

RHODE ISLAND

*Title IV-B Child and Family Service
Annual Progress and Services Report*

DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES

Janice DeFrances
Director

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Rhode Island

TITLE IV-B CHILD AND FAMILY SERVICE PLAN

Annual Progress and Services Report – 2013

Introduction –

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

The agency is guided by strong vision and mission statements that were crafted by a cross-section of the Department’s staff:

Vision – *As active members of the community, we share a vision that all children, youth and families reach their fullest potential in a safe and nurturing environment.*

Mission – *It is the mission of DCYF to assist families with their primary responsibility to raise their children to become productive members of society. We recognize our obligation to promote, safeguard and protect the overall well-being of culturally diverse children, youth and families and the communities in which they live through a partnership with families, communities and government.*

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

DEPARTMENT COMPOSITION –

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

Figure 1: County map of Rhode Island



Region IV is the largest family service area geographically, representing 14 communities in the north and northwestern section of the state in Providence County, and includes the City of Woonsocket which is an area most significantly impacted by poverty conditions. 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 in close proximity, if not inside, the County court houses. Youth sentenced to probation/parole are assigned to the probation/parole office either closest to their residence or in the County in which the charges were filed. The Rhode Island Training School is the state's only juvenile

correctional facility; located in the City of Cranston which is just south of Providence in Kent County.

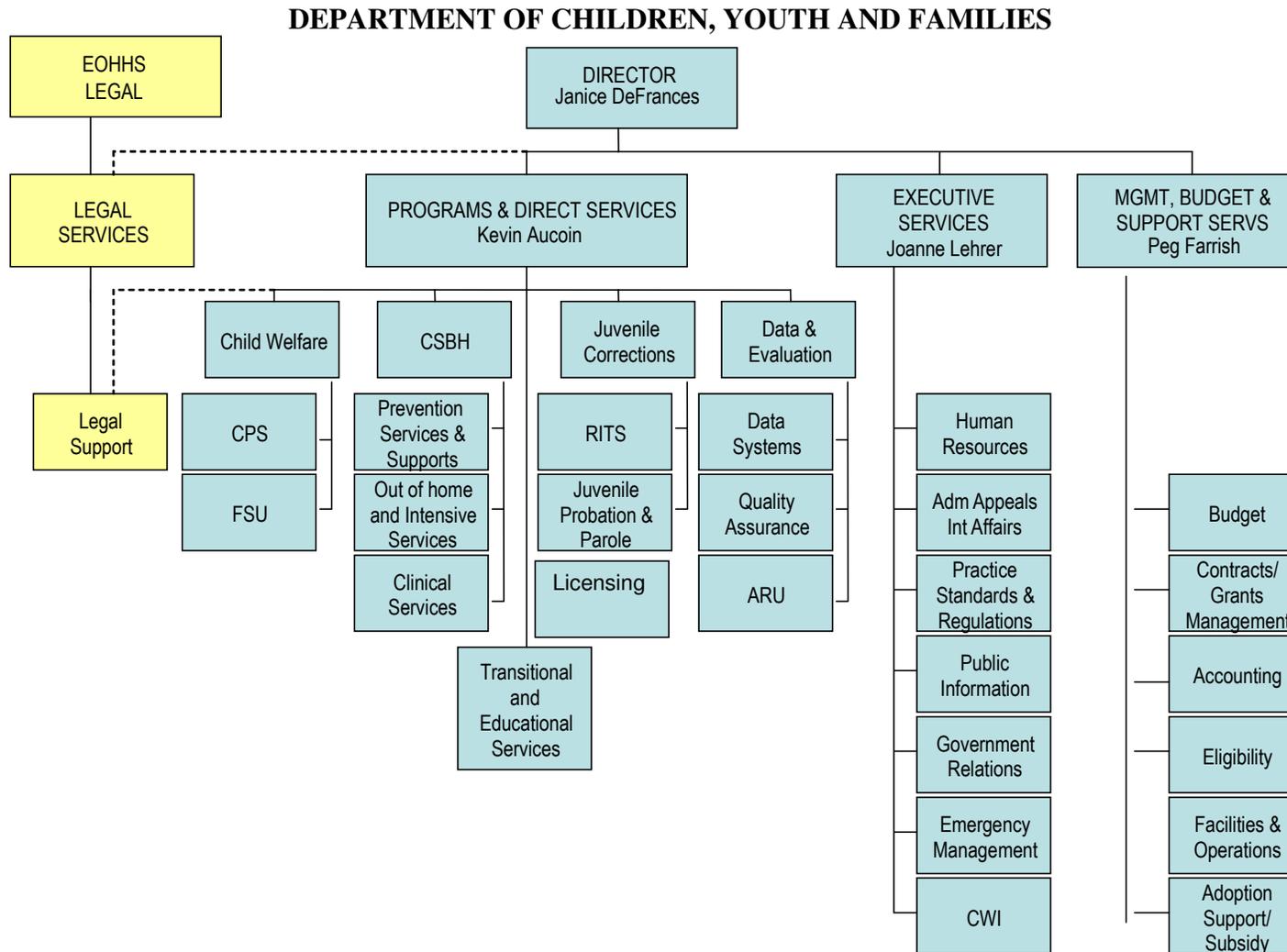
The Department's Central Office is located in the City of Providence. The physical location houses the Region 1 Family Service Units and much of Region IV's Family Service Units as a result of recent consolidation efforts. The Division of Children's Community Services and Behavioral Health is also located in the Providence office. All other functions under Executive Services and Management, Budget and Support Services are at the Providence office as well.

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, homestudies and licensing of foster homes, as well as recruitment, training, and homestudies for adoptive homes; and management of adoption and guardianship subsidies.

Figure 2: DCYF Functional Organizational Chart



SYSTEMS IMPROVEMENTS - DCYF

In recent years, the Department has seen a steady shift in the volume of families requiring DCYF intervention. In the table at the right, data as of December 31 for the past five years represent a steady decline in active caseloads and in the number of children in substitute care.

		Active Caseloads – Number of Children				
As of December 31		2008	2009	2010	2011	2012
# Active Caseloads		8,203	7,677	7,384	6,828	6,795
# Children in Substitute Care		2,654	2,331	2,293	1,988	1,947
# Children at Home		2,824	2,506	2,344	2,141	2,208

At the same time, the number of children able to be maintained in their own homes under DCYF supervision was greater than the number of children placed in foster care in each year. These trend lines represent steady progress for the Department, as throughout this period there was ongoing preparation with staff and the provider community toward greater emphasis on home and community-based services. Much of this emphasis was focused on the front-end of the Department’s service system – helping child protection investigators to work more diligently with families and community providers to avert families from being opened to the DCYF wherever possible and appropriate.

LARGER SYSTEM ENHANCEMENTS –

The Department of Children, Youth and Families is one of four state departments serving children and families under the umbrella of the Executive Office of Health and Human Services (EOHHS). The EOHHS is comprised of the Departments of Children, Youth and Families; Human Services; Behavioral Health, Developmental Disabilities, and Hospitals; and Health. In January 2009, the State began to implement an 1115 Medicaid Waiver; designed to consolidate all of the State’s Medicaid funded services under the broad reach of a global waiver to ensure a community-based system of care that will greatly reduce reliance on residential treatment or other long-term institutional care – with the intent to provide more flexibility in the delivery of home and community-based services. The EOHHS has responsibility for coordinating administration and financing of Medicaid benefits across the four departments. The State is now in the application process to renew the 1115 Medicaid Waiver which will extend these innovative opportunities through 2018.

As part of this overall system transformation DCYF is continuing its efforts to design an Integrated System of Care through a two-pronged approach: 1) the establishment of Family Care Community Partnerships (FCCPs) to address the front-end needs of the child welfare and children’s behavioral health systems; and, 2) a redesign of residential services to provide a managed system of care for the 2% to 5% of youth with the most complex needs. This approach will develop care plans designed to reduce the

length of stay in residential programs through greater emphasis on Wraparound values and principles, and community-based family support.

The FCCPs have been in operation now for more than four years. Their primary function is to avert children and families from becoming involved with DCYF, where possible and feasible, through family preservation and family support programming and services. Data from each of the FCCPs is collected and processed by DCYF's Data Analytic Center at Yale University.

The Department publishes a semi-annual FCCP report. Data from the most recent semi-annual FCCP report, Calendar Year 2012 Quarters 3 and 4 (July 1, 2012 – December 31, 2012) reported a total of 1330 families involved with the FCCPs. Among those 1330 families, a total of 2221 children were involved with the FCCPs. The median age of the child involved with the FCCPs is age 8. Approximately 81% of children involved with the FCCP are reportedly eligible for the FCCPS for reasons of “risk for child abuse/neglect”, 22% are reportedly eligible for the FCCPS for reasons of “Serious emotional disturbance”; these two categories are not mutually exclusive and a child may be in more than one eligibility category. Approximately 57% of FCCP referrals were from DCYF. The largest proportion of families referred by DCYF were families with an indicated investigation (36%). The Department works closely with the FCCPs through regular meetings to troubleshoot program and practice issues. As referenced above, the number of cases becoming opened to the Department has steadily declined over the past five years. The Department feels that the implementation of the FCCPs has had a valuable impact on the continuation of this trend. More recent data has shown a steady reduction in the average number of caseloads open to the Family Service Unit caseworkers from FY2010 where there was an average monthly caseload of 3,420 to FY 2013 where the average monthly caseload was 2,782. In probation the average caseload for the same time period reduced from 1050 to 670.¹

The redesign of the residential programs, Phase II of the System of Care, is now moving into its second year of operation. This second phase of the System of Care is designed to further reduce reliance on residential treatment facilities by promoting stronger emphasis on developing and enhancing capacity within the communities for family wraparound supports that can maintain children within their own homes and communities. Also important, the emphasis is on trauma-informed care to assure placement with appropriately skilled service providers at varying levels of intensity, including residential treatment.

SYSTEM DATA SUPPORTS

The Department's Statewide Automated Child Welfare Information System (SACWIS), which is known as Rhode Island Children's Information System (RICHIST), contains all of the functionality required by federal regulations, which includes case management, staff management, financial management, provider management and policy and procedure management functions. It establishes an electronic case record,

¹ Source: DCYF Data and Evaluation

eliminating considerable paperwork. Continuous quality improvement with the RICHIST system has made this database a valuable resource for line staff to easily access information and identify the type of services that families need. This information includes child and family demographics, child welfare status, service plan goals, and child placement information, as well as legal, medical and educational information.

Ongoing enhancements with RICHIST include providing access to RICHIST to the Family Care Network operating phase II of our System of Care. Access has been provided to administrative staff as well as network care coordinators. To support phase II of the System of Care, RICHIST was modified to include a new referral/intake window. This functionality allows for the electronic referral of cases to the networks. Additional functionality included the automating the selection of which network a family will be assigned to in order to ensure equitable distribution of cases between the networks. Also added to RICHIST was a family team meeting window.

The RICHIST system is undergoing a number of technical modifications. This includes upgrading the underlying software to the most recent versions available. DCYF is also partnering with the Executive Office of Health and Human Services to population the Rhode Island Human Service Data Warehouse with RICHIST data.

AFCARS Assessment Review: Foster Care Data Elements Improvement Plan

The Department continues to work towards completion of its AFCARS Improvement Plan that resulted from an assessment review conducted on the Adoption and Foster Care Analysis and Reporting System in June 2003. The period under review for the assessment was April 1 through September 30, 2002. The findings from that assessment focused the Department’s attention primarily on improving the accuracy of data entry into the electronic case file. The Department also needed to make some significant modifications to the program codes or to screens regarding the collection of medical and behavioral health information for the children in care. Of the 103 data set elements for AFCARS, the Department’s ratings were:

Rating Factor	Full Data Set (103 elements)
4	31 (30%)
3	42 (41%)
2	30 (29%)
1	0
4 = Full Compliance 0 = Non-Compliance	

The Department completed testing of the AFCARS extraction code by completing a set of test cases provided by the Children’s Bureau. As a result of this phase of testing, a follow up conference call was completed in September 2012 to discuss definitional issues relating to trial home visits. The call concluded with the Department agreeing to make changes to the RICHIST system to allow the tracking of “trial home visits”. As of December 2012, the Federal AFCARS Representative was going to provide an updated matrix along with clarification on some issues to the Department. The Department will also provide documentation on its data quality initiatives.

In September 2009, there was a SACWIS site review which resulted in two findings that required State action. The Department’s action plan addresses these issues:

SACWIS Site Review	State Action
1) Inclusion of the child’s income in the IV-E eligibility calculation.	A new modification was developed and tested for RICHIST to include child’s income in the calculation; however, changes in federal IV-E regulations in April 2010 relating to a child’s continuing eligibility once established eliminated the need for this modification.
2) FCCP program does not have access to RICHIST application to perform case management activities, although the FCCP program is partially funded through the Title IV-B grant.	State agrees that all providers should utilize a single information system. An implementation plan is being developed to migrate the System of Care (FCCP) partners from the RIFIS (Harmony) System over to RICHIST. There has been communication with ACF regarding the necessary time and resource commitments and it is agreed that this will be completed within the 3 year timeline required. The State has been granted permission to continue using RIFIS during this transition period.

The Department is also working in collaboration with the Family Court as part of the Court Improvement Program to improve data exchange processes. The Family Court has implemented a new Juvenile Case Management System (JCMS) and is currently implementing a data warehouse that will provide reporting capability for both DCYF and the Family Court. The Court has established 9 performance measures, some of which are closely aligned with the child welfare national outcome measures; e.g., safety and permanency measures. The data warehouse will support this activity with the ability to produce dashboard reports for the Court. The interface between DCYF and the Courts has been developed and data is transmitted nightly from RICHIST to the JCMS system to populate the data warehouse.

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CHILD WELFARE CONTEXT DATA

The Department provides statistical reports to the U.S. Department of Health and Human Services, Administration for Children and Families (ACF) through two important data collection sources: the National Child Abuse and Neglect Data System (NCANDS) and the Adoption and Foster Care Analysis and Reporting System (AFCARS). These two reporting sources compile data from child welfare agencies across the country to identify trends on performance – both, nationally, and state by state.

Rhode Island’s Child Welfare Context Data profiles the general population as it relates to children under the age of 18, and the number of children/youth who were involved with DCYF as a result of investigations in which maltreatment was indicated. These data offer the Department an opportunity to track its performance quantitatively

with respect to trends impacting the number, age and race/ethnicity of children/youth involved in investigations where there is an indication of maltreatment, and the number of cases opening to the Department as a result. The DCYF's Data Analytic Center (DAC) through The Consultation Center at Yale University is able to provide the Department with a representation of its data profile using the federal methodology. The information presented here from the DAC represents the Child Welfare Outcomes Annual Report for SFY 2012, based on NCANDS and AFCARS data submitted to ACF.

A. Key Context Statistics

RI General Child Population		DCYF Child Population Demographics	
Total children under 18 years	223,956*	Victims of Child Abuse and/or Neglect	3,464†
Race/ethnicity (%)		Type of Abuse:	By Age:
Native American	<1%	Neglect – 86.8%	Under 1 – 15.0%
Asian/Pacific Islander	3%	Physical – 15.7%	1-5 Yrs. – 36.2%
Black/African American	8%	Sex – 5.7%	6-10 Yrs. – 25.7%
Hispanic	20.5%	Medical Neglect – 2.7%	11-15 Yrs. – 18.4%
White	72%	Emotional – .2%	16 + – 4.6%
%Child population in poverty	19% ²	Other – 1.5%	Unknown – 0.1%

* Rhode Island Child Population, U.S. Bureau of Census, American Community Survey 2010

† Source: 2011 Report prepared by DCYF's Data Analytic Center at Yale University

The following series of tables provides an overview of the data reported to the Data Analytic Center at Yale University in recent years. In its *Child Maltreatment Report*, the Children's Bureau defines a child victim as a child who is the subject of a substantiated/indicated maltreatment report. Children with more than one report of substantiated/indicated maltreatment may be counted more than once in the data reports. As noted in the following tables, the number of children reported for maltreatment has varied in recent years.

B. Child Maltreatment Data (NCANDS Data File)

Maltreatment Information Overview	2009	2010	2011	2012
Children subject of an investigated report alleging child maltreatment	9,319*	10,444*	9,880*	10,420
Child maltreatment victims†	3,065	3,632	3,438	3,464
Child fatalities	2	2	3	1

† Children with more than one report of indicated maltreatment may be counted more than once.

* FY 2012 Child Welfare Outcomes Report prepared by DCYF's Data Analytic Center at Yale University

Maltreatment Information - Rate	2009	2010	2011	2012
Children subject of an investigated report alleging child maltreatment	41 per 1,000	46 per 1,000	44 per 1,000	47 per 1,000
Child maltreatment victims	13.5 per 1,000	16 per 1,000	15.4 per 1,000	15.5 per 1,000
Child fatalities of maltreatment victims	0.9 per 100,000	.9 per 100,000	1.3 per 100,000	.5 per 100,000

² 2012 Rhode Island KIDS COUNT Factbook/Economic Well-Being

Looking at the age breakdown in the following table, there had been a steady increase in the percentage of children between the ages of birth to 5 years old who had been involved in an indicated child maltreatment investigation from 2007 to 2009 at which time it leveled off. The percentage of children 6-10 has increased slightly in 2012 while the percentage of youth 11+ has decreased slightly.

Age of Victims (%)³	2007	2008	2009	2010	2011	2012
Under 1	13.8	15.3	15.1	14.8	14.5	15.0
1-5 years	31.5	34.3	36.2	36.6	36.6	36.2
6-10 years	25.3	26.8	25.4	24.6	24.1	25.7
11-15 years	23.4	18.4	18.2	18.3	19.2	18.4
16+ years	5.7	5.2	4.8	5.7	5.6	4.6
Unknown	0.2	0.1	0.2	0.0	0.1	0.1
Total %	100	100	100	100	100	100
Number	3,857	3,082	3,065	3,632	3,438	3,464
Race/Ethnicity of Child Victims (%)	2007	2008	2009	2010	2011	2012
Alaska Native/Amer. Indian	0.5	0.4	0.5	0.8	.4	.7
Asian/Pacific Islander	1.8	.8	1.7	0.8	1.0	.8
Black (non-Hispanic)	11.4	12.1	9.3	11.2	11.0	11.9
Hispanic (of any Race)	24.2	22.3	22.5	23.1	22.6	24.8
White (non-Hispanic)	52.4	53.1	53.8	51.6	51.1	48.3
Two or more races	4.9	6.5	6.0	6.5	6.8	6.4
Unknown	4.8	4.7	6.1	6.1	7.1	7.2
Total % ⁴	100	100	100	100	100	100
Number	3,857	3,082	3,065	3,632	3,438	3,464
Maltreatment Type of Child Victims (%)	2007	2008	2009	2010	2011	2012
Emotional Abuse	0.1	0.1	0.1	0.1	0.1	0.2
Medical Neglect	1.7	1.5	1.3	2.0	2.6	2.7
Neglect	87.5	87.4	85.2	88.1	87.8	86.8
Physical Abuse	9.3	9.9	13.2	15.9	16.1	15.7
Sexual Abuse	5.6	5.2	3.9	4.5	4.3	5.7
Other	1.4	1.1	1.6	0.9	1.0	1.5
Total % ⁵	105.6	105.2	105.5	111.5	111.9	112.6
Number	3,857	3,082	3,065	3,632	3,438	3,464

³ DCYF Child Welfare Outcomes Annual Report for FY 2011. Prepared by The Consultation Center, Yale University for DCYF's Data Analytic Center.

⁴ Percentages may total more than 100 percent because Hispanics may be counted both by Hispanic ethnicity and by race.

⁵ Percentages may total more than 100 percent because children could have been victims of more than one type of maltreatment.

ATIONAL CHILD WELFARE OUTCOME MEASURES

The Department is able to conduct data analysis and monitor its performance on the National Child Welfare Outcomes through its Data Analytic Center (DAC), using the federal Children’s Bureau methodology. This capability is advantageous for DCYF, as the DAC is able to provide an assessment of the Department’s performance on a more current and continuous basis.

The Department is able to track its performance on the national child welfare outcome measures to inform continuous quality improvement. In the new Program Improvement Plan, Rhode Island is not required to submit data on national standards or composite measures as the state has already met each of the required benchmarks prior to implementation of this PIP.

In the following table, data represent the Department’s performance over the past few years in relation to the national standards. For national measures where there is no standard, the Department continues to track its performance/improvements based on reports from the Data Analytic Center.

The Department performed well overall in the safety outcome measures. The national outcome data on the safety measures are not included here, but are included in the Child Abuse Prevention and Treatment (CAPTA) Plan which is included separately from the CFSP.

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National Outcome Data Comparisons

These national measures relate to child welfare practices that address concerns for safety and permanency. The permanency outcome measures for which there *is* a standard represent four (4) composite scores for agencies’ overall performance in this area. DCYF’s performance on these 4 composites is in the following table:

- 1) Timeliness and Permanency of Reunification – (Standard 122.6 or higher)
- 2) Timeliness of Adoptions – (Standard 106.4 or higher)
- 3) Permanency for Children/Youth in Foster Care for Long Periods of Time - (Standard 121.7 or higher)
- 4) Placement Stability – (Standard 101.5 or higher)

DCYF Composite Scores - National Data Profile Report

Permanency Composite 1: Timeliness and Permanency Reunification – (Incorporates components A and B)	FFY 2009	FFY 2010	FFY 2011	FFY 2012
Standard 122.6 or higher	98.0	98.1	100.2	104.0
<i>Component A: Timeliness to Reunification</i>				
1.1) Exits to reunification in less than 12 months (nat'l median = 69.9%, 75 th percentile = 75.2%)	67.2%	70.2%	68.8%	72.2%
1.2) Exits to reunification, median stay – of children in foster care for 8 days or longer, what is median length of stay in months from latest removal from home to reunification – (nat'l median = 6.5 months, 25 th percentile = 5.4 months – lower score is preferable in this measure)	Median = 7.7 months	Median = 7.4 months	Median = 8.1 months	Median = 7.2 months
1.3) Entry cohort reunification in < 12 months (nat'l median = 39.4%, 75 th percentile = 48.4%)	43.8%	43.5%	44.3%	46.2%
<i>Component B: Permanency of Reunification</i>				
1.4) Re-entries to foster care in less than 12 months from previous placement (nat'l median = 15.0%, 25 th percentile = 9.9% - lower score is preferable)	21.9%	23.4%	21.3%	21.8%
Permanency Composite 2: Timeliness of Adoptions – (Incorporates components A, B and C)	FFY 2009	FFY 2010	FFY 2011	FFY 2012
Standard 106.4 or higher	141.7	134.5	134.9	142.3
<i>Component A: Timeliness of Adoptions of Children Discharged from Foster Care</i>				
2.1) Exits to adoption in less than 24 months from date of latest removal from home (nat'l median = 26.8%, 75 th percentile = 36.6%)	42.7%	41.0%	38.8%	46.2%
2.2) Exits to adoption, median length of stay from date of latest removal to discharge to adoption (nat'l median = 32.4 months, 25 th percentile = 27.3 months)	Median = 26.4 months	Median = 26.0 months	Median = 26.3 months	Median = 25.1 months
<i>Component B: Progress Toward Adoption for Children in Foster Care for 17 Months or Longer</i>				
2.3) Children in care 17+ months, adopted by the end of the year (nat'l median = 20.2%, 75 th percentile = 22.7%)	22.0%	18.1%	20.9%	20.9%
2.4) Children in care 17+ months achieving legal freedom within 6 months – legally free means TPR reported to AFCARS for both parents (nat'l median = 8.8%, 75 th percentile = 10.9%)	16.8%	14.5%	16.0%	16.6%
<i>Component C: Progress Toward Adoption of Children Who are Legally Free for Adoption</i>				
2.5) Legally free children adopted in less than 12 months (nat'l median = 45.8%, 75 th percentile = 53.7%)	78.4%	77.6%	76.4%	79.9%
Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time – (Incorporates components A and B)	FFY 2009	FFY 2010	FFY 2011	FFY 2012
Standard 121.7 or higher	130.2	127.9	130.6	120.2

	FFY 2009	FFY 2010	FFY 2011	FFY 2012
<i>Component A: Achieving Permanency for Children in Foster Care for Long Periods of Time</i>				
3.1) Exits to permanency prior to 18 th birthday for children in care for 24+ months; i.e., adoption, guardianship, or reunification (including living with relative (nat'l median = 25.0%, 75 th percentile = 29.1%)	25.2%	24.5%	28.2%	26.6%
3.2) Exits to permanency for children with TPR (nat'l median = 96.8%, 75 th percentile = 98.0%)	96.9%	96.4%	95.0%	96.4%
<i>Component B: Growing Up in Foster Care</i>				
3.3) Children emancipated who were in foster care for 3 years or more (nat'l median = 47.8%, 25 th percentile = 37.5%)	30.8%	32.6%	33.2%	44.8%
Permanency Composite 4: Placement Stability – Standard 101.5 or higher	FFY 2009	FFY 2010	FFY 2011	FFY 2012
	99.2	99.6	98.9	99.2
4.1) Two or fewer placement settings for children in care for less than 12 months (nat'l median = 83.3%, 75 th percentile = 86.0%)	88.1%	86.2%	86.8%	87.5%
4.2) Two or fewer placement settings for children in care for 12 to 24 months (nat'l median = 59.9%, 75 th percentile = 65.4%)	62.3%	66.3%	63.2%	65.4%
4.3) Two or fewer placement settings for children in care for 24+ months (nat'l median = 33.9%, 75 th percentile = 41.8%)	35.8%	36.0%	36.0%	34.4%

2012 PROGRAM IMPROVEMENT PLAN – UPDATES

The Department completed its second round of the Child and Family Service Reviews during the week of April 26, 2010. The State's Program Improvement Plan was approved and became effective June 1, 2011. During the past year, the Department has submitted quarterly reports for quarters 4 - 7. During quarter 7 of the PIP, the department and ACF representatives reviewed the progress made on the PIP and approved several modifications to the PIP including modifying the requirement to develop and implement a legal guide and adding the implementation of a joint permanency committee jointly chaired by the Family Court and DCYF.

Key implementation drivers in the PIP focus on five strategies:

- Formalize concurrent planning in practice.
- Ensure a timely and appropriate permanency plan for each child and family.
- Enhance supervision practice.
- Integrate the key principles of the System of Care into casework practice.
- Enhance service array through interagency collaboration.

The Department has completed a significant amount of work on the PIP strategies:

- **Concurrent Planning:** The Department has incorporated concurrent planning into all training curriculums and is finalizing a Permanency Planning Guide that

will keep safety, permanency and well-being at the forefront of our practice model. The Department is also working with the Family Court through the Court Improvement Program to introduce concurrent planning concepts to the judicial community.

- **Timely and Appropriate Permanency Plan:** The Department has met with the Family Court and CASA to explain the Permanency Support Team process and has invited CASA to be a partner on the support teams. We have also modified our SACWIS system to allow us to develop and track outcome measures related to permanency.
- **Supervision Practice:** The Department has drafted a supervisory practice guide. The guide will assist in standardizing the department's practice model. In addition to the supervisory guide, the Department has also implemented "Learning Labs" as another tool in promoting consistent practice and will use the learning labs to reinforce supervisory practice.
- **Principles of the System of Care:** The Department has completed the development of our practice guidance model for Family Team Meetings and has completed developing practice standards. With the implementation of phase II of the System of Care, "early implementer" units have been selected to begin using family teaming in their practice.
- **Interagency Collaboration:** The Department has contracted with two network providers to implement the System of Care. The network contracts were designed to address issues with service accessibility and individualization. We have also successfully entered into an agreement with the Department of Human Services to provide extended medical coverage for a specific population of cases to promote more timely reunification. We are currently developing a feedback mechanism to allow staff to provide input into future service needs.

The PIP's strategies are integrated into this APSR; and as such, has required modifications to the original plan's objectives in order to achieve a single plan toward the Department's practice improvements.

In this process, it was necessary to focus on the Department's priorities with implementation of the Program Improvement Plan. The objectives of the CFSP that clearly align with and support the practice changes in the PIP continue to be reported on in the APSR. Other objectives that are not feasible at this time or are being addressed through the PIP strategies have been removed from the CFSP; e.g., objectives for the following in Goals 1 and 4:

- **(1.2b) Enhance existing diversion track for investigated cases that do not require filing a Court petition** – This objective references the Department's Family Care Community Partnerships (FCCPs) which have now been fully established. The FCCPs have demonstrated effectiveness in DCYF's efforts to reduce the number of cases becoming opened to the Department.
- **(1.2c) Establish alternative process for handling child maltreatment cases that utilizes the Family-Centered Risk and Protective Capacity Family**

Assessment tool as a base – This work has not progressed in the past year and will require more inter-systems and inter-disciplinary collaboration than is feasible at this time with priority efforts focused on PIP implementation and development/implementation of the System of Care Phase II - Networks of Care.

- **(1.2d) Complete assessment of clinical evaluations ordered by Family Court versus evaluations ordered by Department social workers to determine if process should be revised** – The Court and DCYF received recommendations based on a study of the clinical evaluations. There was no compelling need for change.
- **(1.3b) Enhance implementation of Wraparound principles and service linkages through Family Care Community Partnerships** – This has been established with the successful implementation of the FCCPs; ongoing training on wraparound processes and principles continues to be conducted for FCCP staff through the Child Welfare Institute. The FCCPs are representative of partner agencies each with access to a wide array of services to assist and support children and families. The Department’s emphasis now is on establishing the System of Care Phase II, which is a PIP strategy.
- **(1.3c) Promote sustainable funding for services tailored to child and family needs** – The primary focus of this objective will be achieved through implementation of the System of Care Phase II.
- **(4.2b) Establish a diversified consortium to develop training that is representative of the multiple interested parties** – This remains an interest; however, it is not currently feasible with priorities focused on inter-disciplinary training for DCYF staff and community partners in preparation for implementation of the System of Care Phase II.
- **(4.2c) Coordinate statewide information sharing and training opportunities for all stakeholders** – This is currently not feasible.

Additionally, all of the previous Goal 2 objectives in the CFSP have been replaced with PIP strategies. Goal 2 is to promote permanency and the PIP’s focus on ensuring a timely and appropriate permanency plan for all children and families effectively addresses the intent of this goal and removes duplicative activities. The Department continues its efforts to improve diversity recruitment in communities of color; particularly with greater emphasis on identifying and supporting relative and kinship foster homes.

This APSR includes specific references to the PIP goals and strategies as they are incorporated into the CFSP’s overarching goals.

CHILD AND FAMILY SERVICE FIVE YEAR PLAN (CFSP) - 2010 – 2014

The Child and Family Service Plan for 2010 – 2014 is established under four overarching Goals as represented below:

- Goal I:** Establish a continuum of family-centered, high quality, culturally relevant, community and neighborhood-based resources in an integrated service delivery system that partners with natural, formal and informal supports to promote safety, permanency and well-being for children, youth and families.
- Goal II:** Promote permanency, including but not limited to adoption and legal guardianship, when reunification is not achievable.
- Goal III:** Transition all children and youth from publicly supported needs and services with the supports, skills and competencies in place to ensure stability and permanency.
- Goal IV:** Enhance the capacity of employees, foster and pre-adoptive parents, and providers to delivery high quality care to children and families.

The first goal is the largest of the four, and serves to refocus and reinforce the Department's commitment to establish a continuum of services within a fully integrated System of Care for children, youth and families. Progress in each of the goals is noted in the following tables.

As a result of the changes made through the integration of the Program Improvement Plan with the CFSP, the numbering system for the Plan in this APSR has been modified.

GOAL I: Establish a continuum of family-centered, high quality, culturally relevant, community and neighborhood-based resources in an integrated service delivery system that partners with natural, formal and informal supports to promote safety, permanency and well-being for children, youth and families.

PIP Goal – All DCYF children, youth and families reach their fullest potential in a safe and nurturing environment.

	2010 ⇨ 2014	Measure of Progress	Progress in 2012 - 13	Outcome/Indicator
Strategies	Action Step			
1.1 Promote ongoing activities for prevention of child maltreatment	<p>1.1 (a) Establish an organized, statewide movement to promote prevention of child maltreatment and re-maltreatment using community-based organizations.</p> <p>1.1 (b) Implement Regional prevention awareness campaigns through the FCCPs and Family Community Advisory Boards (FCABs).</p> <p>1.1 (c) Expand training opportunities through Breakthrough Series on Risk and Safety.</p>	<p>Prevention focused campaigns implemented by each Family Care Community Partnership Network.</p> <p>Training provided to new audiences.</p>	<p>1.1 (a) – DCYF established its Family Care Community Partnership (FCCP) prevention focused network of community-based providers beginning in January 2009. DCYF continues as a collaborating partner with the Department of Health in the title V early childhood comprehensive systems development known as Successful Start.</p> <p>1.1 (b) – DCYF has established a statewide Family Community Advisory Board for the FCCPs. The Regional FCABs became operational in SFY 2012. Meetings are held on a monthly basis.</p> <p>In July 2010, FCCP contracts included funding to design and implement a prevention-focused public awareness campaign targeting. April and May 2013 marked the third year that public awareness campaigns were carried out for Child Abuse Prevention and Children’s Mental Health Awareness Months. These campaigns and activities are coordinated statewide and within the individual FCCP service areas under the common theme: <i>Keeping Rhode Island’s Children Safe, Healthy and Happy!</i> Campaigns will continue in 2014.</p> <p>1.1 (c) – DCYF staff have been trained in the Casey Family Programs’ Breakthrough Series on Risk and Safety. Over the past couple of years, multiple trainings have been conducted with the FCCPs, residential providers and other community-based partners, including Permanency Support partners. The training has also been provided to the Family Court at its annual conference. The Child Welfare Institute also conducts these trainings on an on-going basis.</p>	<p>Safety-1: Children are, first and foremost, protected from abuse and neglect</p> <p>Safety-2: Children are safely maintained in their homes when possible and appropriate</p>

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	2010 ⇔ 2014	Measure of Progress	Progress in 2012 - 13	Outcome/Indicator
Strategies	Action Step			
1.2 Promote systems reform activities for the handling of child maltreatment cases to reduce further trauma to children.	<p>1.2 (a) Improve communication across systems.</p> <p>1.2 (b) Explore ways to improve awareness/understanding of roles and responsibilities among stakeholders within the legal community and DCYF staff.</p> <p>1.2 (c) Ensure multidisciplinary training opportunities to promote awareness/understanding of relevant topical issues that are designed to reduce additional trauma to child victims.</p> <p>1.2 (d) Ensure continued meaningful collaboration with DV advocates to assist child protection investigators in responding to situations involving domestic violence.</p>	<p>Database interfaces will be operationalized to facilitate improved coordination of scheduling and case management across systems.</p> <p>Information tools developed.</p> <p>Multidisciplinary training opportunities will be identified/held.</p> <p>Program is ongoing.</p>	<p>1.2 (a) – The Family Court has enhanced its Juvenile Case Management System (JCMS) improving the data interface with DCYF. Through the Court Improvement Program Data Exchange grant, Multi-View data integration software is now in operation between the two systems, allowing for the transfer of child/client information on a daily basis to improve the accuracy of the case identification information between the Court and DCYF. A data warehouse is currently being operationalized by the Court which will enhance opportunities for up-to-date case related information being provided to the Court.</p> <p>1.2 (b) – DCYF has formed an internal workgroup comprised of FSU and Legal staff to improve understanding of the roles/responsibilities of both toward achieving improved permanency outcomes for children. This workgroup is also moving to improve communication with the Court and community-base providers to ensure better documentation and Court preparation.</p> <p>1.2 (c) – Trauma focused treatment/intervention trainings are being provided through CWI.</p> <p>1.2 (d) – Safe Families Collaboration (SFC) co-location project with the RI Coalition Against Domestic Violence is being maintained through CJA funding. The FCCPs offer an additional resource for assisting families through the SFC and in the coming year, SFC will expand to provide co-location family advocates within each of the FCCPs.</p>	<p><u>Permanency-1:</u> Children have permanency and stability in their living situations.</p> <p><u>Well-Being Outcome 1:</u> Families have enhanced capacity to provide for children’s needs.</p> <p><u>Well-Being-3:</u> Children receive services to meet their physical and mental health needs.</p> <p><u>Systemic Factor IX:</u> Agency responsiveness to the Community.</p>

GOAL I: Establish a continuum of family-centered, high quality, culturally relevant, community and neighborhood-based resources in an integrated service delivery system that partners with natural, formal and informal supports to promote safety, permanency and well-being for children, youth and families.

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	2010 ⇔ 2014	Measure of Progress	Progress in 2012 - 13	Outcome/Indicator
Strategies	Action Step			
<p>PIP STRATEGY 5</p> <p>1.3 Enhance service array through interagency collaboration.</p>	<p>PIP Action Step 5.1: Increase the availability and individualization of services)</p> <p>1.3 (a) Ensure RFP for Phase II addresses concerns with service accessibility and individualization.</p> <p>1.3 (b) Develop partnership with RI Department of Human Services to retain RIte Care coverage for substance abuse and mental health services for eligible populations.</p> <p>1.3 (c) Develop a mechanism for workers to provide feedback on service quality.</p> <p>1.3 (d) Increase capacity for evidence-based service models throughout the State by procuring new service proposals.</p>	<p>Selected sections of the RFP – Due Q1</p> <p>Agreement completed – Due Q3</p> <p>Feedback process implemented – Due Q3</p> <p>New programs established</p>	<p>1.3(a) Phase II RFP was issued June 1 with submission deadline of July 28, 2011.</p> <p>The Reunification Support Program between DCYF and DHS is in effect. The two Departments are continuing the process of modifying the data systems interface.</p> <p>A mechanism has been developed where worker feedback will be aggregated by the RI Data Analytic Center (DAC). The DAC meets bi-weekly with networks to address concerns.</p> <p>1.3d – Ongoing. In 2011, 6 additional home and community-based services were authorized for implementation. In 2010, there had been three new service providers approved.</p> <p>With the implementation of the System of Care, Phase II, services will be provided through the Networks of Care on a Fee for Service basis.</p>	<p>Safety-2: Children are safely maintained in their homes when possible and appropriate.</p> <p>Systemic Factor V: Service Array</p> <p>Applicable CFSR Items:</p> <p>3) Services to protect children in home</p> <p>4) Risk of harm</p> <p>36) Services are accessible throughout the state</p> <p>37) Services are individualized to meet the unique needs of children and families</p>

GOAL I: Establish a continuum of family-centered, high quality, culturally relevant, community and neighborhood-based resources in an integrated service delivery system that partners with natural, formal and informal supports to promote safety, permanency and well-being for children, youth and families.

PIP Goal – All DCYF children, youth and families reach their fullest potential in a safe and nurturing environment.

	2010 ⇨ 2014	Measure of Progress	Progress in 2012 - 13	Outcome/Indicator																												
Strategies	Action Step																															
1.4 Ensure further reduction in residential placements as appropriate through increased home and community-based services.	1.4 (a) Implement Phase II of the System of Care - establish wraparound approach to residential programs.	Phase II of the SOC contracts are signed; services begin.	<p>1.4 (a) – SOC Phase II contracts were signed on June 20 to begin July 1, 2012. This is six months past the earlier projections for implementing SOC Phase II. However, much work has been ongoing during this period to prepare for this start date.</p> <ul style="list-style-type: none"> During the first year of implementation, DCYF and the two Network lead agencies continued to work toward reduction of residential programs; however, this first year represented challenges which significantly impeded the Networks and DCYF’s ability to realize the anticipated continued reduction in residential placements. There was an increase in placements overall for youth during this first year with fluctuations through the months, and an identified need for more youth to require out-of-state placements. The number of youth in out-of-state placements increased from at the end of FY 12 to 56 at the end of FY 13. <p>It is understood also that this first year is part of a larger systemic developmental process.</p>	<p>Safety-1: Children are first and foremost, protected from abuse and neglect.</p> <p>Permanency-2: The continuity of family relationships and connections is preserved.</p> <p>Well-Being-1: Families have enhanced capacity to provide for children’s needs.</p> <p>Well-Being-2: Children receive services to meet their educational needs.</p> <p>Well-Being-3: Children receive services to meet their physical and mental health needs.</p> <p>Systemic Factor-V: Service Array</p>																												
<p><i>Average Census for Residential and Tx Foster Care Placement Prior to Phase II SOC</i></p> <table border="1"> <thead> <tr> <th></th> <th>FY 2010</th> <th>FY 2011</th> <th>FY 2012</th> </tr> </thead> <tbody> <tr> <td>Treatment Foster Care</td> <td>307</td> <td>296</td> <td>288</td> </tr> <tr> <td>Residential</td> <td>766</td> <td>690</td> <td>541</td> </tr> <tr> <td>Totals</td> <td>1,073</td> <td>986</td> <td>829</td> </tr> </tbody> </table>			FY 2010	FY 2011	FY 2012	Treatment Foster Care	307	296	288	Residential	766	690	541	Totals	1,073	986	829	<p><i>Average* Placements in SOC – 2013</i></p> <table border="1"> <thead> <tr> <th></th> <th>FY 2013</th> <th>% Change from 2012</th> </tr> </thead> <tbody> <tr> <td>Treatment Foster Care</td> <td>267</td> <td>- 7.3%</td> </tr> <tr> <td>Residential</td> <td>507</td> <td>- 6.3%</td> </tr> <tr> <td>Totals</td> <td>774</td> <td>- 6.6%</td> </tr> </tbody> </table>			FY 2013	% Change from 2012	Treatment Foster Care	267	- 7.3%	Residential	507	- 6.3%	Totals	774	- 6.6%	
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* Prior to the implementation of the System of Care, the Department had been steadily reducing purchase of service placements as well as contracted placement services. In prior APSRs, data reports tracked just the POS reductions; however, with the SOC, POS was eliminated. For consistency, the data in the table above represent reductions in all placements that have been made in the three years prior to the SOC and during the first year of the SOC implementation.

GOAL II: Promote permanency, including but not limited to adoption and legal guardianship, when reunification is not achievable.

PIP Goal – Achieve timely and appropriate permanency for all children at home and in foster care.

	2010 ⇔ 2014	Measure of Progress	Progress in 2012 - 13	Outcome/Indicator
Strategies	Action Step			
<p>PIP STRATEGY 1</p> <p>2.1 Formalize concurrent planning in practice.</p>	<p>(PIP Action Step 1.1: Formalize concurrent planning/permanency goals in practice)</p> <p>2.1 (a) Define concurrent planning.</p> <p>2.1 (b) Engage stakeholders to define their role in supporting concurrent planning practice (residential and home providers; Child Placing Agencies; youth; field staff; community providers; Permanency Support Unit; foster parents; birth parents)</p> <p>2.1 (c) Engage the legal and judicial stakeholders with the assistance of the NRCLJI to obtain judicial input into concurrent planning practice.</p> <p>2.1 (d) Add new Case Activity Note type in RICHIST for establishing permanency goal.</p> <p>2.1 (e) Create a report identifying youth with no permanency goal</p>	<p>Definition Completed – Due Q1</p> <p>Stakeholder roles defined – Due Q1</p> <p>Stakeholders meeting held and summary report available – Due Q2</p> <p>Detailed design document – Due Q2</p> <p>Report developed – Due Q2</p>	<p>The concurrent planning definition has been finalized.</p> <p>Meetings with the stakeholder groups were held during this past year with technical assistance from the Casey Foundation. Recommendations helped to further organize the efforts of the Department’s Permanency Support Teams. This was completed in Q2.</p> <p>The NRCLJI conducted a meeting with judges in January 2012. A CANI conference is planned for November 2013. The CIP workgroup met with DCYF staff in May to ensure the CANI agenda included sessions on concurrent planning and effective permanency hearings.</p> <p>The new CAN type in RICHIST was implemented in PIP Q2.</p> <p>The Service Plan Dashboard report was modified to show youth with no</p>	<p>Permanency-1: Children have permanency and stability in their living situations.</p> <p>Applicable CFSR Items:</p> <ul style="list-style-type: none"> 5) Foster care re-entry 6) Stability of foster care placements 7) Permanency goal for child 8) Reunification, guardianship, and placement with relatives 9) Adoption 10) Other planned living arrangement

GOAL II: Promote permanency, including but not limited to adoption and legal guardianship, when reunification is not achievable.

PIP Goal – Achieve timely and appropriate permanency for all children at home and in foster care.

	2010 ⇔ 2014	Measure of Progress	Progress in 2012 - 13	Outcome/Indicator
Strategies	Action Step			
	<p>established within 45 days of opening.</p> <p>2.1 (f) Add concurrent planning goal to service plan in RICHIST</p> <p>2.1 (g) Develop and implement Permanency Practice Guide.</p> <p>2.1 (h) Integrate concurrent planning into System of Care curriculum</p>	<p>Detailed design document – Due Q 2</p> <p>Guide developed – Due Q 2</p> <p>Training curriculum – Due Q 3</p>	<p>permanency goal identified in PIP Q2.</p> <p>An option to add a concurrent planning goal was added in RICHIST in PIP Q2.</p> <p>A final draft of the Permanency Guide was submitted and accepted by our federal partners in PIP Q4</p> <p>Concurrent planning has been integrated into all training and was reinforced with regional staff meetings during the roll-out of the permanency guide in May 2013.</p>	
<p>PIP STRATEGY 2</p> <p>2.2 Ensure a timely and appropriate permanency plan for each child and family.</p>	<p>(PIP Action Step 2.1: Strategically utilize Permanency Support Teams)</p> <p>2.2.1 (a) Meet with legal stakeholders (Family Court, CASA, Public Defender, etc.) to review the Permanency Support Team (PST) process and identify a Family Court and/or CASA representative to serve on the PSTs.</p> <p>2.2.1 (b) Develop a report listing</p>	<p>Meeting Summary – Due Q2</p> <p>Report Developed –</p>	<p>A meeting between DCYF and CASA was held on December 2. A process was developed to forward CASA a list of cases for the next month’s PST meeting indicating which have a legal impediment impacting permanency. Where appropriate, CASA will then identify a staff person to attend.</p> <p>The Department is using an analysis of data that identifies characteristics of</p>	<p>Permanency-2: The continuity of family relationships and connections is preserved.</p> <p>Systemic Factor II: Case Review System</p> <p>Applicable CFSR Items:</p> <p>12) Placement with siblings</p> <p>13) Visiting with parents and siblings in foster care</p> <p>14) Preserving connections</p> <p>15) Relative placement</p> <p>16) Relationship with child in care with parents</p> <p>25) Each child has written case plan developed</p>

GOAL II: Promote permanency, including but not limited to adoption and legal guardianship, when reunification is not achievable.

PIP Goal – Achieve timely and appropriate permanency for all children at home and in foster care.

	2010 ⇔ 2014	Measure of Progress	Progress in 2012 - 13	Outcome/Indicator
Strategies	Action Step			
	youth to be reviewed based upon identified criteria.	Due Q2	youth who are at risk of being in long-term foster care.	jointly with child’s parents 27) Process ensuring each child in foster care has a permanency hearing no later than 12 months from date the child entered foster care and no less frequently than every 12 months thereafter. 28) TPR process in accordance with ASFA 29) Notification process to be heard in court hearing or review regarding child.
	2.2.1 (c) Modify RICHIST to document PST meetings and outcomes.	RICHIST Modified – Due Q3	RICHIST modifications were completed in PIP Q3. New staff have been trained on the windows..	
	2.2.1 (d) Monitor PST process and outcomes for quality improvement.	Findings reviewed and recommendations made – Due Q3	Outcome measurement is currently in process and will be submitted with the final PIP quarterly update.	
	(PIP Action Step 2.2: Establish a process for coordinated case reviews)			
	2.2.2 (a) Revise list of compelling reasons not to file TPR.	List developed – Due Q1	This is complete. The legal workgroup revised the criteria, more clearly defining the reasons to support compelling reasons. These will be incorporated into the Legal Guide.	
	2.2.2 (b) Develop a digital dashboard with permanency prompts to be used by judges in court hearings.	Dashboard screenshots – Due Q3	The digital dashboard has been updated with permanency prompts. The dashboard is currently being implemented for judges on the DCYF calendar.	
	2.2.2 (c) Determine how Administrative Review Unit findings will be incorporated into service planning and court reporting.	Process developed – Due Q3	The legal workgroup continues to identify the best process for incorporating findings into service planning and court reporting.	
	2.2.2. (d) Develop a legal practice	Committee	The development of legal guide has	

GOAL II: Promote permanency, including but not limited to adoption and legal guardianship, when reunification is not achievable.

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	2010 ⇨ 2014	Measure of Progress	Progress in 2012 - 13	Outcome/Indicator
Strategies	Action Step			
	guide.	established	been replaced with the establishment of a joint permanency committee.	
	2.2.2. (e) Cross training to implement the legal practice guide.	Committee established	The implementation of the legal guide has been replaced with the establishment of a joint permanency committee.	
	2.2 (f) Revise the permanency hearing decree form to enhance the substance of the permanency hearing and to ensure that a decision is made on the child's permanency at the hearing.	Revised permanency hearing decree	Revisions to the permanency decree are in progress and will be reported in the 8 th quarter PIP report.	
	2.2 (g) Ensure timely submission of quality information to the Court by revising the DCYF court letter. The workgroup revising the court letter will include DCYF and Court staff.	Revised court letter guidelines	Development of court letter guidelines are in progress and will be reported in the 8 th quarter PIP report.	
	2.2 (h) Establish a joint permanency committee comprised of representation from the Court, DCYF, parent advocates and child advocates. The joint committee will be chaired by Chief Judge Bedrosian (or her designee) and Director DeFrances (or her designee). Membership will include child and parent advocates. The committee will meet on a quarterly basis to identify the strengths and	Joint committee meeting minutes	The first meeting of the joint permanency committee will be held on May 24 th .	

GOAL II: Promote permanency, including but not limited to adoption and legal guardianship, when reunification is not achievable.

PIP Goal – Achieve timely and appropriate permanency for all children at home and in foster care.

	2010 ⇨ 2014	Measure of Progress	Progress in 2012 - 13	Outcome/Indicator
Strategies	Action Step			
	<p>challenges in achieving timely permanency outcomes.</p> <p>2.2 (i) DCYF to conduct workshops within each operational division on the content of the permanency guide. The workshops will be conducted within Family Services, Child Protective Services, Juvenile Corrections, and the Legal office. Workshops will be open to court staff, CASA, and other stakeholders.</p>	<p>Statistics on attendance broken out by division</p>	<p>Workshops have been completed in all four FSU regions and have been attended by DCYF staff and external partners.</p>	
<p>PIP STRATEGY 2</p> <p>2.2 Ensure a timely and appropriate permanency plan for each child and family.</p>	<p>(PIP Action Step 2.3: Improve use of kinship placements through Casey Peer T/A process)</p> <p>2.2.3 (a) Partner with Casey to conduct internal and external facilitated meetings on improving use of kinship placements.</p> <p>2.2.3. (b) Establish standardized process and tools for conducting a diligent search for absent parents and relatives.</p> <p>2.2.3 (c) Implement administrative</p>	<p>Meeting agenda and discussion notes – Due Q1</p> <p>Process documented & examples of tools utilized – Due Q1</p> <p>Approval process</p>	<p>These facilitated meetings were conducted in the 1st quarter of the PIP.</p> <p>The process for searching for relatives and kin as well as absent father was standardized and completed in PIP Q1.</p> <p>An administrative review process was</p>	<p>Permanency-2: The continuity of family relationships and connections is preserved.</p> <p>Systemic Factor II: Case Review System</p> <p>Applicable CFSR Items:</p> <ul style="list-style-type: none"> 12) Placement with siblings 13) Visiting with parents and siblings in foster care 14) Preserving connections 15) Relative placement 16) Relationship with child in care with parents 25) Each child has written case plan developed jointly with child’s parents 27) Process ensuring each child in foster care has a permanency hearing no later than 12 months from date the child entered foster care and no less frequently than every 12 months thereafter.

GOAL II: Promote permanency, including but not limited to adoption and legal guardianship, when reunification is not achievable.

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Strategies	Action Step			
	<p>approval or review process for all non-kin placement requests.</p> <p>2.2.3(d) Conduct regional policy advisory meetings to emphasize the benefits of placement with relatives.</p> <p>2.2.3(e) Determine feasibility of establishing a kinship coordinator function to assist Child Protective Service (CPS) workers in locating, engaging and supporting kinship families/absent parents.</p> <p>2.2.3(f) Modify RICHIST to require documentation of efforts to locate and place with kin.</p>	<p>implemented – Due Q1</p> <p>Mtg dates and times; % of staff attending; mtg materials – Due Q2</p> <p>Policy memo identifying functions of this position – Due Q2</p> <p>Design document – Due Q3</p>	<p>implemented for all non-kin placements in PIP Q1.</p> <p>Regional meetings with all staff were conducted to emphasize the benefits of placing children with kin. These meetings were completed in PIP Q2.</p> <p>A new full-time kinship coordinator position was not able to be established. The role of the existing kinship coordinator was expanded to provide access to child protective investigators. Efforts continue to increase the number of hours the kinship coordinator is available. In addition, a policy memo was distributed to CPS staff on the role of the kinship coordinator.</p> <p>RICHIST was modified in PIP Q3 to allow for the documentation required.</p>	<p>28) TPR process in accordance with ASFA</p> <p>29) Notification process to be heard in court hearing or review regarding child.</p>
<p>PIP STRATEGY 2</p> <p>2.2 Ensure a timely and appropriate</p>	<p>(PIP Action Step 2.4: Improve notice and opportunity to be heard for foster parents)</p> <p>2.2.4(a) Incorporate the rules governing the Foster Parents' Bill of</p>	<p>Revised curricula - Due Q1</p>	<p>The foster parent training curriculum has been updated to include the Foster</p>	<p>Permanency-2: The continuity of family relationships and connections is preserved.</p> <p>Systemic Factor II: Case Review System</p>

GOAL II: Promote permanency, including but not limited to adoption and legal guardianship, when reunification is not achievable.

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	2010 ⇨ 2014	Measure of Progress	Progress in 2012 - 13	Outcome/Indicator
Strategies	Action Step			
permanency plan for each child and family.	Rights as part of the Pre-Service curriculum for new workers and the foster care training for prospective foster parents.		Parent Bill of Rights. This was completed in PIP Q1.	Applicable CFSR Items: 12) Placement with siblings 13) Visiting with parents and siblings in foster care 14) Preserving connections 15) Relative placement 16) Relationship with child in care with parents 25) Each child has written case plan developed jointly with child’s parents 27) Process ensuring each child in foster care has a permanency hearing no later than 12 months from date the child entered foster care and no less frequently than every 12 months thereafter. 28) TPR process in accordance with ASFA 29) Notification process to be heard in court hearing or review regarding child.
	2.2.4(b) Discuss policy with staff regarding Foster Parents’ Bill of Rights through policy advisory meetings.	Dates of mtgs; % of staff attending; mtg materials – Due Q2	Regional meetings were conducted in PIP Q2.	
	2.2.4(c) In conjunction with the Court Improvement Program (CIP) staff, standardize court practice regarding foster parents opportunity to participate in hearings.	Standardized procedure – Due Q3	The Department is finalizing this process.	
	2.2.4(d) In conjunction with the CIP staff, publicize court practice regarding foster parents opportunity to participate in permanency hearings.	Informational materials developed and distributed – Due Q3	An updated letter to foster parents was developed and mailed to all foster parents	
	2.2.4(e) Automate the procedures to notify foster parents of permanency hearings.	Procedures automated – Due Q5	The process of automating the notifications to foster parents has been completed.	
	2.2.4(f) Monitor foster parent notification via RICHIST report.	Report completed – Due Q5	A monitoring report was developed and is utilized to ensure foster parents receive appropriate notification.	

GOAL II: Promote permanency, including but not limited to adoption and legal guardianship, when reunification is not achievable.

PIP Goal – Achieve timely and appropriate permanency for all children at home and in foster care.

	2010 ⇒ 2014	Measure of Progress	Progress in 2012 - 13	Outcome/Indicator
Strategies	Action Step			
	2.2.4(g) Evaluate foster parents right to be heard in permanency hearings.	Survey to foster parents completed and data analyzed – Due Q6	The RI Foster Parents Association is conducting surveys to collect evaluation data.	
	2.2.4(h) Share and address survey findings with CIP, RI Foster Parents Association and other stakeholders.	Documentation of mtg and follow up steps – Due Q6	Evaluation data will be shared with the joint permanency committee, the court improvement staff and ACF.	

A critical underlying value in the development and implementation of the PIP and embodied in the Department's System of Care is the understanding that children, youth and families' voice/choice must be included in permanency planning activities. These efforts are designed to ensure meaningful inclusion and participation of children, youth and families in their service plan development and decisions focusing on permanency.

The Family Court was actively involved with the Department in the development of the PIP, as well as the CFSP and preparation for the April 2010 CFSR and the Court participated in the Department's annual PIP review. DCYF and Family Court staff are actively involved in ongoing work regarding the electronic exchange of case information between the RICHIST data system and the Court's Juvenile Case Management System (JCMS).

MULTI-ETHNIC PLACEMENT ACT Foster Parent Recruitment

June 2013

I. A description of the characteristics of waiting children.

Demographic information (as of 6/1/13) indicates that there are **3983** children active with DCYF (**6911** including subsidized and unsubsidized adoptions). Of these, **64%** are White; **17%** are African American; **1%** is Asian; **1%** is American Indian; **7%** are of Unknown race and **10%** are Multiracial). **24%** of the active children are listed as Hispanic.

Of the **1180** children residing in foster care placements (relative, non-relative generic, and private agency specialized foster care) **66%** are White; **15%** are African American; **1%** is Asian; **13%** are multi-racial and **3%** are “unknown”. **24%** of the children in foster home placements are of Hispanic heritage.

Of these **1180** children residing in foster care placements, **45%** were in relative foster placements; **33%** were in non-relative generic foster placements; and **22%** were in private agency specialized foster care.

As of 5/31/13 the Department had 781 licensed foster homes (245 DCYF generic foster; 216 DCYF relative; and 320 private agency specialized); 155 homes pending licensing renewal; and 279 pending first time licenses (177 relatives; 45 child specific; and 57 generic.)

II. Specific strategies to reach all parts of the community.

The goal of foster parent recruitment is to ensure that sufficient numbers of qualified foster families are available to meet the needs of the Department and the children it serves and to allow for careful matching and planned placements which meet the best interests of every child in need of foster care. As approximately 80% of all DCYF children who are adopted are adopted by their foster parents, it is critical that initial foster placements be conducted with consideration to a child’s long term needs.

This overview focuses solely upon the recruitment of **generic DCYF** foster homes. Kinship and child specific placements originate with the child’s primary social worker and are handled through a different process. Intensive efforts are made to identify fit and willing kin to care for children at the time of their removal and through the duration of the case. The recruitment and licensing of therapeutic, specialized, and private agency foster care are also handled through a different process.

Most tasks have been achieved and are ongoing. The Department continues to contract with the Urban League's Minority Recruitment Program to recruit, conduct home studies, and provide pre-service training for foster and adoptive families interested in fostering children from African American and

Latino backgrounds. The contract includes the provision of training and home studies in Spanish for Spanish speaking applicants.

During the first eleven months of FY 2013 (July 1, 2012 – June 10, 2013), numerous foster parent recruitment activities have taken place. The goal of these activities has been twofold, and has focused on both the long term process of increasing general public awareness of the role of foster parents and the licensing process and the immediate need for increasing our available pool of qualified, culturally sensitive foster parents. Towards these goals, the following activities have occurred:

- **Print Advertising**

Our print advertising campaign was discontinued in August 2009 as a result of budgetary deficits. Historically, these advertising efforts made up the backbone of our recruitment campaign and served as weekly reminders of the ongoing need for foster parents. We aimed at reaching both general and targeted populations of prospective foster parents, throughout the state, through daily, weekly, monthly, and special interest publications.

- **Recruitment Events - Informational Booths and Presentations**

Our recruitment events are aimed at disseminating information on foster parenting to the general public, dispelling some of the erroneous myths regarding foster parenting, and encouraging people to consider the idea of opening their homes to foster children. Towards these ends, a wide variety of activities were conducted directed at a diverse population. Informational booths were staffed at community fairs, festivals and events during this time period. Recruitment information was distributed at conferences, community sites, businesses, schools, and churches. These combined activities afforded Departmental staff the opportunity to speak directly with many prospective applicants in a family friendly, comfortable setting and to distribute large numbers of recruitment materials personally.

- **Informational Meetings**

During this fiscal year, we have maintained our schedule of informational meetings for prospective foster and adoptive parents. In partnership with DCYF regional offices and community groups, semi-monthly informational meetings were held. The goal of these meetings is threefold: they provide a comfortable setting for interested persons to gain additional information regarding foster care and to meet actual foster parents; they provide us with valuable free advertising in the form of news articles from press releases and mention in *what's happening* columns of area newspapers, cable and television stations, and web sites; and they provide us with an excuse to follow-up regularly with callers who requested information on foster parenting but did not return completed applications.

- **Targeted Recruitment Effort**

These activities represent our efforts directed at reaching specific populations with foster parent recruitment materials through mailed packets of information containing a recruitment notice suitable for publication in newsletters and bulletins; an offer to hold an informational session on becoming a foster parent on site; posters for display; and brochures and fliers for distribution.

Recruitment packets were sent to churches; schools; youth programs, and numerous businesses, companies, organizations, and agencies. Foster Forward (formerly the Rhode Island Foster Parents Association) has partnered with DCYF to host recruitment events in neighborhood settings and foster homes.

Efforts to recruit additional foster families to meet the needs of the children within their home communities are continuing. Targeted recruitment campaigns for infants and adolescents are ongoing.

Efforts to recruit foster homes for medically fragile and technologically dependent children are continuing.

- **Immediate Response Foster Homes Initiative**

DCYF developed a state-wide network of Immediate Response (IR) foster homes to provide immediate placements, particularly during evenings and weekends, for children entering or currently in DCYF care. The Immediate Response Foster Homes initiative was implemented in March 2011 following an application and specialized training process and includes both DCYF generic foster homes and private agency therapeutic or specialized foster homes. Children are placed as immediate response placements for a maximum of 30 days and every IR foster home is assigned to a private agency for support services to assess and meet the child's needs. Efforts are made to place children in IR homes in their home communities and to place siblings together.

52 Immediate Response Foster Homes exist currently.

- **Foster Forward and DCYF Websites**

The Foster Forward (formerly The Rhode Island Foster Parents Association) web site and the Department of Children, Youth and Families' web site feature foster parent recruitment information and contact information for prospective foster parents. Informational meetings are listed on both websites. Web inquiries are an increasing source for recruitment.

Outcomes

These targeted recruitment efforts, in combination with our broader foster parent recruitment plan, have resulted in the following outcomes for **generic foster parent recruitment** for the first eleven months of this state fiscal year (FY2013): **Please note that these figures represent only generic foster home applicants and do not include relative and child specific foster family data.**

61 New Foster Licenses were issued, of which approximately 10% are minority applicants; (3% African-American; 5% Hispanic; 2% American Indian)

65 New Generic Foster Families participated in the home study / training process, of whom approximately 25% are minority applicants; (5% African-American; 17 % Hispanic; 3% Asian)

- 27 New Generic Foster Families are in the application process presently, of whom approximately **44%** are minority applicants; (**15%** African-American; **26%** Hispanic; **4%** Asian)

III. Diverse methods for assuring that all prospective parents have access to the home study process, including location and hours of service that facilitate access by all members of the community.

Foster care and adoption pre-service training has been offered in Providence by the Urban League program and in Providence and North Kingstown and Wakefield by the Department this year. Evening trainings are available on a rotating schedule of weekdays and Saturday trainings are available through the Urban League. Foster and Adoptive Parent pre-service training is offered in Spanish by the Urban League. Foster care home study consultants have the flexibility to conduct home studies during the evening and week-end hours, at a family's convenience.

During this fiscal year training for DCYF Foster Care Licensing staff, private agency staff, and home study consultants was conducted in the SAFE (Structured Analysis Family Evaluation) home study model by the Consortium for Children to provide uniform home studies across agencies which better assess the families' readiness to meet the needs of the children we serve. Additionally, DCYF foster care and adoption training staff and private agency staff completed an eight day training series in the PS-MAPP(Partnering for Safety and Permanence – Model Approaches to Partnership in Parenting Programs) pre-service curriculum and were certified as PS-MAPP trainers by the Alliance for Children of Kansas. The implementation of this trauma informed pre-service training model will ensure uniformity across training programs, assist prospective resource families to make an informed decision about fostering or adopting, and better prepare foster and adoptive parents to meet the needs of the children we serve.

IV. Strategies for training staff to work with diverse cultural, racial and economic communities

Training on Cultural Sensitivity, Cultural Diversity, and Working With Culturally Diverse Populations is offered regularly.

V. Strategies for dealing with linguistic barriers.

The Urban League has Spanish speaking staff available to work with Spanish speaking foster care applicants. The Department's recruiter refers families who need to complete the licensing process in Spanish to the Urban League. The Department also has a contract with the Socio-Economic Development Center's Language Bank which provides for the hiring of interpreters for a large number of foreign languages as needed. Linguistic barriers have not posed barriers to the foster home recruitment / licensing process.

VI. Non discriminatory fee structure

There is no fee for the foster care program.

VII. Procedures for a timely search for prospective parents for a waiting child.

The goal is to sufficiently increase the pool of available foster homes in order to facilitate the matching of children entering foster care with culturally similar families from the same geographical community as the child.

Foster Parent Recruitment Activities for FY 2014 – The Department will continue its recruitment efforts for foster parents in the next year consistent with its current recruitment activities.

MULTI-ETHNIC PLACEMENT PLAN
Adoption - Comprehensive Recruitment Plan

June 2013 Report

I. Objective: DCYF will maintain a description of the characteristics of waiting children.

The RICHIST data base includes the following information on every child: age, race/ethnicity, sibling group, current placement, and clinical descriptors such as sexual abuse, physical abuse and/or neglect. Since the inception of RICHIST in August of 1997, the Department has been incorporating Adoption related information into the system in keeping with this objective

Since September of 2005, a Pending Adoptions report has been made available to staff in the Permanency Services Unit. Based on this report we can state that as of June 10, 2013 there are currently **128** children with the case plan goal of adoption or guardianship. There are **99** children with approved adoption registrations. Of the **99** with an approved adoption registration, **34%** had plans to be adopted by their foster family, **14%** had plans to be adopted by relatives, and **52%** were listed as needing an adoptive resource.

Adoption Rhode Island currently has **129** children registered and active for services. The ethnic breakdown for these **129** children is as follows: **49%** White; **16%** African American; **16%** Hispanic; **3%** Asian American; **1%** American Indian; and **16%** Multi-racial. Of the **129** children currently registered with Adoption Rhode Island, **20%** have already been placed in pre-adoptive homes; **12%** are matched and visiting with pre-adoptive families; **13%** are on hold for reasons having to do with the individual child's needs; **3%** are in need of concurrent planning resources; and the remaining **53%** we are actively involved in recruiting adoptive resources for.

The RICHIST data base includes data on all freed for adoption and legal risk children. Additionally, it provides the Department with ongoing statistical information which can aid in improving adoption practice. During the period 6/1/2012 – 5/31/2013 DCYF had **212** children adopted and **124** children placed in guardianship. As of May 31, 2013 DCYF had **2580** active adoption subsidies in place and **408** active guardianship subsidies.

DCYF works with our community partners to develop or contract for placement resources in a creative way to meet what we feel are the presenting needs of the children and youth at a particular point in time. With data available currently and some more planful design on a systems basis, we can be even more effective. We will soon be in a position to better target recruitment in terms of type of placement and other resources needed in various cities and towns throughout Rhode Island.

II. Objective: The Department of Children, Youth and Families will ensure a timely search for an adoptive placement for a waiting child while providing that placement of a child in an appropriate household is not delayed by the search for the same race or ethnic placement.

DCYF continues to maintain and expand its data base of waiting families. DCYF children in need of adoptive resources are registered with appropriate exchanges, including Adoption Rhode Island, Adopt US Kids, both private and contracted agencies, and regional exchanges. Exchanges have expanded their services to include websites and these resources are also being utilized in our efforts to place waiting children. In order to assure that all professionals working to promote adoptive resources are kept abreast of updates, a review of Waiting Families and Waiting Children is conducted every four weeks with DCYF's Adoption Permanency Services Unit, Adoption RI, and other contracted providers.

Clinical Training Specialists are available for case consultations on an ongoing basis. At the present time, telephone consultations occur on an almost daily basis, and staff is always available to set up consultations regarding specific cases and/or issues. In addition, Permanency Services Unit staff holds regularly scheduled permanency support team meetings in the four Regional offices. These meetings afford an opportunity for FSU staff to bring cases and issues for discussion on a less formal basis, and will also provide a forum for training FSU staff and supervisors on adoption issues and procedures.

In conjunction with Adoption RI, DCYF continues to conduct child specific recruitment on a case-by-case basis, utilizing television, newspapers and other methods to locate homes for specific children. Some of the children who might need this type of recruitment include physically challenged children and children with significant developmental challenges. In addition to recruiting homes for these children, DCYF will also conduct individual training and home studies to further facilitate the placement of these children.

Permanent connections for children may also be achieved through a Visiting Resource Program. Foster Forward (formerly the Rhode Island Foster Parents Association) operates the Real Connections program. Real Connections pairs caring adults with youth in transition from substitute care with the goal of providing a mentoring adult connection who can assist the youth in this transition period and also remain as a caring adult as the youth moves into the adult world.

Families who are matched for the initial purpose of visiting with a child may consider adoption of the child in the future or may continue as a valuable resource and support to a family who comes forward to adopt the child. Approximately 25% of Visiting Resource Families go on to become Adoptive Resources for the children whom they visit.

III. Objective: DCYF will implement specific strategies in order to reach all parties in a diverse community.

Public awareness is crucial to recruitment efforts. DCYF staff, in conjunction with Adoption Rhode Island, makes regular television and radio appearances to inform members of minority populations of events and recruitment activities such as regular information meetings.

Other recruitment efforts are in process. Adoption RI has a “Youth Speak Out” panel made of teens and young adults. All have come through the DCYF foster care system and several have been adopted. They “speak out” very poignantly for the need for adoption and take their stories to many diverse groups.

The business community is an area that we have recently begun to tap in terms of recruitment efforts. Local libraries in RI have assisted in the promotion of Adoption Information. Attempts to conduct on-site recruitment at area businesses employing a diverse population of workers are still in process. The Department and contracted providers have partnered with Jordan’s Furniture Store for in-store recruitment and promotion of adoptive resources.

IV. Objective: DCYF will implement methods for disseminating both general and child specific information.

DCYF contracts with Adoption RI for specific recruitment on local television and in daily and weekly regional newspapers. Information on specific children is made available to the Adopt Us Kids! website, a service of the Children’s Bureau. With the assistance of a mini-grant from the Children’s Bureau and Adopt Us kids, Adoption Rhode Island has developed video capacity on its website. This innovation allows prospective adoptive families to see the available children at play, interacting with others, and to hear the children as they speak about their desire for an adoptive family.

Since 2002, Adoption RI has been promoting a campaign, Wendy’s Wonderful Kids, specifically targeted at finding homes for minority children. The campaign has produced and disseminated brochures and conducted advertising focusing on the minority children who are waiting for adoptive homes. The intensive recruitment efforts employed by this program have resulted in successful placements of targeted children.

A team of adoptive parents has worked with staff from Adoption Rhode Island to promote awareness about special needs adoption through the state library system. Recruitment events have been held in several libraries throughout the state and libraries have made available photo listings of waiting children.

DCYF and Adoption Rhode Island produced the eighth annual “Heart Gallery”, portraits of twenty of the longest waiting children. The Eighth Annual Heart Gallery opening was in November of 2012. The portraits were displayed in the Rotunda of the Rhode Island State House during National Adoption Month. Since that time the Heart Gallery has been on tour at various locations within the state including Hasbro Headquarters, Cardi’s Furniture, libraries, local businesses, and many other locations. The tour will continue until November, 2013 when the opening for the Ninth Annual Heart Gallery is planned. The Heart Gallery has generated a great deal of interest in foster care and adoption and has resulted in successful matches for children.

V. Objective: DCYF will implement strategies assuring that all prospective parents have access to the home study process, and that training and recruitment are regionally-based.

The adoption application has been modified to be more inclusive. The terms “parent one” and “parent two” have been substituted for “husband” and “wife,” providing greater openness to alternative family styles. Child centered, culturally sensitive language has been included. The Department actively supports adoption by non-traditional families and holds recruitment events aimed specifically at these families. Information/recruitment meetings include specific information regarding single and gay/lesbian adoptions.

Despite the fact that Rhode Island is small in size, it is important to try and reach individuals in their home regions. Adoption information meetings are currently being held in multiple areas of the state. This provides easier access for families, and allows for the possibility of a more expedient response to interested families. Cox Cable, reaching a state-wide audience, regularly advertises Adoption RI’s information meetings as part of their public service announcements. The cable network has also spotlighted panel discussions/presentations of adoption topics throughout the year. Rhode Island’s most prominent television station, Channel 10, promotes “Tuesday’s Child” on a weekly basis to its audience throughout Rhode Island and southeastern Massachusetts.

Clinical Training Specialists work on flexible schedules in order to meet the needs of working parents. Training is offered in the evenings and on Saturdays with home visits scheduled to meet the needs of the families. Individual at-home or on-site preparation can be done in order to meet special circumstances. At the present time, 3 Clinical Training Specialists lead Foster Care and Adoption Preparation Groups.

Approximately 80% of DCYF adoptions are foster parent/kinship adoptions. In order to offer further support to these resource families, a curriculum is now offered which deals specifically with the issues of moving from fostering to adoption and with open adoption issues.

Responsibility for Foster Parent training was moved in 2000 to the unit that was already providing training to Adoptive and Visiting Resource families. This move has proven to be effective in maximizing the use of staff time and in offering a continuum of training and support opportunities to all resource families. Dual training of Foster and Adoptive families was instituted in January, 2002. Dual training emphasizes the continuum of care, and demonstrates the importance of all resource providers. It supports families in their chosen role, providing them with the information they need at the present and that they will/may need in the future as their role changes.

During this fiscal year training for DCYF Foster Care and Adoption Licensing staff, private agency staff, and home study consultants was conducted in the SAFE (Structured Analysis Family Evaluation) home study model by the Consortium for Children to provide uniform home studies across agencies which better assess the families’ readiness to meet the needs of the children we serve. Additionally, DCYF foster care and adoption training staff and private agency staff completed an eight day training series in the PS-MAPP(Partnering for Safety and Permanence – Model Approaches to Partnership in Parenting Programs) pre-service curriculum and were certified as PS-MAPP trainers by the Alliance for Children of Kansas. The implementation of this trauma informed pre-service training model will ensure uniformity across training programs, assist prospective

resource families to make an informed decision about fostering or adopting, and better prepare foster and adoptive parents to meet the needs of the children we serve.

In an effort to improve permanency outcomes for children and youth in state care, the Department established Permanency Support Teams which are regionally-based. The teams are led by staff from the Adoption & Foster Care Permanency Services Unit. Other team members include staff from DCYF's Adoption Services Unit, Real Connections, Adoption Rhode Island, and other community agencies. The work of the teams is promoting, developing, and supporting a range of permanency outcomes for our children and youth. The teams operate through a supportive, consultative model in assisting the Family Service Workers in clarifying permanency goals and overcoming barriers to permanency.

VI. Objective: The Department of Children, Youth and Families will design and implement a staff training program in order to prepare staff to work with diverse cultural, racial, and economic populations.

More formalized coordination of training opportunities for certain populations of applicants and further exploration of innovative training options may lead to stronger and timelier delivery of foster care and adoption training services (pre and post licensing/adoption).

Tasks in this area involve agencies from the minority community in curricula development, training staff on Cultural Sensitivity Issues, involving minority staff in family preparation/racial issues and training on Culturally Appropriate Adoption Placement Considerations. Training regarding Cultural Sensitivity is being done through the Child Welfare Institute and includes Cultural Sensitivity for Staff, Cultural Sensitivity for Supervisors and Management, and Building Awareness of and Working with LBGQT families and youth. The expanded Pre-Service Orientation for new DCYF workers that is now conducted by the Child Welfare Institute offers two pertinent sessions - Values Clarification and Diversity - aimed at preparing new workers to engage with families of diverse races, cultures and backgrounds.

Additional training is being planned to target issues related to educating both staff and potential pre-adoptive families regarding: Legal Risk Placements; Issue Specific Training on a Unit-by-Unit basis; and Agency specific training for DCYF Supervisors and Family Service social workers. Training sessions on adoption policy and procedures and full disclosure were held for DCYF supervisors and staff in all four regions in 2012 and training for all staff on Permanency was held in the spring of 2013.

More than half of DCYF's foster parents are, in fact, kinship caregivers. DCYF staff and resource providers need training specifically around issues involved in working with kinship caregivers. DCYF's Kinship Policy as well as its Concurrent Planning efforts and policy provide a strong basis for training our own agency staff and provider agencies. Kinship Care issues have a significant place in the training offered to new staff as part of the orientation training done under the aegis of the Child Welfare Training Institute and in the dual training Pre-Service Orientation offered to foster and adoptive families.

Kinship families are, in most cases, the preferred permanency option. Although many kinship families have not wanted to pursue adoption, they have been committed to providing lifelong care to the child. Many kinship families preferred the option of guardianship. The Department gave its first guardianship subsidy in 1995. In the years following few guardianship subsidies were awarded, but as permanency options were continually being explored guardianship appeared as the best option for many of our children and families. In 2005 a white paper on guardianship was prepared and recommendations for using this option as a permanency tool were made in 2007. The Permanency Services Unit began to move forward on a limited basis helping guardians get assistance in caring for the child. In 2008 with the passing of the Fostering Connections to Success and Increasing Adoptions Act IVE funding for guardianship subsidies became an option for states. In November of 2009 RI DCYF promulgated policy on guardianship and was the first state to have their IVE plan approved for guardianship subsidy. As of May 31, 2013 we have 408 subsidized guardianship cases active.

Though much has been and is being done, DCYF recognizes the need for continuing efforts to improve services to adoptive families and children. The Adoption and Foster Care Certification Program, a collaboration between DCYF, the Rhode Island College School of Social Work – Continuing Education, and Adoption Rhode Island, is currently operational. The mission of the Adoption and Foster Care Certification Program is to build the skills and knowledge of community – based clinicians, social service providers, educators and others working with people whose lives are touched by adoption or foster care. The program promotes a resilience and strengths perspective that enhances and sustains functional family connections. .

Adoptive Parent Recruitment Activities for FY 2014 – The Department will continue its recruitment efforts for adoptive parents in the next year consistent with its current recruitment activities.

IV-E FOSTER CARE REVIEW –

The Department is currently preparing for its next federal review of the Title IV-E Foster Care Program scheduled for mid-August 2013. In the last review held in September 2010, the Department passed, though fourteen cases were found to be in error during this review. The error cases were largely due to issues relating to missing documentation. The Department subsequently reached agreement with ACF on the disallowance amount with the finding that two cases were eligible for IV-E reimbursement and twelve cases were not.

GOAL III: Transition all children and youth from publicly supported needs and services with the supports, skills and competencies in place to ensure stability and permanency.

	2010 ⇨ 2014	Measure of Progress	Progress in 2012 - 2013	Outcome/indicator
Strategies	Activities			
3.1 Improve educational stability across the life cycle for children in care.	3.1a Ensure that children birth to 5 in DCYF care are adequately prepared and supported for educational achievement.	<ul style="list-style-type: none"> ○ Increase placement stability ○ Children will be linked with Early Intervention and Child Find resources as appropriate 	<p>3.1a – The Child Welfare Advisory Committee Subcommittee on the Education of Children and Youth Involved with DCYF developed a report to be submitted to the General Assembly’s Task Force of the same name. This report provides a recommended framework to guide the Task Force’s work.</p> <p>The Joint Task Force on the Education of Children and Youth Involved With DCYF met several times, took testimony from youth, judges, educators and others and developed a report with plans on how to move forward. DCYF and RIDE have integral roles in implementing the recommendations of that report.</p>	<p><u>Permanency-1:</u> Children have permanency and stability in their living situations.</p> <p><u>Well-Being-2:</u> Children receive services to meet their educational needs.</p>
	3.1b Ensure that children between 5 and 14 years of age are adequately prepared and supported for educational achievement.	Improved coordination with school systems to ensure continuity of education.	3.1b – reference 3.1a.	<p><u>Permanency-1:</u> Children have permanency and stability in their living situations.</p> <p><u>Well-Being-2:</u> Children receive services to meet their educational needs.</p>
	3.1c Ensure that children age 14 and older are adequately prepared and supported for educational achievement.	Foster parents and residential staff will be trained regarding DCYF educational enrollment policies.	3.1b – reference 3.1a.	<p><u>Permanency-1:</u> Children have permanency and stability in their living situations.</p> <p><u>Well-Being-2:</u> Children receive services to meet their educational needs.</p> <p><u>Systemic Factor VII:</u> Training</p>

GOAL III: Transition all children and youth from publicly supported needs and services with the supports, skills and competencies in place to ensure stability and permanency.

	2010 ⇔ 2014	Measure of Progress	Progress in 2012 - 2013	Outcome/indicator
Strategies	Activities			
3.2 Older youth transitioning from care will have full awareness of and access to necessary services and supports to promote self-sufficiency.	3.2a Ensure that youth, DCYF staff, families, providers, and foster parents are aware of the breadth of available services, eligibility criteria and access procedures.	<ul style="list-style-type: none"> ○ Increase placement stability ○ Improved rate of participation of DCYF youth in services and supports 	<p>3.2a – DCYF launched our Consolidated Youth Services Program on July 1, 2010. This 3-year contract with Foster Forward as the lead of youth development services for older youth in care and those who have aged out, including voluntary aftercare services to age 21.</p> <p>Since 7/1/2010: As of this report there were over 1,500 unduplicated active participants across all CYS programs. 925 youth completed Holistic Youth Assessments with the average number of days to completion from time of referral being 34 days; 460 youth completed at least 1 Life Skills component class, \$179,797 in teen grants were provided ; 266 new youth enrolled in the ASPIRE component with 328 active participants at the end of this reporting period. During the CYS period youth have saved and matched for over \$270,000 worth of assets that contribute to their financial well-being; In fact, when youth match for a car, we see their employment rates improve to 61% compared to those who don't match for a car at 48%. 208 new youth enrolled in Real Connections with 125 active participants at the end of this reporting period. 55% of existing youth are matched with the average length of time to a match decreasing from 316 days prior to the CYS contract down to 79 days in FY2013; we achieved an 87% participation rate in our inaugural baseline NYTD survey and chose to conduct a follow-up for this baseline at age 18 for which we are achieved a 81% participation rate. The required 19 year old surveys are underway and for the</p>	<p><u>Permanency-1:</u> Children have permanency and stability in their living situations.</p> <p><u>Well-Being-2:</u> Children receive services to meet their educational needs.</p> <p><u>Well-Being-3:</u> Children receive services to meet their physical and mental health needs.</p> <p><u>Systemic Factor V:</u> Case Review System</p>

GOAL III: Transition all children and youth from publicly supported needs and services with the supports, skills and competencies in place to ensure stability and permanency.

	2010 ⇔ 2014	Measure of Progress	Progress in 2012 - 2013	Outcome/indicator
Strategies	Activities			
			first reporting period, Rhode Island met or exceeded its required federal participation rate. As a means of demonstrating the power of integrating the array of services, when you look at the NYTD population, you can see that 71% of NYTD youth participate in 3 or more CYS programs. Our ability to engage youth across multiple programs helps them to stay connected, access services, and be available for the required follow ups.	
	3.2b Establish services for youth who may not be eligible for current aftercare services and/or adult services.	<ul style="list-style-type: none"> ○ Identify population service needs through data query(ies). ○ Involve career development community in transition planning for youth. 	<p>3.2b – Adjusted DCYF policy to include juvenile justice population. Practice change was implemented in summer/fall 2009 to allow JJ involvement before end of sentence.</p> <p>Expanded criteria for YESS program to provide services to a greater range of youth ages 18-21.</p> <p>As of June 30, 2012, we were serving 247 active YESS participants at an average annual cost per participant of \$8,117.40.</p>	Well-Being-2: Children receive services to meet their educational needs.

CHAFEE FOSTER CARE INDEPENDENCE PROGRAM

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

On July 1, 2010, the Department entered into a contract with Foster Forward for the Consolidated Youth Services Program. This program is a lead agency service delivery model which incorporates all funding for Youth Development and Independent Living Support Services as well as voluntary aftercare services for youth leaving DCYF care at age 18 for all populations with the exception that youth leaving Juvenile Correctional Services are eligible for voluntary aftercare services even if they leave care between their 18th and 19th birthdays.

Consolidated Youth Services Program

Through the CYS program, DCYF provides comprehensive youth development services, directly or through access to existing services funded by other agencies that address the permanency, employment, educational, relational, technical life skills and transition needs of youth who have a variety of strengths and challenges. DCYF plans to assist each youth in achieving the highest level of education, employment, well-being, and self-sufficiency possible based on individual strengths and abilities, in preparation for permanency, independence and successful adulthood. Foster Forward also is responsible for assisting the Department in implementing the requirements of the National Youth in Transition Database.

The Department designed the CYS Program to ensure that we provide older youth in the care and custody of the Department, as well as youth aging out and former foster youth, the tools, resources and opportunities that will increase the likelihood that they will successfully transition from DCYF care. Services are available to all youth ages 16-20 who are in foster care or who were in foster care after their 16th birthday, including youth who left foster care for kinship guardianship or adoption after their 16th birthday. It is anticipated that youth who are in foster care and are younger than age 16 will primarily obtain similar services through their foster parents and/or the residential programs in which they reside. However, through the leveraging of significant private funding,

Foster Forward is able to offer some of this programming (Real Connections, ASPIRE, and Youth Enrichment Grants) to youth as young as age 12 and up to the youth's 24th birthday.

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

- **Support Services to Youth, including services focused on assisting youth with transitioning to self-sufficiency, and adolescent support services to DCYF staff to include:**
 - Assisting youth with transitioning to self-sufficiency
 - Providing personal and emotional support to youth aging out of foster care through mentors and the establishment of permanent connections to dedicated adults; and

- Either directly or through collaboration with other agencies, providing financial, housing, counseling, employment, education and other appropriate services to former foster care recipients between the ages of 18-21 to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing for and then making the transition into adulthood;
- **Life Skills Assessment and Individualized Life Skills Education:**
 - The primary Holistic Youth Assessment (HYA) was a tool called the Ansell Casey Life Skills Assessment (ACLSA). The CYS Program used the ACLSA with additional assessments, including supplements from ACLSA, to help design more thorough and useful learning experiences for participants. Supplemental topics include education, pregnancy, parenting infants and young children, youth values, homeless youth, gay, lesbian, bisexual, transgender, and questioning youth (GLBTQ), and American Indian. This assessment tool was strengths-based and widely accepted as the best-practice model. In March of 2012, Casey family services improved their Life Skills assessment and the ACLSA was replaced with the new Casey Life Skills Assessment (CLSA). The new CLSA evaluates the same component areas as the former ACLSA but has added questions on permanency and youth's confidence in their future. The new CLSA was instituted in the fall of 2012 and Foster Forward and DCYF worked together to ensure that all new data could be collected properly in RICHIST.
 - The HYA's take place statewide in a location that best meets the needs of the youth that include but are not limited to the Rhode Island Foster Parents Association, a foster home, group home, or the Training School (As of July 1, 2012, the Life Skills Program for youth at the RI Training School ended. No HYA's have been conducted on Training School youth under the CYS contract since will be conducted for these youth since that date.)
 - Upon completion of the HYA, a score report is generated and emailed to the appropriate DCYF staff (e.g., social caseworkers, probation officers, unit managers, etc.), the HYA staff, to any other community provider identified by the youth with whom he/she is working (e.g., agency coordinating transition teams in the second phase of the DCYF system of care redesign), and to the youth. CYS staff contact the DCYF worker and supervisor to review the score report and for which Ansell Casey domains (Career Planning, Communication, Daily Living/Home Management, Housing Education, Money Management, Self Care, Social Relationships, Work Life, Work and Study Skills) the youth needs services and supports. This process will remain unchanged with the new CLSA.
 - CYS staff, separately and/or in concert with the DCYF worker, review the findings with the youth and explains the process to the youth, as well as the array of services and supports that are available to them through Consolidated Youth Services.
 - CYS staff work with the DCYF worker and the youth to customize a life skills experience based on the needs identified in HYA.
 - The primary curriculum for Life Skills education is the Life Skills Learning Guide, Ansell Casey's companion resource. The domains covered in the Guidebook comply with DCYF's currently identified 14 Life Skills areas. While the Learning Guide is the primary tool for

the delivery of education, flexibility will ensure flexibility in the curriculum is ensured in order to address the youths' needs. Based on findings from life skills program evaluations that other states have done, DCYF and Foster Forward are driving programming toward evidence based practices. The CYS Program is currently in the process of adapting the curriculum and has replace its current format with the evidence based Curriculum from the Institute on Prevention of Pregnancy and Sexually Transmitted Infection among Youth in Foster Care. Rhode Island is one of five states which have adapted the *Making Proud Choices!* evidence-based curriculum to the child welfare population. The evidence-based *Making Proud Choices!* curriculum replaced the existing Life Skills lessons on pregnancy and STI/HIV prevention and healthy relationships. In partnership with the Rhode Island Council of Resource Providers (RICORP), Foster Forward convened a statewide Continuous Improvement Team to explore systems level activities to support the implementation of the curriculum and inform the work of the Institute. With the help of this statewide work team, Foster Forward and RICORP developed and implemented a plan to roll out of curriculum instruction in the first quarter of 2013. Future activities related to this work will include training and support to foster families on what the curriculum entails and how to support their young person in that process, as well as training offered to group home providers on the curriculum components and how they can support and reinforce the learning.

- Additionally, the CYS Program uses the National Jim Casey Youth Opportunities Initiative Opportunity Passport™ curriculum for financial management instruction. While not yet an evidence-base practice, this is deemed an evidence-informed practice and is currently undergoing the rigorous evaluation by the National Jim Casey Youth Initiative and the Annie E. Casey Foundation to document whether it can rise to the level of evidence-based. This curriculum has been adapted in 2013 and will be rolled out in its newest form in the fall. The new curriculum is even more youth friendly, contains much more engaging activities, and provides youth with follow up learning opportunities related to financial management that will help inform youth about making and maintaining asset purchases.
- **Educational Services and Supports, including helping to ensure that youth are prepared for post secondary educational training and/or educational opportunities.**
 - Foster Forward and RICORP are leaders in helping to ensure youth succeed educationally for many years. Through Lifeskills and ASPIRE, they have worked closely with youth and adult supporters to ensure educational success in high school, to help link youth to supports and services for college preparation and access and to link youth to college support services. The CYS Program brings these and other components together in one program and builds on this foundation to increase our collective success with our youth.
- **Employment/Vocational Development Services**
 - The CYS Program is a leader in helping to ensure youth have access to supports and services they need to be successful in career development and workforce readiness. they work closely with youth and adult supporters to ensure youth are provided the supports and services they need to enter the workforce either when the leave DCYF care or after they complete a training or educational program which meets their needs.

- In FY2012, Foster Forward was awarded one of four grants nationally, out of 90 submissions, by the Administration for Children and Families to improve services to youth in the child welfare system. This award puts \$ 2 million of federal resources over the next five years behind the power of Consolidated Youth Services to build a model, implement, and test the effectiveness of increasing relational competencies for youth through the world of work. The grant, known as Works Wonders, serves youth ages 16-21 who are in or who have aged out of the Rhode Island foster care system in years 2-4 and in year five looks to adapt its strategy to serve youth ages 14-15. The strategy combines an educational and peer group, Employment and Empowerment Group (E²), and support from an Employment Coach to help youth identify and engage in healthy relationships that provide on-going social support, advocate on their own behalf (psychological empowerment), and connect with the labor market (career development and employment engagement). E² groups will be co-facilitated by a trained child welfare professional and former youth in care. Implementation of the project has begun and the first cohort of youth to receive the intervention will begin in June 2013.

Through their work with the National Jim Casey Youth Opportunities Initiative, Foster Forward was able to make an introduction and support the roll out of a career development and employment support for the child welfare workforce to facilitate the advancement of youth outcomes. The Workplace Center of Columbia University School of Social Work is currently conducting a project to help child welfare systems (CWS) advance career development and employment support for youth in their care as part of achieving permanency and safety. This project provides technical assistance to develop capacity among these systems to implement evidence-based (EB) career services so that young adults transitioning out of foster care can become successful workforce participants. The goal is to develop an approach that can serve as a model that can be replicated nationally.

Specific objectives of the Workplace Center Project include: 1) Providing technical assistance to 3 public child welfare systems to assist them with moving toward the inclusion of EB performance standards for the provision of career development and employment services; 2) Establishing effective strategies to promote utilization of career development and employment evidence based practices (EBP) to meet performance standards; 3) Contributing to the research that evaluates the impact of the utilization strategies on foster care provider organizational learning and practices, and on youth well-being; 4) Developing a national knowledge bank and support network among foster care providers to increase utilization; and 5) Leveraging resources to expand the effort more widely.

- As further evidence of Foster Forward's abilities to leverage CYS investments to secure outside funding for its programs, the ASPIRE Initiative was just awarded a \$75,000 grant each year for three years from the United Way of Rhode Island to support financial education and capability for youth in foster care. ASPIRE was one of only 8 grantees selected for funding under the financial stability grants and notably, was the only youth program funded by the UWRI in this category this cycle.

- **Junior League of Rhode Island**
 - Through work with Foster Forward, members of the Junior League were introduced to the realities of youth who age out of foster care and some of their struggles, as well as successes. The Junior League of RI voted and this year identified youth aging out of care as their focus for giving and volunteerism. Junior League members are excited to help volunteer their time as mentors in Real Connections, to help as professional mentors in Works Wonders, and to help conduct Door Openers through ASPIRE.
- **Assistance with Implementation of NYTD**
 - As the Jim Casey Youth Opportunity Initiative agency in Rhode Island, Foster Forward has significant and positive experience in surveying youth on a regular basis. Their survey participation rate of youth in their ASPIRE (Rhode Island’s Jim Casey Program) hovers around 82% twice a year. They lead our efforts in reaching out to youth for the NYTD survey.
 - In modifying our SACWIS, the Department provides direct access to specific components of RICHIST for designated CYS staff. This allows us to make semi-automatic referrals for Life Skills, allows CYS staff to enter Life Skills assessment and service information directly into RICHIST, provides a list of the NYTD Survey Populations for CYS and allows CYS staff to enter NYTD survey information directly into RICHIST with the youth.
- **The Voice: The Youth Advocacy & Leadership Board for the Department of Children, Youth & Families**
 - This youth advocacy and leadership board provides young adults, ages 14-24, a platform to use their experiences in out-of-home-care to create and facilitate positive change in the child welfare system. As the DCYF’s identified youth advocates for youth in the care of the Department, the mission of The Voice is to: raise awareness of youth indicated issues within the system; seek to EMPOWER, EDUCATE, and PROMOTE youth voice and choice, using a youth to youth approach.
 - **In FY 2012/2013 Members of the Voice participated in the following:**
 - Sibling Bill of Rights Signing at Roger Williams Park July 14, 2012 with DCYF Director, Dr. Janice DeFrances. RI joined the other 5 New England States in acknowledging the importance of sibling connections.
 - NE Youth Coalition of the New England Child Welfare Commissioners and Directors Association;
 - Quarterly Meetings
 - Monthly Conference Calls
 - Youth Leader and Adult Supporter for 1st Annual Youth Leadership Conference (July 2013)
 - DCYF Child Welfare Advisory Committee (CWAC)
 - Family Community Advisory Board
 - Urban League of Rhode Island Foster/Adoptive Parent Training Presenters
 - DCYF Foster Parent Training Class Presenters
 - The ASPIRE Community Advisory Board
 - Radio Talk Show Guests (2 appearances)

- State agency staff and others have met with The Voice on a variety of topics. These include: Janice DeFrances, DCYF Director, Mike Burk, Assistant to the Director; Princess Bomba, DCYF Educational Services Coordinator.
- Collaborated with Adoption RI and Child & Family's Groovy Girls Program to collect and distribute (free of charge) new and gently used prom dresses to both youth living in foster care and youth in-need throughout the state.
- Fashion Show

The 2nd Annual Prom Dress Giveaway grew into a collaborative collection effort to include a fashion show to preview the available dresses. The Voice joined with The Groovy Girls (a partnership between Child and Family & Adoption RI) to solicit, collect and distribute prom dresses across the state (free of charge) to any youth in out-of-home placement. To date, our combined inventory is upwards of 300 dresses. Over 100 dresses were distributed over 3 Saturday distributions throughout the state. The remaining dresses will be stored away for next year.

Additionally, they added opportunities for any youth interested in tuxedo rentals as well. Men's Warehouse agreed to provide any interested youth with \$30.00 discount on a tuxedo rental. This enabled the youth to rent a tuxedo for approximately \$100. RICORP used previously solicited funds to add an additional \$50 for any youth interested. CYS Alumni Events & Opportunities.

- Annual Thanksgiving Celebration Dinner at the Blue Cross/Blue Shield
- Annual Holiday Craft Making and Dinner
- Annual Halloween Field Trip (Factory of Terror)
- Annual Six Flags Trip
- Annual Summer BBQ & Resource Fair

Finally, The Voice continuously hosts and co-hosts door-openers, focus groups, and Meet-n-Greets & Employment Workshops to service and support the needs of young adults as they build natural support systems and find appropriate and responsible room mates.

Here is a sampling of door-openers The Voice co-hosted (with staff from the CYS YESS Aftercare Services Program managed through RICORP) or were instrumental in indicating a need for and influencing the method of delivery:

Door Opener Sampling:

- Housing Workshop
- FAFSA Workshop
- Update FAFSA w/ Taxes
- DCYF Higher Ed Workshop
- DMV-State ID
- Job Mixers
- Roommate Meet & Greet
- Resume Building Workshop
- Military Recruitment

- Military Testing Preparation & Training (as requested by YESS Clients done with Recruiters input when available)
- Nutrition & Early Head Start (scheduled June 2013)- through East Bay Community Action Program
- CPR Training & Certification
- Beacon Health informational meeting
- Year Up Informational Meeting
- Stepping Up Program Informational Meeting
- City Year
- Amos House-Construction Training
- Empire Beauty School
- Lifeguard program
- Job Corps Informational Meeting
- Job Application Assistance Workshop
- SOAR
- Voter Registration & Transport to polls
- The Providence Center of Early Childhood Institute partnering with The Children's Workshop's "Incredible Years Babies Group"
- Work Opportunities Initiative/ORS job coaching
- Family Resources in Woonsocket CNA Program
- CCRI Education Preparation Workshop
- Public Transportation Safety Awareness & Training
- Domestic Violence workshop
- Tenant Rights & Responsibilities Workshops
- Sexual Health Awareness (scheduled June 2013)

Also, the Voice helped recruit youth and participated in The Real Talk Focus group (about adolescent sexual health) in November 2012. This focus group was formed by RICORP & Foster Forward in order to gain information and insight to help guide and move the Pregnancy Prevention Initiative grant forward. As part of the Pregnancy and STI/HIV Prevention Initiative that RICORP & Foster Forward are working on, we held a group conversation for youth currently in care (and those who may have recently left care) about their thoughts/experiences regarding sexual health and sexual health education. The information they shared with us helped to shape the type of supports we will provide youth as they receive the revised sexual health portion of the Life Skills curriculum.

- **Staff Development and Training in Youth Development for DCYF and provider staff**
 - A key component of the CYS Program is to provide additional trainings and support to DCYF and provider staff regarding how to work with youth, ensuring that youth receive the supports and services they need and in developing with youth effective transition and discharge plans. Dedicated DCYF staff as well as CYS staff serve as youth engagement specialists and are co-located in DCYF regional offices. The youth engagement specialists are able to meet with DCYF caseworkers to answer questions specific to older youth. CYS staff also have availed themselves as requested to team meetings within both networks and

have provided presentations to the Network Care Coordinators in both networks to ensure they know about, understand how to access, and can support youth involvement in all CYS programs. Additionally, DCYF, CYS staff, and Jessica Nievara-McCluskey from RICORP presented on the CYS Program at the October 2012 Annual Family Court Judges Conference.

- **Program Evaluation and Continuous Quality Improvement**

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

- **Young Adults Establishing Self-Sufficiency (YESS) – Voluntary Aftercare Services for Youth Aging out of DCYF Care**

- Former foster youth who leave our system at age 18 and have yet to reach the age of 21 are offered access to YESS, a voluntary aftercare services program, managed through RICORP which provides participating youth with assistance with room and board costs as appropriate to the individual needs of the youth. Within the past year, we have extended this to youth leaving the RI Training School and youth leaving a juvenile probation placement at age 18 or between their 18th and 19th birthdays. Room and Board can include rent, rental deposits and utilities based on the identified needs of the individual youth but does not include the costs of room and board for when a youth is attending college on a full or part time basis if those costs are covered through educational funding streams such as federal grants and loans or Chafee ETV funds. This program can offer emergency assistance with food costs if necessary but generally youth are assisted in accessing income support services for which they may be eligible through other agency's.
- YESS participants also are able to access the other support services identified above. In fact, we can see that for YESS participants who also participate in ASPIRE, they are more likely to be employed, work more hours, and make more money. We also see improved educational outcomes for youth in both programs.

Post Foster Care Medicaid Coverage Group

Outside of the scope of the CYS Program the Department, through our partnership with the state Medicaid agency, the Executive Office of Health and Human Services (EOHHS), continues to provide access to health insurance coverage for youth exiting care through the **Post Foster Care Medicaid Coverage Group**. Additionally, DCYF will continue to use state funds through our CYS program to provide health insurance coverage through private pay Blue Cross/Blue Shield Insurance to youth who do not qualify for Post Foster Care Medicaid Coverage (e.g., undocumented immigrant status, living out of state). The Department is working with EOHHS on the Affordable Healthcare Act provisions to ensure Medicaid coverage extends to eligible foster care youth to age 26 beginning in FY 2014.

Simultaneously, the Department continues to work with our Healthcare Working Group to look at the current state of healthcare coverage and services for all children and youth involved with DCYF, identify the challenges to ensuring that their healthcare needs are being met effectively, and develop and implement a plan of action to overcome these challenges. This Task Force recognized immediately that one area to address is the healthcare needs of older youth in care and those exiting care, including the need to help our youth to become better healthcare consumers.

The chart below provides data on the participation in CYS subprograms for the FY 2012 and FY 2013 through May 31, 2013:

Consolidated Youth Services Metrics for FY2012 and FY2013 through 5/31/2013

	SFY 2011	SFY 2012	SFY 2013 (Q1-Q2)
Life Skills			
Referred	496	410	173
Youth completing their Life Skills Plan	196	144	38
Completed at least one component	209	174	77
Pre-Assessment	451	356	118
Post-Assessment	205	158	41
Teen Grant			
Active Participants	195	257	118
Total Grants	\$73,653.89	\$74,515.82	31,629.49
ASPIRE			
Active participants*	247	292	328
New Enrollment	96	125	45
Real Connections			
Active participants*	130	117	125
New Enrollment	87	84	37

* Represents the number of participants who were active as of the last day of the reporting period.

NYTD	FFY 2011 (Baseline)	FFY 2012 (18 yr. old Follow up)
Referred	221	180
Completed within 45 days	180	N/A
Pending Completion	0	N/A
Incomplete	28	34
Participation Rate	87%	81%

FY 2013 Goals and Accomplishments

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

Status: Mike Burk conducted an analysis of the CYS Program and held a meeting to review that analysis with the service managers of Foster Forward and RICORP. Key successes and challenges were identified and strategies to address these were outlined. Mike Burk reviewed these challenges and strategies with Director Dr. Janice DeFrances and came to an agreement to exercise a 1 year contract as permitted under the purchase agreement (allows for a 3 year no bid extension but at this time the DCYF intends to extend only by 1 year). The Department is considering issuing a new RFP for Chafee Services to commence on or before July 1, 2014.

Goal 2: The Department will meet the expectations of NYTD on an annual basis (2010 - 2014)

- **Ensure ongoing served population reporting requirements are met (Ongoing: 2010-2014)**
 - **Status – Ongoing:** The CYS program is responsible for recording in RICHIST independent living services provided by them or their sub-contractors as a part of the Consolidated Youth Services Program contract.
 - **FY 2011: Please refer to the chart above.**
 - **FY 2012:** The Department recognizes that we need to improve on the reporting of services that are provided by vendors outside of the scope of the CYS contract. We are building mechanisms into the RICHIST modifications for the Phase II System of Care to accomplish this reporting. Please refer to the chart above for participation through thus far in 2012.
 - **FY 2013:** The CYS Program continues to implement the survey tool and enter data directly into RICHIST for both the follow up survey and CYS program provided Independent Living services. The Department is in the process of conducting an analysis of the data.
 - **FY 2014:** The Department will continue to analyze the NYTD data and use data to improve practice and sharing of data with various stakeholders.
- **Use data from served population reports and surveys to inform and improve practice within DCYF and with external partners (Ongoing:2010-2014)**
 - **Status - Ongoing:** As of June 1, 2011, the Department continues to work with Foster Forward around outcome evaluations and the use of data to inform practice. However, we have used data from the ASPIRE Survey and early ETO outcomes to inform practice in regard to educational access and outcomes, work readiness and housing.
 - **FY 2012:** In collaboration with Foster Forward and RICORP, DCYF planned to evaluate the NYTD survey process, identify successes and challenges and develop strategies to improve on the second baseline in FFY 2014. DCYF also planned also begin to mine the data from the surveys to identify areas of strength and concern in regard to agency and provider practices and make recommendations to the Department on strategies to complement strengths and address challenges. Due to priority given to System of Care information system needs and other significant information system projects, the Department has not been able to provide Foster Forward with the aggregate survey results. Therefore we have yet to begin to analyze the survey or the services data.
 - **FY 2013:** We continued to look at opportunities to begin to analyze our NYTD data, including discussions with joining a consortium of states who are working with the University of Chicago.
 - **FY 2014:** DCYF will work with Foster Forward to analyze and report on the data. Work with the University of Chicago is on hold.

Status: DCYF has not yet been able to finalize an agreement with the University of Chicago.

- **Implement survey with 1st cohort and achieve the federally required participation rates in each reporting year: 2011, 2013, and 2015.**

- **Status – Completed September 2011:** In FFY 2011, 215 youth were referred for surveys, 179 were completed within the 45 day window, 9 youth declined or were not able to be invited, 13 youth were unable to participate, and 7 surveys were missed due to DCYF and/or contractor errors. Our completion rate was 87%.
- **FY 2012:** During the baseline survey collection, youth at age 17 were only able to give their assent for future contact. The CYS Program wanted to get the youth's informed consent upon turning 18, and thought that it would be most beneficial when getting consent, to spend more time with the youth by collecting another survey. (The informed consent includes permission for Foster Forward to review various administrative records if staff cannot locate the youth.)

While not required by federal law or regulations, DCYF and the CYS Program decided to conduct follow up surveys with the 1st cohort at ages 18 and 20 and to provide them with another \$25 American Express gift card. By spending more time with the youth and incentivizing them each year, we hope to increase the likelihood of collecting the survey in federally required years. When CYS Program staff meet with the 18 yr olds, they are asking for updated information including contact information of family and friends who will know where that youth is living in the future. CYS staff have been using Facebook posts and messages, contests, and mailings to stay in touch with the 1st cohort. Those youth have also been invited to all of the monthly CYS events. For the follow up of 18 year olds who are part of the first cohort we saw an 81% response rate overall (note: not disaggregated by those in and those who have exited care).

- **FY 2013:** We began collection of the 19-year-old NYTD Follow Up Survey on October 1, 2012. Between October and March 31, 2013, 93 surveys needed to be completed for 100% participation, Foster Forward collected 76 for an 82% overall participation rate (well above the 60% required for out of care and meeting the 80% for in care). For the second half of the reporting year, there are 86 surveys to collect, to date 34 have been collected with four more months in the reporting period. Foster Forward staff has been conducting follow up 18 year-old NYTD surveys and keeping in touch with the youth from cohort 1 trying to increase the odds of locating them again at age 19. CYS will continue to engage youth through Facebook and CYS events. CYS will also send birthday cards to youth to remind them about the survey and will hold more contests to incentivize youth to update their contact information with us. DCYF and CYS will build connections with DHS and adult corrections in order to locate difficult to find youth who may be utilizing those programs as adults. DCYF and CYS will be looking for data sharing and integration with the EOHHS.

- **FY 2014 Goal:** Through the CYS Program DCYF will continue to use various methods, including social media to stay connected to young adults in the cohort for purposes of follow up at the age of 21.
- **Evaluate survey tool effectiveness and survey process to identify strengths and improve upon challenges for follow up and future baselines**
 - **Status - Ongoing:** As of July 1, 2011, no significant barriers have been identified in regard to surveying the baseline population. We continue to develop and implement ways through social networking, alumni events and post secondary education grant programs to keep in contact with young adults in order to be assist them with their continued success and to be able to reach them for the follow up surveys
 - **FY 2012:** In collaboration with Foster Forward and RICORP, DCYF planned to evaluate the NYTD survey process, identify successes and challenges and develop strategies to improve on the second baseline in FFY 2014. Due to priority given to System of Care information system needs and other significant information system projects, the Department has not been able to provide Foster Forward with the aggregate survey results. Therefore we have yet to begin to analyze the survey or the services data.

Status: On September 20 – 21, 2012, the Children’s Bureau conducted a voluntary site visit in collaboration with the State of Rhode Island’s National Youth in Transition Database (NYTD) implementation team within the DCYF. The site visit was completed by a team comprised of representatives from the State agency, Children’s Bureau Central Office and Region I Office, subcontractors and technical assistance providers meeting with numerous State staff, collaborating partners, foster parents, mentors and young people.

During the NYTD site visit, the Federal team identified 14 specific areas where “action is needed” to ensure that the State is accurately collecting and reporting information on the NYTD data elements as they are defined in regulation. These observations included: Data mapping concerns; Inability to collect certain elements in combination with other elements; Concerns about unreported data on served population youth; Concerns about unreported data on baseline population youth; Concerns about how the State is defining and reporting information on NYTD elements.

The Federal team also identified eight other areas where “action is recommended” to improve NYTD data quality and integrity or to improve the State’s overall efforts to implement, analyze and use NYTD data. These observations included: Concerns about underreported data due to inconsistent data entry ; Concerns about data entry field parameters that may prevent the State from collecting and reporting accurate data; Concerns about documentation reflecting only allowable NYTD element values; Concerns about survey prompt language; Concerns about informed consent/assent form language; Concerns about the State’s plans to analyze, use and disseminate NYTD data; Concerns about the State’s ability to fully engage and inform stakeholders

The Federal team also noted two areas which are “promising practices” in support of high quality collection and reporting of NYTD data: Planning and implementing NYTD outcomes data collection using good practices in survey design and methodology. The Federal team applaud the strong and consistent communication between the State, Foster Forward and RICPRP to implement an appropriate survey methodology; Developing and using creative strategies to engage young people in NYTD data collection. The Federal team was pleased to learn about the State’s efforts to leverage social media (including Facebook and Twitter) as a means to stay connected to youth in transition and the States efforts to capture contact information that could later be used to locate transitioning youth were comprehensive, well-documented and frequent.

With two full years of NYTD data collection completed and the start of follow-up outcomes data collection, it is critical that Rhode Island maintains momentum in its NYTD implementation efforts. For the State to maintain the progress made to date, and to improve in areas that have been challenging, it is critical that Rhode Island carefully examine early successes and struggles.

- **FY 2013:** DCYF and Foster Forward will analyze and report the findings from ILS and survey responses. DCYF will develop a plan to address the issues identified in the NYTD site visit.
- **FY 2014:** DCYF will continue to provide analysis and reporting of NYTD data and will implement strategies to address NYTD’s site visit concerns.
- **Implement survey with 2nd cohort with the goal of achieving these identified participation rates in each reporting year: 2014- 95% in care youth and 75% out of care youth; 2016 – 95% in care youth and 80% out of care youth; 2018 – 95% in care youth and 85% out of care youth**
 - **Status - Pending:** Not applicable at this point as second cohort begins October 1, 2013.
 - **FY 2012 and FY 2013:** In collaboration with Foster Forward, we will evaluate the NYTD survey process, identify successes and challenges and develop strategies to improve on the second baseline in FFY 2014.
- **Other Accomplishments**
 - **Consultation and Collaboration with Indian Tribes:** As reported in prior years, the Department has an active and positive relationship with the Child Welfare representative of the Narragansett Indian Tribe, which is Rhode Island’s only federally recognized tribe. There are very few Indian youth involved with the Department. The Department provides written information about the CFCIP and other programs to the Narragansett Tribe.
 - **FFY 2012:** The Department has made no significant progress in this area.

- **FFY 2013:** DCYF will explore ways to outreach to the Narragansett Tribe to ensure access for Indian youth.

Status: Nothing to Report

- **Training in Support of Youth Preparing for Independent Living:**
- **FFY 2013:** See chart on subsequent pages for details

Training in Support of Youth Preparing for Independent Living

The Department has shifted the primary responsibility for training to the Child Welfare Institute at Rhode Island College. The list below provides information on formal training provided related to serving older youth in care and those who are leaving or who have left care. Additionally, CYS Staff, both internal and external, provide ongoing training and consultation to DCYF staff, providers and other community agencies as needed or as requested.

Workshop Title	Overall Description/Learning Objective	# of Hrs	Date(s)	# Prticip	Type Prticip
Social Media & Bullying	During this 3-hour workshop, participants will learn what bully is, how to manage bullying behaviors with policy and communication, learn about the effects social media has on children, and what role it plays in bullying. Participants will also learn about cyber bullying, sexting, and harassment; know what R.I. laws say about bullying; and learn tips on managing and preventing the (bullying) problem before it comes to a head.	3	7/24/2012	5 17	DCYF Com. Prof.
Street Cred: Reaching the Hip Hop Generation	During this 18-hour training, the goals are to enhance participant knowledge, skills, & beliefs of workers who are serving youth identified with Hip Hop culture. The course will focus on areas related to alcohol and other drug abuse, violence, crime, and health risks (HIV). It will also include engagement, rapport, building, shaping effective interventions for youth. This interactive workshop will include presentation, films, discussion, and case presentation. This training will include graphic examples	18	11/01/2012	18	DCYF
Child & Adolescent Needs and Strengths (CANS) Training	CANS is a 5-hour training in comprehensive assessment of psychological and social factors for use in treatment planning. Domains assessed include general symptomology, risk behaviors, developmental functioning, personal/interpersonal functioning, and family functioning. The CANS is intended to support case planning and evaluation of service systems. Target Population: Children	5	12/5/2012 12/6/2012 12/7/2012	21 33 18 50 11 51	DCYF Com. Prof. DCYF Com. Prof. DCYF Com. Prof.

Workshop Title	Overall Description/Learning Objective	# of Hrs	Date(s)	# Prticip	Type Prticip
	and adolescents with mental, emotional, or behavioral problems. The intended Users: Child and adolescent mental health service providers.				
Child Welfare, Trauma & Loss	During this 2-hour workshop for RITS Staff, participants will learn about the impact of trauma and loss on children & youth exposed to maltreatment. This workshop is an overview that will focus on collaboration between systems to better support children and youth.	2	11/28/2012	2	DCYF
Kingian Nonviolence Conflict Reconciliation: J.Prob. Training	This 2-day nonviolence introductory training is offered through the Center for Nonviolence and Peace Studies at the University of Rhode Island. Training is grounded in the principles and methods of Dr. Martin Luther King, Jr. and is consistent with the underlying principles of Gandhi for nonviolent social change and community improvement. The specific training curriculum was developed by Dr. Bernard LaFayette and his colleague David Jehnsen. Dr. LaFayette worked with Dr. King during the major movements of the American Civil Rights movement in the 1960's, and was an advisor to the King family and a long time leader in the SCLC organization.	12	12/2012	24	DCYF& Com. Prof.
Using Eco-Maps to Support Work w/Families	This 2-hour workshop is intended for Student Interns placed at CWI and DCYF. Participants will explore and learn to utilize Eco-Maps as a tool for enhancing casework practice and promoting lifetime connections for youth in care to adults who care.	2	11/29/2012 1/9/2013	12 ?	DCYF Interns DCYF
Youth Who Sexually Abuse: Family Involvement &	The goal of the Training Institute on Youth Who Sexually Abuse is to provide training to every frontline care worker in RI. The full training series is (15 hours) and consists of	3	10/25/2012	15	DCYF

Workshop Title	Overall Description/Learning Objective	# of Hrs	Date(s)	# Prticip	Type Prticip
Cultural Issues	an *Overview Session and four (4) *Advanced Workshops: (Developmental Issues; Team Approach; Goals of Treatment and Family Involvement & Culture Issues). *This is Adv. Workshop #4 on Family & Cultural Issues. Participants will receive				
Youth Who Sexually Abuse: Goals of Treatment	The goal of the Training Institute on Youth Who Sexually Abuse is to provide training to every frontline care worker in RI. The full training series is (15 hours) and consists of an *Overview Session and four (4) *Advanced Workshops: (Developmental Issues; Team Approach; Goals of Treatment and Family Involvement & Culture Issues). *This is Adv. Workshop #4 on Family & Cultural Issues. Participants will receive a Certificate of Completion for each 3-hour workshop.	3	10/18/2012	14	DCYF
Youth Who Sexually Abuse: Team Approach to Community Supervision	The goal of the Training Institute on Youth Who Sexually Abuse is to provide training to every frontline care worker in RI. The full training series is (15 hours) and consists of an *Overview Session and four (4) *Advanced Workshops: (Developmental Issues; Team Approach; Goals of Treatment and Family Involvement & Culture Issues). *This is Adv. Workshop #4 on Family & Cultural Issues. Participants will receive a Certificate of Completion for each 3-hour workshop.	3	10/11/2012	13	DCYF
Youth Who Sexually Abuse: Developmental Issues	The goal of the Training Institute on Youth Who Sexually Abuse is to provide training to every frontline care worker in RI. The full training series is (15 hours) and consists of an *Overview Session and four (4) *Advanced Workshops: (Developmental Issues; Team Approach; Goals of Treatment and Family Involvement & Culture	3	10/4/2012	15	DCYF

Workshop Title	Overall Description/Learning Objective	# of Hrs	Date(s)	# Prticip	Type Prticip
	Issues). *This is Adv. Workshop #4 on Family & Cultural Issues. Participants will receive a Certificate of Completion for each 3-hour workshop.				
Woonsocket Middle School: Overview of RI System of Care	In this 2-hour, will provide participants with an overview and discussion on the RI's System of Care and its practice model, Wraparound RI. Participants will also hear and be able to ask questions of representative of RI's System of Care service delivery components: 1) Family Care Community Partnerships (FCCP) who serve non-DCYF involved families, and 2) Family Care Networks (FCN) who serve DCYF involved families.	2	12/19/2012	17	Edu. Professionals
Woonsocket Middle School: Classroom Behavior Management	This 2-hour workshop will provide participants with positive management techniques. There will be a focus on non-verbal and verbal styles of interaction, the power of positioning, and re-directing to keep kids on task. Teachers will be able to use these techniques in their classrooms to improve student's challenging behaviors.	2	11/15/2012	36	Edu. Professionals
Woonsocket Middle School: Overview of Child Abuse & Trauma	This 2-hour workshop will provide participants with an overview and discussion of trauma, loss & separation experienced by children in out of home placements, and the impact it can have on the development and behavior of children & youth. This workshop will explore information and tools for school professionals to support children/youth through increased collaboration between our educational and child welfare systems.	2	12/5/2012	35	Edu. Professionals

Workshop Title	Overall Description/Learning Objective	# of Hrs	Date(s)	# Prticip	Type Prticip
Woonsocket Middle School: Social Media & Bullying	In this 2-hour, school-based training participants will learn what bullying is, how to manage bullying behaviors with policy and communication, learn about the effects social media has on children and what role it plays in bullying. Training Objectives are: Learn about cyber bullying, sexting & harassment; know what the RI State laws say about bullying; tips on how to manage and prevent problems before they come to a head; and gain some "emotional development" on the topic of bullying.	2	12/13/2012	28	Edu. Professionals
Sexual Orientation, Gender Identity & Working w/The LGBTQ Community	During this 18-hour training, participants will: Review of cultural sensitivity related to working with LGBTQQ population; Apply LGBTQQ perspective to various developmental stages across the life span; Increase awareness of systemic barriers & oppression and enhance skills for engagement and relationship building; and Build awareness and skills of LGBTQQ issues as it relates to working with family systems; birth families, foster families, placements, adoptive families & the youth's future.	18	3/6/2013 4/22/2013 5/21/2013	23 18 11 5	DCYF DCYF DCYF Com. Prof.
Woonsocket Middle School: Support Students in Foster Care Through School & Child Welfare Partnership	This presentation highlights the findings from the Education Collaboration Project (ECP). This 2-hour workshop provides insight into the experiences and needs of students in foster care, the school, and child welfare professionals who serve them. The workshop explores barriers to and opportunities for working together across school and child welfare systems to improve educational outcomes for youth in foster care.	2	3/13/2013	14	Edu. Professionals
QPR (Question Persuade and Refer)	QPR (Question Persuade and Refer) is an evidence based suicide prevention gatekeeper training designed to train	2	4/30/2013	8	DCYF & DCYF

Workshop Title	Overall Description/Learning Objective	# of Hrs	Date(s)	# Prticip	Type Prticip
Refer) Youth Suicide Prevention Training	adults that work with youth how to identify warning signs of a youth at risk for suicide, how to ask questions, persuade the youth to get help with us as a helping team, and how to ultimately refer the youth for further assessment/treatment in the community.		5/10/2013 5/22/2013 AM 5/22/2013 PM	7 8 13 3 10 2	Interns DCYF Com. Prof. DCYF Com. Prof. DCYF Com. Prof.
Multi-Systemic Therapy (MST)	Multi-Systemic Therapy (MST) is an intensive family and community based program that focuses on addressing all environmental systems that impact juveniles-their homes and families, schools and teachers, neighborhoods and friends. MST recognizes that each system plays a critical role in a youth's world and each system requires attention when effective change is needed to improve the quality of life for youth and their families. MST works with youth ages 12-17. Participants attending this 3-hor workshop will receive information and engage in practical application of the model in an effort to gain understanding as to what multi-systemic therapy is, referral criteria, how to make a referral, how it is implemented and how MST staff are trained.	3	5/7/2013 AM 5/7/2013 PM 5/13/2013 AM 5/13/2013 PM	5 13 8 4 7 9 5 10	DCYF Com. Prof. DCYF Com. Prof DCYF Com. Prof DCYF Com. Prof
Cultural Competency when Working with Immigrants and Refugees in Rhode Island	While being the smallest state in the country, Rhode Island is home to individuals from half the world. This workshop will provide an overview of the U.S. Immigration system including an understanding of various immigration statuses, ways people come to the United States, refugee resettlement process, and the pathway to becoming a U.S.	3	5/14/2013	15 1	DCYF Com. Prof

Workshop Title	Overall Description/Learning Objective	# of Hrs	Date(s)	# Prticip	Type Prticip
	citizen. When a community agency is sensitive to diverse cultures there is an increased sense of belonging which is necessary for sound self-sufficiency planning. The workshop will use multimedia and interactive methods to promote cross-cultural sensitivity and understanding.				
Biology Begets Biography	More and more we are seeing children that have “brains that are wired differently” – those in our everyday life and those involved in the child welfare system. These factors and events leading up to how the children became involved with the system, give us directions as to what happened to the child, where they are right now in their functioning, and what may be helpful to them in the future.	18	5/17/2013	211	DCYF Com. Prof

- **FY 2013:** In consultation with the Child Welfare Institute, develop training plan which provides effective training opportunities to staff and community agencies in regard to working with older youth in care and those aging out or who have left care.

Status: Phase II of the System of Care Roll Out Training was prioritized by the Department for FY13. Mike Burk met with CWI Director, Tonya Glantz on June 13, 2013 and mapped out a plan for developing an 18 hour incentive credit Youth Development Training program to be offered across systems and professionals. The foundation of this will be using Positive Youth Development framework. An initial planning workgroup will meet in July 2013 to develop details.

- **FY 2014:** Implement Incentive Training Program on Youth Development.

- **Youth Engagement and Youth as Partners:** Members of The Voice participate or have participated as active members of the following:
 - 2009 Rhode Island Drop-out Prevention Summit
 - NE Youth Coalition of the New England Child Welfare Commissioners and Directors Association
 - Quarterly Meetings
 - Monthly Conference Calls
 - Chair 2/4 Subcommittees (Permanency & ‘Normalcy’)
 - Drafted a Sibling Bill of Rights (Signed by MA, CT, and VT Commissioners, slated to be signed by RI this summer)
 - DCYF Child Welfare Advisory Committee (CWAC)
 - Rhode Island Child and Family Service Review
 - Youth Focus Groups (State & Regional)
 - Program Improvement Plan Steering Committee
 - Program Improvement Plan Sub-committees
 - CWAC Subcommittee on the Education of Children and Youth in DCYF Care;
 - Members of The Voice are identified statutorily as members of the Joint Legislative Task Force on the Education of Children and Youth Involved With the Department of Children, Youth and Families
 - DCYF Juvenile Detention Alternatives Initiative
 - DCYF Family Care and Community Partnership System
 - Family Community Advisory Board
 - Hi-Fidelity WRAP Trainings
 - Lesbian, Gay, Transgender, Bi-Sexual, Queer & Questioning (LGTBQQ) Statewide Task Force
 - Casey Family Programs Breakthrough Series Collaborative
 - The Governor's Council on Youth Transitioning to Adulthood
 - Jim Casey Youth Opportunities Initiative: Youth Leadership Institute
 - The ASPIRE Community Advisory Board
 - Participation in Bridgespan Project
 - The Voice Overview Presentation
 - YESS Community Based Advisory Committee
 - Annual Student Leadership Conference (Dare to Dream)
 - Hiring/Search Committee for the Director of DCYF

- Urban League of Rhode Island
 - Foster Parent Training Class Presenters
- Foster Forward Board Retreat
- RICORP Annual Membership Meeting (Overview of Youth Leadership Board)
- Channel 10 ~ Identity Theft Legislation Report
- Channel 12 ~ Identity Theft Legislation Report
- Providence Journal ~ Identity Theft Article
- Associated Press ~ Identity Theft Article
- New England Permanency Convening (Sponsored by Casey Family Services)
- DCYF Phase II System of Care redesign RFP review team
- Youth Champions of Southern New England Radio Show
 - Radio Talk Show Guests (2 appearances)
- National Public Radio
 - “This I believe” – one member discussed her experiences in foster care
- Annual Rhode Island Family Court Conference
 - Youth panel presentation on educational experiences and youth voice
- Child Welfare League of America conference in February 2012
 - Voice members co-presented on CYS
- Foster Youth Shadow Day at the US Capitol
 - One member shadowed Rep. Jim Langevin for the day
- Federal ACF grant awarded to Foster Forward – Works Wonders
 - Voice member hired as a Youth Engagement Specialist for grant
 - Two other members participated in the national conference and are assisting with model development and implementation as Youth Advisors
- Work with PEP expansion team on planning grant for a Youth Support Partner position

Numerous State agency staff and others have met with The Voice on a variety of topics. These include:

- DCYF Staff: Current and former Director; and Current and Former Deputy Director; Mike Burk, Assistant to the Director; Dr. Janet Anderson, Associate Director for Children’s Behavioral Health; Fred Aurelio, Program Standards Administrator; and Tonya Glantz, Doctoral Student and Child Welfare Institute Staff member.

- Other State Agencies: Deborah Gist, Commissioner, RI Department of Elementary and Secondary Education.

Finally, The Voice continuously hosts door-openers, focus groups, and Meet-n-Greets (for YESS participants) to service and support the needs of young adults as they build natural support systems and find appropriate and responsible room mates.

FY 2013: Continue to work with the Director to amplify the role of The Voice and ensure a true partnership with them.

Status:

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

- **RI Department of Labor and Training (DLT) Youth Workforce Development:** The Department has an ongoing collaboration with the Department of Labor and Training and DLT funded efforts in several ways. We are a part of the DLT Shared Youth Vision, sit as a member of the Plan Management Team for DLT’s Unified Workforce Plan and the Director is a member of the Governor’s Workforce Cabinet. The Department works closely with the Greater Rhode Island Workforce Investment Board and the Providence/Cranston Workforce Investment Board ensure access to Workforce Investment Act (WIA) funded programs by utilizing a streamlined application process we co-developed with those groups.

FY 2012: Due to a loss of funding, DLT has significantly curtailed their support of the Shared Youth Vision program. However, DCYF and other key partners have agreed to continue to work closely with DLT in order to continue the positive aspects of Shared Youth Vision such as the State Team and the Solutions Website while also finding ways to support the work of the regional teams based on their identified needs. In the spring, the CYS Program hosted a “Door Opener” to provide workforce development opportunities. Eight volunteers from Bank of America met one-on-one with 14 youth to provide interview skills and tips, conduct mock interviews and then provide post-interview feedback to each young person. Because of these efforts, DLT has seen an increase number of foster care and youth offender accessing their Youth Centers. Last year the Greater Rhode Island Workforce Investment Board (which covers all communities except Cranston and Providence) serviced 103 foster youth and 235 offenders. Through DLT’s 14 statewide Youth Centers, DCYF youth engaged in work-readiness, summer employment, paid internships and employment activities.

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

FY 2013: The Department will assist DLT's efforts in the implementation of the On-Ramps to Career Pathways which will undertake systems reform in two main areas: 1) building from existing work by the Governor's Workforce Board, On-Ramps will establish 3-4 career pathways and align and integrate a range of public funding streams and programs along those pathways; and 2) create an on-ramps system to those pathways to enable low-skilled, low-literacy, and long-term unemployed workers to successfully access those pathways and in turn, access the private-sector training and experience needed to gain greater economic stability.

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

Status: DCYF staff members served as reader/rates for the Governor's Workforce Board RI Innovative Partnership grants. These Innovative Partnership grants, has brought employers and educational providers together to develop career opportunities for students, out-of-school youth and unemployed or underemployed adults. Ten grants, ranging in size from \$130,000 to \$250,000, were awarded to three community-based organizations, three employers, three GWB industry partners and one educational institution. These include Amos House, Connecting for Children and Families, New England Institute of Technology, OpenDoors, RI Hospital, RI Marine Trades Association, St. Antoine's Residence, Stepping Up, Tech Collective and the J. Arthur Trudeau Memorial Center.

- **ASPIRE [Rhode Island's Jim Casey Youth Opportunities Initiative (JCYOI)]:** The mission of the ASPIRE Initiative component of the CYS Program is to increase the percentage and number of older youth who achieve permanency before they would age out of care; improve the successful transition of youth in foster care to adulthood through the following strategies: develop opportunities for youth engagement; increase financial knowledge and stability; actively involve systems and partners in building education and employment supports; document results; identify and disseminate best practices, and galvanize public will and guiding policy to provide needed supports for youth. DCYF Senior Managers, including the Director (2007 & 2012) the Assistant to the Director (2007, 2008, 2009, 2010, 2011 & 2012) and our Permanency Team Leader (2008) participated in the all-site JCYOI Convening. Additionally in 2012 one of the DCYF Network leads participated in the convening. Several key DCYF staff members, including the Assistant to the Director, participate in the ASPIRE Community Advisory Board that meets quarterly to guide the work in Rhode Island. ASPIRE is also directly linked to the Life Skills component of the CYS Program by allowing graduates of Life Skills to automatically enrolled in the ASPIRE Opportunity Passport Program without having to participate in separate ASPIRE financial literacy training.

- **FY 2013:** During the last reporting period, the 187 new youth enrolled in the **ASPIRE Initiative component of CYS, bringing total youth served since inception in 2005 to 707 youth and young adults. 231 youth matched 567 assets of a \$664,033.08 value since inception.**

Through the federal ACF grant, *Works Wonders*, Foster Forward helped to bring an additional \$285,000 in FY2012, with another \$403,000 in FY2013 being added to the system array to enhance relational competencies for youth served through CYS. In FY 2014 another \$454,000 will be added to the system array for workforce development, in addition to leveraged resources, human capital, and job opportunities for youth.

In FY 2012 & FY 2013, Foster Forward was able to help leverage invaluable technical assistance and training to the system and child welfare workforce to build connections to the world of work through its work with The Workplace Center at Columbia University

Life Skills Component: Rhode Island was selected from a national competitive process to participate in the Institute on Prevention of Pregnancy and Sexually Transmitted Infection among Youth in Foster Care, sponsored by the American Public Human Services Foundation, the National Campaign to Prevent Teen and Unplanned Pregnancy, and the Annie E. Casey Foundation. Foster Forward is coordinating a state team including: DCYF Director Dr. Janice DeFrances, the Executive Director of the RI Alliance Dr. Patricia Flanagan, Foster Forward Executive Director Lisa Guillette and Policy Analyst Nicole Kenny, RICORP Interim Executive Director Kimberly Rose and Life Skills Team Lead Katherine Calia. We are one of five state partners who have adapted the Making Proud Choices! evidence-based curriculum to the child welfare population. The Rhode Island Institute team has made a curriculum change to the existing Life Skills component of the CYS Program, administered by Foster Forward in partnership with the Rhode Island Council of Resource Providers, in a cost neutral manner. We are convening a statewide Continuous Improvement Team to explore systems level activities to support the implementation of the curriculum and inform the work of the Institute. With the help of this statewide work team, we developed and implemented a plan that saw the first instruction of this new curriculum in the first quarter of 2013. Costs related to participation in the Institute are provided by both the sponsors of the Institute and Foster Forward through funding from the Jim Casey Youth Opportunities Initiative.

FY 2014: Through funding under the PEP Expansion Grant, the Department will explore and implement appropriate options for providing Life Skills Assessments and services at the Thomas C. Slater Training School. In addition, the Department, in collaboration with Foster Forward and RICORP will modify its Life Skills Education Services to be more effectively integrated into Family Care Networks.

Leveraged Support: A key strategy of the CYS contract was to vest the work with an organization that had a track record of success for leveraging private and federal dollars to support the services of youth in and who have aged out of foster care. In calendar year 2012, Foster Forward secured \$2,993,212 in cash leveraged resources, \$30,000 in indirect resources, and an additional \$33,000 of in-kind support from community partners to advance the shared work of CYS.

Foster Forward has secured funding through grants from the National Jim Casey Youth Opportunities Initiative, the United Way, Hasbro, Bank of America, Citizens Bank and Textron. The United Way grant provides \$75,000 per year for 3 years to help fund the ASPIRE program staff salaries, financial literacy education and matches, seed and survey money for Chafee ineligible youth. As a grantee, Foster Forward's ASPIRE Initiative was also featured in United Way's campaign video along with Bill Hatfield, President of Bank of America in Rhode Island. This endeavor has helped Foster Forward to grow a relationship with Bank of America, leveraging volunteer support to provide career development and employment services to youth in Consolidated Youth Services. The leveraged dollars from Textron and Hasbro have enabled Foster Forward to augment the services provided to youth in the Real Connections program. These dollars have allowed us to expand our target population to serve those under age 16, as well as over age 21, who are in need of support building and maintaining permanent and supportive adult relationships. Additionally, these dollars have allowed Foster Forward to specifically target youth in Consolidated Youth Services with more intensified family finding approaches, such as Extreme Recruitment, to identify and cultivate kin and fictive kin resources for youth most in danger of aging out of the foster care system in Rhode Island.

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

Foster Forward formed a partnership with the Pawtucket Community Development Corporation for 11 units of future supportive housing specifically ear-marked for kids aging out of care. This will provide housing for 22 of our youth.

For three years, the Department has collaborated with several local and state housing authorities to respond to Notices of Fund Availability through the US Department of Housing and Urban Development. These programs provide housing vouchers to be used by DCFY for either youth aging out of foster care, for families who are ready to reunify with their children but who need housing assistance and for families at risk of having their children removed from the home due to

inadequate or poor housing. Each NoFA requires the lead applicant to be a local or state housing authority working in collaboration with a public child welfare agency.

In 2008, the Department collaborated with the Providence Housing Authority to respond to a December 2008 NoFA but we were not successful. In 2009, the Department collaborated separately with the Providence Housing Authority and RI Housing to submit applications under each of those entities but again we were not successful. In 2010, the Department collaborated separately with the Providence Housing Authority, RI Housing and the Pawtucket Housing Authority to submit applications under each of those entities. Awards have not yet been announced for that NoFA.

The Department also has a strong relationship with the Corporation for Supportive Housing (CSH), a national leader in promoting the development of safe, supporting housing for youth, families and single adults. The New England Director for CSH, Michelle Brophy, was recently named by Governor Lincoln Chafee as the Executive Staff to the state's Interagency Council on Homelessness.

The Department and Foster Forward have developed connections to two community development corporations, the Pawtucket CDC and Community Works RI (based in Providence).

FY 2012: The Department participated in drafting the state's revised 10 year plan to end homelessness, *Open Doors Rhode Island: Strategic Plan to Prevent and End Homelessness*, and is represented on the implementation group for this plan. DCYF and Foster Forward are collaborating with the House of Hope, a community development corporation which runs the state's largest homeless shelter for adult men, in developing a proposal to submit to the Administration for Children and Families request for proposals for the Runaway and Homeless Youth Basic Center Grant Program.

FY 2013: We will continue to collaborate with traditional homeless service providers in responding to the needs of our clients and support the work of the larger housing and homeless prevention community. Mike Burk, Lisa Guillette (Foster Forward) and Stephanie Geller (RI Kids Count) Co-Chair the Families and Work Group for the Open Doors Implementation Team. This group is focused on implementing the Open Doors Strategies for youth and families. Mike Burk also continues to Chair the Office of Housing and Community Development External Review Committee. This committee reviews and recommends action pertaining to grievance appeals filed by emergency shelter residents.

The Department intends to submit an application for the newly released ACF Planning Grant to develop a model intervention for youth/young adults with Child Welfare involvement.

FY 2014: If successful, the Department will use the Youth Homeless Planning Grant to strengthen our services to older youth and young adults. Regardless, the Department will convene stakeholders in FY 2014 to review and update our Chafee Plan.

- Joint Legislative Task Force and Child Welfare Advisory Committee (CWAC), Subcommittee on the Education of Children and Youth Involved with DCYF: In April 2010, the Department launched this the CWAC Education Subcommittee which is tasked with ensuring educational success and stability for children and youth in our care, identifying key challenges and gaps, and developing information that would be helpful with the next phase of our work on improving educational outcomes for children and youth in our care. The CWAC Education Subcommittee completed a report to establish a foundation of work for the Joint Legislative Task Force and to help frame the work that needed to be done. At the request of the Department, the General Assembly created a Joint Legislative Task Force at the end of the 2010 Legislative Session and gave it a broad charge of making recommendations in 2011 as to what needed to be done to ensure educational stability and improve educational outcomes for the children in our care. The Child Welfare Institute and the RI Foster Parents Association hosted a Fostering Media Connections event in May that highlighted the work of this Task Force. The General Assembly took up the matter of examining issues related to ensuring educational success and stability for children and youth in care during the January 2012 session. The Rhode Island House of Representatives introduced 2012 -- H 7831 on February 28, 2012 and the Rhode Island Senate introduced 2012 -- S 2711 March 06, 2012. During the spring of 2012, the joint legislative commission issued a summary report that identifies recommendations and next steps to guide our work. The Rhode Island House of Representatives Bill 2012 -- H 7831 and the Rhode Island Senate 2012 -- S 2711 introduced we're tied to the work of the Commission, as they address residency issues that currently impede continuity of placement for children and youth who enter care and are placed in school districts outside of their home school district. While each bill was heard in its committee of origin, compromise language could not be found to address some issues. The Department will work with legislative leaders to attempt to develop a compromise bill for the 2013 General Assembly session.

FY 2012: Ensured that the *Joint Legislative Task Force on the Education of Children and Youth in DCYF Care* was formed and met to explore the identified issues. A report was developed and specific strategies with timelines were recommended.

FY 2013: The Department will work with other stakeholders to address the recommendations contained in the report. New legislation related to the implementing Fostering Connections (2013-H5275/2013-S311) was introduced. The Department continues to work with RIDE and others to address challenges with this legislation and we are hopeful to have language in the State's FY14 Budget.

FY 2014: The Department will develop and implement a more effective truancy component realizing the importance of educational success and stability and cross system collaboration to improve the educational outcomes for foster children.

- Health Care Working Group: The Department recently launched a Healthcare Working Group to look at the current state of healthcare coverage and services for all children and youth involved with DCYF, identify the challenges to ensuring that

their healthcare needs are being met effectively, and develop and implement a plan of action to overcome these challenges. This work group recognized immediately that one area to address is the healthcare needs of older youth in care and those exiting care, including the need to help our youth to become better healthcare consumers.

FY 2012: The Department is working with EOHHS on the Affordable Healthcare Act provisions to ensure Medicaid coverage extends to eligible foster care youth to age 26 beginning in 2014.

FY 2013: The Department and EOHHS will finalize policies and practices related to extending Medicaid coverage to age 26 and will ensure that policies related to health care consumerism are integrated into transition planning.

FY 2014: DCYF will continue to work with key stakeholders and youth to ensure youth understand how to effectively use health care services.

- Fostering Connections to Success and Increasing Adoptions Grant: Rhode Island is home to one of 24 federal Fostering Connections grants aimed at strengthening connections to kin. The Rhode Island Partnership for Family Connections is a partnership of 9 agencies, including DCYF and the RI Foster Parents Association (the lead agent). The Fostering Connections grant seeks to test three core strategies for improving permanency for youth: 1) intensive, high-tech search efforts to connect foster youth with biological family members through methods such as electronic mapping and in-depth reviews of case records; 2) inclusive decision-making support for families; and 3) a kinship navigation systems, including online and in-person peer support, to help family ties flourish.

The Rhode Island Partnership for Family Connections held a statewide Kinship Care and Permanency Convening on Friday May 21st to celebrate and discuss the importance of kinship connections for children in DCYF care. Panels included current and former foster youth, their caregivers and experts in the field. A series of regionally based trainings will be offered as a follow up to child welfare workers and supervisors to hone skills in collaborating with kinship caregivers.

FY 2012: Through the ongoing evaluation process embedded in the work of this grant, continue to improve practices and embed best practices in the work of providers in the System of Care rollout and DCYF staff. In FY2012, Foster Forward was able to hire an internal Program Evaluation Coordinator. This coordinator works directly with the Foster Forward and DCYF leadership to run administrative reports to inform program policy and practice. Additionally, this internal capacity has allowed for a continuous quality improvement model to become the bedrock of the CYS Program. All CYS program managers work with the Evaluation Coordinator to run monthly, quarterly, and ad hoc reports that are used to make mid-course corrections and practice enhancements.

FY 2013: The Program Evaluation Coordinator works closely with DCYF QA staff to ensure that all data reports inform the larger system design and ensure the accountability the Department is looking for across all their contracts.

Chafee Foster Care Independence Program Plan 2011-2014 Budget

FFY2013 Allocation (anticipated)	\$ 681,977	
FY 2013 Allocation (actual)		\$601,292
Difference between Anticipated and Actual		\$ 80,685
Revenue/Expenditure Description	Original	Amended
Consolidated Youth Services	\$ 606,185	\$ 606,185
IL Coordinator/Youth Development Support	\$ 59,496	
Audit	\$ 600	\$ 600

FFY2014 Allocation (anticipated)	\$681,977
Revenue/Expenditure Description	Amount
Consolidated Youth Services Program	\$580,474
Unbudgeted Expenses*	\$100,903
Audit	\$ 600

It should be noted that the total annualized budget for the Consolidated Youth Services Program for FY 2013 is \$2,581,185 with \$606,185 of this funded through CFCIP funds and \$1,975,000 of this funded through State General Revenue funds which is dedicated to YESS Aftercare Services. The additional CFCIP funding in each program year is used to support salaries and administrative costs associated with staff working to provide continued youth development support.

*While the instructions provided for this report ask us to use the FFY 2012 Award amount as our anticipated award amount for FFY 2014, our actual award for FFY 2013 was significantly less than our FFY 2012 award. We are reluctant to fully budget an award based on the FFY 2012 award until we see the actual allocations for FFY 2014. If the FFY 2014 amount comes in higher than the FFY 2013 award amount, we will budget those funds accordingly,.

Chafee Education and Training Voucher Program Accomplishments

Rhode Island's commitment to ensuring that foster care and former foster care youth have access to postsecondary educational opportunities continues to grow and expand while at the same time we are addressing some of our shortfalls. ETV funding can be used for any postsecondary educational and training program that is approved by the US Department of Education for Title IV student assistance programs with a cap of \$5,000 per student per academic year. Our ETV allocation for Federal Fiscal Year (FFY) 2012 was \$227,400. Our FFY 2013 allocation is \$201,691, which represents a decrease from FFY 2012 of \$25,709.

Our DCYF Higher Education Grant Program funding, an annual allocation of \$200,000, can be used only for full-time students attending one of Rhode Island's three public higher education institutions – the University of Rhode Island (URI), Rhode Island College (RIC) and the Community College of Rhode Island (CCRI). There is no per student cap on these state funds at this time.

Youth and young adults interested in receiving postsecondary educational funds must complete their FAFSA and a DCYF Postsecondary Education Tuition Assistance Program application no later than June 1st of each year. The eligibility criteria for each of the subprograms (DCYF Higher Education Opportunity Incentive Grant and ETV voucher) are based on state and federal laws and regulations and are clearly articulated in the application. Youth who have been placed in subsidized guardianships or adopted on or after their 16th birthday are eligible for ETV funding. The Department treats all funds under this program as the funding of last resort after all other non-loan funding sources (e.g., Pell Grants, scholarships) are considered and uses funds only to cover further unmet need to the extent possible based on available funds and the total number of youth participating.

The Department, in collaboration with the RI Higher Education Assistance Authority, launched our new web-based integrated DCYF Post Secondary Education Tuition Assistance Program (PETAP) Application for the 2010-11 academic years. For the first time, the Department now has a system that allows for retrieval of cost of attendance and financial aid package information from the schools the students are attending so that we can have a true sense of the student's unmet need.

The 2011-12 Academic Year was our second full year of using this new system and we continue to work to find a level of comfort in balancing the funds committed at the start of the year with the attrition rates of students by the conclusion of the year. While we had hoped to provide each student with funds to cover 50% of their unmet need, we were able to fund them only at a 35% rate (up from 30% the previous year). For the 2011-12 academic year, 160 youth applied for funding and, of those applicants, 57 youth actually attended school and received funding. This assistance totaled \$186,461 from all funds [ETV - \$93,981; DCYF Higher Education Funds - \$92,480]. ETV awards ranged from \$233 - \$5,000 and DCYF Higher Education Awards ranged from \$1,295 - \$4,979. These figures are adjusted from the June 2012 report to reflect actual figures for the year.

For the 2012-13 Academic Year, we provided award amounts equal to 40% of a student's unmet unless the student was eligible only for ETV funds and this amount exceeded \$5,000. In those few circumstances, the award was capped at the \$5,000 maximum. For the 2012-13 academic year, 232 youth applied for funding and, of those applicants, 60 youth actually attended school and received funding. This assistance totaled \$215,223 from all funds [ETV - \$118,932; DCYF

Higher Education Funds - \$96,291]. ETV awards ranged from \$402 - \$5,000 and DCYF Higher Education Awards ranged from \$802 - \$4,839. **(Please note that we are still in the process of reconciling accounts with various schools so the numbers of paid participants and the dollar amounts and allocation of awards across funding streams are preliminary only).**

The following chart shows the actual participation rate for the 2010-11 Academic Year.

DCYF Postsecondary Grant Funding for Academic Year 2011-12

Postsecondary School Attended	Students Receiving State-funded DCYF Higher Education Grant Funds and Federal-funded Education and Training Voucher Grant Funds	Students Receiving Federally-funded Education and Training Voucher Grant Funds Only	Total Number of Student Participants
Brandeis University (MA)	0	1	1
The Community College of Rhode Island (CCRI – RI)	10	5	15
Eastern Connecticut Universtiy (CT)	0	1	1
Empire Beauty School (RI)	0	2	2
Johnson and Wales University (RI)	0	1	1
Lane Community College (OR)	0	1	1
Mitchell College	0	1	1
Ramapo College (NJ)	0	1	1
Rhode Island College (RI)	8	2	10
Sanford-Brown Institute (RI)	0	2	2
Southern Maine Community College (ME)	0	1	1
University of Rhode Island (RI)	16	5	21
Total Student Participants	34	23	57

Objectives for 2010-14:

- **Finalize partnership with the RI Higher Education Authority (RIHEAA) to manage the DCYF Postsecondary Education Tuition Assistance Program in order to streamline the process for applicants (2010)**
 - A memorandum of understanding was signed in November 2009 and DCYF has been working with RIHEAA and its developer to develop and implement a web-based application process. The student portal was operational for mid-March 2010 so that students could apply. Other portals which allow such things as communication directly to and from Financial Aid Officers are still in development. It is anticipated that the full application will be operational for August 2010.
 - The 2010-11 academic year was a year to work out significant bugs in the system in order to make it more user friendly for students and to serve as a richer source of data for the Department. Ongoing modifications have been made throughout the year, including the addition in June 2011 of Student Award Information Screen that the Department contemplated but the developer did not include in the original design. This screen allows student participants to log in at any time to check the status of their award and to print award of the court letters to give to their school.
 - **FY 2012:** The new application system was fully implemented and functional. This goal is complete.
- **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 has not addressed this issue as we were focused on development and implementation of the web-based application.
 - **FY 2012:** Given that the Department significantly under estimated award amounts for the 2010-2011 academic year, we believe it is prudent to wait at least another year to gain experience in utilizing the new system for prediction purposes.
 - **FY 2013:** No cap was determined to be necessary.
 - **FY 2014:** The Department will continue to monitor this issue and determine if such a cap is necessary.
- **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 (Ongoing: 2010-2014).**
 - There is much crossover between youth involved in our YESS Aftercare Services Program and youth attending post secondary educational institutions. YESS case managers are used often to ensure outreach to young adults. As well, with our new web-based application system, we now have current email addresses on all youth attending school and use that to communicate with them. Additionally, our CYS program provides updates via their Facebook page.

- **FY 2012:** In collaboration with the CYS Program, RI Higher Education Assistance Authority, the RI Department of Elementary and Secondary Education and the Office of Higher Education, DCYF plans to introduce two post secondary education related events commencing in the fall of 2011.

One event is intended for youth who are graduating from high school (or the equivalent) as well as young adults who have left care and either are attending post secondary education or are interested in attending. The purpose of this event will be to provide guidance to youth and young adults in regard to college application processes, completion of the FAFSA, completion of our higher education grant application and helping to begin to connect students to campus based supports.

The second event will be in May or June of 2012 when we know who most of our applicants are for the 2012-13 academic year. This event is intended to build on the earlier event but focus on making students aware of the support services on their campuses and helping them to access those services. Our intent for both of these is to have present representatives of the primary schools our students typically attend.

The Department was not able to hold the above events this year. However, we do have a Post Secondary Education Summit planned for September 14, 2012 which is co-sponsored by DCYF, Foster Forward and possibly the state Office of Higher Education. This summit will be co-facilitated with foster youth and former foster youth and will focus on improving outreach to students, ensuring students are prepared for post secondary education and improving access to support systems for students enrolled in post secondary institutions.

- **FY 2013:** The Department held a very successful Post Secondary Education Summit this year with over 100 participants from across schools and disciplines. We have developed stronger relationships with public and private post secondary schools across the state and are working on establishing stronger support programs for students at these schools.
- **FY 2014:** The Department will continue its work on developing and implementing stronger support systems at the public and private post secondary schools and will develop as part of our Adolescent Development and Educational Supports training program through the CWI components related to enhancing youth success in the post secondary arena.
- **Continue to increase the role of the DCYF Higher Education Advisory Board in identifying and leveraging additional resources for youth (Ongoing: 2010-2014)**
 - The Department views the expansion of this role as critical to our ability to outreach more effectively to youth out of care and to ensure that they are able to access necessary and appropriate supports. The Department intends to use this Advisory Board to examine these best practices and determine how best to proceed with similar interventions in Rhode Island.
 - **FFY 2012:** This activity has not been acted upon yet.
 - **FFY 2013:** Using the summit as a springboard, the Department intends to reconstitute this Advisory Board to help implement recommendations from the

Summit. The Board was not reconstituted at this time but several workgroups were put in place to address post secondary issues.

- **FFY 2014:** Rather than reconstituting this Board at this time, the Department will continue to work through the summit workgroups to address identified post secondary challenges.
- **Continue to develop and implement a more effective system for coordinating and disbursing higher educational funding, including ETV funds (Ongoing: 2010-2014).**
 - The 2010-11 academic year was a year to work out significant bugs in the system in order to make it more user friendly for students and to serve as a richer source of data for the Department. Ongoing modifications have been made throughout the year, including the addition in June 2011 of Student Award Information Screen that the Department contemplated but the developer did not include in the original design. This screen allows student participants to log in at any time to check the status of their award and to print award of the court letters to give to their school.
 - **FY 2012:** Continue to work closely with RIHEAA and the developer to make the new system work more efficiently and effectively. **System is implemented. This goal is complete.**

Number of Recipients of ETV Funds		
	Fiscal Year	# of Recipients
<i>Initial Voucher</i>	2012	41
<i>Total Participants</i>	2012	57
<i>Initial Voucher</i>	2013	34
<i>Total Participants</i>	2013	60

Fund Administration

As noted above, our application process is now all web-based with the RI Higher Education Assistance Authority with award determinations made based on the youth’s unmet need after considering the cost of attendance for that youth and other financial aid awarded. For the 2012-13 academic year, the Department provided students with no more than 40% of their unmet need (some students receiving only ETV funds may have received a lesser percentage because they hit the \$5,000 federal cap for individual participants).

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

The original cost estimate for this project was \$135,541 for development and implementation. Our actual cost at the conclusion was \$125,375 which is allocated as \$57,673 (46%) to state general revenue and \$67,702 (54%) to federal ETV funds. Maintenance costs over a two year period and

paid to date are \$39,000, allocated as \$17,940 (46%) to state general revenue and \$21,060 (54%) to federal ETV fund.

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Changes made in Goal IV: The prior measure of success for Strategy 4.1 to improve systemic support for foster parents was tied to the national outcome measure to reduce the incidences of abuse/neglect for children in foster care. In the Child and Family Service Review Data Profile for fiscal year 2010, the Department had shown substantial progress in this area, and the Department was moving to establish a network of immediate response foster care supports which more directly addressed the intent of strategy 4.1. Therefore, the measure of progress for this strategy was changed to reflect: Foster parent supports established.

Goal IV: Enhance the capacity of employees, foster and pre-adoptive parents, and providers to delivery high quality care to children and families.

**PIP Goals – Achieve and maintain consistent high quality family-centered practice
All children, youth and families reach their fullest potential in a safe and nurturing environment.**

	2010 ⇨ 2014	Measure of Progress	Progress in 2012 - 13	Outcome/Indicator
Strategies	Action Steps			
4.1 Improve systemic support for foster parents.	4.1(a) Ensure that all foster parents have access to a peer support network.	Foster parent supports established.	In April, 2011 the Department entered into contracts with 12 private agency foster care providers to ensure that foster parents would have appropriate and necessary supports for the children placed in their care. These immediate response providers are able to provide crisis intervention and assessment to prevent children from disrupting from placement.	<p><u>Permanency-1:</u> Children have permanency and stability in their living situations.</p> <p><u>Well-Being-2:</u> Children receive services to meet their educational needs.</p> <p><u>Well-Being-3:</u> Children receive services to meet their physical and mental health needs.</p> <p><u>Systemic Factor V:</u> Case Review System</p>
	4.1(b) Ensure that all foster parents have necessary and sufficient material support.			
	4.1(c) Include foster parents as active members of the child/youth/family team.			
4.2 Enhance training opportunities offered through the Child Welfare Institute.	4.2a Build on existing core training modules at CWI to adapt to foster care issues.	<ul style="list-style-type: none"> ○ New training modules developed/implemented . ○ Reduce incidence of child abuse/neglect in foster care. ○ Increase placement stability. 	A training module has been developed – Planning for Permanency – provided by CWI. The learning objectives in this Module focuses on clinical issues in adoption and foster care; effects of trauma and attachment; effects of abuse and neglect on child development; treatment issues in managing behavioral challenges, etc.	<p><u>Permanency-1:</u> Children have permanency and stability in their living situations.</p> <p><u>Systemic Factor VII:</u> Training</p> <p><u>Systemic Factor X:</u> Foster and Adoptive Parent Licensing, Recruitment and Retention.</p>

Goal IV: Enhance the capacity of employees, foster and pre-adoptive parents, and providers to delivery high quality care to children and families.

**PIP Goals – Achieve and maintain consistent high quality family-centered practice
All children, youth and families reach their fullest potential in a safe and nurturing environment.**

	2010 ⇨ 2014	Measure of Progress	Progress in 2012 - 13	Outcome/Indicator
Strategies	Action Steps			
<p>PIP Strategy 3</p> <p>4.3 Enhance supervision practice</p>	<p>PIP Action Step 3.1: Implement consistent supervisory practice model)</p> <p>4.3 (a) Develop a case supervision practice guide (safety/risk assessment, assessment and service planning, worker visits w/child and parents, and family engagement).</p> <p>4.3 (b) Peer discussion to implement case supervision practice guide.</p> <p>4.3 (c) Develop and implement Learning Labs for DCYF supervisors.</p> <p>4.3 (d) Modify supervisory core curriculum to include practice guide.</p>	<p>Guide developed – Due Q2</p> <p>List of attendees & percentage by division (at least 80% attendance by division). Due – Q3</p> <p>Themes identified at first lab and schedule of on-going meetings. Due – Q4</p> <p>Updated curriculum. Due – Q6</p>	<p>Development of the supervisory practice guide was completed in June 2013.</p> <p>Completed through use of Regional Supervisory meetings in Family Service Units and Probation. Sessions were attended by 34 of 42 supervisors/administrators from those Divisions (81%).</p> <p>The Department is conducting Learning Labs in each of the DCYF Regions using the supervisory guide as a learning tool. Region 2 Learning Lab was July 30, 2013.</p> <p>The curriculum has been updated to include a 6 hour class: Supervising to Best Practice which is being included in the Core Supervisory Training Program.</p>	<p>Well-Being 1: Families have enhanced capacity to provide for children’s needs.</p> <p>Applicable CFSR Items: 17) Needs/services of child, parents, and foster parents 18) Child/family involvement in case planning 19) Caseworker visits with child 20) Caseworker visits with parents</p>

Goal IV: Enhance the capacity of employees, foster and pre-adoptive parents, and providers to delivery high quality care to children and families.

**PIP Goals – Achieve and maintain consistent high quality family-centered practice
All children, youth and families reach their fullest potential in a safe and nurturing environment.**

	2010 ⇨ 2014	Measure of Progress	Progress in 2012 - 13	Outcome/Indicator
Strategies	Action Steps			
PIP Strategy 4 4.4 Integrate the key principles of the System of Care into casework practice.	(PIP Action Step 4.1: Implement Family Team Meetings) 4.4 (a) Submit practice guidance model for Family Team Meetings. 4.4 (b) Develop practice standards for Family Team Meetings 4.4 (c) Develop curriculum for Family Team Meeting (facilitation and participation)	Practice guidance completed. Due – Q2 Practice standards developed. Due – Q4 Curriculum developed. Due – Q3	The Family Team Meeting practice guidance was completed in PIP Q2. Initial practice standards were developed and finalized in September 2012. The Department is currently completing a more comprehensive Practice Standards document for Phase II of the SOC. The Family Team Meeting curriculum was completed in PIP Q3.	<u>Well-Being 2:</u> Children receive services to meet their educational needs. <u>Well-Being-3:</u> Children receive services to meet their physical and mental health needs. Applicable CFSR Items: 21) Educational needs of child. 23) Mental/behavioral health of child.

TECHNICAL ASSISTANCE –

The Department has not requested any technical assistance from the Children’s Bureau TA Network in support of the CFSP goals at this time. Currently, there are no TA needs requests anticipated.

WORKFORCE DEVELOPMENT

The Department continuously works to improve the processes by which the workforce is recruited and trained, with emphasis on ongoing training and support for their roles and responsibilities in the changing practices of child welfare. The following outlines the Department's processes for hiring and training DCYF personnel:

1. How is staff recruited and selected:

- a. State civil service exams are developed (with our input), announced, administered and graded by the State Personnel Office which then promulgates the civil service list from which eligible candidates are interviewed and hired by us.
- b. We recruit candidates for the exam through word of mouth and through circulation of materials at local colleges and universities.
- c. By union contract, we can only consider the top six names (by score on exam) for the presenting vacancy.
- d. We hire a designated number of social caseworker IIs at the same time to allow them to comprise a pre-service class.
- e. Casework supervisors are hired through the same process. Usually, supervisors are hired from the social caseworker II ranks as a promotional opportunity for those reachable (top 6) on the state civil service list.
- f. Child Support Technicians are not subject to a state civil service examination. Vacancies are listed on the RI Department of Labor and Training web site and resumes are collected by the EOHHS HR Office which then passes the materials on to DCYF for consideration. Priority for these vacancies goes to union members per union contract. We often hire from the outside when no viable candidate presents from within the state or bargaining unit.
- g. Established trained interview panels conduct interviews for social caseworker IIs, casework supervisors IIs and child support technicians.
- h. DCYF background and criminal records checks are done on all candidates.

2. Degrees and certifications for child welfare workers and other professionals for the management of cases and child welfare staff.

- a. To be deemed eligible to take the civil service exam for social caseworker II, the following Education and Experience requirements prevail.
 - i. Education: Such as may have been gained through: possession of a bachelor's degree from an accredited institution of higher education in sociology, or psychology, social work, child development, or a related field; and
 - ii. Experience: Such as may have been gained through: two years experience in the field of family and children services. Special requirement: maintain a valid driver's license.
- b. To be deemed eligible to take the civil service exam for casework supervisor II, the following Education and Experience requirements prevail.

- i. Education: Such as may have been gained through: possession of a Bachelor of Arts or Bachelor of Science degree in one of the following areas: Social Work, Psychology, Child Development, Sociology; and
 - ii. Experience: Such as may have been gained through: 3 years experience as a social worker in public child welfare.
- c. To be deemed eligible for the position of child support technician, the following Education and Experience requirements prevail.
 - i. Education: Such as may have been gained through: successful completion of two years of academic study from an accredited institution of higher learning with a concentration in Social Work, Psychology, Sociology, Education, Child Development, Special Education, or a closely related field; and
 - ii. Experience: Such as may have been gained through: At least one year of employment working with children and families in a human service setting.
 - iii. Or, any combination of education and experience that shall be substantially equivalent to the above education and experience.
 - iv. Special requirements: Must possess and maintain a valid Rhode Island driver's license as a condition of employment; at the time of appointment, must be physically qualified to perform assigned duties as evidenced by a physician's certificate.

3. Demographic information on current staff and recent hires.

- a. For nine (9) social caseworker IIs most recently hired or promoted to that position title:
 - i. 7 were female; 2 were male
 - ii. 1 was Black; 1 was Hispanic; 7 were White
 - iii. 5 had BS degrees, 3 had BA degrees, 1 had an MA degree
- b. The salary for social caseworker II is \$51,818-\$59,401
- c. The salary for child support technician is \$40,734-\$46,232
- d. The salary for casework supervisor II is \$61,420-\$68,748

4. Information related to tracking staff turnover and vacancy rates in calendar year 2012.

- a. 1 casework supervisor II retired
- b. 8 social caseworker IIs left
 - i. 1 was promoted to a position at the Dept. of Corrections
 - ii. 2 returned to previous positions from which they held a leave at the Dept. of Human Services
 - iii. 1 transferred laterally to the Dept. of Human Services
 - iv. 3 transferred laterally to the BHDDH (Behavioral Health/Disabilities)
 - v. 1 retired

5. Supervisor to worker ratios.

- a. Per union contract, a casework supervisor II can supervise no more than five social caseworker IIs.
- b. Several supervisors also have primary responsibility to supervise a child support technician which is shared among two or more units.

The average caseload size for the caseworker staff varies depending on the Region; i.e., the number of cases within the Region and the workers assigned. The Department strives to maintain a caseload of 14 families per worker, though there is no required caseload limit.

6. Administrative Positions responsible for management of child welfare staff.

- a. Chief Casework Supervisors are primarily hired from the ranks of casework supervisor (as the position is with the same bargaining unit and priority goes to qualified union members). There is no civil service exam for this position.
 - i. To be deemed eligible for the position of chief casework supervisor, the following Education and Experience requirements prevail.
 - 1. Education: Such as may have been gained through: possession of a Master's Degree in Social Work from an accredited institution of higher education; and
 - 2. Experience: Such as may have been gained through: full-time employment as a Senior Case Work Supervisor; or at least three years full-time employment in a responsible supervisory, administrative, or consultant position in a public or private social case work agency, hospital, or mental health or public health program. OR
 - 3. Any combination of education and experience that shall be substantial equivalent to the above education and experience.
 - 4. The salary range for this position is \$75,631-\$84,985
- b. Assistant Administrator Family and Children's Services are primarily hired from the ranks of casework supervisor (as the position is with the same bargaining unit and priority goes to qualified union members). There is no civil service exam for this position.
 - i. To be deemed eligible for the position of Assistant Administrator, the following Education and Experience requirements prevail.
 - 1. Education: Such as may have been gained through: possession of a Master's Degree in Social Work from an accredited institution of higher education; and
 - 2. Experience: Such as may have been gained through: employment in a responsible administrative and supervisory position in a private or public social agency engaged in providing social services. OR
 - 3. Any combination of education and experience that shall be substantially equivalent to the above education and experience.
 - 4. The salary range for this position is \$74,037-\$83,760.

- c. Regional Directors (DCYF) are usually hired from within. There is no civil service exam for this position.
 - i. To be deemed eligible for the position of Regional Director, the following Education and Experience requirements prevail.
 - 1. Education: Such as may have been gained through: possession of a Master's Degree in Social Work, or other related field, from an accredited institution of higher education; and
 - 2. Experience: Such as may have been gained through: considerable employment in a responsible administrative and supervisory position in a private or public social agency engaged in providing social services to families and children.
 - 3. The salary range for this position is \$*3,476-\$96,927.

ONGOING TRAINING TO ENSURE THE COMPETENCIES

Ongoing and newly developed curricula reflect trends and practice and are driven by RI's core competencies, which were adapted from the State of Iowa's *Individual Learning Needs Survey*, and are directly linked to RI's Child and Family Services Review. Training targets the combined needs of caseworkers, supervisors, managers and administrators.

The Child Welfare Institute's (CWI) training includes pre-service, in-service and community training in support of meeting the needs of children, youth and families involved with DCYF. **Pre-service** activity included the completion of our 14th class in March of 2011, where 16 people participated in pre-serve training. In January of 2012, CWI began its 15th pre-service class which consisted of 12 family service staff and two probation staff. Class 15 is scheduled to complete pre-service training on July 20, 2012. **In-Service** trainings were across our line staff, supervisory and community provider staff. In the summer of 2011, **Core Supervisor Training** was held for six supervisory staff. CWI's intermediate, advanced and other in-service training was very active during fiscal year 2011. Overall, over 90 trainings were offered with over 1500 staff participating over the course of the year. Trainings included:

- 5 incentive credit trainings were held between April – July 2011
- 6 1 day Core II trainings were held between
- 3 rounds of DCYF Refresher trainings were held to address safety & risk, legal, ICPC, placement, and RICHIST needs
- 9 sessions of specialized ICWA trainings were held for general DCYF and community staff as well as targeted sessions for the legal community

Another significant area of training focused on DCYF's System of Care (SOC) and its Phase I – Family Care Community Partnership and Phase II – Networks of care. Within Phase I SOC training, CWI coordinated and documented ongoing sessions of Team Based Wraparound Training (4 day training) for FCCP staff in both August and October. During the months of April and October, CWI coordinated, co-facilitated and documented multiple sessions of safety/risk and

ICWA training for FCCP staff. Ongoing support training in CWI's Lab was coordinated and documented by CWI for external trainers new and advanced RI Family Information System (RIFIS) users and functional assessment and data tool training sessions.

Within Phase II SOC training, CWI developed, implemented and documented the preliminary Phase II required training. Phase II training included four core curricula. **Online training** was released November 2011 and served over 300 staff (approximately 58% DCYF, 40% Network Staff and 2% intern/higher education faculty). **Building Wraparound RI** began November and was offered nine times between November and December, 2011 with approximately 377 staff trained. DCYF =177(46 %); Network = 202 (54% Network). **Expanding Practice through Family Team Meetings** began in late November and was offered four times between November and December, 2011 with approximately 198 staff trained. DCYF =93 (47 %); Network = 105 (53% Network). **Wraparound RI: Group Facilitation** began mid December and was been offered three times during December with 102 Network staff signing up. Actual numbers for attendance are lower due to a post-registration targeting of NCC and coach-sup staff. Additional Phase II curricula were developed with smaller scale implementations. For example, *Creating Child Welfare & Juvenile Corrections Partnerships in RI's System of Care*, a three day training was held January 9, 23, & 30, 2012 with approximately 25 community staff attending. As Phase II progresses, CWI will continue to offer wraparound training and supplemental training.

CWI was equally busy providing training to the community in support of working with it child welfare, juvenile corrections and behavioral health clients. Throughout the calendar year multiple training opportunities have been provided by CWI staff to the community including:

- Child Sexual Abuse – RIC graduate students
- Worker Safety – FCCP staff
- Reporting Laws/Recognizing Abuse & Neglect –
 - St. Mary's Home
 - Cumberland Schools
 - Narragansett Indian Tribe
 - Providence Children's Museum – City Year staff
- Introduction to Wraparound – Gateway Staff (70 people)
- Meeting Facilitation – Northern FCCP
- Gang Activity on your Caseload – FCCP & Providence School Dept
- Striving Toward Cultural Competence – Head Start
- RICHIST Data Mining to support permanency for children/youth– ACF Grant Program Staff
- Ethics and Cross-System Partnerships – FCCP & DCYF

QUALITY ASSURANCE –

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

- RICHIST – DCYF Management Information System
- Quality Assurance Unit (Administrative Case Reviews for Family Service and Juvenile Probation cases)
- Data Analysis and Program Evaluation (comprised of DCYF staff and contracted services through Yale University’s Consultation Center)
- Monthly Quality Assurance Meetings – cross divisional representation
- CQI Feedback Loop through multiple channels

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

Rhode Island Child Information System (RICHIST): The RICHIST system generates approximately 600 automated reports for monitoring and quality assurance. Selected reports are disseminated to Department staff respective of their professional responsibilities. The reports are automatically emailed to Department recipients on a monthly basis and can be graphed over time to view trends in the data. This information is used for program planning and evaluation, in particular when new initiatives are implemented.

The RICHIST system also generates over 50 dashboard reports accessible by all Department staff spanning safety, permanency, and well-being areas. The dashboard provides the raw data to the user as well as aggregated data, graphs and the ability to manipulate the data within the reports. The data is used by the Department, in particular, Department managers to manage programs, caseloads, and child/family services such as face-to-face monthly visits, case plans, CPS investigations, licensing, and placements.

Quality Assurance: The quality assurance operation maintains a case review process in the DCYF regions which substantially mirrors the process used in the Federal CFSR. Regional supervisors in the Family Service Units (FSU) and the Administrative Review Unit (ARU) participate in a monthly case review process which consists of randomly chosen cases using a standard supervisory review tool.

In May 2011, the Department implemented significant changes in its monthly review process. The review instrument has been modified to conform to specific data benchmarks that

the Department must report on for its Program Improvement Plan. This new electronic form is designed to provide more CFSR-like information, reflecting the areas of safety, permanency and well-being. The form covers 27 CFSR related questions:

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

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

The monthly in-home case review continues as a self-review of randomly selected in-home cases by supervisors, and workers if available. Data from 30 reviews is collected each month; 5 from Juvenile Probation Units and 25 from Family Service Units. The goal is to ensure proportional representation from the four FSU regions. All 30 reviews are checked for quality.

This RICHIST automated review process was also implemented for ARU in May 2011 for out-of-home cases. The process for these cases is that prior to and during the administrative review activity, the Administrative Review Officer collects case information from the family section located in RICHIST, from hard file copies, from face to face contact with case participants, and from submitted provider reports. The information is entered into the review form located in the ARU Case Review section in RICHIST

This information is captured on an individual child/family level from the review form in the MIS system and is able to be reported in an aggregated format to provide an overview for analysis and planning purposes.

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

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

decision may be made to send the flagged case to the Associate Director for further assessment. Any action is left at the Family Service level.

Data Analysis and Program Evaluation: Continuous Quality Improvement work is done through the Rhode Island Data Analytic Center. The Center is a collaborative endeavor of the Department with the Yale University School of Medicine and System of Care Network Lead partners, local Family Support Agency, Neighborhood Health Plan (local Medicaid managed care agency) to provide evaluation, research consultation, and data analytic capacity for the Department divisions of child welfare, behavioral health, and juvenile corrections. The meetings occur bi-weekly.

Monthly Quality Assurance Meetings: Departmental staff representing diverse units from across DCYF meet on a monthly basis to review cases on the following indicators:

- Repeat maltreatment – all indicated cases in the respective month
- Maltreatment in foster care – all indicated cases in the respective month
- Foster care re-entries – all in the respective month
- Foster care entries – random sample in the respective month

The purpose is multifold. Cases are reviewed for quality assurance to ensure there are no false positives or false negatives. Cases are also reviewed to determine systemic factors the Department could implement to reduce the incidence of these indicators. Cases are reviewed to determine trends in the incidence of these indicators across subpopulations, over time and in response to any practice and/or policy interventions or changes. A standardized assessment form is used to collect the data and provide summary reports.

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

- Bi-weekly Data Analytic Meetings: Various DCYF representatives, University staff, DCYF providers and stakeholders, family support agencies, and health plan payers meet to review data to inform practice, policy, and system-wide changes.
- Quarterly data meetings with Family Service Unit and Juvenile Probation: Quarterly meetings occur in the DCYF FSU 4 regions and Juvenile Probation to share data and information specific to their region and discuss underlying factors potentially contributing to the findings and identify programmatic and systemic changes to address contributing factors
- Family Community Advisory Boards (FCAB): The FCAB is a statewide advisory group of the Family Community Care Partnership. The FCCP is a network designed system regionally located in 4 areas of RI to provide preventive, community-based services aimed to maintain family preservation and divert children and youth from entering DCYF.
- Operation Meetings with SOC Network Leads
- RICHIST reports and dashboards

Based on the review of data within the various forums, the Department's administration is able to implement changes where necessary to address continuous quality improvement objectives.

Data is also shared with the Child Welfare Institute on a quarterly and ad hoc basis to inform Departmental training needs.

There have been no additional changes or updates made during the past year with the Quality Assurance process, and none are expected in the coming year.

INDIAN CHILD WELFARE ACT (ICWA)

The Department has a strong policy reflective of the federal Indian Child Welfare Act (ICWA). DCYF administrators and the Narragansett Tribe representative have agreed that DCYF would use its policies relating to ICWA as a basis for a State-Tribe agreement. This policy addresses critical considerations relating to:

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

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). A copy of the ICWA policy is in the appendices.

The relationship between the Narragansett Tribe and DCYF remains good, particularly with Child Protective Services (CPS). The Department consults regularly with Wenonah Harris, for Narragansett Tribal Family and Children's Services. The Tribe and the Department are continuing work toward development of a standardized process that will improve coordination and information exchange between the two systems to ensure actions are in the best interest of Tribal children in compliance with the Indian Child Welfare Act. The Department and Tribe have a Cooperative Agreement which provides for a Tribal representative to be co-located within CPS. The Tribal liaison began work in May 2011. The Department and the Tribe are currently renewing the Cooperative Agreement to continue this on-site contact, which has improved communication and understanding between DCYF child protection investigators and intake staff and the Tribe regarding jurisdictional matters in child protection cases. The Department and the Tribal liaison are also revising an authorization form to be used by Child Protection staff with prospective Tribal members. The prospective Tribal member will sign the form authorizing the Department to contact the Tribe in order to obtain Narragansett Tribal membership status of the involved individual(s).

It is acknowledged that the Department has new staff within Family Service Units who may not be familiar with the requirements under ICWA. The Department continues its work with the Tribe's representative to troubleshoot these issues and ensure ICWA training as part of the core training curriculum offered at the Child Welfare Institute. Last year, a series of ICWA trainings was held targeting DCYF staff including Family Service Units, CPS, Juvenile Corrections and attorneys. The training was conducted by a nationally known expert on the federal Indian Child Welfare Act provisions. A separate training was held for Judges and Magistrates at Family Court.

The Tribe has been provided a copy of this APSR.

Adam Walsh Child Protection and Safety Act of 2006 – The federally enacted Adam Walsh Child Protection and Safety Act establishes statutory requirements for states to conduct background checks on prospective foster and adoptive parents and any other adult living in the prospective foster/adoptive home prior to finally approving the home for placement of a child. Such background clearances require states to check child abuse and neglect registries in each State in which the prospective foster/adoptive parents, as well as any other adult(s) living in the home, have resided in the preceding 5 years. The intent of this law is to protect children from violent crime with particular emphasis on preventing sex offenders’ from having access to children. A critical provision in this federal law is that it provides child protection/child welfare agencies access to national crime information databases (NCID) specifically for purposes of investigating or responding to reports of child abuse, neglect, or exploitation.

Rhode Island’s DCYF has four computers in its Child Protective Services Division with interface capability to access three additional national databases: the FBI’s Interstate Identification Index, known as the Triple I; the National Crime Information Center (NCIC); and the International Justice and Public Safety Information Sharing System (NLETS).

The Triple I system is an interstate/Federal-State computer system that currently provides the means of conducting national criminal history searches to determine whether a person has a record anywhere in the country. This electronic search can take as little as thirty seconds.

The NCIC is an automated nationally accessible database of criminal justice and justice-related records maintained by the FBI that includes “hot files” of wanted and missing persons and stolen property. This search capability is valuable, because it provides information on persons who may not have a criminal history, but may be wanted for the commission of a crime.

NLETS is a computerized, high speed message switching system maintained by the States that provides for the interstate exchange of criminal justice related information among local, State, and Federal criminal justice agencies. For DCYF’s purposes, this system includes drivers’ license data on a State by State basis.

**CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA)
Strengthening Child Protective Services**

State Liaison Officer: Stephanie Terry, Associate Director – Child Welfare Services
R.I. Department of Children, Youth and Families
101 Friendship Street, 4th Floor
Providence, RI 02903

Stephanie.Terry@dcyf.ri.gov
401-528-3543

The Child Abuse Prevention and Treatment Act (CAPTA) Plan is incorporated as part of the Rhode Island Department of Children, Youth and Families’ (DCYF) overarching goals in the Child and Family Service Plan (CFSP). In the development of the most recent 5 year CFSP (2010-2014), the DCYF identified the first Goal for CAPTA related activities. This goal focuses direct attention on establishing a fully integrated, community-based system of care – representing the direction in which the Department is moving. The practice shift within child protection is toward ensuring that more families are able to

CHILD AND FAMILY SERVICE PLAN -

GOAL I –
Establish a continuum of family-centered, high quality, culturally relevant, community and neighborhood-based resources in an integrated service delivery system that partners with natural, formal and informal supports to promote safety, permanency and well-being for children, youth and families.

	SFY 2009	SFY 2010	SFY 2011	SFY 2012
# Completed Investigations	6,063	6,654	6,737	6,720
% of CPS Removals (Duplicated)	7.7%	7.0%	6.2%	6.2%

remain intact with appropriate community-based supports and services. In recent years, the number of completed child protection investigations has averaged about 6,540 annually. However, as represented in the table at left, the percentage of removals from home

have shown a marked decrease from the experience in fiscal year 2009. These changes are representative of the Department’s being able to focus greater attention on factors relating to risk versus safety, effective safety planning with family and extended family members – and increasing efforts toward establishing a stronger community-based service delivery and support system for children and families.

The Rhode Island DCYF’s Child Protection Services Division (CPS) uses standardized tools and procedures to assess child safety. Staff from CPS and Family Service Units (FSU) have completed work in a Casey Family Services Breakthrough Collaborative Series on Safety and Risk Assessments. These workshops promote clear understanding of factors relating to risk versus safety and, subsequently, help to inform practice. Intake staff have been trained regarding relevant

differences in the assessment for risk versus safety. Child Protection Investigators (CPIs) are provided ongoing training on factors relating to risk versus safety.

Additionally, technical assistance was provided by the National Resource Center on Permanency and Family-Centered Practice to train family service unit and juvenile program supervisors throughout the Department on the Breakthrough Series curriculum. This training has now been incorporated into the Department's ongoing training for community agencies; i.e., Family Care Community Partnerships (FCCPs). The Department's SACWIS (RICHIST) system is being enhanced to include more functionality for identifying informal and natural supports as participants, and improving the utility of the family service plan to support permanency planning outcomes.

This work has helped Department staff to have a broadened concept and understanding of the changing approach toward ensuring safety, permanency and well-being through continuous assessments for safety and risk, and in working more collaboratively with other family members, informal supports and community agencies. The Intake Summary form is designed to ensure that conditions of safety are reviewed upon assignment of a case, and reassessed prior to cases being transferred or closed to the Department. This Intake Summary is especially relevant for work with the Family Care Community Partnerships.

The FCCPs were established by DCYF in 2009 to provide a prevention focused approach with families who were at risk for involvement with the Department. Using the wraparound process to identify and engage natural supports for children and families, promoting protective capacities among the caregivers and working to access an extended array of services, the FCCPs have been instrumental in helping to avert families from becoming open to the Department, thereby contributing to the reduction in investigations and in FSU caseloads.

A Case Monitoring Unit (CMU) functions within the Child Protection Services Division as part of the Intake Unit. The Intake and CMU operations provide oversight for differing levels of community-based prevention and family preservation services – including frequency and duration – before the cases are closed. This focus helps to maintain children at home without seeking Family Court involvement or transferring cases to the Family Service Units. The Intake and CMU staff work with the FCCPs to support their efforts in providing necessary services for families that are referred from CPS.

Two family advocates from the RI Coalition Against Domestic Violence are co-located in the Child Protection Division and also work with Family Service Unit social caseworkers in Regions III and IV. This effort is known as the Safe Families Collaboration program and the family advocates have helped department staff in providing guidance and support for families impacted by domestic violence. The FCCPs are also a significant referral resource for the Department to link families with necessary supports and services, including substance abuse treatment for parents. Additionally, the DCYF works with the Department of Behavioral Health, Developmental Disabilities and Hospitals (BHDDH) to provide needed addiction treatment services and supports for child welfare involved parents in its Access to Recovery (ATR) program.

STAFF QUALIFICATIONS

The child protection investigators and intake staff in recent years have been internal hires from within DCYF from social casework staff in the Family Service Units. These transfers have provided the value added of having staff who have worked with families subsequent to an investigation and having their cases opened to the Department. From that perspective, now working as investigators and intake staff, the interactions with families can be approached from a much different understanding of need with a focus on strength.

Job descriptions for child protective investigators specify knowledge, skills and capacity relative to the responsibilities involved with child protection activities. Staff must have a Bachelor's Degree in a related field; e.g., social work, social welfare, psychology, sociology, criminal justice, law enforcement; and Experience in private or public agencies in the field of human services with experience in providing child protection services to children, or participating in child protection investigations, and/or providing services to children and their families; or investigating experience in the field of law enforcement in areas primarily dealing with juveniles or related activities.

There are currently 67 staff in the Child Protection Division, 52 of whom are child protective investigators; the others include administrators, supervisors and support staff. The CPS staff are comprised of 30 male and 37 female; the average age is 50. There are five minority staff among the child protection investigators which includes one Cape Verde Islander, one Biracial, two Latinos and one Native American. The rest are Caucasian. The average monthly caseload per investigator reflects 12.5 completed investigations per month. The CPS division completes an average of 6,500 investigations annually.

Additionally, there are 34 intake staff, of which 27 are female and 7 are male. The average age of the intake workers is 51. There are two minority staff in the Intake Unit; one Southeast Asian and one Latino. The rest are Caucasian.

Child Protective staff must complete core training in preparation for their work as investigators and managers. The core training curricula for CPIs is provided by the Child Protection Division, comprised of the following modules:

Introduction and Best Practice I	Writing Training
Best Practice II	Institutional Regs
Call Floor	PANDA Clinic Overview
Investigative Procedures I	Cultural Sensitivity
Shadowing	FCCP
RICHIST for CPS	Domestic Violence Training
Worker Safety	
Basic/Advanced Interviewing and Interrogation	
Risk/Safety Assessment, Planning and Family/Kinship Engagement	
Child Interviewing I	
Child Interviewing II	
Legal Training for CPS	
Child Safe	

Topical trainings provided by the CPS administration also include such issues as suicidality. Additional CPS-related training is provided by the Child Welfare Institute at the Rhode Island College School of Social Work.

DCYF Child Protective administrators conduct regular trainings within the community, providing information on mandatory reporting requirements, as well as risk and safety. These community trainings include school settings, other social services agencies, residential programs, day care providers, medical personnel, etc. On average, the Department conducts 4 trainings of this type per month.

DCYF’s enabling legislation was amended in the 2011 legislative session, changing the way in which the Department utilizes Straight and Ex Parte Petitions. The specific change provides that “In the event that after an investigation it is determined by the department that the child is being or has been abused or neglected but that the circumstances of the child’s family or otherwise do not require the removal of the child for his or her protection, the department may allow the child to remain at home and provide the family and child with access to preventative support and services.” In the 2012 legislative session, this law was further amended to add, “[i]n addition, the department is authorized to petition the family court for an order for the provision of treatment of the family and child.” (RIGL 40-11-7 as amended) This change in State law, however, does not affect DCYF’s eligibility for CAPTA funding.

TRANSFERS OF YOUTH TO JUVENILE JUSTICE –

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

Transfers of Youth to JJ⁶	2009	2010	2011	2012
# Opening to CW	6,038	6,355	6,064	6,139
# Transferring to JJ	83	75	84	60

During FY 2012, our system shows that there were 6,139 youth being activated in our system with circumstances relating to child welfare, compared with 6,064 in 2011. Of that number, 60 were also subsequently identified with juvenile justice involvement, compared with 84 last year. Any youth sent to the RI Training School for Youth (RITS) for less than 30 days would remain active on the FSU caseload. These data also show a fluctuation in number of cases opening to child welfare, but a marked decrease in the number of transfers to juvenile corrections in 2012.

⁶ Previous reports for 2009 and 2010 referencing the number of children opening to Child Welfare services and transferring to Juvenile Corrections were incorrect. This representation was corrected in the 2012 APSR based on a modification in the data query and are accurate in this report.

CAPTA PLAN –

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

The CAPTA Plan focuses attention on strategies to support improvement in the CFSR Safety Outcomes 1 and 2. The Department is known for having a strong Child Protection Division. In the last CFSR conducted in April 2010, reviewers noted strong performance in the timely initiation of investigations and face-to-face contact occurring in a timely manner. It was also noteworthy that maltreatment was not present in most cases reviewed. However, as the table at the right suggests, the DCYF continued to have areas of concern relating to repeat maltreatment and regarding the performance on the Safety Outcome 2 measures. The findings in the CFSR related to services to prevent removal not being provided; or key safety concerns not being addressed. There was also concern over a lack of ongoing safety and risk assessments. This past year, the Department made marked improvements in the performance related to Safety Outcome 2.

National Standards Outcomes and Indicators	Nat’l Stndrd	% Strength 2010	% Strength 2011
SAFETY OUTCOME 1 Data Profile			
Item 2a: Repeat Maltreatment (National Standard)	94.5%	90.2%	91.5%
Item 2b: Incidence of child abuse/neglect in foster care (National Standard)	99.68%	98.97%	98.77%
SAFETY OUTCOME 2 2010 CFSR			
Item 3: Services to Prevent Removal	n/a	76%	95.6%
Item 4: Risk of Harm	n/a	54%	88.6%

The Department does have a process for staff to ensure that there are clear, documented safety plans based on investigations and that the viability of safety plans is maintained on an ongoing basis. This is achieved with an investigation response protocol which assigns primary workers to review and formulate plans to ensure that conditions regarding risk and safety can be managed when there is a new investigation on an active case. The current PIP also focuses attention on implementing a supervision practice guide that emphasizes the use of safety/risk assessments, assessment and service planning, worker visits with child and parents, and family engagement.

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

home; and, where community-based services and supports may be offered/accessed to provide appropriate assistance to families. These cases are referred to the FCCPs which are designed to link families with effective interventions and supports through community-based networks.

CAPTA STRATEGIES

Safety Outcome 1 - Children are, first and foremost, protected from abuse and neglect.		
Indicator	Activities	Status
Item 1: Timeliness of investigations of reports of child maltreatment.	<ul style="list-style-type: none"> ▪ Maintain quality control measures and time management for CPS supervisors to ensure timely responses to reports of maltreatment. 	In place and continuing.
Item 2: Recurrence of child maltreatment within 6 months of investigation.	<ul style="list-style-type: none"> ▪ Revised disposition options for investigative process to identify risk/need for services as an alternative to substantiation for “other neglect”. 	In place and continuing.

Safety Outcome 2 – Children are safely maintained in their homes when possible and appropriate.		
Indicator	Activities	Status
Item 3: Services to family to protect children in home and prevent removal.	<ul style="list-style-type: none"> ▪ Implement safety assessment standards at every change of care for children in placement and at reunification. ▪ CPS Investigators and Intake Staff work with FCCPs to ensure development of Risk Management Plans when necessary to avert families from DCYF involvement. ▪ Maintain co-location in CPS and Northern Regional locations with community agencies’ staff through collaborative process to assist with family service planning options focusing on community-based support and diversion from DCYF. ▪ Implement and maintain Intake staff assessment process in lieu of investigation to determine service support needs for families. 	<p>The Risk and Protective Capacity Family Assessment and Service Plan provides for ongoing safety assessments.</p> <p>In place – continuing as part of the FCCP operation in Northern Rhode Island – reviewing family service cases weekly.</p> <p>In place – continuing: Intake supervisors are increasing family contact in community settings.</p>

Safety Outcome 2 – Children are safely maintained in their homes when possible and appropriate.		
Indicator	Activities	Status
Item 4: Risk of harm to child(ren).	<ul style="list-style-type: none"> Enhance community-based service referrals through work with FCCPs 	CPS participates in FCCP implementation team activities – ongoing
	<ul style="list-style-type: none"> Ensure continued training from Casey Family Services Breakthrough Series to improve understanding and implement practice changes relating to differences between safety and risk factors. 	Training curriculum is established at CWI
	<ul style="list-style-type: none"> Maintain co-location in CPS with Narragansett Tribal Liaison to assist with ICWA related service needs. 	Ongoing
	<ul style="list-style-type: none"> Refer all children under the age of 3 who are victims of an indicated case of abuse and/or neglect for a developmental screen to determine eligibility for Early Intervention services. 	Ongoing



Rhode Island has just one federally recognized Native American Tribe, which is the Narragansett Tribe. The Department has an agreement with the Tribe to have a Tribal liaison co-located with the Child Protection Division to assist investigators and intake staff with matters relating to the Indian Child Welfare Act protections for federally recognized Tribe members. The liaison began working with CPS in May 2011, and immediately began to assist the Department with the development of a Tribal Authorization Form. The prospective Tribal member signs the form authorizing the Department to contact the Tribe in order to obtain Narragansett Tribal membership status of the involved individual(s).

Referrals for Early Intervention –

The intake referral process for determining eligibility for Early Intervention services was established 7 years ago. This process involves a nurse who is also recognized as a Part C provider under the Individuals with Disabilities Education Act (IDEA) working with DCYF Child Protection Services and Intake staff to assist in determining whether a referral is

<i>Number of Children < 3 Involved in a CPS Investigation in 2012 –2013 Referred for Services (as of May 31,2013)</i>				
# Indicated Referred to or already involved in an EI Program.	498	# Indicated Referred to Other Community Program.	210	<i>Total Indicated</i> 708
# Non-Indicated Referred to an EI Program.	133	# Non-Indicated Referred to Other Community Program.	84	<i>Total Non-indicated</i> 217
Total Referred to Early Intervention (EI) Program	631 (68%)	Total Referred to Other Program.	294 (32%)	<i>Total All</i> 925

appropriate for an EI program based on an assessment of eligibility criteria.

In fiscal year 2013, as of May 31, there were a total of 925 children under the age of three who were referred to either an Early Intervention Program or other community-based services. The trend has remained constant overall since the beginning of the referral process, with about two-thirds of the referrals being made to an Early Intervention program. With 11 months of data in FY 13, the referrals represent that 68% of the children were either referred or already involved in an EI program.

During the fiscal year, the DCYF conducted close to 145 investigations per month in which a child under the age of three was involved. Approximately 52% of these investigations resulted in a substantiated case of child abuse and/or neglect for the involved child. Not all children identified in a substantiated investigation will be referred to EI services, which is the purpose and benefit of having the nurse liaison working with CPS investigators to assist in determining which children are most likely to be eligible for EI services.

The DCYF continues to work collaboratively with the Department of Human Services which is the state agency for Early Intervention services, as well as the EI providers themselves, to identify ways to improve communication and coordination of the referral process and services to children and families.

Collaborative Co-Location Resources –

In addition to the Narragansett Tribal representative and the Early Intervention services referral liaison, the Department has representatives from other programs who are co-located within Child Protection Services (CPS) to assist investigators and intake staff. These additional resources include assistance with investigations involving domestic violence and the FCCPs:

Domestic Violence: There are two family advocates from the Rhode Island Coalition Against Domestic Violence who work with CPS investigators as well as Family Service Unit (FSU) social work staff to assist with providing support and referrals for families where evidence of domestic violence has been identified. This co-location collaboration began in 2005 and has been effective in working with DCYF staff in providing a better understanding of the dynamics associated with domestic violence, as well as providing necessary resources and support for families.

Family Care Community Partnerships (FCCPs): Representatives from each of the four FCCPs have been co-located in CPS since mid-March 2012, providing assistance Tuesdays, Wednesdays and Thursdays in the afternoons between 2 and 5pm. This experience has provided more opportunities for communication and efficient follow-up on cases that are being referred to the FCCPs from CPS.

CRIMINAL BACKGROUND CHECKS –

The Department conducts criminal background checks on prospective foster and adoptive parents in compliance with Section 106(b)(2)(B)(xxii) of CAPTA, and as previously referenced in the section on Adam Walsh Child Protection and Safety Act. These assurances

are conducted internally within DCYF to determine if there has been any prior involvement with the Department in a substantiated child abuse or neglect case; criminal background checks are performed by the Attorney General's Office through the Bureau of Criminal Identification. Administrators and supervisors within Child Protective Services and the Family Service Units now have access to the BCI and are able to conduct criminal background checks more expeditiously.

The Department is leasing a portable fingerprint scanning machine which has enhanced DCYF's efficiency and capability for establishing clearances for prospective foster and adoptive families, including the adult relatives and non-relatives residing in the household. Since the Department began using its own fingerprint scanning machine, DCYF has been able to reduce the length of time it takes to obtain results on these background checks from a matter of weeks to a turnaround time of a few hours.

Citizen Review Panel –

CAPTA funds support the Citizen Review Panel (CRP) which works closely with DCYF's Child Protective Services Division to assist in determining whether cases involving child injury may have actually been accidental or intentional. The Citizen Review Panel also provides a forum for representatives of multiple disciplines to discuss complicated cases and receive guidance in making appropriate determinations regarding such cases where the evidence is ambiguous.

As pointed out in the CRP report, the child abuse reporting statutes in Rhode Island present a broad legal definition which can create a degree of ambiguity, particularly for primary care physicians who do not specialize in child abuse. In the 2012-2013 reporting period, the Panel met 47 times and reviewed a total of 529 cases, averaging approximately 11 cases per session.

Of the cases reviewed, sexual abuse consistently represents more than half. This year, cases involving sexual abuse represented 63% of the cases reviewed. It has been reported previously by the Panel that cases involving "sexualized behavior" are presented almost on a weekly basis due to considerable ambiguity about reporting. The Citizen Review Panel discusses each case in question, and the panel reports that its decisions are frequently used to inform policies and/or practices. Cases in which there are ongoing issues of concern continue to be reviewed at subsequent meetings.

Activity Report of the Citizen Review Panel

	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
Sexual abuse	306	342	313	308	346
Physical abuse	80	87	86	74	90
Child neglect	81	66	62	51	45
Emotional abuse	1	2	6	16	7
Failure to thrive	1	2	8	10	7
Accidental injury	21	23	15	10	7
Medical Neglect	10	11	22	20	25
Medical Abuse	1	1	3	2	2
Total Cases	501	534	515	491	529

In this year’s report, the Citizen Review Panel focused on three specific issues:

- Providing a multidisciplinary forum to review cases of suspected abuse and/or neglect report to the DCYF;
- Providing a venue for Panel members to consider cultural norms in relation to disciplinary actions taken by parents which may be a concern for child maltreatment, and to recommend to DCYF personnel appropriate actions regarding the child’s safety and best interests;
- Working collaboratively with DCYF, law enforcement and the Children’s Advocacy Center (CAC) to develop and implement a protocol for expediting and improving the process for forensic interviews scheduled at the CAC.

The full report of the Citizen Review Panel is included in the appendices.

CAPTA Program Areas Selected for Improvement –

In accordance with the requirements of Section 106(a)(1) through (14) of CAPTA, the Department will continue its efforts to improve program in the following areas:

- Section 106(a)(10) developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect - *Citizen Review Panel activities, Narragansett Tribe Liaison*
- Section 106(a)(13) supporting and enhancing collaboration among public health agencies, the child protection system, and private community-based programs to provide child abuse and neglect prevention and treatment services (including linkages with the education systems) and to address the health needs, including mental health needs, of children identified as abused or neglected, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports – *Referral process for Early Intervention and other early child development services*

HEALTH CARE OVERSIGHT AND COORDINATION PLAN –

Comprehensive and Coordinated Screening, Assessment and Treatment Planning Mechanisms

Through a collaborative relationship with the Department of Human Services (DHS), Rhode Island's Medicaid Authority, children and youth in the care of DCYF have their health and behavioral health needs covered through the Neighborhood Health Plan of Rhode Island (NHPRI) and Beacon Health Strategies. NHPRI is a Medicaid managed care health plan contracted with DHS. The agreement between DHS and DCYF to enroll children and youth in substitute care into the managed care plan for medical, dental and behavioral health care coverage is now more than a decade old. The plan serves approximately 2,000 children/youth in substitute care annually; as of June 27, 2013 there were 2,213 DCYF children/youth enrolled in NHPRI.

For children in foster care, the process involved for having his/her health and behavioral health care managed through NHPRI is activated once the child's living arrangement is entered into DCYF's RICHIST data system. A Medicaid eligibility technician in the Federal Benefits Unit of the Office of Management and Budget receives a Medical Assistance notification within 24 hours of the living arrangement being entered into the system. The Medical Assistance authorization is processed on the date that it is received. Once a DCYF Medical Assistance case has been activated, the system will electronically enroll the child in NHPRI within 7 to 10 days. NHPRI must complete an initial health screen within 45 days of the child's enrollment in NHPRI. This outreach begins within the first 14 days of the child's enrollment. NHPRI will contact the foster caregiver in order to assess the child's medical and behavioral health needs.

This initial assessment is conducted by telephone using a validated telephone screening tool. Within thirty (30) days of the completion of the initial screen, a Level 1 Needs Review must be completed. A Level 2 Needs Review must also be completed within 30 days after the Level 1 review. If the child is in need of a physical examination or a behavioral health evaluation, these services are scheduled between the foster caregiver and the health plan, and a notice will be sent to the assigned DCYF social caseworker. If the initial screen or Level 1 Needs Review indicates that the child is in need of an Intensive Case Management (ICM) plan, this plan must be completed within 30 days of the Initial Health or Level 1 Needs review. Cases that are opened to the ICM program require quarterly re-assessments at which time a Morisky Scale is completed for any youth on psychotropic medications.

Follow-Up Schedule

Depending on the findings within the initial assessment, the child may be provided care coordination to assist in addressing social well-being issues. The care coordinator would follow up with the child/family at minimum every 30 days to assist in addressing the identified needs. If the initial assessment identifies a medical or behavioral health need, the child would be provided case management which requires that follow up contact be provided at a minimum of every 30 days or more frequently as indicated by the medical plan of care. All health and behavioral health

wellness and treatment visits are guided by the Early Periodic Screening, Diagnosis and Treatment (EPSDT) guidelines.

Informed and Shared Decision-Making Consent

The intensive case management program requires informed consent by the youth when age appropriate and/or their parents/guardians. The ICM program requires that the participants are informed about choices regarding services and are able to have input into their case management plan.

Effective Medication Monitoring at Both the Client and Agency Level

As referenced earlier in this section, children in the Department's care have their health and behavioral health care addressed through Neighborhood Health Plan of Rhode Island for medical services and Beacon Health Strategies for behavioral health services. Case managers monitor and evaluate each enrolled child's progress toward short and long-term goals and adjust the care plan as necessary. The Intensive Case Management (ICM) program is designed to provide services to those who are at high clinical risk due to mental health, psychosocial and/or co-morbid circumstances. Case management is provided by licensed clinicians within the scope of their licensure. The Department also has guidance for medication management in its Residential Child Care Licensing Regulations.⁷

Availability of Mental Health Expertise and Consultation Regarding Both Consent and Monitoring Issues

Case managers for Beacon Health Strategies have access to physician advisors 24 hours/7 days a week as each individual behavioral health case requires. Case managers are also able to access physician advisors on an as needed basis during the assessment and case management planning process on matters involving:

- Guidance regarding co-morbid behavioral health/medical issues;
- Consults regarding diagnostic workups;
- Consults regarding medication or poly-pharmacy issues;
- Consults regarding treatment resistant youth and complex situations; and
- Recommendations for treatment and crisis planning.

Mechanisms for Sharing Accurate and Up-To-Date Information Related to Psychotropics

Once the child is enrolled in NHPRI, s/he is assigned a primary care physician in the vicinity of the foster caregiver. Information is exchanged and updated to ensure that communication is open and as efficient as possible. Information relating to the name of the

⁷ Residential Child Care Regulations for Licensure, State of Rhode Island Department of Children, Youth and Families: January 2013, pg 17-18

caregiver(s), address, social caseworker, supervisor, primary care physician is exchanged and updated on a daily basis. The medical and behavioral health information in RICHIST is updated through a data system interface between NHPRI and DCYF. This functionality allows an automatic exchange of information between the systems to regularly update the child's medical and behavioral health service and treatment history in the child's electronic case record.

The NHPRI health plan also has a membership information helpline to provide immediate access to care assistance. Social caseworkers and foster caregivers are able to call into the helpline to receive information and assistance on matters relating to medical, pharmaceutical, and other needs concerning access to care. NHPRI's behavioral health provider, Beacon Health Strategies, has staff that are located on-site in the Providence offices to assist social caseworkers directly, and also provides a helpline staffed by licensed clinicians who are able to provide behavioral health advice to DCYF staff Monday through Friday from 8am to 5pm. These helpline clinicians assist DCYF social caseworkers in setting up behavioral health appointments, emergency medication reviews, hospitalization step-down alternatives, as well as appealing denials for services, and other assistance. NHPRI also has a pharmacy care manager who oversees the administration of medication (medical and behavioral health) for children in foster care.

Psychotropic Medication Protocols

The Department is currently working with the Administration for Children and Families (ACF) to develop new policy to guide the utilization of psychotropic medication which will complement the protocols required in the Residential Child Care Regulations. The Center for Health Care Strategies has recently awarded DCYF a three year grant to improve the use of psychotropic medication among children and youth in foster care. Led by DCYF Director, Dr. Janice DeFrances, the team working on this new regulation includes representatives from DCYF, DHS, NHPRI-Beacon Health Strategies, as well as the RI Foster Parents Association. This effort known as the Quality Improvement Collaborative will dovetail with an existing Health Care Policy committee to address specific policies, practices and quality assurance oversight which need to be set in place for DCYF.

The Psychotropic Medication workgroup has established 5 goals to complete in conjunction with the Center for Health Care project:

Goal 1: Implement an informed consent process that utilizes medical expertise.

Goal 2: Implement a monitoring system to track the use of psychotropic medication.

Goal 3: Implement a response system to ensure the appropriate use of psychotropic medication

Goal 4: Implement evidence-based, trauma-informed assessment practices to ensure appropriate interventions

Goal 5: Implement evidence-based, trauma-informed treatment options.

Progress to date includes:

- The identification of a medication review model. RI will work to establish a medical review office staffed by a psychiatric nurse and a consulting psychiatrist. The office will

develop departmental guidelines and procedures for the periodic review of medical records, including records for youth on psychotropic medication. The psychiatric nurse will also conduct periodic reviews and provide consultations and trainings to DCYF and provider staff, including resource and birth families regarding medical wellness issues.

- A data extract has been developed with Neighborhood Health Plan which provides the department with detailed data on youth prescribed psychotropic medication. The department has begun receiving this data on a quarterly basis.
- Guidelines for the review of youth on psychotropic medication have been drafted. The guidelines include reviewing any youth under the age of 6 on a psychotropic medication (PM), - any child on more than 1 PM from the same class, any child on 3 or more PM, any child exceeding the PSYCKES recommendations, and any child receiving a PM without a behavioral health service.
- The department has also implemented the Child and Adolescent Needs and Strengths assessment to assist in determining the appropriate level of care for youth.

Next steps include identifying evidence-based interventions which could be used as an alternative to psychotropic medication.

Consultations with Physicians and Health Care Oversight

For more immediate medical consultation relating to child protection investigations, the Department has a contract with Rhode Island Hospital's Child Protection Program to provide a Pediatric Abuse and Neglect Diagnostic Assessment (PANDA) Clinic for DCYF's Child Protection Services Division. The PANDA Clinic provides medical evaluations for DCYF investigative staff within scheduled clinic hours regarding abuse and/or neglect conditions, and provides child protection investigators necessary information as part of the investigative process.

The Department has a policy for Comprehensive Assessment and Service Planning which addresses transition planning for youth who are sixteen (16) years and older, and requires that health care needs be included in the youth's transition plan. In compliance with the provisions of the Affordable Care Act, the Department has revised policy to ensure that the new requirement pertaining to health care needs includes actions on the part of the assigned worker or other appropriate representative of the child to inform the youth of options for health insurance, and information about a health care power of attorney, or health care proxy; and, that the youth is able to decide whether he/she wants to execute any of these options in accordance with Rhode Island state law (RIGL 23-4.10-1 – 12). The certification relative to this requirement for the Chafee Foster Care Independence Program was submitted to the Regional Office of ACF. The policy revision has been incorporated into the agency's IV-E Plan.

The Health Care Policy committee, referenced earlier, was formed as part of the Child Welfare Advisory Committee with assistance from Casey Family Programs and RI Kids Count. The work of this group is based on guidance provided by ACF on the Fostering Connections to

Success and Increasing Adoptions Act of 2008, Section f requirements, focusing on the provision for coordination of health care services. This group is primarily working to identify areas for improvement for children in foster care based on the current strengths of the NHPRI-Beacon Health Care Strategies managed care program. Initial activities were geared toward establishing a vision and purpose for the work of the group, identifying clear goals, and developing a Foster Care Children and Healthcare Case Flow. The group also agreed on a Logic Model for the work which set the foundation for the work plan moving forward.

In this past year, the workgroup has accomplished the following:

- a) reviewed standards for access to care, i.e., foster parent wait time to see a pediatrician; agreed that these standards need to be distributed and identified resources for the best possible distribution of the information;
- b) developed a user agreement between Health and DCYF in order for DCYF staff to access KidsNet Health information;
- c) developed a user guide and plan to develop training curriculum for staff, foster parents and community providers.
- d) reviewed the Medical Consent form for updates and inclusion of language which will allow for sharing of information on health and behavior health which is needed for proper coordination of care for all foster children.
- e) confidentiality policies were also reviewed to ensure compliance with regulations but to address any unnecessary barriers to care.

The Child Welfare Institute provides training on trauma-informed care, and the Department's contracts with the System of Care lead agencies requires trauma-informed care in the practice approach of its direct care staff and among the staff in their subcontracted provider agencies. Through the implementation of the Networks of Care, the Department is moving to ensure that children who enter the care of DCYF are understood and cared for in a manner that reduces any further trauma and promotes their well-being.

CHILDREN AT GREATEST RISK OF MALTREATMENT

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

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

The Department monitors and evaluates child maltreatment using multiple methods, the NCANDS and 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.

Assessment Instruments to Inform Child Trauma and Treatment

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

The Department and Network lead agencies are currently working to identify the staff to be trained to administer the CANS and establish a process for training and certification. The CANS will be administered within 30 days of first face-to-face contact with family, upon transition to a different level of service intensity or every 6 months, and upon transition. The CANS will begin to be administered by the Networks of Care in January.

Two additional age-based functional assessments will also be administered, the Ohio Scale will be used for adolescents and the Ages and Stages is designed for use with younger children. A third assessment developed by the Annie E. Casey Foundation is the Child Well-Being Survey. These four instruments will be administered through the Networks as a means of helping the Department to understand the effect of trauma on the children coming into care and the treatment most appropriate to meet their needs.

The DCYF and Networks meet bi-weekly for Evaluation, Research and Continuous Quality Improvement workgroup meetings. This group is collaborating on developing the procedures for the CANS and other functional assessment tools.

CHILD MALTREATMENT DEATHS

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

CASEWORKER VISITS WITH CHILDREN IN FOSTER CARE –

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

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

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

In view of the low performance for monthly visitation, an internal Department work group agreed that it would be important to establish a team concept as part of the improvement plan for carrying out casework responsibilities for monthly visitation, consistent with federal statutory requirements and ACF policy guidance. The Department’s caseworker visit improvement plan focuses on four critical areas:

Caseworker Visit Improvement Plan Outline	
Quality and Consistency -	<ul style="list-style-type: none"> ○ Standard of expectation and scope of shared visitation responsibilities ○ Mandatory training, inclusive of all line staff across the Department
RICHIST Enhancements –	<ul style="list-style-type: none"> ○ Redesign the case activity note window to capture specific caseworker responsibilities in a quantifiable manner; i.e., <ul style="list-style-type: none"> ▪ Observation as to safety and well-being ▪ Service planning ▪ Service delivery ▪ Goal attainment ○ Build an additional Dashboard report specifically tailored to the federal face-to-face requirements for monthly visits to allow for real time monitoring by Regional Directors
Data Entry –	<ul style="list-style-type: none"> ○ Prioritize data entry ○ Create a standardized form for contact guidance - prompting attention to/capturing critical information relating to caseworker visits to be used across Family Service Units and Probation ○ Establish multiple points of data entry to maximize data collection
Out-of-State	<ul style="list-style-type: none"> ○ Ensure children in distant out-of-state placements are being visited

Caseworker Visit Improvement Plan Outline	
Placements –	<ul style="list-style-type: none"> ◦ Nearby and distant out-of-state visitation options include: <ul style="list-style-type: none"> ▪ Identifying where youth are most prevalently placed and develop a visitation plan strategy specific to these areas using regional or inter-regional teams ▪ ICPC Administration can coordinate visitation plan strategies to optimize regional/inter-regional team efforts ▪ More use of contracted providers and ICPC counterparts to achieve monthly visitation, as appropriate

While the Department has been able to address the elements of its Caseworker Visit Improvement Plan since the baseline was established, the realities are that it has been an ongoing challenge to achieve the face-to-face visitations with each youth as federally required.

	Projections		Performance	
	<u>FTF</u>	<u>In Residence</u>	<u>FTF</u>	<u>In Residence</u>
FFY 07 Baseline -			23.27%	23.36%
FFY 08 –	25%	27%	28.12%	23.23%
FFY 09 –	40%	35%	37.79%	43.31%
FFY 10 –	65%	43%	42.82%	46.79%
FFY 11 –	90%	50%	57.89%	59.59%
FFY 12 –	90%	50%	85.00%	57.00%

Unfortunately, the Department has not been able to reach the required 90% target for monthly caseworker visits for FFY 2012. As the performance data represent, the Department was able to achieve close to 85% of the monthly face-to-face visit requirements; however, DCYF did surpass projections for the visits taking place in the child’s residence with 57%.

The Department has met with representatives from the Administration for Children and Families (ACF) to discuss how best to address the issues associated with not being able to meet the caseworker face-to-face requirements and it was agreed that DCYF would develop a plan with identified action steps to achieve 90% face-to-face visitation. It was acknowledged that the Department has experienced a decrease in social caseworker staff over the past few years, and this has impacted DCYF’s ability to meet the caseworker visit requirements. However, in discussion with ACF, it was agreed that select staff within the Networks of Care could work on behalf of the DCYF social caseworker staff to assist in carrying out responsibilities to meet the face-to-face visitation requirements. Key aspects of the action plan include having the assistance of staff within the System of Care Networks of Care to work in concert with DCYF social caseworkers to ensure greater opportunities to meet the requirements for face-to-face contacts with the children in care, both in state and out-of-state.

Under current DCYF policy, in accordance with federal guidelines, the monthly face-to-face visit can be made by any worker to whom the Department has assigned or contracted case management or visitation responsibilities. This definition allows the Department to classify visits made by service providers, within our Networks of Care, who are assigned specific roles, to conduct face-to-face visits. Among the roles designated to conduct “face to face visits” are

Network Care Coordinators, Family Support Partners, Clinicians/Case managers providing supervision/assessment/skills training through visitation. This does not relieve the DCYF worker who is assigned primary responsibility for case management from conducting monthly face-to-face visits.

The Department is also anticipating that the addition of new social caseworker staff beginning in July 2103 will help to reduce the overall caseload of existing DCYF staff to enable more face-to-face contact by Department staff with the children in care.

The Department will conduct a series of workshops during the months of August and September 2013 with Network and DCYF staff to provide a refresher training on the requirements and documentation necessary to meet the federal standard for face-to-face visitation.

In an effort to provide regular feedback to staff on progress, there are monthly and quarterly data reports for social casework supervisors to alert them to the children who are missing face-to-face contact confirmation. The quarterly report lets social casework staff know which children are missing a face-to-face confirmation for any month during the quarter.

The Department has submitted its action plan to ACF.

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

Type of Placement	June 2010	June 2011	June 2012	June 2013
Distant Out of State	22	8	7	4
Nearby Out of State	46	55	37	54
<i>Total Out of State</i>	68	63	44	58

As of June 1, 2013, there were 58 youth residing in residential treatment programs located out-of-state representing an increase from the prior reductions that were

experienced; however, the number youth placed in distant out-of-state programs was reduced from last year. The children placed in nearby out-of-state locations typically include placements in Massachusetts and other New England states. These out-of-state placements are made due to the level of complex needs that the children have which are not able to be met by the in-state residential programs.

CHILDREN UNDER THE AGE OF FIVE

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

Currently, there are less than 500 children under the age of five in foster care settings, with approximately 135 who have been in the care of the Department for lengths of time ranging from more than 16 months to over three years. The population of children under five represents approximately 62% white, 17% multi-racial, 14% African American, less than 1% Asian, and 6% undetermined. All children are placed in a foster home. Forty four (44%) percent are in relative care; 47% in generic foster homes and 9% are in specialized foster care homes.

The Department defines children without a permanent home as having been in care for 15 months or longer. For purposes of projecting the number of children under the age of five that are likely to remain in care without a permanent home for more than 15 months, the Department conducted an analysis using two sets of data. The first analysis was based on AFCARS data for federal fiscal years 2006 through 2011. This data demonstrated that approximately 930 to 1,100 children under the age of 5 were in DCYF care at some point in each of the FFYs examined. This includes children who entered care as well as children in this age range who were already in placement. The second set of data was used to study episodes of long-term foster care, based on calendar years 2006 through 2008, and including eight months of calendar year 2009. In this analysis, it was shown that close to 500 children annually entered care under the age of five, and between 40% to 50% of these children (estimated between 186 to 232) are likely to remain in care for extended periods of 15 months or more.

The Department is projecting that the number of children under the age of 5 that will be in care in FY 14 is 620. This projection is based on data of children in this age range from 2012 through August 2013. Several efforts are currently underway as part of the Early Care-Child Welfare assistance grant through the Administration for Children and Families to establish a method for DCYF to identify and follow these children and provide oversight on age-appropriate services. For example, the Department is working with the Rhode Island Head Start Directors Association to improve collaboration with a Memorandum of Understanding that will enhance opportunities to support and track service referrals for child welfare populations age 3-5. The MOU focuses on information sharing, access to programming, technical assistance and training. Through this grant, the Department is also working with the RI Department of Education to explore ways in which the Child Outreach Screenings could be administered more effectively for the populations between 3-5 years of age.

Targeted Services

The Department makes referrals where appropriate to Early Intervention service providers. Over the past eleven months, through May 2013, there were 294 referrals made to Early Intervention providers for children who were involved in an indicated case of maltreatment. Another 204 children were identified by child protection investigators as already being involved with an Early Intervention program. In addition, 210 children were referred to the infant-toddler home visiting program, First Connections, for services and additional community supports.

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

ACF Child Welfare Head Start Partnership: Children’s Friend and Service is a well established community-based organization with extensive experience in developing effective programs to serve populations involved with the child welfare system. This partnership grant is a collaboration with DCYF and has two main goals –

- 1) Identify barriers that prevent foster children from being enrolled in Head Start and recommend changes to policy and practice to address identified barriers. To date the Head Start Partnership has received extensive feedback from DCYF staff, foster parents and Head Start staff that has been collected through surveys, interviews and focus groups. The results of this effort focus on the need for education and training about what Head Start can offer children in the child welfare system and how to access it. To address this, a series of open houses and enrollment sessions will be held at DCYF offices and Head Start centers to get the message out. The Head Start Partnership is also looking to the Child Welfare Institute to provide additional training for existing FSU staff and for new staff.
- 2) Assess collective workforce competencies. The Head Start Partnership has developed a survey and will send this out to a variety of staff that work with young children involved with the child welfare system and early childhood trauma, i.e. foster parents, Family Care Network staff etc. Once this data has been collected and analyzed, the Head Start Partnership can recommend evidence-based training to address and support workforce development.

Race to the Top/Early Learning Challenge: Rhode Island has been awarded a fifty million dollar competitive grant for the Race to the Top/Early Learning Challenge program jointly administered by the U.S. Departments of Education and Health and Human Services. The Rhode Island Department of Education (RIDE) is the lead agency for this four year grant. DCYF is collaborating with RIDE on this initiative and will receive three million dollars over the four years of the grant to improve early learning and early childhood development opportunities for children involved with the child welfare system. The funds will support two Child Development Specialists working with DCYF to improve the quality of services in child care homes and centers. They will conduct environmental rating scales on all of the child care centers and homes to assess quality and work with providers to develop quality improvement plans where needs are identified. They will also assist with the implementation of the quality improvement plans and track progress through data collection. A data assistant will also work with the Department of Health, Department of Human Services, and RIDE to develop and link a statewide data system that will have the ability to track children, staff, staff qualifications, staff professional development, and child assessments and outcomes in relation to school readiness.

Early Intervention Interagency Coordinating Council (ICC) Child Welfare Committee: The Department is represented on the ICC and works with members to promote understanding and better coordination of services involving children under the age of three who are involved with the child welfare system. A Child Welfare Committee was recently re-established to focus more

attention on improving activities at the practice level between Department social workers and EI providers. The Goals of this Committee are as follows:

- Ensure coordination of services for referrals from DCYF to EI.
- Review DCYF and EI policies and staff training to ensure all children under 3 with a substantiated case of child maltreatment, who are eligible, are referred to EI.
- Improve data collection on this population as well as referrals, screening, eligibility determinations and participation in EI.
- Improve the practices of EI providers serving children in foster care to ensure providers are effectively able to address parenting practices with very vulnerable families.
- Identify the resources currently used to meet the developmental needs of children under age 3 with a substantiated case of child maltreatment who are not eligible for EI or whose families do not choose to participate in EI
- Review the state's resources available to young children under 3 who are victims of maltreatment and make recommendations regarding the feasibility and appropriateness of expanding eligibility for EI services so that all children within the child welfare system are automatically eligible to receive EI services and are contacted and encouraged to participate.

INTERNATIONAL ADOPTIONS –

In FY 2012, there were 21 internationally adopted youth who entered care. This is a substantial increase from FY 11 when 8 youth were reported. These youth do not meet the reporting criteria as clarified in the ACF Child Welfare Policy Manual which references that “[s]tates need not report a child who enters foster care after finalized adoption if the parents’ legal rights to the child remain intact.”

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

DISASTER PLAN –

In compliance with Section 422(b)(16), the Continuity of Operations Plan (COOP) has been developed as part of an overarching COOP with the Executive Office of Health and Human Services - ensuring child safety and protection procedures are maintained in the event of a natural or man made disaster. The Department's Policy Office requested a review of the disaster plan this past year among Department administrators. Updates have been made; the revised document is in the appendices. This past year, Rhode Island communities were impacted by Hurricane Sandy

which caused \$39.4-million worth of damage along coastal communities. However, all children in DCYF care were accounted for and remained safe.

DECISION-MAKING ON PROGRAM AND SERVICE INVESTMENTS -

The Department adheres to procurement procedures which require proposals to be submitted through a Request for Proposals (RFP) process.

An internal review body within DCYF is comprised of representatives from Child Welfare, Juvenile Corrections, Children's Behavioral Health, and Management and Budget. This body reviews and scores proposals and recommends the selection(s) to the Department Director for finalization. For the most part, the programs funded through IV-B, parts 1 and 2, have been supported for many years continuously. With the development of the Family Care Community Partnerships, funding from selected family preservation and support programs in IV-B, parts 1 and 2 were pooled with other funds to support the solicitation for FCCP programming.

CHILD AND FAMILY SERVICE CONTINUUM –

With the implementation of the System of Care Phase II this past year, the Department works with the two lead agencies for the Networks of Care to provide publicly funded programming throughout a continuum of services for the population of children and families it serves which include child welfare, children's behavioral health and juvenile corrections. All of these services are provided on a statewide basis. On an annual basis, the Department provides services to approximately 9-thousand children/families.

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

Funding through the Child Abuse Prevention and Treatment Act as amended by the Keeping Children and Families Safe Act of 2003 supports a co-location nurse liaison from an Early Intervention program, working with DCYF's child protective services to implement a regularized referral process for children under the age of three to an Early Intervention program or other appropriate early child development and family support program.

All federally funded programs complement the state's continuum which includes prevention and early intervention programming for family preservation and support; substitute care living arrangements which include regular and relative foster care homes, as well as therapeutic

foster homes, shelters, group homes, community-based networks, residential counseling centers and residential treatment centers; supervised living apartments and independent living apartments; and after care programming which includes subsidized adoption, probation services, and end of sentence case management support for youth leaving the Rhode Island Training School. Wraparound case management structures and programs, funded by DCYF, are available for children and families as a prevention/intervention service as well as aftercare supports. A description of the continuum of services is included in the appendices.

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

The enactment of the Child and Family Services Improvement Act of 2006 establishes certain changes in the program purpose of Title IV-B, subpart 1 as it relates to child welfare services. The program purpose is to protect and promote the welfare of all children; prevent the neglect, abuse or exploitation of children; support at-risk families through services which allow children to remain with their families or return to their families in a timely manner; promote the safety, permanence and well-being of children in foster care and adoptive families; and provide training, professional development and support to ensure a well-qualified workforce.

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

- **Family Care Community Partnerships (FCCP)** – this program provides emergency and stabilization services for families in crisis where children are at risk for removal from home due to concerns relating to child abuse, neglect, and dependency. Services include case management and crisis intervention 24/7. This program offers services for up to 120 days for families. Services are statewide within the FCCPs. Capacity is anticipated to be 200 at any given time.
- **Adoption Preparation and Support** – this program began as a federal demonstration project funded through ACF and is being continued through Title IV-B, subpart 1 funds. Services assist families in preparation for adoption of DCYF involved children, and provide ongoing support including counseling; advocacy; therapeutic recreation, parent education, and crisis intervention as necessary to assist and preserve adoptive families.
- **Adoption Rhode Island** – this program works solely with DCYF as the adoption exchange information and referral program. ARI provides matching services for waiting children and interested families, and also provides support services for children waiting for adoption. The program has expanded to provide additional support for the Department in development of the Regional Permanency Support Teams. This function will provide necessary technical assistance and support for workers to be able to make the best and most informed decisions; e.g., gathering information from the case record to search for potential family connections and

resources, and help the FSU worker to organization the information needed for full disclosure presentations.

- **Foster Forward (formerly RI Foster Parents Association)** – this program provides an educational and supportive service for current foster families and assists with recruiting efforts to attract new foster families. The program is an advocacy organization that supports recreational and skill development activities for foster families and youth in care.

Staff Development and Training: Title IV-B, subpart 1 funds do not support training activities. The IV-E Training Plan is included in the appendices. These services are supported through state revenue and IV-E reimbursement. There have been training modules developed to address the implementation of wraparound as a family engagement and service planning process, and more cross training involving community participation. Also, updates have been made to core curricula which includes pre-service for Child Support Technicians (CST), in-service for social caseworker II classifications and for the CSTs. The Department also has a training curriculum for Juvenile Probation and Parole staff which contains core requirements as well as topical subjects. A training of trainers (TOT) approach was established to implement the training and ensure that the curriculum could be maintained. A copy of the Juvenile Corrections training curriculum is included in the appendices.

The Department also supports staff development training relating to juvenile sex offender treatment. This training has been developed through collaboration with a consortium of DCYF contracted providers and Day One (Sexual Assault and Trauma Resource Center) for workers in DCYF's contracted residential facilities, contract monitoring staff, juvenile probation and parole staff, as well as outpatient clinicians who provide services to this population.

Policies and Procedures for Abandoned Newborns: The Department promulgated its policy regarding activities and procedures relating to abandoned infants in February 2003, following the enactment of Rhode Island's Safe Haven for Infants Act (RIGL 23-13.1). This policy sets forth guidance to allow a parent to anonymously relinquish an infant (less than 30 days old) without facing prosecution, provided that certain conditions apply regarding the manner in which the infant was voluntarily placed with staff in a medical or public safety facility and that there is no evidence that the infant has been harmed, or the victim of abuse or neglect.

PROGRAM AND SERVICE DEVELOPMENT -

Family Support -

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

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

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

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

Family Preservation -

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

Time-limited Reunification –

The Department of Children, Youth and Families in collaboration with the Providence Children's Museum has evolved a successful and innovative therapeutic visitation program which is nationally recognized. The Families Together Therapeutic Visitation program has now be in operation for 20 years. This program, funded by IV-B, part 2, is operating in all four of the DCYF regional office locations, allowing visitation program consultants to be out-stationed into our Regions. The Families Together program consultants work with our supervisors and social caseworkers to develop stronger capacity for supervising visitations, providing education on child development and behavior management; and, providing helpful, constructive feedback to parents following visitations. The Families Together program also works with the Child Welfare Institute to provide three pre-service trainings on therapeutic visitation. The program has added a new dimension to provide 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.

Adoption Promotion and Support -

Funding through Title IV-B, part 1 supports the work of the Rhode Island Foster Parents' Association which works closely with the Department to provide training, education and support for foster and adoptive families. The IV-B, part 2 funds also support the recruitment and training

efforts of the Urban League of Rhode Island, which is contracted to assist the Department in recruiting and supporting families interested in becoming foster or adoptive parents. The Adoption Promotion and Support program through Children's Friend and Service is also supported with funding through Title IV-B, part 1. This contract provides preparation and post adoption support services that include 24/7 crisis intervention availability by phone, education and support groups, case management, counseling and respite. The Department, working with Adoption Rhode Island, has established a permanency team function in the Regions which is assisting social caseworkers in developing recruitment plans for children with a goal of adoption, assisting with case record research to identify potential family connections and resources; and, provide supportive guidance to address barriers for foster parents interested in adopting. This activity is supported through IV-B, part 1 funding.

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

CHANGES IN SERVICES OR PROGRAM DESIGN

None of the programs or services funded under IV-B have been determined to be ineffective. Program and service changes that may need to be made are as a result of changes in IV-B funding to support the programs and services.

MAINTENANCE OF EFFORT -

The Department of Children, Youth and Families continues to demonstrate a strong maintenance of effort in its expenditures for child and family services. In FY 1992, as the base year, the DCYF allocated approximately \$3.4-million on community-based programs to assist families who were at risk of becoming involved with the Department. In fiscal year 2011, the Department continued to exceed its base year expenditures, allocating an estimated \$6.1-million for ongoing family support and preservation services. The majority of the funding, \$4.8 million (78%), funded family support services such as the Family Care Community Partnerships, parent aides, 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 Child and Family Service Program Improvement Plan application, the Department is requesting an allocation of \$901,226 in Title IV-B, part 1 funds, and an allocation of \$902,315 in Title IV-B, part 2 funds. Additionally, the Department requests \$57,004 for ongoing efforts to improve performance in monthly caseworker visits; as well as an allocation of \$120,363 in

CAPTA funds. The Department is also requesting \$681,977 in funds through the Chafee Foster Care Independence Program, and \$227,400 in Chafee Education and Training Vouchers. These funds will continue to support the programs that have been identified or established in the Child and Family Service Planning efforts, and through the planning for the Chafee Foster Care Independence Program.

Title IV-B, Part 1 Appropriation:

The Department of Children, Youth and Families anticipates receiving \$901,226 in FY 2014 in its Title IV-B, Part 1 allocation. Funds in this allocation are used to support crisis intervention and programming aimed at providing additional support to keep families from coming into care; foster parent support; and adoption promotion and support. These service needs have continued to be identified through the planning process for the Child and Family Service Plan.

Title IV-B, Part 2 Appropriation:

The Department anticipates receiving an allocation of \$902,315 in Title IV-B, Part 2 funds for FY 2014. These funds will continue to support the Department's initiatives in compliance with the Adoption and Safe Families Act, focusing on therapeutic visitation; family advocacy/support program initiatives; and adoption promotion and support, as described previously under Program and Service Development. Funding for family support services will be allocated 21% of the appropriation; family preservation services will be allocated 20%; time-limited reunification services will receive 31%; and, adoption promotion and support programs will receive 28% of IV-B, Part 2 funding. The Families Together Therapeutic Visitation program as a time-limited reunification service is nationally recognized as a promising practice. In this application, DCYF is also requesting \$57,004 in funding to support activities relating to Monthly Caseworker Visits.

Child Abuse Prevention and Treatment Act Appropriation:

The Department anticipates receiving \$120,363 in FY 2014. These funds continue support for the Citizen Review Panel, and are being used in the maintenance of the Early Intervention service referral process through the Child Protective Services Intake Unit. The Department has a contract with an Early Intervention Program to provide a registered nurse working as a co-location liaison with the Child Protective Services (CPS) investigators and intake staff. The nurse is familiar with the early intervention services network and is assisting DCYF in determining the appropriate referrals to be made to the Early Intervention providers, or whether referrals of children under the age of three should be made to other early child development and family support programs within the community.

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

Chafee Foster Care Independence Program Appropriation:

The Department anticipates an allocation of \$681,977 in the CFCIP allocation, and \$227,400 in Educational Training Vouchers (ETVs) in FY 2014. 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 \$57,004 in the MCV funds for FY 2014. The Department has spent prior funding allocations relating to monthly caseworker visits to purchase laptop equipment to assist social caseworkers with their field documentation activities. This equipment is very light and easily portable; and, has the added value of being equipped with security measures to ensure that any information that is input into the computer is not retained on or retrievable from the device. The FY 14 MCV allocation will be used to continue to maintain this equipment, supporting the quality of caseworker visits.

Other Expenditures –

The Department is currently working with the Children’s Bureau to finalize terms and conditions for a Child Welfare Demonstration title IV-E Waiver. This waiver authority will allow the Department to cap its maintenance and administrative foster care costs in an effort to further support the System of Care’s efforts toward rebalancing the child welfare system away from reliance on congregate care services and more toward expanding existing community-based services as well as developing new evidence-based community-based service models to support children and families in the least restrictive settings and in their own homes/communities as much as possible.

The Department received an initial FY 2010 award for Adoption Incentive payments in the amount of \$198,403, and a subsequent award for \$25,597 bringing the total Adoption Incentive funds for FY 2010 to \$224,000. These funds were contracted to Adoption RI to support the Department’s efforts to address barriers to permanency and improve outcomes for children in care. Adoption RI is facilitating the activities of internal DCYF workgroups involved with the PIP, focusing on improving communication and coordination between Family Service Unit social work staff and Legal staff in preparing for Court proceedings; as well as assisting to address the Department’s concerns regarding cases with compelling reasons not to file for termination of parental rights. More recently, Adoption RI has begun work on efforts to prevent adoption disruptions. The Department has not received additional Adoption Incentive funding.

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

CFS 101, Part III Funding Difference In Estimated to Actual Expenditures –

In the CFS 101, Part III form, the Department represented estimated expenditures for each of the grants for FY 2011 based on the awards that had been given for the prior fiscal year. The actual awards that were subsequently issued for FY 2011 had a decrease in IV-B, Part 1 funds; however, there were increases in IV-B, Part 2 and in the Caseworker Visit funds.

APPENDICES

Indian Child Welfare Act Policy-Tribal Authorization Form
Residential Child Care Regulations
Use of Psychotropic Medications Policy
Disaster Plan
Continuum of Service
Training – IV-E Training Plan
Citizen Review Panel Report
Work Plans

Implementing the Indian Child Welfare Act

Rhode Island Department of Children, Youth and Families

Policy: 700.0170

Effective Date: April 10, 1989 Revised Date: December 29, 2006 Version: 2

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

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

Related Procedure

[Implementing the Indian Child Welfare Act](#)

Related Policies

[Voluntary Placement](#)

[Termination of Parental Rights](#)

[Obtaining Custody of Child Through the Dependent/Neglected/Abused Petition](#)

[Removal of Child from Home](#)

Implementing the Indian Child Welfare Act

Procedure From Policy 700.0170: [Implementing the Indian Child Welfare Act](#)

A. Identification of Indian children - It is important to determine if a child is of Indian descent as soon as possible after he/she becomes active with DCYF to ensure that the child's best interests are considered in accordance with the ICWA.

1. Child Protective Services (CPS) Investigative Staff and Child Protective Intake Staff

- a. During the preliminary stages of a CPS investigation the Child Protective Investigator (CPI) inquires if there is any Indian heritage in the family. If the CPI is unable to gather this information, the Intake worker attempts to determine the background of the child when he/she receives the case.
- b. If there is no Indian heritage, this information is documented by the Intake worker in RICHIST (refer to [RICHIST Window Help: Case Maintenance](#)). If the CPI has determined that there is Indian heritage, this information is forwarded to Intake. The CPI may proceed with emergency placement as needed (refer to RICHIST Window Help: Indian Child Welfare Checklist Window).
- c. If there is Indian heritage, the following information is included in RICHIST (refer to [RICHIST Window Help: Case Maintenance](#)):
 - i. Indian child's name, date of birth and birthplace
 - ii. Parents' names (including mother's maiden name), or names of Indian custodian(s), dates of birth and birthplaces
 - iii. Indian child's tribal affiliation
- d. Information contained in Subsection "c" above is forwarded immediately to DCYF Legal Counsel. All necessary parties will be notified prior to any court proceedings by DCYF Legal Counsel:
 - i. Legal Counsel notifies the Indian child's parent(s) or Indian custodian and the Indian child's tribe, by registered mail with return receipt requested, of the pending proceedings and of their right of intervention.
 - ii. If parent(s) and/or tribe is unknown, Legal Counsel notifies the Secretary of the Interior's Bureau of Indian Affairs by registered mail with return receipt requested.
 - iii. Legal Counsel forwards a copy of the applicable correspondence to the primary service worker. Primary service worker incorporates into the case record.

2. Family Services Caseworkers and Probation Counselors

- a. If there is no documentation in the case record regarding a child's Indian heritage, the primary service worker inquires if there is any Indian heritage and follows procedures outlined above (Subsection 1).
- b. The primary service worker informs the family that they are entitled to rights and privileges in accordance with the ICWA.

B. Court Involvement - ICWA protects the rights of Indian children, families and tribes and sets guidelines for the individual states to follow in handling child welfare cases involving Indian children. Procedures outlined below are followed when there is a Family Court Hearing for the foster placement or the termination of parental rights (TPR) of an Indian child.

1. Hearing for Voluntary Placement/TPR:

- a. If it has been determined that a child is of Indian descent and the parent(s) desires to voluntarily place the child, customary DCYF procedures are followed with the addition of the following (refer to Policy: 700.0015, Voluntary Placement):
 - i. Child must be at least ten (10) days of age. If younger than ten (10) days, consult DCYF Legal Counsel.
 - ii. Parent's request must be executed in writing at a Family Court Hearing and certified by the presiding Judge. Consult with DCYF Legal Counsel for protocol.
- b. If the parent(s) of an Indian child desires to voluntarily terminate parental rights, customary DCYF procedures are followed with the addition of the following (refer to [Policy: 1100.0020, Termination of Parental Rights](#)):
 - i. Worker informs DCYF Legal Counsel that child is of Indian descent and discusses the appropriateness of the action. Legal Counsel will prepare the applicable documents for the procedure.
 - ii. Parent's request must be executed in writing at a Family Court Hearing. Consult with DCYF Legal Counsel for protocol.

2. Hearing for Involuntary Placement/TPR: In compliance with the ICWA, no foster care placement or termination of parental rights proceedings shall be held until at least ten days after receipt of the notice of the pending proceedings by the parent or Indian custodian and the tribe or the Secretary of the Interior.

- a. The Court must be satisfied that placement/TPR is the last resort after all active efforts to maintain the child at home have failed.
- b. For involuntary placement, in compliance with the ICWA, DCYF must prove with clear and convincing evidence, based on the testimony of expert

witnesses that further care by the parent would result in serious emotional or physical damage to the child.

- c. For a TPR, in compliance with the ICWA, a determination must be made supported by evidence beyond a reasonable doubt, including testimony of a qualified witness, that the continued custody of the child by the parent or Indian custodian is likely to result in serious emotional or physical damage to the child.

3. DCYF makes every attempt to locate and engage absent parents and paternal relatives as critical partners in meeting the permanency needs of Indian children and youth. If a putative father notifies the Department that he may be the father of a child in care, steps must be taken to determine paternity (refer to [Policy: 1100.0000, Obtaining Custody of Child Through the Dependent/Neglected/Abused Petition](#)).

C. Emergency Placement:

1. If an Indian child is at risk of physical harm, he/she may be removed from the home on an emergency basis for his/her protection (refer to [Policy: 500.0075, Removal of Child from Home](#)).
2. As soon as the child is placed, the procedures regarding the placement of an Indian child must be followed (refer to [RICHIST Window Help: Indian Child Welfare Checklist Window](#)).

D. Placement of an Indian Child in a Placement Resource or Pre-adoptive Home

1. Selection of a Placement Resource - Placement Unit staff attempt to find a placement within a reasonable distance of the child's home and in the least restrictive environment to meet the special needs of the identified Indian child:
 - a. The Placement Unit's search for and selection of the placement occurs in conjunction with the tribe's representative in the following order of preference:
 - i. A member of the Indian child's extended family
 - ii. A foster home licensed, approved or specified by the Indian child's tribe
 - iii. An Indian foster home licensed or approved by an authorized non Indian licensing authority
 - iv. An institution for children approved by an Indian tribe or operated by an Indian organization that has a program suitable to meet the Indian child's needs
 - b. Deviation from the order of preference is made only when the Department can show good cause for such deviation and a final determination is made by the Family/Tribal Court.

2. Selection of an Adoptive Home

- a. The search for and selection of the home occurs in conjunction with the tribe's representative in the following order of preference:
 - i. A member of the Indian child's extended family
 - ii. Other members of the Indian child's tribe
 - iii. Other Indian family
 - iv. Non Indian family
- b. Deviation from the order of preference is made only when the Department can show good cause for such deviation and a final determination is made by the Family/Tribal Court.

RHODE ISLAND
DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES

CONTINUITY OF OPERATIONS PLAN

May 2013

I. EXECUTIVE SUMMARY

The Department of Children, Youth and Families (DCYF) is the single state agency with statutory authority and responsibility to support the State's public policy of protecting children and ensuring that children and families are provided with the supports they need to succeed. DCYF is designated as the principal state agency 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. Rhode Island is one of a small group of states that integrate the three major public responsibilities for troubled children, youth and families – Child Welfare, Children's Behavioral Health and Juvenile Corrections – in one agency.

The Department of Children, Youth and Families has created this plan with three major goals in mind:

- Prepare the DCYF infrastructure to respond efficiently to a critical situation
- Ensure the safety and well-being of Department personnel
- Maintain the continuity of essential services

It may be implemented in a declared state of emergency, in the occasion of a pandemic flu or as other precipitating situations present themselves. Additionally, portions of the plan may be implemented absent a major national or statewide crisis should presenting problems develop in any of the major categories of service within the department.

This plan is a blueprint to direct a more specific unit by unit plan development which should include more detailed staffing requirements and alternatives to achieve same during a crisis situation.

This plan includes planning, implementation, assignment of roles and responsibilities up to and including reconstitution.

II. EFFORTS PRIOR TO IMPLEMENTATION

Department administrative personnel will initiate efforts to respond to identified needs.

- Review and update existing plans and procedures
- Ensure essential supplies necessary to provide essential services are available
- Identify how essential services will be delivered with shortages of key personnel and unreliable logistical support including development of a staff resource contingency plan to provide for alternate staffing
- Evaluate potential health and safety issues that might arise through diversion of staff to new jobs

- Develop communication mechanism with staff, service providers and clients
- Assist foster parents and other clients as well as providers to become self-sufficient if possible
- Have a plan for just-in-time training to cross train staff
- Assist staff, foster parents and clients in preparing an emergency plan to include infection control steps
- Have a liability assessment by legal department
- Identify contractors, volunteers or other staff options to address loss of potential child placements
- Assess union issues surrounding overtime issues and support including non traditional ways of staffing particularly in relation to the Training School (24/7) to minimize cross contamination (if health related emergency) and allow staff to ensure their changed work schedule allows them to cover their own family obligations
- Develop a Virtual Private Network (VPN) plan to ensure the availability of client information should the need arise

III. IMPLEMENTATION

- Deploy available staff consistent with the previous identification of critical functions which must be covered and numbers of staff in various categories required to maintain critical functionality
- Initiate the Virtual Private Network (VPN) to ensure staff that can be covering from home have access to GroupWise and RICHIST systems
- Maintain communication through activation and de-escalation of crisis with all staff and union representatives
- Notify all foster care and relative care providers, day care providers and child placing agencies as to universal precautions (in the case or a health related emergency) and requirement that they contact the hotline if they cannot make contact with other staff in the regions, in licensing or in contracting areas of the agency
- Implement temporary policy changes in response to received allegations of child abuse/neglect and other matters
- Initiate social distancing when needed by department employees including working from home using the virtual private network
- Confirm that critical services are addressed

IV. DESIGNATION OF AUTHORITY AND DEPARTMENT SUPERVISORY STRUCTURE

With the initiation of the continuity of operations plan, the Director of the department has overall command of the line functions of the department assisted by the following personnel overseeing the listed units/division/functions. Included in this listing are those personnel (in parenthesis) who would assume director of the division/unit/function should the person in charge be unavailable:’

Director Janice DeFrances (Kevin Aucoin)

Administration Kevin Aucoin (Stephanie Terry)

V. AVAILABILITY OF CLIENT AND CASE INFORMATION

To ensure immediate access and ability to continually track the whereabouts of thousands of children and youth in care, accounts will be requested through use of Virtual Private Network (VPN). These accounts will allow designated staff access to GroupWise and RICHIST (the case and client tracking system) from remote locations. Additionally, the 24/7 Child Abuse/Neglect Hotline will always continue operation and will have access to both systems.

All providers, including foster and relative care parents are aware to contact the 24/7 Child Protective Hotline if they have an emergency need off hours or on weekends. They would use the hotline for necessary communication if they cannot reach staff in their normal office locations.

VI. ESSENTIAL FUNCTIONS

1	Ensure protection of children (24/7 child protective hotline and investigative services)
2	Service children in care (in their homes or in out of home placements)
3	Provide supervision and 24/7 custody and control of incarcerated youth
4	Provide supervision and services to youth in the community on probation
5	License day care, foster care and child placing agencies and ensure the appropriate placements are used for children and youth in need of out of home placement
6	Contract for residential and non-residential programs for children and youth in care and ensure the appropriate placements are used consistent with treatment needs
7	Contract with array of community providers to service clients in the community

VII. OPERATIONALIZING PLAN

Statement: In the normal course of business, the department operates out of central office, regional child welfare offices, regionalized juvenile probation offices and the RI Training School buildings. Depending on the crisis requiring alternative staffing, decreased staff availability, etc., some or most of those offices may be closed. Regardless of any such closure of offices, two locations will continue to be operational 24/7. Those are the buildings of the Rhode Island Training School in Cranston and the Child Protective Services Hotline located at 101 Friendship Street in Providence in the Central Office Building. In times of emergency, the Hotline can serve as the clearinghouse for emergency communications regarding children at risk or in placement throughout the state.

ADMINISTRATION:

The responsibility of senior management personnel:

- Implement department's continuity of operations plan
- Oversee transition of responsibilities
- Evaluate deployment of personnel on regular basis to ensure continuity of essential operations
- Reallocate resources as needed to provide services that are essential, in high demand, or are new or alternative
- Suspend non-essential services as human resources become limited or material resources become unavailable

FINANCE:

The department relies on a variety of products, both human and material to maintain operations. While social distancing protocols are in place, persons assigned to finance must make every effort to identify and maintained those that are essential the department's mission.

- Maintain contact information for each product and service vendor and their alternate. Include maintenance contractors.
- Consider that all vendors may be experiencing employee absences and product shortages.
- Maintain business operations on a limited basis performing only those functions necessary to sustain operations with particular attention to maintaining federal and other benefits.

MEDIA/STAFF COMMUNICATIONS:

The Department Chief of Staff activates the information dissemination system working with the MIS staff to:

- Ensure that communications systems including the VPN are operational.
- Provide regular updates to employees through the use of multiple dissemination techniques
- Address issues of fear, rumors, anxiety, and disinformation up front to reduce staff stress
- Ensure communication includes information regarding the precipitating crisis, steps the department and the state are taking to address issues, and a realistic appraisal of the Department's performance in accomplishing its mission.
- Work in close concert with the Governor's Office of Press Relations and that of the Secretary of Health and Human Services to voice a unified message regarding information dispensed to all foster parents and other out of home caregivers since most critical events would necessitate a free flow of information from the Department to those affected by the emergency and to those in state and out of state who might offer their time, services, or homes to those children in need.
- Reach out to providers through coordinating agencies such as RICORP, The Rhode Island Foster Parents' Association, Options for Working Parents, the DCYF Foster Care and Licensing Unit and all contracted child placement agencies, which directs those caregivers and their respective members to go to the designated DOH website for information relative to precautions and status updates in the case of a medical emergency and elsewhere depending on the precipitating crisis.

MIS/ELECTRONIC COMMUNICATION:

The department's computer systems will be maintained by MIS personnel in conjunction with DoIT at the Department of Administration.

- Prepare and initiate the Virtual Private Network (VPN) enabling department personnel identified as essential to perform their job tasks at locations separate from departmental facilities.
- At the direction of the Administration, send email messages to foster parents and other caregivers providing relevant information
- Ensure the protection and ready availability of electronic and hardcopy documents based on needs pre-identified and submitted to MIS personnel.

CHILD WELFARE SERVICES (consistent with essential functions 1, 2):

In keeping with its goal of promoting, safeguarding and protecting the overall well-being of children and families, this division of the Department, through the work of its individual units consisting of Child Protective Services (CPS) as well as the four regional offices of the Family Services Unit (FSU) will receive relevant information through the regional offices, during standard hours and through the CPS Hot Line (1-800-742-4453) after hours, in order to respond to specific needs of families as well as out of home caregivers.

Investigations:

- Administrative personnel will evaluate Child Protective Services' ability to respond per policy and, if needed, increase the level of telecommunication response in relation to an expanding emergency situation.
- If unable to reach the Primary Worker, the Child Protective Hot Line will receive calls from foster parents and other out of home caregivers relative to the children in their care. The Child Protective Investigator taking the call will document the call in RICHIST and forward an e-mail to the primary worker, supervisor and administrator relative to the nature of the call.
- The Child Protective Hot Line will continue to be manned by CPIs 24/7 who will provide relevant information to callers and obtain information such as the caller's intent in the event of relocation due to medical issues. The Call Floor will maintain a list of emergency placements in the event that children need to be relocated after hours. Information received will be entered into the Department's RICHIST system.
- The Investigative and Intake Units of Child Protective Services will act as first responders to allegations of child abuse and neglect in the event of a pandemic flu event or other crisis.
- In person responses will be limited to those allegations which convey an abiding sense of risk to the safety of children. All other investigative responses will be limited to telephonic or computer networking.

- In accordance with existing policy, children removed from a caretaker's custody, for whatever reason, will be transported to a medical provider to be examined.
- Two CPS investigators will be assigned to investigate allegations regarding foster children and others placed in an out of home environment.

Intake and Case Monitoring:

- In addition to limited in person responses to allegations of child abuse and neglect investigations, coordinate directly with individuals and families in need who are transitioned through investigative, Call Floor, and Intake telephone personnel.
- Evaluate potential health and safety issues that arise and facilitate government/social service/medical interventions while identifying the family's strengths and needs and identifying appropriate services in concert with personnel assigned to Child Placement.

Family Services Units:

- Identify, arrange, or in the event of an extensive disruption in statewide social services, provide for ongoing social services and case management for foster children or other children in out of home placements.
- Administrators will delegate the senior FSU worker to replace their supervisor in the event of absence.
- Program administrators will be replaced by supervisory personnel.
- Routine, crisis, and priority issues will be identified by the Regional Director in concert with supervisory personnel.
- Support staff will engage in redeployment of their job functions throughout the course of the pandemic or other emergency.
- Of necessity, whenever possible personnel are to limit personal contact and to communicate by telephone, VPN, or fax should this be required due to a pandemic emergency.

- During regular business hours, FSU workers/administrators will obtain from and provide to, those on their caseloads, relevant information regarding health and welfare concerns for the children in their care. In the event that children need to be relocated due to medical issues affecting the caretakers, workers will contact the Child Placement Unit, which will maintain a list of emergency placements in the event that children need to be relocated.

The Family Services Units cover the four regions of the State of Rhode Island:

Region 1 City of Providence located at
101 Friendship Street, Providence, RI 02903
Phone: (401) 528-3502

Region 2 - Eastbay - East Providence to Newport located at:
230 Wood Street, Bristol, RI 02809
Phone: (401) 254-7000

Region 3 - Kent and Washington Counties located at:
650 Ten Road Road, North Kingstown, RI 02852
Phone: (401) 294-5300

Region 4 - North and Northwstern Rhode Island located at:
249 Roosevelt Avenue, Pawtucket, RI 02860
Phone: (401) 721-2400

JUVENILE CORRECTIONAL SERVICES (consistent with essential functions 3,4):

The Training School (RITS) and Juvenile Probation serve to ensure both public safety and child safety are protected.

TRAINING SCHOOL

The unique situation of the RITS as a self-contained entity enables it to function in a limited capacity.

- Maintain a healthy and safe environment and to protect the occupational health and safety of all employees and residents, all existing policies and procedures will remain in full force and affect unless suspended or limited by the Director of the Department or his/her designee.
- Execute contract with supplemental medical personnel to include medical as well as psychiatric.
- Initiate established Contingency Plan including on call and call-back procedures as needed.
- Implement in-house alternate care site plan with supplemental staff and requisite medical supplies
- Utilize (as needed) stored inventories to include:
 - Three week supply of potable water.

- Three week inventory of food (3 daily meals)
- Three week inventory of non-perishable food.
- Four week supply of medical and pharmaceutical supplies.
- Three week supply of control substance
- Extra bedding (mattress, sheets, blankets, pillows)
- Clean laundry (four weeks)
- Hygiene products (four weeks)
- Stored diesel fuel
- Confer with RI EMA regarding initiation of MOU for the National Guard to provide additional potable water for drinking and a portable water trailer for hygiene if necessary as well as portable toilets
- Initiate special watching and counseling protocols.

JUVENILE PROBATION:

- Identify, arrange, or in the event of an extensive disruption in statewide social services, provide for ongoing Supervision and case management for Probation youth in out of home placements.
- Probation Administrator will delegate the most senior Probation Officer in that unit to replace their supervisor in the event of absence.
- Routine, crisis, and priority issues will be identified by the Probation Administrator in concert with supervisory personnel.
- Support staff will engage in redeployment of their job functions throughout the course of the pandemic or other emergency.
- Of necessity, whenever possible personnel are to limit personal contact and to communicate by telephone, VPN, or fax if dictated by the type of emergency.
- For each office all individual phone lines will need to leave phone messages indicating that urgent calls be directed to the main phone listed in the office directory.
- During regular business hours, Probation staff/administrators will obtain from and provide to, those on their caseloads, relevant information regarding health and welfare concerns for the children in their care. In the event that children need to be relocated due to medical issues affecting the caretakers, workers will contact the Child Placement Unit, which will maintain a list of emergency placements in the event that children need to be relocated.
- During regular business hours, Probation staff/administrators will keep in regular contact with Family Court Personnel, Law Enforcement and the Attorney General Office in order to coordinate any essential Supervision plans related to youth remaining in the Community
- During regular business hours, Probation staff/administrators will keep in regular contact with staff/administrators at the Rhode Island Trainings on issues related to the Detention, Sentencing and Release, of youth within the Juvenile Correctional Services.
- Maintain contact with providers with children in placement on a regular basis.

Probation Workforce Requirements

At a minimum each of the five Probation Supervisory Units should be staffed with one supervisor (or designee) and one Probation Officer for a total of 11 staff to cover the entire state. These staff will be responsible for routine (phone) contact with probation youth, as well as addressing

emergency service needs such as placements, placement removals and other essential orders made through the Family Court.

The need for support staff will be directly related to the level of restrictions that the authorities put in place.

Though reporting to an office may be advisable this workforce will need to have use of laptop computers and/or be allowed RICHIST and GroupWise access from home computers.

Probation Unit Directory

Probation Units are located in various offices throughout the State of RI

Kent County/Cranston Unit

Kent Office
222 Quaker Lane, Warwick RI 02886
822-6845

Cranston Office
42 Cherrydale Ct, Cranston, RI 02920
462-6601

Pawtucket/Woonsocket Unit

Pawtucket Office
249 Roosevelt Ave, Pawtucket, RI 02860
721-2600

Woonsocket Office
191 Social Street, Woonsocket, RI 02895
765-8253

Providence Unit

101 Friendship Street, Providence, RI 02903
528-3535

South County/Newport/East Bay Unit

South County Office
J. Howard McGrath Judicial Complex
4800 Tower Hill Rd, Wakefield, RI 02879
782-4162

Bristol Office
530 Wood Street, Bristol, RI 02809
254-7076

Newport Office
Florence K. Murray Judicial Complex
45 Washington Street, Newport, RI 02840
841-8360

Youth Transition Center
790 Broad Street, Providence RI
785-8407

LICENSING (consistent with essential function 5):

- Day Care centers and homes would close if required to do so as part of a declared state of emergency.
- Foster homes and relative placements remain in effect.
- Foster parents with issues or emergencies contact the Child Protective Hotline after hours and would also know to contact that Hotline during regular work hours should they be unable to contact the licensing unit during a crisis.
- The Administrator and Senior Casework Supervisor would have remote access via VPN for emergency licensing related issues and to be of general support in other agency functions.

COMMUNITY AND CHILDREN'S BEHAVIORAL HEALTH (consistent with essential functions 6, 7):

- All providers servicing children in care know they are to contact the Child Protective Hotline when there is an emergency and they cannot reach their liaison staff within Community and Children's Behavioral Health and their Network contact person. The Hotline is operational 24/7.
- The Licensing Administrator and the supervisor of the placement Unit would have remote access to deal with placements, facility or program issues not related to a particular child, and crisis intervention.
- All contracted agencies have their own emergency plans.
- The Department maintains consistent communication with the Family Care Networks and the Networks maintain consistent communication with Network providers in anticipation of the expected emergency/crisis. The Family Care Network:
 - Communicates available information to providers in a timely manner, including any provided by the RI Emergency Management Agency.
 - Updates protocols for reporting for the duration of the emergency/crisis.
 - Provides accurate and updated contact information for Department staff by region, division and unit as well as key administrators.
 - Provides accurate and updated information on any emergency relocation facilities.

INTERSTATE COMPACTS:

The interstate compact on the placement of children is an agreement between and among all of the states for the transfer of a child between states, if that is determined to be in the best interest of the child.

The interstate compact on juveniles is an agreement between and among all of the states for the reciprocal supervision of youth placed out of state while on probation.

- Identify all out of state children placed in RI through the compacts and those placed out of state.
- Contact the placement family and identify immediate needs, convey those needs to the assigned FSU or probation worker and initiate communication with the sending state's ICPC administrator regarding all residential and foster care placements and their current circumstances. In the absence of the assigned FSU or probation worker, relay said information to the coverage worker or as a last alternative to the Hotline.

CRISIS INTERVENTION:

A pandemic flu event or other emergency could cause foster parents and others who care for children in placement to be in need of intervention for secondary trauma.

- Coordinate mental health services for foster parents and other out of home caregivers in order to deal with the natural consequent behaviors resulting from a region or statewide emergency
- Evaluate needs assessment, identify available resources to vulnerable groups of caretakers or workers to include community-based organizations and informal networks

RECONSTITUTION:

The operational phase of this plan will be terminated by the Director of the Department.

- Determination will be made by Administration designated lead person and a recommendation made to the Director to discontinue action plan due to staff resources returning to normal levels, an imminent disease threat no longer existing, or approaching end of other emergency situation that precipitated use of plan.
- Recovery phase to be initiated when Administration designed lead person determines that adequate service care providers, resources, and response system capacity exists in all divisions of the Department to manage ongoing activities without continued assistance other sources.
- In consultation with government officials, the Director will determine specific steps to be taken to return the Department to pre-emergency status.
- Senior Team personnel will convene to assess the impact of the emergency event on the Department's functionality as measured by employee mortality and the psychological injuries suffered by co-workers.
- The Department will initiate existing contracts with Employee Assistance Program to address worker-related issues generated by the emergency event.
- The Department will conduct an after-action evaluation of the Department's overall response. The evaluation will include recommendations for amendments to the Continuity of Operations Plan.

GLOSSARY

Alternative Relocation Site (ARS): Facility to which employees move to continue essential functions in the event that a facility is threatened or incapacitated.

Avian influenza: Avian influenza, also referred to as bird flu, is a disease of birds (e.g. ducks, chickens). Between 2003 and 2006 the H5N1 avian influenza virus has infected millions of birds. Although it is primarily a disease of birds a small number of people have also been infected after having close contact with birds. Also see influenza, seasonal influenza, and pandemic influenza.

Contact: A contact is a term used to refer to someone who has been in close proximity with an individual who is, or is suspected of being, infected with an infectious disease like influenza.

Continuity of Operations (COO): Internal organization efforts to ensure that a viable capability exists to continue essential functions through plans and procedures that delineate essential functions; specify succession to office and the emergency delegation of authority; provide for the safekeeping of vital records and databases; identify alternate operating facilities; provide for interoperable communications; develop alternative scheduling to offset staff losses; provide staff support during emergencies; and validate the capability through tests, training and exercises.

COOP Emergency Staffing Plan (CESP): Plan to address severe losses in staffing due to disease, natural disasters or other emergencies that threaten operations through harm to human resources.

COOP Event: Emergencies or potential emergencies that may affect a department or agency's ability to carry out its essential functions, such as, but not limited to: epidemics or pandemic disease; natural disasters such as floods, earthquakes or tornados; terror attacks, or related emergency events.

Devolution: The transfer of essential functions, as the result of a COOP event, to another organizational element (i.e., person, office or organization, etc.) geographically located outside of the threat area or the limited exercise of established policy.

Employee Assistance Program (EAP): Corporate program to assist employees with personal and behavioral health issues.

Essential Functions: Essential functions are those functions that enable units of DCYF to provide vital services, maintain safe and quality operations, maintain the safety of employees and associates, and sustain a base during an emergency.

Hand hygiene: Hand hygiene is a term that applies to the cleaning of ones hands. This is usually done with soap and water, hand sanitizer, or hand wipes. To kill an influenza virus hands must be washed with soap and water for 15 seconds and hand sanitizers or wipes must be used for 10 seconds and have an alcohol content of at least 60%.

Human-to-human: Human to human transmission refers to the ability of an infectious disease to pass from one person to another.

Transmission: Some viruses can be transmitted between animals (animal-to-animal), some can be transmitted from animal-to-human (and vice versa), and some can be transmitted from human-to-human.

Infection Control: Infection control is a broad term used to describe a number of measures designed to detect, prevent, and contain the spread of infectious disease. Some measures include hand washing, respiratory etiquette, use of personal protective equipment (PPE), prophylaxis, isolation, and quarantine.

Infectious disease: An infectious disease, or communicable disease, is caused by the entrance of organisms (e.g. viruses, bacteria, fungi) into the body which grow and multiply there to cause illness. Infectious diseases can be transmitted, or passed, by direct contact with an infected individual, their discharges (e.g. breath), or with an item touched by them.

Influenza: Influenza is a viral disease that causes high fever, sore throat, cough, and muscle aches. It usually affects the respiratory system but sometimes affects other organs. It is spread by infectious droplets that are coughed or sneezed into the air. These droplets can land on the mucous membranes of the eyes or mouth or be inhaled into the lungs of another person. Infection can also occur from contact with surfaces contaminated with infectious droplets and respiratory secretions. Also see seasonal, avian, and pandemic influenza.

Isolation: Isolation is when sick people are asked to remain in one place (e.g. home, hospital), away from the public, until they are no longer infectious.

Pandemic influenza: A pandemic influenza, or pandemic flu, occurs when a new subtype of influenza virus: 1) develops and there is little or no immunity (protection due to previous infection or vaccination) in the human population; 2) it is easily passed from human to human; 3) is found in many countries; and, 4) causes serious illness in humans. Also see influenza, seasonal influenza, and avian influenza.

Pandemic Influenza Operating Plan: Plan that provides for the continuity of essential functions of an organization in the event an emergency prevents occupancy of its primary headquarters building, or an event that limits operations through extensive staff losses or other resource limitations.

Personal Protective Equipment: PPE is specialized clothing or equipment worn to protect someone against a hazard including an infectious disease. It can range from a mask or a pair of gloves to a combination of gear that might cover some or all of the body.

Prophylaxis: Prophylaxis is an infection control measure whereby antimicrobial, including antiviral, medications are taken by a health individual (e.g. nurse, contact) to prevent illness before or after being exposed to an individual with an infectious disease (e.g. influenza)

Quarantine: A quarantine is when people who have been in close proximity to an infected person, but appear healthy, are asked to remain in one place, away from the general public, until it can be determined that they have not been infected.

Respiratory etiquette: Respiratory etiquette, or good coughing and sneezing manners, is one way of minimizing the spread of viruses which are passed from human –to-human in the tiny droplets of moisture that come out of the nose or mouth when coughing, sneezing, or blowing their nose and then put the used tissue in the trash to prevent the spread of germs.

Seasonal influenza: Seasonal influenza, commonly referred to as the flu, is an infectious disease. In the United States, flu season usually occurs between December and March. The influenza virus is one that has the ability to change easily; however, there is usually enough similarity in the virus from one year to the next that the general population is partially immune from previous infection or vaccination. Each year experts monitor the influenza virus and create a new vaccine to address changes in the virus. For this reason people are encouraged to get a flu shot each year. Also see influenza, avian influenza, and pandemic influenza.

Social distancing: Social distancing is an infection control strategy that includes methods of reducing the frequency and closeness of contact between people to limit the spread of infectious diseases. Generally, social distancing refers to the avoidance of gatherings with many people.

Staffing Response Team (SRT): Pre-designated principals and staff who deploy immediately upon threat of or an actual emergency event when human resources must be diverted, rescheduled or supported to facilitate continuing operations. This team will address human resources issues and arrange for employee support.

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

Program Name	<i>Family Care Community Partnerships (FCCPs)</i>	<i>Parent Education</i>	<i>Parent Aide</i>
Program Description	<p>Designed as regional access points for delivering family supports and services for children, youth and families who are at risk for or may become involved with DCYF. Services include:</p> <ul style="list-style-type: none"> • Wraparound family support through identification of needs and service planning to provide formal and informal supports to promote protective capacity and assist families to remain intact. • Case management for families in need of comprehensive, emergency services specifically referred by Child Protective Services. • Family Support services designed to assist in strengthening parenting capacity with children between the ages of birth to 5 years who are at risk for developmental delay. • Flexible, non-traditional case management and supports for youth returning from the Training School and voluntarily agree to participate in aftercare services. 	<ul style="list-style-type: none"> • Provides information relating to parenting and child care that will enable parents to provide a nurturing, safe environment for their children. • Program provides parents with information and guidance regarding crisis resolution, appropriate child rearing practices, household management and community resources. • Services are agency-based. 	<ul style="list-style-type: none"> • Provides emotional support, education information and modeling for families whose children are at risk for abuse/neglect. • Services are home-based for family preservation and family reunification. • Services are for 6 months, typically with home visits 2-3 times per week. • Program helps parents with child care, discipline techniques, home management, and problem-solving skills.
Population Served	<ul style="list-style-type: none"> • Children referred as a result of a child protection investigation on allegations of child abuse/neglect • Children experiencing serious emotional disturbances (SED), and are in need of public assistance • Youth who are at risk for placement due to parents seeking a law enforcement intervention (e.g., potentially a Family Court order on a petition for wayward/disobedient behavior) • Children/youth who have a developmental disability and their parents can no longer care for their child 	<ul style="list-style-type: none"> • Parent education programs serve families involved with DCYF who are either at risk for abuse, neglect, or serious family breakdown or who have been identified as abusive or neglectful. 	<ul style="list-style-type: none"> • Parent aide programs serve families involved with DCYF who are either at risk for abuse, neglect, or serious family breakdown or who have been identified as abusive or neglectful. These services are more intensive than parent education services.

Department of Children, Youth and Families

- Community and Home-Based Non-Residential Services for Children and Families *cont'd*

Program Name	<i>Youth Diversionary Program (YDP)</i>	<i>Outreach and Tracking</i>	<i>Care Management Team (CMT)</i>
Program Description	<ul style="list-style-type: none"> • Designed to prevent delinquency and strengthen families with children ages 9 through 17. • Services are for 90 days. • Services target truancy, running away from home or risk of involvement in juvenile justice system. 	<ul style="list-style-type: none"> • Services provided to youth 7-20 years of age, but more focused on 12 -17 in some programs. • Intensive supervision program. • Prevention of out-of-home placement or aftercare for youth returning home or to their community. • Services designed to assist youth understand and manage their difficult behavior, and assist parents to improve their parenting skills. • Services may be connected to DCYF programs as part of the continuum for aftercare. 	<ul style="list-style-type: none"> • Designed to involve a child's family and larger community representatives in planning for treatment and service needs aimed at ensuring necessary treatment to maintain a child within their community whenever possible. • Community-based teams work with families to make treatment and service decisions within each of the DCYF geographic Regions. • Individualized treatment and care is focused on maintaining children and youth in the least restrictive setting possible, preferably at home.
Population Served	<ul style="list-style-type: none"> • Referrals from schools, police, parents, self referrals, and community-based agencies. • Youth referred to YDP cannot have a status with DCYF. 	<ul style="list-style-type: none"> • Youth may or may not be active with DCYF. • Behavior issues include disobedience, anger, aggression, truancy, drop out, running away, drug involvement or delinquent offenses. 	<ul style="list-style-type: none"> • Services are provided to families with high risk or high need children and youth in DCYF care who require a combination of services to effectively transition to or from residential treatment.

Levels of Residential Care –

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

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

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

<i>Highly Supervised</i>	<i>Highly Structured</i>	<i>Psychiatrically Supervised</i>	<i>Secure Setting</i>
These programs are staff secure/staff intensive, providing a therapeutic homelike setting with comprehensive clinical services for emotionally disturbed children and youth with significant disturbance of conduct and interpersonal relationships. Children and youth typically are provided with self-contained non-public education and have special education needs.	These programs are also staff secure/staff intensive, providing a self-contained setting with behavior management and control. Provides psychiatric consultation and comprehensive clinical services. Best suited to youth who are diagnosed with conduct, adjustment, and serious AXIS II disorders. Structure is needed to improve treatment outcomes.	A self-contained setting which provides treatment of psychiatrically disordered and/or severely emotionally disturbed children and youth. These programs have mental health treatment teams and psychiatric supervision which includes medication monitoring.	This is a locked setting which utilizes a program of behavioral management and control. Best suited to clients who are diagnosed with serious AXIS II disorders or conduct disorders and who demonstrate severe aggressive behaviors (not psychogenic) and suicidal gesturing.

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

DEPARTMENT SPONSORED TRAINING ACTIVITIES – Title IV-B/IV-E Training Plan

Introduction –

The Department of Children, Youth and Families has a cooperative agreement with the Rhode Island College School of Social Work to provide training services in support of the Child Welfare Institute (CWI). For state fiscal year 2014, this contract is for \$748,277.00. The CWI plays a significant role in preparing new DCYF employees for their responsibilities as social caseworkers. The CWI also provides a mandatory in-service curriculum of 20 training hours per year, as required by RIGL 42-72-5(b)(10).

The six-month pre-service training class is offered three times a year for new social workers beginning work with the Department. In each of these six month courses, 336 hours of classroom training and site visits are planned, integrated with work in the field. Each topic requires between 3 and 18 hours of class time. The pre-service modules also include 20 hours of training with the RICHIST (SACWIS) data system.

Workers begin their pre-service experience through an integrated process of classroom training and practical field experience by assignment to a Family Service Unit (FSU) within the Regions. Workers are affiliated with their FSU unit on the first day of their orientation which allows the student workers to remain in their Region, with their new supervisory unit for the first week. Over the succeeding two to three weeks, the class receives intensive, formalized classroom instruction. Subsequently, the workers will remain in their Region for 4 days a week and in the Institute 1 day a week. This approach provides new workers strong support earlier in the training process – within their regions and from co-workers, as well as from the Child Welfare Institute staff. The most recent class to graduate was in July 2012 with 10 FSU workers and 2 Probation workers.

Training Plan –

The training plan is supported by cooperative agreements with Rhode Island College and the University of Rhode Island. Associated costs are allocated into Title IV-E training, Medicaid training, and TANF training in accordance with the State's approved cost allocation plan. The portion of the contract that relates to IV-E reimbursable pre-service and in-service training is multiplied by a blended IV-E eligibility penetration rate. This blended rate is inclusive of the adoption penetration rate which was 64.23% as of June 28, 2013 and the foster care eligibility penetration rate which was 32.10% at that time. The resulting amount is then claimed as IV-E Training which is reimbursed at the 75% training rate where applicable. For those courses included in the training plan on topics that are not allowable at the 75% training rate, the resulting amount is then claimed as general administration which is reimbursed at the 50% match rate, where applicable.

Three specific types of training are represented in the IV-E cost allocation plan:

- Adoption workers who train prospective adoptive parents
- The Rhode Island College (RIC) Child Welfare Institute (Pre-Service)
The Institute provides training for all newly hired social workers and child protective services workers, though CPS workers are not claimed to Title IV-E.
- General ongoing training activities (In-Service)
The institute includes a community collaboration cross training which integrates community provider participation. The community participants are not currently claimed to Title IV-E; however, it is the Department's intent to review the community participation in relation to applicable IV-E claiming in accordance with the provisions of the Fostering Connections to Success and Increasing Adoptions Act of 2008. As the Department identifies the applicable IV-E training participation in relation to claiming, a revised training plan with clarifications will be submitted.

A small amount of training costs is also captured through the Random Moments Time Study (RMTS). An outline of how the Title IV-E Training programs are applied regarding their location and duration of training activity, as well as the cost allocation methodology for IV-E claiming are referenced as follows:

ADOPTION TRAINING –

Adoption Training is provided to prospective adoptive parents; performed by state staff at state facilities. The training is short-term.

PRE-SERVICE TRAINING –

Pre-Service Training is provided to newly hired social workers, child support technicians, and child protective workers. (Costs for child protective workers who participate in the pre-service training are not claimed to Title IV-E.) The training modules are performed by DCYF staff and Rhode Island College staff at the RIC Child Welfare Institute. The training is long-term for trainees. Trainers split their time between Pre-Service and In-Service trainings.

IN-SERVICE TRAINING –

In-Service Training is provided to all DCYF staff, excluding those at the Training School. DCYF and Rhode Island College staffs perform the trainings primarily at the RIC Child Welfare Institute. The training is short term.

ESTIMATED TOTAL COST/COST ALLOCATION METHODOLOGY

As referenced earlier in accordance with the State's approved cost allocation plan, there are three training cost pools for Title IV-E claiming categories:

Adoption Services,
Pre-Service, and

In-Service.

The cost allocation methodology for these pools is as follows:

- **Adoption Services Training**
 - Costs in this pool are related to salary and operating costs for staff who provide adoption training services.
 - The Title IV-E adoption penetration rate is applied to this cost pool. The statistic – NUMBER OF CHILDREN DETERMINED ELIGIBLE FOR TITLE IV-E ADOPT. ASST. and ALL OTHER SUBSIDIZED ADOPTION (CWS, TRAINING) – sends the allowable portion to Final Receiver 201.7 – IV-E Adoption Asst/S&L Training, to which the FFP rate of 75% is applied on the Title IV-E 1 claim.
- **Pre-Service - Staff Development and Training – Administration**
 - This cost pool is developed as follows:

There are trainer salary costs identified and directly coded to Pre-Service, as well as costs from Rhode Island College, including overhead, for their training staff. Staff participating in the pre-service training (trainees) are moved from the social worker cost pool to pre-service. If they only spent a portion of the quarter in training, only a portion of the cost would have been included. These two costs – the cost of the workers enrolled in training plus any operating costs – are added together to form the cost pool.

This cost pool is allocated via an allocation statistic based on the Rhode Island College Pre-Service curriculum for that quarter and varies based on the trainings that occur. This statistic is updated each quarter and normally identifies trainings related to Title IV-E, Medicaid, TANF, State dollars, etc. For the overhead from the Rhode Island College training contracts, this cost is allocated, based on the same curriculum statistic; however, it is not claimed to Title IV-E at 75%, just 50%. This overhead cost is captured in cost pool 15.4 in the Cost Allocation Plan.

This statistic for 15.2 sends costs to the intermediate accounts 110.1, 110.2, 110.3, and 110.7. Costs are then allocated as follows:

110.1 – Title IV-E Allowable – TRG Institute is allocated by NUMBER OF CHILDREN DETERMINED ELIGIBLE FOR TITLE IV-E & ALL OTHER (BLENDED FC & AA, TRAINING). The IV-E allowable amount is then sent to Final Receiver 201.5 and 201.7. This amount is then applied against the 75% FFP rate on the Title IV-E 1 claim.

110.2 – Title XIX Allowable – TRG Institute is allocated by NUMBER OF PLACEMENTS DETERMINED Eligible FOR TITLE XIX & CHILD WELFARE SERVICES (TRAINING - BLENDED). The Title XIX allowable amount is then sent to

Final Receiver 203.3. The amount is then claimed to Medicaid and applied against the 50% FFP rate.

110.3 – TANF Allowable – TRG Institute – is allocated direct to TANF Emergency Assistance (Admin).

110.4 – All Other – TRG Institute – is allocated direct to “All Other” and not claimed.

110.7 – General Administration – TRG Institute is allocated by NUMBER OF EMPLOYEES. The General Administration amount is then allocated as general administrative costs across all DCYF. This is to capture training courses that teach general administrative tasks, such as Microsoft Word training and Case Activity Notes training.

The statistic for 15.4 sends costs to intermediate accounts 110.3, 110.4, 110.5, 110.6, and 110.7. Costs are then allocated as follows:

110.3 – TANF Allowable – TRG Institute – is allocated direct to TANF Emergency Assistance (Admin.)

110.4 – All Other – TRG Institute – is allocated direct to “All Other” and not claimed.

110.5 – Title IV-E Allowable – TRG Institute is allocated by NUMBER OF CHILDREN DETERMINED ELIGIBLE FOR TITLE IV-E & ALL OTHER (BLENDED FC & AA, TRAINING) – 50%. The IV-E allowable amount is then sent to Final Receiver 201.1 and this amount is then applied against the 50% FFP rate on the Title IV-E 1 claim.

110.6 – Title XIX Allowable – TRG Institute is allocated by NUMBER OF PLACEMENTS DETERMINED ELIGIBLE FOR TITLE XIX & CHILD WELFARE SERVICES (TRAINING – BLENDED) – 50%. The Title XIX allowable amount is then sent to Final Receiver 203.1. The amount is then claimed to Medicaid and applied against the 50% FFP rate.

110.7 – General Administration – TRG Institute is allocated by NUMBER OF EMPLOYEES. The General Administration amount is then allocated as general administrative costs across all of DCYF. This is to capture training courses that teach general administrative tasks, such as Microsoft Word training and Case Activity Notes training.

▪ **In-Service - Employee Training**

- This cost pool is created by first taking the University of Rhode Island contract amount and dividing it, based on the overhead rate, into two cost pools, 15.3 and 15.5. Also, workers receive random moments through the RMTS when they are participating in or leading in-service trainings. Activities coded to the corresponding activity in the RMTS are allocated based on the same statistic described below for 15.5 (not allocating costs to Title IV-E 75%).

This cost pool is allocated via an allocation statistic based on the Rhode Island College/URI In-Service curriculum for that quarter and varies based on the trainings that occur. This statistic is updated each quarter and normally identifies trainings related to Title IV-E, Medicaid, TANF, State dollars, etc. For the overhead from the Rhode Island College/URI training contracts, this cost is allocated, based on the same curriculum statistic; however, it is not claimed to Title IV-E at 75%, just 50%. This overhead cost is captured in cost pool 15.5.

This statistic for 15.3 sends costs to the intermediate accounts 110.1, 110.2, 110.3, 110.4, and 110.7. Costs are then allocated as follows:

110.1 – Title IV-E Allowable – TRG Institute is allocated by NUMBER OF CHILDREN DETERMINED ELIGIBLE FOR TITLE IV-E & ALL OTHER (BLENDED FC & AA, TRAINING). The IV-E allowable amount is then sent to Final Receiver 201.5 and 201.7. This amount is then applied against the 75% FFP rate on the Title IV-E 1 claim.

110.2 – Title XIX Allowable – TRG Institute is allocated by NUMBER OF PLACEMENTS DETERMINED ELIGIBLE FOR TITEL XIX & CHILD WELFARE SERVICES (TRAINING – BLENDED). The Title XIX allowable amount is then sent to Final Receiver 203.3. The amount is then claimed to Medicaid and applied against the 50% FFP rate.

110.3 – TANF Allowable – TRG Institute – is allowable direct to TANF Emergency Assistance (Admin.).

110.4 – All Other – TRG Institute – is allocated direct to “All Other” and not claimed.

110.7 – General Administration – TRG Institute is allocated by NUMBER OF EMPLOYEES. The General Administration amount is then allocated as general administrative tasks, such as Microsoft Word training and Case Activity Notes training.

The statistic for 15.5 send costs to intermediate accounts 110.3, 110.4, 110.5, 110.6, and 110.7. Costs are then allocated as follows:

110.3 – TANF Allowable – TRG Institute – is allocated direct to TANF Emergency Assistance (Admin.).

110.4 – All Other – TRG Institute – is allocated direct to “All Other” and not claimed.

110.5 – Title IV-E Allowable – TRG Institute is allocated by NUMBER OF CHILDREN DETERMINED ELIGIBLE FOR TITLE IV-E & ALL OTHER (BLENDED FC & AA, TRAINING) – 50%. Title IV-E allowable amount is then sent to Final Receiver 201.1 and 201.6. This amount is then applied against the 50% FFP rate on the Title IV-E 1 claim.

110.6 – Title XIX Allowable – TRG Institute is allocated by NUMBER OF PLACEMENTS DETERMINED ELIGIBLE FOR TITLE XIX & CHILD WELFARE SERVICES (TRAINING – BLENDED) – 50%. The Title XIX allowable amount is then

sent to Final Receiver 203.1. The amount is then claimed to Medicaid and applied against the 50% FFP rate.

110.7 – General Administration – TRG Institute is allocated by NUMBER OF EMPLOYEES. The General Administration amount is then allocated as general administrative costs across all of DCYF. This is to capture training courses that teach general administrative tasks, such as Microsoft Word training and Case Activity Notes training.

COST VIA THE RMTS

The Random Moment Time Study (RMTS) has two activities, one called “In-Service Training” and the other called “Pre-Service Training.” When a worker codes a portion of their time to the in-service activity, it is allocated based on the In-Service curriculum entirely at 50% for Title IV-E allowable courses. When a worker codes a portion of their time to the pre-service activity it is allocated Direct to All Other since DCYF utilizes a methodology to recode their salaries, based on the number of days spent in pre-service trainings, to another cost pool.

RHODE ISLAND COLLEGE INDIRECT COSTS

The State intends to claim RIC and URI indirect costs (incurred by the college and university) as set forth in the State’s approved Cost Allocation Plan. These indirects, based on the indirect cost rate of the university and college respectively, are claimed, where allowable, to federal funding sources at FFP 50% and never at the enhanced FFP 75% rate.

IV-E TRAINING MODULES

The training modules that are claimed to IV-E and other federal reimbursement allocations are provided in a separate document.

**Report to Rhode Island Department of Children, Youth and Families
ON
CITIZENS REVIEW PANEL activities, 2012 – 2013**

Submitted by Christine Barron, MD
Chair of Citizens Review Panel
June 3, 2013

INTRODUCTION

The Rhode Island Citizens Review Panel performed four primary functions during fiscal year 2012-2013. The first was to provide a multidisciplinary forum to review cases of suspected abuse and/or neglect reported to the Department of Children, Youth and Families (DCYF), the state agency responsible for investigating such cases. The second was to provide a venue for Panel members to present cases to DCYF personnel to determine if agency referral was indicated by law or by the child's best interests. The third was to track progress regarding legislation changing jurisdiction of egregious neglect/cruelty cases from family court to RI Superior Court. The fourth was to engage in a multidisciplinary effort to improve forensic interviewing procedures for children who have been victims of abuse.

ACTIVITIES OF THE MULTIDISCIPLINARY CASE REVIEW GROUP

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 presented 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 Child Protection Program, which has now been named the Aubin Center in recognition of the contributions of Lawrence Aubin, a long-time benefactor of the program
- 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
- Representatives from the Rhode Island Attorney General's Office, Criminal Division, Child Abuse Unit (established in 2011)

- Representatives from the Rhode Island Children’s Advocacy Center (CAC) and Day One
- Representatives from the Providence Police Department

New core members joined the Panel this year. The Law Enforcement Advocate (LEA) for the Providence Police Department—who provides support throughout the criminal justice process to child victims of abuse as well as children and families exposed to domestic violence—now regularly attends meetings and updates Panel members on the progress of individual cases. A new representative of DCYF’s Family Services unit joined the Panel, providing input about ongoing social services and case management for children and families involved with DCYF. A new forensic interviewer for the CAC also joined the Panel to update the group about scheduling of forensic interviews as well as interview outcomes.

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

- 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
- Physician sub-specialists, e.g., surgical sub-specialists, radiologists, endocrinologists, metabolic specialists
- Staff from chronic care institutions for children
- Staff from community foster care agencies
- Staff from community mental health agencies

In fiscal year 2012-2013, the Citizens Review Panel met 47 times and reviewed a total of 529 cases, averaging 11 cases per meeting. Cases reviewed by the group fell into the following categories:

• Sexual Abuse	346	62.7%
• Physical Abuse	90	15.1%
• Emotional Abuse	7	3.3%
• Child Neglect	45	10.4%
• Medical Neglect	25	4.1%
• Medical Child Abuse	2	0.4%
• Failure to Thrive	7	2.0%
• Accidental Injury	7	2.0%

Reviews typically begin with a presentation by Aubin Center staff members who examined the patient and/or interviewed the patient and his/her family. Community providers seeking input about particularly complex cases may also present case histories. After the case presentation, representatives from each relevant discipline involved in the case present additional information they have obtained during the course of their interactions with the patient and family. The entire Panel then discusses further material that may be needed to complete an investigation, assess the degree of safety risk to the child, and/or determine available resources to help the child and family. At the end of each case discussion, the Panel makes specific recommendations regarding disposition, including placement issues, counseling referrals, and possible prosecutorial follow-up. Cases in which there are ongoing issues of concern are reviewed at subsequent meetings to ensure that case plans are implemented.

The review team’s process, in which core group members are joined by relevant community participants on a case-by-case basis, allows multiple disciplines throughout the state to have an active role during the investigation and on-going involvement with DCYF process. DCYF personnel have repeatedly stated that the information they receive from community leaders who were invited for comment is critically important in helping them exercise their responsibility to ensure the health and welfare of children at risk.

COORDINATED ASSESSMENT/CASE EXAMPLES: CULTURAL DIFFERENCES REGARDING PHYSICAL DISCIPLINE

Child abuse statutes in Rhode Island specify that a report to DCYF is “mandated if you have cause to know or suspect that the child is being abused or neglected.” (RI General Laws 40-11-3) This somewhat broad legal definition contains a degree of ambiguity given wide variations in what constitutes physical abuse among cross-cultural populations. Child physical abuse is a significant public health issue, accounting for over 17% of 676,000 nationwide cases of confirmed abuse and/or neglect. (USDHHS, 2011) Physical abuse of a child is defined as non-accidental trauma or physical injury caused by punching, beating, kicking, biting, shaking, throwing, stabbing, choking, hitting (with a hand, stick, strap, or other object), burning, or otherwise harming a child. Such injury is considered abuse regardless of whether the person who inflicted it intended to hurt the

child. It often results from inappropriate or excessive physical discipline. (Child Welfare Information Gateway, 2008) Children who are physically abused suffer from multiple possible outcomes, including physical pain, cuts, bruises, scarring, broken bones, and even death. They also are more likely to have long-term negative psychological consequences, e.g. depression, aggression, anxiety, low self-esteem, and relationship difficulties.

Child abuse occurs among some families in all cultural groups, and the literature on physical child abuse and various ethnic groups is inadequate and sometimes contradictory. Members of a single cultural minority group do not act as a homogenous entity, and they vary widely in their acceptance and use of corporal punishment. (Fontes, 2008) Research that shows higher rates of physical discipline among certain ethnic populations may also fail to recognize the impact of poverty on many of those families rather than behavior intrinsic to a particular cultural group. Additionally, national statistics consistently indicate that almost half of *all types* of child maltreatment are inflicted by whites. (USDHHS, 2011) Nonetheless, child rearing tends to be strongly influenced by ethnic culture. Methods that are considered appropriate for teaching children right from wrong are passed down from one generation to another as cultural knowledge and tradition. (Fontes, 2002) Studies have reported that African Americans and people from the Caribbean, for example, are more likely to punish their children with an electric cord, belt, or switch applied to the back or buttocks. (Payne, 1989; Showers & Bandman, 1986). Firm discipline is deeply rooted in many African American families and institutions, and some parents fear they are being disloyal to their ancestors and even their race if they do not use corporal punishment. (Fontes, 2008) African American parents are also more likely to endorse physically punishing a son in particular to avoid the son's later involvement in what they consider to be a discriminatory criminal justice system; compliance with authority, some parents believe, could be a matter of life or death. (Fontes, 2008) Physical forms of discipline are common in the Liberian culture—including the refugee population—and are considered an indication of appropriate parenting that prepares a child to be a good citizen. Rattan switches or belts are commonly used to punish Liberian children, and a beating that leaves a mark on a child is not necessarily considered excessive. Those who do not use physical discipline are likely to be viewed as spoiling their children. (Schmidt, 2011) Latino parents—particularly immigrants who are attuned to potential dangers in their new country—are concerned about their children's safety and expect their children to follow orders. When Latino children disobey, their parents often respond in an authoritarian manner, sometimes incorporating physical discipline into their punishment. The discipline may involve a symbolic element, e.g. a child who curses may be slapped across the mouth, a child who has been disobedient may be made to stand facing the wall with his arms outstretched holding a Bible in each hand, a child who has stolen something may have his hands slapped, a child who has been disrespectful may be made to kneel on uncooked rice with bare knees. (Fontes, 2008) Whether such acts constitute abuse depends less on the *kinds* of physical discipline used than on factors such as force, frequency, and duration of the punishments.

The diverse approaches to discipline across cultural groups pose challenges for child welfare professionals. Some cultural practices involving punishment have the potential to be misunderstood as physical abuse, particularly if professionals have limited training or experience in cultural competency. Other practices—even if well-intentioned and steeped in tradition—are abusive and require the child welfare system to intervene. The Citizens Review Panel provides a forum for representatives of multiple disciplines to discuss such issues and receive feedback about appropriate treatment and placement recommendations. Many such concerns have routinely been brought before the Panel for review and discussion. Here are three composite examples, with any identifying information changed to protect patient confidentiality:

- A 6 year old Latino female, “Anna,” was evaluated at the Aubin Center due to her mother’s concerns about what she described as Anna’s sexualized behaviors. Although the evaluation determined that Anna’s behaviors were well within the range of normal and expected behaviors for a child her age, Anna disclosed during her interview that her mother makes her hold her arms out in an extended position when she does something “really bad.” When Anna was asked how long she is made to stand with her arms outstretched, she replied, “A long time,” although she denied experiencing any significant pain as a result of the punishment. *Anna disclosed being punished with a form of discipline that is not uncommon in her ethnic group but that is less widely-used or understood in non-Latino cultures. Is Anna’s report consistent with physical abuse?*
- A 9 year old African American male, William, was observed by his teacher to be wincing as he sat in his classroom seat. The teacher approached him during a class break to ask if something was wrong. William said that his mother hit him with a belt the night before because he argued with her about completing his homework. William was brought to the school nurse, who noted red marks on the boy’s buttocks. The school contacted DCYF, and the responding investigator interviewed William, his mother, and William’s two siblings, ages 11 and 7. The investigator then brought the three children and mother to the Aubin Center for an evaluation. *Although the form of discipline William disclosed is more likely to be used within his cultural group, he had physical injuries as a result of the punishment. Is it safe for him and his siblings to remain in mother’s care, or would returning to mother’s home represent imminent risk?*
- A 14 year old Liberian refugee, Luke, was an excellent student but periodically missed several days of school in a row. After another two-day absence, his guidance counselor—who had been working with him on adjustment issues related to moving to a new country—noted that Luke had a red mark to the side of his eye. Luke initially said he had hit his face on a door, but upon further questioning, disclosed that his father had hit him in the face because Luke spent time with classmates after school rather than immediately returning home. Luke then rolled up his shirt and showed the counselor multiple marks on his back that he said father inflicted while hitting him with a belt during that same incident. He said his father punished him with a belt throughout his childhood, but said the

frequency of the incidents had increased during the past year. The counselor contacted DCYF, and Luke was evaluated at the Aubin Center. *Luke had multiple injuries concerning for physical abuse. While punishment with a belt or switch tends to be a more accepted form of discipline in his culture, the injuries were extensive and reportedly occurred on a frequent basis. Is it safe for Luke to return to his father's care?*

In case number one, Aubin Center staff examined Anna and noted no injuries concerning for physical abuse. Anna's mother acknowledged that she sometimes disciplined her children by having them stand with their arms extended, and said that similar punishment had been used by her parents when she was a child. Anna's mother said that she typically used time-outs to discipline her children, and that she utilized the extended arms discipline only for particularly egregious behavior. She also said that she monitored and limited the time the children stood with their arms outstretched. Anna's older sibling, who had accompanied Anna to her evaluation, corroborated mother's report, stating that she and Anna generally were made to stand with outstretched arms for about two minutes and that it had been at least several months since the children were disciplined in such a manner. Panel members concluded there were no concerns for physical abuse due to what appeared to be limited frequency and duration of a punishment that was within the cultural norms of Anna's family. Mother was provided with information about alternative disciplinary approaches, and she was receptive to the information.

In case number two, the physical examination noted loop marks on William's buttocks consistent with being hit with a belt. William said mother hit him with a belt one other time approximately a year earlier, but said he was hit on top of his clothes on that occasion. He denied being hit with a belt or other objects by mother on any occasions other than those two incidents. William's two siblings were examined, and they had no marks/bruises concerning for physical abuse. The younger sister denied ever being hit with a belt or object by mother; the older sister disclosed being hit with a belt by mother on one occasion several months earlier after she snuck out of the house to meet a boy she liked. Mother was interviewed during the evaluation; she was tearful and expressed remorse that she had inflicted injury on her son. She said her son had been increasingly oppositional about completing homework and other chores and that she "snapped" when he again resisted finishing his school work. She also said she had been under significant stress since losing her job several months earlier. She acknowledged frequently being punished with belts and electric cords when she was a child, but said she wanted to learn alternative methods of discipline. She also was receptive to becoming involved in parenting classes and counseling to help her manage her stress more effectively. Panel members concluded that while the injuries inflicted to William were consistent with physical abuse, the infrequency with which mother used physical punishment and her willingness to learn disciplinary methods other than those used by her parents warranted keeping William and his siblings in mother's care.

In case number three, the physical examination noted recent multiple loop marks on Luke's back and buttocks consistent with being hit by a belt, as well as scarring consistent with prior infliction of injury by a belt. Luke said his father frequently hit him with a belt for a variety of reasons, including getting less than an "A" on his report card, not keeping his room clean enough, or for "talking back." Luke's father defended his use of the belt, stating that his parents had used the same form of discipline on him and that he had turned out "fine." He said that American teenagers were overindulged and that their behavior would improve if more parents incorporated physical punishment into their disciplinary regimen. Father was advised that while inflicting injury with a belt may be an acceptable cultural practice in Liberia, it is not legal in the United States and constitutes physical abuse. Father said it was not the government's business to tell him how to discipline his child, and said he would continue to hit Luke with a belt when he felt it was warranted. Panel members concluded that given the force and frequency of father's physical discipline against Luke, as well as father's outspoken opposition to changing his culturally accepted form of disciplining Luke, it was unsafe for Luke to remain in his father's care.

The Panel served as an important resource for involved disciplines to consider the complex dynamics surrounding each of the above cases. Panel members engaged in lengthy discussions about the cases, and the group's decisions were used to help inform policies and practices.

PROCEDURES REGARDING FORENSIC INTERVIEWS

Forensic interviews for suspected child abuse victims are conducted to create legal evidence and testimony based on the verbal accounts of a child. Children's advocacy centers (CAC), where children are interviewed at the request of law enforcement, child protective services, or other agencies, are designed to provide a single interview by a forensic interviewer in a child-friendly setting. Most CAC's videotape the forensic interview; some use audiotape and/or note-taking.

In Rhode Island, a CAC was created in 1993 to help achieve a coordinated response to cases involving child sexual abuse, physical abuse, neglect, and/or exposure to domestic violence. The CAC utilizes a multi-disciplinary approach that involves collaboration with core Panel members, including DCYF, law enforcement, the Aubin Center, and the Attorney General's office. Until recently, the referral process involved obtaining "minimal facts" from the child victim before cases were forwarded to the CAC. A "minimal facts" interview focused specifically on the abusive act itself while leaving other abuse-related details (frequency, location, threats, etc.) to be ascertained in a full forensic interview at the CAC. Procedure typically required that minimal facts be obtained by one of three designated groups of child care professionals: DCYF investigators, law enforcement, or Aubin Center staff. The law enforcement agency in the community where the alleged abuse occurred then made a formal referral to the CAC if it was determined that there was sufficient evidence for possible prosecution. Disclosures children may have made to their parents, teachers, therapists, primary care physicians, or other individuals did not result in a CAC interview without a "minimal facts" interview conducted by one of the above designated professionals.

There were compelling reasons for the CAC to require that a child disclose minimal facts to qualified interviewers before a potential CAC interview. Disclosures made only to a parent may be the result of repeated and leading questioning due to custody disputes, lack of knowledge about normal childhood sexual behaviors, or a parent's own history of sexual abuse. Teachers and primary care physicians typically do not have training in forensic interviewing and may ask well-intentioned but suggestive questions that result in unclear or misleading disclosures. Therapists may have some interview training, but the supportive nature of their role may make them more likely to believe what a child says is true and to ask leading questions as a result. Obtaining minimal facts from a neutral, qualified professional provided clarification to ensure that a CAC interview went forward in cases concerning for abuse or to prevent an interview in which allegations were determined to be unfounded.

An unintended consequence of requiring minimal facts by specified professionals, however, was that CAC interviews were sometimes delayed for weeks after an initial disclosure. DCYF investigations could take up to three days to complete, after which the investigator forwarded minimal facts to the law enforcement agency where the abuse occurred. Upon receiving the DCYF report, there was often a delay by law enforcement while information was processed, paperwork completed, and a formal referral made to the CAC. After receiving minimal facts information from DCYF, some law enforcement agencies waited for children to be medically evaluated at the Aubin Center before making a CAC referral, resulting in further delays until the child's scheduled evaluation was completed. If there was no DCYF involvement, law enforcement agencies sometimes deferred to the Aubin Center to not only conduct a medical evaluation but to obtain minimal facts as well, again delaying the interview process. Additionally, even after minimal facts were obtained and referrals were made to the CAC, interviews were not scheduled until all members of the multidisciplinary team—including a prosecutor from the Attorney General's office—could be present. Given conflicting work schedules and busy court calendars, it was sometimes weeks before all members of the group were available for an interview on the same day.

The importance of interviewing children as soon as possible after an initial disclosure cannot be overstated. First, both children and adults begin to forget details shortly after an event, and accuracy declines over time. The rate of decline is associated with age (e.g. preschoolers have declines in accuracy and increases in false assertions after a one-week delay, while 6-year-olds can be consistent across a three-week interval), but recall for specific details tends to decline with all age groups the greater the delay. (Poole and Lamb, 1998) Second, children may be pressured by a non-believing caregiver to recant their allegations, and the longer the pressure is applied, the more vulnerable children are to denying that abuse occurred. Children may be particularly at risk to recant if their caregiver makes threats that they will be removed from the home by child welfare personnel because of their disclosure. Third, children may become more aware over time of the consequences of their disclosure (e.g. less income because the offender has left the home, siblings are upset) and recant their allegation so life can get back to "normal." Other factors affecting disclosure include ongoing threats/harassment by the offender or his family and ridicule by peers who gradually learn of the abuse. In general, the longer the delay, the greater the possibility of family/social influence and the more the memory for specific details may decline, particularly with very young children.

In response to such concerns, Panel members became involved in a multidisciplinary collaboration with the Children's Advocacy Center to decrease the average time between a child's

initial disclosure of abuse and a CAC interview. The result of their efforts was a new protocol designed to streamline the investigation and management of child abuse cases. The new protocol includes the following procedures:

- DCYF and/or law enforcement will complete an initial assessment of the allegations. This will include determination of jurisdiction, identification of the suspect, and basic elements of the allegations. **First responders are no longer required to obtain minimal facts relayed by the child to a non-relative. A referral to the CAC should be made for an interview even if the only disclosure from the child is to a parent or relative.**
- Law enforcement and/or DCYF will take a detailed statement **from any person to whom the child disclosed.** If DCYF is on scene and has obtained **any** information from the child and/or individuals on scene, police will document what was said **immediately.**
- Law enforcement and/or DCYF will refer cases to the CAC by contacting the CAC Intake Manager and faxing all available reports, including but not limited to Police, DCYF, medical, etc. **Receipt of these additional reports should not preclude an interview from being scheduled.**
- Team members are invited and encouraged to attend all interviews. In the event that a team member, other than the team member referring the case, cannot attend an interview, **the interview should still be scheduled within a timely fashion without the presence of that particular team member.**
- The interview shall be scheduled to take place **within four (4) business days.**

Panel members continue to monitor implementation of the new protocol and to review any difficulties completing procedures as delineated. Panel members will have further discussions with members of the multidisciplinary team to ensure that the protocol changes have resulted in more timely interviews of victimized children.

LEGISLATION REGARDING NEGLECT AND CRUELTY TO CHILDREN

Last year's Citizens Review report noted that child neglect is the most common type of child maltreatment. Despite its prevalence, professionals have often given less attention to neglect cases, and one study found that caseworkers were less likely to substantiate referrals for neglect than other forms of maltreatment. (English et al, 2002) Some research has indicated, however, that neglect may be more detrimental to children's early brain development than physical or sexual abuse (Teicher et al, 2004), and that the lack of appropriate care, supervision, and protection inherent in neglect poses significant risk for emotional and bodily harm, including death.

While neglect has potentially severe outcomes, criminal prosecution in child neglect cases is rare. Dispositions for many indicated neglect cases include referrals for counseling and other family interventions without court involvement. When neglect concerns rise to the judicial level, the

allegations are typically in juvenile/family courts where the emphasis is on resolving the problems that resulted in child welfare involvement. In severe neglect cases where out-of-home placements may be ordered by the juvenile/family courts, reunification almost always remains the primary goal via intensive counseling/rehabilitative services for the offending parent(s).

Citizens Review Panel members acknowledged that the majority of neglect cases do not rise to the level of criminal concerns and are best addressed via the child welfare system and/or Family Court. Panel members expressed concern, however, about appropriate court jurisdiction for cases involving *habitual* neglect/cruelty of a child. Panel members noted that despite cases involving severe and chronic neglect/cruelty, perpetrators are subjected to criminal charges but the current law vested neglect allegations in Family Court. Panel members are also concerned that because neglect is commonly viewed as a more benign form of child abuse, there might be greater leniency toward caregivers involved in chronic and severe neglect cases in the Family Court venue, with fewer mental health services being mandated for children as a result. Based on the Panel's concerns, legislation was introduced to the RI General Assembly in February 2012 relating to "cruelty to or neglect of a child." The legislation reads as follows:

- "Cruelty to or neglect of a child. – (a) Every person having the custody or control of any child under the age of eighteen (18) years who shall abandon that child, or who shall treat the child with gross or habitual cruelty, or who shall wrongfully cause or permit that child to be an habitual sufferer for want of food, clothing, proper care, or oversight, or who shall use or permit the use of that child for any wanton, cruel, or improper purpose, or who shall compel, cause, or permit that child to do any wanton or wrongful act, or who shall cause or permit the home of that child to be the resort of lewd, drunken, wanton, or dissolute persons, or who by reason of neglect, cruelty, drunkenness, or depravity, shall render the home of that child a place in which it is unfit for that child to live, or who shall neglect or refuse to pay the reasonable charges for the support of that child, whenever the child shall be placed by him or her in the custody of, or be assigned by any court to, any individual, association, or corporation, shall be guilty of a felony and shall for every such offense be imprisoned for not less than one year nor more than three (3) years, or be fined not exceeding one thousand dollars (\$1,000), or both, and the child may be proceeded against as a neglected child under the provisions of chapter 1 of title 14.

(b) In addition to any penalty provided in this section, any person convicted or placed on probation for this offense may be required to receive psychosociological counseling in child growth, care and development as a part of that sentence or probation.

This act would vest exclusive jurisdiction in the superior court for offenses resulting in cruelty or neglect of a child."

The legislation was not passed, and it was not re-filed in this year's session of the General Assembly because its original sponsor was not re-elected. It may be re-filed next year by the Attorney General's office, although that has not yet been determined. If such legislation is re-introduced, it is important to note that it would not vest all neglect cases in Superior Court, nor would all neglect cases be reviewed by the Attorney General's office. The legislation would define criteria for cases that rise to the level of criminal neglect as those in which there is a *pattern* of neglect, e.g. that the child must be a *habitual* sufferer of neglect or cruelty. It would not

pertain to cases involving a single incident of neglect or milder forms of neglect that did not result in significant harm to a child. The following two examples represent the types of cases that would be tried in Superior Court under the *habitual* neglect criteria proposed in the legislation; both cases are composite examples, and any identifying information has been changed to protect confidentiality.

- A 6-week-old African American male, Robert, was brought to the Emergency Room early in the morning in respiratory arrest. The parents' history was that the baby had been vomiting and sleeping more than usual for the past two days. Father said he heard Robert crying at about 2am and went to feed him, but found Robert appearing to be choking on what father thought may have been vomit. The parents then called 911. Robert was admitted to the hospital's intensive care unit and was placed on a ventilator.

Both parents denied that Robert had ever been injured since his birth. They said they were the only caregivers for Robert other than a maternal aunt who once babysat him for about an hour at age 2 weeks. Robert had frequent contact with mother's best friend, but she never babysat him or provided other caregiving duties.

Upon physical examination and further testing, Robert was found to have over 40 injuries, including a severe head injury, liver laceration, and multiple fractures throughout his body. Almost two dozen of the fractures involved Robert's ribs alone; he also suffered multiple fractures to his legs and arms. Some of the fractures were healing, while others appeared to be more acute. The injuries were all consistent with non-accidental trauma.

When advised of Robert's injuries, his parents continued to insist that Robert had never suffered any known injuries and they speculated that the fractures may have occurred during the process of putting him in his car-seat. They also said that Robert's only sibling, a 2-year-old sister, may have hurt him by playing with him too roughly.

Despite the severity and extent of Robert's injuries, mother and father said Robert never appeared to be in pain at any point during his young life. They described him as a somewhat "fussy" baby and said that he cried frequently, but they said his sister had been the same way when she was an infant.

Mother's best friend, who saw Robert about twice a week, provided investigators with a different history. She said that Robert would frequently moan in pain when she picked him up, and that she had told mother and father more than once to bring Robert to his primary care physician because she was worried about his behavior. Despite the friend's concerns, the parents never brought Robert to his doctor other than his first well-child visit shortly after his birth.

As the investigation continued, father confessed to sometimes handling Robert too roughly in the course of diaper changes. He also confessed to accidentally injuring Robert by banging his head against the bathroom door while carrying him, and tripping and falling on him on another occasion. Based on his confessions of "accidentally" injuring Robert, father was charged with physical abuse of Robert. He was also charged with criminal neglect and was found guilty.

While mother was not charged with physically abusing Robert because the state cannot prove she inflicted any of the injuries. However, physicians involved in Robert's care concluded that his injuries were so severe it was extremely unlikely that mother was unaware he was in pain, particularly since mother's friend observed Robert's discomfort even though she had less frequent contact with him. Robert never received medical attention from his primary care physician for his obvious symptoms of pain, nor did he receive timely well-child care. His physician was also never contacted during the two-day period prior to Robert's admission when he was vomiting and lethargic. Due to concerns that mother was aware of the habitual abuse inflicted against Robert but continually failed to seek medical attention for him, the Attorney General's office filed criminal neglect charges against mother in Family Court. Her trial date is pending.

- A 9-month-old Caucasian female, Kayla, was admitted to the hospital for a workup secondary to unexplained bruising, which mother reported noticing the bruises but offered no explanation for how the bruises occurred. Upon initial exam, Kayla had bruises on the scalp, face, neck, ears, chest, and extremities. Mother had no explanation for the bruising. She said that Kayla was an extremely active child and that the bruising developed shortly after Kayla began crawling a few months earlier. Mother said Kayla sometimes fell after she pulled to stand, but denied that Kayla ever hit furniture, toys, or other items when she fell. Mother babysat Kayla's twin 2-year-old cousins during the week, and she said the cousins were very "rough" with Kayla, sometimes intentionally head-banging her or hitting her with their hands.

Further tests at the hospital revealed Kayla had multiple fractures at various stages of healing, including a skull fracture, rib fractures, fractures of both wrists, and a pelvic fracture. Mother again had no explanation for the injuries. She said Kayla was never left in the care of another adult other than 3 occasions when Kayla's maternal grandmother babysat her while mother went on job interviews. Mother said her boyfriend—who was not Kayla's father and did not live with mother—had never been alone with Kayla.

Kayla's injuries—including the bruising and the fractures—were consistent with physical abuse, and police and DCYF were notified. Upon further questioning by authorities, mother said that her boyfriend had babysat Kayla on several occasions while she went out with friends or ran errands. She also said her boyfriend frequently stayed overnight at her apartment. She had no explanation as to why she told hospital physicians that her boyfriend had never been the sole caregiver for Kayla.

Mother continually denied inflicting injuries to Kayla and provided no history that would account for Kayla's extensive bruising and multiple fractures. Because both mother and her boyfriend denied knowledge of how Kayla's injuries were sustained, the perpetrator of Kayla's injuries could not be identified. Upon review by the Attorney General's office, however, it was determined that mother—as Kayla's caregiver—was in a position to know that Kayla was chronically injured and that she allowed her pain and suffering to continue without providing appropriate care. Mother's boyfriend has been convicted of cruelty and neglect of this child in family court. Criminal neglect charges have been brought against mother in Family Court and that case is currently pending.

While the Family Court provided a venue for criminal neglect charges to be filed in both cases, Superior Court jurisdiction would have given prosecutors more options regarding case disposition.

According to Shannon Signore, Chief of the Child Abuse Unit of the RI Attorney General's office, there are more resources available in Superior Court to mandate treatment for those convicted of felony neglect, including individual and family counseling, substance abuse counseling, domestic violence counseling, no contact orders with victims, etc. Signore also notes that because probation would be involved with caregivers who are sentenced in Superior Court, the criminal court venue would allow for stronger monitoring of caregivers' compliance with mandated treatment. Additionally, habitual neglect/cruelty cases that are currently reviewed by Family Court juvenile prosecution would shift to the Child Abuse Unit of the Attorney General's office, where staff has specific training to ensure that such cases receive appropriate review. As Signore puts it, proving habitual suffering is extremely difficult when victims are too young to tell what happened; legislation addressing habitual neglect helps ensure that adults who contribute to an infant's or very young child's long-term suffering are held accountable in the criminal justice system.

Whether the legislation will be re-introduced in 2014 is still to be determined. If it is filed, Citizens Review Panel members remain available to testify on behalf of the legislation.

RECOMMENDATIONS

In light of the above, the Citizens Review Panel makes the following recommendations to DCYF:

1. The Citizens Review Panel's multidisciplinary forum is a highly useful venue and should be continued. DCYF personnel have found the process to be extremely helpful, and care-providers for children in the community have appreciated the greater access that the forum's outreach provides to DCYF. The process has facilitated communication among multiple disciplines throughout the community serving children at risk.
2. Citizens Review Panel members should continue to track legislation that would vest jurisdiction in Superior Court for cases involving *habitual* cruelty/neglect of a child. If new legislation is proposed it will contain clearly defined criteria for any case to rise to the level of felony neglect and be reviewed by the Attorney General's Office. This would not change the current DCYF investigations or procedures in dealing with neglect cases. Panel members should remain available to testify on behalf of the bill if it is re-filed in next year's legislative session.
3. Citizens Review Panel members should continue to monitor implementation of the Children's Advocacy Center's new interviewing protocols. Panel members should be available to engage in continued discussions with involved multidisciplinary groups to ensure the protocol changes have resulted in more timely interviews of victimized children.

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State of Rhode Island and Providence Plantations
Rhode Island Department of Children, Youth and Families
Lincoln D. Chafee, Governor *Dr. Janice DeFrances, Director*



As active members of the community, we share a vision that all children, youth and families
reach their fullest potential in a safe and nurturing environment

August 15, 2013

Christine Barron, M.D.
Chair, Citizen Review Panel
Clinical Director, The Lawrence A. Aubin Sr.
Child Protection Center
593 Eddy Street
Potter 005
Providence, RI 02903

Dear Dr. Barron:

I am pleased to accept the report on activities of the Citizen Review Panel for 2012-2013. As in previous years, this report demonstrates a depth of professionalism and commitment to provide a consistent, multi-disciplinary forum for our Department to fully examine the issues regarding allegations of child maltreatment.

The issues raised in this current Citizen Review Panel Report continue to be quite relevant for our combined efforts to improve the system's handling of child maltreatment cases. In this year's report, you have addressed critical and sensitive issues relative to cultural differences regarding physical discipline. I am pleased that the Citizen Review Panel is able to provide such an essential forum to assist our child protective investigators in their efforts to ensure that their interactions with families of diverse cultures are conducted in a culturally competent manner, while, importantly, ensuring child safety and well-being.

I am also pleased with the work that the Panel is doing with our Department and the Children's Advocacy Center (CAC) to establish a new protocol designed to reduce the length of time it takes for a child to have a CAC interview subsequent to their initial disclosure of abuse. Having an intention for the interview to be held within four (4) business days is critical to our collective efforts to ensure trauma informed care for children and youth.

I continue to be interested in the Panel's consideration of cases in which neglectful actions on the part of the parent(s) have led to chronic and cruel abusive situations for their children. I understand, also, that there continues to be a desire on the part of Panel members to have legislation introduced to establish a criminal offense for "cruelty to or neglect of a child." As I referenced in response to last year's Citizen Review Panel Report, I agree conceptually with the Panel's intent to strengthen the state's ability to hold parent(s) accountable in child maltreatment cases where a criminal offense has been committed. Therefore, should a legislative proposal continue to be pursued in the future, I would want to see clearly defined criteria for cases that rise to the level of criminal neglect. I look forward to any further discussion with you on this matter.

By this letter, the Department accepts the recommendation for continuance of the work of the Citizen Review Panel, and agrees that Panel members should further explore the determinant criteria for felony neglect in order to ensure the proper legal basis for cases involving child neglect to be considered for criminal prosecution. Further, I accept the recommendation that the Panel continue to monitor the implementation of the new interviewing protocols for the Children's Advocacy Center.

101 Friendship Street, Providence, Rhode Island 02903-Voice: (401) 528-3548 Fax: (401) 528-3590 - TDD: (401) 222-5803

Again, thank you for your spirit of collaboration and commitment to continuous improvement in the manner in which our collective systems respond to protect and care for our most vulnerable children and families.

Sincerely,



Dr. Janice DeFrances, Ed.D.
Director, Rhode Island Department of Children, Youth and Families

Work Plans

Work Plans ***Federal Fiscal Year 2014 Application***

Title IV-B, Part I	
Prevention and Support Services	\$194,100
Crisis Intervention/Family Support	222,086
Adoption Promotion/Support	405,040
Planning	<u>80,000</u>
TOTAL	\$901,226
Title IV-B, Part 2	
Family Preservation Services	\$181,036 (20%)
Family Support Services	186,703 (21%)
Time-Limited Reunification	283,637 (31%)
Adoption Promotion/Support	<u>250,939 (28%)</u>
TOTAL	\$902,315
Title IV-B, Part 2 – Monthly Caseworker Visits	\$ 57,004
CAPTA	
Citizen Review Panel	\$ 45,000
EI Referral Liaison	63,963
Narragansett Tribal Liaison	<u>11,400</u>
TOTAL	\$120,363
CFCIP	
Consolidated Youth Services Program	606,185
IL Coord/Youth Development Support	75,192
Other	<u>600</u>
TOTAL	\$681,977
Education and Training Vouchers	
IL 10 RICORP	\$227,400