

Rhode Island Department of Children, Youth and Families

**THE RHODE ISLAND PARTNERSHIP FOR FAMILY AND COMMUNITY
SYSTEM OF CARE - PHASE TWO**

Concept Paper

DRAFT September 2009

Rhode Island Department of Children, Youth and Families
Rhode Island Partnership for Family and Community System of Care
Phase Two

I. Statement of Intent

The Rhode Island Department of Children, Youth and Families (DCYF) is guided by a strong vision that all children, youth and families reach their fullest potential in a safe and nurturing environment. The Department's mission is to assist families with their primary responsibility to raise their children to become productive members of society. Further, the Department recognizes an obligation to promote, safeguard and protect the overall well-being of culturally diverse children, youth and families and the communities in which they live through a partnership with families, communities and government. With this belief, the Department continues its efforts to fully develop and implement an integrated family and community system of care in partnership with families, the community, including publicly funded community mental health agencies and psychiatric hospitals, and government, including state agencies under the RI Executive Office of Health and Human Services (EOHHS), the RI Department of Education (RIDE) and the RI Family Court. The system of care addresses the needs of children and families in Rhode Island who are involved, or at risk of being involved, with the child welfare, children's behavioral health and juvenile corrections system. The system of care will be trauma informed¹, youth-guided, family-driven, culturally and linguistically competent and community based.

The Department and community partners are implementing Phase One of this system of care transformation through the establishment of Family Care Community Partnerships (FCCP's). Currently four regional FCCP's consolidate the management of DCYF's prevention, early intervention and community-based behavioral health programs in order to integrate and expand services and supports for each child and family according to their unique strengths and needs. The FCCP provides a system of care approach for families with children and youth who are at risk for DCYF involvement due to abuse and neglect or serious emotional disturbance (SED) and youth who are returning to the community following a RI Training School sentence. This first phase of the system of care development is designed to prevent family involvement with DCYF and support family preservation and well-being.

In this concept paper, the Department outlines plans to implement Phase Two of the system of care for children and families under the care and supervision of DCYF. Involved families will have at least one child, from birth through eighteen (18) years of age, who is active with DCYF. The families will require services to provide for the safety of the child, services to mitigate risk to the community and services for the treatment of behavioral or emotionally challenging conditions (refer to Attachment A - DCYF Status and Attachment B - Child and Family Characteristics and Demographics). Phase Two will transform the DCYF child welfare, juvenile corrections and children's behavioral health system to one that primarily relies on an expanded continuum of home and community-based services and supports to better meet the needs of children and their families in the least restrictive setting and ensure community safety. The expected outcomes are to maintain children safely in their own homes, to improve the rate of reunification and to prevent the recurrence of maltreatment. These outcomes will be achieved by providing services that utilize the family's strengths and take into account their needs and preferences. The system of care approach is consistent with the guiding principles of the Child and Family Services Review (CFSR) process established by the Adoption and Safe Families Act of 1997 (Public Law 105-89). CFSR principles include family-centered practice, community-based services, strengthening the capacity of families and individualizing services. Similar to the system of care approach, the CFSR process is outcome-focused, concerned with whether or not safety, permanency and well-being outcomes are achieved on behalf of children and families involved with and at risk of being involved with the Department. Also resonating system of care and CFSR principles is a *Joint Resolution to Advance a Statement of Shared Core Principles*², established in 2006 by the National Building Bridges Initiative to better link residential and community-based services and

¹ Care delivery and support system that is trauma-informed, prevention oriented, and focused on improving mental health functioning for children, youth, and their families. Cooper, J.L.; Masi, R.; Dababnah, S.; Aratani, Y.; Knitzer, J. (2007). *UNCLAIMED CHILDREN REVISITED, Working Paper No. 2, Strengthening Policies to Support Children, Youth, and Families Who Experience Trauma*. National Center for Children in Poverty. http://www.nccp.org/publications/pdf/text_737.pdf

² Blau, Gary., Adolescent and Family Branch of the Center for Mental Health Services, <http://www.systemsofcare.samhsa.gov/hottopics/docs/BuildingBridgesJointResolutionFinalDraft82806.doc>

supports.

Phase Two, like Phase One, of the system of care transformation will provide a formal collaborative structure for joint planning and decision-making through which families, DCYF and its community partners integrate the phases and activities of the wraparound³ process in a child and family team structure. The Department is committed to an inclusive strength-based child and family team meeting process that establishes clear structure and ensures the empowerment of the family and their natural supports in the service planning process. The service planning process actively explores and encourages the use of natural community supports as an important component of the family care plan, often resulting in better outcomes and lower cost than formal social and behavioral health services. The service planning process also addresses legally required, non-negotiable issues consistent with DCYF or RI Family Court mandates. This approach promotes family voice and choice while ensuring that child safety is the paramount concern in decision-making relating to service provision, placement and permanency planning. The Department will contract with operational and fiscal partners or contractors that will be responsible for building a comprehensive network of accessible formal and informal services and supports, including residential and home-based services that will strengthen and support the home setting during and following out-of-home placement. The contractors will integrate wraparound principles into the service delivery networks, which will include strong partnerships with educational and other entities in order to improve educational stability and success. The partners will expand the continuum of available services for children and families and will work with the Department to achieve reunification and other permanency goals in a timely manner. The expanded service continuum will include individualized rehabilitation and support services for children and families in the home setting. Each contractor will operate statewide service networks and ensure local community access.

The Department is committed to working together with families and communities to bring the FCCP and Phase Two of the system of care into one integrated system of care for Rhode Island's children, youth and families.

II. Context for Proposed System of Care (SOC) Development

The Adoption Assistance and Child Welfare Act of 1980 (PL 96-272), the Adoption and Safe Families Act of 1997 (ASFA) (PL 105-89) and Rhode Island General Law (RIGL 40-11 and 42-72) require the Department to make reasonable efforts to prevent or eliminate the need for placement of a child outside the home as long as the child's safety is assured, to effect the safe reunification of the child and family if out-of-home placement is necessary and to make and finalize alternate permanency plans in a timely manner when reunification is not appropriate or possible. The child's health and safety is the paramount concern. The central goal of ASFA is to protect children and to place them in permanent homes at the earliest possible time. The law sets time limits for child welfare decisions and identifies specific practices and procedures to achieve permanency in a timely manner. Services are provided to the birth parents of a child in an effort to assist the parents, the child and the Department in determining the best permanent plan for the child. If services do not result in the reunification of a child with his or her family, the Department has the responsibility to consider another permanent plan for the child.

The Federal Family Preservation and Support Services Program Act of 1993 (PL 103-66) encouraged states to create a continuum of family-focused services for at-risk children and families and required states to engage in a comprehensive planning process to develop more responsive family support and preservation strategies. Further, ASFA provides states with the opportunity to continue to build on the reforms of the child welfare system to make the system more responsive to the multiple, and often complex, needs of children and families. This law also establishes the Child and Family Service Review (CFSR) process and reaffirms the need to forge linkages between the child welfare system and other critical systems of support for families, as well as between the child welfare system and the courts, to ensure the safety and permanency of children and the well-being of children and their families.

³ Ten Principles of the Wraparound Process (<http://www.rc.pdx.edu/PDF/TenPrincWAProcess.pdf>), Bruns, E.J., Walker, J.S., Adams, J., Miles, P., Osher, T.W., Rast, J., VanDenBerg, J.D. & National Wraparound Initiative Advisory Group (004). Ten principles of the wraparound process. Portland, OR: National Wraparound Initiative, Research and Training Center on Family Support and Children's Mental Health, Portland State University.

Rhode Island General Law (RIGL) 42-72-5 requires the Department to mobilize the human, physical and financial resources available to plan, develop and evaluate a comprehensive and integrated statewide program of services designed to ensure the opportunity for children to reach their full potential and to develop and maintain, in collaboration with other state and private agencies, a comprehensive continuum of care for children in DCYF care or at risk of being in State care. Further the statute provides that this system of care should be family-centered and community-based with the focus of maintaining children safely within their families or, when a child cannot live at home, within as close proximity to home as possible, based on the needs of the child and resource availability. Additionally, the system of care, taking into account the availability of public and private resources and financial appropriations, should include community-based prevention, family support and crisis intervention services as well as a full array of foster care and residential services.

RIGL 42-72-5.2 requires DCYF and DHS to develop a continuum of children's behavioral health programs that encourages alternatives to hospitalization and reviews the utilization of each service in order to better match services and programs to the needs of the children and families and to continuously improve the quality of and access to services. Recent legislative actions require the shift in care of children from residential to home and community-based settings with accompanying budget implications. RIGL 42-72-36 provides that the Department's total capacity for out-of-home residential care, excluding foster care, must not exceed one thousand (1,000) placements. The Department is authorized to reinvest any savings that result from reductions in out-of-home residential placements into developing additional community-based services for children and their families. RIGL 14-1-36.2, in support of this mandate, provides that the Family Court will authorize the provision of suitable treatment, rehabilitation and care for each child in the least restrictive and community-based setting. Research into implementation of the wraparound planning process in other settings such as Milwaukee, Indianapolis and Arizona supports the potential of reaching these goals.

III. Guiding Principles

The Department will collaborate with the contractors in accordance with the following principles that will guide the SOC transformation for children and their families involved with the child welfare, behavioral health and juvenile corrections system and DCYF staff and other stakeholders.

- **Trauma Informed** - Recognizes and understands trauma and its consequences and incorporates this knowledge into all aspects of service delivery.
- **Interagency Collaboration** - Engages child and family serving agencies from the public, private and community sectors.
- **Individualized Strength-based Care** - Acknowledges each child and family's unique set of strengths and challenges and builds care plans that optimize those strengths while meeting the challenges.
- **Cultural and Linguistic Competence** - Refers to a defined set of organizational values and principles, as well as behaviors, attitudes, policies and structures that enable systems to work effectively cross-culturally.
- **Family and Youth Involvement** - Requires mutual respect and meaningful partnership between families and professionals at all levels.
- **Community-based Services** - Engaging home, school and community-based resources, that are flexible and responsive, as the optimal method for providing care and support to children and families.
- **Accountability** - Refers to the continual assessment of practice, organizational and financial outcomes to determine the effectiveness of the SOC in meeting the needs of children and families.

IV. Operational and Fiscal Partners

Each operational and fiscal partner or contractor will operate statewide with the capacity to work closely with community-based services wherever the families live or children are placed. Contract partners will be responsible for developing and managing the delivery of a comprehensive array of services, which strengthen and/or build a natural and community-based social support network for each family and ensure the safety and permanency of children and the well-being of children and families. The array of services must include access to appropriate residential and community based services and supports, which are strength-based and culturally and linguistically competent.

The contractors are responsible for the facilitation of child and family teams that strengthen and build a natural and community-based social support network with each family. The contractors will ensure that there is a sufficient number of diverse Family Service Care Coordinator (FSCC) staff who are responsible for facilitating the wraparound process.

The contractors will be responsible for the implementation of a high fidelity wraparound⁴ model of service planning, delivery and management. Contractors are responsible to:

- Facilitate the wraparound process for all families.
- Ensure fidelity to the wraparound process through training, credentialing, coaching/supervision and independent monitoring of the fidelity of the wraparound process.
- Utilize child and family outcomes as the key indicator of the effectiveness of the family care plan and services at both the family and system level. Outcome measures must address safety, permanency, well-being, stability, behavioral health, educational functioning and criminal justice involvement.
- Provide real-time resource availability information to assist the child and family team in considering options for services and supports to meet the needs of child and family.

V. Child and Family Team

The child and family team includes the family with natural, informal and formal supportive individuals and service providers, including the Family Service Care Coordinator (FSCC) and the DCYF worker. The DCYF worker and FSCC are trained and experienced in high fidelity wraparound and have competency to engage, support and provide care planning and service coordination to address the varied needs of the involved children, youth and families. The team completes a comprehensive assessment of family strengths, needs and culture, to develop a vision, goals and priorities for change and to develop a family care plan that addresses safety, permanency and child and family well-being.

The team will assist the family with identifying and utilizing natural and community supports and the selection of service providers. The team also assists with the development of a crisis management plan to obtain necessary emergency services and supports in the event of future family crises and for the on-going management of risk. The team will assist the family in accessing needed clinical services through Medical Assistance, commercial health insurance plans and other funding sources. Team members will share responsibility for coordinating those services with the other services and supports in the family care plan. The roles of child and family team members are described below.

- **Child, Youth and Family** - The child, youth and parents and other natural supports will be actively and affirmatively involved in the design and implementation of the family care plan unless it is determined that child maltreatment or other family issues rule out their participation. Family is defined broadly and includes relatives and other caretakers. The family will select other members of the child and family team in support of accomplishing the goals established in the family care plan.
- **DCYF Worker** - The assigned DCYF Family Service Unit (FSU) or Juvenile Correctional Services (JCS) worker serves in the important role of case manager and, in this role, leads the child and family team with the assistance of the Family Service Care Coordinator (FSCC). The roles of the DCYF worker and the FSCC are coordinated and complimentary. The DCYF staff person has the authority and responsibility to ensure that legal obligations and non-negotiable activities relating to the child's involvement with DCYF are implemented. The DCYF worker will ensure that the family care plan and the crisis management plan satisfactorily address the safety, permanency and well-being of the child as well as the safety of the community. The team shares the responsibility for the successful implementation of the family care plan. The DCYF worker will ensure that family members, providers and all other team members are fully informed of progress in the case and changes in the legal status. Any other DCYF staff person, including a Permanency Unit staff, who is working with the child and

⁴ For more information on High Fidelity Wraparound, please see the National Wraparound Initiative website, www.rtc.pdx.edu/nwi/.

family, may also be a member of the child and family team. The DCYF staff person will coordinate all communication with the Family Court.

- **Family Service Care Coordinator (FSCC)** - The FSCC briefs all parties on the purpose and format of family team meetings, schedules meetings based on family preferences and serves as wraparound facilitator. The FSCC facilitates effective communication and validates strengths and concerns of all parties. The FSCC works to achieve consensus among members in the development of the crisis management plan and the family care plan and follows up with all parties to make sure that identified services and supports are provided. The FSCC will keep the DCYF worker and all members of the team informed of the status of the family's engagement with the provisions of the family care plan.
- **Family Support Partner (FSP)** - The FSP serves as a peer mentor, with a primary role of empowering the family towards self-efficacy, who participates at the request of the family in the wraparound process and provides the direct supports identified in the family care plan. The FSP has experience as a member of a family who has been involved with DCYF and/or has experience raising a child with serious emotional disturbance (SED) or a developmental disability (DD). Additionally, the FSP has acquired the knowledge and competencies needed to effectively support another parent or caregiver and wraparound training and certification.
- **LEA Partners and School Personnel** - The school representative on the team is actively involved in the child's learning, support and/or advocacy. This may be someone the family identifies as having taken an interest in the child's educational success. Examples of school personnel may include, but are not limited to coach, classroom teacher, social worker, psychologist, nurse, educational surrogate, Positive Behavioral Interventions and Supports (PBIS) coach, resource teacher, principal or educational advocate. This individual should have reasonable authority to influence the school-based plan and ability to provide insight regarding strength-based approaches to behavior and success across life domains.
- **Family Court and Legal Advocates** - The legal representative of parent and child, including Court appointed legal guardian, may be a member of the child and family team. The Court Appointed Special Advocate (CASA) representative or the Child Advocate has the uniquely important role of ensuring that the best interest of the child is considered throughout the child and family team process.
- **Other Members of the Child and Family Team** - Other members of the team will vary according to the family's needs and preferences, but will include formal, informal and natural supports. With the assistance of the wraparound facilitator, the family may invite the participation of foster care providers, advocates, friends, neighbors, extended family members, faith-based community members and informal and natural supports who can contribute to safety and permanency of the child and well-being of the child and family.

VI. Financing

Phase Two of the SOC will be financed through a mechanism of braided funding, which utilizes the resources of multiple funding streams, including state funding, Title IVB funding, Title IVE funding, which covers room and board costs for foster children, and mental health and rehabilitation services funded by the Medicaid Rehabilitation Option. With the enactment of the State's Global Medicaid Waiver, the Department expects to have the necessary latitude to provide services to families and children more effectively and efficiently with a continuum from least intensive to higher levels of intensity. Under the waiver, DCYF anticipates being able to maximize federal reimbursement for an array of home and community-based services that previously could only be paid for with State revenue funding. These community and home-based services and the wraparound approach offer the greatest potential for reducing the State's reliance on residential placement and youth incarceration. Savings that are associated with reducing costly placements will be reinvested to expand community and home-based services. The Department of Children, Youth and Families and the Department of Human Services (DHS), the State Medicaid Authority, will work together to ensure that there is maximum benefit derived from the Waiver's flexibility governing Medicaid reimbursement for services to children and families. All children in DCYF foster care are eligible for Medical Assistance. The majority of DCYF involved children living

at home are also eligible for Medical Assistance. Families will participate in child and family teams, which have a wraparound structure, regardless of the family's medical coverage. The contractors will be required to utilize all appropriate third party resources before using State funds. The State will determine the core services and rates, ensuring that all eligibility requirements are met for Federal IVB, IVE, or Medicaid reimbursement.

The financing structure for Phase Two will represent a shared financial risk for the contractors. Possible reimbursement methods being considered include a per-family case rate or per-member case rate or a capitated term rate for a fixed period of involvement (12-18 months). Regardless of the financial risk sharing/payment method that is utilized, funding will be flexible to ensure that the contractors will be able to create innovative supports needed by the children and families in the community. Through the analysis of historical service costs for children, youth and families, DHS and DCYF are considering options for funding this initiative and determining how much risk the contractors will carry.

Further, funding for the family and community integrated SOC requires the coordination of funding sources and services that are available through all Federal and State Medicaid agencies, which provide social, rehabilitative and educational services. Funding also requires the coordination of non-Medicaid Federal, State and municipal funds that support entitlements and other mandated services. The Department, EOHHS, RIDE and the Family Court can maximize the effective use of these resources through coordinated planning and integrated service delivery.

VII. Oversight

DCYF will set standards for core services necessary to address the needs of children and families under the care and supervision of DCYF. The Department's Family Service Units (FSU), Juvenile Corrections Services (JCS) and Permanency Unit staff, in collaboration with contractors, will fulfill the legal obligations related to safety, permanency and well-being of children and families. The DCYF Community Services and Children's Behavioral Health (CSCBH) Division will manage and oversee the performance of contractors including their adherence to high-fidelity wraparound and outcomes. A DCYF contract monitoring team will oversee operations and will actively participate with contractors as they build upon and expand capacity in the service network.

VIII. Family and Community Advisory Board (FCAB)

The FCAB's are State and Regional Boards, with membership that includes youth and families, community partners and stakeholders, which support and guide family and community system of care implementation, operation and continuous quality improvement (CQI). Currently, each FCCP has a Regional FCAB and there is one Statewide FCAB to facilitate statewide collaboration, communication and advocacy for the four local FCAB's. The roles of the FCCP Statewide and Regional FCAB's will be expanded to include the entire system of care.

IX. Relationship with FCCP

DCYF will ensure that care is coordinated to allow a family who is transitioning from one system to the other to have a single well-integrated family care plan that comprehensively addresses the family's needs. Subject to family choice, Phase Two contractors and partners must work with FCCP's as preferred providers and must develop DCYF approved inter-agency agreements that will identify how wraparound planning, care coordination and other functions will be handled to ensure continuity of care.

X. Program Evaluation and Continuous Quality Improvement

A central component of the system of care restructuring will be the implementation of program evaluation activities through a process of continuous quality improvement (CQI). CQI refers to a system in which data is monitored and utilized on an ongoing basis to make data-driven decisions for service improvements. The focus on program evaluation through performance indicator reporting in a system of CQI builds on previous work by DCYF and community partners to establish the Rhode Island Data Analytic Center. The Center promotes the use of data-driven decision-making to inform practice and policy development.

Phase Two contractors and partners will collect and submit uniformly into a data management system, data elements consistent with those submitted by the FCCP. Data that monitors both child/family individual level outcomes as well as child/family system-level outcomes will be collected. Data relevant to child/family individual-level outcomes will include: demographic information (e.g., age, gender, race, ethnicity, living situation, custody status, parental occupation, family household income), child and family behavioral health characteristics (e.g., psychiatric diagnosis and history, substance use and substance use history), child and family functioning (e.g., Yale M-CGAS, Ohio Scales, North Carolina Family Assessment Scale) and child/youth satisfaction with services. Data relevant to child/family systems-level outcomes will include: referral source and type, admission and discharge information, service plan characteristics, barriers to services, staff characteristics, length of stay, continuity of care, placement stability, readmission rates, transition to less or more restrictive levels of care and length of time to engagement in appropriate services and fidelity to the wraparound system. DCYF with Phase Two contractors and partners will determine the data elements that will be collected.

DCYF will also evaluate the effectiveness of the child and family team meetings through internal data collection. In order to build a comprehensive SOC data warehouse, Phase Two contractors and partners will collect and report the same demographic, clinical, utilization and outcomes data as required for the FCCP and submit to the designated data system.

A logic model (Attachment C - Logic Model Depicting Outcomes, Deliverables, Activities and Resources in the System of Care) is attached.

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Attachment A - DCYF Status

Voluntary Placement

A child may be voluntarily placed in the care of the Department by a parent. Pursuant to the provisions of RIGL 42-72-14 a child voluntarily admitted to the department shall be deemed to be within the care of the DCYF until the voluntary agreement is terminated. The Department shall terminate admissions within ten (10) days after receipt of a written request for termination from a parent or guardian of any child or from the child unless prior to that time DCYF has sought and obtained from the Family Court an order of temporary custody as provided by law. DCYF may terminate the voluntary admission of any child after giving reasonable notice, in writing, to the parent or guardian of any child.

Any child admitted voluntarily to the Department may be placed in, or transferred to, any resource facility or institution within or available to the Department; provided, however, that written notice shall be given to the child and the child's parent or other guardian of an intention to make a transfer at least ten (10) days prior thereto, or unless waived, in writing, by those entitled to the notice, or unless an emergency commitment of the child is made by law.

When any child, except a child with disabilities, remains in voluntary placement for a period of 12 months, the Department must petition the Family Court to request care, custody and control of the child or seek to continue the voluntary status by filing a Miscellaneous Petition in accordance with RIGL 14-1-11.1. The law does not require and the Department will not seek custody of a child with an emotional, behavioral or mental disorder or developmental or physical disability who has been voluntarily placed with the Department by a parent or guardian for the purpose of accessing an out-of-home program for the child in a facility that provides services for children with disabilities when there are no issues of parental abuse or neglect. These services may include, but are not limited to, residential treatment programs, residential counseling centers and therapeutic foster care programs.

Legal Supervision

At the time of arraignment, if the child is placed with a parent, the child may be placed under the legal supervision of DCYF if the court determines the child can be safely maintained in the home.

The effects of legal supervision are not defined specifically in statute, but as a rule of thumb, this status allows a DCYF worker to visit the child and parents at their home even though no new incidents have occurred since the child was placed under DCYF supervision. In addition, DCYF is allowed to monitor the delivery of services to the parent and the child and to ensure that the parent continues to adequately and safely meet the needs of the child.

Temporary Custody

Temporary custody gives DCYF a broader legal status and is awarded pending a determination/adjudication of a child abuse/neglect/dependency petition. An award of temporary custody usually results in the Department being authorized to place a child outside the home of the parent. In addition, an award of temporary custody generally confers the right upon DCYF to authorize the care and treatment of a child relative to education, medical care, recreation, discipline and other major child care matters. The award of temporary custody to DCYF does not strip the parents of their parental rights. Parents continue to have the right to participate in decision making on child care issues relative to medical treatment, education, mental health services and the placement of his or her child.

Legal Commitment

The purpose of a DCYF commitment trial is to have the court make a determination, by "clear and convincing evidence" after a trial on the merits of the petition, that a child is abused, neglected and/or dependent. This finding is civil, not criminal, and is never included on a parent's criminal record. After the finding is made, the judge may place the child in the full custody of DCYF or under supervision in his or her own home. Commitment

does not terminate parental rights. To terminate all rights permanently, DCYF must file a separate petition in Family Court and, in general, is subject to trial after the commitment trial has been completed.

DCYF Legal Guardianship

The Family Court is empowered by law to terminate the parental rights of a natural parent after the Court has determined that the parent is unfit to provide safe and adequate care for a child. The Court then places the child in the legal guardianship of DCYF. In general, before the Family Court can terminate the rights of a natural parent, DCYF must demonstrate that it has offered the parent services to address the issues which led to the child's placement and that the parent continues to be unable to demonstrate an ability to safely and adequately care for the child. Once a child is placed in the legal guardianship of the DCYF, the Court vests the Department with the right to give or withhold consent to the adoption of the child. In essence, DCYF becomes the legal parent of the child until such time as the child is adopted.

Juvenile Offenses

There are two types of juvenile offenses; delinquent offenses and wayward offenses. A delinquent offense is classified as any offense which would constitute a felony if committed by an adult. A wayward offense is classified as either a status offense or a non status offense. A non status offense is any criminal conduct which would constitute a misdemeanor if committed by an adult. A status offense is any conduct which would not constitute a crime if committed by an adult (e.g. truancy, disobedience).

As a general rule, the Family Court has the authority to issue an order of detention for any youth charged with a delinquent offense and for any youth charged with a wayward (non status) offense. In any instance wherein the Court issues an order of detention, the youth will be detained at the Rhode Island Training School (RITS). The Family Court can ultimately issue an order of commitment after there has been a determination that the youth has committed a delinquent and/or wayward (non status) offense. As a general rule, the issuance of an order of commitment results in the Court sentencing a youth to the RITS. Such sentences may have a fixed date of completion (e.g. six months) or be issued for an indeterminate period (e.g., until further order of the Court). Under existing law, the Family Court has the authority to sentence a youth to the RITS until the youth's 19th birthday, except if the offense was committed prior to July 1, 2007, the youth may continue under the jurisdiction of the court until he or she turns twenty one (21) years of age.

In juvenile cases, the Family Court has the authority to order that a youth be placed in the temporary custody of DCYF. There are a number of instances wherein the Court determines that a juvenile offender is in need of an out of home placement and orders that the youth be referred to the temporary custody of DCYF for placement at DCYF discretion. In addition, there are youth who are committed to the RITS and who are released into the community on temporary community placement (TCP) status. In such instances, the Family Court orders that the youth shall be released from the RITS into the temporary custody of DCYF for a community placement.

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Attachment B - Child and Family Characteristics and Demographics

There is diversity in family characteristics and needs. Consistent with wraparound and family-driven principles, the Rhode Island Department of Children, Youth and Families, in collaboration with the community and Phase Two contractors, will tailor services to match the unique strengths and needs of families. The following data provides a profile of the families and children active with RI DCYF as of February 26, 2009:

Active Children Receiving In-Home Services

There are 1783 families with 2416 children that represent 48% of total active children. The demographic data is in Column 1 of Table 1.

Among this group:

- 21% (n= 507) are five years old or under.
- 44% (n= 1062) are 16+.
- Approximately 30% (n=700) are on Probation.
- 17% (n=403) have a Special Need – a field in RICHIST completed by the DCYF worker.

Active Children in DCYF Foster Care

There are 877 families with 1048 children in DCYF Foster Care that represent 21% of total children active with DCYF. The demographic data is contained in columns 4 and 6 on Table 1.

Among this group:

- 50% (n=513) are 5 years old or under.
- 16% (n=168) are 16+ years old.
- 9% (n=90) are guardianship status.
- 24% (n=255) have a Special Need.

Active Children in Residential

There are 1097 families with 1530 children active with DCYF. This number represents 31% of the total DCYF population. The demographic data is contained in columns 2, 3 and 5 on Table 1.

Among this group:

- 30% (n=460) are in Agency Contracted Foster Care or POS Foster Care.
- 70% (n=1070) are in some type of residential program; group home, residential treatment facility or staff secure group home.
- 8% (n= 122) are five years old or younger.
- 62% (n= 945) are aged 16+.
- 40% (n=613) have a Special Need.
- 6% (n=98) are in a residential program out-of-state.

Families who have more than one child involved with DCYF

There are 395 children from 310 Families that represent 8% of total children active with DCYF.

Among this group:

- 82 children from 75 families are in a residential program and have siblings in DCYF Foster Care (Column 2).
- 198 children from 144 families are in a residential program and have siblings at home (Column 5).
- 105 children from 91 families are in Foster Care and have siblings at home (Column 6).

Table 1. Profile of Active Children with DCYF by Family Structure

Column 1			Column 2			Column 3		
2416 All Active Children receiving In-Home Services			82 Active children in Residential with siblings in Foster Care			1250 Active Children in Residential		
Age	Total	Percent	Age	Total	Percent	Age	Total	Percent
0-5	505	20.90%	0-5	28	34.15%	0-5	52	4.16%
6-11	438	18.13%	6-11	21	25.61%	6-11	107	8.56%
12-15	409	16.93%	12-15	17	20.73%	12-15	232	18.56%
16-18	836	34.60%	16-18	15	18.29%	16-18	646	51.68%
19+	226	9.35%	19+	1	1.22%	19+	213	17.04%
Grand Total	2416	100.00%	Grand Total	82	100.00%	Grand Total	1250	100.00%
Gender	Total	Percent	Gender	Total	Percent	Gender	Total	Percent
Female	936	38.74%	Female	43	52.44%	Female	441	35.28%
Male	1477	61.13%	Male	39	47.56%	Male	809	64.72%
Grand Total	2416	100.00%	Grand Total	82	100.00%	Grand Total	1250	100.00%
Race	Total	Percent	Race	Total	Percent	Race	Total	Percent
Amer' Indian	16	0.66%	Amer' Indian	1	1.22%	Amer' Indian	17	1.36%
Asian	54	2.24%	Black	27	32.93%	Asian	33	2.64%
Black	402	16.64%	Multiracial	6	7.32%	Black	283	22.64%
Multiracial	153	6.33%	Unable to Det	2	2.44%	Multiracial	62	4.96%
Pacific Island	1	0.04%	White	46	56.10%	Unable to Det	131	10.48%
Unable to Det	220	9.11%	Grand Total	82	100.00%	White	713	57.04%
White	1461	60.47%			No Race Entered	11	.88%	
No Race Entered	109	4.51%			Grand Total	1250	100.00%	
Grand Total	2416	100.00%						
Count of id prsn			Count of id prsn			Count of id prsn		
Hispanic Origin	Total	Percent	Hispanic Origin	Total	Percent	Hispanic Origin	Total	Percent
No	1434	59.35%	No	61	74.39%	No	893	71.44%
Unknown	118	4.88%	Unknown	3	3.66%	Unknown	34	2.72%
Yes	613	25.37%	Yes	18	21.95%	Yes	302	24.16%
No Origin Entered	251	10.39%	Grand Total	82	100.00%	No Origin Entered	21	1.68%
Grand Total	2416	100.00%			Grand Total	1250	100.00%	
Legal Status	Total	Percent	Legal Status	Total	Percent	Legal Status	Total	Percent
Voluntary	8	0.33%	Guardianship	5	6.10%	Voluntary	63	5.04%
Guardianship	6	0.25%	No Legal Status	1	1.22%	Guardianship	68	5.44%
No Legal Status	1487	61.55%	Other	76	92.68%	No Legal Status	376	30.08%
Other	915	37.87%	Grand Total	82	100.00%	Other	743	59.44%
Grand Total	2416	100.00%			Grand Total	1250	100.00%	
Special Need	Total	Percent	Special Need	Total	Percent	Special Need	Total	Percent
No	2013	83.32%	No	66	80.49%	No	689	55.12%
Yes	403	16.68%	Yes	16	19.51%	Yes	561	44.88%
Grand Total	2416	100.00%	Grand Total	82	100.00%	Grand Total	1250	100.00%

Table 1. Profile of Active Children with DCYF by Family Structure (continued)

Column 4 943 Active Children in Foster Care			Column 5 198 Active Children in Residential with siblings In-Home			Column 6 105 Active Children in Foster Care with siblings In-Home		
Age	Total	Percent	Age	Total	Percent	Age	Total	Percent
0-5	475	50.37%	0-5	42	21.21%	0-5	38	36.19%
6-11	212	22.48%	6-11	41	20.71%	6-11	37	35.24%
12-15	101	10.71%	12-15	45	22.73%	12-15	17	16.19%
16-18	138	14.63%	16-18	51	25.76%	16-18	12	11.43%
19+	17	1.80%	19+	19	9.60%	19+	1	0.95%
Grand Total	943	100.00%	Grand Total	198	100.00%	Grand Total	105	100.00%
Count of id prsn			Count of id prsn			Count of id prsn		
Gender	Total	Percent	Gender	Total	Percent	Gender	Total	Percent
Female	465	49.31%	Female	76	38.38%	Female	48	45.71%
Male	478	50.69%	Male	122	61.62%	Male	57	54.29%
Grand Total	943	100.00%	Grand Total	198	100.00%	Grand Total	105	100.00%
Race	Total	Percent	Race	Total	Percent	Race	Total	Percent
Amer' Indian	6	0.64%	Asian	6	3.03%	Asian	4	3.81%
Asian	14	1.48%	Black	42	21.21%	Black	15	14.29%
Black	156	16.54%	Multiracial	11	5.56%	Multiracial	6	5.71%
Multiracial	101	10.71%	Unable to Det	20	10.10%	Unable to Det	2	1.90%
Unable to Det	46	4.88%	White	114	57.58%	White	76	72.38%
White	618	65.54%	No Race Entered	5	2.53%	No Race Entered	2	1.90%
No Race Entered	2	0.21%	Grand Total	198	100.00%	Grand Total	105	100.00%
Grand Total	943	100.00%						
Hispanic Origin	Total	Percent	Hispanic Origin	Total	Percent	Hispanic Origin	Total	Percent
No	654	69.35%	No	113	57.07%	No	59	56.19%
Unknown	61	6.47%	Unknown	8	4.04%	Unknown	3	2.86%
Yes	211	22.38%	Yes	58	29.29%	Yes	38	36.19%
No Origin Entered	17	1.80%	No Origin Entered	19	9.60%	No Origin Entered	5	4.76%
Grand Total	943	100.00%	Grand Total	198	100.00%	Grand Total	105	100.00%
Legal Status	Total	Percent	Legal Status	Total	Percent	Legal Status	Total	Percent
Voluntary	3	0.32%	Guardianship	1	0.51%	No Legal Status	31	29.52%
Guardianship	90	9.54%	No Legal Status	105	53.03%	Other	74	70.48%
No Legal Status	85	9.01%	Other	92	46.46%	Grand Total	105	100.00%
Other	765	81.12%	Grand Total	198	100.00%			
Grand Total	943	100.00%						
Special Need	Total	Percent	Special Need	Total	Percent	Special Need	Total	Percent
No	706	74.87%	No	162	81.82%	No	87	82.86%
Yes	237	25.13%	Yes	36	18.18%	Yes	18	17.14%
Grand Total	943	100.00%	Grand Total	198	100.00%	Grand Total	105	100.00%

Data Source: RI DCYF RICHIST (February 26, 2009)

Totals may not add up to 100% due to rounding up.

Residential includes therapeutic foster care.

Legal status includes Commitment with placement discretion, Commitment without placement discretion, Temporary Custody no placement discretion, Temporary Custody with placement discretion, Legal Supervision, other.

Special Need - Federal Government categories that includes: mental retardation, visually impaired, hearing impaired, speech impaired physically disabled, emotionally disturbed, learning disability, other condition. State child welfare agencies are required to report data on these Federal categories. Child(ren) may have multiple special need categories reported. For example, a single child may have been included in both the emotionally disturbed and learning disability categories. Across all family types identified in Table 2, the most prevalent special need observed was in the Emotionally Disturbed category.

Removal Reasons

The data in Table 2 reflects the percentages of children placed in out-of-home settings. A child who was placed in out-of-home placement (foster care or residential setting) may be placed in that setting due to multiple reasons. For example, a child may be placed in a foster care setting due to neglect, parental substance abuse and caretaker inability to cope. These three percentages: 51.54% (children removed due to neglect), 33.83% (children removed due to parental substance abuse) and 24.39 % (children removed due to caretaker inability to cope) add up to more that 100%. The categories of removal reasons are federal categories that state child welfare agencies are required to report to the federal government. DCYF Family Service and Probation staff are required to document the removal reason in the DCYF Rhode Island Children's Information System (RICHIST).

Table 2. Percent of removal reasons for children placed in out of home settings

943 Children in Foster Care where siblings are In-Home			82 Children in Foster Care where siblings are in Residential			1250 Children in Residential		
Removal Reason	Total	Percent	Removal Reason	Total	Percent	Removal Reason	Total	Percent
Sexual Abuse	23	2.44%	Sexual Abuse	3	3.66%	Sexual Abuse	66	5.28%
Neglect	486	51.54%	Neglect	49	59.76%	Neglect	222	17.76%
Alcohol Abuse (parent)	104	11.03%	Alcohol Abuse (parent)	9	10.98%	Alcohol Abuse (parent)	41	3.28%
Alcohol Abuse (child)	3	0.32%	Alcohol Abuse (child)	1	1.22%	Alcohol Abuse (child)	24	1.92%
Drug Abuse (child)	14	1.48%	Drug Abuse (child)	0	0.00%	Drug Abuse (child)	72	5.76%
Drug Abuse (parent)	319	33.83%	Drug Abuse (parent)	13	15.85%	Drug Abuse (parent)	79	6.32%
Inadequate Housing	133	14.10%	Inadequate Housing	14	17.07%	Inadequate Housing	53	4.24%
Children's Behavior	57	6.04%	Children's Behavior	1	1.22%	Children's Behavior	762	60.96%
Incarcerated Parents	86	9.12%	Incarcerated Parents	8	9.76%	Incarcerated Parents	17	1.36%
Parent Death	11	1.17%	Parent Death	6	7.32%	Parent Death	9	0.72%
Caretakers inability to cope	230	24.39%	Caretakers inability to cope	14	17.07%	Caretakers inability to cope	300	24.00%
Abandonment	68	7.21%	Abandonment	4	4.88%	Abandonment	24	1.92%
Relinquishment	20	2.12%	Relinquishment	2	2.44%	Relinquishment	16	1.28%
Child Disability	9	0.95%	Child Disability	0	0.00%	Child Disability	82	6.56%
Physical Abuse	75	7.95%	Physical Abuse	4	4.88%	Physical Abuse	75	6.00%

Data Source: RI DCYF RICHIST (February 2009)

Percentages add up to over 100% because a child can have multiple removal reasons.

**Rhode Island Department of Children, Youth and Families
Rhode Island Partnership for Family and Community System of Care
Phase Two**

Attachment C - Logic Model Depicting Outcomes, Deliverables, Activities, and Resources in the System of Care

Resources (Inputs)	Activities	Deliverables (Outputs)	Outcomes
Community agencies and providers	System and program planning	Description of service system, including critical evidence-based elements	Short-term (3 months), Intermediate-term (6 months) & Long-term (12 months or more)
Regional workgroup	Establishment of new CSBH policies to provide basis for SOC restructuring	Concept paper that describes SOC restructuring	<p><u>Child/Family Level Outcomes</u></p> <p>1. <u>Outcome</u>: Reduce re-maltreatment. <u>Indicator</u>: Consistent with the CFSR and the National Standards, reduce the percentage of children/youth with indicated maltreatment who have a second indicated report within 6 months (CFSR, national standard).</p>
Provider Workgroup Meetings	Training of service providers in SOC restructuring procedures, practices, and policies	RFP for the SOC restructuring	<p>2. <u>Outcome</u>: Increase child and family strengths and functioning. <u>Indicator</u>: Establish baseline for child and family strengths and functioning and an increase will occur in child and family strengths and functioning from baseline.</p>
Family and Community Advisory boards (FCAB)	Implementation of revised and new procedures, practices, and policies for the SOC	Finalize SOC restructuring Plan	<p>3. <u>Outcome</u>: Increase satisfaction with family-driven services. <u>Indicator</u>: Establish baseline for satisfaction with family-driven services and an increase will occur in satisfaction with family-driven services from baseline.</p>
Data Entity (DE)	QA monitoring and program evaluation	Development of continuum of care from front end of services to residential services (includes FCSC and Networks)	<p><u>Child/Family System-Level Outcomes</u></p> <p>1. <u>Outcome</u>: Complete a timely and comprehensive assessment for services. <u>Indicator</u>: a. Child and family assessments are completed within a determined number of days of referral for services. b. Maintain system-wide benchmarks of timeliness of assessments.</p>
QA Advisory Committee	Establishment of QA/evaluation protocols and	Ongoing implementation of the SOC	<p>2. <u>Outcome</u>: Initiate referred services in a prompt and professional manner. <u>Indicator</u>: a. Children and/or family members will receive services within a determined number of days of being referred. b. Maintain system-wide benchmarks of timeliness of service receipt after referral.</p>
DCYF Management Work group	Data Analytic Center	Establishment of QA/evaluation protocols and	<p>3. <u>Outcome</u>: Provide culturally competent services. <u>Indicator</u>: a. Staff demonstrates knowledge of culturally competent services. b. Staff provides services in the primary language of the child/family member. c. Staff reflects the cultural background of the child/family.</p> <p>4. <u>Outcome</u>: Reduce barrier to service <u>Indicator</u>: Demonstrate reduction in barriers to service receipt over time</p>

		<p>procedures to monitor child and family outcomes, and program service system performance</p>	<p>5. <u>Outcome</u>: Maximize efficiency of blended funding streams to support services. <u>Indicator</u>: Sustain targeted balance of blended funding to provide services.</p> <p>6. <u>Outcome</u>: Increase family-driven services. <u>Indicator</u>: Youth and families demonstrate evidence of direct participation in their treatment plan. Indicator: Cross reference with Child/Family Level Outcome #3.</p> <p>7. <u>Outcome</u>: Increase the percentage of children who remain safely in their homes receiving community-based services despite their risk for out-of-home placement/removal (e.g., foster care placement, psychiatric hospitalization, residential treatment). <u>Indicator</u>: Increased percentage of children/youth who are able to remain safely in their home receiving community-based services (e.g. children/youth - maltreatment, behavioral health).</p> <p>8. <u>Outcome</u>: Increase the percentage of children who remain in their community after a previous out-of-home placement. <u>Indicator</u>: The percentage of children previously removed or in out-of-home placement that remain in their community will increase.</p> <p>9. <u>Outcome</u>: Reduce child placement transitions. <u>Indicators</u>: a. Reduced re-entry into residential placement. b. Reduced re-entry into hospitalization within 12 months. c. Reduced re-entry into DCYF care within 12 months of family reunification. d. Consistent with the CFSR, reduce the percentage of children/youth who experience 2 or more placements in a 12-month period (note: placement change not in the best interest of child or to a less restricted placement). e. Increase the percentage of families diverted from entering FSU within a 12-month period.</p> <p>10. <u>Outcome</u>: Increase family reunification (e.g. reunification with family from foster care placement, behavioral health placement, residential placement, hospitalization). <u>Indicators</u>: a. Consistent with the CFSR and the National Standards, the percentage of families reunified within 12 months of entry into care will increase. b. The percentage of families receiving post reunification services will increase.</p> <p>11. <u>Outcome</u>: Reduce the length of time for children to achieve permanency. <u>Indicator</u>: The median length of time for children to achieve permanency will decrease each year over the first 3-5 years of the SOC restructuring.</p>
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Administrative, Functional Assessment, and Satisfaction Data Collected

Date of referral to service, service types referred, service description, start date of each type of service referred, list of the services received, length of time to services received, high fidelity service assessment, child and family functional assessments (e.g., North Carolina Family Assessment, Ohio Scales, CANS), and satisfaction with services (e.g., Family Centered Behavior Scale).

Note 1: In some instances, indicator refers to out-of-home placement services that are part of an overall system of care and transition coordination. These services will be tracked as part of this overall comprehensive system of care restructure is integrated.

Note 2: Each indicator will have percentage benchmarks established and negotiated with RFP recipients. If indicator is attained, benchmark is adjusted as appropriate.