

RHODE ISLAND

TITLE IV-B FFY 2021 ANNUAL PROGRESS AND SERVICES REPORT



RHODE ISLAND DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES

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TITLE IV-B ANNUAL PROGRESS AND SERVICES REPORT

Collaboration –

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

Through the years, the Department has been guided by strong vision and mission statements that were crafted by a cross-section of the Department’s staff. In 2014, Department staff developed and promulgated a revised vision and mission statement reflective of the practice transformation that is emphasizing wraparound practice and shared responsibilities for promoting safety, permanency and well-being for children and families:

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

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

The Department also finalized and promulgated its guiding principles:

- ❖ The family, community and government share responsibility for the safety, protection and well-being of children through a family and child-centered wraparound model of care
- ❖ Decisions are made based on shared input and expertise, which includes the voice of the Department, the family, service provider, caregiver and child where appropriate
- ❖ Timely permanency is achieved when evident behavioral changes are made which demonstrate the ability to create and maintain safe, stable environments for children and youth
- ❖ When the natural family is unable to care for a child/youth, it is our responsibility, in as timely a manner as possible, to ensure the child/youth is provided permanency in his/her life in a safe, stable and nurturing home
- ❖ DCYF staff, parents, natural supports, foster caregivers, other community and State agencies, and their staff are partners in the provision of timely and appropriate high-quality care
- ❖ An integrated continuum of care should emphasize prevention over intervention, and reflect a partnership between family, community and government that is culturally relevant and helps families through readily available individualized services which achieve behavioral changes that can be sustained through natural supports
- ❖ Partnership requires open, honest and respectful communication fostering an awareness of the importance of individualized evidence-based practices and clear and agreed upon authorities and responsibilities
- ❖ Professionals at all levels should be held accountable to a professional code of conduct

- ❖ As an invaluable resource, staff are entitled to a safe, supportive work environment that fosters professional development
- ❖ Quality improvement is an on-going process, utilizing external and internal performance standards
- ❖ Professionals at all levels should be held accountable to a professional code of conduct
- ❖ As an invaluable resource, staff are entitled to a safe, supportive work environment that fosters professional development

Through multiple programs extending through a range of community-based care to residential treatment, the Department provides child protection, child welfare, children’s behavioral health, preventive services to children at risk of abuse/neglect, support services for children and families in need, and services for youth requiring community supervision or incarceration due to delinquency. This combined responsibility and service structure positions DCYF 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.

Rhode Island is the smallest state in the nation with a population of just over 1 million. The DCYF state-administered child welfare system with a centralized 24-hour child protection operation. There are four regionalized offices to promote a community-based service system within the state. The state is divided into four regions and each region has an independent Chief of Practice Standards who report to an Assistant Director and there are seven work units in regions II and III and eight casework units in regions I and IV. Each unit is comprised of one supervisor and five social caseworkers. Social caseworkers are responsible for case management and coordination of service planning, as well as monitoring children in out-of-home placement, including managing visitation between parents and their children.

Figure 1: County map of Rhode Island



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

Juvenile Probation/Parole officers are located throughout the state usually near, if not housed inside, the county court houses. Youth sentenced to probation/parole are assigned to the probation/parole office either closest to their residence or in the county the charges were filed. The Rhode Island Training School (RITS) is the state's only juvenile correctional facility; located in the City of Cranston which is just south of Providence in Kent County.

The Department's Central Office is in the City of Providence. The physical location houses the Region 1 Family Service Units and much of Region IV's Family Service Units because of recent consolidation efforts, the Division of Children's Community Services and Behavioral Health, and other functions under Executive Services and Management, Budget and Support Services.

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

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

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

The Department of Children, Youth and Families is one of four agencies within the Executive Office of Health and Human Services (EOHHS) which is comprised of the departments of Human Services; Behavioral Health, Developmental Disabilities and Hospitals; Children, Youth and Families; and Public Health. These agencies are all aligned to provide a continuum of services and supports for children and families. Additionally, as referenced in previous submissions, the State has a comprehensive Medicaid waiver that is designed to rebalance its publicly funded health and behavioral healthcare service system, placing greater emphasis on community-based, preventive care and less reliance on institutionally based care. The DCYF is an integral participant in the redesign of Rhode Island's Medicaid supported service delivery system.

Consistent with this overall movement toward community-based supports for children and families, the design and implementation of the Family Care Community Partnerships (FCCPs) places great emphasis on the front-end of DCYF's service delivery system to identify families who are at risk for DCYF involvement because of:

- Children who are at risk of abuse and neglect;

- Children who have a serious emotional disturbance (SED);
- Children with behavioral health concerns; and/or
- Youth who have or are at risk of involvement in juvenile corrections.

All the FCCPs have within their networks of collaborative relationships a full array of early child development programs that include Early Head Start and Head Start programs; Early Intervention programs; Infant and Toddler Home Visiting programs; Parents as Teachers; etc. During a recent restructuring of the Infant and Toddler Home Visiting program, the Department of Health took steps to align its home visiting program with the FCCP regions so that these service providers would be easily linked as referral and resource partners. As referenced earlier, there is a continuing emphasis to ensure awareness of these home visiting programs among the FCCPs, as well as within our Child Protection Division to assist in providing necessary preventative supportive services to families with infants and toddlers.

In April 2018 Director Piccola launched the Department’s next operational direction, ***Pivot to Prevention***. The goal of Pivot to Prevention is to affirm both internally and externally the Department’s role and responsibility in prevention by outlining many of the strategies and actions we already undertake and where we will be enhancing efforts. This is the Department’s opportunity to share our commitment to keeping children and youth safe in our communities through a prevention focus.

In July 2018, Director Piccola, Chief Legal Counsel Kevin Aucoin, Kim Sande, Family Court Judges and the CBCAP Lead attended the State Team Planning meeting in Washington D.C. Director Piccola referenced the Department’s Pivot to Prevention and outlined the five key areas:

Child and Youth Safety as Public Health Issue

- Using data to support individual communities to further establish and strengthen locally-based interventions that capitalize on the strengths of their residents and resources;
- Advocating with our state partners across Health and Human Services to use cross-system data to understand and respond to our shared priorities particularly around the economic instability of many of our families, substance abuse, mental health, and the needs of parents of very young children; and
- Sharing information about prevention related outcomes more publicly and to define child safety as a public health issue and not a solely a DCYF issue.

Establishing a Stronger Network of Prevention

- Creating a Behavioral Health strategic plan that includes a clear plan for equality in access to services, increased mentoring services, and the elimination of voluntary relinquishments;
- Implementing a team-based decision-making process that fully incorporates family voice;
- Identifying and implementing a strategy with our school partners around improved communication and rapid response to families in crisis; and
- Developing a strategy for ensuring families impacted by addiction, particularly opioid addiction, are fully connected to services starting by reestablishing a substance abuse liaison in the department.

Continuing to Ensure a Competent, Stable, Diverse and Accountable Workforce

- Orienting our training and professional development for staff toward a health response, particularly social determinants of health, and increasing opportunities for advocacy for community health;
- Ensuring there is ongoing diversity in hiring and promotions; and
- Expanding employee career paths.

Fiscal Soundness

- Ensuring a robust process is in place for determining budget priorities and a plan that allows for shifts in funding to occur when priorities change;
- Maximizing all opportunities for federal funding including:
 - Implementing additional actions to leverage IV-E and Medicaid funding; and
 - Analyzing the new Family First Act to determine how best to leverage this policy shift to strengthen prevention funding.

Effectiveness of Services

- Completing our study of the Training School’s effectiveness as an intervention including an analysis of long-term outcomes for youth who spend time at the Training School in comparison to youth who spend time in other types of community placements;
- Expanding our Active Contract Management process to all DCYF contracts; and
- Devoting time to eliminating redundancy in processes and paperwork across the Department.

In August of 2019 Director Piccola left DCYF. Kevin Aucoin has been selected as Acting Director and he brings more than 30 years’ experience at DCYF from Chief of Legal to Deputy Director. Acting Director Aucoin has continued the Pivot to Prevention strategies and has shifted the branding to Statewide Prevention.

DCYF has a standardized process used to gather input from the Narragansett Indian Tribe that is based on the Bureau of Indian Affairs (BIA), Indian Child Welfare Act (ICWA), and In-Demand Training (2016). DCYF notifies, exchanges information, and consults directly with Tribe representatives Wenonah Harris and Anemone Mars. The agency has identified Stephanie Terry as the tribal liaison. Both Ms. Terry and Acting Director Aucoin have had a series of meetings to discuss ongoing needs of the Tribe.

Acting Director Aucoin 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 (Government Performance Lab – Harvard Kennedy, Casey Family Programs) have engaged in conversations with providers regarding the services they deliver to children and families. These discussions have provided opportunities to review the goals and objectives articulated in the CFSP and obtain feedback on how we are perceived to be doing and how we might be able to be more effective.

DCYF continues to utilize “Active Contract Management” (ACM), a framework by which the Department coordinates shared data with providers on outcomes and process measures relevant to the services they provide. The team 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 (FCCPs), where ACM has been successful in improving assessment completion times and timeliness of first face-to-face visit with the family, and, most importantly, prevention of deeper involvement with the DCYF. The Department recently expanded the ACM process with group home and semi-independent living providers for teens where we hope to achieve similar successes.

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

In April of 2019, DCYF staff and the Family Court attended the ACF State Team Planning meeting in Washington D.C. This event facilitated productive conversations about the current system in our state and identified how we can work together to improve. Specifically, discussions identified time for pre-trial conferences, the use of Probable Cause hearings, and specialized training for attorneys on referral lists. The Family Court staff also participated in work groups in development of the CFSP goals.

Additionally, in the development of its CFSR, PIP and CFSP, the Department met and sought input from the following community partners:

- Foster and adoptive parents at Foster Forward and The Village for RI Foster & Adoptive Families
- The Voice – Youth Advisory Group
- Birth parents at Parent Support Network of RI
- Safe Sleep Interagency Committee
- Mental Health Association of Rhode Island (May is Mental Health Month Committee)
- Newport Child Abuse Prevention Committee
- Fatherhood Initiative with Parent Support Network
- Pivot to Prevention Advisory Group
- State of RI Children's Cabinet through the Office of the Governor
- 3rd Grade Reading Committee through the Office of the Governor
- Substance Exposed Newborn Interagency Taskforce
- Family Care Community Partnerships (FCCPs) Advisory Boards
- RI Department of Health, Health Equity Zone (HEZ) Statewide Conference

To communicate strategies, successes, and obstacles, the Department's Director has implemented quarterly open forum meetings with all staff. Staff are encouraged to attend and provide feedback directly to the Director regarding new initiatives and share ideas for practice improvement. In 2017 the Director's Office sends a weekly e-message to all staff. These messages provide updates about our agency's involvement and engagement with external stakeholders in the community and other government agencies. The director will continue both open forum meetings and the weekly e-message. Acting Director Aucoin has continued the weekly messages and monthly virtual forums which has been very well received by staff especially during tele-working due to COVID-19. All DCYF staff were transitioned to tele working in late March and early April.

The Department engages in regular and ongoing communication with the RI Family Court. Acting Director Aucoin has a positive and productive working relationship with the Chief Judge Michael Forte and the Family Court administration. The director and the Department's Executive Counsel continue with regular meetings with the representatives of the Rhode Island Family Court and more recently, meetings with the CASA attorneys have been established.

The Division of Performance Improvement is overseen by an Associate Administrator who oversees Workforce Development, Performance & Evaluation, Practice Review and CFSR. The Division of Community Services and Behavioral Health is overseen by an Associate Director, a Chief of Children's

Mental Health, an Administrator and Chief of Casework Supervisor. In this division there is a Substance Abuse Liaison and Peer Recovery Coaches.

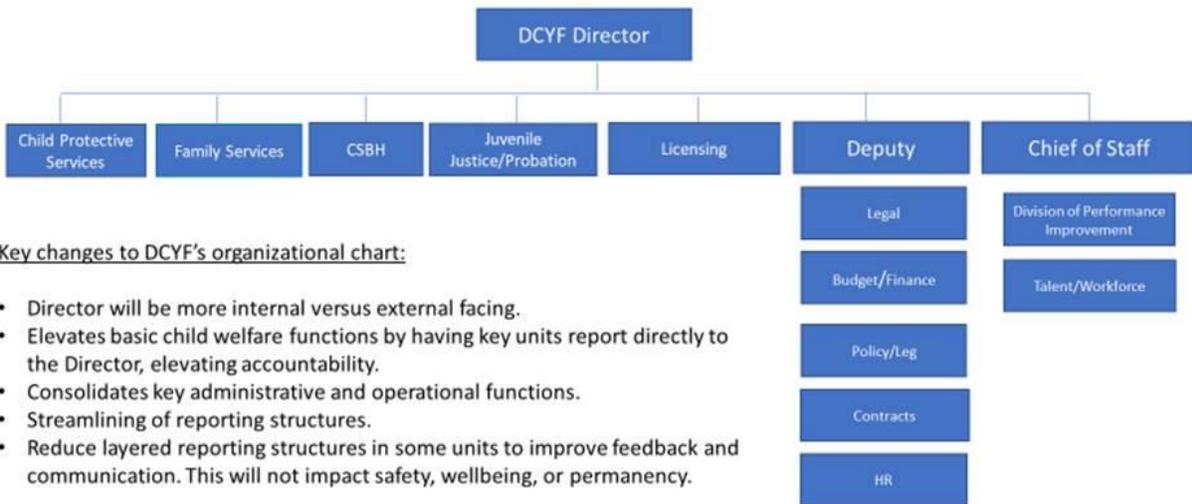
Juvenile Corrections is overseen by an Executive Director and an Associate Director of Probation and Parole. There are six probation units overseen by Caseworker Supervisors.

To ensure family voice and shared experience is heard within the Department, Adam Williams has been tasked by Acting Director Aucoin to lead and implement the Stakeholder Engagement Group. This group will have stakeholders from all areas and will serve to inform the work of the Department with the PIP, Family First Prevention Planning and meets in July 2020.

The Department has committed itself to issues of diversity, equity and inclusion both inside of its agency (hiring and promotion) and in our work (cultural competency and humility in our practice, as well as equitable outcomes for children and family). Primary efforts to ensure race equity include:

- The summer 2019 unveiling of a Diversity Vision Statement that was vetted by staff and leadership. Link here: http://www.dcyf.ri.gov/documents/dac_diversity-vision-statement_2019.pdf
- Ongoing advisory from our staff-led Diversity Advisory Committee (DAC) to recommend and implement cultural and practice changes; the committee meets together at least monthly and collaborates quarterly with DCYF leadership to make recommendations and with other state agencies to share best practices.
- Refinement and implementation of a DCYF Affirmative Action Plan, which has set goals for staff makeup and commits to the use best practices for recruiting, hiring and promoting diverse staff.
- In light of recent current events and the Black Lives Matter movement, the Department has convened a Race Equity Core Team, which comprises staff, leadership, the DAC and our Peer Support Team to focus on shared understanding of issues related to racial justice and to formulate action plans for the coming months to address inequities.
- The Department's Division of Performance Improvement continues to look at agency outcomes by race and other factors to understand whether initiatives are helping to reduce racial inequities.
- In our Child Protective Services division, it is believed that the Family Functioning Assessment will help provider more equitable decision making.
- The Community Services and Behavioral Health Division developed guidance in 2019 for our congregate care providers on how to provide treatment with cultural awareness, competence, and sensitivity across the treatment process. We recognized how personal and professional values may conflict with the needs of diverse clients when developing care plans and setting goals to address the family's diverse background. Since developing this guidance, staff from the Community Services and Behavioral Health Division have held workgroups with the providers over the past several months. These workgroups have been focused on outlining the critical parts of treatment where culture should be emphasized, and we have been providing definitions, applications, and examples.

In October 2019 Acting Director Kevin Aucoin with the Senior Team began the process of realigning DCYF resources and released the below Organizational Chart on May 27, 2020.



NEW: DCYF Leadership

Update to Assessment of Current Performance in Improving Outcomes –

In June 2018, DCYF underwent Round 3 of the Federal Child and Family Service Review (CFSR). The State's performance is assessed on 7 child and family outcomes and 7 systemic factors. The Department was found to not be in substantial conformity on the seven child and family outcomes. Those seven outcomes are:

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

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

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

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

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

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.

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

Child and Family Outcomes

- Safety Outcome 1: Of the twenty-one (21) applicable cases in the 2019 internal review, 71.4% were found to be in substantial conformity. Therefore, the Department's assessment of the

performance of this item is that it continues to be an Area Needing Improvement. The Department is currently addressing this outcome by including a strategy in its Program Improvement Plan that specifically targets improved documentation of investigative responsiveness to routine investigations.

- Safety Outcome 2: In the 2019 internal case review, 58.46% of the 65 applicable cases reviewed were found to be in substantial conformity. Therefore, the Department's assessment of the performance of this item is that it continues to be an Area Needing Improvement. The Department is currently addressing this outcome by its implementation of the Family Functional Assessment (FFA) and Ongoing Family Functional Assessment (OFFA). The agency's Program Improvement Plan (PIP) includes strategies that will enhance family engagement and staff supervision as well as incorporating the FFA and OFFA into safety and service planning.
- Permanency Outcome 1: In the 2019 internal case review, 15% of the 40 applicable cases reviewed were found to be in substantial conformity. Therefore, the Department's assessment of the performance of this item is that it continues to be an Area Needing Improvement. The agency is addressing this outcome by including a goal in the PIP that specifically targets the reduction of barriers to achieving timely permanency for our children in foster care. The agency is currently collaborating with the RI Family Court on developing a pilot mediation project that will occur at the 2-3-month mark as well as strategies that intend to reduce the number of petitions filed in family court.
- Permanency Outcome 2: In the 2019 internal case review, 70% of the 40 applicable cases reviewed were found to be in substantial conformity. Therefore, the Department's assessment of the performance of this item is that it continues to be an Area Needing Improvement. The agency's Program Improvement Plan includes strategies that will enhance family engagement through the Family Functional Assessment (FFA) and Ongoing Family Functional Assessment (OFFA) and ensuring visitation services are available when needed for families.
- Well-Being Outcome 1: In the 2019 internal case review, 26% of the 65 applicable cases reviewed were found to be in substantial conformity. The Department's assessment of the performance of this item is that it continues to be an Area Needing Improvement. The Department is currently addressing this outcome by its implementation of the Family Functional Assessment (FFA) and Ongoing Family Functional Assessment (OFFA). The agency's Program Improvement Plan includes strategies that will enhance family engagement and staff supervision as well as incorporating the OFFA to improve the assessment of family needs and family engagement in service planning.
- Well-Being Outcome 2: In the 2019 internal case review, 78.4% of the 51 applicable cases reviewed were found to be in substantial conformity. Therefore, the Department's assessment of the performance of this item is that it continues to be an Area Needing Improvement.
- Well-Being Outcome 3: In the 2019 internal case review, 57.63% of the 59 applicable cases reviewed were found to be in substantial conformity. Therefore, the Department's assessment of the performance of this item is that it continues to be an Area Needing Improvement. The agency's program improvement plan includes strategies specific to improving accessibility and communication with the Central Referral Unit as well as expanding capacity and expertise in the Department around Substance Use Disorder services.

Systemic Factors

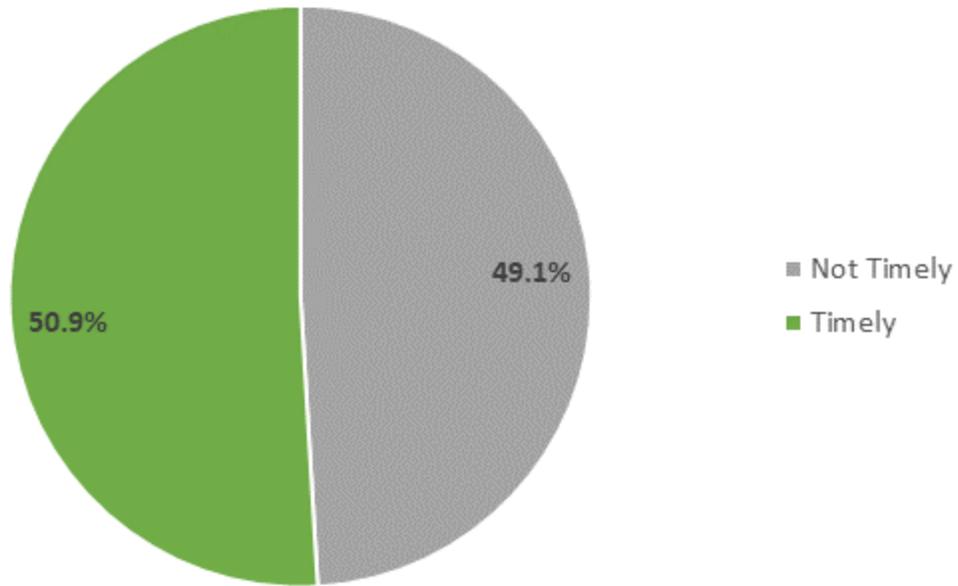
In the 2018 Child and Family Service Review, DCYF was rated in substantial conformity on two of the seven systemic factors: Statewide Information System and Agency Responsiveness to the Community. The Department was determined to not be in substantial conformity with the following systemic factors: Case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

The department's Statewide Information System was rated to be in substantial conformity in the 2018 CFSR and it remains in substantial conformity. Information contained in RICHIST continues to be very accurate especially related to demographics and placement. As identified in the department's Data Quality Plan, the department has developed several data quality and timeliness reports that are reviewed weekly to ensure the accuracy and quality of demographic and placement data in RICHIST. In the 2018 Statewide Assessment, service plan information was found to be less accurate. The department implemented new Family Functioning Assessment and Ongoing Family Functioning Assessment tools in RICHIST in November 2019. These tools were designed to streamline the service planning process with the goal of increasing timely development of the service plan. The service plan timeliness report has been re-designed to provide administrators and supervisors with the information they need to ensure timely development and approval of service plans.

The department continues to invest in a more mobile workforce. Over 300 DCYF staff are equipped with laptop computers which have the ability to access RICHIST while in the field. The department recognizes that RICHIST is over 20 years old and has begun the process of searching for a replacement system. An RFI was released in February 2020 to gather information and identify potential options for a new CCWIS. DCYF anticipates releasing an RFP for a new CCWIS by the end of calendar year 2020.

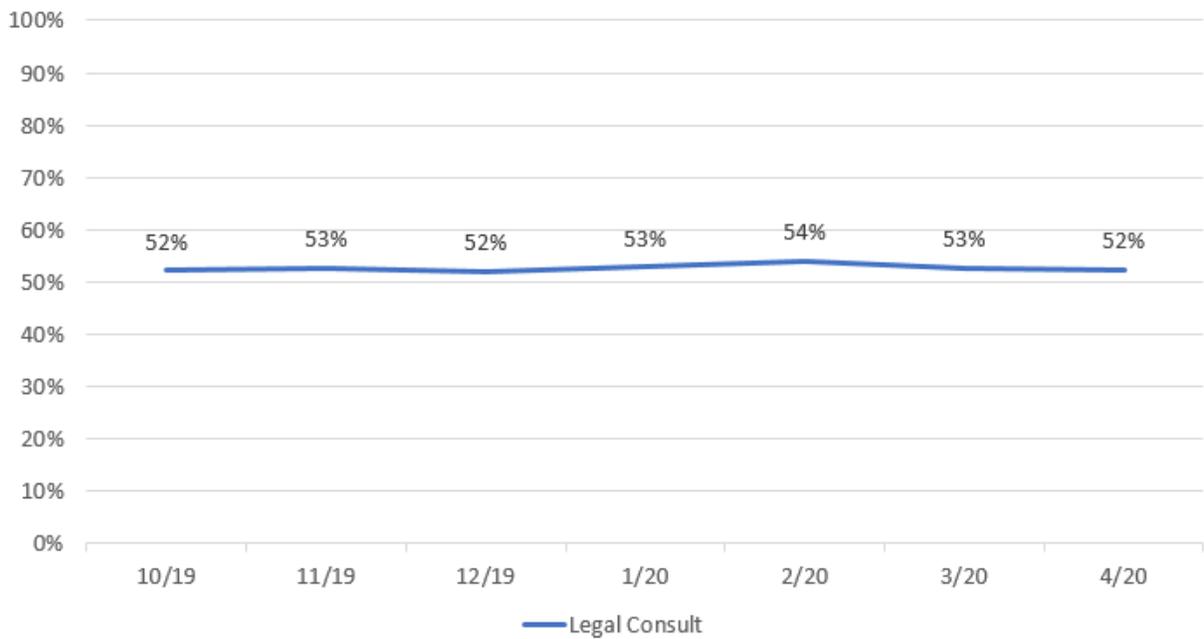
The Department's Case Review System was rated as an Area Needing Improvement in the 2018 CFSR. The Department's current assessment of this systemic factor is that it remains an Area Needing Improvement. The Administrative Review Unit has been short-staffed and is operating with two full-time staff. This has resulted in Administrative Reviews not being conducted in a timely manner. In 2019, the Department attempted to identify other staffing resources who could be utilized to conduct an Administrative Review. However, due to union labor contractual rules was unable to utilize those additional staffing resources. The Department will continue to explore other review processes within the Department that can be used in place of the formal Administrative Review and meets criteria as established by federal law. The Department continues to utilize its Senior Casework Supervisors to conduct specific reviews of cases that require immediate attention (e.g. children who are placed in congregate care to see if they can be moved to less restrictive placements). As part of the Children's Rights Initiative Settlement, the agency also utilizes two (2) Programming Services Officers who conduct qualitative reviews of cases in which children who were removed for reasons due to abuse and/or neglect. The qualitative data elements that are reviewed include Sibling Placement, quality of face-to-face visit (DCYF and child), Sibling Visitation, Parent-Child Visitation Frequency and Quality, and Case Plan timeliness and elements.

RIDCYF: Percent of Out of Home Children with a Timely Permanency Hearing



Source: RICHIST RPT 748

RIDCYF: Percent of Out of Home Children with a Documented Legal Consult*

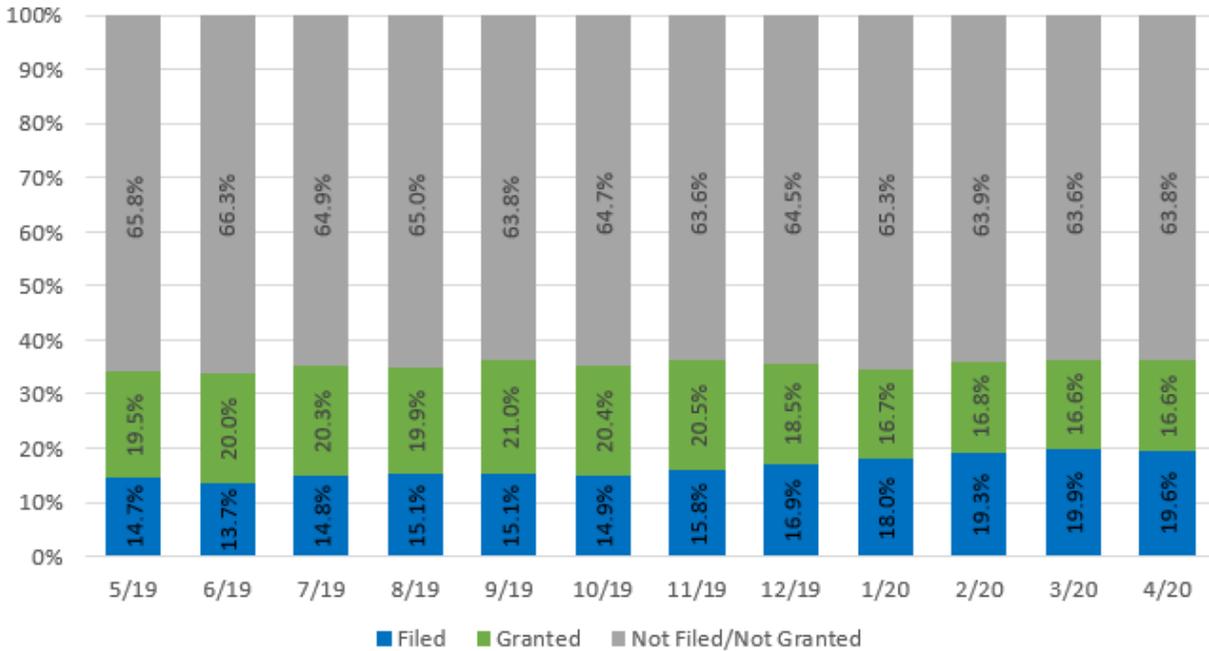


Source: RICHIST RPT 748

*Children in care for 11 or Greater Months

The above chart shows the percentage of children in out of home care with a documented legal consult. The source of this data is from RICHIST Report 748 and applies to children who have been in care for 11 months or greater. The chart shows that there has been a steady trend in the percent of legal consults obtained since October 2019. It is anticipated that there will be an increase in the number of legal consults obtained as FSU works with the legal division to streamline communication and efficiently utilize availability, with the goal of moving cases forward towards permanency.

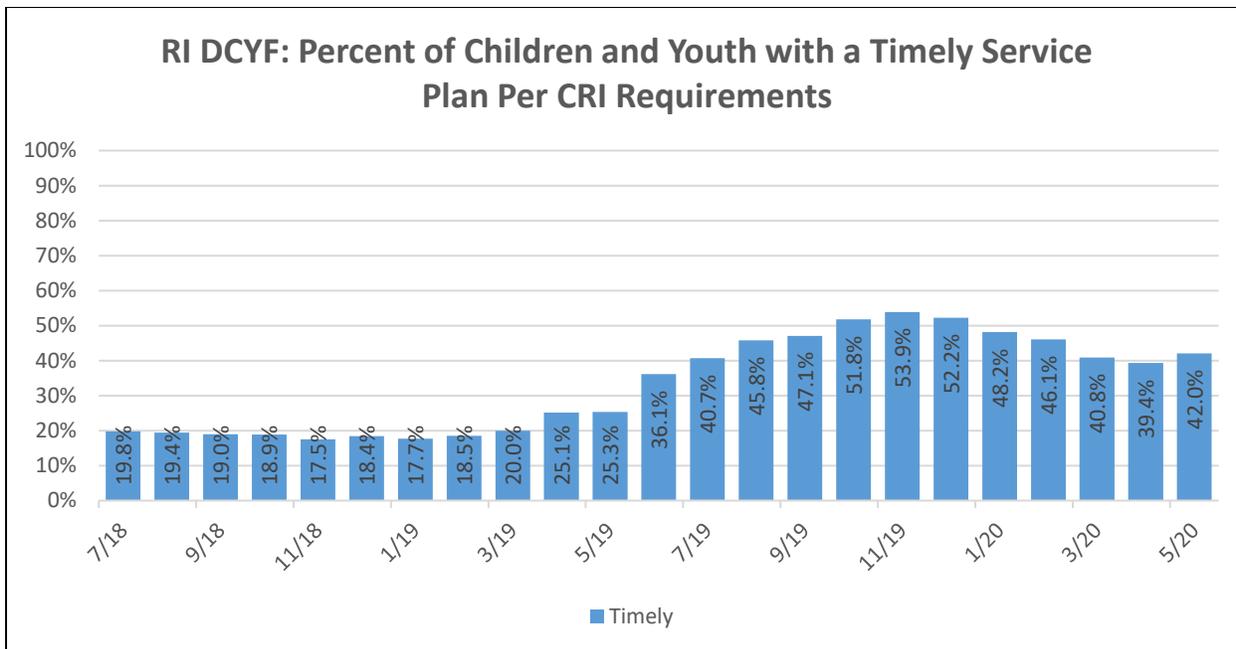
RIDCYF: Percent of Out of Home Children with a TPR Filed or Granted*



Source: RICHIST RPT 748

*Children in care for 15 or Greater Months

The above chart reflects the percentage of children in out of home care with a TPR filed or granted. The source of this data is RICHIST Report #748. Between May 2019 and April 2020, the number of TPRs granted has slightly decreased from 19.5% to 16.6%. However, the number of TPRs filed has increased from 14.7% to 19.6% during the same time period. The percentage of children in care for 15 or greater months with no TPR filed or granted has slightly decreased since May 2019 to April 2020.



The Department is also showing improved performance in the number of timely completed case plans. As part of the Children’s Rights Initiative Settlement, Case plan timeliness was evaluated during Reporting Periods 1 (July 1, 2018-December 31, 2018), Reporting Period 2 (January 1, 2019-June 30, 2019), and Reporting Period 3 (July 1, 2019-December 31, 2019). Case Planning Measure 10.2 looks at all children served in out of home care during the reporting period. Case Plans must meet AACWA timeliness requirements. For Reporting Period 1, of the 2,177 children served in care during that period, 388 children (12.85%) had case plans that met timeliness requirements. For Reporting Period 2, of the 1,990 children served in out of home care, 622 children (31.26%) had case plans that met AACWA timeliness requirements. For Reporting Period 3, of the 1984 children served in out of home care, 979 children (49.34%) had case plans that met AACWA timeliness requirements. This shows a significant increase in the number of case plans being completed that is consistent with AACWA timeliness requirements.

Notification to foster parents of their right to be heard has been identified in the past as an area needing improvement. The department continues to utilize its state’s SACWIS to generate notifications to foster parents automatically. If a youth has an open foster care placement and a permanency hearing is scheduled, an automated notification is generated to the foster parent two weeks before the hearing date and is sent via U.S. Mail to the foster parent’s home address. Foster and pre-adoptive parents are invited to Administrative Case 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. If the foster parent is unable to attend the Administrative Review, they are given the option to fill out a Foster Parent Information sheet that provides information regarding how the foster child is doing in the home.

The Department previously had a contract with Foster Forward in which a survey was conducted with foster parents whose foster children had a scheduled permanency review. The intention of the survey was to collect data regarding whether foster parents were aware of their right to be heard at the 12-month permanency hearing, if they were able to provide information to the Court as to the well-being of the child in their care and if they were aware of when the hearings were scheduled. That contract has since expired with Foster Forward. As part of the Program Improvement Plan, The Department is in the

process of identifying and developing external stakeholder groups that can provide information and feedback on agency initiatives and practices on a quarterly basis. One of the groups identified are foster parents. Once the process is implemented, the Department intends on obtaining feedback directly from foster parents who participate in these stakeholder groups as to whether they are aware of their right to be heard and if they were notified of such hearings so that they can actively engage in the permanency hearing and case review process. This feedback will then be shared with the Director and Senior Team for review and discussion of feedback gained.

The Department's Quality Assurance System was rated as an Area Needing Improvement in the 2018 CFSR. The CFSR Final Report noted that Rhode Island lacks a fully functional case review process that provides quality case review feedback on both in-home and out-of-home cases to staff. The Department executed its first internal case review process in 2019, utilizing staff from all divisions as reviewers. The internal case review process was conducted biannually, with reviews occurring in June and in November 2019. Using a proportional stratified random sample for the Department's case review process, the team reviewed a total of 32 cases in June 2019 and 33 cases in November 2019. The internal review established the baseline for the PIP Measurement. Reviews were conducted by sixteen two-person teams consisting of volunteers from throughout the Department during each review. CQI staff provided training to the teams at the beginning of each review period. Each team reviewed two cases and each of the cases received two levels of quality assurance. Quality assurance was conducted by a combination of dedicated CQI staff and volunteers. Cases are entered into the OMS system allowing for reporting by case type as well as Metro Site/Non-Metro Site. Each review occurred within a one-week timeframe and were sent for secondary oversight by the end of the review week. The Children's Bureau completed secondary oversight within two weeks of that date and cases were then finalized in the OMS. The qualitative case review unit worked with the Capacity Building Center for States to assist them with the development and refinement of its internal case review process.

In 2020, due to COVID-19, the department changed its process of conducting its internal case review. A case review was scheduled to occur in May 2020, but due to COVID-19, the review has been delayed and will instead be occurring during a four-week period in June 2020. The CFSR Coordinator is working closely with the Capacity Building Center for States to design, develop and implement the virtual case review. The entire review will be conducted virtually utilizing experienced reviewers and Quality Assurance staff. Experienced reviewers were recruited to conduct reviews independently or as a two-person team. In the past, case interviews would be scheduled in person. For the virtual review, all case interviews will be scheduled by phone so as to ensure the safety of our staff and the families we serve.

The Department's internal case review system has been able to provide relevant and reliable data on each of the seven CFSR child and family outcomes Through the Division of Performance Improvement, DCYF will communicate results of its biannual internal case review process through Active Divisional Management (ADM). ADM will serve as the vehicle to provide feedback to staff as well as monitor and support the work of the Department. The CFSR Coordinator and Chief of Change Management have also conducted case review results meetings within the FSU Regions to communicate how the Department is performing on the 18 CFSR items as well as offer common themes of areas of strength and areas of opportunity for front-line staff in their child welfare practice. These case review results meetings are conducted after each biannual case review. Awards were also given to caseworkers whose cases performed well in the case review specific to areas of family engagement, permanency planning, and safety.

Staff and Provider Training was rated as an Area Needing Improvement in the 2018 CFSR. The 2018 Statewide Assessment and the CFSR Final Report noted that the Department lacks a fully functional training system that ensures workers have the knowledge and skills they need to work effectively with families. In 2019-2020 Work Force Development (WFD) implemented changes that were created in the spring of 2019 which included the full immersion into our Learning Partnership (LPCS) with Rhode Island College School of Social Work (RIC). WFD now has a full-time training site with all the latest technical support to assist us in the move to a more dynamic training delivery model with web-based and simulation technology as two key additions. The LPCS relationship has also included sharing of the latest best practice models and methods and we team with the key educators at RIC in reviewing and assessing current & future training program needs. The LPCS has assisted in revising the current New Worker Training Program. In the fall of 2019 DCYF had its first New Worker Training Cohort (15 New Social Caseworker IIs). This training program was built with the assistance of front-line workers, supervisors, and administrators from FSU as well as member of JCS & CPS. The first cohort completed this 6-month training in April of 2020 but due to the recent COVID 19 events the LPCS has not been able to fully evaluate the outcomes of this first cohort. A second cohort (16 new Social Caseworker IIs) started in January/February 2020. This group is expected to finish their training in July 2020. WFD has had to make quick adjustments to this training plan as the department moved to teleworking and training moved to ALL on-line and web-based classes and limited field placement opportunities. The LPCS continues to work on evaluating and modifying existing new worker courses. In phase II of this work the focus is on developing Transfer of Learning activities for all 60+ trainings we are currently working on the first 18 trainings. WFD has a pre & post-test evaluation for this training program. It was completed after the start of the last cohort so the full use of this process will be implemented with the next cohort. The post test is being provided to each of the first two cohorts.

In 2018 it had been reported that there was a lack of ongoing training for staff. In 2019- & 2020 the department has been providing a series of comprehensive training, large (36 hours) and small (1-hour refreshers) on topics directly related to our new SAFE Practice Model. This has been the primary focus for ongoing training for frontline staff.

All staff are now aware of how to track their individual training hours both in RICHIST and in a newly created training report located in the department's shared file. Workers, supervisors, and administrators can review training singularly or in the aggregate (unit, division, agency)

Service Array and Resource Development was rated as an Area Needing Improvement in the 2018 CFSR. The CFSR Final Report noted that despite the re-procurement of its service provider contracts, there were definite gaps in its service array and the existence of waiting lists for some services. Results of the stakeholder interviews also revealed a gap between the current service array and the field's awareness of those services. The Department will be addressing these concerns through the agency's program improvement plan by improving internal communication between the Central Referral Unit, increasing capacity and expertise for Substance Use Disorder Treatment, and expanding capacity for visitation services for families. The Department has increased the number of Child Support Technicians to support visitation in 2019 as well as devoting a position within the Division of Children's Services and Behavioral Health to provide knowledge and expertise related to Substance Use Disorders and education regarding accessing those services to staff. In May of 2019, the Department sought grant funding through VOCA to support 2 Peer Recovery Specialists and a Substance Use Disorder Liaison. Once approved, these positions will support existing work to support families to access and navigate recovery services. There are currently 2 Peer Recovery Specialists who outreach families primarily during CPS investigations to support safety planning and engagement in treatment from the point of DCYF contact. One Peer

Recovery Specialist also provides outreach and support to pregnant mothers who are active with DCYF as to other children or have come to our attention as being at high risk due to substance use disorders. In addition, once the remaining positions are filled, one will be dedicated to work with the RI Family Drug Treatment Court to support recovery efforts and assist in expediting permanency whenever possible. The Department is working closely with the Department of Behavioral Health and Developmental Disabilities to expand its relationship with community agencies who provide transitional housing, and services specific to individuals and their family members who are affected by Substance Use Disorders. We are also working in partnership with multiple state and community agencies to establish a Residential Family Treatment Program.

The Department has also established a Service Response Team focused on providing support to line staff to ensure that children and families have timely access to appropriate services to reduce maltreatment, maintain children home, secure the right placement match when needed and expedite permanency. With the above-mentioned improvements to our Service Array, the Department's current assessment of this item is that it would be rated in substantial conformity.

Agency Responsiveness to the Community was rated to be in substantial conformity in the 2018 CFSR. The Department's current assessment of this item is that it continues to remain in substantial conformity. Some avenues of stakeholder engagement are still occurring regularly, and the Department continues to actively engage with external stakeholders to include the Courts, Birth parents, foster parents, youth, providers, and front-line staff. In early 2020, the Department began discussions with the Capacity Building Center for States to provide implementation assistance with several strategies in the Department's Program Improvement Plan. The Center for states Integrated Capacity Building Plan was approved in late April 2020. Since then, the Department and the Center for States have been working on building up the work group for this stream of work and a kick-off meeting occurred in late May 2020. The Center for States will help the Department develop the missing stakeholder groups and strengthen the groups listed above. Our stakeholder feedback will be a formalized process that is consistent with what is outlined in the Program Improvement Plan and continues as a regular part of the Department's practice. In addition, this work will align with the Department's stakeholder engagement work as it relates to the Family First Prevention Services Act.

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

Research and Evaluation for Assessment of Current Performance in Improving Outcomes (2015-2019)

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

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

Safety and Prevention

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

The table below summarizes key metrics from the Safety Analytic Report. Among families investigated, the percent of children indicated overall decreased over the last four years. The rate of indicated child victims increased from FFY16 to FFY19. In FFY18, 10.2% of children experienced a repeat maltreatment. The median age at the time of the initial maltreatment was 4 years old and the median length of time between the two indicated events was 161 days, just over 5 months. The number of unique children with a report of maltreatment in foster care increased from FFY18 to FFY19. Further, the maltreatment rate among children age 0-9 and within this age group, children under the age of 1, have higher maltreatment rates compared to children age 10 and older. Children under age 10 also experience disproportionality in maltreatment rates among children who are Black\African American, or Multiracial or Hispanic compared to children who are White over this same period.

	FFY16	FFY17	FFY18	FFY19
Section 1: Investigations (Maltreatment)				
Number of children investigated	7521	7470	10821	9288
Among children investigated, percent of children indicated	39.2%	41.4%	33.8%	34.3%
Median age at CPS report for indicated child victims (years)	6.0	5.0	6.0	6.0
Rate of indicated child victims (per 1,000 children under 18 years old in Rhode Island)	12.8	13.8	16.3	14.3
Section 2: Repeat Maltreatment*				
Percent of children who had repeat maltreatment within 12 months of the initial maltreatment	9.7%	11.2%	10.2%	
Median age at initial maltreatment (years)	4.0	5.0	4.0	
Median length of time between initial and repeat maltreatment (days)	158.0	141.0	161.0	
Section 3: Maltreatment in Foster Care**				
Number of victimizations of maltreatment in foster care	63	80	74	84
Number of unique child victims of maltreatment in foster care	59	77	72	78
Median age at CPS report (years)	9.0	10.0	7.0	11.0

*Unadjusted for age. Children's Bureau adjust for age at initial victimization.

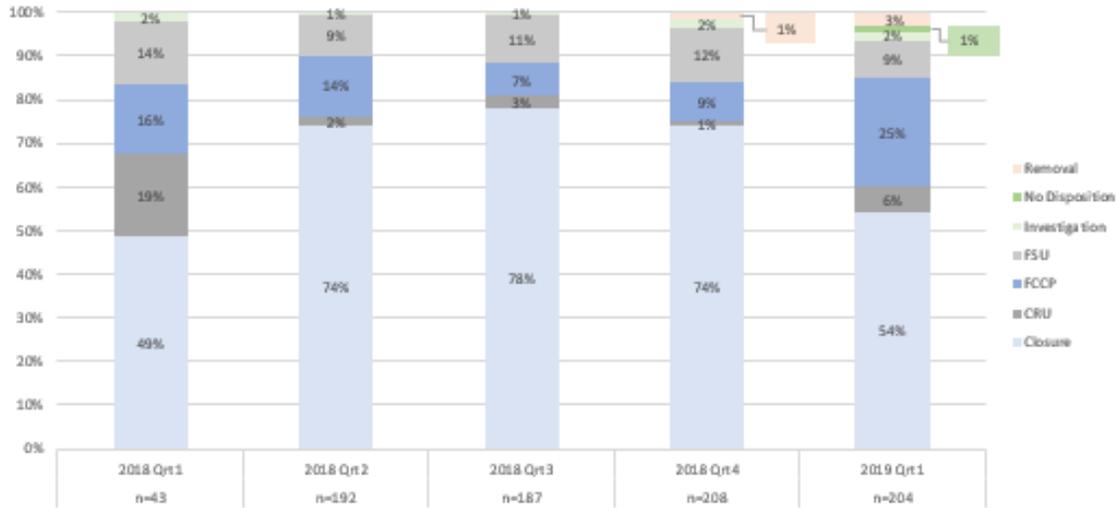
**At time of report, Children's Bureau method of bed days calculations had not yet been released – subject to be revised

Collaboration with RI Department of Health (RIDOH): For the past two years, DCYF and RIDOH have engaged in collaborative research wherein the epidemiologists\evaluators from both agencies under the public health framework focus on primary, secondary and tertiary prevention. A collaborative team of program staff and epidemiologists monitor and analyze data of families at risk of maltreatment and/or repeat maltreatment with a focus on children age 0-3. As part of CAPTA, DCYF and RIDOH established a monitoring system between identifying children age 0-3 who were indicated for maltreatment and referred to services inclusive of Early Intervention. The DCYF services include Family Care Community Partnerships (FCCPs) and contracted community-based programs. The RIDOH services include Healthy Families America (HFA), Parents as Teachers (PAT), Nurse-Family Partnerships (NFP) and First Connections CAPTA (FC CAPTA). This information is used for the dual purposes, on the individual level, timely service provision, and at the aggregate level for research and evaluation purposes to predict which families are at greater risk to not engage with supportive services. Data for children with indicated investigations, aged 0-3, has been tracked for over a year and will continue to be monitored (See Appendix, RIDCYF RIDOH). Due to COVID 19, the most recent data available for the 0-3 child cohorts is November 2019. Among the 60 children, 42 children engaged with selected RI DCYF and RIDOH services by January 15, 2020. Children and families in this cohort may have engaged with RI DCYF or RIDOH selected services at a date later than January 15, 2020 or engaged with services other than those reflected in this data brief. Among the last 6 months of cohorts available, engagement with services has been approximately 70-75%. The Department plans to monitor this ongoing initiative and plans to collaboratively procure an automated system for data to be managed in a single data system; this will allow for timely monitoring and responsiveness.

Another application of data driven informed practice involves child maltreatment involved fatalities and near fatalities. Over the last year, department changes included a re-organization of the CPS unit, new Child Abuse Hotline screening tools, discontinuation of the I/Rs for purposes of case response, and a implementations of Family Assessment Response (FAR). Between January 1, 2018 and March 31, 2019, there were 834 Family Assessment Responses (FAR). FARs were tracked by Child Protective Services (CPS)

for outcome disposition. The largest percentage of FAR dispositions were “closure”. The dispositions for FARs from 1/1/2018 to 3/3/2019, by quarter, can be seen in the table below.

Dispositions of Family Assessments between 1/1/18 - 3/31/19, by quarter (n=834), RI DCYF

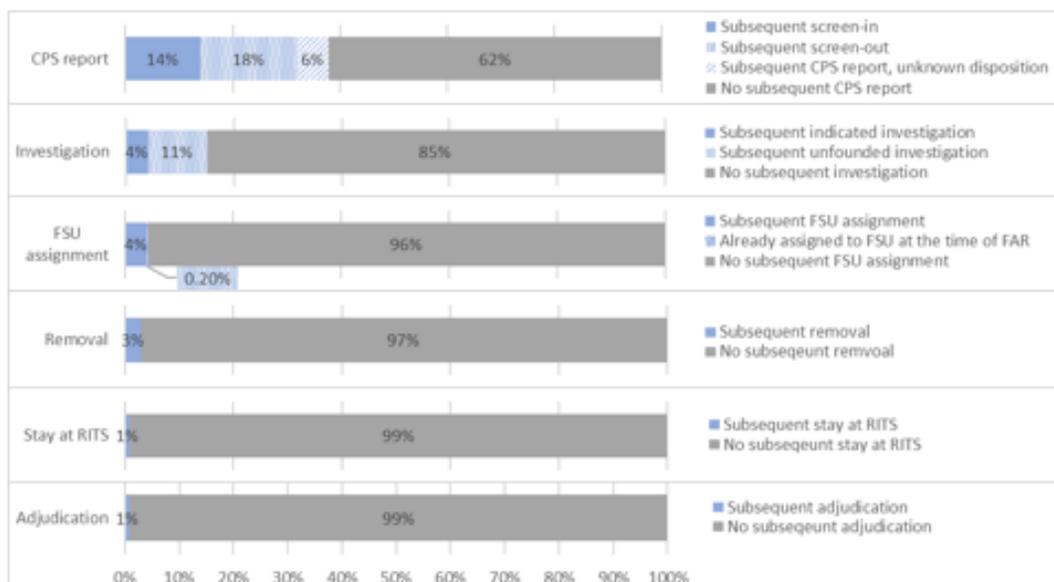


Data Notes:

- Source- CPS FAR tracking, RICHIST as of 11/13/2019
- 2018 Qrt1 represents children who had a Family Assessment between January - March 2018
- Data presented at the family level
- Duplicated count of families. If a family had multiple FARs between 1/1/18 - 3/31/19, the family may be counted more than once.

For FARs with closure, we analyzed subsequent outcomes. Among the 573 FARs with closure between 1/1/2018 to 3/3/2019, 62% did not have a CPS Report or other type of DCYF involvement within 6 months. All six-month outcomes for FARs with closure can be seen in the graph below.

Selected 6-month outcomes for families who had at least one Family Assessment between 1/1/18 - 3/31/19 and closed without further actions (n=573), RI DCYF



Data Notes:

- Source- CPS FAR tracking, RICHIST as of 11/13/2019
- Data presented at the family level
- Duplicated count of families. If a family had multiple FARs between 1/1/18 – 4/30/19, the family may be counted more than once.

In addition to tracking FARs and subsequent outcomes, selected quantitative risk factor elements were also analyzed for FARs between 1/1/2018 to 9/30/2019. The graph below provides data on the number and percent of Family Assessments (FARs) that met selected quantitative risk factor elements. Qualitative risk factor elements are not included in this analysis and may increase the percentages of FARs that met the risk factor elements. Ninety-five percent (95%) of the FARs met at least 1 of the risk factor elements.

Number and percent of families who had FAR(s) and had met FAR risk factor elements (N=1183)

Total number of FARs administered between 1/1/2018 – 9/30/2019		1183
	N	%
Family met 1 or more risk factor elements described below	1120	95%
<i>These elements are multi-select and may add up to more than 100%.</i>		
Element 1: Family have a child age six and under	545	46%
Element 4: Family had a prior report within 12 months of the FAR and have a child age six or under, or have 2 or more children	956	81%
Element 5: Family had a prior report received within the past 3 months of the FAR	1037	88%
Element 6: Family had a previous indicated investigation or removal within the past 12 months of the FAR	47	4%
Element 8: Family had a CPS report called in by a professional mandated reporter within the past 12 months of the FAR	944	80%

Data source: CPS FAR tracking, RICHIST as of 11/12/2019.

Data notes:

- A family may be counted more than once if they had multiple FARs during the time period.
- Risk factor elements are multi-select.
- Professional mandated reporter defined as CPS reporter type of assistant principal, attendance officer, child advocate office, child care, child day care center, clinic or hospital physician, counselor, courts, DCYF attorney, DCYF probation/parole officer, DCYF social worker, Dept. of Corrections personnel, DHS personnel, emergency services personnel, hospital social worker, medical examiner,

mental health personnel, nurse (LPN/RPN), other child care provider, other DCYF staff, other law enforcement personnel, other medical personnel, other school personnel, other social services personnel, police, preschool/nursery school, principal, private agency social worker, private physician, psychologist, school nurse, school social worker, teacher, child day care home, CPI, and dental professional.

Both the data from the Safety Analytic Report, (among other RI data analytic briefs) and the ACM with the Family Care Community Partnerships (See Appendix, Safety Annual Report, FCCP November 2019 Strategy meeting) inform the Department and FCCPs initiatives. Although the Department has engaged in research and evaluation for over ten years, for the past five years the Department has engaged in Active Contract Management (ACM). Department epidemiologists and evaluators have played an active role with Department program staff and provider staff to identify a core set of metrics and outcomes in the areas of safety and maltreatment prevention.

The collaboration between the Department's Children's Community Services and Behavioral Health, Active Contract Management and Data Analytics and Evaluation with the Family Care Community Partnerships (FCCPs), the Department's contracted provider network designed to prevent child maltreatment and promote family well-being, meet monthly to review the core set of safety related metrics and outcomes and observe changes in trends over time. Based on the data and/or changes in trends, the collaborative team identifies areas to further explore potential root causes and underlying factors contributing to the metrics and outcomes.

The research often includes mixed methods to allow for both breadth and depth. Examples of research and evaluation designs for predictive analytics (quantitative) conducted include cross-sectional, case-control, and longitudinal study designs. Specific statistical analytics include logistic regression, multivariate regression, survival analysis, Cox proportional hazard, generalized estimating equation, mixed effects, among others, to allow the team to understand factors contributing to the safety outcomes.

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

The CPS ADM began in September 2019 and follow up meetings have been occurring every two months. In these meeting, CPS supervisor and administrators reviews dashboards, and discuss either a strategy deep dive topic or implementation action steps (See appendix for CPS ADM Slides). Dashboards include approx. ten CPS data metrics that are reviewed each meeting to discuss monthly changes. Dashboards include, but are not limited to: calls and reports, screening decisions (in/out), call priorities, screening outcomes (indicated/unfounded), investigation timeliness, and removals. In strategy meetings, deep dive topics discussed have been: changes to hotline call decisions and priorities (overrides, upgrades, downgrades); and subsequent outcomes of screened in and screened out calls (true negatives/positives and false negatives/positives). In implementation meetings, action steps discussed and implemented have been: retraining of the CPS call floor on the SDM tool, tracking and reviewing

overrides/upgrades/downgrades, and initiating a quality review process for CPS reporting and investigations.

The data from ACM FCCP monthly data meetings show a relatively low percentage, approximately 6% of families discharged from the FCCPs, have an indicated maltreatment or removal from home within 6 months from their FCCP discharge. A 2019 analysis examining disproportionality in selected FCCP outcomes reveals Black\African American families discharge with their WRAP goals being met at a slightly lower frequency than White families. Because of this work, the FCCP ACM identified interventions to address gaps in collaborations with community partners. The group identified a need to particularly focus on school engagement to promote FCCP preventive efforts, as well as, explore further preliminary results of disproportionality. Furthermore, the FCCP ACM team has had a particular renewed focus on better defining and describing the demographics of the FCCP population.

In November 2019, the Department in collaboration with the FCCPs, examined key demographics and characteristics of FCCP children and their families from January 1st, 2019 to November 12th, 2019. The group was interested in this analysis as it helps to address potential target areas of increased needs, as well as a focus on variables to help address and explore potential outcome disproportionality. The results illustrated that FCCP families are racially and ethnically diverse (20% Hispanic, 10% Multiracial/Other, 22% White Non-Hispanic, etc.). It was also found that 28% of families indicate at time of FCCP service opening that they do not live in permanent housing. This percentage has increased from 17% in FY 2017, leading to more collaborative efforts between the Department and housing authorities in the State.

To guide decision making for the Family First Act as to which populations are most at risk to enter foster care, a multivariate analysis was conducted to identify the factors associated with children remaining in-home without experiencing a removal. Children who opened to FSU while in-home during 2017-2018 were followed for 12 months or until their case closed to observe if they remained in-home or removed into foster care. The findings showed that older children and children who received DCYF funded homebased services remained in-home more frequently compared to younger children and children who did not receive a homebased service, respectively. Twenty-three percent of children under age 1 remained in-home while 58% of children age 1-5, 72% of children age 6-11, 71% of children age 12-15 and 66% of children age 16 or older remained in-home for 12 months. The percent of children who remained in-home among those who received homebased services compared to those who did not were 81% and 47%, respectively; children who received services had 6.7 times the odds of remaining in-home compared to those without services.

Permanency

Since 2009, the Department has published the Permanency Analytic Report (See Appendix, FY15-19 permanency). This report provides both descriptive statistics on the trends in the prevalence of removals, timely permanency, foster care re-entries and underlying factors associated with these three areas. This report is routinely used to inform practice, policy and interventions through the CQI channels described at the beginning of this section (Section I).

The state removal rate has fluctuated the past five years. For children under age 18, the removal rate was 5.5 per 1,000 FY15 entry cohort, 4.8 per 1,000 entry cohort FY16, 5.1 per 1,000 FY17 entry cohort 6.7 per 1,000 FY18 entry cohort, and 5.5 per 1,000 FY19 entry cohort. Further analysis illustrated among the cities with elevated rates of removal are the five urban core cities. Based on this data along with additional

Department analytic activities, the Department has actively engaged with urban core communities to share this information and to become active in community Health Equity Zones (HEZ) led by the RI Department of Health. The Department has representatives in the HEZs that focus on child maltreatment prevention and maintaining families together.

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

The percent of all children whose first placement is congregate care reduced - particularly the percent of children age 0-12 whose first placement also decreased. Among a FY16 entry cohort of children age 12 and older, 70% had a first placement of congregate care compared to 56% among an FY19 entry cohort of children age 12 and older. Similarly, among an FY16 entry cohort of children age 0-11, 8% had a first placement of congregate care compared to 1% among a FY19 entry cohort of children age 0-11. Children of color age 12 and older have experienced disproportionality in first placements of congregate care with children who are Black\African American or Multiracial or Hispanic have significantly had higher rates compared to White children. FY18 entry cohort was the first entry cohort in the past four years where the disproportionality decreased, this trend has continued into the FY19 entry cohort. Further, the percent of children placed in kinship families has steadily increased. In FY16, 72% of children in an out-of-home placement were with a foster family compared to 81% as of FY19. Sixty-two percent of children in a foster family were in a kinship foster family compared to 46% as of FY19.

Additional analysis to inform appropriate use of congregate care was the establishment of a tracking system on functional status of youth entering congregate care and their respective Level of Need (LON). Data analysis revealed over two years approximately 40% of children placed in congregate care had a LON (based on a Child and Adolescent Needs and Strength assessment algorithm) that did not require congregate level care. Data shows comparable LON trends for youth assigned to the Family Services Unit, with 26-38% of children inappropriately placed in congregate care setting from 2020 QRT1-QRT3. The majority of children not requiring congregate level care had a Tier 3 LON. The objective of the department is to step down lower tier children as more foster homes become available. Additionally, data from the same subpopulation showed that approximately 68% of private therapeutic foster care placements were utilized for children with low LON tiers from 2020 QRT1-QRT3. As a result, these specialized placements are not available for children with higher levels of need and children who the department should be stepping down. Research was also conducted to determine which children had statistically significant changes from baseline LON scores to LON scored upon discharge. The results yielded that children with higher levels of need experienced greater improvements at discharge than children who had less severe needs. This information further illustrated the need to ensure children who were placed in restrictive environments, when their LON did not suggest this need, did not benefit from their setting to the extent as those children who were placed in congregate care appropriately.

Starting June 2019, congregate care providers would pilot the CSEC Screening Tool sending monthly screening tools and tracking sheets in order to identify victims and understand risk factors associated with

children and youth in congregate care who are current or previous victims of sex trafficking in the state of Rhode Island. Through the CSEC Screening Tool, RI Child Welfare System hope to better identify children and youth who have an increased level of risk or status of 'Confirmed victims' and provide them with access to resources available to better serve confirmed victims, high risk children, and their families. The CSEC screening tool is currently being used to identify youth involved with RI DCYF and in congregate care that may be 'At Risk', 'High Risk', or a 'Confirmed victim', and are to be rescreened every 6 months or when absent from care to account for changes in risk status.

Placement stability has consistently remained statistically above the national performance since FFY15 and as of FFY19 is 2.89 per 1,000 days in care.

A workgroup was established among the Department staff and external stakeholders including the family court, adolescents in foster care, and community juvenile boards among others. The workgroup has met approximately six times over the past year and developed initiatives to increase the Department's presence in community groups focusing on urban cities to prevent removal and provide community-based services. This initiative is in its first year of implementation. Removals by race, ethnicity and age as well as first placement will be monitored over time and reported out to the Department and the collaborative workgroup\stakeholders. Arising from this group was the need for sustainability. The Department has sustained this focus on race equity and in particular at the community level and for children in out of home placement with an emphasis on congregate care occurs in the Department's Active Division meetings. Further the Department addresses diversity and race equity in the Diversity committee. The DAC was established over 5 years ago and continues to address race equity. Most recently the Department developed a race equity group to coordinate the Department efforts in this area and address race inequity at a system level.

Service Array

Collectively, the ongoing monitoring of trends, descriptive statistics, predictive analytics, program evaluation and research has contributed to informing the population profile of families involved with the Department and their needs. This information is shared internally through mechanisms identified in Section I of this CFSP section as well as through ACM and the recent ADM mechanisms. This information is also shared bi-monthly with the RI Executive Office of Health and Human Services which can assist in cross agency collaborations and system-wide program planning.

The Rhode Island Human Trafficking Taskforce in collaboration with DCYF developed the CSEC Screening Tool and screening process to identify children and youth in congregate care who are current or previous victims of sex trafficking in the state of Rhode Island. Through the CSEC Screening Tool, RI Child Welfare System hope to better identify children and youth who have an increased level of risk or status of 'Confirmed victims' and provide them with access to resources available to better serve confirmed victims, high risk children, and their families. The CSEC screening tool is currently being used to identify youth involved with RI DCYF and in congregate care that may be 'At Risk', 'High Risk', or a 'Confirmed victim', and are to be rescreened every 6 months or when absent from care to account for changes in risk status. Of the 730 children in congregate care screened using the CSEC Screening Tool (including children who were rescreened), 77% were screened with No Identified Level of Risk, 9% were screened as 'At Risk' youth, 8% were screened as 'High Risk' youth, 6% were screened as 'Confirmed victims.' The median age of children in congregate care screened for CSEC is 16 years of age. Residential Treatment Centers had the greatest proportion of youth identified as 'High Risk' (29%). Group Homes had the greatest proportion

of youth identified as 'At Risk' (31%) and 'Confirmed victims' (56%). Of the youth in congregate care screened for CSEC, 46% were identified to have a history of multiple absences from home or placement, 12% of youth were identified with having a sexual or romantic relationship with an older partner, 11% of youth were identified with themselves or someone else having sexually explicit photo/video of them, and 10% of youth were identified with being unable or unwilling to provide information on a sexual partner. Female youth predominantly made up the greatest proportion of each At Risk characteristic except for disclosed, suspected, or reported gang affiliation and use of one or more substances which had a greater proportion of Male youth.

The VEC (Voluntary Extension of Care) Program ADM was created as a way to monitor and increase entries of young adults ages 18-20 years of age into the VEC Program. Through an ADM of the VEC Program, we are able to better understand the struggles of YDS staff and develop strategies to better assist young adults with their educational needs, employment needs, and service array as they transition into adulthood. As of February 2020, the VEC Program has 83 young adults participating and 49% of them are 19 years of age, followed by 40% at 18 years of age, and 11% at 20 years of age. Involvement in the VEC Program requires a young adult to either be enrolled in an educational program or employed, 70% of VEC young adults are enrolled in an educational program or employed as of February 29, 2020. The 30% currently not enrolled in an educational program or employed, would demonstrate an area of focus as YDS staff continue to support their young adults in developing a plan to enroll or connect them to job opportunities.

Over the past five years, the Department has used this information to develop Request for Proposals (RFP) for our service array and contract language to ensure providers support children and families within their programs. The Department has a community-based and group-based utilization monitoring system to track service array capacity and utilization needs amongst families involved with the Department (See Appendix, HomeBased.CapReport.01.02.18). The Department's capacity has expanded to meet the needs of the families as measured by utilization. One area that continues to be challenged with capacity is home visiting programs. The Department continues to experience wait lists for this program. As identified in an earlier section, the Department addresses this need through ongoing contract management and collaboration with RIDOH.

The Department also expanded its FCCPs from four lead agencies to five lead agencies. With an additional FCCP, our goal is to further expand service array for families at elevated risk of maltreatment, repeat maltreatment, child removal, as well as, expand to include adolescents involved with the juvenile justice system to prevent further involvement. Three of the five FCCPs have experienced an increase in their caseloads compared to previous year estimates. Collectively, increased home-based services, collaboration with RIDOH to streamline referrals to their home-based services and expansion of the FCCPs are aimed at a diverse service array that can tailor services to the needs of the family. As previously mentioned, the Department has been monitoring these programs and has the capacity to continue to monitor these programs for utilization, capacity, and effectiveness.

Plan for Enacting the State's Vision –

In preparation for the development of the new five-year strategic plan for the Child and Family Service Plan, the Department held multiple conversations with stakeholder groups including representatives from the Family Court, the Child Advocate, representatives of Children's Coalition of RI, the Family Care Community Partnerships (FCCPs), members of the minority community-based service organizations, the

Narragansett Indian Tribe, Neighborhood Health Plan of RI (NHP) (the health plan provider for children in DCYF care), family advocacy representatives, the RI Fatherhood Initiative Committee and other community-based service providers.

Through these conversations the Department outlined five overarching goals for the next five years:

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

Workgroups were formed for each of the goals and the participants engaged in a process to assist the Department in identifying feasible strategies designed to collectively reinforce continuing efforts to achieve less reliance on congregate care settings and greater capacity for strong community-based programs and service models to support families in maintaining their children at home and in their own communities.

In the following plan, the outline within each of the goals provides a strategic process for rightsizing and improving congregate care by focusing on increasing and strengthening the array of family preservation and support services and establishing clinical assessments and supports for the Department's CPS staff to more effectively avert families from coming to DCYF. The strategies are also focused on improving the services within the congregate care settings to ensure that youth are receiving the appropriate level of care and for the appropriate length of time within the setting, reducing the utilization of psychotropic medications; and, ensuring that effective aftercare support and services are available to transition the child back home to maintain stability and permanency within their families and communities. The Department plans to increase children in out-of-home care in a family setting by 5% over five years. And, the Department has made workforce wellness for DCYF staff and staff within the provider community a substantive goal as it directly relates to the ability of the system to deliver quality care and services to children and families.

As this plan is a work in progress, the Department is continuing to assess and determine the specific target achievements within each of the five years. The Department will continue to develop the details of the benchmarks within the plan in the months to come and will make modifications and adjustments as needed to support achievement of the objectives and improved outcomes.

Update on Progress Made to Improve Outcomes

Child and Family Services Plan 2020 – 2024

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

Safety 1, Safety 2, Permanency 1, Permanency 2, Well-Being 1, Well-Being 2, Well-Being 3

Goal 1 of the PIP

Objective: Pivot to Prevention strategic plan will reduce maltreatment to 12 per 1000 children in RI under age 18 by 2021.			
Benchmark	Measure of Progress	Target Year Completion	Progress in 2020
1.1 Develop a communication plan which includes focus on in-person community presentations to share the department’s vision for prevention and introduce the SAFE Practice Model including but not limited to: the FCCPs as a direct referral source for families who are struggling and could benefit from prevention services.	<p>Communication plan developed 9/1/2019 date</p> <p>Number in person presentations dates and attendees documented</p> <p>Protocol developed</p> <p>Number and percentage of local school districts where partnerships established</p> <p>Increased community service Referrals by 10%</p> <p>Increase number and of percentage of FCCP Referrals from school</p>	<p>By July 1, 2020 the Department will have conducted 3 community-based presentations in each of 4 regions statewide</p> <p>By 2020 DCYF will have established MDTs in Central Falls and Woonsocket</p> <p>Central Falls and Woonsocket MDTs will have 6 months of data to review by 12/1/2020</p>	<p>Established a Multidisciplinary Community investment team led by Tides Family Services, FCCP and Central Falls school. Several meetings held but these meetings have been put on hold to COVID-19.</p> <p>Woonsocket in Process</p>

<p>1.2 Develop partnerships and protocols with the RI Department of Education and local school districts relative to communication and consultation for at risk children and follow up regarding CPS reports and referrals; extend the broader procedures to each school district to ensure that each district and DCYF have specific contact points.</p>	<p>Develop communication protocol between schools and DCYF</p> <p>Increased community service referrals by 10%</p> <p>Increased FCCP referrals by 10%</p> <p>Number and percentage of local school districts where partnerships established</p>	<p>Communication protocol developed and distributed to all districts by 10/20</p> <p>Communication plans and protocols and partnerships will be in effect in Woonsocket, Central Falls, Newport and Providence by 12/31/2020</p> <p>Data for referrals to all community-based services will increase by 20% by end of CY 2020</p> <p>FCCP referrals from schools in each region will increase by 10% during 2020</p>	<p>Due to COVID-19 and statewide concerns about children being distance learners DCYF, FCCPs, KindsLink have reached out to all school districts and held virtual meetings to mitigate risk factors. Three meetings already with all Superintendents and will have virtual meetings through the summer.</p>
<p>1.3 Based on analysis of elected maltreatment rates, partner with Woonsocket and Central Falls to establish multi-disciplinary teams to identify and provide prevention services to at risk families.</p> <p>Develop protocols for inter-agency training, referrals, tracking and communication</p>	<p>MDTs Established by 8/1/2020 date</p> <p>Protocols developed by 8/1/19 date</p> <p>System and mechanism to track referrals established by 8/1/19 date</p> <p>Inter-agency training by 10/1/19 date</p> <p>4 of Meetings by 10/31/19 date</p> <p>Number of families referred to each MDT</p> <p>Number of families referred to FCCP from these communities</p>	<p>Central Falls MDT will be fulling operational by the start of school in by 8/1/19 with one in Woonsocket by the return to school in January 2020 Development of MDTs in Newport and Providence will be explored during 2020</p> <p>Data for school year 2019-2020 will be available for Central Falls for comparison to maltreatment and removal data from DCYF</p> <p>Referrals from the communities with MDTs will increase by 10% in 2020 in each community</p>	<p>Superintendent group above beginning with Elementary schools.</p>

<p>1.4 Through partnership with the RI Department of Health ensure that all children who are subjects of substantiated CPS investigations have been referred to Home Visiting Programs while increasing follow through with these services; DCYF will present the services in a clear and supportive manner; DOH staff will increase engagement efforts.</p>	<p>In October 2018 a manual tracking system was developed between RI DCYF and RIDOH tracking children age 0-3 who had and indicated maltreatment. The RI DCYF and RIDOH workgroup meets bi-monthly to review the data and meet monthly with RI DCYF and RIDOH Directors to review the data. The data reviewed includes the percent of children indicated and referred to RI DCYF and RIDOH programs, who received contacts by the respective programs, the percent whose family closed and did not receive a program contact within 30 days.</p>	<p>A manual tracking system was implemented in October 2018. Please see data brief in appendix for ongoing monitoring results</p>	<p>A manual tracking system has continued since October 2018. There has been some disruption in data sharing between DCYF and RIDOH with the development of the COVID-19 emergency but plans are underway continue data exchange and tracking. DCYF has also begun work on an integrated electronic referral and data tracking system that will make the existing manual system more automated. Please see data brief in appendix for ongoing monitoring results for FY 2019.</p>
<p>1.5 The Department will follow up on reports received by the CPS Hot Line involving pregnant mothers whose unborn children are at risk for removal by providing outreach to those mothers as well as reporters to offer prevention services, including but not limited to home visiting, prenatal care and behavioral health services, accessible during pregnancy to reduce the risk of DCYF involvement, and increase the rate of healthy births.</p>	<p>Among the Hospital Alerts in a 6 month period decrease removals by 5%</p> <p>25% of mothers who were subjects of a Hospital Alerts received preventative services prior to delivery</p>	<p>By 12/31/2020 the number of children born who were the subjects of pregnancy alerts, those remaining at home will increase by 10%</p> <p>Of the mothers offered services as the result of pregnancy alerts, by 12/31/20</p> <p>25% will have engaged in preventative services prior to delivery 2020,</p>	<p>Of 81 hospital alerts in 2018 with documented birth, 32% remained at home.</p> <p>Among all 104 hospital alerts in 2018, 62% received a referral for preventative services.</p>
<p>1.6 Utilize recovery coaches to support parents and youth suffering from Substance Use Disorders by</p>	<p>Among parents identified by the Family Functioning Assessment and</p>	<p>Of the parents referred to Peer Recovery Coaches in 2020, 60% will</p>	<p>In consultation with the Division of Performance</p>

<p>making referrals during CPS investigations and at any point throughout the life of a case when SUD is identified and the individual meets criteria for coaching.</p>	<p>meet criteria for Substance Use Disorder (80%) are referred to a recovery coach within 5 days of the completion of the FFA</p>	<p>have had at least one contact with a coach</p>	<p>Improvement, a tracking spreadsheet was developed. Among the data it collects is what region and worker is making the referral. Staff in all regions have access to the SUD liaison and have made referrals, although the majority originate from Child Protective Services. The SUD liaison co-locates in each FSU region 1 day per month to provide face to face consultations and trainings. Beyond the one day a month, the SUD liaison is also available by telephone and email.</p> <p>During COVID-19 staff have continued to make referrals to the SUD Liaison and the Peer Recovery Specialists (PRS) from all divisions as well as families who have had prior contact with the PRS continue to reach out regularly. Peer Recovery Specialists have</p>
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			<p>continued to make contact via phone and face to face via face time etc. In-person contact in accordance with social distancing subsequent to COVID-19 Screening protocols is available on a case by case basis with approval from the SUD Liaison. Referrals for outreach and support remain steady for new referrals as well as to check in on high risk families. The SUD Liaison is now assigned to CPS to provide added assurance that the relationship with a Recovery Specialist can start at the earliest point of contact with the Department.</p>
<p>1.7 Participate as an active member of the Health Equity Zone (HEZ) project; a four-year place-based initiative funded by the Rhode Island Department of Health and Centers for Disease Control. The HEZ Project is based on the premise that our health is determined in part by access to social and economic opportunities; the safety of our neighborhoods and</p>	<p># of HEZ's where DCYF staff is a team member</p>	<p>By 12/31/2020 DCYF will be a member of each of the 9 statewide HEZs</p>	<p>This work has not begun but assigning a Lead to attend.</p>

housing; our ability to access healthy food and equitable healthcare.			
1.8 In partnership with the Narraganset Indian Tribe and Parent Support Network, identify and train tribal members as Peer Recovery Coaches	# of tribal members trained as Peer Recovery Coaches	By 12/31/2020 two members of the Narraganset Indian Tribe will be trained as Certified Peer Recovery Coaches	There have been discussions, but the Tribe has not agreed to as of this writing.
1.9 Partner with community treatment providers and the Narraganset Indian Tribe to combine traditional spiritual healing with clinical interventions to treat members suffering from behavioral and substance use disorders	Identify Community-based behavioral health provider Develop referral protocol, tracking and communication by 20% of tribal members served by partner agency	Provider will be identified, and protocols will be in place to begin referrals by June of 2020	There have been discussions, but the Tribe has not agreed to as of this writing.

Objective: ~~Ninety~~ Eighty four percent of routine investigations will respond with an established face-to-face contact or attempt to establish face-to-face contact with the alleged victim within 48 hours of the hotline call to enhance DCYF's capacity to protect children from abuse and neglect as measured by RICHIST RPT 726.

Benchmark	Measure of Progress	Target Year Completion	Progress in 2020
1.10 Utilize weekly supervisory meetings between supervisors and administrators to review timeliness data reports to monitor compliance with policy 1.11 CPS supervisors with meet with line staff to review timeliness reports specific to their caseloads to ensure accountability 1.12 Replace the current CPS investigation template with the Family Functioning Assessment (FFA) which streamlines the input of information into the RICHIST system which	# of weekly supervisor/Admin meetings in a 12-month period # of supervisors who meet weekly with staff to review timeliness reports CPS will utilize the FFA in RICHIST by (1/10/2019)	90 % of supervisors held 3 or more meetings per worker on a monthly basis by end of CY 2020	The CPS ADM began in September 2019 and follow up meetings have been occurring every two months. In these meeting, CPS supervisor and administrators reviews dashboards, and discuss either a strategy deep dive topic or implementation action steps. Dashboards include approx. ten CPS data metrics that are

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Benchmark	Measure of Progress	Target Year Completion	Progress in 2020
<p>will support more timely documentation of investigative responses</p> <p>1.13 Communicate quantitative and qualitative investigation timeliness data results with staff and external stakeholders utilizing the Division of Performance Management/</p> <p>1.14 Active Divisional Management. The DPI/ADM structure will be used to explore any further challenges and provide feedback to adjust timeliness</p>	<p>Provide data reports to staff and stakeholders monthly 12/1/19</p>		<p>reviewed each meeting to discuss monthly changes. Dashboards include, but are not limited to: calls and reports, screening decisions (in/out), call priorities, screening outcomes (indicated/unfounded), investigation timeliness, and removals. In strategy meetings, deep dive topics discussed have been: changes to hotline call decisions and priorities (overrides, upgrades, downgrades); and subsequent outcomes of screened in and screened out calls (true negatives/positives and false negatives/positives). In implementation meetings, action steps discussed and implemented have been: retraining of the CPS call floor on the SDM tool, tracking and reviewing overrides/upgrades/downgrades, and initiating a quality review</p>

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Benchmark	Measure of Progress	Target Year Completion	Progress in 2020
			process for CPS reporting and investigations.
<p>1.15 Train CPS/FSU and Juvenile Corrections staff on a structured systematic safety assessment process utilizing the RI SAFE practice framework and the FFA so that they will be better and more consistently assess risk and safety, family needs, and refer for services all families screened in by the CPS Hot Line. The training will be conducted by the Change Champion Coaches who are content experts on the Safe Practice Framework and the FFA Tools</p> <p>1.16 Utilize coaching from Action for Child Protection to measure and increase on-going fidelity to the Family Functioning Assessment Model; incorporate identified staff who will be coaches to assist staff with the practice</p> <p>1.17 Utilize results of the CFSR case review process to assess the quality and consistency of safety assessments and plans developed using the FFA Present and Impending Danger Assessment Tools.</p>	<p>Measure of Progress</p> <p>All current staff trained on FFA by 4/1/19</p> <p>Schedule of trainings for all new hires within the first 60 days of hire</p> <p>RICHIST modified to incorporate FFA for use in Family Assessment Response 2/1/19 and CPS Investigations by 10/1/2019</p> <p># of coaching sessions with Action for Child Protection (one three-day session bi-monthly)</p> <p>3 coaches identified for each division</p> <p>Change Champions will begin peer coaching by 1-10/1/2019</p>	<p>Progress in 2020</p> <p>All staff performing field work independently are fully trained in core competencies</p> <p>Complete final IT updates by end of CY 2020 after full implementation and the opportunity to identify technical challenges and solutions</p> <p>DCYF Coaches established in each office to provide support to staff (track cases for which coaching took place)</p> <p>Coaching received through Action for Child Protection reveals 20% fidelity to the SAFE model by the end of the first 6 months of CY 2020</p> <p>Coaching sessions will be tracked</p>	<p>All new & current staff within CPS/FSU & JCS Staff have been provided SAFE FFA training. This training piece has been incorporated into the first 6 weeks of new worker training</p> <p>This same group has been provided ongoing formal coaching sessions and updated refreshers by both DCYF staff and our contracted provider</p>

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Benchmark	Measure of Progress	Target Year Completion	Progress in 2020
		Fidelity will be measured in collaboration with Action for Child Protection	
1.18 Communicate quantitative and qualitative data results with staff and external stakeholders specific to the quality and consistency of the FFA Present and Impending Danger Plans utilizing the Division of Performance Improvement/Active Divisional Management structure. The DPI/ADM structure will be used to explore any further challenges and provide feedback to make adjustments to the tool in RICHIST	Dashboards developed reflective of FFA/OFFA data Utilize the Active divisional management process to review data and identify action items for improvement	2020 2021	A Quality Review process is being developed for both CPS call floor reports and investigations. The quality review will be a collaboration among CPS administrators, supervisors, work, and the RI DCYF data and evaluation unit in a effort to improve consistency in CPS practices and decisions (See appendix for Logic Model).

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

Permanency 1, Permanency 2, Systemic Factor: Case Review System: items 21, 22, 23 Systemic Factor: Foster and Adoptive Parent Licensing, Recruitment, and Retention

Goal 2 of PIP

Objective: The Department and Family Court will improve the percent of children achieving permanency (adoption, guardianship, reunification) from 38% to 42% as measured through the State's Data Profile.

Benchmark	Measure of Progress	Target Year Completion	Progress in 2020
2.1 DCYF will continue engagement in a workgroup with RI Family Court, CASA, and parents' attorneys supported by the Center for Courts to implement work plan for the pilot court mediation program which will offer mediation at about the 3 month mark in a case.	Mediation program begins	September 1, 2019	In early 2020, the Department began discussions with the Capacity Building Center for States to provide implementation assistance with several strategies in the Department's Program Improvement Plan. The Center for states Integrated Capacity Building Plan was approved in late April 2020. Since then, the Department and the Center for States have been working on building up the work group for this stream of work and a kick-off
2.2 DCYF, in partnership with RI Family Court, CASA, and parents' attorneys, will refer 100 cases to pilot mediation program	Number of cases referred to pilot program	September 1, 2020	
2.3 DCYF will partner with the RI Family Court to track these mediation cases to permanency to determine the pilot's effectiveness in the reduction of time to permanency	Tracking mechanism complete and cases tracked	2019-2024	

<p>2.4 DCYF will assess possible expansion the pilot mediation program at 36 months based on the effectiveness</p>	<p>Pilot expanded to more than 50 cases each year.</p>	<p>2022</p>	<p>meeting is planned in early June 2020. The Center for States and the Department will work together to review the court mediation process overall and develop a robust procedure. Members of the Legal division, Family Services division, and Rhode Island Family Court will be included.</p> <p>There are two questions regarding training that arose from the Department’s prior progress report:</p> <ul style="list-style-type: none"> • Training for the Family Functioning Assessment (FFA) / Ongoing Family Functioning Assessment (OFFA): training was schedule to occur with parent’s attorneys, CASA, and RI family court representatives in March of 2020, however the outbreak of COVID-19 caused this training to be delayed. The Department is monitoring the guidance from the RI Department of Health to determine if this training can occur in person within the next few weeks or needs to be transitioned into a virtual training.
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			<p>Training for the Court Mediation Process: The Department will engage with members of the family court, CASA, and parent’s attorneys during the work with the Center for States</p> <p>The Rhode Island Family Court closed during mid-March 2020, and as result, no cases could be referred. Due to the immense time requirements for dealing with COVID-19 situation, the Department was not able to work on the Mediation project during the crisis. Work will ramp up again in June 2020 with the Center for States</p> <p>Of the children in entry cohort FY18 that achieved permanency within 12 months of entry, 81.5% achieved Reunification, 3.3% were Adopted, and 6.6% achieved Guardianship or Living with a Relative</p>
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<p>2.5 DCYF will assign a designated DCYF attorney to every petition at the pretrial date which will ensure continuity and uniform legal representation</p>	<p>At ARU hearings assess if cases are being assigned</p>	<p>2020-2024</p>	<p>This has been completed. All petitions are assigned to a DCYF attorney after arraignment at first pretrial</p>
<p>2.6 DCYF will partner with RI Family Court to expand the availability and increase the quality of legal representation for parents.</p>	<p>a. Increase the approved number of parent attorneys on the court approved list from 2 to 6</p> <p>b. Train all parent attorneys on quality of legal representation as a form of prevention</p>	<p>2023</p>	<p>DCYF has assisted in improving the quality of representation by providing education to parent attorneys on the use of the FFA and the new service plans</p>

Objective: The department will reduce the number of straight petitions filed with the Family Court so that it can better serve families who do not require judicial oversight but instead just demonstrate a need for services.

Benchmark	Measure of Progress	Target Year Completion	Progress in 2020
2.7 DCYF will draft operating procedures for the transfer of cases to FSU	Operating procedures complete	2019-2020	<p>The Department planned to engage in conversations about the impacts of this reduction during the CIP Conference. Since it was cancelled, those conversations were not able to occur.</p> <p>The Department also restarted monthly meetings with representatives from the Rhode Island Family Court in early 2020; however, the conversations have been primarily focused on COVID-19, emergency cases, and reestablishing permanency hearings by WebEx. The Department plans to engage in this conversation as the COVID-19 crisis subsides. For more information on the Department's discussions with Family Court. The Department plans to have conversations with Family Court representatives about data sharing, specifically with regards to court mediation and the impacts on permanency. This will include the number of hearings that occur on each case. This request will be embedded in the Court Mediation data sharing agreement. Plans for conversations</p>
2.8 DCYF will continue to monitor straight petition filings using the existing process to ensure that only families who require Family Court intervention receive it, so that the number of cases on the daily Family Court calendar is reduced, allowing for judges to have more time to conduct a purposeful hearing	Quarterly monitoring reports reviewed at Monthly data meetings	2019-2024	
2.9 DCYF will engage the RI Family Court to obtain more frequent court related data pulls to more accurately monitor the number of court events on each case. By obtaining more frequent data pulls, we can assess whether the reduction in straight petitions filed has led to more time on the Family	Quarterly monitoring reports reviewed at Monthly data meetings	2019-2024	

			<p>about this were delayed due to COVID-19 but will begin during the next few months.</p> <p>In addition to data sharing, the Chief Judge has issued a directive requiring the assigned social caseworker or supervisor attend the hearings so they are more efficient and effective. DCYF is no longer allowing covering social caseworkers to attend hearings. The Department has directed our caseworkers to upload all their court letters and documents to the court portal in advance of the hearings to allow all parties to review the documents in advance. These two changes will result in far better communication with parent's attorneys, guardians, and the family court.</p> <p>Both of these efforts, data sharing, and the new directive described above, are aimed at increasing the timeliness and quality of permanency related hearings. The Department is still in the process of obtaining regular data pulls from Family Court. In early 2022 the Department plans to establish this mechanism</p>
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2.10 Monitor data on the impact of the reduction in straight petitions filed with the goal of utilizing time saved being directed towards reducing the length of time between TPR trial continuances. By reducing the length of time between TPR continuances, cases can be resolved faster resulting in children in foster care achieving timely permanency	Quarterly monitoring reports reviewed at Monthly data meetings	2019-2024	The Department is still in the process of obtaining regular data pulls from Family Court. In 2020, the Department plans to establish this mechanism. This mechanism will be part of the court mediation process
2.11 DCYF will assess how many no legal involvement cases ultimately get opened to the department with legal status in 12 months	Quarterly monitoring reports reviewed at Monthly data meetings	2019-2024	This mechanism is still in process. The Department plans to establish this mechanism by early 2021
Objective: DCYF will increase by 5% the number of children in out of home care who are placed in a family setting by 2024			
Benchmark	Measure of Progress	Progress in 2020	Progress in 2020
2.12 Start up and expansion of the Kinship Unit used to expedite the licensing process and increase support and navigation for kinship caregivers which will stabilize kinship placements and prevent kinship disruptions	# of FTEs filled and trained	2019-2021	Leadership changed the organization direction of this unit and reinvested the staff into the larger licensing structure. While there has been some directional change, and some non-kinship foster parents will still be supported by the DCYF, the process to implement Kinship Programming, Renegotiations of Private Agency Contracts, and expansion of recruitment and retention support,
2.13 Implementation of Foster Care Redesign where all foster and pre-adoptive families will be supported directly by a private agency, providing more focus on permanency guidance, case management, and mentorship of families of origin.	RFP and contracts in place; reporting through Active Contract Management on key metrics	2020	
2.14 Use of ACF Kinship Navigator funds to expand service array and resources such as support groups	RFP and contracts in place; reporting through Active Contract Management on key metrics	2020	

to kinship caregivers to stabilize placements and promote permanency (in all forms).			foster care redesign is reaching final stages of initial implementation.
2.15 Expand available permanency services for both pre-adoptive and post-adoption families.	RFP and contracts in place; reporting through Active Contract Management on key metrics	2020	This effort is actively on going, with a variety of programs operated or in final stages of development. A Kinship Advisory Council has been developed, and operating for
2.16 Inservice training opportunity to include focus on working with families of origin.	# of in-service trainings offered, # of attendees	2020	approximately one year, facilitation of Kinship Support groups are in the process of being procured from a community vendor, and the Peer Mentor program is launching. In
2.17 Expansion of efforts regarding Family Search and Engagement internally and through BBI initiatives, particularly focused on children inappropriately placed in congregate care.	# of step downs from congregate care to kinship	2019-2024	<p>addition, there are a variety of education resources that have been developed for kinship curriculum that are already engrained in the culture of the Department.</p> <p>The re-procurement of adoption services is on hold, however, there is a joint effort with community partner Adoption RI to address a systemic change in permanency competence. This partnership has a model that is focusing on workforce development, systemic infrastructure, children to be adopted, and resource families. Currently there is a concrete effort relative to the current RI youth who are Free for Adoption and extreme family finding.</p> <p>There has been a significant effort to weave MAPP competencies,</p>

			<p>including mentoring of families of origin into training opportunities. The Department plans to use Peer Mentor opportunities to expand this work, as well as flush out more training opportunities throughout 2021.</p> <p>This effort has been successful, but to improve efficiency, the FSU staff have not been aligned under the FSU umbrella in an effort to ensure that family search resources were readily available and could participate in team meetings to identify kinship placement.</p>
2.18 Implementation of an online Foster Parent portal to lessen the time to initial licensure and provide more viable matching criteria between resource families and children in care.	Portal contracted and implemented	2020	The portal has been contracted and implemented. Staff training and foster parent utilization continues.
2.19 Use expanded pool of resource families and reframe of placement referral process to a “matching” process, focusing on strengths of family and needs of children.	# of licensed resource families, and matching referral, placement, and stability data	2019-2024	The Placement unit will move back under the Resource Families umbrella later in 2020. This shift, along with the renegotiated private agency contracts will be the next layer in redefining a placement referral, to focus more on matching.
2.20 Formalize teaming system within Department and partner agencies to stabilize placements that are at risk for disruption.	Procedure in place for teaming, with tracking mechanisms in place to report on stability.	2019-2024	While many teaming models have been reviewed, a successful effort has been with RED (Review, Evaluate, Decide) team that brings together an inside outside approach to case review. Through a recent

			reorganization, an additional teaming model that will span the life of a case is being developed.
2.21 Increase the number of non-kinship foster homes, to ensure a diverse pool of resource families who are poised to take placement of all children in DCYF care who are appropriate for family placement	# of non-kinship foster homes, and # of placements by LON	2020-2024	The Department is finalizing hiring for 14 new FTEs that will focus on recruitment, licensing, and retention of foster families. A strategic recruitment plan is developed and being implemented with a goal of 100 new foster families by 6/30/2021.

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

Safety 1, Safety 2, Permanency 1, Permanency 2, Well-Being 1, Well-Being 2, Well-Being 3

Goal 3 of the PIP

Objective: By 2024 95% of all children in FSU will receive at least monthly face-to-face contact with worker to ensure child and family have a safe environment, timely permanency achieved and overall well-being for children, family and community as measured by RICHIST RPT 579.			
Benchmark	Measure of Progress	Target Year Completion	Progress in 2020
3.1 FSU Leadership Team will work with DPI to develop dashboards to enhance ability to implement and monitor practice change; review dashboards weekly with chiefs of practice standards	Dashboards are developed specifically for face to face with children.	2019, Dashboard developed	The Department currently reviews quantitative and qualitative data

Objective: By 2024 95% of all children in FSU will receive at least monthly face-to-face contact with worker to ensure child and family have a safe environment, timely permanency achieved and overall well-being for children, family and community as measured by RICHIST RPT 579.

Benchmark	Measure of Progress	Target Year Completion	Progress in 2020
<p>in supervision and model use with their supervisors including face-to-face contacts with child.</p> <p>Develop and document actions planned and monitor follow-up to ensure that face to face contacts with children meets standard of 95%.</p>	<p>Weekly meetings between FSU leadership and chief of practice standards reviewing dashboards occur</p> <p># and % of actions implemented</p> <p># and % of face-to-face with child completed</p>	<p>2019-2024, Ongoing review and/or updates to dashboard, meetings and actions implemented</p>	<p>regarding both the quality and frequency of face to face visits with children and parents in several different meeting structures. During</p>
<p>3.2 Chiefs of Practice Standards review dashboards with supervisors every week; develop and document action plans and monitor follow-up.</p>	<p>Weekly meetings completed every week</p> <p>Dashboards reviewed and shared with staff weekly.</p> <p># and % of face-to-face with child completed</p>	<p>2019-2024</p>	<p>Active Divisional Management (ADM) with our Family Services Unit (FSU), several charts and data points monitor the frequency of caseworker visits with both parents and children. This information is discussed at every FSU ADM meeting. Beyond that, after each qualitative</p>

Objective: By 2024 95% of all children in FSU will receive at least monthly face-to-face contact with worker to ensure child and family have a safe environment, timely permanency achieved and overall well-being for children, family and community as measured by RICHIST RPT 579.

Benchmark	Measure of Progress	Target Year Completion	Progress in 2020
			case review, qualitative data is incorporated into the meeting and discussed in detail. Workers are given the opportunity to ask questions and discuss challenges with regards to engagement.
3.3 Chiefs of Practice Standards will focus a monthly supervision on no-legal status cases and/ or cases with children home with parents to ensure that children at home are seen monthly.	% of children seen in home per dashboards	2019-2024	From January 2020 through April 2020, with the use of dashboards developed by DPI as a major element of supervision, FSU has demonstrated monthly FTF contact with youth
3.4 FSU Leadership Team to monitor face to face contacts with children/youth through permanency trackers in supervision and dashboards developed in conjunction with DPI	% of visits with children documented in permanency tracker	2019-2024	

Objective: By 2024 95% of all children in FSU will receive at least monthly face-to-face contact with worker to ensure child and family have a safe environment, timely permanency achieved and overall well-being for children, family and community as measured by RICHIST RPT 579.

Benchmark	Measure of Progress	Target Year Completion	Progress in 2020
3.5 Based on monthly dashboards, supervisory weekly and bi-weekly meetings identify factors contributing to progress and barriers to progress.	Quarterly reviews occur to monitor progress and identify barriers impacting initiative implementation and/or progress toward outcomes	2019-2024	as follows: 97.5% in January 2020; 96.2% in February 2020; 96.4% in March 2020 and 97.1% in April 2020.

Objective: By 2024 60% of mothers will receive at least monthly face-to-face contact with worker and ~~50%~~ 30% of fathers will receive at least monthly face-to-face contact with worker to ensure identified needs are being addressed with appropriate services, progress is being made toward permanency and overall well-being for parents to care for their child(ren)

Benchmark	Measure of Progress	Target Year Completion	Progress in 2020
3.6 FSU Leadership Team will work with DPI to develop dashboards to enhance ability to implement and monitor practice change with a focus on engagement with mother, with father	Dashboards are developed specifically for face to face contacts with mother, father	2019-2024	Through collaboration with FSU leadership, DPI created monthly dashboards for face to face contact with parents in April 2020.
3.7 Review dashboards weekly with chiefs of practice standards in supervision and model use with their supervisors to monitor engagement with and frequency of face-to-face contact with mother, face-to-face with father.	Weekly meetings occur, and dashboards reviewed with staff # and % of mothers, fathers face-to-face contacts	2019-2024	The Chiefs of practice standards now have the ability to utilize this data during weekly supervision with the supervisors to reinforce and support the practice of face to face contact with parents on at least a monthly basis, dependent on the needs of the family.
3.8 Develop and document actions planned and monitor follow-up to ensure that face to face contacts with mothers, and fathers, meets policy standard	Actions plan developed and monitored during weekly meetings	2019-2024	In addition the practice is reviewed through Active Divisional Management and the bi-annual CFSR process. The results are presented regionally to enhance learning. Since September 2019, the Department has been consistently seeing 95% of children and youth on a monthly basis.
3.9 Chiefs of Practice Standards will focus a monthly supervision on no-legal status cases and/or cases with children home with parents to ensure that mothers, and fathers are seen monthly.	% of mothers seen in home per dashboards % of fathers seen in home per dashboards	2019-2024	This data is monitored in several areas of the department, including Active Divisional Management with the Family Services Unit, the Department's Strategic Metrics Dashboard, PULSE performance
3.10 FSU Leadership Team to monitor face to face contacts with mothers, and fathers through permanency trackers in weekly supervision and dashboards developed in conjunction with DPI	% of visits with mother documented in permanency tracker % of visits with father documented in permanency tracker	2019-2024	

3.11 Based on monthly dashboards, supervisory weekly and bi-weekly meetings to identify factors contributing to progress and barriers to progress.	Quarterly reviews of any initiatives implemented and monitor progress of initiatives.	2019-2024	meetings with the Executive Office of Health and Human Services, and the Department's case reviews. As of April 2020, 40.6% of mothers and 16.2% of fathers had at least monthly contact with a FSU worker
Objective: DCYF will increase the frequency and quality of face-to-face contacts with children to ensure child is safe, identified needs are being met with timely services, familial connections and contacts are being met and progress toward permanency and overall family well-being is being made. Establish baseline after year 1, set target at year 2. The 2019 Internal Case Reviews established the PIP baseline at 43.1%, with an achievement goal of 48% for year 2.			
Benchmark	Measure of Progress	Target Year Completion	Progress in 2020
3.12 CFSR definition of quality face to face contact shared formally with staff and reviewed as needed	# and % of staff educated\informed of the definition of quality face to face contact	2019-2020 2020-2024 ongoing as needed	The quality review unit in conjunction with work force development provided regional information sessions (question and answer) in February 2020-April 2020 and distributed learning guides regarding quality Face to face documentation. The guide provided examples of documented visits that are inclusive of Child & Family Services Review safety, permanency, and well-being elements.
3.13 Biweekly group supervision and weekly individual supervision meetings contain a standing item on quality of face-to-face visits	Biweekly meetings occur and face-to face and quality of visits review occurs Case review system established for quality of visits	2019-2024 June 2019 and ongoing, case reviews	

<p>3.14 Based on monthly dashboards, supervisory weekly and bi-weekly meetings to identify factors contributing to progress and barriers to progress</p>	<p>Permanency tracker (DISCONTINUED)</p> <p>Weekly and biweekly supervisory meetings occur, and progress and barriers documented</p>	<p>2019-2024</p>	<p>The Chief of Practice Standards in collaboration with the supervisors currently review quantitative and qualitative data regarding the quality of face to face visits with children during weekly supervision; record review; supervisory meetings and Active Divisional Management (ADM) with our Family Services Unit (FSU). Biannual reviews (CFSR) are additionally held and the results shared with each region to identify both successes and challenges in documenting quality face to face visits with children. The permanency tracker had been in development to assist staff during the supervisory process but was replaced with the current dashboards tracking family engagement (face to face visits and service plans) to focus the work on family engagement</p>
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Objective: DCYF will increase the quality of face-to-face contacts with mother/caregivers and will be based on baseline established from the 2019 internal case reviews of 51%, set target at year 2 established at 35.7% from the PIP baseline. The 2019 PIP Baseline reviews revealed that 23.2% of caseworker visits with parents were rated as a strength for both frequency and quality. The PIP Goal for this item is 28%.

Benchmark	Measure of Progress	Target Year Completion	Progress in 2020
3.15 CFSR definition of quality face to face contact shared formally with staff and reviewed as needed	# and % of staff educated\informed of the definition of quality face to face contact with mother, father	2019-2024	The quality review unit in conjunction with work force development provided regional information sessions (question and answer) in February 2020-April 2020 and distributed learning guides regarding quality Face to face documentation. The guide provided examples of documented visits that are inclusive of Child & Family Services Review safety, permanency, and well-being elements.
3.16 Biweekly group supervision and weekly individual supervision meetings contain a standing item on quality of face-to-face visits	Biweekly meetings occur and face-to face and quality of visits review occurs Case review system established for quality of visits	2019-2024 June 2019 and ongoing, case reviews	
3.17 Based on monthly dashboards, supervisory weekly and bi-weekly meetings to identify factors contributing to progress and barriers to progress	Permanency tracker Weekly and biweekly supervisory meetings occur, and progress and barriers documented	2019-2024	

Objective : Increase engagement of children (as age appropriate) in assessing family needs and in-service planning grounded in a trusting relationship where needs and services are openly discussed and addressed and in turn promote family, safety, permanency and well-being outcomes. The 2019 internal case reviews Established a baseline of 40%, set target in year 2 through the implementation of the SAFE Model in FSU by 2020 ; Increase engagement of mothers/caregiver in assessing family needs and in-service planning grounded in a trusting relationship where needs and services are openly discussed and addressed and in turn promote family, safety, permanency and well-being outcomes. The 2019 internal case reviews establish a baseline of 44% , set target in year 2 through the implementation of the SAFE Model in FSU by 2020; Increase engagement of fathers/caregiver in assessing family needs and in-service planning based grounded in a trusting relationship where needs and services are openly discussed and addressed and in turn promote family, safety, permanency and well-being outcomes. The 2019 internal case reviews established a baseline of 26%, set target in year 2 through the implementation of the SAFE Model in FSU by 2020

Benchmark	Measure of Progress	Target Year of Completion	Progress in 2020
3.18 Implement and utilize a structured systematic safety assessment process, SAFE model, in FSU which is based on engagement and collaboration with families and teaming to develop service plans that effectively meet family needs and maintain safe living environments.	Development of the SAFE model Implement department wide training of SAFE model # and % of target staff to be trained are trained	Safe Model completed November 2019 Department wide training of SAFE model completed by December 2019	As part of the implementation design for the OFFA, coaches were trained and imbedded in each of the four regions of FSU, as well as the assignment of a Practice Consultant (senior supervisor) to support and facilitate the use of the OFFA. Coaches and Practice Consultants initially had regular coaching hours to ensure consistent availability for all staff. The Practice consultants were included in supervisor meetings and unit meetings to build relationships within the regions and partner with staff struggling with family engagement. With every new case assignment,
3.19 Pilot use of Family Functioning Assessment on no legal status cases in each Region;	Review pilot/ lessons learned through pilot.	2019	
3.20 Monitor completion and fidelity to FFA implementation and make changes as needed	Monthly meetings occur, and implementation fidelity documented, recommendations for changes documented # and % of timely FFA completed (SAFE Model)	2019-2024	

			the worker and supervisor schedule a consult with the Practice Consultant and/or coach to start planning and addressing ways to engage the family and effectively establish a working relationship with families. They are available to model family engagement in the field and participate in the development of in-home safety plans and conditions for return. The Practice consultants and/or coaches participate in legal consults with staff as needed and work with staff and supervisors to effectively compose court letters; supporting the shift in practice from compliance to behavioral change and the understanding that reunification is based on the ability to implement an in-home safety plan as opposed to compliance with service plan tasks.
3.21 Monitor completion and fidelity to OFFA (inclusive of service plan) implementation and make changes as needed	Monthly meetings occur, and implementation fidelity documented, recommendations changes documented % of timely OFFA (SAFE Model)	2019 OFFA completed 2019-2024 ongoing	
3.22 FSU Leadership team to identify Change Champion coaches/mentors/trainers to support implementation of SAFE model with staff;	# and % of champion coaches trained # and % of champion coaches who report successful SAFE model implementation	2019-2024	
3.23 FSU Leadership Team and FSU Supervisors support staff in assessing family functioning of all family members	Weekly meetings occur. # and % of OFFA completed (Safe Model)	2019-2024	
3.24 FSU Leadership Team to embed values of cultural competency, transparency, family engagement, teaming and equity in practice of SAFE Model; utilizing the ongoing family functioning assessment tool and reinforce those values through weekly supervision;	# and % of OFFAs completed in timely manner, total and by race and ethnicity	2020 2020-2024 ongoing	
3.25 Staff to actively practice family search and engagement as demonstrated in kinship placements, teaming in safety and service planning; and identifying the role of family in visitation	% of searches completed to identify family resources # and % of kinship placements # and % of family visitation	2019-2024	The Practice Consultants work closely with the Chiefs and ADs to support the practice

	<p>From case reviews:</p> <p>#and % of case reviews with mother, father, child engaged in service planning</p> <p># and % of quality visits with mother, father, child</p> <p># and % of mother, father child needs assessed and addressed</p>		<p>change and promote staff’s ability to effectively engage with their families. A substantial number of supervisors in the regions have been trained as coaches and to strengthen their ability to promote the practice shift in the regions, the Practice Consultants and coaches work with both workers and supervisors as a team to increase learning and promote their ability to utilize the foundations of the OFFA during supervision with their workers.</p> <p>The FFA/OFFA Implementation team meets weekly to address any concerns involving the use of the tools in RICHIST; practice and implementation guidance; policy changes; technical assistance and communication/training needs. The coaches and practice consultants meet on a biweekly basis to address any concerns encountered and/or raised by workers in the field</p>
3.26 FSU Leadership Team in conjunction with DPI to develop dashboards to monitor service plan completion;	# of dashboards developed and reviewed	2019-2024	
3.27 FSU Leadership Team to strategize any barriers to service planning in Active Divisional Management	# of barriers and corresponding strategies developed	2019-2024	

			<p>as to the use of the FFA/OFFA and struggles with the model in meeting all the needs of youth and families. Listening sessions were held in all four regions and probation in February 2020 to obtain line staff feedback regarding the SAFE model and OFFA tool.</p> <p>New Service plan dashboards were developed and implemented by DPI in March 2020.</p> <p>The June 2020 review will be the first case review in which the Department will begin seeing results of OFFA's conducted and their impact on assessing and addressing the needs of parents and children as well as child and family involvement in case planning.</p> <p>The Department is still in the process of training and skill building with staff to enhance family engagement overall inclusive of service planning. The ADM process allows the infrastructure for the data on family engagement and</p>
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			<p>service planning to be reviewed, monitor the impacts of the Department's intervention of the Safe Model, and identify where changes to the intervention may need to be made.</p> <p>The Department is in the process of developing a data report for the FFAs and OFFAs that will provide data to the to CPS and FSU and will be reviewed in the ADMs. Anticipated date is March 2021</p>
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Objective: By 2024, 85% of social caseworker IIs in FSU will receive supervision that meet's their individual needs as a caseworker as measured by the FSU quarterly Supervision Survey.

Benchmark	Measure of Progress	Target Year Completion	Progress in 2020
3.28 FSU Supervisors will meet weekly with their staff and supervise case practice with the assistance and use of the permanency tracker:	<p>Weekly individual supervision within FSU occurs.</p> <p>% of Documentation in permanency tracker completed in timely manner.</p>	<p>2020</p> <p>2020, 2020-2024 updates</p>	Supervisory protocols were completed in early March of 2020 but implementation was delayed due to COVID-19. The protocols were approved by the Acting Director in late April 2020. Each Chief of Practice Standards held meetings with

Objective: By 2024, 85% of social caseworker IIs in FSU will receive supervision that meet's their individual needs as a caseworker as measured by the FSU quarterly Supervision Survey.

			supervisors in their regions to review the expectations outlined in the protocols. Supervisors are required to hold weekly scheduled supervision meetings with caseworkers to discuss the safety, permanency, and wellbeing of the children on their caseloads, family engagement, service planning, professional development, best practices, and other case related issues and concerns. The Chiefs conduct weekly individual supervision and biweekly group supervision with all supervisors to model supervision best practices and assist supervisors in critical decision making.
3.29 FSU Leadership Team to fully manage staff in the regions through establishing clear expectation of practice and policy around supervision and reporting relationships with staff, modeling supportive supervision and accountability with chiefs, HR practice, crisis intervention, modeling and teaching best practice supervisory techniques, modeling crisis planning as a part of safety planning,	Clear expectations developed and documented Biweekly group supervision occurs.	2019-2024	
3.30 Prioritize challenges and needs and brainstorm potential solutions through Active Divisional Management Meetings. Monthly ADM meetings amongst DPI staff, Department Director, FSU leadership inclusive of the 4 Caseworkers of Practice Standards and an FSU supervisor (rotate different supervisor monthly)	Number of challenges identified with corresponding solutions developed during monthly ADM strategy meetings.	2019-2024	The supervisory protocol establishes that supervision will be tracked by a quarterly survey distributed to caseworker IIs that ask a series of questions about the
3.31 FSU Leadership Team w/assistance of DPI implement permanency reviews in each of the regions utilizing the permanency tracker to model	Positive outcomes identified during permanency reviews occurs quarterly.	2019-2024	

Objective: By 2024, 85% of social caseworker IIs in FSU will receive supervision that meet's their individual needs as a caseworker as measured by the FSU quarterly Supervision Survey.			
and reinforce supervision as to best practice and positive outcomes.			frequency, duration, and topics covered during supervision. In addition, questions prompt caseworkers to reflect whether supervision is meeting their needs, and, the level of support they receive from their supervisor.
3.32 FSU Leadership Team to work with DPI to develop dashboards to enhance ability to monitor and implement practice change.	Dashboard developed and modified based on needs identified in supervision	2020 developed, ongoing monitoring on monthly basis to 2024	The first survey was conducted in early April 2020 and served as a baseline to establish what the world of supervision currently looked like prior to the protocols being promulgated.

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

Safety 1, Safety 2, Permanency 1, Permanency 2, Well-Being 1, Well-Being 2, Well-Being 3 Goal 4 of PIP

Objective: Establish the Division of Performance Improvement (DPI). DPI will serve as DCYF’s agency-wide CQI program to evaluate child welfare practice and improve performance outcomes through evaluation, case reviews, and change management strategies.

Benchmark	Measure of Progress	Target Year Completion	Progress in 2020
4.1 Develop a clearly articulated mission and vision for DPI	Mission and vision statement will be developed with DPI staff, shared with DPI staff and DCYF leadership	November 1, 2019	The Case Review Unit within the Division of Performance Improvement is currently developing the internal case review annual report. The report will include the results of the Department’s internal case reviews that occurred in 2019 which established the baseline for the PIP Measurement Plan as well as the results of the case reviews that are
4.2 Produce and distribute annual reports on findings from Case Review System)	Report will be developed and distributed to all DCYF staff	November 1, 2020	
4.3 Continue Active Divisional Management in 1 division by transitioning facilitation of ADM to FSU leadership	FSU Administrators will set agendas, lead meetings, and implement follow ups	January 1, 2020	
4.4 Train senior team members and middle managers in project planning and project management	25 staff will participate in a project planning and project management course provided by DCYF	July 1, 2020	

<p>4.5 Expand Active Divisional Management to 2 additional divisions</p>	<p>ADM will be established in 2 new divisions of DCYF</p>	<p>July 1, 2020</p>	<p>scheduled for June and November 2020. The annual report will include qualitative data specific to the reviews such as race/ethnicity, permanency goal, and overall regional office performance. The report will also include how the Department performed on each of the 18 items within the OMS related to Safety, Permanency, and Well-Being. Plans are underway to launch this annual report in December 2020 after the completion of the second half of the 2020 review.</p> <p>The Department has fully developed and implemented its internal case review system in 2019. The Department conducted two internal case reviews in June and November 2019. The Department utilizes a combination of experienced and new reviewers to conduct the review of the cases with designated QA. The Department is currently conducting a virtual case review in June 2020 due to COVID-19.</p> <p>The department expanded FSU Active Divisional Management from leadership to individual regions,</p>
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			<p>beginning on January 1, 2020 and occurring in 3 month cycles</p> <p>The VEC (Voluntary Extension of Care) Program Active Divisional Management began in November 2019, and meets quarterly with YDS staff and leadership from FSU and Behavioral Health within DCYF.</p>
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4.6 Expand Active Divisional Management to 1 additional division	ADM will be established in 2 new divisions of DCYF	July 1, 2021	<p>The Child Protective Services (CPS) Active Divisional Management began in September 2019, and follow up meetings occur every two months with CPS administrators and supervisors. Deep dive topics have looked at changes to CPS reporting decisions and subsequent outcomes of CPS reports.</p>
4.7 Expand Active Divisional Management to 1 additional division		July 1, 2022	

Objective: Design, develop, and implement a CFSR case review system with support from the Capacity Building Center for States that will review 65 cases in the first year then 80 cases per year by year 2023-2024.

Benchmark	Measure of Progress	Target Year Completion	Progress in 2020
4.8 Create training manuals and establish case review staff from across the Department to participate in the case review process	a) Training materials created b) 2 trainings delivered each year c) 10 new staff per case review year	2020 and ongoing	In 2019, the Department completed its first internal case review that established the baseline for the PIP. A total of 65 cases were reviewed. Staff from across all regions and divisions are utilized as reviewers.
4.9 Review 65 cases annually selected in accordance with the CFSR PIP measurement plan using the OMS tool	Case review results for 65 cases will be entered in the OMS	2019-2022	

<p>4.10 Review 80 cases annually selected in accordance with the CFSR PIP measurement plan using the OMS tool</p>	<p>Case review results for 80 cases will be entered into the OMS</p>	<p>2023-2024</p>	<p>The Qualitative Review Unit and Practice Review Unit are utilized to conduct quality assurance of cases. The Department, with support from the Center for States developed training manuals and materials for the Case Review. Before each case review, the materials are updated to include new information and policy.</p> <p>Due to COVID-19 the Department was unable to train new staff. Once COVID restrictions are loosened, the Department intends on reinstating its CFSR case review training and recruit additional new staff to be reviewers. If COVID-19 restrictions remain intact, the Department intends on developing a virtual training process so as to train new reviewers.</p> <p>All case review results are entered into the OMS and the Department fully intends to continue entering case review results into the OMS in future reviews.</p> <p>The Department intends to gradually add cases each year to reach the goal of 80 by 2023-2024.</p> <p>.</p>
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Objective: Develop a feedback system to allow both internal and external stakeholders to provide input and recommendations for changes to the system by spring 2020 The department will schedule quarterly meetings with foster and adoptive parents, birth parents, youth, front-line staff and supervisors and other internal and external stakeholders to seek input and recommendations

Benchmark	Measure of Progress	Target Year Completion	Progress in 2020
4.11 Identify a process that will support ongoing consumer stakeholder engagement.	Protocol and process documented	2019	In early 2020, the Department began discussions with the Capacity Building Center for States to provide implementation assistance with several strategies in the Department’s Program Improvement Plan. The Center for states Integrated Capacity Building Plan was approved in late April 2020. Since then, the Department and the Center for States have been working on building up the work group for this stream of work and a kick-off meeting is planned in late May 2020. A formalized process that will ensure the continuation of stakeholder feedback will be developed. While no delays are expected, the Department continues to monitor the impacts of COVID-19. The workgroup meetings with Center for States are planned to be held virtually.
4.12 Meet with consumer stakeholder groups (birth parents, foster parents, service providers, youth, front-line staff) on a quarterly basis.	Meetings are documented and occur every quarter	2020-2024	
4.13 Provide feedback gained from stakeholder groups to the Director and Senior Team quarterly	Reports are written and delivered to Director and senior team	2020-2024	
4.14 Annually, senior team considers all feedback and at a minimum acts on three recommendations annually for improved process, practice, or policy based on stakeholder feedback	Three improvements to process, practice, or policy are identified, implemented, and shared back with stakeholder groups	2021-2024	
4.15 As agreed establish bi-annual meetings with legal community workgroup with representatives from Family Court, CASA, Parents’ attorneys, and DCYF attorneys to ensure consistent communication, share data, discuss challenges and engage in problem solving	Meetings occur every six months with attendance from each organization in the child welfare legal community	2020-2024	

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

Safety 1, Safety 2, Permanency 1, Permanency 2, Well-Being 1, Well-Being 2, Well-Being 3

Goal 6 of the PIP

Objective: Improve the retention of front line caseworker staff (FSU, CPS, JCS).			
Benchmark	Measure of Progress	Target Year Completion	Progress in 2020
5.1 Convene a group of Subject Matter Experts (SME's) to review and revise existing Competencies of each existing front-line position (SCWII, CPI, and Probation and Parole officer). Finalize competencies that will inform hiring decisions and workforce development offerings.	Competencies will be finalized and will be reflected in position descriptions and training.	2021	A working committee has been created and continues to meet to review front line competency matters with a makeup of social case worker II's CPI staff, supervisors from FSU, CPS & JCS. The competencies were reviewed and finalized by Director Picolla in 2019

<p>5.2 Review and update current pre-service and in-service training delivery modalities inclusive of; simulation tools, web based & video based training, and other skill building techniques to assess which will deliver the optimum training experience for each topic. Working committee is to submit a short term and long-term strategy plan for implementing this change</p>	<p>Components of pre-service and in-service training will be offered in alternative delivery modalities.</p>	<p>2022</p>	<p>The same working committee as above has assisted in developing a new New Worker Training Program with a focus on the use of different delivery modalities. The focus in 2019-2020 has been on establishing Transfer of Learning activities for out of class learning This group is currently working on providing a TOL plan for the first 18 of the 60+ New Worker Trainings</p>
<p>5.3 Upon completion and approval of 2.1 & 2.2 Working Committee will have oversight of the curriculum building process to ensure that both content and delivery have the maximum impact on new staff with first focus on “core topics” as defined by the committee. Working committee continues same process to build out remainder of pre-service curricula</p>	<p>Begin implementation of core Pre-service training topics</p> <p>Complete implementation of core topics 60% of new staff shall have completed new core topic</p>	<p>2020</p> <p>2020</p> <p>2021</p>	<p>The revised New Worker Training Program has been implemented with the first cohort starting in the fall of 2019 and the second in January of 2020 the working committee is still monitoring the outcome of these two cohorts</p>
<p>5.4 Develop and implement pre- & post-test evaluation process for all pre-service trainings as part of a continual improvement plan.</p>	<p>Pre and Post-test will be established and used in all trainings.</p> <p>75% of the evaluations will be complete</p> <p>80% of the evaluations completed will score positively on worker satisfaction & knowledge attained.</p>	<p>2020</p> <p>2021</p> <p>2022</p>	<p>A Pre & Post Test was created in January of 2020 and will be available for use with the 3rd cohort of new workers later in 2020</p>

Objective: Develop a mechanism that will provide real time data to supervisors to assist them in accurately monitoring staff participation in on-going training in order to increase FSU & CPS workers compliance with 20 hours of training annually from 56% to ~~80~~ 70% by the end of 2024.

Benchmark	Measure of Progress	Target Year Completion	Progress in 2020
5.5 Develop a report for supervisors that provides quarterly updates of the hours & type of training each staff in their unit has participated in during the calendar year.	Report available to supervisors and data reviewed quarterly by senior team.	2020	A Report was created and tested in early 2020 and placed in the department's shared files in May of 2020 for Supervisory staff to access (all staff can access)

5.6 Workgroup to develop an annual audit process in which the department can determine if training offerings are meeting the needs of staff.	Develop an audit process Implement the audit process	2020 2021	This is on WFD's 2020-2021 work list
5.7 Launch an on-line learning management system which will streamline the training calendar, registration functions, attendance collection, and data reporting for all in-service training.	Web-based learning management system will be available and used for 50% of in-service training offerings. Web-based learning management system will be available and used for 75% of in-service training offerings	2021 2023	WFD has started to use the State's LMS. And has loaded trainings into this system. Provider changes for this system has put the full launch of this system on hold till later in 2020
5.8 Create an evaluation, assessment & revision process in order to continuously assess the workforce strengths and opportunities for growth which will inform updates to training offerings for all staff at DCYF.	Assessment of workforce skills will be established and delivered 2 times a year. Trainings will be updated to reflect results.	2024	This task and task 5.6 will be on worked on starting late 2020 early 2021
Objective: Improve the process for the recruitment and hiring of an appropriate and diversified workforce in CPS to increase the percentage of staff successfully completing period of probation to 80%			
Benchmark	Measure of Progress	Target Year Completion	Progress in 2020
5.9 CPS SME Group to review and revise existing competencies of CPI staff, update job description to reflect the competencies. and prepare recommendations to the Director	New position description for CPI reflects competencies	2020	This process was incorporated into the review of all front line worker competency work performed in 2018-2019 and approved by Director Piccola in 2019

<p>5.10 Policy and practice standards to be used to revise existing CPI preservice Training Program to meet new competencies.</p>	<p>New CPI preservice training program implemented</p>	<p>2021</p>	<p>WFD continues with our Policy division in order to incorporate all new policy & practices into our training programs</p>
<p>5.11 Develop and implement a recruitment plan that reaches out to a diverse & competent pool of candidates</p>	<p>New Recruitment plan in place</p>	<p>2020</p>	<p>In 2019 & 2020 DCYF HR & WFD have been working with the DOA on recruitment plans</p>
<p>5.12 Convene a recruitment workgroup inclusive of the department’s HR, diversity advisory group, workforce development, and members from DOA Affirmative Action Team. This team is to create a comprehensive recruitment plan for all front-line staff that addresses potential pipeline for staff qualified for these positions and attracts a diverse set of applicants.</p>	<p>Recruitment Workgroup is to meet at least two (2) times prior to submission of staff recruitment plan.</p> <p>At least 3 recruitment activities identified in the plan will be implemented.</p>	<p>2020</p> <p>2021</p>	<p>A key component to a quality workforce is to reach out to a diverse & competent pool of “potential” candidates. Assistance from DCYF staff, our DOA, providers and grass roots community programs are essential to insuring we do an exhaustive recruitment campaign.</p>
<p>5.13 CPS SME group (including DOA testing personnel) to use the approved competencies and recommended job duties & responsibilities in order review and revise existing CPI civil service exam to accurately reflect new standards. Group is to submit new exam recommendations to DOA HR for implementation</p>	<p>Workgroup is to meet at least two (2) times prior to submitting final copy to DOA HR. Revised CPI Civil service exam to be ready to administer in the 3rd quarter.</p>	<p>2020</p>	<p>The CPI civil service exam should be reviewed and revised based on the changes mentioned in Competencies and Job Classification. It needs to be current and this group approach on this task should allow for SME input and review.</p>

<p>5.14 Create and implement a post exam review process in order to assess the effectiveness that the new test has on increasing the quality of candidates to the workforce.</p>	<p>Create an evaluation process Implement by end of the 6th quarter</p>	2021	<p>Ongoing evaluation, assessment & revision of the process is a necessary component of all programming to inform ongoing improvements in training so that workers learn what they need to learn to be successful</p>
	<p>Review process administered six (6) months posting probationary training period</p>	2022	
	<p>70% of those staff hired off the new civil service test will have successfully completed their probationary period.</p>	2023	
	<p>75%. of those staff hired off the new civil service test will have successfully completed their probationary period.</p>	2024	
	<p>80% of those staff hired off the new civil service test will have successfully completed their probationary period.</p>	2025	

Staff Training, Technical Assistance and Evaluation

Explain how the training activities identified in the training plan are designed to support the goals and objectives in the plan:

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

There is no dispute the key to a successful Child Welfare Agency is having a highly competent, well trained, and resilient workforce. It is essential to any child welfare agency to achieve its mission of raising safe and healthy children in a caring environment. It is the Department's position our proposed training plan will give us the workforce capable of achieving this mission.

Too often, training plans focus on the content being offered and do not focus on the makeup of the workforce being trained. This creates a learning gap; a highly respected training is inappropriately delivered to a workforce lacking the necessary competencies, skill sets, and work experience to adequately utilize the material they are learning.

The solution to this problem is in our hiring practices. A holistic workplan examines all requirements needed to develop a highly competent workforce and does not seek to address needed changes with "training."

This Workforce Development Plan addresses the need to establish; core competencies, proper job classifications, a culturally inclusive recruitment plan, job testing current and relevant to the Department's mission, and technical and adaptive pre-service training that can be modified for all learning styles. Once this is accomplished, the Department can continue to deliver relevant, accessible training for its staff appropriate to their current job classification, but also, prepares staff who wish to advance.

To ensure this plan is successful, the Department will regularly review its targets. Evaluation and a quality review process are also included.

OUTLINE OF THE SIX KEY FACTORS WITHIN THE TRAINING PLAN

1 Competencies; in order to know what type of staff you want; you need to know what your expectations of staff will be. The first step will be to establish what the Department considers our core competencies for front-line staff (Family Services, Child Protective Services, and Juvenile Correctional Services). Completed 2019-2020

2 Job Classification; once those competencies are defined and proficiency indicators are established, the Department will then start to develop appropriate job specifications that include updated duties and responsibilities, type and level of education, and work experience requirements. In 2019-2002 DCYF HR, State of Rhode Island's Department of Administration (DOA) and union representatives have started work on this topic. Work has been done on the Social Caseworker II job specifications.

#3 Recruitment; by using the tremendous resources that already exist within our department, with our providers, and our association with schools of higher education, the Department will be developing a recruitment plan that engages all socio-economic levels, race, and our diverse and culturally competent community. 2019-2020 DCYF HR, Workforce Development & DOA have worked on creating a recruitment strategy which includes community forums and recruitment from local colleges as well as DOA assistance from its Human Resources Outreach & Diversity Division

#4 Civil Service Test; the work plan includes the need to take the work performed in identifying competencies and establishing hiring criteria and build a testing process that is relevant to the position, fair to those who take it, and given often enough so as not to lose our potential workforce due to unrealistic gaps between tests. 2019-2020. The SCWII exam was reviewed and questions modified to be in line with current job criteria and competencies. One test has been given with this new model.

#5 Training; pre-Service, In-Service, and Specialty Training Programs (Supervisor Development Programs) will be built off the established competencies, duties & responsibilities of the position, and the level of knowledge and experience of the trainee.

Training development plans will rely on the foundational work being done (outlined above in numbers #1, #2, #3, #4). No item is a standalone process; it relies on committees and ideas being developed to provide a training plan that appropriately reviews, revises and when necessary creates new, training programs for our staff. Subject matter experts, which include our staff already in these positions as well as outside resources, will work collaboratively on this process.

The delivery of each educational piece is as important as the material itself. This plan addresses the need to develop a broad array of delivery modalities. By partnering with institutions of higher learning, local, state, and out-of-state resources, the Department's training delivery plan includes future usage of simulation rooms, web-based training, interactive and experiential skill building programming. Discussed in detail within this report.

#6 Data & Evaluation, the success of the workplan relies on user friendly data that can give staff real time information as well as monthly, quarterly or other point in time feedback/evaluations. This plan how we will attempt to obtain and make available this necessary data. The 2020-2021 project will include work in this area.

Technical Assistance

Rhode Island is a state system that does not utilize a county or regional system. Therefore, no training and technical assistance is provided specifically to counties or regional entities. However, DCYF does provide training to the Family Care Community Partnerships often in conjunction with DCYF staff training (see Community Training in Training Plan).

In the upcoming year, the Department anticipates continuing to access technical assistance from several outside partners to support our CFSP/APSR goals. These include the Annie E. Casey Foundation and the

Harvard Government Performance Lab, who have assisted the Department develop strategies based on best practice and research from other states. This includes assistance in developing strategies to improve family search and engagement as well as the expansion of the Active Contract Management (ACM) process to congregate care providers. DCYF's Workforce Development division has also collaborated, and will continue to partner with, other state agencies within the Executive Office of Health and Human Services (EOHHS) to access technical assistance on issues like Opioid Usage Issues (BHDDH) and Safe Sleep (DOH) and Fatherhood Programs (DHS/Child Support). In the spring of 2020 DCYF reached out to and has started to get technical assistance from the Center for States on issues related to Family Engagement. This assistance will also include a review of our new SAFE practice model and trainings associated with that model.

The Department is also partnering with the Capacity Building Center for States for continued work on the case review system.

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

Quality Assurance System

The Department Data Analytics and Evaluation Unit engages in various evaluation and research activities conceptualization and operationalization of child, family and system outcomes, data collection methods and monitoring, research design, implementation science and evaluation. These activities occur throughout the year and have done so for over 10 years with ongoing modifications and expansions in response to Department goals, objectives and initiatives. Below are selected highlights of the research and evaluation activities with a focus on CFSP and PIP goals that have occurred in the past five years, some of which have plans to continue.

Goal I Increase child safety outcomes via public health prevention

Objective 1:

Safety Analytic Report: Each year the Department's Data and Evaluation unit publishes a safety analytic report (See appendix, Annual Safety Report FFY19 f) inclusive of descriptive statistics and predictive analytics. Safety related dimensions include descriptive statistics and advanced statistics of Child Protective Services (CPS) reports, CPS investigations, factors associated with maltreatment rates (i.e. demographics, communities), factors associated with repeat maltreatment, factors associated with maltreatment in foster care and across all these metrics, disproportionality outcomes. Both the descriptive statistics and predictive analytics provide information on both the profile and factors statistically significant in predicting child maltreatment, repeat maltreatment and maltreatment in foster care. This information is used to inform practice, policy and interventions as highlighted below.

The table below summarizes key metrics from the Safety Analytic Report. Among families investigated, the percent of children indicated overall decreased over the last four years. The rate of indicated child

victims increased from FFY16 to FFY19. In FFY18, 10.2% of children experienced a repeat maltreatment. The median age at the time of the initial maltreatment was 4 years old and the median length of time between the two indicated events was 161 days, just over 5 months. The number of unique children with a report of maltreatment in foster care increased from FFY18 to FFY19. Further, the maltreatment rate among children age 0-9 and within this age group, children under the age of 1, have higher maltreatment rates compared to children age 10 and older. Children under age 10 also experience disproportionality in maltreatment rates among children who are Black/African American, or Multiracial or Hispanic compared to children who are White over this same period.

	FFY16	FFY17	FFY18	FFY19
Section 1: Investigations (Maltreatment)				
Number of children investigated	7521	7470	10821	9288
Among children investigated, percent of children indicated	39.2%	41.4%	33.8%	34.3%
Median age at CPS report for indicated child victims (years)	6.0	5.0	6.0	6.0
Rate of indicated child victims (per 1,000 children under 18 years old in Rhode Island)	12.8	13.8	16.3	14.3
Section 2: Repeat Maltreatment*				
Percent of children who had repeat maltreatment within 12 months of the initial maltreatment	9.7%	11.2%	10.2%	
Median age at initial maltreatment (years)	4.0	5.0	4.0	
Median length of time between initial and repeat maltreatment (days)	158.0	141.0	161.0	
Section 3: Maltreatment in Foster Care**				
Number of victimizations of maltreatment in foster care	63	80	74	84
Number of unique child victims of maltreatment in foster care	59	77	72	78
Median age at CPS report (years)	9.0	10.0	7.0	11.0

*Unadjusted for age. Children’s Bureau adjust for age at initial victimization.

**At time of report, Children’s Bureau method of bed days calculations had not yet been released – subject to be revised

An example informing practice as well as system change of the predictive analytics involves indicated maltreatment. Following a series of near fatalities and fatalities, paired with the Department’s desire to modify CPS Information Referrals (I/Rs), analysis was performed to identify the relationship between I/Rs and indicated maltreatment. Information Referrals were Hotline calls that did not meet the threshold of an investigation although warranted a referral for supportive services to address identified risk factors. After an Office of Child Advocate Report on the review of child fatalities and near fatalities, the Department designed a predictive analysis on the family level to determine among families who received an Information Referral which factors predicted child maltreatment (See appendix, OCA safety analysis). The factors identified as predictive of increasing the odds of maltreatment subsequent to an I/R were families with a child younger than 6 years of age, reporter was a professional compared to not, family had a previous removal within the past 12 months, family had a previous indicated maltreatment within the past 12 months. These findings informed the development of the new Family Assessment Response (FAR) screening process inclusive of a new screening instrument completed with factors found predictive of child maltreatment. Over the last year, the FARs have been tracked by disposition, 6 month outcomes, and meeting quantitative risk factor elements.

Between January 1, 2018 and March 31, 2019, there were 834 Family Assessment Responses (FAR). FARs were tracked by Child Protective Services (CPS) for outcome disposition. The largest percentage of FAR

dispositions were “closure”. For FARs with closure, we analyzed subsequent outcomes. Among the 573 FARs with closure between 1/1/2018 to 3/3/2019, 62% did not have a CPS Report or other type of DCYF involvement within 6 months. In addition to tracking FARs and subsequent outcomes, selected quantitative risk factor elements were also analyzed for FARs between 1/1/2018 to 9/30/2019. Ninety-five percent (95%) of the FARs met at least 1 of the risk factor elements.

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

Due to COVID 19, the most recent data available for the 0-3 child cohorts is November 2019. Among the 606 children, 4261 children engaged with selected RI DCYF and RIDOH services by February January 15, 202019. Children and families in this cohort may have engaged with RI DCYF or RIDOH selected services at a date later than January February 15, 202019 or engaged with services other than those reflected in this data brief. Among the last 6 months of cohorts available, engagement with services has been approximately 70-75%. Results reviewed fifty-two children age 0-3 who were indicated for maltreatment during November 15 to December 14, 2018 and were engaged with selected RI DCYF and RIDOH services by February 15, 2019. Children can be engaged in more than one program. As this is a new initiative, the sample size is very small, and caution should be exercised in drawing any conclusions. Keeping this in mind, a difference between those children\families engaged in a program compared to not engaged was age of the child. The median age of the child not engaged was 24 months compared to 7 months for children and families who were engaged. The Department plans to monitor this ongoing initiative and plans to collaboratively procure an automated system for data to be managed in a single data system; this will allow for timely monitoring and responsiveness.

To guide decision making for the Family First Act as to which populations are most at risk to enter foster care, a multivariate analysis was conducted to identify the factors associated with children remaining in-home without experiencing a removal. Children who opened to FSU while in-home during 2017-2018 were followed for 12 months or until their case closed to observe if they remained in-home or removed into foster care. The findings showed that older children and children who received DCYF funded homebased services remained in-home more frequently compared to younger children and children who did not receive a homebased service, respectively. Twenty-three percent of children under age 1 remained in-home while 58% of children age 1-5, 72% of children age 6-11, 71% of children age 12-15 and 66% of children age 16 or older remained in-home for 12 months. The percent of children who remained in-home

among those who received homebased services compared to those who did not were 81% and 47%, respectively; children who received services had 6.7 times the odds of remaining in-home compared to those without services.

Although the Department has engaged in research and evaluation for over 10 years, for the past four years the Department has engaged in Active Contract Management where Department epidemiologists and evaluators have played an active role with Department program staff and provider staff to identify a core set of metrics and outcomes in the areas of safety and maltreatment prevention (See appendix, FCCP March 2019 Strategy meeting). The collaboration between the Department's Children's Community Services and Behavioral Health, Active Contract Management and Data Analytics and Evaluation and the Family Care Community Partnerships (FCCPs) (the Department's contracted provider network designed to prevent child maltreatment and promote family well-being), meet monthly basis to review the core set of safety related metrics and outcomes and observe changes in trends over time.

Based on the data and/or changes in trends, the collaborative team identifies areas to further explore potential root causes and underlying factors contributing to the metrics and outcomes. The research often includes mixed methods to allow for both breadth and depth. Examples of research and evaluation designs for predictive analytics (quantitative) conducted include cross-sectional, case-control, and longitudinal study designs. Specific statistical analytics include logistic regression, multivariate regression, survival analysis, Cox proportional hazard, generalized estimating equation, mixed effects, among others, to allow the team to understand factors contributing to the safety outcomes. Based on the results of these analyses, the team engages in the development of a logic model or strategic plan to identify an intervention and design the implementation of the intervention. Data is collected on process measures for implementation evaluation while the outcome measures via the dashboard are monitored to observe change over time. Based on the research question, qualitative research may also be implemented as part of the root cause analysis. The qualitative methodology ranges from case record reviews, focus groups and/or open-ended surveys. The monthly meetings amongst the collaborative team provides a structural and systematic platform to review data and research findings over time as well as identify any mid-course changes in an intervention needed.

The CPS ADM began in September 2019 and follow up meetings have been occurring every two months. In these meeting, CPS supervisor and administrators reviews dashboards, and discuss either a strategy deep dive topic or implementation action steps. Dashboards include approx. ten CPS data metrics that are reviewed each meeting to discuss monthly changes. Dashboards include, but are not limited to: calls and reports, screening decisions (in/out), call priorities, screening outcomes (indicated/unfounded), investigation timeliness, and removals. In strategy meetings, deep dive topics discussed have been: changes to hotline call decisions and priorities (overrides, upgrades, downgrades); and subsequent outcomes of screened in and screened out calls (true negatives/positives and false negatives/positives). In implementation meetings, action steps discussed and implemented have been: retraining of the CPS call floor on the SDM tool, tracking and reviewing overrides/upgrades/downgrades, and initiating a quality review process for CPS reporting and investigations. The data shows a relatively low percentage, approximately 7% of families, discharged from the FCCPs have an indicated maltreatment or removal from home within 12 months from their FCCP discharge. Additionally, because of this work, the FCCP ACM identified interventions to address gaps in collaborations with community partners with a focus on school engagement. The Department in collaboration with the FCCPs conducted a survey amongst FCCPS to

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

The Department engages in Active Contract Management amongst the same Department units identified with congregate care and residential providers applying the same format as identified with the FCCPs. Monthly meetings are held and a core set of dashboards (data metrics) are provided to observe trends and identify areas for deeper exploration as to the root causes and underlying factors contributing to either changes in trends, lack of changes in trends and longitudinal outcomes (See appendix, 11-28-2018 ACM CC.FINAL). Specific to safety and prevention, the Department includes in some of the ongoing meetings with the providers data and information on child maltreatment in foster care (out-of-home placement) and factors contributing to maltreatment. As part of the deeper exploration as to factors associated with maltreatment in foster care, the Department is currently engaged in a case review process on children in congregate care who experienced a maltreatment. The findings of this analysis are expected to be completed and reported out by June 30, 2019. These results will be shared at a following monthly ACM meeting with the congregate care providers and an action plan will be developed to address areas contributing to maltreatment in these settings. The team will identify any additional data elements needed with the current tracking system to evaluate the implementation of the selected intervention and its corresponding impacts.

Applying the ACM internally, in January\February 2019 the Department implemented Active Divisional Management (ADM) with the Family Service Unit (FSU). ADM meetings occur monthly and reviews dashboards of data elements developed collaboratively with and from the input of FSU and DPI. In January 2020, the FSU ADMs were reestablished on a quarterly cycle. Each cycle incorporates a strategy meeting, individual regional meetings, and an implementation meeting to identify action items, integrate feedback on a regional level, and troubleshoot barriers to implementing practice changes. The two Regional Directors oversaw the four Chief of Practice Standards, although the Regional Directors will be transitioning into different roles following a redesign of the department, effective in June 2020. The four Chief of Practice Standards each oversee one of the four geographic FSU regions. The FSU regions oversee families statewide. Specific to prevention and safety, data is shared at the state level and by FSU regions. The group reviews the dashboards, discusses factors potentially contributing to the trends and outcomes and identifies areas to further explore which factors are contributing to the outcome. Some of the dashboard metrics include face to face visits between caseworker and child, case plan timeliness, and level of need .The Department is currently continuing these efforts with FSU as well and has expanded to other Department divisions throughout the CFSP and beyond (See appendix, FSD ADM 5.7.19).

Objective 2.

For the past five years, the Department has maintained a Department-wide dashboard inclusive of Child Protective Services (CPS) investigation face-to-face response times. The Department reviews this data monthly at a Department-wide staff meeting as well as emails the monthly dashboard to all DCYF division administrators. The data demonstrated the Department was not achieving the Department target of 90% of CPS investigations response times. This data analysis and monitoring yielded results that assisted in a subsequent further exploration into potential contributing factors to the response times observed. Some

of the contributing factors identified included a) a non-uniform Hotline call instrument that did not capture essential data\information, b) a non-uniform CPS investigation tool, unvalidated, and c) review of realistic time frames.

As a result of the research and data analysis, a uniform Hotline instrument and a new process the Family Assessment Response (FAR) was developed by DCYF with external consultants. DCYF conducted data analysis identifying predictive factors of indicated investigations. A new CPS investigation instrument was developed based on best-practice and more current approaches to health response and well-being, the Family Functional Assessment (FFA). The FAR process began in early 2018. Both the Hotline instrument and the FFA instrument are being monitored. Alongside these data driven changes, the CPS face-to-face response times have improved data analysis and research yielded an improvement in face-to-face response time from 60% in March of 2018 to 82% in February 2019. (See Appendix, FAR v5) The Department plans to examine some short term and long-term outcomes throughout the next five years.

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

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

Objectives 1., 2., 3.

The Department's research and evaluation has a long history in permanency achievement and factors associated with timely permanency. A hallmark surveillance and analytic report is the Permanency Annual Analytic Report (See Appendix, FY14-19 permanency). This report provides both descriptive statistics on the trends in the prevalence of timely permanency and factors associated with timely permanency. This report is routinely used to inform practice, policy and interventions.

An example of the application of this analytic report involves the identification of disproportionality of children removed from by age, race, ethnicity, and geographic region. In the most recent report, entry cohort of children FY14-FY19, children age 0-9 were disproportionately removed compared to the Rhode Island census for this age group. Disproportionately was observed among children age 10-17 who are Black\African American, Hispanic, or Multiracial compared to the Rhode Island census. Children age 0-9 and Multiracial were disproportionately removed at higher rates compared to their Rhode Island census representation. Continuation of the disproportionality was observed in first placement. Children of color age 12 and older have experienced disproportionality in first placements of congregated care with children who are Black\African American or Multiracial or Hispanic have significantly had higher rates compared to White children. FY18 entry cohort was the first entry cohort in the past four years where the disproportionality decreased, this trend has continued into the FY19 entry cohort.

Based on these findings a workgroup was established among the Department staff and external stakeholders including the Family Court, adolescents in foster care, community juvenile boards among others. The workgroup has met approximately six times over the past year and developed initiatives to increase the Department's presence in community groups aimed with a focus on the urban cities to prevent removal from home and provide community-based services. This initiative is in its first year of implementation. Removals by race, ethnicity and age as well as first placement will be monitored over time and reported out to the department and the collaborative workgroup\stakeholders.

The Permanency Analytic Report revealed no disproportionality in permanency achievement by race or ethnicity. Factors that contribute to length of time in foster care included, first placement in a foster family compared to congregate care, adoption as a permanency goal compared to reunification, timeliness of permanency goal change to adoption and Termination of Parental Rights (TPR) filing. Specific to increased length of time association with a permanency goal of adoption compared to reunification, (this finding was also found in the RI 2018 CFSR), the Department conducted research on trends in timeliness to permanency for FY15-FY17, timeliness and appropriateness of permanency goal established, timeliness of TPR filing by Family Service Region, child age groups and case plan goal (See appendix). Based on this research, an intervention of a mediation workgroup among the Department and Family Court was developed to identify a strategy to reduce time to permanency with a focus on children with a goal of adoption. This collaborative workgroup and activity is part of Department's Program Improvement Plan (PIP) objectives and is planned to continue throughout the PIP.

As part of the ACM with congregate care providers monthly meetings where data and research on the core set of metrics is reviewed, a deep dive was conducted to better understand the factors contributing to youth remaining in congregate care for longer length of time, greater than 6 months (See appendix, 11-28-2018 ACM CC.FINAL) . The findings yielded system level factors statistically predicted longer lengths of time in congregate care whereas individual factors did not (individual level factors - demographics, removal reason, level of need assessment). The systemic factors significantly predicting congregate care stay greater six months or greater included: a) youth whose most recent case plan goal is planned living arrangement compared to youth whose most recent goal is reunification, b) youth who had more than one provider compared to youth staying with one provider, and c) youth assigned to DCYF Family Service Unit caseworker compared to a DCYF Juvenile Probation caseworker.

In response to these findings ACM workgroups identified interventions aimed at reducing length of stay in congregate care. The interventions included a) establishing a mechanism for providers to refer children to the Department's Expedited Permanency Team meetings, b) establishing a regular meeting between congregate care providers and foster families to promote matching and transition from congregate care to a foster family setting, and c) Building Bridges Initiatives (BBI) trainings to providers and DCYF staff. The Department is currently tracking the interventions' process and impact outcomes at the monthly meetings. Presently the interventions have been implemented for approximately 6 months and time to detect change for the impact outcomes may require up to one year. The impact outcomes include length of stay in congregate care and foster care re-entry. The process outcomes include: a) number of families referred to EPMS, b) meetings between foster care providers and congregate care providers, c) placement changes in congregate care as well two specific process outcomes to BBI, family contact frequency and clinical services delivered in the family home. The two BBI process outcomes are part of the monthly dashboards that were in place prior to BBI and provide a baseline to assess changes post BBI training. The four months post BBI training have shown modest improvements in the two BBI process outcomes. However, this timeframe may be too short to detect changes and will be monitored ongoing. The Department plans to continue with these interventions and tracking and at the one year mark, (December 2019) evaluate the impacts and make recommendations (See appendix, 3.27.19CC BBI .03.24.19).

The two BBI process outcomes are part of the monthly dashboards that were in place prior to BBI and provide a baseline to assess changes post BBI training.

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

As part of the Program Improvement Plan (PIP) analytic work, and consistent regarding case plan goals as a predictor of length of stay, factors associated with timely permanency were explored. In an FY16 entry cohort, youth who had a case plan goal of reunification without concurrent goal had the shortest median length of stay (median 321 days) followed by youth with a case plan goal of reunification with concurrent goal (median 399 days) followed by youth with a case plan goal of adoption (median 557 days). Looking longitudinally of the youth over a 24-month period revealed the case plan goal change from reunification to adoption mostly occurred at either the 18 month or 24-month case plan. This research revealed timely permanency is most challenged among children where a Termination of Parental Rights (TPR) would be filed, and adoption is the case plan goal. Further among and FY17 entry cohort, 64% of children who were in an out-of-home placement 15 of the last 22 months had a TPR filed. There was little variation across demographics groups and FSU region. Because of these findings an intervention was included in the PIP to have a permanency mediation established at prior to the 6-month administrative review to ensure case plan goals appear appropriate and concerted efforts are being made to move toward permanency (See Appendix, PIP Caseplan FY14-FY16f, CFSR PIP Analysis TPRf).

Research aimed at tertiary prevention, the achievement and maintenance of permanency and prevention of juvenile justice among youth in foster care, involved a longitudinal analysis of a 2000-2001 foster care entry cohort. The foster care entry cohort include children's first ever foster care episode and were followed to age 18 years of age to observe the youth who were adjudicated in the state juvenile justice system. A generalized estimating equation analysis was used to predict which factors increased the odds of children in foster care who subsequently entered into the juvenile justice system. Results were shared at a monthly data analytic meeting in April 2019. The results revealed approximately 18% of children in the foster care entry cohort were subsequently adjudicated. Statistically significant predictors included a) youth who entered foster care age 12 and older compared to children 0-11 years of age, b) youth who had a history of five or greater indicated maltreatment incidents compared to those with less than five, c) children who were removed due to child behavior than those without child behavior, d) children who are Black\African American compared to children who are White, and e) children who had a history of detention. These findings suggest youth who had a history of a greater number of indicated maltreatment however, did not enter the foster care system until they were 12 years of age and older with potentially trauma related behavioral issues. The Department is in the process of exploring interventions of which include closer collaborations with school systems and juvenile hearing boards. Further, the public health model preventive work with RIDOH and the FCCPs will address these outcomes.

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

Objective 4.

The Department has been assessing the service gap with visitation programs among families involved with DCYF. As of May 2019, the waitlist to DCYF visiting programs was 60 families. The Department's focus on reducing the waitlist for visitation services among families involved with DCYF has included ongoing analysis of family characteristics, child characteristics, geographic location of families and factors associated with reasons family open to the Department. Through this analysis the Department has identified Rhode Island communities with higher percentages of families involved with DCYF, an increase over the past year of entry cohorts coming into foster care who are younger in age, 10 years and younger compared to 11 and older, as well as communities with elevated maltreatment rates. These findings have informed the Department's initiatives over the past five years with a multiprong approach, first upstream to prevent families involvement with DCYF and secondly, when a family becomes involved ongoing assessment of family needs and service needs. In the past two years, the Department expanded the FCCPs from four FCCPs to five FCCPs to allow for greater outreach to communities with a focus on communities experiencing elevated maltreatment rates and removal rates. For example, the city of Providence is an urban core city with elevated maltreatment rates compared to non-urban core cities. The FCCP servicing Providence was one FCCP, and within the past 15 months, the Providence FCCP was split into two programs to better serve the Providence population.

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

Due to COVID 19, the most recent data available for the 0-3 child cohorts is November 2019. Among the 606 children, 4261 children engaged with selected RI DCYF and RIDOH services by February January 15, 2020. Children and families in this cohort may have engaged with RI DCYF or RIDOH selected services at a date later than January February 15, 2020 or engaged with services other than those reflected in this data brief. Among the last 6 months of cohorts available, engagement with services has been approximately 70-75%. Results reviewed fifty-two children age 0-3 who were indicated for maltreatment during November 15 to December 14, 2018 and were engaged with selected RI DCYF and RIDOH services by February 15, 2019. Children can be engaged in more than one program. As this is a new initiative, the sample size is very small, and caution should be exercised in drawing any conclusions. Keeping this in mind, a difference between those children\families engaged in a program compared to not engaged was age of the child. The median age of the child not engaged was 24 months compared to 7 months for children and families who were engaged. The Department plans to monitor this ongoing initiative and plans to collaboratively procure an automated system for data to be managed in a single data system; this will allow for timely monitoring and responsiveness.

The Department has a monitoring system to assess the impacts of these interventions and plans to continue to monitor through the Department's ACM process as well as the regular analytic reports the Department produces on factors predicting maltreatment, repeat maltreatment and removal rates.

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

Objectives – frequency and quality of face-to-face contacts with children and parents

For over five years, the Department has tracked the frequency of caseworker face-to-face visits with children as part of the DCYF monthly dashboard. The data includes monthly visits by FSU and Juvenile Probation. For the past three months the Department has begun Active Divisional Management (ADM) meetings with FSU where data dashboards are reviewed monthly. The data in the dashboards are based on feedback from FSU leadership and date back to April of 2018. The data is stratified across outcomes by the four FSU geographic Chief of Practice Standards. Among the dashboards is data on caseworker face-to-face visits with child, caseworker face-to-face visits with mother, and caseworker visits with father. Since April of 2018, the monthly face-to-face visits between caseworker and child although fluctuated, have remained relatively constant until the past three months with two regions meeting or exceeding the 95% target and two regions hovering below at 87% and 89%. In the past three months, three of the four regions have increased their monthly caseworker and child face-to-face visits. Based on feedback from FSU, it appears regular monitoring and discussion of the dashboard has resulted in an increased awareness of FSU leadership on the metrics with early improvements observed thus far.

The monthly face-to-face visits between caseworker and mother, and caseworker with father date from March 2019 to May 2020. The data reveal that monthly face-to-face visits between caseworker and mother (38-58%) tend to be approximately double the frequency of monthly face-face visits between caseworker and father (13-28%). A longitudinal analysis of children's case characteristics and documented caseworker face to face visits with parents showed that parents of older children, Black Non-Hispanic children, and children in congregate care placements have lower frequencies of face to face visits with caseworkers when compared to children of other ages, race/ethnicities, and placements.

The Department plans to continue to improve the frequency of visits as identified above and plans to conduct longitudinal analysis on factors predicting monthly face-to-face visits between caseworker and child.

Currently, the Department is in the process of implementing a case review system where the quality of the visits between caseworker and child will be assessed. A total of 65 cases will be reviewed in a 12-month period with case reviews occurring two times per year, the first case review will occur June 2019 and every six months thereafter.

Objective 3.

The supervisor caseworker supervision has not been tracked to date. The Department will establish a tracking system to monitor the weekly supervision to identify any barriers to meeting this objective. The Department is exploring a mechanism to obtain information on the quality and benefits associated with the weekly supervision.

Goal IV. See CQI section

The Department Continuous Quality Improvement (CQI) system has included a data analytic, research, and evaluation unit over the past ten years with a feedback loop consisting of monthly data analytic meetings amongst leadership staff, quarterly regional meetings with the Family Service Unit, Juvenile Probation, as well as quarterly meetings with providers. Over this period, the Department utilized a modified case review system leveraging the Department's Administrative Review Unit for children in out-of-home and a Quality Assurance Specialist for children in-home. Changes in the CQI system continue to evolve and the modified case review system is in the process of being replaced with a formal case review system. Additionally, the data driven strategic meetings with the Department regions (Family Services Unit and Juvenile Probation) and providers have evolved into Active Contract Management (ACM) and Active Divisional Management (ADM).

Within the past year and after the recent 2018 CFSR, the Department has supplemented the CQI system with a formal CFSR case review system. The case review system will employ the federal CFSR approach and will review 65 cases per year. The Department will look to increase the sample size in future case reviews. Beginning in June 2019, the Department will review 33 cases and will review 32 cases in November 2019. The results from the case reviews will supplement the existing data driven activities and provide greater depth, qualitative information, to better understand the underlying relationships among factors contributing to child, family, and system outcomes.

The Department has Applying the ACM internally, in January\February 2019 the Department implemented Active Divisional Management (ADM) with the Family Service Unit (FSU). As with ACM, ADM meetings monthly and reviews dashboards of data elements developed collaboratively with and from the input of the FSU Chief of Practice Standards and Regional Directors. Two Regional Directors oversee the four Chief of Practice Standards who each oversee one of the four geographic FSU regions. The FSU regions oversee families statewide. Specific to prevention and safety, data is shared at the state level and by FSU regions. The group reviews the dashboards, discusses factors potentially contributing to the trends and outcomes and identifies areas to further explore which factors are contributing to the outcome. Some of the dashboard metrics include maltreatment rates, repeat maltreatment and maltreatment within six months of discharge home. The Department is currently in the early stages of implementation of ADM and plans to continue these efforts with FSU as well as expand to other Department divisions throughout the CFSP.

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

Objective 1.

The Department believes worker retention is important to the health and well-being of the Department. Nationally, the average length of time a child welfare caseworker remains in their position is two years. Workplace well-being contributes to a more stable workplace culture and indirectly influences child and family outcomes. The Department has traditionally relied on anecdotal information as to the reasons why a worker remains with or departs from the Department.

The Department is in the final stages of developing a workforce unit 3-year strategic plan to address strategies for enhanced recruitment practices, staff training and development and staff retention. To ensure both implementation fidelity of these interventions and their subsequent workforce outcomes,

the workforce development unit will also implement a mechanism to collect and track the data\information.

Qualitative review the State's hiring protocols and policies reinforced the parameters that may narrow the candidate pool for hiring DCYF caseworkers. This information led to the inclusion in the workforce unit strategic plan and the CFSP to implement a strategy that would allow an expansion of the caseworker pool to better match future workers with the activities associated with a child welfare caseworker position. The workforce unit will develop a mechanism to assess whether there is a direct impact from this intervention by assessing the percent of workers who successfully complete their probationary period.

Presently, the Department does not have a mechanism implemented for ongoing monitoring retention rates of DCYF FSU, CPS, and Juvenile Probation caseworkers. The Department's goal objectives under goal IV defines caseworker retention as a CPS, FSU or Juvenile Probation caseworker who remains with the Department. If a caseworker is promoted or transfers to another role, they would not be considered as leaving the Department. Retention within the Department is in its initial phase of observing trends of new workers remaining with the Department; subsequent phases will expand to observe transfers or promotions within the Department.

This tracking initiative will collect data so we will be better able to understand the factors associated with caseworkers remaining with the Department as opposed to anecdotal information. The analysis can stratify by caseworker type (i.e. CPS, FSU, Juvenile Probation) and identify factors that may be unique to each of these subgroups as well as allow for observation changes within each of these subgroups as a result of worker retention and well-being efforts.

Objective 2.

The Department has a policy requiring staff to receive at least 20 hours of training annually. Currently the Department has a mechanism to track DCYF staff training inclusive of type of training and the number of hours of training. Although the Department has the functionality in RICHIST to track training hours, the training hours completed versus training hours entered into RICHIST is inconsistent. As part of the DCYF workforce development unit strategic plan, the Department will develop a feedback loop to administrators and leadership on the number of staff training hours to better monitor and ensure staff are remaining current in their professional body of literature and evidence based practices. This will be monitored over the five-year CFSP timeframe. Program in place May of 2020. Discussed earlier within this document

Implementation Supports

The Department has aligned its implementation supports with its CFSR PIP and CFSP which will be monitored quarterly at monthly data analytic meetings and during Active Division Management of the Division of Performance Management.

[Update on Service Description –](#)

Stephanie Tubbs Jones Child Welfare Services Program

The purpose of Title IV-B Subpart 1 Stephanie Tubbs Jones Child Welfare Services Program 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.

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 2020:

Family Care Community Partnerships (FCCP) – this program provides emergency and stabilization services for families in crisis where children are at risk for removal from home due to concerns relating to child abuse, neglect, and dependence program offers family stabilization services for up to 120 days for families. Services are statewide within the FCCPs. Capacity is anticipated to be 200 at any given time. New, 3-year contracts, with the four existing providers and one new provider were signed on April 1, 2018.

Adoption Preparation and Support (Children’s Friend & Service) – this program began as a federal demonstration project funded through ACF and is being continued through Title IV-B, subpart 1 funds. Services assist families in preparation for adoption of DCYF involved children, and provide ongoing support including counseling; advocacy; therapeutic recreation, parent education, and crisis intervention as necessary to assist and preserve adoptive families. This program serves up to 20 families and is statewide.

Adoption Rhode Island – this program works solely with DCYF as the adoption exchange information and referral program. ARI provides matching services for waiting children and interested families, and also provides support services for children waiting for adoption. The program has expanded to provide additional support for the Department in development of the Regional Permanency Support Teams. This function provides necessary technical assistance and support for workers to be able to make the best and most informed decisions; e.g., gathering information from the case record to search for potential family connections and resources, and help the FSU worker to organization the information needed for full disclosure presentations. This program is statewide and available to any child registered.

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.

Services for Children Adopted from other Countries

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

Services for Children under Age Five

Over the next five years DCYF will continue to develop and proactively support the evolution of services for children under the age of five. One primary aspect of this work will be to sustain the efforts developed as part of the Rhode Island Getting to Kindergarten Initiative. Sustaining these efforts will be accomplished by continuing staff capacity to manage and support referral systems as well as strengthening partnerships with state agency partners to increase the effectiveness of coordination for families across service systems. RI DCYF will complete development of an integrated electronic referral and tracking system to support data collection and service referral coordination. This system will be shared by system partners to allow for real time improvement of engagement strategies with families and ensure that policy and practice decisions are data driven and data informed.

DCYF will also seek to increase the rate of referral for developmental screening for children 3 to 5 years old via the Child Outreach Screening system. While presently the rate of referral to this system is approximately 50% for the child welfare involved population DCYF will strive to increase this rate to above 75% in the next several years. This will be accomplished by improving data driven referral processes and strengthening partnership with local educational authorities to improve access to this system for children and families.

RI DCYF will also continue to seek the best options to ensure that children in foster care have access to high quality early care and education services to improve educational outcomes and overall child well-being. This objective will be accomplished by leveraging access to the expanding State Pre-Kindergarten system and well as Head Start and other high-quality opportunities. Attention will be paid to children in the foster care system who have significant social-emotional challenges as they are more likely to experience discharge/expulsion from child care settings that causes barriers on their path to educational success. Over the next five years the department will seek to develop and improve coordination of services for children under the age of five to ensure safety, permanency and over all educational wellbeing for our most vulnerable children under the age of five.

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

1. After a change in the structure of the kinship unit, the Department dedicated immense resources to a time limited project focused on kinship licensure. The Department was able to license over 200 homes caring for children ages birth to five. The engagement for licensure resulted in more families being connected with community resources and supports, and the license has provided a placemen stability and a further step towards alternative permanency options (guardianships and adoptions) when defined by that case.
2. A RED (Review, Evaluate Decide) team was established to review complex placements, mostly aimed at young children who do not have protective capacity. This has improved the quality of placements and case planning for young children.
3. The Emergency Response Foster Program, created last year to ensure that all children in this age range were cared for in family-based settings, has grown and was able to make connections for young children into longer term placement settings.
4. A Kinship Advisory Council was developed, focusing on the needs of kinship caregivers, with particular focus on young children and their relationships with biological families.
5. A Peer Mentor program has been developed with mentors with lived experience being matched with foster parents. There is exclusive capacity being built for children ages 0-5.
6. A vendor for kinship support groups is being procured, with investment made the child care to allow foster parents to participate even while caring for young children.

7. In development are a wide array of training opportunities for both preservice and in-service, as well as on-demand video modules through the state's website.
8. Renegotiations of Private Agency Foster Care Contracts are in the final stages, which will allow the Department to ensure equity in rates and supports for all children. With the contract changes, this will have a particular impact on young children.

In the next five years there is a large scale scope of work that aims to support the child welfare and foster care system, with specific impacts for children under the age of five:

1. Foundation of a relationship between the child welfare system and the state's 2-1-1 system, to expand access to information and services.
2. Establishment of a Foster Parent Advisory Council to advise on the systemic and more specific needs of foster parents.
3. Further implementation of an online portal used to improve foster parent recruitment, retention, support, and family matching.
4. Update of the Foster Care Regulations and associated Guidance Document as a resource for families.

In addition, the State plans to undertake to reduce length of time children under five (5) are in foster care without a permanent family:

- **Safe and Secure Baby Court:**

Began in 2017 as a pilot with the philosophy that emphasized early identification and intervention through assessments and referral of young parents involved with the Department of Children youth and Families to reduce time to permanency, increase number of visits with infant and get appropriate supports and ancillary services. The goal is to:

1. Improve well-being of infants and families
2. Improve parental capacity for protection and nurturance
3. Improve workforce competency in infant mental health, relationship based and trauma informed principles and practices

The Safe and Secure Baby Court main objectives are to decrease the amount of time to permanency, decrease the number of placements experienced by an infant, decrease the time to an initial parent child contact for those infants that are out of the home and increase the frequency of parent child contact per week.

This is done through comprehensive case management through a team approach to care coordination, timely assessments and frequent case conferencing ensuring that critical information is exchanged among service providers. The families [progress is closely monitored by the Safe and Secure Baby Court (SSBC) Judge project Coordinator, supervisor and Care Coordinator in conjunction with the Department of Children Youth and Families (DCYF) and the Court Appointed Special Advocate (CASA). This intensive case monitoring and frequent status review enables informed judicial decision making regarding the placement of children.

SAFE AND SECURE BABY COURT (SSBC) THIRD YEAR

SUMMARY AND REVIEW

April 2019 – March 2020

INITIAL PREMISE OF SAFE and SECURE BABY COURT

The Safe and Secure Baby Court (“SSBC”) is a specialty court within the existing Rhode Island Family Court system which was created by Chief Judge Forte in March of 2017 in an effort to recognize and address the cyclical and generational aspects of involvement with DCYF. The creation of this specialty court was also based on the recognition of the crucial role that early bonding and stimulation play in the brain development of infants and toddlers aged zero to three, in consultation with Dr. Susan Dickstein, who is an infant mental health specialist and President of the Rhode Island Association for Infant Mental Health (RIAIMH), and an active member of the SSBC Steering Committee.

This data has led to the creation of so called “Baby Courts” and “Zero to Three” Court programs nationwide. This SSBC initiative by Chief Forte represents the first time a project in Rhode Island Family Court has focused exclusively on infants.

PRESENT CRITERIA AND PROTOCOLS

The SSBC seeks to serve young, first time or new parents of children ages 0-18 months who may have history with the Department as juveniles, housing insecurity, mental health issues, exposure to domestic violence, trauma history and/ or tenuous parenting skills and who are open to cooperating with extra support to achieve reunification and case closure through increased court oversight and targeted referrals.

- Parents must be determined to be eligible through an intake conducted by court-based Masters Level care coordinators who are overseen by Linda Lynch, Director of Women’s Services at the Garrahy complex.
- Anyone (lawyer, hospital staff, social worker, community advocate, judge, self) can refer a parent or expectant parent for intake. It is a confidential appointment which generates a determination of eligibility for the Court.
- Joining SSBC requires a plea to Dependency (on an amended petition, if necessary) and that participants sign a contract and releases to allow court personnel to contact their service providers directly as well as make referrals on their behalf.
- Minors are eligible to participate as long as they have a Guardian ad Litem to assist them.

- Prior DCYF involvement (even termination) with another child is not a barrier to participation as long as the present goal for the child in question is reunification.
- Parents with cognitive limitations, acute psychiatric conditions and/or sex offender history are generally not eligible, although these issues are evaluated at the intake on a case by case basis. Ultimate authority to accept a parent into SSBC lies with the SSBC Judge. Likewise, any case already assigned to the regular DCYF calendar requires the assent of the originating judge to move it to SSBC.

For those accepted, special features of the Court include:

- Immediate referral to the Brown Center for an Infant/Parent Assessment conducted by Dr. Cindy Loncar. This assessment, which is typically completed within the first two weeks of the case, is paid for by insurance independent of DCYF, and guides the development of a case plan which is tailored to the family's needs. Case plans are incremental and flexible.
- Court reviews as frequently as every two weeks to assess progress and adjust case plans.
- Minimum of 3 weekly visits for parents and children.
- A care coordinator is provided by the court to assist with referrals, with a preference for utilizing existing community resources in addition to providers traditionally relied upon by DCYF, with an emphasis on referrals to programs through DOH (Healthy Families America, Parents as Teachers, Early Intervention, etc.) which can remain in place even after DCYF closure.
- Foster parents are invited to court hearings and are encouraged to host visits and serve as mentors to new parents.
- Material supplies (diapers, baby items, books, etc.) are distributed directly to parents as donations permit, with special thanks to CASA Dreams Fund and Baby Delight, a family owned company in Cumberland, RI which provides many items.

PARTICIPATION TO DATE

HISTORY/CONTEXT:

The initial goal of the SSBC Pilot was to serve 10 families in its first year (March 2017 – April 2018). The Court ended up serving nearly double that number in its first twelve months of operation, enrolling 19 parents, eight of whom successfully completed SSBC and closed to DCYF as of March 2018.

Goal for second year (March 2018 – March 2019)

Accordingly, we increased our participation goal for our second year, hoping to serve thirty (30) families.

We are happy to report that participation in our second year far exceeded that goal, as we enrolled 54 parents in our second year, 27 of whom have already successfully closed/completed and the balance of whom remain active with the court.

Goal for third year (April 2019 – March 2020)

For this past year, our third, we increased our enrollment goal to 75 parents ultimately serving 80 in the past year, 34 of whom have successfully completed their case plans and achieved case closure, leaving 46 presently active cases on the SSBC calendar.

Snapshot of Momentum	First Year March 2017 -2018	Second Year March 2018-2019	Third Year April 2019-March 20219	Total to Date
Referrals	38	114	139 Parents	291
Enrolled	19 (Goal was 10)	54 (Goal was 30)	80 Parents (Goal was 75 Parents)	153
Successfully Completed	8	27	34 Parents	69

From Inception of the Court to 3-13-2020

- **291 referrals to date (Judges, DCYF, CASA, PD and RILS Attorneys, Women & Infants Hospital, etc.): 186 mothers, 105 fathers.**
- **Average age of parent(s) at referral was 24-25 years old.**
- **Average age of parent(s) who entered and completed SSBC - was 25 years old.**
- **120 total accepted (signed in to SSBC after clinical intake determined they were eligible) 85 mothers 35 fathers.**
- **13 cases have been referred back to the regular calendar after joining.**
- **14 minors have been referred, 8 have been accepted; 4 are currently active and 3 are successfully closed.**
- **The average length of time from opening to closing in SSBC is 4.5 months.**
- **42 cases are presently active; (this equates to 47 individuals).**
- **64 successful closures with 1 reopening; (41 babies).**
- **Only 1 case of those closed to SSBC since the pilot began has re-opened to the court with a DCYF petition.**
- **Average age of children served by the court – 4 months old**

This data collection and tracking represents the vigilant effort of our “care coordinators”: Julie Connolly, Christine Munroe, and Jessica Karten, as well as Kristina Poli and our intern, Miranda White. We also thank DCYF, specifically Joe Carr, for assistance in identifying cases, if any, re-open to the Department after closing to SSBC.

OUTREACH AND REFERRAL SOURCES

Much like last year, our strongest source of referrals continues to be our own Family Court Judges and Magistrates, in combination with referrals from RILS, CASA, Public Defender and, increasingly, private counsel.

We have engaged in extensive outreach, with team members jointly presenting information about the court to neighborhood groups, Women and Infants Hospital, and numerous community based providers and service agencies. While these efforts have undoubtedly led to greater familiarity with SSBC within the community, the majority of our actual referrals to date have come from members of the Court.

A basic premise of the Court is that the quicker we can become involved with eligible families, the greater the potential to stabilize the parents and maximize infant mental health through parent-child contact and bonding. The sooner we receive referrals from any source, the faster we can establish case planning consistent with evidence based infant mental health.

For this reason, anyone, including the parents themselves, can seek an intake appointment to determine eligibility for the SSBC.¹

Consistent with the theme of “early intervention” in cases, at our Steering Committee meeting of November 2018, committee members asked us to prioritize improving communication between DCYF Investigators and hospital personnel regarding pre-natal alerts, 72 hour holds, and ex parte removal of newborns from their parents. We reached out to DCYF with the request that they consider dedicating a number of Child Protective Investigators (CPIs) to handle these matters with the benefit of training from Dr. Susan Dickstein and Dr. Cindy Loncar. This initiative is moving forward with the cooperation of Stephanie Terry, Head of Child Protective Services, and the assignment of Deb Souza to oversee the dedicated investigators.

SERVICE DELIVERY

¹ The ultimate decision to approve transfer to the SSBC from another calendar lies with the Judge originally assigned to the case.

The combination of rapid referrals, tailored case plans based on our infant-parent assessment, increased visits, and frequent court reviews form the foundation for what the SSBC seeks to provide. Our goal is to identify service needs, safely reunify and ultimately close cases as timely as possible, ideally with the community-based services remaining in place or accessible to the family after case closure.

Specifically, here is what we have been able to offer in the following categories:

Speedy Intake

Intake is conducted by our court-based “care coordinators” – Christine Monroe, Julie Connolly and Jessica Karten. Appointments are consistently scheduled within 10 days of any request, and in most cases much sooner, even same-day. Considering the increased volume of referrals, this efficient response is a tribute to the dedication and organization of the SSBC staff. We were also assisted greatly by our intern, Miranda White, who is pursuing a Master’s Degree in Social Work. A new Masters level candidate, Dawn Iacobo will join our team as an intern at the end of June

Infant/Parent Assessments

Our collaboration with the Brown Center, which enables us to immediately refer families for a comprehensive infant-parent assessment as our first step upon joining the SSBC, is really a foundation of our process. (Our care coordinators make the referral directly; the evaluations are funded by Medicaid.)

The indispensable Dr. Cindy Loncar and her staff schedule and perform the evaluations and generate a report for the court within 30 days of meeting with the family, often sooner. The Brown Center evaluations form the basis for case plans tailored to each family. They are strength-based but candid regarding service needs, identified risks, and specific recommendations for the frequency and level of supervision for visits and/or pace of reunification. In some cases, the Brown Center schedules a follow-up appointment in order to assess the family’s progress once services have been implemented. Dr. Loncar has also made herself available to our care coordinators, other service providers, and CASA for ongoing dialogue about issues which have arisen in individual cases as they unfold with the court. Reflecting her commitment to this project, Dr. Loncar has added staff to assist in scheduling appointments and conducting evaluations.

The Brown Center’s contribution to our process is probably the single most important element of the SSBC in terms of guiding targeted case planning and court oversight.

Visits

DCYF social caseworkers have consistently cooperated with the standing SSBC order that parents receive a minimum of 3 visits per week. Incorporating foster parents and/or extended

family members as resources to host and supervise visits is a big part of this. The effort by DCYF staff in coordinating these visits is greatly appreciated.

Role of CASA

The role of the CASA office, especially with the help of our designated Guardian ad Litem, Attorney Kristen Cuddy, has expanded tremendously. Attorney Cuddy, along with social workers from her office and specially assigned CASA Volunteers Lynn Sheehan, Jane O'Farrell and Allison Carcieri-Cassidy and Paul Fitzgerald have become an integral resource to the families and to the court. Their ability to do additional home visits, provide oversight on progress of referrals, and serve as mentors to our young parents greatly enhances the court's capacity to ensure child safety. The CASA office has recently added Attorney Denise Perez as a dedicated G.A.L. for the SSBC children, reflecting our increased volume.

Community Based Services

Our goal of incorporating community based services, which are not reliant on DCYF funding, remains a centerpiece of the SSBC approach.

To this end, most, if not all, cases include programs such as Healthy Families America, Parents as Teachers, Early Intervention and Nurse Family Partnership, all of which are available through the Department of Health. Many of these programs remain involved after case closure.

The DOH, particularly via our liaison and Steering Committee Member, Kristine Campagna, continues to be a key partner.

Community Support

Tony Bucci, President of Friends of RI CASA and Cheryl Martone, our liaison to the Friends of RI CASA Board have spearheaded an aggressive and amazing effort to partner with local donors for the benefit of SSBC families. Most are families who don't have baby showers – the items they receive through the generous donations Tony and Cheryl have procured are sometimes their only source of basic supplies.

Through a variety of partnerships and special opportunities developed by Friends of RI CASA, SSBC is receiving a variety of items to meet the needs of the babies and families we serve. Project Undercover accepted Friends of RI CASA into its network in January of this year, pledging an allotment of 2,000 donated diapers and wipes bimonthly, along with donated socks and underwear, and access to other items donated by Ocean State Job Lot. Emergency gift cards to Walmart have been provided through the generosity of a donor, and Stop & Shop cards will soon be available as well.

Baby Delight, a local manufacturer of infant care products, made a generous donation of baby goods at the end of 2018, and pledged to help Safe and Secure Baby Court meet other

needs in 2019. Friends of RI CASA has recently approached several philanthropists regarding assistance with meeting dire emergency needs of babies and children in cases before the Family Court, and is optimistic that there may be more resources coming.

Additionally, the Halo Company, manufacturer of safe sleepwear products for infants, has offered deep discounting for the purchase of sleep sacks and swaddles for babies in SSBC and CASA. Friends of RI CASA expects to make a bulk purchase of Halo products in various sizes, with the goal of keeping Family Court shelves stocked throughout the year. The intention is to place sleep sacks or swaddles in gift bags that will also contain at least one book for the child, and written information about safe sleep practices.

So, to recap:

Progress on specific objectives for Rhode Island SSBC Third year, ending March 2020:

PROPOSED
Goals and Changes for our Third Year

1. **Goal:** Serve 75 families. **Outcome:** 80 new openings as of 2-4-20 from 4-1-19 ✓ **Goal Met**
2. **Goal:** Increase access to and engagement with the concepts of infant mental health training and professionals through collaboration with RIAIMH. Encourage colleagues to re-imagine the existing systems on a larger level and broader spectrum. . **Outcome:** ✓ **Goal Met**
3. **Goal:** Maintain/Increase SSBC staff. **Outcome:** ✓ **Goal Met** Miranda White and Dawn Iacobbo, Masters Level Interns.
4. **Goal:** Expand services of The Brown Center. **Outcome:** ✓ **Goal Met** Brown Center has expanded the number of staff assisting with these cases. Both Dr. Loncar and Dr. Jean Twomey now conducting infant-parent assessments, with increased staff available to handle our referrals.
5. **Goal:** Identify and recruit Mentor Foster Homes **Outcome:** No yet realized.
6. **Goal:** Refine developing partnership between Women and Infants Hospital, DCYF Designated Child Protective Investigators and SSBC to maximize “early capture” of potential cases, and further examination of 72 hour hold policy. **Outcome:** Ongoing collaboration to develop protocol.

7. **Goal:** Expand SSBC to Wednesday afternoons. **Outcome:** Actually went a step further – Every Monday dedicated solely to SSBC – full day calendar. ✓ **Goal Met**
8. **Goal:** Track specific cases that were captured early (i.e. referral from birthing hospital in discharge plan) to determine issues, sticking points, and to see where these families end up and why. **Outcome:** Ongoing collaboration with DCYF to establish and track statistics.
9. **Goal:** Expand SSBC outreach to private obstetric practices to lead to greater familiarity with the SSBC in the community. Still outstanding/goal for the future. **Outcome:** Not yet realized

COVID-19 Addendum

Safe and Secure Baby Court had to be briefly suspended in March 2020 along with the other Family Court Calendars due to the COVID-19 Pandemic in March 2020. However, we are pleased to report that the calendar was reactivated on May 5, 2020 via WebEx and we have resumed having a full day of cases of “Baby Court” every Monday. A SSBC staff member is available each day at the courthouse on a rotating basis to receive referrals and conduct intakes. In addition, the Brown Center continues to conduct infant-parent assessments for newly enrolled parents via video.

Special thanks to our SSBC care coordinators who maintained regular contact with all participants during the hiatus from the calendar, and who now play an active role in facilitating their “virtual” participation, by telephone and/or video in our hearings. We are up and running primarily due to their diligence as well as the commitment by the parents to remain actively engaged despite all the new obstacles presented by the pandemic.

Also a note of appreciation to the DCYF social workers who have made extra efforts during this time to promote and maintain the infant/parent bond despite restrictions related to the pandemic.

Please see the attached brief dated 3/20/2020 on Safe Baby Court.

- **Reunification Support Program (RSP)**

The Department is in the process of reinstating the Reunification Support Program (RSP) with DHS. The program existed the two agencies in 2012 and was put on hold in 2014 because of the Affordable Care ACT. The goal of the collaboration is to reunify children back with their families within 90 days. DHS would continue the family’s medical assistance and TANF cash assistance for families when the Department removes a child. The Department’s service plan will count toward work activity in a DHS employment plan.

There is no need for policy changes, however a process needs to be developed on the best way of identifying and making timely referrals for families. The Department is considering recommending Safe and Secure Baby Court as a pilot for the referrals given that:

- Safe and Secure Baby court smaller have several families to begin with which will aide in getting implementation up and running easier
- The Family Court already has a process already in place for identifying families and making referrals to the Safe and Secure Baby Court
- The Goal of the Safe and Secure Baby Court is reuniting parents with their babies as fast and as safely as possible, to enhance services for those babies who remain at home and to offer a smooth exit from the child welfare system.
- Safe and secure Baby court also provides expedited services in cases of first-time parents with children under the age of five (5) who are involved with the Department

The Department will continue conversations with the Department of Human Services (DHS) eligibility team to determine the best process and timing as to not disrupt benefits for those families identified for the Reunification Support Program. They will also determine if there are any issues to the current DHS benefit payment computer system or enhancements that can assist with the process. The Department in collaboration with the Department of Human Services will meet every two weeks for implementation with the goal of devising a new protocol.

As of this writing the Department is still in the process of getting this program up and running. During this time the previous DCYF Director left the agency, and a new practice model for working with children and families was implemented and the SRP program was put on hold. Since the last reporting period only one case was identified for the Reunification Support Program (RSP).

With the restoration of a DCYF Director, the program was again revisited a more detailed proposal was requested to include, data points, a more specific criteria and a target population. The Associate Director of Contracts and an Acting Deputy Director is responsible for compiling this data request.

- **Family Court Case Plan Mediation (Pilot) Project**

Meetings amongst DCYF, Family Court, Children’s Bureau, and Center for the Courts and Center for the States workgroups identified multiple court continuances and limited availability in court calendars as factors associated with timeliness to permanency achievement. These stakeholders did identify anecdotally that the utilization of mediation to resolve permanency is a strength in the Rhode Island Child Welfare system. A focus group consisting of caseworkers and supervisors noted that mediation is a helpful process that produces agreements between the Department, parents, and foster parents that can lead to more timely permanency. Parents, attorneys, social workers, and others work together, asking and answering questions, airing concerns, and ultimately crafting a permanency plan that is acceptable by all the parties. The Department proposes that by expanding the use of the mediation process early in a case will result in a timelier resolution of the underlying petition, thus allowing all parties involved in the case to focus on the accomplishment of the service plan goals. This would then lead to a reduction in the number of court continuances, thus increasing availability in the court calendar to conduct more purposeful hearings on foster care cases resulting in more timely permanency.

The Family Court in collaboration with the Department will expand its current mediation capacity to allow for a pilot mediation project to occur at the 2-3-month mark in the case to assist in resolving underlying petitions that have not yet been adjudicated and cases where the service plan has not yet been agreed to in order to decrease the time between the filing of the petition and the adjudication. By bringing all

parties of the case together earlier in the timeline of the case, agreement to participate in the service plan and therefore following the service plan can begin sooner which will allow all parties to move towards permanency planning either via reunification or adoption/guardianship without delays associated with continued court hearings. An earlier focus on permanency planning will increase the percentage of children achieving permanency within 12 months.

Currently the project is still in the developmental stages, however:

- The Department will continue engagement in a workgroup with RI Family Court, CASA, and parents' attorneys supported by the Center for Courts to develop an implementation work plan for this mediation project.
- The Department will engage the RI Family Court on increasing the capacity of the Court's mediation program.
- The Department in partnership with RI Family Court, CASA, and parents' attorneys, will develop criteria, procedures, and identify referral mechanisms from DCYF to the RI Family Court for this early mediation program.
- The Family Court and the Department will establish several cases to be referred monthly to this mediation project to reduce the amount of time to resolve the underlying petition and agree to a service plan.
- The Department In collaboration with RI Family Court, will initiate the process of making referrals to the mediation pilot program.
- The Department will partner with the RI Family Court to track these mediation cases to permanency to determine the pilot's effectiveness in the reduction of time to permanency.

The Department met with all relevant parties, including RI Family Court, CASAs, and Parents' Attorneys via the establishment of a steering committee. This committee agreed that the purpose of mediation is to return the child home as soon as is safely possible via a disposition and/or agreement on the conditions for return of the child to the home.

Initially the mediation procedure had the Family Services Division identifying the cases that were to be candidates for the mediation process. After internal discussions, the Department decided to transition the responsibility of identifying cases to the Legal Department directly. The Department had started to identify cases and was preparing to begin the referrals in early March 2020, but the COVID-19 crisis closed the Family Court and progress on this strategy was halted.

In early 2020, the Department began discussions with the Capacity Building Center for States to provide implementation assistance with several strategies in the Department's Program Improvement Plan. The Center for states Integrated Capacity Building Plan was approved in late April 2020. Since then, the Department and the Center for States have been working on building up the work group for this strategy and a kick-off meeting occurred in June of 2020. The Center for States and the Department will work together to review the court mediation process overall and develop a robust procedure. Members of the Legal division, Family Services division, and Rhode Island Family Court will be included.

100 cases will be referred to mediation over the next calendar year. This number was arrived at in consultation with the steering committee based on mediator capacity, average caseloads that meet the

criteria of mediation pilot, and DCYF legal team capacity to review cases in consultation with FSU in preparation for mediation referrals.

A process for tracking cases and outcomes has been discussed but is currently not operational. The Department plans to work with the Center for States to brainstorm the best way to track these metrics. The responsibility will be a joint effort between the Division of Performance Improvement and the Legal Division. The Department will track the number of cases referred to mediation, the number of cases mediated, the correlation between dispositions reached and reunification occurring, the number of days from removal to the child returning home when mediation occurred, and the average days to permanency for mediated cases. This information will be shared with the Rhode Island Family Court.

Work on this has not begun but will be rolled into a larger strategy to address data sharing between the Department and the Rhode Island Family Court.

Efforts to Track and Prevent Child Maltreatment Deaths

Rhode Island law requires that all allegations of child maltreatment be reported to the Department of Children, Youth & Families (DCYF). DCYF is the single state agency for collecting and reporting indicated allegations of child maltreatment resulting in death. This information is collected in the Rhode Island Children's Information System (RICHIST). RICHIST data is then used to report to NCANDS.

In addition, RI does have comprehensive child death review processes to ensure each maltreatment death or near-fatality is thoroughly reviewed by a multidisciplinary body with recommendations to state leaders.

Rhode Island Child Death Review Team:

The Rhode Island Child Death Review Team (CDRT), managed by the Rhode Island Department of Health, is a multi-agency, multi-disciplinary group of professionals who conduct systematic reviews of childhood deaths in Rhode Island. The data are examined to identify risk factors, trends, and preventable child fatalities, with the goal of preventing child deaths and improving the lives of Rhode Island's children.

Each child death due to non-natural causes is reviewed, gathering information from a wide range of sources to identify risk factors that can be addressed to prevent future deaths. The team reviews all child fatalities in the state of Rhode Island including but not limited to suicides, abuse/neglect and car accidents. The CDRT conducts comprehensive reviews and systematically examines the cause of death and circumstances surrounding deaths of children and youth ages 0 through 17. This information is used to identify ways in which similar deaths might be prevented in the future, promotes public health concerns and to develop public health recommendations to protect and promote the safety and health of children in communities throughout Rhode Island.

Rhode Island Citizens Review Panel:

The Rhode Island Citizens Review Panel performs two primary functions:

1. To provide a multidisciplinary forum to review cases of suspected abuse and/or neglect reported to DCYF. Within this forum panel members additionally present cases to DCYF personnel to determine if agency referral was indicated by law or would be in the child's best interests.

2. To identify areas of improvement for the multidisciplinary team response to child maltreatment for the entire state of Rhode Island.

Community members from a wide variety of disciplines met on a weekly basis to discuss concerning cases in which abuse and/or neglect had been reported to DCYF. The group also reviews cases in which abuse and/or neglect remained undetermined, requiring further input and recommendations from panel members. Core group members included the following:

- Administrators and supervisors for DCYF’s Child Protective Investigators
- Administrators and supervisors for DCYF’s Family Services Unit
- Representatives from Hasbro Children’s Hospital’s Lawrence A. Aubin Sr. Child Protection Program (The Aubin Center).
- Medical Director of RI Training School
- Representatives from the Rhode Island Attorney General’s Office, Criminal Division, Child Abuse Unit and Juvenile Division
- Representatives from the Rhode Island Children’s Advocacy Center (CAC) and Day One, including the Director of Clinical and CAC Services, Forensic Interviewers from the CAC, Commercial Sexual Exploitation of Children (CSEC) MDT Coordinator, and CAC MDT Coordinator.
- Representatives from the Providence Police Department (Youth Services Bureau) & Cranston Police Department (Detectives Division).
- The Law Enforcement Advocate (LEA) for the Providence and Rhode Island State Police Departments. The LEAs provide support throughout the criminal justice process to child victims of abuse as well as to children and families exposed to domestic violence.
- The Child Advocate and/or a representative

For specific and/or particularly complex cases requiring further input, outreach to other participants was conducted to elicit additional expert opinions. Those who were invited for comment on a case-by-case basis included the following:

- Other Hasbro Children’s Hospital personnel, including the Clinical Social Work Department, Child Life Department, Pediatric Intensive Care Unit, Pediatric Ambulatory Clinic, Pediatric Partial Hospital Program, Nursing staff, Pediatric Sub-Specialty Clinics, Department of Child and Family Psychiatry, Pediatric Emergency Department, Nutrition Department
- DCYF investigators and social workers
- Representatives from community and/or state police agencies
- Emergency medical technicians from statewide community rescue services
- Representatives from Early Intervention Programs

- Community pediatricians
- Staff from chronic care institutions for children
- Staff from community foster care agencies
- Staff from residential treatment facilities
- Staff from Bradley Children’s Hospital Psychiatric Units
- Staff from community mental health agencies
- Staff from public and private schools

In August of 2018, the Department’s Critical Event Reviews, a process in which the Department conducts a detailed case analysis following a child fatality, near fatality or other serious situation that warrants review, was merged with the Citizen’s Review Panel. These reviews in conjunction with the Citizens Reviews are designed to consider whether a single case incident reflects systemic issues that need to be addressed. Included as part of the reviews are applicable statutes, regulations, department operating procedures, training, practice and use of collateral systems.

Office of the Child Advocate Child Fatality Review Panel:

In July 2016, the statutory authority of the Office of the Child Advocate (OCA) was expanded with a new law mandating the review of any child fatality or near fatality in the following circumstances:

- 1) when the child was in the care and custody of the Department of Children, Youth and Families or the child’s family had recent contact with the Department of Children, Youth and Families;
- 2) when a sibling, household member, or day care provider has been the subject of a child abuse and neglect investigation within the previous twelve (12) months; or
- 3) if the fatality or near fatality was the result of abuse and/or neglect.

The OCA is responsible for establishing a voluntary child-fatality-review panel, whose members may vary on a case-by-case basis. This panel is responsible for assessing and analyzing such cases, making recommendations for improvements to laws, policies, and practices that support the safety of children.

DCYF Child Fatality Response Team:

For all child fatalities or near fatalities, the DCYF Director schedules an administrative review that includes DCYF and community partner staff who have were involved with the case, as well as DCYF’s Chief of Staff and administrative legal counsel. If a foster family is involved, the DCYF licensing administrator also attends. The child's case record and legal case record is available for review at this meeting. The purpose of this meeting is to review the incident and gather all available information.

When the circumstances require further investigation, a response team, which includes Department staff and community partners, is convened and coordinated by the Deputy Director or designee. The purpose of this review is to examine the circumstances surrounding the child fatality or near fatality and to evaluate the implications for future practice. The team assesses the quality of services provided by the Department and community partners, evaluating compliance with applicable regulations and policies.

The review may require staff interviews to obtain firsthand information of critical case events. A coordinated and cooperative effort with other departments and agencies such as hospitals, Medical Examiner, Attorney General, and police departments may be required. Upon completion of this review, a final report is submitted to the DCYF Director. The final report includes a summary of the findings and recommendations to improve any identified management and/or systems issues that were cited during the review process. The Director conducts a follow-up review within 60 days of receiving the final report to ensure that the recommendations are addressed and/or implemented.

Statewide Planning to Prevent Child Maltreatment Deaths:

In 2017, Governor Raimondo appointed Dr. Trista D. Piccola as the Director of DCYF. Dr. Piccola launched the Pivot to Prevention in April 2018. This operational direction focuses on preventative services and supports the redirection of resources to prevent out-of-home placement and the misuse of more restrictive levels of care for youth who are not in need of those services.

The Pivot to Prevention focuses on **five key areas**:

1. Child Safety as a Public Health Issue

- a. use Kids Count data and other Department data to continue meeting with and supporting individual communities as they use this data to further establish and strengthen locally-based interventions that capitalize on the strengths of their residents and resources;
- b. advocate with our state partners across Health and Human Services to use cross-system data to understand and respond to our shared priorities particularly around the economic instability of many of our families, substance abuse, mental health, and the needs of parents of very young children; and
- c. share information more publicly about prevention related outcomes and to define child safety as a public health issue and not a solely a DCYF issue.

2. Strong Network of Prevention

- a. create a Behavioral Health strategic plan that includes a clear plan for equality in access to services, increased mentoring services, and the elimination of voluntary relinquishments;
- b. implement a team-based decision-making process that fully incorporates family voice;
- c. improve communication with our school partners around responding to families in crisis; and
- d. develop a strategy for ensuring families impacted by addiction, particularly opioid addiction, are fully connected to services starting by reestablishing a substance abuse liaison in the department.

3. Competent, Stable, Diverse Workforce

- a. orient our training and professional development for staff toward a health response, particularly social determinants of health, and increasing opportunities for advocacy for community health;
- b. create ongoing diversity in hiring and promotions; and
- c. expand employee career paths.

4. Fiscal Soundness

- a. maximize all opportunities for federal funding including implementing additional actions to leverage Title IV-E and Medicaid funding;
- b. analyze the new Family First Act to determine how best to leverage this policy shift to strengthen prevention funding; and
- c. ensure a robust process is in place for determining budget priorities and a plan that allows for shifts in funding to occur when priorities change

5. Effectiveness of Services

- a. complete our study of the Training School effectiveness;
- b. expand our Active Performance Management process to all DCYF contracts and implement Active Division Management; and
- c. eliminate redundancy in processes and paperwork across the department.

In August 2018 and again in February 2019 Director Piccola, Secretary Eric Beane, Executive Office of Health & Human Services and Director Alexander Scott from RI Department of Health jointly presented to the Children’s Cabinet on the “Keeping RI Kids Safe” initiative.

Keeping RI Kids Safe is built on:

- Cross- agency collaboration and partner collaboration
- A data-driven approach to keeping kids safe
- Child-focused screening and supports
- Data analysis that pinpoints strengths in our work to identify, refer and serve at-risk families
- Priority Strategies developed along with an implementation timeline

Child maltreatment is a statewide concern and public health crisis. Informed by integrated data, DCYF, EOHHS, RIDOH, and the Children’s Cabinet are partnering with community members to implement focused strategies to keep kids safe.

In 2018, DCYF and RIDOH partnered with the Harvard Kennedy School Government Performance Lab to jointly analyze data related to maltreatment between January 2016 and December 2017, with a focus on fatalities and near-fatalities. This analysis was particularly interested in the family’s involvement with DCYF and RIDOH before the critical incident:

- Did the state identify at-risk families?
- Were families referred to and connected with appropriate services?
- Where might there be opportunities to intervene earlier or improve service effectiveness?

After completing this analysis, we cross-checked our findings with recommendations from various sources including:

- Medical Examiner's Rhode Island Child Death Review, 2012
- Internal DCYF Critical Incident reviews, 2016-2017
- Office of Child Advocate Reports published in March 2017 and December 2017
- Citizens Review Commission completed in June 2018

Our initial analysis of the 31 critical incidents in 2016 and 2017 found some areas of opportunity to work together and strengthen our processes and services for at-risk families. For example:

- 12 of 31 families had not had face-to-face interaction with DCYF or RIDOH services or programs in the year before the birth of a child
- Compared to all risk-positive children, those who suffered a fatality or near-fatality were less likely to receive a First Connections visit following a risk-positive Newborn Developmental Risk Screening

These data points, and our case review, led us identify four specific strategies to implement:

- Developing additional risk tiers for Newborn Developmental Risk Screening at birth, to identify families for persistent outreach, ongoing support, and follow up for RIDOH's family home visiting services
- Strengthening engagement with pregnant moms open to DCYF
- Introduce clear referral criteria and process for CPS to quickly make appropriate referrals to preventative services
- Strengthening routine and timely DCYF/RIDOH data sharing and monitoring to track referrals from CPS to preventative services

We began implementation of these strategies in summer 2018 (full updates below). We also recreated our review of critical incidents from 2016-2017, using 2018 critical incidents instead, to confirm that we remained on the right track. In 2019, we continued to review metrics and track progress for these strategies at DCYF-RIDOH prevention performance meetings. In 2020, we are shifting goals to an upstream approach to prevent adverse effects and focus on overall child well-being.

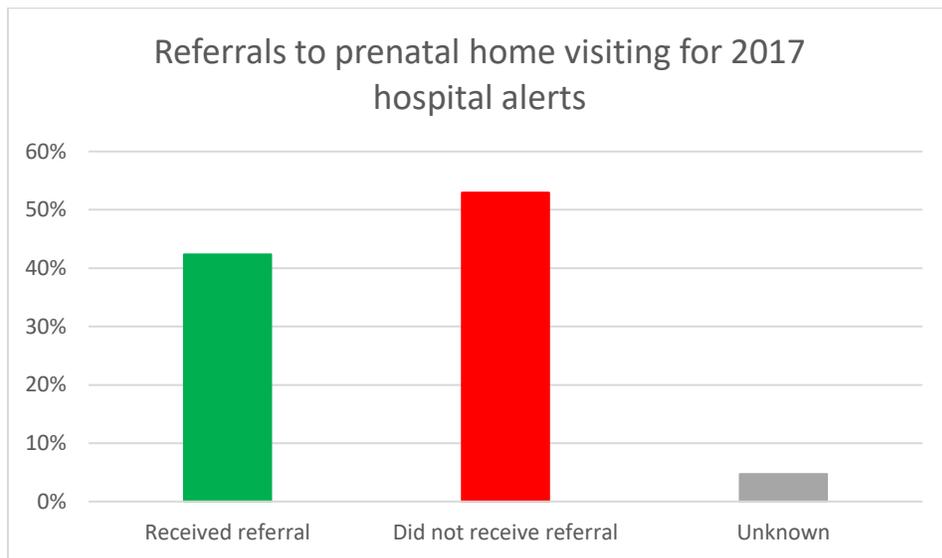
Updates on "Keeping RI Kids Safe" Key Strategies:

1. Develop additional risk tiers for Newborn Developmental Risk Screening at birth to identify families for persistent outreach, ongoing support, and follow up for RIDOH's family home visiting services

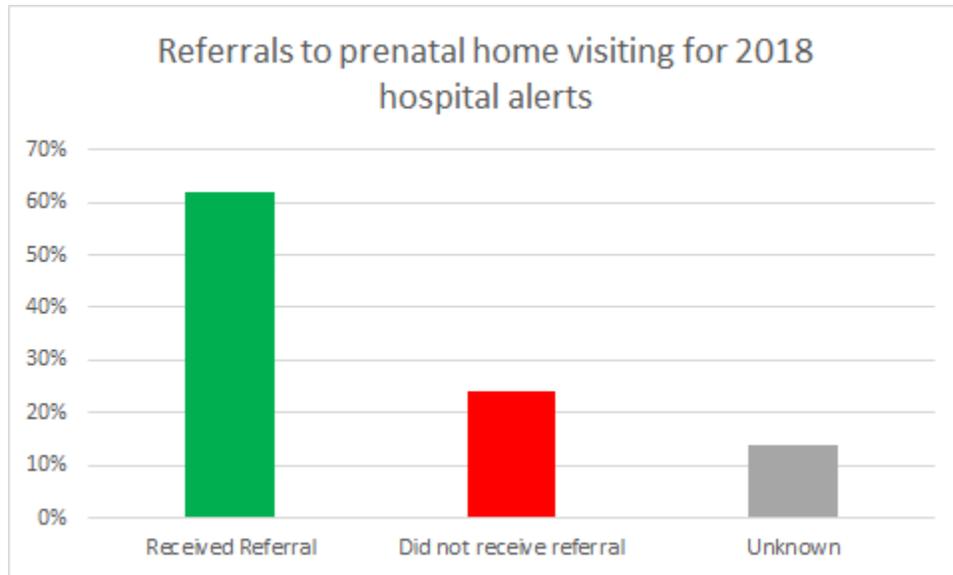
- Matched current Newborn Development Risk Screening data with outcomes data from EOHHS data ecosystem. Analyzed data to assess which risk flags were most correlated with adverse outcomes.
- Using this analysis, identified a set of criteria that would flag a newborn as “Risk Plus” – more likely than the standard risk positive group to experience later maltreatment.
- Once implemented, this new “Risk Plus” protocol can be used to prioritize highest risk newborns for more intensive outreach and follow-up from home visiting programs upon hospital discharge.

2. Strengthen engagement with pregnant moms open to DCYF

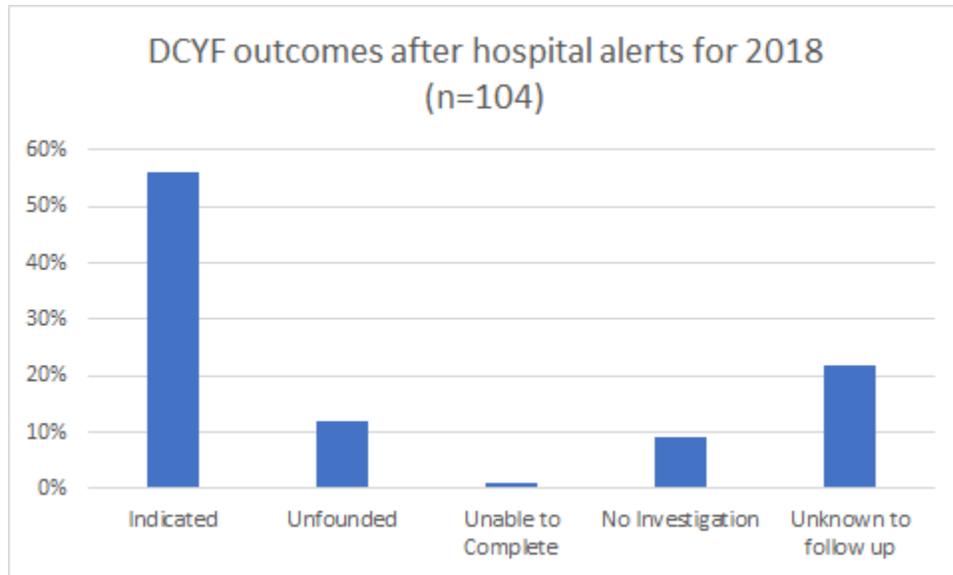
- Analyzed 2018 DCYF hospital alerts (i.e. calls to the DCYF hotline where the subject is a pregnant mother-to-be) to assess whether moms who were the subject of hotline calls while pregnant ultimately opened to DCYF, and whether they received RIDOH-contracted prenatal home visiting in the meantime.



N=85



- Joint task force with RIDOH and the Women & Infants Hospital Prenatal Clinic continue to work together with the goal of leveraging prenatal medical care providers to refer and engage more mothers with preventive services like home visiting and peer coaching before their due date.
- Since the last analysis in 2017, there was an increase in total hospital alerts (104 in 2018 and 85 in 2017). Additionally, there was an increase in pregnant mothers who received referrals for preventative services like home visiting and peer coaching (62 percent in 2018 and 42% in 2017). We tracked hospital alerts, the outcomes of mothers and infants, and subsequent involvement with DCYF. Among the 2018 hospital alerts, 56% had an indicated investigation after birth. There were alerts that did not have confirmation of a documented birth from a hospital (22 percent), and as of June 15th, 2019 are unknown to follow up.



- Incorporated RIDOH into DCYF’s facilitated case reviews for pregnant moms currently open to DCYF.
3. Introduce clear referral criteria and process for CPS to quickly make appropriate referrals to preventative services
 - Conducted referral quality workshops with CPS supervisors. Similar workshops with the Family Services Unit and Family Care Community Partnerships are forthcoming.
 - Working with vendors to create materials promoting family home visiting tailored to the DCYF-involved population.
 4. Strengthen routine and timely DCYF/RIDOH data sharing and monitoring to track referrals from CPS to preventative services
 - Launched a manual data matching process to routinely assess whether referrals from DCYF to RIDOH-contracted family home visiting programs have engaged in those programs.
 - DCYF-RIDOH team continuously collaborates to follow up on children who have been identified by this process as not engaged with any community supports (see implementation “Deep Dive” below).
 - Began procurement of a software system to automatically share this data, and shift DCYF from a fax-based system of referrals to RIDOH home visiting, to an e-referral system.

Implementation “Deep Dive” #1: Preventative Service Follow-up Protocols

Goal: Identify families referred to preventive services by DCYF who have not engaged with services and provide ongoing outreach and support.

Preventive services “screened” for: RIDOH: First Connections, Early Intervention, MIECHV; DCYF: FCCPs, DCYF home-based services, DCYF open/close disposition

Population: All indicated cases age 0-3*

Follow-up protocols:

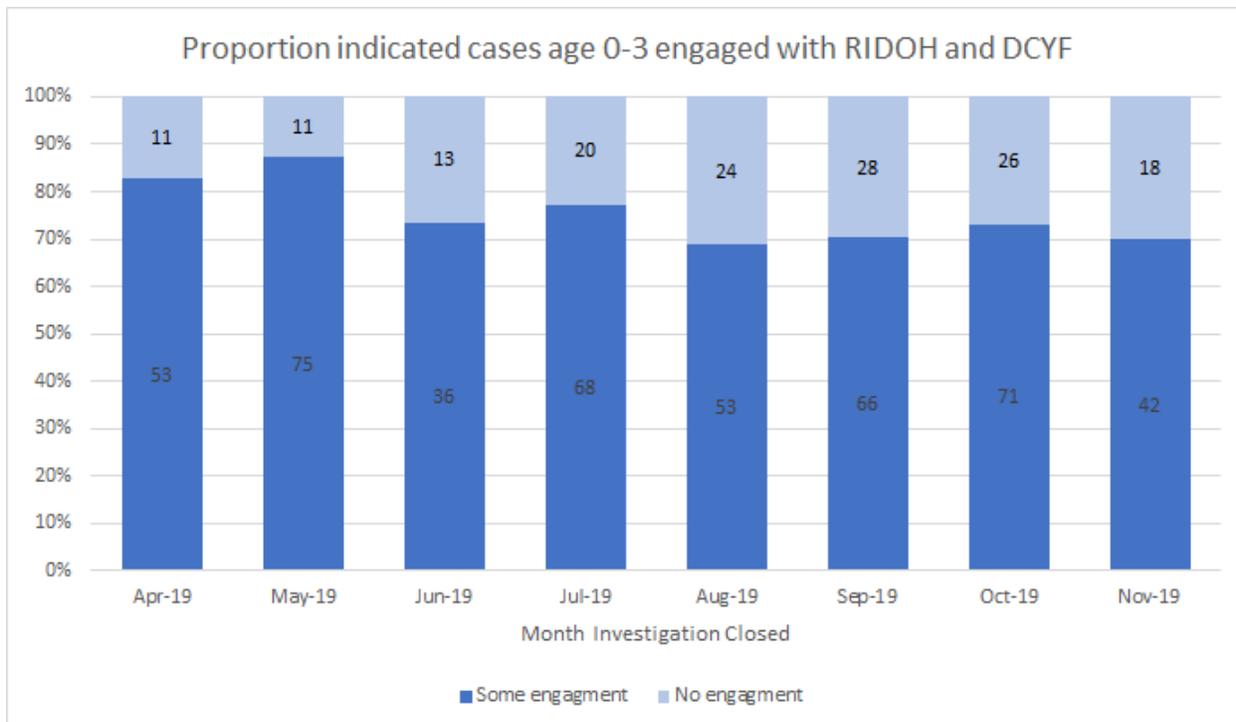
- Re-outreach by First Connections and/or Early Intervention providers.
- Ongoing or continuous follow-up with families who do not engage.
- Collaboration with community partners (pediatricians, child care providers, etc.) to gauge family's existing supports and encourage engagement.

This protocol begins by generating a list of all children age 0-3 closed to DCYF with an indicated investigation. We then use DCYF and DOH data to determine whether the children on this list have engaged with a preventive service since closing to DCYF. We're interested in questions like: Did the family respond positively to the referral and receive the service? How many home visits did they get? Were they referred on to a longer term home visiting program like Nurse Family Partnership or Healthy Families America? If the child hasn't engaged with preventive services, are they now open to DCYF (meaning there are "eyes" on them regardless of the lack of engagement in preventive services).

Once we've answered those questions, we're able to build a list of indicated cases age 0-3 that haven't engaged in any programs. This is the group that could most benefit from better connections to services and more persistent follow-up. This follow-up initially takes the form of re-outreach by First Connections providers. If the family is not interested in enrolling:

- We can work with pediatricians, child care providers, or other community partners to ensure child safety and encourage engagement in preventive services where appropriate.
- Conduct a "check-in" with family later if preventive services declined.
- Work with CPS to assess status of family at the time of case closure, identifying those who were closed with an understanding that they would engage with a preventive service.

Results April 2019 to November 2019: Proportion of Key Families Engaged



A “baseline cohort” was previously established using indicated cases age 0-3 who closed to DCYF between March and July 2018. This baseline group served as a proof of concept, verifying that this complex data matching process was do-able in a timely manner. It also enabled us to establish a baseline engagement rate with a larger group. In the baseline cohort, we found that 20% of the families across all five months did not engage in any preventive service or were not open to DCYF when we completed this analysis.

After establishing this baseline, we started looking at this group of key families on a closer to real-time, monthly basis in October 2018, and continue to analyze program engagement on a monthly basis. There is a lag time of approximately 45 days when reporting each cohort to allow for one month of follow time and an additional two weeks for interdepartmental data merging and analysis. Above are the findings of this process over the last eight months. Due to COVID 19, November 2019 is the most recent cohort data available.

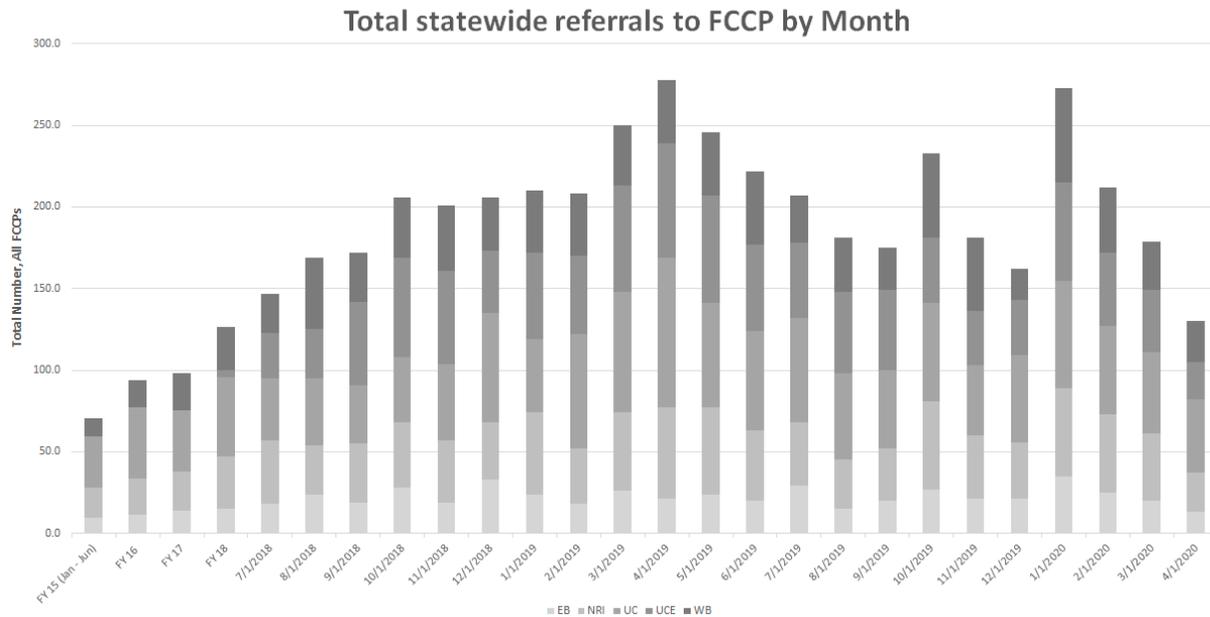
In November 2019, 30% (18 of 60) children had not engaged with any preventive service and were not open to DCYF. This a slight increase from December 2019, in which 27% (26 of 97) children had not engaged with any preventive service and were not open to DCYF. Among the last 6 months of cohorts available, engagement with services has been approximately 70-75%. We consider these key families in our prevention work, we want to ensure they are well supported and are able to engage with services. As such, we will continue to monitor this metric monthly going forward, with two goals:

- Decrease the proportion of families not engaged in any program.
- Identify key families not engaged in any program and follow up with them more persistently, as outlined on the previous slide.

We’ve built a monthly reporting/accountability mechanism based on the active contract management framework used by both departments to track our performance on these goals.

This is a key metric that will guide our fatality prevention work going forward. It serves as a proxy for whether the Departments are successfully directing the families at highest risk for a fatality or near-fatality to preventive services.

Implementation “Deep Dive” #2: Positive Referral and Engagement Trends for Preventative Services



Much of this work is about getting our key families into the preventive services that can support them. RI is already seeing some good signs when it comes to engagement with these preventive services. This is very encouraging for us and is a sign of the Pivot to Prevention in action.

While much of our focus has been on engaging families in the home visiting program contracted by RIDOH, it’s important to note that DCYF also contracts with preventive Family Care Community Partnerships (FCCPs) throughout the state. These providers are designed in part as a “first line of defense”, engaging families at risk of DCYF involvement in wrap around services before they arrive at DCYF’s front door. The chart above shows the total number of new referrals to the FCCPs per month.

This number rose to 250 for the first time in March 2019 and has continued to remain at 150 to 250 referrals for most months. Further, a growing proportion of these referrals are coming from the community, as opposed to from DCYF directly. The FCCPs experienced a decrease in referrals from January 2020 to April 2020, which is associated with COVID-19 events and the decrease in calls to the DCYF CPS hotline.

“Keeping RI Kids Safe” Next Steps:

- Automate manual preventive service data-sharing system for children ages 0-3
- Work with healthcare providers to connect pregnant women reported to DCYF with prenatal services
- Build a performance management system aimed at fatality and near-fatality prevention

Previewing some of our next steps, we're excited to automate the manual data-sharing system that allowed us to identify the group of key families who were not engaged in any preventive services, we looked at in earlier slides.

While the current process allows us to successfully identify those children over a predefined timeframe, our team went through a lengthy manual process to put it together, whittling down a list of all children who had come through DCYF's front door by matching it with various data systems until we finally identified those that hadn't received any services.

We realized that, to routinely identify these children in a sustainable manner, we had to build a new system that could automate aspects of this manual process in real time. So, our vision for this fourth strategy has gotten slightly more ambitious – we're no longer aiming just to share data frequently: we're going to build a new technology that allows us to coordinate services across both departments in real time. Over the past year, we have continued to work with the vendor to build up the e-referral system.

Over the past year, DCYF has received valuable feedback about its work and how to ensure better outcomes for Rhode Island's child welfare system. As the department moves forward, there is dedication to zeroing in on prevention efforts so that vulnerable families and children receive the support they need when they need it. The considerations around this are farther reaching than DCYF, so the Department has re-engaged with other systems and community partners who are also focused on serious mental health and substance abuse issues, family violence, and poverty in our communities. These issues matter most in the lives of families and children and whether they reach the doorstep of the Department. In addition, our families and children of color who are most adversely impacted by these issues must be the constant lens through which we judge our successes and our failures.

Because of these refocused efforts, DCYF has achieved the following outcomes:

- More children are living in families than ever before because of improvements made in our family-based foster care work.
- The number of licensed foster families has increased by 25%.
- The number of children living in institutional care has continued to decline by more than 25% since fiscal year 2016.
- The number of children placed in out-of-state care has remained at an all-time low of approximately 50 children and youth.
- The number of youth at the Rhode Island Training School has been safely reduced to an all-time low of averaging a daily census of 55 youth.
- The frontline staff vacancy rate has remained under 5% for more than eight months.
- Since implementation in March 2018, more than 600 families have received a Family Assessment Response (FAR), an alternative prevention response, through our CPS division.

- The Department’s primary prevention partners, Family Care Community Partnerships (FCCPs), were expanded from 4 providers to 5 in March 2018 and, on average, 5% of families have subsequently opened to the dept within 6 months after receiving services from an FCCP.
- Since implementation in October 2017, over 300 youth and their families have had access to contracted behavioral health services outside of opening a DCYF case made available to the Family Court’s Intake Unit and only 17% have subsequently opened to the Department.
- A series of permanency reviews for 563 children held between May 1, 2018 and October 31, 2018 resulted in 200 children moving to permanency and case closure.

MaryLee Allen Promoting Safe and Stable Families

The Department is also allocating IV-B Part 2 Promoting Safe and Stable Families Program funding in FY 2021 as follows:

Family Support 21%

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

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

Family Preservation 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.

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

parenting, strengthen parenting skills and apply the new skills in a series of activities. This program is statewide and serves 10 families at a time.

Family Reunification Services 23%

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 60 children a year.

Adoption Promotion and Support Services 26%

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 nine 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 three 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 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.

Service Decision-Making Process for Family Support Services

The above services were selected through active contract management or an RFP process. These services meet the requirements that family support services be community-based.

Populations at Greatest Risk of Maltreatment

The Department has identified and updated the population of children who are reportedly at greatest risk of maltreatment in 2020 as:

- Children age 5 and younger
- Children of color
- Children who are from families with low socioeconomic status
- Children with a family history of DCYF involvement or history of maltreatment
- Substance exposed newborns
- Victims of sex trafficking

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. Active contract management with providers has also been instituted within the past two years. Because of these analyses and collaboration with providers, within the past year, the providers implemented community-based programs and congregate care programs to address these youth at higher risk. These programs include Triple P, FFT, TST community programs and TST residential programs.

The Department is an active member of the Governor's Task Force on Overdose and the Substance Exposed Newborn Task Force (formerly 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.

Infant Safe Sleep Program

Between 2016 and 2019 there were a total of 35 infant sleep-related deaths in Rhode Island. In response to this public health issue, the Rhode Island Department of Health (RIDOH) established a Safe Sleep Program. The Program's work is driven by a Safe Sleep Workgroup, a multi-agency committee that meets monthly. The Workgroup is made up of representatives from RIDOH; WIC; the State's Family Visiting Program; the Department of Children, Youth, and Families (DCYF); the Office of the Child Advocate; the Parent Support Network; and other community-based organizations that serve children and families.

Recent activities of the Safe Sleep Program and Workgroup include:

- For the past three years, funding from DCYF and RIDOH has purchased over 30,000 *Sleep Baby Safe and Snug* board books. These books, in English and Spanish, are given to families who deliver a newborn at each of the state's five birthing hospitals.
- Safe Sleep site visits take place annually at the state's birthing hospitals where Safe Sleep policies and protocols are reviewed and recommendations are made including seeking Cribs For Kids hospital certification in Safe Sleep.
- Creating Cribs 4 Kids distribution sites at all First Connections agencies to engender a mechanism to provide American Academy of Pediatrics (AAP)-recommended Pack 'n' Plays to families in need.
- Nearly 500 individuals were trained in Safe Sleep in 2019 including 315 DHS frontline staff. Other groups trained include Family Visitors, Early Intervention, WIC frontline staff, DCYF investigators and family service workers, police cadets, clinicians, social workers and case managers, substance use treatment providers, and early childhood educators.
- Direct community outreach through local agencies and public events such as health fairs and conferences to distribute Infant Safe Sleep information
- Incorporating a Safe Sleep Screening tool for Family Visitors.

Attention to Sex Trafficking

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

In January 2016, the Governor released the Uniform Response Protocol. In addition, the Rhode Island Human Trafficking Task Force was created. It is a collaboration of federal, state, and local law enforcement agencies, the USAO and the RIAG, who are dedicated to targeting and prosecuting offenders, dismantling human trafficking rings, and rescuing children and adult victims of human trafficking.

In 2016, a suspicion of human trafficking became a mandatory report to the DCYF hotline. To create a more streamlined, coordinated effort, a human trafficking prevention coordinator, within Child Protective Services, in the special investigation's unit was created. This position acts as the main point of contact for the department for all human trafficking concerns. The Special Investigations Unit has worked towards

using preventative measures to help prevent ongoing human trafficking concerns. The special Investigations Unit reports and updates DCYF leadership on a weekly basis surrounding recent concerns. Preventative measures include recognizing “hot spots” for at risk runaways, identifying potential children who may become absent from care, and retrieving children when they do go absent from care. In partnership with the human trafficking task force, a screening tool has been developed to help identify potential victims of human trafficking. The department is currently in the process of implementing a policy integrated with congregate care, CPS, and the Rhode Island Training School to screen all children. The Human Trafficking Prevention coordinator is available to all DCYF staff and community partners to provide consultation, assistance with service coordination, and act as a liaison to Day One’s MDT process. The special investigation unit has also partnered with the internal epidemiologist to help track, and chart data points that will be recorded during the roll out process of the screening tool. These data elements will be provided to the data Sub-committee of the human trafficking task force. The special Investigations unit currently:

- Reviews current programs, initiatives, and legislation
- Participates in existing meetings with partners and stakeholders
- Implement/update standardized policies and procedures
- Increases collaboration, coordination, and partnerships with outside agencies
- Reduce the total number of children absent from care (CAFC) and locate all long term absent children
- Provide professional training, outreach, and public awareness
- Provide weekly updates to DCYF Management

On a daily average, DCYF has 15 youth absent from care without official permission, half of these are from Probation and none are missing more than a month or two without being located. DCYF is in the process of implementing policies, procedures, and initiatives to verify, account for, prevent and locate these absent children. The Department classifies a victim up to the age of 18 and 21 if that youth is open to the Department or has a Serious Emotional Disorder or Developmental Delay.

A portion of these children are at high risk to become CSEC victims. Because of this, the screening tool implementation will be essential for helping identify potential High risk or confirmed victims of human trafficking. Since June of 2018, 43 children have been categorized as at risk, High risk, or confirmed victims of human trafficking.

With coordinated efforts of all divisions within DCYF, The Special Investigations Unit has reduced the daily average number of absent children to 12-16. Through coordination with law enforcement, Hasbro Hospital, Day One and others, we have confirmed (60) child victims of sex trafficking within the State. DCYF has made significant progress using a whole community approach to prevent, educate, and treat CSEC victims. The result is that everyone needs to be involved with helping not only identify, but to treat victims of human trafficking.

Provide professional training, outreach, and public awareness: DCYF is currently providing a multi-tiered mandatory training program for DCYF workers, to include; awareness training for all workers, advanced CSEC training for the Child Protective Services Unit. The Human Trafficking Prevention Coordinator, who is a member of the education Subcommittee of the human trafficking task force has provided in house trainings to all new staff, and current in-house trainings are being provided for front line staff. In partnership with the education subcommittee of the human trafficking task force, community-based trainings held throughout the state have been offered, in coordination with the DCYF training department,

staff were offered the opportunity to attend these trainings throughout the state. These trainings include treatment, intervention, education, advocacy, and prevention services offered within Rhode Island. Covered in all trainings:

- Rhode Island General Law 11-67 (Trafficking of Persons and Involuntary Servitude)
- Federal Law H.R. 4980: Preventing Sex Trafficking and Strengthening Families Act
- Mandatory Federal reporting requirements (NCIC & NCMEC)
- Rhode Island Safe Harbor Act (2017 -- H 5857)
- DCYF Policies (Child Absent from Care – CAFC & CSEC)
- Victim Centered Approach
- Multi-disciplinary Teams
- Special Investigations Unit (CAFC, Kinship Locator and CSEC)
- Victim screening questions/DCYF CSEC Assessment Tool
- Specific Services provided for CSEC victims
- The MDT process through Day One

Kinship Navigator Funding

The Department received \$229,564 in 2018 and \$224,187 in 2019. The Department has used those funds to procure and develop an online Kinship Support portal, a Kinship Support Liaison within the Department, Videography of kinship support trainings, and printed materials to support and educate kin. We have applied for 2020 funds and have plans to add Kinship support groups and mentoring.

Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

It is the Department's policy, in accordance with Public Law 109-288, Child and Family Services Improvement Act of 2006, to ensure that children in foster care are visited at least once per month, or more frequently as needed, to ensure their safety, well-being and attainment of their permanency goals.

The caseworker for purposes of this mandate includes any worker that the Department has assigned or contracted case management or visitation responsibilities. For a child placed out of state, whether in a treatment facility or foster home, the visit can be made by the worker from the sending state, the receiving state in which the child has been placed or a private agency under contract with either state.

During this visit the worker should ensure that the placement continues to be the most appropriate and least restrictive safe setting, consistent with the best interest and special needs of the child.

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 2019, the Department used Monthly Caseworker Visit funding to purchase broadband-enabled tablet laptop computers to support front line caseworkers. In 2020 through 2024, the Department is planning on purchasing additional broadband-enabled tablet laptops and continue to enhance technology to support staff in the field. The laptops 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. In addition, the department is addressing the frequency and quality of caseworker visits as part of the PIP.

The state made the performance standards in 2019.

Adoption and Legal Guardianship Incentive Payments

The Department foresees no significant barriers to expending the funds we received in FY 15 \$198,750; FY 16 \$327,000; FY 17 \$889,000, FY 18 \$215,000 and thus far in FY 19 \$88,000. The Department re-procured its service array and funded Teen Focus through Adoption RI for \$338,211 in fiscal years 2018, 2019, 2020 and 2021. In addition the Department is in the process of issuing an Adoption Services RFP by the beginning of fiscal year 2021. The RFP will be for the full range of pre-post adoption/guardianship recruitment, matching, and support. Adoption Incentive funding will be used to support new programming to support Adoption Services.

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

Adoption Savings

The Department foresees no significant barriers to expending the funds we received in FY 15 \$74,483; FY 16 \$99,940; FY 2017 \$245,237, FY 18 \$672,969 and FY 19 \$436,103. In 2017, the Department re-procured its service array and funded Adoption Recruitment and Support through Adoption RI for \$131,680 a year in fiscal years 2017, 2018, 2019 and 2020. In addition, the Department funded contract increases in Wendy's Wonderful Kids at Adoption RI in 2017, 2018, 2019 and 2020. The remaining Adoption Savings funds will be used to support adoption/guardianship supports that will be procured in 2020 through an adoption/guardianship Request for proposals (RFP). This RFP will be for adoption recruitment, matching, adoption/guardianship supportive programming, post-adoption and post guardianship supports including respite. The Department is in the process of issuing an Adoption Services RFP by the beginning of fiscal year 2020. Adoption Savings funding will be used for programming to support post-adoption services, post-guardianship services and services to support positive permanent outcomes for children at risk of

entering foster care. The Department may also use funds to support childcare costs for post adoption families on adoption subsidies.

John H. Chafee Foster Care program for Successful Transition to Adulthood – Agency Responsible for Administration of the Chafee Program, including the ETV Program

The Department of 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 Education and Training Voucher (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.

Rhode Island intends to continue to use Chafee and ETV funding for youth who enter foster care on or after the youth's 16th birthday and up to the young adult's 21st birthday. This includes youth who are placed in guardianship or adopted on or after the youth's 16th birthday. On a case by case basis, we ensure that similar services are available as appropriate and necessary to youth ages 14 -15 using non-Chafee funding to support those services. In general, DCYF caseworkers work with foster care providers for youth ages 14-15 to address the youth's transition needs and assist the youth in accessing services available through community-based resources. At this time, Rhode Island is not opting to extend services beyond the young adult's 21st birthday except for ETV funding which will continue to be available to eligible participants until the academic year in which the young adult turns 23.

Program Design and Delivery, Services, Statewide Access

Since the State lowered DCYF's age of jurisdiction to age 18 in 2007, the youth, provider and advocacy community campaigned on extending foster care back to 21. While federal law authorized the use of Title IV-E funding for extending foster care in 2008, the advocacy campaign was not successful until DCYF Director Trista Piccola came on board in 2017 and worked with the youth, providers, the advocacy community and the Governor to design an extension of care program which addresses the concerns of these stakeholders. At the that time, Director Piccola was clear that her goal is that no youth is faced with having to choose participation in the Voluntary Extension of Care (VEC) Program because we have ensured that they have attained permanency prior to age 18.

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

In July 2018 the department began its development of the Voluntary Extension of Care Services. The goal of the Voluntary Extension of Care (VEC) program is simple: support young people in becoming self-sufficient, independent, and thriving adults. The program is youth-driven with the young adult setting their own goals for housing, education, employment, and future success. DCYF's Youth Development

Services (YDS) staff work with others to aid young adults who choose to participate in the VEC program with this transition and to provide access to other supports and services. To participate in VEC, a young adult must be one of the following:

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

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

- Continue attending high school or an alternative program if they have not received a high school diploma or equivalent (e.g., GED);
- Be enrolled and participating in a college or vocational program;
- Participate in a job training program or an activity designed to remove barriers to employment;
- Be working a paid job at least 80 hours per month; or
- Have an approved medical waiver from DCYF based on the recommendation of a medical professional. Documentation from a licensed medical professional must be provided to DCYF on a semi-annual basis or more frequently if requested.

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

- Transitioning: Developing and implementing a transition plan
- Housing: Identifying, securing, and maintaining an appropriate supervised living arrangement (SLA)
- Financial: Cash assistance for help with rental costs and assistance with daily living expenses
- Benefits and Supports: Accessing other supportive services for which the young adult might be eligible such as SNAP, cash assistance, heating oil assistance, WIC, Child Care Assistance Program, and more
- Education: YDS will work with the young person to identify educational needs and goals. Supports can include educational planning, applying for college financial aid, accessing on-campus programs, and identifying potential internship opportunities, and more

- Career: Developing and supporting a career plan based on the young adult's choices including referrals for vocational/ career assessment, connections to workforce training programs, and employment opportunities
- Medical and Behavioral Healthcare: Helping navigate use of health coverage to access needed medical and behavioral healthcare support team.

In September 2019, the Department also launched contracts with Foster Forward, Family Services and Communities for People to provide Enhanced Case Management (ECM) services to VEC Participants. These voluntary services are intended to augment the work of the DCYF YDS Caseworker and provide additional supports with key areas with which a young person may be struggling. They are brief, intensive, solution focused services for up to 3 months initially with the ability to extend based on continued need.

As of May 31, 2020, the youth and young adults assigned to the YDS Unit included the following:

- 79 VEC Participants (meaning they have been approved by the Family Court to participate in VEC;
- 5 young adults who had been VEC participants and who turned 21 between January 1, 2020 and June 30 2020 and were given the option of temporarily continuing to receive VEC services beyond their 21st birthday based on an Executive Order from Governor Gina Raimondo permitting this continuation until after she lifts the COVID-19 State of Emergency;
- 36 youth in some stage of transition from their Family Service Unit caseworker to a YDS Caseworker for eventual participation in the VEC Program. Of these, 9 youth were unable to have their cases heard prior to the suspension of court activities related to the COVID-19 pandemic and otherwise would have been court approved for VEC Participation. The YDS Casework Unit is working with these youth as if they had been court approved and will seek court approval as soon as the Family Court schedules hearings on their petitions.
- 39 young adults assigned to the YDS Casework Unit are receiving Enhanced Case Management Services.

In June 2020, as part of the Department's reorganization, all of the Department's youth development services, including the Youth Development Services (YDS) Casework Unit that manages the youth transitioning to the VEC Program and those young adults participating in the VEC Program, moved from the Office of Youth Development, Education and Constituent Support Services (YDECSS) to a newly created functional area under the direction of one of the Regional Directors.

While Chafee funds are not used to support the VEC Program directly, the young people involved in the VEC Program have access to and benefit from the Youth Development Services supported through a contract between DCYF and a service provider being selected through a competitive procurement process. The Department anticipates using \$490,000 of our Chafee allocation for support the services provided through this contract. We retain the remaining amount to cover the cost of staff travel for Chafee related activities. At this time the procurement process is not complete and state purchasing rules prohibit us from disclosing the chosen vendor.

The Department has a long history of engaging and collaborating with the homeless and affordable housing community advocacy and provider community through the Department of Housing Fostering Youth Independence vouchers. For the last 20 years, DCYF Administrator Mike Burk has represented the Department on a variety of related committees and governing bodies, including the HUD required Rhode Island Continuum of Care (CoC). This has included collaborating on at least 4 applications for Family Unification Program Vouchers with 4 different public housing authorities and on other youth development related RFPs. We recently supported Family Service of Rhode Island's application to bring

a Basic Center Grant Program back to Rhode Island. In June we began a process of working with RI Housing, a quasi-state governmental authority focused on creating and sustaining affordable housing and is also the public housing authority for several communities in RI, to use some of their Housing Choice Vouchers (up to 25) for youth aging out of foster care. Since then, we finalized an MOU in late August and are now working to implement the program.

Youth Development Support Services

The Department used input from The Voice (our former foster youth leadership council), data and lessons learned from the current Chafee funded Consolidated Youth Services (CYS) contract, and input from internal and external stakeholders to inform the development of a Request for Proposals (RFP) for a new Youth Development Services Program. For example, as reported by the previous vendor, the Teen Grant service of the CYS Contract was seen as less effective than having youth participate in the ASPIRE Financial Literacy Service. Participant data for the CYS Program services covered by Chafee funding is included below. That all staff are trained in the principles of Positive Youth Development.

Additionally, the successful vendor had to propose a model of providing independent living and youth development support services that are trauma-informed within a positive youth development framework which, at a minimum, cover the following areas: youth development assessments, financial literacy education, asset focused matched savings accounts, mentor connections, career/work readiness services and youth advisory group operations.

In July of 2019, DCYF awarded Communities for People the Youth Development Services contract to provide Transition to Adulthood services for youth who are or were in foster care on their 16th birthday until their 21st birthday. The goal is to establish a comprehensive statewide program to maximize opportunities for older youth in the foster care system to successfully transition to adulthood and permanency. CFP established a partnership with Adoption RI, Community Care Alliance, Comprehensive Community Action Program, East Bay Community Action Program, Key Program, Tides Family Services, and Tri-County Action Program. This partnership is a shared venture where each organization leverages its expertise in youth development, youth permanency, independent living skills, mentoring, and career readiness to provide statewide, client-focused, flexible, and coordinated services for youth in foster care. This partnership is guided by the philosophy that youth in foster care benefit from both specialized assistance (assessments, mentorship, asset focused savings, and youth advisory groups) as well as exposure to supports and peers in their larger community (financial literacy education, career/work readiness services). The integration of both specialized and community support is a fundamental tenet of positive youth development.

The Youth Development Services Program consists of three major components: Double Up Matched Savings, Impact Mentoring, and SPEAK Youth Advisory Board. Involvement with the program begins with the Casey Life Skills Assessment, designed to deliver personalized life skill support services.

The model is designed to optimize the number of youths served in Rhode Island by utilizing Community Action Program Agencies that are geographically dispersed across the state of Rhode Island. These CAP

agencies - Community Care Alliance (CCA) , Comprehensive Community Action Program (CCAP) , East Bay Community Action Program (EBCAP) and Tri-County Community Action Agency (TRI County) - work in tandem with the YDS Program Director, Youth Outreach Workers and DCYF in order to provide comprehensive services to all YDS clients. While the contract was awarded in July 2019, the ramp-up for staff hiring and program initiation took some time and the actual programming did not begin until October 2019.

Life Skills Assessment and Individualized Life Skills Education: The life skill assessment is used as a tool to see where a youth may need extra support going forward. It is a way for the YDS staff to track youth progress after receiving services and to be provided to the individual youth to DCYF social caseworkers and probation officers to assist in each youth's transition to adulthood. Designed by Casey Family Programs, the Casey Life Skills Assessment is a way to document youth strengths and discover additional skills that are of benefit to their transition to adulthood. The assessment covers seven categories: Daily Living, Self-Care, Relationships and Communication, Housing and Money Management, Work and Study Life, Career and Education Planning, Looking Forward and Permanency. Once a life skills assessment is completed by a Youth Outreach Worker, the youth is referred to the most convenient and accessible participating CAP agency. The comprehensive nature of services at the participating CAP agencies provide youth with pertinent life skills experiences and support. CAP agencies have entered this contract to provide youth with appropriate life skills training and streamlining their transition to adulthood. CAP agencies began receiving referrals in September of 2019, after the hiring of three Youth Outreach Workers. As of June 8, 2020, Communities for People has completed 155 assessments, and has sent out 163 referrals to CAP agencies. Youth that have completed an assessment prior to the contract start date are referred out, and are not re-assessed by CFP, explaining why there are more referrals than assessments completed.

Ocean Tides: Due to the unique nature of the Ocean Tides residential education program, the Department agreed to have Communities for People allow Ocean Tides to administer the Casey Life Skills Assessment directly and to provide services on site while ensuring connection to the YDS Program for when the youth leaves Ocean Tides.

As of April 17, 2020, Ocean Tides Academy began administering the Casey Life Skills Assessments to all youth who were in their care and had an active referral for the YDS Program. Ocean Tides Academy works directly with their youth to promote life skills development. The Director of Programs at Ocean Tides corresponds with the YDS Program Director and Youth Outreach Workers to keep up-to-date on active referrals and youth who have completed Work Readiness and Financial Literacy while residing at Ocean Tides. As of June 1, 2020, a total of 13 youth eligible for YDS are at Ocean Tides, with a total of 11 youth completing Work Readiness and Financial Literacy.

CCAP- Comprehensive Community Action Program (CCAP): Comprehensive Community Action Plan (CCAP) comprises four community centers, with locations in Providence, Pawtucket, West Warwick and Cranston. CCAP provides extensive services including, but not limited to: Homework Helps Club after school, College Assistant Programs, Work Readiness Workshops, Financial Literacy Programs, Paid Work Experience Placements, GED Classes, Free Occupational Skills Training, and Life Skills and Leadership Development. As of June 1, 2020, a total of 89 youth has been referred to CCAP, with 40 engaged in services and 30 youth having completed Work Readiness and Financial Literacy.

Community Care Alliance (CCA): The Harbour Youth Center with Community Care Alliance serves youth in Woonsocket, Lincoln, Cumberland, North Smithfield, Smithfield, and Burrillville. The Harbour Youth Center provides extensive services, but not limited to: Career Exploration, Job Readiness Workshops, Academic Skill Building, After-school Tutoring and Homework services, College Planning and Preparation, Leadership Development, Clinical Case Management, and Year-Round employment opportunities. As of June 1, 2020, a total of 26 youth have been referred to CCA's Harbour Youth Center, with 11 engaged in services.

East Bay Community Action Program (EBCAP): East Bay Community Action Plan (EBCAP) works out of their community center in East Providence and services youth in East Providence, Riverside, Newport, Tiverton, Middletown, and Portsmouth. EBCAP offers financial literacy and work readiness training. This Youth Center helps youth acquire the support and services necessary to be successful. Services are highly individualized and may include short-term tutoring, in-depth work readiness training, placement in an internship with eventual placement in unsubsidized employment, or long-term occupational skills training. EBCAP additionally provides: Vocational Interest Inventories, Academic Needs Assessments, Job Skills Services, GED Classes, Case Management, Paid Work Experience, Leadership Development Program, and Independent Living Skills Program. As of June 1, 2020, a total of 20 youth have been referred to EBCAP, with 14 engaged in services, and 9 youth completed Work Readiness and Financial Literacy

Tri County Community Action Agency (Tri-County): Tri-County Community Action Agency serves youth in North Providence, North Kingstown and Westerly. Tri-County provides a myriad of services including, but not limited to: Academic and Occupation Exploration, Employment Assistance, Paid Work Experience, Intensive Case Management, Job Coaching, Leadership and Life Skills Training. Additionally, Tri-County is a member of the State's Youthworks411 system. Tri-County North Kingstown was servicing youth at Ocean Tides Academy from September 2019 to April of 2020. As of June 1, 2020, a total of 14 youth have been referred to Tri-County, with 4 youth actively engaged.

Double Up Program: Double Up is a matched savings service designed to help youth attain a base understanding of personal finance and attain assets that will benefit their current needs and future goals. The goal is to help youth to learn techniques to more effectively manage personal finances, establish financial health and to responsibly. Youth are eligible to match up to \$1,000 each year, between the ages of 16-21. In order to be eligible for match-savings, offered through C4P youth must have completed a financial literacy program within the past year and currently have a savings account in their name. Youth may be required to take a financial literacy refresher course if completion of the original FL course is past 1 year at the time of their matching. Financial literacy educational programs, using an evidence-based personal financial curriculum, are held at each CAP Agency. This curriculum includes basic budgeting and savings information, managing credit, and the use of credit cards, banking information, and opening a bank account. CAP agencies have relationships with local banks that provide hands-on workshops to discuss banking basics. Each CAP agency has Double Up enrollment and request forms on hand in order to streamline the process for youth once they complete their financial literacy course. CAP agencies offer youth an incentive upon completion of their financial literacy or work readiness course (which includes financial literacy). This incentive is eligible for being matched within Double Up. As of June 8, 2020, there are a total of 60 youth engaged with financial literacy and 1 youth has been matched since the start of the program.

Impact Mentoring Program: The Impact program youth ages 16-21 employs a mentoring model to strengthen those relationships with positive adults and help establish relational permanency that can provide long term support to the youth. The program searches beyond immediate family members to identify extended family and "active kin," which could include coaches, teachers, neighbors, and the other valuable community resources that are too often overlooked. Youth Outreach Workers case mine for adult supporters during the youth's initial life skills assessment. 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 by Communities for People for a minimum of a year.

In collaboration with Adoption Rhode Island (ARI) and external consultants, CFP began creating the curriculum for the first Impact mentor training in October of 2019. CFP also has worked with Mentor RI, a provider for the National Mentor Resource Center, since November of 2019. This collaboration has strengthened the Impact mentor program. CFP designated staff attended Mentor RI's all-day mentor coordinator training, joined the Mentor Connector, have had numerous consultation appointments to discuss recruitment of mentors, matching and initiating, and monitoring and support efforts. The training provides instruction on the youth served, adolescent development and the impact of trauma, permanency and resilience, the role of a mentor, safety and confidentiality, setting boundaries, and program-specific requirements. The Impact training is meant to give prospective mentors an accurate portrayal of the youth in their community and how they can be best supported by positive adult role models. Participants are led through activities, scenarios, and discussions that touch on topics such as traumatic stress reactions, cultural awareness and sensitivity, LGBTQ+ youth, and goal setting. These efforts are made successful by our training facilitators, including a former youth in care and a licensed clinical social worker with extensive experience. The robust trauma informed curriculum is intended to be utilized to train recruited mentors at a minimum of 6 times throughout the year. CFP hosted its first mentor training in January of 2020. There were a total of 11 participants in this meeting. One participant from the training was successfully matched with a youth in care. A second Impact Mentor Training was scheduled in March but was canceled due to COVID-19 concerns. CFP is currently formalizing an on-line training program. However, the training and screening process for Impact has been delayed due to COVID-19. C4P will work to create a way to conduct meetings virtually. Prospective mentors are required to attend an Impact training, pass a BCI and DCYF clearance, and complete an in-person, home interview with Communities for People staff.

SPEAK Youth Advocacy Board: The purpose of this SPEAK, Rhode Island's Youth Advisory Board for the Department of Children, Youth and Families provides youth (ages 14-24) an opportunity to use their experience in foster care to work towards positive changes within the Child Welfare System. SPEAK meetings are held every other week on Thursdays at 4 pm. In order to encourage engagement, youth are provided with a \$20 stipend for each advocacy meeting or workshop they attend and participate in. SPEAK is the Department's identified representative/member of the New England Youth Coalition (NEYC). SPEAK/YDS outreach efforts are supported through Facebook, Instagram pages, which detail each meeting, workshop and upcoming events.

Workshops: Information Sessions Hosted by SPEAK Youth Advisory Board. YDS hosts these events both in person when it can be done so safely and virtually.

- Wellness
- Driver’s Education
- Reproductive and Infancy Health
- Holiday Parties
- Movie Nights
- Craft Nights
- Tax Prep

Credit Checks: The Department’s Principal Community Service Liaison provides monthly credit checks for youth, 14 and older, that are in foster care. The Department runs monthly reports through the three credit bureaus (Transunion, Equifax, and Experian), and if a youth’s report is flagged, the Department disputes on their behalf .In addition, 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).

During this reporting year, there was a delay in processing reports from August 2019 through January 2020 due to significant staffing shortages caused by unforeseen medical leave for the Principal Community Liaison. These checks are now in the process of being completed and will be done within the by August 1, 2020. The Department has completed 383 credit checks, with 29 youth credits being flagged. The Principal Community Service Liaison will ensure that youth 18 plus are provided information on conducting their own credit checks and assist upon request.

TABLE 1. CONSOLIDATED YOUTH SERVICES PROGRAM PARTICIPATION WITH FOSTER FORWARD (STATE FISCAL YEAR DATA)

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY2018	FY2019	FY2020 As of 5/30/2020
LIFE SKILLS								
Referred	335	317	354	270	242	253	207	NA
Youth Plan Completion	210	204	201	143	113	85	48	NA
TEEN GRANTS								
Active Participants	265	228	260	284	274	283	47	NA
Aggregate Funding	\$73,239	\$69,363	\$64,498	\$70,863	\$81,370	\$83,749	\$0	NA

Impact Mentoring Program								
Active Participants	NA	1						
New Enrollments	NA	1						
ASPIRE FINANCIAL LITERACY*(PROVIDER AUGMENTED FUNDING THROUGH EXTERNAL FUNDRAISING EFFORTS)								
Active Participants	376	388	340	316	381	410	392	328
New Enrollments	69	57	37	67	94	58	56	20
REAL CONNECTIONS MENTORING								
Active Participants	208	199	183	178	174	162	148	77
New Enrollments	82	48	58	41	57	63	45	13

- The Consolidated Youth Services contract with Foster Forwarded ended FY2019. The department no longer funds these services and will not be added to FY2020.

TABLE 2. YOUTH DEVELOPMENT SERVICES PROGRAM PARTICIPATION WITH COMMUNITIES FOR PEOPLE (2020)

Impact Mentoring Program								
Active Participants	NA	1						
New Enrollments	NA	40						
Double UP Program (Match savings)								
Active Participants	NA	60						
New Enrollments	NA	60						
LIFE SKILLS								
Referred	NA	192						
Youth Plan Completion	NA	50						

In addition to this assessment, the Communities for People provides the following to eligible youth:

- Financial Literacy education, including a matched savings account opportunity;
- Mentoring aimed at assisting youth in developing, enhancing and maintaining relational permanency connections;
- Career/work readiness services; and
- Management of SPEAK, including ensuring youth are provided opportunities to develop as young leaders and to apply the knowledge and skills they have gained. The vendor will also support the ongoing integration of The VOICE with the New England Foster Youth Coalition supported by the New England Association of Child Welfare Commissioner’s and Directors.

The Department works closely with the vendor to ensure that services are individualized to meet the needs of the youth, that emphasis is placed on connecting youth to community-based services universally available to all youth in order to help youth connect to their communities and to continuously use current research to identify ways to adapt and improve the program. We also use The VOICE heavily in the process of ongoing program design, development and adaptation.

Services are available to all eligible youth and young adults throughout the State regardless of where they reside. Communities for People was required to demonstrate their capacity to meet this expectation and the Department works closely with Communities for People to ensure that geographic location is not a barrier to access.

Community Collaboration and Leveraged Opportunities

The Department continues our long tradition of collaborating with our sister state agencies, providers, youth and young adults and other stakeholders to ensure foster youth/young adults have access to the same opportunities of their non-foster youth peers. Examples of these collaborations include, but are not limited to:

- Voluntary Extension of Care Interagency State Implementation Team: This includes members of The VOICE; the Department of Labor and Training/Governor's Workforce Board (DLT/GWB); the Department of Human Services; Rhode Island Housing (Housing); the Department of Behavioral Health, Developmental Disabilities and Hospitals (BHDDH), the Office of the Child Advocate (OFC) and the Office of the Post-Secondary Commissioner (OPC). The focus of this group is to assist DCYF in helping to ensure that youth participating in VEC will have as seamless a transition as possible to the adult world. A key aspect of this work is to address barriers to youth participation and or access to services provided by or funded through these other agencies.
- Cross Training with RI Family Court personnel
- Farm Fresh Rhode Island's Harvest Kitchen Project
- Governor's Workforce Board's Career Pathways Advisory Committee
- Governor's Workforce Board's Adult Education and Employment Advisory Committee
- Rhode Island's Housing Continuum of Care Committee (CoC)
- In the Fall of 2019, DCYF launched the Enhanced Case Management (ECM) Services for young adult participants in the VEC Program. ECM is a voluntary add-on which provide intensive supports for young adult participants regarding housing stability, accessing behavioral and physical health services, relational permanency, career planning, accessing educational support services and crisis intervention. Depending on the need, young adults can receive up to 40 ECM support hours monthly for a 3-month period which can be renewed if the need continues. ECM services are provided through contracts with Family Service of Rhode Island (FSRI), Communities for People (CFP) and Foster Forward (FF).
- Foster Forward, through leveraged funding, has continued to provide multiple services and programs to young people within the Voluntary Extension of Care program, YESS Aftercare Services, and youth currently and formerly in foster care. Through funding from the Governor's Workforce Board, Foster Forward provides the Works Wonders career development and employment engagement program. Supported through the GWB and the Annie E Casey Foundation, they provide financial education classes and asset matching through their ASPIRE program. Through federal Victims of Crime Act (VOCA) funds, Foster Forward provides clinical services to youth over the age of 18 and then connects those youth to clinical support within their community. Finally, through a donor endowment and fundraising dollars, they provide the Real Connections mentoring program to help develop positive, long-term adult supports for young people.

Federally Recognized Tribe Participation and Consultation

The former YDECS Administrator, Mike Burk, worked closely with the Department’s tribal liaison, Stephanie Terry, to ensure that we maintain a meaningful, collaborative relationship with the states only federally recognized Indigenous Tribe, the Narragansett Tribe. Ms. Terry is in constant contact with Tribal leaders to ensure a strong connection, to obtain feedback and input from the Narragansett Tribe on older youth services and to ensure Tribal youth and young adults who are eligible have full access to these services. We are committed to notifying the Tribe regarding any meeting involving a tribal youth and to partner with the Tribe on education and training opportunities.

The Narragansett Tribe has not requested an agreement to administer, supervise or oversee the Chafee and/or ETV program with respect to Indian youth. Indian youth are eligible to receive the full array of benefits and services available to any other youth in the state.

National Youth in Transition Database (NYTD)

The Department has been conducting NYTD Surveys since October 2018. Commencing with the Cohort 3, 19-year-old follow-up surveys, administered by the Department’s Principal Community Services Liaison, is responsible for conducting all surveys and entering the results into RICHIST. Our MIS staff ensure data on the surveys and the service data collected are uploaded to the NYTD Portal within the appropriate time frames. Although we have had a few minor challenges with data reporting compliance since the start of NYTD data reporting, any issues were quickly addressed. During the reporting period April 2019 – January 2020 The Principal Community Services Liaison was on medical leave for a period of almost 6 months (During two of the Cohorts) which led to the department not meeting the goal for Cohort ending September 2019. The Department will continue to work to achieve compliance. Our survey participation rates are provided in the tables below:

Baseline surveys are considered “Completed” when the youth is marked as having participating and completed the NYTD survey within the corresponding reporting period. Follow-up surveys are considered “Completed” if the youth completed the baseline survey, is marked as participating, and completed the NYTD survey within the corresponding reporting period. Our survey participation rates are provided in the tables below:

TABLE 3. 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 4: NYTD SURVEY PARTICIPATION (COHORT 2)			
NYTD	FFY 2014 Baseline	FFY 2016 19-year-old follow-up	FFY2018 21-year-old follow-up
Referred	187	125	125
Completed	125	98	84
Pending Completion	N/A	N/A	N/A
Incomplete	62	27	41
Participation Rate	67%	78%	67%

TABLE 5: NYTD SURVEY PARTICIPATION (COHORT 3)		
NYTD	FFY 2017 Baseline	FFY2019 19 year-old follow-up
Referred	153	105
Completed	105	79
Pending Completion	N/A	N/A
Incomplete	48	26
Participation Rate	69%	75%

To date the Department has published two data snapshots using the NYTD Services and Survey data from the first cohort. In Summer 2017 we published our Education, Employment and Financial Self-Sufficiency Snapshot and in December 2018 we published our Housing Snapshot. Both helped inform the development of our new Youth Development Services RFP, another RFP for which we are finalizing procurement for Enhanced Case Management Services for VEC Participants, and of our Voluntary Extension of Care Program.

During the 2019-2024 Child and Family Services Plan, we will improve on our ability to capture NYTD service data for services provided outside of our Chafee funded programs. We will work with our provider coalition, SPEAK and other key stakeholders to develop effective mechanisms to capture this data, ensure it is accurately captured in RICHIST and reported through the NYTD Portal. These discussions also will center on improving our dissemination of NYTD data to families, youth, providers, advocates, the Family Court, legislator and other stakeholders and continued use of this data to inform and improve practice with older youth.

Youth Development Focused Training

A variety of youth development focused trainings are embedded in the Department's Training Plan. Trainings are geared toward specific (e.g., new caseworkers) or more general audiences. These include the following which directly address the goals and objectives of Chafee:

- Child and Adolescent Development and the Impact of Child Abuse and Neglect
- Culturally Competent Practice with LGBTQ Individuals
- Educational Services and Resources for Children & Youth Involved with DCYF
- Transition to Adulthood Services and Resources for Children and Youth Involved with DCYF
- Trauma Informed Child Welfare Practice
- Youth Mental Health First Aid
- Prudent Parenting Standard and Normalcy in Foster Care
- The Commercial Sexual Exploitation of Children

In addition to these, the Office of Youth Development, Education and Constituent Support Services (YDECS) with the Department is working with our Communities for People, The VOICE and our Training Division to explore the development of additional professional development opportunities for DCYF staff, congregate care providers, foster parents, adoptive parents and others focused on addressing the needs of youth and young adults in regard to permanency and successful transition to adulthood. We envision these opportunities to have a strong youth presence and perspective, incorporating key concepts such as the effects of family privilege, relational permanency, social capital development and engaging with youth as partners.

2019-2024 OBJECTIVES

1. Establish a baseline in FFY 2021 for the percentage of case plans completed for youth in foster care age 14 and older and set target.
2. By June 30, 2021, 85% of youth in foster care age 16 will be referred for a life skills assessment within 15 calendar days of the youth's 16th birthday or within 15 calendar days of their entry/re-entry into foster care if the entry/re-entry is after age 16.
3. By January 2, 2021, the Department will establish a baseline for the completion of life skills assessments within 45 days of referral and set target.
4. By September 1, 2020, the Department will establish a baseline and set a target for VEC participants who meet one of the following requirements on a monthly basis:
 - a. Work 80 hours per month; or
 - b. Are enrolled in an approved workforce development program; that they are enrolled in an approved workforce development program; or
 - c. Are enrolled in a secondary, GED or postsecondary program; or
 - d. Are provided a medical waiver from meeting the above requirements by the Department.
5. By September 30, 2020, the Department will establish a baseline and set a target for VEC participants who are enrolled in a full or part time post-secondary program and who matriculate to the next academic level in subsequent years.

6. By June 30, 2022 the Department will establish a method to measure the percentage of youth who exit the VEC program on their 21st birthday and who are able to maintain housing without the VEC cash assistance.

DCYF will cooperate in any national evaluations of the effects of programs in achieving the purposes of Chafee.

The Narragansett Tribe has not requested an agreement to administer, supervise or oversee the Chafee and/or ETV program with respect to Indian youth. Indian youth are eligible to receive the full array of benefits and services available to any other youth in the state.

Chafee Education and Training Voucher Program

The Department of 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 Education and Training Voucher (ETV) program.

Rhode Island continues to use ETV funding for youth who enter foster care on or after the youth's 16th birthday and up to the young adult's 21st birthday. At this time, Rhode Island is not opting to extend services beyond the young adult's 21st birthday except for ETV funding which will continue to be available to eligible participants until the academic year in which the young adult turns 23. We have not opted to extend ETV eligibility to age 26.

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 and a lifetime limit of no more than 5 academic years. Our Federal Fiscal Year FFY 2020 allocation is \$193,156, an increase from the FFY 2019 allocation (\$176,866) of \$16,290.

Our DCYF Higher Education Grant Program funding, an annual allocation of \$200,000, can be used only for full-time students attending one of Rhode Island's three public higher education institutions. There is no per student cap on these state funds. In FFY 2019, twenty-two (22) students received state funds totaling \$273,361.

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

For seven years, the Department utilized the Office of Post-Secondary Education's Division of Higher Education Assistance's (OPSE-DHEA), web-based integrated DCYF Post-Secondary Education Tuition Assistance Program (PETAP) Application. The Department was notified in late November 2017 that they no longer have access to this system as the Office of Post-Secondary Commissioner had restructured their Department.

The Department has been working with RI Department of Administration in securing a new vendor to develop a new web-based integrated system. This web-based system will have all of features that of the past system, but it will be managed by the Department in concert with our selected software vendor. The system will allow the Department to receive unmet need amounts before loans for each applicant, make award payments, track students who drop out or reduce credit hours below full or part time, and will provide a direct mechanism for refunding funds back for students who do not complete the academic semester based on each school’s refund policy. This system will also allow us to effectively track ETV recipients regarding the new federal five-year award maximum and alert students when they are reaching that limit. As of June 10, 2020, we have come to agreement with the vendor on the contract terms but now need final approval from DOA to finalize. We anticipate being able to start the development work by the end of the Summer of 2020.

This system will integrate our communication with each student’s schools provides the Department with a highly effective method of ensuring that the total amount of educational assistance to a youth under this and any other federal assistance program does not exceed the total cost of attendance (as defined in section 472 of the Higher Education Act of 1965). This integrated system also ensures that any duplication of benefits under this or any other federal or federally funded assistance program is avoided. As was the case with our previous system, this system will allow the Department to collect unduplicated ETV award data. This unduplicated data is used to provide the annual ETV award update to the Children’s Bureau.

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

The 2019-2020 Academic Year, DCYF provided each student with funds to cover 100% of their unmet need unless they were eligible for the ETV funds only and reached their \$5,000 annual federally mandated cap. For the 2019-2020, academic year, 43 youth attended school and received funding. This assistance totaled \$468,279 from all funds [ETV - \$194,918; DCYF Higher Education Funds - \$273,361]. ETV awards ranged from \$1,000 - \$5,000.00 and DCYF Higher Education Awards ranged from \$215 - \$18,722. We anticipate our percentage for the 2020-2021, academic year to be between 80% -100% of unmet need.

The following chart shows the actual participation rate for the 2019-2020 Academic Year.

TABLE 8. DCYF POST-SECONDARY GRANT FUNDING FOR ACADEMIC YEAR 2019-2020			
Postsecondary School Attended	Students Receiving State-funded DCYF Higher Education Grant Funds and Federal-funded Education and Training Voucher Grant Funds	Students Receiving Federally-funded Education and Training Voucher Grant Funds Only	Total Number of Student Participants
Boston University	0	1	1
Community College of Rhode Island	5	10	15

Concord's Community College		1	1
Jacksonville University		1	1
Johnson and Wales University		2	2
New England Technical Institute		1	1
Neumont College of Computer Science	0	1	1
North Point Bible College		1	1
Paul Mitchell	0	1	1
Rhode Island College	11	1	12
The Great Basin	0	1	1
University of Rhode Island	6	0	6
Total Award Recipients	22	21	43

2019-2024 OBJECTIVES & ACCOMPLISHMENTS

1. 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 2020: Ongoing

2. 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.

FFY 2020: Through the first 8 months of FFY 2020, the YDECS Office included educational, youth development support services and the management of the YDS Casework Unit which manages the Voluntary Extension of Care (VEC) Program. This integration easily allowed the educational support staff to work closely with the YDS Casework Unit to ensure that eligible students apply for the Post-Secondary Tuition Assistance Program. The YDS unit hosted Door Openers in which educational topics such as college preparation, career pathways and opportunities for the completion of the FAFSA, college applications, and the application for the DCYF Post-Secondary Tuition Assistance Program. In June 2020, the Department reorganized and separated Educational Support Services from the Youth Development Services. While this will make it a bit more challenging to ensure connectedness with the work, the Educational Support Staff will continue to focus on maintaining strong connections with the Youth Development staff.

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

The DCYF Educational Services Coordinator, Diane Correia, identified and sent e-mails to social workers with the names of students still in foster care and eligible for the Post-Secondary Tuition Assistance

program. The DCYF Educational Services Coordinator will monitor these students and remind social workers to have the student submit their DCYF Post-Secondary application.

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

3. The Department will continue its work on developing and implementing stronger support systems at the public and private post-secondary schools and continues to provide training to staff on Educational Support Services, including post-secondary access and funding opportunities, through DCYF’s Training and Workforce Development Division.

FFY 2020: DCYF Educational support Services staff have reconnected to the Associate Director of the Educational Opportunity Center (EOC) hosted the Community College of Rhode Island (CCRI), one of three federally-funded TRIO programs hosted at CCRI and designed to assist students from disadvantaged backgrounds in attending and succeeding in postsecondary education. The EOC Associate Director is a former Deputy Commissioner of Higher Education for the State of Rhode Island and has been a strong advocate and partner with DCYF in meeting the needs of DCYF involved youth in higher education.

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

FFY 2020: The Educational Support Services staff is continuing to work with community partners, including the EOC, on helping to prepare our youth for postsecondary opportunities.

DCYF will cooperate in any national evaluations of the effects of programs in achieving the purposes of Chafee and the Education and Training Voucher Program.

FFY 2019:

Financial and Statistical Information Reporting

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

TABLE 9. NUMBER OF RECIPIENTS OF ETV FUNDS		
	Fiscal Year	# of Recipients
Initial Voucher	2013	31
Total Participants	2013	82
Initial Voucher	2014	29
Total Participants	2014	51
Initial Voucher	2015	29
Total Participants	2015	48

Initial Voucher	2016	44
Total Participants	2016	90
Initial Voucher	2017	40
Total Participants	2017	69
Initial Voucher	2018	23
Total Participants	2018	47
Initial Voucher	2019	14
Total Participants	2019	33
Initial Voucher	2020	22
Total Participants	2020	43

Fund Administration

The Departments application process is currently a web-based application combined with manual processing of award information and payment. We anticipate being able to streamline the process again with the advent of a new web-based service assuming approval of the contract with the identified software vendor. We anticipate our percentage for the 2020-2021, academic year to be between 80% - 100% of unmet need.

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

Consultation and Coordination Between the States and Tribes –

The State of Rhode Island 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 ensures 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 occur between Tribe representatives and DCYF staff responsible for the coordination of care and services to each family. Notifications are made to Ms. Harris of all court hearings.

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

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

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

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

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

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

scheduled in-person meetings (every other month) between DCYF and Tribal representatives and maintain monthly contact between Ms. Harris. DCYF will continue to provide ICWA training to all DCYF employees and Tribal representatives.

The Narragansett Tribe has not requested an agreement to administer, supervise or oversee the Chafee and/or ETV program with respect to Indian youth. Indian youth are eligible to receive the full array of benefits and services available to any other youth in the state.

DCYF will send an electronic copy of the 2021 APSR to the Narragansett tribe for review and concurrence. DCYF will follow up with in-person meetings with Tribal representatives.

CAPTA Plan

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

The CAPTA Plan focuses attention on strategies to support improvement in the CFSR Safety Outcomes 1 and 2. The Department is known for having a strong Child Protection Division. In the last CFSR conducted in June 2018, however found improvement needed in the timely initiation of investigations and face-to-face contact occurring in a timely manner. The reviewers had areas of concern relating to repeat maltreatment and regarding the performance on the Safety Outcome 2 measures. The findings in the CFSR related to services to prevent removal not being provided; or key safety concerns not being addressed. There was also concern over a lack of ongoing safety and risk assessments which will be addressed by the FAR, FFA and OFFA.

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

The Department works under the umbrella of the Executive Office of Health and Human Services (EOHHS) to support our sister state agencies in their direct efforts to address poverty issues through enhanced child care subsidies, collaborative efforts to provide workforce development training and improve employment outcomes and to address the housing needs of our clients. On the system-level, the Department incorporated Structured Decision Making (SDM), to provide enhanced structure and objectivity to investigations and their findings. Currently, the Hotline Screening Tool is being

implemented. The Department has contracted with Action for Child Protection to develop new risk and safety assessments which are in final development and roll-out.

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

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

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

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

CAPTA STRATEGIES

Safety Outcome 1 - <i>Children are, first and foremost, protected from abuse and neglect.</i>		
Indicator	Activities	Status
Item 1: Timeliness of investigations of reports of child maltreatment	<ul style="list-style-type: none"> Develop a reporting mechanism to monitor the documentation of attempted contacts in an investigation with the ability to view data by investigation type, investigation unit, and worker. 	In Process
	<ul style="list-style-type: none"> Generate CPS timeliness data reports and distribute to divisional administrators and supervisors. 	In Process
		In Process

	<ul style="list-style-type: none"> • Establish regularly scheduled supervisory meetings between division administrators and supervisors to review timeliness data reports to monitor compliance with policy timelines. • CPS Supervisors will meet with line staff to review timeliness data reports specific to their CPS case assignments. Supervisors will ensure accountability for meeting timeframes for documentation of initial attempt at face to face contact in all routine investigations through weekly reviews of these data reports with their staff. • Replace the current child protective services investigation template with the Family Functional Assessment (FFA). The FFA streamlines the input of information into the RICHIST system which will also support more timely documentation of investigation responses. • Communicate quantitative and qualitative investigation timeliness data results with staff and external stakeholders utilizing the Division of Performance Improvement/Active Divisional Management structure. The DPI/ADM structure will be used to explore any further challenges and provide feedback to make adjustments to the timeliness data reports as necessary . 	<p>In Process</p> <p>Quarter 2 of PIP</p> <p>Quarter 6 of PIP</p>
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Safety Outcome 2 – Children are safely maintained in their homes when possible and appropriate.		
Indicator	Activities	Status
<p>Item 2: Services to family to protect children in home and prevent removal</p>	<ul style="list-style-type: none"> ▪ Implement FA, OFFA assessments at every change of care for children in placement and at reunification ▪ CPS Investigators and Intake Staff work with FCCPs to ensure development of Risk Management Plans when necessary to avert families from DCYF involvement ▪ Maintain co-location in CPS and all Regional locations with community agencies’ staff through collaborative process to assist with family service planning options focusing on community-based support and diversion from DCYF ▪ Implement Family Assessment in lieu of investigation to determine service support needs for families 	<p>In Process</p> <p>In place – continuing as part of the FCCP operation in all of Rhode Island – reviewing family service cases weekly.</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>

Safety Outcome 2 – Children are safely maintained in their homes when possible and appropriate.

Indicator	Activities	Status
<p>Item 3: Risk and safety assessment and management</p>	<ul style="list-style-type: none"> ▪ Enhance community-based service referrals through work with FCCPs ▪ Refer all children under the age of 3 who are victims of an indicated case of abuse and/or neglect for a developmental screen to determine eligibility for Early Intervention services • Train CPS, FSU, and Juvenile Corrections staff on a structured systematic safety assessment process utilizing the RI SAFE practice framework and the FFA so that they will be able to better and more consistently assess risk and safety, assess family needs, and refer for services for all families screened in by the CPS hotline. The training will be conducted by the Change Champion Coaches who are content experts on the RI SAFE Practice Framework and FFA tool. • Modify RICHIST to incorporate the FFA. The FFA will replace the current investigative template so that staff will use the new format and tool for all responses which will bring consistency to the response from front line staff. • Launch use of FFA through a soft roll out with Family Assessment Response cases in CPS. Staff and Change Champion Coaches will provide preliminary feedback regarding its usability and accuracy in assessing risk and safety in the field. This feedback will be used to make improvements to the tool and its use. • Launch use of FFA in all responses to cases screened in by the CPS hotline utilizing the Change Champion Coaches. Change Champion Coaches are front-line staff who have been trained in the RI SAFE Practice Framework and FFA. They will assist staff in the field with ongoing training and support to ensure the successful implementation of FFA. • Obtain feedback from staff through the Change Champion Coaches with input from line staff on usability and feasibility of the FFA Tool so as to make improvements to the tool as needed. • Utilize results of the CFSR case review process to verify the quality and consistency of safety plans that were completed with the FFA tool. ▪ Communicate quantitative and qualitative data results with staff and external stakeholders specific to the quality and consistency of initial safety plans through the FFA utilizing the Division of Performance Improvement/Active Divisional Management structure. The DPI/ADM structure will be used to explore any further challenges and provide feedback to make adjustments to the tool in RICHIST as necessary 	<p>Ongoing</p> <p>In Process</p> <p>In Process</p> <p>In Process</p> <p>Quarter 3 PIP</p> <p>Quarter 4 PIP</p> <p>Quarter 6 PIP</p> <p>Quarter 7 PIP</p>

The intake referral process for facilitating referral to early intervention services was established 14 years ago. This process involves a nurse who is also recognized as a Part C provider under the Individuals with Disabilities Education Act (IDEA) working with DCYF Child Protection Services and Family Services Unit staff to assist in facilitating screening and evaluation for developmental delay consistent with CAPTA mandate. Rhode Island has both a formal Part C provider network (Early Intervention) as well as a dedicated developmental screening program (First Connections) that are designed to identify and meet the needs of children birth to 3 that have or are at risk of having a developmental delay. The First Connections program also provides key linkages to community resources and supports for families with children birth to 3 years old.

<i>Number of Children < 3 Involved in a CPS Investigation in FY 2019 Referred for Services (FY 2019, July 1, 2018 to June 30, 2019)</i>				
# Indicated referred to or already involved in an EI Program.	200	# Indicated referred to First Connections for screening.	637	Indicated Referred 837 93.5% Referred of 895 Indicated
# Non-indicated Referred to an EI Program.	159	# Non-indicated Referred to First Connections for screening.	171	<i>Total Non-indicated 330</i>
Total referred to Early Intervention (EI) Program	359 (31%)	Total referred to First Connections for screening.	808 (9%)	<i>Total All Referred 1167</i>

In fiscal year 2019 (July 1, 2018 to June 30, 2019), there were 895 children birth to 3 who were involved in indicated cases of abuse and neglect. Of these 895 children involved, 93.5% were referred to either First Connections for developmental screening or Early Intervention for full evaluation based on identified needs at the point of completed investigation. This determination is made by the CAPTA Liaison nurse who also supports the referral to a formal evaluation based on the results of completed screening. For children screened and determined to not need a formal evaluation, the First Connections program often seeks to refer the family to other programs that support early childhood development. These programs include Early Head Start and the MIECHV funded Home Visiting programs.

As a part of the Rhode Island Getting to Kindergarten Grant funded by the W.K. Kellogg Foundation, more in-depth analysis was completed on the CAPTA cohort of children birth to 3 who were involved in indicated cases of abuse and neglect. The primary interest of this more comprehensive analysis was to determine the rate of engagement, completion of screening/evaluation and enrollment in supportive programs for this vulnerable population. The following results were discovered as a part of this analysis:

- **Of the 837 successfully referred, 567 (68%) had in person contact with either First Connections, Early Intervention or another supportive program.**
- **Of the 837 successfully referred, 505 (60.3%) had a completed developmental screening and/or full evaluation.**
- **Of the 837 successfully referred, 229 (27.3%) were found eligible for Early Intervention services.**
- **Of the 837 successfully referred, an additional 81 (9.7%) were enrolled in MIECHV family visiting programs. (Some additional families may have enrolled in MIECHV programs after completed developmental screening)**

This level of in-depth analysis was not previously possible and is a direct result of the data sharing and cross-system partnerships developed through ongoing work and efforts of the Rhode Island Getting to Kindergarten Grant. The department intends to refine the existing data sharing processes and establish a dedicated e-referral and tracking system within a Salesforce platform to continue to track progress toward the goal of increasing access to developmental screening and supportive programs.

In addition to the mandated referral of indicated victims, DCYF referred an additional 330 children who were identified in unfounded investigation or were siblings/family members in households where an investigation took place, but no incident of abuse or neglect was determined. These children received the benefit of screening and or evaluation to support their early development and provide stabilizing support to their family.

The Department continues to work collaboratively with the Executive Office on Health and Human Services as well as the RI Department of Health to identify ways to improve communication and coordination of the referral process and services to children and families. These two state agencies administer the Early Intervention and First Connections programs respectively. Building on the development and implementation of the revised Early Childhood Service Referral Policy, The department has begun a collaborative cross-system effort to build a referral and tracking data system to support and manage the CAPTA referral process. A cross-system group of data and program management staff continued meeting during FY 2019 and has evolved into the Child Fatality Prevention Workgroup. This group has initiated development of the cross-system referral and tracking system and has begun an interim process of tracking the outcome of referrals to First Connections and Early Intervention. Ongoing development of this system will ensure that the department and its cross-system partners will be able to maintain awareness of the rate of engagement in supportive services following a CAPTA referral. This process and system will allow the department to shift and manage practice approaches to better attend to child safety and child well-being related to the vulnerable population. This work is also being developed in collaboration with the statewide EI/ Child Welfare Workgroup in order to include input by all stakeholders involved in the process.

During the course of 2019 and into 2020 the Rhode Island Children's Cabinet has continued to focus attention on the needs of young children in the child welfare system. This is a group of high level state department directors that meet monthly to work toward implementing policies and programs to better meet the needs of Rhode Island's most vulnerable children. As a part of the Children's Cabinet work, the department has entered the third year of the Rhode Island Getting to Kindergarten Grant funded by the W.K. Kellogg Foundation in Battle Creek Michigan. Project grant staff and grant funded financial resources have been dedicated to development of the above mentioned referral tracking system and other related activities to support the developmental and educational well-being of young children in the Rhode Island child welfare system. Contracts for the development of the e-referral and tracking system are in place and development will be underway by June 2020. Grant staff have also continued implementation of a proactive child development awareness campaign in collaboration with the statewide CDC Learn the Signs Act Early program. This effort will establish child development information stations in the lobby of all RI DCYF offices to increase awareness of tracking developmental milestones for the Birth to 3 population. All of the above stated efforts will be coordinated within the Children's Cabinet Initiative titled Birth to 3rd Grade Reading Plan. This plan will work to have a

positive impact on the youngest and most vulnerable children in the state in order to dramatically increase the rate of reading proficiently for 3rd grade students by 2025. Ongoing training and support of DCYF and community staff will ensure that all children subject to an indicated incident of neglect or abuse are referred for screening, evaluation and services within the early intervention system or other appropriate Home Visiting resources.

Child Abuse Prevention and Treatment Act State Plan Requirements and Updates

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

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

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

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

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

Update: CAPTA funds supported the following program areas FFY 19

- Section 106(a)(10) developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect - ***Citizen Review Panel activities***
- Section 106(a)(13) supporting and enhancing collaboration among public health agencies, the child protection system, and private community-based programs to provide child abuse and neglect prevention and treatment services (including linkages with the education systems) and to address the health needs, including mental health needs, of children identified as abused or neglected, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports – ***Referral process for Early Intervention and other early child development services***
- Section 106(b)(2)(B)(iii) the development of a plan of safe care for the infant born and identified as being affected by substance abuse or withdrawal symptoms, or a Fetal Alcohol Spectrum Disorder to ensure the safety and well-being of such infant following release from the care of health care providers, including through—

- (I) addressing the health and substance use disorder treatment needs of the infant and affected family or caregiver; and
- (II) the development and implementation by the State of monitoring systems regarding the implementation of such plans to determine whether and in what manner local entities are providing, in accordance with State requirements, referrals to and delivery of appropriate services for the infant and affected family or caregiver;
- *Hired a full-time Substance Use Disorder Liaison to implement Plans of Safe Care and other related work to support families affected by substance abuse*

4. Submit a copy of the annual report(s) from the citizen review panels and a copy of the state agency's most recent response(s) to the panels and state and local child protective services agencies, as required by section 106(c)(6) of CAPT A.

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

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

Update:

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

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

Plans of Safe Care was implemented for every affected infant and caretaker on July 1, 2018. The five birthing hospitals in the state will send aggregate data on the number of SENs, including the number diagnosed with NAS and FASD prior to release from the birthing hospital, the number of POSC completed, and the number and types of service referrals included on the POSC to the DOH who will send to DCYF. Since being implemented on July 1, 2018, there were a total of 608 POSCs completed statewide with referrals to Family Visiting, Basic Needs, Pediatrician, Early Intervention, First Connections, WIC, Pediatrician,

Skilled Nursing, Early Intervention, First Connections, WIC, Family Care Follow-Up Clinic, Basic Needs, FCCPs and others.

The Substance Exposed Newborn Task Force reviews the Plans of Safe Care data semi-annually and assess trends and barriers of implementation. Data monitoring will include from the birthing hospitals, DCYF and all home visiting programs.

- Substance Exposed Newborns include those with documented prenatal exposure to marijuana only.
- Through an existing mechanism, 100% of substance exposed newborns (including infants with documented diagnosis of NAS) receive a referral to Early Intervention and First Connections, Rhode Island's short-term family visiting program for families with children up to the age of three.
- Plan of Safe Care has been implemented at all five birthing hospitals: Kent Memorial Hospital, Landmark Hospital, Newport Hospital, South County Hospital, and Women & Infants Hospital. The majority of substance exposed newborns are delivered at the state's largest birthing hospital, Women & Infants.
- A drop in Plans of Safe Care over Summer 2019 was noted. We will continue to monitor for ongoing seasonal trends.
- Hospital-level Plan of Safe Care data is shared at annual site visits and hospitals are engaging in continuous quality improvement efforts.
- We are currently establishing practices to report Plan of Safe Care data to the Interagency Task Force, an executive committee of the Rhode Island Task Force to Support Pregnant and Parenting Families with Substance Exposed Newborns (SEN Task Force).
- The Rhode Island Task Force to Support Pregnant and Parenting Families with Substance Exposed Newborns (SEN Task Force) was convened in 2016 at the request of Governor Gina Raimondo. The purpose of the Task Force is to improve systems of care for pregnant and parenting families impacted by substance use disorders through a coordinated multigenerational, family-centered, team-based approach. This work is done across departments, agencies, and organizations and includes healthcare providers; family visitors; child department professionals; early childhood educators; researchers; behavioral and mental health providers; and representatives from The Rhode Island Department of Health; The Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals; The Department of Children, Youth and Families; and The Executive Office of Health and Human Services.
- Over the past six months the SEN Task Force has embarked on a comprehensive Strategic Planning process which will drive the work of the Task Force for the next 3-5 years. SEN task Force. Strategic plan will have recommendations for steering/exec committees and working groups going forward.
- Peer Recovery Coaches continue to be co-located at DCYF and all substance exposed newborns receive a referral to a peer recovery coach at the hospital. In consultation with the Division of Performance Improvement, a tracking spreadsheet was developed. Among the data it collects is what region and worker is making the referral. Staff in all regions have access to the SUD liaison and have made referrals, although the majority originate from Child Protective Services. The SUD liaison co-locates in each FSU region 1 day per month to provide face to face consultations and trainings. Beyond the one day a month, the SUD liaison is also available by telephone and email. During COVID-19 staff have continued to make referrals to the SUD Liaison and the Peer

Recovery Specialists (PRS) from all divisions as well as families who have had prior contact with the PRS continue to reach out regularly. Peer Recovery Specialists have continued to make contact via phone and face to face via face time etc. In-person contact in accordance with social distancing subsequent to COVID-19 Screening protocols is available on a case by case basis with approval from the SUD Liaison. Referrals for outreach and support remain steady for new referrals as well as to check in on high risk families.

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Updates to Targeted Plans within the 2020 - 2024 CFSP

Foster and Adoptive Parent Diligent Recruitment Plan

Progress on DCYF's Foster and Adoptive Parent Diligent Recruitment Plan is described under Goal II of the Update on Progress to Improve Outcomes.

Health Care Oversight and Coordination

An addendum to the 2020-2024 Health Care Oversight and Coordination Plan is attached.

Disaster Plan

There have been no changes to the Disaster Plan. However, the Disaster Plan was utilized during the COVID-19 Pandemic.

In early March 2020, DCYF administrators were made aware of the potential of a pandemic (it was later categorized as such). RI DCYF administrators implemented the RI June 2019 Disaster Plan, as well as sections of the COOP plan, due to this event. DCYF senior team met to review the Disaster Plan and portions of the COOP (pandemic response sections) upon implementation.

All sections of the plan were then implemented, including the coordination of communication through the Governor's Office, Designations of Authority, Social Distancing Protocols and Essential Functions sections.

By using the Essential Function section, staff were designated for VPN access and laptops as needed to allow for Social Distancing. This process was followed until all staff had access based on Essential Functions.

We are still working the Reconstitution section of the plan as Rhode Island enters Phase III, and as the event continues on. When we are completely operational again, post-pandemic Phase IV, we will

conduct an after-action review of the Disaster Plan to determine areas of improvement and update our plan.

Training Plan

Updates to the Department's Training Plan are sent to Federal Title IVE Liaison as it is updated.

Statistical and Supporting Information -

Information on Child Protective Service Workforce

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

There are currently 85 staff in the Child Protection Division, 67 of whom are child protective investigators; the others include administrators, supervisors, intake caseworkers, a child support technician and support staff. 7 of the 12 Supervisors have Master's Degrees and all have Bachelor's Degrees. Of the 67 investigators, all have Bachelor's Degrees and 18 have Master's Degrees. The CPS staff are comprised of 24 male and 43 female; the average age is 42. There are 15 minority staff among the child protection investigators which includes 8 African American and 9 Latino. The rest are Caucasian. The average monthly caseload per investigator reflects 20 completed investigations per month. The CPS division completes an average of 8,000 investigations annually.

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

Pre-Service Training program for Child Protective Investigators

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

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

It has been almost a year since this model has been put in place and immediate feedback from new hires has been very positive. We are waiting to review retention data to see if this work has assisted in improving the overall retention of new hires. In 2019 DCYF HR has worked with WFD in making all reasonable efforts to hire CPIs in small groups or within the same time period as new SCWII cohorts. This has allowed for continued group/classroom training. In the spring of 2020 CPI training had to move to more OJT with on-line classroom training (due to COVID 19 restrictions) CPS & WFD have worked to provide new delivery methods for required training pieces. Web-Training & Zoom Consults are now a piece of the training program. Onboarding of new CPIs has continued in 2019-2020 and the same classroom & supervisor instructorship is in place. Efforts have been made to increase the “mentoring” aspect of the On the Job Training. Administrators in CPS are evaluating whether a TOT program for mentors would be beneficial

Child Protective Services Staff In-Service Trainings

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

The major focus of in-service training In 2019-2020 for CPS staff has been FFA & OFFA related with topics:

- Engagement & Building Positive Relationships in Child Welfare
- Substance Abuse Case Management, Implications & Treatment Considerations
- Adolescent Development
- Car Seat Safety
- When a Parent has a Mental Illness: Issues & Challenges
- Adoption & Permanency
- Ethics, Confidentiality & HIPAA
- Sexual orientation and Gender Identity: Working with the LGBTQQ Community
- Every Student Succeeds Act (ESSA)
- Opioid Usage, Treatment Resources, & Narcan
- Trauma Informed Child Welfare Practice
- Commercial Sexual Exploitation of Children -Beginner, & Advanced
- Safe Sleep Training

Youth Mental Health First Aid Youth Mental Health First Aid TOT
Motivational interviewing TOT
Motivational Interviewing for front line staff

CPS Administrators & Supervisors Training Program

The Department has continued to focus on improving the skill sets of our Supervisory and Administrative Staff. We have continued to shift our practice of focusing our first round of trainings on front line staff and have moved towards a training philosophy that provides both Technical and Adaptive trainings to supervisors and administrators first (or at the very least simultaneously with their staff). This practice has shifted the thought process of supervisors from one of “I send my staff to be trained” to one of “I am a key part of my staff’s professional development”. CPS supervisory staff were key in the development and implementation (Trainers) of our Department’s new practice design Safety Assessment through Family Engagement (S.A.F.E).

Supervisors & Administrators continue to be lead teachers or support in the six (6) day Family Functional Assessment Training. Workforce Development plans to use supervisors and administrators as trainers and supports for the upcoming three (3) day Ongoing Family Functioning Assessment Training. This Training of Trainers (TOT) model will be the new norm for supervisors and administrators. Many CPS supervisors have taken part in SAFE Coaching trainings in order to provide staff within their division with the ongoing support necessary to implement our new practice model

Workforce Development established a Core Supervisor Training curriculum.

In the Fall of 2019 a Cohort of New Child Protective Supervisor took a part in a four week Supervisor Training Program. These new supervisors worked along side new Family Service Supervisor and a new Probation Supervisor. This training program consisted of programs such as:

- Onboarding & Orientation
- Presentations from each division within the Department
- DOA HR session on Progressive Discipline
- Permanency, TPR & Adoption issues
- Facilitative Supervision
- Group Supervision
- A full week of field work on DCYF's CFSR (bi-annual review)

Phase II of this supervisor training program will include the Leadership Academy for Supervisors (LAS) which is best administered after a new supervisor has been in the position for over a year.

You will find below a list of key Supervisor/Administrator specific trainings. It needs to be pointed out that in 2018, 2019 and 2020 not all of the CPS Supervisory Training and Education can be measured in training attendance CPS Administrators & Supervisors have been at the center of almost all of the

significant events related to our practice design. Much of that activity has played an important part their skill building. You will find the course titles below:

- Training of Trainers for Family Functioning Assessment (6 days)
- Family Functioning Assessment (6 days)
- Developing Safety Plans
- Racial Equity Workshops
- Facilitative Supervision a two (2) day training (Administrators & Supervisors)
- Group Facilitation a (2) day training (Administrators & Supervisors)
- Ongoing support/coaching on Structured Decision Making two ½ day sessions (Administrators & Supervisors)
- Safe Coaching TOT
- Future...LAS training

Re-Establishing our Partnership with an Institution of Higher Learning

In 2018 the department continued to iron out a partnership with Rhode Island College School of Social Work (RIC). Though the contract was not formally completed until April of 2019 RIC & DCYF did share resources in 2018. This informal partnership was of assistance in meeting our classroom & computer training needs. The first mission of this new partnership is the review and where necessary, revision of the pre-service training program for CPI staff. This partnership will be seen as a way to enhance workforce development for staff within the department as a whole and CPS in particular. Training delivery models should see dramatic changes. WFD will be working on web based training, Simulation Training Programs, and more interactive classroom/on the job training programming. This partnership was discussed in an earlier section. CPS competencies have been reviewed, revised and incorporated into the current training program. CPS trainings sessions, delivery modalities and Transfer of Learning work has started and CPS staff remain a part of the assessment and review process. The Workteam is currently addressing new worker trainings and coordinating an appropriate list of field activities to match the in-class work.

Juvenile Justice Transfers -

DCYF is able to capture the three portals of entry reflective of whether a child has entered care through Child Welfare, Juvenile

Transfers of Youth to JJ	2016	2017	2018	2019
# Opening to CW	5701	5709	4738	3906
# Transferring to JJ	41	27	21	17

Corrections or through Children’s Behavioral Health. These data fields in RICHIST allow the department to track case activity of children and families as they move through the system. This mechanism quantifies the number of children and youth who are opened to the Department for abuse or neglect but are later linked with children’s mental health services or juvenile corrections.

During FY 2019, our system shows that there were 3,906 youth being activated in our system with circumstances relating to child welfare, compared with 4,738 in 2018. Of that number, 17 were subsequently identified with juvenile justice involvement, compared with 21 last year. Any youth sent to the RI Training School for Youth (RITS) for less than 30 days would remain active on the FSU caseload. These data show a decrease in number of cases opening to child welfare and a decrease in the number of transfers to juvenile corrections in 2019.

Between 2008 and 2019, the annual total number of youth in the care and custody of the Training School at any point during the year declined by 75% from 1,037 to 261.8. Some of this decline is due to the cap that was placed on the population at the Training School in July 2008 of 148 boys and 12 girls on any given day.

The Juvenile Hearing Board (JHB) is designed to change the trajectory of a child's life who are otherwise exposed to the criminal justice system and diverts arrested juveniles from entering the justice system. The board members are appointed by the Mayor of each respective city and are composed of school staff, elected officials, and other community stakeholders. The JHB has been in operation for decades, however, this wasn't the case in Central Falls and Providence that were both reactivated with new members in Fall 2017. Now with the backing of the RI Department of Children, Youth, and Family (DCYF) and RI Community for Justice (RICJ). The JHB's of Pawtucket and Central Falls received funding from the department to expand and capacity of the JHBs and improve services. The JHBs in both of these districts had been operating without any funding. Youth now have access to bus passes, driver's education classes, and mental health workers that will expedite wrap-around services for vulnerable families; while also allocating resources to the training of JHBs members. With the support of DCYF and RICJ, the JHB has garnered resources to support and prevent recidivism.

Educational and Training Vouchers -

See Attachment D.

Inter-Country Adoptions -

In FY 2019, there was 1 child flagged as international adoption who was removed from home largely due to behavioral problems which is down from 10 in 2018. The child was from Guatemala and was adopted at age 3 with adoptive parents not knowing much about his birth history. The adoption agency information is unavailable. The child was removed due to severe mental health, developmental disabilities and behavioral problems. He has been transitioned to the adult system.

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

Financial Information

FFY 2018 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 2018, 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 \$885,135 in Title IV-B, part 1 funds, and an allocation of \$975,044 in Title IV-B, part 2 funds. Additionally, the Department requests \$62,507 for ongoing efforts to improve performance in monthly caseworker visits; as well as an allocation of \$304,153 in CAPTA funds. The Department is also requesting \$587,026 in funds through the Chafee Foster Care Independence Program, and \$194,553 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 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.

The Department of Children, Youth and Families anticipates receiving \$885,135 in FFY 21 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. The Department will use 10% in Administrative costs.

Title IV-B, Subpart 2:

The Department anticipates receiving an allocation of \$975,044 in Title IV-B, Part 2 funds for FFY 21. 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 21% of the appropriation; family preservation services will be allocated 20%; family reunification services will receive 23%; and, adoption promotion and support programs will receive 26% 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 \$304,153 in FFY 21. 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.

In addition, DCYF has hired a full-time Substance Disorder Liaison position within the Children's Behavioral Health division. This position works closely with sister agencies, DOH, BHDDH as well as the treatment drug courts and baby court within the Family Court as well as in the community. The Department also sees this position as a support for the Plans of Safe Care Notification tracking requirements.

Chafee Foster Care Independence Program Appropriation:

The Department anticipates an allocation of \$690,208 in the CFCIP allocation, and \$214,618 in Educational Training Vouchers (ETVs) in FFY 2021. 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 \$62,507 in the MCV funds for FFY 21. In 2020, the Department used Monthly Caseworker Visit funding to purchase broadband-enabled tablet laptop computers to support front line caseworkers. In 2021, the Department is planning on purchasing additional broadband-enabled tablet laptops to assist workers in the field. The laptops 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 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. This grant ended on September 30, 2019.

In September 2017, the Department was awarded a \$415,000 grant from the W.K Kellogg Foundation to continue improvements in delivery of services and supports to young children in Rhode Island’s child welfare system. This three-year project, titled “Rhode Island Getting to Kindergarten Initiative,” was proposed to the W.K. Kellogg Foundation over the past six months as part of the Department’s ongoing efforts to improve outcomes for children from birth to five-years-old who are involved in the child welfare system. Each year, approximately 1,300 children under the age of six become involved with DCYF and they face a variety of challenges that can have lifelong effects on their well-being and future educational success.

Rhode Island’s Getting to Kindergarten Initiative will focus on ensuring that all young children in DCYF care have access to diligent developmental screening and services that will help support both children who face adversity in their early years and their families. Other goals of the project include supporting access to high quality child care resources for children in DCYF care and training to support all early childhood service providers and DCYF case workers who work with this population.

DCYF plans to utilize the grant resources to engage supports from all child-serving sectors including Early Intervention, Family Visiting Programs funded by the Department of Health, Child Outreach Screening funded by the Rhode Island Department of Education, Early Care and Education Programs, Head Start, the state’s Pre-K services, and DCYF contracted programs.

The Department also received in FFY 2018 a re-newel award from the Victims of Crime Act grant in the amount of \$548,000 for two years. This funding was used to hire a Human Trafficking Coordinator, domestic violence liaisons in CPS, front line staff training and emergency gift cards for victims.

We are awaiting our 2020 Application status.

[CFS 101, Part III Funding Difference in Estimated to Actual Expenditures](#)

The Department met the required 20% minimum expenditures for each of the Title IV-B Subpart II categories in 2018.

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