

# RHODE ISLAND

## TITLE IV-B FFY 2016 ANNUAL PROGRESS AND SERVICES REPORT



*RHODE ISLAND DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES*

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## INTRODUCTION

The Rhode Island Department of Children, Youth and Families has combined responsibility for child welfare, juvenile corrections and children's behavioral health services. The agency was created in 1980 and is statutorily designated as the "*principal agency of the state to mobilize the human, physical, and financial resources available to plan, develop, and evaluate a comprehensive and integrated statewide program of services designed to ensure the opportunity for children to reach their full potential. Such services shall include prevention, early intervention, outreach, placement, care and treatment, and aftercare programs. The Department shall also serve as an advocate for the needs of children.*" (RIGL 42-72-5).

Through the years, the Department has been guided by strong vision and mission statements that were crafted by a cross-section of the Department's staff. This past year, Department staff have continued the vision and mission statement reflective of the practice transformation that is emphasizing wraparound practice and shared responsibilities for promoting safety, permanency and well-being for children and families:

**Vision** – *Healthy Children and Youth, Strong Families, Diverse Caring Communities.*

**Mission** – *Partner with families and communities to raise safe and healthy children and youth in a caring environment.*

Through multiple programs extending through a range of community-based care to residential treatment, the Department provides child protection, child welfare, children's behavioral health and education, preventive services to children at risk of abuse/neglect, support services for children and families in need, and services for youth requiring community supervision or incarceration due to delinquency. This combined responsibility and service structure positions DCYF quite well for working in concert with other state departments, community-based agencies and family representatives to continuously develop and improve strategies through the Title IV-B Child and Family Service Plan that address fundamental needs of children and families. Responsibility for the Title IV-B Child and Family Service Plan is within the Director's Office.

## DEPARTMENT COMPOSITION

The State of Rhode Island is the smallest in the nation with a population of just over 1 million. The DCYF is a State administered child welfare system with a centralized child protection operation -- one of the strongest in the country with response times for investigations ranging from as immediate as 10 minutes to within 24 hours, but all of the investigations that are conducted are initiated within 24 hours. There are four regionalized offices (Figure 1) to promote a more community-based service system within the state. Each DCYF Region has a Regional Director and family service units (FSU) with social caseworkers who are responsible for case management and visitation schedules for families with cases open to the Department. Children and families are assigned to family service caseworkers on a regional basis.

**FIGURE 1: COUNTY MAP OF RHODE ISLAND**



Region I is the second largest family service area representing the City of Providence. Region II is the smallest region representing 10 communities along the East Bay of Rhode Island stretching from Bristol County down through Newport. Region III represents the middle and southern part of the state in Kent and Washington Counties; it is the most rural area comprising 14 communities, including the Town of New Shoreham (Block Island). Region IV is the largest family service area geographically, representing 14 communities in the north and northwestern section of the state in Providence County, and includes the City of Woonsocket which is an area most significantly impacted by poverty conditions.

Juvenile Probation/Parole officers are located throughout the state usually in close proximity, if not inside, the County court houses. Youth sentenced to probation/parole are assigned to the probation/parole office either closest to their residence or in the County in which the charges were filed. The Thomas C. Slater Training School for Youth, located in the Cranston, is the state's only juvenile correctional facility. The Department's Central Office is located in Providence. This includes the Office of the Director, Management and Budget, Community Services and Behavioral Health, Licensing and Regulatory Affairs, Policy, Youth Development and Educational Support Services, Public Relations, Government Affairs, and Contracts and Program Development, and Legal Services.

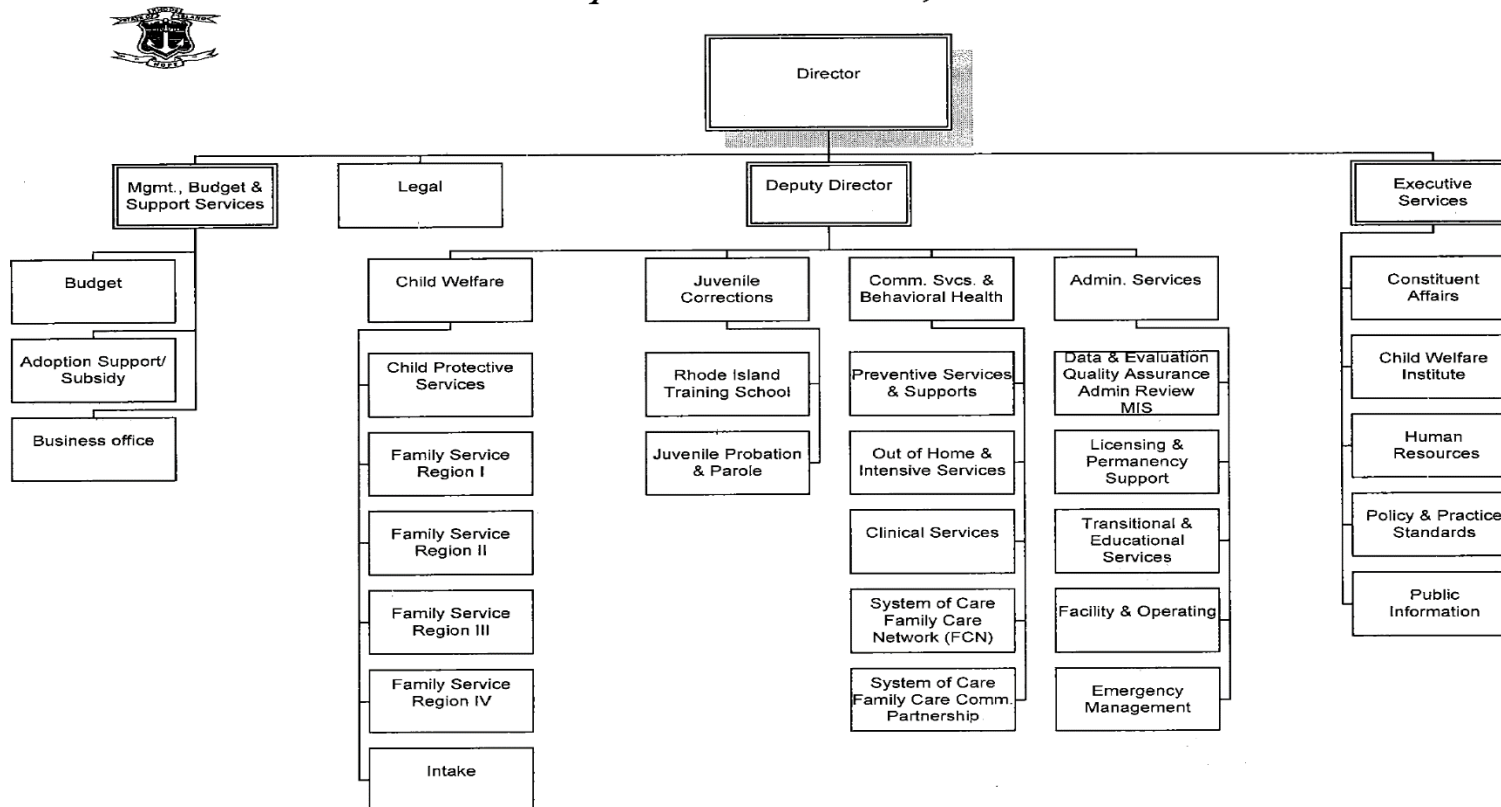
Programs and Direct Services are delivered through three service divisions (Figure 2):

- Child Welfare which includes Child Protective Services (including Intake) and Family Services;
- Juvenile Probation/Parole and Juvenile Corrections (Rhode Island Training School); and
- Children's Community Services and Behavioral Health

The Foster and Adoptive Care Recruitment and Licensing functions are under Support Programs and Direct Services. This office oversees the activities involved with recruitment, training, home studies and licensing of foster homes, as well as recruitment, training, and home studies for adoptive homes; and management of adoption and guardianship subsidies.

FIGURE 2: DCYF FUNCTIONAL ORGANIZATIONAL CHART

*RI Department of Children, Youth and Families*



*Monday, September 29, 2014*



## DCYF SYSTEMS IMPROVEMENTS – DCYF

After several years of declining caseload numbers, the Department has seen an increase in the volume of families requiring DCYF intervention. Table 1 shows that, as of December 31 for the last four years, a reversal in

TABLE 1: CASELOADS				
As of December 31	2011	2012	2013	2014
# Active Caseloads	6,828	6,795	6,990	7077
# Children in Substitute Care	1,988	1,947	2,013	2164
# Children at Home	2,141	2,208	2,456	2371

the steady decline in active caseloads and in the number of children in substitute care that the Department had been seeing in previous years.

Table 1 also shows that the number of children maintained in their own homes under DCYF supervision continues to be greater than the number of children placed in foster care each year. These trend lines represent a general trend that accompanies the Department's continued focus on maintaining children safely in their homes with supportive home and community-based services. Much of this emphasis was focused on the front-end of the Department's service system – helping child protection investigators to work more diligently with families and community providers to avert families from being opened to the DCYF wherever possible and appropriate. The Department continues to recognize the importance of ensuring children and families are systematically assessed at their initial contact with the Department. In May 2015, the Department collaborated with Annie E. Casey to review Structured Decision Making (SDM) as a potential practice model for the Department. In June 2015, Annie E. Casey and the Structured Decision Making team presented to the Department on SDM and the benefits associated with a uniform assessment system for families upon initial contact with the Department, with an emphasis in the Child Protection Service unit. The Department continues to explore SDM and will make a decision in FY16.

## ASSESSMENT OF PERFORMANCE ON NATIONAL MEASURES

The Department recognizes that there is a need to more fully analyze and develop a stronger assessment of our performance around national measures and systemic factors. The Children's Bureau has offered assistance and we will work with the Bureau over the next two months to improve our responsiveness to this assessment.

Table 2 provides a summary of Rhode Island's progress in meeting national child welfare standards.

**TABLE 2. NATIONAL CHILD WELFARE STANDARDS: RHODE ISLAND  
DEPARTMENT OF CHILDREN, YOUTH & FAMILIES, FFY2015, CFSR  
ROUND 3**

National Standards	National Standard	Rhode Island (Observed Performance)	PIP
Permanency in 12 months for children entering foster care	40.5%	47.9%	Met
Permanency in 12 months for children in care 12-23 months	43.6%	42.1%	No Diff
Permanency in 12 months for children in care 24 months or more	30.3%	28.0%	No Diff
Re-entry to foster care in 12 months	8.3%	18.6%	Not Met
Recurrence of maltreatment	9.1%	10.9%	Not Met
Placement stability	4.12 moves*	2.60	Met
Maltreatment in foster care	8.50 victimizations **	11.79	Not Met
* per 1,000 days in care ** per 100,000 days in care			

#### **NATIONAL STANDARDS MET:**

Rhode Island is meeting the national standard for Permanency in 12 months for children entering foster care.

Rhode Island is performing above the national standard in placement stability. Data show that most placement instability is higher among older youth and in particular, older youth in congregate care settings. The department has been working to increase the utilization

of foster family homes for all youth including older youth. Since FY12, the percent of youth placed in family foster care settings has increased from 66.9% to 70.0% in FY15. Further, among children placed in family settings, the percent placed in kinship family homes increased from 53.6% in FY12 to 61.4% in FY15. In addition, approximately 10% of youth age 12-16, exit to guardianship that may otherwise have stayed in care and were at risk for further placement instability. The Department is the recipient of the Administration for Children and Families Diligent Recruitment Grant, A Family for Every Child. This grant is aimed at recruiting and retaining foster families and in particular to recruit and provide supports to families who can foster older youth, ages 12 and older.

#### NATIONAL STANDARDS STATISTICALLY EQUAL:

Rhode Island is statistically equal to the national standard for Permanency in 12 months for children in care 12-23 months or for children in care 24 months or more.

#### NATIONAL STANDARDS NOT MET:

Rhode Island's performance on re-entry to foster care in 12 months appears to be significantly higher than the national standard. This is due, in part, to RI's current practice of using the child's physical reunification with their parent as the discharge from all placements date whereas most states use the date the parent's legal status is restored. Other factors associated with elevated foster care re-entry rates are population characteristic such as age and removal reasons. As the Department includes the juvenile justice population, and adolescent behavioral health, these factors are also known to be associated with elevated foster care re-entry rates. We had discussed this practice with the ACF Regional Office and have reviewed our policy and determined that state statute and departmental policy does not currently support the implementation of 'trial home visits'. The Department assessed the IT and policy areas that would be impacted with implementing a "trial home visit" and is currently in the process of making changes in RICHIST to include "trial home visit" in preparation of system changed potentially being approved.

Our data shows that older youth experience higher rates of reentry and older youth have higher rates of child behavioral issues. The lack of intensive home based behavioral health services reduces the likelihood that children will remain in the community after discharge from placement. The Department is working to increase availability of intensive home-based behavioral health services through the use of two federal grants to address this concern, including the Diligent Recruitment and Adoption Well-Being After Trauma grants. In FY15, the Department and providers collaborated to implement evidence-based or evidence-informed programs both for community based and congregate care settings. Among those programs are Trauma System Therapy (community-based), Positive Parenting Program (Triple P), Alternative for Families – Cognitive Behavioral Therapy (AF-CBT), and Trauma Focused Cognitive Behavioral Therapy, Teen Assertive Community Treatment (TACT), Family Centered Treatment (congregate care), and Trauma System Therapy (congregate care). Both FCT and TST residential models engage family engagement and involvement with the youth while in their placement setting with the goal of supporting and preparing families for reunification. These programs added to

services in the array such as within Multi-systemic Therapy (MST)(community based) and for congregate care, Parenting with Loving Limits (PLL) . As these services are less than a year in their implementation and some of the programs required at least 6 to 8 months to scale up, the Department plans to evaluate the impact of these programs in FY16. There are some limitations to evaluating these programs in terms of a secure and efficient mechanism for providers to submit data. The Department's MIS is not web-based and presents challenges to obtain data from multiple providers in a secure and efficient manner.

The Department is working to increase availability of intensive home-based behavioral health services through the use of two federal grants to address this concern, including the Diligent Recruitment and Adoption Well-Being After Trauma grants.

Recurrence of maltreatment is 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 RI 77% 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. On the macro-level, 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 is currently exploring Structured Decision Making, among other models, to provide enhanced structure and objectivity to investigations and their findings. The Department is looking at the SDM Intake Assessment, Safety Assessment, Risk Assessment, Risk Re-Assessment and Reunification Assessment tools and determining which tools to use.

Maltreatment in foster care is 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 plans to implement SDM as a mechanism initially with CPS and expand Department-wide, to standardize the assessment process that will aid workers in identifying safety and risk needs and appropriately match and tailor supports and services. A recent mapping process conducted collaboratively between Deloitte and the Department in March/April 2015 of the CPS identified the need for standardization

within CPS from the time of the call through to the investigation and any subsequent supports/services provided to the family. The Department plans to implement SDM and evaluate the impact of SDM on multiple points in the CPS trajectory including (yet not exhaustive): a) change in number of investigations; b) change in number of indicated investigations; c) change in Information Referrals; d) change in the number of repeat maltreatment; e) change in the number of removals due to a CPS investigation; and f) change in the number of maltreatment in foster care across the levels of care.

## WELL BEING INDICATORS

The Department assesses well-being among children and youth in multiple ways, one primary method is through the Administrative Review Unit (ARU) reviews of out of home children and caseworker supervisory reviews through monthly random review of an in home case by a caseworker supervisor and a quality assurance review process. (See Tables 3 & 4).

To ensure quality assurance of the supervisory reviews of in-home youth the Department's quality assurance specialists independently reviews all supervisory reviews.. A second way to assess well-being is quantitative data tracked in RICHIST on the percent of youth in-home and out-of-home who are receive monthly visits (See Tables 3 & 4). The Department has been tracking the out-of-home visits for a longer period of time than the in-home population. However, the method to track the in-home population is the same as the out-of-home population as required by the Administration for Children and Families. (Please see CQI description for full description of the process.) For the ARU and caseworker supervisory reviews, the sample size in these reviews is relatively small in a given quarter. The number of in-home in the 11/1/13 – 1/31/14 sample is 60 and the total number of out-of-home during this same timeframe is 244.

**Well Being 1** – Rhode Island continues to perform well in assessing the needs of and involving the mother, father and children in case planning when the youth is in out of home placement. Tables 3 and 4 show improvement from 2013 to 2014 in assessing the needs of families and involving participants in case planning when the youth is in placement. The Department would like to explore factors associated with this improvement and is currently exploring the resources needed to support a formal analysis. Rhode Island continues to struggle in assessing the needs of families and involving them in case planning when the child is at home, especially the needs of and involvement of fathers.

Rhode Island has made improvements in caseworker visits with children, particularly when the child is an out-of-home case. ARU and supervisory review data from 2014 to 2015 shows improvement although in-home cases is an area that needs additional work. (Tables 3 & 4).

**Well Being 2** – Data regarding the educational needs of children and youth show a decrease from 2014 to 2015, with the in-home population. As previously stated, the numbers in the sample are small and are not recommended for generalization; however, the Department in exploring some of the reasons that may be associated with this decline (Table 3 & 5) As with well-being indicator 1, youth in out-of-home placement show a higher percentage of strength than children at home.

**TABLE 3: WELL-BEING INDICATORS<sup>1</sup> -PERIOD: 11/1/13 – 1/31/14**

Percentages are those rated as “Strength”										
	In-Home (2014N=60; 2015N=59)					Out of Home (2014N=244;2015N=233)				
Well-being Indicator	Region I	Region II	Region III	Region IV	Juvenile Probation	Region I	Region II	Region III	Region IV	Juvenile Probation
Comprehensive Assessment and Services to address needs										
Mother	58%	44%	20%	86%	67%	96%	97%	98%	100%	100%
Father	6%	20%	0%	55%	0%	100%	100%	92%	100%	100%
Child(ren)	74%	90%	40%	83%	0%	100%	98%	100%	100%	100%
Involvement in Case Planning										
Mother	58%	44%	0%	70%	33%	75%	94%	97%	98%	100%
Father	6%	30%	0%	38%	0%	84%	95%	95%	95%	100%
Youth	50%	63%	0%	63%	100%	88%	94%	100%	100%	100%

<sup>1</sup> Data Source: RICHIST RPT 199 2/28/15 Note: The numbers are presented by region and by quarter and are small in size; are not recommended for generalization, in particular in-home numbers. The Department also reviews this data on an aggregated annual basis state-wide and by region to reduce the variability associated with small sample size. Note: Probation numbers are extremely small and are not stable.

Percentages are those rated as “Strength”										
	In-Home (2014N=60; 2015N=59)					Out of Home (2014N=244;2015N=233)				
Well-being Indicator	Region I	Region II	Region III	Region IV	Juvenile Probation	Region I	Region II	Region III	Region IV	Juvenile Probation
Caseworker visits with child	32%	20%	20%	48%	0%	96%	96%	99%	96%	100%
Caseworker visits with mother	42%	11%	29%	61%	0%	100%	97%	100%	98%	100%
Caseworker visits with father	6%	30%	0%	20%	0%	100%	100%	95%	100%	N/A
Educational Needs of Child	80%	100%	60%	72%	0%	98%	98%	98%	100%	100%
Physical health of child	53%	20%	0%	57%	0%	98%	93%	100%	99%	100%
Mental/behavioral health of child	40%	88%	60%	82%	0%	100%	93%	100%	100%	100%

**TABLE 4: WELL-BEING INDICATORS<sup>2</sup> -PERIOD: 11/1/14 – 1/31/15**

Percentages are those rated as “Strength”										
	In-Home (2014N=60; 2015N=59)					Out of Home (2014N=244;2015N=233)				
Well-being Indicator	Region I	Region II	Region III	Region IV	Juvenile Probation	Region I	Region II	Region III	Region IV	Juvenile Probation
Comprehensive Assessment and Services to address needs										
Mother	83%	44%	56%	68%	50%	100%	100%	100%	100%	100%
Father	11%	22%	25%	34%	50%	100%	95%	100%	98%	100%
Child(ren)	78%	44%	44%	79%	50%	100%	96%	100%	100%	100%
Involvement in Case Planning										
Mother	83%	56%	56%	68%	75%	78%	100%	100%	100%	100%
Father	11%	22%	14%	29%	25%	72%	93%	100%	96%	67%
Youth	92%	40%	86%	58%	50%	77%	100%	100%	100%	33%
Caseworker visits with child	100%	56%	78%	58%	50%	100%	81%	100%	98%	100%
Caseworker visits with mother	78%	33%	44%	63%	50%	100%	89%	100%	100%	100%
Caseworker visits with father	11%	22%	14%	18%	0%	97%	86%	100%	96%	100%



Percentages are those rated as “Strength”										
	In-Home (2014N=60; 2015N=59)					Out of Home (2014N=244;2015N=233)				
Well-being Indicator	Region I	Region II	Region III	Region IV	Juvenile Probation	Region I	Region II	Region III	Region IV	Juvenile Probation
Educational Needs of Child	69%	56%	56%	60%	50%	100%	86%	100%	100%	100%
Physical health of child	39%	14%	14%	41%	0%	100%	81	100%	99%	100%
Mental/behavioral health of child	63%	50%	43%	50%	25%	98%	91%	100%	99%	100%

<sup>2</sup> Data Source: RICHIST RPT 199 2/28/15 Note: The numbers are presented by region and by quarter and are small in size; are not recommended for generalization, in particular in-home numbers. The Department also reviews this data on an aggregated annual basis state-wide and by region to reduce the variability associated with small sample size. Note: Probation numbers are extremely small and are not stable.

**Well Being 3** – The physical and mental/behavioral health of the child showed a decrease from 2013 quarter data to 2014 quarter data (same quarter in each year) for the in-home population. The Department is exploring potential reasons associated with this change. As stated in Well-Being Items 1 and 2, the sample size is very small for the in-home population, in particular when the data is segmented by Region. For this reason it would not be appropriate to generalize these findings to the larger in-home population. Also, this data does not factor in the two functional assessments (Ohio and Ages & Stages Social Emotional) and the Child and Adolescent Needs and Strength (CANS) assessment that is administered to you youth by the providers. However, the state continues to make additional improvements in assessing the needs of youth at home as illustrated by recent collaborations to explore improvements in the Department’s Family Risk and Protective Capacity Assessment administered by DCYF caseworkers. On a regular basis supervisory and administrative personnel from the Investigation and Intake units review individual cases to assess the needs level and available resources for low and medium risk families. In addition, due to ongoing case reviews with frontline staff, there is an increased awareness among personnel of the risk factors particularly with regard to domestic violence, mental health, substance abuse, and human trafficking issues.

The Adopt Well-Being Rhode Island Initiative, funded in part through the *Adopt Well Being after Trauma Grant*, is a partnership between the Rhode Island Department of Children, Youth, & Families, Family Service of Rhode Island, Adoption Rhode Island, and The Consultation Center at Yale University that seeks to improve the overall standard of care in the child welfare and mental health systems in Rhode Island.

The Adopt Well-Being Rhode Island Initiative is a collaborative process integrating multiple system reforms in an effort to achieve the main goals of the project. These goals are focused on improving the overall well-being of children and families through the implementation of a ***trauma-informed, adoption-competent*** approaches to well-being and permanency outcomes. This approach seeks to improve overall child well-being which in turn will have a positive impact on issues related to placement stability, right-sizing congregate care, as well as matching children and youth to the most appropriate service. This system transformation will be achieved through the implementation of the following:

- Universal Screening and Assessment System for Trauma
- Guidelines for Providers and Families around Trauma-Informed, Adoption-Competent Practice
- On-going Functional Assessment of Child Well-Being
- Data-Driven Case Planning that is Trauma-Informed and Adoption-Competent
- Alignment of Service Array to Include Evidence-Based or Evidence-Informed Treatments that match the needs of the target population
- Training & Support for Youth, Professionals, Resource and Adoptive Parents
- Cost Study Analysis of proposed activities
- Collaboration with RIDCYF Psychotropic Medication Group to identify evidence-based alternatives to psychiatric medication

The target population for this project begins with children waiting to be adopted, and those who are adopted during the course of the grant time-line. The deliverables will be scaled-up in subsequent years so that the wider child welfare population will benefit as well.

Integrated with this initiative the Chadwick Trauma-Informed Systems Dissemination and Implementation Project, an effort to move trauma-informed systems from a concept into day to day practice in real world settings.

*CURRENT & UPCOMING IMPLEMENTATION ACTIVITIES:*

- Pilot The following Screening Tools in two RI DCYF Units:
  - Connecticut Trauma Screen
  - Pediatric Symptom Checklist-17
  - CRAFFT
- Integration of screening and assessment data into case planning process
- Analysis of CANS data as it relates to target population
- Creation of Adoption Competent Training for state-wide dissemination
- On-going analysis of adoption related data (pre-adoptive placement, disruptions)
- Delivery and evaluation of the Child Welfare Trauma Training Toolkit
- Delivery and evaluation of the Resource Parent Curriculum for resource parents
- Re-administer Trauma System Readiness Tool & Collaborative Tool
- Safety Passport exploration: tool that collects the child's trauma history that follows the child through the system
- Identification of Trauma-Informed, Evidence-Based Practice to expand based on results of screening & assessment data
- Expand training of 3-5-7 model
- Continued implementation of Supercommunity priority areas:
  - Identify and pilot model of group supervision for DCYF staff
  - Increase collaboration and communication around trauma related information of child and family
  - Provide training on trauma to stakeholders such as judges, schools, and law enforcement
- Further exploration of implementation strategies to implement trauma-informed, adoption-competent child welfare system

Additional details can be found in Table 5 & 6 for further details.

TABLE 5. ADOPTION WELL BEING RI GRANT - SCREENING PILOT TIMELINE (UPDATED 8.26.15)

Activities	Week of	Week of	Week of	Week of	Week of	Week of	Week of	Week of	Week of	Week of
	7/13/2015	7/20/2015	7/27/2015	8/3/2015	8/10/2015	8/17/2015	8/24/2015	8/31/2015	9/7/2015	9/14/2015
Contact Dave Allenson to discuss RICHIST updates for pilot	X	X	X	X	X	X	X	X	X	X
Finalize versions of all screening tools- Caregiver Vs child, etc	COMPLETE D									
Survey pilot units to see which screening tool they prefer	COMPLETE D									
Establish cut-off scores for all tools	COMPLETE D									
Explore confidentiality issues around implementing the CRAFFT screening		X	X	X	X	X				
Update CT Trauma Screener with RI Specific Fields		X	X	X	X	X	X			
Create training and support documents for pilot training		X	X	X	X					
Make RICHIST updates to insert screening tools into case planning section.		X	X	X	X	X	X	X	X	X

Activities	Week of	Week of	Week of	Week of	Week of	Week of	Week of	Week of	Week of	Week of
	7/13/2015	7/20/2015	7/27/2015	8/3/2015	8/10/2015	8/17/2015	8/24/2015	8/31/2015	9/7/2015	9/14/2015
Develop brochure for families about trauma screening	X	X	X	X						
Schedule follow-up meeting with Unit Supervisors	X		X							
Staff & Supervisors from pilot units to attend Child Welfare Trauma Training Toolkit	X	X	X							
Determine potential training dates for pilot units		X	X							
Finalize referral tool guide and link to service array		X	X	X	X	X	X	X		
Compile report with identified children and youth in target population in two pilot units						X	X	X		
Train identified workers and supervisors in screening tools									X	X
Establish clinical assessment to complement assessment tools.										

Activities	Week of	Week of	Week of	Week of	Week of	Week of	Week of	Week of	Week of	Week of
	7/13/2015	7/20/2015	7/27/2015	8/3/2015	8/10/2015	8/17/2015	8/24/2015	8/31/2015	9/7/2015	9/14/2015
Grant staff to be trained in CANS Trauma				X						
Begin to pilot screening tool implementation									X	X
Review implementation of screening and address barriers or issues.										X
Provide on-going support and training to workers on screening tools.								X	X	X

TABLE 6. CHILD SCREENING, ASSESSMENT, AND CLINICAL OUTCOMES DATA ELEMENTS			
Indicators/Measures	Time	Source	Reporter
Trauma/Behavioral Health Screening Data (Traditional Foster Care)			
Connecticut Trauma Screen	I, Q	RIDCYF	RIDCYF
Pediatric Symptom Checklist-Short Form (PSC-17)	I, Q	RIDCYF	RIDCYF
Substance Abuse Risk (CRAFFT)	I, Q	RIDCYF	RIDCYF
Trauma Functional Assessment Data (Congregate Care)			
Comprehensive MH CANS with Trauma Module (Trauma CANS-MH)	I, Q, D	EOHHS	Prov
Ohio Scales (Ages 6+ years)	I, Q, D	EOHHS	Prov
Ages & Stages Questionnaires: Social Emotional (ASQ:SE; Ages 0-5 years)	I, Q, D	EOHHS	Prov
TST Data Collection			
Child and Family Demographics	B	RICHIST	RIDCYF

Indicators/Measures	Time	Source	Reporter
Child Stress Disorders Checklist	B, Q, D	Metrics	CG, Y
Child Ecology Check-In (CECI; TST only)	B, Q, D	Metrics	Prov
CPS incidents	A	RICHIST	RIDCYF
Out-of-home placement and Placement Changes			
Provider reported Metrics (e.g., dosage, family involvement, etc.)	Q	Metrics	Prov
Fidelity Support Tool	Q	Metrics	Prov
<p>Time: I: Intake; B: Baseline; D: Discharge; Q: Quarterly; A: Annually</p> <p>Source: RIDCYF: RIDCYF Records; EOHHS: State Data System; RICHIST: RIDCYF SACWIS; Metrics: Provider Submissions to RIDCYF</p> <p>Reporter: CG: Caregiver; Y: Youth (7+); Prov: Provider</p>			



In probation, work is active in the areas of implementing a validated and reliable assessment that spans juvenile justice from probation to the Rhode Island Training School. The Department was awarded a Risk Assessment and Behavioral Health Screening (RABS) grant and is working with the University of Massachusetts' School of Medicine on implementation. UMass Medical and Juvenile Correctional Services have identified, obtained, trained and implemented a set of tools that will help the Division assess the risk and needs levels of the juvenile probation population. On July 1st 2015 Juvenile Probation started using the SAVRY (Behavioral) , MAYSI (Mental Health) and CRAFTT(Substance Abuse) tools on all new cases opening to Probation. The Rhode Island Training School will start using the same three tools mentioned above with those youth scheduled to be released from the RITS (late September). JCS is still working with the Family Court in order to incorporate this assessment process into the Pre-Adjudication Process. It is our hope that those discussions will resume shortly. The Department's MIS unit has been working on putting the SAVRY tool into our RICHIST system. The projected completion date for this part of the project is October 1st, 2015

## PERFORMANCE ON CFSR SYSTEMIC FACTORS

In the 2010 Child and Family Service Review, DCYF was rated in substantial conformity on five of the seven systemic factors: Statewide Information System, Quality Assurance System, Staff and Provider Training, Agency Responsiveness to the Community, and Foster and Adoptive Parent Licensing, Recruitment and Retention.

The current status of these systemic factors is:

### STATEWIDE INFORMATION SYSTEM

RICHIST continues to be a valuable information tool to the Department. RICHIST has maintained the ability to track and identify the status, demographics, location and service plan goal for the placement of children in foster care. The location of a child's whereabouts is recorded in RICHIST regardless of whether the child is in a paid, unpaid, unlicensed, or voluntary placement. Limitations of RICHIST are due to the fact that this is a 17 year old system and while it currently supports the functional requirements of the department (tracking placements, service plans, costs, demographics, outcomes, etc.), it is limited in its ability to support a mobile, field-based workforce. The department has reviewed and coordinated presentations by external vendors (some of which in collaboration with Annie E. Casey) on potential options to upgrade RICHIST and allow for web-based access, data entry on services including community based services by service providers. The Department is also exploring the feasibility of becoming a State-led CFSR and related to the plans to have ARU validate some of the demographic accuracy of the data in RICHIST or use a random survey (monthly or quarterly) to Department caseworkers to validate the demographic data. The decision for CFSR State-led is currently being reviewed under the new administration and is planned to be made by the end of the 2015 calendar year. At that time, regardless of the State-led CFSR decision, either the Department will implement demographic accuracy via ARU validating a random sample or the Department caseworkers will validate a random sample on the RICHIST demographic data.

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

## CONTINUOUS QUALITY IMPROVEMENT

The specific activities supporting the CQI are delineated in the Continuous Quality Improvement section. The data supporting how well the CQI system functions includes a number of research reports published on the DCYF website such as the “Children in Foster Care” report, the Congregate Care: Data Driven Recommendations report and the Predictors of Long-Term Foster Care report. The CQI system also provides Dashboard reports, Quarterly ARU findings, and periodic reports to the regions on outcome measures.

## STAFF AND PROVIDER TRAINING

The Department, through the Child Welfare Institute, maintains its commitment to ensuring that supervisors in Family Service Units and Juvenile Probation staff have the skills, knowledge, and experience to provide effective leadership to promote improvements in safety, permanence and well-being for children, youth and families. The Child Welfare Institute continuously adjusts its training curriculum to support the training needs of department and community provider staff. The Department has made workforce wellness for DCYF staff and staff within the provider community a substantive goal as it directly relates to the ability of the system to deliver quality care and services to children and families.

As a part of our comprehensive review of agency functions, service delivery and staff supports, the Department is currently reviewing our training program and the manner in which training is delivered. At this time we are continuing our relationship with the Child Welfare Institute as our primary contractor for delivering training services and have not modified our ACF approved training plan. We understand that prior to implementing any revisions to our training plan, we need to obtain ACF approval. As soon as we develop such a plan, we will provide this to ACF for review and approval.

## AGENCY RESPONSIVENESS TO THE COMMUNITY

Since the arrival of Chief Strategy Officer Jamia McDonald and her strategy team, the Department has been reaching out to the broad stakeholder community to engage in listening sessions and dialogue around the best methods to use to dramatically improve the effectiveness of DCYF and our provider community. Efforts include CSO McDonald meeting monthly with a newly former provider advocacy group, having the consultants

working with us (Harvard, Annie E. Casey, Casey Family Programs) engage in conversations with providers regarding the services they deliver for our children and families, regular meetings with the CSO and the Family Court, two presentations to the Senate Oversight Committee on DCYF and the System of Care updating them on our progress and other individual meetings with providers, advocates and families. These discussions have provided opportunities to review the goals and objectives articulated in the CFSR and obtain feedback on how we are perceived to be doing and how we might be able to be more effective.

The Department met with Wenonah Harris, Director of Child and Family Services for the Narragansett Indian Tribe, to discuss various topics, including the draft APSR, compliance with ICWA, co-location, training and the CFCIP/ETV . Prior to the meeting, the draft APSR was shared with Ms. Harris. Ms. Harris provided feedback on the APSR, stating that she only found one area that she felt needed changed to mirror ICWA. This related to our Policy 700.0170 Implementing the Child Welfare Act (See Appendix A of this document) which contains language that states that the State must make reasonable efforts to reunify an Indian child with his/her parents. Ms. Harris indicated that ICWA goes beyond reasonable efforts. The Department indicated we will review this policy and modify as necessary. Ms. Harris indicated she had no other concerns with the APSR and specifically indicated that the Tribe is not requesting to administer either the CFCIP or the ETV programs for the Tribe. DCYF also agreed to look at the other issues discussed, including training and our process for confirming tribal membership, and arrange a follow-up meeting with the Tribe's liaison to DCYF, Anemone Mars, to review details. As well, Steve Morley was introduced to Wenonah as DCYF's new liaison to the Narragansett Tribe.

The Department also works collaboratively with the sister state agencies under the Executive Office of Health and Human Services to coordinate efforts for families in need of basic needs assistance, early child development services that are supported through the Maternal Child Health Home Visiting (MCHHV) programs with the Department of Health (DOH), Head Start and Early Head Start through the Department of Human Services (DHS), other Medicaid covered services through EOHHS, and importantly, with the Department of Behavioral Health, Developmental Disabilities and Hospitals (BHDDH), which provides adult mental health services, and behavioral health services for adults and youth. Additionally continues to work close with EOHHS agencies on the EOHHS Data Warehouse project which provides opportunities for ensuring that services between and among agencies are not duplicated at the client and systems level and for more effective analysis of system level service delivery. DCYF also works closely with the RI Department of Education on the DataHub project which provides greater opportunities for tracking children and youth involved with DCYF in the aggregate in regard to educational services. DCYF also continues to work the Office of Post-Secondary Education (where the former RI Higher Education Assistance Authority is now housed) on improving post-secondary education outcomes for youth in care through our jointly managed DCYF Post-Secondary Education Tuition Assistance Program and other efforts to focus on these outcomes.

CSO McDonald was instrumental in helping to reinvigorate the statutorily created state Children's Cabinet, now chaired by the EOHHS Secretary Elizabeth Roberts. This Cabinet includes the Governor or designee, the Directors of all of the EOHHS agencies as well as the Commissioner of Elementary and Secondary Education, the Commissioner of Post-Secondary Education, the Child Advocate, and the Directors of Administration and the Department of Labor and Training. The Cabinet is specifically tasked with developing by December 1, 2015 a comprehensive five (5) year statewide plan and proposed budget for an integrated child service system.

## FOSTER AND ADOPTIVE PARENT LICENSING, RECRUITMENT AND RETENTION/DILIGENT RECRUITMENT PLAN UPDATE

The Department is working towards the standardization of the curriculum utilized for all foster parent training as part of the Diligent Recruitment Grant. The Department and the majority of our specialized foster care providers are now using the TIPS-MAPP curriculum. Also, as part of the grant, the Department has conducted a survey of foster parents. The survey has been completed and analyzed reports were presented to the Department and stakeholders in various meetings throughout the first 6 months of 2015 (Please Appendices 4 & 5)).

The state has implemented standards for foster and adoptive parents that meet national requirements. In accordance with state and federal laws and regulations, all adult household members must meet state, national and child welfare background checks in accordance with state and federal law.

All foster and adoptive parents must complete the same regulatory, safety and training components in order to achieve licensure. Non-safety waivers or variances may be granted to kinship families in order to meet particular needs of kinship placements to keep children connected to their families. In the past, training waivers were granted for non-English speaking families as the Department was not able to offer Spanish training classes. DCYF now provides Spanish training to foster families and interpreter service in other languages and does therefore no longer offer language-based waivers.

The goal of foster parent recruitment is to ensure that sufficient numbers of qualified foster families are available to meet the needs of the Department and the children it serves and to allow for careful matching and planned placements which meet the best interests of every child in need of foster care.

DCYF has partnered with Foster Forward, Adoption Rhode Island, and treatment foster care agencies in Rhode Island to conduct both general and targeted recruitment activities including: weekly informational meetings; informational booths at diverse community fairs, festivals, and events; presentations to faith based, school, professional, business, and community groups; and special events such as a recruitment telethon during the WJAR – Channel 10 evening news and a foster parent recognition event hosted by the Governor during Foster Parent Appreciation Month. These combined activities afforded recruitment staff the opportunity to speak directly with prospective applicants in a family friendly, comfortable setting and to distribute large numbers of recruitment materials personally.

Recruitment of non-relative Spanish speaking foster and adoptive families has been targeted in partnership with Foster Forward, who has a Spanish speaking recruitment specialist, through specialized informational meetings and activities. Spanish language TIPS-MAPP training is offered three times a year and includes both DCYF and treatment foster care families. The number of Spanish speaking applicants has increased significantly as a result.

The Department successfully implemented TIPS-MAPP as the standard pre-service training for all prospective resource families in Rhode Island. Private foster care agencies are collaborating among themselves and with DCYF on joint pre-service trainings, which allows the state to use its resources more efficiently while offering higher-quality training to resource parents. The Department is conducting an evaluation of the curriculum's effectiveness as part of its Diligent Recruitment project, with first evaluation results expected in September 2015. The same evaluation team has produced two evaluation briefs based on the results of a statewide foster parent survey. The briefs have been shared with, and approved by, Children's Bureau and are being used to inform an RFP for services and supports for resource families, which is being developed by the Diligent Recruitment project team.

DCYF has developed a Face Book Page and a Resource Family Newsletter to enhance communication between the agency and resource providers.

## 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. This area was identified as an area needing improvement in the 2010 CFSR review. 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. To address the foster parents' right to be heard, in 2014 the Department, in collaboration with Foster Forward, conducted a survey of 71 foster parents whose foster children had a scheduled permanency review. The results of the survey showed that 54 (76%) of the respondents stated that they were notified of the permanency hearing at least two weeks prior to the hearing by receiving a letter in the mail. Seventy-four percent of the respondents also state that they were aware of their right to be heard at the hearing. While these results are promising, it highlights that we must continue to focus on improving the process of addressing foster parents' right to be heard.

## SERVICE ARRAY AND RESOURCE DEVELOPMENT

This systemic area was identified as an area needing improvement. To improve the availability and array of services, the department implemented Phase II of the System of Care which contracted with two lead agencies to establish provider networks to provide individualized services to families. The original 3 year network contract expired on June 30, 2015. The Department extended the network contracts through December 31, 2015 under an MOU which included changes to the payment structure, required completion of the CANS assessment tool, and reserved the right to bid certain services and to move therapeutic foster care under the Department. In securing these services as we go forward, renewed emphasis is being placed on ensuring that services and supports are individualized to meet the identified needs of the child and their family in the most culturally suitable manner and which addresses any challenges related to identified disabilities.

In FY15, the Department and providers collaborated to implement evidence-based or evidence-informed programs both for community based and congregate care settings. Among those programs are Trauma System Therapy (community-based), Positive Parenting Program (Triple P), Alternative for Families – Cognitive Behavioral Therapy (AF-CBT), and Trauma Focused Cognitive Behavioral Therapy, Teen Assertive Community Treatment (TACT), Family Centered Treatment (congregate care), and Trauma System Therapy (congregate care). Both FCT and TST residential models engage family engagement and involvement with the youth while in their placement setting with the goal of supporting and preparing families for reunification. These programs added to services in the array such as within Multi-systemic Therapy (MST), (community based) and for congregate care, Parenting with Loving Limits (PLL).

The department also provided extended RIteCare medical coverage to parents to support reunification efforts.

As part of the overall System of Care in general and Wraparound process, in particular, RI DCYF administered the Wraparound Fidelity Index EZ to families receiving Wraparound. This survey was conducted on an ongoing basis and administered by a RI family partner agency organization until the Department modified the Wrap process and discontinued the SOC provider Wrap facilitation in March 2015. The most recent reported data is presented here. The Department is in the process of updating this annual report and plans to publish in December 2015 (currently the Department has two epidemiologists on maternity leave, one of which is the primary analyst for this date report. The WFI-EZ data is shared within the Department's CQI process. Brief description of data/reports dissemination, the data is presented to the Department's senior team, followed by the monthly Data Analytic Center meetings (consortium of Department staff of which who manage service array and Department caseworkers, SOC providers, Child Advocate, Parent Support Network, and The Yale Consultation Center, followed by additional external presentations and posted to the Department's website. Approximately 87% of the surveys are conducted in-person and in the family's home. According to WFI-EZ caregiver form responses collected between April 2013 and March 2014:



- 48.0% of respondents agreed or strongly agreed to the statement, *"My family was linked to community resources I found valuable."* (Item B13, N=103)
- 47.6% of respondents agreed or strongly agreed to the statement, *"With help from our wraparound team, we have been able to get community support and services that meet our needs."* (Item B25, N=102).

Additionally, a question on the ARU foster care/CFSR review of all out-of-home youth in care 6 months or more and on the random sample of in-home cases collects data on the "parent's unresolved service needs". This data is reviewed on a quarterly basis by region and reflects a range based on the quarter and region. For the past two fiscal years completed, FY14 and FY15, the range of unresolved service needs' strength is approximately between 10% to 50% on any given quarter. On this same instrument, a question collects data on the "children's unresolved service need" which an approximate range of 5% to 15% on any given quarter during this same timeframe. The Department explores the most prevalent unresolved needs on a quarterly basis with ARU, Department supervisors, and the data captured on the ARU and supervisory review. In this instrument, unresolved needs is defined as service array needs external to the Department such as lack of services available, waiting lists, or lack of access to services (ie attributed to insurance coverage). The objective was to capture service array expansion during the SOC Family Care Network implementation. The most consistent prevalent factors associated with unresolved service needs involve: a) waiting lists for intensive-home/community based behavioral health service for youth; b) lack of access to behavioral health services to parents; and c) home/community based parenting services/supports.

## CHILD AND FAMILY SERVICE PLAN (CFSP) – 2015 – 2019: FFY 2016 ANNUAL PROGRESS AND SERVICES REPORT

Over the course of the last year, the Department has continued to focus on the three identified in our 2015-2019 Child and Family Services Plan:

- |                |   |
|----------------|---|
| Goal I:        | Rightsizing and Improving Congregate Care   |
| Goal II:       | Diligent Recruitment of Foster and Adoptive Homes   |
| Goal III:      | Improve Health and Well-Being: Healthy Systems Contribute to Workforce Wellness and a Healthy Workforce Engages in Best Practices to Support Positive Outcomes for Families |
| Goal IV (NEW): | Improve The Overall Safety of Children In Our Care  |

Since this submission of our last CFSP, a new Governor was elected who installed a Chief Strategy Officer, Jamia McDonald, and a Strategy Team to conduct a thorough review of DCYF's practices and structure and develop a plan to dramatically improve agency outcomes. With the assistance of consultants from the Harvard Kennedy School of Government, the Annie E. Casey Foundation and Casey Family Programs, CSO McDonald is undertaking 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. One initial change based on the early stages of this review was to modify Strategy 1.5 in the Goals matrix of this report. The new strategy – “Ensure Implementation of Practice Model with fidelity to National Standards” is intended to provide us with a direction while allowing us the time necessary to more fully explore options and determine the best approach(es).

The Department is also progressing on two significant federal grants from the Administration on Children and Families (ACF) it received last year: Diligent Foster Care Recruitment and Adopt Well-Being. These two initiatives dovetail with the Department’s strategic plan for improving the capacity for foster homes which will assist in reducing congregate care placements, and in continuing to improve permanency outcomes for children and youth who have been adopted or having permanency goals of adoption by enhancing the knowledge base for trauma assessments and increasing the type of supports necessary to identify and address critical needs of the children and families. Internal staffs of these two grant initiatives were key participants in the CFSP planning retreat.

During the reporting period, significant progress has been made on the “market segmentation” phase of the Diligent Foster Recruitment grant and we are on the cusp of releasing that information. Using the Nielson rating system, market segmentation information, will allow the agency, and our community partners, to more narrowly focus our outreach and recruiting activities with greater focus on the exact geographic areas where foster demand is greatest.

On August 28, 2015, Chief Strategy Office Jamia McDonald submitted a letter to Bethany Miller of ACF regarding our Title IV-E Waiver Demonstration Project status. In this letter, Ms. McDonald acknowledges the period of transition taking place within DCYF and the multiple projects and initiatives about which she and her senior managers have had to learn and determine next steps. Ms. McDonald also indicates that DCYF is now prepared to move ahead, pending ACF approval, with a waiver demonstration project that is based on our newly developed priorities within our strategic transformation plan. She indicates the target populations remain children in or at risk of entering congregate care and indicates the assistance we are receiving from the Annie E. Casey Foundation (AECF), Casey Family Programs and Harvard’s Kennedy School Government Performance Lab. In the letter, she proposes that we utilize the flexibility of the IV-E Waiver to support the following interventions:

1. Expedited Permanency Meetings, a family teaming model developed by AECF and effectively implemented in other jurisdictions to move children from congregate care to permanency;
2. Rapid kinship identification (family-finding) team and expanded access to support services for kin providers;
3. Community based assessment, stabilization and respite services to safely keep families in crisis intact, while longer term services and supports are arranged;
4. Effective community based interventions, such as Multi Systemic Therapy (MST) and Functional Family Therapy (FFT), for families with children experiencing serious behavior problems; and



5. Director's Approval Process, a standardized review and approval process that requires Director's level authorization for all residential placements. AECF has successfully implemented this procedure in other states and it has led to a significant reduction in congregate care placements.

Ms. McDonald identifies the need for the Department to refine our fiscal calculations and indicated we will do so while awaiting the Children's Bureau review of our new proposal and a response.

In the following plan, the outline within each of the goals provides a strategic process for rightsizing and improving congregate care by focusing on increasing and strengthening the array of family preservation and support services and establishing clinical assessments and supports for the Department's Intake staff in order to more effectively avert families from having to come to DCYF. The strategies are also focused on improving the services within the congregate care settings to ensure that youth are receiving the appropriate level of care and for the appropriate length of time within the setting, reducing the utilization of psychotropic medications; and, ensuring that effective aftercare supports and services are available to transition the child back home to maintain stability and permanency within their families and communities. The Department plans to increase foster care capacity by 30% over five years.

The Department has made workforce wellness for DCYF staff and staff within the provider community a substantive goal as it directly relates to the ability of the system to deliver quality care and services to children and families. Though the plan's original goals have been re-structured with a focus on initially creating better intra-agency communications as a wellness initiative, the original goal to create a Wellness Committee with the authority and structure to affect change, remains.

As this plan is a work in progress, the Department is continuing to assess and determine the specific target achievements within each of the five years. Based on the thorough management review of the Department conducted by Jamia McDonald, now the EOHHS Chief Strategy Officer responsible for DCYF, it was determined that the Department's implementation of Wraparound within the System of Care was not effective. Since being directly assigned by the Governor to DCYF, Ms. McDonald has engaged the help of the Annie E. Casey Foundation, Casey Family Programs and Harvard University in conducting a more thorough assessment of our System of Care and other processes which led to the modification of Strategy 1.5 in the Goals matrix of this report. The new strategy – "Ensure Implementation of Practice Model with fidelity to National Standards" is intended to provide us with a direction while allowing us the time necessary to more fully explore options and determine the best approach(es). The Department will continue to develop the details of the strategies and activities within the plan in the months to come and will make modifications and adjustments as needed to support achievement of the objectives and improved outcomes.

TABLE 7: DEPARTMENT GOALS 2015-2019

GOAL I: RIGHTSIZING AND IMPROVING CONGREGATE CARE TO MINIMIZE PLACEMENT DISRUPTIONS  
AND IMPROVE CHILD/YOUTH WELL BEING

Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports				
	2015 → 2019	Measure of Progress	Progress in 2015	Outcome/Indicator
Strategies	Activities			
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>(a) The Department is currently working with the Harvard Kennedy School of Government to identify the services that the Department purchases through the networks, through the Family Care Community Partnerships, and also directly. This analysis will be used to develop a competitive Request for Proposals for Community Based Services.</p> <p>(b) To date the Department has engaged with the Child Welfare Institute and the Super Community through Chadwick to ensure community and DCYF staff are trained as trainers of the Child Welfare Trauma Training Toolkit – an evidence based practice model (8 Trainers trained). Trainings were delivered to community agency and</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	Outcome/Indicator
Strategies	Activities			
			<p>DCYF staff on three occasions with two additional planned for Fall 2015</p> <p>The Department continues to work with EOHHS's State Medicaid Division to establish Medicaid claiming for new Evidence Based Services (Trauma Systems Therapy – TST; Family Centered Therapy FCT; Positive Parenting Program – Triple P; and Teen Assertive Community Teaming (Teen ACT) as billable Medicaid Services focused on preventing out of home placement.</p> <p>1.1 (c) The Department is working with Harvard Kennedy School to develop RFP for a Mobile Crisis Intervention Team, which would include respite services. The Department recently learned that Mobile Crisis intervention services occurring where the child lives by Master's level clinicians is an enumerated benefit through NHP-Beacon. We are working with</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	Outcome/Indicator
Strategies	Activities			
			<p>EOHHS's State Medicaid Division and NHP Beacon to operationalize this benefit.</p> <p>1.1 (e) Statewide public awareness campaign theme, "I Love My Child... I want what every parent wants" ... promoting the FCCPs was launched for Child Abuse Prevention Month and Children Mental Health Awareness in April-May 2015. Additionally FCCPs provide community outreach in their respective regions in the form of school presentation brochures to community centers</p> <p>The percentage of community referrals to the FCCPs has increased minimally over the past 2 and ½ years.</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>	

Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports				
	2015 → 2019	Measure of Progress	Progress in 2015	Outcome/Indicator
Strategies	Activities			
			CY2014 3rd and 4th quarters: 40.5% CY2015 1st and 2nd quarters: 40.6%	
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 reductions in congregate care settings.</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</p>	<p>(a) The Department has successfully implemented 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) These programs were implemented in FY 15 with start-up funding from the SAMHSA Mental Health Block grant.</p> <p>Among the 584 families who closed to the FCCP during the CY14 Quarters 1 and 2, 6% closed due to</p>	<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	Outcome/Indicator
Strategies	Activities			
		services and do not enter care.	“opened to DCYF.” A child that opened to DCYF refers to opening to DCYF Family Service Unit or DCYF Juvenile Probation.	
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>Reprocurement of service array.</p>	<p>The Annie E. Casey Foundation Child Welfare Strategy Group conducted a series of stakeholder interviews in Rhode Island with recommendations to support efforts to establish a stronger community-based service delivery system. The DCYF has engaged the Annie E. Casey Foundation Child Welfare Strategy Group as well as representatives of the Harvard Government Performance Lab to provide strategic assistance in the development and re-procurement its service array – with emphasis on supporting families and preventing re-entries into foster care.</p> <p>Based on CFSR Round 2 measures (old measures) Re-entries into decreased since from FY12 to FY14 from 18.8% to 13.7% (most current</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>

Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports				
	2015 → 2019	Measure of Progress	Progress in 2015	Outcome/Indicator
Strategies	Activities			
			data available). CFSR Round 3 measures on foster care re-entries shows the Department does not meet the national standard at 18.6% (Please see section on “System Improvements” CFSR Round 3 as to Department’s activities to address this area)	<b>Systemic Factor V:</b> Service Array and Resource Development.

**Objective: Transform the continuum of child placing agencies to child caring communities**

	2015 - 2019	Measure of Progress	Progress in 2015	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>Increase % of youth who are required to receive a CANS is administered a CANS.(This should not have been a change in score measure for the 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>(a) CANS are being administered by staff within the provider agency. The primary purpose of the CANS is to assist in determining level of care. The Department plan is to reinstate the Ohio Scale and Ages/Stages SE to determine functional change and to complement the CANS. The Department will assess changes in the CANS yet its primary purpose is to guide level of care. The Department and SOC FCN CANS trainers provide ongoing (approximately every 2 months) CANS training to provider staff required to administer the CANS. Two primary challenges arose with the CANS implementation that has delayed analysis of population changes in the domain areas. First, there was a low percentage of youth required to receive the CANS</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> <p><b>Systemic Factor III:</b> Quality Assurance System</p>



Objective: Transform the continuum of child placing agencies to child caring communities				
	2015 - 2019	Measure of Progress	Progress in 2015	Outcome/Indicator
Strategies	Activities			
	<p>(e) Identify a minimum of one congregate care setting to re-purpose for an identified needed community service.</p> <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>Congregate care setting(s) re-purposed to provide community-based services.</p> <p>Congregate care staff are trained on safety management and 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>actually were administered the CANS. The Department modified the protocol with providers in November 2014 and again in June 2015 and instituted a potential financial penalty if the Network did not demonstrate progress in administering the CANS. The initial percentage of eligible youth receiving in the first year, FY14, was 25%. As of April 2015, the percentage has improved to 63% (preliminary). The second challenge involved the integrity to the scoring was identified as area needing improvement. Survey analysis of case scenarios administered to CANS administrators in June 2015 demonstrated 50% of CANS administrators correctly answered the case scenario items. Ongoing training continues to address these areas. A subsequent case scenario survey is planned for December 2015. In July 2015 the Department re-instated the Ohio Scale and Ages</p>	

Objective: Transform the continuum of child placing agencies to child caring communities				
	2015 - 2019	Measure of Progress	Progress in 2015	Outcome/Indicator
Strategies	Activities			
			<p>&amp; Stages SE to evaluate changes in functional status. The Department plans to report out on this data on a semi-annual basis.</p> <p>1.4 (b) The DCYF is working with its managed care provider on monitoring the utilization of psychotropic medications for youth in care for purposes of reducing unnecessary usage. .</p> <p>The percent of youth in out-of-home placement receiving two psychotropic medications concurrently has decreased from 8.4% in CY2013 Quarter 1, to 6.6% in CY2014 Quarter 1, and in the most recently available data, CY2014 Quarter 3, 5.9%. This data will continue to be analyzed (temporary hold as primary epidemiologist is out on maternity leave)</p> <p>1.4 (c) The Department in conjunction with its SOC care providers have implemented has</p>	

Objective: Transform the continuum of child placing agencies to child caring communities				
	2015 - 2019	Measure of Progress	Progress in 2015	Outcome/Indicator
Strategies	Activities			
			<p>implemented trauma informed treatment practices congregate care programs. The programs include Trauma Systems Therapy (TST) and Attachment, Self-Regulation and Competency (ARC) model</p> <p>The percent of youth discharged from congregate care as their last placement type to attain permanency as defined by reunification, guardianship or permanent placement with relative increased from 76.9% in FY12 to 85.1% in FY14. There are approximately 2 youth each year who discharged to adoption from congregate care.</p> <p>Department is continuing to track this measure and in one approach, the median length of stay (in days) upon first placement in congregate care was 58.0 days in FY12, 91.5 days in FY13 and 87.0days in FY14. The Department will continue to measure this indicator</p>	

Objective: Transform the continuum of child placing agencies to child caring communities				
	2015 - 2019	Measure of Progress	Progress in 2015	Outcome/Indicator
Strategies	Activities			
			(primary epidemiologist on maternity leave)	
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. (b) Develop strategic plan to implement practice model.</p> <p>(b) Implement practice model with fidelity to national standards.</p> <p>(c) Increase number of Family</p>		The Department's leadership team is working with strategist and national experts form Casey Family Programs, Annie E. Casey Foundation and Harvard Government Performance Lab to identify a practice models that best meet the needs of our children and families.	<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</p>

Objective: Transform the continuum of child placing agencies to child caring communities				
	2015 - 2019	Measure of Progress	Progress in 2015	Outcome/Indicator
Strategies	Activities			
				<p>services to meet their educational needs.</p> <p><b>Well-being 3:</b> Children receive adequate services to meet their physical and mental health needs.</p> <p><b>Systemic Factor II:</b> Case Review System</p> <p><b>Systemic Factor III:</b> Quality Assurance System</p>

Objective: Transform the continuum of child placing agencies to child caring communities				
	2015 - 2019	Measure of Progress	Progress in 2015	Outcome/Indicator
Strategies	Activities			
1.6 Transform the placement system to ensure only youth needing such placements are in congregate care settings.	<p>(a) Review the process for placement of children in congregate care</p> <p>(b) Introduce a new process for placement into congregate care.</p> <p>(c) Train child welfare and community providers on congregate care placement policies and practices.</p> <p>(d) Recruit more foster families to ensure availability and accessibility of placements that are alternative to congregate care.</p> <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>Congregate care placements are gradually reduced by 10%</p> <p>Kinship placements are gradually increased by 10%.</p> <p>Recruited and trained resource families are gradually increased by 10%.</p> <p>Child welfare and community provider staff are trained on trauma-informed care.</p>	<p>(a) The percentage of youth in congregate care has reduced wherein 66.9% of youth in out of home placement were in foster family settings in FY12 and 70% of youth were in foster family settings in FY15.</p> <p>A new placement referral process for DCYF to oversee congregate care placements is being established.</p> <p>With the help of Annie E. Casey Foundation, the Department plans to implement a Director's Approval Process whereby any residential placements would require a thorough review by clinical staff and formal review and signoff by the Director.</p> <p>The percentage of youth in congregate care has reduced wherein 66.9% of youth in out of home placement were in foster family settings in FY12 and 70% of youth</p>	<p><b>Safety 2:</b> Children are safely maintained in their homes whenever possible and appropriate</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>Systemic Factor VI:</b> Agency Responsiveness to the Community</p>

Objective: Transform the continuum of child placing agencies to child caring communities				
	2015 - 2019	Measure of Progress	Progress in 2015	Outcome/Indicator
Strategies	Activities			
			<p>were in foster family settings in FY1.</p> <p>1.6 (b) Implemented <i>A Family for Every Child</i>, a strategic initiative to increase the availability of foster and adoptive families in RI. Alongside the increased percent of youth in foster family settings is the increase in youth in kinship foster families. In FY12 53.6% of youth in a family foster care setting were in kinship foster families compared to 61.4% in FY15</p> <p>(c) In addition to the Director's Approval Process, the Department is working with the Annie E. Casey Foundation to implementing Expedited Permanency Meetings, which will involve a systematic review of children in identified cohorts with the goal of transitioning youth out of residential care and into foster care. The first cohorts to be reviewed are children under 12 in residential settings, and youth in out</p>	

Objective: Transform the continuum of child placing agencies to child caring communities				
	2015 - 2019	Measure of Progress	Progress in 2015	Outcome/Indicator
Strategies	Activities			
			<p>of state placements. The Department expects to implement this process in October 2015.</p> <p>1.6 (d) Introduced clinical services and supports for resource families through the introduction of a licensed clinician position.</p> <p>1.6 (e) Through the Adopt Well-Being initiative, a plan to create a trauma-informed workforce and provide trauma trainings to resource families is being developed. Between 8/1/2014 and 6/3/2015, there were 6, 3-Day trauma informed trainings completed with both DCYF staff and community providers. Attending these trainings were a total of 73 DCYF staff and 9 community provider staff. Additionally, there 7 train the trainers who are now able to train DCYF and community providers alike for sustainability. Also, during FY15, 5 congregate care settings implemented Trauma systems</p>	



Objective: Transform the continuum of child placing agencies to child caring communities				
	2015 - 2019	Measure of Progress	Progress in 2015	Outcome/Indicator
Strategies	Activities			
			<p>Therapy and provide this service to youth and their families who are placed within those settings.</p> <p>1.6 (g) Significantly, Ms McDonald identified a need for a communications capacity within the organization, which did not previously exist. One of her team members, with experience in this arena, has developed a plan for the addition of two (2) communications specialists dedicated to internal, partner, and customer communications as well as media relations and social media development. The first of these will be hired and on-board by December 1, 2015. The agency is in the process of hiring. The Child Welfare Assessment and Findings Report from the Casey Foundation has been presented to the Child Welfare Advisory Committee, the Senate Finance Committee and to the Chief Judge of the Family Court.</p>	

Objective: Transform the continuum of child placing agencies to child caring communities				
	2015 - 2019	Measure of Progress	Progress in 2015	Outcome/Indicator
Strategies	Activities			
1.7 Improve Educational stability across the life cycle for children in care.	1.7 (a) Ensure that children birth to 5 in DCYF care are adequately prepared and supported for educational achievement.	<p>Increase placement stability</p> <p>Children will be linked with Early Intervention and Child Find resources as appropriate</p>	<p>1.7 (a) In 2014-2015 DCYF revised Early Intervention referral policy to streamline and improve the rate of referral for children Birth to 3 that are subject to the CAPTA Mandate. This increase in focus has resulted in a 88.7% annual referral rate for children subject to the CAPTA mandate.</p> <p>DCYF developed 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. This project has resulted in 80 families being referred with expanding capacity in 2015.</p> <p>DCYF developed an integrated system with RI Dept. of Education and RI KidsNet to ensure that children ages 3 to 5 in foster care have access to Child Outreach Screening to identify developmental</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>

Objective: Transform the continuum of child placing agencies to child caring communities				
	2015 - 2019	Measure of Progress	Progress in 2015	Outcome/Indicator
Strategies	Activities			
			<p>delays prior to entry into kindergarten. This has led to an increase in referrals for special education testing for children 3-5 years old who are in DCYF care.</p> <p>DCYF in partnership with RI Dept. of Education has developed, piloted and sustained an Early Childhood Trauma Informed Care curriculum for child care staff that is now delivered through the Center for Early Learning Professionals. This curriculum and delivered training seeks to provide childcare staff with knowledge and skills to support the needs of children birth to 5 in the child welfare system. This knowledge and skill capacity will help to ensure child care placement stability and well-being for children birth to five that have experienced trauma.</p> <p>DCYF has utilized ACF grant resources to develop materials to promote the use of High-Quality</p>	

Objective: Transform the continuum of child placing agencies to child caring communities				
	2015 - 2019	Measure of Progress	Progress in 2015	Outcome/Indicator
Strategies	Activities			
			<p>Early Care and Education for children birth to 5 in foster care to enhance child well-being and future educational success.</p> <p>Based on CFSR 3 RI child welfare indicators, RI met the national standard for placement stability at 2.6 movers per 1,000 days in care.</p>	
	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.	<p>1.7(b) – The Educational Services Coordinator consults with DCYF caseworkers and probation officer in advance of foster care placement changes to help increase the likelihood that educational placements will remain stable. This is accomplished by reviewing the educational status of the student with the worker and contacting the school in which the student is placed and helping to coordinate.</p> <p>The DCYF Educational Service Coordinator along with representatives from RI Dept. of Education and The Sherlock Center on Disabilities Educational</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>

Objective: Transform the continuum of child placing agencies to child caring communities				
	2015 - 2019	Measure of Progress	Progress in 2015	Outcome/Indicator
Strategies	Activities			
			<p>Advocate program provided training to all new social worker classes and refresher classes to all Regional Supervisors.</p> <p>The Educational Services Coordinator has also provided workshops to Local Education Agencies, specifically Providence Public Schools, during their professional development trainings.</p> <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>Additionally, the Department has instituted a transitioning planning process among the Thomas C. Slater Training School, DCYF Probation staff and the Providence Public Schools for youth transitioning from the Training School back into</p>	

Objective: Transform the continuum of child placing agencies to child caring communities				
	2015 - 2019	Measure of Progress	Progress in 2015	Outcome/Indicator
Strategies	Activities			
			Providence Schools. This includes a monthly case management meeting with all parties to identify educational as well as other transitional needs and 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.	
	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.	(c) – The Department has not developed a training mechanism for this yet.	<b>Permanency 1:</b> Children have permanency and stability in their living situations.  <b>Well-Being 2:</b> Children receive services to meet their educational needs.

Objective: Transform the continuum of child placing agencies to child caring communities				
	2015 - 2019	Measure of Progress	Progress in 2015	Outcome/Indicator
Strategies	Activities			
				<b>Systemic Factor VII: Training</b>
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 May 8, 2015 there are over 1,694 unduplicated active participants across all CYS programs.</p> <ul style="list-style-type: none"> <li>• Since inception of CYS, \$308,827.24 in teen grants was provided.</li> <li>• 346 new youth enrolled in the ASPIRE component with 241 active participants at the end of this reporting period.</li> <li>• Youth have saved and matched for over \$605,249 worth of assets that contribute to their financial well-being.</li> </ul>	<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 services to meet their physical and mental health needs.</p> <p><b>Systemic Factor II:</b> Case Review System</p>

Objective: Transform the continuum of child placing agencies to child caring communities				
	2015 - 2019	Measure of Progress	Progress in 2015	Outcome/Indicator
Strategies	Activities			
			<ul style="list-style-type: none"> <li>• 308 new youth enrolled in Real Connections with 127 active participants at the end of this reporting period. 65% of active youth are matched</li> <li>• CYS achieved an 87% participation rate in our inaugural baseline NYTD survey.</li> <li>• Follow-up survey 81% participation rate.</li> <li>• CYS achieved an 80% completion rate for the federally required 19 year old surveys.</li> <li>• Baseline surveys for the 2nd cohort are being collected at a completion rate of 83%</li> <li>• Follow up 21 year old surveys are currently underway for the last federally required year for the original cohort. The year is broken into two reporting periods: October 1- March 31 and April 1- September 30. In the first reporting period, 68 of the potential 91 surveys were</li> </ul>	



Objective: Transform the continuum of child placing agencies to child caring communities				
	2015 - 2019	Measure of Progress	Progress in 2015	Outcome/Indicator
Strategies	Activities			
			<p>successfully completed, giving us a 75% completion rate. So far 38 out of 80 potential surveys have been collected for the second reporting period for a 48% completion rate.</p> <ul style="list-style-type: none"> <li>• 70% of NYTD youth participate in 3 or more CYS programs.</li> <li>• Ability to engage youth across multiple services helps them to stay connected, access services, and be available for the required follow-up surveys.</li> </ul>	
	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 community in transition planning for youth.</p>	<p>(b) As of May 8, 2015, we were serving 180 active YESS participants at an average annual cost per participant of \$9,345.</p> <p>The Departments Youth Development Team continues to use the Foster Clubs Transition Toolkit with youth and workers to better inform the transition process and to develop stronger personalized transition plans.</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>

Objective: Transform the continuum of child placing agencies to child caring communities				
	2015 - 2019	Measure of Progress	Progress in 2015	Outcome/Indicator
Strategies	Activities			
			<p>In Works Wonders during the first 6 months of FFY2015, 40 youth completed the eleven week E2 class for a total of 71 graduates since program inception in April 2013. Of those 40 youth, 8 youth have completed one work experience and 3 youth completed two work experiences for a total of 14 work experiences. 50% of those work experiences were internships, 35% were informational interviews and 15% were paid jobs. 93% of the work experiences were paid. --</p> <p>A total of 100 youth have been engaged in the Works Wonders study (defined as having taken a baseline and attended at least four classes). This brings our completion rate for the project to 71%, with the most success in retention occurring in the second year.</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	Outcome/Indicator
Strategies	Activities			
2.1 Develop additional supports for resource families.	<p>2.1 (a) Expand and increase array of services provided to resource families by DCYF and its partners.</p> <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>Crisis stabilization response team is established.</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>(a) In 2014, <i>A Family for Every Child</i>, a strategic initiative to increase availability of foster and adoptive families in RI, was launched and fully staffed. As part of the initiative, an Advisory Council and six planning and implementation teams were formed. They began reviewing the full range of factors that affect the experience of resource families, including the array of services offered to resource families and child welfare workers. As a result of that work, a comprehensive Implementation Plan was developed and submitted for approval to Children's Bureau, ACF.</p> <p>(b) DCYF has been working with NHP-Beacon to establish a Mobile Crisis Intervention Team. However, I would add that the Department is</p>	<p><b>Safety 1:</b> Children are, first and foremost, 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	Outcome/Indicator
Strategies	Activities			
	<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 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>The number of disrupted placements decreases by 10%. The Department is currently developing a methodology to address this measure longitudinally. The plan this to have this completed by January 2016.</p>	<p>working with Harvard Kennedy School to develop RFP for a Mobile Crisis Intervention Team, which would include respite services.</p> <p>2.1 (c) A new Clinical Support Coordinator position was filled. The position focused on developing systems that can provide trauma-informed, adoption-competent support to resource families.</p> <p>(d) Diligent Recruitment staff have had preliminary meetings with the head of the Providence YMCA and local faith organizations to explore services and supports that could be provided to resource families by these organizations. Development of additional outreach activities to increase community support for resource families will continue in subsequent years of the five year plan.</p> <p>(e) <i>A Family for Every Child!</i> evaluation team conducted a survey</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	Outcome/Indicator
Strategies	Activities			
			<p>of resource families to identify areas of unmet need and underutilized resources. The team began analysis of survey data and presented preliminary findings to key stakeholders. Project team then began to develop an array of services and supports and a new delivery mechanism, which will ensure that services and supports are available to all resource families on the basis of need. We anticipate implementing these within our through a new procurement cycle in late FY 2016.</p> <p>2.1. (f) Project staff reviewed and revised key pieces of correspondence that are used to communicate with resource families. Translation of licensing materials into Spanish is planned for 2016. To keep resource patents informed about service, supports, opportunities to participate in system improvement and special events, the Department's Licensing</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	Outcome/Indicator
Strategies	Activities			
			<p>division launched an electronic newsletter for resource parents. A review of the Department's customer service practices will take place in 2016 as part of the market Segmentation project.</p> <p>2.1 (g) Curricula used to train prospective resource families were reviewed and a single statewide pre-service training platform for newly recruited resource parents was selected. All resource parents in the state will receive state-of-the-art trauma-informed training (TIPS-MAPP). Private agency and DCYF staff will hold joint trainings for prospective resource families, ensuring efficient use of limited resources and high quality of instruction.</p> <p>(h) Diligent Recruitment staff have identified several matching models. Implementation of updated matching</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	Outcome/Indicator
Strategies	Activities			
			protocols is scheduled to being in 2016.	
2.2 Increase availability of resource families.	<p>2.2 (a) Recruit additional kinship foster families using Extreme Recruitment model.</p> <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</p>	<p>The proportion of kinship foster care placements is increased by 10%</p> <p>The number of non-kinship foster families is increased by 10%</p>	<p>(a) A new Inspector position was filled in the summer of 2014. The position focused on finding kinship connections for children and youth in state care. The Department identified potential partners for the implementation of an intensive family-finding model.</p> <p>(b) As part of <i>A Family for Every Child!</i>, DCYF and private agency staff formed a planning and implementation team focused on recruitment and retention of resource families. Market Segmentation (MS) was identified as a tool for targeted recruitment and A Family for Every Child! staff secured resources needed for implementation of MS in the state.</p> <p>(c) To raise public awareness of the need for more resource families, DCYF and its partners held two</p>	<p>Permanency 2: The continuity of family relationships and 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	Outcome/Indicator
Strategies	Activities			
	receiving a foster/adoptive parent license.	Regulations reviewed and revised if necessary.	<p>public screenings of Ask Us Who We Are, a documentary about foster care. DCYF staff also coordinated joint recruitment events, which included all private foster care agencies.</p> <p>2.2 (e) An Advisory Council, which includes representatives from a broad range of community organizations and representatives of the business community was formed to facilitate recruitment of new resource families.</p> <p>Since FY12, the percent of youth placed in family foster care settings has increased from 66.9% to 70.0% in FY15. Further, among children placed in family settings, the percent placed in kinship family homes increased from 53.6% in FY12 to 61.4% in FY15.</p> <p>2.2(f) Compliance with existing lead regulations has been identified as one</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	Outcome/Indicator
Strategies	Activities			
			of the most significant regulatory barriers to recruitment of new resource parents. The Department's Licensing Administrator has begun working with DOIA and other state agencies to eliminate this barrier without compromising child safety.	
2.3. Increase diversity of non-kinship resource families	<p>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.</p> <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</p>	<p>The number of resource families from underrepresented communities is increased by 10%.</p> <p>The number of children and youth in state care that are placed within their communities is increased by 10%.</p>	<p>2.3 (a) Market Segmentation (MS) was identified as a tool for developing targeted outreach and recruitment strategies. A Family for Every Child! staff identified resources needed to implement (MS) in the state.</p> <p>2.3 (b) TIPS-MAPP pre-service training sessions for prospective resource families were conducted not only in English, but also in Spanish. (Previously, DCYF provided interpreters on as-needed basis to prospective resource parents who attended pre-service trainings conducted in English.)</p>	<p><b>Systemic Factor VII:</b> Foster and Adoptive Parent Licensing, Recruitment, and Retention.</p> <p><b>Permanency 2:</b> The continuity of family 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	Outcome/Indicator
Strategies	Activities			
	<p>groups that are less familiar with resource parenting.</p> <p>2.3 (e) Enhance cultural competence of DCYF and private agency staff.</p>		<p>2.3 (c) A Family for Every Child! Advisory Council was structured to ensure broad representation from minority communities, including Hispanic, African-American, and Southeast Asian communities, as well as several faith-based organizations. As part of A Family for Every Child, DCYF and its partners are working with a broad range of faith-based and culturally-based organizations to increase the number of resource families from underrepresented communities.</p> <p>The percent of youth placed in their home communities increased from 40.5% in FY14 to 42.1% in FY15</p> <p>(d) Activities to address this goal are scheduled to begin in 2017.</p> <p>(e) Activities to address this goal are scheduled to begin in 2017.</p>	

**GOAL III: TO IMPROVE HEALTH AND WELL-BEING AMONG EMPLOYEES, CAREGIVERS AND PROVIDERS  
TO ENHANCE THE OVERALL SYSTEM OF CARE**

**Objective: Healthy Systems contribute to workforce wellness and a healthy workforce engages in best practices to support positive outcomes for families.**

	2015 → 2019	Measure of Progress	Progress in 2015	Outcome/Indicator
Strategies	Activities			
3.1 Create a unified definition of wellness that will be adopted and implemented throughout the System of Care	(a) Create a workforce wellness strategic plan throughout the agency.	Establish of survey tools. Establish of focus groups. Facilitation of open door meetings.	Implementation of survey tools for DCYF staff and the creation of on line suggestion box.  Convening of a weekly open door meeting with Agency Director and strategy team members.  Establishment of focus groups within the agency.  Development of a communication strategy to promote wellness for the DCYF workforce.	<b>Safety 1:</b> Children are, first and foremost, protected from abuse and neglect.  <b>Systemic Factor IV:</b> Staff and Provider Training
3.2 Expand and increase the resources available to ensure workforce	(a) Wellness topics-of-interest will be incorporated into a planned series of “brown-bag” informational presentations as part of a professional development initiative.	(a) A series of trainings will be developed for various constituencies to ensure that the	(a) These trainings have yet to take place. Workforce Wellness to develop specific strategy to address the training needs; with focus on improving recruitment and retention of agency staff. Ensuring effective staff recruitment and stability are critical to long term staff wellness as	<b>Safety 2:</b> Children are safely maintained in their homes whenever possible and appropriate  <b>Permanency 2:</b> The continuity of family

**Objective: Healthy Systems contribute to workforce wellness and a healthy workforce engages in best practices to support positive outcomes for families.**

	2015 → 2019	Measure of Progress	Progress in 2015	Outcome/Indicator
Strategies	Activities			
and agency wellness.	<p>(b) Supportive trainings will be identified by staff through a series of surveys and outreach efforts.</p> <p>3.2 (c) Trauma-informed trainings will be created and implemented for staff across the SOC.</p> <p>(d) Trainings that support youth voice and choice will be created and implemented for staff across the SOC.</p> <p>(e) Cross-system Peer Support Team members will be selected.</p> <p>(f) The Department will develop and implement trainings for the peer support team either directly or through a training contract(s) with a vendor(s).</p> <p>(g) Peer Support Team will develop and communicate process for accessing support.</p>	<p>importance of wellness is understood and addressed throughout the SOC.</p> <p>3.2 (b) Peer Support team created and implemented to support staff throughout the SOC.</p>	<p>they ensure more seasoned staff are in place to provide peer support.</p> <p>3.2 (b) Training created and implemented in partnership with youth and family coordinators and CWI on cultural competency. As well, an agency diversity committee has recently been created and is developing a work plan on how to effectively increase staff diversity and cultural competency at all levels.</p> <p>(c) Three trainings with DCYF and community provider staff using the Child Welfare Trauma Training Toolkit Curriculum have been completed through August 2015. Two additional trainings are scheduled for September and October 2015.</p> <p>(d) The Department is currently assessing our training capacities and methodologies to determine how to proceed effectively and efficiently.</p> <p>3.2 (e) The new agency leadership team is engaging with the current Peer Support</p>	<p>relationship 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 3:</b> Children receive adequate services to meet their physical and health needs.</p> <p><b>Systemic Factor IV:</b> Staff and Provider Training</p>

**Objective: Healthy Systems contribute to workforce wellness and a healthy workforce engages in best practices to support positive outcomes for families.**

	2015 → 2019	Measure of Progress	Progress in 2015	Outcome/Indicator
Strategies	Activities			
	<p>(h) Peer Support Team will be introduced and accessible to DCYF staff.</p> <p>3.2 (i) The Peer Support Team, with the support and input of senior staff, will evaluate impact of peer crisis team at DCYF, and develop strategy to expand to entire SOC.</p>		<p>Team to determine how to most effectively proceed.</p> <p>(f) Additional DCYF Peer Support Team members trained as the need is identified.</p> <p>(g) DCYF Peer Support Team created practice standards for its work, which was approved and supported by the senior management team.</p> <p>(h) Peer Support Team implemented at DCYF</p> <p>(h) Peer Support Team providing supports to staff at DCYF</p> <p>(h) Peer Support Team conducting an agency-wide survey in order to develop a baseline and direction as it enters into a strategic planning process.</p>	
3.3 Ensure that wellness expands into the community to prevent child welfare involvement and	<p>(a) Identify challenges with service array, including waitlist and access issues.</p> <p>(b) Partner with Diligent Recruitment/Adopt Well-Being Workgroup that is engaging in</p>	<p>Gaps and strengths in service array will be identified.</p> <p>Plan designed to address gaps in service array and to</p>	<p>(a) Understand the impact of SOC changes and their cumulative impact on wellness initiatives within the provider community.</p> <p>(b) Adopt Well-Being and Diligent Recruitment Array of Service</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</p>

**Objective: Healthy Systems contribute to workforce wellness and a healthy workforce engages in best practices to support positive outcomes for families.**

	2015 → 2019	Measure of Progress	Progress in 2015	Outcome/Indicator
Strategies	Activities			
to achieve safety, permanency and well-being outcomes for children and families.	<p>extensive review of RI service array configuration.</p> <p>3.3(c) Enhance understanding and utilization of family teaming for staff and families.</p> <p>(d) Train staff on family teaming practices.</p> <p>Train “coaches” to support staff on family teaming practices.</p> <p>(e) Involve families in creating practices and policies that support family teaming.</p> <p>Ensure that all families are supported through the family teaming process.</p>	<p>address access and/or underutilization of services.</p> <p>Staff appropriately utilize and implement family teaming efforts.</p> <p>Children, youth and families are supported through the family teaming process and achieve their agreed upon outcomes.</p>	<p>Workgroup met twice and produced and distributed findings.</p> <p>3.3(c) CWI trained SOC providers on family teaming practices.</p> <p>(d) DCYF Training Committee and CWI developing a plan to address staff training needs in the area of family teaming.</p>	<p>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 IV:</b> Staff and Provider Training</p>

Objective: Reduce the overall instances of Maltreatment and Repeat Maltreatment				
	2015 → 2019	Measure of Progress	Progress in 2015	Outcome/Indicator
Strategies	Activities			
4.1 Improve overall consistency in investigations and safety and risk assessment	(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  (b) Consider adopting Review, Evaluate, Direct (RED) Team Meeting process for determining response priority and case planning.	Maltreatment rate in foster care numbers  Repeat Maltreatment numbers  #of cases referred to community/home based services that open to FSU	(a) In process  (b) We are currently investigating the RED Team Meeting Process with Case Family Programs and Washington DC.	<b>Safety 1:</b> Children are, first and foremost, protected from abuse and neglect.
4.2 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) In process.	<b>Safety 1:</b> Children are, first and foremost, protected from abuse and neglect.
4.3 Improve face to face contact between DCYF worker and child	4.3 (a) Adopt SDM tools at the hotline and increase standardization in decision making by exploring processes such as the RED Team model. This standardization will help us to focus on the right cases and has the potential to help reduce caseloads which can be a barrier to ensuring timely face to face visits.	% of monthly face to face visits completed on time	(a) In process.	<b>Safety 1:</b> Children are, first and foremost, protected from abuse and neglect.

## TITLE IV-E WAIVER

On August 28, 2015, Chief Strategy Office Jamia McDonald submitted a letter to Bethany Miller of ACF regarding our Title IV-E Waiver Demonstration Project status. In this letter, Ms. McDonald acknowledges the period of transition taking place within DCYF and the multiple projects and initiatives about which she and her senior managers have had to learn and determine next steps. Ms. McDonald also indicates that DCYF is now prepared to move ahead, pending ACF approval, with a waiver demonstration project that is based on our newly developed priorities within our strategic transformation plan. She indicates the target populations remain children in or at risk of entering congregate care and indicates the assistance we are receiving from the Annie E. Casey Foundation (AECF), Casey Family Programs and Harvard's Kennedy School Government Performance Lab. In the letter, she proposes that we utilize the flexibility of the IV-E Waiver to support the following interventions:

1. Expedited Permanency Meetings, a family teaming model developed by AECF and effectively implemented in other jurisdictions to move children from congregate care to permanency;
2. Rapid kinship identification (family finding) team and expanded access to support services for kin providers;
3. Community based assessment, stabilization and respite services to safely keep families in crisis intact, while longer term services and supports are arranged;
4. Effective community based interventions, such as Multi Systemic Therapy (MST) and Functional Family Therapy (FFT), for families with children experiencing serious behavior problems; and
5. Director's Approval Process, a standardized review and approval process that requires Director's level authorization for all residential placements. AECF has successfully implemented this procedure in other states and it has led to a significant reduction in congregate care placements.

Ms. McDonald identifies the need for the Department to refine our fiscal calculations and indicated we will do so while awaiting the Children's Bureau review of our new proposal and a response.

## CHAFEE FOSTER CARE INDEPENDENCE 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.

On July 1, 2010, the Department entered into a contract with Foster Forward with RICORP as their principal partner for the Consolidated Youth Services Program (CYS). This program is a lead agency service delivery model which 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. In April 2015, RICORP notified Foster Forward that they were no longer interested in continuing their role as a subcontractor for the CYS Program. Foster Forward in turn notified DCYF and in the 3 month contract extension of the CYS Program, it shifted to a single agency model with Foster Forward as the sole identified contracting entity.

## CONSOLIDATED YOUTH SERVICES PROGRAM

Through the Consolidated Youth Services Program (CYS), DCYF provides comprehensive youth development services, directly or through access to existing services funded by other agencies that 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, Foster Forward assists 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 is able to offer some of this programming (Real Connections, ASPIRE, and Youth Enrichment Grants) to youth as young as 8 and up to the youth's 24th birthday.

The CYS program 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.

While the Department is still interested in co-locating certain services, the cost of co-location has led us to take a closer look at our needs and prioritizing these needs. CYS staff engaged in the Permanency Support Teams continue to be co-located in DCYF offices and YESS case managers frequently visit DCYF offices to assist staff. CYS staff also attend team meetings with both Networks, have provide presentations to Network staff and attend transition meetings.

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

### REAL CONNECTIONS MENTORING

The goal of Real Connections is to ensure that all youth leave state care with positive, permanent adult connections and options for a successful future. Real Connections has pushed to expand the knowledge base on what works for helping older youth in care achieve permanent adult

connections. While elevating its practice to meet or exceed national mentoring guidelines, Real Connections works in collaboration with the DCYF and other partner organizations to implement innovative family finding techniques to advance permanency. To accomplish this, Real Connections employs a number of strategies to identify these adults as potential mentors. These strategies include: eco-mapping, in which youth visually represent their network of connections; case recording-mining to search for mention of individuals formerly connected to the youth; and Seneca Searches an online search technology to access public records in order to locate identified connections related to the identified youth.

Real Connections is available to youth ages 8-21 and employs a mentoring model to strengthen those relationships that are not immediate placement options but may become placement resources and can provide long term support. The program searches beyond immediate family members to identify extended family and "fictive kin," which could include coaches, teachers, neighbors and the other valuable community resources that are too often overlooked. If no adult connection from within the youth's own network can be identified youth are then matched with a mentor from the community. All identified adult connections undergo a 5-hour mentor training and are supported for a minimum of a year.

#### **LIFE SKILLS ASSESSMENT AND INDIVIDUALIZED LIFE SKILLS EDUCATION**

The CYS Program uses the Casey Life Skills Assessment (CSLA) to conduct Holistic Youth Assessments (HYA) on youth referred for an assessment by DCYF. This assessment tool is strengths-based and widely accepted as a best-practice model. The CSLA addresses all key transition domains, included permanency and the youth's level of confidence in their future. Other supplemental topics include education, pregnancy, parenting infants and young children, youth values, homeless youth, gay, lesbian, bisexual, transgender, and questioning youth (GLBTQ), and American Indian culture. The HYA's take place statewide in a location that best meets the needs of the youth. These locations include, but are not limited to, foster homes, group homes, or the Thomas C. Slater Training School for Youth (Training School). HYA's will only be conducted at the Training School if youth are referred for Life Skills prior to entry into the training school in order for the HYA to be completed within the designated 90 day window for completion. (As of July 1, 2012 the Life Skills Program for youth at the RITS ended and no CFCIP funds are used for youth at the RITS) While meeting with youth to conduct the HYA, CYS staff will let the young people know of other services and supports offered through Consolidated Youth Services.

Upon completion of the HYA, a score report is generated and emailed to the appropriate DCYF staff (e.g., social caseworkers, probation officers, unit managers, etc.), the HYA staff, to any other community provider identified by the youth with whom he/she is working (e.g., agency coordinating transition teams in the second phase of the DCYF system of care redesign), and to the youth. The score report indicates which domains the youth needs services and supports in (Career Planning, Communication, Daily Living/Home Management, Housing Education, Money Management, Self-care, Social Relationships, Work Life, Work and Study Skills).

CYS staff, upon request, will customize and tailor class offerings for young people who need it based on any exceptional needs or scheduling conflicts. The primary curriculum for Life Skills education is the Life Skills Learning Guide, Ansell Casey's companion resource. The domains covered in the Guidebook comply with DCYF's currently identified 14 Life Skills areas. While the Learning Guide is the primary tool for the delivery of education, flexibility in the curriculum

is ensured in order to address the youths' needs. CYF staff have used the Learning Guide to create "Mobile Life Skills Tool Kits" that each Life Skills Instructor utilizes in order to maintain uniformity and consistency with regard to the Life Skills education classes provided across the state.

Based on findings from Life Skills program evaluations that other states have done, the DCYF, Foster Forward is driving programming toward evidence based practices. In January 2013, the CYF Program adapted the curriculum and replaced its format with the evidence based Curriculum from the Institute on Prevention of Pregnancy and Sexually Transmitted Infection among Youth in Foster Care. Rhode Island is one of five states which have adapted the evidenced-based *Making Proud Choices* curriculum to the child welfare population. The *Making Proud Choices* curriculum replaced the existing Life Skills lessons on pregnancy and STI/HIV prevention and healthy relationships. Foster Forward convened a statewide Continuous Improvement Team to explore systems level activities to support the implementation of the curriculum and inform the work of the Institute. This statewide work team helped Foster Forward develop and implement the plan to roll out curriculum instruction. While activities related to this work have been slow to begin due to these activities shifting from RICORP to Foster Forward, a handout was created to support foster families and supportive adults on how to be an "Askable Adult", the contents of the curriculum and how to support young people. Working with DCYF, Foster Forward will develop and implement a training plan for foster families, group home staff and other supportive adults, as well as training offered to group home providers on the curriculum and how they can support and reinforce the learning. In order to ensure youth have the greatest accessibility to Life Skills programming, Life Skills Education Classes take place in geographically diverse sites around the state on a regularly scheduled basis, utilizing community partners (libraries, churches, community centers, etc...) as well as in residential programs. Classes generally meet twice weekly for two (2) hours for approximately five (5) weeks, which has been consistent for several years. To date in FFY 15/16, this has resulted in 25 class offerings, representing over 500 hours of life skills education at 12 separate site locations. This Life Skills Education programming included: 7 weekend courses, 9 private class sites (for agencies who serve youth who may not be able to attend in the community due to behavioral needs, etc.), and 7 accelerated courses offered both at Foster Forward and in the community. There has been a decrease in Life Skills classes this year and it can be attributed to the failure of RICORP's leadership to effectively schedule and maintain classes. Foster Forward is fully aware of this reduction and is focusing on how to correct it while focusing on outcomes (youths' successful acquisition of knowledge in life skills areas) versus volume.

Youth who complete the Life Skills Education Program receive a \$150.00 stipend for the 5 week program completion or \$20 per component, should they opt to only complete components identified as 'areas of improvement needed'. Youth who have also completed the Making Proud Choices curriculum have received an extra \$30 stipend for taking a survey which goes along with the curriculum. The stipends are paid to the youth upon completion of the Life Skills program at their graduation ceremony where they are encouraged to invite those individuals they identify as playing a 'significant role' in their lives. At the ceremony, Life Skills staff speaks specifically about the strengths of each youth and award a certificate of completion, the \$150.00 stipend check and an 'independent living basket' filled with items that support the youth's continued path toward self-sufficiency.

Additionally, the CYS Program uses the National Jim Casey Youth Opportunities Initiative Opportunity Passport™ (locally known as ASPIRE) curriculum for financial management instruction. While not yet an evidence-base practice, this is deemed an evidence-informed practice and is currently undergoing the rigorous evaluation by the National Jim Casey Youth Opportunities Initiative and the Annie E. Casey Foundation to document whether it can rise to the level of evidence-based. This curriculum was adapted in 2013 and rolled out in its newest form in January 2014. The new curriculum is even more youth friendly, contains much more engaging activities, and provides youth with follow up learning opportunities related to financial management that will help inform youth about making and maintaining asset purchases.

### EDUCATIONAL SERVICES AND SUPPORTS, INCLUDING HELPING TO ENSURE THAT YOUTH ARE PREPARED FOR POST-SECONDARY EDUCATIONAL TRAINING AND/OR EDUCATIONAL OPPORTUNITIES.

Foster Forward is helping to ensure youth succeed educationally for many years. Through Life Skills, ASPIRE and YESS they have worked closely with youth and adult supporters to ensure educational success in high school, to help link youth to supports and services for college preparation and access and to link youth to college support services.

The CYS Program brings these and other components together into one program to build on this foundation and to increase our collective successes with our youth. In addition, Foster Forward works closely with DCYF's Educational Service Coordinator to ensure students that are eligible for the DCYF Post-Secondary Tuition Assistance Program are connected to these resources.

### EMPLOYMENT/VOCATIONAL DEVELOPMENT SERVICES

The CYS Program is a leader in helping to ensure youth have access to supports and services they need to be successful in career development and workforce readiness. CYS staff work closely with youth and adult supporters to ensure youth are provided the supports and services they need to enter the workforce either when they leave DCYF care or after they complete a training or educational program which meets their needs.

In FY2012, Foster Forward was awarded one of four grants nationally, out of 90 submissions, by the Administration for Children and Families to improve services to youth in the child welfare system. This award puts \$2 million of federal resources through FFY2016 behind the power of Consolidated Youth Services to build a model, implement, and test the effectiveness of increasing relational competencies for youth through the world of work.

The grant, known as Works Wonders, serves youth ages 16-21 who are in or who have aged out of the Rhode Island foster care system with a plan to adapt its strategy to serve youth ages 14-15 as well, in year four. The strategy combines an educational and peer group, Employment and Empowerment Group (E2), and support from an Employment Coach to help youth identify and engage in healthy relationships that provide on-going social support, advocate on their own behalf (psychological empowerment), and connect with the labor market (career development and employment engagement). E2 groups will be co-facilitated by a trained child welfare professional and former youth in care. Implementation of the project has begun and youth are currently being served and connected to meaningful learning opportunities in employment.

## ASSISTANCE WITH IMPLEMENTATION OF NYTD

As the Jim Casey Youth Opportunity Initiative agency in Rhode Island, Foster Forward has significant and positive experience in surveying youth on a regular basis. Their survey participation rate of youth in their ASPIRE Initiative (Rhode Island's Jim Casey Program) hovers around 82% twice a year. They lead our efforts in reaching out to youth for the NYTD survey.

In modifying our SACWIS, the Department provides direct access to specific components of RICHIST for designated CYS staff. This allows us to make semi-automatic referrals for Life Skills, allows CYS staff to enter Life Skills assessment and service information directly into RICHIST, provides a list of the NYTD Survey Populations for CYS and allows CYS staff to enter NYTD survey information directly into RICHIST with the youth.

## YOUTH ENGAGEMENT AND YOUTH AS PARTNERS

**The Voice:** The Youth Advocacy & Leadership Board for the Department of Children, Youth & Families provides young adults, ages 14-24, a platform to use their experiences in out-of-home-care to create and facilitate positive change in the child welfare system. As the DCYF's identified youth advocates for youth in the care of the Department, the mission of The Voice is to: raise awareness of youth indicated issues within the system; seek to EMPOWER, EDUCATE, and PROMOTE youth voice and choice, using a youth to youth approach.

**ASPIRING Young Leaders Program:** The ASPIRING Young Leaders Program (AYLP) was built locally in Rhode Island to mirror a national youth leadership training provided by The Jim Casey Youth Opportunities Initiative. This three day program builds upon strengths of youth who have experienced foster care and empowers young leaders to succeed by enhancing their communication, self-advocacy, and strategic sharing skills. Budding young leaders come together to learn how to build relationships and work as a team. AYLP serves as a development program for the youth coming into The Voice. It augments and supports the mission of the work and is an example of a leveraged opportunity through Foster Forward.

**Door Openers:** Workshops and information sessions hosted by staff from the CYS YESS Aftercare Services Program and other CYS Program Staff.

- Housing Workshop
- FAFSA Workshop
- DCYF Higher Ed Workshop
- Income Tax assistance
- Resume Building Workshop
- CPR Training & Certification
- Year Up Informational Meeting
- Electric Boat Job Opportunity Informational Workshop
- RIRAL G.E.D. Educational Program
- SOAR
- Voter Registration
- Planned Parenthood Birth control workshop
- Social Media Etiquette
- Time Management Workshop
- Reading Circles for Parenting YESS clients and their children
- Citizens Bank Workshops
- Stress Management Activity
- New Year New You Craft night
- Mental Health Workshop



### **CYS Alumni Events & Opportunities:**

- Annual Thanksgiving Celebration Dinner at the Blue Cross/Blue Shield
- Annual Holiday Craft Making
- Annual Halloween Field Trip (Roger Williams Park Zoo Jack O Lantern Spooktacular)
- Annual Six Flags Trip
- Annual Summer BBQ & Resource Fair

### **PROGRAM EVALUATION AND CONTINUOUS QUALITY IMPROVEMENT**

In addition to the NYTD requirements, the Department continues to work with Foster Forward on developing and implementing a strong, outcome-based program evaluation and continuous quality improvement component that has at its center a relational database called ETO by Social Solutions. This tool allows Foster Forward and DCYF to view data across programs and has helped to inform program improvements, practice enhancements, and has demonstrated the power and effectiveness of the CYS array of services.

CYS Case Review and CYS Management meetings are held monthly to ensure quality programming and collaboration.

DCYF's Youth Development and Educational Supports staff meet monthly with DCYF's System of Care Implementation Grant staff to encourage collaboration across programs.

### **YOUNG ADULTS ESTABLISHING SELF-SUFFICIENCY (YESS) – VOLUNTARY AFTERCARE SERVICES FOR YOUTH AGING OUT OF DCYF CARE**

Former foster youth who leave our system at age 18 and have yet to reach the age of 21 are offered access to YESS, the voluntary aftercare services component of the CYS Program which provides participating youth assistance with room and board costs as appropriate to the individual needs of the youth. YESS Aftercare Services are solely funded using state general revenue dollars. No CFCIP funds are used for any expenses related to YESS Aftercare Services. Since this is a state funded service, we have extended this to youth leaving the RI Training School and youth leaving a juvenile probation placement at age 18 or between their 18th and 19th birthdays. Room and Board can include rent, rental deposits and utilities (if included with the apartment) based on the identified needs of the individual youth but does not include the costs of room and board for when a youth is attending college on a full or part time basis if those costs are covered through educational funding streams such as federal grants and loans or Chafee ETV funds. This program can offer emergency assistance with food costs if necessary but generally youth are assisted in accessing income support services for which they may be eligible through other agencies.

A YESS participant was selected as National Child Awareness Month (NCAM) Youth Ambassador. The Youth Ambassador was chosen to represent RI with a service project "Going the Distance and Making a Difference", using 'running' as a catalyst to increase resiliency and improve well-being for youth in foster care. This culminated as a 5K for Youth in Care in July 2014.

### **TEEN GRANTS**

The Teen Grant program provides grants of up to \$300 per year to young people ages 16-21 who are in DCYF-sponsored out-of-home care or who participate in the YESS Aftercare

program. These grants allow teens and young adults to participate in “rites of passage” activities or purchase items that will enhance their self-esteem, promote their independence, and further develop their skills and knowledge.

Tables 8-10 provide data on the participation in CYS subprograms for FY2012, FY2013, FY 2014 and FY2015 through 5/8/2015.

**TABLE 8. CONSOLIDATED YOUTH SERVICES PROGRAM PARTICIPATION**

	FY 2012	FY 2013	FY 2014	FY 2015
Life Skills				
Referred	410	348	319	311*
Youth completing their Life Skills Plan	144	101	202	182*
Teen Grant				
Active Participants	257	265	228	204*
Total Grants	\$74,515.82	\$73,239.29	\$69,363	\$50,883.65*
ASPIRE				
Active participants	292	322	300	241*
New Enrollment	125	84	79	29*
Real Connections				
Active participants	117	146	205	143*
New Enrollment	84	92	48	55*

**TABLE 9. NYTD SURVEY PARTICIPATION (BASELINE 1)**

NYTD	FFY 2011 (Baseline)	FFY 2013 (19 yr. old follow-up)	FFY 2015 (21 yr old follow-up) Cohort A	FFY2015 (21 yr. old follow- up) Cohort B
Referred	221	171	91	80
Completed within 45 days	171**	N/A	N/A	N/A
Pending Completion	0	N/A	N/A	42*
Incomplete	28	35	23	N/A
Participation Rate	87%	80%	75%	48%*

\*Represent figures as of 5/8/2015.

\*\*In March 2014, the State was notified that nine (9) youth who completed the baseline survey on time were not counted by ACF as having completed the survey. Since then, these individuals have been removed from the follow-up survey population.

**TABLE 10: NYTD SURVEY PARTICIPATION (BASELINE 2)**

NYTD	FFY 2014 (new 17 yr. old baseline)
Referred	189
Completed within 45 days	156
Pending Completion	N/A
Incomplete	33
Participation Rate	83%

### LEVERAGED OPPORTUNITIES

The Department made significant strides in strengthening our relationships with sister state agencies and community partners over the past year. This in turn has provided us, directly and through our providers, greater opportunities to provide services to our older youth. Examples of this include:

### 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 are a part of the DLT Shared Youth Vision, sit as a member of the Plan Management Team for DLT's Unified Workforce Plan and the Director is a member of the Governor's Workforce Cabinet. The Department works closely with the Greater Rhode Island Workforce Investment Board and the Providence/Cranston Workforce Investment Board ensure access to Workforce Investment Act (WIA) funded programs by utilizing a streamlined application process we co-developed with those groups.

Since the loss of funding in 2012, DLT has significantly curtailed their support of the Shared Youth Vision program. DCYF and other key partners continue to work closely with DLT in order to continue the positive aspects of Shared Youth Vision such as the State Team and the Solutions Website while also finding ways to support the work of the regional teams based on their identified needs

DCYF continues to be a member of DLT's grant application planning committee that solidify federal funds from the US Department of Labor's Workforce Innovation Fund which will be utilized for the implementation of the "On-Ramps to Career Pathways. Mike Burk, Assistant to the Director and Lori DiPina sit on several committee's and task forces of the Governor's Workforce Board and DLT.

The Department continues to support DLT's efforts in the implementation of the On-Ramps to Career Pathways which will undertake systems reform in two main areas: 1) building from existing work by the Governor's Workforce Board, On-Ramps will establish 3-4 career pathways and align and integrate a range of public funding streams and programs along those pathways; and 2) create an on-ramps 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.

In addition, DCYF continues to collaborate with DLT and in order to streamline the application process for older youth and youth that have aged out care to the adult programs at the DLT's NetWORKri Centers. NetWORKri services such as; on-the-job training, apprenticeship, WIA approved training programs and work-readiness workshops which will increase the youth's ability to find gainful employment.

**FY 15:** DCYF staff members continue to serve on the Governor's Workforce Board On-Ramps to Career Pathways Task Force and the Workforce Credential subcommittee. DCYF staff also continues to participate on the Work Experience Credential Design subcommittee. DLT has adopted the National Career Readiness Certificate (NCRCPlus) employer certificate program. The NCRC Plus is an industry-recognized, portable, evidence-based credential that can prove an individual's potential to current or future employers. It scores people on a variety of foundational cognitive skills, as well as the soft skills needed to be an effective employee. DLT has piloted this work readiness certification with the On-Ramps participants.

#### **ASPIRE INITIATIVE [RHODE ISLAND'S JIM CASEY YOUTH OPPORTUNITIES INITIATIVE (JCYOI)]**

The mission of the ASPIRE (Aligning Savings, Permanency, Information and Resources for Empowerment) Initiative component of the CYS Program is to increase the percentage and number of older youth who achieve permanency before they would age out of care and improve the successful transition of youth in foster care to adulthood through the following strategies: develop opportunities for youth engagement; increase financial knowledge and stability; actively involve systems and partners in building education and employment supports; document results; identify and disseminate best practices, and galvanize public will and guiding policy to provide needed supports for youth. Participants receive up to 9 hours of financial education upon completion of which, they receive \$100 in seed money to assist them in opening an IDA savings account. Participants are assisted with setting savings goals and are matched dollar for dollar up to \$1,000 per year toward the purchase of an asset within the following categories: education, investment, health, housing, vehicle, insurance, credit building/debt reduction, microenterprise.

As of June 2014, ASPIRE participants are also afforded the opportunity to participate in one-on-one financial coaching through our Supervitamin project. Youth receive at least 8 hours of coaching to work on their financial goals and move toward greater financial capability, inclusive of increasing their credit score and savings, reducing the use of predatory banking and increasing food security.

**FY 2015:** As of May 8, 2015, there are 241 active participants in the ASPIRE Initiative with a total of 806 served since inception. A total of \$995,845.92 has been saved and matched for the purchase of 763 assets by 288 unduplicated participants.

#### **WORKS WONDERS**

During the first 6 months of FFY2015, 40 youth completed the eleven week E2 class for a total of 71 graduates since program inception in April 2013. Of those 40 youth, 8 youth

have completed one work experience and 3 youth completed two work experiences for a total of 14 work experiences. 50% of those work experiences were internships, 35% were informational interviews and 15% were paid jobs. 93% of the work experiences were paid. A total of 100 youth have been engaged in the study (defined as having taken a baseline and attended at least four classes). This brings our completion rate for the project to 71%, with the most success in retention occurring in the second year.

## **JUNIOR LEAGUE OF RHODE ISLAND**

Through work with Foster Forward, members of the Junior League were introduced to the realities of youth who age out of foster care and some of their struggles, as well as successes. The Junior League of RI identified youth aging out of care as their focus for giving and volunteerism. Over the last year, Junior League members have helped collect furniture donations and furnish an apartment for three CYS participants, presented at the Works Wonders Career Night, donated 6 food baskets for Thanksgiving, and held a duffle-bag drive so that youth wouldn't have to use trash bags to move. Junior League members have also been "friend raising" by doing public awareness building for the foster care population. They created an auction fund-a-need tab to get monetary donations that they then used to buy furnishings for the apartment makeovers. Members also got their own grant through Fidelity to furnish CYS participant apartments with new items. The most recent apartment makeover was for a YESS client who has a child that is severely medically fragile and Katie Beckett eligible. Thirty-six members have undergone background checks and the CANTS clearance process in order to be individually matched with youth to help them with their needs.

## **MAKING PROUD CHOICES, LIFE SKILLS COMPONENT**

Rhode Island was selected from a national competitive process to participate in the Institute on Prevention of Pregnancy and Sexually Transmitted Infection among Youth in Foster Care, sponsored by the American Public Human Services Foundation, the National Campaign to Prevent Teen and Unplanned Pregnancy, and the Annie E. Casey Foundation. Rhode Island was one of five state partners who adapted the Making Proud Choices! evidence-based curriculum to the child welfare population. The Rhode Island Institute team made a curriculum change to the original Life Skills component of the CYS Program in a cost neutral manner. The statewide Continuous Improvement Team explored systems level activities to support the implementation of the curriculum and inform the work of the Institute. The first instruction of this new curriculum began in the first quarter of 2013. Costs related to participation in the Institute are provided by both the sponsors of the Institute and Foster Forward through funding from the Jim Casey Youth Opportunities Initiative. Since inception, 476 youth have completed the Making Proud Choices Curriculum.

## **"NOW IS THE TIME" HEALTHY TRANSITIONS (HT)**

Improving Life Trajectories for Youth and Young Adults with, or at Risk for, Serious Mental Health Conditions: In 2014, Rhode Island's two state mental health authorities, the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) and DCYF collaborated on and were awarded a grant funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). RI's award is for \$1,000,000/year for 5 years. BHDDH and DCYF will develop coordinated services for

youth and young adults, ages 16-25, who have, or are at risk for, developing Serious Mental Illness (SMI) and Co-Occurring Disorders (COD). The goal is to serve 2,500 over 5 years to include screening, assessment and treatment services.

#### HOUSING/RUNAWAY AND HOMELESS YOUTH:

The Department continues to take a leadership role within the state's Housing and Homelessness Prevention Community. DCYF's Director, is a member of the Interagency Council on Housing and Homelessness. Mike Burk, Assistant to the Director, sits on various policy and implementation committees addressing Housing and Homelessness and chairs the External Grievance Committee, which hears grievance appeals from individuals and families who are involved with the state's adult and family shelter system, for the state's Office of Housing and Community Development.

#### POST FOSTER CARE MEDICAID COVERAGE GROUP

Outside of the scope of the CYS 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. However, some young adults who turned 21 before January 1, 2014 will need to be re-enrolled because under the old rules they lost their coverage at age 21. Foster Forward is working with DCYF on the implementation, outreach and education of the Affordable Care Act. The Department is also collaborating with the RI Health Coverage Project, the Economic Progress Institute and RI Kids Count to troubleshoot any issues that may arise and to make sure things go smoothly and help youth get enrolled. Additionally, the Department is in consultation with EOHHS Medicaid to identify the most effective way to address the health insurance needs of youth not eligible under the ACA extension, such as those with immigration status issues and youth exiting the Rhode Island Training School.

Simultaneously, the Department continues to work with our Healthcare Work Group 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. This Task Force recognized immediately that one area to address is the healthcare needs of older youth in care and those exiting care, including the need to help our youth to become better healthcare consumers.

## 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 16 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. DCYF 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 DCYF Legal Department needs to contact the three credit bureaus to discuss this conflicts/concerns and negotiate changes to the membership application agreements before signing agreements.

DCYF has identified and provided a timeframe of activities that need to be completed before providing credit checks to youth in foster care:

TABLE 11. CREDIT CHECK IMPLEMENTATION WORKPLAN					
Activities	November 2015	December 2015	January 2016	February 2016	March 2016
Sign three credit bureau's Membership agreements					
Modify batch reporting structure to include 14-15 year olds					
Test batch reporting					
Update policy to include who is responsible for accessing credit reports and addressing any inaccuracies, disputing inaccuracies and involving young people in the process?					
Provide credit-related training to DCYF staff & administration along with others responsible for youth in care					
Implement credit checks for youth in foster care					

## 2015-2019 GOALS & ACCOMPLISHMENTS

**Goal 1:** The Department will enter into a new CYS 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.**

**FY 2015:** The original CYS contract with Foster Forward was for three years and the Department opted to extend for two additional years. The current extension concludes as of June 30, 2015. As a part of the Department's critical review of how we purchase services and what we purchase, the Department extended this contract with Foster Forward through December 31, 2015. We are in the process of analyzing the services provided compared to the needs and will determine how to provide those services – whether internally or

through external agencies. Should any services require procurement, the Department shall work with the State Division of Purchasing to develop and issue an RFP for competitive bid. Should the procurement process take longer than expected, the Department may consider extending the contract with Foster Forward past September 30th for up to 90 additional days.

**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)**

**FY 2015:** Currently only CYS Program staff record services for the served population in RICHIST. DCYF's new 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.

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

**FY 2015:** The Consultation Center at Yale University has provided a preliminary draft analysis of services and survey data which the Department is in the process of reviewing and refining. We anticipate this analysis to be ready for publication by January 1, 2016.

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

**FY 2015:** Foster Forward is currently conducting follow-up surveys for 21 year olds in the last federally required year for the original cohort. The year is broken into two reporting periods: October 1- March 31 and April 1- September 30. In the first reporting period, 68 of the potential 91 surveys were successfully completed, giving us a 75% completion rate. So far 38 out of 80 potential surveys have been collected for the second reporting period for a 48% completion rate.

- **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.**

**FY 2015:** 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 seven (7) recommended that DCYF take action to correct. Of the fourteen (14) concerns which required action, the Department has fully implemented corrective actions on nine (9) items. Of the seven (7) where action was recommended but not required, the Department has fully implemented corrective actions on six (6).



The items we continue to work on are as follows (the numeration of these is based on Appendix A: Summary of Observations found in the NYTD Site Visit Report):

**Item 5, NYTD Element 18 – Data Collection, mapping and reporting – Educational Level (Required):** Educational Level - Data Collection, mapping and reporting. The Department has modified our data mapping to provide accurate educational level reporting based on the information entered into RICHIST by our staff. However, in order to improve the quality of this data, we continue to work with the RI Department of Education on a mechanism which allows us to access this data directly from RIDE using the State Issued Student ID (SASID) number. Assuming we move forward with modifying RICHIST under the newly proposed CCWIS model and agreement with RIDE, we will include the ability to have this data provided through RIDE’s student information system;

**Item 8, NYTD Elements 20-33 (Required):** These data elements relate to the spectrum of independent living services on which State’s 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.

**Item 10, NYTD Element 29 – Data Collection and Reporting - Mentoring (Required):** The Department has corrected the issue identified in the NYTD Site Visit Report relative to the collection and reporting of Mentoring Services data when such services are provided through the CYS Contract. However, we still do not have a mechanism to effectively report such services outside of this 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.

**Item 11, NYTD Element 31 – Data Collection and Reporting – Room and Board Financial Assistance (Required):** The Department has corrected the issue identified in the NYTD Site Visit Report relative to the collection and reporting of room and board services for youth open to DCYF and such services now are automatically recorded and reported as a NYTD service. However, we do not have a mechanism to collect and therefore report such data on youth who are closed and accessing DCYF supported aftercare services which include room and/or board. 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.

**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.

**Item 20, NYTD Survey Data Analysis (Recommended):** The Consultation Center at Yale University has provided a preliminary draft analysis of services and survey data which the Department is in the process of reviewing and refining. We anticipate this analysis to be ready for publication by January 1, 2016. We have had challenges in providing the NYTD Plus data to Yale for full analysis but continue to work on correcting this issue.

- **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**

**FY 2014:** FFY 2014, 189 youth were referred for a baseline survey, 156 were completed within the 45 day window, with 33 incomplete. Our completion rate was 83%.

**FY 2015:** Though this is not a federally required survey year for the 2nd cohort, Foster Forward is conducting follow-up surveys with this population for several reasons: to obtain consent to contact youth and/or family/friends to administer future surveys; to collect more data; to more easily keep track of such a transient population; to provide another \$25 gift card which may help ensure future compliance. Thus far, 56 out of 156 potential follow-up 18 yr. old surveys have been collected. These efforts will be continued until September 30, 2015.



**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.

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

**FY 2015:** 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.

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

**FY 2015:** The Youth Development and Support Unit has raised with the new agency leadership team the need to develop and institutionalize a more effective tool and methodology for ensuring effective transition planning. This need is heightened by the anticipated passage of legislation in the General Assembly which will allow the Family Court to keep a youth open to the Court and the Department after the youth's 18th birthday if the Department does not present a transition plan to the Court and which the Court must approve.

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

The Department has an interagency agreement in which the primary responsibility for training comes through the Child Welfare Institute at Rhode Island College. The list below provides information on formal Core I (Pre-Service), Core II (Intermediate Training); System of Care (SOC), and Other In-Service training curricula provided related to serving older youth in care and those who are leaving or who have left care. Additionally, CYS Staff, both internal and external, provide ongoing training and consultation to DCYF staff, providers and other community agencies as needed or as requested. (See Table 12 for further details)

**TABLE 12: YOUTH DEVELOPMENT RELATED TRAINING**

<b>Workshop Title</b>	<b>Overall Description/Learning Objective</b>	<b># of Hrs</b>	<b>Date(s)</b>	<b># Participants</b>	<b>Type of Participant</b>
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	09/17/2014 03/16/2015 03/20/2015	11 9 14	DCYF DCYF DCYF
Core I - Child/ Adolescent Development and the Impact of Child Abuse & Neglect	During this training, participants will explore the six domains of development. Participants will learn about normative child & adolescent development and the impact abuse and neglect has on development.	3	07/22/2014 02/13/2015	4 20	DCYF DCYF
Core I - Community Partners & Resources for Family Advocacy	During this workshop, participants will meet with representatives from outside agencies and become familiar with available resources to assist with working with children, youth, and families. Participants will ask questions and obtain brochures and informational packets.	3	1/21/15 1/23/15	13 16	DCYF DCYF
Core I - Cultural Competency when Working w/RI Immigrants & Refugees in Child Welfare	During this training, participants will receive a demographic overview of foreign-born population in Rhode Island; will learn about best practices in cross-cultural competency; will discuss and identify strategies for overcoming challenges when using interpreters in our work with DCYF/Juvenile Justice involved families. Participants will also obtain a basic understanding of U.S.	3	09/19/2014 03/09/2015	8 23	DCYF DCYF

	immigration system including various immigration statuses, ways people enter the United States, refugee resettlement process and pathway to becoming a U.S. citizen.				
Core I - Cultural Competent Practice LGBTQ Population	During this training, participant will understand policies, issues & 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 development, they will identify resources for LGBTQ adolescents, apply principles of development to child welfare services for LGBTQ youth, discuss values and cultural considerations affecting LGBTQ youth, etc.	6	11/14/2014 04/13/2015 04/17/2015	7 10 10	DCYF DCYF DCYF
Core I - Domestic Violence, Risk & Protective Capacity	During this training, participants will integrate information with assessment of Risk and Protective Capacity. They will learn the dynamics of family violence; learn the impact on children and youth, and will examine factors which support provision of comprehensive services to families involved in domestic violence situations.	6.5	10/03/2014  12/16/2014 12/17/2014	6 1 16 17	DCYF Other DCYF DCYF
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 and youth. 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	3.5	01/26/2015 02/24/2015	14 16	DCYF DCYF

	explore ways of collaborating and communicating across systems.				
Core I - Intensive Search for Natural Supports	<p>During this training, participants will accomplish the following:</p> <ul style="list-style-type: none"> <li>• Review Federal Research and Policies regarding connection and placement with Kin and Fictive Kin;</li> <li>• Review relevant DCYF policies and procedures;</li> <li>• Learn tips and tools for working with children, youth, and families to identify natural supports;</li> <li>• Learn skills and resources for locating and engaging natural supports; and</li> <li>• Discuss implications for practice and guidelines for sharing information and maintaining confidentiality.</li> </ul>	3.5	01/20/2015 01/22/2015	13 17	DCYF DCYF
Core I - Interstate Compacts: ICPC's & ICJ's	<p>During this training, participants will learn the policies and procedures for both Interstate Juvenile Compacts (ICJ) &amp; Interstate Compacts for the placement of children/youth (ICPC). They will learn the following information about the ICPC &amp; ICH processes:</p> <ul style="list-style-type: none"> <li>• when and why we make an ICPC referral;</li> <li>• the protocol and procedure for making an ICPC referral;</li> <li>• the steps involved in an adoption ICPC;</li> <li>• how to identify differences between ICPC and ICJ;</li> </ul>	3	09/24/2014 04/10/2015	7 18	DCYF DCYF

	<ul style="list-style-type: none"> <li>• when and why we make an ICJ referral &amp; Learn the protocol and</li> <li>• the procedure for making an ICJ referral.</li> </ul>				
Core I - Interviewing I: Children & Adolescents	During this training, participants will be able to use interviewing skills to gather accurate information needed for child welfare practice including assessment and permanency planning. Participants will strengthen their investigative interviewing skills by learning developmental stages of children, appropriate use of language, questioning typology, and the phases of a forensic investigative interview.	3.5	07/08/2014 12/02/2014 12/12/2014	14 16 17	DCYF DCYF DCYF
Core I - Intro to Trauma Informed Child Welfare Practice	During this training, 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	08/01/2014 12/30/2014	9 34	DCYF DCYF
Core I - Out of Home Placement	<p>During this training, participants will learn laws that govern placement &amp; insure family preservation. Learning objectives include the following:</p> <ul style="list-style-type: none"> <li>• Review ICWA &amp; MEPA;</li> <li>• Review legal mandates for relative placement;</li> <li>• Review policy &amp; procedure for relative search;</li> <li>• Review Family connections for adolescents;</li> </ul>	3.5	08/15/2014 03/02/2015 03/06/2015	12 11 14	DCYF DCYF DCYF

	<ul style="list-style-type: none"> <li>• Review federal &amp; state mandates as to least restrictive placement;</li> <li>• Review types of information &amp; reports needed to identify &amp; choose placement;</li> <li>• Review other considerations &amp; variables; Review pre-placement activities for child &amp; caregiver;</li> <li>• Review DCYF placement referral process &amp; procedure and Review other placement services.</li> </ul>				
Core I - Overview of Child Welfare in a Multi-Cultural Environment	During this training, participants will demonstrate ability and sensitivity to family's differences in culture, ethnicity and sexual orientation; they will be able to distinguish between culture, race & ethnicity; learn to interact with ethnically and/or culturally different people in a respectful manner; learn how our values, attitudes, beliefs & behaviors impact on work with families.	3.5	09/19/2014 03/09/2015	10 23	DCYF DCYF
Core I - Promoting Educational Success for Foster Youth	During this training, participants will utilize models of collaboration to promote partnerships between schools and child welfare on behalf of this vulnerable student population.	3.5	09/12/2014 04/10/2015	10 18	DCYF DCYF
Core I - Question, Persuade & Refer (QPR) Youth Suicide Prevention	QPR is an evidence based suicide prevention gatekeeper training. During this 2-hour workshop, participants will learn basic statistics around the frequency of suicide completions, attempts, and statistics around youth in care. This workshop is designed to train adults that work with youth how to identify warning signs of a youth at risk for	2	08/22/2014 03/30/2015 04/03/2015	12 9 11	DCYF DCYF DCYF

	suicide, how to ask questions, persuade the youth to seek help, and how to refer the youth for further assessment/treatment in the community				
Core I - RI Services & Supports for Adults, Youth & Children with Developmental & Other Disabilities	During this training, participants will learn about a diverse population (children, youth, and adults with developmental or other disabilities). Participants will learn about RI services and supports.	3	02/06/2015	29	DCYF
Core I - RI Works, RITE Care, Child Care, & SNAP	During this training, participants will learn about the different public programs and systems available to assist our shared populations, as well as, tools for collaboration. Participants will also review eligibility requirements and referral process; will learn ways to maximize support for families to help promote family stabilization; and will explore ways to improve collaboration/communication between DCYF, DHS and the parent	3	07/23/2014 01/29/2015 01/30/2015	11 14 17	DCYF DCYF DCYF
Core I - Sexual Abuse: Impact of Sexual Abuse on Family Dynamics	During this training, participants will learn the following: <ul style="list-style-type: none"> <li>• definition of sexual abuse;</li> <li>• the impact of sexual abuse on family;</li> <li>• the impact of values &amp; cultural considerations of sexual abuse and family dynamics;</li> <li>• understand situations in which non-offending parent finds themselves;</li> </ul>	12	07/01/2014 01/07/2015 01/13/2015	14 16 14	DCYF DCYF DCYF

	<ul style="list-style-type: none"> <li>• know referral resources for intervention, assessment, and treatment of victims &amp; offenders;</li> <li>• learn language development &amp; how to interview child victims; and</li> <li>• learn tips for testifying in court cases.</li> </ul>				
Core I - Substance Abuse Case Management, Implications & Treatment Considerations	Participants will be able to assess substance abuse as it relates to risk, safety, and protective capacity. Participants will identify the treatment needs of the family and its members.	6.5	09/05/2014 12/29/2014	12 32	DCYF DCYF
Core I - Understanding Legislation & It's Impact on Permanency Planning	<p>During this training, participants will establish a foundation for key concepts related to permanency planning and connect with practice. Participants will learn the DCYF Mission/Vision and how it drives the work we do. The training will focus on the following:</p> <ul style="list-style-type: none"> <li>• the history of child welfare in RI and implications for change;</li> <li>• key concepts related to permanency planning as it relates to issues of separation &amp; loss;</li> <li>• Concurrent Planning;</li> <li>• the Foster Parent and the Sibling Bills of Rights.</li> </ul>	6	07/03/2014 12/16/2014 12/19/2014	4 16 16	DCYF DCYF DCYF
Core I - Understanding Safety, Risk & Protective Capacity	<p>During this training, participants will learn &amp; be able to identify the difference between Risk &amp; Safety. The training also includes a focus on</p> <ul style="list-style-type: none"> <li>• skills for identifying safety threats;</li> </ul>	6 3 3.5	07/17/2014 11/21/2014 12/03/2014	6 17 17	DCYF DCYF DCYF



	<ul style="list-style-type: none"> <li>• skills for developing successful safety plans;</li> <li>• learning about and assessing for Protective Capacity;</li> <li>• the impact of A/N on family dynamics;</li> <li>• intervention strategies for working with families; &amp;</li> <li>• the importance of assessing behavior vs. compliance</li> </ul>				
Core I - Using Cross System Collaboration to Create Connections for Youth	During this training, participants will explore and learn to utilize Eco-Maps & Relationship Mapping as tools for enhancing casework practice & promoting lifetime connections for youth in care to adults who care. After attending this training, participants will understand the relevance of Eco-Maps and Relationship Mapping to child welfare practice. Participants will also develop the collegial contacts and tools needed to utilize Eco-Maps and Relationship Mapping within their casework practice as a means of connecting youth in care to caring adults for their future. Participants will also demonstrate their ability to complete an Eco-Maps and Relationship Mapping	3	09/24/2014  02/27/2015  03/02/2015	5  1 14  11	DCYF  Other DCYF  DCYF
Core II - Preparing Children and Youth for Permanency	During this training, participants will receive training on how to assist children and youth moving toward their permanency goal within the context of child development. This workshop will utilize experience based learning to enhance skills to assist with multi-	6	11/19/2014	9  7	DCYF  Comm

	dimensional aspects of permanency preparation.				
Core II - Spanish Language & Culture for Child Welfare Professionals	This 40 hour course will provide participants with basic Spanish speaking skills. Some terminology specific to child welfare services is included (home visits, making appointments, obtaining an interpreter & confidentiality). This course will increase cultural competency and deepen participants' understanding of family dynamics with respect to Spanish speaking child welfare involved families, emphasizing the following Spanish speaking countries: Chile, Commonwealth of Puerto Rico, Dominican Republic, Mexico, Peru, Republic of Columbia, and the Republic of Guatemala. History, customs, lifestyles, religions, and society functioning for each country will be taught. The instructor will also discuss customs and beliefs that relate to child welfare such as disciplining children and family values	40	07/01/2014	9 3	DCYF Comm
Core II - Strengthening Families: A Child Welfare Perspective	This 18-hour course, will prepare professionals to use the Protective Factors Framework of Strengthening Families in their work with children, youth, and families. This training will enable staff to develop the Core Principles of the Strengthening Families Protective Factors Framework, including <ul style="list-style-type: none"> <li>Families, as first teachers &amp; primary protectors, are fundamental to children's optimal development;</li> </ul>	18	12/02/2014 thru 12/16/2014 04/29/2015 thru 05/13/2015	8 1 4 5	DCYF Comm DCYF Comm

	<ul style="list-style-type: none"> <li>• Bldg. Protective Factors as well as reducing risk factors strengthens a family's ability to promote optimal development for their children;</li> <li>• Relationships within families and communities, between parents and providers, and across systems-are essential as vehicles for change;</li> <li>• Systematic and intentional coordination promotes healthy cross-system relationships and maximized the ability of systems to support families and children;</li> <li>• Shared accountability for optimal development and strengthened families functioning across broad networks of services is essential at all levels</li> </ul>				
Core II - Trauma Informed Child Welfare Practice	This 3-Day course will focus on the essential elements of trauma informed child welfare practice. Participants will learn the knowledge and skills necessary to identify traumatic stress, understand the impact it has on child development and behavior, and develop effective strategies for intervention. This workshop will also focus on secondary trauma and self-care for child welfare professionals. This curriculum is a slight adaptation of the NCTSN Child Welfare Trauma Training Toolkit, version 2.0	18	10/9/2014 thru 10/23/2014  5/20/2015 thru 06/03/2015	9 1 1  21 7	DCYF Comm Other  DCYF Comm
Core II - Where's Daddy? How to Engage Hard-To-Reach Dads	This 18-hour introductory training will help you understand the important role of fathers in the lives of children and youth. This	18	12/03/2014 thru 12/17/2014	4 7	DCYF Comm

	training addresses the consequences of multiple decades of failing to include fathers in the child welfare process. The curriculum integrates the knowledge of these consequences with foundational skills to begin including fathers, including fathers impacted by incarceration in the child welfare process.				
Other In -Service - Structured Assessment of Violence Risk for Youth (SAVRY)	The SAVRY Version 2 (Borum, Bartel & Forth, 2006) assesses risk for violence and general re-offending among adolescents, aged 12-18 years who have been charged with an offense. The SAVRY is one of the few evidence-based risk assessment tools for youth involved with juvenile corrections. The training will include an overview of research on delinquency and serious offending & developmental issues related to assessment. Discussion of the different approaches to decision-making; namely, unstructured clinical judgment, actuarial, and structured professional judgment will follow. The bulk of the training will be spent teaching how to rate SAVRY items and practicing how to use the SPJ approach to determine overall summary risk ratings. Participants will complete 3 practice cases. Each participant will complete an additional 3 post-training practice cases and receive feedback from the trainers. We will end with a discussion about how to document and communicate the result of the SAVRY in written reports.	12	05/19/2015	53 2	DCYF Other

Other In-Service - TIPS-MAPP Leader Certification Training	The TIPS-MAPP Program provides a process for mutual problem solving and shared decision making that can lead to meaningful and lasting commitments to fostering & adopting DCYF children and youth. This 8-day leader certification program prepares participants to facilitate the group process, engage families in the decision-making process and develop skills as a “consultant” to the family. The participants will experience the activities presented in the parent group program. Additionally, they will practice presenting an activity while receiving feedback from the group. During Leader Skill Development session, they will learn about the many tools of the program and how to engage the family during a family consultation using a strength-based approach.	42	02/10/2015	1 22	DCYF Comm
Other In-Service - Transitional Services for Juvenile Probation Staff	This two-hour overview of community-based services is provided by RICMN. Staff will learn about services that are available for the youth and families open to Juvenile Probation as well as referral criteria, and the points of contract for each service.	2	04/08/2015 04/10/2015	8 14	DCYF DCYF
SOC - Wraparound RI: Expanding Practice Through Family Team Meetings	During this training, participants will experience the family team meeting process throughout the four phases of Wraparound RI and through the lenses of multiple team members' roles: DCYF's cross-divisional staff, community network partners, parents, children/youth, formal and natural supports.	12	10/22/2014  01/08/2015	9 1 10 11	DCYF Other Comm DCYF

	<p>This 12-hour training focuses on the following knowledge and skills:</p> <ul style="list-style-type: none"> <li>• Understanding the function of family team meetings throughout the four phases of Wraparound RI's process;</li> <li>• Developing knowledge of and skills related to your role as the DCYF staff or community network partner team member;</li> <li>• Building awareness of all team member roles: DCYF, community network partner, parent, child/youth, natural support, other providers; and</li> <li>• Using vignettes and mock family team meeting practices/forms to demonstrate one's ability to participate in the family team meetings.</li> </ul>		01/13/2015	2 5 17	Other Comm  DCYF
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**FY 2015:** John Scott, DCYF Community Liaison presented on Consolidated Youth Services as part of a panel for CEDARR Family Centers training concerning transition on Wednesday, February 18th at Sherlock Center, from 9:00 AM-10:45 AM and again from 1:00 PM-2:45 PM

**FY 2015:** CYS Staff, both internal and external, provide ongoing training and consultation to DCYF staff, providers and other community agencies as needed or as requested. The list below provides information on formal training provided related to serving older youth in care and those who are leaving or who have left care.

**Goal 4:** The Department will be in full compliance with the Child and Family Services Improvement and Innovation Act of 2011 by March 2016 as outlined in the workplan 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.**  
**FY 2015:** DCYF had some concerns with contractual language presented by the three credit bureaus. DCYF's legal and MIS departments are working on a resolution. Further progress is expected in FY 2016.

**DCYF will make any necessary infrastructure for electronic submissions within the timeframes outlined in the Child and Family Services Improvement and Innovation Act of 2011 section of this document.**

**FY 2015:** DCYF had some concerns with contractual language presented by the three credit bureaus. DCYF's legal and MIS departments are working on a resolution. Further progress is expected in FY 2016.

**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.**

**FY 2015:** DCYF had some concerns with contractual language presented by the three credit bureaus. DCYF's legal and MIS departments are working on a resolution. Further progress is expected in FY 2016.

**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.**

**FY 2015:** John Scott, DCYF's Community Liaison and Allison Theriault the Youth Coordinator for the System of Care (SOC) Implementation Team meets weekly with "The Voice" to participate in the weekly meetings.

John Scott, DCYF's Community Liaison and Allison Theriault the Youth Coordinator for the SOC Implementation Team hosted a youth discussion group made up of a total of fifteen (15) youth representatives from: DCYF's Youth Advocacy Board, The Voice, the RI Department of Health's Youth Advocacy Board, the RI Juvenile Justice System, GLBTQQI community, and from the City of Woonsocket. The purpose of this discussion group was 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. Voice members sit on the Healthy Transitions state team focused on implementation of this grant and Voice members were solicited to identify former foster youth who might be interested in the Youth Coordinator position funded through this grant.

DCYF staff involved with our Diligent Recruitment Grant (Max Fetissenko) also met with The Voice to inform his work and members have been incorporated into workgroups and other related discussions.

Mike Burk, Administrator for Family and Children’s Services, John Scott and other staff regularly consult with members of the Voice on a variety of topics and issues.

**FY 2015:** Members of the Voice participated in the following additional activities:

- NE Youth Coalition of the New England Child Welfare Commissioners and Directors Association;
- Meetings 3 times per year
- Monthly conference calls
- Monthly committee conference calls
- Presentation to Commissioners and Directors of New England States
- Committees: Normalcy and Permanency\*, Education, NEYC Growth and Development
- “My Experience in Care” presentation and panel provided to RI College School of Social Work, and the Community College of RI Field Service class
- Presented on experience at Foster Care Celebration at the State House for foster families and community providers
- Served as a youth panel to educate future GAL and CASA workers about experience with Guardians Ad litem.
- Hosted Providence College Social Work students at a Voice meeting to observe and learn
- Collaborated with YESS clients and Adoption RI and Child & Family’s Groovy Girls Program to create and distribute holiday cookie mixes to Foster Families
- Annual Summer Resource Fair and BBQ
- Prom Dress Fashion Show – for youth in care\*\*
- Presented at National Conferences including Pathways to Adulthood and Daniel Memorial Institute.
- Provided feedback on a short film about the Foster Care experience created as a part of a Girl Scout Gold Award project in collaboration with Patricia Corbett, Child and Family Services
- Presented information about The Voice to community service providers including Communities for People and St. Mary’s Home for Children
- 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.
- NRCYD Pathways to Independence Conference



- Foster Youth Shadow Day at the US Capitol (One member shadowed Rep. Jim Langevin for the Day.)

Voice members continuously support and attend door-openers, focus groups, and workshop opportunities provided by CYS.

\*The Normalcy and Permanency committee and the coalition as a whole is working to create a regional definition of normalcy

\*\*The 4th Annual Prom Dress Giveaway included a fashion show to preview the available dresses. The Voice solicited and collected dress donations, and distributed them across the state (free of charge) to any youth in out-of-home placement.

**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.**

**FY 2015:** The Department met with Wenonah Harris, Director of Child and Family Services for the Narragansett Indian Tribe, to discuss various topics, including the draft APSR, compliance with ICWA, co-location, training and the CFCIP/ETV . Prior to the meeting, the draft APSR was shared with Ms. Harris. Ms. Harris provided feedback on the APSR, stating that she only found one area that she felt needed changed to mirror ICWA. This related to our Policy 700.0170 Implementing the Child Welfare Act (See Appendix A of this document) which contains language that states that the State must make reasonable efforts to reunify an Indian child with his/her parents. Ms. Harris indicated that ICWA goes beyond reasonable efforts. The Department indicated we will review this policy and modify as necessary. Ms. Harris indicated she had no other concerns with the APSR and specifically indicated that the Tribe is not requesting to administer either the CFCIP or the ETV programs for the Tribe. DCYF also agreed to look at the other issues discussed, including training and our process for confirming tribal membership, and arrange a follow-up meeting with the Tribe's liaison to DCYF, Anemone Mars, to review details. As well, Steve Morley was introduced to Wenonah as DCYF's new liaison to the Narragansett 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

**FY:2015:** 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.

**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.

#### **CURRENT ACTIVITIES:**

- Reviewing 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;
- Updating DCYF Policy 700.0135 (formerly Runaway policy, now to be called Children Absent from Care/CSEC Policy);
- Developing Safe Harbor legislation for CSEC victims;
- Implementing/updating 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;
- Implementing/updating standardized policies/procedures related to reporting the total number of children and youth who are CSEC victims to Health and Human Services;
- Developing a comprehensive, evidence based CSEC data collection method;
- Developing and implementing 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;
- Developing a DCYF sponsored informational website and 24 hour contact telephone number to identify/locate/assist potential CSEC victims.

TABLE 13. CFCIP FFY 2015 BUDGET		
<b>FFY 2015 Allocation</b>		\$586,562
<b>Revenue/Expenditure Description</b>		<b>Amount</b>
<b>Consolidated Youth Services</b>		\$ 586,562
<b>IL Coordinator/Youth Development Support</b>		
<b>Audit</b>		\$ 378

TABLE 14. CFCIP 2014 ALLOCATION	
<b>FFY2014 Allocation</b>	\$569,185
<b>Revenue/Expenditure Description</b>	<b>Amount</b>
<b>Consolidated Youth Services Program</b>	\$569,185
<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 2015 is \$2,456,724 with \$580,474 of this funded through CFCIP funds and \$1,876,250 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.

## 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) 2014 allocation was \$183,162.00. Our ETV allocation for FFY 2015 was \$189,536 which represents an increase of \$6,374.

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 – the University of Rhode Island (URI), Rhode Island College (RIC) and the Community College of Rhode Island (CCRI). There is no per student cap on these state funds at this time.

Youth and young adults interested in receiving postsecondary educational funds must complete their FAFSA and a DCYF Postsecondary Education Tuition Assistance Program application no later than June 1st of each year. 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 youth participating.

The Department continues to utilize the RI Higher Education Assistance Authority, web-based integrated DCYF Post-Secondary Education Tuition Assistance Program (PETAP) Application for the 2014-15 academic years. This system allows for retrieval of cost of attendance and financial aid package information from the schools the students are attending so that we can have a true sense of the student's unmet need.

The 2013-14 Academic Year was our third full year of using this new system and we continue to work to find a level of comfort in balancing the funds committed at the start of the year with the attrition rates of students by the conclusion of the year. While we had hoped to provide each student with funds to cover 50% of their unmet need, we were able to fund them only at a 35% rate (up from 30% the previous year). For the 2013-14, academic year, 296 youth applied for funding and, of those applicants, 51 youth actually attended school and received funding. This assistance totaled \$177,672.00 from all funds [ETV - \$117,987.00; DCYF Higher Education Funds - \$59,685.00]. ETV awards ranged from \$488.00 - \$5,000.00 and DCYF Higher Education Awards ranged from \$558.00 - \$4,886.00.

Due to the large number of applicants choosing not to attend in FFY 2013-2014, the Department increased our award percentage for academic year 2014-2015 to 80 % of unmet need. For the 2014-15 academic years, 286 youth applied for funding and, of those

applicants, 48 youth actually attended school and received funding. This assistance totaled \$256,800.00 from all funds [ETV - \$149,525.00; DCYF Higher Education Funds – \$107,275.00]. ETV awards ranged from \$100.00 - \$5,000.00 and DCYF Higher Education Awards ranged from \$100.00 - \$21,600.00. We anticipate our percentage for the 2015-2016, academic year to be between 60%-80% of unmet need.

The following chart shows the actual participation rate for the 2014-15 Academic Year.

<b>TABLE 15. DCYF POST-SECONDARY GRANT FUNDING FOR ACADEMIC YEAR 2014-15</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>Brandeis University (MA)</b>	0	1	1
<b>The Community College of Rhode Island (CCRI – RI)</b>	4	12	16
<b>Johnson and Wales University (RI)</b>	0	3	3
<b>Mount Ida (MA)</b>	0	1	1
<b>Rhode Island College (RI)</b>	7	4	11
<b>Southern Maine Community College (ME)</b>	0	1	1
<b>University of Rhode Island (RI)</b>	9	5	14
<b>Wheelock College</b>	0	1	1
<b>Total Student Participants</b>	20	28	48

## 2015-2019 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 2015:** 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.**

There is much crossover between youth involved in our YESS Aftercare Services Program and youth attending post-secondary educational institutions. YESS case managers are used often to ensure outreach to young adults. As well, with our new web-based application system, we now have current email addresses on all youth attending school and use that to communicate with them. Additionally, our CYS program provides updates via their Facebook page.

- **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 Adolescent Development and Educational Supports training program through the CWI components related to enhancing youth success in the post-secondary arena.**

**FY 2015:** DCYF has partnered with Rhode Island College's (RIC) Learning for Life Program. Learning for Life provides supports for students while attending RIC to help success in the transition into college. DCYF has outreached to the other state colleges Learning for Life Programs in order to duplicate this partnership. Every young adult applying for the DCYF Post-Secondary Tuition Assistance Program and has identified RIC as their school choice receives an email from the DCYF Educational Services Coordinator explaining the benefits of the Learning for Life Program.

DCYF and RIC will outreach to all DCYF students attending RIC for a meet and greet function in order to promote the Learning for Life Program. In addition, Learning for Life Program has requested the DCYF Educational Services Coordinator serve on the Learning for Life Program Board.

- **Continue to increase the role of the DCYF Higher Education Advisory Board in identifying and leveraging additional resources for youth (Ongoing: 2015-2019)**

The Department views the expansion of this role as critical to our ability to outreach more effectively to youth to ensure that they are able to access necessary and appropriate supports while attending college.

In September 2014, DCYF hired a new DCYF Educational Services Coordinator. Since then, the DCYF Educational Services Coordinator and RIC is working together to re-engage members of the summit workgroups to address identified post-secondary challenges.

Through CWAC Educational Subcommittee we will target junior high school and high school students to build awareness of high school and college preparation.

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

Working with Guidance Counselors Association and others on developing effective secondary transition planning for DCYF youth.

Conduct Regional Workshops to help youth better understand the landscape of college opportunities; help answer questions about the SAT and ACT; deliver information about the DCYF Higher Education Program and FAFSA.

**FY 2015:** The CWAC Sub Committee's focus for this year has been on the educational data for youth in foster care provided by the Providence Plan's Data Hub and analyzing DCYF's educational services. DCYF's MIS team is reviewing our RICHIST system to create enhancements that would allow the Department to better provide age and grade appropriate services as they prepare for post-secondary transition. As of June 2015, the work of the CWAC and its subcommittees is on hold to provide time for the new agency leadership team to determine how to best move forward.

#### Financial and Statistical Information Reporting

FFY Year 2014 – Chafee - \$569,185 expended \$569,185

ETV - \$183,162 expended \$183,162

TABLE 16. 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
Initial Voucher	2015	29
Total Participants	2015	48



## FUND ADMINISTRATION

DCYF's application process is now all web-based with the RI Higher Education Assistance Authority with award determinations made based on the youth's unmet need after considering the cost of attendance for that youth and other financial aid awarded. For the 2014-15, academic year due to the large number of applicants choosing to not attend in FFY 2013-2014, the Department increased our award percentage for academic year 2014-2015 to 80% of unmet need.

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 funds.

## ONGOING TRAINING TO ENSURE THE COMPETENCIES

Ongoing and newly developed curricula reflect trends and practice driven by Rhode Island's core competencies. RI adapted its core competencies for child welfare practice from the State of Iowa's Individual Learning Needs Survey. RI has directly linked its core competencies to Rhode Island's Child and Family Services Review.

Training addresses the combined needs of caseworkers, supervisors, managers and administrators as well as our System of Care (SOC) partners and other community partners. At the direction of DCYF, the Child Welfare Institute (CWI) at Rhode Island College's School of Social Work, provides full-spectrum child welfare and juvenile justice training within a Core model, as follows:

- **Core I** Initial training program for newly hired Family Service Unit Social Caseworker II's, Child Support Technicians, and Juvenile Corrections Services Probation and Parole Staff
- **Core II** Ongoing professional development for all staff within the RI Department of Children Youth & Families
- **Core III** Advanced and/or specialized topics and current trends/issues in child welfare.

In addition, the CWI also provides community training in support of meeting the needs of children, youth and families involved with DCYF.

In partnership with the University of Rhode Island's Center for Human Services, and RIC's CWI, DCYF collaborates on supervisor training and other professional development initiatives aimed at increasing managerial and senior leadership competencies within the child welfare arena.

**Pre-service** activity has remained high during this report period with two classes graduating. In total, 201 courses were offered/attended for a total of 769.50 hours in **Core I pre-service 7/1/14 through 6/26/15**. These graduations represent the third and fourth classes to graduate in the past two fiscal years (July 2013 – June 2015)

Recapping the last two fiscal year's activities in pre-service: Class 16 began in July of 2013 with 17 of the original 24 family service students still with the agency (17 originally completed the pre-service course). In August 2014, Class 17 graduated. Of an initial 18, 13



remain with the agency today. Class 18 graduated in December 2014 and 12 of 13 students completed the course and remain with the agency today. Lastly, Class 19 graduated in May 2015 and 19 of 34 candidates completed the curriculum, with 1 pending completion after an approved absence.

In total, 61 of 89 child welfare workers completed the CWI Pre-Service course and remain with the agency (70% retention rate). Of concern and note is the retention rate of the Class 19 (56%). Among the possible reasons for this anomaly, which we are investigating are: class size, and class make-up with respect to the high number of candidates on a state promotion list from other agencies.

Having conducted a relatively high number of pre-service academies in a short time period provides us with an opportunity to re-assess our pre-service and assimilation practices. We are currently in the midst of developing an assessment tool to gather that data.

### IN-SERVICE (CORE COMPETENCIES AND OTHER-IN SERVICE TRAININGS)

Significant in-service training activity was offered through CWI during this reporting period despite the ongoing Core I Pre- Service trainings. The total number of courses and training hours provided to DCYF staff - 318 courses and 1,388 hours. Of these FY 15 training courses, six courses that encompassed 47.5 hours were made available to DCYF staff through external partnerships.

Of note, several courses were introduced into the Core I training curriculum focused on increasing students' cultural competencies, as follows:

- **Cultural Competency when Working w/RI Immigrants & Refugees in Child Welfare (3 hours)** – Participants received a demographic overview of foreign-born populations in Rhode Island while exploring best-practices in cross-cultural competency.
- **Cultural Competency Practice LGBTQ Population (6 hours)** – Participants are exposed to policies, issues & biases affecting LGBTQ individuals and how LGBTQ orientation affects adolescent development
- **Overview of Child Welfare in a Multi-Cultural Environment (3.5 hours)** - Participants were coached to explore and develop the ability and sensitivity to family's differences in culture, ethnicity and sexual orientation in a respectful manner.
- In addition, a **40-hour Spanish Language and Culture for Child Welfare Professionals** was developed as a Core II offering.
- **In-Service and Community courses** were offered for the period 7/1/14 through 6/26/15, to our SOC and FCCP providers. A total of 75 courses were offered/attended for a total of 228 hours to in-service workers while and additional 15 courses were offered/attended to the child welfare community for a total of 65 hours
- RIDCYF continued its focus on **Trauma Informed Practice**, with **80 hours** of child welfare professional in-service (Core II) training events,
- We also commissioned courses in **Strengthening Families (18 hours)**, and **Promotion of Permanency (6 hours)**.

- Also of significance during the reporting period, we continued to focus on our wellness initiative and commissioned a second, 35-hour training to our **Peer Support Team, focused on critical incident and stress management techniques.**

We also supported our **System of Care and Family Community Care Partners (FCCP) partners** as well during this period with 11 courses for a total of 94 hours. Among the courses offered were:

- **Creating Child Welfare & Juvenile Justice Partnerships in RI's SOC;**
- **Navigating DCYF (3 hours)** - This course provided participants with information and tools to better understand and navigate the DCYF system, with attention to increasing client advocacy and build cross-system collaboration;

**RI Family Information System (RIFIS) for New & Existing Family Community Care Partners (FCCP) Staff (12 hours)** - Computer/technical support training, to learn to use the RI Family Information System (RIFIS);

**Wraparound Training for Coach Supervisors Phase I & II (18 hours)** – Three-day, basic wraparound coaching training designed for Phase I & II Coach Supervisors. The material introduced coach-supervisors to the role of the coach for care coordinators and family support partners working in the RI System of Care and its wraparound practice model.

Additionally, RIDCYF initiated a series of **cross-system training collaborative** in the Ebola, Enterovirus, and Universal Precautions (with RI HEALTH), LGBTQQI Youth Training (with our SOC providers), and Young Children's Learning training for foster families with the RI Department of Education)

Core Supervisor Training was not offered during this training period however, a number of supervisory skills sustainment initiatives occurred:

- **Managing Performance Expectations:** Turning Managerial Challenges into Positive Results (6 hours) reviewed the basic tenets of effective leadership and management.
- A series of **Supervisory Learning Lab Retreats** was also commissioned in each of the Family Service Regions and within the Child protective Services divisions. **The retreats focused on "Supervising to Best Practice" and all produced a program improvement plan.**

RIDCYF continued to highlight the training and sustainment of our provider community in the Wraparound RI model with a series of **Wraparound RI Group Facilitations (6 hours)** and **Wraparound RI: Expanding Practice Through Family Team Meetings (12 hours)**

We also were successful at offering some significant non-SOC courses through the CWI's Open Topics Forum in **Foundations of Infant/Toddler Social Emotional Health (9 hours)** and **Foundations of Infant and Toddler Social Emotional Health and Development (18 hours)**, and **Wraparound Training for Coach/Supervisors (Phase I & II) (18 hours).**

**Innovative Training Initiatives** during this reporting period included the enhanced use of on-line resources to deliver certain training events, listed above, to our DCYF staff and provider community.

FY16 promises to be a period of change for RIDCYF. With the guidance of multiple child welfare advocacy groups, we look to implement various operational and practice models for the benefit of Rhode Island's children, youth and families. Our FY16 training plans will need to be flexible as we build this airplane, while flying it.

## CONTINUOUS QUALITY IMPROVEMENT SYSTEM –

The Department has a comprehensive data and evaluation framework inclusive of a continuous quality improvement system. The integrated statewide infrastructure that supports data and evaluation includes:

- RICHIST – DCYF Management Information System
- Administrative Case Reviews for Family Service and Juvenile Probation cases and CFSR-like in-home reviews
- Data Analysis and Program Evaluation (comprised of DCYF staff and contracted services through Yale University's Consultation Center)
- CQI Feedback Loop through multiple channels (i.e. FSU regional and probation supervisory meetings, Child Welfare Advisory Committee, Family Care Community Partnership Board meetings, Family Care Network meetings)

This statewide infrastructure supports numerous data, program evaluation, and continuous quality improvement functions within the Department, inter-departmentally with other state agencies; and, externally with community providers and families served through the Department. The primary function of this infrastructure is to provide a systematic feedback loop of data for the purposes of continuous quality improvement, program evaluation, tracking and predicting child, family and system outcomes, service planning, and informing practice and policy. Among those major functions are:

### 1. RHODE ISLAND CHILD INFORMATION SYSTEM (RICHIST)

The RICHIST system generates approximately 600 automated reports for monitoring and continuous quality improvement. Selected reports are disseminated to Department staff respective of their professional responsibilities. The reports are automatically emailed to Department recipients on a monthly basis and can be graphed over time to view trends in the data. This information is used for program planning and evaluation, in particular when new initiatives are implemented. The information is also used by DCYF administrators and supervisors to make data driven decisions, track division or unit benchmarks and in staff supervision.

The RICHIST system also generates over 50 dashboard reports accessible by all Department staff spanning safety, permanency, and well-being areas (exemplars of these are end of this section.) The dashboard provides the raw data to the user as well as aggregated data, graphs and the ability to manipulate the data within the reports. The data is used by the Department, in particular, Department managers to manage programs, caseloads, and child/family services such as face-to-face monthly visits, case plans, CPS investigations, licensing, and placements. The Department is currently reviewing the dashboards to either identify data/information gaps useful for CQI feedback and management and/or display enhancements. The Department is working with the Executive Office of Health and Human Services (EOHHS) Data warehouse to explore options for the

EOHHS Data warehouse to produce dashboards with enhanced functionality such as data layering, and turning on and off certain parameters. Another option the Department is exploring is upgrading SAS (statistical analysis software) graphing capabilities that would allow the Department to produce graphs directly aligned with the Department's statistical analysis reports. The Department anticipates this review process will continue with the aim of finalizing the decision in the Fall of 2015.

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.

#### Exemplars of Reports used for CQI Purposes:

- Foster Care - Monthly List of Children who have left Relative Care and Non-Relative Care
- Victims of Sexual Abuse
- FSU - Initial Risk Assessment
- Breakdown of children at DCYF, breakdown by agency and by: age and living arrangement; race and livi
- Worker Caseload
- Unduplicated Count of Children by Demographics
- Children in Placement for 300 Days
- Psychiatric Hospital - List of Active Children
- Children in Placements with Specific Service Types
- Adoption and Safe Families Act - Children in care for 15 of the last 22 months
- Foster Care - Children who Age out of DCYF Care
- Children Discharged from Placement
- Children Reported AWOL
- Children Entering DCYF Care
- Children In Placement
- Removal and Discharge Episodes Dashboard
- ARU - Service Plan Review Statistics
- Foster Care - Caseworker Visits
- Indicated Allegations with a Previous Indicated Allegation w/n 6 Months
- Maltreatment in Foster Care
- CANS Population Report
- FCCP Referrals With Reopens To Department

## 2. ADMINISTRATIVE CASE REVIEWS AND CFSR-LIKE IN-HOME REVIEWS

The CQI operation maintains a case review process in the DCYF regions which substantially mirrors the process used in the Federal CFSR instrument. For out-of-home cases, the ARU staff have enhanced their functions to integrate into their 6 month administrative reviews CQI principles that includes a review instrument that substantially mirrors the Federal CFSR Round 2 On-site Instrument. ARU staff were trained on the CFSR-like instrument. Following training a new ARU worker was paired with a veteran worker who was already using the CFSR-like instrument. Two ARU reviewers conducted the review and rated their respective instruments independently and placed into a sealed folder. A third person reviewed the two reviews to calculate the inter-rater reliability. This same process was completed 3 times for each reviewer. As new reviewers were hired, this process was repeated. An inter-rater reliability of .75 or greater for the three trial reviews was required. All achieved a .75 or greater on the three trial reviews. ARU conducts receives their list of youth scheduled for a review. Prior to their in-person family, caseworker meeting, the ARU reviewer reviews case related data in RICHIST and populates the CFSR-like review as much as possible given the information in the case record. A meeting is held amongst ARU reviewer, Department caseworker and involved parties, such as a birth parent, foster family, and/or provider or other party the family may want to include. The meeting occurs and based on the meeting review, additional information is entered into the CFSR-like instrument.

For in-home cases, Regional supervisors in the Family Service Units (FSU) participate in a monthly case review process which consists of randomly chosen cases using a standard supervisory review tool that mirrors the safety and well-being sections of the Federal CFSR instrument. After each supervisor reviews the case, the case undergoes a quality assurance process conducted by a third individual within the Data and Evaluation unit. The QA specialist reviews the case independently within the RICHIST system and when ratings on items disagree, the QA specialist requests the supervisor to provide additional information to support their rating. If the supervisor provides supportive information the rating is maintained. If the supervisor is unable to provide supportive information or does not respond, a notification is sent to them indicating the rating on the items in question will be changed to the rating the QA specialist believes the case record supports. The supervisor is given a week to provide supportive documentation.

Since 2011, the review instruments for both ARU and the in-home supervisory instrument has been modified to conform to specific data benchmarks that the Department must report on for its Program Improvement Plan. This new electronic form is designed to provide more CFSR-like information, reflecting the areas of safety, permanency and well-being. The form covers 27 CFSR related questions:

- One Safety section
- Three Permanency sections
- Three Well-Being sections
- One Case Review Summary section with Determinations
- One Recommendation section

This was a notable change for in-home case reviews where previously the CQI staff had a manual process for reviewing these cases, but now the process is managed electronically. The in-home case reviews are created and saved in the RICHIST system, capturing data elements individually, that were previously captured in the aggregate. This process for in-home cases also now includes Juvenile Probation.

This RICHIST automated review process was also implemented for ARU in May 2011 for out-of-home cases. The information is entered into the review form located in the ARU Case Review section in RICHIST. This information is captured on an individual child/family level from the review form in the MIS system and is able to be reported in an aggregated format to provide an overview for analysis and planning purposes.

The design of this system is also to flag cases that may have serious enough issues to warrant action by the Administrative Review Officer. For example, if during the Administrative Case Review, the Administrative Review Officer (ARO) determines that an issue in the case may have serious enough implications that it requires immediate further action such as a child being at imminent risk of harm or if there is a serious barrier to permanency achievement, the Administrative Review Officer will report the issue for further supervisory review.

At the conclusion of the administrative review, the ARO informs the case worker/supervisor that the case will be flagged for further review by the chain of command. The Administrative Review Officer sends an e-mail describing the concern to the case worker, supervisor, and the Regional Director for further assessment and possible action. The ARO may discuss case concern/issues with the Administrative Review Supervisor prior to any action taken. It may be determined that the concern if documented in the review form may not require any further action other than a case recommendation. Once the Regional Director reviews the case, the decision may be made to send the flagged case to the Associate Director for further assessment. Any action is left at the Family Service level.

### 3. DATA ANALYSIS AND PROGRAM EVALUATION

Continuous Quality Improvement work is led through the RI DCYF Data and Evaluation unit and the Rhode Island Data Analytic Center (DAC). The Data and Evaluation unit staff meet weekly to review DCYF initiatives, activities, and policy changes specific to data needs, monitoring and evaluation. Data reports on safety, permanency, and well-being are reviewed as well as program outcomes on the various programs DCYF children and families are involved with such as – Family Care Community Partnerships, Family Care Network programs, Multi-systemic Therapy, Wraparound Practice, Psychotropic Medication Utilization, and on an ongoing basis new programs implemented within the service array RI DCYF families and children are involved with. Based on this work, data reports, surveillance reports and program evaluation reports are developed, disseminated, presented and posted on the RI DCYF website to inform policy, practice, program development and data driven supervision. The Data and Evaluation unit is also involved with assisting RI DCYF in applying for grants by writing the Evaluation Sections, often in collaboration with Yale University (RI DCYF contracted evaluator). In 2013 DCYF recognized the importance of developing a data analytic infrastructure and is building this capacity through the addition of epidemiologists. Our Chief of Data and Evaluation, Dr. Colleen Caron, is an epidemiologist and through federal grants we have hired two



additional epidemiologists. We are in the process of hiring a fourth epidemiologist based on the availability of funding. This will provide us with an administrator over this function who is an epidemiologist as well as three additional epidemiologists each separately focused on one of our core functions – child welfare, children’s behavioral health and juvenile justice.

The DAC is a collaborative endeavor of the Department with the Yale University School of Medicine and System of Care Network Lead partners, local Family Support Agency, Neighborhood Health Plan (local Medicaid managed care agency) to provide evaluation, research consultation, and data analytic capacity for the Department divisions of child welfare, behavioral health, and juvenile corrections. The meetings occur bi-weekly.

#### 4. CQI FEEDBACK LOOP

DCYF uses multiple channels in the CQI feedback loop. Among them are

#### 5. BI-WEEKLY DATA ANALYTIC MEETINGS

Various DCYF representatives, University staff, DCYF providers and stakeholders, family support agencies, and health plan payers meet to review data to inform practice, policy, and system-wide changes.

#### 6. SEMI-ANNUAL DATA MEETINGS WITH FAMILY SERVICE UNIT AND JUVENILE PROBATION

Semi-annual meetings occur in the DCYF FSU 4 regions and Juvenile Probation to share data and information specific to their region and discuss underlying factors potentially contributing to the findings and identify programmatic and systemic changes to address contributing factors

#### 7. FAMILY COMMUNITY ADVISORY BOARDS (FCAB)

The FCAB is a statewide advisory group of the Family Community Care Partnership. The FCCP is a network designed system regionally located in 4 areas of RI to provide preventive, community-based services aimed to maintain family preservation and divert children and youth from entering DCYF.

#### 8. OPERATION MEETINGS WITH SOC NETWORK LEADS

#### 9. RICHIST REPORTS AND DASHBOARDS

Based on the review of data within the various forums, the Department’s administration is able to implement changes where necessary to address continuous quality improvement objectives. Data is also shared with the Department’s Director of Training to inform Departmental training needs.

### ADDITIONAL CHANGES IN THE PAST YEAR AND PLANS FOR CHANGES IN THE FUTURE

In addition to the additional CQI processes, the Data and Evaluation unit has worked closely with the Department’s Children’s Community and Behavioral Services in the CSBH provider record review. CSBH staff conduct an annual onsite record reviews of a random sample of provider records. The instrument developed was a collaborative effort among the Data and Evaluation unit and CSBH and includes CFSR like areas such as comprehensive assessments conducted, services put in place to meet those needs,

additional permanency areas and well-being areas covering physical, behavioral and educational. Based on these reviews, the Department generates individual provider reports and aggregated reports of all providers. The individual provider reports provide detailed information to the provider and what the Department expects to improve. The aggregated reports provide state level data and ongoing surveillance of these outcomes on a system level.

The Department has expressed the desire to the U.S. Children's Bureau and the Administration for Children and Families to become a state-led CFSR state. The Department is currently reviewing personnel needs to determine the feasibility and the most efficient organizational model to support a state led CFSR. Presently the Department has 4 ARU staff who conduct the 6-month and 18-month permanency reviews consistent with ASFA. The Family Court conducts the 12-month permanency and 24-month reviews.

Among the options to become a state led CFSR are:

- 1) Hire staff to conduct the case reviews and assist with the QA of the instruments. ARU continues with administrative reviews.
- 2) Convert the current 4 ARU staff who is already using a CFSR-like instrument into CFSR CQI case reviewers who would review a random sample of cases inclusive of the CFSR instrument and case-related interviews. To address the 6-month and 18-month reviews, the Department could explore collaborations with the Family Court.

The Department plans to continue to review these options and make a decision in the Fall of 2015.

## INDIAN CHILD WELFARE ACT (ICWA)

Rhode Island has only one Federally recognized Tribe, the Narragansett Tribe. The Narragansett Tribe does not operate its own child welfare system and relies on the Department to assist with all of the aspects of this State's child welfare auspices. The Department has an internal Policy (#700.0170 attached) reflective of the Federal Indian Child Welfare Act (ICWA). DCYF Administrators and the Narragansett Tribe representatives have agreed that DCYF would use its Policy relating to ICWA as a basis for a State-Tribe agreement. This policy addresses critical considerations relating to:

- Identification of Indian children;
- Notification of Indian parents and Tribes of State proceedings involving Indian children and their right to intervene;
- Special placement preferences for Indian children;
- Active efforts to prevent breakup of the Indian family; and
- Tribal right to intervene in State proceedings.

As such, 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). In addition the Department is also responsible for the following services and protections:

- Operation of a case review system for Narragansett affiliated children in foster care (Administrative Review Unit bi-annually)



- A pre-placement and preventative services program for Narragansett affiliated children at risk of entering foster care to remain safely with their families (Family Care Community Partnerships)
- A service program (Partners in Permanency) for Narragansett affiliated children in foster care to facilitate reunification with their families, when safe and appropriate, or to place a child in an adoptive home, legal guardianship or other planned permanent living arrangement
- Implement training for staff on Child and Family Services Improvement and Innovation Act of 2011 and how to conduct credit checks for Narragansett affiliated youth in their caseloads.

The Department met with Wenonah Harris, Director of Child and Family Services for the Narragansett Indian Tribe, to discuss various topics, including the draft APSR, compliance with ICWA, co-location, training and the CFCIP/ETV . Prior to the meeting, the draft APSR was shared with Ms. Harris. Ms. Harris provided feedback on the APSR, stating that she only found one area that she felt needed changed to mirror ICWA. This related to our Policy 700.0170 Implementing the Child Welfare Act (See Appendix A of this document) which contains language that states that the State must make reasonable efforts to reunify an Indian child with his/her parents. Ms. Harris indicated that ICWA goes beyond reasonable efforts. The Department indicated we will review this policy and modify as necessary. Ms. Harris indicated she had no other concerns with the APSR and specifically indicated that the Tribe is not requesting to administer either the CFCIP or the ETV programs for the Tribe. DCYF also agreed to look at the other issues discussed, including training and our process for confirming tribal membership, and arrange a follow-up meeting with the Tribe's liaison to DCYF, Anemone Mars, to review details. As well, Steve Morley was introduced to Wenonah as DCYF's new liaison to the Narragansett Tribe.

The Department and Tribe have a Cooperative Agreement which provides for a Tribal representative to be co-located within CPS. The Tribal liaison began work in May 2011.

The Department will continue its Cooperative Agreement with the Tribe to ensure ongoing coordination and collaboration in the implementation and assessment of the CFSP, and monitoring improvement of the state's compliance with the ICWA. To date, the relationship between the state and the Narragansett Tribe has been good regarding this coordination, and we see no barriers at this time.

The Department will continue its collaborative efforts with the Narragansett Tribe throughout this new five year Child and Family Service Plan. The services and supports that are provided to youth in the Department's care through the Chafee Foster Care Independence Program (CFCIP) are inclusive of Indian youth.

A final copy of this APSR will be provided to the Narragansett Tribe upon approval.

## ADAM WALSH CHILD PROTECTION AND SAFETY ACT OF 2006

The federally enacted Adam Walsh Child Protection and Safety Act establishes statutory requirements for states to conduct background checks on prospective foster and adoptive parents and any other adult living in the prospective foster/adoptive home prior to finally approving the home for placement of a child. Such background clearances require states to check child abuse and neglect registries in each State in which the prospective foster/adoptive parents, as well as any other adult(s) living in the home, have resided in the preceding 5 years. The intent of this law is to protect children from violent crime with particular emphasis on preventing sex offenders' from having access to children. A critical provision in this federal law is that it provides child protection/child welfare agencies access to national crime information databases (NCID) specifically for purposes of investigating or responding to reports of child abuse, neglect, or exploitation.

Rhode Island's DCYF has three computers in its Child Protective Services Division equipped with licensed software permitting access to three national databases and three FBI certified CPS personnel to perform that task. The databases include the FBI's Interstate Identification Index (III), the National Crime Information Center (NCIC), and the International Justice and Public Safety Information Sharing System (NLETS).

The Interstate Identification Index is a national index of criminal histories maintained by the FBI at the National Crime Information Center. The program is designed to facilitate the interstate exchange of criminal history records among criminal justice agencies. The FBI allows the Department access to the database for child abuse and neglect investigative purposes. Search results from the III give a list of states that have a criminal history on a given person. Designated Department personnel query those states directly to obtain specific criminal histories.

The National Crime Information Center (NCIC) is a computerized index of criminal justice information maintained by the FBI which allows the Department access to information submitted by criminal justice agencies concerning crimes, criminals and related law enforcement objectives such as missing persons and wanted persons. The

FBI has allowed the Department to access this database to assist in child abuse and neglect investigative purposes.

NLETS is an interstate justice and public safety network communications system used for the exchange of law enforcement, criminal justice, and public safety related information. The network allows the Department to secure motor vehicle and drivers' data submitted by motor vehicle agencies.

## CHILD MALTREATMENT DEATHS

The Department uses information from its Child Protection Services (CPS) Investigation Division, Departmental investigations, Medical Examiner's Office, law enforcement agencies, hospitals and other medical care providers as appropriate, as well as the Child Advocate's Office and child death review forums. If there was information on a child whose death occurred while in care, the Department would have that information.

## CHILDREN AT GREATEST RISK OF MALTREATMENT

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

The Department monitors and evaluates child maltreatment using multiple methods, the National Child Abuse Neglect Data System (NCANDS) and the Adoption and Foster Care Analysis Reporting System (AFCARS) data as a surveillance system, monthly continuous quality assurance meetings, targeted research studies and analysis employing advanced statistical analysis. Based on these multi-methods, DCYF employs CQI meetings to identify evidence-based programs demonstrating effectiveness with populations at elevated risk for maltreatment. These CQI meetings are inclusive of DCYF staff - child welfare, juvenile justice, children's behavioral health and licensing – as well as community providers. As a result of these analyses and collaboration with providers, within the past year, the providers implemented community-based programs and congregate care programs to address these youth at higher risk. These programs include Triple P, FFT, TST community programs and TST residential programs. The Department plans to conduct outcome oriented analysis on these programs 1 year following the start of the implementation. The 1 year of implementation will allow for time to detect changes as well as allow for the sample size to be large enough for the analysis to be meaningful.

## CHILDREN UNDER THE AGE OF 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 youngsters may be considered the most vulnerable.

As of June 22, 2015, there were 623 children under the age of five in foster care settings. The population of children under five represents approximately 61% white, 18% multi-racial, 16% African American, less than 1% Asian, and 2% undetermined. Twenty-one percent of children under the age of 5 are Hispanic/Latino. All children are placed in a foster home. Forty-six (46%) percent are in relative care; 41% in generic foster homes and 13% are in specialized foster care homes. As of June 22, 2015, there were approximately 191 youth who have been in the care of the Department for lengths of time ranging from more than 16 months to over three years.

In FY14, the Department projected the number of children under the age of 5 that would be in care in FY15 would be close to 600. This projection was based on data of children in this age range in DCYF care at the end of state fiscal year 2014 (SFY 14) with the length of time in care averaging 12 months. FY15 count of children under the age of 5 in care was 623 as of June 22, 2015.

Several efforts have continued to support the under 5 population as part of the Early Care-Child Welfare assistance grant through the Administration for Children and Families to

support methods to identify and track these children to age-appropriate services. As a continuation of the MOU signed with the Head Start Directors Association, grant staff have held trainings for social case workers in regional offices that highlight the services and supports Head Start provides. These trainings also highlight that children in foster care are categorically eligible for Head Start and Early Head Start. Grant staff has also followed these trainings with weekly visits to regional offices to consult with case work staff and supervisors on appropriate referrals. Grant staff has also begun weekly contact with Early Head Start intake coordinators in programs around the state to track waitlist and facilitate referrals for eligible families. Over the next year data will be tracked to measure the rate and frequency of referrals made by grant staff to Head Start and Early Head Start Programs.

The previously identified ACF grant is also working to address the screening assessment and service delivery needs of child welfare involved children age birth to five. The primary approach being used to meet this need is the development of a multi-tiered system of supports and services. The application of developmental screening in health homes that serve the most at risk populations is the first layer of this support system. In addition to developmental screening being carried out by pediatricians in health settings, DCYF is updating and revising the referral policy for early intervention in an effort to ensure that children who are victims of neglect and abuse are provided appropriate and timely services. The final tier of this system will be DCYF working with the RI Department of Education to develop plans in which Child Outreach Screenings will be administered more effectively with children in foster care between the ages of 3-5 years.

The above mentioned ACF grant has also developed a trauma-informed positive behavior support curriculum and training that has been piloted to a cross-system set of providers in the northern part of the state. This cross-system group has included Head Start, early childhood mental health providers and DCYF contracted preventions workers. With very positive results from the data collected on the training, the department has the objective of offering the training and information to all early care educators throughout the state. This effort would build capacity to effectively serve child welfare involved children places in early care settings and help them prepare for kindergarten and future educational success.

#### TARGETED SERVICES:

The Department makes referrals where appropriate to Early Intervention service providers. Over the past eleven months, through May 2015, there were 420 referrals made to Early Intervention providers for children who were involved in an indicated case of maltreatment. Another 145 children were referred by RI DCYF Child Protective Service (CPS) for non-indicated CPS cases. There were 39 children who were already involved with Early Intervention prior to their CPS investigation.

The Department is also engaged in numerous activities through collaborations with community-based agencies and other state departments to support permanency planning and the development needs of these vulnerable children. These initiatives include:

- **ACF Child Welfare-Early Education Partnership:** Continuing to build on the work of the past two years, this grant is now in a one year no-cost extension with a focus on building service and system capacity to support the needs of children birth to five in the child welfare system. The following are updates on the three main goals of the grant.

- 1) **Unify the process for screening, assessment and service delivery for children birth to five in the child welfare system.** Completion of interagency policy alignment continues to move forward with key state agency representatives meeting on a monthly basis to refine approaches to policy and practice. Grant staff has attended Northeast Regional Developmental Screening Conference in May 2015 and has continued to work as part of a state-wide team that supports improved fidelity to developmental screening practices for children in the child welfare system. Grant staff has provided training and informational support to case workers, foster care training specialists and permanency support staff to provide access to developmental screening materials developed as part of the Department of Education's Early Childhood Race to the Top Grant. The goal of this effort is to provide parents and foster parents with more tools and resources that focus on early childhood development and the early identification of developmental delay.

Another primary effort related to this goal of the grant has been to further develop a referral process for child welfare involved families to expanding MIECHV home visiting programs funded through the Department of Health. Grant staff has used RICHIST data dashboard system to identify eligible families and connect with case workers to facilitate referrals to Home Visiting programs. Maintaining a direct interagency relationship with coordinating staff at the Department of Health has been key to the success of this effort. This effort has been carried out by grant staff co-locating in each regional office on a weekly basis to review cases and support referrals. These efforts have resulted in 52 families being referred in FY 2015 with a sustained monthly rate of 10 to 12 families going into FY2016. These resources have been targeted to support first time parents between the ages of 15 to 25 who themselves were involved with the child welfare system as youth.

- 2) **Develop a trauma informed-positive behavior support curriculum and training for early care educators and other cross-system partners.** Following the successful pilot project carried out in partnership with a Head Start provider and other regional providers in the northern region of the state, grant staff have successfully transitioned and supported the implementation of this training at the Center for Early Learning Professionals. The Center for Early Learning Professionals is the primary training and continuing education resource for the early care and education system in the state. Upon completion of the product titled "Understanding the Impact of Trauma on Young Children" the center offered this series in their winter and spring offerings to early care staff. To date over 40 early care educators from a variety of centers have attended and completed the training. Ongoing offerings of this content will ensure that staff in high-quality early care

setting will have the knowledge skills needed to support young children in the child welfare system that have experienced trauma.

- 3) **Develop implementation plans that follow the original ACF Early Childhood Grant to ensure that child welfare involved pre-school aged children have access to Head Start and other high-quality early care settings.** A variety of promotional and strategic efforts have been implemented over the past year related to this goal of the grant. Grant staff have developed a promotional brochure in partnership with community agencies and foster parent support organizations. This brochure highlights the specific needs of young children in foster care and the benefits of seeking high-quality early care to support early learning and development. These promotional efforts will be combined with strategic support for case work staff to improve access to high-quality early care for children in the child welfare system.

- **Race to the Top Early Learning Challenge:**

This grant ends December 2015. Accomplishments to date include the following:

- DCYF's Family Child Care Regulations have been revised and are currently being reviewed by RTTT funded national experts to review and make recommendations through the lens of national best practice. Additionally, RTTT funded facilitators assisted in the revision process by leading focus groups, workshops and community meetings to gain stakeholder input.
- Over 2 million dollars in grant money provided by RTTT was awarded to child care centers through LISC (Rhode Island Child Care & Early Learning Facilities Fund) to improve physical facility issue which helped center to comply with the November 2013 revised child care center regulations.
- RTTT funded grants for Family child care homes and child care centers to purchase equipment and materials to improve educational opportunities for young children.
- RTTT funded professional development opportunities for family child care home providers and center staff through high education grants.
- RTTT funds afforded licensing staff the opportunity to be trained in playground safety classes by national recognized experts.
- RTTT funds afforded licensing staff and other state agency frontline staff to be trained in regulatory consistence, Early Childhood Assessment, Early Childhood Curriculum, and a number of other important early care and education topics
- RTTT funded the redesign of the family child care and child care center regulations.
- DCYF, DHS, DOH, and RIDE are working together, with funding from RTTT, on the development of a data system for all early care and education in Rhode Island, which would benefit state agencies, providers and parents. This work will continue with a no cost extension until October 2016.



- **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 has continued to meet on a monthly 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
  - Review the state's resources available to young children under 3 who are victims of maltreatment and make recommendations regarding the feasibility and appropriateness of expanding eligibility for EI services so that all children within the child welfare system are automatically eligible to receive EI services and are contacted and encouraged to participate.

The ICC-Child Welfare Committee has continued to work on informing policies within DCYF that guide the referral process to Early Intervention services. This group has had a particular focus over the past year related to improving the accuracy of data collection and reporting that informs practice. These improved data collection processes demonstrated that there was an 88.7 % referral rate to EI services of children under 3 that were subject to an indicated incident of abuse or neglect. In the coming year more focus will be paid on tracking and improving the rate of participation of eligible children referred. Coordinated efforts have also been put in place as part of the ACF Early Care and Education Grant to refer families that are determined as not eligible for EI to other Home Visiting programs that support development and child well-being.

The ACF Early Care and Education Grant has also developed, coordinated and implemented training to social case work staff that highlights the benefits of Early Intervention System on child development. These trainings were implemented in case work pre-service as well as in regional events throughout the state. Case work staff were provided with specific information related to the referral process and services available in the EI system. These efforts have increased the rate and frequency of case workers seeking support for the CAPTA liaison assigned to facilitate the EI referrals. The EI-ICC Child Welfare Committee has plans in place to continue meeting on a regular basis to improve the quality of care delivered to children age birth to three involved in the child welfare system.

## ASSESSMENT INSTRUMENTS TO INFORM CHILD TRAUMA AND TREATMENT:

The Department uses the Child Assessment of Needs and Strengths (CANS) as the instrument to determine level of service intensity needs to be implemented by the residential providers. The CANS is a comprehensive tool most appropriate for use in an integrated system of care as this version can be used with a variety of populations (e.g. behavioral health, child welfare, juvenile justice). The CANS is particularly aligned with the principles of the wraparound process in the System of Care because it mirrors much of the same information that is gathered through the Strengths, Needs and Cultural Discovery (SNCD) process. The SNCD is an assessment process working with a family through family team meetings that develops a treatment plan based on the child and families' areas of satisfaction and need, and addressed in a manner that is respectful of the family's culture. The processes for the CANS and SNCD can occur in combination and inform each other.

## CASEWORKER VISITS WITH CHILDREN IN FOSTER CARE

The DCYF established its baseline for caseworker visits with children using data from the Adoption and Foster Care Analysis and Reporting System (AFCARS) for FFY 2007 (October 1, 2006 to September 30, 2007). During this period, there were 3,567 children identified in the AFCARS file who were in placement for at least one full calendar month during FFY 2007. Of this number, 830 youth residing in foster care in-state and out-of-state were used to calculate the baseline, based on the following methodology:

- The aggregate number of children served in foster care,
- The number of children visited each and every calendar month that they were in foster care,
- The total number of visit months for children who were visited each and every month that they were in foster care, and
- The total number of visit months in which at least one child visit occurred in the child's residence.

**TABLE 17. MONTHLY CASEWORKER VISITS**

Monthly Caseworker Visits with Children – FFY 2007 Baseline		Total Percentage
830 children with visits / 3567 with valid placements	Worker visits with child	23.27%
902 at home visit months / 3,862 total visit months	Visit in child's residence	23.36%



Over the years, the Department has used different strategies to improve caseworker visits since the baseline was established; however, the realities are that it has been an ongoing challenge to achieve the face-to-face visitations with each youth as federally required.

TABLE 18: MONTHLY CASEWORKER VISITS FFY 2007-2014				
	Projections		Performance	
	FTF	In Residence	FTF	In Residence
FFY 07 Baseline			23.27%	23.36%
FFY 08	25%	27%	28.12%	23.23%
FFY 09	40%	35%	37.79%	43.31%
FFY 10	65%	43%	42.82%	46.79%
FFY 11	90%	50%	57.89%	59.59%
FFy 12	90%	50%	85%	57%
FFY 13	90%	50%	81%	56%
FFY 14	90%	50%	90.10%	60.05%

With substantial effort and dedication, the department in FFY 2014 was able to successfully meet the federal standard for caseworker visitation with 90% of the required visits occurring and 60% of those visits occurring in the child's residence.

Under current DCYF Policy (700.0165 attached) in accordance with federal guidelines, the monthly face-to-face visit can be made by any worker to whom the Department has assigned or contracted case management or visitation responsibilities. This definition allows the Department to classify visits made by service providers, within our contracted programs, who are assigned specific roles, to conduct face-to-face visits. Among the roles designated to conduct "face to face visits" are Wraparound Care Coordinators, Family Support Partners, Clinicians, and/or Case Managers providing supervision/assessment/skills training through visitation. This does not relieve the DCYF worker who is assigned primary responsibility for case management from conducting monthly face-to-face visits.

### VISITATION POLICY

The Department's policy relative to social caseworker visits with children and parents (caregivers) on their caseloads requires monthly visits by social caseworkers, juvenile probation workers, or any worker that the Department has assigned case responsibility to for all children in foster care, including children in out-of-state placement.

TABLE 19. YOUTH PLACED IN OUT OF STATE CONGREGATE CARE				
Type of Placement	June 2012	June 2013	May 2014	June 2015
Distant Out of State	7	4	9	5
Nearby Out of State	37	54	72	79
Total Out of State	44	58	81	84

As of June 12 2015, there were 82 youth residing in residential treatment programs located out-of-state representing an increase from the prior reductions that were experienced. The children placed in nearby out-of-state locations typically include placements in Massachusetts and Connecticut. These out-of-state placements are made due to the level of complex needs that the children have which are not able to be met by the in-state residential programs.

The Policy further states that Social Caseworkers in Family Services Units (FSU) and Juvenile Probation Officers are responsible to maintain regular contact, in person and by telephone, with the children and families served by the Department. In person contact with the child, the child's family and, if the child is in placement, the child's caretaker is essential in developing and maintaining effective working relationships. Through ongoing contact, the worker should assess and document whether or not:

- The child is receiving adequate care and supervision in his or her home or in out of home placement;
- The parents and child, if of appropriate age, are actively participating in service planning;
- There are effective services in place to address areas of need identified through the initial and ongoing comprehensive family assessment and service planning process to ensure the safety, permanency and well-being of the children;
- Progress is being made towards achieving long-term positive behavioral changes outlined in the Service Plan Agreement (DCYF #032); or, if there is a lack of progress, identification of specific barriers that are impeding progress.

Additionally, when a child is in placement, the worker should address whether or not visitation and other forms of contact are occurring between the child and family, including siblings, and if the level of contact is appropriate. The worker is responsible to keep parents informed of changes made in a child's placement and to provide parents with current information regarding the child's education, health and development.

Efforts must also be made to encourage a positive relationship between the child and parents and to preserve connections for a child with his or her extended family, community, and culture. Frequent and consistent communication with the child and his or her caretaker

is important in assessing the child's progress in placement and any ongoing issues of concern. The frequency of contact between the worker and child and the worker and the child's family is established in the Service Plan Agreement. All contacts with the child, family and caretaker must be documented in RICHIST.

The Department failed to obligate the funds from this grant for FFY 2014 and therefore will be returning \$55,000 to ACF. It is our understanding that we have \$54,429 for FY 2015 to be obligated no later than September 30, 2016 and are seeking an additional \$55,000 for FY 2017. We will develop a plan over the next 3 months as to how to make the most effective use of these funds and ensure these funds are obligated and used in a timely manner. We anticipate this will be focused on increasing the use of mobile technology for caseworkers, including the purchasing of tablets and/or cell phones as related software.

## **ADOPTION INCENTIVES**

The Department had no significant barriers to expending the funds we received in FY 2010. The Department received \$76,600 funds in FY 2015 and is in the process of determining how to specifically spend these funds. This is being reviewed as a part of our comprehensive review of our service array to ensure these and other funds are focused on meeting the needs of the families and children we serve, including adoptive and legal guardianship families.

## **INTERNATIONAL ADOPTIONS**

In FY 2014, there was 1 child flagged as an international adoption who was removed from home largely due to behavioral problems. The youth was from Guatemala. This youth did 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."

The Department does provide 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 would also be available for families whose children were adopted internationally, but subsequently had a case opened to DCYF. 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.

## **DECISION-MAKING ON PROGRAM AND SERVICE INVESTMENTS**

The Department has identified numerous issues with procurement of and payment for services. A recent audit conducted by the Rhode Island Bureau of Audits revealed many of the Department's contracts were not procured in accordance with the State Purchasing guidelines and there is no coordination between service delivery, verification of bills, and payment process. The Department is currently finalizing a Purchasing Handbook and a Contract Handbook to formalize the processes and decision points. Additionally, the

Department is working with the Harvard Kennedy School of Government to identify programs and services that are currently in place or in need of further expansion, and to create a schedule for systematically procuring programs and services.

## CHILD AND FAMILY SERVICE CONTINUUM

The Department contracts with a broad range of vendors to provide publicly funded programming throughout a continuum of services for the population of children and families it serves which include child welfare, children's behavioral health and juvenile corrections. All of these services are provided on a statewide basis. On an annual basis, the Department provides services to approximately 9-thousand children/families.

Through other federal initiatives; e.g., the Community-Based Child Abuse Prevention (CBCAP) program, the Department has integrated the work of the Family Care Community Partnerships (FCCPs) to engage a statewide network of primary, secondary and tertiary child abuse and neglect prevention programs. Our Intake Administrator is familiar with these services as the Department looks for strong prevention-focused support programs to assist in diverting families from DCYF involvement, where appropriate.

The FCCPs are in year five and have diverted hundreds of families from the Department and afforded them home-based, culturally competent and strength based services and supports. Using the practice model of Wraparound, where the family's team "wraps" around the family, the team supports the family and assists guiding them away from the reasons they sought assistance. This program primarily serves families who are at risk for DCYF intervention due to; trouble meeting basic needs, parental or youth mental health/substance abuse, assistance with parenting skills, and/or juvenile delinquency. The FCCPs have regional (4) Family and Community Advisory Boards made up of community partners, parents and youth. In addition there is one Statewide FCAB. The design is to ensure a flow of information, promoting open dialogue among the FCCPs and external stakeholders.

Funding through the Child Abuse Prevention and Treatment Act (CAPTA), as amended, supports a co-location nurse liaison from an Early Intervention program, working with DCYF's child protective services to implement a regularized referral process for children under the age of three to an Early Intervention program or other appropriate early child development and family support program.

All federally funded programs complement the state's continuum which includes prevention and early intervention programming for family preservation and support; substitute care living arrangements which include relative, kinship, and non-relative foster care homes, as well as therapeutic foster homes, shelters, group homes, residential counseling centers and residential treatment centers; supervised living apartments and independent living apartments; and aftercare programming which includes subsidized adoption, subsidized guardianships, continued independent living services and supports for youth between the ages of 18-21, probation services, and end of sentence case management support for youth leaving the Rhode Island Training School. Wraparound case management structures and programs, funded by DCYF, are available for children and families as a prevention/intervention service as well as for children residing in congregate care settings. A description of the continuum of services is included in the appendices.

The Department has an Early Education Partnership grant from the Administration on Children and Families (ACF) to Expand Protective Factors for Children with Child Welfare Involvement. This effort is focused on implementation of workforce development curricula to establish a competency base for early care and education programs, which will incorporate the Michigan-based Infant Mental Health Competency Guidelines. The ACF Early Care and Education Grant has developed, coordinated and implemented training to social case work staff that highlights the benefits of Early Intervention System on child development. These trainings were implemented in case work pre-service as well as in regional events throughout the state. Case work staff were provided with specific information related to the referral process and services available in the EI system. These efforts have increased the rate and frequency of case workers seeking support for the CAPTA liaison assigned to facilitate the EI referrals. The EI-ICC Child Welfare Committee has plans in place to continue meeting on a regular basis to improve the quality of care delivered to children age birth to three involved in the child welfare system.

## **SAMHSA SYSTEM OF CARE EXPANSION-IMPLEMENTATION COOPERATIVE AGREEMENT**

This initiative continues to support across-agency infrastructure and operational capacity to enhance a system of care for children and youth with serious emotional disturbances and their families. The MIS specialist funded through the grant has supported Department staff related to several key initiatives. One such project analyzed, modified, and enhanced existing reports to better understand Early Intervention Services related to the CAPTA mandate. The culmination of this work is a report that RIDCYF users can access when needed, related to indicated DCYF investigations of children under the age of three. This grant staff person also reported on several data points of foster care home providers related to increasing recruitment of foster homes. The epidemiologist supported through the initiative has continued surveillance and monitoring of family team meetings. This individual also worked with the MIS specialist to extract and analyze educational data from an educational data base warehouse within the State. Through her work, a new section related to disproportionality and placement type has been added to permanency indicators.

Following the baseline assessment of the system-wide survey on the *Rating Tool for Implementation of the System of Care Approach*, the results were reviewed by Department administration and community providers. A decision was made to begin the reassessment process of 90 individuals representing Family Care Networks (FCNs), Family Care Community Partnerships (FCCPs), and Department staff. The results of this reassessment are currently being analyzed and formatted for review this season by similar groups within the system.

The Family Support Coordinator, Youth Coordinator, and Yale evaluators for the initiative, worked with a group of youth who helped develop, implement, analyze, transcribe, and present results to the community for five (5) youth focus groups. These focus groups were comprised of other youth with lived experience in child welfare, juvenile justice, and prevention services of the system. The Family Support Coordinator continued to recruit, orient, and mentor family board members on the four regional Family Community

Advisory Boards (FCABs). Through these efforts the Statewide FCAB reached a 51% ration of family participation. The Family Evaluator has interviewed 120 families, served by the Department on issues such as services received, mental health status, trauma history, and social connectedness.

#### INTER-DEPARTMENTAL COLLABORATION

The Department works collaboratively with the sister state agencies under the Executive Office of Health and Human Services to coordinate efforts for families in need of basic needs assistance, early child development services that are supported through the Maternal Child Health Home Visiting (MCHHV) programs with the Department of Health (DOH), Head Start and Early Head Start through the Department of Human Services (DHS), other Medicaid covered services through EOHHS, and importantly, with the Department of Behavioral Health, Developmental Disabilities and Hospitals (BHDDH), which provides adult mental health services, and behavioral health services for adults and youth. Additionally continues to work close with EOHHS agencies on the EOHHS Data Warehouse project which provides opportunities for ensuring that services between and among agencies are not duplicated at the client and systems level and for more effective analysis of system level service delivery. DCYF also works closely with the RI Department of Education on the DataHub project which provides greater opportunities for tracking children and youth involved with DCYF in the aggregate in regard to educational services. DCYF also continues to work the Office of Post-Secondary Education (where the former RI Higher Education Assistance Authority is now housed) on improving post-secondary education outcomes for youth in care through our jointly managed DCYF Post-Secondary Education Tuition Assistance Program and other efforts to focus on these outcomes.

CSO McDonald was instrumental in helping to reinvigorate the statutorily created state Children's Cabinet, now chaired by the EOHHS Secretary Elizabeth Roberts. This Cabinet includes the Governor or designee, the Directors of all of the EOHHS agencies as well as the Commissioner of Elementary and Secondary Education, the Commissioner of Post-Secondary Education, the Child Advocate, and the Directors of Administration and the Department of Labor and Training. The Cabinet is specifically tasked with developing by December 1, 2015 a comprehensive five (5) year statewide plan and proposed budget for an integrated child service system.

#### TITLE IV-B, SUBPART 1 – CHANGE IN PROGRAM PURPOSE

The purpose of Title IV-B Subpart 1 is to protect and promote the welfare of all children; prevent the neglect, abuse or exploitation of children; support at-risk families through services which allow children to remain with their families or return to their families in a timely manner; promote the safety, permanence and well-being of children in foster care and adoptive families; and provide training, professional development and support to ensure a well-qualified workforce.

**Service Descriptions:** Funding from Title IV-B, subpart 1 is used to support five programs relating to child welfare outcomes promoting safety, permanence and well-being. These programs are:



**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.

- **Adoption Preparation and Support** – 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.
- **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.
- **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.

The Department had in previous years funded a foster recruitment program through the Urban League. However, the agency had to curtail operations in the late winter and the Department needed to shift this funding. We are currently working with 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.

## PROGRAM AND SERVICE DEVELOPMENT

- **FAMILY SUPPORT**

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; some of this is through the FCCPs. Families assisted by PSN, typically, are looking for assistance because they're experiencing challenging behaviors with their teenagers.

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.

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 is available statewide.

- **FAMILY PRESERVATION**

The Department also provides IV-B funding to the FCCPs to support family preservation services for those families who are more likely to be referred by Child Protective Services and may require more intensive services to address issues relating to parenting skills; difficulties with discipline, adult conflict, and financial problems. This program is available statewide.

- **TIME-LIMITED REUNIFICATION**

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 Families Together program also works with the Child Welfare Institute to provide pre-service trainings on therapeutic visitation. 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.

- **ADOPTION PROMOTION AND SUPPORT**

Funding through Title IV-B, part 1 supports the work of Foster Forward (formerly the Rhode Island Foster Parents' Association) which works closely with the Department to provide training, education and support for foster and adoptive families. The Adoption Promotion and Support program through Children's Friend and Service is also supported with funding through Title IV-B, part 1. This contract provides preparation and post adoption support services that include 24/7 crisis intervention availability by phone, education and support groups, case management, counseling and respite. The Department, working with Adoption Rhode Island, has established a permanency team function in the Regions which is assisting social caseworkers in developing recruitment plans for children



with a goal of adoption, assisting with case record research to identify potential family connections and resources; and, provide supportive guidance to address barriers for foster parents interested in adopting. This activity is supported through IV-B, part 1 funding.

The Partners in Permanency program, referenced above, bridges the categories for family support and adoption promotion/support. The services that are provided focus on concurrent planning and provide both biological and foster/pre-adoptive families necessary support for permanency planning that is in the best interest of the child. The funding for this program is evenly apportioned between the two categories. Both programs are available statewide.

- **STAFF DEVELOPMENT AND TRAINING**

Title IV-B, subpart 1 funds do not support training activities. These services are supported through state revenue and IV-E reimbursement.

As a part of our comprehensive review of agency functions, service delivery and staff supports, the Department is currently reviewing our training program and the manner in which training is delivered. At this time we are continuing our relationship with the Child Welfare Institute as our primary contractor for delivering training services and have not modified our ACF approved training plan. We understand that prior to implementing any revisions to our training plan, we need to obtain ACF approval. As soon as we develop such a plan, we will provide this to ACF for review and approval.

## **CHANGES IN SERVICES OR PROGRAM DESIGN**

None of the programs or services funded under IV-B have been determined to be ineffective. However, as noted earlier, changes have been made to the adoption recruitment efforts as a result of difficulties impacting the Urban League's capacity to operate.

## **FFY 2013 STATE EXPENDITURES AS COMPARED TO FY 1992 BASELINE**

The Department of Children, Youth and Families continues to demonstrate a strong maintenance of effort in its expenditures for child and family services. In FY 1992, as the base year, the DCYF allocated approximately \$3.4-million on community-based programs to assist families who were at risk of becoming involved with the Department. In fiscal year 2013, the Department minimally allocated \$3.5 million in general revenue funds for ongoing family support and preservation services. These funds support services such as the Family Care Community Partnerships, family stabilization services, and early intervention-type programming which assists vulnerable families with children in age ranges from birth to three and older. These community-based services also provide necessary care and intervention for families whose children are experiencing behavioral challenges and may be at risk for out-of-home placement.

## ALLOCATION OF FUNDS

In this APSR, the Department is requesting an allocation of \$821,525 in Title IV-B, part 1 funds, and an allocation of \$864,944 in Title IV-B, part 2 funds. Additionally, the Department requests \$54,429 for ongoing efforts to improve performance in monthly caseworker visits; as well as an allocation of \$114,638 in CAPTA funds. The Department is also requesting \$586,562 in funds through the Chafee Foster Care Independence Program, and \$189,536 in Chafee Education and Training Vouchers. These funds will continue to support the programs that have been identified or established in the Child and Family Service Planning efforts and through the planning for the Chafee Foster Care Independence Program.

### TITLE IV-B, PART 1 APPROPRIATION

The Department of Children, Youth and Families anticipates receiving \$821,525 in FY 2016 in its Title IV-B, Part 1 allocation. Funds in this allocation are used to support crisis intervention and programming aimed at providing additional support to keep families from coming into care; foster parent support; and adoption promotion and support. These service needs have continued to be identified through the planning process for the Child and Family Service Plan.

### TITLE IV-B, PART 2 APPROPRIATION

The Department anticipates receiving an allocation of \$864,944 in Title IV-B, Part 2 funds for FY 2016. These funds will continue to support the Department's initiatives in compliance with the Adoption and Safe Families Act, focusing on therapeutic visitation; family advocacy/support program initiatives; and adoption promotion and support, as described previously under Program and Service Development. Funding for family support services will be allocated 22% of the appropriation; family preservation services will be allocated 21%; time-limited reunification services will receive 30%; and, adoption promotion and support programs will receive 27% of IV-B, Part 2 funding. The Families Together Therapeutic Visitation program as a time-limited reunification service is nationally recognized as a promising practice.

### CHILD ABUSE PREVENTION AND TREATMENT ACT APPROPRIATION

The Department anticipates receiving \$114,638 in FY 2016. These funds continue support for the Citizen Review Panel, and are being used in the maintenance of the Early Intervention service referral process through the Child Protective Services Intake Unit. The Department has a contract with an Early Intervention Program to provide a registered nurse working as a co-location liaison with the Child Protective Services (CPS) investigators and intake staff. The nurse is familiar with the early intervention services network and is assisting DCYF in determining the appropriate referrals to be made to the Early Intervention providers, or whether referrals of children under the age of three should be made to other early child development and family support programs within the community.

The Department is also supporting co-location of the Narragansett Tribal representative in CPS with CAPTA funding.

#### CHAFEE FOSTER CARE INDEPENDENCE PROGRAM APPROPRIATION:

The Department anticipates an allocation of \$586,562 in the CFCIP allocation, and \$189,536 in Educational Training Vouchers (ETVs) in FY 2016. These funds will continue to support strategies aimed at helping youth transitioning to self-sufficiency; receiving the education; training and services necessary to obtain employment; prepare for and enter post-secondary training and educational institutions; provide personal and emotional support to youth through mentors; and continuing to provide additional appropriate support and services for youth leaving the child welfare system.

#### MONTHLY CASEWORKER VISITS PROGRAM APPROPRIATION:

The Department anticipates an allocation of \$54,429 in the MCV funds for FY 2016. The Department has spent prior funding allocations relating to monthly caseworker visits to purchase laptop equipment to assist social caseworkers with their field documentation activities. This equipment is very light and easily portable; and, has the added value of being equipped with security measures to ensure that any information that is input into the computer is not retained on or retrievable from the device. We have also used funding to support the costs of travel for social workers to conduct their face to face visits with children. The FY 15 MCV allocation will be used to continue to maintain the computer equipment, and supporting the quality of caseworker visits.

#### OTHER EXPENDITURES

The Department has resubmitted a request to be approved for a Title IV-E Demonstration Waiver. In that request, we indicate the need to recalculate our fiscal assumptions so at this time we cannot provide any fiscal amounts relative to this proposal.

Department received \$76,600 in Federal Fiscal Year 2015 in Adoption Incentive funding.

The ‘Diligent Recruitment of Families for Children in the Foster Care System’ (HHS-2013-ACF-ACYF-CO-0593) grant is for \$2-million over five years (\$400,000 per year) for Diligent Foster Care Recruitment. The Department has titled this initiative A Family for Every Child. The objective of this grant is to increase the number of resource families – including kinship, foster, concurrent and adoptive – by 30 percent by the end of the five year period. This effort will provide additional needed resources to assist the waiver demonstration efforts by providing a broader array of family homes for children/youth who are transitioning from congregate care settings to a lesser level of care, but not yet ready to reunify if that is the permanency goal. The Department has recognized that the lack of appropriate family homes has posed a problem for keeping children out of congregate care. We expect that the increased capacity that is planned for these resources will be effective in averting children/youth from being placed into a group home or other congregate care setting.

The Trauma Focused Care grant is a Cooperative Agreement with the Children’s Bureau for \$2.5 million over five years (\$500,000 per year) to establish an integrated model of service delivery and workforce development that is infused with staff competence in adoption and trauma-informed practice. This effort is designed to address the needs of

children and youth awaiting adoption, with a special focus on the appropriate use of psychotropic medications through the development of a universal trauma screening and assessment process. There will be training and support for the provider community to increase the number of behavioral health and child welfare providers trained in evidence-based trauma screening, assessment and treatment models. There will also be training and support for families (birth and resource parents and kinship families) around management of trauma-related behaviors and accessing available trauma treatment and pre-and post-adoption support services. This initiative, known as Adopt Well-Being Rhode Island: System Transformation After Trauma help to strengthen the child welfare system and provider community to enhance our collective ability to support adoptive families and address the needs of the children and caregivers more effectively to prevent children from requiring residential placement and re-entering the child welfare system.

The Department received the System of Care Expansion Implementation grant awarded in federal fiscal year 2013 by the Substance Abuse Mental Health Services Administration (SAMHSA). This is a \$4-million Cooperative Agreement over four years (\$1-million per year). This grant is assisting the Department in establishing the infrastructure necessary to support the system of care by facilitating an integrated approach to financial planning, data collection and analysis, and program development across the state agencies responsible for children and families. The data will assist in identifying effective community-based strategies that reduce the utilization of costly and restrictive out-of-home placements, including psychiatric hospitalization. This grant resource also supports the inclusion and involvement of children, youth and families with Youth/Family Peer Mentors helping to develop outreach and advocacy roles, and with family organizations conducting satisfaction surveys ensuring that families feel empowered to advocate for themselves in relation to their service needs.

DCYF was also awarded an infrastructure grant from ACF in October, 2012 for the Rhode Island Early Learning Partnerships to Expand Protective Factors for Children with Child Welfare Involvement. This two year grant supports a project between DCYF and the Sherlock Center at Rhode Island College that focuses on building out an infrastructure between child welfare and early childhood systems to ameliorate the effect of exposure to trauma and improve social-emotional well-being for infants and young children in the child welfare system. This work also coordinates with activities of the early childhood Race to the Top Initiative in which DCYF is a collaborative partner with the Department of Education.

The Department has no payment limitations to report relating to IV-B, Part 1 funding for any services relating to child care, foster care maintenance, or adoption assistance in reference to FY 2005. The Department did not allocate IV-B, Part 1 funding for these services in FY 2005, and has not used IV-B, Part 1 funds for this purpose as these services are supported with general revenue. In FY 2005, the DCYF expended \$2,838,725 in general revenue on services associated with foster care maintenance, as defined in Section 475(4) of the Act. Rhode Island did not use any State funds spent on foster care maintenance as match for IV-B, Part 1 in FY 2005.

## CFS 101, PART III FUNDING DIFFERENCE IN ESTIMATED TO ACTUAL EXPENDITURES

In the CFS 101, Part III form, the Department represented estimated expenditures for each of the grants for FY 2013 based on the awards that had been given for the prior fiscal year. The actual awards that were subsequently issued for FY 2013 had a decrease in funding for IV-B, Parts 1 and 2, the Chafee Foster Care Independence Program (CFCIP), the Chafee Education and Training Voucher (ETV) Program and Caseworker Visits. The Department also met the required 20% minimum expenditures for each of the Title IV-B Subpart I categories: Family Preservation Services, Family Support Services, Time-Limited Family Reunification Services, and Adoption Promotion and Support Services.

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[www.dcyf.ri.gov](http://www.dcyf.ri.gov)

## APPENDICES

[Appendix 1: Implementing the Indian Child Welfare Act](#)

[Appendix 2: Worker/Client Contact Policy](#)

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## APPENDIX 1: IMPLEMENTING THE INDIAN CHILD WELFARE ACT

### Rhode Island Department of Children, Youth and Families

**Policy: 700.0170**

**Effective Date: April 10, 1989**

**Revised Date: February 24, 2014**

**Version: 4**

The Rhode Island Department of Children, Youth and Families (DCYF) provides services to Indian families that are culturally relevant and consistent with the mandates of the Indian Child Welfare Act (ICWA) (PL 95-608). The Department utilizes the principles of family centered practice in its delivery of child welfare services and recognizes the importance of maintaining connections between children and their heritage. The Department supports early contact and active engagement with a child's tribe to ensure that services provided reflect the unique values of Indian culture and meet the safety, permanency and well-being requirements of the Adoption and Safe Families Act (ASFA) (PL 150-89).

ICWA provides protection for the rights of Indian children, families and tribes and sets guidelines for the individual states to follow in handling child welfare cases involving Indian children. It is the intent of the ICWA to serve the best interests of Indian children by strengthening Indian families and preserving the cultural identity of Indian children. ICWA further protects Indian children from removal from their tribes and assures that tribes are given the opportunity to raise Indian children when placement outside of the natural home is necessary. In compliance with state and federal law, the child's health, safety and well-being are the paramount concerns in making reasonable efforts towards reunification with parents or guardians.

#### **Related Procedure...**

- Implementing the Indian Child Welfare Act
- Transfer of Placement and Care of Child to a Tribal IV-E Agency

#### **Related Policies...**

- Voluntary Placement
- Termination of Parental Rights
- Obtaining Custody of Child through the Dependent/Neglected/Abused Petition
- Removal of Child from Home

### IMPLEMENTING THE INDIAN CHILD WELFARE ACT

Procedure from Policy 700.0170: Implementing the Indian Child Welfare Act

- A. It is important to determine if a child is of Indian descent as soon as possible after he/she becomes active with the Department to ensure that the child's best interests are considered in accordance with the ICWA.
  1. Child Protective Services (CPS) Investigative Staff and Child Protective Intake Staff
    - a. During the preliminary stages of a CPS investigation, the Child Protective Investigator (CPI) inquires if there is any Indian heritage in the family. If the CPI



- is unable to gather this information, the Intake worker attempts to determine the background of the child when he/she receives the case.
- b. If there is no Indian heritage, this information is documented by the Intake worker in RICHIST (refer to RICHIST Window Help: Case Maintenance). If the CPI has determined that there is Indian heritage, this information is forwarded to Intake. The CPI may proceed with emergency placement as needed (refer to RICHIST Window Help: Indian Child Welfare Checklist Window).
  - c. If there is Indian heritage, the following information is included in RICHIST (refer to RICHIST Window Help: Case Maintenance):
    - i. Indian child's name, date of birth and birthplace
    - ii. Parents' names (including mother's maiden name) or names of Indian custodian, dates of birth and birthplaces
    - iii. Indian child's tribal affiliation
  - d. Information contained in Subsection c. above is forwarded immediately to DCYF Legal Counsel. All necessary parties will be notified prior to any court proceedings by DCYF Legal Counsel.
    - i. Legal Counsel notifies the Indian child's parent or Indian custodian and the Indian child's tribe, by registered mail with return receipt requested, of the pending proceedings and of their right of intervention.
    - ii. If parent and/or tribe is unknown, Legal Counsel notifies the Secretary of the Interior's Bureau of Indian Affairs by registered mail with return receipt requested.
    - iii. Legal Counsel forwards a copy of the applicable correspondence to the primary service worker. Primary service worker incorporates into the case record.
2. Family Service Unit and Probation Staff
    - a. If there is no documentation in the case record regarding a child's Indian heritage, the primary service worker inquires if there is any Indian heritage and follows procedures outlined above.
    - b. The primary service worker informs the family that they are entitled to rights and privileges in accordance with the ICWA.
  - B. ICWA protects the rights of Indian children, families and tribes and sets guidelines for the individual states to follow in handling child welfare cases involving Indian children. Procedures outlined below are followed when there is a Family Court Hearing for the foster placement or the termination of parental rights (TPR) of an Indian child.
    1. Hearing for Voluntary Placement/TPR:
      - a. If it has been determined that a child is of Indian descent and the parent(s) desires to voluntarily place the child, customary DCYF procedures (refer to DCYF Policy: 700.0015, Voluntary Placement) are followed with the addition of the following:



- i. Child must be at least ten days of age. If younger than ten days, consult DCYF Legal Counsel.
- ii. Parental request must be executed in writing at a Family Court Hearing and certified by the presiding Judge. Worker consults with DCYF Legal Counsel for protocol.
- b. If the parent of an Indian child desires to voluntarily terminate parental rights, customary Department procedures (refer to DCYF Policy: 1100.0020, Termination of Parental Rights) are followed with the addition of the following:
  - i. Worker informs DCYF Legal Counsel that child is of Indian descent and discusses the appropriateness of the action. Legal Counsel will prepare the applicable documents for the procedure.
  - ii. Parental request must be executed in writing at a Family Court Hearing. Consult with DCYF Legal Counsel for protocol.
- 2. Hearing for Involuntary Placement/TPR – In compliance with the ICWA, no foster care placement or termination of parental rights proceedings shall be held until at least ten days after receipt of the notice of the pending proceedings by the parent or Indian custodian and the tribe or the Secretary of the Interior.
  - a. The Court must be satisfied that placement/TPR is the last resort after all active efforts to maintain the child at home have failed.
  - b. For involuntary placement, in compliance with the ICWA, the Department must prove with clear and convincing evidence, based on the testimony of expert witnesses that further care by the parent would result in serious emotional or physical damage to the child.
  - c. For a TPR, in compliance with the ICWA, a determination must be made supported by evidence beyond a reasonable doubt, including testimony of a qualified witness, that the continued custody of the child by the parent or Indian custodian is likely to result in serious emotional or physical damage to the child.
- 3. The Department makes every attempt to locate and engage absent parents and paternal relatives as critical partners in meeting the permanency needs of Indian children and youth. If a putative father notifies the Department that he may be the father of a child in care, steps must be taken to determine paternity (refer to DCYF Policy: 1100.0000, Obtaining Custody of Child through the Dependent/Neglected/Abused Petition).
- C. Emergency Placement:
  - 1. If an Indian child is at risk of physical harm, he/she may be removed from the home on an emergency basis for his/her protection (refer to DCYF Policy: 500.0075, Removal of Child from Home).
  - 2. As soon as the child is placed, the procedures regarding the placement of an Indian child must be followed (refer to RICHIST Window Help: Indian Child Welfare Checklist Window).
- D. Placement of an Indian Child in a Placement Resource or Pre-adoptive Home

1. Selection of a Placement Resource - Placement Unit staff attempt to find a placement within a reasonable distance of the child's home and in the least restrictive environment to meet the special needs of the identified Indian child:
  - a. The Placement Unit's search for and selection of the placement occurs in conjunction with the tribe's representative in the following order of preference:
    - i. A member of the Indian child's extended family;
    - ii. A foster home licensed, approved or specified by the Indian child's tribe;
    - iii. An Indian foster home licensed or approved by an authorized non-Indian licensing authority;
    - iv. An institution for children approved by an Indian tribe or operated by an Indian organization that has a program suitable to meet the Indian child's needs.
  - b. When no preferred placement is available as specified above, active efforts are made to place the Indian child with a family committed to enabling the child to have an extended family visitation and participate in the cultural, spiritual, religious, and ceremonial activities of the Indian child's tribe.
  - c. Deviation from the order of preference is made only when the Department can show good cause for such deviation and a final determination is made by the Tribe and sanctioned by the Family Court.
2. Selection of an Adoptive Home
  - a. The search for and selection of the home occurs in conjunction with the tribe's representative in the following order of preference:
    - i. A member of the Indian child's extended family
    - ii. Other members of the Indian child's tribe
    - iii. Other Indian family
    - iv. Non-Indian family
  - b. Deviation from the order of preference is made only when the Department can show good cause for such deviation and a final determination is made by the Tribe and sanctioned by the Family Court.
- E. The Department determines the child's eligibility in compliance with DCYF Policy 1000.0000: Federal Benefits for Children in DCYF Care prior to the transfer of placement and care responsibility to a Tribal title IV-E agency or Indian Tribe with a title IV-E agreement.
  1. The Department cooperates to support the transfer of placement and care responsibility to a Tribal title IV-E agency or an Indian Tribe with a title IV-E agreement in the same manner a child or youth would be transferred to another state, in compliance with DCYF Policy 700.0060, Interstate Compact on the Placement of Children (ICPC).
  2. The Department ensures that an Indian child involved in a transfer retains his or her eligibility for title IV-E and Medicaid.

3. The Department provides all essential documents and information necessary to continue a child's eligibility under title IV-E and Medicaid to the Tribal title IV-E agency or Indian Tribe with a title IV-E agreement.
  - a. Copies of all judicial determinations regarding contrary to the welfare and reasonable efforts are provided.
  - b. Department provides the Indian Tribe with any information that relates to the child's potential or actual eligibility for other Federal benefits.
4. The Department provides the Indian Tribe with the child's case plan, including health and educational records.
5. The Department provides all information and documentation of the child's placement settings, including a copy of the most recent provider's license or approval.

The above policy is the policy currently in place. Based on our October 2015 meeting with Wenonah Harris, Director of Child and Family Services for the Narragansett Indian Tribe, the Department recognizes the Tribe's concerns that this policy may not accurately reflect ICWA's requirements as it relates to providing active efforts on reunification interventions as opposed to reasonable efforts. The Department will review this policy in light of ICWA and determine what, if any, modifications need to be made.

## APPENDIX 2: WORKER/CLIENT CONTACT POLICY

**(The worker Client Contact Policy reflects existing agency policy and procedure.)**

**Rhode Island Department of Children, Youth and Families**

**Policy: 700.0165**

**Effective Date: April 10, 1989      Revised Date: November 16, 2009**

**Version: 3**

Social Caseworkers in Family Services Units (FSU) and Juvenile Probation Officers are responsible to maintain regular contact, in person and by telephone, with the children and families served by the Department. In person contact with the child, the child's family and, if the child is in placement, the child's caretaker is essential in developing and maintaining effective working relationships. Through ongoing contact, the worker should assess and document whether or not:

- The child is receiving adequate care and supervision in his or her home or in out of home placement;
- The parents and child, if of appropriate age, are actively participating in service planning;
- There are effective services in place to address areas of need identified through the initial and ongoing comprehensive family assessment and service planning process to ensure the safety, permanency and well-being of the children;
- Progress is being made towards achieving long-term positive behavioral changes outlined in the Service Plan Agreement (DCYF #032); or, if there is a lack of progress, identification of specific barriers that are impeding progress.

Additionally, when a child is in placement, the worker should address whether or not visitation and other forms of contact are occurring between the child and family, including siblings, and if the level of contact is appropriate. The worker is responsible to keep parents informed of changes made in a child's placement and to provide parents with current information regarding the child's education, health and development. Efforts must also be made to encourage a positive relationship between the child and parents and to preserve connections for a child with his or her extended family, community and culture. Frequent and consistent communication with the child and his or her caretaker is important in assessing the child's progress in placement and any ongoing issues of concern. The frequency of contact between the worker and child and the worker and the child's family is established in the Service Plan Agreement. All contacts with the child, family and caretaker must be documented in RICHIST.

It is the Department's policy, in accordance with Federal Law (PL 109-288, Child and Family Services Improvement Act of 2006), to ensure that children in foster care are visited at least once per month, or more frequently as needed, to ensure their safety, well-being and attainment of their permanency goals. The caseworker for purposes of this mandate includes any worker that the Department has assigned or contracted case management or visitation responsibilities. For a child placed out of state, whether in a treatment facility or foster home, the visit can be made by the worker from the sending state, the receiving state

in which the child has been placed or a private agency under contract with either state. During this visit the worker should ensure that the placement continues to be the most appropriate and least restrictive safe setting, consistent with the best interest and special needs of the child. For children living at home active in FSU, the worker should have face to face contact with the child and the child's family, at a minimum, one time each month. Certain circumstances may require more frequent or less frequent contact. For youth living at home active on Probation, the worker must visit the youth and family in accordance with contact frequency standards outlined in DCYF Policy 800.0005: Juvenile Probation Supervision.

In the event that the worker is unable to establish regular contact with the child or children in a family, despite repeated efforts to do so, the worker must consult with legal counsel to determine if legal action is indicated.

### **Related Procedure...**

#### **Worker/Client Contact**

#### **Worker/Client Contact**

#### **Procedure from Policy 700.0165: Worker/Client Contact**

##### **A. Contact with Child in Foster Care Placement**

1. The worker must have face to face contact at least one time per month with each child in foster care and the majority of monthly visits must take place in the child's foster home or foster placement. The worker should speak with the child alone.
2. This requirement applies to children placed away from their parents or guardians and for whom the State agency has placement and care responsibility. This includes, but is not limited to foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities, child-care institutions and pre-adoptive homes regardless of whether the foster care facility is licensed and whether payments are made by the State or local agency for the care of the child or whether there is Federal matching of any payments that are made.
3. The monthly visit must be well-planned and focused on issues pertinent to Service Planning, service delivery and goal attainment to ensure the safety, permanency and well-being of the child.
4. The monthly visit can be made by any worker that the Department has assigned or contracted case management or visitation responsibilities, including but not limited to:
  - a. FSU Social Caseworkers, Child Support Technicians, supervisors and administrators.
  - b. Juvenile Probation Officers, Juvenile Probation and Parole Service Technicians, supervisors and administrators.

##### **B. Contact with Child at Home**

1. For children living at home active in FSU, the worker should have face to face contact with the child and the child's family, at a minimum, one time each month.

Certain circumstances may require more frequent or less frequent contact. In these situations, the following procedures apply.

- a. Worker and supervisor discuss the need for more or less frequent contact. Supervisor must approve all situations involving frequency of contact between the worker and child that is less than one time per month.
- b. Frequency is established in the service plan unless worker is visiting child more frequently on a temporary basis.
- c. Decisions must be documented in case activity notes in RICHIST.
2. For youth living at home active on Probation, the worker must visit the youth and family in accordance with contact frequency standards outlined in DCYF Policy 800.0005: Juvenile Probation Supervision.
3. In the event that a parent will not allow worker to have face to face contact with a child living in the home, the worker should arrange a legal consult to determine if legal action is necessary.
- C. Contact with Child's Parent(s)
  1. The FSU worker should see the child's parent(s) at least one time per month.
  - a. If the situation requires more or less frequent contact, worker follows procedures below:
    - i. Worker and supervisor discuss the need for more or less frequent contact. Supervisor must approve all situations involving frequency of contact between the worker and parent that is less than one time per month.
    - ii. Frequency is established in the service plan unless worker is visiting child more frequently on a temporary basis.
  - b. Parent(s) must be kept informed of changes in a child's placement and should be provided with current information regarding the child's education, health and development.
  2. The Probation worker must visit the parent(s) in accordance with contact frequency standards outlined in DCYF Policy 800.0005: Juvenile Probation Supervision.
- D. Contact with Child's Caretaker (Child in Placement)
  1. The worker should see the child's caretaker, at least for a short period of time, each time the worker sees the child.
  2. Worker must keep the child's caretaker informed of the child's visitation schedule, upcoming court hearings and other information necessary to safely and appropriately care for the child in placement. The DCYF #187, Guide to Sharing Information outlines the types of information that can be shared with caretakers. The worker is encouraged to use this guide and provide it to the caretaker.

E. Telephone Contact

1. Worker provides the child, if of appropriate age, with the worker's office address and telephone number and the name, office address and telephone number of the supervisor and administrator.
2. Worker provides parents, and, if appropriate, members of the extended family with the worker's office address and telephone number and the name, office address and telephone number of the supervisor and administrator. Parents and appropriate extended family members should be encouraged to have frequent telephone contact with the worker.
3. Worker provides caretaker with the office address and telephone number of the worker and the name, office address and telephone number of the supervisor and administrator. Caretaker should be encouraged to maintain frequent contact with the worker regarding the child's progress in placement.

F. Each contact with the child, the child's family and, if the child is in placement, the child's caretaker must be documented in a Case Activity Note in RICHIST.

1. Documentation should include a description of subjects discussed.
2. Documentation for an in-person contact should include the names of individuals present during the visit.
3. Documentation of monthly caseworker visits must address issues pertinent to service planning, service delivery and goal attainment to ensure the safety, permanency and well-being of the child (refer to RICHIST Window Help, Case Activity Notes).

## APPENDIX 3: DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES

### - COMMUNITY AND HOME-BASED NON-RESIDENTIAL SERVICES FOR CHILDREN AND FAMILIES

*Department of Children, Youth and Families - Community and Home-Based Non-Residential Services for Children and Families*

Program Name	Family Care Community Partnerships (FCCPs)	Parent Education	Parent Aide
<b>Program Description</b>	<p>Designed as regional access points for delivering family supports and services for children, youth and families who are at risk for or may become involved with DCYF. Services include:</p> <p>Wraparound family support through identification of needs and service planning to provide formal and informal supports to promote protective capacity and assist families to remain intact.</p> <p>Case management for families in need of comprehensive, emergency services specifically referred by Child Protective Services.</p> <p>Family Support services designed to assist in strengthening parenting capacity with children between the ages of birth to 5 years who are at risk for developmental delay.</p> <p>Flexible, non-traditional case management and supports for youth returning from the Training School and voluntarily agree to participate in aftercare services.</p>	<p>Provides information relating to parenting and child care that will enable parents to provide a nurturing, safe environment for their children.</p> <p>Program provides parents with information and guidance regarding crisis resolution, appropriate child rearing practices, household management and community resources.</p> <p>Services are agency-based.</p>	<p>Provides emotional support, education information and modeling for families whose children are at risk for abuse/neglect.</p> <p>Services are home-based for family preservation and family reunification.</p> <p>Services are for 6 months typically with home visits 2-3 times per week.</p> <p>Program helps parents with child care, discipline techniques, home management, and problem-solving skills.</p>



<b>Program Name</b>	<b>Family Care Community Partnerships (FCCPs)</b>	<b>Parent Education</b>	<b>Parent Aide</b>
<b>Population Served</b>	<p>Children referred as a result of a child protection investigation on allegations of child abuse/neglect</p> <p>Children experiencing serious emotional disturbances (SED), and are in need of public assistance</p> <p>Youth who are at risk for placement due to parents seeking a law enforcement intervention (e.g., potentially a Family Court order on a petition for wayward/disobedient behavior)</p> <p>Children/youth who have a developmental disability and their parents can no longer care for their child</p>	<p>Parent education programs serve families involved with DCYF who are either at risk for abuse, neglect, or serious family breakdown or who have been identified as abusive or neglectful.</p>	<p>Parent aide programs serve families involved with DCYF who are either at risk for abuse, neglect, or serious family breakdown or who have been identified as abusive or neglectful. These services are more intensive than parent education services.</p>

*Department of Children, Youth and Families - Community and Home-Based Non-Residential Services for Children and Families*

<b>Program Name</b>	<b>Youth Diversionary Program (YDP)</b>	<b>Outreach and Tracking</b>	<b>Intensive Home-Community-Based Services</b>
Program Description	<p>Designed to prevent delinquency and strengthen families with children ages 9 through 17.</p> <p>Services are for 90 days.</p> <p>Services target truancy, running away from home or risk of involvement in juvenile justice system.</p>	<p>Services provided to youth 7-20 years of age, but more focused on 12 -17 in some programs.</p> <p>Intensive supervision program.</p> <p>Prevention of out-of-home placement or aftercare for youth returning home or to their community.</p> <p>Services designed to assist youth understand and manage their difficult behavior, and assist parents to improve their parenting skills.</p> <p>Services may be connected to DCYF programs as part of the continuum for aftercare.</p>	<p>Services are evidence-based or evidence-informed and are team-based, typically with a clinician and case manager, working with youth and families in their homes and communities. Services are provided 2+ hours per week depending on the treatment plan and service model, and may last 4 to 9 months, depending on the model. Services include:</p> <p>Multi-Systemic Therapy (MST)</p> <p>Parenting with Love and Limits (PLL)</p> <p>Preserving Family Networks (PFN)</p> <p>TF-CBT</p> <p>AF-CBT</p> <p>Strengthening Families</p> <p>Triple-P</p> <p>Family-Centered Treatment</p> <p>Teen Assertive Community Treatment</p> <p>Trauma Systems Therapy</p>
Population Served	<p>Referrals from schools, police, parents, self-referrals, and community-based agencies.</p> <p>Youth referred to YDP cannot have a status with DCYF.</p>	<p>Youth may or may not be active with DCYF.</p> <p>Behavior issues include disobedience, anger, aggression, truancy, drop-out, running away, drug involvement or delinquent offenses.</p>	<p>Services are provided to families with high risk or high need children and youth in DCYF care who require a combination of services to effectively transition from residential treatment or prevent placement into a residential program.</p>

## LEVELS OF RESIDENTIAL CARE

*Community-Based:* Represents the least restrictive placement option. These programs utilize the public school system and mental health services are usually provided by community agencies.

<b>Specialized/Treatment Foster Care</b>	<b>Shelter Care</b>	<b>Group Care</b>	<b>Supervised Living</b>	<b>Independent Living</b>	<b>Step-Down</b>
The programs provide foster care with clinical support services for children and youth of all ages. These programs have been developed to provide a range of service intensity for children and youth who may have minor behavioral and emotional issues, as well as the more difficult children and youth with psychiatric and/or emotional and behavioral disorders.	These programs provide short-term assessment and treatment and/or behavioral management programming to children and youth whose living situations have disrupted and who need a period of stabilization while services are being identified and coordinated, or while longer term placements are being identified.	<p>Structured homelike environment which provides 24 hour supervision. Programs provide long-term care with case management services. Children and youth need assistance with accomplishing developmental tasks.</p> <p>There is usually significant family dysfunction, and disturbances in interpersonal relationships, emotions and conduct.</p>	<p>These programs provide overnight staff and minimum supervision in small living units for older adolescents who demonstrate some independent living skills, but need more assistance.</p> <p>Some are for more specialized populations with more intensive supervision and treatment, as well as case management services, for psychiatric and/or emotionally disordered youth.</p>	These programs provide case management services to older adolescents and young adults who are living in agency supported independent apartments.	These programs provide clinically intensive crisis management and treatment. These programs serve as traditional placements for children and youth leaving hospitals or treatment centers and may be effective in preventing hospitalization.

Residential Treatment: This level of care represents self-contained programs which usually provide comprehensive services including but not limited to certified special education and/or regular educational programs and clinical services.

<b>Highly Supervised - Staff Secure Residential Counseling Center</b>	<b>Highly Structured - Residential Treatment Center</b>	<b>Psychiatrically Supervised – Special Needs Population</b>	<b>Secure Setting</b>
These programs are community-based staff secure/staff intensive, providing a therapeutic setting with comprehensive clinical services for emotionally disturbed children and youth with significant disturbance of conduct and interpersonal relationships. Children and youth typically are educated in a public schools and may receive education services in an onsite classroom	Self-contained campus settings that provides comprehensive treatment services and a licensed education program. Children and youth have serious emotional disturbance and complex behavioral health treatment needs.	A community –based setting which provides treatment of psychiatrically disordered and/or severely emotionally disturbed children and youth with special needs. These programs have mental health treatment teams and psychiatric supervision which includes medication monitoring.	This is a locked setting which utilizes a program of behavioral management and control. Best suited to clients who are diagnosed with serious AXIS II disorders or conduct disorders and who demonstrate severe aggressive behaviors (not psychogenic) and suicidal gesturing.

Psychiatric Hospital: Secure/Psychiatric Treatment – provides medical, psychiatric treatment and educational services. Rhode Island has two psychiatric hospitals serving children/youth. Bradley Hospital is a children’s hospital. Butler Hospital is primarily an adult psychiatric hospital, but also serves a small population of youth.

## APPENDIX 4: SATISFACTION WITH RESOURCE PARENTING, SERVICES, AND SUPPORTS AND INTEREST IN CONTINUING

### Study Overview

A survey of resource parents was conducted to assess satisfaction with resource parenting experiences, as well as with services and supports available to resource parents as part of DCYF's A Family for Every Child! Initiative. A total of 224 licensed resource parents completed survey items related to the present brief.

### Key Findings

- Resource parents reported high rates of satisfaction with the resource parenting role, relationships they have formed with youth, and with system supports and responsiveness to resource parent and child needs.
- Areas rated less favorably: the amount of information given by caseworkers about children being placed, availability of social workers when needed, timeliness of receiving return calls or requested services, limited opportunities to meet other resource parents, and ways in which resource placements have ended.
- Nearly three-quarters of resource parents accessed at least one type of service or support in the past year; the most common was individual counseling for a child in the home. Satisfaction with services was generally positive.
- Resource parents were unaware of a number of available resources and supports. The majority were not aware of available supports through community-based agencies such as therapeutic recreation activities, youth enrichment funds, or life skills programming for teens. More were aware of services for foster parents or children in their care such as respite care services, WIC, travel reimbursements, and free or reduced lunch program – though rates of awareness were still relatively low.
- About 25% of resource parents indicated uncertainty or unlikelihood of continuing to provide resource care 12 months from the survey date.
- 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 agency. 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.

### Key Recommendations

- Satisfaction with supports and responsiveness may be addressed through attending to social worker and system responsiveness, such as more timely response to service requests and phone calls from resource parents. In addition, improved communication and responsiveness may impact the likelihood of a resource parent continuing to provide care.
- More effort is needed to increase awareness of the availability of community-based services and supports available for foster children and for resource parents.
- Barriers to accessing services may be addressed by offering services at a variety of times and locations amenable to the schedule demands of resource parents.

Satisfaction with the experience of providing foster or adoptive care (i.e., resource parenting) is an important predictor of individual commitment to continue providing such care. Research demonstrates that satisfaction with services and supports – including social support, mentorship, ongoing parent training, and financial or logistical supports (e.g. childcare, healthcare, transportation) – are linked with both commitment to continue and actual continued fostering.<sup>1-3</sup> Resource parent characteristics also are related to retention, with income accounting for observed differences in retention among minority or single-parent households.<sup>4</sup> Assessing resource parent’s overall satisfaction and experiences with supports and services is a critical step in identifying points of intervention to increase satisfaction and ensure resource parents are connected to an array of needed supports and services to increase commitment to continuing as a resource parent.

This report summarizes findings from a Rhode Island-based resource parent survey to assess their satisfaction with being a resource parent and with services and supports available to resource parents within the state, as well as the likelihood of continuing to provide placement opportunities as a resource parent. The survey was conducted on behalf of the Rhode Island Department of Children, Youth, and Families (DCYF) as part of an initiative funded by the Administration of Children and Families. A previous report based on this survey summarized resource parent experiences with the application and licensing process. Surveys were distributed electronically to 670 households, which had an active or pending license to provide foster or adoptive care and an active email address in DCYF databases. This was supplemented with an additional 136 households whose members had attended in the previous year a resource parenting information session held by Adoption Rhode Island. A total of 270 households (33.5%) completed at least a portion of the online survey. Participants included those who were licensed or seeking a license through DCYF or one of 11 private child-placing agencies (PCAs) (85% of participating resource parents were affiliated with DCYF). For purposes of this brief, the sample was limited to those respondents who were licensed as resource parents. Respondents who had sufficiently completed relevant portions of the survey were included in analyses, resulting in a final sample of 224 participants for the present report.

Respondents ranged in age from 23 to 76 years old (mean age: 46 years). Approximately 90% were women, 9% were male and 1% identified as transgender. Resource parents identified primarily as Caucasian (84%); an additional 7% identified as Hispanic, and 2% or fewer identified as being African American, Native American, Asian, bi- or multi-racial, or from other racial/ethnic backgrounds. Resource parents indicated the types of placements they provided, selecting all types of placements that applied to them. Participants indicated providing the following types of care: kinship care (34%), non-relative foster care (40%), treatment or private agency foster care (12%), pre-adoptive care (25%), adoptive care (18%), guardianship (8%), and not currently providing care (12%).

### *Satisfaction with Resource Parenting*

Participants were asked to rate their satisfaction with resource parenting using a 19-item measure adapted from the Satisfaction with Foster Parenting Inventory<sup>5</sup> and other sources<sup>6</sup>. Factor analysis of these items revealed two domains: (1) satisfaction with system supports and responsiveness, and (2) satisfaction with role relationships. The first domain addresses resource parent satisfaction with caseworker supports and with the availability of other system-level supports (e.g., additional training or services). The second domain

addresses resource parent satisfaction with personal relationships (e.g., between family and foster/adoptive child, with child's biological family, with other resource families) and with overall role satisfaction. Chronbach's alpha, a measure of internal consistency of items within a scale, was good-to-excellent for both domains (0.95 and 0.76, respectively). Statistical analyses revealed that resource parents rated their satisfaction higher on role relationships (Mean = 3.9 out of 5) than supports and responsiveness (Mean 3.3 out of 5;  $t = -9.96, p < .001$ ). Item-level responses are summarized in Table 1, below.

A majority (81%) of resource parents reported being satisfied or very satisfied with their role providing resource care to children, and 95% reported satisfaction in their relationships with foster or adoptive children and their roles helping children. Other items rated as satisfying or very satisfying were resource parents' working relationship with other authorities related to the foster or adoptive child (e.g., school counselors; 77%) and the ability to balance resource care with their family schedule (74%).

Although overall ratings of satisfaction were positive, the results do highlight areas for improvement. Four items related to supports and responsiveness were negatively rated by about one-third of respondents: the amount of information given by caseworkers about children being placed, availability of social workers when needed, the time between asking for and receiving a service, and the time for caseworkers to return calls. In addition, between 20 and 27% of resource parents expressed some level of dissatisfaction with other items related to supports and responsiveness (e.g., understanding of the legal system, assistance from social workers).

Table 1. Satisfaction with Resource Parenting

	<b>Very Satisfied (%)</b>	<b>Satisfied (%)</b>	<b>Neutral (%)</b>	<b>Dissatisfied (%)</b>	<b>Very Dissatisfied (%)</b>
<b>Your working relationship with social service agencies (social workers, DCYF, etc.)<sup>a</sup></b>	24.8	30.1	28.6	12.1	4.4
<b>The amount of information given by your caseworker about the children placed in your home<sup>a</sup></b>	21.5	22.5	21.5	23.6	11.0
<b>The availability of social workers when needed<sup>a</sup></b>	16.0	26.3	23.7	20.6	13.4
<b>Availability of additional resource parent training<sup>a</sup></b>	17.9	31.0	29.9	15.8	5.4
<b>Assistance from social workers<sup>a</sup></b>	18.0	27.3	29.9	17.5	7.2
<b>Your understanding of the legal system<sup>a</sup></b>	18.6	29.6	25.1	15.6	11.1
<b>The amount of time spent discussing your foster/adoptive children with your caseworker<sup>a</sup></b>	24.4	29.9	21.8	15.2	8.6
<b>Value caseworker places on your opinion regarding your foster/adoptive children<sup>a</sup></b>	27.0	30.2	21.2	13.2	8.5
<b>Crisis response of your caseworker(s)<sup>a</sup></b>	19.9	29.5	27.6	13.5	9.6
<b>Length of time for caseworker to return phone calls<sup>a</sup></b>	17.9	31.3	20.0	20.0	10.8
<b>Time between asking for a service and receiving it<sup>a</sup></b>	14.7	28.9	23.2	20.5	12.6
<b>Your working relationship with other authorities related to the foster/adoptive child (schools, counselors, etc.)</b>	32.0	46.6	15.7	3.9	1.7
<b>Your relationship with your foster/adoptive children<sup>b</sup></b>	72.4	24.0	2.6	0.5	0.5
<b>Balancing resource care with your family's schedule<sup>b</sup></b>	32.6	41.1	17.4	6.8	2.1
<b>Your relationship with the biological family of your foster/adoptive child<sup>b</sup></b>	16.0	27.8	34.9	15.4	5.9



	<b>Very Satisfied (%)</b>	<b>Satisfied (%)</b>	<b>Neutral (%)</b>	<b>Dissatisfied (%)</b>	<b>Very Dissatisfied (%)</b>
<b>The ways in which your resource placements have ended <sup>b</sup></b>	21.5	22.8	36.2	10.1	9.4
<b>Opportunities to meet other resource families <sup>b</sup></b>	16.2	29.2	31.4	14.6	8.6
<b>Your role in helping children <sup>b</sup></b>	57.1	36.6	4.2	0.5	1.6
<b>Your overall level of satisfaction with providing resource parenting <sup>b</sup></b>	44.3	36.5	14.1	3.6	1.6
<b>Note: Survey Domains – <sup>a</sup> Satisfaction with Supports and Responsiveness; <sup>b</sup> Satisfaction with Role Relationships</b>					

As indicated, ratings of role relationship items were more positive. Among the domains with some room for improvement, resource parents indicated some dissatisfaction with the limited opportunities to meet other resource parents, their relationships with foster and adoptive children's biological family, and the ways in which resource placements have ended. Each of these items was rated as dissatisfying or very dissatisfying by approximately 20-25% of participants.

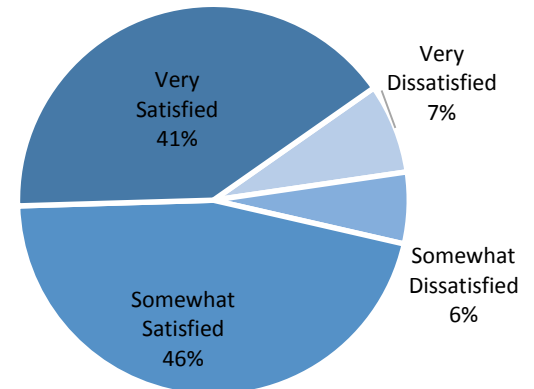
Follow-up analyses compared ratings of satisfaction by placement type (kinship vs. non-kinship, pre/adoptive vs. non pre/adoptive) and by licensing provider (DCYF/non-DCYF). Kinship providers reported significantly higher levels of supports and responsiveness satisfaction (Mean=3.64 out of 5;  $t=-2.82$ ,  $p < .01$ ) compared to non-kinship providers (Mean=3.23 out of 5). No differences were found between kinship and non-kinship providers on role relationship satisfaction, and no differences were found on either role relationship satisfaction or supports and responsiveness satisfaction between licensing provider-type (DCYF or private agency).

#### *Past Year Service Use*

Resource parents reported the types of services they had used in the past year and their satisfaction with these services (see Table 2 and Figure 1). Resource parents reported they had used an average of two different types of service in the past year. Approximately 27% indicated they had not used any services specified, while 20% reported they had used four or more different types of services. The most frequently accessed services were individual counseling for children (43%), recreational activities for foster and adoptive families (35%), and seeking professional advice regarding rights or services (27%). A majority of resource parents who accessed services reported they were either somewhat satisfied (46%) or very satisfied (41%) with services they had received. No significant differences in satisfaction with services received was observed based on provider type (adoptive vs. non-adoptive or kin vs. non-kin) or by licensing provider.

**Table 2: Services Received**

	Yes (%)
Individual counseling for children in household	43.1
Recreational activities for foster / adoptive families	34.6
Professional advice about rights or services	26.7
General support groups	19.3
Respite care	19.3
Individual counseling for adults in household	15.5
Residential treatment for foster / adoptive children	15.4
Family counseling	11.2
Psychiatric hospitalization for foster / adoptive children	10.1
Other	24.6

**Figure 1. Satisfaction with Services Received**

### *Barriers / Factors in Accessing Services and Supports*

Resource parents were asked to rate the degree to which specific barriers affected their ability to access services and supports; responses are presented in Table 3. Excluding “no need for services,” a count variable was created by summing the number of barriers that resource parents agreed or strongly agreed limited access to service. The average number of barriers indicated was 1.1 barriers (s.d. = 1.8). Nearly 60% reported no agreement of experiencing any of the barriers indicated, while 25% agreed to experiencing one to two barriers, and 16% agreed to experiencing three or more of these barriers. The items reported as the greatest barriers to accessing services included: difficulty coordinating schedules of family members (22%), lack of childcare (15%) and services not available at convenient times of day (14%). In addition, 18.5% of resource parents reported no need of services for children in their care as a reason for lack of access.

Table 3: Barriers to Accessing Services &amp; Supports

	Strongly Disagree (%)	Disagree (%)	Neither Agree nor Disagree (%)	Agree (%)	Strongly Agree (%)
No appropriate services available in my local area	21.1	33.0	35.7	8.1	2.2
Services cost too much money	23.9	30.4	36.4	7.6	1.6
Difficulty coordinating schedules of family members	16.8	28.6	33.0	18.4	3.2
Services available but foster/adoptive children do not qualify	18.9	29.7	39.5	9.2	2.7
Services not available at convenient times of day	16.2	30.8	38.9	12.4	1.6
Services not available on convenient days of the week	16.4	29.5	42.1	10.4	1.6
Services were ineffective for what we needed	16.7	27.4	44.1	7.0	4.8
Lack of transportation	20.9	31.9	37.9	6.0	3.3
Lack of childcare	18.5	31.5	34.8	10.3	4.9
No need for services for foster/adoptive children in my care	21.2	25.0	35.3	12.5	6.0

#### *Satisfaction with Resources Available to Foster Children*

Resource parents were asked to rate their satisfaction with an array of services and resources available (see Table 4). Resource parents reported the greatest satisfaction (i.e., satisfied/very satisfied) with medical coverage (87.6%) and dental coverage (77.9%) provided to children in their care. The greatest areas of dissatisfaction (i.e., dissatisfied/very dissatisfied) were in clothing allowance (23.7%) and foster board payments (19.8%). An additional two items, birthday and holiday checks were negatively rated by 13-14% of resource parents, though approximately 23 to 28% of resource parents were not aware of either service. Lack of awareness regarding available services was an issue for many of these services rated by resource parents. About 29% of resource parents were not familiar with respite care services, and over 20% were not familiar with WIC or travel reimbursements for foster parents; 15% were unaware of the free school lunch program for youth in foster care placement.

Table 4: Satisfaction with Resources Available to Foster Children

	Very Satisfied (%)	Satisfied (%)	Neutral (%)	Dissatisfied (%)	Very Dissatisfied (%)	Did Not Know About Service (%)
Foster Board Payments	21.8	29.2	18.3	10.9	8.9	10.9
Clothing Allowance	18.3	33.7	17.8	17.3	6.4	6.4
Birthday Checks	14.3	30.5	18.2	7.9	5.9	23.2
Holiday Checks	11.9	28.4	17.4	9.0	5.5	27.9
Daycare (for foster children)	26.0	23.5	34.5	5.0	4.0	7.0
Medical Coverage through NHP <sup>a</sup> / Medicaid	49.5	38.1	7.4	2.0	1.0	2.0
Travel Reimbursements for Foster Parents	26.7	32.2	13.4	3.0	3.0	21.8
Dental Coverage	40.7	37.2	12.1	3.0	3.5	3.5
Free School Lunch	35.2	30.7	18.6	0.0	0.5	15.1
WIC	28.6	29.6	17.6	3.5	0.0	20.6
Respite Care	15.2	18.3	27.9	4.6	5.1	28.9

Note: <sup>a</sup> Neighborhood Health Plan

Resource parents also rated their satisfaction with an array of services and supports available through community-based agencies (see Table 5). The majority of resource parents reported they were unaware of most of the services included in the survey. Specifically, nearly two thirds of participants (64%) were not aware of therapeutic recreation services, 61% were not aware of youth enrichment fund availability, and 56% were not aware of either life skills programs for teens or of teen grant funding. Resource parents rated the following services most satisfactorily (i.e., satisfied/very satisfied): Foster Forward Foster Parent Help line (28%), foster parent mentoring (23%), and private agency on-call services (21%). Among those familiar with each of these particular services, approximately 40 to 43% rated their satisfaction level as satisfied or very satisfied, compared to only 30 to 35% of those familiar with youth enrichment funds, life skills programs, or therapeutic recreation – each of which received a relatively higher proportion of neutral ratings.

Table 5: Satisfaction with Resources Available through Community Agencies

	Very Satisfied (%)	Satisfied (%)	Neutral (%)	Dissatisfied (%)	Very Dissatisfied (%)	Did Not Know About Service (%)
Foster Parent Mentor	12.1	11.1	29.6	3.0	2.0	42.2
Foster Forward Foster Parent Help Line	15.2	12.6	30.8	4.5	1.5	35.4
Private agency on-call line	11.6	9.0	27.6	2.0	0.5	49.2
Teen Grants	9.8	7.8	24.9	1.0	0.5	56.0
Youth Enrichment Funds	8.6	5.1	23.4	1.0	0.5	61.4
Life Skills Program for Teens	7.6	5.6	29.3	1.0	0.5	56.1
Therapeutic Recreation	8.6	2.5	23.2	1.5	0.0	64.1

*Likelihood to Use Services If Provided*

Resource parents were asked to rate the likelihood of accessing an array of services if provided (see Table 6). Overall, 70 to 80% of resource parents reported they would be likely or very likely to participate in opportunities to be more involved in case planning for children in their care, online family resource center to provide information and services, and recreational opportunities for foster families. Between 50 to 60% reported being likely to participate in additional training for foster/adoptive parents and youth peer support activities. Likelihood to participate in all other services were reported by between 30 to 40% of resource parents surveyed.

Table 6: Likelihood to Use Services if Provided

	Very Likely (%)	Likely (%)	Undecided (%)	Unlikely (%)	Very Unlikely (%)
Additional training for foster/adoptive caregivers	27.2	29.5	24.1	11.6	7.6
Emergency respite	19.8	19.8	27.9	18.5	14.0
Short-term in-home respite	18.4	17.5	28.3	21.5	14.3
Mobile Crisis Teams to provide rapid in-home support	16.0	14.2	33.3	17.4	19.2
Home-based case management	15.5	22.7	30.9	16.4	14.5
Counseling for other family members	16.0	24.2	25.1	21.0	13.7
Counseling/support for family members when a foster child leaves the family	21.7	27.1	20.8	17.2	13.1

Opportunities to be more involved in case planning for the child	49.6	29.0	10.7	5.8	4.9
Online Family Resource Center to provide access to information and services	37.7	34.5	16.8	6.4	4.5
Peer support groups for foster/adoptive caregivers	29.1	34.1	19.7	9.9	7.2
Recreational opportunities for foster families	32.4	38.3	17.6	6.3	5.4
Youth peer support activities	22.1	29.7	30.6	6.8	10.8
Reunions/gatherings of pre-service training alumni	19.8	23.0	29.7	13.1	14.4

Roughly a third of resource parents reported they would be unlikely to make use of emergency respite, short-term in-home respite, mobile crisis response service, home-based care management, counseling for other family members or counseling/support for other family members when a child leaves the family, and reunions/gatherings of pre-service training alums. Finally, 17 to 19% reported they would be unlikely to participate in resource parent peer support groups, youth peer support activities or additional trainings.

#### *Likelihood to Continue as a Resource Parent*

Resource parents were asked to rate their likelihood to continue providing resource parenting one year from now (see Figure 2). The majority (77%) reported being somewhat or very likely to continue. Nearly 15% were not sure about their likelihood to continue, and 8% were somewhat or very unlikely to continue.

#### *Reasons Resource Parents Unsure or Unlikely to Continue*

For resource parents who indicated they were not sure or unlikely to continue as a resource parent within the next year, the survey asked participants to rate reasons why they were thinking of discontinuing (see Table 7). The top reason cited was poor communication with caseworker (28% rated as a 4 or higher on 5-point scale). Other reasons cited by 19 to 23% of resource parents included not having a say in child's future, difficulty seeing a child leave, agency insensitivity to caregiver needs/lack of support from agency, problems with children's birth parents, and expecting to adopt a child.

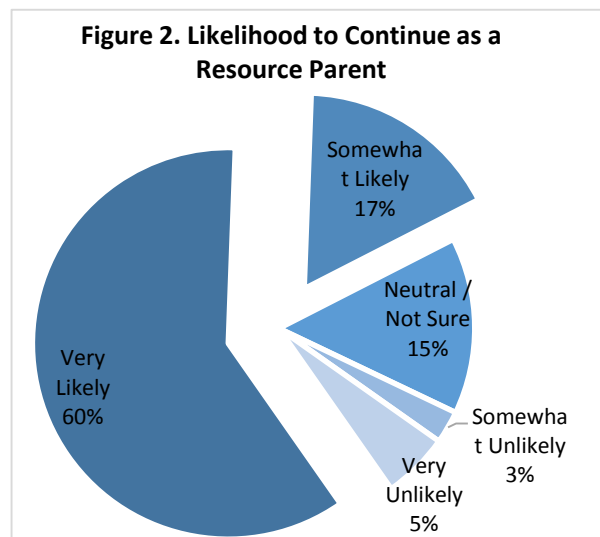


Table 7: Reasons Considering/Planning to Not Continue (N=47)

	<b>Not at all a Reason</b>				<b>Very Much Reason</b>
	<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
	<b>(%)</b>	<b>(%)</b>	<b>(%)</b>	<b>(%)</b>	<b>(%)</b>
<b>Age – will be too old to care for children</b>	76.6	4.3	8.5	6.4	4.3
<b>Divorce, marital problems</b>	95.7	0.0	2.1	0.0	2.1
<b>Health problems</b>	78.7	8.5	6.4	2.1	4.3
<b>Moved/relocated</b>	84.8	0.0	4.3	2.2	8.7
<b>Conflict between foster child and my own or adopted child</b>	93.6	0.0	6.4	0.0	0.0
<b>Expect to have my own child or more of my own children</b>	91.5	2.1	2.1	0.0	4.3
<b>Expect to adopt a child</b>	70.2	4.3	2.1	6.4	17.0
<b>May need to return to work or work full-time</b>	68.1	10.6	8.5	2.1	10.6
<b>Amount of monthly board payment</b>	71.1	4.4	15.6	6.7	2.2
<b>Cannot get the type of child requested</b>	80.9	4.3	4.3	0.0	10.6
<b>Poor communication with case worker</b>	52.2	13.0	6.5	8.7	19.6
<b>Agency is insensitive to my needs/lack of support from the agency</b>	57.8	11.1	8.9	8.9	13.3
<b>Do not have a say in child's future</b>	53.2	6.4	17.0	12.8	10.6
<b>Lack of respite services</b>	73.9	10.9	4.3	6.5	4.3
<b>Problems with children(s)' birth parent(s)</b>	63.0	6.5	10.9	6.5	13.0
<b>Child's behavior/discipline problems</b>	67.4	10.9	13.0	4.3	4.3
<b>Health or personal care needs of children will become too difficult to manage</b>	80.4	6.5	6.5	4.3	2.2
<b>Have difficulty seeing child leave</b>	60.9	6.5	8.7	15.2	8.7

Two separate logistic regression models were used to identify predictors of discontinuing resource parenting in the next twelve months (defined as being unsure or unlikely to continue). The first model examined the effects of placement type (kin vs. non-kin; adoptive/pre-adoptive vs. non-adoptive; currently providing care vs. not providing care), licensing agency (DCYF vs. private agency), and the two satisfaction scales (Supports and Responsiveness; Role Relationships). Satisfaction with supports (OR=0.64,  $p<0.05$ ) and

satisfaction with role relationships ( $OR=0.51$ ,  $p<0.05$ ) were significantly and negatively associated with likelihood of discontinuing – as satisfaction scores increased, the likelihood of discontinuing to provide care in the next 12-months decreased. Type of placement and licensing agency were not related to interest in continuing as a resource parent. This finding is contrary to other research findings suggesting that kinship providers, in particular, are less likely to continue than other types of placement providers; further investigation of this pattern is warranted, since administrative data suggest that kinship providers in Rhode Island may be less likely to renew licensure than non-kinship providers.

A second model was also tested that incorporated additional resource parent household and demographic characteristics. For this model, higher family income was significantly associated with a lower likelihood of discontinuing, ( $OR=0.85$ ,  $p<0.05$ ), as was having one ( $OR=0.23$ ,  $p=0.03$ ) or more ( $OR=0.14$ ,  $p<0.01$ ) foster or adoptive children currently living in the home, compared to having no foster or adoptive children currently in the home. Finally, satisfaction with role as a resource parent trended towards statistical significance, with parents reporting higher levels of satisfaction less likely to discontinue providing care ( $OR=0.55$ ,  $p<0.10$ ). Resource parent age, couple status, race, presence of biological children in the home, placement type, and satisfaction with supports and services were not significantly associated with likelihood to continue in this final model.

The series of findings from these regression models suggests that both satisfaction with role relationships and the availability and responsiveness of system supports are important factors that influence resource parent decisions to continue providing placements. Other family factors may also influence this decision-making process – particularly family income and whether the household is currently providing care. It may be that increased family income helps to offset concerns about system supports and responsiveness by providing access to other resources, though satisfaction with the resource parenting role and relationships continues to be an important factor. The final model also highlights the relationship of currently having a child in placement to decision-making about continuing as a resource parent. It may be that individuals who are not currently providing a placement are in the process of discontinuing care already.

### *Recommendations*

The findings of this report suggest some areas the system may address to improve satisfaction with services and supports and with the overall resource parent role, which may have a positive effect on resource parent retention:

- Though satisfaction with supports and responsiveness was generally favorable, greater satisfaction may be achieved by attending to social worker and system responsiveness. This would include more timely response to service requests and phone calls from resource parents. Improved communication and responsiveness were also identified as factors associated with uncertainty about continuing as a resource parent, so these efforts may also improve resource parent retention.
- Given the importance of role relationship satisfaction to resource parent retention, efforts to address potential areas of dissatisfaction (e.g., limited opportunities to connect with other resource parents, dissatisfaction in relationships with biological parents of children in their care, and concerns about the way in which placements end) should be a particular focus.



- More effort is needed to increase awareness of the availability of community-based services and supports available for foster children and for resource parents. Greater awareness of resources may help to further enhance satisfaction with system supports and also provide necessary supports to maintain placements.
- In addition to boosting awareness, barriers to accessing services may be addressed by offering services at a variety of times and locations amenable to the schedule demands of resource parents.

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## APPENDIX 5: RESOURCE PARENT EXPERIENCES WITH THE CHILD WELFARE LICENSING PROCESS

This report summarizes results from a survey of active and prospective resource parents participating in a statewide survey as part of a Rhode Island Department of Children, Youth and Families (DCYF) study funded by the Administration for Children and Families. The brief addresses resource parent experiences with the initial contact and licensure process. Web-based surveys were distributed to 670 households with an active email address in DCYF databases as licensed or license-pending to provide foster or adoptive care. This was supplemented with an additional 136 households who had attended a resource parenting information session in the past year by Adoption Rhode Island (ARI). A total of 270 households (34%) completed at least a portion of the online survey. Participants included those who were licensed (or seeking a license) through DCYF or through the 11 private child-placing agencies (PCAs) operating within the State (approximately 82% of participating resource parents were affiliated with DCYF).

Questions summarized in this brief address resource parent experiences with their initial system contact to discuss resource parenting and the licensure process, training to become a licensed resource parent, the background check and home study process, and contact with DCYF or PCA licensing staff. Limited research has examined factors influencing foster parent recruitment and retention, or their experiences with the training and licensure process<sup>1-2</sup>. Studies in this area focus on dimensions of foster parent satisfaction with the overall experience (e.g. providing foster or adoptive care); however, few studies link these factors with intent or actual continued provision of care<sup>3-4</sup>. Further, very little empirical research focuses on resource parent experiences with the licensing process, despite the fact that these experiences may affect long-term satisfaction and retention of resource parents. Thus, investigating resource parents' perceptions and experiences of the licensing process may assist in identifying specific factors that relate to the decision to continue care, thus improving retention rates.

For the current survey, participants ranged in age from 23 to 76 years old (mean age: 46 years). Approximately 90% were women, approximately 9% were male and 1% identified as transgender. Resource parents identified primarily as Caucasian (84%); an additional 7% identified as Hispanic, and 2% or fewer identified as being African American, Native American, Asian, bi- or multi-racial, or from other racial/ethnic backgrounds. Types of care provided are as follows (note: respondents may be providing more than one type of care): relative/kinship care (33%), non-relative foster care (38%), treatment or private agency foster care (12%), adoptive care (17%), pre-adoptive care (24%), and guardianship (7%). In addition, 9% of those surveyed were not yet licensed to provide care and 13% were not currently providing care. On average, resource parents had been providing foster or adoptive care for 3.7 years, though this varied by the type of care provided – adoptive care providers reported the longest periods of providing care (6.5 years, 4.3 as an adoptive placement), followed by guardianship (5.7 years, 1.2 as a guardian placement), and foster care (4.7 years).

### *First Contact*

Resource parents were asked to rate their experiences during the initial contact with staff to discuss the prospect of becoming a resource parent. Approximately 62% had this initial contact with staff from DCYF, approximately 15% with staff from a PCA, approximately 15% from either ARI or Foster Forward, and approximately 6% with staff from another agency. Responses are summarized in Table 1, below.

Table 1. Experiences with Agency First Contact

	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly Disagree (%)
Called me back within 24 hours	48.3	37.4	10.9	3.3
Was very respectful	57.1	40.2	1.6	1.2
Clearly explained what I needed to do next	50.6	40.7	6.8	1.9
Was knowledgeable about foster care or adoption	51.3	43.8	3.4	1.5
Answered all of my questions	46.6	42.4	8.8	2.3
Left me feeling satisfied with the conversation	48.3	40.2	8.4	3.1
Made me feel like they wanted me to apply	54.2	36.2	8.5	1.2

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 ‘First Contact Score’ was created by averaging responses to the items in Table 1, with higher scores indicating more favorable ratings of the experience. Scores were compared based on which agency had been the point of initial contact (i.e., DCYF, PCA, ARI/Foster Forward, or another agency). Resource parents whose first contact was with a PCA provider rated the experience more favorably than those whose first contact was with DCYF (3.71 vs. 3.36 out of 4;  $p<0.01$ ), as did those whose first contact was with ARI or Foster Forward (3.58;  $p<0.05$ ).

### *Training Experiences*

A majority of survey participants had completed all required trainings to become a resource parent (88.6%), and an additional 3% of participants had begun the training process. More than three-quarters (82%) were licensed or pursuing licensure through DCYF and 24% through a PCA provider. Resource parents were asked to rate their training experiences

with respect to content, format, and convenience. Their responses are summarized in Table 2, below.

Table 2: Experience with Trainings for Resource Parent License

	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly Disagree (%)
The steps to becoming licensed were clearly explained	51.7	41.7	5.8	0.8
I learned what paperwork I needed to complete	50.6	45.6	3.3	0.4
I was told about things in the process I had to pay for	43.6	39.4	14.2	2.8
The trainer made a good presentation	53.8	39.1	5.5	1.7
Training was available at a convenient time	41.2	48.8	9.2	0.8
Training was available at a convenient location	36.0	47.9	14.4	1.7
Provided me with information to be an effective resource parent	41.5	44.5	13.1	0.8
Informed me about available resources and services	35.6	39.7	20.9	3.8
Helped me to understand my role and responsibilities	42.5	51.2	5.0	1.2
Helped me understand challenging behaviors of special needs children	42.4	41.6	13.9	2.2
Overall, I was satisfied with the trainings I attended	43.0	45.6	9.3	2.1

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.

Though overall ratings were positive, the results also highlight some areas in which there is room for improvement in the training experience. The area with the highest proportion of negative ratings was the degree to which trainings provided information to resource parents about available resource and services. Nearly a quarter of resource parents felt dissatisfied with this aspect of training. Four other items were negatively rated in the 10-15% range: information about aspects of the licensing process for which the resource parent is responsible for paying, information to help resource parents better understand challenging behaviors of special needs children in care, the availability of convenient training locations, and the availability of convenient training times.

Items in this domain were averaged to create a mean score of training experiences, with higher scores indicating more favorable ratings. There was no statistically significant difference in satisfaction with training between resource parents served by DCYF compared to non-DCYF providers (3.31 vs. 3.43 out of 4).

### *Background Check Experiences*

Resource parents were asked to rate their experience with the background check including general knowledge of the process, timely communication with staff, and clarity of steps to take if their background check was denied.

Table 3: Experience with Background Check

	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly Disagree (%)
I understood what happens in a background check	66.3	30.5	2.8	0.4
I was notified when my background check was completed	50.0	28.3	18.9	2.9
The background check process was completed in a timely way	51.7	41.9	5.9	0.4
I was aware of what would happen if I did not pass the background check	49.1	27.4	19.2	4.3
I was told in advance that past felonies might disqualify me	54.7	28.5	14.0	2.8
I was told what steps I could take to appeal if I was disqualified	39.4	19.2	31.0	10.3
If you did not pass the background check: The reason why I did not pass the background check was clearly explained to me	52.6	26.3	18.4	2.6

Overall, more than 90% of resource parents surveyed felt they understood what happens in a background check and that the background check was completed in a timely manner. One item, being told the steps to take to appeal if disqualified, was negatively rated by over 41% of resource parents. Three additional items were negatively rated in the 20-25% range: being notified when the background check was completed, awareness of what would happen if disqualified, and having the reason for disqualification explained. Finally, nearly 17% of resource parents were not aware that past felonies could disqualify them in the background check.

Items in this domain were averaged to create a mean score of background check experience, with higher scores indicating more favorable ratings. Resource parents who were conducting their background check with non-DCYF providers rated their experience more favorably than those working with DCYF providers. Mean satisfaction for non-DCYF providers was 3.75 compared to 3.53 for DCYF ( $p < 0.05$ ).

### *Home Study Experiences*

Resource parents were asked to rate their experience with the home study including general knowledge of the process, timely communication with staff, and overall sensitivity or respect with which the study was conducted.

Overall, more than 90% of resource parents surveyed rated three aspects of the home study process highly: understanding the steps to complete the home study, feeling the home study was conducted in a respectful manner, and feeling they could be truthful in answering questions. The greatest area for improvement was in awareness of steps to take if the home study was denied – approximately half of resources parents expressed a negative view of

this domain. In addition, 45% of resources parents felt some questions asked were too personal. Six additional items were negatively rated in the 20-30% range: understanding how licensing decisions are made, being told how to best prepare for the home study, having reasons why a license was denied clearly explained, receiving timely notification of license approval, receiving help needed from their licensing worker to complete the home study, and being notified when the home study was approved.

Items in this domain were averaged to create a mean score of home study experience, with higher scores indicating greater satisfaction. Resource parents who conducted their home study with non-DCYF providers rated their experience more favorably than those working with DCYF providers. Mean satisfaction for non-DCYF providers was 3.45 compared to 3.21 for DCYF ( $p < 0.01$ ).

Table 4: Experience with Home Study

	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly Disagree (%)
I understood the steps to complete the home study	50.5	43.9	4.2	1.4
I was told how to best prepare for a home study	36.7	33.8	25.2	4.3
The home study was conducted in a respectful manner	55.9	40.4	2.8	0.9
I feel some of the questions asked were too personal	19.7	25.5	43.8	11.1
The home study took up too much of my time	10.1	13.9	58.2	17.8
I was aware of steps I could take if I was denied	19.7	28.7	41.6	10.1
I received the help I needed from my licensing worker to complete the home study	37.4	41.4	17.7	3.4
I felt I could be truthful in answering everything asked of me	53.1	41.8	4.2	0.9
I understand how licensing decisions are made	31.3	37.9	24.2	6.6
I was notified when my home study was approved	40.2	40.2	14.7	4.9
I received timely notification that I was licensed	38.8	38.8	13.9	8.5
Reasons why I was turned down for a license were clearly explained to me	33.3	40.0	13.3	13.3
Overall, I was satisfied with how the home study process went	35.3	52.9	6.4	5.4

### *Overall Contacts with Licensing Staff*

Table 5: Contact Experiences with Licensing Staff

	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly Disagree (%)
Provided easy to understand information	42.6	51.2	4.5	1.7
Listened actively and patiently	45.6	47.3	6.3	0.8
Encouraged me to become a foster/adoptive parent	47.6	41.3	10.7	0.4
Treated me with respect	54.4	42.3	1.7	1.7
Respected my values and beliefs	53.8	41.9	3.8	0.4
Showed respect for my racial/cultural background	55.7	43.0	0.9	0.5
Gave complete answers to my questions	46.6	41.6	9.7	2.1
Were people with whom I could really talk	42.9	44.1	10.5	2.5
Helped me get through the licensing process	45.2	42.5	8.8	3.5
Kept me informed about where I was in the process	34.6	36.8	21.9	6.6
Explained how long the different steps would take	35.7	36.2	23.4	4.7
Were accessible when I wanted to reach them	39.6	43.4	12.8	4.3
Helped me to complete paperwork	38.1	41.7	17.9	2.3
Overall, I was satisfied with how I was treated by licensing staff during the licensure process	40.3	50.6	5.2	3.9

Resource parents were asked to rate their overall experience of contacts with licensing staff including communication of the process and steps along the way, accessibility and helpfulness, and respectful interactions.

Overall more than 90% of resource parents rated their experience highly on six items including overall satisfaction with licensing staff contacts; being provided easy to understand information; and feeling respected, listened to, and encouraged to become a resource parent. Three additional items – being given complete answers to questions, feeling the licensing staff were people with whom resource parents could talk, and being helped through the licensing process – were positively rated by over 85% of respondents. The greatest areas for improvement were around communication throughout the process, explanation of steps in the process, and help with paperwork. These three items were negatively rated in the 20-30% range. Finally, 17% of resource parents negatively rated the accessibility of licensing staff.



Items in this domain were averaged to create a mean score of overall satisfaction with licensing staff contacts, with higher scores indicating greater satisfaction. Resource parents who were working with non-DCYF providers rated their experience more favorably than those working with DCYF providers. Mean satisfaction was 3.54 for non-DCYF providers compared to 3.33 for DCYF ( $p < 0.05$ ).

### *Summary & Recommendations*

- A total of 270 current and prospective resource parents comprised of kinship, foster care, pre-adoptive, adoptive, and guardianship providers participated in a statewide survey to share their experiences in the training and licensure process. Participants primarily included DCYF resource parents, as well as a smaller percentage of resource parents registered with private child-placing agencies.
- The majority of resource parents rated their training and licensure process experiences as favorable or very favorable. Comparisons between DCYF- and non-DCYF affiliated resource parents revealed a small but consistent pattern of more favorable ratings among those affiliated with PCA sites.
- Resource parent training needs to incorporate a greater emphasis on available services and supports for resource parents and the children or youth in their care. Training also should 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.
- Resource parent training should be offered at a wider array of accessible times and locations. In addition, resource parents should have a clear explanation of likely expenses for which they are responsible.
- For both the background check and home study, there should be more communication of requirements and potential factors that can result in denial, as well as steps to be taken if the individual is denied. In addition, 45% of resource parents felt some of the questions asked in the home study were too personal.
- There is a need for greater accessibility and help from licensing staff on completing paperwork related to the licensing process.
- There needs to be more ongoing communication with resource parents about their status and progress in the licensing process, including notification of home study and license approval.

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