

# **RHODE ISLAND**

*Title IV-B Child and Family Service Plan*

*2020 - 2024*



## **DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES**

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Director

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### Collaboration and Vision –

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:

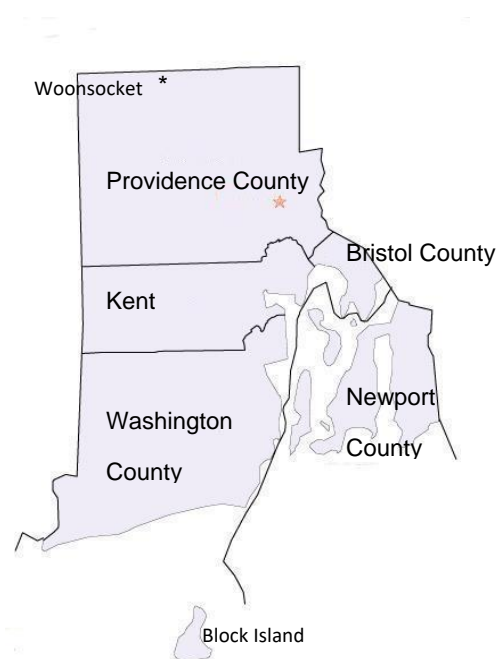
- ✧ The family, community and government share responsibility for the safety, protection and well-being of children through a family and child-centered wraparound model of care
- ✧ Decisions are made based on shared input and expertise, which includes the voice of the Department, the family, service 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 two Assistant Directors and seven work units 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, Laura Kiesler, 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.

More on the Pivot to Prevention collaboration and scope can be found under Efforts to Track and Prevent Child Maltreatment page 77.

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

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

Director Trista Piccola has maintained DCYF's engagement with the Rhode Island Coalition for Children and Families, an advocacy coalition made up of DCYF provider agencies. In addition, DCYF's consultants (Government Performance Lab – Harvard Kennedy, Annie E. Casey, 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-trail 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
- 3<sup>rd</sup> 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. Since Dr. Piccola's appointment as director in 2017, she has also committed to a weekly e-message to all staff. In this message, she provides 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.

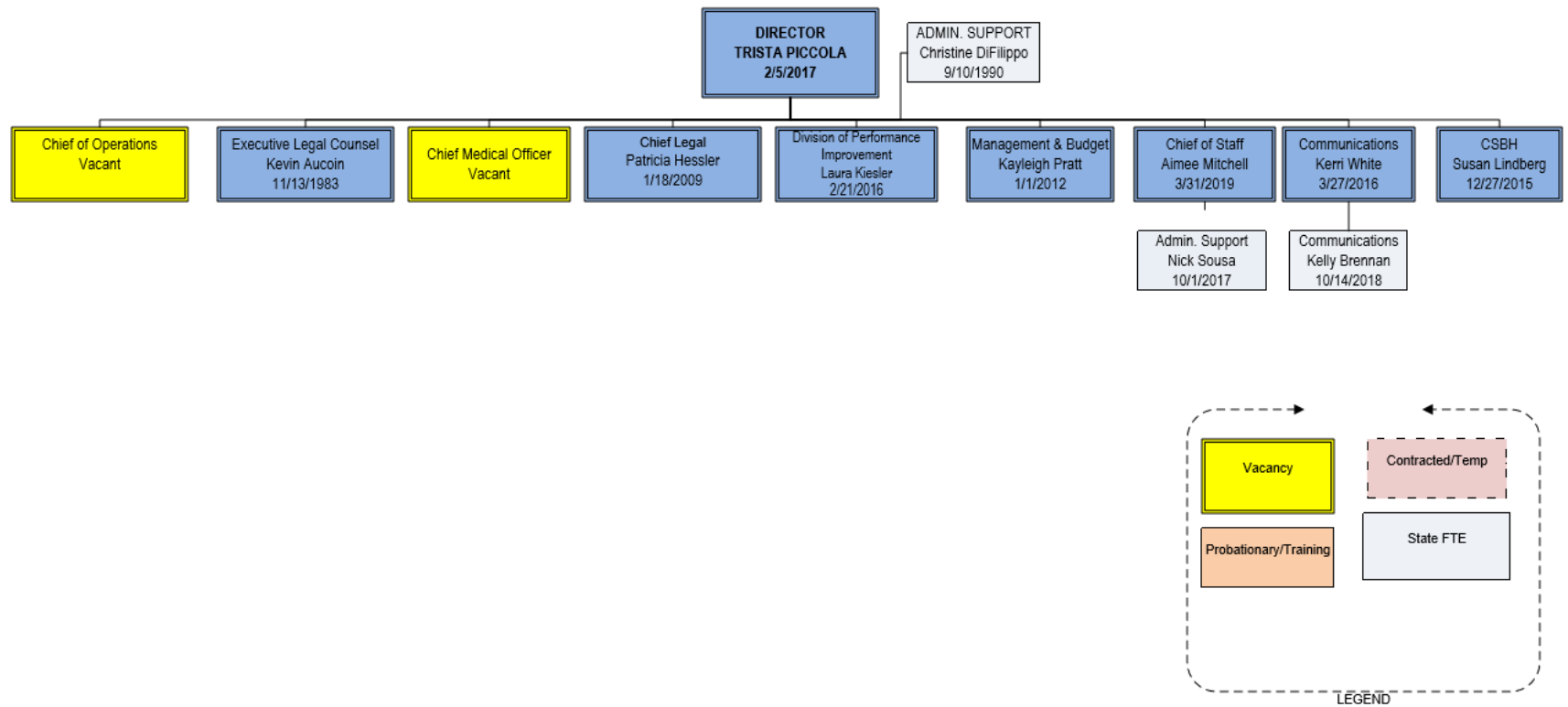
The CFSR Coordinator and other Department staff facilitated focus groups with birthparents, youth, and foster/adoptive parents and staff from the frontline and resource divisions. As part of the PIP, the Department will be identifying existing external stakeholder groups it can partner with to solicit feedback about agency initiatives and practices. Department staff who are most appropriate to continue engaging with those stakeholders will be identified. These staff will be required to meet quarterly at minimum to guarantee consistent communication, share data, discuss challenges and engage in problem solving. All feedback will be shared with the director and our senior management team.

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

Also, the Department, the Family Court and the Court Improvement Program continue to engage and collaborate on an early mediation project as described in the agency's PIP.

**Figure 2:** DCYF Functional Organizational Chart

## Department of Children, Youth and Families



The Department's senior team is made of the above positions on the Organizational chart and each shares pertinent information to their respective divisions. The Family Service Unit (FSU) Administrator, the CPS Administrator, and the Administrator of Resource Families report to the Chief Medical Officer. The Administrator of CPS has two Chief Casework Supervisors who oversee the 12 Casework Supervisor Units in the Division. The FSU Administrator has two Regional Directors who oversee the four Chief of Practice Standards who each oversee a Region. The Administrator of Resource Families has two Assistant Administrators who oversee the various units in the division and the newly formed Kinship Unit.

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.

#### 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.

In the 2018 CFSR, DCYF was found to not be in substantial conformity on Safety Outcome 1: Children are first and foremost, protected from abuse and neglect. Of the 30 applicable cases reviewed, 60% were found to be in substantial conformity. The 2018 CFSR review found inconsistency in meeting investigation time frames for face-to-face contact with children within shift or within 24 hours. In June 2019, the Department conducted the first half of its internal case review process which mirrors the Federal CFSR. Of the nine (9) applicable cases in the June 2019 review, 56% 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. A qualitative review of investigation timeliness data showed data entry for face to face contacts were properly documented the numerous unsuccessful attempts made by investigators to contact victims were not properly documented in the RICHIST system. 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.

In the 2018 CFSR, The Department was found to not be in substantial conformity on Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate. Of the 65 cases reviewed, 43% were found to be in substantial conformity. In the June 2019 internal case review, 62.5% of the 32 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.

In the 2018 CFSR, The Department was found to not be in substantial conformity on Permanency Outcome 1: Children have permanency and stability in their living situations. Of the 40 applicable cases reviewed, 13% were found to be in substantial conformity. The 2018 CFSR found that there is a lack of urgency in achieving permanency goals, particularly with the state's ability to finalize timely adoptions. The review found agency concerns affecting permanency to include delays in establishing, revisiting, or pursuing goals; delays in licensing, adoptive resources; and delays in filing timely termination of parental rights petitions. The 2018 CFSR also found court-related barriers to include multiple court continuances and a lengthy appeal process. In the June 2019 internal case review, 10% of the 20 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 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. The Department speculates that by resolving these matters earlier in the case timeline will lead to a decrease in the length of time a child remains in foster care. The PIP also includes strategies that intend to reduce the number of petitions filed in family court as well as restructuring state-wide foster care to support increased recruitment and retention of foster families.

In the 2018 CFSR, The Department was found to not be in substantial conformity on Permanency Outcome 2: The continuity of family relationships and connections is preserved for children. Of the 40 applicable cases reviewed, 68% were found to be in substantial conformity. In the June 2019 internal case review, 75% of the 20 applicable cases reviewed were found to be in substantial conformity, an increase of 7% in the past year. 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.

In the 2018 CFSR, the Department was found to not be in substantial conformity on Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs. Of the 65 cases reviewed, 26% were found to be in substantial conformity. In the June 2019 internal case review, 28% of the 32 applicable cases reviewed were found to be in substantial conformity, an increase of 2% in the past year. 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 includes strategies that will enhance family engagement and staff supervision as well as incorporating the OFFA to improve the assessment of family needs as well as service planning.

In the 2018 CFSR, the Department was found to not be in substantial conformity on Well-Being Outcome 2: Children receive appropriate services to meet their educational needs. 80% of the 46 applicable cases reviewed were found to be in substantial conformity. This outcome was Rhode Island's highest performing outcome in the 2018 CFSR. In the June 2019 internal case review, 78% of the 27 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.

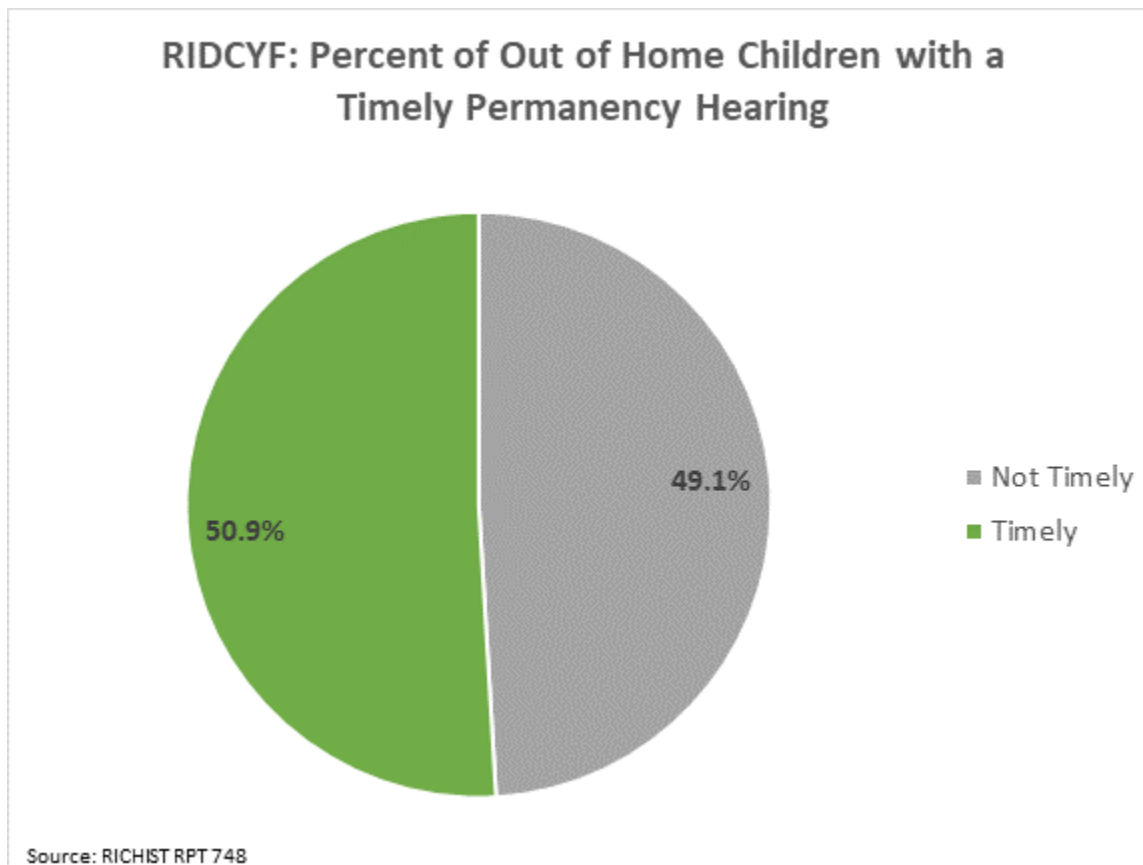
In the 2018 CFSR, The Department was found to not be in substantial conformity on Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs. Of the 59 applicable cases reviewed, 54% were found to be in substantial conformity. In the June 2019 internal case review, 52% of the 31 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.

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.

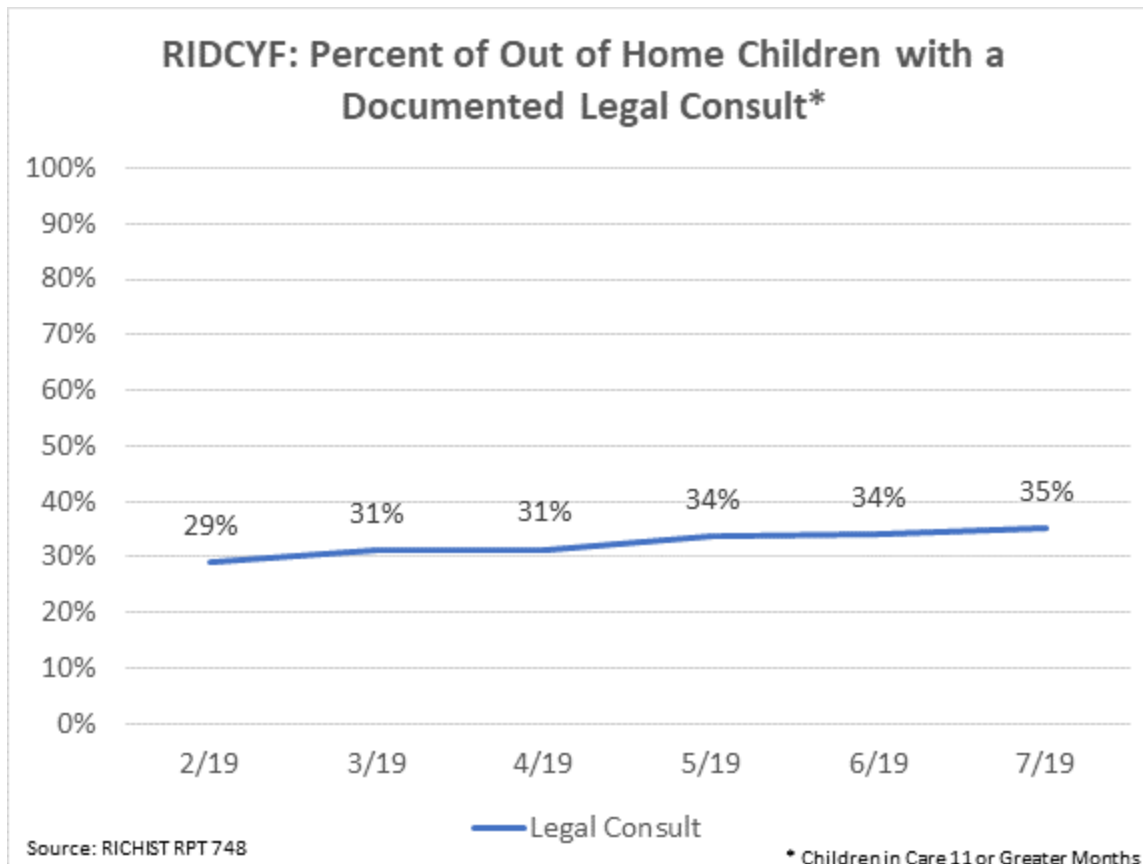
The Department's Statewide Information System was rated to be in substantial conformity in the 2018 CFSR. The Department's current assessment of this item is that it remains in substantial conformity. Information contained in RICHIST continues to be very accurate especially related to demographics and placement. In the 2018 Statewide Assessment, service plan information was found to be less accurate. The Department is in the process of rolling out its FFA and OFFA tools in RICHIST which the agency anticipates will improve service plan timeliness and accuracy. The Department is in the process of upgrading its RICHIST system to be web-enabled. The web enabled version of RICHIST is currently in pilot testing. The Department is also in the process of providing laptop computers to more line staff. Access to mobile technology and a web enabled version of RICHIST will further increase accuracy and timeliness in entering data elements. The Department has begun discussions internally on replacing the RICHIST system which is over 20 years old and will submit a Planning ADP when appropriate.

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. The

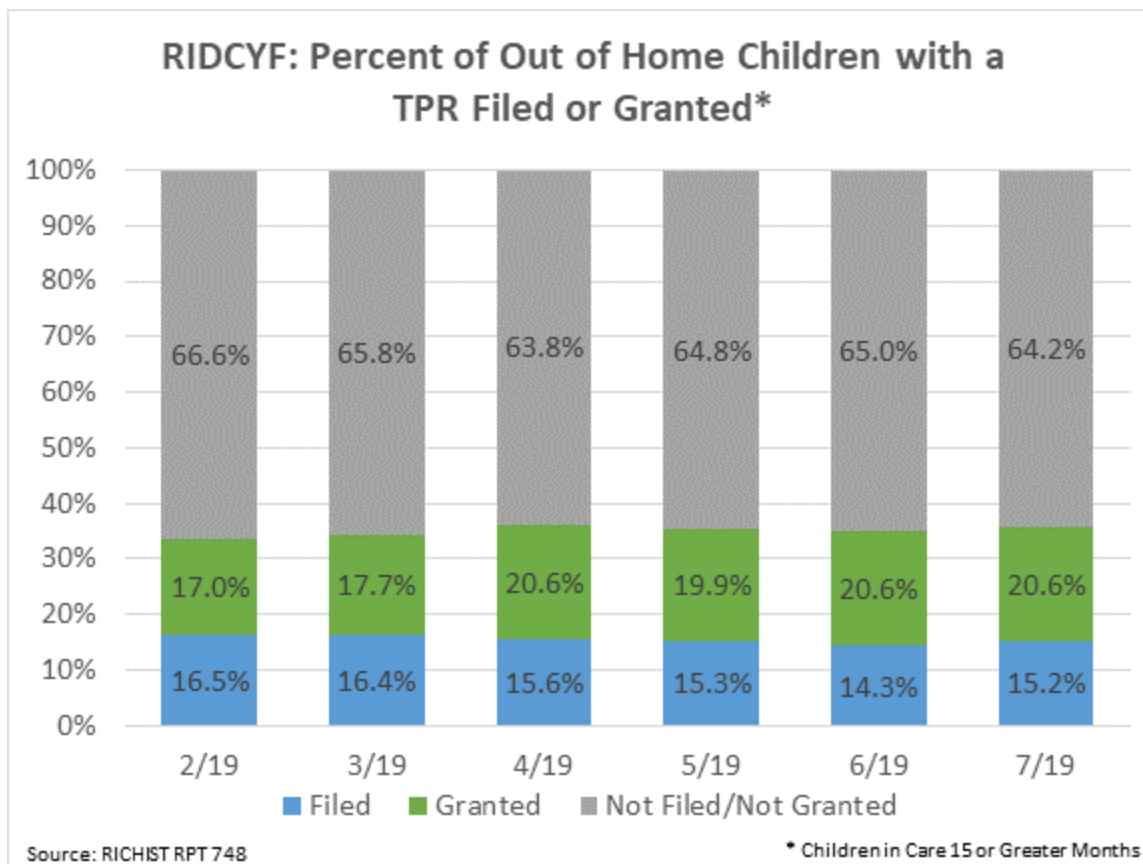
Department is in the process of identifying other staffing resources who could be utilized to conduct an Administrative Review. The Department is also exploring other review processes within the Department that can be used in place of the formal Administrative Review and meets criteria as established by federal law. The Department 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).



In reviewing data obtained from RICHIST report 748, the percentage of children in out of home care that have had a timely permanency hearing is 50.9%. Further analysis and review of data from the Rhode Island Family Court would need to be conducted to determine reasons for delays as to Permanency Hearing timeliness. Based on prior collection of data from the 2018 Statewide Assessment, permanency hearings are likely occurring, but may be occurring at or around the 13 month mark due to court hearing reschedules.



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 an increase in the number of legal consults obtained since February 2019. It is anticipated that the increase in the number of legal consults obtained will result in moving cases forward permanency, resulting in children spending less time in foster care.



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. Since February 2019, the number of TPR's filed has slightly decreased from 16.5% to 15.2% in July 2019. However, the number of TPR's granted has increased from 17% to 20.6% 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 February 2019 to July 2019.

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) and Reporting Period 2 (January 1, 2019-June 30, 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. 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. The Department is in the process of exploring possible resources that could be utilized to collect data to ensure that foster parents are aware of their right to be heard and are notified of such hearings so that they can actively engage in the permanency hearing and case review process.

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 June 2019, utilizing staff from all divisions as reviewers. 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. This will establish the baseline for the PIP Measurement. Reviews will be conducted by sixteen two-person teams consisting of volunteers from throughout the Department. CQI staff will provide training to the teams at the beginning of each review period. Each team will review two cases and each of the cases will receive two levels of quality assurance. Quality assurance will be conducted by a combination of dedicated CQI staff and volunteers. Cases will be entered into the OMS system allowing for reporting by case type as well as Metro Site/Non-Metro Site. Each review will occur within a one-week timeframe and will be sent for secondary oversight by the end of the review week. The Children's Bureau will complete secondary oversight within two weeks of that date and cases will then be finalized in the OMS. The qualitative case review unit will also work with the Capacity Building Center for States to assist them with the development and refinement of its internal case review process. Moving forward, the Department's internal case review system will be 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. 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.

Staff and Provider Training was rated as an Area Needing Improvement in the 2018 CFSR. The 2018 Statewide Assessment and the CFSR Final Report noted that the Department lacks a fully functional training system that ensures workers have the knowledge and skills they need to work effectively with families. The Final Report also noted that training for foster care kinship providers did not effectively prepare them for their role. The Department's current assessment of this item is that it is an Area Needing Improvement. However, the Department has made significant progress in this area. In the spring of 2019 DCYF (re)entered into a formal partnership with Rhode Island College School of Social

Work. Some of the key features of this agreement/partnership are; creation of a working committee to evaluate all existing "Pre-Service Trainings", usage of Rhode Island College resources to improve the delivery of trainings (simulation rooms, use of actors etc..), and assistance in developing individual training evaluations as well as continuous review of the program's effectiveness. The workforce committee is actively working on their project with a focus on competency-based skill building curriculums that meet current best practices. The Department is working in conjunction with the Department of Administrations Training Division at implementing on-line and web-based training & information sessions and with the Departments investment in technology (new computers) Workforce Development plans to offer on-line learning. There has been a considerable amount of training opportunities that have been offered to staff in the past year, to include training on the FFA and OFFA. By the end of September every front-line staff person with case load duties will have received between 36 to 54 hours of training on our new process. The Department noted that monitoring ongoing training for staff was lacking. The Department has created an internal report that accurately reflects the training hours that each staff person has participated in during the course of the year. The first report will be sent out to all supervisory staff shortly. We will continue to use this report on a quarterly basis while we develop a system in which this information can be entered into the state-wide data system that exists within the DOA training system. The Workforce Development Unit has also developed a training curriculum specifically for non-frontline staff and have started to pilot that training piece. It will then be presented to administration for approval. In order to obtain feedback as to whether training is meeting the needs of new hires, the workforce development unit will also develop and implement a pre and post-test evaluation process for all pre-service trainings as part of a continual improvement plan.

Since the last CFSP, the Department has utilized the TIPS MAPP as its foster parent training curriculum. The Department continues to use TIPS MAPP for preservice foster parent training. In addition, the Department is leveraging private providers and other community resources to expand the opportunities and resources for in-service training for foster parents.

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. The Department partnered with the Parent Support Network to secure funding for 5 Peer Recovery Specialists to co-locate at the DCYF offices and work directly with the Department of Health Home Visiting Programs and the birthing hospitals. 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. The Department continues to actively engage with external stakeholders to include the Courts, Birth parents, foster parents, youth, providers, and front-line staff. The Department recognizes a need to develop a feedback system to allow both internal and external stakeholders to provide input and recommendations for changes to the system. The Department intends to continue to support ongoing consumer stakeholder engagement by meeting with stakeholder groups on a quarterly basis and providing feedback gained from these groups to the Director and Senior Team. The Senior Team will then identify and execute on three concrete recommendations for improved process, practice, or policy based on stakeholder feedback

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 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.

Results from the safety report analysis focusing on geographic location of children in Rhode Island who have elevated rates of maltreatment revealed urban core cities had elevated child maltreatment rates compared to non-urban maltreatment rates. The state maltreatment rate in FFY16 was 13.6 per 1,000 children with the five urban core cities in the top ten cities for maltreatment rates among children under the age of 10. In FFY18, the state maltreatment rate was 16.3 per 1,000 children with the 5 urban core cities among the top ten cities with the highest maltreatment rates among children under the age of 18. Further, the maltreatment rate among children age 0-9 and within this age group, children under the age of 1, have higher maltreatment rates compared to children 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.

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

Collaboration with RI Department of Health (RIDOH): For the past year, 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. Preliminary data on a small cohort of children being tracked included 66 children age 0-3 who were indicated for maltreatment during November 15 to December 14, 2018 (See Appendix, RIDCYF RIDOH).

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

Another application of data driven informed practice involves child maltreatment involved fatalities and near fatalities. After an Office of Child Advocate (OCA) Report in 2017 reviewing child fatalities and near fatalities, the Department designed a predictive analysis at the family level to determine among families who received an Information Referral (I/R) 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, family had a previous removal within the past 12 months, and family had a previous indicated maltreatment within the past 12 months. These findings informed the development of a new screening process inclusive of a new screening instrument completed with factors found predictive of child maltreatment. The changes included a re-organization of the CPS unit, new Child Abuse Hotline screening tools, discontinuation of the I/Rs for purposes of case response, and a new Family Assessment Response (FAR).

Both the data from the Safety Analytic Report, (among other RI data analytic briefs) and the ACM with the Family Care Community Partnerships (See Appendix, Safety Annual Report, FCCP March 2019 Strategy meeting) inform the Department and FCCPs initiatives. Although the Department has engaged in research and evaluation for over ten years, for the past four 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 data from ACM FCCP monthly data meetings show a relatively low percentage, approximately 7% of families discharged from the FCCPs, have an indicated maltreatment or removal from home within 12 months from their FCCP discharge. Preliminary data from a recent analysis examining disproportionality in selected FCCP outcomes reveals 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.

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

The Department's Community-based Analytic Report (See appendix, CBP\_2016\_cfinal 01202017) is published annually. This report informs the child welfare system the status of families and children involved with the Department who are receiving community-based services to promote health and well-being and maintain families together. In the most recent report, entry cohort FY14 of children in-home and assigned to a DCYF caseworker (Family Services Unit or Juvenile Probation) and followed for six

months post start of a community- based program, the following results are from a survival analysis (most current still in process). The survival analysis combines all child\youth centric community-based services to provide a system level analysis on the five selected outcomes:

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

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

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

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

## **Permanency**

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

The state removal rate has fluctuated the past four years. For children under age 18, the removal rate was 5.5 per 1,000 FY15 entry cohort, 4.8 per 1,000 entry cohort FY16, 5.1 per 1,000 FY17 entry cohort and 6.7 per 1,000 FY18 entry cohort. Further analysis illustrated among the 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 58% among an FY18 entry cohort of children age 12 and older. Similarly, among an FY16 entry cohort of children age 0-11, 8% had a first placement of congregate care compared to 2% among a FY18 entry cohort of children age 0-11. Children of color age 12 and older have experienced disproportionality in first placements of congregate care with children who are Black\African American or Multiracial or Hispanic have significantly had higher rates compared to White children. FY18 entry cohort was the first entry cohort in the past three years where the disproportionality decreased. Further, the percent of children placed in kinship families has steadily increased. In FY2016, 72% of children in an out-of-home placement were with a foster family compared to 79% as of April 2019. Sixty-two percent of children in a foster family were in a kinship foster family compared to 66% as of April 2019.

Additional analysis to inform appropriate use of congregate care was the establishment of a tracking system on functional status of youth entering congregate care and their respective Level of Need (LON). Data analysis revealed over the past 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. 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.

As part of the ACM with congregate care providers monthly meetings where data and research on the core set of metrics is reviewed, a deep dive was conducted to better understand the factors contributing to youth remaining in congregate care for longer length of time, greater than 6 months. The findings yielded system level factors statistically predicted longer lengths of time in congregate care whereas individual factors did not (individual level factors - demographics, removal reason, level of need assessment). The systemic factors significantly predicting congregate care stay greater 6 months or greater included: a) youth whose most recent case plan goal is planned living arrangement compared to youth whose most recent goal is reunification, b) youth who had more than 1 provider compared to youth staying with 1 provider, and c) youth assigned to DCYF Family Service Unit caseworker compared to a DCYF Juvenile Probation caseworker.

In response to these findings, ACM workgroups identified interventions aimed at reducing length of stay in congregate care. The interventions included: a) establishing a mechanism for providers to refer children to the Department's Expedited Permanency Team (EPM) 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 for providers and DCYF staff. The Department is currently tracking the intervention process and impact outcomes at the monthly meetings. Presently, the interventions have been implemented for approximately six 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 as, two specific process outcomes to BBI, family contact frequency and clinical services delivered in the family home. The two BBI process outcomes are part of the monthly dashboards that were in place prior to BBI and provide a baseline to assess changes post BBI training (See appendix, 3.27.19CC BBI .03.24.19).

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

Data analysis revealed factors that contribute to length of time in foster care included: first placement in a foster family compared to congregate care, adoption as a permanency goal compared to reunification, timeliness of permanency goal change to adoption, and Termination of Parental Rights (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 the Department's Program Improvement Plan (PIP) objectives and is planned to continue throughout the PIP.

Placement stability has consistently remained statistically above the national performance since FFY15 and as of FFY18 is 3.02 per 1,000 days in care.

A workgroup was established among the Department staff and external stakeholders including the family court, adolescents in foster care, 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.

### **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.

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.

## 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	Rationale
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>Developing community buy in and educating community organizations about SAFE will help build supports for community working with DCYF to keep kids safe so they do not have to come into DCYF care</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>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>	If schools can provide supports to families before having to make a report to DCYF fewer incidents of maltreatment and fewer kids enter care
<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</p> <p>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>	Woonsocket and Central Falls have some of the highest maltreatment rates in RI, MDTs will build the communities capacity to support families before maltreatment occurs
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	In October 2018 a manual tracking system was developed between RI DCYF and RIDOH tracking children age 0-3 who had and indicated	A manual tracking system was implemented in October 2018.	Participation in home visiting supports parents of young children by

through with these services; DCYF will present the services in a clear and supportive manner; DOH staff will increase engagement efforts.	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.	Please see data brief in appendix for ongoing monitoring results	ensuring follow up more families will get the service and maltreatment goes down
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>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 25% will have engaged in preventative services prior to delivery 2020,</p>	Getting at risk pregnant mothers involved with services earlier in their pregnancy will help to stabilize them prior to giving birth so the child doesn't have to come into DCYF care
1.6 Utilize recovery coaches to support parents and youth suffering from Substance Use Disorders by 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.	Among parents identified by the Family Functioning Assessment and meet criteria for Substance Use Disorder ( 80%) are referred to a recovery coach within 5 days of the completion of the FFA	Of the parents referred to Peer Recovery Coaches in 2020, 60% will have had at least one contact with a coach	Peer recovery coaches will support families with SUD sooner and help stabilize the family so that kids can remain home or go home sooner

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 housing; our ability to access healthy food and equitable healthcare.	# of HEZ's where DCYF staff is a team member	By 12/31/2020 DCYF will be a member of each of the 9 statewide HEZs	DCYF participation in HEZ will underscore the connection between child welfare and social determinants of health so community comes together to focus on supporting families at-risk and prevent maltreatment
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	Peer Recovery Coaches within the tribe will allow access to service by members of the tribe provided by those who understand unique needs of the tribe.
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	Community health providers linked to the tribe will allow access to service by members of the tribe provided by those who understand unique needs of the tribe.

**Objective: Ninety 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.**

Benchmark	Measure of Progress	Target Year Completion	Rationale
<p>1.10 Utilize weekly supervisory meetings between supervisors and administrators to review timeliness data reports to monitor compliance with policy</p> <p>1.11 CPS supervisors will meet with line staff to review timeliness reports specific to their caseloads to ensure accountability</p> <p>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 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># of weekly supervisor/Admin meetings in a 12-month period</p> <p># of supervisors who meet weekly with staff to review timeliness reports</p> <p>CPS will utilize the FFA in RICHIST by (1/10/2019)</p> <p>Provide data reports to staff and stakeholders monthly 12/1/19</p>	<p>90 % of supervisors held 3 or more meetings per worker on a monthly basis by end of CY 2020</p>	<p>Rhode Island will standardize a set of tools and practices for front line workers and supervisors to improve response time and address safety, risk and protective capacities, initially and on-going, so that we engage families and their natural supports in conjunction with formal services which meet their needs so that they make behavioral changes which can be sustained through a safety net of support comprised of family and community to reduce the</p>

**Objective: Ninety 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.**

Benchmark	Measure of Progress	Target Year Completion	Rationale
			likelihood of requiring DCYF intervention in the future so that maltreatment is reduced.
<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</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>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</p>	<p>Rhode Island will standardize a set of tools and practices for front line workers and supervisors to improve response time and address safety, risk and protective capacities, initially and on-going, so that we engage families and their natural supports in conjunction with formal services which meet their needs so that they</p>

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Benchmark	Measure of Progress	Target Year Completion	Rationale
assessments and plans developed using the FFA Present and Impending Danger Assessment Tools.	Change Champions will begin peer coaching by 1-10/1/2019	model by the end of the first 6 months of CY 2020  Coaching sessions will be tracked  Fidelity will be measured in collaboration with Action for Child Protection    Reports will be available for all DCYF Staff	make behavioral changes which can be sustained through a safety net of support comprised of family and community to reduce the likelihood of requiring DCYF intervention in the future so that maltreatment is reduced.
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	Rhode Island will standardize a set of tools and practices for front line workers and supervisors to improve response time and address safety, risk and protective capacities, initially

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Benchmark	Measure of Progress	Target Year Completion	Rationale
			and on-going, so that we engage families and their natural supports in conjunction with formal services which meet their needs so that they make behavioral changes which can be sustained through a safety net of support comprised of family and community to reduce the likelihood of requiring DCYF intervention in the future so that maltreatment is reduced.

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 the PIP*

Objective: DCYF and the Family Court will decrease time to permanency by 10% for each permanency type (Adoption/Guardianship/Reunification) by 2024			
Benchmark	Measure of Progress	Target Year Completion	Rationale
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	By offering mediation earlier in the court process, any outstanding issues related to the service plan and the underlying petition can be resolved sooner which will allow for movement towards reunification earlier in the process.
2.2 DCYF, in partnership with RI Family Court, CASA, and parents' attorneys, will refer 50 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	
2.4 DCYF will assess possible expansion the pilot mediation program at 36 months based on the effectiveness	Pilot expanded to more than 50 cases each year.	2022	

2.5 DCYF will assign a designated DCYF attorney to every petition at the pretrial date which will ensure continuity and uniform legal representation	At ARU hearings assess if cases are being assigned	2020-2024	By having an assigned DCYF attorney, attorneys will be more familiar with the case and ensure continuity throughout the life of the case and prevent lawyers from catching up on cases at the last minute which will ensure a productive court session which will lead to faster permanency.
2.6 DCYF will partner with RI Family Court to expand the availability and increase the quality of legal representation for parents.	<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>	2023	Increased availability and quality will allow for better and earlier representation of families in RI Family Court so that the case will not be delayed with continuances and will result in faster reunification or other permanency.

**Objective:** To better serve families with no demonstrated need for judicial oversight and only demonstrated need for services, the department will reduce the number of cases assigned to the daily Family Court calendar to provide timely and appropriate services by 10% and sustain through 2024.

Benchmark	Measure of Progress	Target Year Completion	Rationale
2.7 DCYF will draft operating procedures for the transfer of cases to FSU	Operating procedures complete	2019-2020	Setting procedures will support consistent decision making on transferring cases to FSU which will reduce the number of families who do not need to be open
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	This will also result in a reduction in the number of hearings DCYF staff have to attend and the number of reports that they need to prepare for those hearings. A reduced workload will allow the Court and the agency to target their resources to achieving timely permanency for

			children in foster care.
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	Monitoring progress is essential to effectiveness of intervention

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	Monitoring progress is essential to effectiveness of intervention
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	Monitoring progress is essential to effectiveness of intervention
<b>Objective: DCYF will increase by 5% the number of children in out of home care who are placed in a family setting by 2024</b>			
<b>Benchmark</b>	<b>Measure of Progress</b>	<b>Progress in 2020</b>	<b>Rationale</b>
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	Specific services and supports for kin providers will decrease disruptions from kin families which will decrease placements of those children in group homes when
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 to kinship caregivers to stabilize placements and promote permanency (in all forms).	RFP and contracts in place; reporting through Active Contract Management on key metrics	2020	no other placement is available  Additional supports for adoptive families will stabilize placements and decrease disruptions  Identifying kinship placement options for kids inappropriately in congregate care will allow these children to step down to kin homes
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	
2.16 Inservice training opportunity to include focus on working with families of origin.	# of in-service trainings offered, # of attendees	2020	
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	
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	

**Objective: DCYF will increase by 5% the children in out of home care in a family setting by 2024**

Benchmark	Measure of Progress	Progress in 2020	Rationale
			If Rhode Island makes efforts to equitably recruit, develop, appropriately match and support resource families, including kinship, there will be more of an ability to place children at all levels of need who are in DCYF care, which will increase the number of children in a family setting without disruption so that more children will be able to achieve permanency in a family setting.
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	
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	

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			
Benchmark	Measure of Progress	Target Year Completion	Rationale
<p>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 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>Dashboards are developed specifically for face to face with children.</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, Dashboard developed</p> <p>2019-2024, Ongoing review and/or updates to dashboard, meetings and actions implemented</p>	<p>The CFSR findings revealed that concerted efforts were not consistently made to comprehensively assess the needs of children in the home through monthly safety and well-being visits. Visits did not occur often enough to effectively engage them in service planning; adversely impacting timeliness to permanency. CFSR data indicated that SCW visits in home</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>	

<b>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</b>			
<b>Benchmark</b>	<b>Measure of Progress</b>	<b>Target Year Completion</b>	<b>Rationale</b>
			were noted a strength in 68% of the foster care cases; while SCW visits were noted a strength in 28% of the in-home cases.
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	Consistent supervision so that workers are held accountable and supported in ensuring monthly visits with children in their homes
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	
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	

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			
Benchmark	Measure of Progress	Target Year Completion	Rationale
Objective: By 2024 80% of mothers will receive at least monthly face-to-face contact with worker and 50% 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	Rationale
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	Data dashboard will inform supervision and worker accountability and support which will lead to better practice in these areas
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	
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	
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	
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	

**Objective: DCYF will increase the 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.**

Benchmark	Measure of Progress	Target Year Completion	Rationale
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 CFSR findings revealed that concerted efforts were not consistently made to comprehensively assess the needs of children in the home.
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	Visitation did not occur often enough and/or of sufficient quality to effectively engage children in service planning; adversely impacting timeliness to permanency.
3.14 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	Data dashboard will inform supervision and worker accountability and support which will lead to better practice in these areas

**Objective: DCYF will increase the quality of face-to-face contacts with mother/caregiver and will be based on baseline established after year 1, set target at year 2 and DCYF will increase the quality of face-to-face contacts with father/caregiver and will be based on baseline established after year 1, set target year 2**

Benchmark	Measure of Progress	Target Year Completion	Rationale
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 CFSR findings revealed that concerted efforts were not consistently made to comprehensively assess the needs of mother, father, in the home. Visitation did not occur often enough and/or of sufficient quality to effectively engage mothers, fathers in service planning; adversely impacting timeliness to permanency. CFSR data indicated that only 24% of mothers had sufficient quantity/quality of visits with caseworkers. CFSR data indicated that only 16% of fathers had sufficient quantity/quality of visits with caseworkers  Data dashboard will inform supervision and worker accountability and support which will lead to better practice in these areas
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. Establish baseline after first year, 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. Establish baseline after first year, 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. Establish baseline after first year, set target in year 2 through the implementation of the SAFE Model in FSU by 2020

Benchmark	Measure of Progress	Target Year of Completion	Rationale
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	The Department will implement a new set of safety, risk, and service plan tools for front-line staff entitled the Family Functional Assessment (FFA) and Ongoing Family Functional Assessment (OFFA). The FFA and the OFFA will ensure that safety will be assessed at the investigative stage and throughout the life of the case. The FFA and OFFA tools have been designed to be user friendly for investigators and workers to utilize. Because the tools are easier to use, they will be used more consistently to drive assessments and decision-making throughout the life of
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 case, resulting in more accurate assessments and improved identification of services.
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	Kin searches lead to engagement with newly identified family members who can be incorporated into family teaming
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	Data dashboard will inform supervision and worker accountability and support which will lead to better practice in these areas
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  From case reviews:	2019-2024	

	#and % of case reviews with mother, father, child engaged in service planning # and % of quality visits with mother, father, child # and % of mother, father child needs assessed and addressed		
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	

**Objective: By 2024 90% of Social caseworker II's in FSU will receive consistent weekly supervision to ensure ongoing the coaching of best practice administered consistent and uniform across the Department and in turn promote child and family safety, permanency and well-being outcomes.**

Benchmark	Measure of Progress	Target Year Completion	Rationale
3.28 FSU Supervisors will meet weekly with their staff and supervise case practice with the assistance and use of the permanency tracker:	Weekly individual supervision within FSU occurs. % of Documentation in permanency tracker completed in timely manner.	2020 2020, 2020-2024 updates	DCYF Staff Focus groups during the CFSR indicated that staff received inconsistent supervision; sometimes occurring during times of crisis; in between meetings and they could not rely on consistent supervisory oversight of all assigned cases. This plan is developed with the goal of Enhancing child welfare practice by strengthening and supporting

**Objective: By 2024 90% of Social caseworker II's in FSU will receive consistent weekly supervision to ensure ongoing the coaching of best practice administered consistent and uniform across the Department and in turn promote child and family safety, permanency and well-being outcomes.**

			quality supervision through the utilization of the newly developed supervision protocols.
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	
3.31 FSU Leadership Team w/assistance of DPI implement permanency reviews in each of the regions utilizing the permanency tracker to model and reinforce supervision as to best practice and positive outcomes.	Positive outcomes identified during permanency reviews occurs quarterly.	2019-2024	
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	

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 the PIP

<b>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.</b>			
<b>Benchmark</b>	<b>Measure of Progress</b>	<b>Target Year Completion</b>	<b>Rationale</b>
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 department will enhance its continuous quality improvement system to provide quantitative and qualitative data regarding safety, permanency and well-being outcomes of children with DCYF involvement so that we can understand where practice is meeting our needs and where it needs to be improved so that we can incorporate feedback from workers, families and other stakeholders so that policy and practice can be enhanced resulting in improved case practice outcomes.
4.2 Produce and distribute annual reports on findings from all qualitative reviews (CRI, Administrative Reviews, and Case Review System) occurring within the Department	Report will be developed and distributed to all DCYF staff	July 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	
4.5 Expand Active Divisional Management to 2 additional divisions	ADM will be established in 2 new divisions of DCYF	July 1, 2020	

4.6 Expand Active Divisional Management to 1 additional division	ADM will be established in 2 new divisions of DCYF	July 1, 2021	
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 5**

Benchmark	Measure of Progress	Target Year Completion	Rationale
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	2020 and ongoing	The department will enhance its continuous quality improvement system to provide quantitative and qualitative data regarding safety, permanency and well-being outcomes of children with DCYF involvement so that we can understand where practice is meeting our needs and where it needs to be improved so that we can incorporate feedback from workers, families and other stakeholders so that policy and practice can be enhanced resulting in improved case practice outcomes.
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	
4.10 Review 80 cases annually selected in accordance with the CFSR PIP measurement plan using the	Case review results for 80 cases will be entered into the OMS	2023-2024	

**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	Rationale
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4.11 Identify a process that will support ongoing consumer stakeholder engagement.	Protocol and process documented	2019	The CFSR results noted that the Department would benefit from stronger engagement with the larger child welfare community, including consumers, workers and supervisors; service providers; and judges. Hearing directly from those “on the ground” would lend valuable perspective to management reports and provide the additional expertise to further define systemic challenges and refine improvement efforts. Currently, the CFSR Coordinator is facilitating focus groups on an at minimum quarterly basis with birth parents, foster parents, and youth to obtain feedback for the Department’s Program Improvement Plan. The Department recognizes the need to continue this process to ensure that practice reflects the consumer voice as well as our front-line workers and supervisors.
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 front line caseworker staff (FSU, CPS, JCS) retention where by the end of 2024 70% of all new FSU staff hired after 2019, 70 % of all new CPS staff hired after 2019 and 80% of all new JCS staff hired after 2019 remain at DCYF for at least 2 years from the point of hire**

Benchmark	Measure of Progress	Target Year Completion	Rationale
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	By clearly defining the competencies associated with each frontline position we can recruit, hire & train the people best suited to work with our families

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	Components of pre-service and in-service training will be offered in alternative delivery modalities.	<b>2022</b>	We understand that training needs to stay current in delivery methods as much as in content. Worker's time constraints require that we provide a user-friendly approach to training/education
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>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>	<b>2020</b>  <b>2020</b>  <b>2021</b>	Instituting a new or revised training program is a labor-intensive process. It is important that we outline the entire pre-service model. If done properly we can implement sections; core, secondary level, and tertiary level as completed. Which is necessary in a rolling hiring system such as ours.
5.4 Develop and implement pre- & post-test evaluation process for all pre-service trainings as part of a continual improvement plan.	Pre and Post-test will be established and used in all trainings.	<b>2020</b>	This piece is essential to the plan as we do need to be in a constant

	75% of the evaluations will be complete	<b>2021</b>	state of evaluation and when necessary refinement of each individual training and the process as a whole. As the issue is retention of staff a focus on both worker satisfaction, and a self-reporting and system reporting on knowledge attained
	80% of the evaluations completed will score positively on worker satisfaction & knowledge attained.	<b>2022</b>	

**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% by the end of 2020.**

Benchmark	Measure of Progress	Target Year Completion	Rationale
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	One of a supervisor's duties & responsibilities is to see that their staff are properly trained. By providing supervisors with this tool it will better assist them in seeing that their staff adhere to training needs and requirements

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	By using this tool to audit topics like; staff participation rates by training topic, we will be able to keep up to date or ahead of training needs. It will support our training development work
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	Though the department can implement a functional training notification process before this deadline. The department plans on building a more user-friendly web-based training calendar.
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	Ongoing evaluation, assessment & revision of the process is a necessary component of all programming
<b>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%</b>			
<b>Benchmark</b>	<b>Measure of Progress</b>	<b>Target Year Completion</b>	<b>Rationale</b>

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	Same
5.10 Policy and practice standards to be used to revise existing CPI preservice Training Program to meet new competencies.	New CPI preservice training program implemented	2021	Same
5.11 Develop and implement a recruitment plan that reaches out to a diverse & competent pool of candidates	New Recruitment plan in place	2020	
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.	Recruitment Workgroup is to meet at least two (2) times prior to submission of staff recruitment plan.  At least 3 recruitment activities identified in the plan will be implemented.	2020  2021	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.
5.13 CPS SME group (including DOA testing personnel) to use the approved competencies and recommended job duties & responsibilities in order	Workgroup is to meet at least two (2) times prior to submitting final copy to DOA HR. Revised CPI Civil		The CPI civil service exam should be reviewed and

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	service exam to be ready to administer in the 3 <sup>rd</sup> quarter.	2020	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.
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>Create an evaluation process Implement by end of the 6<sup>th</sup> quarter</p> <p>Review process administered six (6) months posting probationary training period</p> <p>70% of those staff hired off the new civil service test will have successfully completed their probationary period.</p> <p>75%. of those staff hired off the new civil service test will have successfully completed their probationary period.</p> <p>80% of those staff hired off the new civil service test will have successfully completed their probationary period.</p>	<p>2021</p> <p>2022</p> <p>2023</p> <p>2024</p> <p>2025</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

### *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).

**# 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.

**#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.

**#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.

**#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.

**#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.

### 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).

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.

### Evaluation and Research activities underway or planned and relationship to plan goals and objectives

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 FFY18 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.

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 a new screening process inclusive of a new screening instrument completed with factors found predictive of child maltreatment.

Results from the safety report analysis focusing on geographic location of children in the state who have elevated rates of maltreatment revealed urban core cities had elevated child maltreatment rates compared to non-urban maltreatment rates. The state maltreatment rate in FFY16 was 13.6 per 1,000 children with the five urban core cities in the top ten cities for maltreatment rates among children under the age of 10. In FFY18, the state maltreatment rate was 16.3 per 1,000 children with the five urban core cities among the top ten cities with the highest maltreatment rates among children under the age of 18. Further, the maltreatment rate among children age 0-9 and within this age group, children under the age of 1, have higher maltreatment rates compared to children 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.

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

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

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. Among the 66 children, 61 children engaged with selected RI DCYF and RIDOH services by February 15, 2019. Children and families in this cohort may have engaged with DCYF or RIDOH selected services at a date later than February 15, 2019 or engaged with services other than those reflected in this data brief. Results reviewed 52 children age 0-3 who were indicated for maltreatment during November 15 to December 14, 2018 and were engaged with selected DCYF and RIDOH services by February 15, 2019. Children can be engaged in more than one program. As this is a new initiative the sample size is very small, and caution should be exercised in drawing any conclusions. Keeping this in mind, a difference between those children\families engaged in a program compared to not engaged was age of the child. The median age of the child not engaged was 24 months compared to 7 months for children and families who were engaged. The Department plans to monitor this initiative and work to collaboratively procure an automated system where this data can

be managed in a single data system for timely monitoring and timely responsiveness to make adjustments in this monitoring program, if necessary.

The Department's Community Based Analytic Report (See Appendix, CBP\_2016\_cfinal 01202017) is published annually and informs the Child Welfare System the status of families and children involved with the Department and receiving community based services to promote health and well-being and maintain families together. In the most recent report, entry cohort FY14 of children in-home and assigned to a DCYF caseworker (Family Services Unit or Juvenile Probation) and followed for six months post start of a community- based program the following results are from a survival analysis (most current still in process).

The survival analysis combines all child\youth centric community-based services to provide a system level analysis on the five selected outcomes:

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

On a system level, six months post community-based program start:

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

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

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 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). 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 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, FY14-18 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-FY18, 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. Between FY14-FY17, children who are Black\African American had statistically significant greater odds of having an initial placement in congregate care compared to child who are White, after controlling for age and other factors (i.e. child behavior) known to influence first placement.

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 maltreatments 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 past year, 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. 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. Among the 66 children, 61 children engaged with selected DCYF and RIDOH services by February 15, 2019. Children and families in this cohort may have engaged with DCYF or RIDOH selected services at a date later than February 15, 2019

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

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 February 2019 to March 2019; only two data points. The data reveal that monthly face-to-face visits between caseworker and mother are nearly double 40% compared to 20% with monthly face-to-face visits between caseworker and father.

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

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 n 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.

## *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.

## Services –

### *Child and Family Service Continuum*

The Department contracts with a broad range of vendors to provide a comprehensive continuum of services. The DCYF provides services through the system of care to children, youth and families open to DCYF and to children, youth and families who are at risk of involvement with DCYF. These services address a multitude of child and family needs for the population it serves which include child welfare, children's behavioral health and juvenile corrections.

As a result of the large-scale re-procurement in 2017, DCYF increased the number and type of evidence based, evidence informed and promising practices demonstrably for both community based and congregate care settings. The Department expanded its array of home and community services by 12, increasing from 17 to 29, for a total of 1305 available slots for service. On average, 1,200 families are receiving services at any one time. The Department now has ten (10) home and community-based programs that are rated as either well-supported, supported or having promising research evidence by the California Evidence-Based Clearinghouse for Child Welfare. These services include:

- Multi-Systemic Therapy
- Multi-Systemic Therapy for Problem Sexual Behaviors
- Functional Family Therapy
- Family Centered Treatment
- Parenting with Love and Limits
- Positive Parenting Program
- Homebuilders
- SafeCare
- Project Connect
- Treatment Foster Care of Oregon - Adolescents (TFCO-A)

DCYF has improved access to trauma focused care through several services now available to children and families: Trauma Systems Therapy (TST), Trauma Treatment, Evaluation, Assessment, and Management (TTEAM), Commercial Sexual Exploitation of Children Mentoring Program (CSEC), Family Centered Therapy (FCT), Positive Parenting Program (Triple P), and Teen Assertive Community Teaming (Teen ACT). The full array of home and community-based services currently contracted by DCYF is provided in the appendix.

The state's continuum also includes substitute care living arrangements. Foster care includes relative, kinship, and non-relative foster care homes, as well as therapeutic foster homes. Specialized foster care provides professional support services to children, youth and foster parents. Individualized treatment is provided within a supportive and structured home environment. These programs help to foster positive relationship skills, amelioration of emotional conflicts of attachment and development, and prepare youth for transition to home, independent living or other age and developmentally appropriate settings. In 2018, the Department added Treatment Foster Care Oregon - Adolescents (TFCO-A) to its foster care continuum, which is rated as well-supported by the California Evidence-Based Clearinghouse for Child Welfare

Group care includes the following services:

**Assessment and Stabilization:** There are four Assessment and Stabilization Centers with the capacity of 32 slots available across the state for youth from twelve to eighteen years of age. These are temporary placements that provide both social and mental health services to children and youth.

**Adolescent Male:** There are six group homes that provide placement for adolescent males in a community –based facility that utilizes local schools and recreational and cultural services. Intensive mental health services are available and include a clinical level of service that is part of DCYF’s hospital diversion and step-down programming. The 6 group homes have a capacity of 45 youth.

**Adolescent Female:** There are eight group homes that provide placement for female youth in a community –based facility that utilizes local schools and recreational and cultural services. Intensive mental health services are available and include a clinical level of service that is part of DCYF’s hospital diversion and step-down programming. The capacity of the 8 group homes is 57.

**Under 12 Group Homes:** There are two group homes that provide placement for children under age 12 in a community –based facility that utilizes local schools and recreational and cultural services. Intensive mental health services are available and include a clinical level of service that is part of DCYF’s hospital diversion and step-down programming. The two group homes have a capacity of 15 children.

**Residential Treatment Centers (RTC):** These residential treatment programs are self-contained campus settings that provide an intensive level of casework, therapy and educational programs and provide services for youth with SED or IDD. There are five programs with a capacity of 132.

**Problem Sexual Behavior (PSB) Group Homes:** There are two specialized group home programs that provide a structured treatment milieu as an alternative to residential treatment for youth who have sexually abused in a community-based program. These programs utilize a fulltime clinician and provide special treatment approaches for sexually reactive/offender youth and intensively supervised daily programs in the home, school, and community setting. The capacity of the two group homes is 16.

**Developmental Disabilities:** There are three specialized group home programs for this special population with a capacity of 22. These homes are for children and youth with developmental disorders who require a structured treatment milieu. These programs are designed as an alternative to residential treatment and/or to meet the needs of children and youth who are discharged from residential treatment programs.

**Semi-Independent Living Programs:** There are 10 specialized programs for semi-independent with a capacity of 67 youth. Supervised apartment programs help to transition adolescents ages 16 and older to independent living. In-house supervision is provided twenty-four (24) hours per day with sleep-in staff. Youth are routinely allowed unsupervised time in the community to attend school, jobs, and for recreational and social activities.

Several group care providers implement the Attachment, Regulation and Competency (ARC) Framework, a flexible, components-based intervention developed for children and adolescents who have experienced complex trauma. In 2018, the Department added two group care programs that will be utilizing

Multidimensional Family Therapy (MDFT) as the treatment model. MDFT is rated as well-supported by the California Evidence-Based Clearinghouse for Child Welfare.

Aftercare programming includes subsidized adoption, subsidized guardianships, continued independent living services and supports for youth between the ages of 18-21, probation services, and end of sentence case management support for youth leaving the Rhode Island Training School.

For prevention and early intervention, the Department established its Family Care Community Partnership (FCCP) prevention focused network of community-based providers beginning in January 2009. The FCCPs represent the Department's implementation of a differential response for family situations that do not warrant legal status involvement with DCYF but could benefit from community-based services and supports. The FCCP program is also available to families not involved with DCYF through a community or self-referral.

In 2018, the Department entered into new contracts for five regional Family Care Community Partnerships (FCCP's). Previously, the FCCP's had been divided into four regions. The addition of a new FCCP service provider and the reconfiguration of the FCCP regions is intended to allow for greater access and coordination of services at the community level. The five FCCP's are in communities where families live, where they are easily accessible, and culturally responsive.

The FCCPs have diverted hundreds of families from the Department. Using the care management model of Wraparound, a team is assembled that works to support the family and address the family concerns. This program primarily serves families who are at risk for DCYF intervention due to; trouble meeting basic needs, parental or youth mental health/substance abuse, assistance with parenting skills, and/or juvenile delinquency.

To access DCYF-funded services, the child's primary worker makes a referral to the Central Referral Unit (CRU) that resides within the Division of Community Services and Behavioral Health at DCYF. The CRU was established in March of 2016 to determine a single point of access for youth and families requiring services. A single point of access allows for services to be more closely matched with needs and families will receive the same access to needed services. The CRU works with primary workers to ensure services are highly individualized and targeted to address the needs or goals for each child and family. Children, youth and families are now being assessed for services using the Level of Need assessment. This tool, based on the CANS, helps by identifying and scoring various risk areas and behavioral health dimensions. This analysis allows for a more accurate matching of the child's needs to a placement or a community service.

The Division of Community Services and Behavioral Health (CSBH) is responsible for ensuring that DCYF's children's behavioral health is addressed. DCYF is charged with developing a continuum of care for children's behavioral health services that encourages the use of alternative psychiatric and other services to hospitalization and reviews the utilization of each service to better match services and programs to the needs of the children and families as well as continuously improve the quality of and access to services. CSBH works collaboratively with community providers and other state organizations in developing a comprehensive system of care that ensures effective services are provided to children in the least restrictive environment possible to support child safety, permanency and wellbeing, and overall family functioning. CSBH assists children and families involved with DCYF to access an array of behavioral health

and other services based on assessments and needs of the child. DCYF provides services and supports to children, youth and families not involved with the department.

Community liaisons are co-located in DCYF offices to assist families in connecting to community resources. For example, funding through the Child Abuse Prevention and Treatment Act (CAPTA), as amended, supports a nurse liaison from an Early Intervention program. This nurse liaison is working with DCYF's child protective services to implement a regularized referral process for children under the age of three to an Early Intervention program or other appropriate early child development and family support program. In March of 2017 an updated Early Childhood Service Referral Policy was implemented to improve the rate and fidelity of referrals for the birth to 3 population involved in the child welfare system. This system improvement has significantly improved the referral rate for children birth to 3 identified in substantiated cases of abuse/neglect. An average of 95% of children birth to 3 who were involved in an indicated case of abuse/neglect are successfully referred to developmental screening or evaluation.

In 2018, DCYF reestablished a substance abuse liaison in the department to ensure families impacted by addiction, particularly opioid addiction, are fully connected to services. Additionally, a domestic violence advocate is available to assist families and provides consultation for DCYF staff.

DCYF had originally addressed the need for a system change that would improve the community-based service array and reduce the unnecessary reliance on congregate care through a redesign of the system through the creation of the Family Care Networks (FCN) in 2012. The FCN was in existence for over three years but was unable to manage the goals of the program and the cost and number of children and youth in out of home care increased during that time. A thorough review and analysis of the system resulted in discontinuing the networks and using the lessons learned as the foundation for the restructuring of the functions of the networks that were resumed by DCYF.

Children and families that are opened to DCYF are assigned to a Family Service Units (FSU) that are comprised of social case caseworkers, child support technicians and case work supervisors. The Family Service Units provide coordination of services through the Department's contracted services as well as outside community resources to those children, youth and families with legal involvement. DCYF staff work collaboratively with the child, youth, family, service providers, other state agencies, health plans and others to ensure that each child/youth receives the right services to meet their needs. A psychiatrist is on staff to consult on the use of psychotropic medications and behavioral health of children in DCYF's care.

#### *Service Coordination*

The Department works collaboratively with the sister state agencies under the Executive Office of Health and Human Services to coordinate efforts for families in need of basic needs assistance, early child development services that are supported through the Maternal Child Health Home Visiting (MCHHV) programs with the Department of Health (DOH), Head Start and Early Head Start through the Department of Human Services (DHS), other Medicaid covered services through EOHHS, and importantly, with the Department of Behavioral Health, Developmental Disabilities and Hospitals (BHDDH), which provides adult mental health services, and behavioral health services for adults and youth.

In addition, the Department partnered with our state Health and Human Services Department in 2017 to develop cross-system data to identify, 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.

In 2016 Governor Gina Raimondo reconvened the Rhode Island Children's Cabinet. 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. The Children's Cabinet can view the large-scale system of care that is attentive to the needs of children, youth and families in all arenas. This process ensures a commitment for all state agencies to work collaboratively in leveraging all work being done in the state. This has resulted in more coordination and joint projects to benefit children in addition to the many grants and initiatives that required state agencies to work together on addressing the needs of children, youth and families. The state continues to work on the planning and implementation of the Center for Medicaid Services (CMS) State Innovation Model (SIM) grant focused on healthcare redesign and continues to ensure strong input on the behavioral health needs of children, youth, and young adults and their families. The Children's Cabinet has developed a work plan of services to address children and youth in all areas of their lives.

#### *Collaboration with CBCAP, CJA, CIP*

The department has engaged and meaningfully involved the CBCAP Lead, the CJA Coordinator and Court CIP personnel in service coordination. CIP staff the CBAP, CJA Lead and others worked together on the PIP as well as on the State Planning Team in Washington, D.C. in April. Those discussions have continued with the CIP staff working with teams on the development of the Goals of the CFSP. Assistant Director at DCYF and the CIP Director engage more frequently to align CIP and CFSR. Additional conversations will take place as we collaborate to implement mediation developed in the PIP process.

#### *Service Description*

In 2016, DCYF re-procured contracts through a request for proposal (RFP) to procure a comprehensive array of services designed to improve long term outcomes for children. Through this RFP, the agency was able to expand its service array by doubling the number of home and community-based services for a total of 32 services. These services are available state-wide. The Department has conducted provider fairs to educate staff on the additional services that they can refer their families to. The re-procurement has been viewed as a positive shift in the availability of services and an overall strength for the agency.

In 2018, The CFSR acknowledged the positives that have been born out of the re-procurement of contracts and the impact they have on service delivery to families. However, the CFSR also noted some identified gaps in the service array and the existence of waiting lists for some services such as substance abuse services and supervised visitation programs. As the Department was developing its Program Improvement Plan (PIP), a focus group was held with front-line staff about the agency's service array and accessibility to services. Staff voiced that they frequently had to navigate multiple pathways to make referrals for services. Staff also reported during CFSR Stakeholder Interview that there were disagreements with the Central Referral Unit (CRU) about appropriateness of services to provide to the families they are assigned to. Further analysis and feedback suggested that workers felt their opinions were "not heard" about what services would be best for their families. Staff also confirmed that there were gaps in services such as substance abuse and visitation services.

The CFSR also revealed a gap between the current service array and the field's awareness of these services and the process for accessing individualized services is not always clear to staff. Despite the concern raised in the CFSR, the utilization of DCYF-funded home-based services has consistently increased since August 2017. Through the Program Improvement Plan, the Department will establish a schedule for home-based referral staff to be available to staff in the outlying offices at least one-half day per month to build in-person relationships between caseworkers and CRU staff, improve communication, and increase staff understanding of the referral process and forms. CRU staff will also develop a brown bag lunch series to provide a forum to educate staff on the service referral and delivery system, availability of services and education around identification of needs for youth and family to best match services to family needs and appropriate providers. Develop a procedure for a single point of referral for all contracted DCYF-funded services and non-contracted insurance-based services (including evaluations for adults and children and behavior health services) to support a consistent process for service referral and provision for adults and youth. A single point of referral in CRU will leverage expertise of centralized staff who will focus on relationship building with insurance representatives and providers which will allow front line staff to leverage those relationships and knowledge resulting in more appropriate and timely services for families, thus positively impacting safety, permanency and well-being for families.

In calendar year 2017, 32.2% of children removed from home were removed, in part, due to parental drug abuse or parental alcohol abuse. In the first six months of calendar year 2018, 35.0% of children were removed due to some parental substance abuse. The Department intends to increase internal capacity for substance abuse knowledge, consultation and access to services available to workers, clients and families. To expand capacity and expertise in the Department around available SUD services, DCYF hired a SUD liaison who is now available to assist staff in supporting family access to treatment. In addition, Behavioral Health Link (BH Link) was established in 2018 through a partnership between the state's adult behavioral healthcare system, Horizon Healthcare Partners and Community Care Alliance (a private provider). BH Link is designed to provide immediate assistance to a person in crisis by providing innovative crisis intervention services, behavioral health services, and substance abuse services. BH Link helps to connect people to ongoing treatment and care. This is an additional resource that the agency can utilize to assist adults ages 18 and over. The liaison will assist staff in navigating through state resources including the new BH Link.

To request DCYF-funded services, a referral is made to the CRU who submits the referral to the appropriate service provider. However, if the service the caseworker is looking for is insurance-based such as parent/child evaluations and behavioral health services, they must work directly with the insurance provider to obtain access for the family or child. This requires each worker to become "content experts in managed health care" and spend excessive time navigating insurance companies and linking families with timely and appropriate services. To target this specific concern, the Program Improvement Plan includes activities to remedy this issue. The Department will develop a resource within the CRU to assist workers with targeting services so that expertise could be centralized to assist workers with identifying and connecting families to the most appropriate services.

### *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 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. Expansion of the Kinship Navigation and Support unit to three units of five front line staff who can work with a kinship care provider within a few days of placement.
2. Implementation of new Private Agency Foster Care Contracts, where all non-kinship foster parents will receive services and supports from a private agency.
3. Expansion to a broader system support groups for foster parents.
4. Development of a wider array of training opportunities for both preservice and in-service, as well as on-demand video modules through the state's website.
5. Creation of a mentoring program specifically for kinship providers that support most of our youngest children.
6. Foundation of a relationship between the child welfare system and the state's 2-1-1 system, to expand access to information and services.
7. Establishment of a Kinship Advisory Council and a Foster Parent Advisory Council to advise on the systemic and more specific needs of foster parents.
8. Development and implementation of an online portal used to improve foster parent recruitment, retention, support, and family matching.
9. 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.

Since the implementation of the Safe and Secure Baby Court over a hundred families have been served and only one youth returned to the care of the Department.

The Department of Children Youth and Families is in the process of expanding their role with SSBC by dedicating two Child Protective Investigators to triage families that may be appropriate for the Safe and Secure 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.

- **Reunification / Adoption Permanency Tracker**

In January of 2019 DCYF's Division of Performance Improvement implemented permanency trackers for within the Family Services Unit regions. The trackers are to aide Case Work Supervisors during supervision with their staff to keep track of permanency timeframes and identify barriers for appropriate follow up to be taken. The tracker produces data to form cohorts for a social case worker to take a deeper look into what is happening in the cases that are stuck in the system. It also provides data to lead conversations with the Family Service Unit management team regarding practice issues and how to resolve them during Active Divisional Meetings which are held monthly.

- **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.

#### *Efforts to Track and Prevent Child Maltreatment*

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 been 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 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

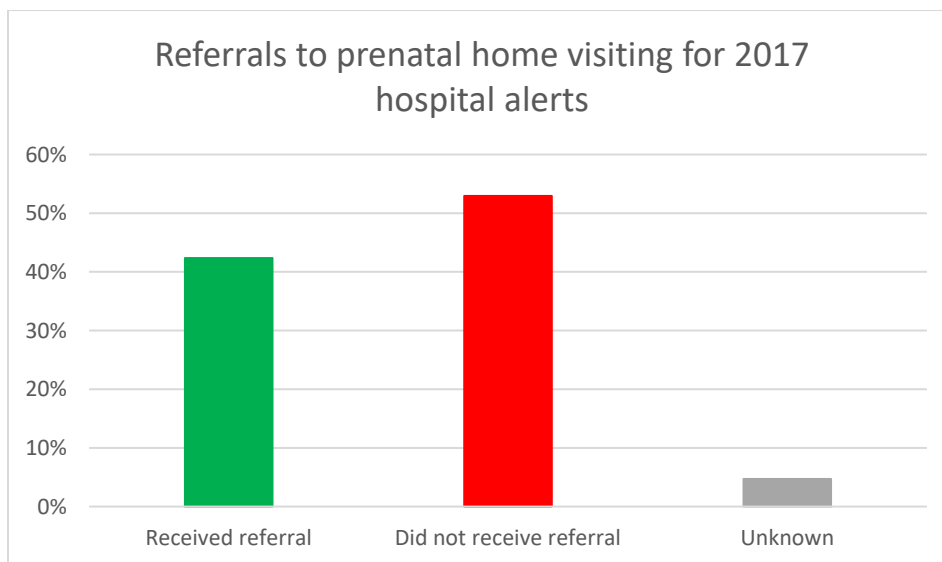
These data points, and our case review, led us identify four specific strategies to implement:

- 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.

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 2017 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

- Based on this analysis, launched a joint task force with RIDOH and the Women & Infants Hospital Prenatal Clinic, with the goal of leveraging prenatal medical care providers to refer and engage more mothers with preventive services like home visiting before their due date.

- 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.

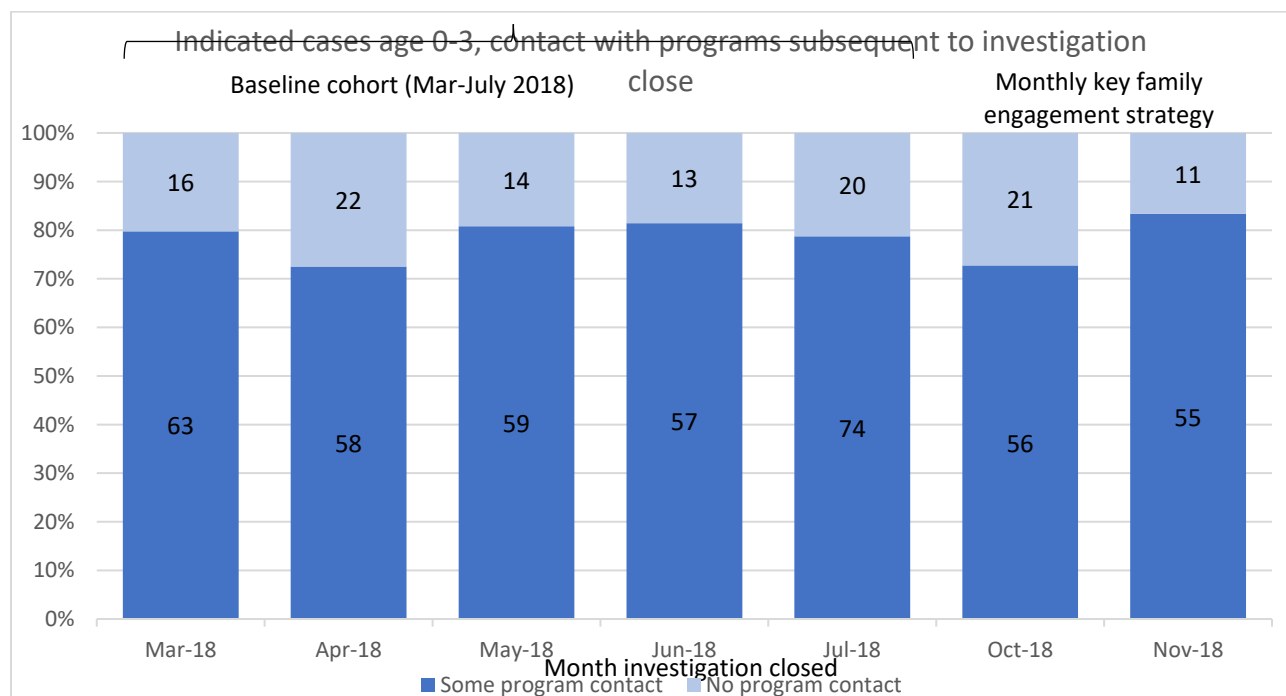
This protocol begins by generating a list of all children age 0-3 closed to DCYF with an indicated investigation. We then use DCYF and DOH data to determine whether the children on this list have engaged with a preventive service since closing to DCYF. We’re interested in questions like: Did the family 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.

#### Initial Results: Proportion of Key Families Engaged



Above are the findings of this process over the last few months. On the left, we started with a "baseline cohort" of 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. We found that

20% of the families across all five months in that baseline cohort did not engage in any preventive service or were not open to DCYF when we completed this analysis.

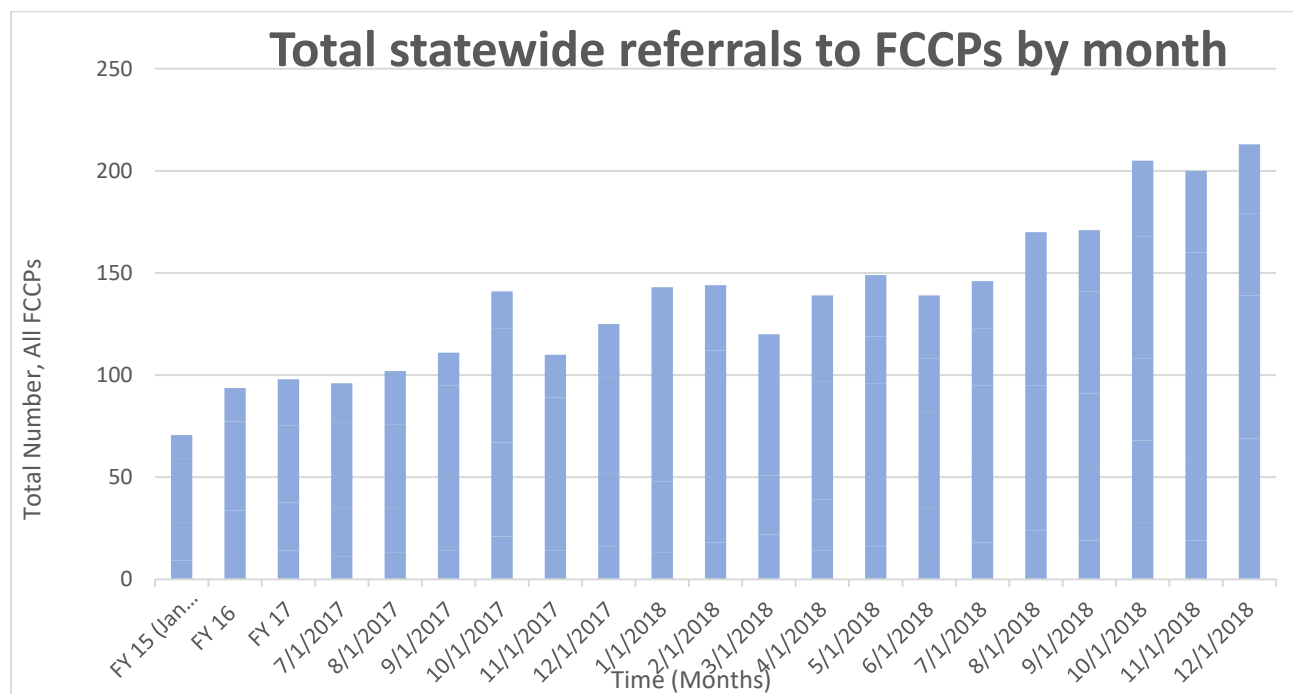
After establishing this baseline, we started looking at this group of key families on a closer to real-time, monthly basis in October. That month, 27% (21 of 77) had not engaged with any preventive service and were not open to DCYF. This number fell to 17% (11 of 66) in November. This is slightly better than our baseline, but still not where we want it to be. We consider these key families in our prevention work, and we want to ensure they're well-supported. 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 above 150 for the first time in August 2018 and has continued to trend upward. The FCCPs have consistently received 200 referrals or more in each of the last three months. Further, a growing proportion of these referrals are coming from the community, as opposed to from DCYF directly.

#### **"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 in early 2018 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. We're beginning to codify what our needs are for such a system and will ultimately work with a vendor to build it.

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.

Next Steps: Support FY20 budget initiatives that support the Pivot to Prevention strategies

#### **Key FY20 Initiatives:**

- **Family and Home Visiting:** Increase of \$650,000 in general revenue funding to support family home visiting programs, which provide pregnant women and families, particularly those considered at risk for poor outcomes, with the necessary resources and skills to raise children who are physically, socially, and emotionally healthy and ready to learn.
- **First Connections – Pre-Natal Expansion:** Increase of \$378,000 in general revenue funding to expand home visiting programs to service women prenatally. Combined with federal funds, the recommended budget will provide total funding for first connections of \$0.8 million.
- **Pivot to Prevention – Added Capacity:** Additional staff capacity will ensure that RIDOH and DCYF develop policy and practices that support children who are known or at risk of involvement in the child welfare system so that they may have coordinated access to programs such as First Connections, Early Intervention, Family Home Visiting, and WIC. The Governor recommends investment of \$73,600 general revenue and \$136,600 all fund

- **Tiered Reimbursement for Child Care:** Expand tiered reimbursement to include preschool aged children and home-based child care programs to incentivize the highest quality care options for Rhode Island children and early learners.

### *Promoting Safe and Stable Families*

The Department is also allocating IV-B Part 2 Promoting Safe and Stable Families Program funding in FY 2020 as follows:

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

The Parent Support Network of Rhode Island was begun primarily to assist families of children with serious emotional disturbance (SED) who had no formal involvement with the child welfare agency. However, there is greater appreciation now for the trauma associated with child abuse/neglect and the impact that involvement in the child welfare system has on children and their families. The Parent Support Network, with funding through IV-B, part 2, is providing additional support for families; 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 25%**

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 20%**

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 25%**

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 2019 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 2018 there were a total of 25 infant sleep-related deaths in Rhode Island. In response to this public health issue, the Rhode Island Department of Health (RIDOH) established a Safe Sleep Program. The Program's work is driven by a Safe Sleep Workgroup, a multi-agency committee that meets monthly. The Workgroup is made up of representatives from RIDOH, WIC, the State's Family Visiting Program, the Department of Children, Youth, and Families (DCYF); the Office of the Child Advocate; and, the Parent Support Network.

Recent activities of the Safe Sleep Program and Workgroup include:

- Through funding from DCYF and DOH, over 30,000 *Sleep Baby Safe and Snug* board books in English and Spanish were purchased and delivered to five birthing hospitals throughout the state for dissemination to new families at discharge for the past 3 years
- Assessing current hospital Safe Sleep policies and procedures, and encouraging Cribs 4 Kids certification
- 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
- Development of a Safe Sleep training program for professionals who have contact with children and families including: Family Visiting, WIC, Early Intervention, Health Equity Zones, DCYF, first responders, clinicians, social workers and case managers, and early childhood educators
- Direct community outreach through local agencies, programs, and public events to distribute Infant Safe Sleep information including refugee communities
- Establishing a Rhode Island Safe Sleep Screening tools for WIC staff, Family Visiting nurses, and first responders
- Developing a Safe Sleep Policy template that drives safe sleep competency and professional practice among relevant agencies and organizations

#### 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 runways, 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

### *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 2018.

### *Adoption and Legal Guardianship Incentive Payments*

The Department foresees no significant barriers to expending the funds we received in FY 15 \$198,750; FY 16 \$327,000; FY 2017 \$889,000 and FY 18 \$215,000. The Department re-procured its service array and funded Teen Focus through Adoption RI for \$338,211 in fiscal year 2018 and \$338,211 in 2019. The Department will also fund Teen Focus \$338,211 in 2020 in addition the Department is in the process of issuing an Adoption Services RFP by the beginning of fiscal year 2020. 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 and FY 18 \$672,969. 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 and 2019. In addition, the Department funded contract increases in Wendy's Wonderful Kids at Adoption RI in 2017, 2018 and 2019. The remaining \$743,375 in Adoption Savings will be invested in 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.

### **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 insures that notification is made to the Tribal Liaison when a family who identifies as Native American enters the DCYF system. In addition, bi-monthly meetings are held to discuss general practice, as well as to review specific families when needed. Regular phone and e-mail contact occurs between Tribe representatives and DCYF staff responsible for the coordination of care and services to each family. Notifications are made to Ms. Harris of all court hearings.

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

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

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

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

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

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

DCYF will send an electronic copy of the 2020-2024 CFSP to the Narragansett tribe for review and concurrence. DCYF will follow up with in-person meetings with Tribal representatives.

## 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 16<sup>th</sup> birthday and up to the young adult's 21<sup>st</sup> birthday. This includes youth who are placed in guardianship or adopted on or after the youth's 16<sup>th</sup> 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 21<sup>st</sup> 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 current DCFY Director Trista Piccola came on board 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 same time, Director Piccola is 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.

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 used input from The Voice (our 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 current 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. The new program will not include teen grant funding as the Department has also increased funds available in foster and congregate care rates to encourage caregivers to support normalcy activities for youth. As well, a workforce development component was built into the new program based on the success of several youth serving workforce development initiatives.

The Request for Proposals for these Youth Development Services required applicants to demonstrate their knowledge and ability to put into practice the principles of positive youth development, consistent with best practice recommendations of the Child Welfare League of America (CWLA) Standards of Excellence. The successful vendor had to demonstrate the following:

- A clear program and organizational philosophy of positive youth development, including an emphasis on developing social capital;
- Experience in providing a strength-based approach which is inclusive of youth as primary partners in both the assessment of youth and in the design, implementation and evaluation of services and supports; and
- How it will ensure structured and ongoing opportunities for youth to participate in leadership, decision-making, policy and program development, evaluation and peer assistance.

- 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.

Should the new vendor be an agency other than the current vendor, the Department anticipates a short transition phase to ensure current participants continue to receive the services in which they are active. Referrals will be made in the same manner that the Department developed for the CYS Program – when a youth in foster care turns age 16, their primary DCYF caseworker receives a notification in RICHIST asking them if they wish to refer the youth for a Lifeskills (Youth Development Assessment) referral. The worker can choose “Yes”, “No” (only to be chosen if the case has been closed but the worker hasn’t completed all of the work needed in RICHIST), or “Remind me in 5 days” (selected if for some reasons the worker doesn’t have the time that day to address this).

The vendor accesses a dashboard of active referrals built into RICHIST and has 45 days from the date of the referral to complete the assessment and enter the results into RICHIST. The current assessment used is the Casey Lifeskills Assessment (CLA) and we anticipate the vendor for the new contract to use this or a similar assessment tool. The CLA domains are mapped to the NYTD Services domains and entered into RICHIST based on those domains. As well, the individualized lifeskills/transition services for each youth is documented in RICHIST and a copy of the assessment is provided to the youth and the DCYF caseworker to be used in ongoing transition planning.

TABLE 1. CONSOLIDATED YOUTH SERVICES PROGRAM PARTICIPATION (STATE FISCAL YEAR DATA)							
	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY2018	FY2019 As of 5/24/2019
<b>LIFE SKILLS</b>							
<b>Referred</b>	335	317	354	270	242	253	206
<b>Youth Plan Completion</b>	210	204	201	143	113	85	21
<b>TEEN GRANTS</b>							

<b>Active Participants</b>	265	228	260	284	274	283	47
<b>Aggregate Funding</b>	\$73,239	\$69,363	\$64,498	\$70,863	\$81,370	\$83,749	
<b>ASPIRE FINANCIAL LITERACY*(PROVIDER AUGMENTED FUNDING THROUGH EXTERNAL FUNDRAISING EFFORTS)</b>							
<b>Active Participants</b>	376	388	340	316	381	410	386
<b>New Enrollments</b>	69	57	37	67	94	58	53
<b>REAL CONNECTIONS MENTORING</b>							
<b>Active Participants</b>	208	199	183	178	174	162	147
<b>New Enrollments</b>	82	48	58	41	57	63	45

In addition to this assessment, the vendor will at a minimum provide the following services to 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 The VOICE, 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 will work 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 will also use The VOICE heavily in the process of ongoing program design, development and adaptation.

Services will be available to all eligible youth and young adults throughout the State regardless of where they reside. The successful vendor was required to demonstrate their capacity to meet this expectation and the Department will work closely with the vendor to ensure that geographic location is not a barrier to access.

## Community Collaboration and Leveraged Opportunities

The Department will continue our long tradition of collaborating with our sister state agencies, provider 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)
- The CoC's Homeless Individual's Case Management Committee focused on assisting unaccompanied and homeless youth/young adults, older adults, Veterans' and families obtain permanent supportive housing as rapidly as possible.

## Federally Recognized Tribe Participation and Consultation

YDECS Administrator works closely with the Department's tribal liaison, Stephanie Terry, to ensure we maintain a meaningful, collaborative relationship with the states' only federally recognized Indigenous Tribe, the Narragansett Tribe. Ms. Terry is developing scheduling bi-monthly case conferencing meetings with the Narragansett Tribal representatives. We have agreed to use these meetings to focus on services for older youth in care and youth who may wish to participate in the VEC Program who are tribal members. We have also 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)

Up until October 2018, the NYTD surveys were conducted by Foster Forward under the terms of the CYS Contract. Commencing with the Cohort 3, 19 year old follow-up surveys, the Department's Principal Community Services Liaison, Jessica McCluskey, is now 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 and we have a strong compliance record. Our survey participation rates are provided in the tables below:

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

TABLE 3: NYTD SURVEY PARTICIPATION (COHORT 2)			
NYTD	FFY 2014 Baseline	FFY 2016 19-year-old follow-up	FFY2018 21-year-old follow-up
Referred	189	156	156
Completed	156	113	105
Pending Completion	N/A	N/A	N/A
Incomplete	33	42	51
Participation Rate	83%	73%	67%

TABLE 4: NYTD SURVEY PARTICIPATION (COHORT 3)				
NYTD	FFY 2017 Baseline	FFY 2018 18-year-old follow-up	FFY2019 19 year-old follow-up Cohort A	FFY 2019 19 year-old follow-up Cohort B
Referred	143	116	58	51
Completed	116	89	53	14
Pending Completion	N/A	N/A	NA	37
Incomplete	27	27	5	NA
Participation Rate	81%	77%	83%	27%

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 of these 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, The VOICE 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
- Cultural Competent Practice with LGBTQ Individuals
- Educational Services and Resources for Children & Youth Involved in Child Welfare
- 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 will be working with our external Youth Development Services vendor, 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. 95% of case plans for youth in foster care age 14 and older include a signed acknowledgement by the youth that the youth was provided a copy of their rights and that these were explained to them so they can understand them.
2. 95% of case plans for youth in foster care age 14 and older will be developed in consultation with the youth and, if the youth chooses, up to two people chosen by the youth who are not the caseworker, foster parent or a residential care provider.

3. By June 30, 2020, 90% of youth in foster care age 16 will be referred for a life skills assessment within 10 days of the youth's 16th birthday or within 10 days of their entry/re-entry into foster care if the entry/re-entry is after age 16.
4. By June 30, 2021, 90% of youth in foster care age 16 and referred for a life skills assessment will have the assessment completed and addressed in their transition plan.
5. By June 30, 2020, 95% of VEC participants who indicate they want a career/vocational assessment will have one completed within 45 days of the date they received Family Court approval for entry into VEC.
6. By June 30, 2020, 95% of VEC participants with a career/vocational assessment will be enrolled and participating in an approved workforce development program.
7. By June 30, 2020, 95% of VEC participants who choose to enroll and attend a post-secondary program will be making adequate academic progress at a rate similar to or higher than their non-foster youth peers.
8. By June 30, 2022, 90% of VEC participants will, at the time of leaving the program at age 21, will live in a housing that is affordable for them without the cash assistance provided when they were VEC participants

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 intends to continue to use ETV funding for youth who enter foster care on or after the youth's 16<sup>th</sup> birthday and up to the young adult's 21<sup>st</sup> birthday. This includes youth who are placed in guardianship or adopted on or after the youth's 16<sup>th</sup> 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 21<sup>st</sup> 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 are not opting 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 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.

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

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

The Department has been working with RI Department of Administration in securing a new vendor to develop a 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 consort 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.

The integration of this system with 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 allows 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.

#### 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 2019: 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.

*FY 2019:* The YDECS Office includes educational, youth development support services and the management of the Voluntary Extension of Care Program. This integration allows 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 also hosts 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 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, Lori DiPina, 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 will develop as part of our Youth Development and Educational Supports training program through the CWI components related to enhancing youth success in the post-secondary arena.

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

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

- a. Connect to College (C2C) program which aims to increase college readiness for incoming students and create a community of scholars working together towards degree completion. Connect to College provides academic advising, financial coaching, and career assessments that link directly to college majors and programming, which will aid students in their goal of college graduation.
- b. Preparing for College is a collaboration between the CCRI and the Rhode Island Office of the Postsecondary Commissioner which targets middle school students and high school

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

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

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

**FY 2019:** The YDECS Office will host Door Openers to invite community organizations to provide information on career exploration, college planning and college prep workshops. The Department will seek the assistance of the Rhode Island Educational Opportunity Center (EOC), a federally-funded TRIO Program, which assists individuals with applying for financial aid (FAFSA) and completing college admissions applications. The EOC office also provides an array of other services such as: career counseling, GED and English as a Second Language classes referrals, assistance with foreign education evaluations, financial literacy and general educational information dissemination. The EOC Office assists students in gaining access to any college that they are interested in attending.

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

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

## Financial Information

### FFY 2017 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 2017, 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 CFSP, the Department is requesting an allocation of \$892,544 in Title IV-B, part 1 funds, and an allocation of \$1,022,644 in Title IV-B, part 2 funds. Additionally, the Department requests \$64,442 for ongoing efforts to improve performance in monthly caseworker visits; as well as an allocation of \$362,026 in CAPTA funds. The Department is also requesting \$550,000 in funds through the Chafee

Foster Care Independence Program, and \$194,069 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 \$892,544 in FFY 20 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 \$1,022,644 in Title IV-B, Part 2 funds for FFY 20. These funds will continue to support the Department's initiatives in compliance with the Adoption and Safe Families Act, focusing on therapeutic visitation; family advocacy/support program initiatives; and adoption promotion and support, as described previously under Program and Service Development. Funding for family support services will be allocated 20% of the appropriation; family preservation services will be allocated 26%; family reunification services will receive 20%; and, adoption promotion and support programs will receive 25% of IV-B, Part 2 funding. The Department will use 9.8% in Administrative costs.

#### Child Abuse Prevention and Treatment Act Appropriation

The Department anticipates receiving \$362,026 in FFY 20. 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 \$550,000 in the CFCIP allocation, and \$194,069 in Educational Training Vouchers (ETVs) in FFY 2020. 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 \$64,442 in the MCV funds for FFY 20. In 2019, the Department used Monthly Caseworker Visit funding to purchase broadband-enabled tablet laptop computers to support front line caseworkers. In 2020, 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 is set to end 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 2019 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.

### **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 except Family Reunification which was at 19%. In the FY 18 budget funding was increased to this service category.

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