themselves available to staff and supervisors as needed for coaching.	<p><b>Permanency 1:</b> Children have permanency and stability in their living situations.</p> <p><b>Well-Being 2:</b> Children receive services to meet their educational needs.</p> <p><b>Systemic Factor VII:</b> Training</p>
1.8 Older youth transitioning from care will have full awareness of and access to necessary services and supports to promote self-sufficiency.	1.8 (a) Ensure that youth, DCYF staff, families, providers, and foster parents are aware of the breadth of available services, eligibility criteria and access procedures.	<p>Increase placement stability</p> <p>Improved rate of participation of DCYF youth in services and supports</p>	<p>1.8 (a) DCYF launched our Consolidated Youth Services Program on July 1, 2010. which provides youth development services to youth 16-21 including after care services for youth closed to DCYF at age 18.</p> <p>As of March 31, 2018, there are 1,397 unduplicated active participants across all CYS programs.</p>	<p><b>Permanency 1:</b> Children have permanency and stability in their living situations.</p> <p><b>Well-Being 2:</b> Children receive services to meet their educational needs.</p> <p><b>Well-Being 3:</b> Children receive</p>

			<p>As of May 10, 2018, there are 310 active participants in the ASPIRE Initiative with a total of 1019 served since inception. A total of \$1,374,593 has been saved and matched for the purchase of 955 assets by 359 unduplicated participants. Half of these have been for vehicle related purchases and 36% have been for purchasing low-risk (Certificates of Deposit) investments.</p> <p>As of March 31, 2018, there were 111 active Real Connections participants, 17 of whom have identified mentors. Our participation rate for the 2017 NYTD Survey Baseline was 81% and we have conducted follow-up at age 18 for these youth with a 78% participation rate. Through March 31, 2018, our NYTD Survey Participation Rate for the 21-Year-old follow-up surveys of the 2014 Cohort is at 67%.</p> <p>76% of all NYTD youth have participated in 3 or more CYS programs. The ability to engage youth across multiple services helps them to stay connected, access services, and be available for the required follow-up surveys.</p>	<p>services to meet their physical and mental health needs.</p> <p><b>Systemic Factor II:</b> Case Review System</p>
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Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports				
	2015 → 2019	Measure of Progress	Progress in 2015-2019	Outcome/Indicator
Strategies	Activities			
			<p>Since July 2017, the Department has been conducting annual credit checks on all foster youth age 14 through 17. An unduplicated count of youth included in the 980 credit report inquiries performed between 7/21/2017 and 3/26/2018.</p> <p>Of these 980 youth, 926 (94.5%) resulted in “no record found” from each credit bureau. Of these 980 youth, 54 youth (5.5%%) were identified as having issues that needed to be resolved by at least one Credit Reporting Agency (CRA), of which 37 (3.8%) were corrected simply by correcting social security numbers and/or addresses.</p> <p>This leaves 17 (1.7%) that had more substantive issues identified by at least one CRA which we are working to resolve.</p>	
	1.8 (b) Establish services for youth who may not be eligible for current aftercare services and/or adult services.	<p>Identify population service needs through data queries).</p> <p>Involve career development</p>	<p>1.8 (b) As of March 31, 2018, CYS is serving 171 active YESS participants.</p> <p>In June 2018, the Governor signed into law the “Voluntary Extension of Care Act,” which allows youth who turn age</p>	<b>Permanency 1:</b> Children have permanency and stability in their living situations.

Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports				
	2015 → 2019	Measure of Progress	Progress in 2015-2019	Outcome/Indicator
Strategies	Activities			
		community in transition planning for youth.	18 while in foster care to continue to receive services and court supervision until age 21. This program will provide participants with career development support and other services to help them successfully transition to adulthood.	<p><b>Well-Being 2:</b> Children receive services to meet their educational needs.</p> <p><b>Well-Being 3:</b> Children receive services to meet their physical and mental health needs.</p> <p>Systemic Factor V: Case Review System</p>

Goal II: Diligent Recruitment For Foster and Adoptive Families To Ensure Every Child Has a Safe, Compatible Home

Objective: Increase the resource capacity of family homes (relative, fictive kin, and non-relative) to decrease number of placement disruptions and use of congregate care.				
	2015 → 2019	Measure of Progress	Progress in 2015-2019	Outcome/Indicator
Strategies	Activities			
2.1 Develop additional supports	2.1 (a) Expand and increase array of services provided to resource families by DCYF and its partners.	Crisis stabilization response team is established.	2.1 (a) The proposed Recruitment, Development, and Support (RDS) model has evolved significantly in the	<b>Safety 1:</b> Children are, first and foremost,

**Objective: Increase the resource capacity of family homes (relative, fictive kin, and non-relative) to decrease number of placement disruptions and use of congregate care.**

	2015 → 2019	Measure of Progress	Progress in 2015-2019	Outcome/Indicator
Strategies	Activities			
for resource families.	<p>(b) Implement short-term clinical stabilization crisis response team.</p> <p>(c) Establish additional services to support clinical and non-clinical issues, e.g., after-school care, behavioral strategies, and parenting skills.</p> <p>(d) Increase community support for resource families.</p> <p>(e) Improve access to services that are already provided by DCYF and other agencies to resource families but remain underutilized because of various barriers (e.g., respite care).</p> <p>(f) Review and revise (if necessary) customer service provided to resource families by the staff of DCYF and its partners.</p> <p>(g) Review and revise (if necessary) training of child welfare workers and resource families to ensure it</p>	<p>Additional services for resource families are introduced and accessed.</p> <p>Community organizations and businesses offer new supports to resource families.</p> <p>Increased utilization of services already offered to resource families by DCYF and its partners.</p> <p>The number of disrupted placements decreases by 10%. The Department</p>	<p>last year. While the support services will not be delivered via regional support centers, DCYF continues to move towards a model where all families (kin and non-kin) have access to the services that they need based on the needs of the child placed in their home. Non-kinship families will be associated with private agencies who will provide that support and all kinship families will be able to access these services from any of the agencies under contract with the department. This new structure will be implemented after a new round of contracting in summer/fall 2018. In preparation for this, all 174 families who were trained at the Foster Parent Recruitment Weekend (see section 2.2b) were assigned to a contracted private agency.</p> <p>2.1 (b) The Department has not issued an RFP for a Mobile Crisis Intervention Team and is</p>	<p>protected from abuse and neglect.</p> <p><b>Permanency 1:</b> Children have permanency and stability in their living situations</p> <p><b>Well-Being 1:</b> Families have enhanced capacity to provide for their children’s needs</p> <p><b>Well-Being 3:</b> Children receive adequate services to meet their physical and mental health needs</p>

**Objective: Increase the resource capacity of family homes (relative, fictive kin, and non-relative) to decrease number of placement disruptions and use of congregate care.**

	2015 → 2019	Measure of Progress	Progress in 2015-2019	Outcome/Indicator
Strategies	Activities			
	<p>meets the highest standards and is trauma-informed and adoption-competent.</p> <p>(h) Enhance matching procedures to improve satisfaction of resource parents and children in care and to decrease the number of placement disruptions.</p>	<p>was developing a methodology to address this measure longitudinally; however, these plans have been put on hold due to the departure of a DCYF staff person who was working on this project.</p>	<p>reconsidering its initial plans to do so. DCYF has contracted with several programs that include a 24-hour response capability.</p> <p>2.1 (c-d) DCYF is rapidly moving toward a strategy that is connecting all families to support agencies, who can help them to navigate clinical and non-clinical community resources in concert with DCYF staff. In addition, DCYF partners with other community partners to connect families with non-clinical supports, trainings, support sessions, and material needs such as car seats, cribs, etc.</p> <p>2.1 (e) For kinship families, DCYF is now getting kinship guides folders in the hands of kinship resource families on the day of placement. These kinship guides offer one document with information regarding community resources, accessing health care for children, school</p>	

**Objective: Increase the resource capacity of family homes (relative, fictive kin, and non-relative) to decrease number of placement disruptions and use of congregate care.**

	2015 → 2019	Measure of Progress	Progress in 2015-2019	Outcome/Indicator
Strategies	Activities			
			<p>information, and other resources available to kinship caregivers. This information is reinforced through their training, which was redesigned in December 2017. Through this training redesign, a web-based portal has been designed so that kinship and non-kinship families can read about various resources available to them at any time. . In addition, the Department created a Kinship unit in November 2018. Each Kinship Caregiver is assigned to a navigator who is focused on supporting Kinship caregivers navigate the licensing process while assessing needs and connecting caregivers to community resources and supports.</p> <p>For non-kinship families, see Section 2.1(a) for a brief description of how we are preparing our foster care ecosystem for new contracting that</p>	

**Objective: Increase the resource capacity of family homes (relative, fictive kin, and non-relative) to decrease number of placement disruptions and use of congregate care.**

	2015 → 2019	Measure of Progress	Progress in 2015-2019	Outcome/Indicator
Strategies	Activities			
			<p>will partner all of our resource families with built-in support services.</p> <p>2.1(f) DCYF continues to use Eventbrite for signups for non-kinship pre-service and all in-service training. Recruiters, trainers and support partners coordinate this work using Basecamp communications tool. DCYF now has a mobile recruitment line (401-952-0262) for faster response time for prospective resource families. For the last year, DCYF has been exploring online customer relationship management tools (CRM) that will assist in providing better customer service and increased self-navigation for prospective resource families. Specs for such a CRM tool have been identified, and and DCYF has selected BINTI. Implementation strategies</p>	

**Objective: Increase the resource capacity of family homes (relative, fictive kin, and non-relative) to decrease number of placement disruptions and use of congregate care.**

	2015 → 2019	Measure of Progress	Progress in 2015-2019	Outcome/Indicator
Strategies	Activities			
			<p>began in August with an intended start date of the fall of 2019.</p> <p>2.1 (g) Resource Family Division staff have been offered multiple trainings on customer service delivery for prospective and active resource families in the past year. In addition, in partnership with the Annie E. Casey Foundation, training was provided to staff on the unique and specific challenges facing kinship families.</p> <p>Through the Adopt Well-Being Rhode Island project funded by ACF, DCYF staff, community agency staff, and resource families continue to have access to trainings focused on trauma-informed responses and care for children who have experienced trauma.</p> <p>For families, DCYF has worked with its partners to expand all future in-service trainings such they are not</p>	

**Objective: Increase the resource capacity of family homes (relative, fictive kin, and non-relative) to decrease number of placement disruptions and use of congregate care.**

	2015 → 2019	Measure of Progress	Progress in 2015-2019	Outcome/Indicator
Strategies	Activities			
			<p>only offered to resource families who work with a private agency but to any resource family across the state interested in that topic.</p> <p>Finally, as mentioned in section 2.1(e), our kinship training was significantly overhauled in December 2017. The trauma-informed training is now scenario-based to engage families more deeply and reflect on how their involvement as kin or fictive kin has an impact on the child(ren), family of origin, their family and themselves.</p> <p>2.1 (h) In April 2017, DCYF created the Resource Families Division bringing together all functions and services driving towards increasing the number of children in family-based settings: Recruitment, Development and Support (RDS) Unit; Family Search &amp; Engagement team; Licensing Unit, , and the</p>	

**Objective: Increase the resource capacity of family homes (relative, fictive kin, and non-relative) to decrease number of placement disruptions and use of congregate care.**

	2015 → 2019	Measure of Progress	Progress in 2015-2019	Outcome/Indicator
Strategies	Activities			
			<p>Permanency Support Unit. This restructuring allowed us to make better-informed and coordinated decisions about our resource families' strengths so that we improve our matching and can target recruitment to better meet the needs of our children.</p> <p>Additionally, a regular meeting among our Placement Unit and our private agencies have helped to more fully utilize our array of homes. During the meeting, children in need of placement are presented to private agencies, who in real time can look through their roster of families who are available to take placements and identify matches for immediate follow-up.</p>	
2.2 Increase availability of resource families.	2.2 (a) Recruit additional kinship foster families using the Department's Kinship Investigator.	The proportion of kinship foster care placements is increased by 10%	2.2 (a) Our Family Search & Engagement (FSE) Unit receives referrals to conduct family placement and natural resource searches for 32	Permanency 2: The continuity of family relationships and

**Objective: Increase the resource capacity of family homes (relative, fictive kin, and non-relative) to decrease number of placement disruptions and use of congregate care.**

	2015 → 2019	Measure of Progress	Progress in 2015-2019	Outcome/Indicator
Strategies	Activities			
	<p>2.2 (b) Recruit additional non-kinship foster and adoptive families.</p> <p>2.2. (c) Increase public awareness of the need for resource families.</p> <p>2.2 (d) Raise DCYF’s profile in traditional and new media.</p> <p>2.2 (e) Build partnerships with community organizations and businesses that can facilitate recruitment of new resource families.</p> <p>2.2 (f) Review regulations to identify barriers that may prevent potential resource families from receiving a foster/adoptive parent license.</p>	<p>The number of non-kinship foster families is increased by 10%</p> <p>Regulations reviewed and revised if necessary.</p>	<p>cases per month, on average. The searches entail accesses public records to identify relative and fictive kin who can be contacted by the social worker or by the FSE team to gauge their interest in supporting a child, either as a placement or other natural resource. Social workers and supervisors in units have undergone training on how to best access the FSE unit’s service; and the FSE team is visiting our branch offices to ensure regions away from our urban core are using the FSE service.</p> <p>2.2 (b) In March 2018, DCYF and its partners, with foundation funding from the Rhode Island Foundation and the Annie E. Casey Foundation, executed a Foster Parent Recruitment Weekend. A 6-week recruitment blitz leading up to the event garnered 233 applications; ultimately, 174 prospective families were trained at the weekend, and</p>	<p>connections is preserved for children.</p> <p>Systemic Factor VII: Foster and Adoptive Parent Licensing, Recruitment and Retention.</p>

**Objective: Increase the resource capacity of family homes (relative, fictive kin, and non-relative) to decrease number of placement disruptions and use of congregate care.**

	2015 → 2019	Measure of Progress	Progress in 2015-2019	Outcome/Indicator
Strategies	Activities			
			<p>many of them have completed licensure.</p> <p>As described in our 2017 report, DCYF had been working from an interim plan for recruitment of foster homes. Among the highlights of that plan: in Fall 2017, DCYF completed a recruitment and awareness campaign for Newport/Aquidneck Island – an area with a large shortage of foster homes. The effort led to a full training class of families from the area. Also of note: there has been a dramatic increase of homes from the Central Falls area, thanks to new partnerships with the school district and community leaders. DCYF is currently working to formalize the relationship with Central Falls Schools and then offer similar programming to other school districts across the state.</p>	

**Objective: Increase the resource capacity of family homes (relative, fictive kin, and non-relative) to decrease number of placement disruptions and use of congregate care.**

	2015 → 2019	Measure of Progress	Progress in 2015-2019	Outcome/Indicator
Strategies	Activities			
			<p>Lastly, DCYF is working to develop a formal recruitment plan and has sought feedback from local and national partners. All of these efforts have resulted in more non-kinship families for Rhode Island’s children. Between May 2017 and May 2018, DCYF has seen a net increase in licensed non-kinship resource families of 23%.</p> <p>2.2 (c-d) DCYF formally unveiled its Be An Anchor awareness and recruitment campaign during the 6-week recruitment blitz described in 2.2(b). With help from the governor’s office, this effort generated local and national press (local TV stations, Providence Journal, Associated Press) about the community’s involvement with solving our need for resource families. Additionally, a communication plan included coordinated social media usage</p>	

**Objective: Increase the resource capacity of family homes (relative, fictive kin, and non-relative) to decrease number of placement disruptions and use of congregate care.**

	2015 → 2019	Measure of Progress	Progress in 2015-2019	Outcome/Indicator
Strategies	Activities			
			<p>through a social media kit built by our team.</p> <p>Since the Foster Parent Recruitment Weekend, the statewide recruitment partners have continued to meet for collaboration purposes. In May 2018, for example, partners held a Foster Care Awareness Month campaign that used social media to raise awareness about foster care, and highlight some of our current resource families and their journeys.</p> <p>2.2 (e) DCYF has worked to improve coordination among private foster care organizations. In addition, relationships have been formalized and strengthened with other community agencies such as the faith-based community, LGBTQ community agencies, and Latino community agencies. The results of the increased coordination is evidenced by the successes described</p>	

**Objective: Increase the resource capacity of family homes (relative, fictive kin, and non-relative) to decrease number of placement disruptions and use of congregate care.**

	2015 → 2019	Measure of Progress	Progress in 2015-2019	Outcome/Indicator
Strategies	Activities			
			<p>in sections 2.2(c-d). Additionally, DCYF’s recruitment team has partnered with the DCYF director and the Office of the Child Advocate to participate in “community reach-backs” – engagement with prominent public, nonprofit and private partners in areas of the state where there are high shortages of resource families. Three areas in particular – Woonsocket, Central Falls and Newport – have resulted in more than a dozen community-based events where we have strategies with the community around how to identify new resource families.</p> <p>2.2 (f) The Foster Parent Recruitment Weekend was designed as a Friday-Saturday-Sunday overnight training to respond to a common challenge we hear from families: that the training is inconveniently timed and that the overall process is too long and cumbersome. The 174 families</p>	

**Objective: Increase the resource capacity of family homes (relative, fictive kin, and non-relative) to decrease number of placement disruptions and use of congregate care.**

	2015 → 2019	Measure of Progress	Progress in 2015-2019	Outcome/Indicator
Strategies	Activities			
			<p>who completed the weekend were trained and completed much of the paperwork and licensing components in one weekend – with a plan in place to complete licensure within 30-90 after the event. The learnings from this effort are being used as we explore how to offer future trainings.</p> <p>DCYF has also actively targeted revisions to the RI General Laws via legislation to address lead laws in the state, which are another barrier for licensing families. While we continue to push for sensible changes, this continues to be a barrier for some families for licensure.</p>	
2.3. Increase diversity of non-kinship resource families	2.3 (a) Conduct targeted outreach in communities that are underrepresented in the pool of available resource families relative to the number of children who come from those communities.	The number of resource families from underrepresented communities is increased by 10%.	2.3 (a) DCYF largely took a geographic approach to its outreach in the past year. One community in particular (Central Falls) is largely made up of Spanish-speaking and Cape Verdean populations; the other two have large	<p><b>Systemic Factor VII:</b> Foster and Adoptive Parent Licensing, Recruitment, and Retention.</p> <p><b>Permanency 2:</b> The continuity of family</p>

**Objective: Increase the resource capacity of family homes (relative, fictive kin, and non-relative) to decrease number of placement disruptions and use of congregate care.**

	2015 → 2019	Measure of Progress	Progress in 2015-2019	Outcome/Indicator
Strategies	Activities			
	<p>2.3 (b) Develop training materials in languages spoken in target communities.</p> <p>2.3 (c) Build partnerships with community organizations that can facilitate outreach to target communities.</p> <p>2.3 (d) Develop education/outreach strategies to work with cultural groups that are less familiar with resource parenting.</p> <p>2.3 (e) Enhance cultural competence of DCYF and private agency staff.</p>	<p>The number of children and youth in state care that are placed within their communities is increased by 10%.</p>	<p>percentages of working-class white families.</p> <p>With the 6-week blitz in early 2018 for the Foster Parent Recruitment Weekend, a clear strategy was developed to outreach to the Latino community, which included recruitment materials in Spanish and spots on Spanish-language local radio. As a result, 48 of the families registered for the weekend were Spanish-speaking or bilingual. Additionally, recruiters were challenged to emphasize efforts and connections they had in both the African-American and LGBTQ communities.</p> <p>Moving forward, specific goals and strategies have been set forth to target racial and ethnic minorities, as well as the LGBTQ community, as well as professional communities.</p>	<p>relationships and connections is preserved for children.</p>

**Objective: Increase the resource capacity of family homes (relative, fictive kin, and non-relative) to decrease number of placement disruptions and use of congregate care.**

	2015 → 2019	Measure of Progress	Progress in 2015-2019	Outcome/Indicator
Strategies	Activities			
			<p>2.3 (b) The March 2018 Foster Parent Recruitment Weekend provided a venue to ensure that marketing and outreach, licensing, training and other RDS communication was available in Spanish language. All materials and sessions were delivered in Spanish for the 48 Spanish-speaking families participating in the weekend event. Our classic 10-week course continues to be offered in both English and Spanish.</p> <p>Our kinship resource guides are available in Spanish as of July 2017. Various kinship training materials are made available in Spanish, including case scenarios.</p> <p>Interpreters are available for both non-kinship and kinship training when languages other than English and Spanish are needed. Materials</p>	

**Objective: Increase the resource capacity of family homes (relative, fictive kin, and non-relative) to decrease number of placement disruptions and use of congregate care.**

	2015 → 2019	Measure of Progress	Progress in 2015-2019	Outcome/Indicator
Strategies	Activities			
			<p>are not currently offered in any other languages.</p> <p>2.3 (c-d) Through previously described community reach-back and geographic-focused work, attempts have been made to connect with dozens of public, private and nonprofit organizations who are embedded in the communities. We have found these efforts to be only mildly fruitful, as these organizations tend to have their own priorities and little capacity to devote time to child welfare and foster care issues. Moving forward, DCYF intends to develop a program that will allow our current resource parents to serve as primary ambassadors in communities or color and other forms of diversity.</p> <p>DCYF in the last year has also worked more closely with Bags of Hope and Fostering Hope, two faith-based organizations in New England that</p>	

**Objective: Increase the resource capacity of family homes (relative, fictive kin, and non-relative) to decrease number of placement disruptions and use of congregate care.**

	2015 → 2019	Measure of Progress	Progress in 2015-2019	Outcome/Indicator
Strategies	Activities			
			<p>are helping us connect to the Christian community. These organizations were given grants to support our 6-week recruitment blitz in early 2018, for example, and we continue to include them our coordinated statewide planning opportunities.</p> <p>Some of contracted partners (notably: Foster Forward, Communities for People, Child and Family, and Family Service of Rhode Island) do excellent jobs at recruiting in our minority communities; others (e.g., Boys Town) are well connected to our faith-based organizations. DCYF continues to rely on these recruitment partners to promote the need for diverse applicants.</p> <p>(e) Since last year, DCYF expanded its GARE institute training to community stakeholders and the entire DCYF leadership team. In May 2018, DCYF</p>	

**Objective: Increase the resource capacity of family homes (relative, fictive kin, and non-relative) to decrease number of placement disruptions and use of congregate care.**

	2015 → 2019	Measure of Progress	Progress in 2015-2019	Outcome/Indicator
Strategies	Activities			
			<p>also partnered with the Burns Institute to examine racial disparities in first placement of children. We are currently working to unpack the root causes to these disparities to develop new processes and policies.</p> <p>DCYF also has a Diversity Advisory Committee that supports leadership in driving diversity initiatives broadly. This includes hiring and promotion practices, with the belief hiring staff at all levels of the agency who reflect the racial and cultural makeup of the families we serve will bring increased diversity in our resource family pool, and better outcomes for all of our children.</p>	

Goal III: Improve the Overall Safety of Children in Our Care

Objective: Reduce the overall instances of Maltreatment and Repeat Maltreatment				
	2015 → 2019	Measure of Progress	Progress in 2018	Outcome/Indicator
Strategies	Activities			
3.1 Improve overall consistency in investigations and safety and risk assessment	<p>(a) Adopt Structured decision making tool and training that focuses on screening and priority response assessment, safety assessment, risk assessment and risk re-assessment tools</p> <p>(b) Consider adopting Review, Evaluate, Direct (RED) Team Meeting process for determining response priority and case planning.</p>	<p>Maltreatment rate in foster care numbers</p> <p>Repeat Maltreatment numbers</p> <p>#of cases referred to community/home based services that open to FSU</p>	<p>(</p> <p>a) On July 1, 2018, implemented the Structured Decision-Making CPS Hot Line Screening Tool</p> <p>b)On July 1, 2019 Implemented revised priority response times as determined by the SDM CPS Hot Line Screening tool</p> <p>c)Developed and completed first round of staff training in the use of the SDM Hot Line Screening Tool in advance of July 1, 2018 launch (newly hired staff are trained as part of core training)</p> <p>d)Identified the SAFE Practice Model which is based upon Family Functioning Assessment and Re-assessment to determine risk and safety; Contracted with Action for</p>	<p><b>Safety 1:</b> Children are, first and foremost, protected from abuse and neglect.</p>

Objective: Reduce the overall instances of Maltreatment and Repeat Maltreatment				
	2015 → 2019	Measure of Progress	Progress in 2018	Outcome/Indicator
Strategies	Activities			
			<p>Child Protection to develop tools, templates, training and policy revisions which replace the current CPS investigative templates and practice; developed tools and templates to guide on-going risk and safety assessment and inform service planning;</p> <p>e) Established a Training of Trainers model for sustainability, established an in-house and consultant assisted coaching model to achieve fidelity targeted 10/19 implementation date</p>	
3.2 Improve the service array of community based and home based services	(a) Procure an array of home based services to stabilize families and provide the resources to support safety plans that keep families together whenever possible		(a) DCYF's service array includes many home-based services to stabilize families and support safety plans. See Appendix B for a description.	<b>Safety 1:</b> Children are, first and foremost, protected from abuse and neglect.

Goal IV: Improve Organizational Health and Combat Secondary Traumatic Stress

<b>Objective: Staff will be supported in their job positions including Secondary Traumatic Stress which will improve outcomes for families</b>				
	<b>2015 → 2019</b>	<b>Measure of Progress</b>	<b>Progress in 2018</b>	<b>Outcome/Indicator</b>
<b>Strategies</b>	<b>Activities</b>			
4.1 Expand and increase the resources available to ensure workforce and agency wellness.	(a) The Peer Support Team (PST) will adopt and implement a culturally competent wellness initiative throughout the Department to support staff and combat Secondary Traumatic Stress (b) PST will be trained in nationally recognized Critical Incident Stress Management (CISM) model (c) PST with the support of the Director and /or designee will initiate a menu of wellness options for DCYF staff. PST will be accessible to DCYF staff 24/7 (d) PST will develop and communicate the process for accessing support	PST will track individual feedback with surveys Debriefing contacts to identify trends for future trainings PST will track calls made to 24/7 line	PST has had 431 contacts with staff from January 2019 through July 2019.	<b>Systemic Factor IV:</b> Staff and Provider Training
4.2 Improve staff safety	(a) Create a Workforce Safety Committee (WSC) (b) WSC will develop and/or update protocols for emergency situations such as fire, active shooter, medical and mental health emergencies, suspicious packages, and bomb threats.	Protocols will be available on DCYF's website and staff will aware of any updates. Surveys will be given to staff to assess their	(a) WSC members have been selected (b) Fire Drill plan has been updated with new signage and drills completed (c) A questionnaire was sent to staff following a recent fire drill. The purpose was to collect feedback on	<b>Systemic Factor IV:</b> Staff and Provider Training

<b>Objective: Staff will be supported in their job positions including Secondary Traumatic Stress which will improve outcomes for families</b>				
	<b>2015 → 2019</b>	<b>Measure of Progress</b>	<b>Progress in 2018</b>	<b>Outcome/Indicator</b>
<b>Strategies</b>	<b>Activities</b>			
	(c) WSC will develop a communications plan and ensure that staff are made aware of any updates to emergency protocols.	awareness of staff safety protocols and gather feedback.	what worked well and where improvement is needed.	

### 3. Update on Service Description –

#### Title IV-B, Subpart 1

Funding from Title IV-B, subpart 1 was used to support five programs relating to child welfare outcomes promoting safety, permanence, and well-being from 2015-2019. These programs will all be continuing in FY 2020 except Foster Forward as that contract was not renewed. These services over the past five years have assisted in achieving the program goals.

- **Family Care Community Partnerships (FCCP)** – this program provides emergency and stabilization services for families in crisis where children are at risk for removal from home due to concerns relating to child abuse, neglect, and dependence program offers family stabilization services for up to 120 days for families. Services are statewide within the FCCPs. Capacity is anticipated to be 200 at any given time. New, 3-year contracts, with the 4 existing providers and one new provider were signed on April 1, 2018.
- **Adoption Preparation and Support (Children’s Friend & Service)** – this program began as a federal demonstration project funded through ACF and is being continued through Title IV-B, subpart 1 funds. Services assist families in preparation for adoption of DCYF involved children, and provide ongoing support including counseling; advocacy; therapeutic recreation, parent education, and crisis intervention as necessary to assist and preserve adoptive families. This program serves up to 20 families and is statewide.
- **Adoption Rhode Island** – this program works solely with DCYF as the adoption exchange information and referral program. ARI provides matching services for waiting children and interested families, and also provides support services for children waiting for adoption. The program has expanded to provide additional support for the Department in development of the Regional Permanency Support Teams. This function provides necessary technical assistance and support for workers to be able to make the best and most informed decisions; e.g., gathering information from the case record to search for potential family connections and resources, and help the FSU worker to organization the information needed for full disclosure presentations. This program is statewide and available to any child registered.
- **Foster Forward (formerly RI Foster Parents Association)** – this program provides an educational and supportive service for current foster families and assists with recruiting efforts to attract new foster families. The program is an advocacy organization that supports recreational and skill development activities for foster families and youth in care. This program is statewide and serves all foster children and families.
- **The Families Together Therapeutic Visitation program** - The Department of Children, Youth and Families in collaboration with the Providence Children’s Museum has evolved a successful and innovative therapeutic visitation program which is nationally recognized. The Families Together Therapeutic Visitation program has now been in operation for more than 20 years. This program is operating in all four of the DCYF regional office locations, allowing visitation program consultants to be out-stationed into our Regions. The Families Together program consultants work with our supervisors and social caseworkers to develop stronger capacity for supervising visitations, providing education on child development and behavior management; and, providing helpful, constructive

feedback to parents following visitations. This program is statewide and can serve 45 children a year.

#### Title IV-B, Subpart 2

The Department allocated IV-B Part 2 Promoting Safe and Stable Families Program funds from 2015 - 2019 as follows:

**Family Support    2019 - 20%    2018 – 20%    2017 - 23%    2016 – 23%    2015 - 28%**

The Parent Support Network of Rhode Island was begun primarily to assist families of children with serious emotional disturbance (SED) who had no formal involvement with the child welfare agency. However, there is greater appreciation now for the trauma associated with child abuse/neglect and the impact that involvement in the child welfare system has on children and their families. The Parent Support Network, with funding through IV-B, part 2, is providing additional support for families; with peer supports, fatherhood groups, and many local free events to encourage parent involvement. PSN has also been a leader in the Peer Recovery Support movement in the state and have trained over 100 peer recovery coaches. PSN is available to all families statewide and serves over 300 families a year. The Department is also allocating IV-B, part 2 funding to support the Family Care Community Partnership (FCCP) to provide resources for family support services for families either referred by DCYF or who are seeking assistance on their own. This program is available statewide and serves approximately 2,300 families a year.

**Family Preservation: 2019 - 27%    2018 – 20%    2017 - 23%    2016 – 20%    2015 -27%**

The Partners in Permanency program, which was developed by Children’s Friend and Service in October 2000 as a demonstration project with funding from the U.S. Department of Health and Human Services, Administration on Children and Families, is now funded with Title IV-B, part 2 dollars. This program was quite impressive as a model for concurrent planning. It dovetails effectively with the Department’s efforts to promote family-centered practice and to support concurrent planning practice changes within the Regions. This program bridges the categories for family support and adoption promotion/support and can serve 20 families at a time is statewide.

In 2019 DCYF began funding Familias Unidas. This is a culturally specific Spanish language family-based, preventative intervention to promote protect against, and reduce risk for behavior problems, illicit drug use, cigarette use, and unsafe sexual behavior in Hispanic youth and adolescents. The program also increases attachment to families and schools and is led by trained Hispanic/Latino facilitators. The program engages Hispanic parents/caretakers in an empowerment process for which they first build a strong parent support network and then use the network to increase knowledge of culturally specific parenting, strengthen parenting skills and apply the new skills in a series of activities. This program is statewide and serves 10 families at a time.

**Time-limited Reunification: 2019 - 20%    2018 – 21%    2017 - 19%    2016 – 31%    2015 -35%**

The Department of Children, Youth and Families in collaboration with the Providence Children’s Museum has evolved a successful and innovative therapeutic visitation program which is nationally recognized. The Families Together Therapeutic Visitation program has now been in operation for more than 20 years. This program, funded by IV-B, part 2, is operating in all four of the DCYF regional office

locations, allowing visitation program consultants to be out-stationed into our Regions. The Families Together program consultants work with our supervisors and social caseworkers to develop stronger capacity for supervising visitations, providing education on child development and behavior management; and, providing helpful, constructive feedback to parents following visitations. The program also provides a visitation specialist/parent educator component to further assist in supporting permanency outcome goals. This program has been recognized nationally by Harvard University's Innovations in Government program; it has been presented nationally as a promising practice at several child welfare conferences and through the national association of Children's Museums. This program is available statewide and can serve 45 children a year.

**Adoption Promotion and Support: 2019 - 27% 2018 – 29% 2017 - 27% 2016 – 26% 2015 -10%**

Funding through Title IV-B, part 2 supports the work of the Dave Thomas Foundation to hire two Wendy's Wonderful Kids family recruiters. One funded through IV-B, Part 2 and the other matched by The Foundation with the Foundation supplying the training for these positions. Adoption Rhode Island has been the only provider of the Dave Thomas Foundation for Adoption's *Wendy's Wonderful Kids* (WWK) Model in Rhode Island for just over a decade. This evidence-based national model was designed to meet the needs of our most vulnerable youth, including older youth and youth who have been in care for longer. WWK Recruiters provide intensive, child-focused recruitment, including case record mining, smaller caseloads, and more frequent, individualized casework with youth. After 9 years of significant success in this program, the Dave Thomas Foundation for Adoption and the RI Department of Children Youth and Families invested funding for two additional WWK Recruiters at Adoption Rhode Island in 2014, bring the total to 3 WWK Recruiters. The WWK model allows for caseloads of 12-15 youth in active recruitment. There are currently 48 youth in Adoption Rhode Island's WWK Program: 18 youth being served through DCYF-funded WWK, and the remaining 30 being served through Dave Thomas Foundation-funded WWK. This program is statewide.

Funding through Title IV-B, part 2 also supports Teen Focus is a program that includes several evidence-based and evidence-informed best practices to achieve permanency and independence outcomes for teens in care with the permanency goal of Another Planned Permanent Living Arrangement (APPLA). Historically, these youth were not enrolled in any permanency services at Adoption Rhode Island. The primary areas of focus of the Teen Focus program are to (1) keep older youth stable in supportive living arrangements while striving towards legal and relational permanency through adoption, guardianship, reunification, and/or the development of a network of peer and adult supports, (2) achieve educational and vocational goals, and (3) prepare youth for adulthood through life skills development. As part of a multi-disciplinary team, Teen Focus Permanency Specialists work with youth to achieve relational and emotional permanency through family search and engagement and other opportunities to build and sustain lifelong relationships, implementing models such as child-focused recruitment, Darla Henry's 3-5-7 Model for permanency clarification and preparation, and family search and engagement models. Education Specialists support positive educational outcomes for youth, including high school graduation, exploration of post-secondary education and career goals, increased community involvement, and extracurricular activities. The program started through a contract with DCYF in January 2017, with funding for 3 Permanency Specialists and 2 Education Specialists. The program was contracted to serve a total of 54 youth in the first year, with caseloads for Permanency Specialists up to 18 youth (each Education Specialist's caseload reflects half of the total program population). At this time, there are 2 Permanency Specialists and 2 Education Specialists and the agency is in the hiring process for the 3<sup>rd</sup>

Permanency Specialist. Until the 3<sup>rd</sup> Permanency Specialist is hired, the program capacity is 36 youth. This program is statewide.

#### *Monthly Caseworker Visit Formula Grants –*

Over the past five years the Department has used the funds to support caseworkers by providing Speakwrite dictation services and broadband laptops for ease of entering case notes and other vital documentation. During this period the department did fail to spend 2014 funds and has since appointed a Federal Grant Manager to oversee these and other funds.

#### *John H. Chafee Foster Care Program for Successful Transition to Adulthood (Chafee Program)*

The Department for Children, Youth and Families (DCYF), is the state agency responsible for the administration, supervision and oversight of all programs and services required and funded under the Chafee Foster Care Independence Program (CFCIP), including the National Youth in Transition Database (NYTD) requirements and the ETV program. As such, DCYF is responsible for providing youth in foster care and formerly in foster care with youth development services and supports to help them transition to adulthood and to achieve permanency and self-sufficiency. DCYF is committed to assisting all youth who are leaving the Department's care prepare to enter adulthood successfully.

#### *Consolidated Youth Services Program*

Since 2010, the Department has operated the Consolidated Youth Services (CYS) Program through a contract with Foster Forward. This program incorporates all funding for Youth Development and Independent Living Support Services, as well as voluntary aftercare services for youth leaving DCYF care at age 18 for all populations (with the exception that youth leaving Juvenile Correctional Services are eligible for voluntary aftercare services even if they leave care between their 18th and 19th birthdays). The current contract extension ends on June 30, 2019. At that time, we will enter into a contract extension with Foster Forward for the remaining YESS participants only. The additional services, all of which are funded through the Chafee Program funds, will be provided through the new contract for Youth Development Services which is currently being finalized with the new vendor.

Through the CYS Program, DCYF provides comprehensive youth development services, directly or through access to existing services funded by other agencies, which address the permanency, employment, educational, health, relational, technical life skills and transition needs of youth who have a variety of strengths and challenges. DCYF assists each youth in achieving the highest level of education, employment, well-being, and self-sufficiency possible based on individual strengths and abilities, in preparation for permanency, independence and successful adulthood. The Department also provides adolescent support services to DCYF staff to ensure informed transition planning. In addition, CYS staff assist the Department in implementing the federal requirements of the NYTD.

The Department designed the CYS Program to ensure older youth in the care and custody of the Department, as well as youth aging out and former foster youth have the tools, resources and opportunities that will increase the likelihood that they will successfully transition from DCYF care. Services are available to all youth ages 16-21 who are in foster care or who were in foster care after their 16th birthday, including youth who left foster care for kinship guardianship or adoption after their 16th birthday. It is anticipated that youth who are in foster care and are younger than age 16 will primarily obtain similar services through their foster parents and/or the residential programs in which

they reside. However, through the leveraging of over \$4.6 million, Foster Forward also is able to offer some of this programming (Real Connections, ASPIRE, and Youth Enrichment Grants) to youth as young as 7 and up to the youth’s 24th birthday through using funds acquired through other grants and fundraising outside of the CYS contract.

The Youth Establishing Self Sufficiency (YESS) Aftercare Services component of CYS, either directly or through collaboration with other agencies, provides financial support, housing, counseling, employment, mental/physical/sexual health, food assistance, educational and other appropriate services to former foster care recipients between the ages of 18-21. These services complement a youth’s own efforts to achieve self-sufficiency and assure that program participants recognize and accept personal responsibility for preparing to transition into adulthood.

The CYS Program includes the following direct and/or indirect service components:

- Real Connections Mentoring
- Life Skills Assessment and Individualized Life Skills Education
- ASPIRE Initiative (Rhode Island’s Jim Casey Youth Opportunities Initiative)
- Educational Services and Supports
- Employment/Vocational Development Supports through Works Wonders Initiative
- Assistance with NYTD Surveys and Services
- Youth Engagement through Management of “The Voice” for Foster Youth
- Teen Grants
- YESS Aftercare Services

At the end of Federal Fiscal Year 2018 and the beginning of State Fiscal Year 2019, the contract extension removed Teen Grants from the contract. As this funded activities related to normalcy, the Department determined that the best approach was to incorporate these costs into increased foster care and residential care per diems and ensure caregivers understand that they are expected to help foster youth engage in normal activities of childhood similar to non-foster care youth.

With the onset of the Voluntary Extension of Care Program, YESS Aftercare Services were extended through Foster Forward for participants who were in the program as of June 30, 2018 and for youth referred by DCYF after that date and before the Youth Development Services (YDS) Casework Unit and the VEC Program became fully operational. The Department is also in negotiations with Foster Forward to extend YESS Aftercare Services for an additional year starting on July 1, 2019 while also working with Foster Forward and the YESS participants to develop thoughtful, individualized plans on whether or not to transition the youth to the VEC Program.

**TABLE 1. CONSOLIDATED YOUTH SERVICES PROGRAM PARTICIPATION**

	<b>FY 2013</b>	<b>FY 2014</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017</b>	<b>FY2018</b>	<b>FY2019 As of 5/24/2019</b>
<b>Life Skills</b>					242		
Referred	335	317	354	270	113	253	206 *

Youth completing their Life Skills Plan	210	204	201	143		85	21 *
<b>Teen Grant</b>							
Active Participants	265	228	260	284		283	47 *
Total Grants	\$73,239	\$69,363	\$64,498	\$70,863	274	\$83,749	
					\$81,370		
<b>ASPIRE</b>							
Active Participants	376	388	340	316	381	410	386 *
New Enrollments	69	57	37	67	94	58	53 *
<b>Real Connections</b>							
Active Participants	208	199	183	178	174	162	147 *
New Enrollments	82	48	58	41	57	63	45 *
<b>YESS</b>							
Active Participants	351	331	297	311	324	283	178 *
New Enrollments	98	107	103	128	82	50	11 *

TABLE 2. NYTD SURVEY PARTICIPATION (COHORT 1)

NYTD	FFY 2011 Baseline	FFY 2013 19-year-old follow-up	FFY 2015 21-year-old follow-up
Referred	221	171	171
Completed	171	136	126
Pending Completion	N/A	N/A	N/A
Incomplete	28	35	45
Participation Rate	87%	80%	74%

**TABLE 3: NYTD SURVEY PARTICIPATION (COHORT 2)**

<b>NYTD</b>	<b>FFY 2014 Baseline</b>	<b>FFY 2016 19-year-old follow-up</b>	<b>FFY2018 21-year- old follow-up</b>		
Referred	189	156	156		
Completed	156	113	105		
Pending Completion	N/A	N/A	N/A		
Incomplete	33	42	51		
Participation Rate	83%	73%	67%		

**TABLE 4: NYTD SURVEY PARTICIPATION (COHORT 3)**

<b>NYTD</b>	<b>FFY 2017 Baseline</b>	<b>FFY 2018 18-year-old follow-up</b>	<b>FFY2019 19 year-old follow-up Cohort A</b>	<b>FFY 2019 19 year-old follow-up Cohort B</b>
Referred	143	116	58	51
Completed	116	89	53	14
Pending Completion	N/A	N/A	NA	37
Incomplete	27	27	5	NA
Participation Rate	81%	77%	83%	27%

**Leveraged Opportunities**

The Department continues to have strong relationships with sister state agencies and community partners. This in turn has provides us, directly and through our partners, greater opportunities to provide services to our older youth. Examples of this include:

- Voluntary Extension of Care Interagency State Implementation Team: This includes members of The Voice; the Department of Labor and Training/Governor’s Workforce Board (DLT/GWB); the Department of Human Services; Rhode Island Housing (Housing); the Department of Behavioral Health, Developmental Disabilities and Hospitals (BHDDH), the Office of the Child Advocate (OFC) and the Office of the Post-Secondary Commissioner (OPC). The focus of this group is to assist DCYF in helping to ensure that youth participating in VEC will have as seamless a transition as possible to the adult world. A key aspect of this work is to address barriers to youth participation and or access to services provided by or funded through these other agencies.
- The RI Family Court hosted a presentation from DLT/GWB DLT for the Family Court magistrates, CASA Attorney’s and other Court staff; DCYF Youth Development Services Unit staff; and DCYF attorneys. The purpose of this was to introduce participants to the variety of programs and

services available in the community and focused on workforce development and employment, specifically in high demand industry clusters.

- The DCYF Principal Community Services Liaison, Jessica McCluskey, attended the PREPARE RI Summit which focuses on strengthening the State's capacity to provide our young people with the opportunities they need to be college and career ready.
- Nora Salomon, lead attorney for the Housing Division of Rhode Island Legal Services (RILS), provided a workshop for YDS staff regarding Tenant/Landlord Rights and how can assist VEC participants if needed in addressing housing issues;

YDECS Administrator, Mike Burk, serves as the DCYF Representative to the Career Pathways Advisory and the Adult Education and Employment Advisory Committees of the Governor's Workforce Board.

#### RI Department of Labor and Training (DLT) Youth Workforce Development

The Department has an ongoing collaboration with the Department of Labor and Training and DLT funded efforts in several ways. We sit as a member of the Career Pathways and the Adult Education and Employment Advisory Committee's. The Department works closely with the Greater Rhode Island Workforce Investment Board and the Providence/Cranston Workforce Investment Board ensure access to Work Innovation and Opportunity Act (WIOA) funded programs by utilizing a streamlined application process we co-developed with those groups.

The Department continues to support DLT's efforts in developing a Career Pathways system that aligns with the Governor's Real Jobs Initiative. Real Jobs RI is a demand driven, workforce and economic development initiative that is collaborative, flexible and business-led. It is designed to ensure that Rhode Island employers have the talent they need to compete and grow while providing targeted education and skills training for Rhode Island workers. The goal of Real Jobs RI is to develop Real Jobs Partnerships (RJPs) that convene industry employers, key stakeholders and groups in partnerships that build alliances to address business workforce demands. The Career Pathways system is to align and integrate a range of public funding streams and programs along those pathways; and create system to those pathways to enable low-skilled, low-literacy, and long-term unemployed workers to successfully access those pathways and in turn, access the private-sector training and experience needed to gain greater economic stability.

DCYF continues to partner with the Governor Workforce Board (GWB) on a work-readiness program for students at the Thomas C. Slater Training School (RITS). The GWB's two local workforce boards, Workforce Solutions of Providence/Cranston & Workforce Partnership of Greater Rhode Island, fund four Youth Centers operated by the Comprehensive Community Action Program (CCAP). CCAP operates the Cranston, Pawtucket, Providence and Warwick Youth Centers. The CCAP provided twenty (20) hours of work-readiness instruction to all students during school vacation weeks. In addition, students completed the Youth Center enrollment process and have access to a case manager and job trainer. This streamlined entry of RITS students into RI's youth workforce system through any one of the fourteen (14) Youth Centers upon release. A CCAP case manager is then assigned to start the student's individualized career goal process and contextualized learning in their chosen field. Based on their individualized career goals, students will be exposed to work experiences such as paid internships, summer employment, and occupational skills training. Some students may go directly into employment or postsecondary opportunities with the assistance from a job trainer. Upon release, the case manager provides follow up services and implements their career goals.

DCYF, had partnered with the Institute for Labor Studies and Research, to pilot a Pathway to Apprenticeship pilot program. However, due to the decrease in student census at the RITS-ALP program, DCYF could not implement the program. The program served students that had already obtained their GED or high school diploma and the RITS-ALP did not have enough students to fill the program. However, the RITS-ALP will be piloting a Career Pathways program in the 2019-2020 academic year. This pilot program will expose youth to careers that are in high demand in Rhode Island. This program will allow students to experience different careers, learn about their educational and job requirements. The pilot program will also include a driver's education class because many of the position require a valid driver's license.

#### Farm Fresh Rhode Island/The Harvest Kitchen Project/RI Office of Rehabilitation

The Harvest Kitchen Project is a 20-week culinary and job-readiness training program for all youth open to DCYF ages 16-19 years old. In the first 15 weeks, youth learn basic culinary arts skills and earn a Food Handlers industry certification. During the last five weeks for the program, youth participate in employment internships to further develop their job readiness and employable job skills. As part of their culinary training, youth create a line of high-quality preserved foods using ingredients sourced from local farmers. Products made in the Harvest Kitchen are sold at local stores, farmers markets and to wholesale customers.

In 2017, DCYF entered into (18) eighteen-month contract for \$343,069.50 with Farm Fresh RI, the vendor that oversees the day to day operation of the Harvest Kitchen. The contract provides stipends to the youth and allows the Harvest Kitchen to double the amount of youth served to (40) forty youth per year. In 2016, the Harvest Kitchen expanded into a new facility located at 2 Bayley St in Pawtucket, RI. This new space is the permanent home of the Culinary Arts Training Program. In the Summer of 2017, Harvest Kitchen opened a retail space which includes a Cafe a retail outlet for purchasing the Harvest Kitchen value added products. This expansion added additional job and internship opportunities for the trainees and alumni of the program and increased training in other areas such as marketing, customer service, sales, shipping and receiving. RI Harvest Kitchen Project is a partnership with Farm Fresh Rhode Island and DCYF. The program goals are to stimulate the Rhode Island economy, provide an outlet for Rhode Island Farmers to sell their B grade produce and provide job training skills and culinary education. The Harvest Kitchen Project began in January of 2010. This program is part of Farm Fresh Rhode Island's initiative to increase the variety of value-added local farm products available and part of the Farm Fresh mission to create a community-based food system. Approximately 365 youth (215 within the community since 2010 and 150 in the RI Training School within 5 years) have participated in the Harvest Kitchen Project. Overall, there is a 75% graduation rate from the program.

The Harvest Kitchen curriculum has been modified over the past ten years and continues to evolve to provide relevant education, work experience and occupational training. After youth participate in the 15-week training program, a 5-week supported internship within the Hospitality Industry provides a "next step" of real-life experiences in one of Rhode Island's top five job producing industries. Approximately 49% of the youth were employed after completing the 20-week program.

The Harvest Kitchen staff also aims to foster good relationships with employers who provide employment/internship opportunities to our graduates to further their job readiness and employable job skills. Examples of our community partners include RISD Dining services, Schartner Farms, Blue Cross Blue Shield's Epicurious, Cable Car Cinema, Julian's, City Meal, AFIA, and Blend Café. In the long-term, proceeds from sales will sustain the Harvest Kitchen program. We envision forging strong partnerships

in the community that benefit farmers and provide healthy options for consumers, restaurants and institutional food service buyers.

#### Housing/Runaway and Homeless youth:

The Department continues to take a leadership role within the state's Housing and Homelessness Prevention Community. YDECS Administrator, Mike Burk, is a member of the state's Continuum of Care Committee and participates in the Transitional Age Youth (TAY) Rapid Rehousing Management Workgroup. The Continuum of Care oversees all HUD funding for homeless populations in Rhode Island. The TAY focuses on youth and young adults who are homeless and assists in finding them housing as quickly as possible through a variety of resources. There is currently no Runaway and Homeless Youth HUD Grantee in Rhode Island. However, the Department continues to collaborate with the Continuum of Care on finding ways to address this gap. The Continuum of Care recently applied for HUD's Youth Homelessness Demonstration Project (YHDP) grant and we are waiting to hear the outcome. DCYF continues to be an integral part of that team.

#### Voluntary Extension of Care

In June 2018, Governor Gina Raimondo signed into law the Voluntary Extension of Care Act, which authorizes the extension of Foster Care to age 21 using Title IV-E criteria. As a result of this new law, the Department has created the Youth Development Services Casework Unit. Currently comprised of one Casework Supervisor and three Caseworkers, it is anticipated that when fully built out there will be six caseworkers in this unit. This unit is responsible for the case management of VEC participants and will be the primary individuals responsible for ensuring youth succeed in being prepared for adulthood.

In July 2018 the department began its development of the Voluntary Extension of Care Services. The goal of the Voluntary Extension of Care (VEC) program is simple: support young people in becoming self-sufficient, independent, and thriving adults. The program is youth-driven with the young adult setting their own goals for housing, education, employment, and future success. DCYF's Youth Development Services (YDS) staff work with others to aid young adults who choose to participate in the VEC program with this transition and to provide access to other supports and services. To participate in VEC, a young adult must be one of the following:

- In the care of DCYF due to dependency, neglect, or abuse petition on the young adult's 18th birthday, and must voluntarily agree to participate;
- 18-20 years old and was in the care and custody of DCYF due to abuse, neglect, or a dependency petition on his/her 18th birthday and is now closed to DCYF and is voluntarily agreeing to again be supervised by DCYF and Rhode Island Family Court through the VEC program;
- 18-20 years old and was in the care and custody of DCYF on his/her 18th birthday and had been a VEC participant but participation ended. The young adult may voluntarily agree to re-open with DCYF to participate in VEC; or
- A young adult adopted or placed in legal guardianship from DCYF care on or after the youth's 16th birthday and – after turning 18 and before turning 21 – the youth's relationship with his/her adoptive home or guardian was disrupted so the youth can no longer live with them.

To be part of the VEC program, young adults are responsible for continuing their education and pursuing career opportunities that support their long-term goals. Young adults who participate must meet and maintain at least one of the following requirements:

- Continue attending high school or an alternative program if they have not received a high school diploma or equivalent (e.g., GED);
- Be enrolled and participating in a college or vocational program;

- Participate in a job training program or an activity designed to remove barriers to employment;
- Be working a paid job at least 80 hours per month; or
- Have an approved medical waiver from DCYF based on the recommendation of a medical professional. Documentation from a licensed medical professional must be provided to DCYF on a semi-annual basis or more frequently if requested.

The VEC program supports young adults by providing support for and access to housing, education, employment, medical and behavioral health care, and other benefits and services. Each young adult has a YDS caseworker who works with the young adult and to help him/her be prepared to live independently at age 21. Young adults will receive guidance and assistance with:

- Transitioning: Developing and implementing a transition plan
- Housing: Identifying, securing, and maintaining an appropriate supervised living arrangement (SLA)
- Financial: Cash assistance for help with rental costs and assistance with daily living expenses
- Benefits and Supports: Accessing other supportive services for which the young adult might be eligible such as SNAP, cash assistance, heating oil assistance, WIC, Child Care Assistance Program, and more
- Education: YDS will work with the young person to identify educational needs and goals. Supports can include educational planning, applying for college financial aid, accessing on-campus programs, and identifying potential internship opportunities, and more
- Career: Developing and supporting a career plan based on the young adult's choices including referrals for vocational/ career assessment, connections to workforce training programs, and employment opportunities
- Medical and Behavioral Healthcare: Helping navigate use of health coverage to access needed medical and behavioral healthcare support team.

#### Voluntary Extension Care 2018-2019 Timeline

- 7/1/18 Effective date of legislation
- 7/1/18 – 9/1/18 Staffing of Youth Development Services Casework Unit to manage VEC Program
- 7/1/18 and ongoing – Process for identifying and outreaching to eligible youth developed with modifications made to process based on experience and feedback
- 7/1/18 – 11/30/18 Collaboration and negotiation with federal Administration for Children and Families regarding DCYF policies and procedures for the VEC Program to ensure compliance with Title IV-E. ACF approval of Title IV-E Plan granted 11/30/18.
- 8/1/18 – Outreach to initial eligible youth
- 9/1/18 and ongoing – YDS staff training initiated and ongoing
- 9/1/18 and ongoing - Interagency Workgroup to Support VEC Implementation Established with initial meeting on 9/11/18. Efforts are ongoing
- 9/1/18 and ongoing – Discussions, identification and implementation of necessary modifications to RICHIST for YDS/VEC case management and data reporting begun and ongoing

- 11/15/18 – First youth signs Voluntary Extension of Care Agreement (actual entry dependent on court approval)
- 11/1/18 – 7/1/19 Development and production of informational brochures – one for young adult audience and one for adult supporter audience. Young adult input provided. (Adult supporter finalized 5/1/19)
- 12/1/18 – 2/1/19 Method and structure for providing VEC Participants with financial support for housing developed and implemented
- 1/7/19 – Family Court Calendar for VEC Program launched and first VEC Participant approved
- 2/1/19 – Monthly statistics reporting of YDS Unit and VEC Program begins
- 3/15/19 RICHIST modification launched which accurately assigns youth to YDS for case management launched. This removes the youth from the FSU/Probation caseworker assignment.
- 6/1/19 – 9/1/19 Identification, development and initiation of data-sharing agreements with sister state agencies to support VEC implementation and outcome measurement
- 7/1/18 – 7/1/19 RFP development, review and awarding of contracts for Enhanced Case Management Services for VEC participants

Voluntary Extension of Care Stats as May 2019

YDS Caseworker	Assigned – Transition Phase	Assigned - Case Management	Assigned - VEC Participant	Total
Cheryl Csisar	3	13	10	26
Janice Daniel	4	6	15	25
Jenn Ryan	6	11	10	27
<b>Grand Total</b>	<b>13</b>	<b>30</b>	<b>35</b>	<b>78</b>

Voluntary Agreement Signing Status by Assignment Type

VEC Agreement Status	Assigned - Transition Phase	Assigned - Case Management	Assigned - VEC Participant	Total
Signed		17	35	52
Unsigned		11		11
Not Applicable	13	2		15
<b>Total</b>	<b>13</b>	<b>30</b>	<b>35</b>	<b>78</b>

YDS Unit Assignments by Age Distribution

Age	Assigned - Transition Phase	Assigned - Case Management	Assigned - VEC Participant	Total
17		1		1
18	5	12	12	29
19	5	13	18	36
20	1	3	5	9
<b>Total</b>	<b>11</b>	<b>29</b>	<b>35</b>	<b>75</b>

### Post Foster Care Medicaid Coverage

Outside of the scope of the CYSP Program, the Department, through our partnership with the state Medicaid agency, the Executive Office of Health and Human Services (EOHHS), continues to provide access to health insurance coverage for youth exiting care through the Post Foster Care Medicaid Coverage Group. As of January 1, 2014, the Affordable Care Act (ACA) extended the Post Foster Care Medicaid coverage group (“Chafee Medicaid”) to youth who aged out of foster care until the youth’s 26th birthday became a reality. Now, any youth who left or leaves foster care on or after the youth’s 18th birthday (as of January 1, 2007) is eligible for Post Foster Care Medicaid. DCYF automatically enrolls youth aging out in Post Foster Care Medicaid as soon as the youth’s case closes to Family Court. If VEC is approved, VEC Participants will remain covered through our normal Medicaid coverage for foster youth until age 21 (or before if they exit the program prior to age 21.) When closed to VEC, they will automatically be enrolled in the Post Foster Care Medicaid Coverage group.

Simultaneously, the Department continues to look at the current state of healthcare coverage and services for all children and youth involved with the Department, identify the challenges to ensuring that their healthcare needs are being met effectively, and develop and implement a plan of action to overcome these challenges.

### 2015-2019 Goals & Accomplishments

**Goal 1:** The Department will enter into a new CYSP Program contract with Foster Forward.

- **The Department intends to procure youth development services either through re-procurement or develop other methods of procuring youth development services.**

**FFY 2016:** The CYSP contract was extended to end on June 30, 2106. As part of our ongoing system transformation efforts, the Department will be extending this contract again commencing on July 1, 2016 for a period for six to nine months.

**FFY 2017:** The CYSP contract was extended to end on June 30, 2107. As part of our ongoing system transformation efforts, the Department is negotiating with Foster Forward for a one-year contract extension July 1, 2017.

**FFY 2018:** The CYSP contract was again extended to June 30, 2018. The Department is also in the process of extending this contract on a modified basis through June 30, 2019 to ensure continuity of services for current YESS participants and for Chafee funded Independent Living Services. We

also anticipate that initially Foster Forward will provide Enhanced Case Management Services for referred VEC youth. We are also moving forward on re-procuring Chafee funded services and procuring Enhanced Case Management services through an RFP or RFPs which we anticipate will be advertised sometime in the October 2018 – December 2018 time frame.

**FFY2019:** As of May 20, 2019 Foster, Forward continues to provide services for the remaining YESS participants, Chafee funded Independent Living Services and Enhanced Case Management. In November 2019 a Request for Proposals (RFP) was released out for re- procurement of the Chafee funded services and a separate RFP Enhanced Case Management. After reviewing applications for both RFPs, tentative awards have been made and, as of May 20, 2019, contract negotiations are in progress. Incorporated into these negotiations will be a transition process, as needed, if there is a change in vendors.

**Goal 2:** The Department will meet the expectations of NYTD on an annual basis

- **Ensure ongoing served population reporting requirements are met (Ongoing: 2015-2019)**

**FFY 2016:** Currently only CYS Program staff record services for the served population in RICHIST. DCYF's leadership has identified transition as a priority and we are working to develop a plan on how to capture the breadth of services provided to youth in the served population as a part of this focus. This plan will include specific definitions of the served population, definitions of services and mechanisms for capturing this information in RICHIST. It will include a training plan for internal and external staff who provide and/or are expected to record these services as well as how to ensure the services are connected to the youth's transition plan.

**FFY 2017:** CYS Program staff remain the only individuals allowed to record services for the served population in RICHIST. DCYF's leadership continues to identify transition as a priority and will continue to explore a method to capture the breadth of services provided to youth in the served population as a part of this focus. The method will include specific definitions of the served population, definitions of services and mechanisms for capturing this information in RICHIST. It will include a training plan for internal and external staff who provide and/or are expected to record these services as well as how to ensure the services are connected to the youth's transition plan.

**FFY 2018:** The CYS Program staff continue to capture services provided through this contract and will do so with any contract extension that carries into state fiscal year 2019. We are also developing plans for the new VEC unit staff, if , to collect and enter such data from other sources.

**FFY 2019:** The CYS Program Staff continue to capture services provided through this contract and will do so until the re- procurement of the new contract to the awarded provider. If the Youth Development Services shifts to a new vendor, DCYF will work with that vendor to ensure these services are captured and reported. As well, we will continue to work to identify how to collect data on services provided outside of this contract.

- **Use data from served population reports and surveys to inform and improve practice within DCYF and with external partners (Ongoing: 2015-2019)**

**FFY 2016:** The Consultation Center at Yale has provided a preliminary analysis of the Department's NYTD Plus data for the 2011 17-year-old baseline and the follow up cohort at age 19. The analysis included descriptive statistics on all of the NYTD outcomes at age 17 (baseline) and at age 19 (follow up). They also conducted a preliminary Latent Class Analysis against service data but the

Department is still conducted quality assurance checks on the data used for this. There were 170 youth in the baseline, age 17. Among those youth, 38.2% were females and 61.8% were males. Seventy percent were White, 17.6% were African American, and 21.8% reported Hispanic ethnicity. The percent of youth still in care at age 19 was 17.5%. The Department is currently reviewing this before publication.

**FFY 2017:** The Consultation Center at Yale has provided the completed analysis of the Department's NYTD Plus data for the 2011 17-year-old baseline and the follow up cohort at age 19. The analysis includes descriptive statistics on all of the NYTD outcomes at age 17 (baseline) and at age 19 (follow up). They also conducted a Latent Class Analysis against service data. The Department is still conducted quality assurance checks on the data used for this. On March 27, 2017 the Department met with a representative of the Consultation Center at Yale and representatives from Foster Forward to share and review the analysis.

On Monday April 10, 2017 Colleen Caron, Administrator of Operations and Data Evaluation and John Scott, Community Liaison met with the Voice, DCYF's Youth Advocacy Group to present the NYTD Analysis to them and collect their feedback and first impression of the information. As a next step, the Department has been meeting to create Education and Employment Fact Sheets based on the NYTD analysis to distribute publicly. In May of 2017, Blanca Merced, Vice President of the Voice (the Departments Youth Advocacy Group for youth in care) met RI Senate President Dominick Ruggerio and used the RI NYTD FY11-15 Data Snapshot and the state's NYTD Analysis to highlight some of the positive outcomes for older youth here in RI.

**FFY 2018:** The Department published our first snapshot of NYTD Survey findings in Summer 2017. This snapshot focused on Education, Employment and Financial Self-Sufficiency Outcomes. We anticipate publishing additional snapshots in the future.

**FFY2019:** The Department published a second snapshot of NYTD Survey findings in December 2018. The snapshot this time focused on Housing outcomes. We plan to continue to publish this type of snapshot on a yearly basis.

- **Achieve the federally required participation rates in each reporting year.**

**FFY 2016:** ACF's records show that they count only 113 of 156 youth as being properly reported by the Department. While Foster Forward collected and entered the data within expected time frames, data programming language used by DCYF failed to include 43 records which should have been reported. This was identified by DCYF in May 2016 and we are working to correct and see if ACF will allow a corrected data set to be uploaded. The actual numbers are as follows: 60 for Period A (not 71) and 53 for Period B (not 71). Based on the 113 names in the NYTD Portal, the survey completion rate was 48 out of 60 for Period A (80%) and 47 out of 53 in Period B (88%) as of 6/16/2016.

**FFY2017:** This was a baseline year for Cohort 3. There was a total of 143 referrals for baseline surveys for the year. Foster Forward completed 116 baseline surveys within the 45-day period for an 81% completion rate.

**FFY2018:** This is a federally required year to collect 21-year-old follow up surveys. Foster Forward completed 57 out of 82 (69%) for Cohort A by March 31, 2018. 5 out of 57 were still in care (9%). As of May 10, 2018, Foster Forward has collected 18 out of 74 for Cohort B.

**FFY2019:** The Departments contract with Foster Forward to conduct NYTD surveys ended as of September 30, 2019. Beginning October 2018, the Department moved the conducting of NYTD Surveys from Foster Forward to internal DCYF staff. FFY 2019 is a federally required year to collect 19-year-old follow up surveys. DCYF staff completed 53 out of 58 (91%) for Cohort A by March 31, 2019. In Cohort A, we surveyed 100% of youth still in foster care and 83% of youth no longer in foster care. In Cohort B (April 1 – September 30, 2019), we have thus far surveyed 14 of 51 youth (27%).

- **DCYF will continue to provide analysis and reporting of NYTD data. By January 2015 DCYF will implement strategies to address NYTD’s site visit concerns.**

**FFY 2016:** The NYTD Site Visit Report included 22 concerns identified by the Federal Monitoring Team – fourteen (14) of which required DCYF to take action to correct and eight (8) recommended that DCYF take action to correct. Of the fourteen (14) concerns which required action, the Department has fully implemented corrective actions on twelve (12) items. Of the eight (8) where action was recommended by not required, the Department has fully implemented corrective actions on seven (7) and has begun to address the 8th. The items we continue to work on are as follows (the numeration of these is based on Summary of Observations found in the NYTD Site Visit Report):

**Item 8, NYTD Elements 20-33 (Required):** These data elements relate to the spectrum of independent living services on which States are required to report as NYTD Services. Currently RI reports only on services provided through the Consolidated Youth Services contract with Foster Forward. The Department is exploring the recent intent of ACF to provide States with resources to improve data management systems by moving from a SACWIS model to a Comprehensive Child Welfare Information Systems (CCWIS) model as described in the recent ACF Notice of Proposed Rulemaking. Our initial review suggests that, should this rule go into effect, it will provide us with the opportunity to transform our data management system from one that is primarily case management focused to one that provides more robust opportunities for data collection and analysis while still ensuring quality case management support. This will then provide us with the mechanism necessary to more fully report NYTD services.

**FFY 2018:** If the Voluntary Extension of Care is approved, we are considering how the new caseworkers assigned to the Youth Development Support Services Unit can assist with the collection and entry of this data.

**FFY 2019:** The current capacity to capture data specific to the YDS Unit/VEC Program with RICHIST is limited. As an interim measure, we have created a tracking spreadsheet that incorporates such elements as gender identity, supervised living arrangement, career interest/vocational assessment completion, employment status, education status and parenting status for participants. We are working with our IT staff to build this capacity into RICHIST as quickly as possible.

**Item 13, NYTD Element 33 – Data Collection and Reporting – Other Financial Assistance (Required):** Currently RI reports only on services provided through the Consolidated Youth Services contract with Foster Forward. We do not have a mechanism to collect and report on such data outside of the CYS contract. The Department is exploring the recent intent of ACF to provide States with resources to improve data management systems by moving from a SACWIS model to a Comprehensive Child Welfare Information Systems (CCWIS) model as described in the recent ACF Notice of Proposed Rulemaking. Our initial review suggests that, should this rule go into effect, it will provide us with the opportunity to transform our data management system from one that is

primarily case management focused to one that provides more robust opportunities for data collection and analysis while still ensuring quality case management support. This will then provide us with the mechanism necessary to more fully report NYTD services.

**FFY 2018:** If the Voluntary Extension of Care is approved, we are considering how the new caseworkers assigned to the Youth Development Support Services Unit can assist with the collection and entry of this data.

**FFY 2019:** Any cash assistance for VEC Participants is being managed through RICHIST. As part of our work with IT on modifications to RICHIST, we will determine how to use this to report on this element.

**Item 20, NYTD Survey Data Analysis (Recommended):** The Consultation Center at Yale has provided a preliminary analysis of the Department's NYTD Plus data for the 2011 17-year-old baseline and the follow up cohort at age 19. The analysis included descriptive statistics on all of the NYTD outcomes at age 17 (baseline) and at age 19 (follow up). They also conducted a preliminary Latent Class Analysis against service data but the Department is still conducted quality assurance checks on the data used for this. There were 170 youth in the baseline, age 17. Among those youth, 38.2% were females and 61.8% were males. Seventy percent were White, 17.6% were African American, and 21.8% reported Hispanic ethnicity. The percent of youth still in care at age 19 was 17.5%. The Department is currently reviewing this before publication.

**FFY 2017:** As mentioned above, the Consultation Center at Yale has provided the completed analysis of the Department's NYTD Plus data for the 2011 17-year-old baseline and the follow up cohort at age 19. The analysis includes descriptive statistics on all of the NYTD outcomes at age 17 (baseline) and at age 19 (follow up). They also conducted a Latent Class Analysis against service data. On March 27, 2017 the Department met with a representative of the Consultation Center at Yale and representatives from Foster Forward to share and review the analysis. As a next step, the Department has created an Education and Employment Fact Sheets based on the NYTD analysis which will soon be distributed to key stakeholders. In May of 2017, Blanca Merced, Vice President of the Voice met RI Senate President Dominick Ruggerio to discuss the extension of foster care to the age of 21 her in RI. Blanca used the RI NYTD FY11-15 Data Snapshot to highlight some of the positive outcomes for older youth here in RI.

**FFY 2018:** The Department published our first snapshot of NYTD Survey findings in Summer 2017. This snapshot focused on Education, Employment and Financial Self-Sufficiency Outcomes. We anticipate publishing additional snapshots in the future.

**FFY2019:** The Department published a second snapshot of NYTD Survey findings in December 2018. The snapshot this time focused on Housing outcomes. We plan to continue to publish this type of snapshot on a yearly basis.

**Implement survey with 2nd Cohort with the goal of achieving these identified participation rates in each reporting year: 2014- 95% in care youth and 75% out of care youth; 2016 – 95% in care youth and 80% out of care youth; 2018 – 95% in care youth and 85% out of care youth**

**FFY 2016:** ACF's records show that they count only 113 of 156 youth as being properly reported by the Department. While Foster Forward collected and entered the data within expected time frames, data. programming language used by DCYF failed to include 43 records which should have

been reported. This was identified by DCYF in May 2016 and we are working to correct and see if ACF will allow a corrected data set to be uploaded. The actual numbers are as follows: 60 for Period A (not 71) and 53 for Period B (not 71). Based on the 113 names in the NYTD Portal, the survey completion rate was 48 out of 60 for Period A (80%) and 47 out of 53 in Period B (88%) as of 6/16/2016.

**FFY2018:** This is a federally required year to collect 21-year-old follow up surveys. Foster Forward completed 55 out of 82 (67%) for Cohort A by March 31, 2018. 5 out of 57 were still in care (9%). As of May 10, 2018, Foster Forward has collected 18 out of 74 for Cohort B.

**FFY2019:** The Department's contract with Foster Forward to conduct NYTD surveys ended as of September 30, 2019. Beginning October 2018, the Department moved the conducting of NYTD Surveys from Foster Forward to internal DCYF staff. FFY 2019 is a federally required year to collect 19-year-old follow up surveys. DCYF staff completed 53 out of 58 (91%) for Cohort A by March 31, 2019. In Cohort A, we surveyed 100% of youth still in foster care and 83% of youth no longer in foster care. In Cohort B (April 1 – September 30, 2019), we have thus far surveyed 14 of 51 youth (27%).

**Goal 3:** The Department, in consultation with the Child Welfare Institute, will develop training plans which provides effective training opportunities to staff and community agencies in regard to working with older youth in care, those aging out or who have left care and building strong personalized transition plans.

*As a part of our review of all contracts to determine the most effective way to provide services and supports to our clients and our staff, the Department decided to not extend our contract with the Child Welfare Institute and that contract ended on April 30, 2016. Three Clinical Training Specialists from CWI have returned to DCYF and form the core of our newly formed Training and Staff Development Unit. This unit is now responsible for the development of and the delivery of staff training and development of services, so the above Goal will be modified to remove references to the CWI in future reports.*

- **Implement Incentive Training Program on Youth Development by April 2015**

**FFY 2016:** While some efforts have been made at developing this component, no specific program has been developed. As the Department reviews our training delivery process and our training needs, we will include this in the discussion.

**FFY 2017:** While no specific incentive training program has been developed at this time. As the Department reviews our training delivery process and our training needs, we will include this in the discussion. On January 5, 2017 the Youth Development and Educational Supports team presented to a class of new social workers around the suite of services provided by the Consolidated Youth Services contract, transition planning, credit checks, and educational supports. There have also been information sessions with internal staff on effective transition planning for older youth as it relates to Title IV-E on April 26<sup>th</sup> and 28<sup>th</sup>, 2017 and on June 3<sup>rd</sup>, 2<sup>nd</sup> and 5<sup>th</sup>, 2017; Throughout the month of September of 2016, the Department held prudent parenting trainings for internal staff and external partners throughout the state of RI.

**FFY 2018:** The YDES staff continue to provide training on youth development and transition planning to new staff in the New Worker Training programs, the most recent conducted on 6/4/18.

Additionally, if the VEC passes and then is implemented, this will include specialized training for the YDES staff, including topics such as motivational interviewing, adolescent brain development, social capital development, transition planning and asset building. Eventually we see this being offered to a wider array of DCYF staff and partners.

**FFY 2019:** The YDECS staff continue to provide training on youth development and transition planning to new staff in the New Worker Training programs, with one scheduled for early June 2019. We are also ensuring that YDS Caseworkers receive specialized training in areas such as motivational interviewing, adolescent brain development, social capital development, transition planning and asset building. Thus far YDS staff have received such training in workforce development related areas; housing, including tenant/landlord rights; social support benefits through SNAP, TANF, child care assistance and other federal income support services; social capital; and transition planning. Eventually we see this being offered to a wider array of DCYF staff and partners.

### **Increased Training Opportunities for Personalized Transition Planning**

**FFY 2016:** The Youth Development and Support Unit is working with other agency staff to develop various staff development opportunities which address the Prudent Parenting and Normalcy requirements under Title IV-E. These opportunities will include a focus on effective transition planning.

**FFY 2017:** The Department held information sessions with internal staff on effective transition planning for older youth as it relates to Title IV-E on April 26<sup>th</sup> and 28<sup>th</sup>, 2017 and on June 3<sup>rd</sup>, 2<sup>nd</sup> and 5<sup>th</sup>, 2017. These information sessions were held in the Department's various regions and the areas covered addresses permanency and transition planning issues required by the following public laws:

- Public Law 110-351 (2008): Fostering Connections and Increasing Adoptions Act of 2008
  - Transition Planning for Emancipated Youth
- Public Law 111-148 (2010): Patient Protection and Affordable Care Act
  - Health Insurance Options
  - Health Care Decision-making and Health Care Proxies
- Public Law 112-34 (2011): Child and Family Services Improvement and Innovation Act
  - Annual Credit Checks for foster youth (16+)
- Public Law: PL 113-183 (2014): Preventing Sex Trafficking and Strengthening Families Act
  - Limited application of Another Permanent Planned Living Arrangement (APPLA)
  - Additional Transition Planning Requirements (14+)
  - Discharge Plan 90 days before 18<sup>th</sup> Birthday
  - Annual Credit Checks for foster youth lowered to 14+

**FFY 2018:** The YDES staff continue to provide training on youth development and transition planning to new staff in the New Worker Training programs, the most recent conducted on 6/4/18. Additionally, if the VEC passes and then is implemented, this will include specialized training for the YDES staff, including topics such as motivational interviewing, adolescent brain development, social

capital development, transition planning and asset building. Eventually we see this being offered to a wider array of DCYF staff and partners.

**FFY 2019:** The YDECS staff continue to provide training on youth development and transition planning to new staff in the New Worker Training programs, with one scheduled for early June 2019. We are also ensuring that YDS Caseworkers receive specialized training in areas such as motivational interviewing, adolescent brain development, social capital development, transition planning and asset building. Thus far YDS staff have received such training in workforce development related areas; housing, including tenant/landlord rights; social support benefits through SNAP, TANF, child care assistance and other federal income support services; social capital; and transition planning. Eventually we see this being offered to a wider array of DCYF staff and partners.

- **Training in Support of Youth Preparing for Independent Living:**

**FFY 2016:** The Department is in the process of creating a prudent parenting curriculum to support the mandates of the re-issue of the 2014 Preventing Sex Trafficking and Strengthening Families Act. Lori Geiselman, DCYF Clinical Training Specialist is lead on this project. Lori has concluded a series of stakeholder focus groups to ensure the curriculum meets their needs. CYS staff, both internal, external and/or the Voice, youth advocates for youth in the care of the Department participated in all of the stakeholder focus groups to provide feedback. The projected completion date for the curriculum is expected in August of 2016.

**FFY 2017:** In August of 2016, the Department completed a prudent parenting curriculum to support the mandates of the re-issue of the 2014 Preventing Sex Trafficking and Strengthening Families Act. Lori Geiselman, DCYF Clinical Training Specialist was the lead on this project. Lori concluded a series of stakeholder focus groups to ensure the curriculum meets their needs. CYS staff, both internal, external and/or the Voice, youth advocates for youth in the care of the Department participated in all of the stakeholder focus groups to provide feedback. Beginning in September of 2017 the Department held prudent parenting trainings for internal staff and external partners throughout the state of RI. Below is a list of the dates and locations of the trainings:

**PRUDENT PARENT STANDARD & NORMALCY IN FOSTER CARE**

**TRAINING DATES, TIMES, AND LOCATIONS**

9/7/16	9-12 & 1-4	CCRI, 400 East Ave., Warwick (Theatre #2510)
9/8/16	9-12	Smith Hill Library, 31 Candace St., Providence
9/8/16	5-8	Foster Forward, 55 S. Brow St., East Providence
9/9/16	9-12 & 1-4	Cumberland Library, Hayden Center, 1464 Diamond Hill Rd, Cumberland
9/12/16	9-12 & 1-4	CCRI, 400 East Ave., Warwick (Conference Rooms 1128/1130)
9/14/16	1-4	St. Mary’s Home for Children, 420 Fruit Hill Rd., North Providence
9/14/16	5-8	Foster Forward 55 S. Brow St., East Providence
9/15/16	9-12 & 1-4	Tides Family Services, 215 Washington St., West Warwick
9/19/16	5-8	Foster Forward, 55 S. Brow St., East Providence
<b>*9/20/16</b>	<b>9-12</b>	<b>Warwick Public Library, 600 Sandy Lane, Warwick</b>

9/21/16	9-12 & 1-4	Cumberland Library, Hayden Center, 1464 Diamond Hill Rd, Cumberland
9/23/16	9-12 & 1-4	Ocean Tides School, 635 Ocean Road, Narragansett
9/26/16	1-4	Alliance Human Services, 14 Breakneck Hill Rd, Ste 201, Lincoln
9/27/16	9-12	Family Service, 134 Thurbers Ave., Providence
9/27/16	1-4	St. Mary's Home for Children, 420 Fruit Hill Rd., North Providence
9/28/16	9-12 & 1-4	Jamestown Philomenian Library, 26 North Rd., Jamestown
<b>*9/29/16</b>	<b>5-8</b>	<b>Foster Forward, 55 S. Brow St., East Providence</b>

**\*Sessions in bold are delivered in Spanish Language (9/20/16 & 9/29/16)**

**FFY 2018:** The YDES staff continue to provide training on youth development and transition planning to new staff in the New Worker Training programs, the most recent conducted on 6/4/18. Additionally, if the VEC passes and then is implemented, this will include specialized training for the YDES staff, including topics such as motivational interviewing, adolescent brain development, social capital development, transition planning and asset building. Eventually we see this being offered to a wider array of DCYF staff and partners.

**FFY 2019:** Since the department completed the initial all staff and external partner trainings, we include the prudent parent standard in pre-service training.

Table 5 below provides details of training and staff development opportunities conducted through the DCYF Training and Staff Development Unit. July 2018 thru May 2019

Table 5:

Workshop Title	Overall Description/Learning Objective	Hrs.	Date(s)	#	Participants
Core I-Adoption & Permanency	During this training, participants will learn about the different permanency options for children & youth in care. Participants will also learn about the adoption process and post adoption services.	6.5	10/23/18	17	New DCYF FSU
			3/11/19	13	New DCYF FSU
Core I- Child & Adolescent Development & Impact of Abuse Neglect: Special Safe Sleep/Early Inter	Participants will learn about normative child development and the impact of abuse and neglect on child development. Learning Objectives: - Learn six domains of development: - Learn normative development of infants/toddlers - Learn normative development of school-age children - Learn normative development of adolescents	4.5	08/15/18	7	New DCYF CPS

Workshop Title	Overall Description/Learning Objective	Hrs.	Date(s)	#	Participants
	<ul style="list-style-type: none"> <li>- Discuss normative development of adults</li> <li>- Learn factors that influence development</li> <li>- Learn impact of Abuse and neglect on development.</li> <li>- Learn &amp; apply information to practice</li> <li>- Discuss values &amp; cultural considerations re: abuse &amp; neglect</li> </ul> <p>IN ADDITION: Participants will learn about Safe Sleep Initiative and Early Intervention Program</p>	4.5	01/22/19	6	New DCYF CPS
Core I- Child/Adolescent Development and the Impact of Child Abuse & Neglect	<p>Participants will learn about normative child development and the impact of abuse and neglect on child development. Learning Objectives:</p> <ul style="list-style-type: none"> <li>- Learn six domains of development</li> <li>- Learn normative development of infants/toddlers</li> <li>- Learn normative development of school-age children</li> <li>- Learn normative development of adolescents</li> <li>- Discuss normative development of adults</li> <li>- Learn factors that influence development</li> <li>- Learn impact of Abuse and neglect on development.</li> <li>- Learn &amp; apply information to practice</li> <li>- Discuss values &amp; cultural considerations re: abuse &amp; neglect</li> </ul>	4.5	08/15/18	11	New DCYF FSU
			01/22/19	7	New DCYF FSU
Core I- Comprehensive Assessment & Service Planning	<p>Participants will learn the foundations of best practice, the process of comprehensive assessment &amp; service planning and apply these concepts to the family story and risk &amp; protective capacity assessment tool.</p>	6.5	09/11/18	12	New DCYF FSU
			04/02/19	15	New DCYF FSU
Core I- Cultural Competent Practice LGBTQ Population	<p>During this training, participant will understand policies, issues &amp; biases affecting LGBTQ individuals. They will be able to define Lesbian, Gay, Bisexual, Transgender, Queer and Questioning orientations, they will Discuss how LGBTQ orientation affects adolescent</p>	6.5	10/26/18	24	New DCYF FSU

Workshop Title	Overall Description/Learning Objective	Hrs.	Date(s)	#	Participants
	development, they will identify resources for LGBTQ adolescents, apply principles of development to child welfare services for LGBTQ youth, discuss values & cultural considerations affecting LGBTQ youth, etc.		03/29/19	27	New DCYF CPS, FSU
Core I - Educational Services & Resources for Children & Youth Involved in Child Welfare	During this training participants will learn about educational resources & services available to RI's children. They will also: receive an overview of regular and special education policies and procedures relating to child welfare; will meet and learn from educational professionals; and will explore ways of collaborating and communicating across systems.	3.5	5/10/19	28	New DCYF FSU, JCS
Core I- Intro to Trauma Informed Child Welfare Practice	Participants will begin to learn about the impact trauma has on child development, brain development and child behavior. Participants will explore the essential elements of trauma informed child welfare practice and their role in supporting trauma exposed children & youth.	6.5	08/31/18	18	New DCYF CPS, FSU
			03/01/19	25	New DCYF FSU & JCS
Core I Open Topics- Youth Mental Health First Aid	The course teaches participants the risk factors and warning signs of a variety of mental health challenges common among adolescents, including anxiety, depression, psychosis, eating disorders, AD/HD, disruptive behavior disorders, and substance use disorder. Participants do not learn to diagnose, nor how to provide any therapy or counseling – rather, participants learn to support a youth developing signs and symptoms of a mental illness or in an emotional crisis by applying a core five-step action plan: <ol style="list-style-type: none"> <li>1. Assess for risk of suicide or harm</li> <li>2. Listen nonjudgmentally</li> <li>3. Give reassurance and information</li> <li>4. Encourage appropriate professional help</li> <li>5. Encourage self-help and other support strategies</li> </ol>	7	09/18/18	15	New DCYF CPS, FSU

Workshop Title	Overall Description/Learning Objective	Hrs.	Date(s)	#	Participants
	The Youth Mental Health First Aid USA curriculum is primarily focused on information participants can use to help adolescents and transition-age youth, ages 12-18				
Core I- Out of Home Placement and Intensive Search for Natural Supports	Participants will learn laws that govern placement and insure Family Preservation. Participants will examine policies and practices for working with children, youth & families to identify Natural Supports. Participants will explore resources to support efforts for locating and engaging Natural Supports.	3.5	7/30/18	7	New DCYF CPS, FSU
			09/04/18	11	New DCYF FSU
			12/11/18	9	New DCYF FSU
			03/26/18	15	New DCYF FSU
Core I- Overview of Child Welfare in a Multi-Cultural Environment	The participant will demonstrate ability and sensitivity to family's differences in culture and ethnicity workshop will provide an overview of the U.S. Immigration system including an understanding of various immigration statuses, ways people come to the United States, refugee resettlement process, and the pathway to becoming a U.S. citizen. The workshop will use multimedia and interactive methods to promote cross-cultural sensitivity and understanding when working with DCYF involved Children, Youth & Families.	6.5	11/02/18	22	New DCYF CPS, FSU
			2/26/19	16	New DCYF CPS, FSU
Core I- Prudent Parent Standard & Normalcy in Foster Care	<p>This training will allow participants to explore Prudent Parenting and Normalcy and apply what they have learned to case scenarios. Learning Objectives:</p> <ul style="list-style-type: none"> <li>- Provide an introduction to Normalcy and Prudent Parent Standard provisions of Preventing Sex Trafficking and Strengthening Families Act (PL 113-183);</li> <li>- Learn about Subtitle B-Improving Opportunities for Children in Foster</li> </ul>	3.5	10/05/18	27	New DCYF CPS, FSU

Workshop Title	Overall Description/Learning Objective	Hrs.	Date(s)	#	Participants
	<p>Care and Supporting Permanency, Section 111, Supporting Normalcy for Children in Foster Care;</p> <ul style="list-style-type: none"> <li>- Provide legal definitions and guidelines for normalcy and the prudent parent standard;</li> <li>- Define roles and responsibilities of stakeholders;</li> <li>- Discuss examples of how to apply normalcy and the prudent parent standard;</li> <li>- Describe supports &amp; further resources</li> </ul>		03/20/18	23	New DCYF CPS, FSU
Core I- The Commercial Sexual Exploitation of Children	<p>The Commercial Sexual Exploitation of Children is a segment of a series of courses that reflect DCYF Policy and Operational enhancements for child welfare agencies in response to the reauthorization of the Preventing Sex Trafficking and Strengthening Families Act of 2014. Upon completion of this course, participants will:</p> <ul style="list-style-type: none"> <li>- Learn the definition of Sex Trafficking, Force, Fraud, and Coercion</li> <li>- Understand Types of Sexual Exploitation</li> <li>- Engage in discussion of Community Perception of Commercial Sexual Exploitation of Children (CSEC)</li> <li>- Learn common myths vs facts about CSEC</li> <li>- Understand Who is at Risk</li> <li>- Learn about Demands that Fuel Sexual Exploitation</li> <li>- Learn about Recruitment, Victim Impact, Signs of Sexual Exploitation</li> <li>- Engage in learning activity focused on answering Why Victims Stay</li> <li>- Understand Helpful Responses and Community Resources to Address CSEC</li> </ul>	3	10/05/18	17	New DCYF FSU
			04/12/19	16	New DCYF CPS, FSU

<b>Workshop Title</b>	<b>Overall Description/Learning Objective</b>	<b>Hrs.</b>	<b>Date(s)</b>	<b>#</b>	<b>Participants</b>
Other In-service: An Overview of Restorative Justice and Its Application within a Juvenile Justice Setting	This training will provide an overview of the theoretical backbones of Restorative Justice and the ways in which it may be applied in a Juvenile Justice setting.	2	09/11/18	27	DCYF RITS (Asst. Staff)
			10/02/18	12	DCYF RITS (Asst. Staff)
Other In-service: An Overview of the Commonly Prescribed Psychotropic Medications with a Juvenile Justice	This training will provide an overview of the most commonly prescribed psychotropic medications for adolescents who have ended up in a juvenile justice setting. The presenter will provide an overview of the psychiatric diagnoses/behaviors for which each medication is used for as well as exploring the potential side effects that each medication may have within adolescents.	1	12/11/18	17	DCYF RITS (Clinic)
Other In-service: Domestic Minor Sex Trafficking and Juvenile Corrections: An Intro for Health Care Professionals	This training will provide an introduction and overview of Domestic Minor Sex Trafficking as it applies to health care and mental health professionals	1	12/11/18	17	DCYF RITS (Clinic)
Other In-service: Gang Awareness Training	This educates participants about gang trends and issues and explains why youth join gangs. Participants will learn about gathering gang intelligence within the facility and the impact gangs has on facilities. Learning Objectives: - Participants will gain a greater understanding of why youth join gangs - Understand the impact gangs have on juvenile correction settings	3	8/09/18	13	DCYF RITS (Asst. Staff)

Workshop Title	Overall Description/Learning Objective	Hrs.	Date(s)	#	Participants
	<ul style="list-style-type: none"> <li>- Increased ability to provide facility with gang assessment and documentation protocols</li> <li>- Greater knowledge of facility-based anti-gang strategies</li> <li>- Explore additional resources</li> </ul>		03/04/19	19	DCYF RITS (Asst. Staff)
Other In-service: Prison Rape Elimination Act (PREA) Refresher	This 2-hour training is aimed at building staff capacity to fulfill their duties under the Prison Rape Elimination Act (PREA) standards. We will cover specific topics related to sexual abuse prevention and response; examples include, Boundaries and Professional Communication, First Responder Duties, and Investigations. The PREA Refreshers are intended to complement the PREA training that staff already received.	2	4/15/19 thru 5/15/19	132	DCYF RITS (Asst. Staff)
Other In-service: SED-IDD and Youth Development Service/VEC Training	<p>With the passage of the Voluntary Extension of Care Act (VEC) legislation, DCYF has developed a process to more clearly identify youth for either transition to YDS/VEC or SED/IDD services. This training will provide an overview of the Department's determination process for a Serious Emotional Disturbance (SED) and/or an Intellectual Developmental Disability (IDD).</p> <p>A youth in the care and custody of DCYF may continue to access residential placement services following his or her 18th birthday when the youth has been identified prior to the age of 18 as having an SED and/or IDD that interferes significantly with the youth's functional capacity.</p> <p>We will also provide an overview of the determination of youth eligibility for transition to YDS/VEC, the process used to work with those youth until age 18</p>	1.5	3/22/19 3/28/19 3/29/19 4/03/19 4/05/19	12 15 9 10 14	DCYF (Asst. Staff)

Workshop Title	Overall Description/Learning Objective	Hrs.	Date(s)	#	Participants
	when they can make a final decision about entering the VEC program and the supports to be provided to the youth.				
Other In-service: Youth Mental Health First Aid	Youth Mental Health First Aid USA is a public education program which introduces participants to the unique risk factors and warning signs of mental health problems in adolescents, builds understanding of the importance of early intervention, and teaches individuals how to help an adolescent in crisis or experiencing a mental health challenge. Mental Health First Aid uses role-playing and simulations to demonstrate how to assess a mental health crisis; select interventions and provide initial help; and connect young people to professional, peer, social, and self-help care.	8	7/24/18	16	DCYF & Community (Asst. Staff)
			07/27/18	13	DCYF RITS (Asst. Staff)
			08/17/18	11	DCYF RITS (Asst. Staff)
			08/22/18	9	DCYF & Community (Asst. Staff)
			08/23/18	13	DCYF & Community (Asst. Staff)
			08/31/18	19	Community
			09/05/18	11	DCYF RITS (Asst. Staff)
			09/07/18	4	DCYF CPS & FSU
			09/13/18	6	DCYF (Asst. Staff)
			09/18/18	5	DCYF & Community (Asst. Staff)
			09/26/18	5	DCYF (Asst. Staff)

**Goal 4:** The Department will be in full compliance with the Child and Family Services Improvement and Innovation Act of 2011 by October 2016 as outlined in the work plan in the Child and Family Services Improvement and Innovation Act of 2011 section of this document.

- **DCYF will finalize MOU's Equifax, Experian and TransUnion within the timeframes outlined in the Child and Family Services Improvement and Innovation Act of 2011 section of this document.**

**FFY 2016:** DCYF has made some strides in providing credit checks for youth in foster care that are 14 or older. DCYF's IT Department has communicated with the three credit bureaus and has developed the internal structure necessary to implement a batch reporting process with the three Credit Reporting Agencies (CRAs). The DCYF IT and Legal Departments have reviewed the three credit bureaus membership application agreements and identified potential conflicts and concerns.

The interface between our IT system and each credit bureau cannot move forward until we have a signed agreement with each CRA. We have begun this process with Transunion and sent them documents in mid-May 2016 for their review and approval. As soon as we get these backs, we will finalize on our end and begin an interface and batch testing with Transunion. At that time, we will also move forward with finalizing agreements with Experian and Equifax.

Due to this, we have adjusted the time frame from our last APSR submission. The revised time frame is in Table 8.

**FFY 2017:** This item in Goal 4 is complete. As of April 3, 2017, the Department has signed agreements with all three CRA's.

As of May 12, 2017, the Department has run tests with both Transunion and Equifax. The Department has not completed the testing process with Experian, but this should be accomplished within the next two weeks.

- **Implement training for staff on Child and Family Services Improvement and Innovation Act of 2011 and how to conduct credit checks for youth in their caseloads.**

**FFY 2016:** The newly created DCYF Training and Staff Development Unit is aware of the need for this training and the Youth Development Unit will provide guidance on content. However, we first need to finalize how the process will work internally in terms of reviewing results from CRAs and addressing any identified credit challenges for youth.

**FFY 2017:** In February of 2017, a Draft Agency Protocol for Credit Check Roles and Responsibilities was developed and will be finalized once the credit check window in RICHIST is complete.

Preliminary discussions with workers have been held with DCYF staff during the information sessions the Department held with internal staff on effective transition planning for older youth as it relates to Title IV-E on April 26<sup>th</sup> and 28<sup>th</sup>, 2017 and on June 3<sup>rd</sup>, 2<sup>nd</sup> and 5<sup>th</sup>, 2017. These information sessions were held in the Department's various regions and the areas covered addresses permanency and transition planning issues which included credit checks for youth ages 14+.

**FFY 2018:** The YDES staff continue to provide training on youth development and transition planning, including the importance of good credit and annual credit checks, to new staff in the New Worker Training programs, the most recent conducted on 6/4/18. Additionally, if the VEC passes and then is implemented, this will include specialized training for the YDES staff, including topics such as motivational interviewing, adolescent brain development, social capital development, transition planning and asset building. Eventually we see this being offered to a wider array of DCYF staff and partners.

**FFY 2019:** The YDECS staff continue to provide training on youth development and transition planning to new staff in the New Worker Training programs, with one scheduled for early June 2019. We are also ensuring that YDS Caseworkers receive specialized training in areas such as motivational

interviewing, adolescent brain development, social capital development, transition planning and asset building. Thus far YDS staff have received such training in workforce development related areas; housing, including tenant/landlord rights; social support benefits through SNAP, TANF, child care assistance and other federal income support services; social capital; and transition planning. Eventually we see this being offered to a wider array of DCYF staff and partners.

**Goal 5:** The Department will engage youth and work with youth as partners in decision making.

- **The Department will continue to utilize and promote “The Voice” as the youth advocacy and leadership board for the Department.**

**FFY 2016:** John Scott, DCYF’s Community Liaison, and now Sarah Smith, the Youth Coordinator for the Healthy Transitions Grant, meet monthly with “The Voice” and participates in their monthly meetings. This provides an opportunity for ongoing dialogue and allows John and Sarah to bring information back to the Department about youth’s experiences in care. In addition to The Voice, Sarah Smith works closely with other state youth advocates to introduce the “Now is the Time” Healthy Transitions (HT): Improving Life Trajectories for Youth and Young Adults with, or at Risk for, Serious Mental Health Conditions” Grant and to discuss youth involvement in the development of a social marketing campaign for the initiative. DCYF staff involved with our Diligent Recruitment Grant (Max Fetissenko) also meet The Voice to inform them about his work and members have been incorporated into workgroups and other related discussions.

Mike Burk, Administrator for Youth Development and Educational Support Services, John Scott and other staff regularly consult with members of the Voice on a variety of topics and issues.

Members of the Voice participated in the following activities:

- NE Youth Coalition of the New England Child Welfare Commissioners and Directors Association; in-person meetings 3 times per year; monthly conference calls; monthly committee conference calls; presentation to Commissioners and Directors of New England States; Committees are Normalcy and Permanency\*, Education, NEYC Growth and Development
- Created and distributed holiday cookie mixes to foster families during our Holiday Gifts Distribution
- Jim Casey Youth Opportunities Initiative: Youth Leadership Institute
- Serve as youth voice for the Now is the Time Healthy Transitions Grant and with work on the development of the social marketing campaign for the Healthy Transition Project.
- Foster Youth Shadow Day at the US Capitol (One-member shadowed Rep. Langevin for the Day.)
- Spoke at the Annual Foster Forward Gala
- Spoke at the DCYF Provider Summit
- Participated on a panel for several trauma-informed trainings for providers
- Created centerpieces for the Annual Thanksgiving Dinner
- Hosted a refreshment table and volunteered at the Foster Forward Haunted House
- Volunteered at the Foster Parent Appreciation Event
- Provided feedback for a Yale University survey tool on permanency and youth voice in case planning
- Participated in Yale University focus groups on permanency and youth voice in case planning
- One member has been trained as a Youth Advisor for NYTD national site visits

- Interviewed as part of PBS foster parent recruitment video
- Presented on Normalcy during the “Transforming the Care of Children and Youth in RI” conference
- Participated on a panel during the Parent Support Network annual conference
- Participated in workgroup providing feedback for Prudent Parent Standard training curriculum

**FY 2017:** John Scott, DCYF’s Community Liaison, meets monthly with “The Voice” and participates in their monthly meetings. This provides an opportunity for ongoing dialogue and allows John to bring information back to the Department about youth’s experiences in care. DCYF staff involved with our Diligent Recruitment Grant (Max Fetissenko) also meet The Voice to inform them about his work and members have been incorporated into workgroups and other related discussions. On Monday March 13, 2017 Trista Piccola, DCYF Director met with the Voice soon after her appointment to introduce herself and answer some questions for Voice Members. Mike Burk, Administrator, John Scott, Community Liaison and other staff regularly consult with members of the Voice on a variety of topics and issues.

Members of the Voice participated in the following activities:

- NE Youth Coalition of the New England Child Welfare Commissioners and Directors Association; in-person meetings 3 times per year; monthly conference calls; monthly committee conference calls; Committees are Normalcy\*, Foster Parent Recruitment, and Education
- Presented at the Child Welfare League of America conference as part of NEYC
- Jim Casey Youth Opportunities Initiative: Youth Leadership Institute
- Hosted annual BBQ for all youth in care
- Spoke at the Annual Foster Forward Gala
- Spoke with Casey Family Program members at their local event
- Participated on a panel for a Junior League of RI hosted event on raising community awareness for foster care
- Participated on a youth panel for the RI Family Court Conference
- Spoke to Junior League Members regarding experiences in foster care
- Hosted a refreshment table and volunteered at the Foster Forward Haunted House
- Trained as trainers on the Prudent Parent Standard training curriculum
- Met with folks from DCYF to provide feedback and creative ideas on their official foster parent recruitment campaign.
- Met with a few family court members to provide consultation for new pilot program at the court
- Participated in focus groups regarding the extension of foster care to age 21
- Met with DCYF regarding foster care to 21
- Helped Foster Forward staff at the First Annual Walk to Raise Awareness
- Regularly participated in meetings of the RI Coalition for Children and Families regarding voluntary extension of foster care to age 21
- Contributed to the Every Student Succeeds Act (ESSA) Public Forum
- Participated on a panel for a Child & Family foster care symposium
- Volunteered at the annual Holiday Gift event
- Testified before the Senate and House Finance Committees on the Young Adult Voluntary Extension of Care Act
- Participated on a youth panel at a Family Court Training on transition planning and prudent parenting standards
- Voice members continuously support and attend door-openers, focus groups, and workshop

opportunities provided by CYS.

- The Normalcy and Permanency committee and the coalition have created a regional definition of normalcy and “The Normalcy and Permanency Bill of Rights” which has been approved by NEACWCD.

**FFY2018:**

Members of the Voice participated in the following activities:

- NE Youth Coalition of the New England Child Welfare Commissioners and Directors Association; in-person meetings 2 times per year; monthly conference calls; monthly committee conference calls; Committees are Normalcy\*, Foster Parent Recruitment, and Education
- Jim Casey Youth Opportunities Initiative: Youth Leadership Institute
- Spoke at the Annual Foster Forward Gala
- Spoke to Junior League Members regarding experiences in foster care
- Met with DCYF regarding extension of foster care to 21
- Volunteered at the annual Holiday Gift event
- Testified before the Senate Finance Committees on the Young Adult Voluntary Extension of Care Act
- Participated in the Governor’s Press Conference on care to 21
- Distributed fliers and roses to legislative officials at the Statehouse regarding the importance of investing in youth in care and foster care to 21
- Hosted Prom Dress Collection & Distribution
- Hosted a recruitment game night
- Coordinated with DCYF to have Director Piccola sign the Normalcy Bill of Rights for youth in care in RI
- Participated in Bi-partisan small committee meetings on Extension of Care at the Statehouse
- Participated in a 2-day REEI meeting with DCYF and foster parent recruiters from across the state to come up with a new foster parent recruitment strategy
- Spoke on a panel at DCYF Foster Parent Recruitment Weekend
- Voice members continuously support and attend door-openers, focus groups, and workshop opportunities provided by CYS.

**FFY 2019:** Members of the Voice participated in the following activities:

- Meetings with DCYF and the Office of the Child Advocate regarding the VEC program.
- Voluntary Extension of Care Interagency State Implementation Team:
- Hosted a Prom Dress collection and distribution.
- NE Youth Coalition of the New England Child Welfare Commissioners and Directors Association; in-person meetings 2 times per year; monthly conference calls; monthly committee conference calls; Driving to success committee.
- Met twice with Fernanda Watson, DCYF CFSR Administrator, to discuss the CFSR process, obtain input into the CFSR and to provide input into the Program Improvement Plan.

**Goal 6:** Consultation and collaboration with Indian Tribes

- **The Department will continue to build upon the active and positive relationship with the Child Welfare representative of the Narragansett Indian Tribe, which is Rhode Island’s only federally recognized tribe.**

**FFY 2016:** The overall relationship with the Narragansett Tribe has improved significantly over the past year. Several meetings have been held with Tribal leaders related to child welfare issues and Mike Burk, Administrator for Youth Development and Educational Support Services has been involved in most meetings. Dialogue includes discussion around Chafee funded program areas and how we can ensure the needs of the Narragansett Tribe are met. Plans are now being finalized to begin a series of trainings to be conducted by the Narragansett Tribe regarding the Indian Child Welfare Act and what that means to the Narragansett Tribe. The first such training will be conducted in DCYF Region 3 where the Tribal Reservation is located, and the training will be held in the Tribal Community Center.

**FFY 2017:** Mike Burk continues to have a more active role in engaging with the Narragansett Tribe and has been involved in several discussions with them regarding agency wide collaboration in general, as well issues related specifically to youth development services and supports. Mike works closely with the DCYF Tribal Liaison, to ensure effective communication and coordination with the Tribe on programs under his purview. The Workforce Development Division worked with the Narragansett Tribe and held an ICWA training in the Fall of 2016. Mike participated in this training.

**FFY 2018:** DCYF's Tribal Liaison communicates regularly to the Narragansett Tribe about a variety of child welfare, including issues related to CFCIP and ETV programs. All CFCIP services are available to Indian youth who meet the state's defined population for Chafee, as well as for YESS Aftercare Services which are funded solely through state dollars. The Narragansett Tribe has not raised concerns about accessing CFCIP or ETV services. The Narragansett Tribe have indicated on numerous occasions that they do not wish to administer or supervise the CFCIP or the ETV program.

**FFY 2019:** The department continues to work on maintaining a strong relationship with the Narragansett Tribe by holding bi monthly case conferencing meetings. We plan to utilize one of those bi monthly meeting to focus on the services available for older youth in care and youth who may wish to participate in the Voluntary Extension of Care Program. The department has committed to giving notice to the Tribe regarding any meeting held involving any of tribal youth. The Department will partner with the Tribe on any education and training opportunities to best serve them. Our Tribal Liaison, Stephanie Terry, will work with Mike Burk to address youth issues with the Tribe.

**Goal 7:** The Department will improve upon assisting youth in developing personalized transition plans for youth in out of home care.

- **Transition planning will begin 6 months after a youth turns 16 years of age and update every 6 months. A required discharge plan must be in place 90 days prior to being discharged from care. 35% of all youth in out of home care will have effective transition planning in place by October 2015; 60 % by October 2016; 90% by October 2017; Full compliance by 2019.**

**FFY 2016:** The Department currently does not have a mechanism to easily quantify this measure. We are examining all of our data measurement needs and will work to address this need. Additionally, the Department is exploring the recent intent of ACF to provide States with resources to improve data management systems by moving from a SACWIS model to a Comprehensive Child Welfare Information Systems (CCWIS) model as described in the recent ACF Notice of Proposed Rulemaking. Our initial review suggests that, should this rule go into effect, it will provide us with the opportunity to transform our data management system from one that is primarily case management focused to one that provides more robust opportunities for data collection and analysis while still ensuring

quality case management support. If we determine that undertaking this project is feasible, we will incorporate mechanisms to effectively track transition planning.

However, we are actively addressing how to improve our success in this area through an ongoing policy team meeting that includes all direct service areas within the agency in the dialogue.

**FFY 2017:** The Department held information sessions with internal staff on effective transition planning for older youth as it relates to Title IV-E on April 26<sup>th</sup> and 28<sup>th</sup>, 2017 and on June 3<sup>rd</sup>, 2<sup>nd</sup> and 5<sup>th</sup>, 2017. These information sessions were held in the Department's various regions and the areas covered addresses permanency and transition planning issues required by public laws.

In February of 2017, the Department began a transition pilot project within one of the Department's regions. On February 7, 2017 there were 137 youth ages 14-20 open to the region. The Department assigned John Scott, Community Liaison and member of the Youth Development and Education Supports team to locate two days a week in the region to help identify where barriers may exist to effective transition and discharge planning within the region and to actively assist in removing them; to help identify where gaps in services may exist within the region and to actively assist in filling them; outreach to workers to participate in their face to face visits to observe how ongoing transition planning is being discussed with youth 14 years old and older, to be used as a resource for workers as transition plans are developed for family court 6 months prior to youth turning 18 years old and to be an overall resource to workers for transition services and older youth issues for those 137 youth.

**FFY 2018:** The Youth Development Support Services staff continue to provide training regarding youth development, education and transitional services to staff through the Core Trainings coordinated by the Staff Development Unit and identified in the Training Chart above. We also provide consultation directly to staff on youth development and transition issues as the need is identified. With the implementation of the Voluntary Extension of Care, we anticipate an increased focus on this work.

**FFY 2019:** The YDECS staff continue to provide training on youth development and transition planning to new staff in the New Worker Training programs, with one scheduled for early June 2019. We are also ensuring that YDS Caseworkers receive specialized training in areas such as motivational interviewing, adolescent brain development, social capital development, transition planning and asset building. Thus far YDS staff have received such training in workforce development related areas; housing, including tenant/landlord rights; social support benefits through SNAP, TANF, child care assistance and other federal income support services; social capital; and transition planning. Eventually we see this being offered to a wider array of DCYF staff and partners.

**GOAL 8:** Ensure the safety and support of commercially sexually exploited children (CSEC) and to prevent further exploitation by utilizing a multi-disciplinary approach to enhance response, identification, awareness, education, restoration and recovery. Develop and implement a comprehensive State-wide program to strengthen the child welfare response to victims of trafficking. This goal has been revised from the original goal included in the 2015-19 CFSP in order to reflect our refinement of our efforts to address the commercial sexual exploitation of children.

**FFY 2017: Current Activities:**

- Completed Review existing policies, protocols and legislation used in investigations, prosecutions and victim advocacy;
- Participating in existing task forces and meetings with partners and stakeholders related to addressing Commercial Sexual Exploitation of Children;
- Updated DCYF Policy 700.0135 (formerly Runaway policy, now to be called Children Absent from Care/CSEC Policy);
- Drafted Safe Harbor legislation for CSEC victims; Submitted to the Rhode Island State Legislature for approval
- Completed standardized policies/procedures related to monitoring compliance regarding the reporting of missing children to law enforcement within 24 hours for entry into the FBI's National Crime Information Center (NCIC) and the National Center for Missing and Exploited Children (NCMEC) as required by the Preventing Sex Trafficking and Strengthening Families Act;
- Completed standardized policies/procedures related to reporting the total number of children and youth who are CSEC victims to Health and Human Services;
- Completed a comprehensive, evidence based CSEC data collection method;
- Completed and implemented a standardized system-wide assessment tool to identify victims and children at risk of sexual exploitation;
- Improving victim treatment, services and placement;
- Providing professional training, outreach and public awareness; Provided mandatory CSEC awareness training to all DCYF employees, Provided Advanced CSEC training to CPS workers (CPIs and Intake workers). "Train the Trainer" CSEC instruction scheduled for August 2016. Working in collaboration with Day One to provide CSEC awareness training to law enforcement, courts, providers, hospitals and the general public.
- Developing a DCYF sponsored informational website and 24-hour contact telephone number to identify/locate/assist potential CSEC victims.
- In the process of hiring a CSEC Coordinator
- Submitting grant proposal for \$1.25 million to self-sustain the CSEC program and computer system upgrades in RICHIST for (5) years. "Grants to Address Trafficking within the Child Welfare Population - HHS-2016-ACF-ACYF-CA-1179"

**FFY 2018: CURRENT ACTIVITIES:**

- Ongoing participation in existing task forces and meetings with partners and stakeholders related to addressing Commercial Sexual Exploitation of Children;
- Updated DCYF Policy 700.0135 (formerly Runaway policy, now to be called Children Absent from Care/CSEC Policy);
- Drafted Safe Harbor legislation for CSEC victims; Submitted to the Rhode Island State Legislature for approval
- Completed standardized policies/procedures related to monitoring compliance regarding the reporting of missing children to law enforcement within 24 hours for entry into the FBI's National Crime Information Center (NCIC) and the National Center for Missing and Exploited Children (NCMEC) as required by the Preventing Sex Trafficking and Strengthening Families Act;
- Completed standardized policies/procedures related to reporting the total number of children and youth who are CSEC victims to Health and Human Services;
- Completed a comprehensive, evidence based CSEC data collection method;

- Completed and implemented a standardized system-wide assessment tool to identify victims and children at risk of sexual exploitation;
- Ongoing improvements to victim treatment, services and placements;
- Providing ongoing professional training, outreach and public awareness; mandatory CSEC awareness training to all DCYF employees, Advanced CSEC training to CPS workers (CPIs and Intake workers).
- Continuous collaboration with Day One to provide CSEC awareness training to law enforcement, courts, providers, hospitals and the general public.
- Developing a DCYF sponsored informational website and 24-hour contact telephone number to identify/locate/assist potential CSEC victims.
- Hired a Human Trafficking Outreach Specialist through a VOCA Grant.

**FFY 2019: Current Activities**

- Ongoing participation in existing task forces and meetings with partners and stakeholders related to addressing Commercial Sexual Exploitation of Children
- Implemented a standardized system-wide assessment tool to identify victims and children at risk of sexual exploitation.
- Ongoing improvements to victim treatment, services and placements.
- Providing ongoing professional training, outreach and public awareness; mandatory CSEC awareness training to all DCYF employees, advanced CSEC training to CPS workers (CPI and Intake workers)
- Continuous collaboration with Day One to provide CSEC awareness training to law enforcement, courts, providers, hospitals, and public.
- Special Investigation Unit collaborates with all DCYF staff to recover all missing youth.
- Provided CSEC 101 training in collaboration with the RI Human Trafficking Task Force to 350 Community members.
- Integrated a Human Trafficking Prevention Coordinator into CPS.
- Human Trafficking Prevention Coordinator is available 24/7 for case consultation for all DCYF staff.

TABLE 6. CFCIP FFY 2017 BUDGET		
FFY 2017 Allocation		\$554,875
Revenue/Expenditure Description		Amount
Consolidated Youth Services		\$554,875
IL Coordinator/Youth Development Support		
Audit		\$362

TABLE 7. CFCIP 2016 ALLOCATION

<b>FFY2016 Allocation</b>	\$586,562
<b>Revenue/Expenditure Description</b>	<b>Amount</b>
<b>Consolidated Youth Services Program</b>	\$586,562
<b>IL Coordinator/Youth Development Support</b>	
<b>Audit</b>	\$ 328

It should be noted that the total annualized budget for the Consolidated Youth Services Program for FY 2017 is \$2,294,284 with \$554,875 of this funded through CFCIP funds and \$1,739,409 of this funded through State General Revenue funds which is dedicated to YESS Aftercare Services. The additional CFCIP funding in each program year is used to support salaries and administrative costs associated with staff working to provide continued youth development support.

#### Child and Family Services Improvement and Innovation Act of 2011

This act requires that each child in foster care under the responsibility of the state who has attained 14 years of age receives without cost a copy of any consumer report (as defined in Section 603(d) of the Fair Credit Reporting Act) pertaining to the child each year until the child is discharged from care and receives assistance (including, when feasible, from any court-appointed advocate for the child) in interpreting and resolving any inaccuracies in the report.

DCYF has made some strides in providing credit checks for youth in foster care that are 14 or older. As of April 3, 2017, the Department has signed agreements with all three CRA's. As of May 12, 2017, the Department has run test batches with both Transunion and Equifax. The Department has not completed the testing process with Experian.

In February of 2017, a Draft Agency Protocol for Credit Check Roles and Responsibilities was developed and will be finalized once the credit check window in RICHIST is complete. Preliminary discussions with workers have been held with DCYF staff during the information sessions the Department held with internal staff on effective transition planning for older youth as it relates to Tile IV-E on April 26<sup>th</sup> and 28<sup>th</sup>, 2017 and on June 3<sup>rd</sup>, 2<sup>nd</sup> and 5<sup>th</sup>, 2017. These information sessions were held in the Departments various regions and the areas covered addresses permanency and transition planning issues which included credit checks for youth ages 14+.

The Department launched the annual credit checks in July 2017. An unduplicated count of youth included in the 980 credit report inquiries performed between 7/21/2017 and 3/26/2018. Of these 980 youth, 926 (94.5%) resulted in "no record found" from each credit bureau. Of these 980 youth, 54 youth (5.5%) were identified as having issues that needed to be resolved by at least one Credit Reporting Agency (CRA), of which 37 (3.8%) were corrected simply by correcting social security numbers and/or addresses. This leaves 17 (1.7%) that had more substantive issues identified by at least one CRA which we are working to resolve.

In order to run these credit checks, the Department used a 256-bit encrypted secure thumb drive. This drive was inadvertently thrown out in April 2018. After confirming that it was not recoverable, notifications were made to the RI Division of Information Technology (DoIT), the RI Executive Office of Health and Human Services, the RI Attorney General, the US Social Security Administration, and each of

the three credit reporting agencies. Due to the encryption level of the device, it was not considered a breach but, out of an abundance of caution, the Department chose to notify all of the individuals whose information was contained on the thumb drive were notified. Since that time, DoIT determined that they wanted additional levels of protection and therefore we have been unable to run additional checks for April, May and June 2018. We are hopeful that we will have a solution soon and will run those checks when the solution is implemented.

The department continues conducting annual credit checks on all foster youth age 14 through 17. 629 credit report inquiries were performed between July 2019-March 2019. Of these 629 youth 588 resulted in “no issue” from each credit bureau. 41 were identified as having issues, 9 out of the 41 were identified as having an address or Social security number discrepancy. 32 have an issue that needs to be resolved with the credit reporting agency. 4 out of the 32 remaining have been resolved with the credit bureau, we will continue to work on resolving the remaining 28.

### Chafee Education and Training Voucher Program

Rhode Island’s commitment to ensuring that foster care and former foster care youth have access to postsecondary educational opportunities continues to grow and expand while at the same time we are addressing some of our shortfalls. ETV funding can be used for any postsecondary educational and training program that is approved by the US Department of Education for Title IV student assistance programs with a cap of \$5,000 per student per academic year. Our Federal Fiscal Year (FFY) 2019 allocation was \$176,866 -new allocation (FFY) 2018 allocation was \$176,426 which reflects a slight increase of \$400.00.

Our DCYF Higher Education Grant Program funding, an annual allocation of \$200,000, can be used only for full-time students attending one of Rhode Island’s three public higher education institutions. There is no per student cap on these state funds. In FFY 2019, seventeen (11) students received state funds totaling \$173,864.00. The Department has been working with Office of the President of the Senate to amend the State law of the DCYF State Higher Education Opportunity Grant Program to increase the number of award recipients.

Youth and young adults interested in receiving postsecondary educational funds must complete their DCYF Postsecondary Education Tuition Assistance Program on-line application. The eligibility criteria for each of the subprograms (DCYF Higher Education Opportunity Incentive Grant and ETV voucher) are based on state and federal laws and regulations and are clearly articulated in the application. Youth who have been placed in subsidized guardianships or adopted on or after their 16th birthday are eligible for ETV funding. The Department treats all funds under this program as the funding of last resort after all other non-loan funding sources (e.g., Pell Grants, scholarships) are considered and uses funds only to cover further unmet need to the extent possible based on available funds and the total number of youths participating.

For six years, the Department utilized the Office of Post-Secondary Education’s Division of Higher Education Assistance’s (OPSE-DHEA), web-based integrated DCYF Post-Secondary Education Tuition Assistance Program (PETAP) Application. The Department was notified in late November 2017 that they no longer have access to this system as the Office of Post-Secondary Commissioner had restructured their Department. The Department has been working with RI Department of Administration in securing a new vendor to develop a web-based integrated system. This web-based system will have all of features that of the past system, but it will be managed by the Department. The system will allow the Department to receive unmet need before loans, make award payments, tracks students who drop out

or reduce credit hours below full or part time and provides a direct mechanism for refunding funds back for students who do not complete the academic semester based on each school's refund policy.

The 2018-2019 Academic Year, DCYF provided each student with funds to cover 100% of their unmet need unless they were eligible for the ETV funds only and hit their \$5,000 annual federally mandated cap. For the 2018-2019, academic year, 34 youth attended school and received funding. This assistance totaled \$253,624 from all funds [ETV - \$173,780.00; DCYF Higher Education Funds - \$104,498]. ETV awards ranged from \$1,000 - \$5,000.00 and DCYF Higher Education Awards ranged from \$1,842 - \$9,614.50. We anticipate our percentage for the 2019-2020, academic year to be between 80% -100% of unmet need.

The following chart shows the actual participation rate for the 2017-2018 Academic Year.

<b>TABLE 8. DCYF POST-SECONDARY GRANT FUNDING FOR ACADEMIC YEAR 2017-2018</b>			
<b>Postsecondary School Attended</b>	<b>Students Receiving State-funded DCYF Higher Education Grant Funds and Federal-funded Education and Training Voucher Grant Funds</b>	<b>Students Receiving Federally-funded Education and Training Voucher Grant Funds Only</b>	<b>Total Number of Student Participants</b>
<b>Academy of Art University</b>	0	1	1
<b>Boston University</b>	0	1	1
<b>Community College of Rhode Island</b>	1	6	7
<b>Johnson and Wales University</b>		2	2
<b>Motor Technical Training Institute</b>		1	1
<b>New Hampshire Technical Institute</b>	0	1	1
<b>Paul Mitchell</b>	0	1	1
<b>Rhode Island College</b>	6	4	10
<b>Salve Regina University</b>	0	1	1
<b>University of Rhode Island</b>	4	4	8
<b>Total Award Recipients</b>	11	22	33

**2020-2024 OBJECTIVES & ACCOMPLISHMENTS:**

- **Identify a mechanism and/or formula to institute a per student per year maximum award amount in order to meet the needs of the greatest number of youth with the available funding.**

The Department will continue to monitor this issue and determine if such a cap is necessary.

**FY 2019:** Ongoing

- **Continue to increase outreach to youth in postsecondary programs who have aged out of care to ensure that they can continue receiving financial supports for their educational program.**

The Youth Development Unit (YDS) is comprised of both the educational and the Voluntary Extension of Care (VEC) services which will allow the staff to work directly together and ensure that eligible students apply for the Post-Secondary Tuition Assistance program. The YDS unit also hosts Door Openers in which educational topics such as college preparation, career pathways, FAFSA, college and DCYF Post-Secondary Tuition Assistance applications will be introduced and completed for those that are eligible.

In addition, with the development of the new web-based application system, we will have access to email addresses on all youth attending school and use that to communicate with them. The Department will send out e-mail blasts to all past DCYF Post-Secondary applications reminding them to submit their DCYF applications. DCYF also posts information regarding eligibility and how to apply for Higher Education funds on the state website and Facebook accounts.

Additionally, the DCYF Educational Services Coordinator identified and sent e-mails to social workers with the names of students still in foster care and eligible for the Post-Secondary Tuition Assistance program. The DCYF Educational Services Coordinator will monitor these students and remind social workers to have the student submit their DCYF Post-Secondary application.

Information is also provided to the Regional Chief of Practice Standards, the RITS Deputy Superintendent, and the Administrator of Juvenile Probation. Announcements and information are also shared during key statewide education meetings such as the RI Transition Council and RI Special Education Advisory Council (RISEAC).

- **The Department will continue its work on developing and implementing stronger support systems at the public and private post-secondary schools and will develop as part of our Youth Development and Educational Supports training program through the CWI components related to enhancing youth success in the post-secondary arena.**

**FY 2019:** In 2014, DCYF partnered with Rhode Island College's (RIC) Learning for Life Program. Learning for Life provides supports for students while attending RIC to help them successfully transition to college. Since then, every young adult who applied for the DCYF Post-Secondary Tuition Assistance Program and identified RIC as their school choice, received an email from the DCYF Educational Services Coordinator explaining the benefits of the Learning for Life Program. In 2015, the DCYF Educational Services Coordinator joined and continues to serve on the Learning for Life Program Board.

DCYF has also partnered with the Community College of Rhode Island - Office of Opportunity and Outreach and Graduate Rhode Island.

The Community College of Rhode Island (CCRI) – Office of Opportunity and Outreach oversees several programs within the community college that assist Rhode Islanders in overcoming barriers to starting and completing college. Some of the programs that DCYF has begun to partner with are:

- Connect to College (C2C) program which aims to increase college readiness for incoming students and create a community of scholars working together towards degree completion. Connect to College provides academic advising, financial coaching, and career assessments

that link directly to college majors and programming, which will aid students in their goal of college graduation.

- Preparing for College is a collaboration between the CCRI and the Rhode Island Office of the Postsecondary Commissioner which targets middle school students and high school students with the goal of informing them about the benefits of planning for their future – either college or career

Graduate Rhode Island is a non-profit organization whose mission is to assist adults with the supports and resources that will help them get back into and through college. Graduate RI provides one-on-one advising, creates educational plans, evaluates transcripts, assists in financial aid and planning. They also ensure that students are connected to the right supports while attending college and will follow them until they graduate.

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

The YDS Unit will host Door Openers to invite community organizations to provide information on career exploration, college planning and college prep workshops. The Department will seek the assistance of the Rhode Island Educational Opportunity Center (EOC), a federally-funded TRIO Program, which assists individuals with applying for financial aid (FAFSA) and completing college admissions applications. The EOC office also provides an array of other services such as: career counseling, GED and English as a Second Language classes referrals, assistance with foreign education evaluations, financial literacy and general educational information dissemination. The EOC Office assists students in gaining access to any college that they are interested in attending.

The Department collaborates will seek the assistance from the Governor’s Workforce Board to provide career exploration through their Youth Career Center. The Youth Centers provide GED preparation, career assessment and goal setting, paid and unpaid internships, job training, apprenticeship, financial literacy and workforce readiness. Many of the Youth Centers are operated by the CCAP agencies that provide additional supports if the student has barriers to employment or training.

**FFY 2019:**

Financial and Statistical Information Reporting

FFY Year 2019: ETV - Award \$176,866; Expended \$173,864.00

TABLE 9. NUMBER OF RECIPIENTS OF ETV FUNDS		
	Fiscal Year	# of Recipients
Initial Voucher	2013	31
Total Participants	2013	82
Initial Voucher	2014	29
Total Participants	2014	51

<b>Initial Voucher</b>	2015	29
<b>Total Participants</b>	2015	48
<b>Initial Voucher</b>	2016	44
<b>Total Participants</b>	2016	90
<b>Initial Voucher</b>	2017	40
<b>Total Participants</b>	2017	69
<b>Initial Voucher</b>	2018	23
<b>Total Participants</b>	2018	47
<b>Initial Voucher</b>	2019	14
<b>Total Participants</b>	2019	33

#### Fund Administration

The Department's application process is now all web-based and award determinations based on the youth's unmet need before loans. We continue to be able to fund at an award percentage of 100% of the student's unmet need unless they are limited to the federal ETV cap of \$5,000.

The Educational Services Coordinator verifies applicant eligibility by examining the youth's record in our RICHIST system, which includes ensuring they meet citizenship/immigration status requirements to receive ETV fund.

#### Annual Reporting of Education and Training Vouchers Awarded

Name of State: **Rhode Island**

	<b>Total ETVs Awarded</b>	<b>Number of New ETVs</b>
<b>Final Number: 2017-2018 School Year</b> (July 1, 2014 to June 30, 2015)	47	23
<b>2016-2017 School Year*</b> (July 1, 2015 to June 30, 2016)	33	14

### *Services for Children Adopted from Other Countries –*

The Department provides adoption preparation and post adoption support services through a Title IV-B funded contract for families who have adopted children through public child welfare systems. These support services are also available for families whose children were adopted internationally. Services include education and support groups, counseling, case management, crisis intervention and respite services. Additionally, the Department offers referral and assistance with linking families with services funded through other state agencies.

### *Services for Children under Age Five –*

The Department makes every effort to ensure that appropriate settings and services are available to meet the needs of all children in care, and particularly as it relates to children under the age of five as these children are often considered the most vulnerable.

As of May 7, 2019, there were 674 children under the age of five in foster care settings. The population of children under five represents as approximately 65% white, 15% multi-racial, 14% African American, less than 1% Asian, less than 1% Native American, and 4% undetermined. Twenty-four percent of children under the age of 5 are Hispanic/Latino. Fifty-two (52%) percent were in relative care, 23% in generic foster homes, 24% in specialized foster care homes, and less than 1% in a pre-adoption placement or shelter. As of June 3, 2018, there were approximately 207 youth under age five who had been in the care of the Department for more than 16 months.

In the previous five years there has been tremendous effort put in to supporting child welfare systems impacting children under the age of five:

1. The Department has invested in two full time staff members who are dedicated to Family Search and Engagement, in order to identify kinship placement options.
2. In December, 2018, the Department launched the initial staffing for Kinship Navigation and Support unit, a team of five front line staff who are able to work with a kinship care provider within a few days of placement. This has helped to stabilize placements and determine the suitability of placement at the onset, which supports expedient permanency.
3. In 2017, the Department initiated a unit dedicated to the Recruitment, Development, and Support of foster parents. Efforts from this unit have resulted in more accurate matching criteria, resulting in more stable placements for young children.
4. Under the leadership of Direct Piccola, all group home and “shelter” style care were closed for children under the age of 12. In its place, an Emergency Response Foster Program was created, ensuring that all children in this age range were cared for in family-based settings.
5. Five full time internal contractors have been hired to expedite the home study process to ensure safety and well-being, with priority focuses on young children.
6. There has been a significant increase in teaming across the Department in an effort to stabilize placements.

7. While there were structural changes that occurred at the beginning of this period regarding permanency services, the Permanency Support Unit has been reestablished, and has staff dedicated to helping facilitate permanency matches between children and families. Since many adoptive parents are interested in adopting younger children, these matching efforts have been successful for this demographic.
8. Recruitment efforts have resulted in a ~25% increase in non kinship foster homes, many of whom are seeking placement of children under the age of five.
9. A standardized tool, based upon the CANS, to determine Level of Need has been developed for children 0-5, with final algorithmic adjustments.

In FY 2017 several key efforts have continued to support children under 5 involved with RI DCYF. With the reconvening of the Rhode Island Children's Cabinet in FY 2015, ongoing planning has continued in an effort to that support the needs of children Birth to 5 in the child welfare system. The Children's Cabinet is a group of high-level state department directors that meet monthly to work toward implementing policies and programs to better meet the needs of Rhode Island's most vulnerable children. The Children's Cabinet has had guided the development and implementation of the Governors Birth to 3<sup>rd</sup> Grade Reading Plan which seeks to raise the rate of 3<sup>rd</sup> grade reading proficiency to 75% by the year 2025. This cross-system effort has developed a strategic plan and metrics to measure progress toward this goal that includes intentional efforts on behalf of the needs of young vulnerable children in the child welfare system.

The previously established Getting to Kindergarten initiative that was part of the Rhode Island Children's Cabinet, has now been leveraged into a three-year privately funded grant to support the needs of the youngest children in the child welfare system. In July of 2017 RI DCYF applied for and was awarded a three-year \$ 415,000 grant from the W.K. Kellogg Foundation in Battle Creek Michigan. This initiative seeks to establish and maintain a dedicated focus on the developmental and educational needs of children birth to 5 involved with the department. The goals of this grant initiative include:

- Improving access to developmental screening, evaluations and supportive services for children Birth to 5 involved in the Rhode Island child welfare system.
- Improving access to high-quality early care and education services for children in foster care.
- Provide cross-system training to both the child welfare and early childhood workforce.

Progress toward the stated goals of the grant are detailed in the narrative below.

Grant funded staff that directs the Rhode Island Getting to Kindergarten Initiative provides consultation to casework staff in all four DCYF regional offices to serve as a link to early childhood programs and service capacity as well as facilitating referrals to specific evidenced-based Home Visiting programs. This staff person also coordinates the data system, policy initiatives and the CAPTA Liaison position that ensures that children 0-3 who are victims in indicated incidents of neglect or abuse are referred for developmental screening and/or evaluation through the early intervention IDEA Part C system. The goal of these efforts is to ensure that all child welfare involved

or at-risk children 0 to 5 are provided with the developmental supports to ensure social-emotional stability and early educational success. Other duties of this staff include development of systems to track children in foster care toward High-Quality Early Care and Education opportunities and attend cross-system meetings with state agency partners to ensure that systems that support children in the child welfare system and well-coordinated.

The Getting to Kindergarten initiative is also working to address the system level planning for screening, assessment and service delivery needs of child welfare involved children age birth to five. A cross-system work group has been convened and had begun planning for the development of an integrated electronic referral and tracking system to ensure that children referred to developmental screening and evaluation are to the greatest extent possible successfully engaged in these critical services. This system will support the newly revised Early Childhood Service Referral Policy that has resulted in an increased rate of referral of children involved in indicated cases of abuse/neglect. Since implementation of this revised policy in the spring of 2018 the department has sustained an average referral rate well above 90% for the Birth to 3 population subject to the CAPTA mandate.

The department has continued working with the RI Department of Education to implement plans to ensure that Child Outreach Screenings are administered more effectively with children in foster care between the ages of 3-5 years old. As part of the Getting to Kindergarten Initiative DCYF data development staff has completed and tested a system to systematically identify children 3-5 years of age who are identified as victims in indicated cases of abuse/neglect. This system functions similar to the data system that supports referral for the birth to 3 population. With the capacity to generate weekly and monthly reports from the developed system, grant staff has begun to implement processes at a regional level to increase rates of access to Child Outreach Screening for children age 3-5 in the foster care system. Grant staff will generalize these strategies to all DCYF involved populations age 3-5 years old as the grant progresses.

#### Targeted Services:

- **Early Intervention and First Connections Developmental Screening:** The Department makes referrals where appropriate to Early Intervention and developmental screening service providers. During the calendar year 2018 RI DCYF referred 229 children to the Early Intervention program and 645 children to the First Connections developmental screening program who were involved in an indicated case of maltreatment. These referrals represent 917 referrals combined and represents a 93.5% referral rate of all the children birth to 3 who were indicated victims of neglect or abuse. The increase in referral rate from 82% to 93.5% can be directly attributed to implementation of the revised Early Childhood Service Referral Policy. Another 347 children were referred by RI DCYF Child Protective Service (CPS) for non-indicated CPS cases. There were 43 children who were already involved with Early Intervention prior to their CPS investigation.
- **MIECHV and Early Head Start Home Visiting Services:** As a continuation of the work of the Rhode Island Getting to Kindergarten Initiative, grant staff has continued to promote and facilitate referral to the MIECHV Home Visiting programs. These programs include Nurse Family Partnership, Healthy Families America, and Parents as Teachers as well as Early Head

Start. During the calendar year 2017 grant staff had facilitated 57 referrals to various programs that serve the prenatal and under one-year-old population. DCYF staff also make direct referrals to community providers of these services so the actual number involved is much greater. These referrals have continued into 2019 and further strategies are being developed to utilize this resource for families where this level of care is appropriate. As of June 2019 grant staff has continued working strategically to case match resources in Early Head Start and the Parents as Teachers Programs for families where children age 1 to 3 years old are reunifying home with parents. These supports can add protective capacity for families and provide transitional support that can remain with the family long after formal child welfare involvement ends.

- **Neo-Natal Abstinence Syndrome Task Force:** The Neonatal Abstinence Syndrome Task Force has continued to focus attention on the needs of substance exposed newborn population involved with the department. With the rates of opiate abuse on the rise both nationally and here in Rhode Island the NAS Task Force has continued to work to build interagency collaboration to better meet the needs of substance exposed newborns both in and out of the child welfare system. This task force has engaged stakeholders from a broad range community providers and state agencies to systematically address this issue. These stakeholders include representatives from Dept. of Health, DCYF, Medically Assisted Treatment providers, OBGYN Practices, Birthing Hospitals, BHDDH (state agency responsible for adult substance abuse treatment and addiction recovery supports) and other Home Visiting and Early Childhood providers. The Task Force has developed three specific workgroups to focus on prenatal referral and supports, hospital protocols, training for community providers. This task force has been central to the development of protocols related to Plans of Safe Care that is mandated by recent CARA legislation. This task force will continue to be active in its work over the next year and seek to strengthen interagency collaboration to support this population. RI DCYF has also reinstated a Substance Use Disorder Liaison position and this staff person has become actively involved in the NAS Task Force work. RI DCYF has continued to utilize revisions to data systems within RICHIST that track substance exposed newborns and specifically infants diagnosed with NAS. This has allowed for better tracking of needs and services referral processes for this critical population.
- **Safe Sleep Workgroup and Training Efforts:** Building on the work done in FY 2018 RI DCYF has continued to partner with RI Department of Health and other community providers to increase promotion of Safe Sleep Practice to families with children under the age of 1 in Rhode Island. Tragically each year a small number of families in Rhode Island experience the loss of a child as the result of an accidental sleep related death. In many of these cases the loss of a child could have been avoided through the use of Safe Sleep Practices that are part of recommendations developed by the American Academy of Pediatrics. While this is not exclusively a child welfare related issue, the department has made a purposeful effort to develop and refine curriculum and deliver said curriculum to DCYF staff and providers so they in turn can provide support to families, foster families and other caregivers caring for

children under the age of one involved with DCYF. RI DCYF has continued to build capacity to promote Safe Sleep Practice by providing additional training to key staff in every division. These key staff provide consultation to line staff in their divisions to better serve families and reduce the risk of infant sleep related death. RI DCYF has trained more than 50 new staff in safe sleep practice to ensure that all new staff have the appropriate content knowledge to support families related to this issue.

- **Early Intervention Interagency Coordinating Council (ICC) Child Welfare Committee:** The Department is represented on the ICC and works with members to promote understanding and better coordination of services involving children under the age of three who are involved with the child welfare system. A Child Welfare Committee continues to meet on an every other month basis to focus attention on improving activities at the practice level between Department social workers and EI providers.

The Goals of this Committee are as follows:

- Ensure coordination of services for referrals from DCYF to EI.
- Review DCYF and EI policies and staff training to ensure all children under 3 with a substantiated case of child maltreatment, who are eligible, are referred to EI.
- Improve data collection on this population as well as referrals, screening, eligibility determinations and participation in EI.
- Improve the practices of EI providers serving children in foster care to ensure providers are effectively able to address parenting practices with very vulnerable families.
- Identify the resources currently used to meet the developmental needs of children under age 3 with a substantiated case of child maltreatment who are not eligible for EI or whose families do not choose to participate in EI.
- Ensure that EI providers have specific knowledge related to child welfare reporting standards.

The ICC-Child Welfare Committee has continued to play a central role in development of DCYF policy that guides the referral process to Early Intervention services. As a result of the guidance of this group and work integrated with the Getting to Kindergarten Initiative, RI DCYF has developed a dedicated Access Database to track the referral of child welfare involved children birth to 3 to the early intervention service system. These improved data collection processes and implementation of new policy and referral process has demonstrated that there was an ongoing improvement in the referral rate (93.5%) to EI services of children under 3 that were subject to an indicated incident of abuse or neglect. Coordinated efforts will also continue as part of the Getting to Kindergarten Initiative to refer families that are determined as not eligible for EI to other Home Visiting programs that support development and child well-being.

### *Populations at Greatest Risk of Maltreatment –*

Over the past 5 years the Department has identified the population of children who are reportedly at greatest risk of maltreatment as:

- Children age 5 and younger
- Children who are Black/African American, or Hispanic
- Children who are from families with low socioeconomic status
- Children with a family history of DCYF involvement or past history of maltreatment
- Substance exposed newborns
- Victims of sex trafficking

Sex trafficking, Substance exposed newborns and Unsafe Sleep situations were added in the past 5 year period. The following programming and interventions were implemented to address these new populations in 2015-2019.

### **Infant Safe Sleep Program**

Between 2012 and 2016 there were a total of 36 infant sleep-related deaths in Rhode Island. In response to this public health issue, the Rhode Island Department of Health (RIDOH) established a Safe Sleep Program. The Program's work is driven by a Safe Sleep Workgroup, a multi-agency committee that meets monthly. The Workgroup is made up of representatives from RIDOH, WIC, the State's Family Visiting Program, the Department of Children, Youth, and Families (DCYF); the Office of the Child Advocate; and, the Parent Support Network.

Recent activities of the Safe Sleep Program and Workgroup include:

- Through funding from DCYF, over 10,000 *Sleep Baby Safe and Snug* board books in English and Spanish were purchased and delivered to five birthing hospitals throughout the state for dissemination to new families at discharge (completed)
- Assessing current hospital Safe Sleep policies and procedures, and encouraging Cribs 4 Kids certification (in progress)
- Creating Cribs 4 Kids distribution sites at all First Connections agencies to engender a mechanism to provide American Academy of Pediatrics (AAP)-recommended Pack 'n' Plays to families in need (in progress)
- Development of a Safe Sleep training program for professionals who have contact with children and families including: Family Visiting, WIC, Early Intervention, Health Equity Zones, DCYF, first responders, clinicians, social workers and case managers, and early childhood educators (in progress)
- Direct community outreach through local agencies, programs, and public events to distribute Infant Safe Sleep information including refugee communities (ongoing)
- Establishing a Rhode Island Safe Sleep Screening tools for WIC staff, Family Visiting nurses, and first responders (in progress)
- Developing a Safe Sleep Policy template that drives safe sleep competency and professional practice among relevant agencies and organizations (in progress)

### **Attention to Sex Trafficking**

A significant portion of the Governor Raimondo's mission has been to develop a comprehensive program addressing the Commercial Sexual Exploitation of Children (CSEC) within the State of Rhode Island. On July 31, 2015 she issued a Policy Directive to her cabinet, a Call to Action against Human Trafficking. In January 2016, the Governor released the Uniform Response Protocol. In addition, the

Rhode Island Human Trafficking Task Force was created. It is a collaboration of federal, state, and local law enforcement agencies, the USAO and the RIAG, who are dedicated to targeting and prosecuting offenders, dismantling human trafficking rings, and rescuing children and adult victims of human trafficking.

The DCYF Special Investigations Unit (SIU) was created in July 2015, based on results from the initial assessment by the Strategy Team and outside experts. The SIU is responsible for developing and implementing a comprehensive CSEC program. The program has started from “scratch” to address the following issues:

- Review current programs, initiatives, and legislation
- Participate in existing meetings with partners and stakeholders
- Implement/update standardized policies and procedures
- Increase collaboration, coordination, and partnerships with outside agencies
- Develop a comprehensive, evidence based CSEC data collection method and a standardized system-wide assessment tool to identify victims and children at risk.
- Improve victim treatment, services, and placement
- Reduce the total number of children absent from care (CAFC) and locate all long term absent children
- Provide professional training, outreach, and public awareness
- Develop DCYF sponsored informational web site and 24-hour contact telephone number to identify/locate/assist potential victims
- Identify additional funding sources
- Provide weekly updates to DCYF Management

DCYF recently filled a new position, Human Trafficking Outreach Specialist, to work full time with Child Protective Services (CPS) to assist Child Protective Investigators (CPIs) at the very onset of a child victim of sexual exploitation. On daily average, DCYF has 22 youth absent from care without official permission, half of these are from probation and none are missing more than a month or two without being located. DCYF is in the process of implementing policies, procedures, and initiatives to verify, account for, prevent and locate these absent children. The Department classifies a victim up to the age of 18 and 21 if that youth is open to the Department or has a Serious Emotional Disorder or Developmental Delay.

A portion of these children are at high risk to become CSEC victims. During FY-2018, the Rhode Island Citizens Review Panel (submitted by Christine Barron, MD – Hasbro Children’s Hospital’s Aubin Child Protection Center) reported 57 cases of Domestic Minor Sex Trafficking (DMST) up from 55 in FY-2017. The geographic location of Rhode Island on I-95, between New York City and Boston is a common stopover area for illegal drugs, guns, prostitution, and sex trafficking.

As of March 2018, the Special Investigations Unit has reduced the daily average number of absent children to 18-22. Through coordination with law enforcement, Hasbro Hospital, Day One and others, we have confirmed (80) child victims of sex trafficking within the State. Of those, (48) are/were in DCYF care. DCYF has made significant progress using a whole community approach to prevent, educate, and treat CSEC victims.

The Special Investigations Unit is keeping all the required data elements for the CB on sex trafficking victims and will report as required through the NCANDS.

**Provide professional training, outreach, and public awareness:** DCYF is currently providing a multi-tiered mandatory training program for DCYF workers, to include; awareness training for all workers, advanced CSEC training the Child Protective Services Unit (Investigators and Intake workers) and a train the trainer module. To date, the staff awareness training and the advanced CSEC training have been completed. The training was provided by Day One. Day One is the only agency in Rhode Island that is specifically organized to deal with issues of sexual assault and domestic minor sex trafficking as a community concern. They provide treatment, intervention, education, advocacy, and prevention services to Rhode Islanders of all ages—from preschool children to elderly adults. Several speakers from DCYF, Rhode Island Attorney General’s Office, US Attorney’s Office, Homeland Security Investigations (Human Trafficking Task Force), Rhode Island State Police, Providence Police, St Mary’s STARR Project, Gateway, and Hasbro Hospital Panda Clinic presented. The primary audience for the workshop were CPS workers, supervisors, and administrators. Topics included:

- CSEC Victim Presentation
- Rhode Island General Law 11-67 (Trafficking of Persons and Involuntary Servitude)
- Federal Law H.R. 4980: Preventing Sex Trafficking and Strengthening Families Act
- Mandatory Federal reporting requirements (NCIC & NCMEC)
- Rhode Island Safe Harbor Act (2017 -- H 5857)
- DCYF Policies (Child Absent from Care – CAFC & CSEC)
- Victim Centered Approach
- Amber Alert System
- Multi-disciplinary Teams
- Special Investigations Unit (CAFC, Kinship Locator and CSEC)
- CAFC/CSEC Face Sheet
- Victim screening questions
- DCYF CSEC Assessment Tool
- CPS worker responsibilities and requirements
- CSEC Case Studies

### *Kinship Navigator Funding –*

The Department requested FY 2018 funds to support the development of a Kinship Navigator Program, with the following activities:

1. Establishment of a Kinship Advisory Council (KAC) to advise on the systemic and more specific needs of kinship caregivers. The KAC will use data and content area experience to identify a full array of services as well as system gaps, in order to build a navigation system that can assist families to locate and access information and services they need. Proposed stakeholders on the KAC will be:
  - State agencies
  - Community partners
  - Kinship caregivers and former youth

2. Cultivation of a wider capacity for kinship competency among the private agencies and community partners through comprehensive training to include:
  - Expanding the pool of trainers of the kinship model and train-the-trainers;
  - Provider level training on the unique relationship between the child or youth and the kinship caregiver; specifically, addressing bias and myths about kinship caregivers, and specialized needs for kin related to grief and loss, and the complexity of boundaries.
  - Sponsoring a relationship between the RI DCYF and RI's 2-1-1 system, as facilitated through the United Way, to have direct information, resources, and referrals available, for calls from kinship caregivers, to ensure a wider referral to resources. This would also include a direct line between the two agencies to ensure case communication.
3. Development and implementation of an online tool used to maintain and monitor ongoing regulatory requirements, while helping to navigate kinship caregivers through the licensing process and challenges through the life of the placement. This system would be the epicenter for educational and training materials, policies changes, and notifications regarding service changes.

This component will be a critical turning point in our Kinship Navigator System. In partnership with New America's Public Interest Technology Team, a thorough review of the kinship onboarding and support process was conducted. Identified as the most significant challenge to address was the end user experience. Currently, the system used to manage regulatory requirements, licensing, and coordination is paper-based. This causes inefficiency and a higher level of Departmental staffing to focus on the legal requirements of a case, without providing the personalized support that kinship caregivers need in managing their new role. This proposed system would alleviate the efficiency challenges that come with a paper-based system, and would create a hub of new information, and allow a more effective investment of personnel and resources.

Update and create a series of concrete resources, guides, and outreach materials including, but not limited to:

- Update and production of the current Kinship Caregiver Guide to be distributed at time of initial placement;
- Update and production of the Foster Parent Handbook, to reflect kinship caregivers specifically;
- Digital production of kinship orientation, pre-service and in-service trainings.

DCYF has been undergoing significant reform and focus on these activities is crucially timed. A new Request for Proposal has been issued for foster care services including clinical supports for kinship caregivers, with contracts anticipated this fall. Additionally, the Department is currently developing a long-term staffing plan to implement a wide scale Kinship Unit, which will lead the effort in navigation supports through initial placement, licensing and ongoing supports for placement and permanency.

These activities are all in process.

#### *Adoption and Legal Guardianship Incentive Payments –*

The Department foresees no significant barriers to expending the funds we received in FY 15 \$198,750; FY 16 \$327,000; FY 2017 \$889,000 and FY 18 \$215,000. The Department re-procured its service array and funded Teen Focus through Adoption RI for \$338,211 in fiscal years 2018 and 2019. The Department is in the process of issuing an Adoption Services RFP by the beginning of fiscal year 2020. Adoption Incentive funding will be used to support new programming to support Adoption Services.

Teen Focus is a program that includes several evidence-based and evidence-informed best practices to achieve permanency and independence outcomes for teens in care with the permanency goal of Another Planned Permanent Living Arrangement (APPLA). Historically, these youth were not enrolled in any permanency services at Adoption Rhode Island. The primary areas of focus of the Teen Focus program are to (1) keep older youth stable in supportive living arrangements while striving towards legal and relational permanency through adoption, guardianship, reunification, and/or the development of a network of peer and adult supports, (2) achieve educational and vocational goals, and (3) prepare youth for adulthood through life skills development. As part of a multi-disciplinary team, Teen Focus Permanency Specialists work with youth to achieve relational and emotional permanency through family search and engagement and other opportunities to build and sustain lifelong relationships, implementing models such as child-focused recruitment, Darla Henry's 3-5-7 Model for permanency clarification and preparation, and family search and engagement models. Education Specialists support positive educational outcomes for youth, including high school graduation, exploration of post-secondary education and career goals, increased community involvement, and extracurricular activities. The program started through a contract with DCYF in January 2017, with funding for 3 Permanency Specialists and 2 Education Specialists. The program was contracted to serve a total of 54 youth in the first year, with caseloads for Permanency Specialists up to 18 youth (each Education Specialist's caseload reflects half of the total program population). At this time, the program is fully staffed and serves 48-50 clients at capacity. This program is statewide.

#### 4. Program Support –

Rhode Island is a state system that does not utilize a county or regional system. Therefore, no training and technical assistance is provided specifically to counties or regional entities. However, in the 2020 - 2024 CFSP we have included the training and support given to the Family Care Community Partnerships (FCCPs).

Over the past five years DCYF has received technical assistance and capacity building support from the Annie E. Casey Foundation, Casey Family Programs, and the Harvard Kennedy School of Government. DCYF engaged with these partners to receive technical assistance in our implementation and expansion of SDM and EPMs, as well as in the re-procurement of DCYF's service array in 2016.

In 2017 DCYF has added two QA personnel to the Continuous Improvement Division. These reviewers will review in home cases, assist with developing a tool to review quality of physical restraints as part of the Safe Crisis Management training at the RI Training School, and will be ready to help the department as we transition to a State-Led CFSR framework. In addition, the team has also hired a full-time CFSR coordinator. The data and evaluation team continued to support the new procured service array by playing a role in Active Contract Management (ACM). The DCYF team supported by Harvard Government Performance Lab have developed a framework in which the department shares data with providers on outcomes and process measures relevant to the services they provide. The team then works together to find solutions and make improvements on those outcome areas and track progress. This is a concept that has shown good results with our Family Care Community Partners (FCCP).

In 2019, the Department received technical assistance from several outside partners to support our CFSP/APSR goals. These include the Annie E. Casey Foundation and the Harvard Government Performance Lab, who have assisted the Department develop strategies based on best practice and research from other states. This includes assistance in developing strategies to improve family search and engagement as well as the expansion of the Active Contract Management process to congregate care providers. DCYF's Workforce Development division has also collaborated, and will continue to partner with, other state agencies within the Executive Office of Health and Human Services (EOHHS) to access technical assistance on issues like Opioid Usage Issues (BHDDH) and Safe Sleep (DOH) and Fatherhood Programs (DHS/Child Support).

The Department continues to actively pursue re-establishing a partnership with Rhode Island College's School of Social Work (RIC). With the current workload, DCYF's Workforce Development division anticipates RIC will be a critical partner in researching, designing, implementing, and evaluating current and future training programs. In addition, DCYF's Data and Evaluation unit added two epidemiologists to staff to be able to have one epidemiologist support each of the primary areas of the agency; child welfare, behavioral health, and juvenile justice.

The Department has engaged in research and evaluation to monitor progress toward the CFSP 2015-2019 goals and objectives. Below is summary of the highlights of these efforts. The Department research, evaluation and continuous quality improvement for all activities listed below provide a feedback loop in the following ways:

- Monthly data analytic and evaluation meetings amongst DCYF staff
- Active Divisional meetings specific to Department units
- Active Contract Management with providers
- Bi-monthly Executive Office of Health and Human Services PULSE meetings where DCYF data is shared and discussed
- Regular meetings amongst partners and stakeholders (i.e. Family Court, Provider Coalition)
- Monthly data related and solution driven meetings with RI Department of Health
- Weekly, monthly, quarterly dashboards and research data reports and briefs distributed to staff as well as within the CQI related meetings listed above
- Forthcoming, DCYF case review system developed and findings integrated into current Department feedback system

## 5. Consultation and Coordination Between States and Tribes –

The State of Rhode contains one federally recognized tribe within its border, the Narragansett Indian Tribe. The Tribe was federally recognized in 1983 and controls 1,800 acres of reservation trust lands in Charlestown, Rhode Island. They currently have approximately 2,000 recognized members.

The Narragansett Tribe does not operate its own child welfare system and relies on the Department to assist with all aspects of the state's child welfare functions. DCYF and Narragansett Tribe representatives have agreed that DCYF would use its *Implementing the Indian Child Welfare Act* (Policy: 700.0170) as a basis for a State-Tribe agreement. This Policy represents the understanding between the Department

and the Tribe as it relates to the responsibility for providing protections for Tribal children who are in state custody, as referenced in Section 422(b).

DCYF has a standardized process used to gather input from the Narragansett Indian Tribe. This process is based on the Bureau of Indian Affairs (BIA), Indian Child Welfare Act (ICWA), In-Demand Training (2016). DCYF notifies, exchanges information and consults directly, with Tribe representative Winona Harris and Anemone Mars. The DCYF Liaison insures that notification is made to the Tribal Liaison when a family who identifies as Native American enters the DCYF system. In addition, bi-monthly meetings are held to discuss general practice, as well as to review specific families when needed. Regular phone and e-mail contact occurs between Tribe representatives and DCYF staff responsible for the coordination of care and services to each family. Notifications are made to Ms. Harris of all court hearings.

Recent meetings have focused on the new ICWA reporting requirements, awareness training, tribal member verifications, Indian child removal and placement reviews, permanency planning, grant opportunities, Title IV-E issues, among other topics. The Narragansett Tribe and DCYF began a coordinated effort in conjunction with community behavioral health providers to provide support to the Tribe by training tribal members as Peer Recovery Coaches. In addition, efforts are underway to develop treatment services geared toward Substance Use Disorder which partner traditional healing with clinical interventions. The project is in the process of work plan development with the long-term goal of re-establishing the Narragansett Tribe's Safe House as a center of the community where members can meet for peer support. The Department is in process of implementing a practice framework based on family functioning assessment as a means of assessing risk and safety and determining service plan objectives and progress. As a part of the implementation, focus groups are being scheduled and the tools are being screened to ensure race equity. As a part of the development and integration of the tools and practice, Tribal representatives are asked for feedback on the final drafts.

DCYF's *Implementing the Indian Child Welfare Act* (Policy: 700.0170) requires that every child, their parents, or guardians are asked if they are affiliated with a federally recognized Indian Tribe. The response is recorded in the DCYF SACWIS system (RICHIST) and is documented in the case activity notes (CAN). The assigned Supervisor verifies that the CAN has been entered. Once the child is confirmed as a member of a Federally recognized Indian Tribe, the family and Tribe are notified in writing via registered or certified mail with return receipt requested, of all child custody proceedings and placements. The notice is also forwarded to the BIA Regional Director. Active efforts are made to maintain children at home. When this is not possible, all efforts are made, through collaboration with the family and Tribe, to place children with Kin (members of the Tribe). All efforts will be documented in the case activity notes. The Narragansett Indian Tribe has been provided with the draft policy for their input and comments and will be provided with any draft revisions prior to promulgation.

The Narragansett Indian Tribe is immediately notified of any DCYF investigation involving one of their members. All petitions filed by DCYF with the RI Family Court must include documentation as to whether or not a family has identified as being a member of a Federally Recognized Tribe.

Immediate notification of involvement with a family whose members identify as being members of a Federally Recognized Indian Tribe is made to Ms. Harris and/or Ms. Mars. Tribe representatives are notified of and consulted for case planning purposes, reviews and court hearings. Ms. Harris as the contact person responsible for providing child welfare services and protections for Tribal children is the qualified expert witness for the Narragansett Indian Tribe.

Notifications of state proceedings, placement preferences, active efforts to prevent the breakup of Indian family and jurisdictional issues/preferences are documented in the Rhode Island Children's

Information System (RICHIST) and case activity notes (CAN). All correspondence, documents, reports, and other hard copy paperwork will be maintained in the specific DCYF RICHIST casefile.

Specific steps to improve or maintain compliance with ICWA include a memorandum that was distributed to all staff on the Bureau of Indian Affairs Final Rule on ICWA. The Department also began utilizing a new ICWA notification form that is completed by the assigned case manager in consultation with the client. The completed ICWA form is submitted to the DCYF legal office for final review and then sent to the designated Indian tribe(s) by certified mail. The Department will closely monitor worker compliance and document results of this process. The Department will continue to conduct regularly scheduled in-person meetings (every other month) between DCYF and Tribal representatives and maintain monthly contact between Ms. Harris. DCYF will continue to provide ICWA training to all DCYF employees and Tribal representatives.

An update on discussions with the Tribe related to the John H. Chafee Foster Care Independence Program (CFCIP) is described in the CFCIP of this document.

DCYF did send an electronic copies of the 2015-2019 CFSP and subsequent APSRs to the Narragansett tribe for their review and feedback. DCYF will follow up with in-person meetings with Tribal representatives.

## 6. CAPTA State Plan Requirements and Update –

The Child Abuse Prevention and Treatment Act (CAPTA) Plan is incorporated as part of the Rhode Island Department of Children, Youth and Families’ (DCYF) overarching goals in the Child and Family Service Plan (CFSP). In the development of the most recent 5 year CFSP (2020-2024), the DCYF identified the first Goal for CAPTA related activities.

In June 2018 the Department underwent the third round of the Child & Family Services Review. Based on this assessment and the development of the PIP in May 2019 the department with multiple stakeholders developed the five strategic goals for the next five years. With the assistance of consultants from the Harvard Kennedy School Government Performance Lab, the Annie E. Casey Foundation and Casey Family Programs, the

### CHILD AND FAMILY SERVICE PLAN – 2020-2024

Child and Family Service Plan (2020 - 2024) Goals
Goal I: Increase child safety outcomes by investing in prevention and standardizing practice
Goal II: Rhode Island will reduce barriers to achieving timely permanency for children in foster care
Goal III: Rhode Island is committed to increasing well-being outcomes for children and families through family and community engagement
Goal IV: Rhode Island will enhance its Continuous Quality Improvement System to support improving outcomes for children, youth and families that will monitor the implementation of strategies intended to have a positive impact on safety, permanency and well-being outcomes
Goal V: Develop a competent, stable and diverse workforce, focused on frontline workers, through enhanced recruitment, training, and retention strategies

Department undertook a comprehensive top-to-bottom review of agency practices including service delivery, procurement processes, caseload assignments, front-end assessments and other key functions

to develop and implement a comprehensive transformation plan for DCYF. This transformation plan brought forth five (5) key strategic goals:

Goal I: Increase child safety outcomes by investing in prevention and standardizing practice

Goal II: Rhode Island will reduce barriers to achieving timely permanency for children in foster care

Goal III: Rhode Island is committed to increasing well-being outcomes for children and families through family and community engagement

Goal IV: Rhode Island will enhance its Continuous Quality Improvement System to support improving outcomes for children, youth and families that will monitor the implementation of strategies intended to have a positive impact on safety, permanency and well-being outcomes

Goal V: Develop a competent, stable and diverse workforce, focused on frontline workers, through enhanced recruitment, training, and retention strategies

In 2017, Governor Raimondo appointed Dr. Trista D. Piccola as the Director of DCYF. Dr. Piccola launched the Pivot to Prevention in April 2018. This operational direction focuses on preventative services and supports the redirection of resources to prevent out-of-home placement and the misuse of more restrictive levels of care for youth who are not in need of those services. Over the past year, RI DCYF has received valuable feedback about its work and how to ensure better outcomes for Rhode Island's child welfare system.

As the Department moves forward, there is dedication to zeroing in on prevention efforts so that vulnerable families and children receive the support they need when they need it. The considerations around this are farther reaching than DCYF, so the Department has re-engaged with other systems and community partners who are also focused on serious mental health and substance abuse issues, family violence, and poverty in our communities. These issues matter most in the lives of families and children and whether they reach the doorstep of the Department. In addition, our families and children of color who are most adversely impacted by these issues must be the constant lens through which we judge our successes and our failures.

With the agency's focus on Pivot to Prevention, the Department has been assessing its practice as to how the agency responds to families in need but don't necessarily need ongoing services through the Department. Prior to the Pivot to Prevention, Rhode Island had a process to categorize reports that did not meet investigative criteria as Information Referrals. The categorization of Information Referrals lacked consistency regarding the type of response it required or if it even required some type of CPS response. While effective in a number of cases, the process lacked consistency as to which reports were assigned as such and once assigned, how the workers responded. DCYF recognized that the lack of consistency as to how we responded to families and the inconsistent assessment of needs and services to these families required a standardized protocol.

In order to continue to outreach to families for prevention when reports are made which do not meet investigative criteria but there are risk factors evident, the Department incorporated Family Assessment Response (FAR) into the Call Floor screening process. Implementation of Family Assessment Response (FAR) addresses CPS reports that do not meet the criteria for investigation but contain risks and

vulnerabilities. The FAR utilizes the Family Functional Assessment (FFA) tool (as described below) to assess the family's needs. The FAR process then allows for immediate access to home and community-based service options without initiating a case opening with the Department. Also, if a Child Protective Investigator conducts a FAR and determines that there is concern of abuse/neglect, the case can then transition to an investigation. By providing access to services to families through the FAR, families will have services in place to help keep their children safe, resulting in fewer cases opening to the Department and/or requiring court intervention.

To support Pivot to Prevention, the practice approach of RI S.A.F.E. (Safety Assessment through Family Engagement) was recently adopted in late 2017. RI S.A.F.E. standardizes practice related to safety and risk assessment across the agency to:

- Reduce child maltreatment and re-maltreatment
- Reduce entries and re-entries into placement
- Increase the rate of families served by DCYF in-home vs. those served out of home
- Increase diversion from DCYF involvement
- Increase child safety, family stability and well-being through community ownership and prevention

Most importantly, RI S.A.F.E. will engage families, their natural supports, and communities in every step of the process to:

- Link parents to formal services needed to achieve behavioral change;
- Develop natural supports to create the safety net parents will need to manage future crisis; and
- Emphasize prevention strategies to reduce the likelihood of future maltreatment and re-maltreatment

By adopting the practice approach of RI S.A.F.E., staff will be able to identify and evaluate each families' strengths to assess safety and risk. RI S.A.F.E. will also impact service provision, as it will help families get the right services they need because they were assessed and engaged more effectively. The Department will utilize new standardized tools to promote consistent decision making and ensure safety and risk are assessed and managed uniformly throughout the life of the case. The new standardized tools that the Department is implementing are called the Family Functional Assessment (FFA) and the Ongoing Family Functional Assessment (OFFA).

The Family Functioning Assessment (FFA) includes deliberate information gathering related to specific areas of caregiver functioning to determine if children are unsafe in their caregiver's home. When children are unsafe, the Safety Plan Determination process contained in the Family Functioning Assessment provides a structured, systematic mechanism ensuring that the least intrusive, sufficient safety plan is implemented. The FFA identifies the types of services required to allow children to be maintained in their home and if removal must occur, the FFA clearly outlines the reason removal was required. The FFA Safety Planning process integrates family supports, clearly identifies roles and responsibilities and requires an assessment of the safety plan participants. When safety plans are warranted, SAFE requires consistent reassessment of caregiver functioning and child needs. The Ongoing Family Functioning Assessment, Case Plan Facilitation, Conditions for Return and Caregiver Progress Assessment are the model components that assure children are safe while diligent efforts occur to reach permanency in a timely manner. Safety, progress and the need for additional or different interventions at specific points in time are measured in a consistent manner of assessing functioning.

The Ongoing Family Functional Assessment (OFFA) is intended to build partnerships with caregivers to identify and seek agreement regarding what needs to change related to child safety, permanency, and well-being, and to develop service plan goals using the parents' input and language that will enhance caregiver protective capacities and address child needs. The OFFA tool links to the service planning process with the family. Once Social Caseworker II's and caregivers develop the service plan, change focused contact occurs resulting in the caregivers taking action to enhance diminished caregiver protective capacity by achieving service plan goals. The mission of SAFE is to support and restore caregiver responsibility for the safety of their children. This includes emphasizing and supporting Caregiver accountability and involvement in meeting their children's needs during the change process. Parental involvement is a key principle of SAFE. The OFFA assesses children's educational, physical, emotional and behavioral needs and services are provided to meet those needs. The OFFA also includes a caregiver progress assessment which will be completed every 90 days after service plan development. The caregiver progress assessment will help to determine the status of services to meet the child's wellbeing needs.

A key component of the FFA and OFFA are the importance of engagement and collaboration with families. Through the FFA and OFFA training, staff will learn crucial skills to engage families. Staff will learn the five essential qualities of the Information Collection Protocol for Interviewing Families that is family oriented and reinforces consistency in the use of the tools (self-control, lower authority, respectful, genuine, empathetic). Workers are taught core techniques for deliberate information gathering that encourages engagement with families such as attending behavior, asking open questions, paraphrasing, offering encouraging statements, conversational looping, and reflective listening statements. The FFA and OFFA encourages relationship and partnership building between the worker and families by asking parents to join with the worker in making the environment safe so that children can be safely maintained in their homes whenever possible, or if removal is necessary, can be safely returned.

In order to sustain the FFA and OFFA and support agency change, the Department will incorporate Change Champion coaches. Change Champions are front line staff and supervisors from the Family Service Unit, Child Protective Services and Juvenile Probation that were trained in the FFA and OFFA. They are subject matter expert trainers for the FFA and OFFA training and have trained staff on these tools. They will provide coaching and mentoring to staff within the regions by taking a hands-on approach with their peers to assist them in the practical application of the new model but also teaching them the skills that are necessary to engage families in creating the change. The Change Champions will be the leaders who will foster engagement and have ownership of this new system transformation.

#### **CAPTA PLAN**

As reported in previous Child and Family Service Plans, the CAPTA requirements are aligned with the Department's efforts to strengthen its Child Protective Services Division. The CFSR safety outcomes and indicators are integrated into the activities outlined in the CAPTA plan.

The CAPTA Plan focuses attention on strategies to support improvement in the CFSR Safety Outcomes 1 and 2. The Department is known for having a strong Child Protection Division. In the last CFSR conducted in June 2018, however found improvement needed in the timely initiation of investigations and face-to-

face contact occurring in a timely manner. The reviewers had areas of concern relating to repeat maltreatment and regarding the performance on the Safety Outcome 2 measures. The findings in the CFSR related to services to prevent removal not being provided; or key safety concerns not being addressed. There was also concern over a lack of ongoing safety and risk assessments which will be addressed by the FAR, FFA and OFFA.

Recurrence of maltreatment was an area requiring improvement. The Department has and continues to examine the factors associated with recurrence of maltreatment and recognizes those factors are associated with both macro and system level factors. On the macro level, poverty places burdens on families and places them at greater risk to experience maltreatment. In 2017, 82% of maltreatment is neglect. In examining factors associated with maltreatment and repeat maltreatment, children in low socio-economic households marked by receipt of public assistance or a history of financial or housing problems had higher odds to experience another substantiated case of maltreatment than children from non-poor households. Another macro-level factor associated with increasing burden on families, maltreatment and repeat maltreatment is single, female-headed households. The Department's data analysis revealed children in single, female-house households had higher odds of repeat maltreatment than those who were not.

The Department works under the umbrella of the Executive Office of Health and Human Services (EOHHS) to support our sister state agencies in their direct efforts to address poverty issues through enhanced child care subsidies, collaborative efforts to provide workforce development training and improve employment outcomes and to address the housing needs of our clients. On the system-level, the Department incorporated Structured Decision Making (SDM), to provide enhanced structure and objectivity to investigations and their findings. Currently, the Hotline Screening Tool is being implemented. The Department has contracted with Action for Child Protection to develop new risk and safety assessments which are in final development and roll-out. .

Maltreatment in foster care was an area requiring improvement. The Department has conducted studies and analysis as to the factors associated with elevated maltreatment in foster care. Some of the factors found to be associated with maltreatment in foster care include: a) family foster care setting; b) kinship foster families, kinship families where "spanking" was acceptable prior to the grandparent having custody; c) licensing infractions in congregate care rather than and maltreatment event. For example, if a staff member arrived late and the staff to youth ratio was violated, all youth in the congregate care setting were indicated for neglect, maltreatment. Subsequent to this analysis, the Department enhanced training in these areas with providers as well as with Department staff in CPS and licensing.

The Department does have a process for staff to ensure that there are clear, documented safety plans based on investigations and that the viability of safety plans is maintained on an ongoing basis. This is achieved with an investigation response protocol which assigns primary workers to review and formulate plans to ensure that conditions regarding risk and safety can be managed when there is a new investigation on an active case.

The ongoing process that is involved in practice changes is important not only for staff internally, but for the effective operation of the Family Care Community Partnerships where the focus is on ensuring community-based providers are able to understand and meet the need for timely, relevant services that can be particularly helpful in reducing the risk of maltreatment or re-maltreatment. The FCCPs represent the Department’s implementation of a differential response for situations that do not warrant legal status involvement with DCYF – where families have been the subject of a child protection investigation and it has been determined that there is no child protection issue to warrant removal of their child(ren) from home; and, where community-based services and supports may be offered/accessed to provide appropriate assistance to families. These cases are referred to the FCCPs which are designed to link families with effective interventions and supports through community-based networks.

The department just completed the 2018 CFSR review and have an approved PIP.

### CAPTA STRATEGIES

Safety Outcome 1 - Children are, first and foremost, protected from abuse and neglect.		
Indicator	Activities	Status
Item 1: Timeliness of investigations of reports of child maltreatment	<ul style="list-style-type: none"> <li>Develop a reporting mechanism to monitor the documentation of attempted contacts in an investigation with the ability to view data by investigation type, investigation unit, and worker.</li> </ul>	In Process
	<ul style="list-style-type: none"> <li>Generate CPS timeliness data reports and distribute to divisional administrators and supervisors.</li> </ul>	In Process
	<ul style="list-style-type: none"> <li>Establish regularly scheduled supervisory meetings between division administrators and supervisors to review timeliness data reports to monitor compliance with policy timelines.</li> </ul>	In Process
	<ul style="list-style-type: none"> <li>CPS Supervisors will meet with line staff to review timeliness data reports specific to their CPS case assignments. Supervisors will ensure accountability for meeting timeframes for documentation of initial attempt at face to face contact in all routine investigations through weekly reviews of these data reports with their staff.</li> </ul>	In Process
	<ul style="list-style-type: none"> <li>Replace the current child protective services investigation template with the Family Functional Assessment (FFA). The FFA streamlines the input of information into the RICHIST system which will also support more timely documentation of investigation responses.</li> </ul>	Quarter 2 of PIP
	<ul style="list-style-type: none"> <li>Communicate quantitative and qualitative investigation timeliness data results with staff and external stakeholders utilizing the Division of Performance Improvement/Active Divisional Management structure. The DPI/ADM structure will be used to explore any further challenges and provide</li> </ul>	Quarter 6 of PIP

	<p>feedback to make adjustments to the timeliness data reports as necessary</p> <ul style="list-style-type: none"> <li>.</li> </ul>	
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<b>Safety Outcome 2 – Children are safely maintained in their homes when possible and appropriate.</b>		
<b>Indicator</b>	<b>Activities</b>	<b>Status</b>
<b>Item 2:</b> Services to family to protect children in home and prevent removal	<ul style="list-style-type: none"> <li>Implement FA, OFFA assessments at every change of care for children in placement and at reunification</li> <li>CPS Investigators and Intake Staff work with FCCPs to ensure development of Risk Management Plans when necessary to avert families from DCYF involvement</li> </ul>	<p>In Process</p> <p>In place – continuing as part of the FCCP operation in all of Rhode Island – reviewing family service cases weekly.</p>
	<ul style="list-style-type: none"> <li>Maintain co-location in CPS and all Regional locations with community agencies’ staff through collaborative process to assist with family service planning options focusing on community-based support and diversion from DCYF</li> <li>Implement Family Assessment in lieu of investigation to determine service support needs for families</li> <li>Enhance community-based service referrals through work with FCCPs</li> </ul>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>
<b>Item 3:</b> Risk and safety assessment and management	<ul style="list-style-type: none"> <li>Refer all children under the age of 3 who are victims of an indicated case of abuse and/or neglect for a developmental screen to determine eligibility for Early Intervention services</li> </ul>	Ongoing
	<ul style="list-style-type: none"> <li>Train CPS, FSU, and Juvenile Corrections staff on a structured systematic safety assessment process utilizing the RI SAFE practice framework and the FFA so that they will be able to better and more consistently assess risk and safety, assess family needs, and refer for services for all families screened in by the CPS hotline. The training will be conducted by the Change Champion Coaches who are content experts on the RI SAFE Practice Framework and FFA tool.</li> </ul>	<p>In Process</p> <p>In Process</p>

<b>Safety Outcome 2 – Children are safely maintained in their homes when possible and appropriate.</b>		
<b>Indicator</b>	<b>Activities</b>	<b>Status</b>
	<ul style="list-style-type: none"> <li>• Modify RICHIST to incorporate the FFA. The FFA will replace the current investigative template so that staff will use the new format and tool for all responses which will bring consistency to the response from front line staff.</li> <li>• Launch use of FFA through a soft roll out with Family Assessment Response cases in CPS. Staff and Change Champion Coaches will provide preliminary feedback regarding its usability and accuracy in assessing risk and safety in the field. This feedback will be used to make improvements to the tool and its use.</li> <li>• Launch use of FFA in all responses to cases screened in by the CPS hotline utilizing the Change Champion Coaches. Change Champion Coaches are front-line staff who have been trained in the RI SAFE Practice Framework and FFA. They will assist staff in the field with ongoing training and support to ensure the successful implementation of FFA.</li> <li>• Obtain feedback from staff through the Change Champion Coaches with input from line staff on usability and feasibility of the FFA Tool so as to make improvements to the tool as needed.</li> <li>• Utilize results of the CFSR case review process to verify the quality and consistency of safety plans that were completed with the FFA tool.</li> <li>▪ Communicate quantitative and qualitative data results with staff and external stakeholders specific to the quality and consistency of initial safety plans through the FFA utilizing the Division of Performance Improvement/Active Divisional Management structure. The DPI/ADM structure will be used to explore any further challenges and provide feedback to make adjustments to the tool in RICHIST as necessary</li> </ul>	<p>In Process</p> <p>Quarter 3 PIP</p> <p>Quarter 4 PIP</p> <p>Quarter 6 PIP</p> <p>Quarter 7 PIP</p>

**Referrals for Early Intervention and Developmental Screening –**

<b>Number of Children &lt; 3 Involved in a CPS Investigation in CY 2018 Referred for Services (as of Dec. 31, 2018)</b>				
# Indicated referred to or already involved in an EI Program.	272	# Indicated referred to First Connections for screening.	645	Indicated Referred 917 <b>93.5% Referred of 980 Indicated</b>
# Non-indicated Referred to an EI Program.	183	# Non-indicated Referred to First Connections for screening.	164	<i>Total Non-indicated 347</i>
				<i>Total All Referred</i>

The intake referral process for facilitating referral to early

Total referred to Early Intervention (EI) Program	455 (36%)	Total referred to First Connections for screening.	809 (64%)	1264
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intervention services was established 13 years ago. This process involves a nurse who is also recognized as a Part C provider under the Individuals with Disabilities Education Act (IDEA) working with DCYF Child Protection Services and Family Services Unit staff to assist in facilitating screening and evaluation for developmental delay consistent with CAPTA mandate. Rhode Island has both a formal Part C provider network (Early Intervention) as well as a dedicated developmental screening program (First Connections) that are designed to identify and meet the needs of children birth to 3 that have or are at risk of having a developmental delay. The First Connections program also provides key linkages to community resources and supports for families with children birth to 3 years old.

In calendar year 2018, there were 980 children birth to 3 who were involved in indicated cases of abuse and neglect. Of these 980 children involved, 94% were referred to either First Connections for developmental screening or Early Intervention for full evaluation based on identified needs at the point of completed investigation. This determination is made by the CAPTA Liaison nurse who also supports the referral to a formal evaluation based on the results of completed screening. For children screened and determined to not need a formal evaluation, the First Connections program often seeks to refer the family to other programs that support early childhood development. These programs include Early Head Start and the MIECHV funded Home Visiting programs.

In addition to the mandated referral of indicated victims, DCYF referred an additional 347 children who were identified in unfounded investigation or were siblings/family members in households where an investigation took place but no incident of abuse or neglect was determined. These children received the benefit of screening and or evaluation to support their early development and provide stabilizing support to their family.

The Department continues to work collaboratively with the Executive Office on Health and Human Services as well as the RI Department of Health to identify ways to improve communication and coordination of the referral process and services to children and families. These two state agencies administer the Early Intervention and First Connections programs respectively. Building on the development and implementation of the revised Early Childhood Service Referral Policy, The department has begun a collaborative cross-system effort to build a referral and tracking data system to support and manage the CAPTA referral process. A cross-system group of data and program management staff began meeting in the latter part of CY 2018 and will continue to meet bi-monthly over the next year. This group has initiated development of the cross-system referral and tracking system and has begun an interim process of tracking the outcome of referrals to First Connections and Early Intervention. Development of this system will ensure that the department and its cross-system partners will be able to maintain awareness of the rate of engagement in supportive services following a CAPTA referral. This process and system will allow the department to shift and manage practice approaches to better attend to child safety and child well-being related to the vulnerable population. This work is also being developed in collaboration with the statewide EI/ Child Welfare Workgroup in order to include input by all stakeholders involved in the process.

During the course of 2018 the Rhode Island Children’s Cabinet has continued to focus attention on the needs of young children in the child welfare system. This is a group of high level state department directors that meet monthly to work toward implementing policies and programs to better meet the needs of Rhode Island’s most vulnerable children. As a part of the Children’s Cabinet work, the department has entered into the second year of the Rhode Island Getting to Kindergarten Grant funded by the W.K. Kellogg Foundation in Battle Creek Michigan. Project grant staff and grant funded financial resources have been dedicated to development of the above mentioned referral tracking system and other related activities to support the developmental and educational well-being of young children in the Rhode Island child welfare system. Grant staff have also begun implementation of a proactive child development awareness campaign in collaboration with the statewide CDC Learn the Signs Act Early program. This effort will establish child development information stations in the lobby of all RI DCYF offices to increase awareness of tracking developmental milestones for the Birth to 3 population. All of the above stated efforts will be coordinated within the Children’s Cabinet Initiative titled Birth to 3<sup>rd</sup> Grade Reading Plan. This plan will work to have a positive impact on the youngest and most vulnerable children in the state in order to dramatically increase the rate of reading proficiently for 3<sup>rd</sup> grade students by 2025. Ongoing training and support of DCYF and community staff will ensure that all children subject to an indicated incident of neglect or abuse are referred for screening, evaluation and services within the early intervention system or other appropriate Home Visiting resources.

### **Child Abuse Prevention and Treatment Act State Plan Requirements and Updates**

1. Describe substantive changes, if any, to state law or regulations, including laws and regulations relating to the prevention of child abuse and neglect, that could affect the state’s eligibility for the CAPTA state grant (section 106(b)(1)(C)(i) of CAPTA).

**Update:** There have been no changes to state law or regulations that affect eligibility.

2. Describe any significant changes from the state's previously approved CAPTA plan in how the state proposes to use funds to support the 14 program areas enumerated in section 106(a) of CAPTA. (See section 106(b)(1)(C)(ii) of CAPTA).

**Update:** No significant changes are proposed to Rhode Island’s approved CAPTA plan.

3. Describe how CAPTA state grant funds were used, alone or in combination with other federal funds, in support of the state's approved CAPTA plan to meet the purposes of the program since the state submitted its last update on June 30, 2018 (section 108(e) of CAPTA).

**Update:** CAPTA funds supported the following program areas FFY 19

- Section 106(a)(10) developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and

the nature and basis for reporting suspected incidents of child abuse and neglect -  
***Citizen Review Panel activities***

- Section 106(a)(13) supporting and enhancing collaboration among public health agencies, the child protection system, and private community-based programs to provide child abuse and neglect prevention and treatment services (including linkages with the education systems) and to address the health needs, including mental health needs, of children identified as abused or neglected, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports – ***Referral process for Early Intervention and other early child development services***
  - Section 106(b)(2)(B)(iii) the development of a plan of safe care for the infant born and identified as being affected by substance abuse or withdrawal symptoms, or a Fetal Alcohol Spectrum Disorder to ensure the safety and well-being of such infant following release from the care of health care providers, including through—
    - (I) addressing the health and substance use disorder treatment needs of the infant and affected family or caregiver; and
    - (II) the development and implementation by the State of monitoring systems regarding the implementation of such plans to determine whether and in what manner local entities are providing, in accordance with State requirements, referrals to and delivery of appropriate services for the infant and affected family or caregiver;  
- ***Hired a part-time Substance Use Disorder Liaison to implement Plans of Safe Care and other related work to support families affected by substance abuse***
4. Submit a copy of the annual report(s) from the citizen review panels and a copy of the state agency's most recent response(s) to the panels and state and local child protective services agencies, as required by section 106(c)(6) of CAPT A.

**Update:** The Citizens Review Panel report and DCYF response are attached.

5. Provide an update on the steps the state has taken since submission of the 2018 APSR and Annual CAPTA Report and the passage of the CARA amendments to implement the provisions in section 106(b)(2)(B)(ii) - (iii) of CAPTA, to address the needs of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder.

**Update:**

The department used the increased funding to hire a part-time Substance Abuse Specialist within Children’s Behavioral Health who will lead the department’s efforts with Plans of Safe Care implementation and monitoring. In addition, this position will work directly with sister agencies in efforts to reduce the effects of opioid epidemic in the child welfare system and Rhode Island.

A Plans of Safe Care workgroup was developed in the spring of 2017 and met several times a month. On this group were staff from the Department of Health; Department for Children, Youth and Families (DCYF); Behavioral Healthcare, Development Disabilities and Hospitals (BHDDH); Women and Infants Hospital, and the Office of the Child Advocate. This group developed the Plans of Safe Care Guidance document and the Plans of Safe Care templates both of which were vetted with birthing hospitals and parent groups.

Plans of Safe Care was implemented for every affected infant and caretaker on July 1, 2018. The five birthing hospitals in the state will send aggregate data on the number of SENs, including the number diagnosed with NAS and FASD prior to release from the birthing hospital, the number of POSC completed, and the number and types of service referrals included on the POSC to the DOH who will send to DCYF. Since being implemented on July 1, 2018, there were a total of 128 POSCs received from birthing hospitals through the RI Department of Health out of a total of 83 babies who were substance-exposed. There were 253 confirmed referral to services.

The Plans of Safe Care workgroup is expanding and being renamed the Substance Exposed Newborn Steering Committee. This committee will look at the Plans of Safe Care data semi-annually and assess trends and barriers of implementation. Data monitoring will include from the birthing hospitals, DCYF and all home visiting programs.

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## 7. Statistical and Supporting Information -

### *Information on Child Protective Service Workforce*

The job description for the position of Child Protective Investigator (CPI) specifies knowledge, skills and abilities relative to the responsibilities involved with child protection activities. CPIs must have a Bachelor’s Degree in a related field; e.g., social work, social welfare, psychology, sociology, criminal justice, law enforcement; AND experience in private or public agencies in the field of human services specific to

providing child protection services to children, or participating in child protection investigations; or providing services to children and their families; or investigating experience in the field of law enforcement in areas primarily dealing with juveniles or related activities.

There are currently 86 staff in the Child Protection Division, 43 of whom are child protective investigators; the others include administrators, supervisors, intake caseworkers, a child support technician and support staff. 7 of the 14 Supervisors have Master's Degrees and all have Bachelor's Degrees. Of the 43 investigators, all have Bachelor's Degrees and 13 have Master's Degrees. The CPS staff are comprised of 20 male and 23 female; the average age is 42. There are 15 minority staff among the child protection investigators which includes 7 African American and 8 Latino. The rest are Caucasian. The average monthly caseload per investigator reflects 20 completed investigations per month. The CPS division completes an average of 8,000 investigations annually.

Since our last CAPTA report, Workforce Development (WFD) and Administrative Staff within Child Protective Services(CPS) have continued to work on a comprehensive Child Protective Services Training Program; a standardized initial training curriculum for new staff, ongoing training for Child Protective Investigators and Supervisors, and the beginning of a formal Supervisor Training Curriculum for new and existing CPS administrators & supervisors.

### *Pre-Service Training program for Child Protective Investigators*

In last year's report we indicated that WFD had re-established and began administering a comprehensive pre-service training curriculum for new CPI's. We also reported that due to a change in hiring practices we needed to shift from large classes of newly hired staff to a rolling hiring (potentially every 2 weeks) plan. This has made us modify and adapt our training model to meet the needs of smaller pre-service groups. We have kept to the same pre-service curriculum requirements but have had to be more creative in combining "hiring groups" so that new CPI's still get the group learning experience that we feel is essential in a pre-service program.

The inclusion of a CPI Supervisor in our pre-service model has been beneficial in the pre-service training program. Historically we have had a "transfer of learning" problem as the connection between CPI classroom and field has been difficult to achieve. The addition of the CPI Supervisor Instructor has shown signs of addressing the long-standing need to bridge our comprehensive classroom training with on the job training. CPI hiring stabilized in mid-2018 and class sizes have been in the three to five range. This has allowed for more direct supervision by the CPI Supervisor Trainer. As Social Caseworker II also are using the rolling hiring plan new CPI's can be quickly placed into "mixed classes" CPI & SCWII's much easier which helps both classifications understand the duties and responsibilities of each position.

It has been almost a year since this model has been put in place and immediate feedback from new hires has been very positive. We are waiting to review retention data to see if this work has assisted in improving the overall retention of new hires.

### **Child Protective Services Staff In-Service Trainings**

CPS staff are also eligible to take part in WFD's In-Service training offerings. These trainings either directly impact their current work practice or assist them in understanding the various changes that are occurring in the agency and community.

This past year WFD has offered the following trainings to CPS Staff:

Safety Organized Practice: The Questions (1 day)  
Safety Organized Practice: Harm/Worry/Goal Statement (1 day)  
Safety Organized Practice: Building Networks (1day)  
Safety Tool training (1 day)  
Family Assessment Response (1 day)  
Training of Trainers for Family Functioning Assessment (6 days)  
Family Functioning Assessment (6 days)  
Children's Rights Agreement  
Child Maltreatment  
Engagement & Building Positive Relationships in Child Welfare  
Substance Abuse Case Management, Implications & Treatment Considerations  
Adolescent Development  
Car Seat Safety  
When a Parent has a Mental Illness: Issues & Challenges  
Adoption & Permanency  
Ethics, Confidentiality & HIPAA  
Sexual orientation and Gender Identity: Working with the LGBTQQ Community  
Every Student Succeeds Act (ESSA)  
Opioid Usage, Treatment Resources, & Narcan  
Trauma Informed Child Welfare Practice  
Commercial Sexual Exploitation of Children -Beginner, & Advanced  
Safe Sleep Training  
Youth Mental Health First Aid

### **CPS Administrators & Supervisors Training Program**

This past year the Department has continued to focus on improving the skill sets of our Supervisory and Administrative Staff. We have continued to shift our practice of focusing our first round of trainings on front line staff and have moved towards a training philosophy that provides both Technical and Adaptive trainings to supervisors and administrators first (or at the very least simultaneously with their staff). This practice has shifted the thought process of supervisors from one of "I send my staff to be trained" to one

of “I am a key part of my staff’s professional development”. CPS supervisory staff were key in the development and implementation (Trainers) of our Department’s new practice design Safety Assessment through Family Engagement (S.A.F.E).

Supervisors & Administrators were lead teachers or support in the six (6) day Family Functional Assessment Training. Workforce Development plans to use supervisors and administrators as trainers and supports for the upcoming three (3) day Ongoing Family Functioning Assessment Training. This Training of Trainers (TOT) model will be the new norm for supervisors and administrators.

Workforce Development has continued to work towards developing a Core Supervisor Training curriculum. Through a series of supervisory and administrative focus groups we have been able to identify the key competencies of both Supervisory and Administrative level positions. Those competencies are currently being cross checked with existing trainings with plans to revise, remove, or develop new training to meet the current needs of supervisors and administrators. It is our goal to have a fully operation core Supervisory/Administrative Training program in place in the summer of 2019.

Department has recognized that it can no longer focus on training from the ground up. Training and developing your line staff without investing in your Administrative & Supervisory staff has been counter-productive in our mission to implement sustainable practice models. In the Fall of 2017 WFD rolled out a series of leadership trainings designed to enhance both the day to day skill sets of our Administrative & Supervisory staff as well as trainings designed to build the administrative skills needed for those with future aspirations to run divisions within the department.

You will find below a list of key Supervisor/Administrator specific trainings. It needs to be pointed out that in 2018 not all of the CPS Supervisory Training and Education can be measured in training attendance CPS Administrators & Supervisors have been at the center of almost all of the significant events related to our practice design. Much of that activity has played an important part their skill building. You will find the course titles below:

- Training of Trainers for Family Functioning Assessment (6 days)
- Family Functioning Assessment (6 days)
- Developing Safety Plans
- Racial Equity Workshops
- Facilitative Supervision a two (2) day training (Administrators & Supervisors)
- Group Facilitation a (2) day training (Administrators & Supervisors)
- Ongoing support/coaching on Structured Decision Making two ½ day sessions (Administrators & Supervisors)
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**Re-Establishing our Partnership with an Institution of Higher Learning**

In 2018 the department continued to iron out a partnership with Rhode Island College School of Social Work (RIC). Though the contract was not formally completed until April of 2019 RIC & DCYF did share

resources in 2018. This informal partnership was of assistance in meeting our classroom & computer training needs. The first mission of this new partnership is the review and where necessary, revision of the pre-service training program for CPI staff. This partnership will be seen as a way to enhance workforce development for staff within the department as a whole and CPS in particular. Training delivery models should see dramatic changes. WFD will be working on web based training, Simulation Training Programs, and more interactive classroom/on the job training programming

*Juvenile Justice Transfers -*

DCYF is able to capture the three portals of entry reflective of whether a child has entered care through Child Welfare, Juvenile Corrections or through Children’s Behavioral Health. These data fields in RICHIST allow the department to track case activity of children and families as they move through the system. This mechanism quantifies the number of children and youth who are opened to the Department for abuse or neglect but are later linked with children’s mental health services or juvenile corrections.

<b>Transfers of Youth to JJ</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
# Opening to CW	6072	5701	5709	4738
# Transferring to JJ	49	41	27	21

During FY 2018, our system shows that there were 4,738 youth being activated in our system with circumstances relating to child welfare, compared with 5,709 in 2017. Of that number, 21 were subsequently identified with juvenile justice involvement, compared with 27 last year. Any youth sent to the RI Training School for Youth (RITS) for less than 30 days would remain active on the FSU caseload. These data show a decrease in number of cases opening to child welfare and a decrease in the number of transfers to juvenile corrections in 2018.

*Educational and Training Vouchers -*

See Attachment F.

*Inter-Country Adoptions -*

In FY 2018, there were 10 children flagged as international adoptions who were removed from home largely due to behavioral problems. The youth were from Haiti, Guatemala, Korea, South Africa, Bulgaria, Vietnam, Ukraine and Russia. These youth do not meet the reporting criteria as clarified in the ACF Child Welfare Policy Manual which references that “[s]tates need not report a child who enters foster care after finalized adoption if the parents’ legal rights to the child remain intact.”

One child was adopted from Russia in 2006 through Gift of Life Adoptions and her parents Voluntarily Relinquished their parental rights in June 2018. The youth was having severe behavior problems in the home that led to the dissolution. The teenager is now placed in a pre-adoptive home of her former mentor.

The Department provides adoption preparation and post adoption support services through a Title IV-B funded contract for families who have adopted children through public child welfare systems. These support services are also available for families whose children were adopted internationally. Services include education and support groups, counseling, case management, crisis intervention and respite services. Additionally, the Department offers referral and assistance with linking families with services funded through other state agencies.