

# RHODE ISLAND

## TITLE IV-B FFY 2018 ANNUAL PROGRESS AND SERVICES REPORT



*RHODE ISLAND DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES*

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## General Information

### Introduction

The Rhode Island Department of Children, Youth and Families (DCYF) has combined responsibility for child welfare, juvenile justice 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).

DCYF is guided by strong vision and mission statements that were developed by a cross-section of the Department's staff:

**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.*

To carry out its vision and mission, the Department provides a continuum of services ranging from community- and home-based services to residential treatment. These services address a multitude of child and family needs including child abuse/neglect prevention, child protection, children's behavioral health and education, support services for children and families in need, and services for youth with wayward and delinquent behaviors.

DCYF's combined responsibility for these populations positions the agency 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.

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 the investigations that are conducted are initiated within 24 hours. There are four regionalized offices 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.

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 of the regions, comprising 14 communities, including the Town of New Shoreham (Block Island). Region IV includes all of Providence County except the City of Providence. Region IV includes Central Falls, Pawtucket, and Woonsocket, communities with high rates of child poverty.

Juvenile Probation/Parole officers are located throughout the state inside (or near) 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, Central Referral Unit, Licensing and Regulatory Affairs, Policy, Youth Development and Educational Support Services, Public Relations, Government Affairs, and Contracts and Program Development, and Legal Services.

See Appendix A for DCYF's Organizational Chart.

## Collaboration

Over the past year, the Department has engaged a wide range of community partners, national experts, technical advisors, and other stakeholders to solicit input on its strategy to achieve better results for the children, youth, and families in its care. The Department has engaged in ongoing collaboration in the implementation of the 2015-2019 CFSP and subsequent APSRs.

The Family Care Community Partnerships (FCCP's) continues to meet with the Department to review the outcomes and strategies to best serve Rhode Island's Families as well as perform active contract management with the four regional FCCP's. The Department has formed an Active Contract Management workgroup with the FCCP agencies. This workgroup meets on a bi-weekly basis to collaborate on outcomes, data analysis, and contract standards and metrics. Additionally, a supervisor who oversees the Case Monitoring program within the Department's intake/screening division meets with the FCCP's on a monthly basis to discuss case management and services as well as referrals to the programs from DCYF.

The Narragansett tribe is our only federally recognized tribe in Rhode Island. Stephen Morley continues to be the dedicated tribal liaison within the Department. Mr. Morley continues to collaborate with the tribal liaison, Wenonah Harris, and her staff on a regular basis. Wenonah Harris organized a one-day Indian Child Welfare Act (ICWA) training and workshop for DCYF staff on January 11, 2017. The workshop highlighted the newly revised federal Indian Child Welfare Act regulations along with cultural competency education. Approximately fifty DCYF staff attended the workshop.

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

The Department has continued its preparation for the 2018 Federal Child and Family Service Review. It was determined that the Department would be pursuing the Federally led option for the CFSR. As part of the Federal Child and Family Service Review, the Department will be engaged in the writing and development of the Statewide Self-Assessment. The Statewide Self-Assessment is a self-analysis of its child welfare program that compares its performance on specified safety and permanency outcomes to national standards established by the Federal Department of Health and Human Service's Administration for Children and Families. Part of the Self-Assessment is to include external stakeholders. The department intends on holding an internal and external stakeholders' conference for the Statewide Self-Assessment sometime in June, 2017. The Department will be inviting members from our partner community agencies, the Family Court, The Narragansett Tribe, as well as foster parents and youth engaged with our child welfare system. Our community partners will be working alongside the Department in the

writing of the Statewide Self-Assessment. We will be requesting our community partners to work in various work groups alongside our internal staff on the Statewide Self-Assessment.

The Federal Review will be occurring during the week of June 4-8, 2018. During the week long review, our external partners will be encouraged to participate in the review and provide feedback to our federal partners regarding the Department's progress and efforts.

## Update on Assessment of Performance

### National Child Welfare Standards: Rhode Island Department of Children, Youth & Families, FFY14-FFY16

Figure 1 provides a summary of Rhode Island's progress in meeting national child welfare standards.

*Figure 1*

National Standards	National Standard	RI FFY14	RI FFY15	RI FFY16*
Reduce time to reunification without increasing re-entry within 12 months of removal	76.2%	72.8%	68.0%	65.4%
Reduce time in foster care to adoption within 24 months	32% or more	36.8%	34.5%	35.9%
Re-entry to foster care in 12 months	8.6% or fewer	13.7%	13.4%	12.5%
Placement stability of children in care less than 12 months with 2 or fewer placements	86.7%	87.6%	89.1%	89.8%
Maltreatment in foster care	.57% or fewer	1.19%	1.04%	1.45%
Recurrence of maltreatment	6.1% or fewer	8.8%	9.3%	6.8%

Data Source: AFCARS, NCANDS, RI Child Welfare Outcome Report prepared by The Consultation Center. \*Unofficial data

### National Standards Met

#### *Adoption within 24 months of foster care entry*

The Department continues to meet the national standard of achievement of adoption within 24 months of foster care entry. The Department has completed two in-depth Adoption Surveillance Reports titled Adoption Surveillance Report 2014 and Adoption Surveillance Report 2016. Each of these reports have been shared with the Department and with community partners and stakeholders and is located on the Department's website [http://www.dcyf.ri.gov/data\\_evaluation.php](http://www.dcyf.ri.gov/data_evaluation.php)

The report is an extensive in-depth analysis of trend data on children adopted including descriptive statistics, longitudinal analysis and predictive analytics on what factors are statistically significant to achieving adoption within 24 months. Below are highlights and key findings from the Adoption Surveillance Report 2016.

- One thousand six-hundred and fifteen (1,615) children were adopted from the Rhode Island Child Welfare System between federal fiscal years 2008 and 2015.
- Among all Hispanic children who exited foster care in FFY2015, 22% exited care with adoption. Among all Black Non-Hispanic children who exited foster care in FFY2015, 12% exited care with adoption. Among all White Non-Hispanic children who exited foster care in FFY2015, 16% exited care with adoption.
- Of children whose parent's parental rights were terminated (TPR) in FY2008-13, 93.5% were adopted within two years of TPR\*.
- The largest proportion, 45.9%, of children who had been waiting for adoption\* for two years or longer on 3/15/2016 was between the ages of 11 and 15.
- Compared to children ages 10 or younger, children ages 11 or older at the time of TPR (in FY2008-13) had 6.6 times the odds of staying in placement for two years versus being adopted within two years (not including direct consent adoptions).
- The two largest racial and ethnic groups who had been waiting for adoption for two years or longer on 3/15/2016 were Hispanics and Whites: 35.1% and 51.4%, respectively.
- Of children removed from an adopted home in FY2008-15, the median length of time between adoption and first removal from home post-adoption was 7.1 years. The median age at first removal post-adoption\* was 14 years old.
- Of children removed from an adopted home in FY2008-15, 21.3% reunified with parents within 6 months of removal.
- Of children whose adoption was dissolved in FY2008-15, 34.6% were adopted by direct consent adoption\*.
- Of children whose adoption was dissolved in FY2008-15, the median length of time between adoption and dissolution was 7 years. The median age at dissolution\* was 13 years old.
- Fifty-eight percent (58%) of children who experienced an adoption dissolution in FY2008-15 were subsequently adopted\*\*.

\* See terms and definitions page

\*\* Data reflect dissolutions that occurred between FY2008-15 and subsequent adoption that occurred before 2/24//2016

The data on children removed post adoption and adoption dissolutions suggest children who are adopted between the ages of 5 and 6 years may have an elevated risk of experiencing a removal or dissolution between the years of 13 and 14 years old. This suggests perhaps providing additional supports at the time of adoption and active outreach and supports to those youth and their families at the time the youth is entering adolescence, approximately 10 or 11 years old.

Based on these findings, the Department included in their most recent Request for Proposal for service array (CY2016), requests for providers to provide permanency supports and services aimed at both resource families and families who have adopted from the Department. This RFP led to the development of resource family support centers. Such support centers aimed at both resource families and adoptive families is important given that most children adopted from the Department are adopted from resource families. In FFY15, approximately over 90% of children



adopted were adopted from a resource family setting. The Department is also in the process of developing a new RFP for resource families that would replace and expand the current resource family support centers and that will leverage the data from the in-depth Adoption Surveillance Report and inform the new RFP. Additionally, there is a Department workgroup using this data to develop internal strategies leveraging the adoption subsidy program (most children adopted receive a subsidy and through this subsidy can be located) wherein adoptive families would receive annual contacts and be proactive in engaging families and identify if the family needs supports and services.

### National Standards Not Met

#### *Maltreatment recurrence, Time to achieve reunification and Foster Care re-entry*

Although the Department is not achieving the National Standard of maltreatment recurrence within 6 months, time to reunification within 12 months, and foster care re-entry, the Department has demonstrated progress in maltreatment recurrence and foster care re-entry between FFY14 and FFY16. In part the Department attributes the progress in these two outcomes to an established Family Care Community Partnership combined with a recent expansion of community based service array in 2015 and with the 2016 service array RFP. More specifically to maltreatment recurrence, the Structured Decision Making is an intervention in its initial stages designed to improve the Child Protective Service assessment of safety and risk and potentially reduce maltreatment recurrence. The Department experienced a temporary slowdown in the SDM implementation and there are no updates since the 2016 APSR.

#### Family Care Community Partnerships

The Department implemented the Family Care Community Partnerships in 2009 with the mission of addressing family needs within their own community and maintaining children safely within their homes. The FCCPs are 4 networks geographically located throughout the state to fulfill this mission and accept referrals from the Department and the community. The Department makes referrals to the FCCPs who come in contact with the Department and do not rise to the level of a Department Family Service Unit caseworker although present challenges aligned with FCCPs services and supports. The FCCPs practice model is Wraparound complete with a Wraparound facilitator, family support partner and service referrals responsive to family needs.

For calendar years 2015 and 2016, there was a slight increase in families, 1,511 and 1,527 families respectively, opened to the FCCPs. During that same period, 1,133 and 1,143 families were closed to the FCCP. Among the families that closed during CY15, the median length of time in the FCCPs was 85 days which decreased to 75 days in CY16. Among the families who engaged in Wraparound and closed to the FCCPs in CY15, 67% closed with partial or all WRAP goals met and in CY16 that percentage was 72%. There was a decrease among families who closed to the FCCPs for the reason of opening to the Department, 7.8% in CY 15 and 6.3% in CY16. Likewise, the percent of families closed to the FCCPs and who subsequently had either an investigation or removal from home within 6 months decreased from 7.0% to 6.1%.

In addition to the FCCP influences, in 2015 and again in 2016 with the service array RFP, community based services has grown. The community based services have grown more in capacity as the new programs increased their capacity during 2016 as staff became trained in the program (evidence-informed or evidence-based). The new 2016 RFP has had less time to have an impact as the contracts for the 2016 RFP were recently signed in December 2016. The community based program expansion addressed programs aimed at maltreatment, timely

reunification, and maintaining permanency. **For this reason, the findings presented below pertain to the Department's efforts for recurrence of maltreatment, timely reunification, and foster care re-entry.**

In the 2016 APSR, the Department reported on the community based program outcomes (community based programs that which the Department funds). Data was provided for an entry cohort and followed for 12 months. The Department performed a subsequent analysis on community based programs for an entry cohort July 2014-November 2015 and followed the children for 6 months post community based program start date. The reason the Department included children only until November 2015 was due to a System of Care change in which the Department's Network of Care was dissolved. When the Networks of Care were in existence, the two lead Network providers submitted community based data invoices that allowed the Department to merge the data with the Department's SACWIS data and evaluate program outcomes. The Network dissolution required the Department to develop a mechanism to collect the community based invoice data from each provider separately and was only finalized with data entered into the SACWIS database in January 2017. The Department was reluctant to wait an unknown dataset completion timeframe and performed the community based outcome report with the last submission of Network of Care data and followed children for 6 months. The Department will analyze the new data and complete a subsequent report in the fall of 2017.

The findings from the Community Based Services Report July 2014-November 2015

[http://www.dcyf.ri.gov/data\\_evaluation.php](http://www.dcyf.ri.gov/data_evaluation.php) include the following:

The data is based on 13 community based programs inclusive of evidence-based, evidence-informed and non evidence-based or informed. The data reveal positive impacts on the 5 outcomes under investigation: 1) time to removal; 2) time to CPS investigation. 3) time to CPS indicated maltreatment; 4) time to adjudication; and 5) time to RI training school (RITS) stay. A survival analysis was conducted to assess time to event on these 5 outcomes. On a system level, 6 months post community based program start:

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

As noted, the Department will continue to monitor these outcomes ongoing and use the data to inform the system of areas of strength and areas needing improvement in the service array.

In addition to the Community Based Services report providing data to inform the system on permanency and in particular foster care re-entries, the Department publishes an annual Permanency Analytic Report [http://www.dcyf.ri.gov/data\\_evaluation.php](http://www.dcyf.ri.gov/data_evaluation.php) on an entry cohort of youth. The report provides a wealth of data and information on removal rates by city of children entering foster care, *time to achieve permanency within 12 months and within 24 months*, *foster care re-entry* and descriptive statistics across all of these outcomes, and odds ratio for racial disparities across the permanency outcomes.

- From FY13 to FY16, the removal rate of children decreased from 5.4 per 1,000 children to 4.8 per 1,000 children.

- For FY16 entry cohort, the greatest proportion of children removed occurred among children age 0-5 years old, 44.5%, followed by the 12-16 age group, 31.9%.
- From FY13 to FY16, the median age at removal decreased from age 11 in FY13 to age 7 in FY16. The majority of the decreased median age occurs among White children compared to other racial and ethnic groups.
- Disproportionality –
  - From FY13-FY16, Black or African American, Multiracial and Hispanic children have a higher prevalence of removal rates compared to White children. This disproportionality is most pronounced in the 10-17 year old age group.
  - From FY13-FY16, Black Non-Hispanic and Hispanic children have significantly lower odds of being removed due to parent drug/alcohol use compared to White Non-Hispanic children.
  - Black Non-Hispanic children (after controlling for age) have significantly higher odds of being placed in congregate care compared to White Non-Hispanic for 3 of the 4 fiscal years presented.
- From FY13 to FY16, neglect is the most common removal reason for children age 0-11, 60.2% in FY13 to 65.8% in FY16. Child behavior is the most common removal reason for children age 12 and older, 69.6% in FY13 and 64.3% in FY16.
- From FY13 to FY16, in both age groups, 0-11 and 12 and older, the percent of children removed due to neglect increased. Among children age 0-11 the increase 60.2% in FY13 to 65.8% in FY16, and among children 12 and older the increase was 13.1% in FY13 to 21.6% in FY16.
- From FY13 to FY15, the percent of children achieving permanency decreased from 48.5% to 39.6%. In part this decrease can be associated with an increase in children in foster family settings as children in foster family settings typically have longer lengths of stay compared to children in congregate care.
- From FY13 to FY15, the median length of time to reunification with parents increased from 144 days to 166 days. In part this decrease can be associated with an increase in children in foster family settings as children in foster family settings typically have longer lengths of stay compared to children in congregate care.
- From FY13 to FY15, the percent of children age 17 and older upon removal who were reunified with parents within 12 months of discharge increased from 36.6% to 58.2% while the percent who discharged without permanency decreased from 62.5% to 39.3%.
- Among the FY1Y14 entry cohort (excluding children who discharged within 12 months of entry), the percent of children achieving permanency within 13-24 months of entry was relatively similar to the percent of children not discharged within 24 months, 43.1% and 52.5% respectively.
- For FY16, among the 368 children still in out-of-home placement beyond 24 months of entry, the median age at removal was 6 years old.
- The percent of children re-entering out-of-home placement in FY14-FY16 within 12 months of discharging to reunification, guardianship or living with a relative(s), decreased from 24.7% to 18.3%.
- The median age of children re-entering out-of-home placement in FY14-FY16 was 14. The two age groups that accounted for the largest percentages of re-entry for both the FY13 and FY14 entry cohorts were the 12-16 and 0-5 age groups.

- The median length of time to re-entry increased from 120 days to 144 days, FY14-FY16.
- Among children who re-entered an out-of-home placement in FY14-FY16 within 12 months of a discharge to reunification, guardianship, or living with relatives:
  - Trajectory of family foster care placement: The majority of children re-entering within 12 months of previous discharge into a first placement of foster family, were previously discharged from a foster family placement.
  - Trajectory of congregate care: The majority of children re-entering within 12 months of previous discharge into a first placement of congregate care, were previously discharged from a congregate care placement.

The Department used this data to provide feedback to the Department through data monthly meetings, populate the RFP to inform the service array, as well as share with the service providers to inform them on trends in which their community based and congregate care programs are aimed to address. For example, regarding length of time in care and foster care re-entries, providers were informed of the adolescent youth in congregate care as being at greatest risk for foster care re-entry. Toward that end, the service array RFP sought from congregate care providers programs that were family focused and included early onset of family engagement and community based after care so as to achieve timely reunification and decrease foster care re-entries.

Similarly, community based programs were informed of the profile of children and removal rates geographically across the state and are working with the Department to outreach within those communities to decrease removals whether they are initial removals or a child re-entering foster care. Further, the Department has used this data to inform the Recruitment, Development, and Support unit activities aimed at resource family recruitment, training and supports. Based on the data analysis, children and youth at greatest risk for long term foster care (as defined by 15 months or greater in foster care) are children in resource families and in particular kinship resource families.

As the Department works toward increasing resource family placements, an unintended consequence is an increase in length of stay. The data from this analysis has informed the Recruitment, Development and Support unit activities in developing a new strategy aimed at providing enhanced supports to resource families as well as models that promote engagement between resource families and birth families to enhance time to reunification and reduce placement instability.

Another factor that may reduce foster care re-entry is the Department's decision in adopting a 'trial home visit' policy and procedure. Based on data analysis, the re-entry rate would reduce by 3.3% if the Department had a 60-day trial home visit. The Department is considering a 60-day trial home visit.

The increase in time to reunification from FFY14 to FFY16 appears to be in part related to the unintended consequence of an increased proportion of children in resource families. From FY14 to FY17 (estimated) increased from 68.7% to 74% and of those children in resource families, the percent in kinship increased from 56.4% in FY14 to 62.8% in FY17 (estimated). Another factor potentially contributing to the reduction in the percentage of children achieving reunification within 12 months is the corresponding increase in guardianship. Exits from Foster care with reunification increased from FFY14 from 8.1% to 11.6% in FFY16. Over time, the Department's culture of acceptance and promoting guardianship as permanency option has increased and this

culture shift has resulted in practice changes where the Department's staff across all units explore guardianship when neither reunification or adoption is a viable option.

#### Director's Approval Process and Expedited Permanency Meetings

Additional internal Department initiatives aimed at time to reunification and foster care re-entries include the Director's Approval Process and Expedited Permanency Meetings.

The **Director's Approval Process (DAP)** is a process for secondary review of requests to place children, age thirteen (13) and older, in a congregate care setting when their treatment needs cannot be addressed in their own home, a kinship home or in another family like setting. A DAP request may be submitted for children ages twelve (12) and under when a youth has substantial mental health and or behavioral needs that cannot be met in a family-like setting as documented by a treatment provider. The DAP process requires that whenever possible, all family placement options, including placement with kin, fictive kin or a non-relative foster family must be fully explored and exhausted prior to requesting a congregate care setting.

The DAP process applies to initial and subsequent placement requests for a congregate care setting as well as to specific court orders for placement in a congregate care setting. The requests are reviewed by the Director (or his /her Designee) for appropriateness and authorization.

The Stages of the Director's Approval Process (DAP) are as follows:

- After consultation with his / her supervisor, the primary worker or supervisor completes a Level of Need/ DAP summary form
- The Case work supervisor signs off on the DAP summary form and submits it to the Regional Director (RD), who then reviews the summary form and if deemed appropriate will sign off on the DAP summary form and submit it to the DAP Administrator via E-mail.
- The DAP Administrator then reviews the DAP summary form for appropriateness, makes a recommendation for approval or denial and then submits form to the Director (or designee) for a final disposition.
- The Director (or Designee) reviews the DAP summary form and either approves the request or denies it. If a lower level of care is recommended, the primary service worker or supervisor then discusses lower level placement or community based options with the Central Referral Unit (CRU).

In the event of an emergency (i.e. immediate placement is needed after business hours/weekends and a family based placement option is not available) a congregate care placement can be made in accordance with the Department's practice standards and policy. The DAP summary form is then submitted for the Director's (or Designee) for approval the morning of the next business day.

In conjunction with the Director's Approval Process (DAP) the Department also implemented **Expedited Permanency Meetings**. EPM's are a process for systematic review of children in residential settings in order to develop a specific, action oriented plan for moving the youth into family based placements whenever possible. The meetings are led by an EPM Facilitator from the Department and include the youth's primary care worker, program staff, family, service providers with the family and any other adults identified by the child/youth who also partakes in

the meeting. Everyone has a voice in the meeting, which allows for an opportunity to talk about strengths, and what is going well.

The team develops a plan that includes recommendations for placement, services, supports and increased family contact. A written plan is outlining the next steps and time frames as well as who will be doing what and by when is provided to all in attendance at the meeting.

#### *Maltreatment in Foster Care and Placement Stability*

##### Maltreatment in Foster Care

The two national standards that appear to present the most challenges are maltreatment in foster care and placement stability. To understand the underlying factors associated with maltreatment in foster care trends, the Department conducted an in-depth analysis of maltreatment in foster care. Data was analyzed among children indicated for maltreatment in foster care in FY15-FY16. The data was analyzed on the victim level however included the criteria of the CFSR Round 3 measure wherein the children in care at least 7 days and the perpetrator was not limited to foster care provider.

The data was viewed in two ways: 1) In which placement type (i.e. congregate care, resource families etc.) does the greatest proportion of maltreatment in foster care occur? And 2) In which placement type does the greatest rate of maltreatment in foster care occur? The reason the data was analyzed in both ways was to determine where the greatest absolute number of maltreatment occurs and whether there is a placement type that is experiencing a greater rate. This would allow the Department valuable information as to tailoring interventions if these two results yield different placement types. For example, the data revealed the placement type where there was the highest frequency and absolute number of maltreatment in foster care was in resource families (61.7%) compared to group homes (22.7%) (See Figure 2).

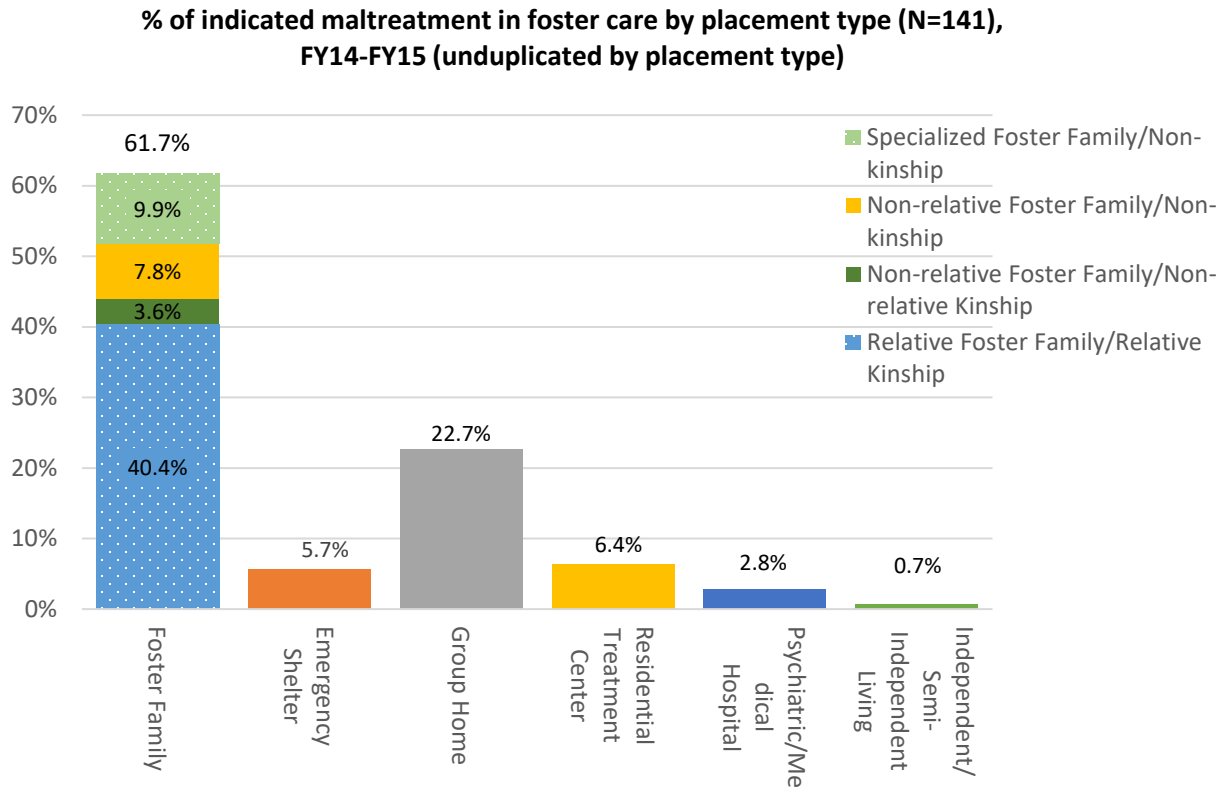
There are more children placed in resource families compared to congregate care and therefore more children at risk for maltreatment in foster care. However, group homes have a higher rate of maltreatment in foster care compared to resource families. For example, among the group home population, 4.6% of children have been exposed to maltreatment in foster care compared to 2.4% in resource families. Additional data analysis included prevalence of indicated maltreatment by demographics (i.e. age, race, ethnicity, gender) and median length of time to placement start and indicated maltreatment, 101 days.

An additional in-depth analysis was conducted on maltreatment in foster care exploring the different abuse types of institutional maltreatment and perpetrator type in FY15-FY16 . Approximately 28% of institutional abuse was attributed to corporal punishment. On March 6, 2017, the RI DCYF Director issued a memo instructing these corporal punishment allegations to be address by licensing.

The data analysis was shared with the Department through data presentations and discussions and a maltreatment in foster care workgroup was assigned to conduct a random analysis of the children in the report to obtain qualitative data for enhanced understanding of the why behind the quantitative data. Additionally, the Department determined two interventions would be needed, one to address the resource families where the greatest absolute number, greatest prevalence of victims are and a second intervention aimed at group homes where the highest rate of victims occur. The Department is including this data into the ongoing strategy for

recruitment, development, and support of resource parents and this information will be used in the development of performance indicators for the new service array RFP awardees.

**Figure 2**

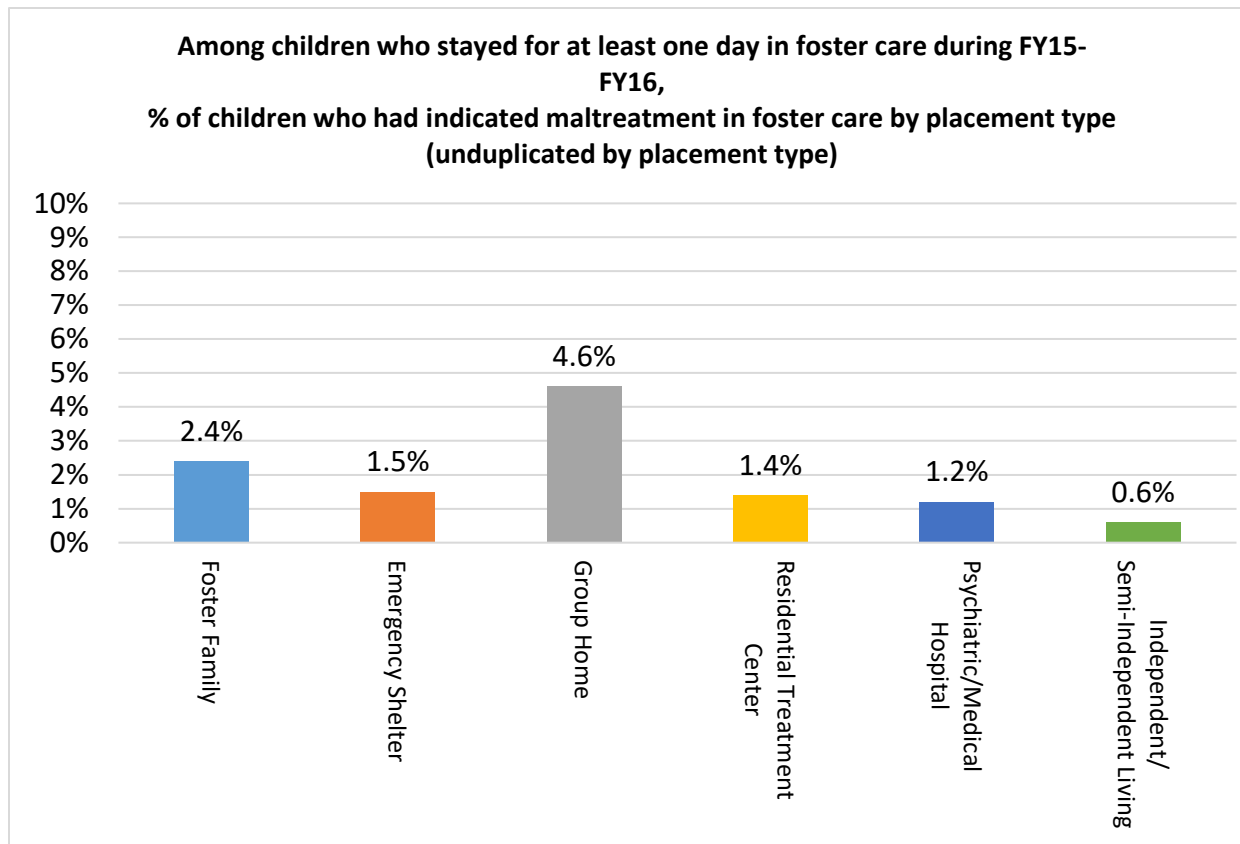


Data Source: RICHIST

Notes:

- Child counted once for a placement type
- Data excludes CPS reports received within 7 days of removal
- Data excludes investigation with pending status
- Data excludes children 18 or older at entry and those who turned 18 at the time of victimization
- Data excludes foster care episode less than 8 days

**Figure 3**



Data Source: RICHIST

Notes:

- a. Child counted once for a placement type
- b. Data excludes CPS reports received within 7 days of removal
- c. Data excludes investigation with pending status
- d. Data excludes children 18 or older at entry and those who turned 18 at the time of victimization
- e. Data excludes foster care episode less than 8 days

### Placement Stability

Placement stability has increase from FFY14 to FFY16. This area is an area that the Department is in the process of examining factors associated with this increase. Yet to be analyzed are factors that include, placement changes due to some provider closures during this timeframe, the impact of the Expedited Permanency Team meetings where efforts were aimed at reducing an over reliance on congregate care, increased efforts on placing children with kinship wherein the first placement may have been congregate care and with the increased efforts to place with kin may result in a placement change that was less likely prior to the culture change of kinship placement as well as other factors known to be associated with placement instability. However, some factors known to be associated historically with increased placement stability in RI has been adolescents and congregate care. The median age of removal has decreases since FY13 to FY16 entry cohort from age 11 to age 7 respectively and proportionally in foster care, congregate care has decreased. The proportional reduction in congregate care with an associated increase in resource families may have resulted in a subpopulation in congregate care that has greater needs and who have greater odds of placement instability than in previous



years. This potentially shift in the congregate care population combined with a service array that has only recently been attempted (recent RFP) to re-align to the population needs. The Department will continue to analyze this data to inform practice and program interventions.

### 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 Figure 4). The purpose of these reviews is to supplement the quantitative data collected in RICHIST of face-to-face monthly visits, provide qualitative data on well-being and family engagement as well as provide foster parent, biological parents opportunity to engage with the ARU staff and provide first hand feedback. Historically with these case reviews as well as with the Children's Bureau CFSR, the out-of-home population shows greater percentages of "strength" than the in-home population (See Figure 4). Figure 4 presents data over three timeframes, 3 years of data for the same quarter.

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 Figure 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 and report 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.)

**Well Being 1** – Rhode Island continues to perform better with assessing mother's needs and child's needs compared to father's needs over the three time periods among the in-home populations. There is less variability among mother, child and father needs assessment within the out-of-home population. The Department is currently exploring the factors associated with the discrepancy between in-home and out-of-home on the well-being 1 indicators involving comprehensive assessment of the family, securing services to address needs and family involvement with service planning.

**Well Being 2** – Data regarding the educational needs of children and youth in-home show an increase in FY15 quarter compared to FY14 quarter. As this is only two points in time, the Department will await another year of data to determine if this is an upward trend. The out-of-home population demonstrate no change over the three timeframes and as previously noted, a much higher percentage of "strength" in this area compared to the in-home population.

**Well Being 3** – The physical and dental health of children and youth in-home show as decrease over the past two years while the mental health with this same population shows improvement in this area (See Figure 4). The Department is exploring potential reasons associated with these changes. As stated in Well-Being Items 1 and 2, the sample size is very small for the in-home population. For this reason, it would not be appropriate to generalize these findings to the larger in-home population. The out-of-home population is rated higher compared to the in-home population. The Department, in collaboration with providers administers the Ohio and Ages & Stages Social Emotional, and the Child and Adolescent Needs and Strength (CANS) assessment to children in youth in congregate care and specialized foster care. (See Appendix C). The CANS provides an assessment of strength and needs of the children/youth and caregivers

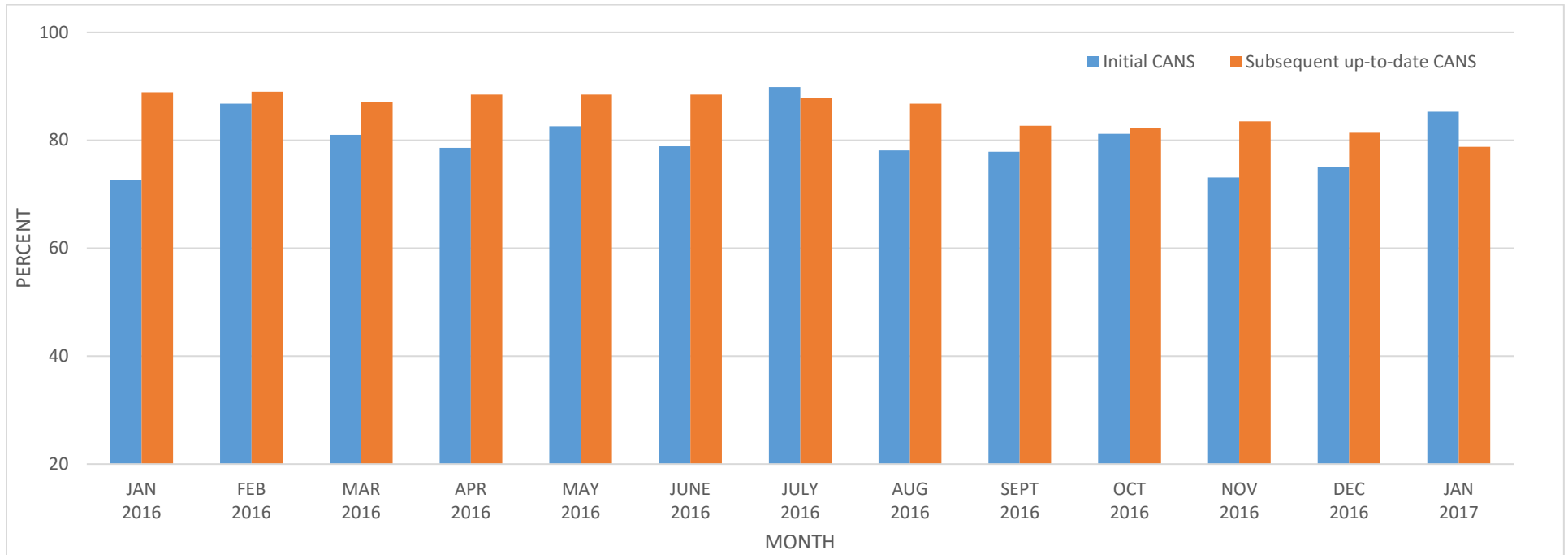
that assists in individual service planning, appropriate level of care, as well as population needs system-wide. The CANS achieves the population needs through the state CANS algorithm developed in collaboration with The Consultation Center at Yale. The algorithm is based on child behavior and child risk factor CANS domains and allows the Department to see on a system level when children and youth may be placed in a level for care more restrictive than the CANS ratings. Most recently (April 2016), the Department's Central Referral Unit implemented an abbreviated version of the CANS to provide a systematic measure to aid in the appropriate level of need placement. The Department implemented this measure to address the gap in the non-congregate care and non-specialized foster care populations. The Department monitors CANS adherence among its contracted congregate care and specialized resource family populations. Figure 5 provides CANS adherence among the Department's providers and is shared among the Department and with the providers as part of the Continuous Quality Improvement.

**Figure 4**

<b>WELL-BEING INDICATORS – PERIODS 11/1/13 – 1/31/14, 11/1/14 – 1/31/15, 11/1/15 – 1/31/16</b>						
Percentages are those rated as “Strength”						
	In-home			Out of Home		
<i>Well-being Indicator</i>	11/1/13 - 1/31/14 n=60	11/1/14 - 1/31/15 n=59	11/1/13 - 1/31/16 n=57	11/1/13 - 1/31/14 n=244	11/1/14 - 1/31/15 n=233	11/1/13-1/31/16 n=274
<b><i>Comprehensive Assessment and Services to Address Needs</i></b>						
Mother	64%	66%	61%	98%	100%	99%
Father	26%	23%	37%	97%	99%	96%
Child(ren)	73%	66%	72%	100%	100%	99%
<b><i>Involvement in Case Planning</i></b>						
Mother	54%	69%	54%	94%	94%	93%
Father	21%	20%	30%	94%	90%	93%
Child(ren)	55%	71%	70%	97%	93%	94%
<b><i>Caseworker Visits</i></b>						
Mother	41%	59%	44%	99%	99%	98%
Father	18%	15%	24%	98%	96%	95%
Child(ren)	33%	73%	65%	97%	97%	94%
<b><i>Educational Needs of Child(ren)</i></b>						
	74%	60%	71%	99%	98%	98%
<b><i>Physical/Dental Needs of Child(ren)</i></b>						
	42%	30%	22%	98%	97%	100%
<b><i>Mental/Behavioral Health Needs of Child(ren)</i></b>						
	63%	51%	67%	99%	98%	98%
Data Source: RICHIST RPT 199 2/28/14, 2/28/15, 3/1/16.						

**% of children receiving timely initial CANS and % of children having a subsequent up-to-date CANS, by month. <sup>1,2</sup>**

**Figure 5**



<sup>1</sup>Timely initial CANS defined as administering CANS within 35 days of entering a new placement

<sup>2</sup> Subsequent up-to-date CANS defined as having at least one CANS within past 95 days of the last day of a month. If a placement ended prior to the last day of a month, within 95 days of the last day at a placement.

Data source: HP CANS extract, RICHIST RPT682, RICHIST RPT669

Data notes:

- Data duplicated by provider and address. If a child stays with multiple providers in a given month, a child may be counted more than once.
- Initial CANS
  - Denominator: number of children entering a new congregate care or specialized foster care placement in a given month and stayed for at least one day
  - Denominator excludes out-of-state placements, providers not contracted to administer CANS and hospitals.
  - Denominator excludes children under 5 years old. If a child turns 5 while staying at a placement, the clock starts the day of child's 5<sup>th</sup> birthday.
  - Numerator: number of children in denominator administered initial CANS within 35 days of entering a new placement (single placement)
- Subsequent up-to-date CANS

- Denominator: number of children entering a new congregate care or specialized foster care placement prior to a given month and stayed for at least one day
- Denominator excludes out-of-state placements, providers not contracted to administer CANS and hospitals.
- Denominator excludes children under 5 years old. If a child turns 5 while staying at a placement, the clock starts the day of child's 5<sup>th</sup> birthday.
- Numerator: number of children in denominator administered at least one CANS within past 95 days of the last day of a given month (single placement)
- If a child leaves a placement for some time and returns to the same physical address with reasons other than children absent from care, it is counted as a new placement.
- If a service type of private foster care moves to a new physical address so the placement ends due to "address change", placements are linked as one. If a service type other than private foster care ends due to "address change", it is counted as a new placement.
- Timely initial CANS defined as administering CANS within 35 days of entering a new placement. If a child stays at a single placement less than 35 days, an initial CANS is considered as adherent. Not until the child's placement exceeds 35 days does the initial CANS convert to nonadherence.
- Subsequent up-to-date CANS defined as having at least one CANS within past 95 days of the last day of a month or from the placement end date. If a child stays at a single placement is less than 95 days, the subsequent up-to-date CANS is considered as adherent. Not until the child's placement exceeds 95 days does the subsequent up-to-date CANS convert to nonadherence.

## **Adopt Well-Being Rhode Island**

The Adopt Well-Being Rhode Island Initiative, funded through the Administration for Children and Families, Children's Bureau, Grant # 90C01117-01-00, 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

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.

### **Current Implementation Activities:**

- Piloting of the following screening tools is occurring in five Family Support Units:
  - Connecticut Trauma Screen
  - Pediatric Symptom Checklist-17
  - CRAFFT
- Exploration of expansion of screening pilot and looking at integrating assessment
- Integration of screening and assessment data into case planning
- Plan developed for dissemination of Adoption Competent Training state-wide
- Continuation of dissemination and evaluation of the Child Welfare Trauma Training Toolkit for child welfare staff and community providers
- Delivery and evaluation of the Resource Parent Curriculum to train resource parents how to respond to children who have been impacted by trauma
- On-going analysis of adoption related data (pre-adoptive placement, disruptions)

- Re-administration of Trauma System Readiness Tool in winter 2016/2017
- Working with the training department to address Secondary Traumatic Stress training dissemination
- Collaboration with DCYF Peer Support team to address Secondary Traumatic Stress
- Further exploration of implementation strategies to implement trauma-informed, adoption competent child welfare practices

Adopt Well-Being Rhode Island Evaluation Activities:

### **1. Pre-adoption Checkbox**

Pre-adoption checkbox is a function in the Department's SACWIS (RICHIST) system that allows caseworkers to indicate pre-adoptive home when foster parents express their interest in adopting the child in care. It is critical that the caseworkers properly use pre-adoption checkbox as it is used to monitor adoption disruption, which is one of the outcome measures for AWBRI evaluation. During the initial analysis of adoption disruption (included in Adoption Surveillance Report, 2014), the evaluation team learned that pre-adoption checkbox was being underutilized. In effort to increase utilization of pre-adoption checkbox, a brief survey was conducted in the beginning of 2015 to find the barriers in practice and the checkbox has been promoted in multiple supervisory meetings. The evaluation team continues to monitor the use of pre-adoption checkbox and following is the most recent findings on utilization of pre-adoption checkbox:

- Of 54 children adopted between 1/1/2016 and 8/31/2016, 27.8% were adopted from a placement indicated as pre-adoptive home using pre-adoption checkbox.
- Of 128 children adopted via direct consent between 1/1/2016 and 8/31/2016, 14.1% were adopted from a placement indicated as pre-adoptive home using pre-adoption checkbox.

These percentages are similar to what we have found last year, between 1/1/2015 and 12/31/2015, in which 26.6% of adoption and 16.8% of direct consent adoption used pre-adoption checkbox.

Along with underutilization of pre-adoption checkbox, the evaluation team also learned that the checkbox requires RICHIST enhancement in order to monitor disruption more accurately. Currently, there is no date associated with pre-adoption checkbox in RICHIST and we need timestamp to be able to analyze length of time for disruption. There is also no historical data maintained in RICHIST for pre-adoption checkbox. This could result in underestimating disruption if a worker checks, and then unchecks the box to indicate disruption in pre-adoptive home.

### **2. Outcome Evaluation for Child Welfare Trauma Toolkit Training (CWTTT)**

Workforce development comprises a significant component of the implementation plan submitted to ACF by AWBRI, including implementation of the CWTTT. The CWTTT is a comprehensive 2 to 3 day curriculum developed by the National Traumatic Stress Network (NCTSN) to promote trauma-informed practices among child welfare and affiliated child- and family-serving agencies. Prior research has demonstrated its effectiveness at increasing trauma-related knowledge, skills, and practices among managers, supervisors, and frontline staff (Connors-Burrow et al., 2013; Kramer et al., 2013). AWBRI received permission to begin delivery of this implementation activity prior to full approval of the implementation plan submitted to ACF.

To assess outcomes for the CWTTT implementation with DCYF and other agency staff who participate

the evaluation team is implementing a within-sample repeated measures survey design in which training participants complete assessment measures at pre-test, post-test, and 3-month follow-up via web-based (i.e., Qualtrics) or paper-and-pencil versions of the survey. Assessment measures examine knowledge and attitudes about the impact of trauma on children, awareness of trauma-related resources, and abilities to conduct trauma screening or assessment procedures, respond to children evidencing trauma exposure, and make appropriate decisions about referrals. The post-test and 3-month follow-up survey will assess changes in knowledge and practice; and will ask participants to develop and report on a 'Trauma Action Plan' detailing strategies to incorporate content from the training into their work role. As part of the Toolkit evaluation, the evaluation team will gather qualitative ratings of action plan implementation barriers and facilitators for all DYCF managers, supervisors and directors and Rhode Island community mental health providers completing the 3 month follow up survey. This follow up will assess the durability of any outcomes achieved. Participant surveys are linked using a unique caseworker identification number that DYCF assigns to all workers.

A total of 10 cohorts have completed the CWTTT to date (although one cohort has not yet been entered, so 9 cohorts are presented here), and pre-test data was collected from 142 participants during that time. Post-test data was collected for 121 participants. Three-month follow-up data collection has been collected for 61 participants.

Preliminary pre-post data from nine cohorts was analyzed, including 114 respondents with both pre- and post-training data. Almost half of participants (49%) were from DCYF, with the remaining 51% coming from various behavioral health provider settings; 6% were in director/administrator roles, 25% were managers/supervisors, and 58% were in caseworker or clinical staff roles. Key findings, to date, include:

- Statistically significant gains (for both pre- to post-training and pre- to follow-up survey) in participant ratings of: exposure to trauma-related content and information, general trauma-related knowledge, and specific trauma-related training information.
- Statistically significant gain (pre- to follow-up) in supervision of trauma-informed practices (supervisors) as well as trend gains for trauma-informed systems practices and direct supports to children (caseworkers/clinicians). No change to perception of trauma-informed assessment and referral was found. Given low response rate for follow-up, these effects are considered preliminary and warrant ongoing data collection and analysis. The evaluation team is exploring strategies to enhance response rates for the 3-month survey.
- Evaluation data was also gathered with respect to participant Action Plans to integrate CWTTT into work roles. The majority indicated prioritization of efforts to: identify trauma-related needs in children and families (66.7%), address issues of physical and psychological safety for children and families (38.6%), enhance family well-being and resilience (37.7%), enhance child well-being and resilience (36.8%), or partner with agencies and systems that interact with children and families (36.0%). Follow-up data will examine reported facilitators and barriers to Action Plan implementation and ratings of effects.

### **3. Trauma Screening Pilot Implementation**

The evaluation team worked with DCYF and grant partners to initiate a pilot study in one DCYF region using the identified trauma and behavioral health screening instruments. Data to be gathered through this pilot includes: (1) child-level screening data using the Connecticut Trauma Screen (CTS; Lang & Connell, 2014), Pediatric Symptoms Checklist (PSC-17; Gardner et al., 1999), and the CRAFFT (Knight et al., 1999). The CTS is a brief measure of trauma exposure and symptoms, the PSC-17 is a brief screener



of internalizing and externalizing symptoms, and the CRAFFT is a brief screener of substance use-related problems. In addition, a brief (13-item) set of questions developed by Dr. Connell for another ACF-funded evaluation (CONCEPT, HSC # 1210010913) is also being completed by caseworkers to assess their experiences using the tools and provide informative implementation data to guide subsequent expansion of these tools to other units.

To date, a total of 42 children have been screened as a part of the pilot, and 6 of these youth have completed additional re-screenings to monitor their well-being in care (for a total of 50 screens completed). Additional screening data collection will be carried out through this pilot during the next reporting period, including the addition of two additional units trained in the instruments.

Preliminary data on the 50 screens are summarized below. A total of 45 caregivers completed the Caregiver CTS and 42 youth completed the CTS Self-Report, with 36 caregiver-child pairs providing both versions. A total of 34 caregivers completed the PSC-17, and a total of 27 youth completed the CRAFFT.

The average age of the child being assessed was 11.6 years (s.d.=4.2 years) and 54% were female. Reunification was the primary case goal for 49% of youth; adoption was the primary case goal for 11% of youth, and the secondary case goal for 36% of youth; 32% had “other” as the primary case goal.

Figure 6 summarizes Caregiver and Youth responses to the CTS exposure items. The mean number of incidents reported by caregivers was 2.0 (sd=1.2); 15.9% reported exposure to no traumatic incidents, 18.2% to one, 25.0% to two, 34.1% to three, and 6.8% to four traumatic incident types. For youth, the mean number of incidents reported was 1.9 (sd=1.1); 11.9% reported exposure to no traumatic incidents, 26.2% to one, 31.0% to two, 26.2% to three, and 4.8% to four traumatic incident types. The most prevalent exposure type for both caregiver and youth responses was “Other”.

Figure 6

Caregiver and Youth Trauma Exposure				
	Caregiver Data (CTS) n=44		Child Data (CTS-Y) n=42	
	Mean	SD	Mean	SD
Overall Count	2.0	1.2	1.9	1.1
<b>CTS Exposure Item</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
Witness violence	28	63.6	21	51.2
Victim Physical (e.g., hit, punch, kick, object)	17	39.5	17	41.5
Victim Sexual (e.g., touched inappropriately)	8	16.0	8	19.5
Victim Other (e.g., other upsetting/scary incident)	34	77.3	32	78.0

Figure 7 summarizes CTS and CTS-Y trauma symptom and reaction score responses. The mean Reaction Score reported by caregivers was 4.2 (sd=4.2); 25.0% reported no trauma-related symptoms. Youth reported a slightly higher overall rate of trauma symptoms with a mean Reaction Score of 4.8 (sd=4.2); 14.3% reported no trauma-related symptoms. Difficulty concentrating was the most frequently reported symptom by caregivers, and strong feelings in the body was the most frequent symptom reported by youth. It is important to note that youth reports were limited to those 7 and older, while caregiver reports extended as low as age 5. Internal consistency of Reaction Score items for caregivers was good (alpha 0.76) and for youth (alpha 0.76).

Figure 7

CTS and CTS-Y Trauma Symptom Responses				
	Caregiver Data (CTS) n=44		Child Data (CTS-Y) n=42	
	Mean	SD	Mean	SD
Reaction Score	4.2	4.2	4.8	4.2
<b>CTS Symptom Items (Any Positive Symptom Response)</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
Strong feelings in body	13	29.5	23	57.5
Avoid people, places, reminders	14	31.8	22	53.7
Trouble feeling happy	18	40.9	16	39.0
Trouble sleeping	16	36.3	13	31.7
Difficulty concentrating	21	47.8	18	42.9
Not close to people	15	34.1	13	31.7

Figure 8 summarizes caregiver responses to the PSC-17. Over one-third exceeded the cut-point indicating a need for further assessment based on the total score (38.2%), as well as the cut-point for internalizing symptoms (35.3%) and externalizing symptoms (35.3%). Fewer youth exceeded the cut-point for attention problems (26.5%).

Figure 8

Pediatric Symptom Checklist Responses				
	Caregiver Data n=34		Above Cut-point	
	Mean	SD	#	%
Total Score	11.8	9.8	13	38.2
Internalizing Symptoms	3.2	2.9	12	35.3
Externalizing Symptoms	5.1	4.5	12	35.3
Attention Symptoms	3.6	3.2	9	26.5

Figure 9 summarizes youth responses to the CRAFFT; only 25 youth have completed this screen to-date, so caution is advised with respect to generalization of results. Among respondents, 6 (22.2%) reported a history of alcohol or drug use, and 4 (66.7%) met criteria for a referral for further assessment.

Figure 9

CRAFFT Responses		
	Youth Data n=27	
	#	%
Use Alcohol	3	12.0
Use Marijuana	4	17.4
Use Other Drugs	4	16.0
	Mean	SD
Total Risk Score	0.6	1.1

Figure 10 summarizes caseworker responses to the screening implementation questions. Caseworkers provided implementation information for only 57% of completed caregiver screens and 64% of

completed youth screens. Caseworkers had been working with this implementation sample for an extended period (over a year) prior to screen administration, so these implementation experiences may differ from those conducted at intake to services. The screening process was relatively brief, taking less than 10 minutes to administer (7.9 minutes for caregivers, 9.0 minutes for youth). New information about the child's trauma history was learned from caregiver report about 16% of the time and from child report nearly 19% of the time; new information about the child's trauma symptoms was learned from caregivers over 28% of the time and from youth nearly 52% of the time. In addition, new behavioral concerns were learned about from caregiver report in 16% of screens, and new substance use concerns were identified in 30% of child screens completed.

Caseworkers indicated that the screening process was generally positive or neutral experience for caregivers and youth. For about 9% of caregivers and 22% of youth, completing the screen enhanced engagement and for most remaining respondents no noticeable effect was observed. Level of discomfort varied across respondents, with caseworkers rating the level of discomfort greater among youth. However, no caregivers or youth experienced levels of discomfort with which the caseworkers were unable to manage.

Finally, caseworkers generally reported that the screening tools were 'easy' or 'very easy' to administer (56%-64%), or neither easy or difficult (36%-44%), and none reported finding them difficult to use.

Figure 10

Screening Implementation Questions				
	Caregiver Data n=25		Child Data n=27	
	Mean	SD	Mean	SD
1. Time to administer (minutes)	7.9	3.9	9.0	4.3
2. Time providing services to child/family (months)	6.7	7.9	5.9	6.6
	N	%	N	%
3. Identify new trauma history (% Yes)	4	16.0	5	18.5
4. Identify new trauma reactions (% Yes)	7	28.0	14	51.9
5. Identify new behavioral or substance use symptoms (% Yes)	4	16.0	8	29.6
6. Screening impact on engagement:				
Helped	4	8.7	6	22.2
No Effect	20	76.9	21	77.8
Hindered	2	7.7	0	0.0
7. Enhance understanding of child/family needs (% Yes)	11	44.0	13	48.1
8. Seeking consultation based on trauma screen results? (% Yes)	10	40.0	15	55.6
9. Seeking consultation based on behavioral/substance screen results? (% Yes)	6	24.0	11	40.7
10. Screen results change treatment plan? (% Yes)	1	4.2	2	7.7
11. Child/Caregiver uncomfortable with screening				
None	17	68.0	8	29.6
A Little	3	12.0	9	33.3
Some	4	16.0	7	25.9
A Lot	1	4.0	2	7.4
Extremely	0	0.0	1	3.7

<b>12. Manage discomfort without support? (% Yes/NA)</b>	24	100.0	27	100.0
<b>13. Filed child abuse report based on screen? (% Yes)</b>	0	0.0	0	0.0
<b>14. Ease of administration</b>				
Very Easy	7	28.0	5	18.5
Easy	9	36.0	10	37.0
Neither Easy nor Difficult	9	36.0	12	44.4
Difficult	0	0.0	0	0.0
Very Difficult	0	0.0	0	0.0

#### 4. Outcome Evaluation for NCTSN Resource Parent Curriculum (RPC) Initiated

In addition to the CWTTT, a key aspect of AWBRI training efforts is the dissemination of the NCTSN Resource Parent Curriculum (RPC) to enhance the capacity of foster and adoptive caregivers to provide trauma-informed care to youth. The RPC, developed by the NCTSN, is intended as an 8-week training program, but based on feedback from other states, AWBRI is implementing as a 4-week curriculum. To assess outcomes for the RPC implementation for participants, the evaluation team is using a within-sample repeated measures survey design. Members of the NCTSN at Duke University have developed a brief participant survey and fidelity tools that are being used by the evaluation team. The self-report survey measures the following domains: (1) trauma-informed parenting, (2) tolerance of misbehavior, and (3) parenting self-efficacy. Participants will also provide basic demographic and background information, complete a brief weekly training fidelity checklist, and rate satisfaction with training experiences. Surveys are completed at pre-test, post-test and 3-month follow-up using a web-based interface (i.e., Qualtrics). Participant surveys will be linked to administrative data using a unique identification number so that we can evaluate longer-term placement experiences for participants.

Pre-test data was collected from 37 participants from the four cohorts that have completed RPC training through the AWBRI (beginning in January 2016). Post-test data was collected from 25 participants, and 15 participants have completed the 3-month follow-up. A total of 21 participants have provided both pre- and post-test data.

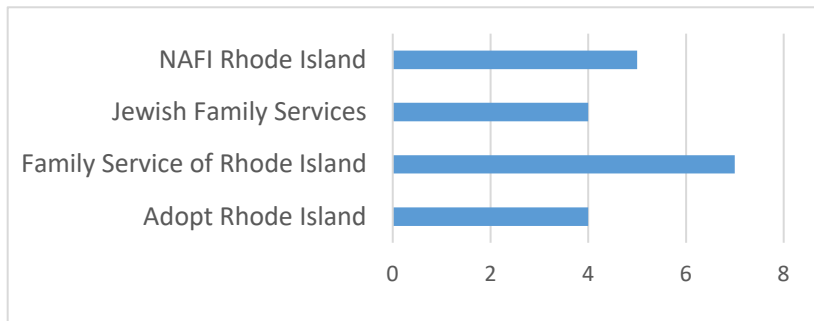
Preliminary pre-post data from the first 21 participants providing complete data revealed significant improvements in resource parent ratings of trauma-informed parenting ( $t=-5.39$ ,  $p<.001$ ), tolerance of misbehavior ( $t=-3.46$ ,  $p=.003$ ), and parenting efficacy ( $t=-3.52$ ,  $p=.002$ ). Ratings of training experiences were quite favorable. As more data is collected, increasing the evaluation power, we will continue to monitor these change scores.

#### 5. TF-CBT Learning Community (LC) Evaluation Activities

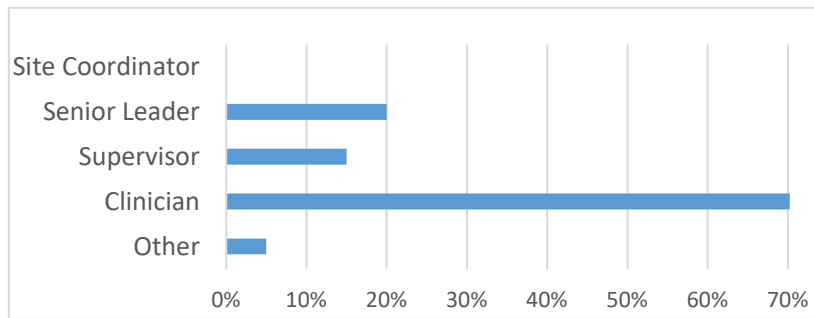
Beginning in March, 2017 AWBRI initiated implementation of a statewide LC to disseminate TF-CBT to 5 community-based agencies. The evaluation plan was updated to incorporate outcome components related to workforce development and to child-level clinical outcomes. The former was initiated during this reporting period, and the latter will be initiated during the next reporting period.

TF-CBT Learning Community Surveys. The evaluators developed a web-based survey to assess key workforce development outcomes associated with LC participation. The pre-test version of the survey was disseminated to 22 TF-CBT Learning Community participants from 5 sites and had a 91% response rate ( $n=20$ ). A summary of pre-test data is included below. Post-test survey dissemination is planned for the end of the LC process in spring 2018.

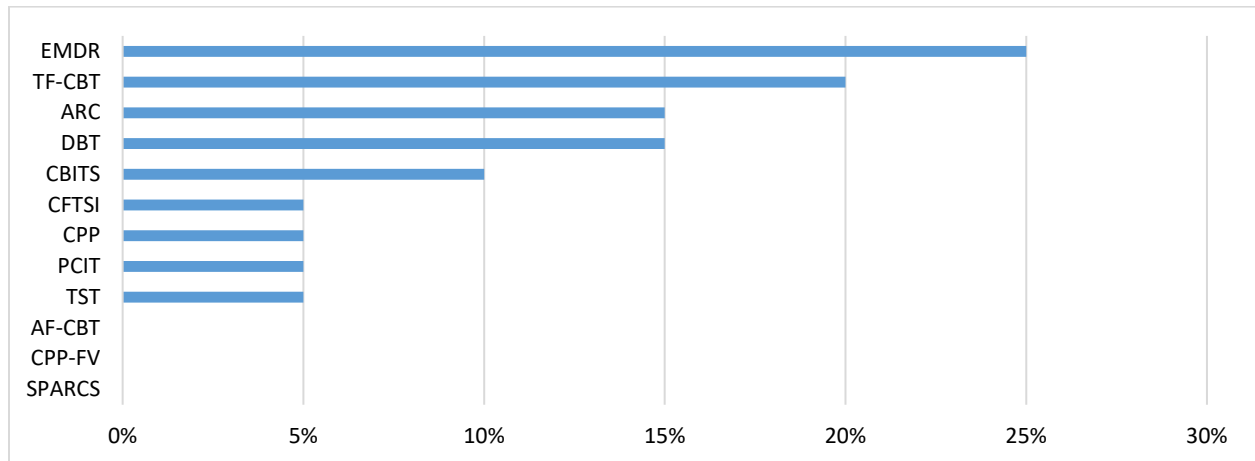
Agency Responses (91% response rate):



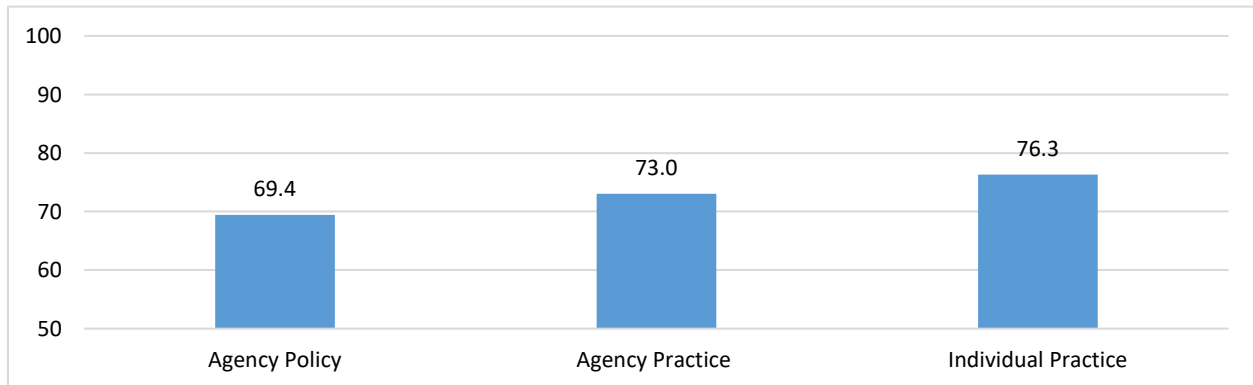
Learning Community Role (Check All that Apply):



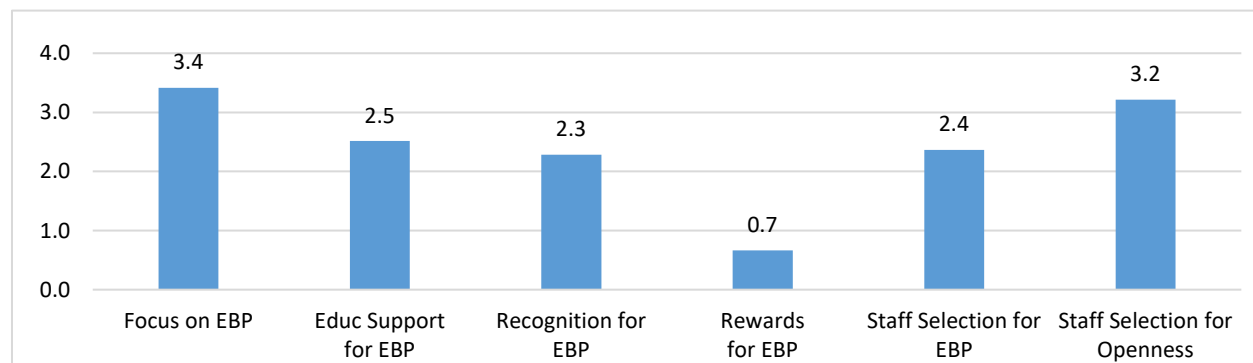
Training in trauma-focused EBPs:



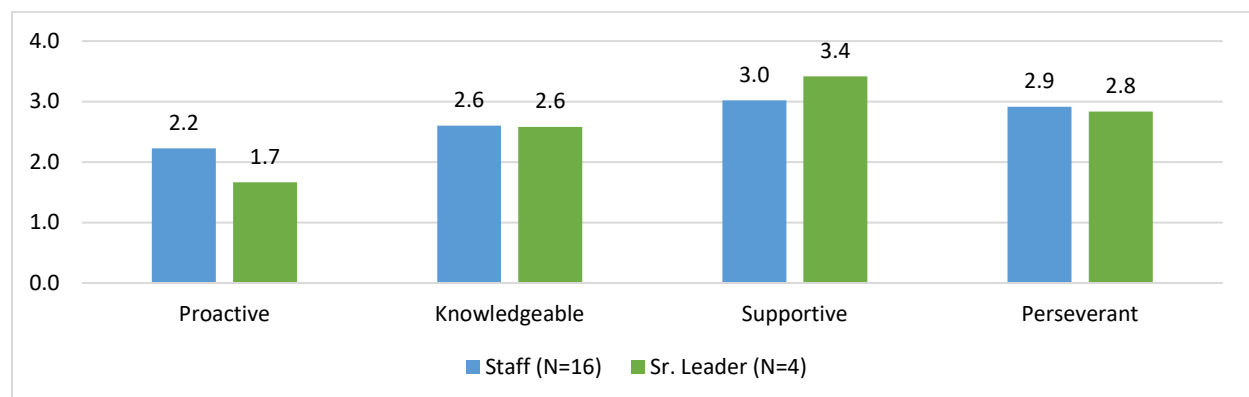
**Trauma-Informed System Change Instrument:** Measures individual and agency-level practices, and agency-level policies to support trauma-informed care. Scores range from 0-100, with higher scores indicating more favorable ratings of trauma-informed capacity.



**Implementation Climate:** measures ratings of strategic organizational climate to support EBP implementation. Implementation climate is defined by perceptions of policies, practices, procedures, and behaviors that are rewarded, supported, and expected in order to facilitate effective EBP implementation. Scores range from 0-4, with higher scores indicating more favorable views.

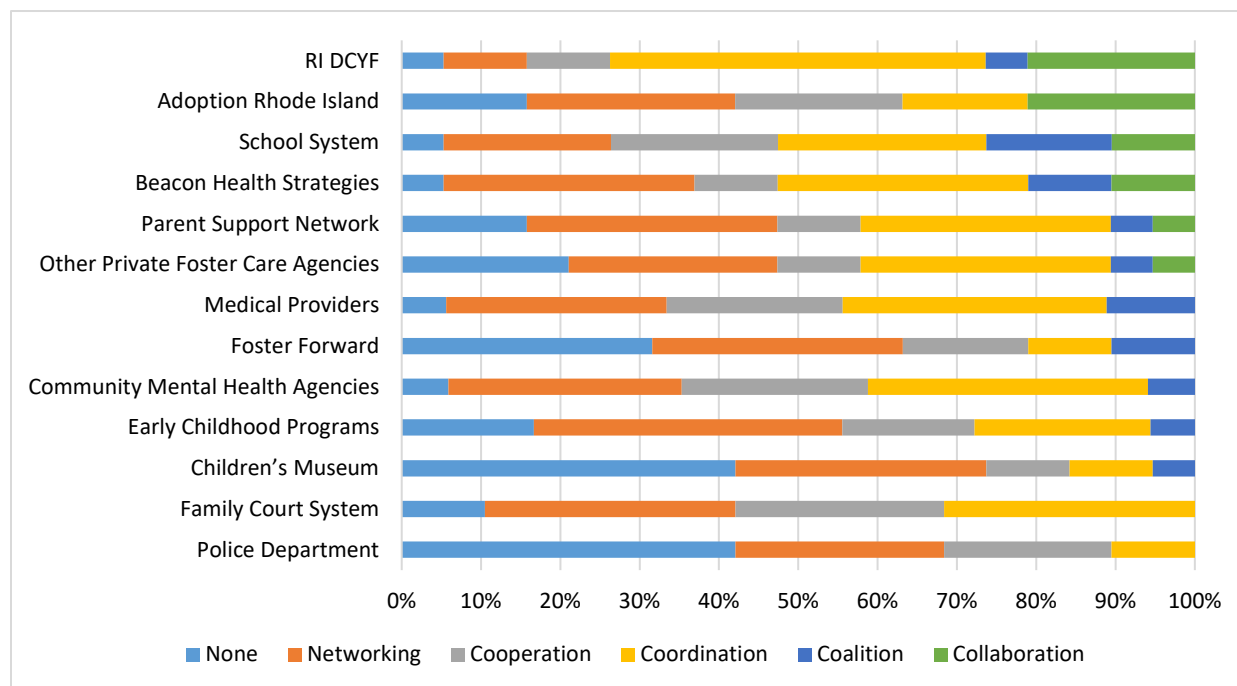


**Implementation Leadership:** measures the degree to which a Learning Community Team's Senior Leader is Proactive, Knowledgeable, Supportive, and Perseverant in regard to EBP implementation. Scores range from 0-4, with higher scores indicating more favorable views.



**Level of Collaboration:** measures the degree to which participants feel their agency collaborates with other community partners. Ratings reflect degree of familiarity, clarity of organizational roles, level of

information and resource sharing, frequency of communication, and involvement in decision making. Higher ratings indicate a greater degree of collaboration.



#### TF-CBT Clinical Outcome Planning.

Learning Community sites will complete client-level metric and outcome data to be collected via a web-based Qualtrics survey being developed by the evaluation team. De-identified assessment data includes parent and child (over 8 years) report of the Trauma History Screen (THS) and the Child PTSD Symptom Scale (CPSS), as well as therapist ratings of implementation fidelity after each session. This data collection is planned to begin in the next quarter of project implementation.

#### **6. Trauma System Readiness and Capacity Assessment**

The Yale evaluation team assumed the role of disseminating the Trauma System Readiness Tool (TSRT) from the Chadwick Center during the most recent reporting period. The Yale team worked with DCYF to identify a random sample of 261 DCYF staff (stratified by organizational division). The response rate, to date, has been lower than anticipated (23.4%) with additional extensions to the planned timeframe for collection and promotion of the survey through DCYF publications and regular email prompts. An additional 59 (22.6%) of the sample accessed the survey, and a portion of these responses will be included if sufficient data is available. A summary of these results will be prepared for the project team and for broader dissemination during the next reporting period.

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 risk/needs assessment and two behavioral health screens, the

MAYSI-2 (Mental Health) and the CRAFTT (Substance Abuse), on all new cases opening to Probation. The Rhode Island Training School has historically used the MAYSI-2 on all youth entering the facility. They are now completing SAVRY reassessments on all youth sentenced to the Training School who have had an initial SAVRY. JCS is still working with the Family Court in order to incorporate this assessment process into the Pre-Adjudication Process with the intention that the assessment process will be ordered at a critical point in the case at the discretion of the Judge. A Pilot of the project will roll out in the Providence Family Court. The SAVRY has been incorporated into the RICHIST system as of October 2015, and all Probation Offices now have designated computers with MAYSIWARE installed.

### 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 status of each of the systemic factors is described below:

#### Statewide Information System

The Rhode Island Children's Information System (RICHIST) is the official Rhode Island child welfare agency information system. This comprehensive system is designed to link all of the Department's case-related functions into an integrated database. RICHIST includes management information relating to: individuals and families (Service Management), client services (Provider Management), finances (Financial Management) and staff (Staff Management). RICHIST maintains a history of service information from initial point of contact in Intake through post-adoption services.

RICHIST is a statewide, client-server information system that is utilized by all staff within the department. Access to RICHIST is also provided to external agencies such as the Office of the Child Advocate, Court-Appointed Special Advocate (CASA) and Foster Forward. RICHIST was implemented in 1997. As a legacy system, RICHIST does not have a mobile interface to allow workers to view or enter information from the field. The department has recognized this limitation and is working on upgrading components of the system to be web-based.

Data elements recorded in RICHIST include, but are not limited to, the following; personal and familial demographic characteristics, case assignment, child abuse report and investigations, court activity and legal status, foster care placement and living arrangements, service plans and goals, case narratives and assessments, adoption information, vendor payroll/payment, and eligibility information. All DCYF staff performing case related functions are able to retrieve the case information necessary for them to make fact based decisions related to their specific child welfare and youth-related responsibilities through RICHIST.

The data elements maintained in RICHIST allow staff to readily identify the status, demographic characteristics, location and goals for the placement of every child who is (or within the immediately preceding 12 month, has been) in foster care.

RICHIST allows for timely data reporting and analysis which is essential for monitoring outcomes, trends, and areas of opportunity. RICHIST is the sole source of data for all federal reporting including: Adoption and Foster Care Analysis and Reporting System (AFCARS), National Child Abuse and Neglect Data System (NCANDS), and National Youth in Transition Database (NYTD).

Placement data for children in foster care is verified on a monthly basis. For children placed in DCYF foster homes, the payment to the foster parent is generated from RICHIST placement data. This



integration between placement data and foster parent payroll ensures that discrepancies are corrected immediately and foster parents are accurately compensated for the services they provide. For children placed in private agency foster care or congregate care, a RICHIST generated census is securely emailed to providers every month. This data is imported by the provider into a department-supplied invoice template. Providers update any inaccurate data and submit the invoice back to the department's contract unit. The invoice data is then automatically matched against RICHIST to identify inaccurate or missing data. If a determination is made that the provider's information is accurate, RICHIST is updated to reflect the correct information.

Data from calendar year 2016 through the first quarter of 2017 were analyzed to measure the timeliness of data entry for entry into placement and exit from placement. 3,917 placement records where the placement begin date was between 1/1/2016 and 3/31/2017 were analyzed. The time to record data entry was calculated by subtracting the placement date from the data entry transaction date in RICHIST. If the placement begin date was 1/5/16 and the placement was recorded in RICHIST on 1/9/16 then the data entry time is 4 days.

Results show that recording the exit of a youth from a placement in RICHIST is more timely than recording the entry into the placement.

#### **Timeliness of recording placement entry**

Quarter	% of entries recorded within 30 days
2016 Q1	81.1%
2016 Q2	82.2%
2016 Q3	82.2%
2016 Q4	85.9%
2017 Q1	77.9%

#### **Timeliness of recording placement discharge**

Quarter	% of entries recorded within 30 days
2016 Q1	90.1%
2016 Q2	91.2%
2016 Q3	94.0%
2016 Q4	93.7%
2017 Q1	85.6%

The above data shows a drop in timeliness for 2017 Q1 for both placement entry and placement discharge. During 2017 Q1, the department entered into new contracts with a number of foster care and residential provider agencies. Thus, a significant number of placement records needed to be closed and re-entered into RICHIST to link to the new contract ID and/or contract rate.

Overall, the data shows that placement discharge data is entered into RICHIST more timely than placement entry data. Further analysis showed that more than one-third of the placement entries documented more than 31 days after the actual placement occurred were for placements of youth in relative foster homes. This delay in recording the actual placement is due to the fact that the relative kinship family must be created as a provider entity in RICHIST before the social worker can record the placement. The process for creating the provider record includes completion of a preliminary assessment of the relative home and the completion of background checks. Once the licensing packet is received by the licensing unit, the provider record is created and the placement can be entered. Please note that while the placement may not be recorded in RICHIST, the youth's actual physical location and living arrangement are recorded in a separate window in RICHIST at the time the placement is made. Therefore, RICHIST is always up-to-date on the youth's physical location.

Based on the analysis completed above, the department is reviewing the process of creating relative foster care providers in RICHIST in an effort to reduce the amount of time before the worker is able to enter a placement record.

A survey to measure the accuracy of information in RICHIST is in the planning stages. Our goal is to conduct a survey of 350 active RICHIST cases and validate the accuracy of 14 different data fields including demographic, service planning and placement information. This survey should be completed by September 1, 2017 and the results will be included in the CFSR self-assessment.

Regarding the State Information System, Rhode Island's assessment is an overall strength for this systemic factor. The Statewide Information System is functioning well in Rhode Island and it does, at a minimum, readily identify the status, demographic characteristics, location and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care.

#### 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

**Item 26:** All new direct services DCYF employees undergo an initial 12-month training schedule which is separated into Tier I training (first six months, Core I curriculum, shadowing, and initial field training), and Tier II training (Second six months, Core II subjects to enhance competencies, one day per month). The Tier I Pre-Service academy is a competency-based hybrid model which involves 8-weeks of Core I classroom training supported by directed field shadowing experiences. New employees are then assigned to their respective units and, using a formalized competency based field training manual, are given increased case load assignments based upon their development.

**Item 27:** The DCYF Workforce Development unit offers its in-service training opportunities to our community partners. From July 1, 2016 through April 12, 2017, DCYF offered 175 training opportunities totaling 708 hours of instruction. 174 Community partners attended the formal trainings during this reporting period though it should be noted that due to a robust hiring period, the majority of trainings during this time were associated with pre-service training.

Additionally, the agency offers in-service training to providers and stakeholders upon request. The majority of this training revolves around Child Abuse & Neglect recognition and Mandatory Reporter

training curriculum. During calendar year 2016, we held 42 separate training events for more than 1,000 stakeholder and provider partners.

**Item 28:** DCYF's Diligent Recruitment staff work with key partners to continue to support implementation of a statewide in-service training for resource families in collaboration with Adopt Well-Being RI (DCYF's ACF-funded trauma and adoption competence project). DCYF continues to provide its TIPS-MAPP Training Series, a 10-week series (30 hours total) for general foster and adoptive placements. This training is done pre-service. DCYF also provides training to kinship foster parents, which is typically conducted after a child is placed.

#### [Service Array and Resource Development & Foster and Adoptive Parent Licensing, Recruitment, and Retention:](#)

**Items 29 and 30:** Since DCYF operates a single, statewide child welfare system, we do not have the political jurisdictional barriers to the accessibility of services that other states may face. DCYF has 30 home-based services and of those, 27 operate statewide. Each of these services can be individualized to the needs of children and families. See Appendix D for details about the Department's service array.

**Item 33:** As the state's licensing authority, DCYF reviews and approves all licenses through a rigorous and balanced process. DCYF staff review all applications, submit forms, and track each provider's progress through the licensing process to ensure accountability and safety.

**Item 34:** In accordance with federal and state law, criminal records checks are completed for each applicant and each household member eighteen years of age and older. Additionally, in compliance with federal law, all applicants and household members age eighteen and older who have lived in another state in the preceding five years must be checked and cleared through the Child Abuse and Neglect State Central Registry of that state. Lastly, DCYF conducts an internal record check on each applicant and all other persons living in the home.

**Item 35:** DCYF is in the verge of implementing a new system to recruit, develop and support all resource families. The new system will incorporate a coordinated and branded recruitment strategy. We expect that the new system will be fully operational by 2018. Meanwhile, DCYF has developed an interim recruitment plan aimed at recruiting target communities. For example, for the first time, resource family materials such as kinship resource guides, foster care regulations and guidance documents, and the resource family application have been translated into Spanish for our Spanish-speaking population. In addition, TIPS-MAPP trainings are offered in Spanish throughout the year. In addition, marketing posters are available in Spanish targeting Spanish-speaking families for our Spanish-speaking youth in care. As we pursue a larger marketing strategy with a marketing firm, we will continue to build on our targeted recruitment programs for the targeted population. The recruitment team has already attended a wide range of community events targeting key community groups and continues to actively outreach to key community members to help recruit under represented resource families. This includes outreach to LGBTQ organizations and leaders, statewide Latino organizations and leaders, and targeting specific communities in order to increase the pool of resource families. Moving forward, we plan on doing the same for Rhode Island's southeast Asian communities as well.

**Item 36:** As stated above, DCYF operates a single, statewide child welfare system and we do not have the political jurisdictional barriers to facilitating timely adoptive or permanent placements that other states may face.

## Agency Responsiveness to the Community

**Item 31:** Throughout the past year, DCYF has maintain an open dialogue with our provider community around best practices to improve the effectiveness of the state's child welfare system. Director Piccola has maintained DCYF's engagement with the Rhode Island Coalition for Children and Families, an advocacy coalition made up of DCYF provider agencies. In addition, DCYF's consultants (Harvard, Annie E. Casey, Casey Family Programs) have engaged in conversations with providers regarding the services they deliver for our children and families. These discussions have provided opportunities to review the goals and objectives articulated in the CFSR and obtain feedback on how we are perceived to be doing and how we might be able to be more effective.

During the past year, the Department's senior team has continued to meet regularly with the Family Court judges and court staff. These meetings have been a valuable opportunity for DCYF to share ideas and listen to any concerns that the court is experiencing. Director Piccola has already established a positive and productive working relationship with the Chief Judge Michael Forte since arriving at DCYF.

The Department hosted several events over the past year that brought together child welfare stakeholders. This includes two summits held in the fall of 2016 and early 2017 on DCYF's proposed Recruitment, Development, and Support (RDS) Unit that included providers, foster parents, and youth representatives. In May, DCYF also co-hosted (with a provider agency) a public screening and forum on secondary trauma.

In 2017, the Department has continued its preparation for the 2018 Federal Child and Family Service Review. It was determined that the Department would be pursuing the Federally led option for the CFSR. As part of the Federal Child and Family Service Review, the Department will be engaged in the writing and development of the Statewide Self-Assessment. The Statewide Self-Assessment is a self-analysis of its child welfare program that compares its performance on specified safety and permanency outcomes to national standards established by the Federal Department of Health and Human Service's Administration for Children and Families.

Part of the Self-Assessment is to include external stakeholders. The department will be hosting an internal and external stakeholders' conference for the Statewide Self-Assessment on June 8, 2017. This half-day conference will include a presentation on what the CFSR and Statewide Self-Assessment is. The Department has invited members from our partner community agencies, the Family Court, state legislators, The Narragansett Tribe, as well as foster parents and youth engaged with our child welfare system. Our community partners will be working alongside the Department in the writing of the Statewide Self-Assessment. We will be requesting our community partners to work in various work groups alongside our internal staff on the Statewide Self-Assessment. The Department will be using the feedback that our external stakeholders provide in order to write the Self-Assessment.

**Item 32:** The Department continues to work 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, DCYF 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 effectively analysis of system level service delivery.

Director Piccola sits on the Rhode Island Children's Cabinet, now chaired by Acting EOHHS Secretary Eric Beane. One of the aims of the Children's Cabinet is to be creative and efficient in funding initiatives for children and youth by improving coordination across state Departments. This Cabinet includes the Governor or designee, the Directors of all 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.

DCYF continues to be engaged in discussions with the Rhode Island Department of Education (RIDE) about better sharing data and ensuring that the educational needs of foster children are being met. This includes discussion about how we can work to ensure that children can remain in their home school district if they enter foster care. 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.

DCYF participates in Rhode Island's State Innovation Model (SIM) Test Grant, which is a grant project funded by the federal Centers for Medicare and Medicaid Services (CMS). The state received \$20 million with the expectation that the funds would be used to transform the way healthcare is delivered and paid for. SIM funds are supporting several activities that can be broken into three categories: improving the primary care and behavioral health infrastructure, engaging patients in positive health behaviors and self-advocacy, and expanding the ability of providers and policy makers to use and share data.

Rhode Island SIM is led by a team of staff from several state departments, including the EOHHS, the Departments of Health, Human Services, DCYF, Behavioral Health, Developmental Disabilities, and Hospitals, Medicaid, HealthSourceRI, and the Office of the Health Insurance Commissioner. SIM is also governed by a Steering Committee made up of a diverse range of stakeholders, including providers, insurers, patient advocates, and community organizations.

### Case Review System

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

When a child is in care for 12 consecutive months or 15 of the last 22 months, an ASFA review is required. The purpose of the ASFA review is to determine if a Termination of Parental Rights has been filed, and if it hasn't, the compelling reasons as to why it wasn't filed are documented. Between 1/1/16 and 5/31/17, there were 998 ASFA reviews documented in RICHIST (see table below) which lists the outcomes for these cases. Out of those 998 ASFA reviews, 387 cases achieved reunification, 217 had a TPR filed, and there were 101 cases where the TPR was granted.

**Most Recent ASFA Review Status**  
**1/1/16 - 5/31/17**

<b>Row Labels</b>	<b>Count of NM_LST</b>
Adopted	20
APPLA	62
Chld 14 Objects	
Adoption	2
Guardianship	42
Insufficient Grounds	20
Reunification	387
Review	103
SED/DD/MH Dx	44
TPR-Filed	217
TPR-Granted	101
<b>Grand Total</b>	<b>998</b>

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

Two of the questions posed by reviewers to parents are whether or not mothers and fathers were engaged in the development of an individualized strength-based service plan. According to quarterly data by region during the time periods of 2/1/16-4/30/16 and 2/1/17-4/30/17, determinations were made during Administrative reviews that parents were indeed engaged in the development of their service plans, with the lowest percentage being 84% in Region 1 during the 2/1/16-4/30/16 quarter and the highest being 100% in Regions 2 and 3 (see attached chart below).

**WELL BEING QUARTERLY DATA BY REGION DETERMINATION SHEET QUESTIONS AND ANSWERS  
DURING ADMINISTRATIVE REVIEWS**

**OUT OF HOME CASES 2/1/16-4/30/16 AND 2/1/17-4/30/17**

WELL BEING INDICATORS	Region One 2/1/16-4/30/16	Region One 2/1/17-4/30/17	Region Two 2/1/16-4/30/16	Region Two 2/1/17-4/30/17	Region Three 2/1/16-4/30/16	Region Three 2/1/17-4/30/17	Region Four 2/1/16-4/30/16	Region Four 2/1/17-4/30/17
Was the mother engaged in the development of an individualized strength-based service plan?	92.5%	84.78%	100%	94.12%	97.73%	100%	94.74%	97.89%

Was the father engaged in the development of an individualized strength-based service plan?	84%	86.49%	100%	91.67%	100%	96.88%	84.29%	98.7%
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To address the foster parents' right to be heard, in 2014, 2015, and 2016, the Department, in collaboration with Foster Forward, conducted a survey of foster parents whose foster children had a scheduled permanency review. The results of the 2014, 2015, and 2016 surveys are listed in the table below. According to the survey, in 2014, there were 71 foster parents surveyed. In 2015, there were 104 foster parents surveyed, and in 2016 there were a total of 55 foster parents surveyed. In 2016, there were approximately 750 foster families that were reached out to by Foster Forward to participate in the survey, with a rate of return of less than 10%. This low rate of return is likely attributable to staffing shortages at Foster Forward that resulted in less follow up with obtaining responses from foster parents. The survey included kinship providers, specialized foster parents, pre-adoptive foster parents, and non-relative foster parents. The survey was structured with the following eight questions:

- 1) When was the 12 month permanency hearing for the child in your care?
- 2) What is your relationship to the child?
- 3) Were you aware of your right to be heard at the 12 month permanency hearing for the child in your care?
- 4) Were you notified regarding the 12 month permanency hearing for the child in your care?
- 5) How were notified of the 12 month permanency hearing for the child in your care?
- 6) When were you notified of the 12 month permanency hearing for the child in your care?
- 7) What information were you provided regarding the hearing?
- 8) Did you attend the 12 month permanency hearing for the child in your care? If yes, please indicate how you participated and if no, why not?

#### Foster Parent Survey Results

	2014	2015	2016
% of respondents who stated that they were notified regarding the 12 month permanency hearing for the child in their care	76%	83%	76%
% of respondents who stated that they were aware of their right to be heard at the hearing	74%	77%	87%
Total # of foster parents surveyed	71	104	55

## Update to the Plan for Improvement

DCYF has not modified any of the Goals and Objectives since the 2017 APSR. DCYF did make changes to the activity listed under strategy 2.2 “Increase availability of resource families.” DCYF has chosen not to pursue the Extreme Recruitment model that had previously been under consideration. See the Update on Progress Made to Improve Outcomes section below for details about this change.



## Update on Progress Made to Improve Outcomes

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

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

Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports				
	2015 → 2019	Measure of Progress	Progress in 2017	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>1.1 (a) In March 2016, the Rhode Island Department of Administration/Division of Purchases, on behalf of DCYF, issued an RFP to provide stand-alone home-based services, stand-alone placement-based services, and integrated home-based and placement-based services that improve long term outcomes for children and families in its care. Among the services solicited are programs to help families in DCYF care safely remain together.</p> <p>As a result of this procurement and negotiations, the Department entered into 116 new contracts for home and community based services, as well as placement based services. Most contracts are 18 month contracts commencing January 1, 2017 through June 30, 2018. The department is working on contractual performance measures in all contracts for provider accountability in desired outcomes Contracts also contain provisions for incentive based payments to encourage</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 2017	Outcome/Indicator
Strategies	Activities			
			<p>performance in reduction of misuse of congregate care.</p> <p>In addition to the RFP, the Department is in the process of extending contracts for the four regional Family Care Community Partnerships (FCCP's) until December 31, 2017. The Department, with assistance from the Harvard Kennedy School of Government, has engaged with FCCP providers in "active contract management." The intent of this effort is for the Department to be actively engaged with FCCP providers in a collaborative effort to share and reflect on outcomes data, review the FCCP service model, and ultimately better serve and preserve families. The Department consistently meets with the FCCP providers two times per month with a monthly meeting with the Director to review data and reflect on lessons learned and discuss all best practices. The active contract management has been successful in improving assessment completion times, and timeliness of first face to face visit with the family. There is also a clear relationship to successes of families that engage in the wrap around process</p>	

Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports				
	2015 → 2019	Measure of Progress	Progress in 2017	Outcome/Indicator
Strategies	Activities			
			<p>1.1 (b) DCYF has made progress in improving access to trauma focused care through several EBP's now available to children and families: Trauma Systems Therapy (TST), Family Centered Therapy (FCT), Positive Parenting Program (Triple P), and Teen Assertive Community Teaming (Teen ACT). There are 116 new contracts and services as a result of the procurement. The Department, in collaboration with EOHHS's Medicaid Division, continues to make progress in establishing claiming mechanism for these programs.</p> <p>1.1 (c) The Department has drafted, but not yet issued an RFP for a Mobile Crisis Intervention Team, which includes respite services. This RFP is expected to be announced in DCYF's second round of procurements. In the first round of procurements, DCYF has contracted with several programs that include a 24-hour response capability.</p> <p>1.1 (d) Through its RFP, DCYF has purchased services to support non-clinical needs of children and families. These include Parent Partner Services (PPS), Parenting with Loving Limits (PLL),</p>	

Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports				
	2015 → 2019	Measure of Progress	Progress in 2017	Outcome/Indicator
Strategies	Activities			
			<p>Homebuilders, and other programs. A full list of programs is attached as Appendix D.</p> <p>1.1 (e) In April, Prevent Child Abuse RI held an event at the State House in partnership with FCCPs to celebrate child abuse prevention month and raise public awareness of the FCCPs prevention efforts. Additional public awareness events are planned for the summer of 2017.</p> <p>The percentage of community referrals to the FCCPs has shown an increase over the past three and a half 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> <p>CY2014 3rd and 4th quarters: 40.5%</p> <p>CY2015 1st and 2nd quarters: 40.6%</p> <p>CY2015 3rd and 4th quarters: 42.0%</p> <p>CY2016 1st and 2nd quarters: 42.6%</p> <p>CY2016 3rd and 4th quarters: 48.2%</p>	
1.2 Install successful programs designed	(a) Work with the provider community to identify evidence-based and evidence-informed service models that have demonstrated	Successful service models are identified.	1.2 (a) DCYF's RFP issued in March 2016 and the resulting contracts prioritizes	<b>Safety-2:</b> Children are safely

Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports				
	2015 → 2019	Measure of Progress	Progress in 2017	Outcome/Indicator
Strategies	Activities			
to divert youth from placement.	<p>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 models implemented.</p> <p>Funding diverted from residential programs will be used to expand successful models.</p> <p>Clinical Assessment Support Team established.</p> <p>Improve % of youth at home who receive community-based services and do not enter care.</p>	<p>evidence-based and evidence-informed services.</p> <p>Children and families served by DCYF continue to benefit from the following evidence based and evidence informed home based services:</p> <ul style="list-style-type: none"> <li>• Trauma Systems Therapy</li> <li>• Family-Centered Treatment</li> <li>• Positive Parenting Program (Triple P)</li> <li>• Teen Assertive Community Treatment</li> <li>• Parenting with Love and Limits</li> <li>• Multi Systemic Therapy</li> <li>• TF-CBT and AF-CBT</li> </ul> <p>1.2 (b) The Department solicited input from the provider community prior to issuing the RFP in March 2016, studied invoice expenditure for services to understand the needs of the children, youth and families. In addition, several weeks of negotiations took place with Providers in November and December of 2016 so that the department would have an extensive service array targeted to meet the needs of our families. The department is committed to active contract management to ensure collaboration with</p>	<p>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 2017	Outcome/Indicator
Strategies	Activities			
			<p>providers to enhance performance ensure successful service models.</p> <p>1.2 (c) The SMART clinical assessment teams are no longer active since the contract with the Networks of Care ended. DCYF's Intake Unit continues to have access clinical support from the Central Referral Unit (CRU), which was established when the Networks of Care ended.</p> <p>In March of 2016, the Department of Children, Youth and Families, implemented a Level of Need Assessment for all children to ensure a single statewide standardized child assessment tool for all children entering out-of-home care. The goal was to more clearly identify what each child's needs are, which would allow for the determination of whether or not a foster home or residential placement was well-positioned to meet those needs.</p> <p>The Level of Need Assessment includes sections of the Child and Adolescent Needs and Strengths (CANS) instrument that assesses a child's day-to-day functioning across different life subscales. At the point of intake, when a placement is needed, this instrument is completed. Scores generated from the youth risk areas and</p>	

Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports				
	2015 → 2019	Measure of Progress	Progress in 2017	Outcome/Indicator
Strategies	Activities			
			<p>behavioral health dimensions are compared to guidelines for determining the level of care a child needs and the services appropriate for each of the five (5) levels. The guidelines were developed by the use of an algorithm using CANS scores.</p> <p>1.2 (d) As part of the re-procurement process and ongoing reduction in congregate care utilization, the Department is in the process of shifting resources away from unnecessary residential placements to support community-based services. The RFP describes the Department's intent to serve children in the least restrictive setting and prioritization of services that keep children in the community with families. The resulting 116 contracts, about 90 or so of these contracts are home based services including foster care supports, to support the Department's commitment to having adequate home based services with the rebalance in congregate care to reduce misuse of congregate care, maintaining children in the least restrictive setting.</p>	

Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports				
	2015 → 2019	Measure of Progress	Progress in 2017	Outcome/Indicator
Strategies	Activities			
1.3 Expand and increase the array of community-based services to support reunification, preventing re-entries into care.	<p>(a) Ensure emphasis on and competence in trauma-focused care for all congregate care staff.</p> <p>(b) Identify and address barriers to family involvement when youth is in congregate care</p> <p>(c) Establish transition services that work with families and youth while youth is in congregate care (focus on needs of whole family – parents and youth)</p> <p>(d) Ensure family involvement for youth in congregate care.</p> <p>(e) Ensure transition services, including wraparound, continue to provide aftercare support and monitoring for youth/family returning home.</p>	<p>Improve % of children/youth that are maintained safely in their homes without re-entry.</p> <p>Re-procurement of service array.</p>	<p>1.3 (a-e) During the first round of procurements, DCYF emphasized programs that demonstrate competence in trauma-focused care, reduce barriers to family involvement, and work with families while a youth is in congregate care. A full description of congregate care programs and the therapeutic services they provide can be found in Appendix D.</p> <p>The Department has continued to use Expedited Permanency Meetings (EPM) in to help move children out of residential facilities and into families. The practice was developed from the recognition that many children currently living in group placements can live in families. EPM aims to sharply reduce the number of children living in unnecessary group care placements, overcome barriers to raising children in families and ensure that once EPMs get children out of unnecessarily restrictive settings, more children do not take their place.</p> <p>EPM is a three-part process that includes preparatory work, a team meeting and structured follow-up.</p> <p>EPM began in 2016, and through March 1, 2017, 74 EPM meetings have been</p>	<p><b>Safety-2:</b> Children are safely maintained in their homes when possible and appropriate.</p> <p><b>Permanency 2:</b> The continuity of family relationships and connections is preserved for children.</p> <p><b>Well-Being 1:</b> Families have enhanced capacity to provide for their children's needs.</p> <p><b>Systemic Factor V:</b> Service Array and 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 2017	Outcome/Indicator
Strategies	Activities			
			<p>conducted. The first cohort was all children 12 and under in congregate care as of January 2016. The second cohort was females over age 13 who had been in congregate care for more than six months as of June 2016; and currently the Department is beginning the third cohort, which is males ages 13-16 years who have been on congregate care for more than 6 months as of February 2016.</p> <p>Of those youth in Cohort1 who had an Expedited Permanency Meeting, 21% exited to Permanency and 21% exited to either foster care or another non-permanent placement of those youth in cohort 2 who has an Expedited Permanency Meeting, 12% exited to permanency, 8% exited to foster care, and 12% were moved from out of state placements to placements in Rhode Island.</p>	
Objective: Transform the continuum of child placing agencies to child caring communities				
	2015 - 2019	Measure of Progress	Progress in 2017	Outcome/Indicator
Strategies	Activities			
1.4 Improve the services in	(a) Ensure administration of Child and Adolescent Needs and Strengths (CANS) tool in all programs.	Increase % of youth who are required to receive a	Data on the number of children who achieve permanency within 12 months of	<b>Safety 1:</b> Children are first and foremost protected

Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports				
	2015 → 2019	Measure of Progress	Progress in 2017	Outcome/Indicator
Strategies	Activities			
congregate care facilities	<p>(b) Improve management of psychotropic medications.</p> <p>(c) Identify short-term evidence based intervention models that can be introduced in congregate care facilities.</p> <p>(d) Ensure staffing patterns in congregate care facilities to provide appropriate clinical supports.</p> <p>(e) Identify a minimum of one congregate care setting to re-purpose for an identified needed community service.</p> <p>(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>CANS is administered a CANS</p> <p>% reduction in youth receiving 2 or more psychotropic medications.</p> <p>Short-term evidence-based interventions are introduced in congregate care settings.</p> <p>Congregate care setting(s) re-purposed to provide community-based services.</p> <p>Congregate care staff are trained on safety management and 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>entry into DCYF congregate care can be found in Appendix E.</p> <p>(a) The CANS is being administered by staff within all residential provider agencies. The Department also uses the Ohio Scale and Ages/Stages SE to determine functional change and to complement the CANS. See Appendix C for data on DCYF's adherence to administering the CANS.</p> <p>1.4 (b) DCYF is in the process of hiring a part time psychiatrist, whose responsibilities will include the monitoring of psychotropic medication use among children in DCYF care.</p> <p>1.4 (c) The Department continues to offer trauma informed treatment practices within congregate care programs. The programs include Trauma Systems Therapy (TST), Attachment, the Self-Regulation and Competency (ARC) model, the Building Bridges Initiative (BBI), and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT).</p> <p>1.4 (d-e) DCYF's contracts with provider agencies ensure that agencies are adequately staffed to provide children with appropriate clinical supports. The new procurement has expanded the array of</p>	<p>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: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports				
	2015 → 2019	Measure of Progress	Progress in 2017	Outcome/Indicator
Strategies	Activities			
			<p>home and community-based services and decreased the number of congregate care beds.</p> <p>1.4 (f) DCYF’s training around Out of Home Placement/Natural Supports includes discussion about using a “script” to contact natural supports. Training also addresses helping DCYF workers have conversation with youth to locate natural supports, sometimes as placement and other times as a resource. Permanency training includes discussion about talking to youth about their placement preferences and permanency goals.</p> <p>1.4 (g) DCYF staff are required to have a bachelor’s degree in a social service field and we expect staff to have some familiarity with human development and engagement of clients. DCYF does offer a “Working with Adolescents” training that focuses on aspects of their brain development and sheds light on how to have conversations and engage with teenagers.</p> <p>1.4 (h) Legislation (RIGL 42-158) was enacted in 2016 prohibiting the use of Prone Restraints among congregate care facilities. DCYF’s new contracts with</p>	

Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports				
	2015 → 2019	Measure of Progress	Progress in 2017	Outcome/Indicator
Strategies	Activities			
			agencies providing residential services contain references to the updated Rhode Island statute governing the use of restraints.	
1.5 Ensure implementation of Practice model with fidelity to National Standards.	(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. (c) Implement practice model with fidelity to national standards.		1.5 (a-c) Since the 2017 APSR, DCYF has undergone a change in leadership and DCYF has not identified or developed a strategic plan to implement a specific practice model. However, during the procurement process, DCYF is requiring contracted providers to present compelling evidence that their program(s) will have a meaningful and observable impact on the children and families in their care, and demonstrate how the outcomes against which programs have been evaluated are relevant, achievable, and impactful.	<b>Permanency 1:</b> Children have permanency and stability in their living situations  <b>Permanency 2:</b> The continuity of family relationships and connections is preserved for children.  <b>Well-Being 1:</b> Families have enhanced capacity to provide for their children's needs  <b>Well-Being 2:</b> Children receive services to meet their educational needs.  <b>Well-being 3:</b> Children receive adequate services

Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports				
	2015 → 2019	Measure of Progress	Progress in 2017	Outcome/Indicator
Strategies	Activities			
				to meet their physical and mental health needs.  <b>Systemic Factor II:</b> Case Review System  <b>Systemic Factor III:</b> Quality Assurance System
1.6 Transform the placement system to ensure only youth needing such placements are in not placed in congregate care settings.	(a) Review the process for placement of children in congregate care (b) Introduce a new process for placement into congregate care. (c) Train child welfare and community providers on congregate care placement policies and practices. (d) Recruit more foster families to ensure availability and accessibility of placements that are alternative to congregate care. (e) Increase the use of kinship placements. (f) Train child welfare, community providers and resource families on trauma-informed care.	Congregate care placements are gradually reduced by 10%  Kinship placements are gradually increased by 10%.  Recruited and trained resource families are gradually increased by 10%.  Child welfare and community provider staff are trained on trauma-informed care.	1.6 (a) The Department has completed its review and implemented significant changes to the process for the placement of children in congregate care. The percentage of youth in congregate care has declined. In FY 2012, 66.9% of youth in out of home placement were in foster family settings. On June 1, 2017, 75% were in foster family settings.  1.6 (b) The Department continues to use the Director's Approval Process (DAP), which requires that any placement of a child into a congregate care setting to be directly authorized by the Director. The DAP ensures multiple levels of effort to identify alternative placements and emphasizes congregate care as a last resort. There were 510 Child Welfare DAP referrals during CY 2016, an average of 42	<b>Safety 2:</b> Children are safely maintained in their homes whenever possible and appropriate  <b>Permanency 1:</b> Children have permanency and stability in their living situations  <b>Well-Being 1:</b> Families have enhanced capacity to provide for their children's needs  <b>Systemic Factor VI:</b> Agency

Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports				
	2015 → 2019	Measure of Progress	Progress in 2017	Outcome/Indicator
Strategies	Activities			
	(g) Engage key stakeholders to support effective placement alternatives.		<p>per month. Of the 510 referrals, 84% were approved and 16% were denied.</p> <p>The Department continues to use a Central Referral Unit (CRU) to connect children in DCYF care to the right services at the right times on a pathway to permanency, and to reduce reliance on congregate care settings. The CRU maintains a single point of access for youth and families requiring services. A single point of access allows for services to be more closely matched with needs and families receive the same access to needed services.</p> <p>(c) Since the DAP process and the CRU have been operational for over a year, the child welfare and community providers are well-aware of DCYF's placement practices. DCYF's employee and provider bulletins are used to communicate any pertinent changes in agency practice.</p> <p>1.6 (d) The Department, through its Diligent Recruitment (DR) grant and the ongoing development of the Recruitment, Development, and Support (RDS), continues to work to increase the number of resource families (See update below).</p> <p>1.6 (e) On June 1, 2017 63% of children in a family foster care setting were in kinship</p>	Responsiveness to the Community

Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports				
	2015 → 2019	Measure of Progress	Progress in 2017	Outcome/Indicator
Strategies	Activities			
			<p>foster families, compared to 53.6% in FY 2012.</p> <p>Through the Adopt Well-Being initiative, a plan to create a trauma-informed workforce and provide trauma trainings to resource families was developed and implemented (See Adopt Well Being RI section for details).</p> <p>1.6 (f) The Department has established a new training plan that includes a focus on trauma-focused care.</p> <p>1.6 (g) DCYF has engaged child welfare stakeholders to support effective placement alternatives. The ongoing development of the Recruitment, Development, and Support (RDS) unit (described below) is expected to increase the recruitment and retention of resource families to support children who may otherwise be in congregate care settings. In addition, the procurement of new community-based services over the past year is expected to increase the number of children who can successfully be maintained in their family settings.</p>	
1.7 Improve Educational stability	1.7 (a) Ensure that children birth to 5 in DCYF care are adequately prepared	Increase placement stability	1.7 (a) During the 2016-17 period DCYF has implemented the revised for children Birth to 3 that are subject to the CAPTA	<b>Permanency 1:</b> Children have permanency and

Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports				
	2015 → 2019	Measure of Progress	Progress in 2017	Outcome/Indicator
Strategies	Activities			
across the life cycle for children in care.	and supported for educational achievement.	Children will be linked with Early Intervention and Child Find resources as appropriate	<p>Mandate. Grant staff has completed a revision of the Early Childhood Service Referral policy and the policy has been approved. In May 2017 all CPS staff and new staff at DCYF received training on the revised policy. In addition, changes were made to the RICHIST system to more effectively collect and track referral data for the Birth to 3 population. The referral rate for children birth to 3 identified as victims in indicated cases was 65% for CY 2016. With implementation of the new policy DCYF will be able to achieve a near 100% referral rate for this children and it is expected that there will be an engagement rate of approximately 75%.</p> <p>DCYF has continued to implement a system of referral of newborns not eligible for Early Intervention into evidenced based Family/Home Visiting programs to support parent/child relationship-attachment and well-being from birth. These efforts resulted in an additional 93 families being referred in 2016.</p> <p>DCYF continues to implement an integrated system with RI Dept. of Education and RI KidsNet to ensure that children age 3 to 5 in foster care have</p>	<p>stability in their living situations.</p> <p><b>Well-Being 2:</b> Children receive services to meet their educational needs.</p>



Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports				
	2015 → 2019	Measure of Progress	Progress in 2017	Outcome/Indicator
Strategies	Activities			
			<p>access to Child Outreach Screening to identify developmental delays prior to entry into kindergarten. These efforts have continued and Developmental screening staff sited in the local LEA's can now identify the children in foster care who reside in their city of town and have access to contact information for DCYF casework staff. This access will allow DCYF and RIDE to track the rate of developmental screening for children in foster care age 3 to 5. Presently DCYF is working in collaboration with RIDE to establish a data baseline and goals related to improving the rate of screening for this population as part of the Governors Birth to 3<sup>rd</sup> Grade Reading Plan within the Children's Cabinet.</p> <p>DCYF has previously utilized ACF grant resources to develop materials to promote the use of High-Quality Early Care and Education for children birth to 5 in foster care to enhance child well-being and future educational success. These material are provided to foster families in an effort to increase access to high quality early care and education services. DCYF has also began promotion and targeted referral of 4 year old children into RIDE's State Pre-K</p>	

Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports				
	2015 → 2019	Measure of Progress	Progress in 2017	Outcome/Indicator
Strategies	Activities			
			Program. This will allow 4 year old children in foster care access to the highest quality preschool opportunities in the state. These efforts coincide with ongoing efforts to increase access to Head Start programs for preschool age children in the child welfare system.	
	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) – Since in December 2016, DCYF &amp; RIDE have been developing an ESSA related MOU. DCYF has sent out Point of Contact letters to the districts and several LEAs have designated a Foster Care Liaison. The DCYF Educational Services Coordinator (ESC) and ESC's supervisor have been designated as Point of Contact for the LEAs. The ESC continues to work with superintendents, secondary administrators and special education directors throughout RI to ensure educational stability for youth in foster care. ESC has collaborated with school districts on transportation, credit transfers, graduation requirements and placement issues. DCYF Legal staff has assisted where needed.</p> <p>The ESC has also worked with school districts and residential treatment facilities that include the delivery of educational services. The ESC notifies the residential facilities that they need to schedule an</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: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports				
	2015 → 2019	Measure of Progress	Progress in 2017	Outcome/Indicator
Strategies	Activities			
			<p>educational planning meeting with the student's school district to ensure credits and graduation requirements are being met.</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>The Department has continued to improve the transitioning planning process for youth exiting the Thomas C. Slater Training School and Ocean Tides. Currently, DCYF Probation staff and the Providence Public Schools meet monthly to identify educational and transitional needs in order to develop a plan that is ready to implement upon the youth's discharge. It also includes follow up from DCYF Probation Staff with Providence Schools and the youth and assisting parents in re-registering their child. Providence Schools also alert DCYF when a youth does not register as anticipated.</p>	

Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports				
	2015 → 2019	Measure of Progress	Progress in 2017	Outcome/Indicator
Strategies	Activities			
	1.7 (c) Ensure that children age 14 and older are adequately prepared and supported for educational achievement.	Foster parents and residential staff will be trained regarding DCYF educational enrollment policies.	(c) – The DCYF Education and Transition unit has been working with DCYF’s Training Unit to develop and implement training on new ESSA and DCYF’s Education Stability polices/procedures. The DCYF Education and Transition Unit will be rolling out training to Regional Directors, Regional Chiefs and supervisors.	<p><b>Permanency 1:</b> Children have permanency and stability in their living situations.</p> <p><b>Well-Being 2:</b> Children receive services to meet their educational needs.</p> <p><b>Systemic Factor VII:</b> Training</p>
1.8 Older youth transitioning from care will have full awareness of and access to necessary services and supports to promote self-sufficiency.	1.8 (a) Ensure that youth, DCYF staff, families, providers, and foster parents are aware of the breadth of available services, eligibility criteria and access procedures.	<p>Increase placement stability</p> <p>Improved rate of participation of DCYF youth in services and supports</p>	<p>1.8 (a) DCYF launched our Consolidated Youth Services Program on July 1, 2010. which provides youth development services to youth 16-21 including after care services for youth closed to DCYF at age 18.</p> <p>As of June 6, 2017 there are 1,472 unduplicated active participants across all CYS programs.</p> <p>Since the inception of CYS, 502 new youth have enrolled into ASPIRE IDA. There are 333 active participants as of May 24, 2017. Youth have saved and matched for over \$1,278,450.08 worth of assets that contribute to their financial well-being.</p>	<p><b>Permanency 1:</b> Children have permanency and stability in their living situations.</p> <p><b>Well-Being 2:</b> Children receive services to meet their educational needs.</p> <p><b>Well-Being 3:</b> Children receive services to meet their physical and</p>

Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports				
	2015 → 2019	Measure of Progress	Progress in 2017	Outcome/Indicator
Strategies	Activities			
			<p>Since the inception of CYS, 450 new youth have enrolled in Real Connections. There are 102 active participants as of 6/5/2017. 58% of active Real Connections participants are currently matched with a mentor.</p> <p>CYS achieved a 74% participation rate in the collection of 21-year-old follow-up surveys for the FFY 2011 NYTD cohort.</p> <p>CYS achieved a 73% participation rate in the collection of 19-year-old follow-up surveys for the FFY 2014 NYTD cohort.</p> <p>CYS is currently collecting 17-year-old baseline surveys for the FFY2017 NYTD cohort. As of May 25, 2017 there have been 91 referrals for baseline surveys. CYS has completed 67 baseline surveys within the 45-day period. There are an additional 14 baseline surveys pending completion. 10 surveys are incomplete. As of May 24, 2017 there is an 87% participation rate.</p> <p>76% of all NYTD youth have participated in 3 or more CYS programs. The ability to engage youth across multiple services helps them to stay connected, access services, and be available for the required follow-up surveys.</p>	<p>mental health needs.</p> <p><b>Systemic Factor II:</b> Case Review System</p>

Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports				
	2015 → 2019	Measure of Progress	Progress in 2017	Outcome/Indicator
Strategies	Activities			
			<p>On March 27, 2017 the Department met with a representative of the Consultation Center at Yale and representatives from Foster Forward to share and review the analysis. As a next step, the Department has been meeting to create Education and Employment Fact Sheets based on the NYTD analysis to distribute publicly. In May of 2017, Blanca Merced, Vice President of the Voice (the Departments Youth Advocacy Group for youth in care) met RI Senate President Dominick Ruggerio to discuss the extension of foster care to the age of 21 here in RI. Blanca used the RI NYTD FY11-15 Data Snapshot to highlight some of the positive outcomes for older youth here in RI.</p> <p>As of April 3, 2017 the Department has signed agreements with all three CRA's. In February of 2017, a Draft Agency Protocol for Credit Check Roles and Responsibilities was developed and will be finalized once the credit check window in RICHIST is complete. The Department will soon be done testing and running credit checks with all three CRA's</p>	

Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports				
	2015 → 2019	Measure of Progress	Progress in 2017	Outcome/Indicator
Strategies	Activities			
	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>1.8 (b) As May 24, 2017, CYS is serving 303 active YESS participants. 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. The Department held information sessions with internal staff on effective transition planning for older youth as it relates to Tile IV-E on April 26<sup>th</sup> and 28<sup>th</sup>, 2017 and on June 3<sup>rd</sup>, 2<sup>nd</sup> and 5<sup>th</sup>, 2017. These information sessions were held in the Departments various regions and the areas covered addresses permanency and transition planning issues required by public laws.</p> <p>In February of 2017, the Department began a transition pilot project within one of the Department's regions. On February 7, 2017 there were 137 youth ages 14-20 open to the region. The Department assigned John Scott, Community Liaison and member of the Youth Development and Education Supports team to locate two days a week in the region to help identify where barriers may exist to effective transition and discharge planning within the region and to actively assist in</p>	<p><b>Permanency 1:</b> Children have permanency and stability in their living situations.</p> <p><b>Well-Being 2:</b> Children receive services to meet their educational needs.</p> <p><b>Well-Being 3:</b> Children receive services to meet their physical and mental health needs.</p> <p>Systemic Factor V: Case Review System</p>

Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports				
	2015 → 2019	Measure of Progress	Progress in 2017	Outcome/Indicator
Strategies	Activities			
			<p>removing them; to help identify where gaps in services may exist within the region and to actively assist in filling them; outreach to workers to participate in their face to face visits to observe how ongoing transition planning is being discussed with youth 14 years old and older, to be used as a resource for workers as transition plans are developed for family court 6 months prior to youth turning 18 years old and to be an overall resource to workers for transition services and older youth issues for those 137 youth.</p> <p>The Works Wonders study concluded service intervention on March 31, 2016. From project start to intervention end, a total of 130 youth completed all of the program components required to be considered “completed”. There were an additional 56 youth who met the qualification for “engaged” in the project, defined as having taken a baseline survey and attending at least four classes. Of the 186 total youth who meaningfully participated in the intervention, 129 participants completed a total of 157 work experiences. 36% of those work experiences were internships, 36% were informational interviews, 18% were paid</p>	



Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports				
	2015 → 2019	Measure of Progress	Progress in 2017	Outcome/Indicator
Strategies	Activities			
			<p>jobs, and 9% were externships, exposure events, job shadows, and other. 87% of the work experiences were paid. Evaluation findings will be available in July 2017.</p> <p>The Harvest Kitchen Project is a 20-week culinary and job-readiness training program for youth. In the first 15 weeks' youth learn basic culinary arts skills and receive industry certifications. The following five weeks, youth participate in employment internships to further develop their job readiness and employable job skills. In 2017, the Department entered into (18) eighteen-month contract for \$343,069.50 with Farm Fresh RI, the vendor that oversees the day to day operation of the Harvest Kitchen. The contract pays for stipends for the youth in the program and has also allowed the Harvest Kitchen project to double the amount of youth it serves to 40 youth annually. The Harvest Kitchen has expanded into a new facility located at 2 Baylee St in Pawtucket, RI. This new space will be the permanent home of the Culinary Arts Training Project. However, it will also be the future home of the Harvest Kitchen Corner Store and Café opening in</p>	

Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports				
	2015 → 2019	Measure of Progress	Progress in 2017	Outcome/Indicator
Strategies	Activities			
			<p>the Summer of 2017. This expansion will include a café, retail sales, prepared food and continue to provide culinary arts training and paid internships. The new location will allow for more paid internships, direct employment opportunities for graduates and increased training opportunities for youth in other areas such as marketing, customer service and sales, shipping and receiving to name a few.</p> <p>In addition, DCYF also partnered with the Institute for Labor Studies and Research in implementing a <i>Jumpstart: Pathway to Apprenticeship</i> pilot program. This pilot program offered 20 students from the RITS to participated in a nine-week, 104 hours, skilled trade instruction. Students received ILSR's "Health and Safety, Rights on the Job, and Workers' Compensation Training" which all youth hired with WIOA funds in the state of RI are mandated too complete. In addition, students received their OSHA certification and ramped up their math skills in order to pass the math test required for acceptance into an apprenticeship program. Students were also exposed to a "day in the life" of an apprentice in each of the skilled trades.</p>	

Objective: Reduce the need for congregate care with greater emphasis on prevention-focused services and supports				
	2015 → 2019	Measure of Progress	Progress in 2017	Outcome/Indicator
Strategies	Activities			
			Trades include: painting, carpentry, plumbing and pipefitting, operational engineering, etc.	

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 2017	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</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</p>	<p>2.1 (a) DCYF is working to create a new system called, Resource, Development and Supports (RDS). The new RDS system will increase access to universal and tailored services and supports to all resource families regardless of their affiliation with DCYF or a private agency. The department hopes to procure these services via an RFP scheduled to be released in 2017. Meanwhile, the Department issued an RFP to increase its current services and supports to serve our existing pool of resource families. All contracts with vendors have been signed and the department is actively making service referrals.</p> <p>2.1 (b) The department was unable to procure a crisis stabilization service</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 2017	Outcome/Indicator
Strategies	Activities			
	<p>remain underutilized because of various barriers (e.g., respite care).</p> <p>(f) Review and revise (if necessary) customer service provided to resource families by the staff of DCYF and its partners.</p> <p>(g) Review and revise (if necessary) training of child welfare workers and resource families to ensure it 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>families by DCYF and its partners.</p> <p>The number of disrupted placements decreases by 10%. The Department was developing a methodology to address this measure longitudinally; however, these plans have been put on hold due to the departure of a DCYF staff person who was working on this project.</p>	<p>during the last service array. However, the department is planning to procure this service in the next round of contracts.</p> <p>2.1 (c) As stated in in section 2a the Department is finalizing an RFP to redesign our current foster care system. Under the new RDS system, DCYF will create a comprehensive, yet cohesive service delivery model to ensure that all resource families across the state have access to the necessary supports and services to provide safe and stable placements.</p> <p>2.1 (d) Using the data gathered from market segmentation project carried out by Diligent Recruitment (DR) staff, and working with key community partners, the RDS team created a comprehensive list of community organizations ready and willing to support our resource families. For example, a list of free after school programs is imbedded in our new kinship guide, for families to preview. Additionally, we hope to formalize these and other partnerships within the new RDS system.</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 2017	Outcome/Indicator
Strategies	Activities			
			<p>2.1 (e) The yet to be launched new RDS system will facilitate access to underutilized services. Meanwhile, the department is actively working to address this issue by streamlining how our families access services and receive information regarding services. For example, the DYCF recently created a Kinship Guide for all our kinship providers. The new kinship guide provides families with critical information regarding DCYF and allows families to better understand our current systems and services. Furthermore, our placement unit working in tangent with our RDS team are actively referring families to a vast array of existing and new services.</p> <p>2.1 (f) The department continues to use a web-based registration portal for training and has ramp up the number of training for all resource families to better their schedules. Additionally, Department with support from the Any E. Casey foundation conducted a series of customer services trainings geared towards our licensing staff. Lastly, the Department continues to use LEAN</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 2017	Outcome/Indicator
Strategies	Activities			
			<p>principles to tackle and improve the way, staff interact and work with our families. It is important to note that the new RDS model will focus on ensuring all resource families feel supported by DCYF and its partners.</p> <p>2.1 (g) RDS and DR staff worked with key partners to continue to support implementation of a statewide in-service training for resource families in collaboration with Adopt Well-Being RI (DCYF's ACF-funded trauma and adoption competence project). Two training series were conducted in this 6-month period, attended by 27 resource parents. The training, Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents, was developed by NCTSN to equip resource parents with advanced knowledge and skills needed to care for traumatized children and youth.</p> <p>2.1 (h) DCYF's Central Referral Unit, created in 2016, continues to be responsible for identifying appropriate placement and optimal matching for all children in state care.</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 2017	Outcome/Indicator
Strategies	Activities			
2.2 Increase availability of resource families.	<p>2.2 (a) Recruit additional kinship foster families using the Department's Kinship Investigator.</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 receiving a foster/adoptive parent license.</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>Regulations reviewed and revised if necessary.</p>	<p>2.2 (a) While the model was under consideration, our Kinship Investigator began to focus on locating youth who were AWOL and connecting them to kinship resources. The model has proven very successful (as previously reported), so we have decided not to pursue the Extreme Recruitment Model and to build on the work of our Kinship Investigator, who now heads a new unite dedicated to family finding and bringing AWOL youth back into care. Due to the success of these efforts, DCYF has created a unit solely focused on finding and engaging kin to serve as placements or natural supports children and youth entering care. The new unit works alongside all divisions to ensure a diligent and comprehensive family search is conducted for all children and youth in care.</p> <p>2.2 (b) As stated earlier, DCYF in the verge of implementing a new system to recruit, develop and support all resource families. The new system will incorporate a coordinated and branded approach to recruitment of resource parents. We expect that the new system</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 2017	Outcome/Indicator
Strategies	Activities			
			<p>will be fully operational by 2018. Meanwhile, DCYF has developed an interim recruitment plan to focus on recruiting resource parents to care for targeted communities as well as targeted populations. Currently, we are actively recruiting new families using our new recruitment marketing materials, new partnerships, and new approach to recruitment.</p> <p>2.2 (c) DCYF plans to contract with a marketing firm to develop recruitment and public awareness campaign based on the results of Market Segmentation analysis undertaken in FY16. An RFP for these services has been written and should be released soon. Acknowledging that this procurement may take some time to implement, DCYF has developed an interim recruitment plan to address our short term recruitment needs. This plan includes raising public awareness for the need for resource families, as one of its strategies. For example, with the help and support of the Annie E. Casey foundation, DCYF has created new recruitment posters, focused on the recruitment of families willing to care for</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 2017	Outcome/Indicator
Strategies	Activities			
			<p>hard place populations. Which includes, teenagers, siblings, youth identifying as LGBTQ. As part of this plan, recruitment staff has actively participated in a series of events and outreach activities across the state to raise awareness of the need for more resource families.</p> <p>2.2 (d) As noted in section 2c DCYF plans to contract with a marketing firm to develop a marketing campaign. This campaign includes, a strategy to increase our web presence. Meanwhile, RDS staff has worked with DCYF's public information officer to help with our current short-term recruitment plan by aiding in the dissemination of materials and documents to both internal and external audiences.</p> <p>2.2 (e) Part of DCYF's interim recruitment plan, includes a strategy solely focused on building new partnerships to help support our recruitment efforts. Under this new plan, recruitment staffs have reached out key organizations and leaders within the LGBTQ community, faith based organizations and Latino serving organizations and non-traditional</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 2017	Outcome/Indicator
Strategies	Activities			
			<p>organizations such as local farmer's markets to list a few. All organizations have committed to either hosting an event, to distribute our new posters to their members and staff, and to share the need for new resource families among their networks.</p> <p>2.2 (f) DCYF worked extremely hard to update and revise its foster care licensing regulations. The new regulations removed language and unnecessary regulations that made it difficult for some families to become licensed. Additionally, the new regulations were translated into Spanish and widely distributed to key stakeholders and families alike.</p>	
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>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</p>	<p>2.3 (a) As mentioned in section 2.2 e, DCYF's interim recruitment plan, focuses on outreaching and recruitment of diverse non-kinship fosters families. The recruitment team has already attended a wide range of community events targeting key community groups and continues to actively outreached to key community members to help recruit under represented resource families. This includes outreach to LGBTQ</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 2017	Outcome/Indicator
Strategies	Activities			
	<p>2.3 (c) Build partnerships with community organizations that can facilitate outreach to target communities.</p> <p>2.3 (d) Develop education/outreach strategies to work with cultural groups that are less familiar with resource parenting.</p> <p>2.3 (e) Enhance cultural competence of DCYF and private agency staff.</p>	communities is increased by 10%.	<p>organizations and leaders, statewide Latino organizations and leaders, and targeting specific communities in order to increase the pool of resource families. Additionally, our new recruitment materials and outreach strategies target raising awareness of our need for diverse resource families.</p> <p>As part of the department's new vision for the recruitment, development, and support of resource families, we are making systematic improvements on how and when we collect data. For example, we updated our foster parent application to ensure specific data points are collected and analyzed during this first point of entry in our child welfare system. Key updates made to the application surround the following, we streamline our demographic data collection questions, we added questions to better understand their interest in becoming a foster parent, and added a referral "how did you hear about us" questions to the application. All this data is now being collected and tracked on internal excel database. This database was created with the help of Annie E.</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 2017	Outcome/Indicator
Strategies	Activities			
			<p>Casey Foundation and it allows us to track how many applications we receive per month (along with basic demographic data), if they attended a recruitment event or any other recruitment activity. Furthermore, this database is also being used to better support families through the licensing process.</p> <p>2.3 (b) We have ramped up our offerings of TIPS-MAPP pre-service training sessions for prospective resource families in Spanish. Furthermore, we have worked extremely hard to produce new materials; training invites, and takes away in both English and Spanish– the two languages spoken most widely in RI.</p> <p>2.3 (c) Recruitment of non-relative Spanish speaking foster and adoptive families has been targeted in partnership with Foster Forward, and its now included in DCYF’s interim recruitment plan. Our partner Foster Forward has a Spanish speaking recruitment specialist, through informational meetings and activities conducted in Spanish. Spanish language TIPS-MAPP training is offered several times a year (as soon as there are</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 2017	Outcome/Indicator
Strategies	Activities			
			<p>enough prospective resource parents to constitute a class) and includes both DCYF and treatment foster care families. The number of Spanish speaking applicants has increased significantly as a result. Lastly, our recruitment staff has outreach to a vast number of other organizations to help us recruit more Spanish-speaking resource families.</p> <p>(d) As part of DCYF's interim recruitment plan, the department has partnered with several groups to increase their understanding of our current need for resource parents. Part of this plan, calls for one on one meetings, including weekly informational meetings; informational booths at community fairs, festivals, and events; presentations to faith-based, school, professional, business, and community groups; and at special events. Furthermore, the department is working to create additional documents and handouts to appeal to a broader audience.</p> <p>(e) DCYF is currently working with both Annie E. Casey Foundation and DCYF's Diversity Committee to create a comprehensive plan to address this our</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 2017	Outcome/Indicator
Strategies	Activities			
			own and external cultural competence. For example, DCYF hosted a cultural competency for key staff facilitated by the GARE institute. The lessons learned from this training will shape our plan moving forward and aid in the development of a comprehensive plan to address our cultural competence needs.	

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

**Objective: Reduce the overall instances of Maltreatment and Repeat Maltreatment**

	2015 → 2019	Measure of Progress	Progress in 2017	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) The implementation of SDM was delayed by a change in leadership at DCYF. Since the arrival of Director Piccola, preparing for SDM implementation has resumed and DCYF has extended its contract with the National Council on Crime and Delinquency's Children's Research Center through the end of November 2017. The Department is in the process of evaluating response times delineated by the SDM tool and adjusting its CPS policies to reflect the use of SDM.	<b>Safety 1:</b> Children are, first and foremost, protected from abuse and neglect.

Objective: Reduce the overall instances of Maltreatment and Repeat Maltreatment				
	2015 → 2019	Measure of Progress	Progress in 2017	Outcome/Indicator
Strategies	Activities			
			(b) After careful consideration, the Department is not pursuing the RED Team Meeting Process at this time.	
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		4.2 (a) DCYF's first round of procurements includes many home based services to stabilize families and support safety plans. See Appendix D for a description.	<b>Safety 1:</b> Children are, first and foremost, protected from abuse and neglect.

## Update on Service Description

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:

#### Title IV-B, Subpart 1

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 will all be continuing in FY 2018:

- **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 (Children’s Friend & Service)** – this program began as a federal demonstration project funded through ACF and is being continued through Title IV-B, subpart 1 funds. Services assist families in preparation for adoption of DCYF involved children, and provide ongoing support including counseling; advocacy; therapeutic recreation, parent education, and crisis intervention as necessary to assist and preserve adoptive families. This program serves up to 20 families and is statewide.
- **Adoption Rhode Island** – this program works solely with DCYF as the adoption exchange information and referral program. ARI provides matching services for waiting children and interested families, and also provides support services for children waiting for adoption. The program has expanded to provide additional support for the Department in development of the Regional Permanency Support Teams. This function provides necessary technical assistance and support for workers to be able to make the best and most informed decisions; e.g., gathering information from the case record to search for potential family connections and resources, and help the FSU worker to organization the information needed for full disclosure presentations. This program is statewide and available to any child registered.
- **Foster Forward (formerly RI Foster Parents Association)** – this program provides an educational and supportive service for current foster families and assists with recruiting efforts to attract new foster families. The program is an advocacy organization that supports recreational and skill development activities for foster families and youth in care. This program is statewide and serves all foster children and families.
- **The Families Together Therapeutic Visitation program** - The Department of Children, Youth and Families in collaboration with the Providence Children’s Museum has evolved a successful and innovative therapeutic visitation program which is nationally recognized. The Families Together Therapeutic Visitation program has now been in operation for more than 20 years. This program is operating in all four of the DCYF regional office locations, allowing visitation program consultants to be out-stationed into our Regions. The Families Together program consultants work with our



supervisors and social caseworkers to develop stronger capacity for supervising visitations, providing education on child development and behavior management; and, providing helpful, constructive feedback to parents following visitations. This program is statewide and can serve 45 children a year.

#### Title IV-B, Subpart 2

The Department is also allocating IV-B subpart 2 funding as follows:

##### **Family Support 20%**

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.

The Department is also allocating IV-B, part 2 funding to support the Family Care Community Partnership (FCCP) to provide resources for family support services for families either referred by DCYF or who are seeking assistance on their own. This program is available statewide and serves approximately 2,300 families a year.

##### **Family Preservation 20%**

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

##### **Time-limited Reunification 21%**

The Department of Children, Youth and Families in collaboration with the Providence Children's Museum has evolved a successful and innovative therapeutic visitation program which is nationally recognized. The Families Together Therapeutic Visitation program has now been in operation for more than 20 years. This program, funded by IV-B, part 2, is operating in all four of the DCYF regional office locations, allowing visitation program consultants to be out-stationed into our Regions. The Families Together program consultants work with our supervisors and social caseworkers to develop stronger capacity for supervising visitations, providing education on child development and behavior management; and, providing helpful, constructive feedback to parents following visitations. The program also provides a visitation specialist/parent educator component to further assist in supporting permanency outcome goals. This program has been recognized nationally by Harvard University's Innovations in Government program; it has been presented nationally as a promising practice at several child welfare conferences and through the national association of Children's Museums. This program is available statewide and can serve 45 children a year.

##### **Adoption Promotion and Support 29%**

Funding through Title IV-B, part 2 supports the work of the Dave Thomas Foundation to hire two Wendy's Wonderful Kids family recruiters. One funded through IV-B, Part 2 and the other matched by The Foundation with the Foundation supplying the training for these positions. Adoption Rhode Island

has been the only provider of the Dave Thomas Foundation for Adoption's *Wendy's Wonderful Kids* (WWK) Model in Rhode Island for just over a decade. This evidence-based national model was designed to meet the needs of our most vulnerable youth, including older youth and youth who have been in care for longer. WWK Recruiters provide intensive, child-focused recruitment, including case record mining, smaller caseloads, and more frequent, individualized casework with youth. After 8 years of significant success in this program, the Dave Thomas Foundation for Adoption and the RI Department of Children Youth and Families invested funding for two additional WWK Recruiters at Adoption Rhode Island in 2014, bring the total to 3 WWK Recruiters. The WWK model allows for caseloads of 12-15 youth in active recruitment. There are currently 48 youth in Adoption Rhode Island's WWK Program: 18 youth being served through DCYF-funded WWK, and the remaining 30 being served through Dave Thomas Foundation-funded WWK. This program is statewide.

Funding through Title IV-B, part 2 also supports Teen Focus is a program that includes several evidence-based and evidence-informed best practices to achieve permanency and independence outcomes for teens in care with the permanency goal of Another Planned Permanent Living Arrangement (APPLA). Historically, these youth were not enrolled in any permanency services at Adoption Rhode Island. The primary areas of focus of the Teen Focus program are to (1) keep older youth stable in supportive living arrangements while striving towards legal and relational permanency through adoption, guardianship, reunification, and/or the development of a network of peer and adult supports, (2) achieve educational and vocational goals, and (3) prepare youth for adulthood through life skills development. As part of a multi-disciplinary team, Teen Focus Permanency Specialists work with youth to achieve relational and emotional permanency through family search and engagement and other opportunities to build and sustain lifelong relationships, implementing models such as child-focused recruitment, Darla Henry's 3-5-7 Model for permanency clarification and preparation, and family search and engagement models. Education Specialists support positive educational outcomes for youth, including high school graduation, exploration of post-secondary education and career goals, increased community involvement, and extracurricular activities. The program started through a contract with DCYF in January 2017, with funding for 3 Permanency Specialists and 2 Education Specialists. The program was contracted to serve a total of 54 youth in the first year, with caseloads for Permanency Specialists up to 18 youth (each Education Specialist's caseload reflects half of the total program population). At this time, there are 2 Permanency Specialists and 2 Education Specialists and the agency is in the hiring process for the 3<sup>rd</sup> Permanency Specialist. Until the 3<sup>rd</sup> Permanency Specialist is hired, the program capacity is 36 youth. This program is statewide.

### [Redesigned Service Array](#)

Service array and resource development area was identified as an area needing improvement. Over the past 2 years, the Department has engaged a wide range of community partners, national experts, technical advisors, and other stakeholders to solicit input on its strategy to achieve better results for the children, youth, and families in its care. This review led to the Department's decision to return all placement functions back to DCYF from the two Networks of Care. This announcement was made in December 2015 and the Networks were formally ended in March 2016.

In March 2016, the Rhode Island Department of Administration/Division of Purchases, on behalf of the Rhode Island Department of Children, Youth and Families (DCYF), issued a request for proposals (RFP) to provide stand-alone home-based services, stand-alone placement-based services, and integrated home-based and placement-based services that improve long term outcomes for children and families in its care.

This RFP solicited home- and community-based services to help families in DCYF care safely remain together, facilitate and sustain family reunification, and improve anti-social behaviors and strengthen court compliance of delinquent youth; placement-based services for children, youth, and families requiring out of home care to safely care for youth while providing effective clinical treatment and addressing other barriers to returning to a family like setting; and integrated proposals that bridge target populations and outcomes inclusive of both home- and placement-based services.

With this procurement, the Department desires to enhance and expand services, supports, and resources that have a high likelihood of improving the safety, permanency, and well-being for children and families served. It also aims to facilitate innovation and flexibility, add new services to the array available, generate greater value for taxpayers, and ensure transparency and accountability.

DCYF anticipates issuing additional procurements over the coming year, including solicitations of services to prevent crisis-driven disruptions in care through mobile crisis response; services to support successful transitions to adulthood for current and former DCYF youth; services that accelerate and sustain adoption or guardianship when reunification is not an option; and services to divert youth from the juvenile justice system, such as those provided through Wayward/Disobedient programs and Youth Diversionary Programs. All information regarding any future solicitations will be published at the website of the State of Rhode Island's Division of Purchases at [www.purchasing.ri.gov](http://www.purchasing.ri.gov).

Prior to the Department's Request for Proposal and re-procurement of services in 2016, the Department had 12 different home and community based service types. Of these, three (3) were rated as either well-supported or supported by research evidence through the California Evidence-Based Clearinghouse for Child Welfare. These services included Multi-Systemic Therapy (MST), Positive Parenting Program (Triple P) and Parenting with Love and Limits (PLL). One (1), Family Centered Treatment (FCT), was rated as having promising research evidence by the California Evidence-Based Clearinghouse for Child Welfare. The new service array is attached as Appendix D

The Department has more than doubled the number of home and community based services through its re-procurement, for a total of 32 services. Of these services, six (6) were rated as either well-supported, supported or having promising research evidence by the California Evidence-Based Clearinghouse for Child Welfare. These services include: Functional Family Therapy (FFT); Homebuilders; Multi-Systemic Therapy for Problem Sexual Behaviors (MST-PSB); SafeCare; Wendy's Wonderful Kids; and Treatment Foster Care of Oregon. Functional Family Therapy and Wendy's Wonderful Kids are fully operational as of March 21, 2017. The remaining four programs anticipate being operational over the next several months.

Regarding the state's prevention service array the Department issued a Request for Information (RFI) in March which is attached as Appendix F.

#### Populations at Greatest Risk for 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
- Substance exposed newborns

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 youths at higher risk. These programs include Triple P, FFT, TST community programs and TST residential programs.

The Department is an active member of the Governor's Task Force on Overdose and the Neo-Natal Abstinence Syndrome task force to continue to address and support substance exposed infants. The Department will address in the CAPTA plan the activities undertaken for this population.

From October 2016 through March 2017 there were four infant fatalities which occurred while the infant was in bed (co-sleeping) with one or more caretaker at the time of death. The Office of the Child Advocate completed a report of their review of these cases in March 2017. This report recommends in part, "Historically, the RI Department of Health has provided public education campaigns and public service announcements regarding the dangers of co-sleeping based upon recommendations from the American Academy of Pediatrics. The American Academy of Pediatrics publishes recommendations on best sleep practices to reduce the risk of SIDS and other sleep-related infant deaths. Unfortunately, due to a decrease in funding these programs have been discontinued. This Panel believes that it would be beneficial to re-implement and continue public education campaigns regarding co-sleeping. These services could be done in collaboration with DCYF, the OCA, local hospitals, pediatricians and any other entity providing assistance to infants and families."

DCYF is working with DOH staff to re-implement public awareness of the Safe Sleeping campaign. An interagency committee has been formed and DCYF and DOH will give a joint presentation of the planning process to the Children's Cabinet at the July meeting.

#### [Services for 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 2, 2017, there were 584 children under the age of five in foster care settings. The population of children under five represents as approximately 65% white, 19% multi-racial, 13% African American, less than 1% Asian, less than 1% Native American, and 2% undetermined. Twenty-seven percent of children under the age of 5 are Hispanic/Latino. Fifty (50%) percent were in relative care, 31% in generic foster homes, 18% in specialized foster care homes, and less than 1% in a pre-adoption placement or shelter. As of June 3, 2017, there were approximately 167 youth under age five who had been in the care of the Department for more than 16 months.

In FY 16 several key efforts have continued to support the children under 5 population involved with RI DCYF. With the reconvening of the Rhode Island Children's Cabinet in FY 15, ongoing planning has continued in an effort to that support the needs of children Birth to 5 in the child welfare system. The Children's Cabinet is a group of high level state department directors that meet monthly to work toward

implementing policies and programs to better meet the needs of Rhode Island's most vulnerable children. The previously established Getting to Kindergarten initiative has been integrated into the Children's Cabinet Birth to 3<sup>rd</sup> Grade Reading Action plan during the past year. This initiative seeks to have a specific focus on the well-being of young vulnerable children and has a goal of supporting the achievement of reading proficiency for 75% of 3<sup>rd</sup> graders by the year 2025. To date, a set of goals and a work plan have been developed to begin this work. Staff from the prior ACF grant, now attached to the SAMHSA grant continues to lead this effort within RI DCYF. Broadly the goals of this initiative include: connecting child welfare involved families to MIECHV evidenced-based programs, link vulnerable 0-5 year old children to appropriate screening and developmental programs consistent with the CAPTA mandate and best practice, ensure access to effective special education and developmental supports for 3-5 year old's involved in the child welfare system and equip parents, foster parents and caregivers to facilitate healthy early childhood development. These efforts will continue among state agency partners to strengthen partnership and collaborative efforts on behalf of young children in the child welfare system.

In an effort to sustain the activities of the RI Child Welfare-Early Care and Education ACF Grant, RI DCYF has continued to leverage resources from a SAMHSA System of Care grant to support ongoing work related to the needs of the birth to 5 populations. Grant funded staff from the prior ACF grant provides consultation to casework staff in all four DCYF regional offices to serve as a link to early childhood program and service capacity as well as facilitating referrals to specific evidenced-based Home Visiting programs. This staff person also coordinates the data system, policy initiatives and the CAPTA Liaison position that ensures that children 0-3 who are victims in indicated incidents of neglect or abuse are referred for developmental screening and/or evaluation through the early intervention IDEA Part C system. The goal of these efforts is to ensure that all child welfare involved or at risk children 0 to 5 are provided with the developmental supports to ensure social-emotional stability and early educational success.

The Getting to Kindergarten initiative is also working to address the system level planning for screening, assessment and service delivery needs of child welfare involved children age birth to five. The ongoing approach being used to meet this need is the implementation of a multi-tiered system of supports and services. RI Department of Health continues to promote more effective strategies of implementing developmental screening in health homes that serve the most at risk populations as the first layer of this support system. These Department of Health efforts are coordinated with RI DCYF through the Successful Start Steering Committee to which DCYF has continued to be an active member an active member. In addition to developmental screening being carried out by pediatricians in health settings, grant staff at DCYF has integrated information gathered from surveys of referral practices in other states and has completed revision and approval of the new DCYF Early Childhood Service Referral Policy. This revised policy provides guidance and process directives to DCYF staff on service delivery across the early childhood service spectrum with a particular focus on CAPTA referrals for identified victims of abuse/neglect age birth to 3. This work will result in implementation of practices that will insure a nearly 100% referral rate for children identified as part of the CAPTA mandate. The final tier of this ongoing system includes DCYF working with the RI Department of Education to further implement plans to ensure that Child Outreach Screenings are administered more effectively with children in foster care between the ages of 3-5 years. With one year of an improved data system in place, grant staff at DCYF will now be working to establish a baseline percentage of successful referral and begin to establish targets for improved referral rates to Child Outreach Screening for children age 3-5 in the foster care system.

Targeted Services:

- **Early Intervention and First Connections Developmental Screening:**  
The Department makes referrals where appropriate to Early Intervention and developmental screening service providers. During the calendar year 2016 RI DCYF referred 243 children to the Early Intervention program and 265 children to the First Connections developmental screening program who were involved in an indicated case of maltreatment. These referrals represent 534 referrals combined and represents a 65% referral rate of all the children birth to 3 who were indicated victims of neglect or abuse. During the course of calendar year 2016 data systems that track this population were improved and in early 2017 revised policy was approved that will allow for nearly 100% of children identified in indicated cases of abuse/neglect to be referred for developmental screening or evaluation. Another 333 children were referred by RI DCYF Child Protective Service (CPS) for non-indicated CPS cases. There were 26 children who were already involved with Early Intervention prior to their CPS investigation.
- **MIECHV and Early Head Start Home Visiting Services:**  
As a continuation of the work of the ACF Child Welfare-Early Care Partnership and the continuing Getting to Kindergarten Initiative, grant staff has continued to promote and facilitate referral to the MIECHV Home Visiting programs. These programs include Nurse Family Partnership, Healthy Families America, and Parents as Teachers as well as Early Head Start. During the calendar year 2016 grant staff had facilitated 93 referrals to various programs that serve the prenatal and under one-year-old population. These referrals have continued into 2017 and further strategies are being developed to utilize this resource for families where this level of care is appropriate. As of May 2017 grant staff is also working strategically to case match resources in Early Head Start and the Parents as Teachers Programs for families where children age 1 to 3 years old are reunifying home with parents. These supports can add protective capacity for families and provide transitional support that can remain with the family long after formal child welfare involvement ends.
- **Neo-Natal Abstinence Syndrome Task Force:**  
The Neonatal Abstinence Syndrome Task Force was developed as a part of the Governor's Task Force on Drug Overdose. With the rates of opiate abuse on the rise both nationally and here in Rhode Island the NAS Task Force has worked over the past 2 ½ years to build interagency collaboration to better meet the needs of substance exposed newborns both in and out of the child welfare system. This task force has engaged stakeholders from a broad range community providers and state agencies to systematically address this issue. These stakeholders include representatives from Dept. of Health, DCYF, Medically Assisted Treatment providers, OB/GYN Practices, Birthing Hospitals, BHDDH (state agency responsible for adult substance abuse treatment and addiction recovery supports) and other Home Visiting and Early Childhood providers. The Task Force has developed three specific workgroups to focus on prenatal referral and supports, hospital protocols, training for community providers and in 2017 will likely form a subcommittee with a specific focus on NAS babies in the Rhode Island child welfare system. This task force will continue to be active in its work over the next year and seek to strengthen interagency collaboration to support this population. RI DCYF will continue to actively participate in the planning and implementation of this groups work. RI DCYF will also make changes to data collection processes in RICHIST system to better track substance exposed newborns and specifically infants diagnosed with NAS. This will allow for better tracking of needs and services referral processes for this critical population.
- **Race to the Top Early Learning Challenge:**  
This grant officially ended in December 2015, however, many of the activities will continue through the ongoing efforts of Exceed, Rhode Island's early childhood commitment:

- In the coming months, DCYF expects promulgate its Child Care Center and School Age Program Regulations, followed by the Family Child Care Regulations by the end of the calendar year. This is the result of 14 months of public input, focus groups, workshops and community meetings to gain stakeholder input.
  - State funded Pre-K has been expanded to 60 classrooms in the coming year, providing 1,080 slots of quality preschool for RI's youth.
  - High quality professional development and technical assistance is still available at no cost to center based and family child care home providers.
  - DCYF, DHS, DOH, and RIDE continue to work together to ensure ongoing alignment, consistency, and stability in the system.
- 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 play a central role in development of DCYF policy that guides the referral process to Early Intervention services. As a result of the guidance of this group and work integrated with the Getting to Kindergarten Initiative, RI DCYF has developed a dedicated Access Database to track the referral of child welfare involved children birth to 3 to the early intervention service system. These improved data collection processes demonstrated that there was a slight improvement in the referral rate (65%) to EI services of children under 3 that were subject to an indicated incident of abuse or neglect. In the coming year, RI DCYF will implement the newly revised DCYF Early Childhood Service Referral Policy which will greatly improve the rate of referral to developmental screening and assessment. Coordinated efforts will also continue as part of the Getting to Kindergarten Initiative to refer families that are determined as not eligible for EI to other Home Visiting programs that support development and child well-being.

#### Services for Children Adopted from Other Countries

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 are also available for families whose children were adopted internationally. Services include education and support groups, counseling, case management, crisis intervention and respite services. Additionally, the Department offers referral and assistance with linking families with services funded through other state agencies.

## Program Support

Rhode Island is a state system that does not utilize a county or regional system. Therefore, no training and technical assistance is provided specifically to counties or regional entities.

The agency's formal relationship with a university partner (Rhode Island College School of Social Work) ended in 2016. Director Piccola is interested in exploring the possibility of reengaging the school moving forward and we are exploring what that relationship will look like. The workforce Development team met with staff from the Capacity Center at a regional training conference in May 2017 and is pursuing their assistance in helping to shape the direction of this relationship, and its component parts, moving forward.

DCYF has added two QA personnel to the Continuous Improvement Division. These reviewers will review in home cases, assist with developing a tool to review quality of physical restraints as part of the Safe Crisis Management training at the RI Training School, and will be ready to help the department as we transition to a State-Led CFSR framework. In addition, the team has also hired a full-time CFSR coordinator.

The data and evaluation team continue to support our newly procured service array by playing a role in Active Contract Management (ACM). The DCYF team supported by Harvard Government Performance Lab have developed a framework in which the department shares data with providers on outcomes and process measures relevant to the services they provide. The team then works together to find solutions and make improvements on those outcome areas and track progress. This is a concept that has shown good results with our Family Care Community Partners (FCCP). We are starting the ACM process with group home and semi-independent living providers for teens, which is slated to go live by May 31<sup>st</sup>, 2017. We will then continue to implement ACM with areas of our service array.

The Data and Evaluation, along with QA personnel, are working with our staff at the RITS to help review and evaluate the quality of physical restraints at the RITS. The team attended training along with RITS staff. The comprehensive training consisted of identifying and understanding behaviors of concern, universal principles and practices, prevention and de-escalation strategies, emergency safety interventions, function-based behavior support planning, and after incident procedures. In addition to this class room setting instruction, our CQI staff learned the actual physical restraints used in situations, to better understand the process while performing CQI activities. CQI staff received SCM Staff Certification.

## Consultation and Coordination Between States and Tribes

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

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



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

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

Recent meetings have focused on the new ICWA reporting requirements, awareness training, tribal member verifications, Indian child removal and placement reviews, permanency planning, grant opportunities, Title IV-E issues, among other topics. The Narragansett Indian Tribe hosted an ICWA One-Day Workshop on January 11, 2017, at the Alton Jones Campus, Whispering Pines Conference Center, 401 Victory Highway, West Greenwich, RI. The workshop was very well received and attended by most of our partners and key stakeholders throughout the State. Follow-up training is in the planning stages at this time. Ms. Harris and Ms. Mars are also involved in preparation for, and will participate in, our CFSR which is scheduled for 2018. In addition, they have been involved in discussions focused on practice improvement and standardization of Child Welfare practices.

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

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

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

Notifications of state proceedings, placement preferences, active efforts to prevent the breakup of Indian family and jurisdictional issues/preferences are documented in the Rhode Island Children's Information System (RICHIST) and case activity notes (CAN). All correspondence, documents, reports, and other hard copy paperwork will be maintained in the specific DCYF RICHIST casefile.

Specific steps to improve or maintain compliance with ICWA include a memorandum that was distributed to all staff on the Bureau of Indian Affairs Final Rule on ICWA. The Department also began utilizing a new ICWA notification form that is completed by the assigned case manager in consultation

with the client. The completed ICWA form is submitted to the DCYF legal office for final review and then sent to the designated Indian tribe(s) by certified mail. The Department will closely monitor worker compliance and document results of this process. The Department will continue to conduct regularly scheduled in-person meetings (every other month) between DCYF and Tribal representatives and maintain monthly contact between Ms. Harris. DCYF will continue to provide ICWA training to all DCYF employees and Tribal representatives.

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

DCYF will send an electronic copy of the 2018 APSR to Narragansett Tribal representative Wenonah Harris for review and concurrence. DCYF will follow up with in-person meetings with Tribal representatives.

## Monthly Caseworker Visit Formula Grant

The Department uses the Monthly Caseworker Visit grant to improve the quality of caseworker visits with an emphasis on improving caseworker decision-making on the safety, permanency, and well-being of foster children and caseworker recruitment, retention and training (section 424(f) and 436(b)(4)(B)(i) of the Act).

In 2017, the Department used Monthly Caseworker Visit funding to purchase SpeakWrite services to support front line caseworkers. Speakwrite enables workers to call in their dictation and receive it back in Microsoft Word form via email. The workers can then cut and paste into our SACWIS system. Many workers have voiced this is a valuable service. In 2018, the Department is planning on purchasing new broadband-enabled tablet laptops to assist workers in the field. The laptops will allow staff to complete face-to-face visits more efficiently and effectively by allowing them to work directly with their clients in the field. Information can be entered directly into our RICHIST system without the need to return to the office.

The state has missed previous performance standards due to high caseworker turnover and multiple changes in Administration with competing initiatives. The department in the past 6 months has brought this to the forefront and highlights this data point once a month at monthly data meetings with all senior and middle management staff. Supervisors have been instructed to use the monthly face-to-face dashboard with caseworkers during supervision to assist with compliance and best practice.

## Adoption and Legal Guardianship Incentive Payments

The Department had no significant barriers to expending the funds we received in FY 2015 \$198,750 and FFY 16 \$68,660. The Department re-procured its service array and funded Teen Focus through Adoption RI for \$244,702 from January 1, 2017 through December 31, 2017.

Teen Focus is a program that includes several evidence-based and evidence-informed best practices to achieve permanency and independence outcomes for teens in care with the permanency goal of Another Planned Permanent Living Arrangement (APPLA). Historically, these youth were not enrolled in any permanency services at Adoption Rhode Island. The primary areas of focus of the Teen Focus program are to (1) keep older youth stable in supportive living arrangements while striving towards legal and relational permanency through adoption, guardianship, reunification, and/or the development of a network of peer and adult supports, (2) achieve educational and vocational goals, and (3) prepare youth for adulthood through life skills development.

As part of a multi-disciplinary team, Teen Focus Permanency Specialists work with youth to achieve relational and emotional permanency through family search and engagement and other opportunities to build and sustain lifelong relationships, implementing models such as child-focused recruitment, Darla Henry's 3-5-7 Model for permanency clarification and preparation, and family search and engagement models. Education Specialists support positive educational outcomes for youth, including high school graduation, exploration of post-secondary education and career goals, increased community involvement, and extracurricular activities. The program started through a contract with DCYF in January 2017, with funding for three Permanency Specialists and two Education Specialists.

The program was contracted to serve a total of 54 youth in the first year, with caseloads for Permanency Specialists up to 18 youth (each Education Specialist's caseload reflects half of the total program population). At this time, there are two Permanency Specialists and two Education Specialists and the agency is in the hiring process for the third Permanency Specialist. Until the third Permanency Specialist is hired, the program capacity is 36 youth. This program is statewide.

The state plans to use should we receive Adoption and Legal Guardianship Incentive funds in the coming fiscal year, taking into account the statutory provisions that extend the expenditure period and prohibit supplantation (section 473A(f) of the Act), for continued Teen Focus services given the outcomes are productive of the program.

## Child Welfare Demonstration Activities (IV-E Waiver)

DCYF has requested to withdraw from its the Title IV-E Demonstration Waiver. Director Piccola has decided that Rhode Island is not in a position to continue to move forward with the Waiver. The deliverables of Structured Decision Making (SDM), Director's Approval Process (DAP) and the Expedited Permanency Meetings (EPM) have been embedded in our system and will continue moving forward. Children and families will not be affected by the decision to discontinue the Waiver.

## Quality Assurance 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 which are currently out for bid)
- CQI Feedback Loop through multiple channels (i.e. FSU regional and probation supervisory meetings, Child Welfare Advisory Committee, Family Care Community Partnership Active Contract Management 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:

## **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 continues to review the dashboards to either identify data/information gaps useful for CQI feedback and management and/or display enhancements. The Department continues to work with the Executive Office of Health and Human Services (EOHHS) Data warehouse to explore options to develop cross functional dashboards with other Agencies within EOHHS.

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 Final Rule published 6/2/16. We anticipate that this Rule 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.

Examples 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 living arrangement
- 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 Absent From Care

- 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

### **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. Between 7/1/16 and 6/30/17, there were 1,296 ARU's completed and 58 in-home reviews completed. DCYF intends to increase the number of in-home reviews as part of its Program Improvement Plan after the 2018 CFSR. The state also intends to begin using the CFSR Round 3 Instrument as part of its ongoing review process.

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, and inter-rater reliability testing was conducted. ARU 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 caserecommendation. 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.

### **Data Analysis and Program Evaluation**

Continuous Quality Improvement work is led through the RI DCYF Data and Evaluation unit. The Department is in the process of completing its procurement of its new service array. With the new service array and new providers, the Data and Evaluation team will be working with the Contracts division and Harvard Government Performance Lab to set up Active Contract Management meetings similar to those successfully piloted and implemented with the FCCPs. The Department is also in the competitive bid process for data and evaluation services to supplement DCYF's resources. The Consultation Center at Yale will continue to work with us on Grant evaluations that they were already currently involved in such as the Adopt Well Being and Diligent Recruitment Grants. 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, Multi-systemic Therapy, 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), going forward that collaboration will be with whoever is selected in the new procurement of services. DCYF is still attempting to grow its Data and Evaluation capacity and is looking to add 2 epidemiologists to staff in order to be able to have one epidemiologist support each of the primary areas of the agency; child welfare, behavioral health, and juvenile justice.

### **CQI Feedback Loop**

DCYF uses multiple channels in the CQI feedback loop, including the following:

- ***Monthly Data Meetings***

Various DCYF representatives from the Director to the Supervisor level meet monthly to discuss the Department's performance on key outcomes, review the strategic dashboard, and discuss solutions how to improve or sustain performance. This has given us a forum to check on key initiatives such as reducing our congregate care numbers. We have shown that the Directors Approval process was effective in reducing the number of children in congregate care, but we are starting to plateau. Combined with data from the Central Referral Unit (CRU) we are able to see that our Foster Home Array and recruiting strategy needed to be adjusted, as we still had children that the Level of Need tool assessed could be in a foster home setting that had to be placed in a congregate care setting because a foster home that met their particular needs was not available.

- ***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

- ***FCCP Active Contract Management Meeting***

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. The Active Contract Management is a monthly meeting where a common set of metrics are discussed among the four FCCP regions and various DCYF stakeholders. This meeting has been very effective in sharing knowledge and improving performance. In one case, all but one region were not meeting the goals for completion of assessments, through discussion at the meeting on best practices we were able to get all regions up to the proper level of performance.

- ***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 previously expressed the desire to the U.S. Children's Bureau and the Administration for Children and Families to become a state-led CFSR state in 2016. However, after reviewing staffing needs and time limitations, it was determined that the Department would remain a federally-led CFSR state with the intention of becoming a state-led CFSR state in 2018-2019. The Department is currently reviewing personnel needs to determine the feasibility and the most efficient organizational model to support a state led CFSR for 2018-2019. In order to prepare for the federally led CFSR, the Department will train its current ARU staff as well as DCYF volunteers who wish to participate in the Federal Review. We will be working with JBS International to conduct the CFSR training for our internal staff prior to the start of the federal review.

In 2018-2019, the Data and Evaluation and Workforce Development units will work together to create a CFSR training for all current Administrative Review Staff as well as any staff members that are hired to support the state led CFSR process. The Department would utilize training materials and expertise that JBS International had provided to the Department in the prior year's CFSR training as well as training materials found on the CFSR informational portal. The Department has also reached out to the State of New Hampshire and obtained some of their internal CFSR training materials that Rhode Island could utilize in its own training development.

Presently, the Department has ARU staff who conduct the 6-month and 18-month permanency reviews consistent with ASFA with the intention of hiring a fourth ARU staff. The Family Court conducts the 12-month permanency and 24-month reviews.

## Child Abuse Prevention and Treatment Act (CAPTA) State Plan Requirements

DCYF's CAPTA state plan is attached in a separate document.

## 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.

## Consolidated Youth Services Program

On July 1, 2010, the Department entered into a contract with Foster Forward for the Consolidated Youth Services Program (CYS). This program incorporates all funding for Youth Development and Independent Living Support Services, as well as voluntary aftercare services for youth leaving DCYF care at age 18 for



all populations (with the exception that youth leaving Juvenile Correctional Services are eligible for voluntary aftercare services even if they leave care between their 18th and 19th birthdays). The contract has since received a number of extensions. Most recently, the contract was extended to June 30, 2017. As part of our ongoing system transformation efforts, the Department is in negotiations with Foster Forward to extend this contract again commencing on July 1, 2017 for a period of one year.

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

The Department designed the CYS Program to ensure older youth in the care and custody of the Department, as well as youth aging out and former foster youth have the tools, resources and opportunities that will increase the likelihood that they will successfully transition from DCYF care. Services are available to all youth ages 16-21 who are in foster care or who were in foster care after their 16th birthday, including youth who left foster care for kinship guardianship or adoption after their 16th birthday. It is anticipated that youth who are in foster care and are younger than age 16 will primarily obtain similar services through their foster parents and/or the residential programs in which they reside. However, through the leveraging of over \$4.6 million, Foster Forward also is able to offer some of this programming (Real Connections, ASPIRE, and Youth Enrichment Grants) to youth as young as 7 and up to the youth's 24th birthday through using funds acquired through other grants and fundraising outside of the CYS contract.

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

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

#### [Real Connections Mentoring](#)

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 8-20 (with CYS funds supporting youth ages 16-20) 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 inform the young people know of other services and supports offered through Consolidated Youth Services.

Upon completion of the HYA, results are emailed to the appropriate DCYF staff (e.g., social caseworkers, probation officers, unit managers, etc.) and John Scott, DCYF Community Liaison, 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. Life Skills education curriculum comes from the Life Skills Learning Guide (Ansell Casey's companion resource), *Making Proud Choices*, "Keys to Your Financial Future" (Jim Casey Youth Opportunities Initiative) and E<sup>2</sup> Club Navigator (Works Wonders Initiative). Flexibility in the curriculum is ensured in order to address the youths' individual needs.

Based on findings from Life Skills program evaluations that other states have done, the DCYF, CYS staff are driving programming toward evidence based practices. In January 2013, the CYS 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 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 provided the national support for the five selected states. The *Making Proud Choices* curriculum replaced the existing Life Skills lessons on pregnancy and STI/HIV prevention and healthy relationships. CYS staff 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 the CYS program to develop and implement the plan to roll out curriculum instruction. Since inception, 705 youth have completed the Making Proud Choices Curriculum.

The CYS Program uses the National Jim Casey Youth Opportunities Initiative “Keys to Your Financial Future” curriculum (locally known as ASPIRE) for financial education instruction. This is deemed an evidence-informed practice by the Annie E. Casey Foundation. 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.

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 per week (or once per week on Sundays) for 4 hours for approximately 6.5 weeks. To date in FFY 2017, this has resulted in 12 class offerings, representing over 277 hours of life skills education at 2 site locations. This Life Skills Education programming included: 3 weekend courses, 1 private class site (for agencies who serve youth who may not be able to attend in the community due to behavioral needs, etc.), and 5 accelerated courses.

Youth who complete the Life Skills Education Program receive a \$25 stipend for each completed component. Youth who have also completed the Making Proud Choices curriculum receive an extra \$30 stipend for taking pre and post surveys.

#### [ASPIRE Initiative \[Rhode Island’s Jim Casey Youth Opportunities Initiative \(JCYOI\)\]](#)

The purpose 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; document results; identify and disseminate best practices, and galvanize public will and guiding policy to provide needed supports for youth. Participants receive up to 8 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.

Since June 2014, ASPIRE participants have had the opportunity to participate in one-on-one financial coaching through the 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.

As of May 24, 2017, there are 333 active participants in the ASPIRE Initiative with a total of 965 served since inception. A total of \$1,278,450.08 has been saved and matched for the purchase of 888 assets by 335 unduplicated participants.

#### [Educational Services and Supports](#)

The CYS Program assists youth in achieving educational success. Through Life Skills, ASPIRE and YESS, CYS staff work closely with youth and adult supporters to ensure educational success in high school, help link youth to supports and services for college preparation and access, and link youth to college support services. 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 FFY2012, separate from CYS but in large part due to the success of the CYS Program, 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 put \$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*, served youth ages 14-21 who are in or who have aged out of the Rhode Island foster care system. The strategy combined 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 are co-facilitated by a trained child welfare professional and former youth in care. Foster Forward was also a grant recipient of the Governor's Workforce Board since July 1, 2015. The funds provided augment the federal *Works Wonders* funding and support paid work experiences for current and former foster youth that were part of the Works Wonders Initiative.

The *Works Wonders* study concluded service intervention on March 31, 2016. From project start to intervention end, a total of 130 youth completed all required program components. An additional 56 youth met the qualification for "engaged" in the project which is defined as having taken a baseline survey and attending at least four classes. Of the 186 youth who meaningfully participated in the intervention, 129 participants completed a total of 157 work experiences. 36% of those work experiences were internships, 36% were informational interviews, 18% were paid jobs, and 9% were externships, exposure events, job shadows, and other experiences. Of these experiences, 87% were paid. Evaluation findings will be available in July 2017.

Works Wonders E2 curriculum has been used in the life skills classes to satisfy independent living skills needed for career planning and work life since March of 2016. Through continued funding from the Governor's Workforce Board, and additional funding from the RI Foundation, Bank of America and Citizens Bank, Works Wonders has been embedded as part of YESS. The E2 curriculum, one-on-one job coaching, work experiences, job shadows and informational interviews are provided to unemployed or underemployed participants in YESS aftercare. Thus far, 92 YESS participants have been served.

### 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 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, and to 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, information sessions and other opportunities hosted by the Consolidated Youth Services Program:

- FAFSA
- Higher Ed
- Income Tax
- Providence speaks (similar to a reading group)
- Job corps tours
- College tour at RIC
- ServSafe Training
- Career Specific workshops in (automotive, culinary, and retail industries)
- College Resource workshops (financial aid and educational vocational informational sessions)
- Tax Prep Training
- Education Fair (post-secondary and GED information)

### CYS Alumni Events & Opportunities:

- Six Flags Trip
- Outdoor movie night
- Haunted House
- Thanksgiving Dinner
- YESS participant holiday event
- Game Night with RC mentors/mentees
- Extreme Couponing for youth/foster parents
- Spring Fling

### 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. In addition, CYS Case Review and CYS Management meetings are held monthly to ensure quality programming and collaboration.

### 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 age 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.

### Teen Grants and Material supports

The Teen Grant program provides grants of up to \$300 per 12 month period 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.

Through work with Foster Forward, members of the Junior League of Rhode Island were introduced to the realities of youth who age out of foster care and some of their struggles and successes. The Junior League identified youth aging out of care as their focus for giving and volunteerism. Over the last year, Junior League members have hosted two apartment makeovers for YESS aftercare services young adults. The makeovers included collecting furniture, painting the apartments and providing the young adults with various household products. The Junior League also donated 20 food baskets for Thanksgiving and sponsored a forum to kick-off May is National Foster Care Awareness Month. Thirty-six Junior League members have undergone background checks and the CPS clearance process in order to be individually matched with youth to help them with their needs.

Each year Foster Forward works with The Department to coordinate the annual Holiday Gifts Campaign for children and youth in care and youth residing at the Thomas C. Slater Training School help with the distribution of the gifts to the Department’s regional offices. Foster Forward also hosts a pajama drive so that every child in care can receive a brand new pair of pajamas, and matches each group home with a sponsor to buy specific gifts off of a young person’s wish list. During the Holiday Gifts event, foster Parents are afforded the opportunity to “shop” for gently used clothing items and coats for their foster children, and are given a new pair of new pajamas. Every young person in foster care receives toys donated by Hasbro. Every teen, including those involved with YESS aftercare services, receives a \$25 American Express gift card. Foster Forward also ensures that each young adult involved with YESS aftercare services is matched with a sponsor who purchases gifts for them.

Tables 1-3 provide data on the participation in CYS subprograms for FY2012, FY2013, FY 2014, FY2015, FY2016, and FY2017 through 5/24/2017.

TABLE 1. CONSOLIDATED YOUTH SERVICES PROGRAM PARTICIPATION						
	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017 (as of 5/24/17)
<b>Life Skills</b>						
Referred	405	335	317	354	270	215*
Youth completing their Life Skills Plan	171	210	204	201	143	112*
<b>Teen Grant</b>						
Active Participants	257	265	228	260	284	250*
Total Grants	\$74,515	\$73,239	\$69,363	\$64,498	\$70,863	\$71,834*
<b>ASPIRE</b>						
Active Participants	372	376	388	340	316	366*
New Enrollments	104	69	57	37	67	80*
<b>Real Connections</b>						
Active Participants	213	208	199	183	178	169*
New Enrollments	80	82	48	58	41	53*
<b>YESS</b>						
Active Participants	348	351	331	297	311	303*
New Enrollments	148	98	107	103	128	72*

TABLE 2. NYTD SURVEY PARTICIPATION (COHORT 1)			
NYTD	FFY 2011 Baseline	FFY 2013 19-year-old follow-up	FFY 2015 21-year-old follow-up
Referred	221	171	171
Completed	171	136	126
Pending Completion	N/A	N/A	N/A
Incomplete	28	35	45
Participation Rate	87%	80%	74%



TABLE 3: NYTD SURVEY PARTICIPATION (COHORT 2)		
NYTD	FFY 2014 Baseline	FFY 2016 19-year-old follow-up
Referred	189	156
Completed	156	113
Pending Completion	N/A	N/A
Incomplete	33	42
Participation Rate	83%	73%

TABLE 4: NYTD SURVEY PARTICIPATION (COHORT 3)	
NYTD	FFY 2017 Baseline (as of 5/25/17)
Referred	91
Completed within 45 days	67
Pending Completion	14
Incomplete	10
Participation Rate	87%

## Leveraged Opportunities

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

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

The Department has an ongoing collaboration with the Department of Labor and Training and DLT funded efforts in several ways. We sit as a member of the Plan Management Team for DLT's Unified Workforce Plan. 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.

The Department continues to support DLT's efforts in developing a Career Pathways system that aligns with the Governor's Real Jobs Initiative. Real Jobs RI is a demand driven, workforce and economic development initiative that is collaborative, flexible and business-led. It is designed to ensure that Rhode Island employers have the talent they need to compete and grow while providing targeted education and skills training for Rhode Island workers. The goal of Real Jobs RI is to develop Real Jobs Partnerships (RJPs) that convene industry employers, key stakeholders and groups in partnerships that build alliances



to address business workforce demands. The Career Pathways system is to align and integrate a range of public funding streams and programs along those pathways; and create system to those pathways to enable low-skilled, low-literacy, and long-term unemployed workers to successfully access those pathways and in turn, access the private-sector training and experience needed to gain greater economic stability.

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.

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

In addition, DCYF also partnered with the Institute for Labor Studies and Research in implementing a *Jumpstart: Pathway to Apprenticeship* pilot program. This pilot program offered 20 students from the RITS to participated in a nine-week, 104 hours, skilled trade instruction. Students received ILSR's "Health and Safety, Rights on the Job, and Workers' Compensation Training" which all youth hired with WIOA funds in the state of RI are mandated too complete. In addition, students received their OSHA certification and ramped up their math skills in order to pass the math test required for acceptance into an apprenticeship program. Students were also exposed to a "day in the life" of an apprentice in each of the skilled trades. Trades include: painting, carpentry, plumbing and pipefitting, operational engineering, etc.

#### [Farm Fresh Rhode Island/The Harvest Kticehn Project/RI Office of Rehabilitation](#)

The Harvest Kitchen Project is a 20-week culinary and job-readiness training program for youth. In the first 15 weeks' youth learn basic culinary arts skills and receive industry certifications. The following five weeks, youth participate in employment internships to further develop their job readiness and employable job skills. Also, the youth create a line of high-quality preserved foods using ingredients sourced from local farmers at a certified kitchen in Pawtucket. Products made in the Harvest Kitchen are sold at local stores, farmers markets and to wholesale customers.

In 2017, DCYF entered into (18) eighteen-month contract for \$343,069.50 with Farm Fresh RI, the vendor that oversees the day to day operation of the Harvest Kitchen. The contract provides stipends to the youth and allows the Harvest Kitchen to double the amount of youth served to (40) forty youth per year. The Harvest Kitchen project has expanded into a new facility located at 2 Baylee St in Pawtucket, RI. This new space will be the permanent home of the Culinary Arts Training Project. However, it will

also be the future home of the Harvest Kitchen Corner Store and Café opening in the Summer of 2017. This expansion will include a café, retail sales, prepared food and continue to provide culinary arts training and paid internships. The new location will allow for more paid internships, direct employment opportunities for graduates and increased training opportunities for youth in other areas such as marketing, customer service and sales, shipping and receiving to name a few. In addition, DCYF collaborated with the Office of Rehabilitation in supporting the Harvest Kitchen program for foster care youth that have a disability which effects their ability to find and secure gainful employment.

#### [“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.

In May 2016 the Department hired a full time youth coordinator for the RI Healthy Transition Grant. The youth coordinator attended the 2016 Dare to Dream Conference; has participated as a young adult panelist at the 3<sup>rd</sup> Annual Children’s Behavioral Health Conference; and attended the 2016 Young Adults Experiencing First Episode Psychosis (Eastern Region) Conference. The youth coordinator has already begun working with the two pilot sites here in RI (The Kent Center in Warwick, RI and Community Care Alliance in Woonsocket, RI.) In 2017, the youth coordinator position has become a full time employee of the State of Rhode Island.

#### [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, Administrator for Youth Development and Educational Support Services, is a member of the state’s Continuum of Care Committee and sits on the Unaccompanied Youth Work Group. He is also exploring opportunities for greater collaboration with the Blackstone Valley Community Action Program which holds the Basic Center Grant for the Runaway and Homeless Youth Program.

#### [Post Foster Care Medicaid Coverage](#)

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.

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

## 2015-2019 Goals & Accomplishments

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

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

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

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

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

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

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

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

**FFY 2016:** The Consultation Center at Yale has provided a preliminary analysis of the Department's NYTD Plus data for the 2011 17-year-old baseline and the follow up cohort at age 19. The analysis included descriptive statistics on all of the NYTD outcomes at age 17 (baseline) and at age 19 (follow up). They also conducted a preliminary Latent Class Analysis against service data but the Department is still conducted quality assurance checks on the data used for this. There were 170 youth in the baseline, age 17. Among those youth, 38.2% were females and 61.8% were males. Seventy percent were White, 17.6% were African American, and 21.8% reported Hispanic ethnicity. The percent of youth still in care at age 19 was 17.5%. The Department is currently reviewing this before publication.

**FFY 2017:** The Consultation Center at Yale has provided the completed analysis of the Department's NYTD Plus data for the 2011 17-year-old baseline and the follow up cohort at age 19. The analysis includes descriptive statistics on all of the NYTD outcomes at age 17 (baseline) and at age 19 (follow up). They also conducted a Latent Class Analysis against service data. The

Department is still conducted quality assurance checks on the data used for this. On March 27, 2017 the Department met with a representative of the Consultation Center at Yale and representatives from Foster Forward to share and review the analysis.

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

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

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

**FFY2017:** This is a baseline year for Cohort 3. As of May 25, 2017 there have been 91 referrals for baseline surveys. Foster Forward has completed 67 baseline surveys within the 45-day period. There are an additional 14 baseline surveys pending completion. 10 surveys are incomplete. As of May 25, 2017 there is an 87% participation 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.**

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

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

analysis while still ensuring quality case management support. This will then provide us with the mechanism necessary to more fully report NYTD services.

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

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

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

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

**FFY 2017:** This is a baseline year for Cohort 3. As of May 25, 2017 there have been 91 referrals for baseline surveys. Foster Forward has completed 67 baseline surveys within the 45-day period. There are an additional 14 baseline surveys pending completion. 10 surveys are incomplete. As of May 25, 2017 there is an 87% participation rate.

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

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

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

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

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

**Increased Training Opportunities for Personalized Transition Planning**

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

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

- Public Law 110-351 (2008): Fostering Connections and Increasing Adoptions Act of 2008
  - Transition Planning for Emancipated Youth
- Public Law 111-148 (2010): Patient Protection and Affordable Care Act
  - Health Insurance Options
  - Health Care Decision-making and Health Care Proxies

- Public Law 112-34 (2011): Child and Family Services Improvement and Innovation Act
  - Annual Credit Checks for foster youth (16+)
- Public Law: PL 113-183 (2014): Preventing Sex Trafficking and Strengthening Families Act
  - Limited application of Another Permanent Planned Living Arrangement (APPLA)
  - Additional Transition Planning Requirements (14+)
  - Discharge Plan 90 days before 18<sup>th</sup> Birthday
  - Annual Credit Checks for foster youth lowered to 14+
- **Training in Support of Youth Preparing for Independent Living:**

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

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

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

### **TRAINING DATES AND LOCATIONS**

9/7/16	9-12 & 1-4	CCRI, 400 East Ave., Warwick (Theatre #2510)
9/8/16	9-12	Smith Hill Library, 31 Candace St., Providence
9/8/16	5-8	Foster Forward, 55 S. Brow St., East Providence
9/9/16	9-12 & 1-4	Cumberland Library, Hayden Center, 1464 Diamond Hill Road, Cumberland
9/12/16	9-12 & 1-4	CCRI, 400 East Ave., Warwick (Conference Rooms 1128/1130)
9/14/16	1-4	St. Mary's Home for Children, 420 Fruit Hill Rd., North Providence
9/14/16	5-8	Foster Forward 55 S. Brow St., East Providence
9/15/16	9-12 & 1-4	Tides Family Services, 215 Washington St., West Warwick
9/19/16	5-8	Foster Forward, 55 S. Brow St., East Providence
<b>*9/20/16</b>	<b>9-12</b>	<b>Warwick Public Library, 600 Sandy Lane, Warwick</b>
9/21/16	9-12 & 1-4	Cumberland Library, Hayden Center, 1464 Diamond Hill Road, Cumberland

9/23/16      9-12 & 1-4      Ocean Tides School, 635 Ocean Road, Narragansett

9/26/16      1-4      Alliance Human Services, 14 Breakneck Hill Rd, Ste 201, Lincoln

9/27/16      9-12      Family Service, 134 Thurbers Ave., Providence

9/27/16      1-4      St. Mary's Home for Children, 420 Fruit Hill Rd., North Providence

9/28/16      9-12 & 1-4      Jamestown Philomenian Library, 26 North Rd., Jamestown

**\*9/29/16 5-8      Foster Forward, 55 S. Brow St., East Providence**

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

Table 5 below provides details of training and staff development opportunities conducted through the DCYF Training and Staff Development Unit. July 1, 2016 thru June 30, 2017

TABLE 5: YOUTH DEVELOPMENT RELATED TRAINING					
Workshop Title	Overall Description/Learning Objective	# of Hrs.	Date(s)	# of Participants	Type of Participant
Core I - Introduction to Wraparound In-class Version	This training will provide a history of the development of the System of Care (SOC), current practice implications, and continued evolution. During this 3-hour training, Participants will: Become familiar with the philosophy and core practices associated with Wraparound. Have a better sense of staffs' relationships to the System of Care and related practices; Learn about the origins of the SOC its continued evolution; Explore current and future practice implications; Receive an overview of the foundations of wraparound practice & Receive an overview of Phase I process and who/what the FCCP's are.	3	10/18/2016	29	DCYF
Core I - Open Topics - Broken Child Video-Activity	Participants will have the opportunity to apply child welfare concepts, social casework techniques using a powerful documentary "Broken Child" which captures children impacted by abuse/neglect, Available reviews include "Through a cross-section of cases involving both children and parents, the documentary examines how children's behavior can be adversely impacted by the destructive forces of adults -- and shows the evolving cycle of family violence that continues with each generation".	2.5	10/24/2016	26	DCYF
Core I - Engagement & Bldg. Positive	During this 3-3 1/2 hour class, participants will explore knowledge and skills related to	3	10/25/2016	27	DCYF



Relationships in Child Welfare	engagement & interviewing in child welfare. They will learn different types of interviews as well as purpose & techniques.				
Core I - Prudent Parent Standard & Normalcy in Foster Care	This 2.5-hour training is designed to inform DCYF Staff, Community Placement Providers, and Foster Parents on Prudent Parent Standard and Normalcy in Foster Care. This training provides an opportunity for participants to review presentation, discuss content, learn and become comfortable with the following concepts: Prudent Parent Standard and Normalcy in Foster Care, especially what Prudent Parent Standard is, how to apply it, why it is important. These are highlighted and contained in the greater Preventing Sex Trafficking and Strengthening Families Act (PL 113-183).	2.5	10/25/2016	26	DCYF
Core I - Child/Adolescent Development and the Impact of Child Abuse & Neglect	Participants will learn in the 3-3 1/2 hour course: Six domains of development; normative development of infants, toddlers, and school age children; discuss normative development of adolescents & adults; factors that influence child development; impact of abuse & neglect on child development; apply information to practice and discuss values and cultural considerations regarding abuse & neglect.	3	10/27/2016	25	DCYF
Parent Mental Health-Implications for Child Welfare	Participants will learn how parents' mental health impact safety, permanency & well-being. Objectives include: -Identify ways in which parent mental health can impact parenting & protective capacity -Build understanding of common mental health diagnosis working with child welfare involved parents -Understand what dual diagnosis is and how it might impact child welfare work with parents -Identify ways in which parent mental health can impact engagement, assessment, service planning and -permanency -Explore stigma related to parent's mental health diagnosis -Identify ways to build empathy and promote understanding	6	11/09/2016	25	DCYF

	-Explore cultural implications related to parent mental health -Learn how to identify and access resources				
Core I - Substance Abuse & Case Management	During this 6-hour course, participant will be able to define addiction and assess substance abuse as it relates to risk, safety, and protective capacity.	6  6	11/10/2016  11/14/2016	10  15	DCYF  DCYF
Foundational Visitation: Understand Family Centered Practice	During this 6-hour training, participants will establish linkages among: visitation practice, DCYF policy, Adoption & Safe Families Act of 1997, Family Centered Practice, assessment, and permanency planning as a means of promoting a best practice approach to visitation for children and families. They will explore the impact of their own values as they impact on casework practice, specifically on planning and conducting visitation, understand how emotional aspects of children and families' lives impact on and are integral to the development of visitation. They will also understand the importance of using a team approach for visitation; and increase knowledge and skills regarding the purpose, phase, preparation, and role of child welfare visitation.	6	11/17/2016	29	DCYF
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	11/21/2016	26	DCYF
Core I - Sexual Abuse: Impact of Sexual Abuse on Family Dynamics	During this workshop, participants will learn the prevalence of child sexual abuse for children & adolescents as victims. Participants will also learn the impact on children, adolescents and adults as non-offenders. Learning objectives include: Learn definition of sexual abuse Learn impact of sexual abuse on family Learn impact of values & cultural considerations of sexual abuse and family dynamics Understand situation which non-offending parent finds themselves Know referral resources for intervention, assessment, and treatment of victims & offenders	6.5	11/23/2016	21	DCYF

	Learn about language development & its impact on interviewing child victims Learn tips for testifying in court cases				
Core I - Intro to Trauma Informed Child Welfare Practice	During this 6-hour 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	11/29/2016	25	DCYF
Core I - Working with Adolescents in Child Welfare	During this training, participants will learn how to work with adolescents in child welfare. Focus on supporting youth and achieving permanency. Objectives include:  -Explore perceptions of youth in child welfare -Review reasons for youth involvement -Explore barriers to permanency for older youth -Learn strategies for achieving permanency for youth in out of home care. -Learn resources for adolescents	6	11/30/2016	29	DCYF
Core I - Out of Home Placement and Intensive Search for Natural Supports	During this workshop, participants will learn laws that govern placement and insure Family Preservation. Participants will examine policies and practices for working with children, youth & families to identify Natural Supports. Participants will explore resources to support efforts for locating and engaging Natural Supports.	6	12/01/2016	26	DCYF
Core I - Using Cross System Collaboration to Create Connections for Youth	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 3-hour training, participants will:  *Understand the relevance of Eco-Maps and Relationship Mapping to child welfare practice.  *Possess 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.	3	12/06/2016	26	DCYF

	*Demonstrate their ability as a unit to complete an Eco-Maps and Relationship Mapping				
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 will examine factors which support provision of comprehensive services to families involved in domestic violence situations.	6.5	12/09/2016	24	DCYF
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	12/12/2016	27	DCYF
Core I - Overview of Child Welfare in a Multi-Cultural Environment	The participant will demonstrate ability and sensitivity to family's differences in culture and ethnicity workshop will provide an overview of the U.S. Immigration system including an understanding of various immigration statuses, ways people come to the United States, refugee resettlement process, and the pathway to becoming a U.S. citizen. The workshop will use multimedia and interactive methods to promote cross-cultural sensitivity and understanding when working with DCYF involved Children, Youth & Families.	6	12/15/2016	25	DCYF
Core I - Expedited Permanency Meetings (EPM) DCYF Staff Orientation	This training is designed to prepare front-line staff & Supervisors for their role and participation in the EPM process. This training utilizes a variety of teaching techniques to emphasize the values & benefits of family engagement. During this training participants will: focus on the role of extended family & natural networks in helping to customize supports for youth as they safely transition to family & community; become familiar w/the EPM meeting stages & process; explore their role before, during & after an EPM, highlighting the critical importance of preparation	3	12/16/2016	20	DCYF
Core I - Question, Persuade & Refer	QPR is an evidence based suicide prevention gatekeeper training. During this 2-hour	2	12/20/2016	23	DCYF

(QPR) Youth Suicide Prevention	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 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 - The Commercial Sexual Exploitation of Children	<p>The Commercial Sexual Exploitation of Children is a segment of a series of courses that reflect DCYF Policy and Operational enhancements for child welfare agencies in response to the reauthorization of the Preventing Sex Trafficking and Strengthening Families Act of 2014. Upon completion of this course, participants will:</p> <ul style="list-style-type: none"> <li>-Learn the definition of Sex Trafficking, Force, Fraud, and Coercion</li> <li>-Understand Types of Sexual Exploitation</li> <li>-Engage in discussion of Community Perception of Commercial Sexual Exploitation of Children (CSEC)</li> <li>-Learn common myths vs facts about CSEC</li> <li>-Understand Who is at Risk</li> <li>-Learn about Demands that Fuel Sexual Exploitation</li> <li>-Learn about Recruitment, Victim Impact, Signs of Sexual Exploitation</li> <li>-Engage in learning activity focused on answering "Why Victims Stay"</li> <li>-Understand Helpful Responses and Community Resources to Address CSEC</li> </ul>	3	12/21/2016	22	DCYF
Core I - Open Topics - Impact of Poverty on Families and Children	Participants will review how poverty impacts children and families and consider how poverty contributes to child abuse/neglect. In addition, participants will consider their role in child welfare and how they may assist families impacted by poverty.	6	12/23/2016	7	DCYF
Core I - Open Topics-Cross-	The goal of this workshop is to provide an overview of the roles of service providers and their connection	6	12/28/2016	17	DCYF

System Collaboration	to DCYF in an effort to promote understanding and utilization of cross-system collaboration. This training will help participants: Understand the role that external agencies/providers have in public child welfare; Learn about different types of service providers and how they relate to the DCYF system; Discuss and explore how community providers experience and interact with DCYF; Identify the role and contributions of community providers as it relates to the DCYF System and ultimate success with families; Define and discuss key concepts which include, Family Centered Practice, Cross-System Collaboration, Permanency Planning Teams; Learn and practice tools for facilitating and maintaining a team approach				
Core I - Using Child Welfare to Promote Fatherhood	This 3- 3 1/2 hour training frames the engagement of fathers by the child welfare system from an historical and research based perspective. Participants will learned: To understand the overarching importance of father involvement in child welfare practice via; Exploration of the historical & current barriers to the inclusion of fathers; Linkages between inclusive fatherhood practice & successful outcomes for children; To explore & apply Family Centered Practices as a means of enhancing the engagement of the entire family system - beyond Mom & including Dad, and expand opportunities for working with families in need.	3	12/29/2016	20	DCYF
Core I - Open Topics Classroom: Restorative Practice	This workshop is flexible as it is utilized to provide additional workshops on an as needed basis. (Such as, substitutions for late cancellations of previously scheduled workshops, new training topics being introduced, and/or topics designed to address current trends/issues in child welfare. Learning Objective will vary based on topic. Topic: (Restorative Practice)	6	01/03/2017	24	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. They will also: receive an overview of regular and special education policies and procedures relating to child welfare; will meet and learn from educational professionals; and will explore ways of collaborating and communicating across systems.	3.5	01/05/2017	20	DCYF

Core I - Interstate Compacts: ICPC's & ICJ's	During this training, participants will learn the policies and procedures for both Interstate Juvenile Compacts & Interstate Compacts for the placement of children/youth: They will learn when and why we make an ICPC referral; Learn the protocol and procedure for making an ICPC referral; Learn steps involved in an adoption ICPC; Identify differences between ICPC and ICJ; Learn when and why we make an ICJ referral & Learn the protocol and procedure for making an ICJ referral.	3	01/13/2017	25	DCYF
Core I - R.I. Services & Supports for Adults, Youth, & Children w/Developmental and Other Disabilities	During this training, participants will learn about a diverse population (children, youth, and adults with developmental or other disabilities). Participants will identify factors affecting the development of special populations and will learn about RI services and supports.	6	01/18/2017	18	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	01/19/2017	22	DCYF
Core II - Trauma Informed Child Welfare Practice	This 3-Day (18 hour) 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	08/04/2016	6	DCYF
				11	Community
		18	09/15/2016	6	DCYF
				11	Community
		18	11/28/16	7	DCYF
Other In-service/ System of Care - Child & Adolescent Needs and Strengths (CANS) Training	CANS is a 5-hour training in comprehensive assessment of psychological and social factors for use in treatment planning. Domains assessed include general symptomology, risk behaviors, developmental functioning, personal/interpersonal functioning, and family functioning. The CANS is intended to support case planning and evaluation of service systems. Target Population: Children and			2	Community
		18	01/18/2017	2	DCYF
				6	Community
		5	07/27/2016	8	DCYF
				21	Community
		5	08/24/2016	8	DCYF
				21	Community
		5	09/21/2016	16	DCYF
				7	Community
				1	Other

	adolescents with mental, emotional, or behavioral problems. The intended Users: Child and adolescent mental health service providers.	5	10/26/2016	0	DCYF
				11	Community
		5	11/18/2016	1	DCYF
				4	Community
		5	01/19/2017	3	DCYF
				7	Community
		5	02/16/2017	1	DCYF
				10	Community
		5	03/29/2017	1	DCYF
				15	Community
		5	04/26/2017	2	DCYF
				15	Community
		5	05/24/2017	0	DCYF
				14	Community
Community - Training of the Trainer - Prudent Parent Standard and Normalcy in Foster Care	Training of the Trainer - Prudent Parent Standard and Normalcy in Foster Care provides an opportunity for training team members to review presentation, discuss content, learn and become comfortable with this training which will be delivered to DCYF Staff, Community Placement Providers, and Foster Parents. Prudent Parent Standard and Normalcy in Foster Care training addresses what Prudent Parent Standard is, how to apply it, why it is important. These are highlighted and contained in the greater Preventing Sex Trafficking and Strengthening Families Act (PL 113-183).	3	08/17/2016	1	DCYF
				1	Community
				3	Other
		3	08/18/2016	1	DCYF
				2	Community
				2	Other
		3	08/18/2016	2	DCYF
				2	Community
				2	Other
		3	08/18/2016	1	DCYF
				0	Community
				1	Other
Other In-service - Prudent Parent Standard and Normalcy in Foster Care	This 3 hour training is designed to inform DCYF Staff, Community Placement Providers, and Foster Parents on Prudent Parent Standard and Normalcy in Foster Care. This training provides an opportunity for participants to review presentation, discuss content, learn and	3	09/07/2016	21	DCYF
				1	Community
				6	Other
		3	09/07/2016	13	DCYF
				4	Community
				2	Other



become comfortable with the following concepts: Prudent Parent Standard and Normalcy in Foster Care, especially what Prudent Parent Standard is, how to apply it, why it is important. These are highlighted and contained in the greater Preventing Sex Trafficking and Strengthening Families Act (PL 113-183).	3	09/08/2016	7	DCYF
			8	Community
			1	Other
	3	09/08/2016	6	DCYF
			1	Community
			15	Other
	3	09/09/2016	6	DCYF
			3	Community
			4	Other
	3	09/09/2016	4	DCYF
			1	Community
			5	Other
	3	09/12/2016	13	DCYF
			1	Community
			7	Other
	3	09/12/2016	24	DCYF
			4	Community
			3	Other
	3	09/14/2016	22	DCYF
			3	Community
			5	Other
	3	09/14/2016	4	DCYF
			1	Community
			14	Other
	3	09/15/2016	10	DCYF
			6	Community
			11	Other
	3	09/15/2016	11	DCYF
			0	Community
			6	Other
	3	09/19/2016	1	DCYF
			1	Community
			26	Other

		3	09/21/2016	12	DCYF
				3	Community
				17	Other
		3	09/21/2016	9	DCYF
				13	Community
				4	Other
		3	09/23/2016	13	DCYF
				9	Community
				7	Other
		3	09/23/2016	9	DCYF
				3	Community
				1	Other
		3	09/26/2016	16	DCYF
				11	Community
				16	Other
		3	09/27/2016	19	DCYF
				11	Community
				6	Other
		3	09/27/2016	17	DCYF
				11	Community
				11	Other
		3	09/28/2016	4	DCYF
				5	Community
				5	Other
		3	09/28/2016	13	DCYF
				5	Community
				5	Other
		3	09/29/2016	0	DCYF
				0	Community
				20	Other
Other In-service - Kinship Family	This one-day training session examines a variety of creative family finding strategies to uncover	6	11/21/2016	15	DCYF

Search & Engagement	<p>and explore members of the youth's natural network of relationships. The process supports early and ongoing identification of family, kin and important adults who can offer a range of support and connection. The presentation focuses on the skills and preparation necessary to engage family and help youth establish or re-establish safe relationships, recognizing that permanent family connections are often closer than we realize! Participants will be able to demonstrate or describe:</p> <ul style="list-style-type: none"> <li>• A youth's need for connection to family, kin, and community of origin</li> <li>• The strategies to identify and locate family members and significant adults</li> <li>• Skills for engaging family and building relationships</li> <li>• The role of preparation with youth and adults for re-establishing lost relationships</li> <li>• How these strategies and skills can be applied throughout the life of a case</li> </ul>				
Other In-service - Expedited Permanency Meetings (EPMs) for Facilitators	This training is designed to prepare select staff to facilitate the EPM process; a time-limited family meeting model. EPM engages youth, family, and their supports, along with professionals to transition youth from residential & group placements to family based/less restrictive settings. Research shows that children have improved outcomes when they can be safely served in their own families and communities.	6	12/19/2016	11	DCYF
Other In-service - Attention Deficit Hyperactivity Disorder-Best Practice Protocols	This training will provide an overview of the behavioral and psychopharmacological options for the treatment of Attention Deficit / Hyperactivity Disorder (AD/HD). Pros and cons of the various treatment options will be reviewed as well and a discussion on medication diversion will also be had.	1	01/10/2017	9 1	DCYF Community
Other In-service - Correlates and consequences of bullying among justice-involved youth	This training will provide an overview of the definitions/impacts of bullying among justice involved youth and review potential intervention strategies that can be implemented to address bullying within the juvenile justice setting.	1	02/14/2017	12 2	DCYF Community

Other In-service - Transitioning DCYF Youth to BHDDH	This training will familiarize DCYF staff with the process of referring eligible youth for adult services to the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH). Includes: <ul style="list-style-type: none"><li>Identifying applicants</li><li>When to make a referral?</li><li>The application process</li><li>What happens with individuals already under the care of community health centers?</li><li>What happens once an individual is determined appropriate for services?</li></ul>	1.5	04/05/2017	36	DCYF
		1.5	04/06/2017	21	DCYF
		1.5	04/19/2017	30	DCYF
		1.5	04/27/2017	5	DCYF
Other In-service – One Eye Open – Adolescent Sleep in a Correctional Setting	This training will provide an overview of basic adolescent sleep patterns from a medical and clinical frame of mind. Barriers to proper sleep hygiene within the adolescent population will be explored and strategies to address these barriers will be identified. The training will also look to identify specific barriers which are present in a juvenile justice setting and will identify plans to help manage the issues which arise in this special setting.	1	05/09/2017	4 12	DCYF Community

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Members of the Voice participated in the following activities:

- NE Youth Coalition of the New England Child Welfare Commissioners and Directors Association; in-person meetings 3 times per year; monthly conference calls; monthly committee conference calls; presentation to Commissioners and Directors of New England States; Committees are Normalcy and Permanency\*, Education, NEYC Growth and Development
- Created and distributed holiday cookie mixes to foster families during our Holiday Gifts Distribution
- Jim Casey Youth Opportunities Initiative: Youth Leadership Institute
- Serve as youth voice for the Now is the Time Healthy Transitions Grant and with work on the development of the social marketing campaign for the Healthy Transition Project.
- Foster Youth Shadow Day at the US Capitol (One member shadowed Rep. Langevin for the Day.)
- Spoke at the Annual Foster Forward Gala

- Spoke at the DCYF Provider Summit
- Participated on a panel for several trauma-informed trainings for providers
- Created centerpieces for the Annual Thanksgiving Dinner
- Hosted a refreshment table and volunteered at the Foster Forward Haunted House
- Volunteered at the Foster Parent Appreciation Event
- Provided feedback for a Yale University survey tool on permanency and youth voice in case planning
- Participated in Yale University focus groups on permanency and youth voice in case planning
- One member has been trained as a Youth Advisor for NYTD national site visits
- Interviewed as part of PBS foster parent recruitment video
- Presented on Normalcy during the “Transforming the Care of Children and Youth in RI” conference
- Participated on a panel during the Parent Support Network annual conference
- Participated in workgroup providing feedback for Prudent Parent Standard training curriculum

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

Members of the Voice participated in the following activities:

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

- Participated on a panel for a Child & Family foster care symposium
- Volunteered at the annual Holiday Gift event
- Testified before the Senate and House Finance Committees on the Young Adult Voluntary Extension of Care Act
- Participated on a youth panel at a Family Court Training on transition planning and prudent parenting standards
- Voice members continuously support and attend door-openers, focus groups, and workshop opportunities provided by CYS.
- The Normalcy and Permanency committee and the coalition have created a regional definition of normalcy and “The Normalcy and Permanency Bill of Rights” which has been approved by NEACWCD.

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

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

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

**FFY 2017:** Mike Burk continues to have a more active role in engaging with the Narragansett Tribe and has been involved in several discussions with them regarding agency wide collaboration in general, as well issues related specifically to youth development services and supports. Mike works closely with the DCYF Tribal Liaison, to ensure effective communication and coordination with the Tribe on programs under his purview. The Narragansett Tribe have indicated on numerous occasions that they do not wish to administer or supervise the CFCIP or the ETV program.

All CFCIP services are available to Indian youth who meet the state’s defined population for Chafee, as well as for YESS Aftercare Services which are funded solely through state dollars. CFCIP benefits include Life Skills Assessment and Education, Real Connections Mentoring, ASPIRE Financial Literacy and Individual Development Account (IDA), Educational Supports and Services, Employment/Vocational Development Services, participation in The Voice (Foster Youth Advocacy Group) and Teen Grants. Indian youth who meet the general eligibility requirements may also opt to participate in the federally funded Education and Training Voucher Program (ETV) and the state funded DCYF Higher Education Opportunity Grant Program. The Narragansett Tribe has not raised concerns about accessing CFCIP or ETV services.

The Workforce Development Division worked with the Narragansett Tribe and held an ICWA training in the Fall of 2016. Mike participated in this training.

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

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

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

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

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

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

**GOAL 8:** Ensure the safety and support of commercially sexually exploited children (CSEC) and to prevent further exploitation by utilizing a multi-disciplinary approach to enhance response, identification, awareness, education, restoration and recovery. Develop and implement a comprehensive State-wide program to strengthen the child welfare response to victims of trafficking.

This goal has been revised from the original goal included in the 2015-19 CFSP in order to reflect our refinement of our efforts to address the commercial sexual exploitation of children.

#### **FFY 2017: Current Activities:**

- Completed Review existing policies, protocols and legislation used in investigations, prosecutions and victim advocacy;
- Participating in existing task forces and meetings with partners and stakeholders related to addressing Commercial Sexual Exploitation of Children;
- Updated DCYF Policy 700.0135 (formerly Runaway policy, now to be called Children Absent from Care/CSEC Policy);



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

**FFY 2017: CURRENT ACTIVITIES:**

- Ongoing participation in existing task forces and meetings with partners and stakeholders related to addressing Commercial Sexual Exploitation of Children;
- Updated DCYF Policy 700.0135 (formerly Runaway policy, now to be called Children Absent from Care/CSEC Policy);
- Drafted Safe Harbor legislation for CSEC victims; Submitted to the Rhode Island State Legislature for approval
- Completed standardized policies/procedures related to monitoring compliance regarding the reporting of missing children to law enforcement within 24 hours for entry into the FBI's National Crime Information Center (NCIC) and the National Center for Missing and Exploited Children (NCMEC) as required by the Preventing Sex Trafficking and Strengthening Families Act;
- Completed standardized policies/procedures related to reporting the total number of children and youth who are CSEC victims to Health and Human Services;
- Completed a comprehensive, evidence based CSEC data collection method;
- Completed and implemented a standardized system-wide assessment tool to identify victims and children at risk of sexual exploitation;
- Ongoing improvements to victim treatment, services and placements;
- Providing ongoing professional training, outreach and public awareness; mandatory CSEC awareness training to all DCYF employees, Advanced CSEC training to CPS workers (CPIs and Intake workers).
- Continuous collaboration with Day One to provide CSEC awareness training to law enforcement, courts, providers, hospitals and the general public.
- Developing a DCYF sponsored informational website and 24-hour contact telephone number to identify/locate/assist potential CSEC victims.

- In the process of hiring a CSEC Coordinator. The coordinator (Sarah Palumbo) was hired, but management took her back to work in FSU. We submitted for a Human Trafficking Coordinator, through the new VOCA Grant. Should know something by October 2017,
- Submitting grant proposal for \$1.25 million to self-sustain the CSEC program and computer system upgrades in RICHIST for (5) years. "Grants to Address Trafficking within the Child Welfare Population - HHS-2016-ACF-ACYF-CA-1179". Submitted (3) year VOCA grant for a Human Trafficking Coordinator.

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

TABLE 7. CFCIP 2016 ALLOCATION	
<b>FFY2016 Allocation</b>	\$586,562
<b>Revenue/Expenditure Description</b>	<b>Amount</b>
<b>Consolidated Youth Services Program</b>	\$586,562
<b>IL Coordinator/Youth Development Support</b>	
<b>Audit</b>	\$ 328

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

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

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

DCYF has made some strides in providing credit checks for youth in foster care that are 14 or older. As of April 3, 2017 the Department has signed agreements with all three CRA's. As of May 12, 2017 the

Department has run test batches with both Transunion and Equifax. The Department has not completed the testing process with Experian.

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

TABLE 8. CREDIT CHECK IMPLEMENTATION WORKPLAN (UPDATED)					
Activities	March 2017	April 2017	May 2017	June 2017	July 2017
Sign three credit bureau's membership agreements		Completed As of April 3, 2017 DCYF has signed agreements with all three CRA's			
Modify batch reporting structure to include 14-15 year olds				The front end changes for the credit checks windows in RICHIST are almost done. There are a couple of modifications that need to be made. It's possible that they could be ready for the next RICHIST release on June 13, 2017.	
Test Batch Reporting	Completed on March 4, 2017 first test was run with TransUnion	Received results back from TransUnion on April 10, 2017	Completed on May 12, 2017 2 <sup>nd</sup> test with Transunion and test results with Equifax came back.	Last test with Experian will be in June 2017	

TABLE 8. CREDIT CHECK IMPLEMENTATION WORKPLAN (UPDATED)					
Activities	March 2017	April 2017	May 2017	June 2017	July 2017
Update policy to include who is responsible for accessing credit reports and addressing any inaccuracies, disputing inaccuracies and involving young people in the process?					In February of 2017, a Draft Agency Protocol for Credit Check Roles and Responsibilities was developed. This will be
					finalized once the credit check window in RICHIST is complete in June 2017.
Provide credit-related training to DCYF staff & administration along with others responsible for youth in care		Preliminary discussions with DCYF staff during the information sessions DCYF held with	Preliminary discussions with DCYF staff during the information sessions DCYF held with		In depth trainings in the regions once the RICHIST modifications are complete.
		internal staff on effective transition planning for older youth as it relates to Tile IV-E on April 26 <sup>th</sup> and 28 <sup>th</sup> , 2017.	internal staff on effective transition planning for older youth as it relates to Tile IV-E on May 2 <sup>nd</sup> , 3 <sup>rd</sup> and 5 <sup>th</sup> , 2017.		
Implement credit checks for youth in foster care				DCYF will run its first batch of credit checks with a three	DCYF will run its first batch of credit checks with a three CRA's at
				CRA's at the end of June-	the end of June-
				beginning of July	beginning of July

## 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) 2016

allocation was \$188,033. Our ETV allocation for FFY 2017 was \$181,820 which represents a decrease of \$6,213.00.

Our DCYF Higher Education Grant Program funding, an annual allocation of \$200,000, can be used only for full-time students attending one of Rhode Island's three public higher education institutions – 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. In FFY 2017, twenty-four (24) students received state funds totaling \$105,823.00.

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

The Department, continues to utilize the Office of Post-Secondary Education's Division of Higher Education Assistance's (OPSE-DHEA), web-based integrated DCYF Post-Secondary Education Tuition Assistance Program (PETAP) Application for the 2016-2017 academic year. 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. It also allows award payments to be made directly by OPSE, tracks students who drop out or reduce credit hours below full or part time and provides a direct mechanism for refunding funds back for students who do not complete the academic semester based on each school's refund policy.

The 2016-2017 Academic Year was our fifth full year of using this 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. For the past three years, DCYF provided each student with funds to cover 80% of their unmet need unless they were eligible for the ETV funds only and hit their \$5,000 annual federally mandated cap. For the 2016-2017, academic year, 187 youth applied for funding and, of those applicants, 50 youth attended school and received funding. This assistance totaled \$292,382.00 from all funds [ETV - \$186,559.00; DCYF Higher Education Funds - \$105,823.00]. ETV awards ranged from \$1,250.00 - \$5,000.00 and DCYF Higher Education Awards ranged from \$556.00 - \$10,050.00. We anticipate our percentage for the 2017-2018, academic year to be between 60%-80% of unmet need.

The following chart shows the actual participation rate for the 2016-2017 Academic Year.

TABLE 9. DCYF POST-SECONDARY GRANT FUNDING FOR ACADEMIC YEAR 2016-2017			
Postsecondary School Attended	Students Receiving State-funded DCYF Higher Education Grant Funds and Federal-funded Education and	Students Receiving Federally-funded Education and Training Voucher Grant Funds Only	Total Number of Student Participants

	Training Voucher Grant Funds		
The Community College of Rhode Island (CCRI – RI)	12	7	19
Johnson and Wales University (RI)	0	3	3
Maine College of Art	0	1	1
Mount Ida	0	1	1
Motoring Technical Training Institute	0	1	1
New England Institute of Technology	0	3	3
New England Tractor Trailer	0	1	1
Rhode Island College (RI)	6	4	10
Thomas College	0	1	1
University of Rhode Island (RI)	6	4	10
Total Student Participants	24	26	50

#### 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 2017:** 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 and youth attending post-secondary educational institutions. YESS case managers are used often to ensure outreach to young adults. As well, with our web-based application system, we 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.

In addition, the OPSE-DHEA sends out e-mail blasts to all past DCYF Post-Secondary applications reminding them to submit their DCYF applications. DCYF also posts information regarding eligibility and how to apply for Higher Education funds on the state website and Facebook accounts.

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

This academic year, the DCYF Youth Development and Educational Support Services (YDES) Unit collaborated with YESS Aftercare Services in scheduling and attending college tours during school vacations. DCYF youth that were referred to aftercare services were invited to attend the college tours. The YDES Unit will schedule college tours during the summer months for all high school students interested in participating.

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

DCYF is in the process of solidifying a new MOU with OPSE-DHEA. As part of this MOU, DCYF is proposing to streamline the application and eligibility determination which will allow DCYF to create an account for each eligible student. OPSE-DHEA will compare this data to Free Application for Federal Student Aid (FAFSA) applicants and will indicate any DCYF eligible youth who have complete their FAFSA as active participants for the academic year. Students will continue to be able to view their application and award status, including award amounts when finalized and payments made to their schools.

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

**FY 2017:** In 2014, DCYF partnered with Rhode Island College's (RIC) Learning for Life Program. Learning for Life provides supports for students while attending RIC to help them successfully transition to college. Since 2014, every young adult who applied for the DCYF Post-Secondary Tuition Assistance Program and identified RIC as their school choice, received an email from the DCYF Educational Services Coordinator explaining the benefits of the Learning for Life Program. In 2015, the DCYF Educational Services Coordinator joined and continues to serve on the Learning for Life Program Board.

In the 2016-2017 academic year, DCYF has formed partnerships with the Community College of Rhode Island - Office of Opportunity and Outreach and Graduate Rhode Island.

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

- Connect to College (C2C) program which aims to increase college readiness for incoming students and create a community of scholars working together towards degree completion. Connect to College provides academic advising, financial coaching, and career assessments that link directly to college majors and programming, which will aid students in their goal of college graduation.
- The Rhode Island Educational Opportunity Center (EOC), a federally-funded TRIO Program, assists individuals with applying for financial aid (FAFSA) and completing college admissions applications. The EOC office also provides an array of other services such as: career counseling, GED and English as a Second Language classes referrals, assistance with foreign education evaluations, financial literacy and general educational information dissemination. The EOC Office assists students in gaining access to any college that they are interested in attending, not just CCRI.
- Preparing for College is a collaboration between the CCRI and the Rhode Island Office of the Postsecondary Commissioner which targets middle school students and high school

students with the goal of informing them about the benefits of planning for their future – either college or career

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

- **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.

Although the Higher Education Advisory Board has not yet convened, OPSE-DHEA has committed to working with DCYF to identify and leverage resources for youth in care. DCYF anticipates convening this Education Advisory Board in the 2017-2018 academic year.

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

DCYF and OPSE-DHEA are also proposing to expand services to include career exploration, college planning and college prep workshops. Career Exploration and College planning will be primary done through OPSE-DHEA WaytogoRI portal. WaytogoRI has been adopted by many Rhode Island School Districts which assists in the development and guidance of Individual Learning Planning for middle and high school students.

OPSE-DHEA will also establish DCYF as an entity which will allow DCYF staff to access students' information and provide a more comprehensive tool to encourage and monitor student goals, assist with career planning, college searches and applications.

OPSE-DHEA and DCYF will collaborate in developing a series of annual workshops/trainings in regard to college planning, application processes, financial aid opportunities (including scholarships) and FAFSA completion.

#### **FFY 2017:**

Financial and Statistical Information Reporting

FFY Year 2017: ETV - Award \$181,820; Expended \$181,820

<b>TABLE 10. NUMBER OF RECIPIENTS OF ETV FUNDS</b>		
	<b>Fiscal Year</b>	<b># of Recipients</b>
<b>Initial Voucher</b>	2013	31
<b>Total Participants</b>	2013	82
<b>Initial Voucher</b>	2014	29
<b>Total Participants</b>	2014	51



<b>Initial Voucher</b>	2015	29
<b>Total Participants</b>	2015	48
<b>Initial Voucher</b>	2016	44
<b>Total Participants</b>	2016	90
<b>Initial Voucher</b>	2017	40
<b>Total Participants</b>	2017	69

## Fund Administration

DCYF's application process is now all web-based with OPSE-DHEA and award determinations based on the youth's unmet need after considering the cost of attendance for that youth and other financial aid awarded. We continue to be able to fund at an award percentage of 80% of the student's unmet need unless they are limited to the federal ETV cap of \$5,000.

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

## Updates to Targeted Plans within the 2015-2019 CFSP

### Foster and Adoptive Parent Diligent Recruitment Plan

DCYF hosted two-day site visit from the federal Children's Bureau on May 17-18, 2017 regarding its Foster and Adoptive Parent Diligent Recruitment grant. During the site visit, the Children's Bureau team interviewed staff and reviewed DCYF's Work Plan along with the financial documentation pertaining to the grant. Subsequent to the site visit, the federal team requested a written progress update on each activity listed in Rhode Island's Work Plan. DCYF submitted this update to the Children's Bureau on June 6, 2017 and is awaiting a response. This submission is attached as Appendix G. There were no changes or additions made to the Foster and Adoptive Diligent Recruitment Plan.

### Health Care Oversight and Coordination

DCYF is in the process of hiring a part time psychiatrist, whose responsibilities will include the monitoring of psychotropic medication use among children in DCYF care. During the past year, the Department's staff responsible for tracking the use of psychotropic medication left her position with DCYF. There are no changes to the Health Care Oversight and Coordination Plan.

### Disaster Plan

The state was not affected by a disaster during this reporting period and there have been no changes to the Disaster Plan.

## Training Plan

The Department's Training Plan was approved by the Children's Bureau, effective May 24, 2017, and is attached as Appendix H.

## Statistical and Supporting Information

### Information on Child Protective Service Workforce

This information is included in the Department's CAPTA plan.

### Juvenile Justice Transfers

This information is included in the Department's CAPTA plan.

### 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. Information from these entities is utilized by DCYF in reviewing child fatalities.

### Inter-Country Adoptions

In FY 2016, there were no children that entered state custody due to disruption or dissolution of an inter-country adoption.

## Financial Information

### FFY 2015 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 FFY 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 2015, 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 \$822,925 in Title IV-B, part 1 funds, and an allocation of \$885,063 in Title IV-B, part 2 funds. Additionally, the Department requests \$55,750 for ongoing efforts to improve performance in monthly caseworker visits; as well as an allocation of \$114,217 in CAPTA funds. The Department is also requesting \$579,452 in funds through the Chafee Foster Care Independence Program, and \$188,033 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, Subpart 1:

The Department of Children, Youth and Families anticipates receiving \$822,925 in FFY 18 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, Subpart 2:

The Department anticipates receiving an allocation of \$885,063 in Title IV-B, Part 2 funds for FFY 18. 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 20% of the appropriation; family preservation services will be allocated 20%; time-limited reunification services will receive 21%; and, adoption promotion and support programs will receive 29% of IV-B, Part 2 funding. The Department will use 10% in Administrative costs.

#### Child Abuse Prevention and Treatment Act Appropriation

The Department anticipates receiving \$114,217 in FFY 18. 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.

#### Chafee Foster Care Independence Program Appropriation:

The Department anticipates an allocation of \$579,452 in the CFCIP allocation, and \$188,033 in Educational Training Vouchers (ETVs) in FFY 2018. 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 \$55,750 in the MCV funds for FFY 18. In 2017, the Department used the 2016 funds to purchase Speakwrite services for front line caseworkers. Speakwrite enables workers to call in their dictation and receive it back in Microsoft Word form via email. The workers can then cut and paste into our SACWIS system. Many workers have voiced this is a valuable service. In 2018, the Department is planning on purchasing new broadband-enabled tablet laptops to assist workers in the field. The laptops will allow staff to complete face-to-face visits more efficiently and effectively by allowing them to work directly with their clients in the field. Information can be entered directly into our RICHIST system without the need to return to the office.

## Other Expenditures

The Department has decided not to move forward with the Title IV-E Demonstration Waiver we have been approved to officially terminate from this on June 30, 2017.

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. This grant was approved in September 2016 for a one year carry-over and is ending September 2018.

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 FFY 2015 based on the awards that had been given for the prior fiscal year. The actual awards that were subsequently issued for FY 2015 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 met the required 20% minimum expenditures for each of the Title IV-B Subpart II categories: Family Preservation Services, Family Support Services, and Time-Limited Family Reunification Services. However, we fell short substantially on the Adoption Promotion and Support Services at 8% due to lower than anticipated referrals to this programming. Moving forward, DCYF anticipates meeting the 20% target due to an increased investment in these services combined with targeted focus on educating staff on the Department's enhanced and expanded service array. In addition, \$139,909 was unexpended from the same causes. This was rectified in FFY 2017.

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