

# **The Night-to-Night Placement of Youth:**

## **A Report to the Rhode Island House of Representatives**

**State of Rhode Island and Providence Plantations  
The Rhode Island Department of Children Youth and Families**

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This report is the Department of Children, Youth and Families' response to 2002 *House Resolution 315*. What follows:

- Briefly outlines the history of the Night-to-Night Placement issue,
- Summarizes past “remedies”,
- Describes the current level of night-to-night placements,
- Provides a general profile of youth placed night-to-night and
- Delineates the long-term and immediate plans to reduce and finally eliminate this practice.

### *History*

The phrase “night-to-night placement” emerged during the 1986 litigation by then Child Advocate Michael Coleman against the DCYF to describe the use of temporary placements for children newly entering the DCYF system or whose placements had been disrupted. This complaint and the resulting Consent Decree defined “night-to-night placement” as “the practice of leaving a child for more than four consecutive nights in a temporary setting not designed as an emergency shelter” (emphasis added). The complaint resulted in a 1988 Federal Consent Decree which has been twice amended and is now known as the *Second Amended Consent Decree* (SACD). The SACD defines night-to-night placement as “the placement of a child in a program for other than its intended purpose for any number of nights” (emphasis added).

At each juncture in the litigation process, the principal solution has been to seek additional appropriations from the General Assembly to add more beds. Appropriations<sup>1</sup> to specifically address night-to-night placement and the intended capacity expansion include:

**FY 1990:** \$1,646,000<sup>2</sup> – to fund forty (40) additional beds (per 1988 Consent Decree);

**FY 1991:** \$1,000,000<sup>3</sup> – to fund ninety (90) additional beds (per 1989 Amended Consent Decree);

**FY 1998:** \$1,000,000 – funded forty-five (45) additional beds;

**FY 2002:** \$2,870,971<sup>4</sup> - funded 114 additional beds<sup>5</sup>.

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<sup>1</sup>Unless specifically noted, all dollar figures throughout this report represent state funds only and do not include federal sources of funding

<sup>2</sup>Represents agreements made in the 1988 Consent Decree. DCYF records do not attribute specific FY 1990 funding allocations or bed expansions specifically for the purpose of eliminating night-to-night placement.

<sup>3</sup>Represents agreements made in the 1989 Amended Consent Decree. DCYF records do not attribute specific FY 1991 funding allocations or bed expansions specifically for the purpose of eliminating night-to-night placement.

<sup>4</sup>Not all of these new beds were available for all of FY 2002, therefore these costs reflect only partial funding. The annualized FY 2003 funding for these beds is \$4,468,522.

<sup>5</sup>It is important to note that the 2002 SACD called for only 76 new placement beds yet extraordinary work increased the actual capacity by 114 or 50% than the SACD agreement. At the same time that these beds were being created, the DCYF created additional services for children and youth in need of prevention services and out-of-home care.

### Capacity Building Results To Date

From FY 1991 through FY 2002, the funding for DCYF's in-state contracted and purchased beds increased from \$8,236,521 to \$45,658,226<sup>6,7</sup>. The DCYF has been able to dramatically reduce the use of night-to-night placements after the creation of new beds following an infusion of funds from the General Assembly; however, such success has **proven to be short-lived**. For the 4 years between July 1, 1997 and June 30, 2001, (See Charts 1-8, pp. 18-25) night-to-night placement activity was as follows:

- Average number of weekly episodes<sup>8</sup>: 41
- Highest number of weekly episodes: 137
- Lowest number of weekly episodes: 1

For the Fiscal Year ending June 30, 2002 (See Chart 9-10, pp. 26-27), night-to-night placement activity was as follows<sup>9</sup>:

- Average number of weekly episodes: 29
- Highest number of weekly episodes: 104
- Lowest number of weekly episodes: 0

Therefore, although weekly night-to-night activity during the fiscal year ending June 30, 2002 has been both extremely high and intermittently eliminated, **the weekly average for the Fiscal Year ending June 30, 2002 was nearly 30% lower than the weekly average for the previous four years. Moreover, the lowest consistent reliance on night-to-night placements since October 1, 1997 occurred during the six months between July 15, 2001 and January 15, 2002. However, beginning in January 2002 the demand for care and services has again overwhelmed DCYF's placement capacity and the night-to-night placement of youth has escalated**<sup>10</sup>.

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<sup>6</sup> For FY 2002 the federal reimbursement rate is approximately 40% (or \$ 18,263,290). This represents a combination of state and federal funds. The information available to the Department for the earlier fiscal years does not indicate the state/federal breakdown. The DCYF staff have worked aggressively to maximize federal reimbursement for these services. Federal monies have increased over the last decade.

<sup>7</sup> During these eleven years, DCYF's contracted bed capacity, including specialized foster care, more than doubled from 409 to 882, a net increase of 473 beds.

<sup>8</sup> Per the SACD, a night-to-night episode is defined as the placement of a single youth on a given night in a program for other than the intended use of that program. The number of episodes per week is usually greater than the number of individual youth placed on night-to-night status that week.

<sup>9</sup> Since January 2001 DCYF has been systematically tracking the number of individual children in night-to-night placements as well as their episodes each week. For example, we know that during FY 2002:

Average number of youth per week:	11
Average number of days in night-to-night per youth per week:	2.5
Peak number of youth placed night-to-night during a single week:	36
Lowest number of youth during a single week:	0

During those 12 months, there were 3 weeks with **zero** night-to-night placements where in the previous 60 months there were no weeks with **zero** night-to-night placements.

<sup>10</sup> Between January 1, 2002 and August 25, 2002, the Department placed 394 youth on night to night. The night to night episodes during this period totaled 1,668. Of these totals, the Department's analysis indicates the following:

### **Profile Of Youth Placed Night-to-Night**

Who are the youth placed night-to-night? The overwhelming majority of night-to-night placements involve adolescents between 12 and 17 years of age. A substantial proportion of these youth have run away from DCYF placements or are adolescents whose disruptive behavior interferes with achieving a more permanent and appropriate placement.

In September 1997 DCYF reviewed the profiles of the youth placed night-to-night and determined the following<sup>11</sup>:

#### **Serious Abuse**

Sexually victimized 50%

#### **Status Offenses, Behavioral or Emotional Problems**

School dropouts 80%

Curfew problems 75%

Truancy 75%

Running away 75%

High risk sexual behavior 70%

Substance abuse 70%

Moderate to severe verbal aggression 60%

History of psychiatric hospitalization 30%

Discharge from psychiatric hospitalization 30%

Pregnant teens 20%

#### **History of Criminal Level Delinquent Activity:**

Assault with a dangerous weapon 30%

Car theft 25%

Breaking and entering 25%

Sex offender 25%

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116 youth (29%) were placed night-to-night for one (1) night;  
68 youth (17%) were placed night-to-night for two (2) nights;  
55 youth (14%) were placed night-to-night for three (3) nights;  
27 youth (7%) were placed night-to-night for four (4) nights;  
35 youth (9%) were placed night-to-night for five (5) nights;  
93 youth (24%) were placed night-to-night for six (6) or more nights.

<sup>11</sup> The total percentage is greater than 100% as an individual often faces and presents multiple challenges.

A more recent review of records of youth placed night-to-night was conducted by an independent clinician. This review covered a four week period during January 2002 and February 2002. This review indicates the following reasons for youth entering night-to-night placement<sup>12</sup>:

- ❑ **AWOL from DCYF Placements:** .....33%
- ❑ **Wayward Petitions** (filed by parents due to youth's behavior):.....19%
- ❑ **Child Protective Services** (youth at immediate risk for abuse/neglect):.....14%
- ❑ **Unidentified Reason:**.....10%
- ❑ **Provider Requested Removal** (youth non-compliant or incompatible with program):...6%
- ❑ **Caretaker/Parent Requested Removal** (immediate safety concerns indicated):.....6%
- ❑ **Truancy Court:**.....5%
- ❑ **Hospital Referrals** (physician referred due to concern for youth's safety at home):.....4%
- ❑ **DCYF Intake** (Following court-ordered diagnostic evaluation which identified Immediate safety issues requiring immediate removal):.....3%

**Night-to-Night Placements And The State System Of Care**

Youth placed on night-to-night status are often those who are the least likely to engage in foster care or other regular DCYF programs and services. Most have not committed serious crimes. Therefore **they should not be placed in a locked program**. Yet many of them are likely to run from non-secure programs. It would be a mistake to fall into the non-productive trap of simply blaming the youth and conclude that it is the “kids’ fault!” In addition to the complex interactions of the needs, strengths and risks presented by these youth and their families, three main system factors must be the focus of lasting improvements:

1. The level, capacity and effectiveness of in-home support to all Rhode Island families (biological, adoptive and fostering) when they need it.
2. The effectiveness, capacity, responsiveness and proximity of Rhode Island placements for children and youth who must be temporarily placed outside of a family setting.
3. Stronger integration of the above two activities to ensure continuity of care and consistency of supervision.

Until very recently “the solution”, which the DCYF has sought and the General Assembly has supported, has been more beds, the most expensive and most restrictive response. **The history of the serious efforts to eliminate night-to-night clearly demonstrates that simply adding more beds through an infusion of new funds does not address the root causes. The state’s current system is poorly structured to effectively address the chronic issues facing many of these young men and women and their families. “More of the same” is inefficient and, given current state resources, at best is a severely constrained approach. A different much**

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<sup>12</sup> Electronic mail correspondence from Michael Cerrulo to Thomas Bohan, June 20, 2002.

**more systemic response must be taken to allow the DCYF and the state to effectively address this issue.**

***Strategic Plan And Actions To Eliminate Night-to-Night Placement***

The plight of the children and youth caught up in night-to-night placements is one of several issues that demand deep structural and systemic change within the DCYF and Rhode Island's entire system of care for children, youth and families. Up until the past two years, DCYF and our provider partners as well as the Court and the advocacy community have attempted to address the night-to-night issue separate from other issues that directly influence how we do business. Many other dynamics have directly and indirectly impacted night-to-night placements including: diminished foster care capacity, inadequate provider rates, court and local law enforcement responses to truant and wayward/disobedient youth, out-of-state purchase of service (POS) placements, psychiatric hospital discharges and crowding at the Training School. Occasionally in the past we have acted as if we could bring one of these problems "under control" and "solve that problem". We have learned, however, that despite our often fragmented perspectives we are a system. Yesterday's "solution" often shifts the burden to another component of the system and "today's problem" becomes the unintended consequence.

Recently the DCYF has received funds for increased outreach and tracking slots, increased provider rates, increased clinical support in our emergency shelter programs and increased clinical support for foster parents. We must, however, take an even deeper strategic and systemic approach. We know that the systemic changes necessary to eliminate the need for night-to-night placements and other key issues cannot be effective if the DCYF is the only part of the system making changes. This effort must be led by the DCYF in full collaboration with other state agencies and our provider partners, schools, law enforcement, advocates, the Family Court, the Governor and the members of the General Assembly. Collectively we have the expertise and resources in Rhode Island to develop a system which is more responsive to the strengths, needs and risks of children, youth and their families. **The DCYF must reserve the most costly residential treatment programs for those youth who truly need that level of care and keep their length of stay in those placements only as long as necessary and follow-up with strong transitional support. Providing youth and families with strong community-based systems of care will reduce the number of youth referred to the DCYF and allow the DCYF to focus limited resources on the youth and families needing the highest levels of support and services.**

For these reasons the DCYF embraces and supports the recommendations made by the Ideal System of Care Committee to the Rhode Island System of Care Task Force<sup>13</sup>. This report calls for a shift of the state's service delivery system to a family centered approach which focuses

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<sup>13</sup> This Task Force is the state's initial response to the "RIPEC Report" sponsored by the Children's Policy Coalition. Their report argues for a "paradigm shift" with goals and principles similar to those summarized in this section. The Coalition presented their recommendations to the gubernatorial candidates. The full Task Force is expected to formally review, modify and endorse the Report this Fall.

resources on prevention and education, promotes best practices and focuses the DCYF, specifically, on our priority populations. The recommendations:

1. Require state agencies to collaborate more effectively to maximize resources through a strengthened Children's Cabinet to empower communities to more effectively support their children, youth and families,
2. Shift the DCYF's provider system from a series of fragmented individual programs and services to regionally-focused, community based, Lead Agency-managed Care Networks. These networks will be required to accept all referrals and will not be permitted to reject or eject those youth and families who pose the greatest challenges. These networks will then be required to ensure that the children, youth and families referred to them are provided what they need when they need it within a comprehensive network of care and services.

These complex reforms will take time. The Department believes that the most effective long-term solution to the night-to-night placement of youth is structural reforms with three key strategies:

1. **Building Strong Community-based Prevention Partnerships** - The report to the RI System of Care Task Force outlines a strategy to develop *Community Prevention Partnerships* in local communities, beginning with those communities identified by *RI KIDS Count* as the "six core cities". These partnerships would serve as vehicles for planning and funding of community-based prevention programming to empower communities to more effectively support their children and families. The DCYF fully embraces this strategy and is prepared to lead the Children's Cabinet agencies in bringing the necessary fiscal and technical resources to support these efforts.
2. **Shifting to a Lead Agency Care Network Service Delivery Model** - The report to the RI System of Care Task Force calls for the DCYF to expand on the use of a network model of service delivery and to improve this model by designating lead agencies to manage these networks within specified geographical areas of the state. The Department successfully implemented a Network model in April 2000 and is now moving forward on expanding the Network model and is working with two respondents to a recently released RFP. We expect that this second network will begin accepting youth no later than Summer 2003.
3. **Strengthening Ties between DCYF Regional Offices and Communities** - Ten years ago the General Assembly supported the DCYF's plan to move away from a centralized care and service management model to a regionally-based service system. Over the past five years, the DCYF successfully physically moved our family service staff to four regional offices: Providence, Northern Rhode Island (Pawtucket), East Bay (Bristol) and South County (North Kingstown). Our goal over the next five years is to strengthen the role of the Regional Directors and their staff so that they are supported as the lead local authorities for the Department within their region. We anticipate redirecting support to the regional offices to provide the Regional Directors and their case management staff with the assistance they need to succeed in becoming integral partners in each community's support system.



## *Fiscal Year 2003 Action Plan To Reduce Night-To-Night Placement*

We must ensure that the new system supports the state's policy goal of permanently eliminating the night-to-night placement of youth. We must also continue to take action to immediately reduce night-to-night placements independently but consistently with our longer term strategic goals. Two parallel strategies, (1) in-state capacity building and (2) improved care and case management, continue to be aggressively pursued through several specific initiatives currently underway to better meet the needs of these youth.

### **1. Rhode Island Out-of-Home Bed Capacity Expansion**

1.1. Foster Parent Recruitment, Retention and Support - Despite higher demand for out-of-home placements, there were approximately 200 fewer children in DCYF managed relative and non-relative foster care per day in FY 2002 compared to two years earlier in FY 2000. It is significant to note that at least some of this decrease is due to positive outcomes. The DCYF has been successful in having foster parents adopt the children in their care. This often takes the foster parent at least temporarily out of the pool of available foster parents.

The decline in the number of children and youth in foster care is not just a Rhode Island phenomenon. Most states are reporting a decline in the number of foster parents and difficulty in retaining foster parents. The DCYF is working to address this problem on several levels:

1.1.1. The DCYF has concluded that a major dynamic undermining the retention of foster parents is weak communication and unresolved conflicts among foster parents and social workers. To better address this complex issue the following actions are being taken:

1.1.1.1. The DCYF is restructuring to combine foster care and adoption recruitment, training and support under the supervision of the Associate Director for Child Welfare. We expect that this change will accelerate the entire process from the time of the first inquiry to the actual licensing of the home, increase the number of foster parents willing to accept adolescents and improve and better align foster and adoption preparation and ongoing support. We anticipate implementing these changes no later than November 1, 2002.

1.1.1.2. The DCYF has begun implementation of concurrent planning to ensure that children and youth are provided a plan which focuses on reunification while ensuring an alternate permanency plan is in place if reunification fails. Concurrent planning brings both the biological and foster family "to the table" to keep them informed and involved in safety and permanency decision-making;

1.1.1.3. Call upon the joint DCYF and Family Court work group to provide a forum to identify and resolve specific problems and misunderstandings that arise among social workers, CASA and foster parents.

- 1.1.2. The Assembly increased the Foster Care Daily Board rate by an average of 34% in FY 2001.<sup>14</sup>
- 1.1.3. The Assembly appropriated \$150,000 in general revenue in FY 2001 to improve foster care recruitment and retention. Those dollars have been used to leverage an additional \$62,182 in federal funds and are funding recruitment and training staff and resources at both the Foster Parent Association and the DCYF. DCYF staff members and the Foster Parent Association are planning a public campaign to both highlight the important work of foster parents and to recruit new foster parents with a special emphasis on adolescence. A local talk show host and his wife, a public relations professional, are generously volunteering their time, skills and energy to work with this group. We anticipate launching the campaign in the Spring of 2003.
- 1.1.4. The New England Association of Child Welfare Commissioners and Directors have begun a coordinated regional approach to improve foster parent recruitment and retention. The Association has enlisted the support of a national consulting group to assist all six states to enhance the public image of our public child welfare agencies and to support a region-wide campaign to recruit new foster parents.
- 1.1.5. A group of DCYF managers has been designated to closely monitor the night-to-night situation, trouble shoot immediate problems and provide temporary or long-range solutions. The DCYF Youth Advisory Board, a group of youth placed in state care, will provide technical assistance to this group.
- 1.1.6. A state senator, the Child Advocate and an independent clinician/advocate have volunteered to lead efforts in collaboration with DCYF staff, to engage churches and other faith communities to provide appropriate homes and other shelter to adolescents on an emergency basis.
- 1.2. Specialized Foster and Congregate Care – The DCYF continues to build in-state residential capacity in addition to traditional foster care. In FY 2003 we are budgeted to expand the number of specialized foster care and residential slots by at least 59 as follows:

Specialized Foster Care:	15 beds
Second Multi-agency Network <sup>15</sup> :	20 beds
Behavioral Health Residential Treatment and Step-Down:	24 beds

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<sup>14</sup> Daily Foster Care Board rates by age category increased as follows:

0-3 years old:	\$10.70 to \$14.39
4-11 years old:	\$ 9.95 to \$13.64
12 years old and above:	\$12.10 to \$15.79

<sup>15</sup> See page 7. DCYF's first Network was implemented in April 2000.

- 1.3. Emergency Response - Due to a lack of capacity for intensive crisis intervention and a shortage of emergency hospital beds, children in crises too often remain destabilized longer than necessary. The Department's new Children's Intensive Services (CIS) standards (see Section 2.2.4 below) will focus CIS services more efficiently on children in crises. The Department is also meeting with providers from hospitals and community mental health to consider the feasibility of enhancing services for psychiatric crises in two additional ways:
  - 1.3.1. Develop space in a medical hospital where children can receive assessment, treatment and custodial care while awaiting a psychiatric placement. If determined to be feasible, this could be operational as early as Spring 2003.
  - 1.3.2. Create a statewide mobile crisis team with the ability to provide immediate treatment in the community for children in psychiatric crisis.
- 1.4. Diagnostic Assessment Services – Through the DCYF's ongoing Family Centered Practice initiative, the Department is developing a universal assessment tool for all families placed with DCYF. This universal assessment will be conducted with all families and will be complemented by specialized diagnostic and assessment services as needed and appropriate.
  - 1.4.1. The DCYF is an active partner with DHS and other state agencies in the CEDARR program<sup>16</sup>. This program is designed to provide a "one-stop shopping" model for families with children with special needs in obtaining evaluations and services.
  - 1.4.2. The new CIS standards will include a provision that assessment services for children and their families.
  - 1.4.3. As an interim measure more directly and immediately responsive to youth in night-to-night, the Department solicited proposals to provide rapid diagnostic/evaluation services to youth as they first enter DCYF care. The Department received two proposals, neither of which effectively responded to the Department's requirements. The Department continues to work with one of these vendors, St. Mary's Home for Children, in developing this capacity and currently uses some of St. Mary's beds on a fee-for-service basis for diagnostic evaluations. We are also completing a contract with St. Mary's for this component. We anticipate this contract will be in place no later than December 15, 2002.

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<sup>16</sup> CEDARR stands for Comprehensive Evaluation Diagnosis Assessment Referral and Revaluation.

## 2. Care and Case Management

### 2.1. Improved Gate Keeping -

2.1.1. The Care Management Team (CMT) - The CMT must approve the placement by DCYF of those children and youth requiring the most restrictive and costly out-of-home care. The CMT process has replaced the internal “DCYF Roundtable” wherein child-specific cases are reviewed. It remains a centrally managed function of the Department. Different than the Roundtable, the actual CMT meetings are jointly led by DCYF and an expert from the local mental health center. In addition, the participants of the meeting now include individuals from the child’s family and the community as well as the Department of Children, Youth, and Families. The purpose of the CMT meetings is to bring these groups together to review the child’s and family’s strengths, risks and needs and develop an appropriate care plan. The Department and community team members work in partnership with the family to make recommendations for services and referrals for out-of-home placement only when necessary. The team works to keep the child at home, or as close to home as possible, while implementing the child’s care plan. The first CMT began November 2001 with Providence and Woonsocket cases only. Subsequently the DCYF and our community partners analyzed and revised the design of the CMT process. In March 2002, the CMT was implemented statewide.

2.1.2. Article 23 - Article 23 of the FY 2002 State Budget amended RIGL 14-1-11 to provide that “no petition alleging that a child is wayward by virtue of disobedient behavior may be filed except upon proof offered in such petition that the child has been subjected to a needs assessment conducted at a facility approved by the director of the department of children, youth and families, and that a treatment plan resulting from such an assessment has been unsuccessful.” This amendment further authorized the DCYF to promulgate rules and regulations necessary for implementation. The intent of this article is to reduce the number of youth placed on DCYF caseloads for reasons that primarily involve disobedient behavior. These types of problems are usually better addressed through local community resources. These are often the youth who, when they come into the custody of the DCYF, are initially placed night-to-night or if placed in foster or group care reduce the available placement options for other youth who then end up placed night-to-night. Since the passage of this article, the Department has been working closely with interested parties, including the juvenile officers from seven key police departments<sup>17</sup> throughout the state, to develop a process whereby police can refer a family to an identified provider for an assessment and intervention. The DCYF began to informally implement this program with Family Resources, Inc.<sup>18</sup> and Stopover Shelters,

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<sup>17</sup> These include the following police departments: Providence, Cranston, Pawtucket, Tiverton, North Kingstown, South Kingstown and Westerly.

<sup>18</sup> Family Resources is working with the police departments in Woonsocket, Lincoln, Cumberland and North Smithfield.

Inc.<sup>19</sup> We will continue to work informally with additional police departments and intend to formally implement the program state-wide by January 1, 2003.

## 2.2. Improved Care Management

2.2.1. Education- During the past year the DCYF has implemented a policy which requires that youth who are currently enrolled in school and placed on night to night be brought to that school each day while on night to night placement.

2.2.2. Improved Utilization Review – DCYF Purchased Residential Care - The DCYF entered into a Utilization Review contract with Placement Solutions, Inc. in 2001. Our agreement initially required Placement Solutions to review all children placed in out-of-state Purchase of Service (POS) programs to ensure that the programs were meeting the expectations contained in treatment plans in as efficacious a manner as possible by moving children through programs to their home in a timely and coordinated manner.

This initial focus has proven to be highly effective and has improved transitional planning and services for these children. From April 1, 2001 through September 11, 2002, a total of 209 children transitioned out of POS placement (includes in-state and out-of-state POS) Of these, 119 (or 57%) returned home, most with “wraparound services” in place; 70 (or 33%) transitioned to a less restrictive level of care; and 20 (or 10%) transitioning to more restrictive level of care (Shelter/RITS/Hospital/ other POS placement).

We have concluded that this initiative together with the moratorium on out-of-placements and CMT process **saved the State over \$1.5 million dollars (state funds) in FY 2002 and will save an additional \$3 million in FY 2003**<sup>20</sup>. This contract has been expanded to include similar reviews with children and youth who are placed in Rhode Island. Children and youth in emergency shelter programs will be reviewed beginning January 1, 2003.

2.2.3. Management of Foster Children Health Care - The DCYF in November of 2000 entered into a partnership with the DHS and Neighborhood Health Plan of Rhode Island (NHPRI) to provide health care for children in foster care through the state’s managed care program. A primary objective was to ensure that these children and youth receive timely quality physical and behavioral health care. The values of this partnership for children and youth in state care include: shared goals for improved health care, a large resource pool of expert providers for primary care, behavioral health and a specialty and pharmacy network. In addition over the counter medications, interpreter and transportation services are more easily accessed and better coordinated.

This partnership has proven very successful by facilitating the ease with which foster parents can obtain necessary services for children and youth in their care. A significant enhancement to this partnership has been the creation of dedicated

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<sup>19</sup> Stopover Shelters is working with the police departments in Tiverton, Middletown, Portsmouth and Newport.

<sup>20</sup> Saving estimates based on an assumption that total POS would have remained at an average of 360 youth per night.

positions at NHPRI to function as health care managers for children in foster care. The DCYF expects positive health outcomes to increase as we continue to work together and coordinate information around the health care needs of this special population.

- 2.2.4. Improved Utilization Review - Psychiatric Hospital Care – Following meetings in the Fall of 2001, a joint letter from the DCYF and Department of Human Services (DHS) Directors was sent to the CEO's of Bradley and Butler Hospitals. This letter changes care management for DCYF children enrolled in RItCare and admitted for psychiatric services. The initial changes, effective February 1, 2002, provided that these children and youth would be managed through their respective RItCare Plan and established Administratively Necessary Day (AND) rates for children and youth when they remain hospitalized after those services are no longer medically necessary.

These changes are intended to eliminate the length of time when children and youth are hospitalized beyond medical necessity and, more importantly, to ensure that aftercare planning begins at the point of admission and that discharges are made according to the best plan of care. At the same time, DCYF and DHS have been increasing the eligibility of children and youth for RItCare by phasing in various segments of the DCYF population. Thus far we have successfully phased in our in-state Foster Care population and are working with DHS to phase in SSI eligible children and youth and children in subsidized adoptions eligible for RItCare.

- 2.2.5. Improved Case Management - Children's Intensive Services (CIS) - CIS is an intensive community-based prevention and early intervention program focused on working with families who have a child who is at-risk for out-of-home placement. There are nine (9) agencies providing these services throughout Rhode Island. Over the past several years, the Assembly and the Administration (DHS and DCYF) have become concerned with the escalating cost of CIS with insufficient evidence that it is addressing the needs of the families for which it was designed. Given our over-reliance on long-term out-of-home care, questions have arisen regarding whether the program has gravitated toward families with lower risk children at the expense of youth who meet the original intent of CIS. Two simultaneous actions are being taken to address these concerns:

- 2.2.5.1. The DCYF is, in collaboration with DHS, evaluating CIS, to identify the strengths and weaknesses of this program. With the cooperation of consumers, advocates and providers, DCYF and DHS have gathered extensive data about the programs, completed much of the re-design of CIS, completed a series of consumer focus groups and will shortly conduct a series of joint site surveys. We expect to implement significant CIS reforms no later than January 2003.
- 2.2.5.2. The DCYF, following the initiative of Rep. Steve Costantino and Rep. Paul Sherlock and in consultation with DHS, will lead a work group of state agency staff and representatives from the commercial health insurers. This group will develop a plan to have CIS services included as covered benefits within commercial plans. If enacted and implemented we anticipate substantial costs savings to the state.

### *Conclusion*

Placing youth night-to-night is a poor practice. It does not provide youth with the services they need to stabilize and succeed. It does, however, provide that the basic physical needs of that child are being safely met when no other options are immediately available.

When a DCYF staff member places a youth night-to-night it is almost always the necessary decision at that particular moment. It is the lesser of two wrongs. The greater wrong would be not placing this individual youth on this particular night at all. The latter inaction would constitute serious neglect.

The DCYF is committed to eliminating the night-to-night placement of youth. We also want to avoid repeating the expensive failed “remedies” of the past. We are engaged with the larger Rhode Island community to build safe, nurturing families and strong communities to support those families and their children and youth during times of need and stress. We are committed to ensuring that all children and youth in our care are provided the highest quality of services in the least restrictive setting appropriate for each individual. We are also committed to ensuring that, when all else fails, the children and youth in our care will minimally be provided a safe, clean environment in which to sleep each night.

# **Appendices**



## Appendix I: Definitions

**AWOL:** Absent Without Leave, or runaway.

**CMT:** Refers to the Care Management Team. Designed as a team which helps identify and connect those child/youth presenting the most difficult and complex challenges with the treatment services necessary and appropriate for them.

**CIS:** Stands for “Children’s Intensive Services”, a community-based wraparound support program focused on families with children and youth at high risk for out-of-home placement.

**Night-to-Night Bed Night:** This term is used interchangeably with the term episode.

**Night-to-night Episode:** Per the Second Amended Consent Decree, a night-to-night episode is defined as the placement of a single youth on a given night in a program for other than the intended use of that program. The number of episodes per week is usually greater than the number of individual youth placed on night-to-night status that week. Each night a youth is in night-to-night placement is counted as a separate episode. For example, if an individual youth is placed for three consecutive nights, this is counted as three (3) episodes. Night-to-night episodes are tracked on a weekly basis, Monday through Sunday (except weeks with holidays when they are tracked Monday through Monday. Sometimes a youth ends a week in a night-to-night placement and begins the next week in a night to night placement. In such a case, the youth and episodes are counted separately for each week.

*Example: If in a given week there are 28 episodes of night to night placement, this could represent a number of different scenarios, including:*

- ❑ *4 children each placed for seven consecutive nights;*
- ❑ *28 children each placed for one night;*
- ❑ *7 children each placed for four nights, consecutive or non-consecutive.*

**Night-to-night Placement:** The temporary placement of a child or youth in a program for a purpose other than the intended purpose of the program.

**POS:** Purchase of Service. Refers to the practice of fee for services purchasing, usually residential services, for a particular child or youth at a particular time. Many of the services purchased are in out-of-state residential programs.

**RIPEC:** Refers to the Rhode Island Public Expenditure Council, a non-profit government watchdog and advocacy organization primarily representing the state’s business community.

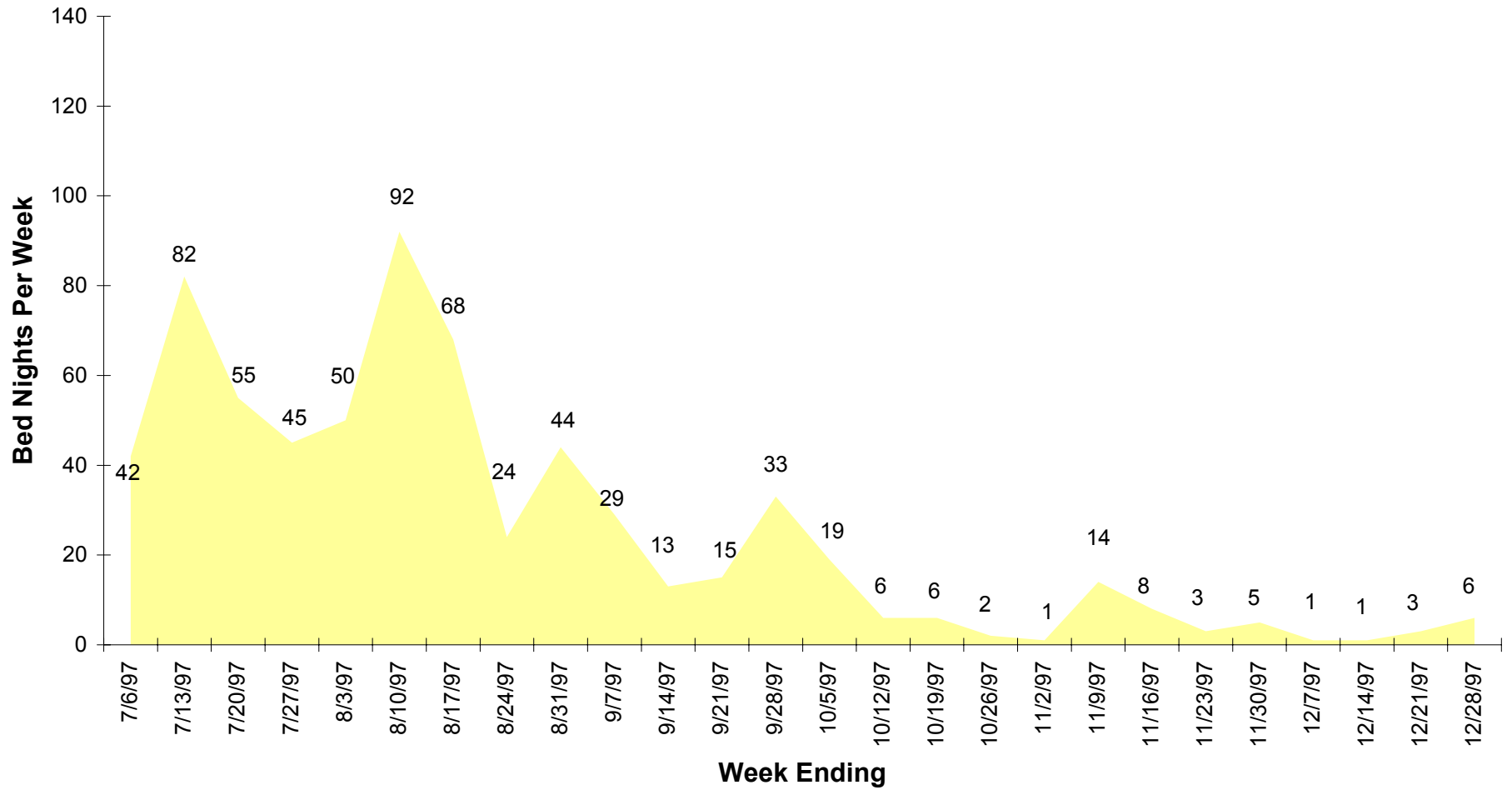
**RITS:** Refers to the Rhode Island Training School for Youth.

**SACD:** Refers to the Second Amended Consent Decree in regard to Night-to-Night as filed with Federal District Court in Providence.

### **Appendix 2: Night-to-Night Placement Charts**

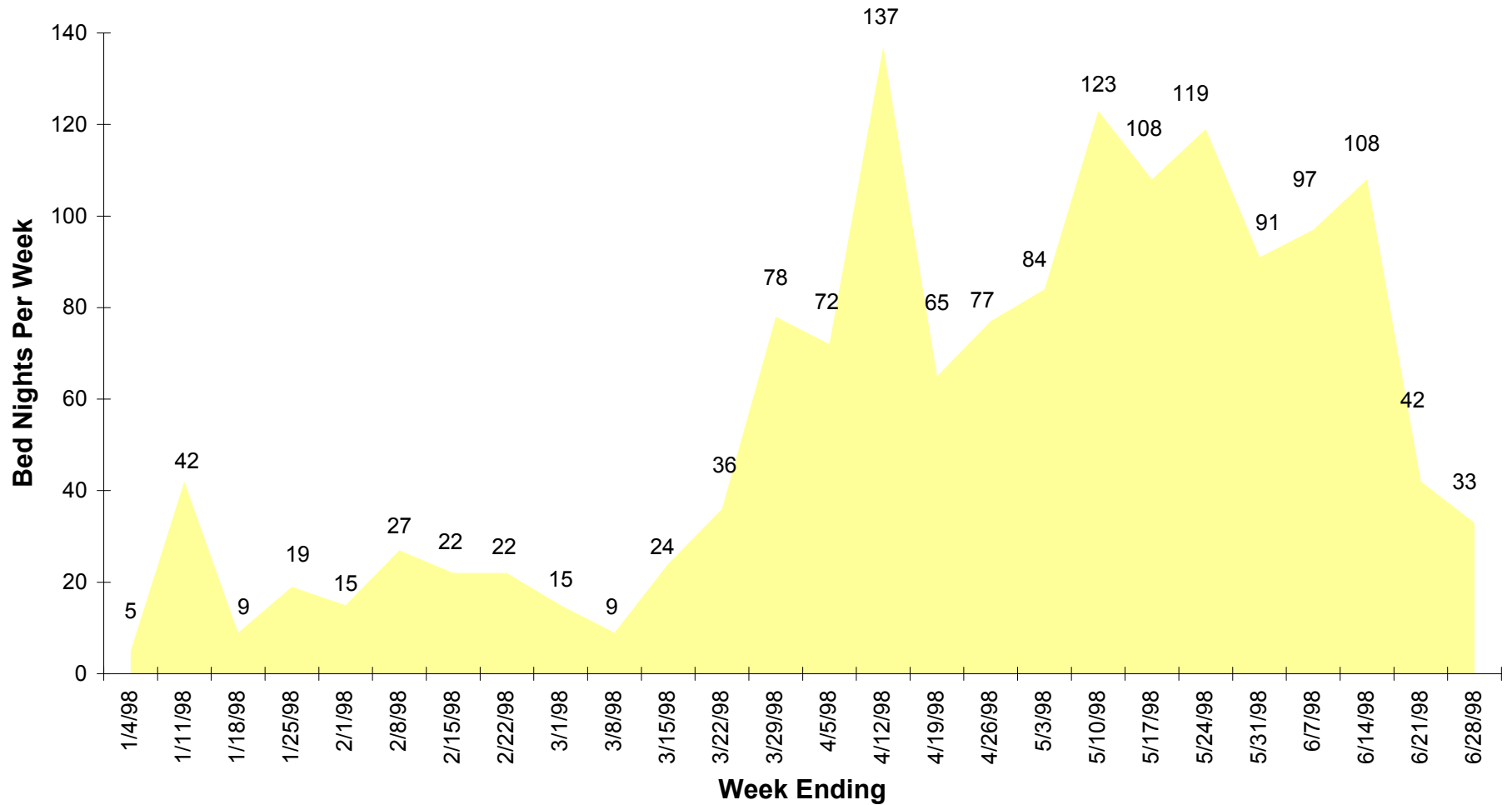
The charts on the following pages provide graphic representation of the use of night-to-night placement over five (5) years from July 1, 1997 through June 30, 2002. Between July 1, 1997 and December 31, 2000, the Department tracked only the number of episodes, or bed nights, of night-to-night placement. Commencing on January 1, 2001, the Department began to also track the number of children placed on night-to-night during any given week (Monday through Sunday).

## Department of Children, Youth and Families Night-To-Night Placements July 1, 1997 Through December 28, 1997



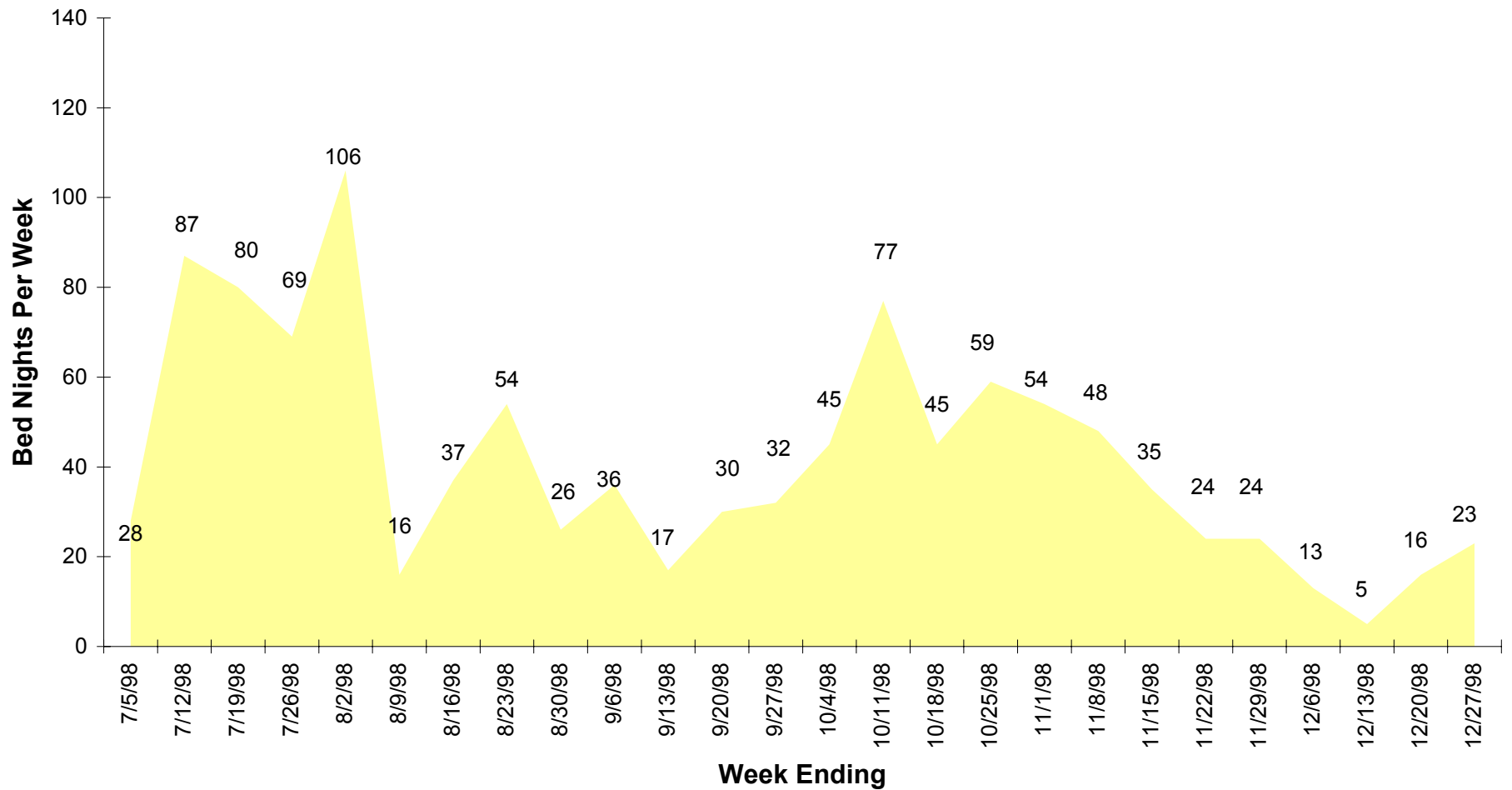
■ Bed Nights

## Department of Children, Youth and Families Night-To-Night Placements December 29, 1997 Through June 28, 1998



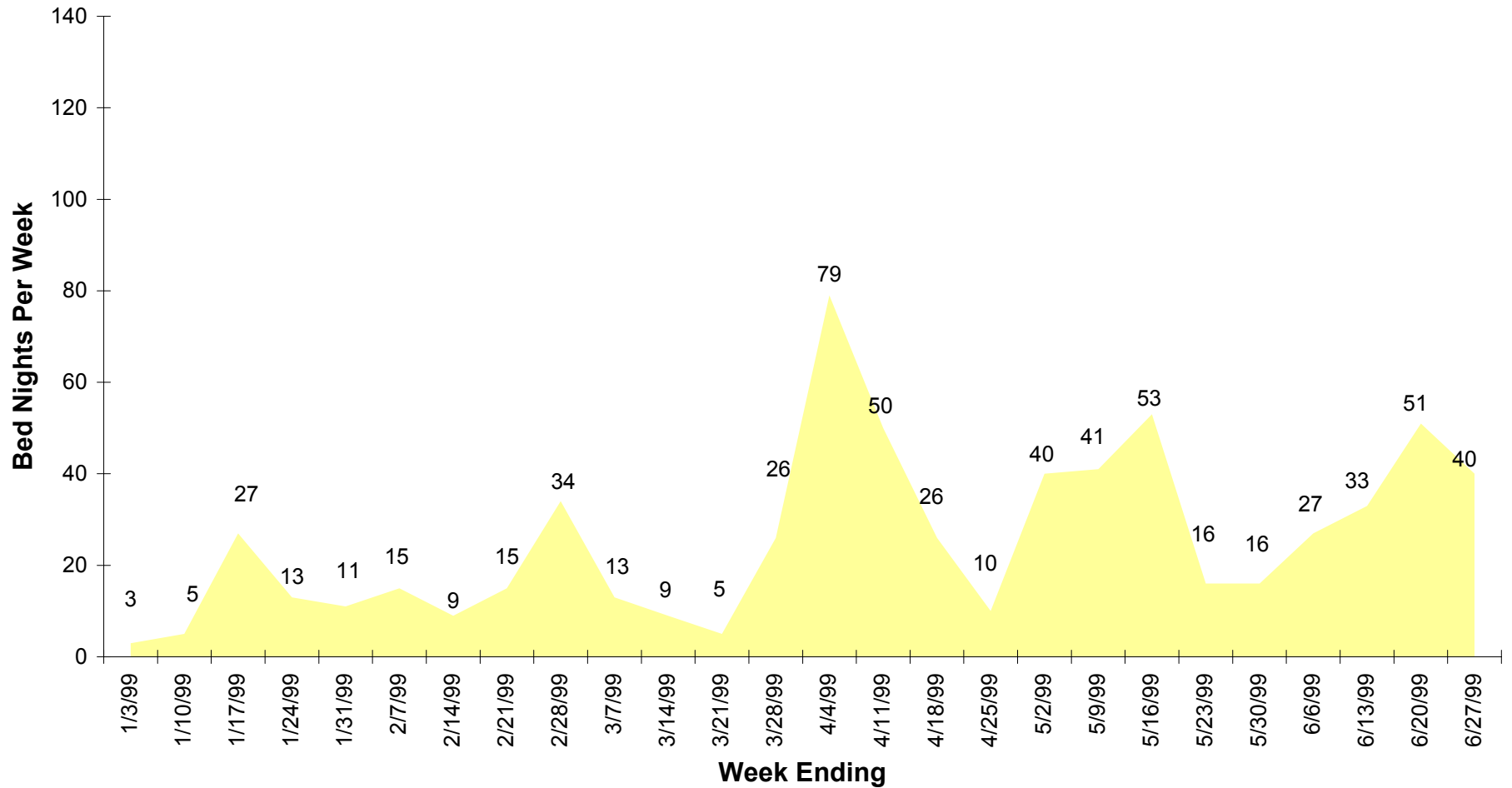
■ **Bed Nights**

### Department of Children, Youth and Families Night-To-Night Placements June 29, 1998 Through December 27, 1998



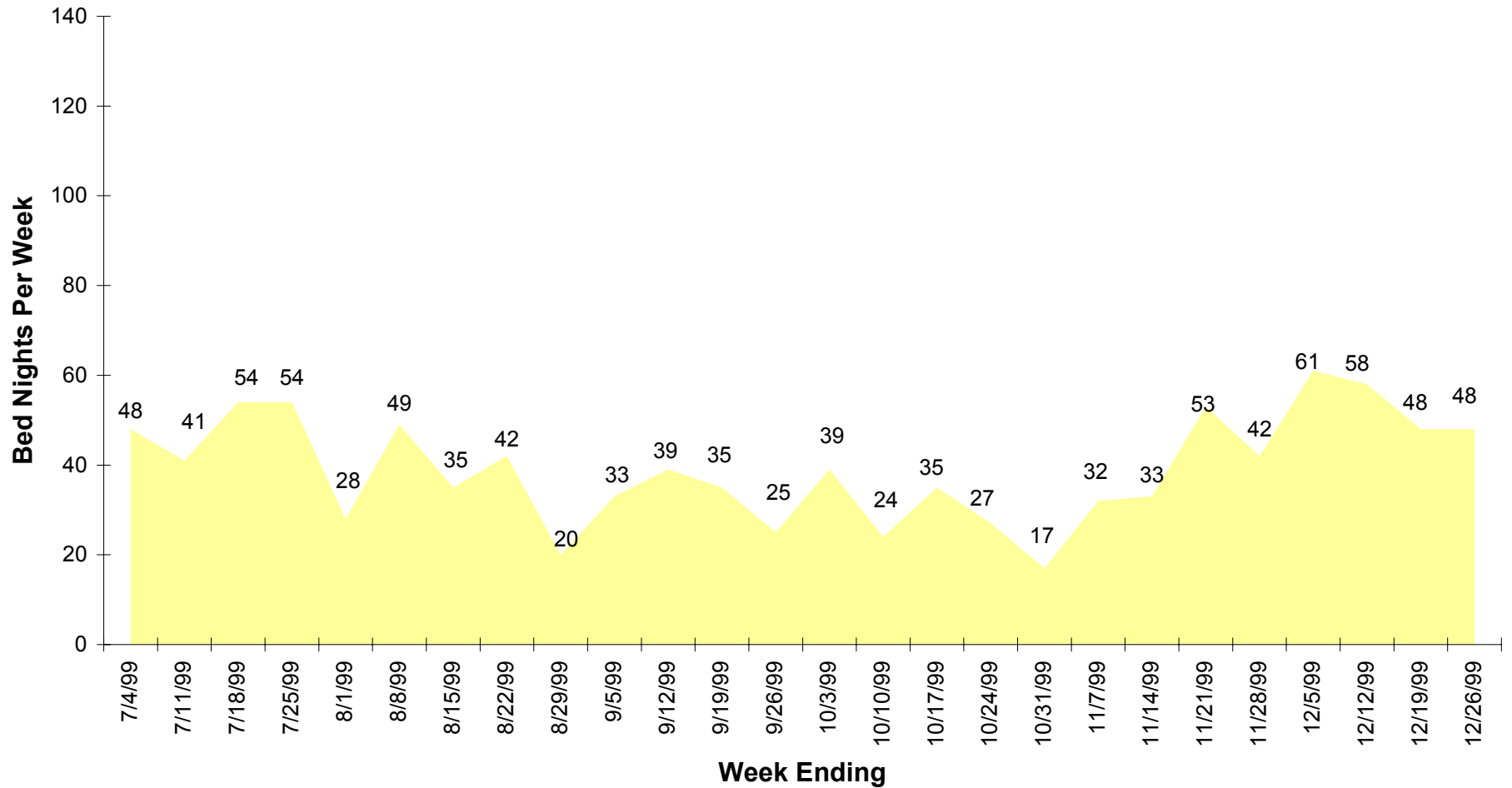
■ Bed Nights

### Department of Children, Youth and Families Night-To-Night Placements December 28, 1998 Through June 27, 1999



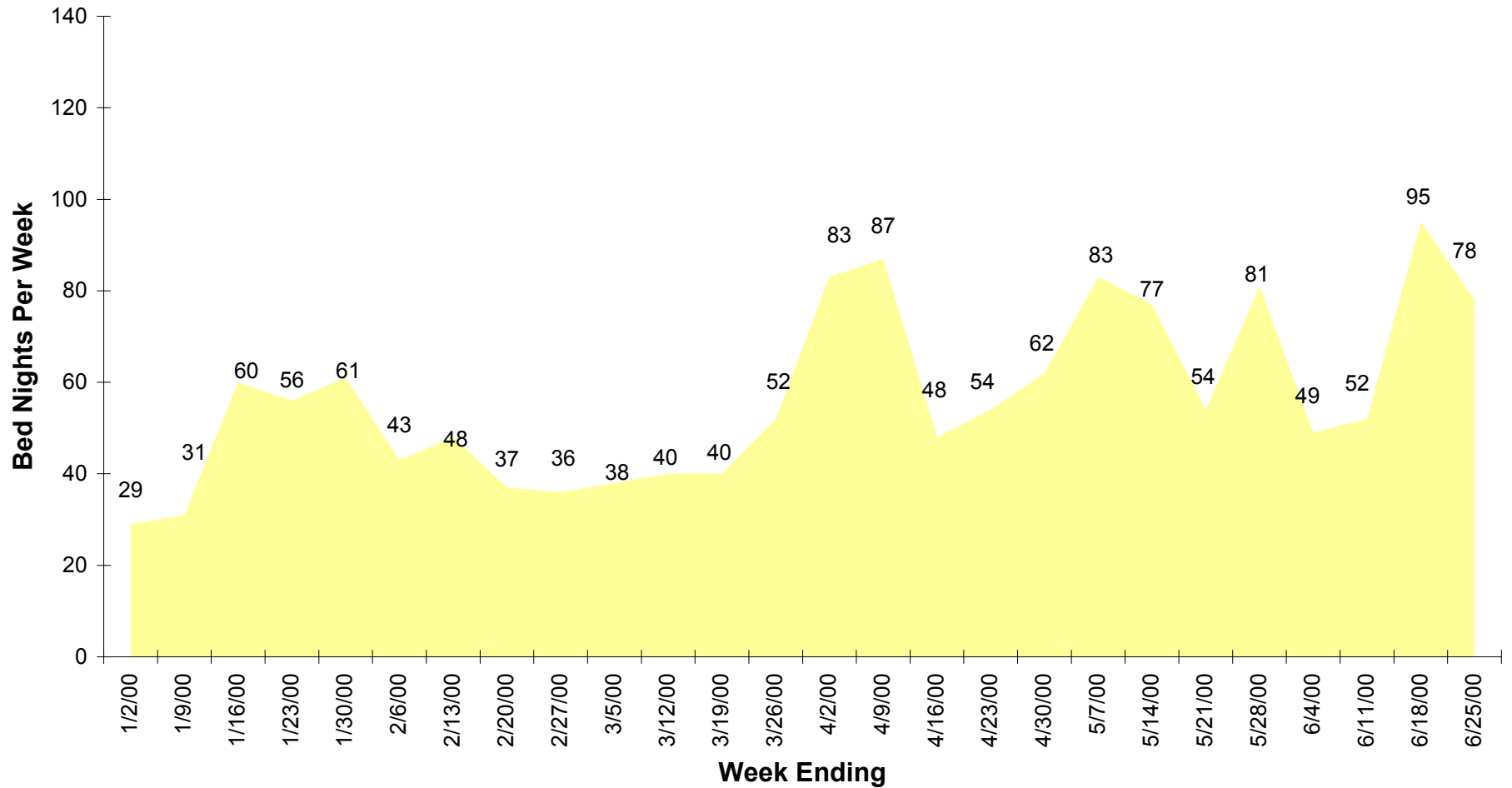
■ Bed Nights

### Department of Children, Youth and Families Night-To-Night Placements June 28, 1999 Through December 26, 1999



■ Bed Nights

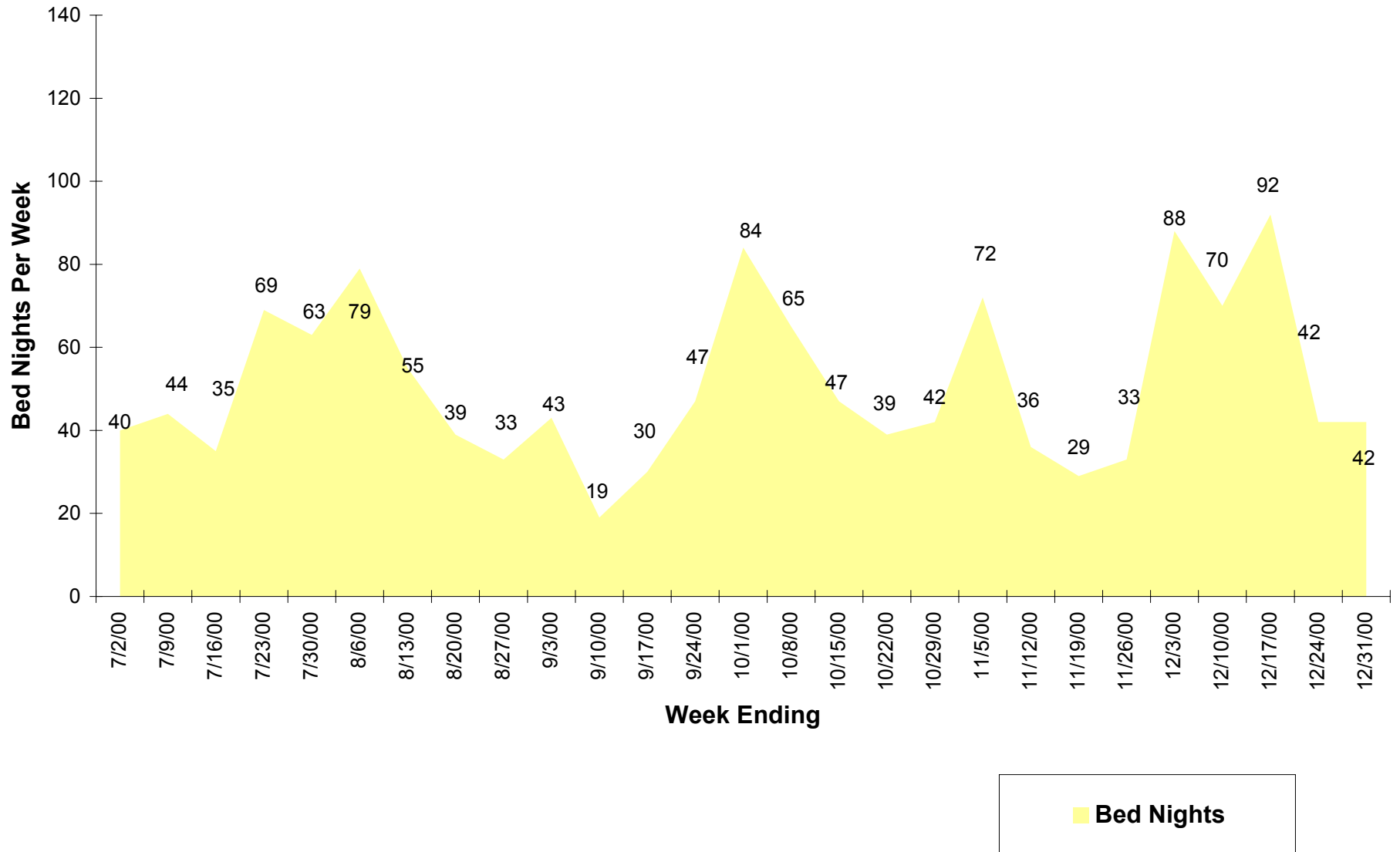
### Department of Children, Youth and Families Night-To-Night Placements December 27, 1999 Through June 25, 2000



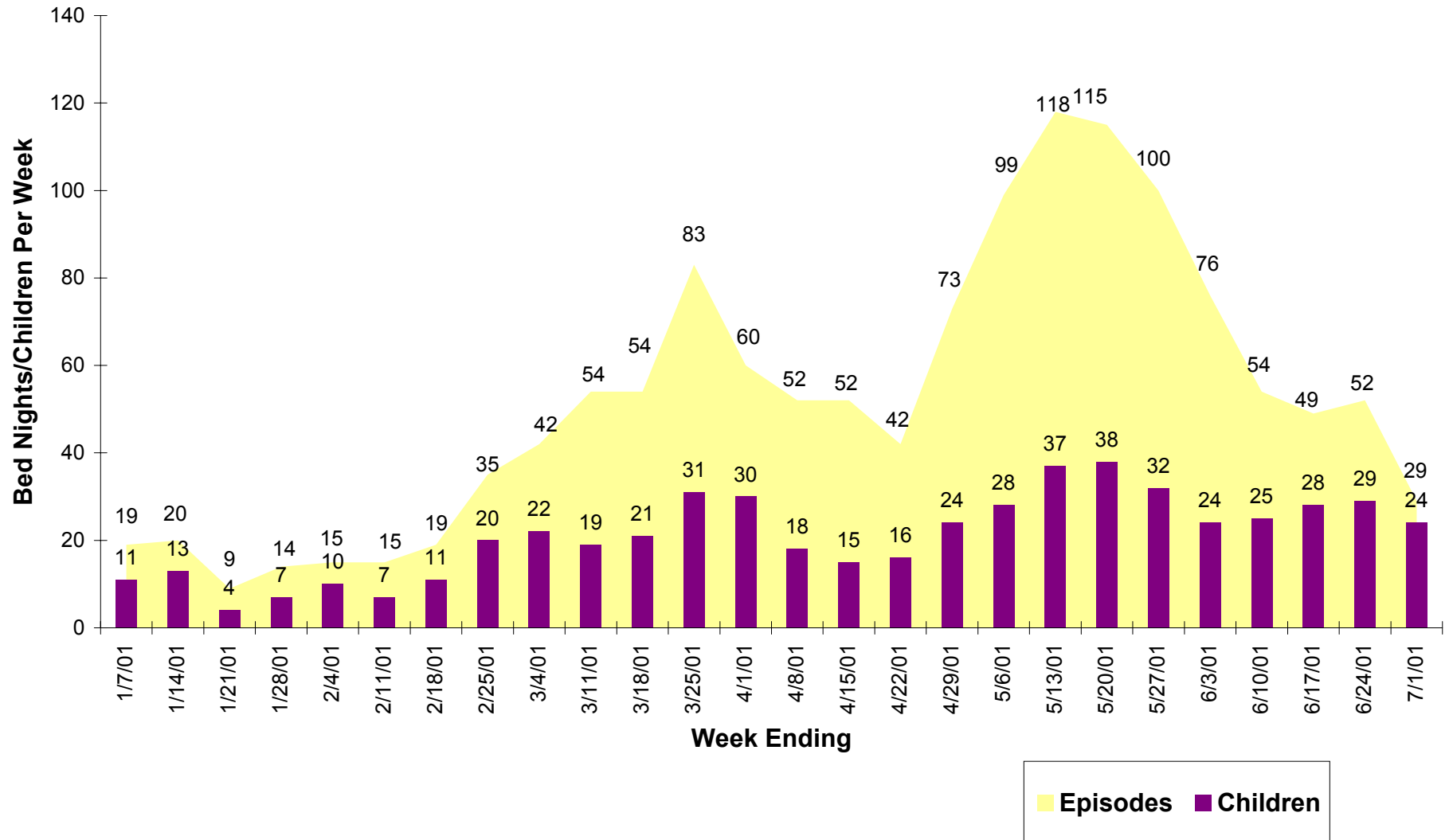
■ Bed Nights



### Department of Children, Youth and Families Night-To-Night Placements June 26, 2000 Through December 31, 2000

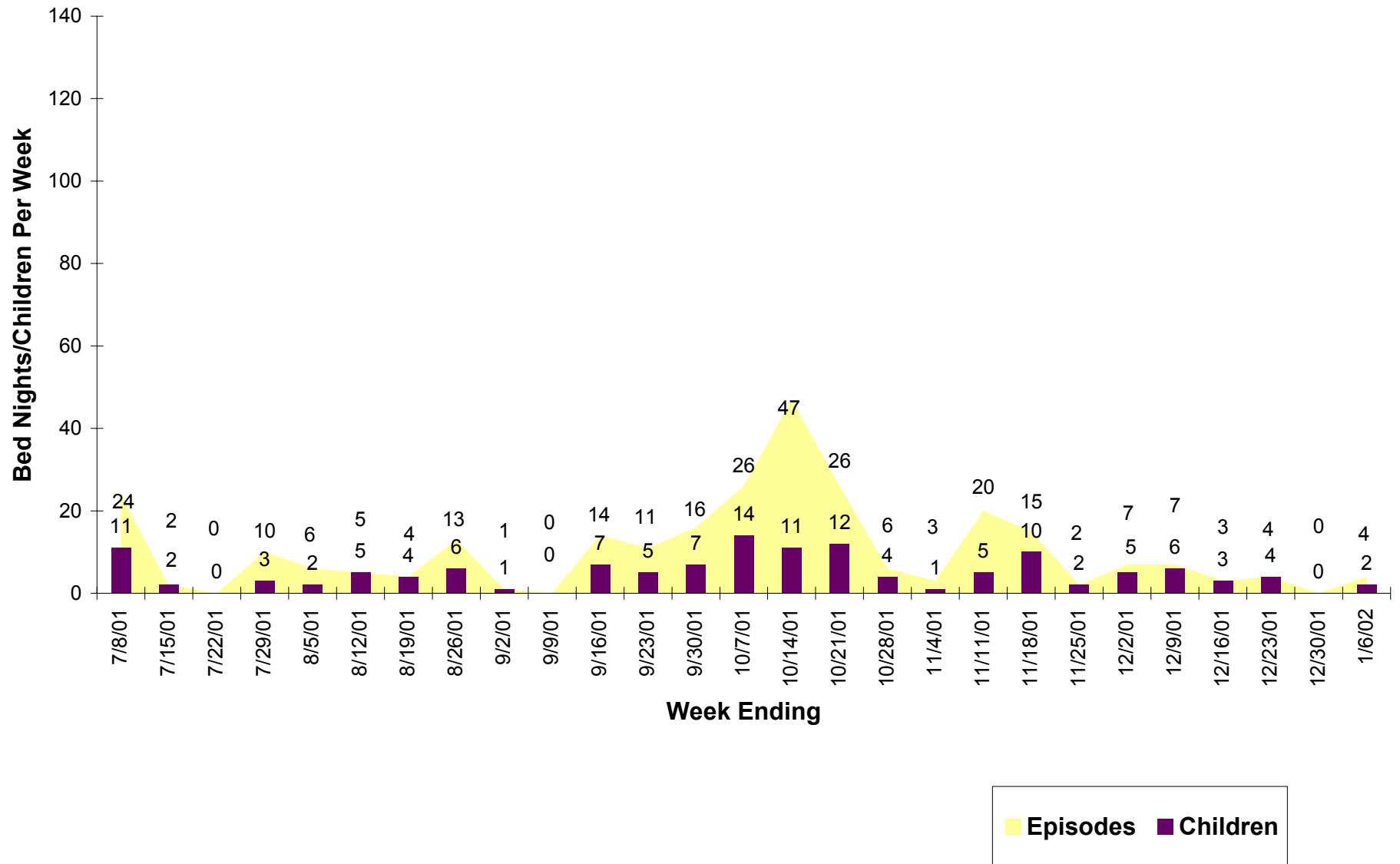


### Department of Children, Youth and Families Night-To-Night Placements January 1, 2001 To July 1, 2001



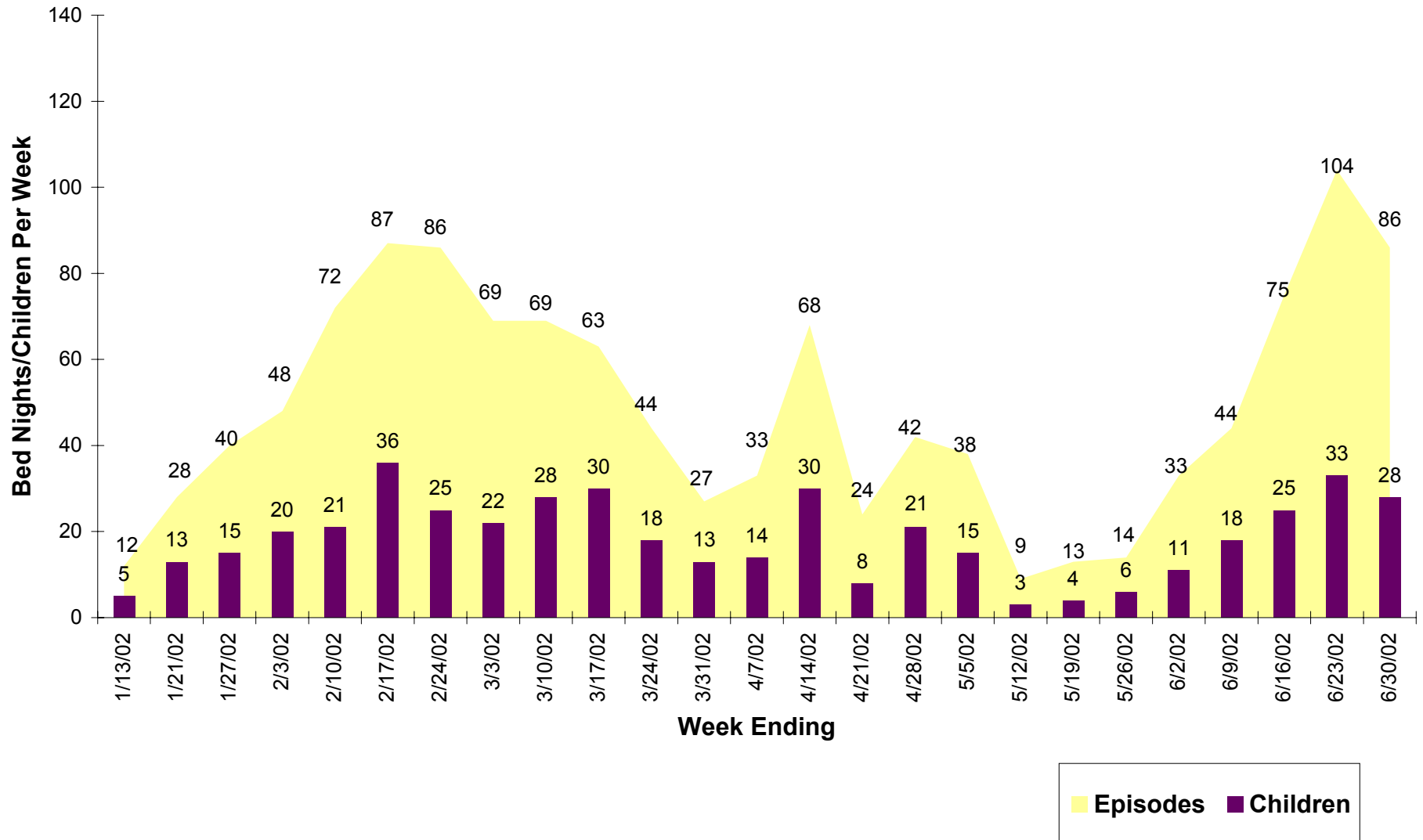
Average Episodes 51  
Average Number of Children 21  
Average Number of Nights Per Child 2.43

## Department of Children, Youth and Families Night-To-Night Placements July 2, 2001 To January 6, 2002



Average Episodes 29  
Average Number of Children 11  
Average Number of Nights Per Child 2.53

## Department of Children, Youth and Families Night-To-Night Placements January 7, 2002 Through June 30, 2002



Average Episodes 29  
Average Number of Children 11  
Average Number of Nights Per Child 2.53