About the DCYF Service Provider Guide:
This Department of Children, Youth and Families (DCYF) Service Provider Guide is a registry of the Department’s home-based services, specialized foster care services, licensed residential group care services, and independent living services funded by DCYF. This DCYF Service Provider Guide has been developed to assist in the identification and understanding of the resources available for children and families served by DCYF.

The DCYF Service Provider Guide is designed to offer descriptions of the different services provided as well as best fit criteria, exclusionary criteria, and other relevant factors that would be helpful when you are considering services for your children and families. Please note, this DCYF Service Provider Guide is not all inclusive of services available throughout the broader system and lists only DCYF-funded services.

How to best use the DCYF Service Provider Guide:
The DCYF Service Provider Guide is presented in four categories for quick reference. The four general categories are home-based services, specialized foster care services, residential group care services, and independent living services. Within two of these general categories, home-based services and residential group care services, there are subcategories that further delineate services into general treatment areas. You will note that there is some repetition of services between some of the home-based services categories within the DCYF Service Provider Guide. This is because some services can address multiple treatment needs (e.g., mental health and disruptive behavior).
# Table of Contents

**Home-based Services** .................................................................................................................. 3  
Supervised Visitation Services ........................................................................................................ 4  
Foster and Kinship Care Supportive Services .................................................................................. 16  
Family Stabilization Programs ....................................................................................................... 25  
Disruptive Behavior Management .................................................................................................. 41  
Mental Health Treatment Services ................................................................................................. 55  
Parent Training and Skill Building Programs .................................................................................. 66  
Specialty Populations and Services ............................................................................................... 71  
Miscellaneous ................................................................................................................................. 76  
Direct Referrals ............................................................................................................................... 85  

**Specialized Foster Care** ............................................................................................................... 89  

**Residential Group Care Services** ............................................................................................... 115  
Assessment and Stabilization ........................................................................................................ 116  
Residential Treatment Centers ....................................................................................................... 126  
Group Care – Developmentally Disabled ..................................................................................... 141  
Group Care – Adolescent Female .................................................................................................. 146  
Group Care – Adolescent Male ...................................................................................................... 154  
Group Care – Younger Youth ......................................................................................................... 163  
Semi-Independent Living Programs ............................................................................................... 167  
Group Care – Problem Sexual Behavior ....................................................................................... 179  

**Independent Living Programs** ................................................................................................ 183
HOME BASED SERVICES
Supervised Visitation Services
Fact Sheet - Family Visitation/Care Coordination Services – Boys Town

Description:
- Family Visitation Services provides monitoring of and coaching to families during regular visits for required services. Through a treatment-based approach of coaching and supporting parents during supervised visits, and through case management activities, parents work towards safely, quickly, and permanently reunifying with their children.
- Family Visitation Services incorporates components from Boys Town’s Teaching Model, an evidence-based program listed in the California Evidence-Based Clearinghouse for Child Welfare (www.cebc4cw.org) and the OJJDP Model Programs Guide (www.ojjdp.gov/mpg/).
- The population served consists of families who have had their children removed and have been placed in out-of-home placements. Ages range from birth to 17 years old.
- Family visits occur at the convenience of the family. They are supervised in the community, the family’s home, at DCYF, or Boys Town’s Visitation Rooms in Portsmouth or Providence. Specialists also meet the families outside of visits to provide case management services: mental health, substance abuse, housing, etc.
- FVS provide observation, supervision, parent coaching, feedback, and skill development in areas of need, a detailed summary and transportation.
- Children can be provided with transportation to and from visits; staff work with parents to address any barriers to their own transportation to visits.
- Contact Information: Program Director, C: 401.602.1467. Office: 294 West Exchange Street, Providence, RI 02903 T: 401-214-4960. Specialists have a BT cell and are available 24/7 for crisis support. Boys Town’s National Hotline (1-800-448-3000) and Boys Town Support Services are available 24/7.
- The Program Director is required to have Master’s degree and 5-7 years’ experience working with families in a social service setting. Supervisors and Specialists are required to have a Bachelor’s degree.
- Specialist caseload ranges from 7-9 families depending upon need, with an average of eight (8) families.
- After a Specialist has been assigned a family, they will attempt to establish initial contact within 24 hours.
- Typically, family visits occur bi-weekly. The caseworker determines frequency of services.
- The target length of stay is eight (8) months; however, the duration of services is based on family needs.
- Treatment plan goals are developed and reviewed in weekly supervision and weekly staffing meetings. Progress reports are submitted at on a 30-day basis to the referring caseworker. Care Team meetings are held with the family and other providers who are assigned to the family to further monitor and evaluate family progress.
- Program staff speak Spanish, Portuguese, Cape Verdean, and hiring bi-lingual staff is an ongoing priority.
- Boys Town serves the entire state of Rhode Island.

Best fit criteria:
- Boys Town target population are families with children ages birth through 17 years who have been removed and placed in an out-of-home setting with a case plan goal of reunification. The sooner a caseworker submits a referral, the earlier a family can engage with services, and the Specialist will begin treatment to work towards reunification.
- Specialists work with families through a treatment-based approach by coaching and supporting parents during supervised visits, and through case management activities to help parents work towards safely, quickly, and permanently reunifying with their children.

Exclusionary Criteria:
- When a child has already achieved permanency or living with another parent, kinship, etc., or if parents have not demonstrated a commitment to working with the program and all program components - i.e., not attending family visits, lack of engagement, or lack of involvement in service planning.
Fact Sheet – Enhanced Family Support Services (EFSS) – Communities for People

Description:

- EFSS is a strengths-based in-home treatment program to help families stay together or reunify despite significant stressors. EFSS strives to assist parents and caregivers with developing the skills necessary to ensure the safety, health, and well-being of all family members. Programming serves all youth from birth to age 21.
- EFSS offers families a fully integrated array of services including: parenting education and support; individual counseling, problem-solving and skill building; family counseling and mediation; 24/7 availability for crisis intervention/stabilization, emergency team meeting, and/or safety planning; comprehensive assessment of the child/youth and family’s strengths and needs (completed within 30 days); treatment planning; psycho-educational services; case management services; social/recreational activities; provision of or referral to substance abuse education; educational/vocational advocacy, tracking and accountability monitoring; identification of and referral to community behavioral health supports including psychiatry as needed for evaluation and medication management; expressive arts, play and sports therapy techniques, clinical self-care groups and creation of and linkages to family support and community resources.
- Family support services include: family meetings; behavior management strategies and planning; daily structure planning and strategies for supervision in the home; life skills education; basic needs assistance; strategies for effective communication among family members; and role-modeling/coaching.
- The supervised visitation service will provide up to 2-hour visits, supervised by a Master’s level clinician, up to two times per week, including weekends and transportation to and from a visitation site.
- All staff are trained in evidence-based, trauma-informed practices, including Trauma Focused Cognitive Behavioral Therapy, Motivational Interviewing, and The Strengthening Families Group Curriculum.
- Clients served are from 0 to 21 years old.
- Services are readily available through evening and weekends, with on-call emergency support available 24/7.
- Each youth is assigned either a Master’s level clinician, a caseworker, or a team of both depending on referral needs and DCYF recommendations. Clinicians and caseworkers can carry a caseload of eight (8) families.
- Upon referral, initial contact with family is made within two (2) business days.
- Families receive a minimum of two (2) face-to-face contacts per week, with additional telephone and collateral contact readily available.
- Typical duration ranges from approximately three (3) to nine (9) months.
- Services are provided primarily within the family’s home, but may also occur within the community or school setting based on the needs and desires of the family.
- Initial treatment plans are developed within 30 days; subsequent reviews every 90 days. Progress towards treatment goals are measured and evaluated weekly.
- Languages spoken: English and Spanish.
- Geographic area: Statewide
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best fit criteria:

- Youth in residential placement looking to reunify home within 30-60 days.
- Child or youth in threat of being removed from the home, and therefore family in need of stabilization.

Exclusionary Criteria:

- Actively suicidal, homicidal or psychotic.
- Primary referral reason is sexual offender behavior.
- Severe developmental delays and high end Autism Spectrum Disorders.
Fact Sheet - Integrated Permanency Supports –
Northern RI Visitation Center (NRIVC) - Community Care Alliance

Description:
- NRIVC is focused on supporting parent(s) towards their goal of reunification with children in care, or moving towards permanency for children. This is done via supervised visitation, intensive case management & recovery coaching, parent skill building, parent-child relationship guidance, and frequent collaboration with all service providers.
- The parent is the target of intervention of NRIVC services. Couples may be served as well. Children and parents served may be of any age. All parents served must present with a need for substance use and/or mental health treatment.
- Addresses DCYF case plan goals.
- Developing, strengthening, or maintaining the parent, child relationship attachment.
- Developing of positive and safe parenting skills. Staff provide interventions in visits that may include: observations/ assessments, reduction, reflection, coaching, modeling, and direct intervention to ensure the safety and well-being of the child (ren) always.
- Recovery coaching to address mental health and substance use treatment and recovery and build recovery capital.
- Intensive case management to address all barriers to reunification; assistance with accessing resource.
- Support in the development of protective capacity and addressing protective factors (i.e. housing, employment, healthcare, supportive relationship, etc.).
- Family team meeting between parents, DCYF and other providers, to review progress, visitation plans, obstacles to be addressed and strategies for doing so. NRIVC practice is team based and collaborative.
- Visitation services will include 3-4 hours of contact per week with parent and child inclusive of visitation observation, coaching and case management.
- Transportation for child(ren) to and from visits, if foster parents is unable to do so.
- Services are provided Monday-Friday, 8:30-7:00 pm and Saturday, 8:30-5:00 pm. Families have access to a 24/7 telephonic Emergency Crisis Line as well.
- Services are provided by both Bachelor’s level (with 5+ years of experience in the field) and Master’s level Clinical Case Managers. Program receives oversight by an independently licensed clinician and highly experienced Master’s level staff.
- Due to intensive nature of services provided, staff caseload is approximately eight (8).
- When a wait list is present, DCYF workers are notified of the wait time anticipated. Families receive outreach as soon as they are moved off the wait list.
- Visits take place 1-2 times per week, for 1-2 hours each (three times per week or additional hours in some cases, or when close to reunification); Individual parenting guidance and recover coaching sessions take place a minimum of one time per week. Goal is for monthly family-team meetings.
- Transportation is provided (if needed) to children to attend visitation.
- No timeframe limit, based on authorization.
- Visits typically take place at NRIVC (31 Orchard St., Woonsocket), which is a home-like setting, and then are moved to the community or home. Visits may take place at DCYF in certain circumstances. Individual sessions take place at NRIVC, community and in the home.
- Service plans are reviewed every three (3) months, or more often if needed.
- Services are available in English and Spanish.
- Parents must either reside in Region IV area, or must be able to travel to Woonsocket.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).
Best fit criteria:
- Service is most appropriate for parents with children who are working towards reunification.
- Who live in Region IV or can travel to Woonsocket.
- Are ready and able to attend visits with their children.
- Are engaged in mental health and/or substance use treatment services. If parent is not yet engaged in this service, we will provide outreach and engagement to assist them in securing this service. Parent must be receiving treatment service prior to visits occurring at NRIVC.

Exclusionary Criteria:
- Families may not participate in NRIVC when there are safety concerns that would preclude them from having visits with their child, that cannot be mitigated by safety plans.
- Children are placed in a hospital-based setting or experience significant medical concerns that are not manageable by program staff.
- Parent has a sexual offending history that places minors at risk.
Fact Sheet - Immediate Response Visitation Program (IRVP) – Community Care Alliance

Description:

- IRVP provides immediate engagement, visitation and stabilization for families residing in DCYF Region IV, who have at least one child under the age of two who recently entered the care and custody of RI DCYF (within 30 days of entering care).
- Primary goals are to maximize permanency outcomes and improve attachment relationships between parents and children. Attachment-focused intervention, utilizing the Growing Great Kids curriculum.
- Intensive crisis intervention, case planning and support to the family to address immediate needs, separation/grief/loss, and provision of support and referrals around the DCYF case plan and other family goals. During visitation, staff assess and address safety-related concerns, provide coaching and intervention around parenting skills, focus on maintaining or building the attachment relationship between parent and child, and minimizing the negative effects of separation for family.
- Parents with children ages 0-2 years (and their siblings) are the target population; children ages 2-3 will be accepted on a case-by-case basis.
- Program is offered Monday-Friday, 8:30-7:00 pm.
- Program is overseen by an Independently Licensed Clinician and facilitated by Bachelor’s level social workers with 5+ years of experience in the field. Due to intensity, Clinical Case Managers carry 4-5 cases.
- Immediate (within 24-hour) outreach to families to begin engagement and initiate visitation arrangements.
- Supervised visitation to occur as quickly as possible (ideally within 48 hours) in a location that ensures maximum safety of family and child, and success for family. This may include the local DCYF office, NRIVC office or other community setting.
- Length of program is approximately 45 days. A comprehensive report is distributed to DCYF providing detailed observations and recommendations addressing permanency for child(ren) and level of service needed.
- Visits between parent(s) and children under 2 years old (two times per week) and their siblings (a minimum of one visit per week with older siblings). Visits will assess and address safety-related concerns and parent-child relationship issues, provide coaching and intervention around parenting skills and have an intensive focus on maintaining or building the attachment relationship between parent and child and minimizing the negative effects of separation for family.
- Families must either live in the DCYF Region IV area, or be able travel to the site from their home community. Children may be placed anywhere in the state geographically.
- Transportation for children will be offered by program transportation specialist if foster parents are unable to do so. Transportation will be provided to parent(s) if this is a barrier to visitation. This may be provided by provision of bus passes, or direct rides from staff.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best fit criteria:

- Removal of children must have taken place within 30 days of referral, ideally within 48 hours.
- Service is most appropriate for parents with young children who are working towards reunification.
- Who live in Region IV or can travel to Woonsocket.
- Parents do NOT need to be complying with other aspects of their case plan.
Exclusionary Criteria:

- Families may not participate in IRVP when there are safety concerns that would preclude them from having visits with their child, that cannot be mitigated by safety plans;
- Children placed in a hospital-based setting or experience significant medical concerns that are not manageable.
- Parent has a sexual offending history that places minors at risk.
Fact Sheet - Nurturing Early Connections (NEC) - Community Care Alliance

Description:
- NEC provides intensive visitation for parents and children under 2, who are in placement, with the goal of maximizing permanency outcomes and improving attachment relationships between parents and children.
- Intensive case management, recovery coaching, crisis intervention, education, and coaching to parent(s) in their efforts to improve parenting skills, parent-child relationship, address barriers to reunification, attend to mental health, substance use or other behavioral health needs.
- Attachment-focused intervention, utilizing the Growing Great Kids curriculum.
- Ongoing collaboration with DCYF and other providers, including detailed reports to DCYF, the court and others (as needed) regarding progress and recommendations regarding permanency.
- Parents with children ages 0-2 (and their siblings) are the target population, but children ages 2-3 will be accepted on a case-by-case basis.
- Program is offered Monday-Friday from 8:30-7:00 pm.
- Program is overseen by an Independently Licensed Clinician and facilitated by Bachelor’s level social workers with 5+ years of experience in the field. Due to intensity, Clinical Case Managers carry 4-5 cases.
- Families receive outreach within 48 hours of referral. If there is a wait list, DCYF is notified, and families are contacted once space is available.
- Family visitation takes place approximately 4-8 hours per week (2-3 visits), and individual sessions with clients occur a minimum of one time per week.
- Service plans are reviewed every 90 days. Families may stay open in NEC for up to one year.
- Visitation to take place in settings that maximize stability for the child, success for parent and child, and provide a safe environment, including: NRIVC site, foster home, day care setting, community, or DCYF.
- Current language capacity is English.
- Families must either live in the DCYF Region IV area, or can effectively travel to the site from their home community. Children may be placed anywhere in the state geographically.
- Program will offer transportation for children by program Transportation Specialist if the foster parent(s) are unable to do so.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best fit criteria:
- Service is most appropriate for parents with young children who are working towards reunification.
- Who live in Region IV or can travel to Woonsocket.
- Are ready and able to attend multiple visits per week with their child(ren).
- Ideal target population (but not necessary) would be families with children removed at birth, or for whom there is expressed concern with the parent-child attachment.
- Parents do NOT need to be complying with other aspects of their case plan.

Exclusionary Criteria:
- Families may not participate in NEC when there are safety concerns that would preclude them from having visits with their child, that cannot be mitigated by safety plans.
- Children are placed in a hospital-based setting or experience significant medical concerns that are not manageable by program staff.
- Parent has a sexual offending history that places minors at risk.
Fact Sheet – Trauma Systems Therapy (TST) Visitation and Coaching - Family Service of RI (FSRI)

Description:
- TST Family Coaching and Visitation program is built on the clinical foundation of TST and is designed to assist parents in developing parenting capabilities and family resources to promote safety while supporting the child’s ability to regulate emotions and behaviors; combined, these lead to timely and successful reunification.
- This program includes: structuring family visits that enhance opportunities for parents to practice their parenting skills; scheduling visits at the home; coordinating hands-on learning experiences; encouraging foster parents to interact with birth parents; and offering clinical trauma-informed services for the child and parents.
- The model includes three phases of treatment: safety-focused, regulation-focused and beyond trauma.
- Visits occur at FSRI’s TST Family Coaching and Visitation Center until safety and protective capacity has been evaluated. Then supervised visits move to community locations. Visit frequency increases and intensity of supervision decreases based on the family’s progress determined by the TST team together with the DCYF worker and other providers involved with the family.
- The team will follow the family after reunification and continue to provide in-home treatment and aftercare reintegration support for no less than six months, depending on the family’s needs.
- Parents in the program are expected to participate in regularly scheduled groups led by the TST team.
- The team works with the family to complete an initial assessment on each child in the family within the first 30 days and a treatment plan on each child in the family that is informed by that assessment; and to establish a mutually agreeable weekly schedule and a plan of activities for visitation.
- A minimum of one clinician and one case manager meets with the child and caregivers 1-3 times per week depending on severity and phases of treatment administered, with an average length of service of six months.
- FSRI’s TST Family Coaching and Visitation staff provides support and logistical resources such as transportation/bus passes, assistance with basic needs, advocacy, linkage to a primary pediatric medical home, and linkages to additional services and resources as indicated.
- Progress towards the Treatment Plan Agreement Letter is measured and evaluated every 90 days.
- TST Family Coaching and Visitation staff will be in weekly contact with DCYF case workers.
- Three case managers and three clinicians (master’s level) create three teams, each team with a caseload of up to 13 children and their families. Two transportation aides are dedicated to transport youth.
- The team contacts the child’s biological and foster families within 48 hours of receiving a referral.
- Clients served are birth to 18 years of age in out-of-home-care statewide.
- On-call assistance is available 24 hours a day, seven days a week provided by a trauma-informed clinician. When warranted, in-person evaluations are available and will happen within two hours of initial contact.
- Services are provided statewide in both English and Spanish.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best fit criteria:
- Children and youth who have experienced complex trauma and need intensive support within environments that exacerbate trauma symptoms and/or demonstrate difficulty in regulating emotions and behavior when exposed to trauma reminders within their environment, and for whom caregivers are unable to adequately protect the child or help the child manage dysregulation of emotion.

Exclusionary Criteria:
- Children and youth identified as sexual perpetrators. Intake: (401) 519-2280
Fact Sheet – Parent Partner Services - Parenting Capabilities for Successful Reunification (4A) - Parent Support Network of RI

Description:

- Parent Partner Service’s primary focus for this service will be parent/caretakers and their children and youth who are involved with DCYF working on reunification. Parents of children in out of home care face a relatively brief period within which to successfully demonstrate progress in their effort to reunify. This progress includes engagement in their case plan, involvement in services, and visitation with children.
- PSN Parent Partner Services are focused on mentoring and educating the parent/families to lead and make decisions about the array of services, supports and resources they will access and receive for their child and family. Parent Partners will increase parental capabilities and skills with the delivery of the evidence-based Nurturing Parenting Program.
- Parent Partner Services are evidence-based and recognized by the California Evidence Based Clearing House for Child Welfare and by the Center for Medicaid Services (CMS). Parent Partners work primarily with the parents utilizing evidence-based peer based approaches and parenting strategies and interventions.
- Parent Partner services include ongoing telephone and face-to-face peer support; information and referral; individual and group parent education; service system navigation and warm transfers, ongoing adult education and vocational assistance; assist with unsupervised and supervised visitation; and attendance at medical, treatment, service, and educational related meetings. All parents/family caregivers will have a family support plan built upon agreed goals and action steps within their treatment or service plans.
- Parent education evidence based curriculums delivered include Nurturing Parenting Program, 24/7 Dad, and Inside/Out Dad. Parent Partners are trauma informed certified and receive ongoing training and clinical guidance.
- Parent Partner Services are best for parents/family caregivers of children birth to 21 years old and open to DCYF.
- Each family is assigned a Parent Partner who is a parent/family caregiver who has lived experience either raising a child or youth with serious behavioral (mental health and substance use) challenges and/or experience with child welfare and other service system involvement.
- Parent Partners are required to have a high school diploma/GED and be certified or actively working on Rhode Island Peer Recovery Specialist and/or Community Health Care Workers certificates with the RI Certification Board.
- Parent Partners receive individual and/or group clinical supervision weekly by a Licensed Independent Clinical Social Worker. Daily supervision by an experienced non-clinical peer specialist supervisor with over 20 years of peer service delivery.
- A minimum of two (2) face-to-face contacts per week, which may increase up to five (5) to six (6) times based on the family’s needs.
- Parent Partners are assigned a caseload of approximately 10 to 12 families, depending on the number of children within the family.
- Typical duration of Parent Partner Services is six months of intensive services (4-6 hours per week) for approximately six months (up to 12 months or until DCYF closes) and stepping down to a single service requests (2 hours per week) as needed by the family.
- Parent Partner services occur in the home, community, treatment centers, schools, and other agency settings.
- The initial plan is developed within 45 days of the initial contact. Progress towards family support plan goals are measured and evaluated weekly.
- Parent Partners are available to serve statewide, weekdays 9:00 – 5:00 pm, and scheduled nights and weekends.
• PSN will provide gas cards and/or taxis to support clients in getting to their treatment or visitation appointments when it is cost effective and promotes self-efficacy.
• Because Parent Partner Services are non-clinical, they would not be the first response; they will make sure all families have a crisis plan in place as to which clinical provider is identified as 24/7 clinical response.
• Current Parent Partner staff speak English, Spanish and Portuguese and utilize interpretation.
• Upon referral, initial contact with family is made within two (2) business days. Initial face-to-face with the parents/family/caregiver occurs within five (5) business days of referral.
• Referrals are generated through DCYF’s Central Referral Unit (CRU).

**Best fit criteria:**
• Parent Partner services should be highly encouraged and voluntary.
• Parents who are hard to engage, build trust and positive communication; need ongoing peer support, education, mentoring and advocacy; improve and practice their parenting to build protective capacity and positive parent and child interaction and healthy development.
• Parents who have children and youth with serious emotional disturbance, have multi-agency needs, and are transitioning from out of home placement to home.
• Parents who are in recovery for mental health, substance use and/or other chronic health needs or who are incarcerated at RI Adult Corrections and working on re-entry and reunification.

**Exclusionary Criteria:**
• Parents who after numerous attempts refuse to engage with Parent Partner Services.
Fact Sheet - Families Together Visitation Program - Providence Children’s Museum & Nina’s House

Description:
- Families Together (FT) is a strength based, therapeutic, family focused visitation and permanency planning program working with and assessing parents who are working toward reunification.
- FT serves children ages birth to 12 and works with teenagers (as the referred child) on a case-by-case basis.
- FT clinicians provide coaching, education, support, and feedback to parents, children, and the referring case worker.
- Visits take place weekly for 1-2 hours and up to 18 weeks.
- Visits are facilitated at Providence Children’s Museum (PCM) and Nina’s House (NH) Monday through Saturday.
- FT clinicians are Master’s level and FAST (Family Advocacy Support Tool) certified.
- FT clinicians carry a case load of 12 families.
- FT clinician will provide individual assessments, education, on-call supports and develop customized treatment plans that address the unique needs for every family member.
- FT clinicians will identify and recommend additional services to support the parent and child.
- FT clinicians attend provider meetings, DCYF Administrative Reviews (ARU), and schedule meetings with parents and case workers at six-visit (6) intervals.
- FT clinicians will deliver timely detailed reports and assessments as requested by DCYF and the judiciary for periodic court reviews, legal procedures, administrative reviews, and meetings.
- FT program assistants provide transportation for all children participating in the program and in special circumstances will transport the parents.
- The Assistant Director and a clinical consultant are co-located at the DCYF Regional offices.
- FT staff offices are located at Nina’s House.
- Services are provided statewide in English and Spanish.
- The Museum is available to DCYF staff for client visits and Nina House is available to for meetings and family visits for up to 16 hours per week.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best fit criteria:
- Families with children ages 1-5 years old.
- Parents struggling with mental illness, substance abuse, domestic violence, and/or cognitive delays.
- Cases open 120 days or less.

Exclusionary Criteria:
- Parent(s) referred must be 30 days clean and active in their substance abuse treatment.
- Parent(s) diagnosed with a major mental illness are complying with medication and treatment.
- Parent(s) who are registered sex offenders can visit only at NH.
- FT will work with only one parent at a time if they are not an intact couple.
Foster and Kinship Care Supportive Services
Fact Sheet – Resource Family Support Service - Family Service of RI

Description:
• The Resource Family Support Service is an evidence-informed, strengths-based, family-focused service that will support kinship and generic resource families to provide for the safety and well-being of each child/adolescent in their care while supporting permanency efforts. It encompasses skill building, access to an array of customized supportive resources, and identification of respite homes and natural supports.
• Each family is assigned a case manager, and will receive assistance navigating the licensing process, ensuring necessary services are in place, and supporting placement.
• Services will be flexibly delivered to meet family need. They will take place in the home, the community, or the office.
• Each Resource Family will receive a minimum of one phone contact a week, and face-to-face visits as needed, which may range from several times a week, to a minimum of once every two weeks.
• Each family will have access and opportunities for support groups and additional training.
• Training and coaching on how to successfully navigate all child-serving systems, to ensure that each youth’s behavioral health needs are met, that each youth is promptly enrolled in school, and has a primary pediatrician and dentist.
• Training and assistance in financial literacy/management and accessing TANF or other financial supports.
• Assistance accessing public transportation and transportation to appointments on occasion.
• Resource Family Navigators are Bachelor’s level, CANS certified case managers with an average caseload of 10. They will directly be supervised by an independently licensed clinical director.
• Initial contact with the family will be made within one (1) business day.
• To assist with quickly identifying both areas of immediate and global need, the most recent CANS assessment for each child placed in the home will be reviewed, and identified service needs will be incorporated into the family assessment and service plan which will be updated every 90 days.
• Resource Family Support Service staff will provide monthly child-specific updates to DCYF case workers.
• Staff will provide monthly child updates to DCYF case workers.
• Service duration is estimated to be six (6) months.
• On-call is available 24 hours a day, seven days a week.
• When warranted, in-person evaluations are available and will happen within two hours of initial contact.
• Languages spoken: English and Spanish.
• Geographic area: Statewide.
• Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best fit criteria:
• Kinship and generic families in need of additional support to stabilize placements, encourage permanency, and increase retention of resources families past initial placements.
• Kinship families who have recently taken in youth and have not previously been resource families may be a particularly good fit for this service.
• Families may be referred as soon as a placement occurs to ensure support from the onset of placement.
• Does not have any age, gender, or regional eligibility requirements.

Exclusionary Criteria:
• None.
• The Resource Family Support Service is designed to support placements and improve outcomes for youth, families, and DCYF.
• Families who provide therapeutic foster care would likely be best served by their existing therapeutic foster care agencies.
• Intake: (401) 519-2280
Fact Sheet – Families for Children- Supportive Services (FFC–SS) - Communities for People Inc.

Description:
- FFC-SS is a community-based intensive service using evidence-based and trauma informed practices to support children in “generic”, kinship or pre-adoptive homes state-wide. Primary focus is to improve stability of family functioning and ultimately preserve the youth’s placement while awaiting permanency. The program brings to bear the same intensive social work and clinical supports as those in ‘specialized foster homes’ to youth residing in DCYF’s array of foster, kinship, and pre-adoptive homes. Additionally, the program provides coordination, transportation, and supervision of DCYF approved visitation.
- The program will work with both the youth, birth parents and resource family using evidence based and Trauma informed treatment models including, the Transtheoretical Model (TTM), Trauma Focused Cognitive Behavioral Therapy and Motivational Interviewing.
- The program serves children/youth ages 0-20.
- The program provides youth and families with extensive case coordination, clinical assessment, individualized treatment planning, trauma-informed individualized therapy, behavioral management strategies and support, safety planning as needed, as well as sibling/family visitation.
- Ensures that all youth receive needed psychiatric and psychological services, medical care, and educational enrichment.
- Services are readily available through evening and weekends, with on-call emergency support available 24/7.
- Each youth is assigned a Bachelor’s level social worker (8:1 caseload) and Master’s level clinician (16:1 caseload).
- Upon referral, initial contact with family is made within two (2) business days.
- Families receive a minimum of two (2) face to face contacts weekly, with additional telephone and collateral contact available. Clinicians see each youth for a minimum of one (1) hour of individual counseling weekly.
- This frequency may increase based on the family’s needs.
- Anticipated service duration is approximately three (3) to five (5) months.
- Services are provided primarily within the family’s home, but may also occur within the community or school setting based on the needs of the family, has 24-hour-on call capacity, and provides transportation assistance to youth and families for routine and emergency appointments.
- FFC staff will schedule appointments, complete applications, transport youth, coordinate and transport for sibling/birth parent visits, and mentor youth through daily living skills and guidance within therapeutic relationship.
- Initial treatment plans are developed within 30 days; subsequent reviews every 90 days. Progress towards treatment goals are measured and evaluated weekly.
- Language(s) spoken: English and Spanish
- The program accepts referrals state-wide.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Additional Services
- Linkages to family support as well as family/sibling visitation.
- TIPS-MAPP training for Kinship homes.
- Licensing support and ‘hand-holding’ for kinship and new foster homes.
- Access to respite services.
- Formal after care services provided up to six months’ post discharge.
**Best fit criteria:**
- Youth placed in non-specialized, “generic” foster care, kinship, and pre-adoptive homes.
- The program is designed to support youth with complex medical needs, children with problem sexual behaviors, pregnant and parenting youth, juvenile justice involved youth, and youth with severe and persistent mental health needs.

**Exclusionary Criteria:**
- Actively suicidal, homicidal or psychotic.
- Profound developmental delays or significant Autism Spectrum Disorders.
Fact Sheet – Kinship Support Services - Devereux

Description:
- Kinship Support Services focuses on stabilizing kinship foster care placements and increasing permanency outcomes.
- Kinship Support utilizes Positive Behavior Interventions and Support (PBIS) and Risking Connection as the evidenced based models supporting service delivery.
- Client’s served are between the ages of 0-21 who are currently placed in DCYF kinship placements.
- Kinship families have access to Devereux 7 days a week, 24 hours a day.
- The case managers have a minimum of a Bachelor’s degree. All cases will be overseen by Master’s level supervisors and ongoing consultation with Master’s level rehabilitation clinician. Caseloads average 1:8.
- Contact will be made with the client/family within 24 hours or one (1) business day of referral.
- Devereux will meet with the client/family up to five (5) days per week and will be scheduled based upon the needs of the client/family.
- The service is anticipated to last a total of 90 days. Extensions can be granted with DCYF approval.
- Services are provided in the kinship home, the community, or school setting based upon the needs of the client and family.
- Treatment plans, CANS, ASQ, OHIO and a Comprehensive Needs Assessment are completed within seven (7) days of intake evaluated every 30 days thereafter. Progress and barriers are reviewed with the client/family weekly during home visits.
- Devereux is currently able to provide services in English and Vietnamese.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).
- Geographic area: Statewide
- The contact info for Devereux is 401-734-9680 during business hours and 401-369-1375 for after hours, emergency services.

Best fit criteria:
- Kinship foster homes with placement that require support in the areas of: acquiring alternative housing, acquiring employment, stabilizing client behaviors, accessing community based services and navigating the child welfare system.
- Foster children transitioning from Devereux foster homes to kin, would also benefit from this service and would be able to maintain the same Devereux worker assigned to them in foster care, for continuity.

Exclusionary Criteria:
- There are no exclusionary criteria for this service.
Fact Sheet - Family Support Program – Foster Forward

Description:
The Family Support Program offers supports for kinship and nonrelative DCYF foster families. Families will receive immediate response to material resource needs including cribs and beds for kinship caregivers and short term supplies and clothes needed to accept placement for both kinship and DCYF foster parents. Foster family outreach and engagement will be provided by Kinship Navigators for kinship families and DCYF foster parent mentors to navigate system benefits (SNAP, WIC, daycare, etc.), run peer support groups, and coordinate family activities and respite exchange. Families who require more intensive support will be assigned to one of two dedicated case managers. Foster Support also offers statewide events including the Halloween Costume giveaway, the Holiday Gifts Campaign with toy distribution through Hasbro and Foster Parent Appreciation Month activities. Foster Forward also administers Youth Enrichment grants of up to $300 per year per child for foster children to promote normalcy and inclusion in community activities.

- The services are available during business day and some evenings with 24/7 help line: Contact Information for the 24/7 if applicable: 800.655.7787
- The staff consists of a Program Coordinator (MSW) who supervises two (2) Kinship Navigators, the Lead for the Foster Parent Mentors, and two (2) case managers (BSW). Project Direction provided by Clinical Director.
- Between 800-900 families will be served overall, up to 50 foster families at a time in case management, 30-60 families served at any time by the Foster Parent Mentors, and about 500 families at a time will receive kinship navigator services. Cribs and beds will be available for up to 100 kinship families and youth enrichment grants will be available for up to 300 children and youth.
- Families will be contacted within one business day of referral for kinship caregivers and within one week of referral for nonrelative caregivers.
- The program will meet with the client as needed.
- Services will be reevaluated every 90 days and cases will be open for six (6) months but may be extended for up to a year based on need.
- Services will be provided at the office and at various locations in the community.
- Treatment plan goals will be measured/evaluated every 90 days.
- Services are provided statewide in English and Spanish.

Best fit criteria:
- The target population for Foster Forward’s Family Support Program is all DCYF relative and nonrelative caregivers. DCYF should provide Foster Forward an updated list of all current foster families for universal outreach and service through activities and events and further provide real time notice through RICHIST for new relative caregivers and new placements with all nonrelative caregivers. Many families will be effectively served through Kinship Navigation, many new families may want monthly peer-based mentoring during the first year of their fostering experience and a smaller number of families may require more intensive case management support.

Exclusionary Criteria:
- Foster Forward’s Family Support Program excludes therapeutic foster families. It offers an array of programming that can be effectively delivered as a standalone service for most families. But, we recognize there may be families who need intensive home based visiting or additional in home behavioral management programs we do not provide. If such services were needed, Foster Forward would not open those families to case management or would suspend case management services if there was a more appropriate case management option available. Foster families receiving case management from another provider would still receive general resources, Kinship Navigation and access to a Foster Parent mentor through Foster Forward.
Fact Sheet – Supporting Adoptive and Foster Families Everywhere (SAFFE) – St. Mary’s Home for Children

Description:
- SAFFE is an intensive home-based service aimed at preserving foster and adoptive placements for children/teens with sexual abuse histories and active sexualized behaviors.
- Services provided by a clinician and a case manager.
- Children/youth ages 3 to 18 at risk of disrupting from adoptive or foster placement.
- Upon referral, initial contact with family is made within two (2) business days.
- The child/youth will receive 6-8 hours per week and the caregiver will receive 3-6 hours per week of case management services. Treatment modality include: TF-CBT, motivational interviewing, expressive therapies, EMDR, alternative therapies (i.e. Equine Assisted Psychotherapy, sensory motor, therapeutic yoga, etc.).
- Interventions focus on increasing healthy functioning of the family; focus on safety by reducing the risk of further victimization of the children/youth; and focus on permanency by stabilizing the youth’s living situation.
- A clinical team will provide individual, group and family therapy, caretaker support and education and case management. Other services include transportation assistance, after care planning, financial assistance for extracurricular activities, respite as needed, and building a support network. Referrals for psychiatric care.
- Caregivers will be provided psychoeducation on parenting a child who has experienced sexual abuse and other trauma utilizing our Families Impacted by Sexual Abuse (FISA) Curriculum, (formerly NOP Curriculum).
- Team coordinates bimonthly Provider Team meetings.
- Progress towards treatment goals is reviewed monthly.
- On call available 24 hours a day, seven days a week.
- Length of program: Typical duration of home-based SAFFE services is 6-8 months.
- Services in English, Spanish (translation services as needed).
- Geographic area: Statewide.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best fit criteria:
- Youth at risk of placement disruption (foster, pre-adoptive and/or adoptive) due to disclosure of sexual abuse and/or evidence of sexual abuse symptoms and high risk behaviors, i.e. abuse reactive behaviors, sexualized behaviors, etc.
- Youth who are attempting to transition back to foster or adoptive homes after hospitalization, group home or residential care, with a history of sexual abuse or active sexualized behaviors.

Exclusionary Criteria:
- Lack of identified caregiver.
- Significant safety concerns, such as active homicidal or suicidal ideation.
Fact Sheet - Family Preservation and Permanency – Children’s Friend

Description:

- To address the needs of foster and kinship families with foster children who are at risk of experiencing removal through the duration of their time while open to DCYF. These children and youth include those with developmental disabilities, children, and youth with complex medical needs, and pregnant or parenting youth.
- Evidenced-Based (EB) Services which include Nurturing Parenting Programs; Promoting First Relationships.
- Serves children, ages 0-10, and their kin or foster families. Also, pregnant or parenting youth, and their kin or foster families.
- Services include child and family assessments; service plans are developed in partnership with the children or youth (as appropriate), birth parents and/or foster parents; high quality licensed foster homes including those who support the sub-population of children with complex medical needs, pregnant and parenting youth, and sibling placements.
- Bi-weekly minimum home visits (60-120 minutes per visit) provided by a Permanency worker. Permanency workers include Bachelor’s and Master’s level clinician staff including licensed Master’s licensed level staff.
- Behavioral Health and/or Mental Health Counselor provided by a Master’s level staff or a licensed Master’s level staff as needed.
- Child psychiatry, including psychiatric assessments, psychiatric services and/or medication management provided by a bilingual psychiatrist, as needed and appropriate.
- In-home nursing services, delivered by a registered nurse (RN) including consultation, health education, and direct nursing service.
- 24/7 on-call crisis intervention.
- A bi-weekly minimum of case management and case conferencing.
- Concurrent planning, as appropriate, delivered at weekly visits.
- Transportation for supervised visits or medical appointments as needed.
- Family Fun Nights consist of low cost or free activities that families can do together, replicate at home, and provides opportunities for families to meet each. Family fun night are open to all families, last for 1-2 hours, and are held every other month.
- Supportive kinship and foster family events activities include ongoing training.
- Flex funds to help birth parents secure necessary concrete supplies to support increased bonding, safety, and/or timely reunification.
- Availability of Service: Majority of the direct services are provided Monday-Friday, including evening appointments; with the availability of on-call services 24 hours a day, 7 days a week.
- Staffing Qualifications: Bachelor’s degree or higher for all positions except Peer Mentors. Caseloads range from 12 lower-risk to 10 higher-risk cases at any given time.
- Initial Contact: Initial contact is responsive to the referral situation, and could be the same day, if needed.
- Frequency of Contact: For Foster Care families, home visits a minimum of every other week (60-120 minutes, per visit) provided by a Permanency Worker (PW); for Kinship families, initially a minimum of weekly home visits (60-120 minutes, per visits) by a PW. Supported sub-populations receive services at a higher frequency.
- Duration of Services: Anticipated average length of services is 15 months.
- Location of Services: Provided in whichever setting is appropriate for the children, parents, and/or kin or foster parents. This may include the home, DCYF visitation rooms, the visitation room at Children’s Friend (at 153 Summer St., Providence), and other community settings.
- Treatment Plan Goals: Treatment plan goals reviewed, and updated (as appropriate), at least quarterly.
- Languages Spoken: Current staff who are bilingual speak English, Spanish, Portuguese, Cape Verdean Creole, Haitian Creole, French, and Armenian.
• Geographic Area: Statewide.
• Referrals are generated through DCYF’s Central Referral Unit (CRU).

**Best Fit Criteria (Circumstances):**
• Children, 0-10 years, or pregnant/parenting youth who has been placed with foster parents or kin.
• And, the child is at risk of removal, often due to complex needs such as:
  o Behavioral health or developmental disabilities
  o Complex medical needs
  o Pregnant or parenting youth

**Exclusionary Criteria (Circumstances):**
• Children and youth who have current sexualized behavior.
• Children and youth with severe behavioral and mental health needs.
• Family is about to be closed to DCYF.

Contact Information:
For referrals – 401-752-7777 or intake@cfsri.org; we also have an emergency phone number for clients, available 24/7.
Family Stabilization Programs
Fact Sheet - Project Connect and Project Family - Children’s Friend

Description:

- To provide high-quality services for children and their families who are at risk of child removal, as well as reunification of children who have entered care. The program is designed to achieve safety, reunification, permanency, and child wellbeing in the least restrictive environment. The program is a set of individualized strength based, evidence-based integrated and trauma-informed family preservation and permanency services which will foster strong engagement with parents, prioritize the child and are aligned with best practices in child welfare.
- Evidence-Based (EB) Services include Project Connect; Nurturing Parenting Programs; Nurturing Program for Families in Substance Abuse Treatment and Recovery; Child-Parent Psychology; Promoting First Relationships.
- Supporting children ages 0-17, their families, and pregnant and parenting youth and including developmental disabilities (DD) and complex medical needs; and families with parents who have co-occurring substance abuse, domestic violence (DV) and/or mental health needs.
- Availability of Service: Majority of the direct services will be provided Monday-Friday, including evening appointments; with the availability of on-call services 24 hours a day, 7 days a week.
- A minimum of a weekly home or community based visit (60 to 120 minutes per visits) provided by a Family Preservation (FP) Worker and/or Family Preservation (FP) Parent Educator.
- Family Preservation (FP) Worker is geared to address concerns such as trauma and/or toxic stress, mental health concerns, substance abuse and/or DV. The FP worker will be responsible for the overall case and service delivery.
- Family Preservation (FP) Parent Educator is geared to specifically address parenting capabilities including, but not limited to, increasing parents’ knowledge of child development and their skills in nurturing and responsive parenting.
- Families receiving Project Connect (PC) EB Model will receive twice weekly visits for an average of one year and additionally as needed.
- Behavior Health and/or Mental Health Counseling is based on the individualized needs of the child and family. These services will be provided in the office, home, or community.
- Child Psychiatry including Psychiatric Assessment, Psychiatric Services, and/or medication management are provided by a bilingual psychiatrist, as needed and as appropriate.
- In-home nursing services delivered by a registered nurse and includes consultation, health education and direct nursing services. Services are directed specifically for children with complex medical needs and pregnant and parenting youth but available for all children.
- Weekly case management provided by the FP worker and includes outside programing, accessing to linkage to the comprehensive, wraparound child and family programs and services of CF.
- Specialized services geared to address the needs of co-occurring substance affects families, provided by staff who have specialized experience in working with families who are substance affected.
- DV advocacy services include court advocacy provided for those experiencing or who have a history of DV.
- Family Fun nights consist of low cost or free activities that families can do together and replicate at home that provide opportunities for families to meet other families. Family fun nights are open to all families, last for 1-2 hours and are held every other month.
- Groups are facilitated by a FP worker and/or a FP Parent Educator. Nurturing Parenting Groups, recreational activities, Healthy Relationship, and Women in Sobriety Peer Support Groups are also provided.
- Staffing Qualifications are as follows: Bachelor’s degree or higher for all positions except Family Preservation Peer Mentors. Caseloads range from 12 lower-risk cases to 8-9 high-risk cases at any given time.
- Transportation is provided by FP Parent Educator or visitation worker for supervised visits or medical appointments as needed.
• Initial Contact: Initial contact is responsive to the referral situation, and could be the same day, if needed.
• Duration of Services: if the family is open to DCYF, and for three months after closing. The average length of services will be 12 months.
• Location of Services: Whichever setting is appropriate for the children, parents, and/or kin or foster parents. This may include the home, DCYF visitation rooms, the visitation room at Children’s Friend (at 153 Summer Street in Providence), and other community settings. The family visitation room at Children’s Friend has a kitchen area. Supervised visits are provided by the FP Worker or a visitation worker. Supervised visits will focus on enhancing and maintaining the parent-child bond and include ongoing parent-child assessment.
• Treatment plans are developed in partnership with the child and youth (as appropriate) birth parents and/or foster parents. Treatment plan goals reviewed, and updated (as appropriate), at a minimum of quarterly.
• Kinship and foster care support services provided by the FP Worker or FP Parent Educator include monitoring visits, child safety education, assistance with kinship homes being licensed and transportation
• Respite care for kinship and foster families provided by Children’s Friend licensed foster families.
• Aftercare services for continued support for parents and children for three months after closing to DCYF or as clinically necessary. Families can also attend any recreational events and group at any time after closing, and can self-refer for additional services.
• Flex funds to help parents secure necessary concrete supplies to support increase bonding safety and /or timely reunification, to provide kinship families to become licensed and to foster families to maintain a license, including supplies or home improvement needed for home safety, to assist current licensed foster families in accepting new child, to assist foster families with supportive materials for children with developmental disabilities or complex medical needs, and to provide support materials for pregnant and parenting youth.
• Languages Spoken: Current staff who are bilingual speak English, Spanish, Portuguese, Cape Verdean Creole, Haitian Creole, French, and Armenian.
• Geographic Area: Statewide.
• Referrals are generated through DCYF’s Central Referral Unit (CRU).

**Best Fit Criteria:**

• Family is open to DCYF.
• Family has had their child(ren) removed or at risk of having their child(ren) removed.
• Child is ages 0-17 or a pregnant or parenting youth.
• Includes parents or families who have co-occurring substance abuse, domestic violence, and/or mental health needs, and children with developmental disabilities and/or complex medical needs.

**Exclusionary Criteria:**

• Family is about to be closed to DCYF.
• Children and youth who have current sexualized behavior.
• Children or youth who have severe behavioral and mental health needs.

Contact Information: For referrals – 401-752-7777 or intake@cfsri.org; we also have an emergency phone number for clients, available 24/7.
Fact Sheet – Homebuilders
Bethany Christian Services of Southern New England

Description:
- The primary focus of intensive home-based services is to prevent first-time out-of-home care placement when it is imminent, get kids back home from placement (home within 7 days of start of Homebuilders), and reduce re-referrals of abuse and neglect. Implementation of the model strengthens families through careful assessment, teaching of skills and overcoming barriers to success.
- An evidence-based model follows tested standards and includes quality improvement in its basic design.
- The program serves children/youth ages 0-17 and their caregiver(s).
- 24/7 Availability - Therapists are available to families 24/7.
- Referrals are made from DCYF’s Central Referral Unit (CRU).
- Staffing Qualifications – Supervisor (Licensed Master’s Level with home-based services experience), Therapists (Bachelor’s or Master’s Level with home-based services experience). Two (2) Cases per therapist, each for 4-6 weeks.
- Caregiver must be available for an intake session within 24 hours of referral.
- Therapist meets with the family at least 3-5 times per week (40 hours of face to face direct service), when services are most needed and most effective.
- Services are typically provided by therapist for 4-6 weeks, families have access to limited post intervention contract.
- Service plans are developed with the family and updated as needed.
- All visits occur in the caregiver’s home and community.
- Comprehensive reports are provided as needed for court and the ICPC process.
- North Carolina Family Assessment Scale (NCFAS) is used at beginning of services to measure aspects of family functioning and child safety and to shape case goals. A service plan is developed within seven (7) days after first face to face contact. A transitional NCFAS is also used at closure for evaluation.
- Able to serve English and Spanish speaking families.
- Serving the entire state of Rhode Island.

Best Fit Criteria:
- Less intensive services have been exhausted or are not appropriate.
- Maintaining the child in the home is not just a temporary plan. The child is not on a waiting list or pending entry into group care, psychiatric care, or a juvenile justice institution.
- The caregiver has been informed of the risk of placement.
- The caregiver(s) will be available for an intake session within 24 hours of referral.
- The program intensity has been fully described to the family prior to the referral (40 hours of direct service over 4-6 weeks), AND at least one caregiver in the home is available to participate.
- The presenting problems may include child abuse, neglect, family conflict, juvenile delinquency, and child or parental developmental disabilities and/or mental health problems.

Exclusionary Criteria:
- Families who refuse the Homebuilders program.
- The physical abuse is considered life-threatening, necessitating the child(ren) be immediately placed to ensure safety (for ex, the parent threatens homicide of the child).
- Both parents are found incoherent all the time due to substance abuse.
- Family members, including parents, fear being murdered by the drug community and move constantly to avoid harm.
- A parent wants the child(ren) to be placed and refuses to consider services that might enable the child(ren) to remain in the home.
- There is no sexual abuse referral we would routinely refuse. Our worker will continually monitor to ensure the child’s safety and notify DCYF if it appears Homebuilders can’t ensure safety of the child(ren).
- There are consistent threats to hurt any worker who works with the family or visits the home.
- A worker determines parents or children require hospitalization because of severe life threatening uncontrollable behavior.
- Mental illness and related factors prevent parents from meeting minimal needs of the children and there is NO potential for support from extended family members or other resources. (Keep in mind that Homebuilders can develop stabilizing community support. Therefore, if there is ANY potential, this instance may qualify as an appropriate referral).
- The child has a life-threatening illness and the parent does not have the intellectual capacity to learn to provide necessary health care and no homemaker, public health nurse, or family member is available to provide the care.
Fact Sheet - Family Centered Treatment® (FCT) - Child & Family

Description:
- Family Centered Treatment is an evidence-based model. FCT specialists and supervisors receive weekly consultation from the Family Centered Treatment Foundation to ensure fidelity to the model.
- FCT provides support to families with a child at imminent risk of out-of-home placement.
- FCT supports rapid reunification with children, youth and their families when there has been an out of home placement or otherwise assist youth transitioning to permanency.
- FCT provides support to children, youth and families open to DCYF or juvenile probation in need of supportive services to achieve their goals.
- Home Based Family Therapy program which utilizes the caregiver as the catalyst for change with the goal of successful reunification and/or maintenance of the child in their home.
- In addition to the family therapy component of the FCT program, other important elements include providing treatment for trauma, care coordination and wraparound services.
- Eligibility includes children ages 0-21 and their family/caretakers.
- Staff have either a Master’s or Bachelor’s degree in a mental health related field and are certified as Family Centered Treatment Specialists by the FCT Foundation.
- All staff are required to complete the Family Centered Treatment certification process.
- Each FCT Specialist carries a caseload of 4-6 families providing FCT at home a minimum of four (4) hours per week.
- Each FCT therapist is on call 24/7 for their assigned families and is available for phone support or additional face to face contact.
- Given the small caseload and intense level of treatment, it is common for the FCT Specialist to assist the family with transportation, however they will assist families with linkages to support services such as basic needs programs (food, housing, clothing), healthcare, childcare, parent trainings and other family support services provided by nonprofit organizations and/or government agencies throughout the state.
- Once a referral is received, a clinician will contact the family within 24 hours to schedule the first family session. The first session is scheduled within five (5) business days whenever possible.
- Services include case management and guidance to address all service and support needs.
- The average length of service is six (6) months.
- Family Centered Treatment services are provided in the family’s home setting as well as in the community.
- Monthly updates are provided to DCYF and/or Probation.
- Family Centered Treatment at Child and Family is offered statewide in English and Spanish.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best fit criteria:
- Families within 30-60 days of scheduled reunification.
- Families at risk of having a child removed from the home due to behavioral concerns or parenting issues.
- Addresses behaviors in children such as trauma, defiance, truancy, suicidal ideation, and attachment issues as well as concerns around parenting needs such as structure and boundaries.

Exclusionary Criteria:
- No identified plan for reunification or no identified caregiver.

Outcomes:
85% of families enrolled will complete the program; Using CANS pre and post test data, 85% of children and families will show improvement in behaviors; 90% of youth will remain in the home after 6 months of termination; 85% of the families served shall be shown to have avoided an out of home placement after 12 months of exit from the program; 100% of staff will demonstrate FCT model fidelity within 6 months.
Fact Sheet - Family Stabilization Program (FSP) - Child & Family

Description:
- The FSP is an evidence informed model in that it utilizes three phases of treatment, intensive weekly supervision, is family centered, and adheres to high quality family stabilization treatment practices.
- FSP provides support to families with a child at imminent risk of out-of-home placement.
- FSP Supports reunification with children, youth and their families when there has been an out of home placement or otherwise assist youth transitioning to permanency.
- FSP provides support to children, youth and families open to DCYF or juvenile probation in need of supportive services to achieve their goals.
- FSP focuses on stabilizing the family by addressing basic needs, addresses family interactions and family structure, addresses behavioral issues such as truancy and oppositional behavior, and supports kinship family placements.
- Eligibility includes children ages birth to 21 and their family/caregiver.
- Risk and Crisis Planning are part of the model and works with family to reduce risk, increase supports, and address basic needs such as housing, and food insecurity.
- Families are seen a minimum of twice a week and services include Case Management and Family Therapy. FSP provides multiple contacts weekly with a minimum of two fact-to-face contacts each week and bi-weekly family meetings.
- In addition to family and individual meetings, the family stabilization program provides supports that will increase the family’s likelihood of success - such as transportation and linkages to food pantries, housing programs, financial programs provided by the Department of Human Services (DHS) and other basic needs programs and services that will support the family in attaining stability.
- There is 24/7 on-call.
- When a referral is made, it is assigned to a worker and the family is contacted within 24 hours. Intake is scheduled within five (5) business days whenever possible.
- Appointments are scheduled with flexibility when families are available.
- Initial assessment activities are completed within the first 30 days.
- Services and activities are monitored weekly and plans are reviewed every 90 days.
- Services are provided in the home and community and typically last for six (6) months. Services can be extended for 3-6 months at DCYF’s discretion.
- Monthly updates are provided to DCYF and/or Juvenile Probation.
- Family Stabilization Services are offered statewide in English and Spanish.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best fit criteria:
- Youth and their families requiring support, stabilization, and therapeutic services to remain together.
- Addresses behaviors in children such as trauma, defiance, truancy, suicidal ideation, and attachment issues as well as concerns around parenting needs such as structure and boundaries.

Exclusionary Criteria
- Youth who are not returning to a family or who will continue to be in placement longer than 60 days.
- Youth who are actively psychotic or require sex offender treatment (program can work with youth who is receiving offender treatment if youth is in a family setting).
Outcomes:
90% of families served will complete program successfully; Using CANS pre and post test data, 85% of children and families will show improvement in behaviors; 90% of youth will remain in the home after 6 months of termination; 85% of the families served shall be shown to have avoided an out of home placement after 12 months of exit from the program.
Fact Sheet – Family Centered Treatment (FCT) - Communities for People

Description:
- FCT is an evidence-based, intensive family and community-based treatment program. It is made up of four unique phases (Joining & Assessment, Restructuring, Valuing Changes and Generalization) which promote improved family functioning with all household members. FCT therapists work with the entire family system.
- The treatment model is focused on the family unit, and through the course of treatment, promotes that each family member value the changes they made in their progress.
- This is an action-based model that provides the family with hands-on opportunities to practice change. FCT differs from other home-based, family-focused programs because it emphasizes the importance of families finding value and developing ownership in the changes being made.
- FCT therapists schedule weekly sessions based on the families’ schedules and sessions can be conducted in the evenings and on the weekends, based on family members’ schedules. A minimum of four (4) hours face-to-face direct contact per week is expected, this may increase or vary based on the needs of each family.
- Clients served are 0-20 years of age.
- The FCT team includes both bachelor level and Master level clinicians, with each clinician able to carry a caseload of 4-6 families.
- All therapists are trained in the FCT model and must become FCT Certified within one year of hire.
- Initial contact is made with the families within 48 hours upon receiving the referral.
- Duration of services is approximately 6-9 months.
- FCT works with the family primarily in their home, and occasionally in the community.
- FCT therapists provide home-based therapy to help eliminate barriers to treatment, such as transportation, time, and/or family management. FCT clinicians are capable of transporting families for treatment or providing bus pass fare, gas cards, and/or cab fare if necessary. Throughout treatment, FCT therapists provide 24/7 crisis support in addition to client-specific interventions and coping skills training.
- FCT therapists are on call 24 hours a day, seven days a week.
- Languages spoken: English, Spanish and Creole (African).
- Geographic area served: Statewide.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best fit criteria:
- Youth at high risk for out of home placement, hospitalization, or incarceration.
- Youth and families in the process of reunification.
- Juvenile justice, welfare, and children’s behavioral health populations.
- Family systems experiencing domestic violence, history of trauma, client and/or caregiver mental health and/or substance abuse concerns.
- Males and females ages 0-20 with an identified caregiver, either foster home or extended caregiver home.
- Children with developmental disabilities in certain situations.

Exclusionary Criteria:
- Children without an identified caregiver.
- Active psychosis or untreated substance use.
Fact Sheet – Enhanced Family Support Services (EFSS) - Communities for People

Description:
- EFSS is a strengths based in-home treatment program aimed at helping families stay together or reunify despite significant stressors. It assists parents and caregivers with developing the skills necessary to ensure the safety, health, and well-being of all family members. The program serves any youth in the family, ranging from birth to age 21.
- EFSS offers families a fully integrated array of services including: parenting education and support; individual counseling, problem-solving and skill building; family counseling and mediation; 24/7 availability for crisis intervention/stabilization, emergency team meeting, and/or safety planning; comprehensive assessment of the child/youth and family’s strengths and needs (completed within 30 days); treatment planning; psycho-educational services; case management services; social/recreational activities; provision of or referral to substance abuse education; educational/vocational advocacy, tracking and accountability monitoring; identification of and referral to community behavioral health supports including psychiatry as needed for evaluation and medication management; expressive arts, play and sports therapy techniques, clinical self-care groups and creation of and linkages to family support and community resources.
- Family support services include: family meetings; behavior management strategies and planning; daily structure planning and strategies for supervision in the home; life skills education; basic needs assistance; strategies for effective communication among family members; and role-modeling/coaching.
- The supervised visitation service will provide up to 2-hour visits, supervised by a Master’s level clinician, up to two (2) times per week, including weekends and transportation to and from a visitation site.
- All staff are trained in evidence-based, trauma-informed practices, including Trauma Focused Cognitive Behavioral Therapy, Motivational Interviewing, and The Strengthening Families Group Curriculum.
- Clients served are from 0 to 21 years old.
- Services are readily available through evening and weekends, on-call emergency support available 24/7.
- Each youth is assigned either a Master’s level clinician, a caseworker, or both depending on referral needs and DCYF recommendations. Clinicians and caseworkers can carry a caseload of eight (8) families.
- Upon referral, initial contact with family is made within two (2) business days.
- Families receive a minimum of two (2) face to face contacts per week, with additional telephone and collateral contact available.
- Typical duration ranges from approximately three (3) to nine (9) months.
- Services are provided primarily within the family’s home, but may also occur within the community or school setting based on the needs and desires of the family.
- Initial treatment plans are developed within 30 days; subsequent reviews every 90 days. Progress towards treatment goals are measured and evaluated weekly.
- Languages spoken: English and Spanish. - Geographic area: Statewide
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best fit criteria:
- Youth in residential placement looking to reunify home within 30-60 days.
- Child or youth in threat of being removed from the home, and therefore family in need of stabilization.

Exclusionary Criteria:
- Actively suicidal, homicidal or psychotic.
- Primary referral reason is sexual offender behavior.
- Severe developmental delays and high end Autism Spectrum Disorders.
Fact Sheet – Integrated Permanency Supports –
Northern RI Visitation Center (NRIVC) - Community Care Alliance

Description:
- NRIVC is focused on supporting parent(s) towards their goal of reunification with children in care, or moving towards permanency for children. This is done via supervised visitation, intensive case management & recovery coaching, parent skill building, parent-child relationship guidance, and frequent collaboration with all service providers.
- The parent is the target of intervention of NRIVC services. Couples may be served as well. Children and parents served may be of any age. All parents served must present with a need for substance use and/or mental health treatment.
- Addresses DCYF case plan goals.
- Developing, strengthening, or maintaining the parent, child relationship attachment.
- Developing of positive and safe parenting skills. Staff provide interventions in visits that may include: observations/ assessments, reduction, reflection, coaching, modeling, and direct intervention to ensure the safety and well-being of the child(ren) always.
- Recover coaching to address mental health and substance use treatment and recovery and build recovery capital.
- Intensive case management to address all barriers to reunification; assistance with accessing resources.
- Support in the development of protective capacity and addressing protective factors (i.e. housing, employment, healthcare, supportive relationship, etc.).
- Family team meeting between parents, DCYF and other providers, to review progress, visitation plans, obstacles to be addressed and strategies for doing so. NRIVC practice is team based and collaborative.
- Visitation services will include 3-4 hours of contact per week with parent and child inclusive of visitation observation, coaching, and case management.
- Transportation for child(ren) to and from visits, if foster parents are unable to do so.
- Services are provided Monday-Friday, 8:30-7:00 pm and Saturday, 8:30-5:00 pm. Families have access to a 24/7 telephonic Emergency Crisis Line as well.
- Services are provided by both Bachelor’s level (with 5 + years of experience in the field) and Master’s level Clinical Case Managers. Program receives oversight by an independently licensed clinician and highly experienced Master’s level staff.
- Due to intensive nature of services provided, staff caseload is approximately eight (8).
- When a wait list is present, DCYF workers are notified of the wait time anticipated. Families receive outreach as soon as they are moved off the wait list.
- Visits take place 1-2 times per week, for 1-2 hours each (3 times per week or additional hours for some cases, or when close to reunification); Individual parenting guidance and recover coaching sessions take place a minimum of one (1) time per week. Goal is for monthly family-team meetings.
- Transportation is provided (if needed) to children to attend visitation.
- No timeframe limit for service, based on authorization.
- Visits typically take place at NRIVC (31 Orchard St., Woonsocket), which is a home-like setting, and then visits are moved to the community or home. Visits may take place at DCYF in certain circumstances. Individual sessions take place at NRIVC, community and in the home.
- Service plans are reviewed every 3 months, or more often if needed.
- Services are available in English and Spanish.
- Parents must either reside in Region IV area, or must be able to travel to Woonsocket.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).
Best fit criteria:
- Service is most appropriate for parents with children who are working towards reunification.
- Who live in Region IV or can travel to Woonsocket.
- Are ready and able to attend visits with their children.
- Are engaged in mental health and/or substance use treatment services. If parent is not yet engaged in this service, we will provide outreach and engagement to assist them in securing this service. Parent must be receiving treatment service prior to visits occurring at NRIVC.

Exclusionary Criteria:
- Families may not participate in NRIVC when there are safety concerns that would preclude them from having visits with their child, that cannot be mitigated by safety plans.
- Children are placed in a hospital-based setting or experience significant medical concerns that are not manageable by program staff.
- Parent has a sexual offending history that places minors at risk.
Fact Sheet – Enhanced Family Support Services Program (EFSS) – The Key Program, Inc.

Description:
- EFSS is a family-centered, strengths-based program that incorporates evidence-based and evidence-informed practices, including trauma-informed treatment, Motivational Interviewing, Family-centered Practice, Seeking Safety, and Cognitive Behavioral Therapy to assist children, youth, and families with stabilizing family relationships; improving individual and family functioning; and helping parents/caregivers develop the skills necessary to ensuring the safety, health, and well-being of all family members.
- Clients served range in age from birth to 20 years old. Key's EFSS Program is statewide; EFSS can be used alone or in conjunction with other programs. For example, EFSS's supervised visitation component is often linked with Key's Positive Parenting Program (Triple P).
- EFSS caseworkers have Bachelor's degrees in human services-related fields; clinicians have Master's degrees in counseling or social work and are overseen by an independently licensed clinician.
- Key staff maintain a flexible work week that can meet clients’ scheduling needs and preferences.
- If assessed to be necessary, the clinician will provide short-term solution focused therapy to the youth or family and assist with helping the youth/family to enroll in longer-term counseling in the community.
- The clinician also provides clinical consultation to the Bachelor’s level caseworkers to guide and inform assessment, treatment planning, and intervention.
- Services are provided to clients 7 days a week, 365 days per year, days and evenings, with 24-hour crisis intervention availability, both by phone and in-person.
- Upon receipt of referral, initial contact with the client is attempted within one (1) business day to schedule an intake meeting.
- Youth and families receive a minimum of two hours of face-to-face contact per week, which may increase as needed. Phone contact and collateral work occur daily.
- Typical duration of EFSS services is 3-9 months.
- EFSS is a home-based service. However, EFSS caseworkers provide services within all areas of the youth's life, including school, work, recreation, and community. Group work is facilitated at the program's office.
- EFSS has an extensive menu of services. Treatment plans and interventions are individualized and tailored to meet each client's unique strengths, needs, abilities and preferences. Treatment plans are reviewed monthly and revised every 90 days or earlier, if needed.
- As is needed, Key regularly provides youth and families with transportation to routine and emergency appointments such as medical/dental, counseling, psychiatric or other evaluations, school enrollment and reinstatement meetings, recreational activities, and court appearances, while simultaneously work with the youth and family to develop natural supports for transportation or to learn how to use public transportation for future needs.
- Languages spoken: English, Spanish, Khmer, Portuguese, Creole.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best Fit Criteria:
- EFSS can be used to prevent out-of-home placement or to facilitate reunification from placement.
- Youth and families who require support to function safely and effectively in their own homes and communities.

Exclusionary Criteria:
- Actively suicidal, homicidal, or psychotic; behavior poses a real and imminent threat to community safety; developmental delays that impede ability to communicate verbally; meets criteria for severity levels 2 or 3 for Autism Spectrum Disorder.
Fact Sheet – Parent Partner Services – Preventative (2A) – Parent Support Network of RI

Description:

- Parent Partner Services’s primary focus is to improve parent self-efficacy, parent protective capacity, positive parent and child interaction, healthy child development, wellness and recovery, and permanency; and prevent child abuse, neglect, maltreatment or re-maltreatment, hospitalization, and out of home or school placement.
- Parent Partner Services are used to strengthen and support the family to maintain children with their families whenever it can be done safely. Through in-home services, appropriate resources can help parents focus on addressing the issues that led or could lead to abuse or neglect.
- PSN Parent Partner Services are focused on mentoring and educating the parent/families to lead and make decisions about the array of services, supports and resources they will access and receive for their child and family. Parent Partners will increase parental capabilities and skills with the delivery of the evidence based Nurturing Parenting Program.
- Parent Partner Services are evidence-based and recognized by the California Evidence Based Clearing House for Child Welfare and by the Center for Medicaid Services (CMS). Parent Partners work primarily with the parents utilizing evidence-based peer based approaches and parenting strategies and interventions.
- Parent Partner Services include ongoing telephone and face to face peer support; information and referral; individual and group parent education; service system navigation and warm transfers, ongoing adult education, and vocational assistance; and attendance at medical, treatment, service, and educational related meetings. All Parents/family caregivers will have a family support plan built upon agreed goals and action steps within their treatment or service plans.
- Parent Education evidence based curriculums delivered include Nurturing Parenting Program, 24/7 Dad, and Inside/Out Dad. Parent Partners are trauma informed certified and receive ongoing training and clinical guidance.
- Parents/family caregivers of children and youth from birth to 21 years old and open to DCYF.
- Each family is assigned a Parent Partner who is a parent/family caregiver who has lived experience either raising a child or youth with serious behavioral (mental health and substance use) challenges and/or experience with child welfare and other service system involvement.
- Parent Partners are required to have a high school diploma/GED and be certified or actively working on Rhode Island Peer Recovery Specialist and/or Community Health Care Workers certificates with the RI Certification Board.
- Parent Partners receive individual and/or group clinical supervision weekly by a Licensed Independent Clinical Social Worker. Daily supervision by an experienced non-clinical peer specialist supervisor with over 20 years of peer service delivery.
- A minimum of (2) face to face contacts per week, which may increase up to five (5) to six (6) times based on the family’s needs.
- Parent Partners are assigned a caseload of approximately 10 to 12 families, depending on the number of children and youth within the family.
- Typical duration of parent partner services is six months of intensive services (4 to 6 hours per week) for approximately six months (up to 12 months or until DCYF closes) and stepping down to a single service requests (2 hours per week) as needed by the family.
- Parent Partner services occur in the home, community, treatment centers, schools, and other agency settings.
- The Initial plan is developed within 45 days of the initial contact. Progress towards family support plan goals are measured and evaluated weekly.
• Parent Partners are available to serve across the statewide, weekdays 9:00 – 5:00 pm, scheduled nights and weekends.
• PSN will provide gas cards and/or taxis to support clients in getting to their treatment or when it is cost effective and promotes self-efficacy.
• Because Parent Partner Services are non-clinical, they would not be the first response; they will make sure all that all families have a crisis plan in place as to which clinical provider is identified as 24/7 clinical response.
• Current Parent Partner staff speak English, Spanish and Portuguese and utilize interpretation.
• Upon referral, initial contact with family is made within two (2) business days. Initial face to face with the parents/family/caregiver occurs within five (5) business days of referral.
• Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best fit criteria:
• Parent Partner services should be highly encouraged and voluntary.
• Parents who are hard to engage, build trust and positive communication; need ongoing peer support, education, mentoring and advocacy; improve and practice their parenting to build protective capacity and positive parent and child interaction and healthy development.
• Parents who have children and youth with serious emotional disturbance, have multi-agency needs, and are at risk of out of home placement.
• Parents who are in recovery for mental health, substance use and/or other chronic health needs.

Exclusionary Criteria:
• Parents who after numerous attempts refuse to engage with Parent Partner Services.
Fact Sheet – Diversion Program - Justice Resource Institute, Inc.

Description:
- Diversion Programming is an intensive family and community-based treatment program using the high fidelity wraparound approach and an evidence-based, trauma-informed framework called the Attachment, Regulation, and Competency (ARC) framework.
- Clients served range in age from five (5) years through twenty-one (21) years old. Upon referral, initial contact with the client family is made within 24 hours of referral. Each youth is assigned a Master’s level therapist and a Bachelor’s level therapeutic counselor.
- Each Team maintains an average caseload of six (6) families with a minimum of six (6) hours of face-to-face contacts per week.
- Discharge readiness will be determined by the family and/or treatment team based on progress of goals and objectives, active participation in services, emerging issues, input from the youth, family, involved agencies, and safety issues.
- Primary focus of Diversion programming is to improve family functioning using many potential interventions such as: youth mentoring, in-home therapy, safety planning, case management, crisis intervention and stabilization (24/7), caretaker support and education, all of which decrease the youth’s risk factors.
- Progress toward treatment goals are measured and evaluated weekly in sessions and notations, and through use of quarterly treatment plans to assess ongoing strengths, needs and goals.
- On-call support of a clinical team member is available 24 hours a day, 7 days a week.
- Geographic coverage area is comprised by the following Rhode Island cities and towns: Providence, Pawtucket, Central Falls, Newport, Jamestown, Little Compton, Middletown, Portsmouth, and Tiverton.

Best fit criteria:
- Youth in need of support to remain in the home and community due to exposure to trauma.
- The Diversion program can be used to service youth at risk of out-of-home placement or assist in reunification for youth currently in out-of-home placement. Services can be in place up to 90 days before reunification.
- Externalizing behaviors of youth such as aggression, fighting, arguing/threatening, destroying property, using drugs and alcohol, disrespectful and disobedient conduct, running away, truancy, and curfew violations often associated with but not limited to juvenile offenders.

Exclusionary Criteria:
- Lack of a permanent caregiver, or permanent caregiver that declines reunification.
- Actively suicidal, homicidal or psychotic (3 months’ stability).
- Diagnosed with schizophrenia.
- Primary referral reason is sexual offender behavior.
- Developmental delays, such as Autism Spectrum Disorders that impact use of treatment modalities outlined.
Disruptive Behavior Treatment
Fact Sheet - Functional Family Therapy© (FFT) - Child & Family

Description:

- FFT is an evidence-based program providing close supervision and consultation with a representative from FFT LLC to monitor implementation and fidelity to the treatment model (www.fftllc.com).
- FFT provides support to families with a child at imminent risk of out-of-home placement.
- FFT supports rapid reunification with children, youth, and their families when there has been an out of home placement or otherwise assist youth transitioning to permanency.
- FFT provides support to children, youth and families open to DCYF or juvenile probation in need of supportive services to achieve their goals.
- Approaches families from a strength-based, relational model with a focus on the role of the therapist to be active and responsible for the engagement and cooperation of the family.
- Founded on acceptance and respect, this model has demonstrated effectiveness in “challenging” or “difficult to engage” youth and families.
- Uses relational assessment and personalized interventions to match with the individuals in the system which produces better outcomes and stronger relapse prevention strategies
- Once a referral is received a Master’s level clinician will contact the family within 24 hours to schedule the first family session. The first session is scheduled within 5 business days whenever possible.
- Sessions occur on an as-needed basis with a minimum of one (1) session per week; this depends on the risk factors and behavioral patterns of the family.
- Family therapy sessions are scheduled with the clinician typically during the week however, each family has access to their assigned clinician 24/7.
- Clinicians can carry up to 12 cases.
- Sessions can be held in the home, clinic, or in the community with treatment duration of about 12-18 sessions (or 3-5 months).
- Treatment plan goals are measured during each session in the form of progress notes; official treatment plans are developed within 30 days of intake and reviewed every 90 days.
- FFT is offered throughout the state of Rhode Island and offered in English, Spanish, and Portuguese.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best fit criteria:

- Children and adolescents (11-18 years old) experiencing challenges related to emotional regulation, internalizing or externalizing behaviors, substance use, opposition, defiance, etc.
- For family preservation and reunification.

Exclusionary Criteria:

- Child placed in residential treatment facility with no immediate reunification plan.
- Children younger than 11 years old.

Outcomes:
80% of families will complete the program; Using OQ measures pre and post test data, 85% of children and families will show improvement in behaviors; At 6 months, 90% of youth will remain at home; at 12 months, 85% of youth will remain in the home. 100% of staff will demonstrate model fidelity after year 1.
Fact Sheet - Family Centered Treatment® (FCT) - Child & Family

Description:
- Family Centered Treatment is an evidence-based model. FCT specialists and supervisors receive weekly consultation from the Family Centered Treatment Foundation to ensure fidelity to the model.
- FCT provides support to families with a child at imminent risk of out-of-home placement.
- FCT supports rapid reunification with children, youth, and their families when there has been an out of home placement or otherwise assist youth transitioning to permanency.
- FCT provides support to children, youth and families open to DCYF or juvenile probation in need of supportive services to achieve their goals.
- Home Based Family Therapy program which utilizes the caregiver as the catalyst for change with the goal of successful reunification and/or maintenance of the child in their home.
- In addition to the family therapy component of the FCT program, other important elements include providing treatment for trauma, care coordination, and wraparound services.
- Eligibility includes children ages 0-21 and their family/caretakers.
- Staff have either a Master’s or Bachelor’s degree in a mental health related field and are certified as Family Centered Treatment Specialists by the FCT Foundation®.
- All staff are required to complete the Family Centered Treatment certification process.
- Each FCT Specialist carries a caseload of 4-6 families providing FCT within families homes a minimum of four (4) hours a week.
- Each FCT therapist will be on call 24/7 for their assigned families and will be available for phone support or additional face-to-face contact.
- Given the small caseload and intense level of treatment, it is common for the FCT Specialist to assist the family with transportation, however they will assist families with linkages to support services such as basic needs programs (food, housing, clothing), healthcare, childcare, parent trainings and other family support services provided by nonprofit organizations and/or government agencies throughout the state.
- Once a referral is received, a clinician will contact the family within 24 hours to schedule the first family session. The first session is scheduled within five (5) business days whenever possible.
- Services include case management and guidance to address all service and support needs.
- The average length of service is six (6) months.
- Family Centered Treatment services are provided in the family’s home setting and in the community.
- Monthly updates are provided to DCYF and/or Probation.
- Family Centered Treatment at Child and Family is offered statewide in English and Spanish.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best fit criteria:
- Families within 30-60 days of scheduled reunification.
- Families at risk of having a child removed from the home due to behavioral concerns or parenting issues.
- Addresses behaviors in children such as trauma, defiance, truancy, suicidal ideation, and attachment issues as well as concerns around parenting needs such as structure and boundaries.

Exclusionary Criteria:
- No identified plan for reunification or no identified caregiver

Outcomes:
85% of families enrolled will complete the program; Using CANS pre and post test data, 85% of children and families will show improvement in behaviors; 90% of youth will remain in the home after 6 months of termination; 85% of the families served shall be shown to have avoided an out of home placement after 12 months of exit from the program; 100% of staff will demonstrate FCT model fidelity within 6 months.
Fact Sheet – Family Centered Treatment (FCT) - Communities for People

Description:
- FCT is an evidence-based, intensive family and community-based treatment program. It is made up of four unique phases (Joining & Assessment, Restructuring, Valuing Changes and Generalization) which promote improved family functioning with all household members. FCT therapists work with the entire family system.
- The treatment model is focused on the family unit, and through the course of treatment, promotes each family member to value the changes they make in their progress. This is an action-based model that provides the family with in the moment, hands-on opportunities to practice change. FCT differs from other home-based, family-focused programs because it emphasizes the importance of families finding value and developing ownership in the changes being made.
- FCT therapists schedule weekly sessions based on the families’ schedules and sessions can be conducted in the evenings and on the weekends, based on family members’ schedules. A minimum of four (4) hours face-to-face direct contact per week is expected, this may increase or vary based on the needs of each family.
- Clients served are 0-20 years of age.
- The FCT team includes both Bachelor’s level and Master’s level clinicians, with each clinician able to carry a caseload of 4-6 families.
- All therapists are trained in the FCT model and must become FCT Certified within one year of hire.
- Initial contact is made with the families within 48-hours upon receiving the referral.
- Duration of services is approximately 6-9 months.
- FCT works with the family primarily in their home, and occasionally in the community.
- FCT therapists provide home-based therapy to help eliminate barriers to treatment, such as transportation, time, and/or family management. FCT clinicians are capable of transporting families for treatment or providing bus pass fare, gas cards, and/or cab fare if necessary. Throughout treatment, FCT therapists provide 24/7 crisis support in addition to client-specific interventions and coping skills training.
- FCT therapists are on call 24 hours a day, seven days a week.
- Languages spoken: English, Spanish and Creole (African).
- Geographic area served: Statewide
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best fit criteria:
- Youth at high risk for out of home placement, hospitalization, or incarceration.
- Youth and families in the process of reunification.
- Juvenile justice, welfare, and children’s behavioral health populations.
- Family systems experiencing domestic violence, history of trauma, client and/or caregiver mental health and/or substance abuse concerns.
- Males and females ages 0-20 with an identified caregiver, either foster home or extended caregiver home.
- Children with development disabilities in certain situations.

Exclusionary Criteria:
- Children without an identified caregiver.
- Active psychosis or untreated substance use.
Fact Sheet – Multi-Systemic Therapy (MST) - NAFI

Description:
- MST is an evidence-based, intensive family and community-based treatment program whose goals are to (1) empower and educate parents with skills and resources so they can parent effectively and without difficulty; and (2) eliminate or significantly reduce the frequency, intensity, and duration of their child’s behaviors.
- For youth referred to MST as an alternative to placement, the following three primary desired outcomes: (1) Preserve home placements for youth at risk of removal (2) Decrease repeat antisocial or delinquent behaviors and (3) Empower youth and families to cope with family, peer, school, and neighborhood problems.
- Primary focus is to improve family functioning, which will decrease the youth’s risk factors and problematic behaviors.
- MST therapists work primarily with the parents utilizing evidence-based parenting strategies and interventions, individual work with the youth is utilized if determined by the treatment team to be most effective.
- Clients served are from 12 to 17.7 years old.
- Each youth/family is assigned a Master’s Level Therapist, with each having a caseload of 4-6 families.
- A minimum of two (2) face-to-face contacts per week, may increase up to five (5) to six (6) times based on need.
- Typical duration of home-based MST services is approximately four 4-6 months. This is determined on a case by case basis; if treatment needs exceed six (6) months, this will be discussed with DCYF team.
- MST is provided within the family’s home, community, or school setting based on the needs of the family.
- Progress towards treatment goals are measured and evaluated weekly.
- On call available 24 hours a day (401) 474-4165, seven days a week.
- Languages spoken: English, Spanish staff employed by NAFI.
- Geographic area: Statewide
- Transportation: MST is offered in-home and in the community, eliminating transportation issues for the family.
- Upon referral, initial contact is made within two (2) business days.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best fit criteria:
- Externalizing behaviors of youth such as aggression, fighting, arguing/threatening, destroying property, using drugs and alcohol, disrespectful and disobedient conduct, running away, truancy, and curfew violations often associated with but not limited to juvenile offenders.
- MST can be used to prevent out-of-home placement or assist in rapid reunification. For youth in out-of-home placement, services can be put in place 30 days before reunification.

Exclusionary Criteria:
- Youth living independently.
- Actively suicidal, homicidal or psychotic at time of referral.
- Developmental delays, Autism Spectrum Disorders (assessed at time of referral by the MST treatment team)
- Under 12 years of age (10 and 11 year olds will be assessed on a case by case basis).
Fact Sheet – Parenting with Love and Limits (PLL) - NAFI

Description:
- PLL is an evidence and community based family therapy program combining group and family therapy for children and adolescents, ages 10-18 who have severe emotional and behavioral problems who need assistance to reunify from group or foster care in addition to preventing youth from placement re-entry.
- The PLL model accomplishes behavior changes in the family by closely structuring progression through the curriculum by the family successfully engaging in and attending six (6) multifamily groups and a minimum of twelve (12) family coaching sessions, developing a community based action team (CBAT) and a minimum of ninety (90) days of PLL Aftercare.
- Primary focus is to restore parental hierarchy, establish healthy communication, improve family functioning, and reduce problematic behaviors utilizing the Structural and Strategic models of therapy.
- Each team is comprised of a Master’s level therapist and a Bachelor’s level case manager which are directly supervised by the NAFI Program Director and PLL Clinical Supervisor.
- Each team carries a caseload of 10 - 15 families.
- A minimum of one (1) face-to-face contact per week, which can increase based on need.
- Individual families also receive 1 ½ to 2-hour family therapy and trauma based treatment weekly in either outpatient or a home-based setting to practice skills and concepts learned in groups.
- PLL sessions are held within the family home and agency setting, but can occur within a community or school setting based on the needs of the family.
- Typical duration of PLL home-based services is 6-8 months including aftercare.
- PLL provides transportation as needed.
- Cases are reviewed and evaluated for progress bi-weekly.
- On-call available 24 hours a day, seven days a week.
- Languages spoken: English and Spanish
- Geographic area: Statewide
- A referral made simultaneously with placement is optimal as it affords PLL the opportunity to significantly shorten length of stay in placement while preparing the family for reunification.
- Upon referral, initial contact is made within two (2) business days.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best Fit Criteria:
- Youth ages 10-18 living at home, open to FSU or Juvenile Probation, and exhibiting problematic behaviors such as, but not limited to, disrespect, threats or acts of aggression, curfew violation, truancy, substance use and stealing.
- Youth who are in residential care or foster care working toward reunification.
- PLL can be used to prevent out of home placement, or assist with reunification as soon as 30 days after entering placement.

Exclusionary Criteria:
- Lack of identified caregiver.
- Actively suicidal, homicidal or psychotic (six months’ stability).
- Caregiver or youth with an Intelligence Quotient (IQ) of less than fifty (50).
Fact Sheet – Positive Parenting Program (Triple P)- The Key Program, Inc.

Description:
- Triple P is an evidence-based model that draws on social learning models of parent-child interaction that highlight the reciprocal and bi-directional nature of parent-child interactions. With clearly defined content, practice standards, and learning objectives, this program model is designed to teach positive strategies and parenting skills and their application to a range of target behaviors and settings.
- Key Program provides Triple P statewide as a home-based service that is geared at working with multi-stressed caretakers of children, ages 0-12 years, who exhibit behavioral or emotional difficulties, such as aggressive or oppositional behavior.
- The Standard Triple P curriculum consists of 10 individual sessions; however, for caretakers whose parenting difficulties are complicated by other sources of family distress, such as relationship conflict, parental depression, or high levels of stress, an additional five (5) individual sessions may be necessary to provide more practice sessions to enhance parenting skills, mood management strategies, stress coping skills, and partner support skills.
- Triple P Family Specialists deliver session material in two (2) or more home visits per week, based on family need. The Family Specialist also contacts the caretaker throughout the week to follow-up on homework assignments and reinforce what they have learned in that week’s sessions.
- DVD video clips, role play, and homework tasks utilized to facilitate skills learning.
- Each Family Specialist has a Bachelor’s degree in a human services-related field, is formally trained by Triple America trainers, and is required to complete Triple P’s accreditation process successfully.
- Average caseload size is 10 per worker. Staff work flexible shifts to accommodate the scheduling needs and preference of referred families, as Triple P is delivered in individual sessions in families’ home.
- Triple P can be used as a standalone program or in conjunction with other services. Services can begin while child is in foster care if reunification is the permanency goal.
- Upon receipt of referral, initial contact to set up an intake appointment is made within one (1) business day.
- Typical duration of this service is 12-16 weeks, depending on assessed needs of caretaker.
- Services are provided primarily within the caretaker’s home, but may also be provided within the community, based on the caretaker’s needs and preferences.
- The primary focus of this service is to improve family functioning to promote safety and permanency. It also is designed to achieve a reduction in behavioral and emotional issues in children, as well as a reduction of family risk factors for child maltreatment.
- Languages spoken: English, Spanish, and Khmer
- Geographic area: Statewide
- Has proven to be successful with caretakers who have literacy issues or cognitive or developmental delays
- Referrals are generated through DCYF’s Central Referral Unit (CRU)

Best fit criteria:
- Multi-stressed caretakers of children, ages 0-12 years, who exhibit behavioral or emotional issues.
- Caretakers who use dysfunctional parenting techniques, such as coercion, corporal punishment, harsh discipline, criticism, and humiliation.

Exclusionary Criteria:
- Active substance abuse; active psychosis; domestic violence situations that pose current safety threats.
Fact Sheet – Multi-Systemic Therapy (MST)- Providence Center

Description:
- MST is an evidence-based, intensive family and community-based treatment program. It’s goal-oriented treatment model that targets factors in each youth’s social network that are contributing to his or her antisocial behavior or addiction. Intervention aim to: improve caregivers discipline practices, enhance effective family relationships, decrease associations with deviant peers, increase youth association with pro-social peers, improve youth school or vocational performance, pro-social recreational outlets and develop a support network to help caregivers achieve and maintain positive changes.
- Primary focus is to improve family functioning, which will decrease the youth’s risk factors and problematic behaviors. The goals of the MST program are to keep clients in their home, reduce out-of-home placements, keep clients in school, keep clients out of trouble, reduce re-arrest rates, improve family relations and functioning, decrease adolescent psychiatric symptoms, and decrease adolescent drug and alcohol use.
- Clients served are from 12 to 17.5 years old.
- Each youth is assigned a Master’s level therapist, with each therapist having a caseload of 4-6.
- A minimum of two (2) face-to-face contacts per week, which may increase up to five (5) to six (6) times based on the family’s needs. Typically, clients receive 60 hours of home-based services over four (4) months, along with numerous additional family/counselor contacts occurring each week. At the beginning of treatment, weekly family meetings occur two or three times a week. The number of family meetings will decrease overtime based on clinician recommendation and family progress.
- Typical duration of home-based MST services is approximately three (3) to five (5) months.
- MST is provided primarily within the family’s home, but may also occur within the community or school setting based on the needs of the family.
- MST therapists work primarily with the parents utilizing evidence-based parenting strategies and interventions.
- Progress towards treatment goals are measured and evaluated weekly.
- Transportation to certain appointments can be provided, based on the need of the family.
- On-call available 24 hours a day, seven days a week.
- Languages spoken: English, Spanish
- Geographic area: Statewide
- Upon referral, initial contact with family is made within two (2) business days.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best fit criteria:
- Externalizing behaviors of youth such as aggression, fighting, arguing/threatening, destroying property, using drugs and alcohol, disrespectful and disobedient conduct, running away, truancy, and curfew violations often associated with but not limited to juvenile offenders.
- MST can be used to prevent out-of-home placement or assist in rapid reunification. For youth in out-of-home placement, services can be put in place 30 days before reunification

Exclusionary Criteria:
- Lack of a permanent caregiver.
- Actively suicidal, homicidal or psychotic (6 months’ stability).
- Diagnosed with schizophrenia.
- Primary referral reason is sexual offender behavior.
- Developmental delays, Autism Spectrum Disorders.
- Under 12 years of age (10 and 11 year olds will be assessed on a case by case basis).
Fact Sheet – Multi-systemic Therapy (MST) – Tides Family Services

What is MST?
- Community-based, family-driven treatment for antisocial/delinquent behavior in youth.
- Focus is on “Empowering” caregivers (parents) to solve current and future problems.
- MST “client” is the entire ecology of the youth - family, peers, school, neighborhood.
- Highly structured clinical supervision and quality assurance processes.
- MST addresses the multiple factors known to be related to delinquency across the key settings, or systems within which you are embedded.
- MST strive to promote behavior change in the youth natural environment, using the strengths of each system to facilitate change.
- The approach seeks to provide permanency to youth receiving MST by maintaining youth in a family-based setting and assisting families to develop the skills necessary to maintain youth in family-based settings.

Intervention strategies: MST draws from research-based treatment techniques such as Behavior Therapy, Parent Management Training, Cognitive Behavior Therapy, Structural Family Therapy and Strategic Family Therapy.

Coordination of Treatment: MST therapists can coordinate treatment with existing providers/services or services the family may become involved with if it is deemed clinically appropriate for the family.

Ages Served: The program is designed to service youth ages 12 to 17 who are at risk for out of home placement due to antisocial or delinquent behaviors and/or youth involved with the juvenile justice system.

Length of Program: MST is an intensive, short-term program lasting 3-5 months

Staffing:
- A team has 2-4 MSTT’s with a minimum of a 50% independently licensed clinical supervise (MST supervisor).
- A single MSTT is assigned to work with the youth and the youth’s family, holding sessions at least 2-4 times per week.
- Each MSTT has a caseload of 4-6 families.
- A member of the MST team is available 24 hours a day to ensure therapeutic support is available to families during times of crisis.

DCYF staff are active members of the team, providing input as well as participating in 60-day treatment plan utilization review meetings. Through this process, we pro-actively adjust treatment to address youth and system dynamics.

MST requires all services are delivered in a family home so the family does not need transportation for services. The scheduling of sessions for MSTTs is family driven.

The low caseload size for MST allows MSTT’s to remain highly flexible in meeting the schedule needs of families directly limiting the barriers to accessing services.

Referrals are generated through DCYF’s Central Referral Unit (CRU).
<table>
<thead>
<tr>
<th>Inclusionary Criteria:</th>
<th>Exclusionary Criteria:</th>
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</thead>
<tbody>
<tr>
<td>Delinquent or antisocial youth</td>
<td>Youth is living independently or no primary caregiver is identified.</td>
</tr>
<tr>
<td>Age range of 12-17</td>
<td>Youth is actively suicidal, homicidal or psychotic: if a youth has a history of these symptoms, it is assessed on a case by case basis.</td>
</tr>
<tr>
<td></td>
<td>If a youth becomes actively suicidal, homicidal or psychotic during treatment, MST continues working with the family to manage the crisis and ensure the safety of all involved.</td>
</tr>
<tr>
<td>Youth is at imminent risk for placement</td>
<td>Juvenile sex offenders without the presence of other delinquent or anti-social behaviors.</td>
</tr>
<tr>
<td>Youth is involved with DCYF</td>
<td>Youth with pervasive development delays as primary reason for referral.</td>
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<tr>
<td>Youth is adjudicated</td>
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<tr>
<td>Physical aggression at home, school or in the community</td>
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<tr>
<td>Verbal aggression, verbal threats to harm others</td>
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<tr>
<td>Substance abuse</td>
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<tr>
<td>Youth being reunified in the home</td>
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<tr>
<td>Youth who has an identified primary caregiver</td>
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</table>

An identified caregiver may be the parent or another adult the youth may be living with such as an aunt, uncle, grandparent, sibling, or foster parent.

**Why are caregivers so important?**
- Many times, the youth’s delinquency and behaviors can decrease and be managed with effective parenting skills.
Fact Sheet - Functional Family Therapy (FFT) - Tides Family Services

Description:
- FFT is an evidence-based, strengths-based model built on the foundation of acceptance and respect.
- FFT utilizes behavioral and cognitive interventions to enhance family interactions to better understand how the presenting issue functions within their family system and increases problem solving skills and parenting skills.
- FFT works with youth ages 10-18 and their caregiver to address the youth’s mental health or behavioral needs:
  - Treatment requires the youth and at least one caregiver present for each session
  - The FFT therapist completes a thorough, strengths-based biopsychosocial assessment to determine behavioral needs at home, school and in the community. In addition to the biopsychosocial assessment and FFT assessment tools, TFS requires the Traumatic Events Screening Instrument (TESI) to be completed at intake to assess areas of trauma to be considered. The youth and family complete the Ohio Scales to gather baseline information and inform the initial treatment plan.
- Average duration of treatment: 3-5 months Intervention ranges, on average, 8-12 one-hour sessions for mild cases. Up to 30 sessions of direct service for more difficult situations over the course of treatment. The frequency of sessions is based on the current risk of youth and family. FFT increases face-to-face sessions during the engagement phase and/or if there is a change in youth or families’ behavior requiring more support. Services are conducted in home-based settings, and can also be provided in schools, child welfare facilities, probation and parole offices/aftercare systems and mental health facilities.
- Team consists of two (2) full-time FFT Therapists and one (1) full-time FFT supervisor.
- Average therapist caseload: 10-12 families; Average supervisor caseload: 5 families
- FFT does not require FFT therapists to be on call 24/7. Instead, FFT therapists work to assist families in the development of skills early on in treatment to independently address crisis situations. Should a family require immediate assistance, TFS has a 24/7/365 on-call system. All families will have direct 24/7/365 access to the TFS clinical on-call (Masters level) always. This support will have the knowledge of the FFT protocols relevant to crisis management. Sessions for FFT are frequently scheduled during evening and weekend hours.
- The frequency of sessions depends on the needs of the family; however, session minimum is one (1) time per week. In addition, TFS is a member of Horizon Health Partners (a multi-agency network that links behavioral healthcare services with other supportive services) and can leverage a vast array of expertise and services through these partner agencies including psychiatric services (billed through private insurance) for not only the youth referred to FFT, but siblings and caregivers as well.
- FFT can follow youth across placement settings when reunification is the immediate goal and the youth and at least one caregiver can participate in each session. In addition, FFT services assist families when youth are AWOL by empowering a family in taking necessary retrieval steps such as filing missing persons reports, contacting friends and families, and utilizing natural supports to assist in these efforts.
- The intake director receives all referrals from DCYF’s Central Referral Unit.
- Languages spoken: English and Spanish
- Catchment Area: Statewide
<table>
<thead>
<tr>
<th>Target Population</th>
<th>Exclusionary Criteria</th>
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</thead>
<tbody>
<tr>
<td>Delinquent or antisocial youth</td>
<td>Youth is living independently or no primary caregiver is identified.</td>
</tr>
<tr>
<td>Age range of 11-18</td>
<td>Youth is actively suicidal, homicidal or psychotic: if a youth has a history of these symptoms, it is assessed on a case by case basis. If a youth becomes actively suicidal, homicidal or psychotic during treatment, FFT continues working with the family to manage the crisis and ensure the safety of all involved.</td>
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<tr>
<td>Youth is low-high risk of placement</td>
<td>Youth in need of sex offender treatment as primary reason for referral.</td>
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<tr>
<td>Youth is involved with DCYF/Probation</td>
<td>Youth is adjudicated</td>
</tr>
<tr>
<td>Physical aggression at home, school or in the community</td>
<td>Verbal aggression, verbal threats to harm others</td>
</tr>
<tr>
<td>Substance use</td>
<td>Youth being reunified in the home</td>
</tr>
<tr>
<td>Youth who has an identified primary caregiver</td>
<td>Symptoms of mental health or emotional disturbance</td>
</tr>
</tbody>
</table>

**5 Stages of FFT**

- Engagement
- Motivation
- Relational Assessment
- Behavior Change
- Generalization

Each stage has its own goals, focus and intervention strategies and techniques.
Fact Sheet – Preserving Families Network (PFN) – Tides Family Services

Description:
- PFN is a community based network of care that provides a wide spectrum of programming to meet all levels of need for high risk families. PFN focuses on youth that are at risk from being removed from their homes and/or have a history of being unsuccessfully maintained in their homes. Youth often are impulsive, aggressive, and in conflict. They have an intense need for structure, supervision, safety, and predictability. PFN services target youth and families that historically have limited success meeting desired outcomes and whose needs are not met through traditionally funded/commercial insurance services.
- PFN is a locally-developed program designed to meet the unique and diverse needs of high-risk youth and their families.
- PFN serves males and females ages 6-21 years old.
- PFN is grounded in two theoretical models: 1) Family System Theory (FST) and 2) Cognitive Behavioral Therapy (CBT). FST maintains that patterns of communication between family members call forth, maintain, and perpetuate both problem and non-problematic behavior. CBT focuses on exploring relationships among a person’s thoughts, feelings, and behaviors.
- Available 7 days a week, evenings & weekends with a 24/7 on-call line.
- To ensure staff are available to immediately respond to and provide face to face support, TFS has a 24/7/365 on-call system. All PFN families have direct 24/7 access to their assigned treatment team.
- Families receive treatment through a PFN team, led by a clinician. Clinicians are Master’s level, preferably maintaining a LCSW, LICSW, LMHC or LMFT. Clinicians work collaboratively with behavioral assistants and outreach and tracking caseworkers (Bachelor’s level) in the provision of treatment. The intensity of treatment needs across a caseload ranges, therefore, a clinical caseload is based on 22 direct services hours weekly.
- A contact attempt is made within 24-hours to schedule an intake and assessment.
- Clinical contacts in the home may range from once per week and up to 10 hours weekly. The number of sessions depends on the client’s need and treatment plan. Outreach and tracking services provide home visiting six (6) days a week; crisis response 24/7.
- Overall PFN clinical in-home contacts range from 3-10 hours weekly and are delivered by a clinical team comprised of a clinician and behavioral specialist (BA). The BA works as an extension of the clinician and provides 1-3 hours of clinical work practice skill session including social skills, life skills, family communications, etc.
- The average PFN case is open seven (7) months.
- Service is provided in the client’s home or community. If necessary, office appointments are available.
- Assessments take place at the initial intake, 30-day treatment plan, and every 60 days thereafter for treatment updates & utilization reviews. At each 60-day interval, as treatment goals are evaluated and updated, PFN staff meet with the DCYF caseworker to discuss case progress/barriers and ongoing needs.
- PFN services are delivered in home to ensure the family does not need transportation to access services. PFN staff assist directly or arrange for transportation to immediate needs such as connecting to natural resources/supports; school meetings; psychiatric appointments; social security; etc. including assisting with the development of a sustainable transportation plan as needed.
- PFN services are available in English and Spanish. Able to work with translators to accommodate additional languages.
- PFN delivers services statewide.
- Services can be initiated prior to a youth’s reunification home from a residential facility.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).
Best fit criteria:
Child (age 6-21 years old) and family has DCYF involvement and client is at least one of the following:
- Being discharged from RI Training School for Youth or currently involved with probation or parole.
- Placed out-of-state with aim of returning home.
- Currently hospitalized with need for additional services to be discharged.
- In a high end in-state placement with aim of returning home.
- In foster care needing services to maintain placement.
- Client and/or Family have significant family court involvement (including Truancy, Drug, and Re-Entry Court.)
- Child at-risk for imminent risk for out-of-home placement.
- Need for intensive in-home family stabilization, positive interaction with adults on a social, educational, and interpersonal level; and need positive success on the educational and community level.

Exclusionary Criteria:
- There are no set exclusionary criteria.
Mental Health Treatment Services
Fact Sheet – Trauma Systems Therapy (TST) Community – Family Service of Rhode Island

Description:
- TST is a home-based intensive clinical model for children and adolescents who have experienced traumatic events and/or live in environments with ongoing traumatic stress.
- TST is a family-focused, strength-based and well-integrated system of care that was designed to help children gain control over emotions and behavior while simultaneously diminishing ongoing stresses and threats/triggers in the child’s home, educational and social environments.
- TST’s unique approach gives children and their caregivers the skills needed to decrease emotional and behavioral dysregulation, develop effective coping strategies, foster healthy relationships, and support critical decision-making.
- The program is implemented in birth homes, kinship and foster homes, residential treatment centers, and with pre-adoptive families, following the child across service settings and levels of placement to assure continuity of care while supporting the child’s mental health, permanency, and overall wellbeing. TST is also effective for older children aging out of care.
- TST is sustainability focused by leaving the caregiving system with tangible guides and tools post treatment.
- Each child and their family are assigned an intervention team which consists of a Master’s level clinician (caseload of eight) and Bachelor’s level staff (caseload of 12).
- Treatment plans are reviewed with the child and family every 90 days.
- The TST community team meets with the child and his/her caretakers face-to-face 2-3 times per week. Intensity of intervention is based upon family need and phase of treatment.
- Typical duration of TST Community services is approximately 6-9 months.
- Case managers provide support and logistical resources such as transportation/bus passes.
- On-call is available 24 hours a day, seven days a week.
- Services are provided statewide in English and Spanish.
- Upon referral, initial contact is made within two (2) business days.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best fit criteria:
- Community TST will be specifically provided for children and teens who demonstrate difficulty in regulating emotions and behavior when exposed to trauma reminders within their environment, and for systems (such as school, daycare, etc.) to help the child manage dysregulation.

Exclusionary Criteria:
- Generally appropriate for four years of age and up; however, under age five can be assessed for verbal cognitive ability to participate in treatment.
- Severe developmental delays, low functioning autism.
Fact Sheet - Functional Family Therapy© (FFT) - Child & Family

Description:
- FFT is an evidence-based program providing close supervision and consultation with a representative from FFT LLC to monitor implementation and fidelity to the treatment model (www.fftllc.com).
- FFT provides support to families with a child at imminent risk of out-of-home placement.
- FFT supports rapid reunification with children, youth, and their families when there has been an out of home placement or otherwise assist youth transitioning to permanency.
- FFT provides support to children, youth and families open to DCYF or juvenile probation in need of supportive services to achieve their goals.
- Approaches families from a strength-based, relational model with a focus on the role of the therapist to be active and responsible for the engagement and cooperation of the family.
- Founded on acceptance and respect, this model has demonstrated effectiveness in “challenging” or “difficult to engage” youth and families.
- Uses relational assessment and personalized interventions to match with the individuals in the system which produces better outcomes and stronger relapse prevention strategies.
- Once a referral is received a Master’s level clinician will contact the family within 24 hours to schedule the first family session. The first session is scheduled within five (5) business days whenever possible.
- Sessions occur on an as-needed basis with a minimum of one session per week; this depends on the risk factors and behavioral patterns of the family.
- Family therapy sessions are scheduled with the clinician typically during the week however, each family has access to their assigned clinician 24/7.
- Clinicians can carry up to 12 cases.
- Sessions can be held in the home, clinic, or in the community with treatment duration of about 12-18 sessions (or 3-5 months).
- Treatment plan goals are measured during each session in the form of progress notes; official treatment plans are developed within 30 days of intake and reviewed every 90 days.
- FFT is offered throughout the state of Rhode Island and offered in English, Spanish, and Portuguese
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best fit criteria:
- Children and adolescents (11-18 years old) experiencing challenges related to emotional regulation, internalizing or externalizing behaviors, substance use, opposition, defiance, etc.
- For family preservation and reunification.

Exclusionary Criteria:
- Child placed in residential treatment facility with no immediate reunification plan.
- Children younger than 11 years old.

Outcomes:
80% of families will complete the program; Using OQ measures pre and post test data, 85% of children and families will show improvement in behaviors; At 6 months, 90% of youth will remain at home; at 12 months, 85% of youth will remain in the home. 100% of staff will demonstrate model fidelity after year 1.
Fact Sheet - Family Centered Treatment® (FCT) - Child & Family

Description:
- Family Centered Treatment is an evidence-based model. FCT specialists and supervisors receive weekly consultation from the Family Centered Treatment Foundation to ensure fidelity to the model.
- FCT provides support to families with a child at imminent risk of out-of-home placement;
- FCT supports rapid reunification with children, youth, and their families when there has been an out of home placement or otherwise assist youth transitioning to permanency.
- FCT provides support to children, youth and families open to DCYF or juvenile probation in need of supportive services to achieve their goals.
- Home Based Family Therapy program which utilizes the caregiver as the catalyst for change with the goal of successful reunification and/or maintenance of the child in their home.
- In addition to the family therapy component of the FCT program, other important elements include providing treatment for trauma, care coordination and wraparound services.
- Eligibility includes children ages 0-21 and their family/caretakers.
- Staff have either a Master’s or Bachelor’s degrees in a mental health related field and are certified as Family Centered Treatment Specialists by the FCT Foundation®.
- All staff are required to complete the Family Centered Treatment certification process.
- Each FCT Specialist carries a caseload of 4-6 families providing FCT within homes a minimum of four (4) hours a week.
- Each FCT therapist will be on call 24/7 for their assigned families and will be available for phone support or additional face-to-face contact.
- Given the small caseload and intense level of treatment, it is common for the FCT Specialist to assist the family with transportation, however they will assist families with linkages to support services such as basic needs programs (food, housing, clothing), healthcare, childcare, parent trainings and other family support services provided by nonprofit organizations and/or government agencies throughout the state.
- Once a referral is received, a clinician will contact the family within 24 hours to schedule the first family session. The first session is scheduled within five (5) business days whenever possible.
- Services include case management and guidance to address all service and support needs.
- The average length of service is six (6) months.
- Family Centered Treatment services are provided in the home setting as well as in the community.
- Monthly updates are provided to DCYF and/or Probation.
- Family Centered Treatment at Child and Family is offered statewide in English and Spanish.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best fit criteria:
- Families within 30-60 days of scheduled reunification.
- Families at risk of having a child removed from the home due to behavioral concerns or parenting issues.
- Addresses behaviors in children such as trauma, defiance, truancy, suicidal ideation, and attachment issues as well as concerns around parenting needs such as structure and boundaries.

Exclusionary Criteria:
- No identified plan for reunification or no identified caregiver.

Outcomes:
85% of families enrolled will complete the program; Using CANS pre and post test data, 85% of children and families will show improvement in behaviors; 90% of youth will remain in the home after 6 months of termination; 85% of
the families served shall be shown to have avoided an out of home placement after 12 months of exit from the program; 100% of staff will demonstrate FCT model fidelity within 6 months.

Fact Sheet – Family Centered Treatment (FCT) - Communities for People

Description:

- FCT is an evidence-based, intensive family and community-based treatment program. It is made up of four unique phases (Joining & Assessment, Restructuring, Valuing Changes and Generalization) which promote improved family functioning with all household members. FCT therapists work with the entire family system.
- The treatment model clearly is focused on the family unit, and, through the course of treatment, promotes each family member to value the changes they make in their progress. This is an action-based model that provides the family with in the moment, hands-on opportunities to practice change. FCT differs from other home-based, family-focused programs in that it emphasizes the importance of families finding value and developing ownership in the changes being made.
- FCT therapists schedule weekly sessions based on the families’ schedules and sessions can be conducted in the evenings and on the weekends, based on family members’ schedules. A minimum of four (4) hours face-to-face direct contact per week is expected, this may increase or vary based on the needs of each family.
- Clients served are 0-20 years of age.
- The FCT team includes both Bachelor level and Masters level clinicians, with each clinician able to carry a caseload of 4-6 families.
- All therapists are trained in the FCT model and must become FCT Certified within one year of hire.
- Initial contact is made with the families within 48 hours upon receiving the referral.
- Duration of services is approximately 6-9 months.
- FCT works with the family primarily in their home, and occasionally in the community.
- FCT therapists provide home-based therapy to help eliminate barriers to treatment, such as transportation, time, and/or family management. FCT clinicians are capable of transporting families for treatment or providing bus pass fare, gas cards, and/or cab fare if necessary. Throughout treatment, FCT therapists provide 24/7 crisis support in addition to client-specific interventions and coping skills training.
- FCT therapists are on call 24 hours a day, seven days a week.
- Languages spoken: English, Spanish and Creole (African)
- Geographic area served: Statewide
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best fit criteria:

- Youth at high risk for out of home placement, hospitalization, or incarceration.
- Youth and families in the process of reunification.
- Juvenile justice, welfare, and children’s behavioral health populations.
- Family systems experiencing domestic violence, history of trauma, client and/or caregiver mental health and/or substance abuse concerns.
- Males and females ages 0-20 years with an identified caregiver, either foster home or extended caregiver home.
- Children with development disabilities in certain situations.

Exclusionary Criteria:

- Children without an identified caregiver.
- Active psychosis or untreated substance use.
Fact Sheet – Parenting with Love and Limits (PLL) - NAFI

Description:
- PLL is an evidence and community based family therapy program combining group and family therapy for children and adolescents, ages 10-18 years who have severe emotional and behavioral problems who need assistance to reunify from group or foster care in addition to preventing youth from placement re-entry.
- The PLL model accomplishes behavior changes in the family by closely structuring progression through the curriculum by the family successfully engaging in and attending six (6) multifamily groups and a minimum of twelve (12) family coaching sessions, developing a community based action team (CBAT) and a minimum of ninety (90) days of PLL Aftercare.
- Primary focus is to restore parental hierarchy, establish healthy communication, improve family functioning, and reduce problematic behaviors utilizing the Structural and Strategic models of therapy.
- Each team is comprised of a Master’s Level Therapist and a Bachelor’s Level Case Manager which are directly supervised by the NAFI Program Director and PLL Clinical Supervisor.
- Each team carries a caseload of 10-15 families.
- A minimum of one (1) face-to-face contact per week, which can increase based on need.
- Individual families also receive 1 ½ to 2-hour family therapy and trauma based treatment weekly in either outpatient or a home-based setting to practice skills and concepts learned in groups.
- PLL sessions are held within the family home and agency setting, but can occur within a community or school setting based on the needs of the family.
- Typical duration of PLL home-based services is 6-8 months including aftercare.
- PLL provides transportation as needed.
- Cases are reviewed and evaluated for progress bi-weekly.
- On-call available 24 hours a day, seven days a week.
- Languages spoken: English and Spanish
- Geographic area: Statewide
- A referral made simultaneously with placement is optimal as it affords PLL the opportunity to significantly shorten length of stay in placement while preparing the family for reunification.
- Upon referral, initial contact is made within two (2) business days.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best Fit Criteria:
- Youth ages 10-18 years living at home, open to FSU or Juvenile Probation, and exhibiting problematic behaviors such as, but not limited to, disrespect, threats or acts of aggression, curfew violation, truancy, substance use and stealing.
- Youth who are in residential care or foster care working toward reunification.
- PLL can be used to prevent out of home placement, or assist with reunification as soon as 30 days after entering placement.

Exclusionary Criteria:
- Lack of identified caregiver.
- Actively suicidal, homicidal or psychotic (6 months’ stability).
- Caregiver or youth with an Intelligence Quotient (IQ) of less than fifty (50).
Fact Sheet – Teen Assertive Community Treatment (TACT) - Providence Center

Description:
- Teen Assertive Community Treatment, TACT, is an individual focused, strengths-based team model that incorporates evidence-informed practices to assist youth and families with stabilizing family relationships and improving individual and family functioning.
- Program objectives are to promote recovery by improving the individual’s level of functioning, to reduce symptoms of mental illness, to prevent hospitalization, prevent out of home placement, coordinate physical health, behavioral health and wellness, and to assist the individual in living and participating most fully in the community.
- The primary focus is to maximize the individual’s or family’s independence, maximize the ability to function effectively in the home and in the community, and to eliminate hospitalization and or residential placement.
- TACT staff work with the individual, family, and others such as school social workers to intervene in a timely manner, using evidence based strategies and interventions.
- The TACT team is comprised of a manager, therapist, nurse, case manager, and psychiatrist. Each youth is assigned a Master’s level therapist, nurse, or case manager as primary staff. Each TACT team has 25 youth.
- TACT provides: Individual and family counseling, initial and ongoing psychiatric assessments, medication management, nursing, substance abuse assessment and counseling, wellness/life skills development, case management and care coordination.
- TACT is provided primarily within the family’s home, but may also occur within the community, school and office settings based on the needs of the individual/family.
- Clients served are from 12 to 21 years old.
- A minimum of one face-to-face contact per week, which may increase up to five (5) to six (6) times based on the individual’s needs.
- Typical duration of home-based TACT services is approximately six (6) to twelve (12) months.
- Progress towards treatment goals are measured and evaluated every three (3) months.
- Languages spoken: English and Spanish
- TACT staff are on call (phone coverage) for crisis intervention and stabilization 24/7 after hours on weekdays, on weekends, and on holidays.
- Service available Monday through Friday 8:00am – 5:00pm with later appointments available if needed.
- Geographic area: Statewide
- Transportation to appointments can be provided by the TACT case managers when appropriate and based on the needs of the family.
- Upon referral, initial contact with individual/family is made within two (2) business days.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best fit criteria:
- Adolescents (12 – 21 years old) with mental illness, risk of hospitalization, frequent hospitalizations, intensive/partial hospital care, residential placement, substance abuse, risk of out of home placement, involvement in juvenile justice.

Exclusionary Criteria:
- Developmental delays, Autism Spectrum Disorders
Fact Sheet - Functional Family Therapy (FFT) - Tides Family Services

Description:
- FFT is an evidence-based, strengths-based model built on the foundation of acceptance and respect.
- FFT utilizes behavioral and cognitive interventions to enhance family interactions to better understand how the presenting issue functions within their family system and increases problem solving skills and parenting skills.
- FFT works with youth ages 10-18 and their caregiver to address the youth’s mental health or behavioral needs:
  - Treatment requires the youth and at least one caregiver present for each session.
  - The FFT therapist completes a thorough, strengths-based biopsychosocial assessment to determine behavioral needs at home, school and in the community. In addition to the biopsychosocial assessment and FFT assessment tools, TFS requires the Traumatic Events Screening Instruments (TESI) to be completed at intake to assess areas of trauma to be considered. The youth and family complete the Ohio Scales to gather baseline information and inform the initial treatment plan.
- Average duration of treatment: 3-5 months Intervention ranges, on average, 8-12 one hour sessions for mild cases up to 30 sessions of direct service for more difficult situations over the course of treatment. The frequency of sessions is based on the current risk of youth and family. FFT increases face-to-face sessions during the engagement phase and/or if there is a change in youth or families’ behavior requiring more support. Services are conducted in home-based settings, and can also be provided in schools, child welfare facilities, probation and parole offices/aftercare systems and mental health facilities.
- Team consists of two (2) full-time FFT Therapists and one (1) full-time FFT Supervisor.
- Average therapist caseload: 10-12 families; Average supervisor caseload: 5 families.
- FFT does not require FFT Therapists to be on call 24/7. Instead, FFT Therapists work to assist families in the development of skills early on in treatment to independently address crisis situations. Should a family require immediate assistance, TFS has a 24/7/365 on call system. All families will have direct 24/7/365 access to the TFS clinical on call (Masters Level) always. This support will have the knowledge of the FFT protocols relevant to crisis management. Sessions for FFT are frequently scheduled during evening and weekend hours.
- The frequency of sessions depends on the needs of the family; however, session minimum is one (1) time per week. In addition, TFS is a member of Horizon Health Partners (a multi-agency network that links behavioral healthcare services with other supportive services) and can leverage a vast array of expertise and services through these partner agencies including psychiatric services (billed through private insurance) for not only the youth referred to FFT, but siblings and caregivers as well.
- FFT can follow youth across placement settings when reunification is the immediate goal and the youth and at least one caregiver can participate in each session. In addition, FFT services assist families when youth are AWOL by empowering a family in taking necessary retrieval steps such as filing missing persons reports, contacting friends and families, and utilizing natural supports to assist in these efforts.
- The intake director receives all referrals from DCYF’s Central Referral Unit.
- Languages spoken: English and Spanish
- Catchment Area: Statewide
<table>
<thead>
<tr>
<th><strong>Target Population</strong></th>
<th><strong>Exclusionary Criteria</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Delinquent or antisocial youth</td>
<td>Youth is living independently or no primary caregiver is identified.</td>
</tr>
<tr>
<td>Age range of 11-18</td>
<td>Youth is actively suicidal, homicidal or psychotic: if a youth has a history of these symptoms, it is assessed on a case by case basis. If a youth becomes actively suicidal, homicidal or psychotic during treatment, FFT continues working with the family to manage the crisis and ensure the safety of all involved.</td>
</tr>
<tr>
<td>Youth is low-high risk of placement</td>
<td>Youth in need of sex offender treatment as primary reason for referral.</td>
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<tr>
<td>Youth is involved with DCYF/Probation</td>
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<td>Youth is adjudicated</td>
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<tr>
<td>Physical aggression at home, school or in the community</td>
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<td>Verbal aggression, verbal threats to harm others</td>
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<tr>
<td>Substance use</td>
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<td>Youth being reunified in the home</td>
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<tr>
<td>Youth who has an identified primary caregiver</td>
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<tr>
<td>Symptoms of mental health or emotional disturbance</td>
<td></td>
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</tbody>
</table>

**5 Stages of FFT**

- Engagement
- Motivation
- Relational Assessment
- Behavior Change
- Generalization

Each stage has its own goals, focus and intervention strategies and techniques.
Fact Sheet – Preserving Families Network (PFN) – Tides Family Services

Description:

- PFN is a community based network of care that provides a wide spectrum of programming to meet all levels of need for high risk families. PFN focuses on youth that are at risk from being removed from their homes and/or have a history of being unsuccessfully maintained in their homes. Youth often are impulsive, aggressive, and in conflict. They have an intense need for structure, supervision, safety, and predictability. PFN services target youth and families that historically have limited success meeting desired outcomes and whose needs are not met through traditionally funded or commercial insurance services.
- PFN is a locally-developed program designed to meet the unique and diverse needs of high-risk youth and their families.
- PFN serves males and females ages 6-21 years.
- PFN is grounded in two theoretical models: 1) Family System Theory (FST) and 2) Cognitive Behavioral Therapy (CBT). FST maintains that patterns of communication between family members call forth, maintain, and perpetuate both problem and non-problematic behavior. CBT focuses on exploring relationships among a person’s thoughts, feelings, and behaviors.
- Available 7 days a week, evenings & weekends with a 24/7 on-call line.
- To ensure staff are available to immediately respond to and provide face to face support, TFS has a 24/7/365 on-call system. All PFN families have direct 24/7 access to their assigned treatment team.
- Families receive treatment through a PFN team, led by a clinician. Clinicians are Master’s level, preferably maintaining a LCSW, LICSW, LMHC or LMFT. Clinicians work collaboratively with Behavioral Assistants and Outreach and Tracking Caseworkers (Bachelors level) in the provision of treatment. The intensity of treatment needs across a caseload ranges, therefore, a clinical caseload is based on 22 direct services hours weekly.
- A contact attempt is made within 24-hours to schedule an intake and assessment.
- Clinical contacts in the home may range from once per week and up to 10 hours weekly. The number of sessions depends on the client’s need and treatment plan. Outreach and Tracking services provide home visiting six (6) days a week; crisis response 24/7.
- Overall PFN clinical in-home contacts range 3-10 hours weekly and are delivered by a clinical team comprised of a Clinician and Behavioral Specialist (BA.) The BA works as an extension of the Clinician and provides 1-3 hours of clinical work practice skill session including social skills, life skills, family communications, etc.
- The average PFN case is open seven (7) months.
- Service is provided in the client’s home or community. If necessary, office appointments are available.
- Assessments take place at the initial intake, 30-day treatment plan, and every 60 days thereafter for treatment updates & utilization reviews. At each 60-day interval, as treatment goals are evaluated and updated, PFN staff meet with the DCYF caseworker to discuss case progress/barriers and ongoing needs.
- PFN services are delivered in home to ensure the family does not need transportation to access services. PFN staff assist directly or arrange for transportation to immediate needs such as connecting to natural resources/supports; school meetings; psychiatric appointments; social security; etc. including assisting with the development of a sustainable transportation plan as needed.
- PFN services are available in English and Spanish. Able to work with translators to accommodate additional languages.
- PFN delivers services statewide.
- Services can be initiated prior to a youth’s reunification home from a residential facility.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).
Best fit criteria:
Child (aged 6-21 years) and family has DCYF involvement and client is at least one of the following:

- Being discharged from RI Training School for Youth or currently involved with probation or parole.
- Placed out-of-state with aim of returning home.
- Currently hospitalized with need for additional services to be discharged.
- In a high end in-state placement with aim of returning home.
- In foster care needing services to maintain placement.
- Client and/or family have significant family court involvement (including Truancy, Drug and Re-Entry Court.)
- Child at-risk for imminent risk for out-of-home placement.
- Need for intensive in-home family stabilization, positive interaction with adults on a social, educational, and interpersonal level; and need positive success on the educational and community level.

Exclusionary Criteria:
- There are no set exclusionary criteria.
Parent Training and Skill Building Programs
Fact Sheet – Positive Parenting Program (Triple P) – The Key Program

Description:
- Triple P is an evidence-based model that draws on social learning models of parent-child interaction that highlight the reciprocal and bi-directional nature of parent-child interactions. With clearly defined content, practice standards, and learning objectives, this program model is designed to teach positive strategies and parenting skills and their application to a range of target behaviors and settings.
- Key Program provides Triple P statewide as a home-based service that is geared at working with multi-stressed caretakers of children, ages 0-12 years, who exhibit behavioral or emotional difficulties, such as aggressive or oppositional behavior.
- The Standard Triple P curriculum consists of 10 individual sessions; however, for caretakers whose parenting difficulties are complicated by other sources of family distress, such as relationship conflict, parental depression, or high levels of stress, an additional 5 individual sessions may be necessary to provide more practice sessions to enhance parenting skills, mood management strategies, stress coping skills, and partner support skills.
- Triple P Family Specialists deliver session material in two (2) or more home visits per week, based on family need. The Family Specialist also contacts the caretaker throughout the week to follow-up on homework assignments and reinforce what they have learned in that week's sessions.
- DVD video clips, role play, and homework tasks are utilized to facilitate skills learning.
- Each Family Specialist has a Bachelor's degree in a human services-related field, is formally trained by Triple America trainers, and is required to complete Triple P's accreditation process successfully.
- Average caseload size is 10 per worker. Staff work flexible shifts to accommodate the scheduling needs and preference of referred families, as Triple P is delivered in individual sessions in families’ home.
- Triple P can be used as a standalone program or in conjunction with other services. Services can begin while child is in foster care if reunification is the permanency goal.
- Upon receipt of referral, initial contact to set up an intake appointment is made within one (1) business day.
- Typical duration of this service is 12-16 weeks, depending on assessed needs of caretaker.
- Services are provided primarily within the caretaker's home, but may also be provided within the community, based on the caretaker's needs and preferences.
- The primary focus of this service is to improve family functioning to promote safety and permanency. It also is designed to achieve a reduction in behavioral and emotional issues in children, as well as a reduction of family risk factors for child maltreatment.
- Languages spoken: English, Spanish, and Khmer
- Geographic area: Statewide
- Has proven to be successful with caretakers who have literacy issues or cognitive or developmental delays.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best fit criteria:
- Multi-stressed caretakers of children, ages 0-12 years, who exhibit behavioral or emotional issues.
- Caretakers who use dysfunctional parenting techniques, such as coercion, corporal punishment, harsh discipline, criticism, and humiliation.

Exclusionary Criteria:
- Active substance abuse; active psychosis; domestic violence situations that pose current safety threats.
Fact Sheet – SafeCare – Family Services of RI

Description:
- SafeCare is an evidence-based parent training program that targets parents/caretakers of children birth to five (5) with known risk factors for and/or a history of child neglect and abuse.
- SafeCare program will be a 20-22 week program with home visits typically once per week.
- Staffing will consist of one (1) full-time SafeCare Coach and 1.75 full-time equivalent SafeCare home visitors, each a BA or equivalent level professional.
- Caseloads will average no more than thirteen (13) families. Staff will be supervised by a Master’s level, independently licensed, SafeCare clinical supervisor responsible for ensuring--through weekly individual and/or group supervisions—that clinically appropriate, Medicaid-compliant services are delivered and documented to all program participants.
- Sessions utilize the SafeCare training process in which each behavior/skill is explained, modeled and then practiced by the participants with the SafeCare home visitor providing positive and corrective feedback in order to promote skill acquisition.
- SafeCare provides services in the parents/caretaker's home, avoiding transportation barriers.
- SafeCare should begin from six (6) weeks up to 12 weeks prior to the planned reunification but then sessions will continue after reunification for another 10-16 weeks.
- FSRI On-call is available twenty-four (24) hours a day, seven (7) days a week.
- Languages spoken: English and Spanish
- Geographic area: Central Falls, Pawtucket, Providence, Cranston, Warwick, and West Warwick

Best fit criteria:
- SafeCare is a program designed to alleviate risk factors associated with abuse and neglect.
- Researchs show this model as successful with parents with a variety of stress and risk factors associated with poor outcomes for children—including parents with depression, young parents, parents with multiple children, and parents with a history of other mental health problems. Substance abuse or some intellectual disabilities are not exclusionary criteria if other necessary services and supports for those conditions are also being utilized.

Exclusionary Criteria:
- Families whose children are all over five (5) years of age.
- Families with children requiring significantly specialized parental care due to trauma and/or behavioral health needs. (SafeCare is not specialized parenting or behavioral health treatment.)
- Parents/caregivers who need, but are not yet engaged with, behavioral health treatment and/or domestic violence services.
- Parents/caretakers who do not have frequent or consistent contact/visits with their children (because children must be present for at least some of the parent/child Interaction module and parents/caretakers need opportunities to practice skills being learned).
Fact Sheet – Parent Partner Services – Parenting Capabilities for Successful Reunification (4A) – Parent Support Network

Description:

- Parent Partner Service’s primary focus for this service will be parent/caretakers and their children and youth who are involved with DCYF working on reunification statewide. Parents of children in out of home care face a relatively brief period within which to successfully demonstrate progress in their effort to reunify. This progress includes engagement in their case plan, involvement in services, and visitation with children.
- PSN Parent Partner Services are focused on mentoring and educating the parent/families to lead and make decisions about the array of services, supports and resources they will access and receive for their child and family. Parent Partners will increase parental capabilities and skills with the delivery of the evidence based Nurturing Parenting Program.
- Parent Partner Services are evidence-based and recognized by the California Evidence Based Clearing House for Child Welfare and by the Center for Medicaid Services (CMS). Parent Partners work primarily with the parents utilizing evidence-based peer based approaches and parenting strategies and interventions.
- Parent Partner Services include ongoing telephone and face-to-face peer support; information and referral; individual and group parent education; service system navigation and warm transfers, ongoing adult education and vocational assistance; assist with unsupervised and supervised visitation; and attendance at medical, treatment, service, and educational related meetings. All Parents/family caregivers will have a family support plan built upon agreed goals and action steps within their treatment or service plans.
- Parent education evidence based curriculums delivered include Nurturing Parenting Program, 24/7 Dad, and Inside/Out Dad. Parent Partners are trauma informed certified and receive ongoing training and clinical guidance.
- Parents/family caregivers of children and youth from birth to 21 years old and open to DCYF.
- Each family is assigned a Parent Partner who is a parent/family caregiver who has lived experience either raising a child or youth with serious behavioral (mental health and substance use) challenges and/or experience with child welfare and other service system involvement.
- Parent Partners are required to have a high school diploma/GED and be certified or actively working on Rhode Island Peer Recovery Specialist and/or Community Health Care Workers certificates with the RI Certification Board.
- Parent Partners receive individual and/or group clinical supervision weekly by a Licensed Independent Clinical Social Worker (LICSW). Daily supervision by an experienced non-clinical peer specialist supervisor with over 20 years of peer service delivery.
- A minimum of two (2) face to face contacts per week, which may increase up to five (5) to six (6) times based on the family’s needs.
- Parent Partners are assigned a caseload of approximately 10+12 families, depending on the number of children and youth within the family.
- Typical duration of Parent Partner Services is six (6) months of intensive services (4- 6 hours per week) for approximately six (6) months (up to 12 months or until DCYF closes) and stepping down to a single service requests (two hours per week) as needed by the family.
- Parent Partner Services occur in the home, community, treatment centers, schools, and other agency settings.
- The initial plan is developed within 45 days of the initial contact. Progress towards family support plan goals are measured and evaluated weekly.
- Parent Partners are available to serve across the statewide, weekdays 9:00 – 5:00 pm, scheduled nights and weekends.
- PSN will provide gas cards and/or taxis to support clients in getting to their treatment or visitation appointments when it is cost effective and promotes self-efficacy.
- Because Parent Partner Services are non-clinical, they would not be the first response; they will make sure that all families have a crisis plan in place as to which clinical provider is identified as 24/7 clinical response.
- Current Parent Partner staff speak English, Spanish and Portuguese and utilize interpretation.
- Upon referral, initial contact with family is made within two (2) business days. Initial face-to-face with the parents/family/caregiver occurs within five (5) business days of referral.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

**Best fit criteria:**
- Parent Partner services should be highly encouraged and voluntary.
- Parents who are hard to engage, build trust and positive communication; need ongoing peer support, education, mentoring and advocacy; improve and practice their parenting to build protective capacity and positive parent and child interaction and healthy development.
- Parents who have children and youth with serious emotional disturbance, have multi-agency needs, and are transitioning from out of home placement to home.
- Parents who are in recovery for mental health, substance use and/or other chronic health needs or who are incarcerated at RI Adult Corrections and working on re-entry and reunification.

**Exclusionary Criteria:**
- Parents who after numerous attempts refuse to engage with Parent Partner Services.
Special Populations and Services
Fact Sheet – Multi-Systemic Therapy for Problem Sexual Behavior (MST-PSB) - NAFI

Description:
- MST is an evidence-based, intensive family and community-based treatment program whose successfully demonstrated: (1) reduced rates of out of home placements for youth exhibiting Problematic Sexual Behavior (PSB) (2) decreased involvement in court system (3) extensive improvements in client/family functioning (4) increased motivation toward achieving life, academic or vocational goals (5) decreased problem sexual behavior and mental health problems for youth (6) increased cohesiveness between family, schools and community.
- MST interventions aim to (a) reduce caregiver and youth denial about the sexual offenses (b) remove barriers to effective parenting (c) enhance parenting knowledge (d) promote affection and communication among family.
- Primary focus is to improve family functioning, which will decrease the youth’s risk factors and problematic behaviors.
- MST therapists work primarily with parents utilizing evidence-based parenting strategies and interventions, individual work with the youth is utilized if determined by the treatment team to be most effective.
- Clients served are from 12-18 years of age.
- Each youth is assigned a Master’s level therapist, with each therapist having a caseload of four (4).
- Minimum of two (2) face-to-face contacts weekly, may increase up to five (5) to six (6) times based on need.
- Typical duration of home-based MST services is approximately five (5) to seven (7) months.
- MST is provided within the family’s home, community or school setting based on the needs of the family.
- Progress towards treatment goals are measured and evaluated weekly.
- Upon referral, initial contact with family is made within two (2) business days.
- On-call available 24 hours a day, seven days a week.
- Languages spoken: English, Spanish speaking staff employed by NAFI.
- Geographic area: Statewide
- Transportation: MST is offered in-home and in the community, eliminating transportation issues for a family.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best fit criteria:
- Youth with PSB with an identifiable victim(s).
- Youth with PSB as the main referral behavior, but may also present with externalizing behaviors such as aggression, fighting, arguing/threatening, destroying property, using drugs and alcohol, disrespectful and disobedient conduct, running away, truancy, and curfew violations often associated with but not limited to juvenile offenders.
- MST can be used to prevent out-of-home placement or assist in rapid reunification. For youth in out-of-home placement, services can be put in place 30 days before reunification.

Exclusionary Criteria:
- Youth living independently.
- Actively suicidal, homicidal or psychotic at time of referral.
- Developmental delays, Autism Spectrum Disorders (can be assessed at time of referral by MST-PSB team).
- Caregiver is in complete denial that the PSB occurred.
- There must be one caregiver who acknowledges that PSB occurred and who will actively engage in safety planning and management (some level of minimization may be present)
Fact Sheet – Supporting Teens and Adults At-Risk (STAAR)

Description:
- STAAR is an intensive home-based clinical and case management service for high risk and sexually exploited youth and their families.
- Children/youth up to age 18 (21 for dependent children), with a confirmed history of Commercial Sexual Exploitation of Children (CSEC) involvement OR identified high-risk youth which includes frequently running away, gang involvement, spending time with known trafficking victims or traffickers, involvement in the child welfare system; members of the LGBTQ community; and victims of child sexual abuse.
- The program model is to provide home/community-based services to survivors of sexual exploitation/human trafficking and high risk youth.
- Services provided by a clinician, a case manager, and a survivor/mentor (group therapy only).
- Upon referral, initial contact with family is made within two (2) business days.
- Each family received 6-8 hours of clinical in home supports and 6-8 hours of case management in home support for 4 to 6 months.
- Length of service: Typical duration of home-based STAAR services is 4-6 months.
- Interventions focus on safety, social competence, life skills, victim support, educational support, mental health services, and substance abuse screening and referral.
- Youth can access Equine Assisted Psychotherapy, Individual Therapy, Group Therapy (My Life, My Choice) and Family Therapy. Referrals made for psychiatric care.
- Caregivers will be provided psychoeducation on parenting a child who has experienced trauma utilizing our Families Impacted by Sexual Abuse (FISA) Curriculum, (formerly NOP Curriculum).
- Primary focus is to keep survivors and high-risk youth safe in their communities, reduce the risk of re-victimization, and decrease placement disruptions improve family functioning.
- A clinical team provides individual, group and family therapy, caretaker support and education and case management. Other services include transportation assistance, aftercare planning which includes referrals to appropriate services at discharge, financial assistance for funding extracurricular activities, building a support network, transportation to ongoing treatment/group appointments and access to 24/7 on call support.
- Team coordinates bimonthly Provider Team meetings.
- Progress towards treatment goals is reviewed monthly.
- On call available 24 hours a day, seven days a week.
- Services in English, Spanish, Haitian Creole, and American Sign Language.
- Geographic area: Statewide

Best fit criteria:
- A confirmed history of Commercial Sexual Exploitation of Children (CSEC)/Human Trafficking involvement or identified high-risk youth, defined as: frequently running away; gang involvement; spending time with known trafficking victims or traffickers; involvement in the child welfare system; members of the LGBTQ community; or victims of child sexual abuse.
- At risk of placement disruption (biological, foster, pre-adoptive and/or adoptive) or risk of placement in congregate care.
- Youth who are attempting to transition back to their homes after hospitalization, group home or residential care; services may begin while the youth is in congregate care.

Exclusionary Criteria:
• Significant safety concerns, such as active homicidal or suicidal ideation.

**Fact Sheet – Parent and Family Empowerment Program (PFEP) – The Groden Network**

**Description:**
- PFEP is an evidence-based treatment program for families of children with autism and other developmental and behavioral challenges.
- PFEP includes an array of services including parent group training, parent-child interaction therapy and family therapy in both clinic and home/community settings.
- PFEP is a two-tiered, with a specialized program for parents with intellectual disabilities (tier two)
- The program serves families of children ages 3-21 years.
- Upon referral, initial contact with the family is made within two (2) business days.
- Course of treatment is assessment driven and individualized to meet the needs of the family.
- Tier one parent groups meet once per week for 12 weeks.
- Tier two parent groups meet twice weekly for 12 weeks.
- Tier one families receive clinic and/or home based family based treatment once/week for the duration needed.
- Tier two families receive home based family treatment two to three times/week for 2 hour sessions for the duration needed.
- Case management is provided to help families access community resources.
- Crisis management is provided with on-call system 24 hours/day, 7 days/week
- Geographic area: Statewide

**Best fit criteria:**
- Parents with or without intellectual disabilities with children with autism, developmental disabilities, and/or challenging behaviors (tantrums, aggression, oppositional).
- Parents in need of parenting and behavior management strategies.

**Exclusionary Criteria:**
- Parents with severe psychiatric diagnoses (psychosis, schizophrenia).
- Children or parents with active suicidal, homicidal ideation or psychotic symptoms.
Fact Sheet – Family Preservation Program (FPP) – The Groden Network

Description:
- FPP is a home-based family preservation program servicing children and adolescents with autism and developmental disabilities. The goal is to prevent out-of-home placement or post-reunification services after foster care or residential care.
- FPP provides the parent-caregiver the education, skill building, clinical assessment and applied behavior analytic therapy to strengthen the family system.
- Clients served range in age from birth to 21 years old.
- Upon referral, initial contact with the family is made within two (2) business days.
- FPP is designed to be short-term – approximately four to six months. Hours spent on the case by the Clinical Director, Clinical Supervisor, and Behavior Specialist are based on the needs of the family.
- FPP’s treatment model is a component of the Groden Center’s continuum of services that is based on empirically-validated options and represents best-practice in the treatment of severe behavior challenges.
- FPP provides case management and respite services.
- Clinical services include assessment, individualized treatment planning and implementation, parent/family training and support, crisis management, coordination of care, and discharge planning.
- On call available 24 hours a day, seven days a week.
- Geographic area: Statewide
- Languages spoken: English and Spanish

Best fit criteria:
- Individuals with autism and developmental disabilities with behavior challenges.
- Provide supports to families at home and in the community.
- Used to prevent out-of-home placement or assist in reunification.
- Requires that parents/caregivers be active participants in the assessment of needs, development of an intervention plan, and implementation of strategies.

Exclusionary Criteria:
- Lack of permanent caregiver.
- Actively suicidal, homicidal or psychotic.
- Emergency management referrals in lieu of psychiatric hospitalization.
- Client and/or family who refuse to participate in FPP treatment.
Miscellaneous
Fact Sheet – Teen Focus – Wendy’s Wonderful Kids - Adoption Rhode Island

Description:

- **Primary Focus**: The primary areas of focus of the *Teen Focus* program are to (1) keep older youth stable in supportive living arrangements while striving towards legal and relational permanency through adoption, guardianship, and/or the development of a network of peer and adult supports, (2) achieve educational and vocational goals, (3) prepare for adulthood through life skills development.
  - As part of a multi-disciplinary team Teen Permanency Coordinators will work with youth to achieve relational and emotional permanency through family search and engagement and other opportunities to build and sustain lifelong relationships, implementing evidence-based evidence-informed models outlined below.
  - Educational Advocates will support positive educational outcomes for children, including high school graduation, exploration of post-secondary education opportunities, increased community involvement, and extracurricular activities.

- **Evidence-Based Programming**: Adoption Rhode Island (ARI) has maintained fidelity to the child-focused recruitment model *Wendy’s Wonderful Kids (WWK)* as a grantee of the Dave Thomas Foundation for Adoption for the past 10 years. This model includes eight (8) steps of child-focused recruitment, including: Initial case referral, Relationship with child, Case record review, Assessment, Permanency Preparation, Network Building, Recruitment Plan, and Diligent Search. Fidelity to the WWK model is demonstrated through quarterly reports, site visits, participation in a national evaluation and accountability to our site manager. Additionally, ARI will also continue in its application of the evidence-informed 3-5-7 Model©, contracting for on-going consultation from its founder, Darla Henry, to ensure fidelity to the model’s principles, which include Clarification, Integration, and Actualization of a child’s life story.

- **Service Availability**: Monday-Friday, flexible hours.

- **Teen Focus Multi-disciplinary team includes**:
  - Three (3) Bachelor’s Level Permanency Specialists with caseloads of 18, 54 youth served per year.
  - Two (2) Bachelor’s Level Educational Advocates.
  - One (1) Master’s Level Program Coordinator to supervise team.

- **Initial Contact with Client**: 2-4 business days after completion of Intake Assessment with the youth’s primary worker (FSU/Probation/RTS).

- **How frequently do you meet with the client?**
  - Members of the Teen Focus team will meet with youth 3-4 times per month face-to-face with additional contact by phone, email, or other contact.

- **What is the duration of services?** Youth may remain enrolled in *Teen Focus* for the length of time they are open to the Department. Youth who achieve permanency through reunification, guardianship, or adoption or those who close to the Department due to age, will be discharged from *Teen Focus* and referred to Adoption Rhode Island’s outpatient clinical supports, if applicable.

- **Treatment Planning and Evaluation**: Quarterly, unless otherwise specified.

- **Languages Spoken**: English

- **Geographic Area**: Statewide

**Best fit criteria:**

- Youth, ages 13-18, with permanency goal of Another Permanent Planned Living Arrangement (APPLA), unless otherwise approved by DCYF.
Exclusionary Criteria:

- Youth with primary goal of adoption or reunification. However, if youth have a concurrent APPLA goal, a referral to the Teen Focus program may be appropriate and should be determined between the youth’s DCYF/RITS worker and CRU on a case by case basis.
Fact Sheet – Commercial Sexual Exploitation of Children (CSEC) Mentoring Program – Day One

NOTE: Service available beginning July 1, 2017

Description:
- Day One’s CSEC Mentoring Program provides consistent support and transformational relationships critical to helping young CSES victims leave “the life.”
- The Mentoring Program utilizes a strengths-based approach, combined with wrap-around Multi-Disciplinary Team (MDT) and trauma-informed clinical care.
- Empowers young victims to leave exploiters and engage in activities that rebuild a sense of self.
- The mentoring program is managed by a licensed clinician.
- Serves girls ages 12-18 years throughout Rhode Island.
- Offers services 24 hours a day, 7 days a week with an emergency on-call when needed.
- Connects young victims to a mentor; CSEC mentors may be either CSEC survivors who have been “out of the life” for at least five years, or CSEC-informed individuals.
- Mentors are assigned within 48-hours of referral.
- Offers victims an individualized service plan, which includes a meeting with their mentor at least one time per week. Program participants are also offered the opportunity to participate in weekly group with all girls involved in the Mentor Program.
- CSEC Mentoring Program can serve up to ten (10) concurrent referrals.
- Services are provided in the home and/or in the community.
- The delivery of services is based on the individualized service plan and varies from six to twelve months. Service goals are completed within the first 30 days and reviewed every three months.
- Language needs of referred clients’ families can be met through volunteer advocates and Day One bilingual staff.

Best Fit Criteria:
- The target population for the CSEC Mentoring Program is girls who have been involved in CSEC or girls who are at imminent risk in Rhode Island and are open to the Department of Children Youth and Families.

Exclusionary Criteria:
- The program is not a fit for youth who have severe mental health issues or severe cognitive limitations.
Fact Sheet – Trauma Treatment, Evaluation, Assessment, and Management (TTEAM) – Day One

NOTE: Service available beginning July 1, 2017

Description:

- TTEAM response is a home / community based service that includes thorough trauma evaluation, assessment of child and family needs, management and intervention and development of individualized, comprehensive, measurable treatment plans.
- TTEAM collaborates with DCYF and the RI Children’s Advocacy Center to identify children and caregivers who will benefit from this intensive service.
- Treatment plans include objectives for all those involved in the child’s care and healing process.
- Serves children and teens ages 3-18 throughout Rhode Island.
- Offers services 24 hours a day, 7 days a week with an emergency on call when needed.
- Capacity is twenty (20) concurrent referrals, with a limit of ten (10) clients per clinician.
- The delivery of services is based on the individualized treatment plans delivered for three (3) months.
- Services are provided in the home and community.
- Service features daily check-ins, and four (4) hours of individual and family contact per week.
- Clinicians are supervised by a Licensed Clinical Supervisor.
- Service will take place in-home, and/or at the Clinical Office of Day One, located at 100 Medway Street, Providence, RI 02906.
- The program serves all geographical areas in Rhode Island.
- Languages spoken by staff include English, Spanish and Portuguese.

Best Fit Criteria:

- TTEAM is a three-month intervention for children in DCYF care, with complex trauma histories and their non-offending caregivers, and begins with a thorough, multi-setting trauma evaluation.
Fact Sheet – 30 Days to Family® - Foster Forward

Description:

30 Days to Family® is an intense and short-term intervention that searches for and aims to place children with safe and appropriate relatives within 30 days of entering foster care. The concentrated efforts and low caseloads of 30 Days to Family® is designed to make placement with relatives possible, while also aiming to support the family so placement stability is maintained.

- 30 Days to Family specialists engage in family decision-making, get advice from family on who might be able to help the child with respite care, assistance with homework, mentoring and emotional support.
- 30 Days to Family works to keep siblings together, maintain children in their school of origin and preserve the child’s important relationships with friends and supportive adults.
- 30 Days to Family® is Not Rated, but is evidence-informed and has proven to be a highly successful (70% success rate) as implemented in St. Louis.
- 30 Days to Family® serves children birth to 17 years of age.
- The service is available immediately at removal.
- Contact Information for the 24/7 if applicable: TBD
- The staffing qualification of the staff is as follows: Two BA level Search Specialists supervised by a MSW clinician each work only two cases at a time to conclusion or 30 days.
- The initial contact with the youth is immediately upon referral.
- Search Specialists will meet one-on-one with the child, as appropriate, to explore kinship options and family resources.
- This service provided for 30 days
- The service is provided at court, at DCYF planning meetings, in the community
- 30 Days to Family has one goal- placement with family. This goal is measured after 30 days.
- Languages Spoken: English and Spanish, and other languages TBD.
- Geographic Area: Statewide
- Referrals to 30 Days to Family will come from DCYF within 24 hours of entry or reentry or prior to the initial court hearing.

Eligibility criteria: A client is eligible for 30 Days to Family® services if ALL the following criteria are met:

1) He or she is between the ages of 0-17 years at the time of intake.
2) He or she has entered or re-entered the foster care system (i.e. has been taken into protective custody) and a referral is received within 24 hours or prior to the initial court hearing.
3) He or she has no approved identified relative or kinship options for placement.
4) He or she can be safely placed in the community within 30 days.
Fact Sheet – Tides Outreach and Tracking Program – Tides Family Services

Description:

- Outreach and Tracking (OT) is a family-focused program that provides intensive contact with youth while working with their families to address therapeutic needs. *This approach encourages individual and family responsibility, develops educational, job and life skills and empowers the entire family.*
- The program is modeled after an intensive supervision program for at-risk adolescents in Baltimore, Maryland, called the “Choices” program. Tides’ sent three employees down to Baltimore for a week of “immersion” training in 1994, and has modeled a similar program for at-risk youth and their families here in Rhode Island.
- To improve client outcomes, TFS utilizes a strength-based, trauma-informed family-focused approach. Our services are community based. We focus on building trust and establishing a therapeutic relationship with the families served.
- Age served: Youth ages 6 to 21 and their families who were at-risk to become further involved in the juvenile justice system and/or the child welfare system.
- The program is available 7 days a week with 24/7 emergency on-call access to a supervisor and 24/7 agency-wide clinical support.
- The team is staffed by a supervisor and teams of BA level caseworkers. A team of 2-3 provides direct services to approximately 25 youth.
- The Supervisor attempts to contact the client’s family within 24 hours of receiving the referral.
- Youth are seen in school, at home and in the community multiple times a day Monday through Saturday with a 24/7/365 crisis on-call system. Recreational activities are planned on nights and weekends.
- The program is an independent, home-based service model that can be “stand alone” or combined service that consists of multiple daily face-to-face contacts between caseworkers, youth, and their families. Tracking youth face-to-face in the community is the central activity in which OT caseworkers spend most of their time. Specifically, tracking involves in person, intensive monitoring of youth in the community including at school, home, other agencies etc.
- Some additional services components include: assisting in court-related Matters, connecting youth to community therapeutic recreation activities, school advocacy and truant support, case coordination with outside providers, etc.
- Average length of stay is six (6) months.
- The family and youth are assessed at minimum four (4) times to determine the family's goals for treatment, youth risk and functioning, and treatment progress—at the initial assessment, 30-day treatment plan, and every 60 days thereafter for treatment updates & utilization reviews. Due to the complexity of youth and family needs, a set period is not determined at onset.
- OT Services are delivered in family’s home so the family does not need transportation for services.
- OT staff assist directly, or arrange for, transportation to immediate needs such as-connecting to natural resources/supports; school meetings; psychiatric appointments; social security; etc. including assisting with the development of a suitable (on-going) transportation plan as needed.
- Services are available in English, Spanish and Creole.
- The service area is Pawtucket, Central Falls, Woonsocket, Providence and Kent County areas. *There is flexibility to provide services in other areas upon request from DCYF.*

Best fit criteria:

- Youth ages 6 to 21 and their families who were at-risk to become further involved in the juvenile justice system and/or the child welfare system.
Examples include 1) youth is being discharged from RI Training School for Youth; 2) youth resides in out-of-state placement with aim of returning home; 3) youth is hospitalized and needs additional services to be discharged; 4) youth is in-state placement with aim of returning home; 5) youth is in foster care needing services in order to maintain placement; 6) youth/family have significant family court involvement (including Truancy, Drug and Re-Entry Court); 7) youth is at imminent risk for out-of-home placement; or 8) youth is involved with probation or parole.

Exclusionary Criteria:
- No exclusionary criteria.
- The agency maintains a “no reject, no eject policy” for all referrals. If a referral is determined to be outside of our expertise and/or the target population DCYF is notified immediately.
Fact Sheet – Youth Advocate Programs (YAP)

Description:
- YAP’s wraparound advocacy model utilizes evidence-based and evidence informed interventions to prevent or safely integrate youth from out of home placement back into their home community through intensive family community-based interventions.
- YAP works with the highest risk and most complex need youth and families across several systems including child welfare, juvenile justice, and behavior health.
- Services are designed for male and female youth ages 12 to 17+ years old, although all cases will be accepted.
- Each youth is served by an Assistant Director (AD) who is supplemented by 1-2 Advocates. The AD is responsible for the intake, assessment and implementation of client services as well as the overall case management and direction of the advocate staff. Advocates are part-time para-professional staff that carry a caseload of 2-3 families. They are available 24/7, and are responsible for connecting families to community resources and providing direct services such as transportation, mentoring, coaching, teaching parenting skills, modeling, and tutoring. They also can participate in our Supported Training Program, which is paid by YAP and supervised by local employer sites.
- YAP initiates services 6-8 weeks prior to youth’s discharge from placement, when applicable. If a youth moves to foster or congregate care setting YAP can continue to provide services with the goal of expedited reunification or permanency with another resource.
- The level of service for this program will be an average of 12 hours with 3-5 face-to-face contacts per week per family with service intensity adjusted based on individual needs.
- The average length of service will be 4-6 months.
- YAP services are holistic and serve the entire family unit, addressing issues as they arise.
- Ancillary (flex funds) are utilized when families have no other resources to maintain safety and stability.
- Services will occur in homes, schools and neighborhoods at times and locations most needed by the family.
- YAP’s wraparound model engages the youth, family, as well as invested others in facilitating the creation of an Individualized Service Plan (ISP) which is developed within the first 30 days and acts as the blueprint for service delivery. Goals are based upon the strengths and needs of the family and are agreed upon by all parties, who form the Child and Family Team. The program Director will also provide individual and or group sessions in the Strengthening Family curriculum.
- The Program Director and AD’s are responsible for providing weekly face-to-face supervision to advocates and monitor goal progress throughout the duration of the case.
- YAP provides 24/7 crisis intervention and support.
- Languages spoken: English, Spanish and Portuguese. YAP has translation services for other languages.
- Geographic area: Statewide.
- Referrals are made through DCYF’s Central Referral Unit (CRU).
- YAP outreaches to the family within 48 hours of the referral.

Best fit criteria:
- The program is designed to promote family stability, increase pro-social behaviors, build decision-making skills, and strengthen relationships.
- YAP can be used to prevent out-of-home placement or assist in rapid reunification.

Exclusionary Criteria:
- YAP adheres to a “No Eject, No Reject” principle and will make every effort to promote success with every youth and family referred.
Direct Referrals
Fact Sheet – Harvest Kitchen – Farm Fresh Rhode Island

Description:
- Harvest Kitchen is a 20-week culinary job skills training program serving adjudicated youth, ages 16-20.
- The program currently serves Providence, Pawtucket, and Central Falls and is conducted in English.
- Youth are provided with vocational and educational support, life-skills instruction, mentorship and connection to other services when needed.
- Youth enrolled in Harvest Kitchen receive a minimum wage stipend contingent upon their attendance, behavior, and adherence to required participation criteria.
- The job training program operates in a professional commercial kitchen at 2 Bayley Street in downtown Pawtucket.
- Youth participants gain on-the-job culinary experience while assisting to create a line of high-quality preserved foods using ingredients sourced from local farmers and are offered the opportunity to gain sales and marketing experience by selling products at local farmer’s markets.
- Youth are placed in a five-week community-based internship after successful completion of 15 weeks of training with Harvest Kitchen.
- In addition to on-the-job experience and continued support, successful completion of the program includes training in and receipt of the nationally recognized ServSafe Food Handler’s Certification.
- Beginning in the Spring of 2017, the training program will operate two sessions Monday-Friday; a day-time session will operate from 10:30am-1:30pm, and an afternoon session from 3:30-6:30 pm.
- Harvest Kitchen staff are experienced in both education and cooking skills, and work with youth at a 4:1 student to teacher ratio.
- Upon enrollment, teachers work with youth to create goals and learning plans. Staff educators conduct progress reports with trainees every five (5) weeks to review goals and to provide trainees with feedback to ensure that their learning experience is effective and well supported.
- Support for successful re-entry extends beyond the program curriculum as staff help youth in obtaining RI State ID, opening bank accounts, enrolling in federal assistance programs, and other case-by-case required support.
- Staff educators conduct progress reports with trainees every five (5) weeks, reports and evaluations are shared with Probation and the Court upon request.
- Program provides RIPTA bus passes as needed to get to and from work, internship sites, and field trip destinations. Program cannot provide additional bus passes if lost or stolen.
- The program will can work with youth prior to release from secure placements.
- Once per month on Saturday, Harvest Kitchen offers community service hours for youth on probation.

Best fit criteria:
- Youth on probation.
- Youth motivated to learn job skills and find employment.
- Youth particularly interested in culinary skills.
- Youth able to get to Kitchen in Pawtucket.

Exclusionary Criteria:
- Youth younger than 16.
- Youth unable to get to Kitchen due to pre-existing obligations.
- Youth reporting safety concerns.
Fact Sheet – Foster Forward - Family Support Program (FSP)

Description:
The Family Support Program offers supports for kinship and nonrelative DCYF foster families. Families will receive immediate response to material resource needs including cribs and beds for kinship caregivers and short term supplies and clothes needed to accept placement for both kinship and DCYF foster parents. Foster family outreach and engagement will be provided by Kinship Navigators for kinship families and DCYF foster parent mentors to navigate system benefits (SNAP, WIC, daycare, etc.), run peer support groups and coordinate family activities and respite exchange. Families who require more intensive support will be assigned to one of two dedicated case managers. Family Support also offers statewide events including the Halloween Costume giveaway, the Holiday Gifts Campaign with toy distribution through Hasbro and Foster Parent Appreciation Month activities. Foster Forward also administers Youth Enrichment grants of up to $300 per year per child for foster children to promote normalcy and inclusion in community activities.

- The services are available during business day and some evenings with 24/7 help line
- The staff consists of a Program Coordinator (MSW) who supervises two (2) Kinship Navigators, the Lead for the Foster Parent Mentors, and two (2) case managers (BSW). Project Direction provided by Clinical Director (Psya.D).
- Between 800-900 families will be served overall, up to 50 foster families at a time in case management, 30-60 families served at any time by the Foster Parent Mentors, and about 500 families at a time will receive kinship navigator services. Cribs and beds will be available for up to 100 kinship families and youth enrichment grants will be available for up to 300 children and youth.
- Families will be contacted within one business day of referral for kinship caregivers and within one week of referral for nonrelative caregivers.
- The program will meet with the client as needed.
- Services will be reevaluated every 90 days and cases will be open for six (6) months but may be extended for up to a year based on need.
- Services will be provided at the office and at various locations in the community.
- Treatment plan goals will be measured/evaluated every 90 days.
- Languages Spoken: Spanish and TBD
- Geographic Area served: Statewide

Best fit criteria:
The target population for Foster Forward’s Family Support Program is all DCYF relative and nonrelative caregivers. DCYF should provide Foster Forward an updated list of all current foster families for universal outreach and service through activities and events and further provide real time notice through RICHIST for new relative caregivers and new placements with all nonrelative caregivers. Many families will be effectively served through Kinship Navigation, many new families may want monthly peer-based mentoring during the first year of their fostering experience and a smaller number of families may require more intensive case management support.

Exclusionary Criteria:
Foster Forward’s Family Support Program excludes therapeutic foster families. The Family Support Program offers an array of programming that can be effectively delivered as a standalone service for most families, but we recognize that there may be some families who need intensive home based visiting or additional in home behavioral management programs that we do not provide. If such services were needed, Foster Forward would not open those families to case management or would suspend case management services if there was a more appropriate case management option available. Foster families receiving case management from another provider would still receive general resources, Kinship Navigation and access to a Foster Parent mentor through Foster Forward.
Fact Sheet – Safe Families Collaborative Program -
RI Coalition Against Domestic Violence

Description:
- The primary focus is to address the co-occurrence of domestic violence and child abuse. This is a unique collaborative program, involving a partnership between the RI Coalition Against Domestic Violence, the Blackstone Valley Advocacy Center and DCYF.
- This is an evidence-informed program, based on best practices.
- The clients are primarily over the age of 18, since this program targets the non-offending parent in the family, referred through DCYF.
- Program participants have access to the RICADV which is a statewide collaboration involving a network of local member agencies that offer counseling, support groups, education programs, court advocacy services and other support services/resources (immigration support, RI office of Crime Victims Compensation Funds etc.) for both males and females that are victims of DV.
- The service is available Monday – Friday, 9:00 – 5:00 pm, although the 24-hour Helpline and crisis intervention services are available 24/7 through referrals to the Helpline.
- Victims of Crime Helpline is 800-494-8100 for 24/7 domestic violence victims.
- The qualifications for the advocates includes a Bachelor’s degree. Caseloads vary depending on the referrals from DCYF.
- Contact is initiated as soon as possible (the same day whenever able) as the referral is received.
- The frequency of the meetings is set up based on the client’s need, with an average of 10 contacts per client.
- Service duration varies depending on the client’s need, but generally will exist for up to a year.
- Services can be provided at a variety of locations including the family home if deemed safe.
- The advocates are based in the regional DCYF offices to offer consultation to DCYF and FCCP staff, but work with clients in the community.
- Treatment plans and goals are evaluated every three (3) months.
- Advocates speak Spanish and English
- This program is statewide and serves clients from all communities.

Best fit criteria:
This program is designed for families when the non-offending parent is a victim of domestic violence (emotional, physical, sexual and/or psychological abuse).

Exclusionary Criteria:
All victims of domestic violence are appropriate for this program. There are no exclusionary criteria.
SPECIALIZED FOSTER CARE SERVICES
Fact Sheet - Family Preservation and Permanency Services: Private Foster Care - Children’s Friend

Description:

- To provide high-quality care for children in family-based foster care, including concurrent planning services. The program is designed to achieve safety, reunification, permanency, and child wellbeing in the least restrictive environment. To support foster children including children with complex medical needs, as well as pregnant and parenting youths. The design includes providing high quality foundational supports to all children, birth parents, and/or foster parents. It also includes specialized services.
- Evidence-Based (EB) Services include Promoting First Relationships; Nurturing Parenting Programs; TIPS-MAPP.
- Ages of Clients Served: Direct services for children ages 0-10, their birth parents, and/or foster families, and pregnant and parenting youth. Also includes foster care recruitment services, SAFE home studies, training, and other support activities for foster families.
- Services include child and family assessments, service plans are developed in partnership with the children or youth (as appropriate), birth parents and/or foster parents, high quality licensed foster homes including those who support the sub-population of children with complex medical needs, and pregnant and parenting youth and sibling placements.
- A minimum of every other week home visit (60-120 minutes per visit) provided by a permanency worker. Permanency workers include Bachelor’s and Master’s level clinician staff including licensed Master’s licensed level staff.
- Behavioral health and/or mental health counselor provided by a Master’s level staff or a licensed Master’s level staff as needed.
- Child psychiatry, including psychiatric assessments, psychiatric services and/or medication management provided by a bilingual psychiatrist, as needed and appropriate.
- In home nursing services, delivered by a registered nurse (RN) including consultation, health education, and direct nursing service.
- 24/7 On-call crisis intervention.
- Case management and case conferencing, a minimum of every other week.
- Concurrent planning, as appropriate delivered as at a minimum of weekly visits.
- Transportation for supervised visits or medical appointments as needed.
- Flex funds to help birth parents secure necessary concrete supplies to support increased bonding, safety, and/or timely reunification.
- Availability of Service: Most direct services will be provided Monday-Friday, including evening appointments; with the availability of 24/7 on-call support. Foster care recruitment services, training and other support activities will be provided during the work week, evenings, and weekends, as appropriate.
- Staffing Qualifications: For direct service positions, Bachelor’s degree or higher. Caseloads range from 12 lower-risk cases to 10 high-risk cases at any given time.
- Initial Contact: Initial contact is responsive to the referral situation, and could be the same day, if needed.
- Duration of Services: Until permanency is achieved; average duration of direct services is anticipated to be 15 months.
- Whichever setting is appropriate for the children, birth parents, and/or foster parents. This may include the home, DCYF visitation rooms, the visitation room at Children’s Friend (at 153 Summer Street in Providence), and other community settings. Foster care recruitment, training, and other support activities will occur in community settings and/or conference rooms at Children’s Friend, as appropriate.
- Languages Spoken: Current staff who are bilingual speak English, Spanish, Portuguese, Cape Verdean Creole, Haitian Creole, French, and Armenian.
• Geographic Area: Statewide.
• Referrals are generated through DCYF’s Central Referral Unit (CRU).

**Best Fit Criteria:**
• Children, ages 0-10, in foster care; including children with complex medical needs, or pregnant or parenting youth.
• Children for whom concurrent planning is deemed appropriate.

**Exclusionary Criteria:**
• Children or adolescents who have severe behavioral and mental health needs.
• Children who require a high-level of step-down care from in-patient psychiatric care, residential treatment, etc.

Contact Information: For referrals – 401-752-7777 or intake@cfsri.org; we also have an emergency phone number for clients, available 24/7
Fact Sheet – Therapeutic Foster Care - Alliance Human Service, Inc.

Description:
- Alliance is a CARF accredited, community based, Therapeutic Foster Care program.
- Clients served are between ages 0-21 years.
- Each client is assigned a Bachelor’s / Master’s level worker, with a case load of 10-12 clients.
- All Alliance Foster Families are MAPP certified, and receive on-going training and support.
- Alliance Foster Families are assessed on a quarterly basis for Health and Safety compliance.
- Upon referral, placement decision is typically made the same day or within 24 hours.
- Upon admission, client needs are assessed and coordinated by a Clinical Support Specialist.
- The client receives two (2) weekly contacts during the first 30 days, then up to 1-4 contacts per week.
- Permanency planning begins upon admission, and is driven by the court’s permanency goal.
- The length of stay is determined by the permanency plan.
- A comprehensive Individual Service Plan is completed for each client receiving services, and is reviewed on a quarterly basis.
- Individual Service Plan goals are discussed weekly with the clients and foster families.
- Alliance coordinates all external services, including therapy, school advocacy, medical services, visitation assistance and transportation assistance.
- Alliance provides 24/7 Crisis Intervention and Support to clients and foster families.
- Alliance provides respite services for clients.
- Interpreting services are available as needed.
- Alliance provides services statewide.

Best fit criteria:
- Clients who have experienced neglect, physical and/or sexual abuse or other forms of trauma, as well as stressed family relationships and limited informal support systems.
- Clients with mental health diagnoses or dual diagnosis.
- Clients with high risk behaviors, which may be physical or sexual in nature.
- Clients with complex medical conditions.
- Pregnant or parenting clients.
- Juvenile Justice involvement.

Exclusionary Criteria:
- Due to safety concerns, client requires inpatient psychiatric services or another secured setting.
- Client is medically unstable.
- Client is in need of alcohol or drug detox program.
Fact Sheet – Foster Family Services - Boys Town

Description:
- **Foster Family Services** provides treatment level care for children placed with DCYF. The program is a trauma-informed, strength-based foster care program that serves children from birth through 18 who need temporary out-of-home placement. Program highlights include model-based strategies, behavior assessment, crisis management, clinical oversight, while driving permanency and positive outcomes.
- The Teaching Family Model is the foundation of all Boys Town Programs. Boys Town’s foster care program incorporates evidence-based practices that are centered on teaching children skills and how to build healthy relationships, are flexible and individualized, and are well-defined and replicable. This puts children first and ensures their safety, permanency, and well-being.
- Each consultant maintains a caseload of approximately eight (8) youth, while assisting the foster parent in their role as the primary caregiver.
- The foster care consultant is available to the foster parent and youth always and is on call 24/7.
- Foster care consultants are required to have a minimum of a Bachelor’s degree in social services with most consultants have Master’s degrees in those same areas. The Director holds a Master’s degree in social services and there is one Master level clinician with a clinical supervisor who has an independent license.
- Boys Town New England accepts referrals for foster care placements 24-hours-a-day, seven-days-a-week from the Central Referral Unit (CRU) at DCYF and works to respond within 48 hours of referral. Upon receipt, the Program Director or Supervisor begins the process of seeking an appropriate match with a Boys Town licensed foster home. If a youth referred to Boys Town cannot be appropriately matched we will complete a disposition form and return it to DCYF’s CRU in a timely fashion.
- Minimum service delivery includes weekly face-to-face contact with foster parents and youth; the consultant increases contact and consultation as needed.
- Foster parents are responsible for providing transportation for all child’s appointments while in their care. This includes medical, dental, educational, counseling and family visitation.
- When appropriate and approved by DCYF, foster parents are encouraged to regularly communicate with the child’s parents about the child’s progress and needs, as well as scheduling parent participation in activities.
- Service to the youth in care typically runs from six (6) to eight (8) months.
- From the initial clinical assessment, a service plan is developed during the first 30 days of care and is reviewed and updated on a quarterly basis thereafter, or as needed. The Service Plan contains techniques and strategies to reinforce positive behaviors and to decrease trauma-related behaviors while facilitating and coordinating clinical and specialty services. Service planning conforms to Medicaid requirements and includes clinical oversight.
- Boys Town New England has several bilingual employees and can serve Spanish and English speaking youth. We continue to expand the language capacity of the program.
- TFFS provides services in foster homes located throughout the state of Rhode Island.

Best fit criteria:
- Target population includes children from birth through 18 who need out-of-home care with risk factors that include severe emotional needs, physical aggression towards adults and children, depression, sexually acting out, school attendance issues and self-harm related behaviors.
- We have the capacity to serve up to 80 children annually and 35-45 youth at any given time.

Exclusionary Criteria:
- Children who require a formal 1:1 ratio for medical or behavioral reasons or children who have a documented history of fire setting behaviors. However, each referral is considered on an individual basis.
Fact Sheet – Professional Foster Home – Boys Town

Description

- The Professional Foster Home provides compassionate care for youth referred by DCYF who have not been successful in traditional community-based foster homes and who need specialized out-of-home services to address their problem behavior and symptoms of trauma to ready them for successful future.
- Boys Town’s Professional Foster Home is an evidence-informed foster care model that is derived from the evidence-based Boys Town Family Teaching Model. It is centered on teaching children skills and how to build healthy relationships and is flexible, individualized, well-defined, and replicable.
- The Professional Foster Home serves children from birth through 18, including sibling groups.
- The Professional Foster Parents who are the primary care agents provide 24/7 supervision and care. Consultation and support is also available and accessible to the Foster Parents 24/7.
- The Foster Parents possess a minimum of a Bachelor’s degree in a related field of study. Director positions require a Master’s degree and experience working with at-risk youth and families. Clinical staff possess a Master’s degree, and the Clinical Supervisor is independently licensed. The home is licensed to serve five children.
- Boys Town promptly responds to both emergency and non-emergency referral requests. Within 24 hours of receipt program and clinical staff review the youth’s referred behavior and clinical needs to assess the most appropriate ways to ensure each youth’s safety, permanency, and well-being.
- The Foster Parents are skillfully trained Boys Town employees who provide treatment and care daily. Program Supervisors, provide coaching, support, and supervision to staff on a consistent basis. Clinical staff provide initial and ongoing assessment to address youth needs.
- The Professional Foster Parents are responsible for scheduling and transporting the youth to their medical, dental and eye care appointments and to emergency healthcare needs.
- Professional Foster Parents, when appropriate and approved by DCYF, are encouraged to schedule contact between youth and their biological family through phone calls, visitations, etc.
- The duration for placement is determined on a case-by-case basis and is driven by the needs identified in a youth’s Service Plan, emphasizing reunification or another permanency placement.
- Treatment Service Plans are developed during the first 30 days and every 90 days to target issues that impair functioning, safety, permanency, and well-being. Clinical Assessments are developed at 30 days and annually. Staff track and document the progress of each youth’s Service Plan goals daily, and review and update the plan monthly with the Consultant.
- Boys Town employs bilingual employees, and serves families speaking Spanish and English.
- The Professional Foster Home serves youth from all geographic areas, throughout the state of Rhode Island.

Best fit criteria:

- The Professional Foster Home provides therapeutic treatment to children that are not appropriate for residential placement-based care or community-based foster care. The Professional Foster Home provides a structured routine, and promotes healthy relationship and social skill development. The Foster Parents incorporate a high level of behavior modification and individualized treatment to improve social and behavioral functioning.

Exclusionary Criteria:

- Exclusionary program criteria include youth with severe sexual perpetration, and a documented history of arson.
Fact Sheet - ARC 1 and ARC 2 Foster Care - Child & Family

Description:

- ARC (Attachment, Self-Regulation, and Competency) is an evidence informed treatment model.
- ARC-FC is not intended to be a long-term placement option (length of stay is 6-12 months) but will serve to meet the child’s treatment needs until he/she is ready to be stepped down to a lower level of placement or reunification.
- ARC 1 foster care: A less intensive treatment foster care level, ARC 1 is intended to support birth to six (6) years as well as children and youth who may not have experienced a CANS identified Severe Emotional Disturbance (SED).
- ARC 2 foster care: Intended for children and youth between the ages of 7-17 years old, ARC 2 is a more intensive program intended for youth who are experiencing complex emotional and or behavior needs.
- Treatment Plan meetings will be held quarterly, at a minimum, and will include the child/youth when age appropriate, and all members of the treatment team.
- 24-hour on-call available at 744-8698; able to accept emergency placements as planned placements from a congregate care setting. Centralized Intake daytime number: 848-4206
- Crisis management, clinical support, and coordination for psychiatric emergencies.
- A comprehensive assessment of the child/adolescent and the development of a treatment plan that identifies short-term and permanency options for the youth, while including birth family in the permanency planning.
- Case managers will provide either weekly (ARC 2) or biweekly (ARC 1) face to face visits to children in the home (depending on the intensity of services required)
- While children and families will receive individual services based on their unique strengths and needs, services will include but not limited to: stabilization and ongoing support of the child/youth; strengthening of birth family connection through frequent and meaningful supervised family visitation services; support of foster family functioning; assessment of functioning levels; advocacy for school, medical and other needs, referrals to community based services as needed; permanency planning, preparation for independent living as appropriate; life skills assessment and instruction; and crisis intervention.
- Core members of Child & Family’s ARC-FC team include the Director of Foster Care Programs, recruiter, case managers, foster parent supervisors, and placement coordinator.
- Involve and integrate youth’s family, DCYF (FSU/Probation) throughout the entire treatment process to encourage timely reunification.
- Our services are statewide and able to provide services in Spanish.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best fit criteria:

- Youth birth to age 18 with a history of out of home placement and placement disruptions.
- Youth with mild to moderate medical, emotional, or developmental issues depending on the availability of foster parents.

Exclusionary Criteria:

- Active and severe suicidal ideation- not being able to contract for safety; Active and severe aggressive behaviors (towards peers and staff); severe self-injurious behaviors, or active homicidal ideation; Active and severe substance abuse; Active and severe psychotic/manic symptoms and behaviors; Youth who display unprovoked assaultive behaviors.
Outcomes:
95% of children/youth will have a recommended step-down plan within 6 months of placement as evidenced by CANS. 85% of children/youth who discharged to permanency will not re-enter an out of home placement within 12 months; the average length of stay in the agency’s treatment foster care program will decrease by 10%
Fact Sheet - TFCO-A Foster Care - Child & Family

Description:

• Treatment Foster Care of Oregon for Adolescents (TFCO-A) is the only evidenced based foster care program. Built on the Social Learning Theory Model, TFCO-A creates opportunities for youth to successfully live in families rather than group or institutional settings, and is a particularly relevant model for diversion from residential treatment due to its emphasis on daily structure, supervision, well-specified consequences, and helping youth to avoid deviant peer associations.

• Placements of youth in TFCO-A are typically 9-12 months in length and rely on intensive, well-coordinated, multi-method interventions conducted within the foster home, with the youth’s aftercare family, and directly with the youth through individual therapy, skills coaching, and academic support.

• Because of the intensive nature of the TFCO-A program, youth are expected to participate exclusively in TFCO-A as the sole and comprehensive treatment service (except for psychiatric services if needed). As such, youth who can be successful in traditional or alternative foster homes with strong wraparound technologies and services should ideally not be served in TFCO-A.

• Foster families are limited to one child in the home. However, when appropriate and with the permission of DCYF connections to siblings will be maintained through phone calls and supervised visitations.

• Treatment goals for youth will be focused on reducing criminal behavior and substance use, improving school attendance and grades, reducing association with delinquent peers, establishing pro-social peer relationships, and improving youth's ability to live successfully in a family setting.

• The team consists of a recruiter/daily PDR caller (recruits, trains foster parents and calls foster parents daily to gather data on behaviors and parent stress level);

• a Youth’s Therapist—currently a Master’s level clinician, will serve as a therapist to youth in the program by facilitator weekly session that will occur within the community and provide high level of support and guidance;

• a Family Therapist—also currently a Master’s level clinician, will provide clinical services to biological families (or other identified long-term placement resource) of the treated youth, as well as conduct weekly therapy sessions and attend weekly clinical meetings.

• Skill Coaches are responsible for meetings with youth weekly afterschool and providing opportunities to practice new skills. Sessions will typically be two hours in length, with an average of 20-25 hours of skill coaching per week; and

• the team leader (weekly support meetings for foster families).

• The TFCO-A model ensures family therapy and child therapy services are not provided by the same person.

• Youth will participate in weekly individual therapy sessions that will focus on developing effect problem-solving skills and social and emotional regulations.

• Parents or guardians will attend weekly family therapy sessions, during which they will be taught effect parenting and family management techniques.

• Our services are statewide and we are able to provide services in Spanish.

• 24-hour on-call available to families. Due to the nature of this evidenced based program, the program is unable to take emergency placements. Central Intake Department daytime number 848-4206.

• Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best fit criteria:

• Youth referred will be between the ages of 12 and 17 (male or female), located in all areas of the state, who are in need of an out of home placement due to serious behavioral and/or emotional problems. The intent will be to seek referrals as a diversion to, or step-down, for children in a more restrictive institutional or group care placement.
Exclusionary Criteria:

- Youth younger than 12 and older than 17. Youth without an identified after-care family (biological or kinship)
- Outcomes: At least 67% of TFCO-A youth will transition to targeted familial environments within a 12-month period. At least 75% of children will maintain placement stability after 12 months of reunification (or another appropriate permanent living situation). 90% of youth will have decreased problem behaviors as evidenced by decreases in CANS behavior domains after six (6) months of treatment.
Fact Sheet – Families for Children Residence Model (FFC-RM) - Communities for People Inc.

Description:
- FFC-Residence Model, (FFC-RM) is a unique hybrid foster home program that has components of specialized foster care as well as residential care. It is designed to serve youth who have proven difficult to place in specialized foster home settings. The program supports youth with clinical, social work, and behavioral management staff.
- The program offers coordination, transportation, and supervision of family visitation for youth in the program.
- Staff will work with both the youth, birth parents and resource family using evidence based and Trauma informed treatment models including the Transtheoretical Model (TTM), Trauma Focused Cognitive Behavioral Therapy and Motivational Interviewing.
- Clients served are from 0 to 21 years old.
- Each youth is assigned a Bachelor’s level social worker (8:1 caseload), Master’s level clinician (12:1 caseload) and Behavioral Specialist (4:1 caseload).
- Once a youth has been identified, transition into the home can begin immediately. However, due to the nature of placement in a family setting, intake into the home will be determined by the youth’s treatment team.
- Families receive a minimum of two (2) face-to-face contacts per week, with additional telephone and collateral contact readily available. Youth will have a minimum of three (3) face -to-face visits weekly with the social worker, including at least one family meeting. The primary support is complemented by individual, group and family therapy by the clinician. Frequency of therapy is individualized but is designed to be at a minimum weekly and can be increased to whatever level is needed, especially at times of crisis.
- The Behavioral Specialist provide direct support to the four (4) youth in the home for 40 hours per week.
- Anticipated duration of service is approximately three (3) to nine (9) months.
- Services are provided primarily within the resource family’s home, but may also occur within the community or school setting based on the needs of the youth.
- On-call provides after hours support and is utilized for crisis intervention, clinical consultation, and preliminary mental health evaluations, and is available to youth and birth/resource families as well as DCYF.
- In addition to after hours, on call support, we provide transportation, and coordinate youth and families’ transportation needs for routine and emergency appointments.
- Initial treatment plans are developed within 30 days; subsequent reviews every 90 days. Progress towards treatment goals are measured and evaluated weekly.
- Languages currently spoken: English, Spanish and Portuguese.
- Geographic area: The program can work with youth and their families statewide, however our current residence home is in Providence.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best fit criteria:
- The primary target age range for the program is adolescents (ages 13-20), however, younger children may also be accepted in the case of sibling groups or in the case of a child with significant demands for behavioral and treatment supports.
- Youth who are currently “stuck” in congregate care.
- Youth transitioning from residential/hospital treatment.
- Larger sibling groups.
Exclusionary Criteria:
- Actively suicidal, homicidal or psychotic.
- Primary referral reason is sexual offender behavior.
- Profound developmental delays, significant Autism Spectrum Disorders.
Fact Sheet – Families for Children (FFC) - Communities for People Inc.

Description:
- FFC is a specialized foster care program designed to serve youth who, due to their behavioral presentations and clinical needs, cannot be served in traditional, public agency foster homes. The program has also served as a family-based treatment setting for both diversion and step-down from residential care, inpatient hospitalization, as well as substance abuse services.
- Staff work with the youth, birth parents and resource family using evidence based and trauma informed treatment models including the Transtheoretical Model (TTM), Trauma Focused Cognitive Behavioral Therapy, and Motivational Interviewing.
- The program offers coordination, transportation, and supervision of family visitation for youth in the program as well as respite coordination as needed.
- Clients served are from birth to 20 years of age.
- Services are readily available through evening and weekends, on-call emergency support available 24/7.
- Each youth is assigned a Bachelor’s level social worker (8:1 caseload) as well as a Master’s level clinician (12:1 caseload).
- Once a youth has been matched to an available resource home, transition can begin immediately. However, due to the nature of placement in a family setting, intake into the home will be determined by the youth’s treatment team.
- The program’s social worker sees youth two (2) to (3) times per week. The clinician sees each youth for a minimum of one (1) hour of individual counseling weekly. This frequency may increase based on the family’s needs.
- Typical service duration is approximately six (6) to nine (9) months.
- FFC is provided primarily within the family’s home, but may also occur within the community or school setting based on the needs of the family.
- Initial treatment plans are developed within 30 days; subsequent reviews every 90 days.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).
- Progress towards treatment goals are measured and evaluated weekly.
- Languages spoken: English, Spanish
- Geographic area: Statewide

Best fit criteria:
- Children and adolescents who have been removed from their family of origin and have significant emotional and behavioral challenges.
- Youth who require a higher level of care and supervision than is usually found in a traditional or kinship foster care placement.

Exclusionary Criteria:
- Actively suicidal, homicidal or psychotic.
- Active or recent fire setting.
- Primary referral reason is sexual offender behavior.
Fact Sheet - Treatment Foster Care (TFC) - Community Care Alliance

Description:

- TFC provides a wide range of services and supports to children in foster care, who can benefit from a therapeutic foster home environment and consistent clinical services. We provide weekly face-to-face intervention with foster children, often in the context of their foster family. Services focus on all life domains, especially emotional and behavioral health, education, life skill development, and relationship development.
- Youth and foster families benefit from our services. Foster families receive regular individual and group training. Children receive intervention by both case managers and clinicians. Supports are also provided to biological parents when possible, in their efforts to reach reunification.
- Each child is assigned a case manager, who is responsible for ensuring timely and competent provision of services and for coordinating communication amongst all parties involved with the child’s care.
- A TFC clinician completes a Biopsychosocial Assessment upon intake and annual for each child. Children who present with a need for mental health treatment receive individual counseling by a TFC clinician, typically focusing on adjustment to foster care or foster home, grief/loss and separation from family and permanency.
- TFC monitors each client’s social skills and development in the home, at school and in the community, and provides opportunities to nurture each child’s strengths and address any concerns. Clients are enrolled in programs and activities designed to support their social emotional development and individual interests. Children are supported in developing relationship with peers and community, the foster family, and their extended family.
- TFC monitors each client’s educational progress and needs, maintains regular communications with school staff and educational advocate (if assigned) and advocates for appropriate placement and services to meet each child’s educational goals.
- The TFC program ensures that each youth receives appropriate and timely medical specialty and dental care.
- TFC promotes the development of progressive independence and independent living skills for all clients, setting goals and objectives as appropriate to the child’s age and developmental level. This includes poor hygiene, nutrition, financial literacy, accountability, and other areas that may be identified by the child or treatment team.
- Older children are encouraged to further build their independent living skills by seeking employment, learning to drive, developing financial management skills, developing skills in navigation of community resources, participating in life skills classes, or engaging in other activities that may better prepare them for adulthood.
- For clients who will be aging out of foster care and transitioning to independent living. TFC assists the client in preparing for this event and phase of life. A transitional plan is made at least six (6) months prior to discharge, which addresses all life domains and focuses on supports needed to transition to independence. Clients are encouraged to maintain contact with foster family, birth family, and kin and provided with support in making such arrangements unless specifically contraindicated because of child safety issues.
- In collaboration with DCYF, TFC team members may play a more active role in visitation between parent and children. This may include transportation of youths for visitation and/or supervision of visitation.
- Services are typically provided Monday-Friday, 8:30-5:00 pm, or later as needed on a case to case basis. Families have 24/7 access to an Emergency Crisis Line.
- Services are provided by bachelor’s level case managers and licensed master’s level social workers (LCSW), with oversight by two (2) independently licensed clinicians.
- Staff caseload is approximately fifteen (15), with the ideal caseload of 10-12. We may serve up to 32 youth at any time.
• Youth receive a minimum of weekly visits with a clinician or case manager. Sessions take place in the home, school, day care, or community setting. Foster parents receive a minimum of monthly sessions for additional support.
• Treatment plans are reviewed every 90 days. We hold treatment plan meetings quarterly to review the treatment plan with every member of the team (parent, foster parent, DCYF, other providers). Consistent collaboration takes place with all members of the child’s treatment and service team.
• Services are available in English.
• TFC is a state-wide program.
• Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best fit criteria:
• Youth who do not require a group setting, and can benefit from living in a family setting.
• Youth who require consistent support by a case manager/clinician.

Exclusionary Criteria:
• Youth with significant fire-setting or sexually acting out behavior may not be an ideal fit, dependent upon availability of an appropriate foster home.
• Youth with complex medical needs are not an ideal fit for our program.
Fact Sheet - Medically Fragile Treatment Foster Care - Devereux

Description:
- Devereux provides treatment foster care placements for medically involved children and youth in the custody of DCYF with the goal of transitioning them to their home and community with sustained positive outcomes.
- Devereux utilizes the evidence based, Risking Connection and Positive Behavior Interventions and Support (PBIS) to support service delivery.
- Collaboration with both internal and external medical teams will ensure sustainable permanency outcomes and prevention of disruption of medically fragile children placed in therapeutic foster care.
- Clients served are between the ages of 0-21 years old.
- Services to individuals with special needs will focus on specialized recruitment of foster parents who are willing and capable of caring for the medical needs of children. This may include medical professionals (CNAs, Nurses, EMTs, etc.), families with experience with medical issues and families willing to work with medical providers to develop required specialized skills.
- All Medically Fragile TFC homes have access to Devereux’s 24-hour emergency on-call system. The on-call system is designed to provide crisis management, support, navigation of risk management, and parent coaching.
- All foster care case managers and recruiters have a minimum of a bachelor’s degree and are supervised by Master’s level supervisors. Caseloads average 1:8 in accordance with the National Family Focused Treatment Association (FFTA) standards.
- Devereux staff guarantee to engage in their first face-to-face meeting (after intake) with the client and foster family within 48 hours (2 business days) of placement.
- Devereux case managers meet with the client/foster families up to five (5) days per week and will be scheduled based upon their needs.
- The staff will engage in a minimum of weekly home visits where progress and barriers toward treatment objectives will be discussed and evaluated with the child and family.
- Devereux’s services are intended to ensure their unique medical needs are being met, stabilize the clients, and support their permanency goals. Devereux will work collaboratively with identified permanency providers to secure permanency outcomes. Foster parents ensure that children are transported and accompanied to all routine, emergency, preventive or screening appointment relating to medical, dental, nutritional, pre-or post-natal, behavioral health or safety needs.
- Foster parents are permitted to work outside of the home. At least one parent is required to be available to respond to immediate and ongoing needs to meet the myriad of issues presented by the child.
- Length of service is dependent on client’s permanency plan.
- Devereux’ services are provided in the foster home, the community, a medical setting or school based setting based on the needs of the client and family. Foster parent support the social and recreational needs of the child, ensure that the child has access to the community and afterschool activities, provide transportation, and attend events.
- Treatment plans, Clinical Biopsychosocial Assessments, CANS, OHIO’s and ASQ’s are completed within 30 days of intake and quarterly thereafter. Progress and barriers of treatment plan objectives are reviewed during weekly home visits.
- Devereux is currently equipped to provide services in English and Vietnamese.
- Geographic area: Statewide
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

104
Best fit criteria:
- Children and youth in the custody of DCYF who have a medical condition and require a treatment foster care placement.

Exclusionary Criteria:
- Child/youth requires a level of support that the program and/or foster parents cannot accommodate.
- Child/youth or guardian refuses to adhere to or authorize essential medical treatments or procedures.
- Child/youth with medical conditions that have not been stabilized.
Description:

- Devereux provides therapeutic foster care placements for children and youth in the custody of DCYF with the goal of transitioning them to their home and community with sustained positive outcomes.
- The goal is to have foster youth live in a normal home-based environment and to have an opportunity to form a positive and healthy relationship with member of their foster family. In addition, they will learn life skills as well as receive therapeutic interventions tailored to their needs.
- Devereux utilizes Positive Behavior Interventions and Support (PBIS) and Risking Connection as the evidenced based models supporting service delivery.
- Clients served are between the ages of 0-21 years old.
- Services are provided to clients and their foster families 7 days per week and 24 hours per day.
- All foster care case managers and recruiters have a minimum of a Bachelor’s degree and are supervised by Master’s level supervisors. Caseloads average 1:8 in accordance with the National Family Focused Treatment Association (FFTA) standards.
- Devereux staff guarantee to engage in their first face-to-face meeting (after intake) with the client and foster family within 48 hours (2 business days) of placement.
- Devereux case managers meet with the client/foster families up to five (5) days per week and will be scheduled based upon their needs. TFC case managers make home visits a minimum of once per week.
- Devereux’s services are intended to both stabilize the clients and support their permanency goals. Devereux will work collaboratively with identified permanency providers to secure permanency outcomes.
- Length of service is dependent on client’s permanency plan.
- Devereux’s services are provided in the foster home, the community or school based setting based on the needs of the client and family.
- Treatment plans, Clinical Biopsychosocial Assessments, CANS, OHIO’s and ASQ’s are completed within 30 days of intake and quarterly thereafter. Progress and barriers of treatment plan objectives are reviewed during weekly home visits.
- Foster parents are permitted to work outside of the home. At least one parent is required to be available to respond to immediate and ongoing needs, to meet the myriad of issues presented by youth.
- Foster parent support the social and recreational needs of the youth; ensure that the youth has access to the community and afterschool activities; provide transportation; and attend events.
- Foster parents ensure that youth are transported to and are accompanied for, all routine, emergency, preventive or screening appointments relating to medical, dental, nutritional, pre- or post-natal, behavioral health, and safety needs.
- Devereux is currently equipped to provide services in English and Vietnamese.
- Referrals are generated through DCYF’s Central Referral Unit (CRU)
- Geographic area: Statewide

Best fit criteria:

- Children and youth in the custody of DCYF who are not able to remain in the care of their families and require a therapeutic foster care placement setting.

Exclusionary Criteria:

- Children and youth who are actively suicidal and homicidal.
Fact Sheet – Trauma Systems Therapy (TST) Treatment Foster Care (TFC) – Family Service of RI (FSRI)

Description:
- TST Treatment Foster Care is a trauma-focused, strength-based, culturally-responsive approach to foster care which is grounded in the evidence-informed Trauma Systems Therapy (TST). Under this model, FSRI assists youth who have experienced trauma to develop skills to regulate behaviors and emotions, while improving the ability of the caregiver and the service system to support youth well-being.
- TST team partners with DCYF to encourage participation of biological parents where reunification is a goal.
- The TST TFC team will help to coordinate efforts to connect youth in the program with their siblings, kin, and natural supports to enhance the safety net of the child.
- While the program can accommodate youth of all ages (0-21 years), attention for recruitment will be paid to building capacity for adolescents, sibling sets, LGBTQQI youth, and youth who have had difficulty in previous foster placement, and all impacted by trauma and struggle with emotional and behavioral dysregulation.
- TST TFC team consists of three Master’s level clinicians, three case managers, a part-time clinical director, a part-time vice president, and a part-time foster parent recruiter/mentor serving 33 families a year.
- The youth will meet with the TST clinician and case manager at least weekly or more frequently as determined by TST assessment—in the home and/or community.
- The team will support foster parents, biological parents and the child(ren) through weekly home-based contact, clinical services, case management, advocacy and transportation assistance.
- Initial assessments will be completed in 30 days with ongoing case plans completed within 60 days.
- TST TFC’s recruiter/mentor with “lived experience” engages potential foster parents; in accordance with best practice, FSRI’s recruiter’s experience closely resembles that of the foster parents.
- On-call available 24 hours a day, seven days a week. FSRI will provide in-person response to stabilize the child and family and address any immediate risk that occurs.
- Services are provided statewide in English and Spanish.
- Upon referral, initial contact with family is made within one business day.
- Referrals are generated through the Department’s Central Referral Unit (CRU).

Best fit criteria:
- 0-21 year old, male or female, individuals and siblings.
- Exposure to traumatic event(s).
- Completion of Child Symptom Stress Disorder Checklist (CSDC).
- Emotional and/or behavioral dysregulation.
- Caregiver in need of support/intervention.
- System in need of support intervention.

Treatment areas not addressed in TST but will be considered for placement in foster care program:
- Major mental illness (active untreated Schizophrenia, psychosis or sociopathy).
- Developmental delays.
- Treatment areas not addressed in TST.
- Active suicidal/homicidal ideation/behaviors.
- Fire setting/animal cruelty.
- Current risk of sexual offending.

Exclusionary Criteria:
- None
Fact Sheet – Treatment Foster Care Oregon-Adolescent (TFCO-A) - NAFI

Description:

- TFCO-A (Treatment Foster Care of Oregon - Adolescent) is an evidence-based program that is aimed at creating an opportunity for youth to live successfully in a family environment, as an alternative to residential or institutional settings. The goals of the program are: to help caregivers with whom the youth will live upon discharge develop skills to manage and support youth success, to reduce placement disruption, reduce problem behaviors, and to prepare family to function in the community. This is achieved by providing the support of a short-term, highly structured foster home in tandem with family therapy and skill building in preparation for the youth’s return home.
- TFCO-A is an evidence-based model which works in conjunction with model developers for model fidelity.
- TFCO relies on intensive, well-coordinated, multi-method interventions conducted in the foster home, with the youth’s aftercare family, and with the youth through individual therapy, skills coaching, and academic support. The intervention characteristics include: behavioral emphasis, strength based, point and level system, foster homes, “matching,” birth family/aftercare resource involvement services, 24-hour support.
- This program is designed to serve clients age 12-17 years.
- TFCO-A is aimed at providing services for 8-12 months for up to 10 youth at a time.
- Client meetings will be individualized on weekdays and weekends.
- Staffing includes supervisors and therapists at a Master’s level, and case managers at a Bachelor’s Level.
- Foster parents report to program on daily basis, and clients are seen 3x/week. Clients are seen at least weekly by both the individual therapist and the skills coach, and participates in weekly family therapy.
- The youth therapist meets weekly with the youth. The family therapist provides clinical services to the biological families. The skills coach also meets weekly with the youth.
- Because of the intensive nature of TFCO programs, youth are expected to participate exclusively in TFCO as the sole and comprehensive treatment service (except for psychiatric services if needed).
- Initial treatment plans will be completed within the first 30 days, and then updated every 90 days.
- The program provides 24/7 on call support through the program supervisor/team leader. That phone number will be available at time of start-up.
- Foster homes will be located and licensed throughout the state of RI.
- Foster parents are required to complete a minimum of 16 hours of training each year.
- NAFI provides both English and Spanish speaking staff.
- Due to the population served and the design of the program, the placement process takes 2-4 weeks from time of referral. Once placed in a foster home, the client is seen by a therapist within 48 hours.
- This program operates statewide.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best fit criteria:

- Juvenile offenders, criminal behavior, aggression, property destruction, conduct, truancy, and other defiant behaviors.
- Youth in this program must have an identified aftercare caretaker/resource who will participate in program.
- Youth that have not been successful in in-home/preservation programs.
- Youth returning from highly restrictive institutions.

Exclusionary Criteria:

- Acutely suicidal, homicidal, or psychotic behavior.
- Youth whose primary treatment focus in substance abuse or problem sexual behavior
- Youth with impaired cognitive functioning that prohibits understanding the guidelines of the program
Fact Sheet – Therapeutic Foster Care - NAFI

Description:

- The goals of the program are to place children in the least restrictive environment working to: eliminate inappropriate behaviors; provide community integration; support the child’s mental health and emotional needs; and to include parents/kin in the child’s treatment to enhance reunification. The treatment team aims to stabilize behavior while teaching skills, and to promote values necessary to function productively and independently in the community.
- Therapeutic Foster Care is an evidence-informed program. NAFI has implemented internal measures to evaluate outcomes and successes.
- Children ranging in age from 4-18 are eligible for the program.
- Staffing qualifications include supervisors and therapists at a Master’s level, and case managers at a Bachelor’s Level. Each case manager carries a case load of 6-7 clients at a time.
- Each client is seen face-to-face at a minimum of weekly, however, this will be increased as necessary. Case management services include face-to-face contact with the child for a minimum of one hour per week.
- Case managers manage all aspects of the child’s case, including regular contact with DCYF, school personnel, biological family, as well as, working with the foster parents to focus on optimal behavior strategies and interventions. They will also attend all meetings to advocate for the child.
- Each case which has an identified viable care giver is assigned to the family outreach worker. The goal is to initiate and maintain regular contact and inclusion with families, primarily in their home. The purpose is to offer a bridge between child and family, while identifying and working on the needs of the family to assist reunification. This includes assisting with behavioral interventions during family visitation: acting as an advocate for the family with DCYF; providing the family with education and access to community resources focused on promoting physical well-being and mental health.
- Average length of stay in Therapeutic Foster Care is nine (9) months.
- All services are provided in the foster home, school, and in the community.
- Initial service plan and standard assessments are completed by the 30th day of placement, and then reviewed and updated every 90 days.
- Foster parents are required to provide all transportation. This includes transportation for all medical, dental, and mental health appointments; as well as any services or activities as outlined in the child’s service plan that will enhance the quality of the child’s life, such as specialty groups, extracurricular activities, and peer interactions. They are expected to provide transportation to family visitation. If they are unable to provide transportation for visitation, NAFI staff will assist in ensuring the child is transported.
- Foster Parents are required to attend 16 hours of additional training each year.
- NAFI offers all foster parents the ability to utilize respite care.
- The program provides 24/7 on call support through the on-call phone (401-623-0657) as well as an administrative on call phone system, (401-623-9264).
- The current languages spoken are: English, Spanish
- Geographic are served: statewide
- Once a referral is accepted and matched with an appropriate foster home, contact is made with the client within 24 hours.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best fit criteria:

- Youth needing emotional and social stabilization
- Youth that have experienced abuse, neglect and/or behavioral problems, including aggression, arguing, disrespect, school problems, and truancy.
• Therapeutic Foster Care can be used with children who have been in group care and are ready to be integrated into a family and a community setting

Exclusionary Criteria:
• Actively suicidal, homicidal or showing psychotic behavior
Fact Sheet – Assessment Foster Care - NAFI

Description:
- Assessment Foster Care is a short-term, 90-day program aimed at placing children in the least restrictive setting while conducting a comprehensive assessment of the child’s needs. This assessment results in a thorough recommendation to identify next steps in the areas of placement, school, behavior, and mental health.
- All NAFI programs utilize the Normative Approach, which is a research based, evidence informed practice that builds pro-social, mission driven communities within the program.
- Every effort is made to include and support the child’s biological family to encourage and strengthen the parent-child relationship.
- Specialty therapy and assessments will be referred to community based providers.
- This program is designed to serve clients ages 6-18 years.
- Staffing qualifications include supervisors and therapists at a Master’s level, and case managers at a Bachelor’s level.
- Caseloads for both clinicians and case managers are 7-9 children.
- Clients are seen minimally once per week by both the case manager (minimum 2 hours a week) and the program Clinician. This will be increased based on necessary and determined by the treatment team.
- Assessment Foster Care is a 90-day program.
- Foster homes are located and licensed throughout the state of RI.
- Foster Parents are required to attend 16 hours of additional training each year.
- NAFI offers all foster parents the ability to utilize respite care.
- Program clinicians and case managers will meet in the foster home, bio home, school or community based on need.
- Family therapy will be incorporated with the child’s identified care giver, if deemed appropriate, in the bio home, caregiver home, or NAFI office. Transportation will be provided by the program staff.
- Initial treatment plans will be completed within the first 30 days of placement. At the 45 day mark a treatment team meeting is held to begin the formal transition/discharge process to ensure successful discharge at 90 days.
- This program operates statewide.
- Foster Parents are required to provide all transportation for children in their care.
- The program provides 24/7 on call support through the on-call phone (401-623-0657) as well as an administrative on call phone system, (401-623-9264).
- NAFI provides both English and Spanish speaking staff.
- Once a call is received by the CRU, notification will be made within one hour as to whether an identified foster home match is available. Once the child is accepted and matched with an assessment foster home, initial contact is made with the client within 24 hours. Referrals to this program are planned, emergency, and/or as part of the DCYF 24-hour after-hours process.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best fit criteria:
- Youth needing emotional and social stabilization.
- Youth needing immediate, emergency placement in lieu of a shelter placement.
- Youth that have experienced abuse, neglect, and/or behavioral problems, including aggression, arguing, disrespect, school problems, and truancy.
- Youth that need acute assessment.
- Children considered to be high risk populations, such as, LGBTIQQAAP, minority youth, medically fragile youth, and pregnant teens.
Exclusionary Criteria:

- Actively suicidal, homicidal, or violent and represent a danger to themselves or other showing psychotic behavior.
- Known history of fire-setting behaviors
- Sexually aggressive or offending youth
Fact Sheet – Professional Family Living Arrangement (PFLA) – The Groden Center

Description:

- PFLA is home-based residential care [treatment foster care (TFC) program] for children and youth with severe emotional and developmental disabilities who are either unable to continue living at home or not ready to return home following a more restrictive placement.
- The PFLA treatment model is based on Applied Behavior Analysis (ABA), a science that effectively alters maladaptive behavior patterns.
- PFLA Providers (foster parents) are carefully selected, licensed in foster care, and trained in both parenting and professional skills.
- Clients served are between the ages of birth to 21 years.
- The PFLA program has oversight of a licensed clinical psychologist and master-level clinicians (BCBA, LICSW, LCSW, M. Ed, MA) who work with the PFLA Providers in assessing the client, developing home programs, coordinating the transition between home and PFLA, and monitoring the client’s progress.
- PFLA Clinician’s caseload is an average of seven (7) clients.
- The PFLA clinician provide case management and coordination with other service providers including medical, counseling and recreational facilities. They also monitor the child’s school placement and attend school meetings as appropriate.
- Each client’s placement in PFLA, including the length of care, is based on the DCYF Case Plan which defines permanency goals. Historically, placements have lasted from six months to over three years. Typically, reunification with the client’s family has taken approximately a year.
- To the extent possible, clients will be placed in a culturally appropriate home within a family constellation where consistent care is provided with access to typical neighborhood and community experiences.
- Along with clinical goals, PFLA treatment plans include permanency goals with strategies and tasks which include: addressing behaviors that place the client at risk for placement disruptions; training of the client’s family or adoptive family on parenting skills and implementation of the client’s Behavior Support Plan; coordinating with other service providers if the goal is independent living; and providing opportunities for healthy, functional relationships with family or mentors, regardless of the permanency goal.
- Progress towards treatment goals and progress is reviewed weekly by the entire clinical team, including the licensed psychologist.
- PFLA Clinicians and Program Director are on-call for PFLA Providers and PFLA clients 24 hours a day, 7 days a week.
- PFLA staff members speak languages other than English or have access to translators if needed.
- Geographic area: Statewide.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best Fit Criteria:

- Child/youth who needs emergency placement or requires a planned transition to a foster home. (Emergency placement is based on referral information received and whether there is an appropriate PFLA Provider match available at the time of the referral).
- Child/youth with Autism Spectrum Disorder, developmental disabilities, and/or behavior challenges.
- Child/youth with diagnoses such as: Autism, Post-Traumatic Stress Disorder, Oppositional Defiant Disorder, Reactive Attachment Disorder.
Exclusionary Criteria:
- Child/youth with high-end medical needs.
- Certain behaviors may be considered as criteria for exclusion, depending on their frequency, intensity, duration, and recent history.
- Emergency management referrals in lieu of psychiatric hospitalization.
- Child/youth who refuse to participate in treatment foster care.
RESIDENTIAL GROUP CARE SERVICES
Assessment and Stabilization
Fact Sheet – Children’s Shelter of Blackstone Valley- Emergency Shelter

Description:
- Children’s Shelter of Blackstone Valley (CSBV) is a short term residential facility and assessment center for children who have been removed from their homes due to abuse, abandonment, or neglect.
- CSBV also provides respite services for children in foster care and other placements.
- CSBV’s maximum capacity is for eight (8) children.
- Shelter and treatment services are provided to boys and girls from birth to age 12.
- CSBV provides evidence based assessment and short term trauma care and treatment in a safe, predictable, and child-friendly environment.
- A master’s level clinician evaluates all children within 24 hours of placement, develops a treatment plan upon admission and follows the child throughout their stay.
- CSBV Clinician provides 1:1 and group counseling.
- CSBV typical staff ratio is 1:4, provides more intensive supports of 1:1 for a child exhibiting unsafe behaviors.
- Childcare workers are highly qualified with appropriate certifications and extensive training in caring for and supporting young children who have experienced trauma.
- The program is designed for a child to be in residence for 45-90 days, but length of stay varies greatly based on the needs of the individual child.
- CSBV is the only program in RI staffed and equipped to receive children on an emergent basis 24/7/365.
- CSBV provides transportation to school and other community supports deemed necessary to meet the needs identified in the child’s treatment/service plan.
- CSBV facilitates visits with parents and safe family members and perspective foster parents/families.
- CSBV provides clean, new seasonally appropriate clothing as needed.
- CSBV provides the Department and Family Court with reports as needed.
- Referrals are made through DCYF’s Central Referral Unit (CRU) or CPS.
- Languages spoken: English, Spanish, Portuguese, and Nigerian
- Geographic area: Statewide

Best fit criteria:
- Children who have experienced trauma secondary to abuse, neglect, abandonment, or exploitation who need a safe, nurturing, home-like environment, providing appropriate treatment and emotional support.

Exclusionary Criteria:
- Older than 12
- Actively psychotic
- Recent fire setting behavior
- Recent behavior or history as a sexual perpetrator
- History of severe violence or aggression
- Other situations requiring a higher level of care than what a community-based home can provide.
Fact Sheet – Short Term Assessment & Reunification (STAR) - Communities for People Inc.

Description:
- The Short Term Assessment & Reunification Program (STAR) provides immediate access to a safe, structured, community-based residential setting providing family support, rapid assessment and stabilization for youth exhibiting an array of mental health needs and behavioral presentations including self-harm and aggressive behavioral episodes and who need assessment and stabilization.
- The program immediately engages parents/caretakers with the goal of rapid reunification.
- The STAR program provides youth with a full range of supportive case management and educational continuity, including transporting the youth to the school where he most recently attended.
- Staff work with the youth, birth parents and natural resources using evidence based and trauma informed treatment models including, Trauma Focused Cognitive Behavioral Therapy and Motivational Interviewing.
- Programmatic services for youth include: crisis prevention, stabilization and intervention as needed, brief, acute, residential care in a safe, secure and supportive community-based setting, the involvement of caregivers and family members in all aspects of treatment, including service planning, family therapy and trauma focused psycho-educational opportunities, service planning with permanency goals and timeframes for attainment, development and implementation of youth safety or crisis management plans; coordination of and transportation to appointments, provisions for daily therapeutic recreation activities, coordination of and/or access to educational groups; programming focus on enhancing independent daily living skills, medication management, educational and vocational coordination and support; case management and court advocacy.
- Clients served are adolescent males from 12 to 18 years old.
- The program is designed to accept placement 24/7.
- The program has a staffing ratio of 1:3, with an awake-overnight staffing ratio of 1:4. Each youth is also assigned a Master’s level clinician (8:1 caseload). For youth with an identified goal of reunification, a Master’s level family reunification specialist (8:1 caseload) will be assigned.
- The clinician sees each youth for a minimum of one (1) hour of individual counseling weekly and provides treatment planning consultation and care management. The family specialist meets with identified youth and their families a minimum of two (2) times per week in the family home. Daily/ongoing case management, weekly review of service plan goals, coaching on life domains with additional telephone and collateral contact readily available. The Star program offers in the home weekly substance abuse groups and provides alternative talk therapy, including in-house trauma informed yoga and therapeutic sports.
- The maximum duration is 90 days, with the initial treatment plan being developed within 72 hours. The first review of the plan is on the 14th day and 30th day.
- Location: 244 Washington Ave Providence.
- Bilingual: English and Spanish, Spanish speaking staff are not on site 24/7.
- Referrals are accepted statewide
- Referrals are generated through the Department’s Central Referral Unit (CRU) during normal business hours (Mon.-Fri., 9am-5pm) or through DCYF Child Protective Services (CPS) after normal business hours, weekends, and holidays. The Central Referral Unit initiates phone contact with a STAR program administrator during normal business hours. Outside of traditional office hours, CPS workers may initiate emergency placements by phoning CFP’s on-call Supervisor.

Best fit criteria:
- The program serves youth and families who require physical separation for a brief respite when other traditional and home-based efforts have not succeeded.
• Youth who are exhibiting an array of mental health needs and behavioral presentations, including self-harm and aggressive behavioral episodes, and who need immediate assessment and stabilization.

Exclusionary Criteria:
• Actively homicidal, suicidal or psychotic
• Youth whose medical needs require 24-hour monitoring or specialized skills
• Profound developmental delays
Fact Sheet – Trauma Systems Therapy (TST) Residential (Sakonnet House) - Family Service of RI

Description:

- Sakonnet House is FSRI’s Stabilization and Assessment Center, which is part of the TST Residential continuum. TST Residential is an evidence-informed practice that is aligned with child-welfare best practices, and is individualized and strength-based in its approach.
- Youth served typically have chronic histories of either involvement in the juvenile justice and or mental health system; significant risk and behavioral dysregulations; and/or complex trauma that may include physical abuse, sexual abuse, neglect, and exposure to violence in the home and the community.
- TST Residential is best for those who have experienced complex trauma, and need short-term, clinically focused out-of-home treatment that addresses symptoms of trauma and barriers to reunification and permanency and improves independent living skills.
- Site Location: Sakonnet House, North Smithfield, RI.
- Clients served are from 12-17 years of age in accordance with licensing regulations.
- Staff ratio is 1:3 during first and second shifts and 1:4 during the awake overnight (eight total).
- Duration of services on average is generally less than six (6) months.
- Each program has a full-time program manager, full-time Master’s level clinician, and case managers, as well as a full-time nurse and occupational therapist (OT) shared across programs. The program is overseen by a Licensed Independent Clinical Social Worker (LICSW) clinical administrator.
- Children who have experienced complex trauma frequently struggle with day-to-day activities. Therefore, coupled with TST delivered in the residential home and in the community, FSRI offered a unique OT component, delivered in partnership with New England Institute of Technology. OT focuses on social participation, activities of daily living, education, vocational skills, leisure activities to encourage success in daily functioning and reduced symptoms of trauma.
- Progress towards treatment goals is measured and evaluated weekly. Monthly treatment planning disposition meetings are held and trauma safety plans are completed quarterly.
- FSRI will transport clients in need on a 24/7 basis and will provide transportation for caregivers to reduce barriers related to their participation in treatment.
- On call available 24 hours a day, seven days a week.
- Languages spoken: English and Spanish.
- Geographic area: Statewide.
- Emergency referrals to Sakonnet House can be received and processed immediately, including an initial clinical assessment to determine recommendation of level of care need and supports. Initial contact with family/guardian is made within two business days.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best fit criteria:

- Treatment may be particularly effective for youth who have previously been victims of childhood sexual abuse or sex trafficking and may display externalizing sexual behaviors.
- Youth who have been exposed to complex trauma that may include physical abuse, sexual abuse, neglect, and exposure to violence in the home and/or community; chronic histories of either involvement in the juvenile justice and/or mental health systems; significant risk and behavioral dysregulation.
- Youth who have traditionally been served in out-of-home treatment in an out-of-state location may be particularly good fits. Treatment may also be successful for youth who identify as LGBTQQI.
Exclusionary Criteria:

- Under 12 years of age.
- Is not suitable for youth with developmental disabilities.
- Major mental illness (active, untreated Schizophrenia, psychosis, or sociopathy).
- Active suicidal/homicidal ideation/behaviors.
- Fire setting/animal cruelty.
- Current risk of sexual offending.

Intake: (401) 331-1350, Ext. 3413 or (401) 282-8018 (cell)
Fact Sheet – 30 Day Assessment and Emergency Shelter Program – Jammat Housing and Community Development Center

Description:

- 30-day Assessment and Emergency Shelter Center program providing clinical care and assessment in a group home setting for juvenile males ages 13-18 years of age.
- Each youth is assigned a Master's level clinician with a clinician has a caseload not to exceed eight (8) clients per program.
- Within 72 hours of admission, a trauma assessment is completed identifying previous trauma, trauma triggers and coping mechanisms using the Trauma Systems Checklist assessment tool. Within 30 days a comprehensive treatment plan is developed using Ohio Scales and CANS as measurement tools. Treatment plan is reviewed 90 days.
- Clients provided one (1) hour of individual therapy by clinician per week, family therapy (when appropriate), one (1) hour of group therapy by clinician per week. Clinical times can increase based on client's need.
- Attachment, Self-Regulation and Competency evidence based treatment model into all its programming. The ARC model is a framework for intervention for youth and families who have experienced multiple and/or prolonged traumatic stress.
- This program’s outcomes are the following: Reduction in instances of elopement/truancy: Reduction in instances of aggressive behavior; and Reduced substance abuse. Assessments are referred to other service agencies when necessary to provide a more expansive view of future programming needed. Permanency options explored for time of admission and family engagement is a priority.
- Daily, staff will provide guidance to residence in personal hygiene, basic meal preparation, cooking, housekeeping, shopping, money management and social skills.
- TTC will meet all transportation and associated needs for each youth in placement including transportation for 1) routine and emergency medical, dental and vision appointments 2) purchases of clothing and personal items 3) mental health appointments 4) vocational training, school, and educational advocacy; and 5) family court and other court appearances.
- The agency will assist parents with accessing public transportation or provide transportation to ensure parents participate fully in treatment planning and implementation. Parents can assist with transportation of the youth when appropriate.
- Languages spoken: English and Spanish
- Geographic area: 64 Dartmouth Avenue, Providence, RI (Elmwood neighborhood)
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best Fit Criteria:

- Adolescent eight males, ages 13-18 years in need of temporary shelter and evaluation due to delinquent behaviors, dependency issues, an inability to return to their home for various reasons or may be in transition.

Exclusionary Criteria:

- Actively homicidal or suicidal.
- Unable to participate in medication management.
- Active medical impairment which prevents mobility or requires hospitalization.
- Under 13 (although exceptions can be approved by DCYF).
Fact Sheet - Assessment and Stabilization Services (Hills Program) – St. Mary’s Home for Children

Description:
- The primary focus of treatment is residential treatment services that provides stabilization of youth through the provision of a supportive, affirming and structured environment, clinical treatment services, opportunities to spend time in the community and an emphasis on spending time with their families or important adults in their lives.
- Our program operates with a belief that a safe, consistent, therapeutic treatment environment that emphasizes relationship-building, provides youth with opportunities to develop emotional regulation skills, master skills associated with daily living, and repair family relationships.
- Based on the Building Bridges Initiative, our clinicians are being certified to utilize TF-CBT (Trauma Focused-Cognitive Behavioral Therapy).
- Ages of the clients served: Females, 12-17 years of age
- Service is available: 24 hours a day, 7 days a week
- Master’s level clinicians typically carry six (6) cases.
- Initial contact is made with the client immediately upon receipt of all necessary approvals.
- Clients receive at least weekly individual and family treatment and multiple group sessions.
- Psychiatric evaluations and medication management are available by our full time psychiatrist or our part time consulting advanced psychiatric nurse practitioner for youth in need of these services.
- Two (2) full time registered nurses and a CAN comprise our onsite nursing staff
- Regarding family involvement, the agency had grant funding to assist with transportation needs and has set up a voucher system with a local taxi service.
- We also provide transportation to youth in our care who are attending medical appointments and involved in community activities and/or athletics
- Duration of services: 90 days
- The service is provided on the St. Mary’s campus and in the community.
- For those youth that qualify for special education, services also include our on-campus special education school.
- Family Therapy and Parent Education is delivered in the primary language of our clients.
- Treatment plan goals are measured and evaluated monthly.
- Languages spoken include English, Spanish and Creole
- Geographic area served: Statewide
- Referrals are generated through the DCYF’s Central Referral Unit (CRU).

Best fit criteria: The target population is youth involved in the child welfare system who exhibit chronic runaway behaviors, may be victims of sex trafficking and may also exhibit pervasive emotional, behavioral, and psychiatric challenges that interfere with their ability to function at home, school, and in the community.

Exclusionary Criteria: Youth not eligible for our services include individuals who require 24 hours medical or nursing care, one-to-one support or meet criteria for ARTS or hospital level care.

Contact Information for the 24/7: After hours, Campus Supervisor (401) 641-3874
Fact Sheet – Stabilization, Assessment, and Rapid Re-Integration Program (STARR) – The Key Program

Description:

- STARR is a short-term placement program for nine (9) females, ages 13-18 years. Focusing on safety and risk factors, barriers to permanency, and precipitating factors that led to out-of-home placement, the STARR program offers services to support a safe and rapid transition to the setting that best meets the referred youth’s needs.
- Key’s STARR incorporates four evidence-based and/or research informed modalities into its clinical framework: Seeking Safety; Cognitive Behavioral Therapy; Motivational Interviewing; and Family-centered Practice.
- Respite capacity is built into this program model, as it is licensed for 10 adolescent females. For up to six (6) months post discharge from STARR to a home-based setting, both day and overnight respite services at the STARR facility will be available. The maximum length of stay for youth utilizing respite services is seven (7) days.
- Youths who discharge to a home-based setting will have Enhanced Family Support Services in place 30-days prior to discharge from the STARR program.
- Within 24 hours of intake (or the next business day), Key’s family case manager will connect with the youth’s family in order to begin the family assessment process, identify obstacles to reunification and the family’s strengths, needs, abilities and preferences, determine natural and community supports, and begin planning for the youth’s reintegration to her home and community. A visitation plan will also be created at this time.
- The program clinician, who holds a Master’s degree in social work or counseling, begins the assessment process with the youth within 24 hours of intake (or the next business day), and a Bachelor’s level primary caseworker is also assigned to the youth at that time. The family case manager, program clinician, and primary caseworker collaborate and coordinate assessment and treatment planning, including aftercare planning, for the youth and family throughout the youth’s stay at the STARR program.
- Most services are delivered at the STARR program; however, services are coordinated across all facets of the youth’s life which can include family, schools, or community settings.
- STARR will provide transportation for routine and emergency medical care, counseling appointments, psychiatric or other evaluations, purchasing of clothing and personal items, vocation training, school enrollment and reinstatement, educational advocacy, court appearances, and case plan reviews while also working with the youth to develop the life skills to be able to use public transportation.
- The program will also assist with transportation of family members so they may more fully participate in the assessment and planning process for their child, while also strategizing with families how to obtain transportation in the future.
- Staff to client ratio is 1:3. On the overnight shift, a 1:5 ratio is maintained by awake staff. Length of stay for the STARR program is 1-60 days.
- An initial treatment agreement is completed at intake; an individualized treatment plan is created and implemented within two (2) weeks of intake; treatment plan review meetings occur at days 7, 14, 30 and 45.
- Languages spoken: English, Spanish, Creole, Portuguese.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best fit criteria:

- Youth who have experienced trauma; exhibit poor impulse control; have mental health or emotional challenges.
Exclusionary Criteria:

- Actively suicidal, homicidal or psychotic; untreated aggressive sexual behaviors or fire setting behaviors; chronic health conditions that require expert monitoring or care; meeting criteria for severity levels 2 or 3 for Autism Spectrum Disorder.

Intakes occur around-the-clock, 365 days per year. For intake, contact (401) 533-1706.
Residential Treatment Centers
Fact Sheet - ISAT I Eagles (Intensive Stabilization, Assessment and Program) - Harmony Hill School

Description:

- ISAT I Eagles offers residential treatment to males 13-18 years old with the most complex and/or imminent safety concerns. These youth are stepping down from or being diverted from psychiatric hospitalization or may be too ill to manage at the RI Training School.
- HHS utilizes the Recovery Model of Mental Health as a framework for all treatment provided in ISAT I (Eagles). Within the Recovery Model framework individual clinicians utilize a variety of commonly accepted treatment modalities including, but not limited to, Trauma Focused- Cognitive Behavioral Therapy (TF-CBT), CBT, Dialectal Behavioral Therapy (DBT skills), Narrative Therapy, Motivational Interviewing, Expressive Therapy and Family Systems Therapy.
- ISAT I youth receive counseling services from their individual licensed Master’s level clinician for 90 minutes weekly. Twice-weekly clinical group run by Doctorate level psychologist and initial psychiatric evaluation and weekly appointment for symptom management and medication review. A member of the clinical team is available on campus from 7:00am-7:00pm, Monday-Friday and on-call at all other times for consultation and support. (ISAT youth may attend other groups on campus and are evaluated on a case-by-case basis looking at individual safety.)
- HHS offers youth and families a variety of supporting resources that include but not limited to: safety and crisis intervention, dietary concerns, clothing, medical concerns, personal care items, on campus psychiatric/psychological routine pediatric care, community base visits for general/specific needs, court transportation, and community based support/treatment groups.
- Transportation for family visitation can be provided, as well as supervision of visits on a case-by-case basis. Space for visitation is also provided on campus as well.
- Members of the clinical team provide family therapy at a time and place convenient to parents/guardians/caregivers. Telephone support from an “on call” clinician is available 24/7 when youth are visiting in the community in preparation for reunification. HHS also has 24/7 access to nursing and psychiatric on call.
- Due to the complexity in this unit, staffing ratio are 3:5 (staff to youth) during awake hours and 2:5 during sleep hours. The ISAT I is a five bed unit to ensure proper supervision of youth experiencing such significant mental health and safety issues.
- HHS provides residential services to youth 24 hours a day 365 days a year. Same day admissions can be arranged.
- Length of time: Typically from 30-90 days or until they have demonstrated some ability to maintain personal safety.
- Treatment plans are developed within the first 30 days of admission and reviewed/revised every 90 days following. Treatment plan goal data is collected daily on a per shift basis.
- Language: We have the ability to communicate with families whom may speak other languages (interpreter services used). Youth must be able to be educated in English.
- Geographic area: HHS services all males 13-18 years old and their families statewide.
- Each referral is generated through DCYF’s Central Referral Unit (CRU)
Fact Sheet - ISAT II Blue Jays & Cardinals
(Intensive Stabilization, Assessment and Program) -
Harmony Hill School

Description:

- ISAT II Blue Jays and Cardinals offer residential treatment to males 13-18 years old who are currently experiencing chronic (Blue Jays) or acute (Cardinals) mental health symptoms. These youths require a high degree of staff support and intervention to maintain safety.

- HHS utilizes the Recovery Model of Mental Health as a framework for all treatment provided in ISAT II (Blue Jays/Cardinals). Within the Recovery Model framework individual clinicians utilize a variety of commonly accepted treatment modalities including, but not limited to, Trauma Focused- Cognitive Behavioral Therapy (TF-CBT), CBT, Dialectal Behavioral Therapy (DBT skills), Narrative Therapy, Motivational Interviewing, Expressive Therapy, and Family Systems Therapy.

- ISAT II youth receive counseling services from their individual licensed Master’s level clinician for 60 minutes weekly. Weekly clinical group run by Doctorate level psychologist and initial psychiatric evaluation and bi-weekly appointment for symptom management and medication review. A member of the clinical team is available on campus from 7:00am-8:00pm, Monday-Friday (in the milieu from 3:00pm-8:00pm) and on-call at all other times for consultation and support. (ISAT youth may attend other groups on campus this is evaluated on a case by case basis looking at individual safety.)

- ISAT II also provides the following minimum array of service components: one (1) hour weekly DBT skills training groups by clinical psychologist (campus based), two (2) times monthly psychiatry services (on campus) and a 2:5 staff to student ratio during awake hours as well as during sleep hours.

- HHS offers youth and families a variety of supporting resources that include but are not limited to: safety and crisis intervention, dietary concerns, clothing, medical concerns, personal care items, on campus psychiatric/psychological routine pediatric care, community base visits for general/specific needs, court transportation, and community based support/treatment groups.

- Transportation for family visitation can be provided, as well as supervision of visits on a case-by-case basis. Space for visitation is also provided on campus as well.

- Members of the clinical team provide family therapy at a time and place convenient to parents/guardians/caregivers. Telephone support from an “on call” clinician is available 24/7 when youth are visiting in the community in preparation for reunification. HHS also has 24/7 access to nursing and psychiatric on call.

- Length of Stay: ISAT II youth are typically in this level of care from 90-180 days or until they have demonstrated some ability to improve self-management/ self-control skills.

- Treatment Plans are developed within the first 30 days of admission and reviewed/revised every 90 days following. Treatment plan goal data is collected daily on a per shift basis.

- Language: We can communicate with families whom may speak other languages (interpreter services used). Youth must be able to be educated in English.

- Geographic area: HHS services all males 13-18 years old and their families statewide.

- The admissions team and decisions review each referral are made on a case-by-case basis.

- Referrals are generated through the DCYF’s Central Referral Unit (CRU).

- HHS provides residential services to youth 24 hours a day 365 days a year. Same Day Admissions can be arranged.
Fact Sheet - General Treatment Mustangs - Harmony Hill School

Description:

- General Treatment Mustangs offer residential treatment to males 13-18 years old who can maintain a higher degree of personal safety. These youths may be involved in juvenile justice, be struggling with behavioral concerns in their homes, schools, and/or communities.
- HHS utilizes the Recovery Model of Mental Health as a framework for all treatment provided in general treatment Mustangs. Within the Recovery Model framework individual clinicians utilize a variety of commonly accepted treatment modalities including, but not limited to, Trauma Focused- Cognitive Behavioral Therapy (TF-CBT), CBT, Dialectal Behavioral Therapy (DBT skills), Narrative Therapy, Motivational Interviewing, Expressive Therapy, and Family Systems Therapy.
- General treatment youth receive counseling services from their individual licensed Master’s level clinician for 60 minutes weekly (campus based), minimally one (1) hour weekly family therapy (campus/home base), weekly access to art therapy (campus based), weekly access to recreational therapy (on/off campus), daily individualized education (on campus), daily therapeutic community meetings (unit base), daily access to medication administration by an RN (on campus), psychiatric services 30 days and additionally as needed.
- One hour weekly skills group(s) (team building, transitional focus activities, daily living skills, anger management skills, conflict resolution skills, wellness, etc.) led by Direct Care staff but may include members from education and/or the clinical/medical departments depending on topics being addressed. Life/daily living skills, and/or transitional skills are tailored to meet the individual needs of each youth, specialized groups may be offered to those youth who have a particular diagnoses and/or risk related behaviors (i.e., trauma, ODD/conduct issues, LGBTQQI), a Work Study program (on campus or off campus) is available to youth who demonstrate consistent levels of appropriate behavior and social interactions.
- Work Study provides youth an opportunity to practice social skills, develop a work ethic, communication skills, money management, and learn employability skills. Building Bridges Program is an alliance between the HHS program and a local nursing home. It affords our youth an opportunity to work with residents of a local nursing home in an intergenerational, supervised visitation program, linkages to outside agencies/services such as ORS, coordination, and collaboration with outside service providers to ensure that transitions are successful and supports are in place.
- Monthly psycho-education groups for parents/guardians, caregivers provided by a member of the clinical staff and direct care staff. Therapeutic visitation is offered on a case by case basis (on/off grounds).
- HHS offers youth and families a variety of supporting resources that include but not limited to: safety and crisis intervention, dietary concerns, clothing, medical concerns, personal care items, on campus psychiatric/psychological routine pediatric care, community based visits for general/specific needs, court transportation, and community based support/treatment groups.
- Transportation for family visitation can be provided, as well as supervision of visits on a case-by-case basis. Space for visitation is also provided on campus as well.
- Members of the clinical team provide family therapy at a time and place convenient to parents/guardians/caregivers. Telephone support from an “on call” clinician is available 24/7 when youth are visiting in preparation for reunification. HHS also has 24/7 access to nursing and psychiatric on call.
- Length of time: Typically, from 270-365 days or until completion of all tasks associated with treatment.
- Treatment Plans are developed within the first 30 days of admission and reviewed/revised every 90 days following. Treatment plan goal data is collected daily on a per shift basis.
- Language: Interpreter services used. Youth must be able to be educated in English.
- Geographic area: HHS services all males 13-18 years old and their families statewide.
- Each referral is reviewed by the admissions team and decisions are made on a case by case basis.
- Referrals are generated through the DCYF’s Central Referral Unit (CRU) HHS provides residential services to youth 24 hours a day 365 days a year. Same Day Admissions can be arranged.
Fact Sheet - Program for Sexually Abusive Adolescents (PSAA) Lions – Harmony Hills School

Description:

- PSAA Lions offer residential treatment to males 13-18 years old who have engaged in sexually abusive behaviors. These youths may be involved in juvenile justice system and have engaged in sexually abusive and/or problematic sexual behaviors.

- HHS utilizes the Recovery Model of Mental Health as a framework for all treatment provided in PSAA lions. Within the Recovery Model framework individual clinicians utilize a variety of commonly accepted treatment modalities including, but not limited to, Trauma Focused- Cognitive Behavioral Therapy (TF-CBT), CBT, Dialectal Behavioral Therapy (DBT skills), Narrative Therapy, Motivational Interviewing, Expressive Therapy, and Family Systems Therapy.

- PSAA youth receive counseling services from their individual licensed Master’s level clinician for 60 minutes weekly; psychiatric services 30 days and additionally as needed, sexual abuse specific groups occur twice a week including a Trauma Focused Cognitive Behavior Therapy and DBT based coping skills component in addition to Pathways material, family therapy is offered weekly, individual therapy occurs weekly; if there is not a Sexually Abusive youth specific evaluation at the time of admission or there is a Court request or order for HHS to complete the evaluation; a sexually abusive youth specific evaluation will be completed shortly after admission, transitional assessments are completed once all the clinical tasks of the program are completed. Transitional assessment indicates completed clinical tasks, risk and protective factors, ongoing sexually abusive specific clinical needs and level of care placement recommendations.

- Harmony Hill School offers youth and families a variety of supporting resources that include but not limited to: safety and crisis intervention, dietary concerns, clothing, medical concerns, personal care items, on campus psychiatric/psychological routine pediatric care, community base visits for general/specific needs, court transportation, and community based support/treatment groups.

- Transportation for family visitation can be provided, as well as supervision of visits on a case-by-case basis. Space for visitation is also provided on campus as well.

- Members of the clinical team provide family therapy at a time and place convenient to parents/guardians/caregivers. Telephone support from an “on call” clinician is available 24/7 when youth are visiting in the community in preparation for reunification. Harmony Hill School also has 24/7 access to nursing and psychiatric on call.

- Length of stay: Typically, from 270-365 days or until they have completed all tasks associated with treatment.

- Treatment plans are developed within the first 30 days of admission and reviewed/revised every 90 days following. Treatment plan goal data is collected daily on a per shift basis.

- Language: We have the ability to communicate with families whom may speak other languages (interpreter services used). Youth must be able to be educated in English.

- Geographic area: HHS services all males 13-18 and their families statewide.

- Each referral is reviewed by the admissions team and decisions are made on a case-by-case basis.

- Referrals are generated through DCYF’s Central Referral Unit (CRU). HHS provides residential services to youth 24 hours a day 365 days a year. Same Day Admissions can be arranged.
Fact Sheet – Juvenile Justice Focused Residential Treatment Center – Ocean Tides

Description:
- Juvenile Justice (TCP/Probation) focused RTC model will provide milieu therapy with structure and services to effectively address the reasons for placement with on-site psychiatric and psychological services, clinical services which offers comprehensive array of strength and evidence based therapeutic modalities designed to offer hope, foster growth, and improve the lives of the male adolescents and families we serve focusing on critical issues of trauma, abuse, neglect, problematic behaviors, substance abuse, mental health, family reunification, safety and well-being, and taking into account the effect of toxic trauma and adverse childhood experience.
- The program is developed based on the Lasallian Care Model and using the Service Outcome Action Research model.
- Program serves 13-19 year-old males, generally high school students, consideration to select 13 year olds, 7th & 8th graders.
- RTC services are provided 24/7, 365 days/year; standard business office hours.
- Staffing qualifications are as follows: Counselors have a MA/MS/MSW, Residential Counselors/Case Managers have a BA; and teachers are RIDE certified.
- Interviews are scheduled within 72 hours of referral; RITS/Detention interviews conducted weekly or upon request.
- Youth receive 24/7 care, supervision, and guidance. Social Service staff provide weekly counseling sessions (50 minutes) with each youth and weekly contact with family member/caregiver. At least 90 minutes of family/caregiver counseling is provided each month through RTC program. Counseling agenda is individualized to each youth.
- Social service counselor practice trauma informed care with specialties in grief, identifying triggers/beliefs that produce anger, family relationships and dynamics, substance abuse and sexual/relational boundaries counseling. Counselors are integrated into the daily activities of every youth in care which allows residents the opportunity for counseling and support as needed.
- Length of service: Based on orders of Family Court (TCP) and completion of treatment goals (flexibly targeting 6-9 months or longer per charges/sentence; aftercare/transitional services up to three months).
- Location: 635 Ocean Road, Narragansett (RTC); Hillside Ave., Providence (Transition Services Office)
- Monthly review of treatment plan including progress toward goals and transition to permanency
- Languages Spoken: Youth must be able to communicate in English; limited availability for Spanish speaking family services.
- Geographic Area: Statewide
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best Fit Criteria:
- Males 14-19 years old, non-violent behaviors or offenses, juvenile delinquent with limited gang involvement, able to be cared for in a non-secure residential treatment center environment. Youth must be able to function in a large peer group setting, have some readiness to address behaviors and issues, be prepared to engage in school program and want a better future for themselves. Each referral is reviewed on a case-by-case basis with real time considerations to individual needs, juvenile delinquent youth interested in creating their better future.
Exclusionary Criteria:

- Female
- History of violence, arson or self-harm that would jeopardize safety of youth or others in non-secure setting.
- Severe mental health issues; psychosis, severe educational impairments.
- Drug addiction requiring detox or inpatient addiction services.
- Major gang/street involvement that would obstruct or prevent participation in treatment.
- Physical handicaps that prevent easy use of stairs and significant walking.
- Non-compatibility with current group of resident youth (gang, street, or other issues-inherent conflicts to safety).
- Clinical or service history that indicates likelihood to jeopardize safety of self or community in non-secure setting.
Fact Sheet - High End Residential Treatment – Horton Unit - St. Mary’s Home for Children

Description:

- The primary focus of treatment is residential treatment services. Our goal is to reduce length of stay in the residential intervention to 3-6 months, followed by six (6) months of continued service in the home through EOS and other third party funded services.
- Increasing the caretaker’s ability to cope during and after the residential intervention, along with improving functioning and relationships in the home, are key elements of the program which will lead to improved long-term outcomes.
- Based on the Building Bridges Initiative, our clinicians utilize TF-CBT (Trauma Focused-Cognitive Behavioral Therapy)
- Home based treatment elements of our program (which start at referral) are provided by a PSN Partner and Family Liaison (position that are above and beyond traditional residential milieu and clinical supports) in conjunction with the individual or family clinician.
- Ages of the clients served: 13-18 years old
- Service is available: 24 hours a day, 7 days a week
- Master’s level clinicians typically carry six (6) cases.
- Initial contact is made with the client immediately upon receipt of all necessary approvals.
- Clients receive at least weekly individual and family treatment and multiple group sessions.
- Family engagement, involvement of natural supports, community and neighborhood resources are top priorities of our program model.
- With assistance from our PSN Partners and assigned Family Liaisons, we provide care coordination and case management and ensure that basic needs are meet, help navigate systems issues, and advocate for the families we serve.
- Duration of services: 4-6 months
- The service is provided on the St. Mary’s campus, in families’ homes, and in the community.
- For family sessions and/or community-based work with the families we serve, we and our partner (Parent Support Network) offer transportation to ensure consistent time with family takes place as frequently as can be arranged, often multiple times per week.
- Psychiatric evaluations and medication management are available by our full time psychiatrist or our part time consulting advanced psychiatric nurse practitioner for youth in need of these services.
- Two (2) full time registered nurses and a CAN comprise our onsite nursing staff.
- For those youth that qualify for special education, services also include our on-campus special education school.
- We also provide transportation to youth in our care who are attending medical appointments and are involved in community activities and/or athletics.
- Treatment plan goals are measured and evaluated quarterly and more frequently as needed.
- Languages spoken include English, Spanish, and Creole
- Geographic area served: Statewide
- Referrals are generated through DCYF’s Central Referral Unit (CRU).
**Best fit criteria:** The target population is youth involved in the child welfare system who exhibit pervasive emotional, behavioral, and psychiatric challenges that interfere with their ability to function at home, school and in the community.

- We hope to prevent youth from being sent to out-of-state placements.
- We hope to provide an avenue to bring youth back to RI from out-of-state.
- We serve youth and families with significant trauma histories (sexual and physical abuse, neglect, witnessing domestic violence, multiple placement disruptions).

**Exclusionary Criteria:** Youth not eligible for our services include individuals who require 24 hours medical or nursing care, youth who are pregnant, and youth with IQ under 60.

Contact Information for the 24/7 campus supervisor - (401) 641-3874
Fact Sheet - High End Residential Treatment – Hope Unit – St. Mary’s Home for Children

Description:
- The primary focus of treatment is residential treatment services. Our goal is to reduce length of stay in the residential intervention to 3-6 months, followed by six (6) months of continued service in the home through EOS and other third party funded services.
- Increasing the caretaker’s ability to cope during and after the residential intervention, along with improving functioning and relationships in the home, are key elements of the program which will lead to improved long-term outcomes.
- Based on the Building Bridges Initiative, our clinicians utilize TF-CBT (Trauma Focused-Cognitive Behavioral Therapy).
- Home based treatment elements of our program (which start at referral) are provided by a PSN Partner and Family Liaison (position that are above and beyond traditional residential milieu and clinical supports) in conjunction with the individual or family clinician.
- Ages of the clients served: 13-18 years old
- Service is available: 24 hours a day, 7 days a week
- Master’s level clinicians typically carry six (6) cases.
- Initial contact is made with the client immediately upon receipt of all necessary approvals.
- Clients receive at least weekly individual and family treatment and multiple group sessions.
- Family engagement, involvement of natural supports, community and neighborhood resources are top priorities of our program model.
- With assistance from out PSN Partners and assigned Family Liaisons, we provide care coordination and case management and ensure that basic needs are meet, help navigate systems issues and advocate for the families we serve.
- Duration of services: 4-6 months
- The service is provided on the St. Mary’s campus, in families’ homes, and in the community.
- For family sessions and/or community-based work with the families we serve, we and our partner (Parent Support Network) offer transportation to ensure consistent time with family takes place as frequently as can be arranged, often multiple times per week.
- Psychiatric evaluations and medication management are available by our full time psychiatrist or our part time consulting advanced psychiatric nurse practitioner for youth in need of these service.
- Two (2) full time registered nurses and a CAN comprise our onsite nursing staff.
- For those youth that qualify for special education, services also include our on-campus special education school.
- We also provide transportation to youth in our care who are attending medical appointments and involved in community activities and/or athletics.
- Treatment plan goals are measured and evaluated quarterly and more frequently as needed.
- Languages spoken include English, Spanish, and Creole
- Geographic area served: Statewide
- Referrals are generated through DCYF’s Central Referral Unit (CRU).
**Best fit criteria**: The target population is youth involved in the child welfare system who exhibit pervasive emotional, behavioral and psychiatric challenges that interfere with their ability to function at home, school and in the community.

- We hope to prevent youth from being sent to out-of-state placements.
- We hope to provide an avenue to bring youth back to RI from out-of-state.
- We serve youth and families with significant trauma histories (sexual and physical abuse, neglect, witnessing domestic violence, multiple placement disruptions).

**Exclusionary Criteria**: Youth not eligible for our services include individuals who require 24 hours medical or nursing care, youth who are pregnant, and youth with IQ under 60.

Contact Information for the 24/7 campus supervisor - (401) 641-3874
Fact Sheet - High End Residential Treatment – Mauuran Unit -
St. Mary’s Home for Children

Description:

- The primary focus of treatment is residential treatment services. Our goal is to reduce length of stay in the residential intervention to 3-6 months, followed by six (6) months of continued service in the home through EOS and other third party funded services.
- Increasing the caretaker’s ability to cope during and after the residential intervention, along with improving functioning and relationships in the home, are key elements of the program which will lead to improved long-term outcomes.
- Based on the Building Bridges Initiative, our clinicians utilize TF-CBT (Trauma Focused-Cognitive Behavioral Therapy)
- Home based treatment elements of our program (which start at referral) are provided by a PSN Partner and Family Liaison (position that are above and beyond traditional residential milieu and clinical supports) in conjunction with the individual or family clinician.
- Ages of the clients served: mixed gender, ages 8-12 years old
- Service is available: 24 hours a day, 7 days a week
- Master’s level clinicians typically carry six (6) cases.
- Initial contact is made with the client immediately upon receipt of all necessary approvals.
- Clients receive at least weekly individual and family treatment and multiple group sessions.
- Family engagement, involvement of natural supports, community and neighborhood resources are top priorities of our program model.
- With assistance from our PSN Partners and assigned Family Liaisons, we provide care coordination and case management and ensure that basic needs are meet, help navigate systems issues and advocate for the families we serve.
- Duration of services: 4-6 months
- The service is provided on the St. Mary’s campus, in families’ homes, and in the community.
- For family sessions and/or community-based work with the families we serve, we and our partner (Parent Support Network) offer transportation to ensure consistent time with family takes place as frequently as can be arranged, often multiple times per week.
- Psychiatric evaluations and medication management are available by our full time psychiatrist or our part time consulting advanced psychiatric nurse practitioner for youth in need of these services.
- Two (2) full time registered nurses and a CAN comprise our onsite nursing staff.
- For those youth that qualify for special education, services also include our on-campus special education school.
- We also provide transportation to youth in our care who are attending medical appointments and are involved in community activities and/or athletics.
- Treatment plan goals are measured and evaluated quarterly and more frequently as needed.
- Languages spoken include English, Spanish and Creole
- Geographic area served: Statewide
- Referrals are generated through DCYF’s Central Referral Unit (CRU).
Best fit criteria: The target population is youth involved in the child welfare system who exhibit pervasive emotional, behavioral and psychiatric challenges that interfere with their ability to function at home, school and in the community.

- We hope to prevent youth from being sent to out-of-state placements.
- We hope to provide an avenue to bring youth back to RI from out-of-state.
- We serve youth and families with significant trauma histories (sexual and physical abuse, neglect, witnessing domestic violence, multiple placement disruptions).

Exclusionary Criteria: Youth not eligible for our services include individuals who require 24 hours medical or nursing care, youth who are pregnant, and youth with IQ under 60.

Contact Information for the 24/7 campus supervisor - (401) 641-3874
Fact Sheet – Community Residential Program (CRP) – The Groden Center

Description:

- CRP provides a comprehensive and effective alternative to institutionalization for children and youth exhibiting autism spectrum disorders, significant behavioral disorders, psychiatric disorders, and other developmental disabilities.
- Children and youth who reside at the Groden Center present a profile whose primary features include severe communication and social deficiencies and serious problems such as aggressiveness, self-injury, or excessively high rates of motor activity.
- The services provided through the program include a range of therapeutic educational, social, and recreational services designed to meet this goal. All services in the program are deeply rooted in commonly accepted behavioral procedures developed under the rubric of Applied Behavior Analysis (ABA) and positive behavior support. In addition, the program applies innovative approaches such as relaxation therapy, imaginary-based procedures, cognitive therapy, and social skills training.
- CRP’s residences serve children/youth referred by the Department of Children, Youth, and Families, ages 12 to 21 years.
- CRP maximizes groups residences in four (4) local communities for children/youth who need an alternative home for variety of reasons. Their purpose is to provide a living environment that is as close to a typical home life as possible, while fostering independent functioning in their home and community in the least restrictive environment possible.
- Program includes a broad range of therapeutic, educational, vocational, social, and recreational services.
- Initial treatment plan is developed within 30 days of enrollment outlining positive behavior supports, initial targets for skills building, and initial goals for family involvement.
- CRP operates 24 hours a day, 7 days a week.
- Programs are carefully coordinated with the Groden school program, which all residential children/youth attend. Groden North and Groden South Schools operate year-round, five days a week from 8:30am - 3:30pm, Monday through Friday. One-to-one staffing is available if required for safety.
- Parents remain integral in child’s life, visiting frequently at the home, participating in home functions, and taking their children out for meals, community trips, and/or overnights visits. Parents have access to multiple forms of parent training and support designed to develop their ability to successfully support their child in their home.
- A clinician and a program manager are on-call at all times. Direct nursing service is available 40 hours a week and on-call nursing is provided at all times.
- CRP is designed to provide residential service of the shortest duration possible.
- Treatment team reviews individual progress on an ongoing basis; treatment plans are updated and modified based on data review and progress.
- CPR has four locations.
- Languages in addition to English and access to translators, if needed.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best fit criteria:

- Severe communication and social deficiencies and serious problems such as aggressiveness, self-injury, or excessively high rates of motor activity.
- Individuals whose acceptance into our community’s essential social system (e.g., home, school, public areas) is prevented, or at least jeopardized, by differences and problems.
Exclusionary Criteria:

- Medical conditions requiring continued on-site nursing, active suicidal or homicidal ideation, fire-setting, or sexually aggressive behavior.
Group Care - Developmentally Disabled
Fact Sheet – Adolescent Developmental Disabilities Program (ADDP) – Whitmarsh Corp.

Description:

- The ADDP provides a residential setting for the assessment, stabilization, and treatment of mild to moderately developmentally disabled youth, youth with learning disorders, and youth with co-occurring severe mental health needs. Youth will receive high-intensity case management, milieu therapy, individual, group, and family therapy, and other specialized treatment as indicated by their individual needs. The ADDP offers additional services such as life skills coaching, art therapy, therapeutic drumming, and aftercare services.
- The ADDP will utilize Integrated Clinical Services’ evidence-based, DBT-informed clinical services for individual and group therapy, a model developed by Julie Brown, Ph.D., whose findings have been published in peer-reviewed psychiatric journals. Milieu therapy will use the framework of the evidence-based Attachment, Self-Regulation, and Competency model.
- The ADDP serves male clients ages 13-17, 24 hours a day, 7 days per week.
- The Whitmarsh Supervisor on Duty can be reached at (401) 270-2300.
- Residential staff are required to have a minimum of a high school diploma with a BA in human services preferred. The program director/case manager has a BA and is a Master’s level clinical intern. All clinical services are provided by licensed therapists. The ADDP is a (6) six-bed, community-based facility.
- The ADDP will notify the CRU of its decision to interview, waitlist, accept, or reject a referral within three (3) days of the referral’s receipt. Once accepted, the program can typically admit a client within 1-2 business days, although this may vary depending on the complexity of the youth’s needs and services required.
- The client is supervised by program staff 24/7. Clinical services typically occur once per week, although this varies per the youth’s needs.
- Anticipated length of stay is 3-12 months, depending on the youth’s needs and permanency plan.
- The ADDP is located in Providence, RI.
- Treatment plan goals are evaluated internally on a monthly basis. Full treatment team reviews are conducted every 90 days.
- Primary language is English, although the agency does employ staff who speak Spanish and various African dialects. Every effort will be made to meet the language needs of incoming youth.
- The ADDP serves all of Rhode Island.
- The ADDP provides transportation for youth for school, appointments, and work as needed using agency vehicles and RIPTA bus passes.

Best fit criteria:

- Cognitive impairments and developmental disabilities, including but not limited to intellectual disabilities, Autism Spectrum Disorder, and learning disabilities.
- Youth with severe behavioral and mental health needs, including those who have historically had high rates of out-of-state placement.

Exclusionary Criteria:

- Lack of formal or rule-out diagnosis of mild to moderate developmental disabilities, learning disorders, or other cognitive impairments.
- Diagnosis of a severe or profound development disability.
- Medical fragility.
Fact Sheet - Developmental Disabilities Therapeutic Group Home – Jammat Housing and Community Development Center

Description

- Community based residential treatment program for complex youth with developmentally disabilities; providing clinical care in a therapeutic group home setting for adolescent males ages 14-21 years old.
- Each youth is assigned a Master's level clinician with a caseload not to exceed eight (8) clients per program.
- Within 72 hours of admission, a trauma assessment is completed identifying previous trauma, trauma triggers and coping mechanisms using the Trauma Systems Checklist assessment tool. Within 30 days a comprehensive treatment plan is developed using Ohio Scales and CANS as measurement tools. Treatment plan is reviewed every 90 days and annually.
- Clients provided one (1) hour of individual therapy by clinician per week, family therapy (when appropriate), and one (1) hour of group therapy by clinician per week. Clinical times can increase based on client's need.
- Attachment, Self-Regulation, and Competency evidence based treatment model has been incorporated into all its programming. The ARC model is a framework for intervention for youth and families who have experienced multiple and/or prolonged traumatic stress.
- This program's outcomes are the following: reduction of instances of self-harm/ and or aggressive behavior, improved hygiene, ability to follow direction and routine, basic meal preparation, cooking, housekeeping, shopping, money management, and social skills.
- Improved family communication and functioning and or/natural supports and/or explore and help facilitate other permanency options such as foster care, adoption, and mentors.
- TTC offers school advocacy and integration into public schools (or education in the least restrictive environment), as well as access to recreational and vocational programming.
- Transportation: TTC will meet all transportation and associated needs for each youth in placement including transportation for 1) routine and emergency medical, dental and vision appointments 2) purchases of clothing and personal items 3) mental health appointments 4) vocational training, school, and educational advocacy, and 5) family court and other court appearances.
- The agency will assist parents with accessing public transportation or provide transportation to ensure parents participate fully in treatment planning and implementation. Parents can assist with transportation.
- Languages spoken: English and Spanish
- Geographic area: 14 Lake Street, Warwick, RI
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best Fit Criteria:

- Adolescent males (ages 14-21) who have developmental or intellectual disabilities along with psychiatric or behavior disorders requiring placement in a caring, nurturing and structured environment that can help participants learn to manage aggressive or disruptive behaviors.

Exclusionary Criteria:

- Lack of developmental or intellectual disability or a cognitive ability which exceeds 70.
- Actively homicidal or suicidal.
- Unable to participate in medication management.
- Active medical impairment which prevents mobility or requires hospitalization.
- Under 13 (although exceptions can be approved by DCYF).
Fact Sheet – Intensive Social and Behavioral Residential Services (ISBRS) - Badger Group Home – The Groden Center

Description:

- A 3-bed residential program to serve the needs of children/youth ages 7-21 years with Autism Spectrum Disorder (ASD) who are considered “high functioning” (Asperger’s or high functioning autism), with developmental disabilities and severe problem behavior.
- The program is designed to provide short-term residential placement with 1:1 staff support during awake hours and two staff for overnight hours.
- Specifically addresses the development of social/communicative skills, self-control/self-management, self-care/daily living skills, and community skills.
- Goal is to reunify client with family/caregivers or step down to a less restrictive level of care in the community.
- The services provided through the program include a range of therapeutic educational, social, and recreational services designed to meet this goal. All services in the program are deeply rooted in commonly accepted behavioral procedures developed under the rubric of applied behavior analysis and positive behavior support. In addition, the program applies innovative approaches such as relaxation therapy, imaginary-based procedures, cognitive therapy, and social skills training.
- Outcomes are achieved through the use of an empirically-validated Applied Behavior Analysis (ABA) approach, which is augmented as needed (based on client need) with cognitive behavioral intervention, psychiatric supports, and associated interventions as indicated (e.g. anger management, trauma supports, etc.).
- Client will attend an appropriate school program determined in collaboration with the child’s family and Providence Public Schools.
- Program operates 24 hours a day, 7 days a week.
- Parents continue to be an integral part of their child’s life; visiting frequently at the home, participating at the home, participating in the home functions, and taking their children out for meals, trips into the local community and overnight visits. Family members are active participants in treatment planning and participate, on an ongoing basis, throughout the child’s time in the program.
- Parents have access to multiple forms of parent training and support designed to develop their ability to successfully support their child in their home.
- The medical care of children/youth continues to be overseen by the parent or guardian unless otherwise agreed upon by both the Center and funding agent. A nurse monitors residents in the home, sometimes accompanying them on doctors’ visits, coordinating medication administration and other needed treatments, and follow-up on recommendations.
- The program provides additional supports and services through the Groden Center Family Services Department. Family Service staff are available to do home visits and assessments and to do one-on-one training with parents/caregivers. The Family Service Department also provides parents with a vehicle by which to gain support and guidance from each other in dealing with the responsibilities and emotional tensions stemming from having a child with a disability.
- Treatment team meets regularly to review individual progress.
- Program has oversight by a PhD level clinical psychologist, licensed Board Certified Behavior Analyst, licensed clinical social worker, and an Associate Director with Master’s degree. The program is staffed with a residential manager and program staff all with appropriate training and experience.
- Residence is in Providence.
- Length of stay: 3-2 months
- Referrals are generated through DCYF’s Central Referral Unit (CRU).
Best fit criteria:
  - Children/youth with severe social deficits, aggressive behavior, self-injury, or socially unacceptable verbal/physical interactions who require out of home placement.
  - Designed to serve boys; girls may be considered depending on their presentation and the current population at the residence.

Exclusionary Criteria:
  - Medical conditions requiring continued on-site nursing, active suicidal or homicidal ideation, fire-setting, or sexually aggressive behavior.
Group Care – Adolescent Female
Fact Sheet – Trauma Systems Therapy (TST) Residential (Wilson) -
Family Service of RI

Description:
• TST Residential is aligned with child-welfare best practices, and is individualized and strength-based in its approach.
• Clients served are from twelve (12) to seventeen (17) years old.
• Each program has a full-time program manager, full-time clinician, and case managers, as well as a full-time nurse and occupational therapist (OT) shared across programs. The program is overseen by a Licensed Independent Clinical Social Worker (LICSW) clinical administrator.
• Upon referral, initial contact with family is made within two (2) business days.
• TST Residential is responsive to the needs of clients on a 24/7 basis.
• TST Residential is best for those who have experienced complex trauma, and need short-term, clinically focused out-of-home treatment that addresses symptoms of trauma and barriers to reunification and permanency and improves independent living skills.
• Progress towards treatment goals are measured and evaluated weekly.
• On call available twenty-four (24) hours a day, seven (7) days a week.
• Languages spoken: English and Spanish
• Geographic area: Statewide

Best fit criteria:
• Engages and involves families and the community in a youth’s care from the moment of intake, making clear that the focus of treatment from the beginning is discharging to permanency.
• Treatment may be particularly effective for youth who have previously been victims of childhood sexual abuse or sex trafficking and may display externalizing sexual behaviors.
• Youth who have traditionally been served in out-of-home treatment in an out-of-state location, may be particularly good fits, as the program offers more frequent, local access to primary caregivers and families. Treatment may also be successful for youth who identify as LGBTQQI.

Exclusionary Criteria:
• Under twelve (12) years of age
• Is not suitable for youth with developmental disabilities

Intake: (401) 519-2280
Fact Sheet - Blackstone Adolescent Counseling Center (BACC) & Lincoln House - Bradley Hospital

Description:

- Short-term community based Adolescent Residential Treatment program for adolescents with Serious Emotional Disorders (SED) and their families/caregivers.
- Adolescents will live together in a therapeutic community while working on behavioral, emotional, and social difficulties they encounter at home and in the community. During this period the adolescent and parent/caregiver are expected to participate in treatment.
- The program follows a Dialectical Behavior Therapy- Adolescent (DBT-A) treatment model. DBT-A is an empirically validated treatment.
- The program serves adolescent females age 13-18 years old who are still in school.
- The program includes clinical assessments and treatment planning, medication management, individual therapy, family therapy, adolescent skills training, caregiver education, clinical and milieu coaching in skills generalization, school consultation, educational support, 24-hour supervision and support, case management, care coordination, and discharge planning.
- The residential program operates 24/7 and staff is available for both the resident and the family/adult support.
- The clinical team is led by a licensed independent practitioner and includes a registered nurse, Master level clinicians and milieu staff all trained in DBT-A. The clinical team leader provides clinical and administrative.
- The clinical manager processes referrals and determines the eligibility for admission within two (2) business days.
- Both the DBT-A residential program staff and the Bradley Mindful Teen will provide DBT-A treatment. The clinical staff, of both programs participates in a DBT-A consultation team and the staff in each program has discrete functions. Bradley Mindful Teen treatment will be billed separately and consists of treatment on the Bradley Hospital campus twice per week. The role of the Mindful Teen program is to deliver DBT-A treatment including weekly individual treatment, family treatment if needed, and multifamily DBT-A skills group. The DBT-A team is available to the youth and parent/adult mentor for 24-hour phone coaching.
- The residential program utilizes a DBT-A model to establish and maintain a safe, DBT-A therapeutic residence and to reinforce generalization of skills in a safe environment. The DBT-A residential program provides 24-hour supervision, daily care, treatment planning, discharge planning, clinical case management, and manages medical care and prescribed medication. The residential team clinical staff leads twice weekly skills practice group, provides daily skills coaching, daily diary card review, reinforces skills and behaviors learned during the week’s multifamily DBT-A group, teaches daily life skills, coordinates education planning, supervises community and recreational activities, supervises parent/family visits, and transports youth as needed.
- The primary role of the milieu therapist is the supervision of the residents, maintenance of a DBT-focused therapeutic environment and management of daily schedule
- Minimum staff to adolescent ratio is 1:3 during awake hours and 2:8 residents during sleep hours.
- Anticipated length of stay in residence is 3-6 months.
- Progress is measured weekly. Treatment plans are reviewed and modified every 90 days and as needed.
- Primary language is English. Interpreter services may be arranged when appropriate.
- Referrals are accepted statewide.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).
Best fit criteria:

- Adolescent presents with a recent history of at least one episode of suicidal behavior (plan, intent, and/or attempt), non-suicidal self-injury, and/or more than one episode of other high-risk impulsive behavior (such as aggression, elopement, risky sexual behavior, etc).
- Less intensive levels of care have been unsuccessful in resolving high-risk behaviors, and/or the adolescent’s level of acuity and existing safety concerns render them inappropriate for a lower level of care.
- The adolescent has exhibited the ability to remain free of any life-threatening behavior for a minimum of four weeks.
- Adolescent exhibits difficulties in at least three of the five problem areas associated with features of Borderline Personality Disorder in adolescence: 1) dissociation/confusion about self; 2) mood dysregulation; 3) impulsive behaviors when distressed; 4) instability in interpersonal relationships; 5) significant child-caregiver conflict.
- Adolescent additionally meets DSM-V/ICD-10 criteria for a mood and/or anxiety disorder.
- Adolescent’s cognitive functioning is within the low average range or higher.
- Adolescent is committed to participating in treatment, to remaining alive and learning to refrain from self-injury, and to remaining in the residential setting. The adolescent does not currently have a plan or intent for suicide, and is not threatening to elope from treatment program.
- Adolescent has a parent/caregiver, mentor, visiting resource, or prospective foster parent who is able and willing to participate in treatment program, or such an adult can be identified, by the program on the adolescent’s behalf.

Exclusionary Criteria:

- Significant learning or developmental issues that would render youth unable to participate in and benefit from treatment programming.
- Adolescent with active psychosis, active unmanaged mania, homicidal ideation, severe violent behavior, or any other acute psychiatric or behavioral problem that would render them unable to effectively participate in treatment programming.
- Adolescent with a substance abuse/dependence disorder that would impede their ability to participate in treatment effectively.

BACC-575 Fountain St., Pawtucket 401-724-0535/Lincoln House-34 Harris Ave., Lincoln 401-365-6009.
Fact Sheet – Girard Program for Girls – Child & Family

Description:

- The primary goal of this program is to provide a safe, temporary, trauma-informed, treatment-informed environment that will assist youth in effectively address their emotional, behavioral, and psychiatric needs.
- Our staff secure programs provide a highly structured milieu of trauma informed treatment based on the ARC Model (Attachment, Self-Regulation, and Competency) and 24-hour monitoring. Girard provides a structured milieu for females who have been involved in the legal systems on numerous occasions.
- Females ages 13-18 years old.
- ARC is an evidenced informed treatment model; Staff are trained in Trauma Informed Care and Therapeutic Crisis Intervention.
- Program staff are able to provide staff coordination of and transportation to medical, dental, psychiatric, educational, family, vocational and legal appointments; as well as coordination of and/or access to educational groups aimed at improving the youth’s ability to function in a successful manner in the community.
- 24/7 supervision with a highly trained TCI (Therapeutic Crisis Intervention Certified) direct care worker; 24 hour on-call available at (401) 662-2773; staff ratio 1:3 during the day and 1:4 during the overnight with awake staff and on-staff nursing that provides after-hour on call for medication management support and minor medical consultation.
- Crisis management – Clinical support and coordination for psychiatric emergencies.
- A comprehensive assessment of the child/adolescent and the development of a treatment plan that identifies short-term and permanency options for the youth.
- Licensed clinicians assigned to each case; all clinical care and services are directed by a licensed clinical supervisor.
- On staff psychiatrist – psychiatric assessment, monthly med management, as well as regular staff consultation.
- Staff encourages and make every effort to promote the involvement of caregivers and family members in all aspect of treatment including service planning, family therapy, and trauma-focused psycho-educational opportunities. Also, staff involves DCYF staff throughout the entire treatment process to encourage timely reunification.
- Clients meet with clinicians at least weekly. Group therapy will be provided by the program’s clinician on a weekly basis. Treatment team meetings are monthly to review treatment plan.
- Expected length of stay is 9-12 months depending on the complexity of needs.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best fit criteria:

- Females are accepted as a condition of probation, ordered from family court, or as Temporary Community Placement after leaving the Rhode Island Training School. Presenting problems may include truancy, involvement with the legal system, verbal and minor physical aggression, substance abuse, AWOL, and oppositional and defiant behaviors. The severity of their behaviors has inhibited their ability to function effectively across various domains including social, psychological, academic, and within the home setting.

Exclusionary Criteria:

- Active and severe suicidal ideation- not being able to contract for safety, active and severe aggressive behaviors (towards peers and staff), severe self-injurious behaviors, or active homicidal ideation, active and severe substance abuse, active and severe psychotic/manic symptoms and behaviors, youth who display unprovoked assaultive behaviors.
Outcomes: 70% of youth served in this program will have a decrease in emotional/behavioral dysregulation as evidenced by CANS within 6 months of treatment; 80% of the youth served in this program will be ready to step down into lower level care after 6 months; Decrease the number of youth who discharge to “AWOL” or Higher Level of Care by 20%.
Fact Sheet – Portsmouth Center Program for Girls - Child & Family

Description:

- Portsmouth is designed to support youth in effectively addressing their trauma and psychiatric/behavioral challenges to increase their overall level of functioning.
- Our staff secure programs provide a highly structured milieu of trauma informed treatment based on the ARC Model (Attachment, Self-Regulation, and Competency) and 24-hour monitoring. The program staff receives ongoing training and regular psychiatric, trauma informed consultation to provide quality services to the clients.
- ARC is an evidenced informed treatment model. Staff are trained in Trauma Informed Care and Therapeutic Crisis Intervention serving females ages 13-18 years old.
- Program staff are able to provide staff coordination of and transportation to medical, dental, psychiatric, educational, family, vocational and legal appointments; as well as coordination of and/or access to educational groups aimed at improving the youth’s ability to function in a successful manner in the community.
- 24/7 supervision with a highly trained TCI (Therapeutic Crisis Intervention Certified) direct care worker; 24 hour on-call available at (401) 662-2773; staff ratio 1:3 during the day and 1:4 during the overnight with awake staff and on-staff nursing that provides after-hour on call for medication management support and minor medical consultation.
- Crisis management – Clinical support and coordination for psychiatric emergencies.
- A comprehensive assessment of the child/adolescent and the development of a treatment plan that identifies short-term and permanency options for the youth.
- Licensed clinicians assigned to each client; DBT skills are integrated into the treatment model. All clinical care and services are directed by a licensed clinical supervisor.
- On staff psychiatrist – psychiatric assessment, monthly med management, and regular staff consultation.
- Staff encourages and make every effort to promote the involvement of caregivers and family members in all aspect of treatment including service planning, family therapy, and trauma-focused psycho-educational opportunities. Also, involving and integrate youth’s family and DCYF (FSU/Probation) throughout the entire treatment process to encourage timely reunification. Work with the family can occur within the program.
- Clients meet with clinicians at least weekly; group therapy will be provided by the program’s clinician on a weekly basis. Treatment team meetings are monthly to review treatment plan.
- Expected length of stay is 9-12 months depending on the complexity of needs.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best fit criteria:

- History of trauma, neglect and abuse, mental health diagnosis, history of trafficking, suicidal ideation, minor to moderate self-injurious behaviors, history suicide attempts, homicidal ideation as long as not active and youth is contracting for safety, substance abuse as long as not active, youth needing higher level of care/youth returning from out-of-state provider or stepping down from higher level of care

Exclusionary Criteria:

- Not being able to contract for safety, active and severe aggressive behaviors (towards peers and staff), active and severe suicidal ideation, severe self-injurious behaviors, or active homicidal ideation, active and severe substance abuse, active and severe psychotic/manic symptoms and behaviors, youth who display unprovoked assaultive behaviors.
Outcomes: 70% of youth served in this program will have a decrease in emotional/behavioral dysregulation as evidenced by CANS within 6 months of treatment; 80% of the youth served in this program will be ready to step down into lower level care after 6 months; Decrease the number of youth who discharge to “AWOL” or Higher Level of Care by 20.
Group Care – Adolescent Male
Fact Sheet – Boys 1:3 Group Home - Devereux

Description:

- A 1:3 ratio, eight (8) bed, community based group home that achieve the following goals: identify and ameliorate barriers to living in a family or community setting, ensure youth and families develop necessary skills to function safely and effectively in their community, and promote lifelong connection for youth and their families.
- Clients served age range is from 13 through 18 years old.
- Clinical model is primarily Applied Behavior Analysis (ABA), will also infuse TF-CBT, DBT, PBIS and Risking Connections Trauma Informed Care.
- A key feature of the Devereux 1:3 program is the incorporation of Positive Behavioral Interventions and Supports (PBIS) into the therapeutic milieu. It is a multi-tiered ecological behavioral treatment model that uses a broad range of systemic and individual strategies for preventing problem behavior and improving supports for youth with emotional and behavioral disorders.
- Clinical and milieu treatment will focus on the amelioration of symptoms such as Self-Injuries Behavior (SIB), aggression, elopement, Problematic Sexualized Behavior (PSB), and deficits in self-preservation.
- Treatment will also focus on the acquisition of independent living skills, adaptive coping strategies, and skill generalization.
- Primary goal is to provide the indicated treatment and ensure that referred youth can safely transition to their home or community with sustained positive outcomes.
- A major goal of 1:3 services is to create strong and coordinated partnerships with families, youth, and the community to ensure comprehensive services that meet the needs of families and youth served.
- Each youth is assigned a Master’s level clinician, who will provide individual and family therapy on a weekly basis.
- With the guardian’s support, clinicians will reach out to siblings to schedule visits and activities.
- Programming will include educational assistance in the form of coordinating the youth’s enrolment and continued collaboration with the school on the attainment of positive educational outcomes.
- The program will collaborate with Community Care Alliance on securing the appropriate service linkage for youth served.
- Progress towards treatment goals are measured and evaluated weekly.
- On-call available 24 hours a day, seven days a week.
- Languages spoken: English, Spanish and French.
- Geographic area: Statewide
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best fit criteria:

- Male youth aged between 13 years and 18 years, who meet some or all the following criteria, are deemed eligible for 1:3 services; youth with severe behavioral and mental health needs; youth presenting with barrier behaviors preventing them from succeeding in family based settings; youth in need of services that provide rapid and sustained step down to a family based setting or other successful permanency options.

Exclusionary Criteria:

- Sexual Perpetrator, (Moderate to severe sexually abusive behaviors).
- Needs Inpatient Setting.
- Extensive Criminal Involvement, (Against People, Weapon, no probation/parole involvement).
- Extreme Aggression, (Unprovoked, Impulsive, random, significant injury toward staff).
• Fire Setting, (Moderate to Severe).
• Intensive, Inpatient, Drug and Alcohol treatment required.
• Medical needs cannot be met.
• Actively suicidal.
• Needs Secure/Locked setting.
• PICA.
• Eating Disorder, (Acute/Chronic).
• Pregnant.
• Extensive Gang Involvement
• Traumatic Brain Injury
Fact Sheet – Family Home Program - Boys Town

Description:
- The Family Home Program provides strength-based, trauma-informed residential services to youth in DCYF care, to address and stabilize children that require a higher placement level than foster care.
- Boys Town’s Residential Family Home Program is an evidence-based program that provides quality and professional services through its highly researched Boys Town Model of Care. The Model is centered on teaching children skills and how to build healthy relationships, it is flexible and individualized, well-defined, and replicable. This puts children first and ensures their safety, permanency, and well-being.
- Three Family Homes are identified to serve male youth ages 11 through 18, and one home is identified to serve male and female youth ages 5 through 12, and can accommodate sibling sets.
- The Family Teachers, who reside in the home, and Assistant Family Teachers are the primary care agents; they provide supervision and care 24 hours a day, 7 days a week. Consultation and support is also available and accessible to direct care staff 24/7. Assistant Family Teachers also provide awake overnight supervision.
- Direct care staff possess a minimum of a Bachelor’s degree in a related field of study. Director positions require a Master’s degree and experience working with at-risk youth and families. Clinical staff possess a Master’s degree, and the Clinical Supervisor is independently licensed. All homes are licensed to serve six (6) youth/children; occupancy is dependent upon referrals.
- Boys Town promptly responds to both emergency and non-emergency placement referral requests. Upon 24 hours of receipt of a referral, program and clinical staff review the youth’s referred behavior and clinical needs to assess appropriateness for program placement. Program staff then schedules an interview within five (5) business days. Once the interview is complete and staff has determined placement appropriateness, staff returns the required DCYF disposition sheet.
- Direct care staff provide treatment and care daily. Supervisors provide coaching, support, and supervision to direct care staff on a consistent basis. Clinical staff provide initial and ongoing assessments to address youth needs.
- Average length of stay is approximately 4-8 months with an emphasis on permanency goals.
- Treatment Service Plans are developed during the first 30 days of care to target issues that impair functioning, safety, permanency, and well-being. Staff track and document the progress of each youth’s service plan goals daily, and review and update the plan monthly with the consultant. We engage families and youth in the service planning process unless otherwise indicated in a court order.
- Staff will provide transportation to all appointments and will follow up with any routine or emergency healthcare needs.
- Boys Town employs bilingual employees, and serves families speaking Spanish and English.
- The Family Home Program serves youth from all geographic areas, throughout the state of Rhode Island.

Best fit criteria:
- The Family Home Program is a placement-based service appropriate for children that require temporary, safe, effective, out-of-home care and effective treatment interventions that address barriers to returning to a family-like setting, or to prepare youth for independence. The program is designed to address youth safety, permanency, and well-being.

Exclusionary Criteria:
- Exclusionary program criteria include youth with severe sexual perpetration, and a documented history of arson, as well as female youth over the age of 12.
Fact Sheet – Intensive Supervised Living Program (ISLP) - Communities for People Inc.

Description:
- The Intensive Supervised Living Program is a community-based residential program serving adolescent boys who are exhibiting acute emotional and/or behavioral dysregulation. While the program provides a high degree of supervision, support, and structure, it utilizes positive behavioral approaches and provide supports in the least restrictive, least intrusive manner possible.
- The program provides assessment, stabilization, treatment, and skills instruction to youth step-down from hospitalization or diversion and re-entry into the community from the RI Training School.
- The program provides youth with psychosocial, educational, and vocational training. The program uses a range of diagnostic and treatment services, including daily living and social skills training, to improve each youth’s functioning.
- Staff work with the youth, birth parents and natural resources using evidence based and trauma informed treatment models including Trauma Focused Cognitive Behavioral Therapy and Motivational Interviewing.
- Programmatic service for youth include: clinical assessment, trauma-informed individual counseling and therapy, coordinated service planning, including timeframes for achieving permanency goals, behavior management, psychiatry services (including evaluation and medication monitoring), individualized safety planning, care coordination and case management, educational and vocational, service coordination, crisis prevention, stabilization and intervention as needed, community integration and community service opportunities, residential care in safe, secure and supportive community-based setting, involvement of caregivers and family members in all aspects of treatment, coordination of and transportation to appointments, therapeutic recreational programming, coordination of and/or access to educational groups, and independent daily living skill preparation.
- Clients served are adolescent males from 13 to 18 years old.
- The program has a staffing ratio of 1:3, with an awake-overnight staffing ratio of 1:4. Each youth is also assigned a Master’s level clinician (8:1 caseload). The clinician sees each youth for a minimum of one (1) hour of individual counseling weekly and provides treatment planning and care management.
- Anticipated length of stay is 3-5 months
- Location: 380 Hope St., Providence and 81 Washington Ave., Providence
- Initial treatment plans are developed within 30 days; subsequent reviews quarterly.
- Language spoken: English
- Referrals are accepted statewide.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best fit criteria:
- Youth stepping down from higher levels of care including; The RI Training School, out of state treatment facilities and the hospital.
- Youth requiring increased structure and support from current placement.

Exclusionary Criteria:
- Actively homicidal, suicidal or psychotic
- Youth whose medical needs require 24-hour monitoring or specialized skills
- Profound developmental delays
Fact Sheet – Coventry House Staff Secure Residential – Community Solutions

Description:
- Community Solutions, Inc. Coventry House is a staff secure residential program for youth with acute mental or behavioral health needs who have been unable to thrive in family-based setting.
- CSI is licensed for eight (8) males, 12 to 17 years of age (through their 18th birthday).
- CSI provides a safe, highly structured environment in a residential setting, with 24 hour monitoring and supervision. Our staff secure program is open and staffed with awake and alert staff 24-7, 365 days a year.
- The staffing ratio is three youth to one staff person.
- CSI provides behavioral /therapeutic /and academic success and stability.
- CSI offers on-grounds academic/physical education, provided by Coventry School Department.
- CSI provides an on-grounds clinician offering Individual / Family Counseling, as well as weekly A.R.T. (Aggression Replacement Therapy) Groups. Each resident receives (1) hour per week of Individual Therapy by a licensed clinician.
- Substance Abuse Groups are provided by an outside provider.
- Community Groups are facilitated twice daily.
- Families are consistently invited to participate in treatment plan meetings and client therapy sessions.
- Program staff also will arrange counseling sessions with clients before or after visits to make these sessions easily available for the parent/caregiver.
- Treatment Plans are established in collaboration with parent/guardian and DCYF/Probation within 30 days of intake.
- CSI provides daily recreational activities (basketball, football, TV, pool, foosball, YMCA, etc.).
- CSI incorporates the use of a points and levels system that encourages residents to follow rules and expectations. Youth who showcase their achievements earn rewards and allowances.
- Weekly random urine screens are conducted by a certified laboratory.
- CSI staff is on call and available 24 hours a day, seven days a week.
- Each team have their own vehicle for transportation, to deliver services to families, bring youth to appointments and ensure staff are readily available to respond to a family’s needs. Staff drive throughout Rhode Island to meet medical appointments, family visits, etc.
- Length of stay: 3-5 months.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best fit criteria:
- Truancy, Delinquency
- Exhibiting severe acting out behaviors, putting themselves and others at risk.
- Sex Offenders

Exclusionary Criteria:
- Actively suicidal, homicidal, or psychotic behavior with less than six-month stability.
- Diagnosed with schizophrenia, Developmental delays, or Autism Spectrum Disorders.
Fact Sheet – Hospital Diversion Program – Jammat Housing and Community Development Center

Description

- Community based, 90-Day Hospital Diversion Residential Treatment program providing clinical care and stabilization of complex psychiatric-disordered male youth in a therapeutic residential setting.
- Each youth is assigned a Master's level clinician with a clinician has a caseload not to exceed eight (8) clients per program.
- Within 72 hours of admission, a trauma assessment is completed identifying previous trauma, trauma triggers and coping mechanisms using the Trauma Systems Checklist assessment tool. Within 30 days a comprehensive treatment plan is developed using Ohio Scales and CANS as measurement tools.
- Treatment plan is reviewed, 90 days and annually.
- Clients provided one (1) hour of individual therapy by clinician per week, family therapy (when appropriate), and one (1) hour of group therapy by clinician per week. Clinical times can increase based on client's need.
- Attachment, Self-Regulation and Competency evidence based treatment model into all its programming. The ARC model is a framework for intervention for youth and families who have experienced multiple and/or prolonged traumatic stress.
- This program's outcomes are the following: reduction in instances of self-harm, reduction in instances of aggressive behavior, increase home visits enhancing family functioning from intake to post discharge.
- Daily, staff will provide guidance in personal hygiene, basic meal preparation, cooking, housekeeping, shopping, money management, and social skills.
- Transportation: TTC will meet all transportation and associated needs for each youth in placement including transportation for 1) routine and emergency medical, dental and vision appointments 2) purchases of clothing and personal items 3) mental health appointments 4) vocational training, school, and educational advocacy; and 5) family court and other court appearances.
- The agency will assist parents with accessing public transportation or provide transportation to ensure parents participate fully in treatment planning and implementation. Parents can assist with transportation of the youth when appropriate.
- Languages spoken: English and Spanish
- Geographic area: 35 Star Street Pawtucket, RI (Woodlawn neighborhood)
- Referrals are generated through DCYF's Central Referral Unit (CRU).

Best Fit Criteria:

- Adolescent males, ages 12 to 17 years old with serious and persistent mental illness or serious behavioral disorders who are at risk for psychiatric hospitalization, or who have completed a psychiatric hospitalization and need an intensive treatment program before returning to their permanent residences.

Exclusionary Criteria:

- Youth who only display serious behavioral/conduct disorders without a psychiatric diagnosis who are not at risk for hospitalizations.
- Unable to participate in medication management.
- Active medical impairment which prevents mobility or requires hospitalization.
- Youth with sufficient cognitive impairments that prevent them from participating in mental health treatment.
Fact Sheet – Oakland Beach & Ridge Street Program - NAFI

Description:
- Oak-Ridge is a male staff secure residential program providing clients with the skills and support to allow them to become self-supporting members of the community and possible reunification with families.
- Trauma informed individual therapy, scheduled family therapy, weekly parent groups, life skills education, substance abuse and special topic groups are some of the treatments incorporated into the program.
- The program utilizes the Normative Approach, a research based evidence informed practice, to build prosocial mission driven communities in which clients and staff participate in the developments of community norms.
- Positive Peer Culture, a clinically recognized evidence informed model, is utilized daily in community groups.
- Clients will attend local public schools, however, Oak-Ridge will maintain a full time special education teacher at each site, to ensure clients who require gradual transitions the opportunity to stay on track and graduate.
- Clients served are ages 13-18 years old.
- The program clinician will have at minimum a Master’s degree and will meet with clients twice per week.
- Residential manager (Associate’s degree), program director (Bachelor’s degree), and direct care staff all meet with clients daily.
- Oak-Ridge maintains a ratio of 1:3 during the day and 1:6 during the awake overnight.
- Average length of stay is 6-9 months depending on each individual client.
- Individual treatment plans are completed within 30 days of admission and are reviewed every 90 days.
- The program will provide transportation for clients to family visitation, all medical appointments, field trips and community activities.
- Contact is made within 48 hours of receiving referral. Arrangements to interview potential client will be within 72 hours and disposition of decision will be sent within 24 hours of interview.
- Services are available 24 hours 7 days a week.
- Languages Spoken: English and Spanish speaking staff are available.
- Locations: Oakland Beach: 280 Pequot Ave, Warwick and Ridge Street: 151 Ridge Street, Pawtucket
- Geographic area served: Statewide
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best fit criteria:
- Male client’s age ranging from 13-18 years old.
- Clients who can reintegrate back into the community.
- Behaviors to be addressed include but are not limited to social, emotional, and anger management coping skills.
- Clients in need of support with educational, vocational and life skills.

Exclusionary Criteria:
- IQ below 70.
- History of fire setting.
- Sexually aggressive behaviors that put the community at risk (as determined in risk assessment).
- Substance abuse requiring extensive detox and treatment.
Fact Sheet – Community Living Program - Whitmarsh Corp.

Description:
- CLP serves youth experiencing instability, homelessness, trauma, substance use, legal issues, truancy, behavioral health issues, and mental health disorders who need placement or stabilization while working toward their goals of reunification, step down, or independent living.
- CLP will utilize the evidence-based Affect, Self-Regulation, and Competency model to inform milieu therapy, client interventions, case management, and therapeutic services.
- The CLP serves male clients ages 13-17.
- This CLP operates 24 hours a day, 7 days per week.
- Residential staff are required to have a minimum of a high school diploma, with a BA in human services preferred. The case manager has an Associate’s degree and over 30 years of experience in human services. All clinical services are provided by licensed therapists. The CLP is designed to serve up to five (5) youth simultaneously.
- The CLP will notify the CRU of its decision to interview, waitlist, accept, or reject a referral within three (3) days of the referral’s receipt. Once accepted, the program can typically admit a client within 1-2 business days, although this may vary depending on the complexity of youth’s needs and services required.
- Clinical services typically occur once per week, although this varies according to the youth’s needs. Clients receive milieu therapy and staff supervision 24/7 and daily case management services.
- Anticipated length of stay is 3-6 months, depending on the youth’s needs and permanency plan.
- The CLP is located in Providence.
- Treatment plan goals are evaluated internally on a monthly basis. Full treatment team reviews are conducted every 90 days.
- Primary language is English, although the agency does employ staff who speak Spanish and various African dialects. Every effort will be made to meet the language needs of incoming youth.
- The CLP serves all of Rhode Island.
- The CLP provides transportation for youth for school, appointments, and work as needed using agency vehicles and RIPTA bus passes.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best Fit Criteria:
- Male youth ages 13-17 experiencing instability, homelessness, trauma, substance use, legal issues, truancy, behavioral health issues, and mental health disorders who need placement or stabilization while working toward their goals of reunification, step down, or independent living.

Exclusionary Criteria:
- Diagnosis of a severe or profound development disability.
- Medical fragility.
Group Care – Younger Youth
Fact Sheet – Family Home Program - Boys Town

Description:
- The Family Home Program provides strength-based, trauma-informed residential services to youth in DCYF care, in order to address and stabilize children that require a higher placement level than foster care.
- Boys Town’s Residential Family Home Program is an evidence-based program that provides quality and professional services through its highly researched Boys Town Model of Care. The model is centered on teaching children skills and how to build healthy relationships, it is flexible and individualized, well-defined, and replicable. This puts children first and ensures their safety, permanency, and well-being.
- Three family homes are identified to serve male youth ages 11 through 18, and one home is identified to serve male and female youth ages 5 through 12, and can accommodate sibling sets.
- The Family Teachers, who reside in the home, and Assistant Family Teachers are the primary care agents; they provide supervision and care 24 hours a day, 7 days a week. Consultation and support is also available and accessible to direct care staff 24/7. Assistant Family Teachers also provide awake overnight supervision.
- Direct care staff possess a minimum of a Bachelor’s degree in a related field of study. Director positions require a Master’s degree and experience working with at-risk youth and families. Clinical staff possess a Master’s degree, and the clinical supervisor is independently licensed. All homes are licensed to serve six (6) youth/children; occupancy is dependent upon referrals.
- Boys Town promptly responds to both emergency and non-emergency placement referral requests. Upon 24 hours of receipt of a referral, program and clinical staff review the youth’s referred behavior and clinical needs to assess appropriateness for program placement. Program staff then schedules an interview within five (5) business days. Once the interview is complete and staff has determined placement appropriateness, staff returns the required DCYF disposition sheet.
- Direct care staff provide treatment and care daily. Supervisors provide coaching, support, and supervision to direct care staff on a consistent basis. Clinical staff provide initial and ongoing assessments to address youth needs.
- Average length of stay is approximately 4-8 months with an emphasis on permanency goals.
- Treatment Service Plans are developed during the first 30 days of care to target issues that impair functioning, safety, permanency, and well-being. Staff track and document the progress of each youth’s Service Plan goals daily, and review and update the plan monthly with the consultant. We engage families and youth in the service planning process unless otherwise indicated in a court order.
- Staff will provide transportation to all appointments and will follow up with any routine or emergency healthcare needs.
- Boys Town employs bilingual employees, and serves families speaking Spanish and English.
- The Family Home Program serves youth from all geographic areas, throughout the state of Rhode Island.

Best fit criteria:
- The Family Home Program is a placement-based service appropriate for children that require temporary, safe, effective, out-of-home care and effective treatment interventions that address barriers to returning to a family-like setting, or to prepare youth for independence. The program is designed to address youth safety, permanency, and well-being.

Exclusionary Criteria:
- Exclusionary program criteria include youth with severe sexual perpetration, and a documented history of arson, as well as female youth over the age of 12.
Fact Sheet - Rapid Reunification Program - Child & Family

Description:

- The program provides residential settings for youth who are in crisis and cannot remain in their current setting. Youth are admitted for assessment, stabilization, and treatment of mental health needs. This level of care provides intensive supervision and structure (individualized based on client needs). The goal is to return the children to a less restrictive environment to continue their progress through intense in-home services, with their family when possible, or therapeutic foster care when it is not.
- ARC is an evidenced informed treatment model; staff are trained in Trauma Informed Care and Therapeutic Crisis Intervention. Trained staff will promote educational and social growth, and community-based services which include supportive counseling, recreation, basic living skills training, and behavior management.
- Programming is family focused and provides many opportunities for the family to be actively involved during the youth’s stay. Ultimately, the program’s goal is reunification with the family as indicated or expedited plan to transition youth in a family setting as quickly as possible.
- Serves females ages 10-14 years old.
- 24/7 program support within milieu by highly trained caring staff in Therapeutic Crisis Intervention (TCI); 24 hour on-call available at 662-2773; staff ratio 1:3 during the day, 1:4 overnight with awake staff.
- Crisis management – daily (weekly) clinical support and coordination for psychiatric emergencies; weekly individual-group-and-family-counseling. On-staff nursing that provides after-hours, on call services for medication management support and minor medical consultation.
- Monthly medication management provided by Child & Family’s staff psychiatrist who works with youth and their families to help identify the effectiveness of medications, reviewed at least monthly, with the ability to provide immediate evaluation if needed.
- A comprehensive assessment of the child/adolescent and the development of a treatment plan that identifies short-term and permanency options for the youth.
- A licensed clinical supervisor directs all clinical care and services; individual, family, and group therapy as indicated based on ARC treatment model and wraparound principles.
- Involve and integrate youth’s family, DCYF (FSU/Probation) and natural supports who are identified by the family throughout the entire treatment process to encourage timely reunification. Work with the family can occur within the program to provide wraparound individualized care.
- Clients meet with clinicians at least weekly; monthly treatment team meetings to review treatment plan.
- Expected length of stay is 3-6 months.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best fit criteria:

- History of trauma, neglect, and abuse, history of hospitalization, history of placement disruptions, severe emotional disturbances such as mild to moderate aggression, mild to moderate suicidal ideation, and mild to moderate sexualized behaviors.

Exclusionary Criteria:

- Children who are actively unsafe in a community setting program due to severe aggression, severe suicidal ideation and unable to contract for safety, sexualized (or sexual offending behaviors) and self-injurious behaviors. Also, youth with active and severe psychotic/manic symptoms and behaviors would not be appropriate in this program.

Outcomes: 90% of the youth served in the program will exhibit a decrease in emotional/behavioral dysregulation within 6 months based on CANS. 50% of the youth will be reunified within 6 months. 70% of the youth in RR will be ready to step down into a lower level of care within 6 months.
Fact Sheet – Devereux Boys 1:4 Group Home

Description:
- A 1:4 staff, youth ratio, eight (8) bed, community based group home that achieves the following goals: identify and ameliorate barriers to living in a family or community setting, ensure youth and families develop necessary skills to function safely and effectively in their community, and promote lifelong connection for youth and their families.
- Clients served age range is 10 to 16 years old.
- Clinical model is primarily Applied Behavior Analysis (ABA), will also infuse TF-CBT, DBT, PBIS and Risking Connections Trauma Informed Care.
- Clinical and milieu treatment will focus on the amelioration of symptoms such as Self-Injuries Behavior (SIB), Aggression, Elopement, Problematic Sexualized Behavior, and deficits in self-preservation.
- Treatment will also focus on the acquisition of independent living skills, adaptive coping strategies, and skill generalization.
- Primary goal is to provide the indicated treatment and ensure that referred youth can safely transition to their home or community with sustained positive outcomes.
- A major goal of 1:4 services is to create strong and coordinated partnerships with families, youth, and the community to ensure comprehensive services that meet the needs of families and youth served.
- Each youth is assigned a Master’s level clinician, who will provide weekly individual and family therapy.
- With the guardian’s support, clinicians will reach out to siblings to schedule visits and activities.
- Programming will include educational assistance in the form of coordinating the youth’s enrolment and continued collaboration with the school on the attainment of positive educational outcomes.
- The program will collaborate with Community Care Alliance on securing the appropriate service linkage for youth served.
- Progress towards treatment goals are measured and evaluated weekly.
- On-call available 24 hours a day, seven days a week.
- Languages spoken: English, Spanish and French.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).
- Geographic area: Statewide

Best fit criteria:
- Male youth aged between 10-16 years, who meet some or all the following criteria, are deemed eligible for 1:4 services: youth with severe behavioral and mental health needs, youth presenting with barrier behaviors preventing them from succeeding in family based settings, youth in need of services providing rapid and sustained step down to a family based setting or other successful permanency options.

Exclusionary Criteria:
- Sexual Perpetrator, (Moderate to severe sexually abusive behaviors).
- Needs Inpatient Setting.
- Extensive Criminal Involvement, (Against People, Weapon, no probation/parole involvement).
- Extreme Aggression, (Unprovoked, Impulsive, random, significant injury toward staff).
- Fire Setting, (Moderate to Severe).
- Intensive, Inpatient, Drug and Alcohol treatment required.
- Medical needs cannot be met.
- Actively suicidal.
- Needs Secure/Locked setting.
- PICA.
- Eating Disorder, (Acute/Chronic).
- Pregnant.
- Extensive Gang Involvement.
- Traumatic Brain Injury.
Group Care – Semi-Independent Living
Fact Sheet – Semi Independent Living - Blackstone Valley Youth & Family Collaborative

Description:
- Preparing youth with skills necessary for independent living.
- Semi Independent Living (SILP) is not an evidence based model.
- Male youth ages 16 to 21 years old diagnosed with severe emotional Disturbance (SED and/ Developmental Disabilities (DD).
- Semi Independent Living program is 24 hours / 7 days per week.
- The SILP focuses on assisting youth to improve their ability to function independently through acquisition of and improvement of daily living skills and life skills.
- Youth will learn how to access natural and community resources to help them achieve their desire and personal goals.
- The SILP also assist youth and families in developing a clear plan for reunification through family-focused treatment planning and service delivery.
- If reunification is not the goal, the SILP will provide the support and intervention necessary to successfully transition the client to independent living or transition to BHDDH.
- All clients are interviewed within a week of receipt of appropriate referrals.
- Staff and clinician are in the program daily.
- Anticipated length of stay for the SILP is 12-18 months or once an appropriate placement is identified or permanency is achieved.
- All current programs are located in Pawtucket.
- All treatment goals are evaluated every ninety (90) days or when a major change occurs.
- Services are provided in English, Spanish, Portuguese, and Cape Verdean.
- The program will coordinate all transportation must ensure clients will receive the service.

Best fit criteria:
- Males 16 years – 20 years old.

Exclusionary Criteria:
- Suicidal, homicidal behaviors.
- Males under 16 years.
Fact Sheet - Residential Community Living - Child & Family

Description:
- Services provided to males and females ages 15-20 in two separate houses (one home serving females and another home serving males) located in residential neighborhoods in Newport and Middletown; Maximum capacity of six (6) youth per program.
- Program provides a transition from a bridge level of care to a less restrictive community-based setting in a safe and structured family-centered therapeutic environment. Support Services are integrated with the resident’s daily living experience and includes, as appropriate: treatment for severe emotional disturbance or mental health and substance use conditions, individual and group counseling, family therapy, educational and/or vocational programming, recreational activities, legal advocacy, community cultural enrichment and independent living preparation.
- With the program’s safe, secure, and supportive community-based setting, youth and their families will explore and develop a better understanding of themselves and their long term goal.
- Offers supervision and structure that is individualized to meet clients’ needs.
- Development of a treatment plan in conjunction with youth’s permanency plan as determined by DCYF.
- 24/7 staffing; daytime ratio 1:3 and overnight awake staff ratio of 1:6; 24/7 on call available at 662-2773.
- Staffing provided by a program manager, case manager, caseworkers, and a Master’s level clinician (shared between the two programs).
- Staff will encourage and make every effort to promote the involvement of caregivers and family members to the greatest extent possible in all aspects of treatment including service planning, family therapy, and trauma-focused psycho-educational opportunities.
- Active engagement of potential kinship providers through identification of mentors, family supports and natural and community resources.
- Provision of daily therapeutic activities and individual and weekly clinical sessions with program clinician.
- Length of stay 9-12 months depending on complexity of need and permanency plan of youth.
- Referrals are generated through the DCYF’s Central Referral Unit (CRU).

Best fit criteria:
- Females and males ages 15-20. Youth stepping down from a higher level of care or needing placement from a home setting due to emotional and/or developmental needs, needing to develop independent living skills to transition to independent living or return to a home setting

Exclusionary Criteria:
- Children who are actively unsafe in a community setting program due to severe aggression, suicidal ideation, sexualized (or sexual offending behaviors) and self-injurious behaviors. Youth who have demonstrated severe and persistent psychiatric disorders requiring a controlled environment with a high degree of supervision and structure. Youth who require holds.

Outcomes: 90% of the youth served in the program will exhibit a decrease in emotional/behavioral dysregulation within 6 months based on CANS; 50% of the youth will be ready to successfully transition to independent living for youth who are aging out; Increase number of potential life-long connections for youth by 30% by using eco mapping, wraparound, and family finding
Fact Sheet - Transitional Treatment Program (TTP) - Communities for People Inc.

Description:
- The Transitional Treatment Program is a community-based residential program serving older adolescents with chronic and/or severe mental health needs. The program serves as both a diversion to psychiatric hospitalization, and/or as a step-down option for youth who are leaving the hospital or out of state residential treatment centers and who are not able to return to living with their family.
- The program provides youth with consistent psychiatric consultation as well as psychosocial, educational, and vocational training. The program uses a wide range of diagnostic and treatment services, including daily living and social skills training, to improve each youth’s functioning.
- The TTP model provides youth and their families with consistent psychiatric consultation and medication monitoring, emergency therapeutic intervention, routing and emergency evaluation, and psychiatric assessment through our contractual partnership with Gateway Healthcare.
- Staff work with the youth, birth parents and natural resources using evidence based and trauma informed treatment models including, Dialectical Behavioral Therapy, Trauma Focused Cognitive Behavioral Therapy, and Motivational Interviewing.
- Clients served are adolescent males and females from 16-20 years old.
- Transportation services for youth and families served by CFP’s programs are provided in a safe manner consistent with the regulations of the local authorities. Coordination of and transportation to medical, dental, psychiatric, educational, family, vocational and legal appointments are provided as indicated in the treatment plan.
- The program has a staffing ratio of 1:3, with an awake-overnight staffing ratio of 1:4. Each youth is also assigned a Master’s level clinician (12:1 caseload) and a Bachelor’s level case manager (12:1 caseload).
- The clinician on-call also provided after-hours support and is utilized for crisis intervention, clinical consultation, and preliminary mental health evaluations.
- Youth receive formal therapy 2-3 times weekly.
- Anticipated length of stay is 6-9 months.
- Location: 24 Tappan St., Providence and 136/138 Knight St., Providence.
- Initial treatment plans are developed within 30 days; subsequent reviews quarterly.
- Language spoken: English
- Referrals are accepted statewide.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best fit criteria:
- Youth with chronic mental health/ frequent hospitalization.
- Youth who are exhibiting an array of mental health needs and behavioral presentations, including self-harm and aggressive behavioral episodes

Exclusionary Criteria:
- Actively homicidal, suicidal or psychotic.
- Youth whose medical needs require 24-hour monitoring or specialized skills.
- Profound developmental delays.
Fact Sheet – Supportive Apartment Service (SAS) - Communities for People Inc.

Description:
- The Supportive Apartment Service is a community-based residential program serving older adolescents with chronic and/or severe mental health needs. The program serves youth stepping down from out-of-state placements or higher levels of care in need of placement that provides “apartment style” living that is acutely focused on developing independent living skills while managing mental health symptoms.
- Youth are matched with one other roommate and they live together in an apartment in the community. Staff provide guidance, support, and structure to the young person’s day.
- The program provides youth with consistent psychiatric consultation as well as psychosocial, educational, and vocational training. The program uses a wide range of diagnostic and treatment services, including daily living and social skills training, to improve each youth’s functioning.
- Staff work with the youth, birth parents and natural resources using evidence based and trauma informed treatment models including, Dialectical Behavioral Therapy, Trauma Focused Cognitive Behavioral Therapy, and Motivational Interviewing.
- Clients served are adolescent males and females from 17.5 to 20 years old.
- The program does not accept emergency intakes. Strong consideration is given to matching youth with compatible roommates. Once matched, the youth’s transition is guided by his/her treatment team.
- The program has a staffing ratio of 1:2. Each youth is also assigned a Master’s level clinician (12:1 caseload) and a Bachelor’s level case manager (12:1 caseload).
- Youth receive formal therapy 2-3 times weekly.
- Anticipated length of stay is 4-6 months.
- Current location: Currently 26 Traver Ave., Johnston and 160 North Bend St., Pawtucket. Locations can vary based on the needs of the referred youth.
- Initial treatment plans are developed within 30 days; subsequent reviews quarterly.
- Services are provided statewide in English.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best fit criteria:
- Youth with chronic mental health/frequent hospitalization/residential treatment step-down.
- Youth who are exhibiting an array of mental health needs and behavioral presentations, including self-harm and aggressive behavioral episodes.

Exclusionary Criteria:
- Actively homicidal, suicidal or psychotic.
- Youth whose medical needs require 24-hour monitoring or specialized skills.
- Profound developmental delays.
Fact Sheet – Trauma Systems Therapy (TST) Residential (Quanacut) - Family Service of RI (FSRI)

Description:
- Quanacut House is FSRI’s Specialized Semi-Independent Living Program, which is part of the TST Residential continuum. TST Residential is an evidence-informed practice that is aligned with child-welfare best practices, and is individualized and strength-based in its approach.
- Quanacut House serves youth from 16-21 years old who have trauma-reactive, mental health and/or are free for adoption and have adoption needs.
- Youth served typically have chronic histories of either involvement in the juvenile justice and/or mental health systems, significant risk and behavioral dysregulations, and/or complex trauma that may include physical abuse, sexual abuse, neglect, and exposure to violence in the home and the community.
- TST Residential is best for those who have experienced complex trauma, and need short-term, clinically focused out-of-home treatment that addresses symptoms of trauma and barriers to reunification and permanency and improves independent living skills.
- Site Location: Quanacut House, East Providence.
- Staff ratio is 1:5 during first and second shifts and 1:5 during the awake overnight (five total).
- Duration of services is generally less than six (6) months.
- This program has a full-time program manager, half-time Master’s level clinician, and case managers, as well as a full-time nurse and occupational therapist (OT) shared across programs. The program is overseen by a Licensed Independent Clinical Social Worker (LICSW) clinical administrator.
- Children who have experienced complex trauma frequently struggle with day-to-day activities. Therefore, coupled with TST delivered in the residential home and in the community, FSRI offers a unique OT component, delivered in partnership with the New England Institute of Technology. OT focuses on social participation, activities of daily living, education, vocational skills, leisure activities to encourage success in daily functioning and reduced symptoms of trauma.
- Progress towards treatment goals is measured and evaluated weekly. In addition, FSRI holds monthly treatment planning disposition meetings and completes quarterly trauma safety plans.
- FSRI will transport clients in need on a 24/7 basis and will provide transportation for caregivers in order to reduce barriers related to their participation in treatment.
- On-call available 24 hours a day, seven days a week.
- Languages spoken: English and Spanish
- Geographic area: Statewide
- Referrals will be acknowledged and followed up upon within 24 hours of receipt if the referral is not an emergency. Initial contact with family is made within two (2) business days.
- Referrals are generated through the DCYF’s (CRU).

Best fit criteria:
- Treatment may be particularly effective for youth who have previously been victims of childhood sexual abuse or sex trafficking and may display externalizing sexual behaviors.
- Youth who have been exposed to complex trauma that may include physical abuse, sexual abuse, neglect and exposure to violence in the home and/or community, chronic histories of either involvement in the juvenile justice and/or mental health systems, and significant risk and behavioral dysregulation.
- Youth who have traditionally been served in out-of-home treatment in an out-of-state location may be particularly good fits, as the program offers more frequent, local access to primary caregivers and families. Treatment may also be successful for youth who identify as LGBTQQI.
- Exposure to traumatic event(s).
• Completion of Child Symptom Stress Disorder Checklist (CSDC).
• Emotional dysregulation.
• Behavioral dysregulation.
• Caregiver in need of support/intervention.
• System in need of support intervention.

Exclusionary Criteria:
• Under 16 years of age.
• Is not suitable for youth with developmental delays.
• Major mental illness (active, untreated Schizophrenia, psychosis or sociopathy).
• Active suicidal/homicidal ideation/behaviors.
• Fire setting/animal cruelty.
• Current risk of sexual offending.

Intake: (401) 331-1350, Ext. 3413 or (401) 282-8018 (cell)
Fact Sheet – Main Street Program - NAFI

Description:

- The Primary focus of this service is to provide the clients with skills and logistical support that will allow them to become self-supporting in the community.
- The program will use Motivational Interviewing an evidence-based practice and the Lighthouse Model which is an evidence- informed model.
- Clients served are adolescent males from 16-19 years old.
- Caseloads are 1:8.
- Clinician, vocational specialist, and life skills coach will meet weekly unless more is needed. Direct care staff and case manager will meet daily.
- Program has three phases which are:
  - Phase 1 - Approximately three (3) months congregate care: Youth will live within the main program residence while learning basic living skills, participating in school/GED and/or work, with the constant support of staff therapists and case managers. The vocational specialist will work with the youth to develop a plan and support the youth in working towards these goals. Family therapy will be used to identify and solidify any family connections that the youth may possess; the goal being to give them a template of how to be an active yet independent member of a family.
  - Phase 2 - Approximately three (3) months supported apartment: Youth will live at a nearby apartment with a roommate while developing advanced living skills and participating in school/GED and/or work. Youth are expected to follow the policy manual outlining expectations. The vocational specialist and independent living specialist will work closely with the youth.
  - Phase 3 - If transitioning to YESS – approximately one (1) month primary: A case manager and independent living specialist will assist the youth in applying for YESS at 17.5 years of age. The vocational specialist provides a clear blueprint of all future goals, tasks, and benchmarks.
  - Phase 3 - If transitioning to an apartment with lease in client’s name – Approximately six (6) months. Alternate: Main Street will assist youth in finding an apartment of the client’s choosing that will be subsidized by the program (with gradually diminishing financial support) while the youth participates in school/GED and/or work.
- Main Street supports the youth’s development of healthy relationships with family members. Youth are encouraged to discuss their family dynamics with staff to process how to interact in a positive manner. Staff are trained to recognize the trauma these youths may have experienced, re-establishing relationships that may be further tarnished by physical distance between them and dealing with mental health concerns of family members.
- Transportation provided by staff. Youth also given bus passes.
- Treatment Plans are 90 days while in placement. In addition, 30, 90, 180 days after discharge.
- Languages spoken: English
- Referrals are accepted statewide.
- Within 72 hours of receiving referral. Determination of entrance or exclusionary criteria. If client is appropriate, arrangements will be made for an interview within 48 hours. If not, appropriate referring worker will be notified immediately.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).
**Best fit criteria:**
- Male between ages 16-19 years old.
- Client who can’t return home or kinship.
- Not a good candidate for foster care or have a history of unsuccessful foster care placements.
- Youth with medical conditions can be considered for placement.
- Services provided- vocational, educational and life skills.
- Behaviors to be addressed include but are not limited to emotional regulation, coping skills, anger management.

**Exclusionary Criteria:**
- IQ below 70.
- History of fire setting within the previous three (3) years.
- Sexually aggressive behaviors which put the community at risk if not closely supervised (as determined by risk assessment).
- Substance abuse requiring detox or the regular use of “hardcore” drugs such as Heroin or Meth.

Service available 24 hours a day 7 days a week. Program Phone (401) 245-1174.
Fact Sheet – Bridge to Independent Living Program (The Bridge) – Key Program Description:

- The Bridge is a specialized semi-independent living program that assists young women, ages 16-20 years, in transitioning to living independently while concurrently helping them to create life-long connections with natural and community supports.
- The Bridge's clinical and milieu services utilize evidence-informed approaches and best practices, such as the Positive Youth Development Model, Family-Centered Practice (when applicable) and trauma-informed care in combination with Dialectical Behavior Therapy (DBT) an evidence-based modality. DBT serves as the program’s theoretical and practice framework through a combination of group work and individual therapy sessions. DBT skill sets are also embedded in the program’s routines and structure in order to integrate them into clients’ daily lives.
- The Bridge focuses on the following core components: preparation for adulthood through life skills assessment and skill-building, using the Ansell-Casey Life Skills Suite, development of permanent relationships and natural and community supports, using the Lifelong Families Model, and the integration of Dialectical Behavior Therapy (DBT) concepts, strategies and skills in all areas of the youth’s life.
- In addition to life skills instruction and the creation and fostering of permanent connections, the program provides the following services: psycho-educational groups, specialized group therapy sessions by community resources, recreational activities, vocational/educational services, medical/health advocacy, transportation, service planning, and behavior management.
- Clients referred to the Bridge typically have a range of trauma histories including: physical, emotional, or sexual abuse, sexual exploitation, domestic violence, living in abject poverty, and the experience of having multiple placement and losses.
- They may display poor impulse control or compulsivity, abuse substances, and have physical or behavioral health problems.
- Upon acceptance into the program, a client must be attending school or preparing for a GED, working full-time, or engaging in a vocational program, or be involved in some combination of education and work.
- Staff to client ratio is 1:3 on all shifts. The program is licensed for six (6) female adolescents.
- Residential caseworkers have Bachelor’s degrees, the program clinician has a Master's degree in social work or counseling and is supervised by an independently licensed clinical director.
- Average length of stay for the Bridge is one (1) year.
- An initial treatment agreement is created upon intake; an individualized treatment plan is created within one month of intake and reviewed monthly. Treatment plans are revised, at minimum, every 90 days.
- Languages spoken: English and Spanish

Best Fit Criteria:

- Older adolescent females (ages 16-20 years) in congregate care settings, either in-state or out-of-state, who are ready to transition to a less restrictive level of care, develop life skills, and begin to form connections to natural and community supports.
- Youth should exhibit ability to have unsupervised time in the community.
- Youth who have a range of trauma histories, including emotional, physical or sexual abuse, domestic violence, multiple placements and losses.
- Youth who display poor impulse control, compulsivity, or have behavioral health issues.

Exclusionary Criteria:

- Actively suicidal, homicidal or psychotic, untreated aggressive sexual behaviors or fire setting behaviors, chronic health conditions that require expert monitoring or care, meeting criteria for severity levels 2 or 3 for Autism Spectrum Disorder.
Fact Sheet – Bridge Program for Supervised Living (BSLP) - Whitmarsh Corp.

Description:

- BPSL serves youth experiencing instability, homelessness, trauma, substance use, legal issues, truancy, behavioral health issues, and mental health disorders who need placement in a less restrictive setting while working toward their goals of reunification, step down, or independent living. The BPSL provides two levels of supervision. Youth who require more supervision are placed in a two bedroom apartment that houses the staff office. As they become more independent, they may transition to one of the private one- or two-bedroom apartments, with apartment checks conducted twice per shift. The BPSL will also offer services such as life skills coaching and aftercare follow-up.
- BPSL will utilize the evidence-based Affect, Self-Regulation, and Competency model to inform milieu therapy, client interventions, case management, and therapeutic services.
- The BPSL serves male clients ages 16-20 years old.
- This BPSL operates 24 hours a day, 7 days per week.
- Residential staff are required to have a minimum of a high school diploma, with a BA in human services preferred. The program director has over 30 years of experience in human services. All clinical services are provided by licensed therapists. The BPSL is designed to serve up to five (5) youth simultaneously.
- The BPSL will notify the CRU of its decision to interview, waitlist, accept, or reject a referral within three (3) days of the referral’s receipt. Once accepted, the program can typically admit a client within 1-2 business days, although this may vary depending on the complexity of the youth’s needs and services required.
- Clinical services typically occur once per week, although this varies according to the youth’s needs. Clients receive daily case management services and have access to on-site staff 24/7.
- Anticipated length of stay is 6-12 months, depending on the youth’s needs and permanency plan.
- The BPSL is located in Providence, RI.
- Treatment plan goals are evaluated internally on a monthly basis. Full treatment team reviews are conducted every 90 days.
- Primary language is English, although the agency does employ staff who speak Spanish and various African dialects. Every effort will be made to meet the language needs of incoming youth.
- The BPSL serves all of Rhode Island.
- The BPSL provides transportation for youth for school, appointments, and work as needed using agency vehicles and RIPTA bus passes.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best Fit Criteria:

- Male youth ages 16-20 years experiencing instability, homelessness, trauma, substance use, legal issues, truancy, behavioral health issues, and mental health disorders who need placement or stabilization while working toward their goals of reunification, step down, or independent living.

Exclusionary Criteria:

- Diagnosis of a severe or profound development disability.
- Medical fragility.

The Whitmarsh Supervisor on Duty can be reached at (401) 270-2300.
Fact Sheet – Specialized Supported Living Program (S-SLP) - Whitmarsh Corp

Description:
- The S-SLP provides a residential setting for the assessment, stabilization, and treatment of youth with mild to moderate developmental disabilities, serious emotional disturbances, and/or complex trauma. Youth will receive high-intensity case management, milieu therapy, individual, group, family therapy, and other specialized treatment as indicated by their individual needs; the intensity of these services will decrease as the client progresses toward his goals. The S-SLP offers additional services such as life skills coaching, art therapy, therapeutic drumming, and aftercare services.
- The S-SLP will utilize Integrated Clinical Services’ evidence-based, DBT-informed clinical services for individual and group therapy, a model developed by Julie Brown, Ph.D., whose findings have been published in peer-reviewed psychiatric journals. Milieu therapy will use the framework of the evidence-based Attachment, Self-Regulation, and Competency model.
- The S-SLP serves male clients ages 16-20 years.
- This S-SLP operates 24 hours a day, 7 days per week.
- Residential staff are required to have a minimum of a high school diploma, with a BA in human services preferred. The program director/case manager has a BSW. All clinical services are provided by licensed therapists. The S-SLP is a six (6) bed, community-based facility.
- The S-SLP will notify the CRU of its decision to interview, waitlist, accept, or reject a referral within three (3) days of the referral’s receipt. Once accepted, the program can typically admit a client within 1-2 business days, although this may vary depending on the complexity of the youth’s needs and services required.
- The client is supervised by program staff 24/7. Clinical services typically occur once per week, although this varies according to the youth’s needs.
- Anticipated length of stay is 3-12 months, depending on the youth’s needs and permanency plan.
- The S-SLP is located in Pawtucket.
- Treatment plan goals are evaluated internally on a monthly basis. Full treatment team reviews are conducted every 90 days.
- Primary language is English, although the agency does employ staff who speak Spanish and various African dialects. Every effort will be made to meet the language needs of incoming youth.
- The S-SLP serves all of Rhode Island.
- The S-SLP provides transportation for youth for school, appointments, and work as needed using agency vehicles and RIPTA bus passes.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best Fit Criteria:
- Cognitive impairments and developmental disabilities, including but not limited to intellectual disabilities, Autism Spectrum Disorder, and learning disabilities.
- Youth with severe behavioral and mental health needs, including those who have historically had high rates of out-of-state placement.
- Youth preparing for transition into adulthood.

Exclusionary Criteria:
- Lack of formal or rule-out diagnosis of mild to moderate developmental disabilities, learning disorders, other cognitive impairments, or emotional/behavioral disturbances.
- Diagnosis of a severe or profound development disability.
- Medical fragility.

The Whitmarsh Supervisor on Duty can be reached at (401) 270-2300.
Group Care – Problem Sexual Behavior
Fact Sheet - Sex Offenders Residential Treatment Program for Youth, (Ages 13-17) - Turning the Corner (TTC) Pearl Street – Jammat Housing and Community Development Organization

Description

- A staff-secure residential treatment program for up to eight (8) adjudicated or non-adjudicated males, ages 13 to 17, demonstrating sexually reactive, offending or abusive behaviors.
- Each youth is assigned a Master’s level clinician with a caseload not to exceed eight (8) clients per program.
- Within 72 hours of admission, a trauma assessment is completed identifying previous trauma, trauma triggers and coping mechanisms using the Trauma Systems Checklist assessment tool. Within 30 days a comprehensive treatment plan is developed using Ohio Scales and CANS as measurement tools. Treatment plan is reviewed, every 90 days and annually.
- Clients provided one (1) hour of individual therapy by program clinician per week, family therapy (when appropriate, with family, not victim), three (3) hours of sex offender group therapy by SO accredited clinician per week. Clinical times vary based on client's need.
- Attachment, Self-Regulation and Competency (ARC) evidence based treatment model into all its programming. The ARC model is a framework for intervention for youth and families who have experienced multiple and/or prolonged traumatic stress. It’s delivered by Master’s level clinicians along with intensive casework in coordination with family members, natural supports, and other stakeholders.
- TTC offers school advocacy and integration into public schools (or education in the least restrictive environment), as well as access to recreational and vocational programming.
- Daily, staff will provide guidance to residence in personal hygiene, basic meal preparation, cooking, housekeeping, shopping, money management and social skills.
- Transportation: TTC will meet all transportation and associated needs for each youth in placement including transportation for 1) routine and emergency medical, dental and vision appointments 2) purchases of clothing and personal items 3) mental health appointments 4) vocational training, school, and educational advocacy; and 5) family court and other court appearances.
- The agency will assist parents with accessing public transportation or provide transportation to ensure parents participate fully in treatment planning and implementation. Parents can assist with transportation of the youth when appropriate.
- This program's outcomes are the following: Reduction in instances of inappropriate sexual behavior; Reduction in instances of aggressive behavior; and Reduced use of reoffending.
- Languages spoken: English, Spanish
- Geographic area: 179 Pearl Street, Providence (Elmwood neighborhood)
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best Fit Criteria:

- Adjudicated or non-adjudicated males, ages 13 to 17, demonstrating sexually reactive, offending or abusing behaviors, who need a treatment plan that includes relapse prevention, understanding the cycle of abuse, emotional development, accepting responsibility, and victim empathy.

Exclusionary Criteria:

- Youth who are not sex offenders.
- Actively homicidal or suicidal.
- Unable to participate in medication management.
- Active medical impairment which prevents mobility or requires hospitalization.
- Under 13 (although exceptions can be approved by DCYF).
Fact Sheet - Sex Offenders Residential Treatment Program for Youth, (Ages 17-21) - Turning the Corner (TTC) Dartmouth Avenue – Jammat Housing and Community Development Organization

Description
- A staff-secure residential treatment program for up to eight adjudicated or non-adjudicated males, ages 17 to 21, demonstrating sexually reactive, offending or abusive behaviors.
- Each youth is assigned a Master’s level clinician who has a caseload not to exceed eight (8) clients per program.
- Within 72 hours of admission, a trauma assessment is completed identifying previous trauma, trauma triggers and coping mechanisms using the Trauma Systems Checklist assessment tool. Within 30 days a comprehensive treatment plan is developed using Ohio Scales and CANS as measurement tools. Treatment plan is reviewed, 90 days and annually.
- Clients provided one (1) hour of individual therapy by program clinician per week, family therapy (when appropriate, with family not victim), three (3) hours of sex offender specific group therapy by SO accredited clinician per week. Clinical times vary based on client’s need.
- Attachment, Self-Regulation, and Competency evidence based treatment model into all its programming. The ARC model is a framework for intervention for youth and families who have experienced multiple and/or prolonged traumatic stress. It’s delivered by Master’s level clinicians along with intensive casework in coordination with family members, natural supports, and other stakeholders.
- Daily, staff will provide guidance to residence in personal hygiene, basic meal preparation, cooking, housekeeping, shopping, money management and social skills.
- Transportation: TTC will meet all transportation and associated needs for each youth in placement including transportation for 1) routine and emergency medical, dental and vision appointments 2) purchases of clothing and personal items 3) mental health appointments 4) vocational training, school, and educational advocacy; and 5) family court and other court appearances.
- The agency will assist parents with accessing public transportation or provide transportation to ensure parents participate fully in treatment planning and implementation. Parents can assist with transportation of the youth when appropriate.
- This program’s outcomes are: Reduction of inappropriate sexual behavior; Reduction in instances of aggressive behavior; reduced use of manipulative behavior, understanding of legal ramifications, if adjudicated; assistance in independence/job placement, discharge to family or permanent placement.
- Services are provided in English and located at 58 Dartmouth Avenue, Providence (Elmwood neighborhood)
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best Fit Criteria:
- Adjudicated or non-adjudicated males, ages 17 to 21, demonstrating sexually reactive, offending or abusing behaviors, who need a treatment plan that includes relapse prevention, understanding the cycle of abuse, emotional development, accepting full responsibility, and victim empathy.

Exclusionary Criteria:
- Youth who are not sex offenders.
- Actively homicidal or suicidal.
- Unable to participate in medication management.
- Active medical impairment which prevents mobility or requires hospitalization.
- Under 17 (although exceptions can be approved by DCYF).
Fact Sheet – New Currents Program (NC) - Communities for People Inc.

Description:
- The New Currents Program is a community-based residential program serving older adolescent males with a history of problem sexual behavior. The program model serves as a step-down from residential treatment, out-of-state placements, or the RI Training School (RITS) and works to help youth build needed skills to safely reintegrate into the community.
- The program provides assessment, stabilization, treatment, and skills instruction to assist youth in a gradual and safe reintegration to the community.
- The program provides youth with consistent relapse prevention-oriented psychosocial, educational, and vocational supports and training. The program uses a wide range of diagnostic and treatment services, including daily living and social skills training, to improve each youth’s functioning.
- Staff work with the youth, birth parents and natural resources using evidence based and trauma informed treatment models including, The Good Lives Model, Trauma Focused Cognitive Behavioral Therapy, and Motivational Interviewing.
- Clients served are adolescent males from 16 to 20 years old.
- The program has a staffing ratio of 1:3, with an awake-overnight staffing ratio of 1:4. Each youth is also assigned a Master’s level clinician (8:1 caseload).
- The clinician sees each youth for a minimum of one (1) hour of individual counseling weekly and provides treatment planning consultation and care management. Youth also receive specialized counseling to focus on their problem sexual behavior. Frequency based on treatment team recommendations/court mandates.
- Transportation is never a barrier to access. Transportation is consistently made available to youth and families.
- Anticipated length of stay is 6-9 months
- Location: 558 Manton Ave. Providence; 6 bed facility
- Initial treatment plans are developed within 30 days; subsequent reviews quarterly.
- Language(s) spoken: English
- Referrals are generated through the Department’s Central Referral Unit (CRU)

Best fit criteria:
- Youth currently displaying or with histories of problem sexual behavior
- Youth who are assessed as low to moderate risk of sexual re-offense, and require a highly structured and highly supervised program.

Exclusionary Criteria:
- Actively homicidal, suicidal or psychotic
- Youth whose medical needs require 24-hour monitoring or specialized skills
- Profound developmental delays
- Youth with no history of problem sexual behavior
INDEPENDENT LIVING SERVICES
Fact Sheet - Independent Living - Child & Family

Description:
- Independent Living (ILP) offers youth the opportunity to live in their own apartments. All attempts are made to locate apartments on or near bus routes so that clients have access to community resources. Staff do not live in the apartments with clients.
- Each youth will have a youth support specialist (YSS) who will provide assistance teaching self-sufficiency and independence. Youth will either be in either their own apartments or carefully matched with another youth. They will have weekly meetings with their YSS to assess their ability to keep their space clean, adhere to program and apartment rules, and maintain their vocational and/or educational responsibilities.
- The ILP youth will have a YSS who will provide advocacy, live-skills coaching, eco-mapping, linkage to supports such as SSI or housing. Each youth will receive a weekly stipend of $65 of which $10 will be put in a savings fund to be used for security deposit after the youth completes the program. Youth will have access to 24/7 crisis or clinical on call support at (401) 662-2773.
- The ILP will also provide assistance and support for youth to access transportation to medical, dental, psychiatric, educational, family, vocational and legal appointments, as well as coordination of and/or access to educational programs aimed at improving the youth’s ability to function in a successful manner into adulthood.
- Apartments will be situated on the Aquidneck Island, East Bay, and Providence areas with bus access.
- Involvement of caregivers and family members to the greatest extent possible in all aspects of treatment including service planning, family therapy, and trauma-focused psychoeducational opportunities.
- Active engagement of potential kinship providers through identification of mentors, family supports, and natural and community resources.
- Access to agency clinician and staff psychiatrist through third party billing. Monthly medication management will be provided by Child and Family’s staff psychiatrist with the ability to provide immediate evaluation if needed.
- Length of stay 9-12 months depending on complexity of need and permanency plan of youth.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best fit criteria:
- Males and females ages 17-20 years who have demonstrated an ability to function independently. Typical timeline for intake into an apartment should be a planned, well-thought out transition of 1-2 weeks.

Exclusionary Criteria:
- Active suicidal ideation, severe and persistent self-injurious behaviors, and homicidal and aggressive behaviors, active and severe substance abuse, youth who require regular or close supervision due to safety concerns.

Outcomes: 80% of the youth served will have increased life skills and independent daily skills by using the Casey Life Skills assessment; 80% will successfully transition to independence once ready to discharge our services; 100% will have a primary goal of identifying a potential life-long connection through eco-mapping, family finding, or wraparound supports.
Fact Sheet – Independent Living Program (ILP) - Communities for People, Inc.

Description:
- The Independent Living Program (ILP) is an outreach supported apartment setting for older adolescents in need of intensive life skill training and development. Youth live alone or with roommates in an apartment setting in the communities of their choice. Over time, the youth assumes greater responsibility for his/her plan, apartment, and finances.
- Staff assist the youth in job seeking and retention, housing, financial literacy, and adult decision making skills. The program focuses on preparing youth to live independently upon discharge.
- The program can place youth immediately into “Start-up Apartments” and then begin helping youth identify a more permanent residence.
- Similarly, the program can place youth into a semi-staffed “Transitional Apartment” for those youth initially may benefit from additional supervision and support.
- Staff work with the youth, birth parents and natural resources using evidence based and trauma informed treatment models including Trauma Focused Cognitive Behavioral Therapy and Motivational Interviewing.
- Clients served are adolescents, ages 17 to 21 years.
- Each youth is assigned a Bachelor’s level outreach worker (7:1 caseload). Direct care staffing for Transitional Apartment (1:3 staffing ratio).
- Outreach workers have 2-3 face-to-face visits weekly with the youth and engage in ongoing phone and collateral contacts. The “Transitional Apartment” site is partially staffed each evening, from 4:00pm to midnight. Youth may be unsupervised during evenings when the staff member is assisting other youth in the community.
- Transportation is never a barrier to service access. While outreach workers routinely transport youth, the program’s emphasis is on helping youth develop familiarly with public transportation. Youth most commonly transport themselves to routine appointments, visits, work, and school. Each youth receives a monthly RIPTA bus pass.
- Anticipated length of stay is 6-9 months.
- Location: Apartments are located throughout the state of Rhode Island.
- Initial treatment plans are developed within 30 days; subsequent reviews quarterly.
- Language(s) spoken: English
- Referrals are accepted statewide.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best fit criteria:
- Youth with histories of residential placement who do not have identified family or adult permanency options.
- Youth whose behavioral needs do not require 24-hour supervision.
- Youth displaying motivation to obtain employment full-time, attend school full-time or a combination of both.

Exclusionary Criteria:
- Youth who’s behavioral, mental health or medical presentation require 24-hour supervision
Fact Sheet – Transitional Living Program (TLP) - Providence Center

Description:
- The Transitional Living Program (TLP) teaches adolescents through on-going education and support to prepare clients to successfully live independently. TLP apartments are located in the Providence area and all of The Providence Center’s adult and youth treatment and services programing is also located in Providence.
- Primary focus is to build support networks, gain financial independence, and learn important daily living skills such as navigating transportation and budgeting. Program services are youth centered and family focused to meet the needs of each youth. Once a youth is prepared for self-sufficiency, he/she may be referred to YESS, achieve full independence, or transition into the adult system.
- Clients are expected to participate in a vocational or education program for approximately 30 hours a week. If client is not in school or does not have a job, the client is required to complete at least ten (10) applications for employment a week and visit NetworkRI for at least 20 hours a week.
- Assist with education and vocational needs (high school, GED, college, training programs, financial aid).
- Assist client employment needs (job searching, resume writing, interview skills).
- Assist client in setting up and maintaining a safe, cleanly apartment (turning utilities on, maintain relationships with landlords and neighbors).
- Assist client in budgeting, with meal planning, food shopping and cooking.
- Teach to use public transportation (bus passes) and assist client with transportation when necessary.
- Teach client how/where to do laundry if necessary.
- Provide client with support in getting medical and/or clinical services.
- Advocate for the client’s individual needs with DCYF, courts, schools, and other outside systems as needed.
- Provide any additional case management supports as needed.
- When ready to transition, TLP staff work with statewide providers to develop permanent housing options.
- Clients served are from 16 to 21 years old and can be both males and females.
- Each youth is assigned a Bachelor’s level case manager with a caseload up to seven (7). The case manager receives supervision from the TLP program manager, who is a licensed clinician.
- Once the youth is accepted, he/she will meet with a case manager to develop personalized goals.
- A minimum of two (2) face-to-face contacts per week, which may increase up to five (5) times based on the individual’s needs, for a total of 3-4 hours a week.
- Typical duration of TLP services is approximately three (3) months to one (1) year or more.
- TLP is provided primarily within the individual’s home, but may also be in community or school setting based on the needs of the client.
- Youth live in their own apartments; staff do not live with them. The Providence Center pays the rent for each apartment and each participant is provided with an allowance to help them pay for daily necessities.
- Progress towards treatment goals are measured and evaluated every three (3) months.
- On-call available 24 hours a day, seven (7) days a week. On call staff are all clinicians.
- Services are provided in the Greater Providence Area are in English.
- Upon referral, initial contact with DCYF is made within two (2) business days.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best fit criteria:
- 16 – 21 years, male or female, transitioning from semi-independent living, no plans to live with family.

Exclusionary Criteria:
- Have another permanency plan to live with family members.
Fact Sheet – Transitional Living Program (TLP) - Teen Mom – The Providence Center

Description:
- The Transitional Living Program (TLP) teen mom teaches adolescents, who are pregnant or parenting, through on-going education and support to prepare clients to successfully live independently and properly take care of their children. TLP apartments are located in the Greater Providence Area and all of The Providence Center’s adult and youth treatment and services programing is also located in Providence.
- Primary focus is to build support networks, gain financial independence, and learn important daily living skills such as navigating transportation and budgeting. Program services are youth centered and family focused to meet the needs of each youth. Once a youth is prepared for self-sufficiency, he/she may be referred to YESS, achieve full independence, or transition into the adult system.
- Clients are expected to participate in a vocational or education program for approximately 30 hours a week. If client is not in school or does not have a job, the client is required to complete at least ten (10) applications for employment a week and visit NetworkRI for at least 20 hours a week.
- The array of family focused services will include parenting education, child development, infant stimulation, and appropriate discipline for children.
- Assist with education and vocational needs (high school, GED, college, training programs, financial aid).
- Assist client employment needs (job searching, resume writing, interview skills).
- Assist client in setting up and maintaining a safe, cleanly apartment (includes turning utilities on, maintain relationships with landlords and neighbors).
- Assist client in budgeting, meal planning, food shopping and cooking.
- Teach to use public transportation (provide them with a bus pass) and assist client with transportation when necessary.
- Teach client how/where to do laundry if necessary.
- Provide client with support in getting medical and/or clinical services, apply for WIC and Food stamp benefits.
- Advocate for the client’s individual needs with DCYF, courts, schools and other outside systems as needed.
- Provide any additional case management supports as needed.
- Make referrals for childcare needs (for example - HFA, visiting nurses).
- Assist with pre- and post-natal appointments.
- When ready to transition, TLP staff work with statewide housing providers to develop permanent housing options.
- Clients served are from 16-21 years old and are pregnant and/or parenting.
- Each youth is assigned a Bachelor’s level case manager. Each case manager has a caseload of five (5) participants. The case manager receives supervision from the TLP program manager, who is a licensed clinician.
- Once the youth is accepted into the program, he or she will meet with a case manager immediately to develop personalized goals.
- A minimum of two (2) face-to-face contacts per week, which may increase up to five (5) times based on the individual’s needs, typically for a total of 4-6 hours per week.
- Typical duration of TLP services is approximately three (3) months to one (1) year or more.
- TLP is provided primarily within the individual’s home, but may also occur within the community or school setting based on the needs of the client.
- Youth live in their own apartments; staff do not live with them. The Providence Center pays the rent for each apartment and each participant is provided with an allowance to help them pay for daily necessities.
- Progress towards treatment goals are measured and evaluated every three months.
• On call, available 24 hours a day, seven days a week. On call staff are all clinicians.
• Languages spoken: English
• Geographic area: Greater Providence Area
• Upon referral, initial contact with DCYF is made within two (2) business days.
• Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best fit criteria:
• Clients 16 – 21 years old who transition from semi-independent living programs and are pregnant and/or parenting.
• Don’t have a permanency plan to live with family members.

Exclusionary Criteria:
• Have another permanency plan to live with family members.
Fact Sheet – Transitional Living Program (TLP) – LGBTQ – The Providence Center

Description:

- The Transitional Living Program (TLP)-LGBTQ teaches adolescents through on-going education, one-on-one support, life skills training, treatment, and supportive services to prepare clients to successfully live independently. TLP-LGBTQ+ provides stable and safe supportive living arrangements, assists youth in developing natural positive peer and adult support systems, and provide service connections and more intensive services for those who are at-risk. TLP apartments are located in the Greater Providence Area and all of The Providence Center’s adult and youth treatment and services programing is also located in Providence.

- Primary focus is to build support networks, gain financial independence, and learn important daily living skills such as navigating transportation and budgeting. Program services are youth centered and family focused to meet the needs of each youth. Once a youth is prepared for self-sufficiency, he/she may be referred to YESS, achieve full independence, or transition into the adult system.

- Clients are expected to participate in a vocational or education program for approximately 30 hours a week. If client is not in school or does not have a job, the client is required to complete at least 10 applications for employment a week and visit NetworkRI for at least 20 hours a week.

- Assist with education and vocational needs (high school, GED, college, training programs, financial aid).

- Assist client employment needs (job searching, resume writing, interview skills).

- Assist client is setting up and maintaining a safe, clean apartment (includes turning utilities on, maintain relationships with landlords and neighbors).

- Assist client in budgeting, meal planning, and food shopping and cooking.

- Teach to use public transportation (provide them with a bus pass) and assist client with transportation when necessary.

- Teach client how/where to do laundry if necessary.

- Provide client with support in getting medical and/or clinical services/apply for Food stamp benefits.

- Advocate for the client’s individual needs with DCYF, courts, schools, and other outside systems as needed.

- Provide any additional case management supports as needed.

- When ready to transition, TLP staff work with statewide housing providers to develop permanent housing options.

- Clients served are from 16 to 21 years old.

- Each youth is assigned a Bachelor’s level case manager. Each case manager has a caseload of five (5) participants. The case manager receives supervision from the TLP program manager, who is a licensed clinician.

- Once the youth is accepted into the program, he or she will meet with a case manager immediately to develop personalized goals.

- A minimum of two (2) face-to-face contacts per week for a total of 4-6 hours per week, which may increase up to five (5) times based on the individual’s needs.

- Typical duration of TLP services is approximately three (3) months to one (1) year or more.

- TLP is provided primarily within the individual’s home, but may also occur within the community or school setting based on the needs of the client.

- Youth live in their own apartments; staff do not live with them. The Providence Center pays the rent for each apartment and each participant is provided with an allowance to help them pay for daily necessities

- Progress towards treatment goals are measured and evaluated every three (3) months.

- On call, available 24 hours a day, seven days a week provided by a clinician.

- Languages spoken: English
• Geographic area: Greater Providence Area
• Upon referral, initial contact with DCYF is made within two (2) business days.
• Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best fit criteria:
• LGBTQ+, all individuals who identify as having sexual orientations or gender identities that differ from the heterosexual and cisgender majority, clients 16 – 21 years old who transition from semi-independent living programs.
• Don’t have a permanency plan to live with family members.

Exclusionary Criteria:
• Have another permanency plan to live with family members.
Fact Sheet – Independent Living Program (ILP) - Whitmarsh Corp

Description:
- ILP provides apartment-based independent living arrangements to adolescent males ages 17-20 years old who may be experiencing instability, homelessness, trauma, substance use, legal issues, truancy, behavioral issues, and/or mental health disorders and need placement while working toward their goals of reunification, permanency, or independent living. Youth will receive case management services consistent with their level of independence and individual needs.
- ILP will utilize the evidence-based Affect, Self-Regulation, and Competency model to inform client intervention, case management, and therapeutic services.
- The ILP serves male clients ages 17-20 years old.
- This ILP operates 24 hours a day, 7 days per week. Case management and staff services are provided as needed.
- Residential staff are required to have a minimum of a high school diploma, with a BA in human services preferred. The case manager has an Associate’s degree and over 35 years of experience in human services. All clinical services are provided by licensed therapists. The ILP is designed to serve up to five (5) youth simultaneously.
- The ILP will notify the CRU of its decision to interview, waitlist, accept, or reject a referral within three (3) days of the referral’s receipt. Once accepted, the program can typically admit a client within 1-2 business days if an apartment is currently available; otherwise, admission depends on finding suitable housing.
- Clinical services typically occur once per week, although this varies according to the youth’s needs. Case management services vary based on individual needs but check-ins occur a minimum of once per week. Staff are available as needed to assist with appointments, transportation, grocery shopping, job hunting, etc.
- Anticipated length of stay is 12-15 months, depending on the youth’s needs and permanency plan.
- The ILP is apartment-based; although typically in the Providence area, apartments can be found in the youth’s identified community.
- Treatment plan goals are evaluated internally monthly. Full treatment team reviews are conducted every 90 days.
- Primary language is English, although the agency does employ staff who speak Spanish and various African dialects. Every effort will be made to meet the language needs of incoming youth.
- The ILP serves all of Rhode Island.
- The ILP provides transportation for youth for school, appointments, and work as needed using agency vehicles and RIPTA bus passes.
- Referrals are generated through DCYF’s Central Referral Unit (CRU).

Best Fit Criteria:
- Youth who are preparing for transition into adulthood and do not require 24/7 supervision.

Exclusionary Criteria:
- Diagnosis of a severe or profound development disability.
- Medical fragility.

The Whitmarsh Supervisor on Duty can be reached at (401) 270-2300.