CHILD AND FAMILY SERVICES REVIEWS

RHODE ISLAND

STATEWIDE ASSESSMENT

Minor formatting adjustments may have been made to this document for 508 compliance. Content is unaffected.

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Table of Contents

Section I: General Information 3

Name of State Child Welfare Agency: 3

State Child Welfare Contact Person for the Statewide Assessment: 3

List of Statewide Assessment Participants 4

Description of Stakeholder Involvement in Statewide Assessment Process 7

Section II: State Context Affecting Overall Performance 11

Part 1: Vision & Tenets 11

Part 2: Cross-System Challenges 12

Part 3: Current Initiatives 14

Section III: Assessment of Child and Family Outcomes 21

A. Safety 21

B. Permanency 55

C. Well-Being 93

Section IV: Assessment of Systemic Factors 118

A. Statewide Information System 118

B. Case Review System 125

C. Quality Assurance System 155

D. Staff and Provider Training 186

E. Service Array and Resource Development 243

F. Agency Responsiveness to the Community 301

G. Foster and Adoptive Parent Licensing, Recruitment, and Retention 334

APPENDIX A: CFSR State Data Profile A-1-6

APPENDIX B: DCYF Annual Safety Report FFY24 ..... B-1-41

APPENDIX C: Permanency and Re-entry FFY23 Entry & Exit Cohort C-1-12

APPENDIX D: Permanency Report: Entry Cohort of Children in Foster Care FFY21-FFY23 ..... D-1-53

APPENDIX E: Removals Brief: Entry Cohort of Children in Foster Care FFY22-FFY24 ..... E-1-12

APPENDIX F: RIDE Foster Care Education Data Brief F-1-19

APPENDIX G: Performance and Quality Improvement Plan (2024-2028) G-1-31

APPENDIX H: Ongoing Training Offerings Eligible for Title IV-E Reimbursement H-1-12

APPENDIX I: DCYF Resource Guide: FCCP I-1-12

APPENDIX J: DCYF Resource Guide: Home-Based Services J-1-77

APPENDIX K: DCYF Resource Guide: Congregate Care K-1-58

Section I: General Information

Name of State Child Welfare Agency:

Rhode Island
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The Division of Performance Improvement

List of Statewide Assessment Participants

Provide the names and affiliations of the individuals who participated in the statewide assessment process and identify their roles in the process. Identify individuals with lived experience by including an asterisk (*) after their name.

Name	Affiliation	Role in Statewide Assessment Process
Aguiar-Rivard, Melissa	Chief of Strategic Planning, RI DCYF	Stakeholder Engagement; Agency Responsiveness to Community
Barden, Stacey	Assistant Chief of Planning, RI DCYF	CFSR Lead
Brajer, Stan	Project Director, Learning Partnership for Children's Services Rhode Island College	Staff & Provider Training
Buffi, Deb	Associate Director, Contracts & Compliance, RI DCYF	Service Array & Resource Development
Burk, Mike	Administrator, RI DCYF	Agency Responsiveness to Community
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Childs, Arielle	Epidemiologist, RI DCYF	Safety, Permanency & Well-Being Outcomes; Case Review System
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D'Alessio, Lori	Licensing & Resource Families Division, RI DCYF	Foster and Adoptive Parent Licensing, Recruitment, and Retention
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Didino, Brandi	Deputy Director, RI DCYF	Stakeholder Engagement
Dolan, Martha	ICPC Administrator, RI DCYF	Foster & Adoptive Parent Licensing, Recruitment & Retention
Emmer, Julie	Casework Supervisor II, RI DCYF	Foster & Adoptive Parent Licensing, Recruitment & Retention
Fallago, Jenna	Administrative Review Unit, RI DCYF	Case Review System
Friedman, Milan	Court Improvement Program Coordinator, RI Family Court	Case Review System
Geiselman, Lori	Chief of Staff Development, RI DCYF	Staff & Provider Training
Harmon, Joan	Chief of Strategic Planning, Monitoring & Evaluation	Agency Responsiveness to Community
Jawharjian, Jennifer	Administrative Review Unit, RI DCYF	Case Review System

Name	Affiliation	Role in Statewide Assessment Process
Kelley, Pam	Interdepartmental Project Manager, RI DCYF	Agency Responsiveness to Community
Kim, Kyeonghee	Epidemiologist, RI DCYF	Permanency Outcomes; Service Array & Resource Development
Kinsella, Bridget	Chief Casework Supervisor, RI DCYF	Service Array & Resource Development
Lancellotta, Domenic	Assistant Director of Child Protective Services, RI DCYF	Safety Outcomes
Learman, Jordyn	Epidemiologist, RI DCYF	Foster & Adoptive Parent Training; Service Array & Resource Development
Susan Lindberg	Sr. Project Manager, RI DCYF	Service Array & Resource Development
McGuire, Donna	Agency IT Manager, RI DCYF	Statewide Information System
Miller, Christian*	Chief Implementation Aide, RI DCYF	Stakeholder Engagement
Dr. Modrowski, Crosby	Court Improvement Program Director, RI Family Court	Case Review System
Murphy, Ann	Child Protective Services Regional Director, RI DCYF	Safety Outcomes
Pacheco, Holly	Clinical Training Specialist, RI DCYF	Staff & Provider Training
Pacheco, Steve	Clinical Training Specialist, RI DCYF	Staff & Provider Training
Page, Ryan	Chief of Practice Standards, RI DCYF	Stakeholder Engagement; Staff & Provider Training; Case Review System; Agency Responsiveness to Community
Pellegren, Jane	Epidemiologist, RI DCYF	Safety, Permanency & Well-Being Outcomes
Pezzillo, Bianca	Assistant Chief of Planning, RI DCYF	Permanency Outcomes; Foster & Adoptive Parent Licensing, Recruitment & Retention
Pezzone, Stephanie	Programming Services Officer, RI DCYF; Co-Chair Child Well-Being Advisory Council (CWAC)	Safety Outcomes; Service Array & Resource Development
Savage, Diane	Administrator, Contracts & Compliance, RI DCYF	Service Array & Resource Development
Sears, Cathy	Foster Parent Advisory Group Liaison, Licensing & Resource Families Division, RI DCYF	Stakeholder Engagement; Foster and Adoptive Parent Licensing, Recruitment, and Retention
Shrestha, Nisha	Epidemiologist, RI DCYF	Safety & Permanency Outcomes
Smith, Janice	Clinical Training Specialist, RI DCYF	Staff & Provider Training
Smith, Kara	Casework Supervisor, Children's Behavioral Health, RI DCYF	Service Array & Resource Development
Strnad, Chris	Associate Director, Child Welfare, RI DCYF	Service Array & Resource Development
Sridhar, Anjali	IT Portfolio Manager, RI DCYF	Statewide Information System

Name	Affiliation	Role in Statewide Assessment Process
Sparhawk, Sarah	Chief Implementation Aide, Children's Behavioral Health, RI DCYF	Service Array & Resource Development
Nicole Vadnais	CCBHC Project Manager, RI DCYF	Service Array & Resource Development
Walters, Colleen	Interdepartmental Project Manager, Human Resources, RI DCYF	Staff & Provider Training
Warner, Heather	Chief of Children's Mental Health, RI DCYF	Service Array & Resource Development
Attorneys	RI Legal Services & RI Public Defender's Office	Stakeholder Engagement Focus Group
Birth Fathers*	Parent Support Network	Stakeholder Engagement Focus Group
Birth Parents*	Parent Support Network; CWAC	Stakeholder Engagement Focus Groups
Child Protective Investigators	CPI frontline staff, RI DCYF	Stakeholder Engagement Focus Groups
Foster Parents*	CWAC; Foster Parent Advisory Council	Stakeholder Engagement Focus Group
Foster Parents (Spanish Speaking only)*	The Heart Tree (Southside Cultural Center for Hispanic Foster & Adoptive Parents)	Stakeholder Engagement Focus Group
Judges	RI Family Court	Stakeholder Engagement Focus Group
Legal Division	Attorneys, RI DCYF	Stakeholder Engagement Focus Groups
Service Providers	CWAC	Stakeholder Engagement Focus Group
Supervisors	Child Protective Services Supervisor Staff, RI DCYF	Stakeholder Engagement Focus Groups
Youth*	SPEAK; CWAC	Stakeholder Engagement Focus Groups

Description of Stakeholder Involvement in Statewide Assessment Process

In preparation for the CFSR Round 4 Statewide Assessment, Rhode Island created a core CFSR team from the Department's Division of Performance Improvement. This internal team leveraged existing stakeholder engagement forums and conducted targeted focus groups and surveys to gather feedback to inform the Statewide Assessment. Internal staff workgroups were created to write each of the 7 systemic factors and were facilitated by at least one member of the core CFSR team.

In October 2023, Director Ashley Deckert launched a comprehensive Listening and Learning Tour to gather input from internal and external stakeholders, including DCYF staff, youth, families, and community partners. Each meeting was facilitated by the Executive Senior Leadership Team including the Director, Deputy Director, Chief of Strategic Planning, Monitoring and Evaluation. At least one member of the core CFSR team attended each session to integrate targeted questions related to CFSR outcome measures and ensure the information gathered could directly inform the Statewide Assessment.

This initiative spanned over 10 months, included a total of 78 meetings, and engaged a total of over 600 individuals.

The first phase of the Listening and Learning Tour (2023-2024) included meetings with the following internal stakeholder groups:

- Social Caseworkers from the Division of Family Services in all 4 regions
- Social Caseworkers from the Voluntary Extension of Care (VEC) Unit
- Social Caseworkers from the Community Services & Behavioral Health Division
- Administrators across all Divisions
- Child Protective Investigators
- Child Protective Investigator Supervisors
- Human Services Policy and Systems Specialists from the Family Search and Engagement Unit
- Programming Services Officers from the Special Investigations Unit/CSEC
- MIS/Technical Support Staff from the IT, Management and Budget Divisions
- Juvenile Probation Officers
- Juvenile Probation Officer Supervisors
- Juvenile Program Workers and Supervisors from the RI Training School
- Licensing Supervisors from the Division of Licensing and Resource Families
- Attorneys from the Legal Division

- Clinical Training Specialists form the Division of Workforce Development

The second phase of the Listening and Learning Tour (2024) included meetings with external stakeholder groups:

- Private Agency Foster Care Staff from Child & Family Services (statewide)
- Foster & Adoptive Parents from the Kinship Advisory Council
- Resources families from The Village in Cranston, RI
- RI Family Court Judges, Administrators and Attorneys (statewide)
- Youth at the following placements:
    - RI Training School (youth from all 5 mods)
    - Congregate Care at NAFI Oakland Beach, Warwick location
    - Harmony Hill residential treatment facility (Chepachet, RI)
    - Family Service of RI group homes (Providence County, Newport County and Washington County)
    - Key Program (residential treatment facility in Providence)
    - Turning the Corner (residential treatment facility in Providence)
    - Ocean Tides (residential treatment program in Narraganset, RI)
- Youth and families receiving services through Foster Forward
- Youth from the SPEAK Youth Development Services
- Birth families in Kent County, RI
- Birth Families currently or formerly involved with DCYF (Newport County)
- Community Service Providers from the following agencies/organizations:
    - NAFI (statewide)
    - Communities for People (C4P) congregate care
    - The Heart Tree (Southside Cultural Center for Hispanic Foster and Adoptive Parents)
    - National Center for Missing & Exploited Children (NCMEC)
    - Family Care Community Partnerships (FCCP) (statewide)
    - TIDES Family Services (Providence, Pawtucket, Woonsocket, RI)
    - Child & Family Programs (Middletown and Providence, RI)
    - Adoption Rhode Island (ARI)
    - Family Service of RI programs (statewide)
    - Communities for People (C4P) Programs (Pawtucket, Central Falls, East Providence)
- Congregate Care Staff
    - North American Family Institute (NAFI) Ridge St., Pawtucket location
    - St. Mary's Home for Children in North Providence, RI
- Fatherhood Initiative members from Parent Support Network, Family Service of RI, Department of Corrections
- Doctors, Nurses and Social Workers from the Aubin Center for Child Protection at Hasbro Children's Hospital

- Staff from the Department of Human Services Office of Child Care
- Special Education Leaders in RI from the Association of RI Administrators of Special Education (ARIASE)
- RI Police Chief Association
- RI Coalition for Children & Families

Following the Listening and Learning Tour, the core CFSR team analyzed the qualitative data to identify areas where additional input was needed to support an accurate assessment of systemic factor functioning for the Statewide Assessment. To address these gaps, the team coordinated and facilitated targeted focus groups with internal and external stakeholders. Each session provided participants with an overview of the CFSR process and clarified the purpose of the focus groups in informing the Statewide Assessment. Participants included representatives from all levels of the Department, ranging from frontline staff to administration, as well as parents, youth, foster parents, Family Court Judges, attorneys, and service providers as external stakeholders.

Internal Stakeholder Focus Groups:

- Child Protective Investigators
- Child Protective Investigator Supervisors
- Child Protective Services Administration
- Social Caseworkers across all regions
- Senior Caseworker Supervisors across all regions
- Division of Family Services Administration across all regions
- Social Casework Supervisors across all regions
- Attorneys from the Legal Division

External Stakeholder Focus Groups:

- Attorneys from RI Legal Services and RI Public Defender's Office
- Birth parents (fathers only)
- Birth parents
- Birth parents
- Foster parents (Spanish-speaking only)
- Youth
- RI Family Court Judges
- CWAC subcommittees

As a direct outcome of the Listening and Learning Tour, the Department established the Child Well-Being Advisory Council (CWAC) in July 2024. This cohesive advisory structure elevates the voices of those served by DCYF, positioning them to shape agency policy and direction. Serving as DCYF's primary advisory body, CWAC helps set annual priorities,

supports progress toward the Child and Family Services Plan (CFSP), and will provide input throughout all phases of the CFSR.

CWAC membership reflects a broad range of perspectives, including individuals with lived experience (youth, birth parents, caregivers), foster and adoptive parents, community providers, and DCYF staff at both the frontline and leadership levels. In December 2024, the core CFSR team presented to CWAC on the CFSR process, followed by focus groups conducted with each subcommittee. Moving forward, CWAC will remain a central structure for stakeholder engagement across the CFSR process.

Lastly, throughout the Statewide Assessment process, the core CFSR team partnered with the Court Improvement Program (CIP) to explore the existing Family Court and Department practices that affect CFSR outcomes and Systemic Factor 2: Case Review System. As part of this effort, a CIP representative attended an internal CQI Case Review training facilitated by the core CFSR team that provided an overview of the CFSR process and outcome measures to strengthen shared understanding. This partnership also highlighted the need for increased data collection and data sharing to support cross-system understanding of respective practices. Moving forward, this ongoing collaboration will be critical to the design of future CIP projects to promote alignment with CFSR outcome measures.

Rhode Island's efforts to promote engagement from external stakeholders resulted in robust participation and meaningful stakeholder engagement throughout the Statewide Assessment process. Rhode Island is committed to reinforcing an infrastructure that supports ongoing stakeholder engagement, not only for the CFSR process but to inform continuous quality improvement.

Section II: State Context Affecting Overall Performance

Part 1: Vision & Tenets

The Rhode Island Department of Children, Youth & Families (DCYF) has served as the primary agency for child welfare, children's behavioral health, and juvenile justice since its establishment in 1980. The Department's mission statement is to build a system of care where every child grows up in a safe and loving family environment that supports the development of strong, resilient families. The strategic plan to support this mission is anchored in four core pillars:

PREVENTION: Focusing on proactive measures to strengthen families, prevent out-of-home placements, and address underlying challenges before crises occur.

ACCOUNTABILITY: Building transparency, data-driven practices, and a culture of continuous improvement to ensure the Department upholds the highest standards of service.

COLLABORATION: Enhancing partnerships across agencies, providers, and the community to support a unified approach to child and family well-being.

ENGAGEMENT: Actively involving families, youth, and community members in service planning and decision-making to foster trust and shared responsibility.

In alignment with the Department's mission, DCYF implemented the SAFE (Safety Assessment through Family Engagement) Practice Model in November 2019 which initiated a foundational shift in its approach to casework. The SAFE practice model shifts the agency's approach from compliance-based to relationship-centered work with families. It elevates family voice and focuses on building protective capacities to keep children safely at home whenever possible. This model integrates structured decision-making tools with authentic family engagement to promote consistent practice.

In addition, under the Family First Prevention Services Act (FFPSA), Rhode Island has implemented Title IV-E prevention programming that allows eligible children to remain safely at home while receiving evidence-based mental health, substance use, and parenting support services. The state's primary prevention program, Family Care Community Partnership (FCCP), is administered statewide by five private agencies contracted with the Department. These programs work regionally to coordinate resources and supports for families with the goal of wraparound support to prevent future involvement with the child welfare system.

Part 2: Cross-System Challenges

Rhode Island's child welfare system operates in a complex environment where external and internal cross-cutting issues influence system performance and practice.

Fiscal Challenges

DCYF's operations are affected by a variety of fiscal and administrative requirements that create inefficiencies and limit flexibility in service delivery. Legislative and reporting requirements, while designed to ensure accountability, can result in redundant processes that require significant staff time without necessarily improving outcomes.

Adjustments to funding streams and budget allocations can also create challenges. For example, costs related to temporary housing ("hoteling") may not always align with federal funding eligibility, which requires the use of other state resources to ensure children and families are supported. Shifts in available funding without advance coordination can make it difficult to plan for prevention and service needs effectively.

The Department must also respond to fiscal requirements that originate outside its direct planning process, such as court-ordered services, which may require resource allocation beyond initial projections. In addition, budget development exercises that mandate cost-reduction proposals can result in measures that are difficult to implement and may inadvertently limit the Department's ability to reinvest in needed services. This has contributed to persistent service gaps, such as the limited availability of in-state programming that reduces reliance on out-of-state placements.

Workforce

Staff turnover among frontline workers, supervisors, and community providers affect continuity of care, timely case planning, and service delivery. Despite improvements since Round 3, the recruitment and retention of a qualified workforce remains challenging, particularly in behavioral health and residential care sectors.

Cross-System Fragmentation

Rhode Island's child and family well-being system is extensive, encompassing a broad array of services administered across at least seven state agencies. Oversight responsibilities for policy, programming, funding, and data collection are distributed among these agencies, creating a complex structure with differing points of access. The current system lacks the integration and coordination necessary to function as a unified, streamlined continuum of care that can consistently meet the needs of children and families. DCYF plays a central role within this landscape, with combined responsibility for child welfare, juvenile justice, and children's behavioral health. Yet DCYF must operate both within and across the boundaries of multiple partner agencies, each of which maintains its own policies, funding streams, and data processes. This fragmentation contributes to duplicative services, delays in care, and

added burdens on families already navigating complex challenges. Moreover, the absence of a centralized data hub limits the ability of DCYF and its partners to assess the full scope of needs, identify service gaps, measure performance and outcomes, and make data-informed decisions. Addressing these systemic challenges will require stronger cross-agency coordination, greater alignment of policies and practices, and the development of shared data infrastructure to support a more streamlined and effective statewide continuum of care.

Department of Justice (DOJ) & RI Children's Behavioral Health Consent Decree

On January 7, 2025, the State of Rhode Island entered into a consent decree with the U.S. Department of Justice (DOJ) in Civil Action No. 24-cv-00531. This agreement (RI Children's Behavioral Health Consent Decree) was reached after a federal investigation found violations of federal civil rights laws concerning psychiatric hospitalizations of youth from 2017 to 2022.

In May 2025, DCYF launched an advisory board composed of DCYF staff, public and private partners, plus several experts with lived experience. Also in May, DCYF received a final monitoring plan, which will guide how the State will be assessed on its progress throughout the duration of the consent decree. In early July, DCYF, in partnership with BHDDH and the EOHHS Data Ecosystem team, completed a baseline data report that will inform the implementation planning that will be completed over the next several months. DCYF has posted openings for five social service analysts and one supervisor to form a new unit that will provide transition coordination and related support when a child is placed in a psychiatric hospital such as Bradley. DCYF continues to develop these transition specialists' roles, responsibilities and training and anticipates hiring them in the next quarter.

Part 3: Current Initiatives

DCYF has undertaken cross-cutting initiatives to advance system reform, many of which were developed in direct response to findings from Rhode Island's Round 3 CFSR and addressed through the Program Improvement Plan (PIP). These efforts reflect a system-wide commitment to sustainable improvement and alignment with federal expectations.

Implementation of the SAFE Practice Model

The statewide rollout of the SAFE practice model in 2019 marked a significant shift in Rhode Island's approach to safety assessment, risk mitigation, and case planning. Staff receive structured training and coaching on the use of common assessment tools, family engagement techniques, and supervised case consultations that support critical decision-making. The Department continues to prioritize strengthening fidelity to the SAFE model, recognizing it as a key driver for advancing the strategic plan pillars of Prevention and Engagement. To support this, staff receive ongoing consultation from Action for Child Protection, the developers of the SAFE practice model, ensuring continued independent feedback on fidelity and practice implementation.

Community Education on the SAFE Practice Model

In 2024-2025 the Department began facilitating training sessions with community stakeholder groups on the SAFE practice model. This community training initiative was implemented as part of the Children's Justice Act (CJA) grant to educate the community on the Department's adoption of the SAFE model. This training provided an overview of the SAFE model and its components, such as the standardized assessment tools and the emphasis on safety planning to support prevention efforts, and how these stakeholder groups serve a role in these components.

The Department has conducted 8 training sessions with 25 participants in each session. Participants represent a wide array of external stakeholder groups such as service providers in the areas of mental health, family violence, homelessness, prevention services (FCCP), and youth services**.** Additionally, Family Court Judges, staff from the Office of Child Advocate (OCA), and CASA attorneys have also participated in the training.

Youth and Family Voice

Building on lessons from CFSR Round 3, DCYF has increased its focus on youth and caregiver engagement through initiatives such as the Youth Advisory Board (SPEAK), Birth Parent Advisory Group, Director Deckert's Listening and Learning Tour, and most recently, the development of the Child Well-Being Advisory Council (CWAC) which will serve as the primary advisory body to the Child and Family Services Plan 2025-2029 (CFSP) and the Department's 5-Year Strategic Plan.

Accreditation

The Department achieved national accreditation through the Council on Accreditation (COA), a service of Social Current, on February 14, 2025. At the time of accreditation, Rhode Island was the only state in New England, and just one of six in the country, to achieve this standard of excellence.

The COA is an objective, independent and reliable validation of performance. COA Accreditation demonstrates accountability in the management of resources, sets standardized thresholds for service and administration, and increases organizational capacity and accountability through ongoing quality improvement.

The Department began working towards COA accreditation in 2021. The accreditation process involved a detailed review and analysis of the Department's administration and management, service delivery functions, and child and family services practices against international standards of best practice. The standards behind accreditation ensure services are well-coordinated, culturally competent, evidence-based and outcomes-oriented. They ensure services are provided by a skilled and supported workforce.

To achieve accreditation, the Department provided comprehensive evidence of compliance with the Council on Accreditation's 184 standards and approximately 484 sub-standards specific to public child welfare agencies. This accomplishment required a coordinated, department-wide effort that resulted in substantive changes to practice, policy, legislation, and hiring priorities, collectively strengthening the overall child welfare system. Key initiatives from this work are highlighted below. To sustain this achievement, the Department is also developing a maintenance calendar to ensure continued adherence to COA standards and preparedness to maintain accreditation.

Department Operating Procedures
More than 50 Department Operating Procedures were created or amended to satisfy COA standards.

Legislative Changes - Foster Care Regulations
Foster care regulations were overhauled and finalized earlier in 2025. Among the many changes made, regulations now include a mandate for training of all non-kinship providers to complete 15 ongoing training hours per licensing period and complete a CPR first aid training class. The new regulations provide clarity around family composition and levels of need for foster children, licensing actions with foster care providers, and respite care procedures to encourage respite, reduce placement disruptions, and provide for smooth transitions.

Child Removals
Child removals from home now must be made in consultation with a staff member having

at least 2 years of related experience and an advanced degree in Social Work or another comparable clinical human services profession.

Internal Community Resource Guide
An internal web-based guide was developed for staff to use in making service referrals for children and families. The comprehensive guide includes resources for services across all human service domains.

Supervisors' Training
Workforce Development designed and implemented a new supervisor training program for all supervisors.

Caseloads
As part of the accreditation process, the Department hired 94 additional frontline staff to meet COA standards related to caseload management. Specifically, 46 Social Caseworkers (SCWs) were added to the Family Services Unit (FSU), and 25 Child Protective Investigators (CPIs) were added to Child Protective Services (CPS). This staffing increase enables SCWs to maintain caseloads typically not exceeding 15 families, with no more than 10 children in out-of-home care, while CPIs are able to manage up to 12 active investigations at a time, including no more than 8 new investigations per month.

At the start of the Department's work towards accreditation in 2021, average case load sizes for FSU were 15.9. The average caseload size was reduced to 11 as of February 2025.

For CPS, in the period ending June 2021, per active CPI (an investigator who had 8 or more investigations in a month), the median number of new cases was 10.5, the number of pending cases was 12, and the number of completed cases was 11. In the period ending February 2025, per active CPI, the median number of new cases was 9, the number of pending cases was 14, and the number of completed cases was 11. Two investigators had recently started the frontline worker pre-service training at the end of January, and the Department was actively recruiting for 10 CPI vacancies with a start date of May 2025.

The remaining positions support other areas in the Department in that fall under COA accreditation which will positively impact our efforts across all domains, but particularly with children and families relating to safety, permanency and well-being. Juvenile Justice was not part of this accreditation process.

Workforce – Legislative Impact on Hiring Frontline Staff

The Department is actively engaged in recruitment and retention strategies, including targeted hiring efforts, civil service exam preparation and support, and improvements in onboarding and supervision. These efforts aim to build a more stable, supported, and skilled frontline workforce.

Rhode Island General Law § 42-72-5(f) established a one-year pilot program that began on October 1, 2023. The goal of the pilot program was to improve the hiring process for key frontline positions at DCYF.

Previously, under § 42-11-2, The Department of Administration (DOA) managed the hiring of DCYF Social Caseworker II and Child Protective Investigator positions, requiring applicants to pass a civil service exam offered twice yearly and placed on a fixed hire list.

Under the pilot program, DCYF now manages its own hiring, offering exams more frequently, conducting panel interviews, and determining both hiring decisions and order of selection.

After implementing these changes and streamlining processes through technology (e.g., email notifications), DCYF has seen positive results. Most vacancies for these positions have been filled in a shorter timeframe than before. While challenges remain in recruiting Child Protective Investigators due to shift assignments (4 different shifts), the overall success of the pilot led to its extension in 2024.

The Department has made improvements in onboarding, pre-service training and supervision. The total number of employees has increased with vacancies being filled and attrition rates are trending in a positive direction. In CY2022 the attrition rate was 17%, decreasing to 13% in CY2023 and most recently 11% in CY2024.

Legislative Support for Mobile Response and Stabilization Services (MRSS)

Legislation was passed in 2025 requiring private insurers to provide coverage for MRSS for children or youth 18 years of age and younger. This will go into effect on January 1, 2026, so Rhode Island has not yet seen the impact of it yet, but the hope is that it will help deliver these services to more youth. Additionally, this year's budget required the state to convert the existing MRSS pilot program into a Medicaid-covered benefit by applying for an amendment to the state's Medicaid plan. This would only go into effect when the federal government approves this plan amendment. To account for the time it might take to receive the official approval, as well as the time it might take to restructure the program, the implementation date for this change is no later than October 1, 2026. Therefore, Rhode Island has not seen the impact yet, but again, the hope that it helps deliver these services to more youth.

Staff Wellness

The Department has made a deliberate effort to integrate staff wellness into its culture. Recent initiatives have included supporting the expansion of the Peer Support Team, and development of the Wellness Committee, as well as the recent hiring of a part-time Wellness Coordinator in September 2025 to develop wellness initiatives and resources that actively support and promote staff well-being.

Family Court Initiatives

In 2023 the Department, in collaboration with the Rhode Island Family Court, expanded community initiatives:

Playful Parenting Program: A one-year pilot launched October 1, 2023, with the Division of Family Services. The program structures parent and child play activities used to guide and coach families during scheduled visits. Sessions are 9-12 weeks with the goal for visits to transition into the family home.

Caring Dads Program: DCYF, in partnership with Family Services of RI launched the Caring Dads program in October 2023. This 17-month pilot in Providence Region seeks to support a total of 10-12 fathers who have experienced challenges with abusive behavior or who are at high risk for this behavior. Pilot evaluation outcomes were positive. As a result, the Caring Dads™ program was included in the service array re-procurement process in 2024 and has been expanded to serve fathers statewide.

Safe and Secure Baby Court: Safe and Secure Baby Court was launched in 2017. The program entered its seventh year in April 2023. It has played a vital role in ensuring that participants ask questions and are actively involved in the progress of their cases. The program is open to parents of new babies (0-18 months) who have been in the system.

Quality Improvement and Data Use- Division of Performance Improvement

Since the CFSR Round 3, the Department's Division of Performance Improvement has expanded on its ongoing research (quantitative and qualitative methods), data analysis, continuous quality improvement to inform policy, practice, interventions and strategic planning. The expansion includes both organizational structure and operations internally and externally.

Externally and cross systems, DPI initiated and coordinates an integrated cross systems research and data analysis process inclusive of multiple agencies – the Executive Office of Health and Human Services (the Ecosystem and Medicaid), the Department of Behavioral Healthcare, Developmental Disabilities & Hospitals, Rhode Island Department of Health, Rhode Island Department of Education, among others - to merge and analyze data across these systems to observe well-being outcomes among children and families involved with DCYF as well as children's behavioral health statewide. A recent analysis involves children admitted to psychiatric hospitals. This collaborative meets biweekly or monthly dependent on the projects. This collaborative will grow to serve as a Quality Assurance committee along with additional members –such as lived experience, program staff – to review data quarterly, engage in root cause analysis, and make recommendations for system improvements to enhance child and family well-being.

Internally, DPI has expanded both the data and evaluation unit and the case review unit staff and functions. DPI data and evaluation has a full staff of 8 epidemiologists, researchers and

data analysis. As a result, the number of active contract management meetings with providers and internally active division meetings (see item 25: Quality Assurance for detailed description of these activities) has increased. Likewise, since the CFSR Round 3, the case review unit has expanded and engages in quarterly case reviews using the Children's Bureau model inclusive of the Onsite Review Instrument. On a regular basis the quantitative and qualitative data are jointly presented internally and externally to provide both depth and breadth furthering the understanding of the underlying factors contributing to child, family and system outcomes.

Both DPI data and evaluation unit and the case review unit were integral in the development and ongoing monitoring of the 2025-2029 Child and Family Service Plan and its annual updates, APSR. The data provided by both units informed the Department's strategies. DPI provides data for the CFSP \ APSR quarterly meetings with the DCYF divisions to illustrate the status of progress toward achieving the CFSP outcomes in the annual APSR. The DPI monthly strategic metric dashboard supplies a large proportion of the cross Departmental division's' data informing the CFSP, and all the data represented in the Department's Scorecard. The CFSP outcomes served as a basis for the Department's scorecard, with the scorecard serving as a more user-friendly communication tool.

Scorecard

In 2025, the Department, in partnership with Casey Family Programs, developed an evaluation tool known as the DCYF Scorecard. This tool reflects the Department's ongoing commitment to excellence in service delivery and is grounded in the core values of Prevention, Accountability, Collaboration, and Engagement (P.A.C.E.).

The scorecard is designed to track and evaluate performance, identify trends, inform timely interventions, and promote transparency with both the community and families served by DCYF. It is updated quarterly and shared with internal staff, the CWAC, and the public. The first iteration of the scorecard (covering the period between January 1, 2025 to March 31, 2025) was distributed on April 28, 2025.

New CCWIS Development

In January 2025, DCYF began developing a new statewide information system, Monitoring and Reporting for Vulnerable Individuals' Needs (MARVIN), designed to enhance interagency collaboration and improve data sharing for children and families in care. Built on a Salesforce platform, MARVIN will expand data exchanges with systems such as RIBridges, Medicaid Management Information System (MMIS), Rhode Island Family Court (Odyssey), the Department of Health (RIDOH), and the Department of Education (RIDE), providing more timely and accurate information on eligibility, health, education, and court-related matters. The system will streamline service coordination, including community-based referrals through Family Care Community Partnerships (FCCP), and improve tracking of prevention and other services. Stakeholder input, including from families, community providers, and

mandated reporters, has been incorporated into MARVIN's design to support user-friendly portals and engagement. By enabling real-time and automated data integration where feasible, MARVIN is expected to enhance evidence-based decision-making, reduce service duplication, and strengthen coordination of supports for children and families upon its planned implementation in Fall 2027.

Section III: Assessment of Child and Family Outcomes

A. Safety

Safety Outcomes 1 and 2

Safety outcomes include: (A) children are, first and foremost, protected from abuse and neglect; and (B) children are safely maintained in their own homes whenever possible and appropriate.

Rhode Island Round 3 CFSR Findings:

In the Round 3 Child and Family Services Review (CFSR), Rhode Island was not found to be in substantial conformity with Safety Outcomes 1 and 2. For Safety Outcome 1, only 60% (18) of the cases reviewed were rated as a Strength, falling short of the 95% federal threshold. Similarly, Safety Outcome 2 was rated as a Strength in only 43% (28) of the reviewed cases.

Key areas identified for improvement included:

1. Timely initiation of investigations following accepted reports of child maltreatment.
2. Comprehensive assessment and management of risk and safety concerns for children in both foster care placements and in their own homes.
3. Development and monitoring of appropriate and effective safety plans.

To address these challenges, Rhode Island's Round 3 Program Improvement Plan (PIP) implemented strategies focused on standardizing practices related to safety, risk, and needs assessments. Specifically, DCYF aimed to improve both the documentation and timeliness of investigation response times, with a particular emphasis on Priority 3 (routine) investigations. While DCYF consistently met its 90% policy benchmark for initiating timely face-to-face contact with alleged victims in Priority 1 (emergency) and Priority 2 (immediate) investigations, meeting this standard for Priority 3 (routine) responses proved more difficult. In December 2019, for example, only 60.4% of Priority 3 investigations were initiated within the required timeframe.

In July 2019, DCYF introduced the Structured Decision-Making (SDM) tool, which aimed to promote consistency in screening reports made to the Child Abuse and Neglect Hotline. The SDM tool helps determine whether a report meets the threshold for investigation and, if accepted, assigns a priority response level.

Results from internal case reviews conducted during Round 3 PIP Reporting Period 2 (June and November 2020) showed that DCYF achieved an 81% strength rating with 21 applicable cases for Safety Outcome 1, Item 1: Investigation Timeliness —exceeding the established PIP goal of 80%. Timely face to face contact with victims in priority 3 investigations also

increased from 60.4% in December 2019 to 95.5% in October 2020. In addition to the SDM tool, these improvements were supported by enhanced supervisory oversight, real-time data monitoring, corrective actions addressing system glitches in RICHIST (Rhode Island's child welfare information system) and strengthened training and mentoring supports for new staff. Staff also received on-going guidance on documentation practices to ensure accurate data collection. To reinforce practice change, DCYF incorporated response time metrics into divisional management meetings, administered supervision surveys to track discussions of timeliness, and implemented a quality review process.

In November 2019, DCYF began implementing the Safety Assessment through Family Engagement (SAFE) model, marking the first time that the Divisions of Child Protective Services (CPS) and Family Services (DFS) operated under a unified practice model. This transition represented a fundamental shift from an incident-based investigative approach to a more comprehensive, family-centered assessment of child safety and family functioning. The SDM and SAFE assessment tools aligned decision making across key points of system involvement – from initial screening and investigation to on-going case planning.

To support implementation of the SAFE model, DCYF established a comprehensive infrastructure that included weekly implementation team meetings, biweekly coaches' sessions, interdivisional workgroups, and continuous consultation with Action for Child Protection. Training, technical assistance, listening sessions, and surveys were used to gather staff feedback and identify areas for improvement. These efforts helped improve the accuracy and standardization of safety assessments, enhanced supervisory oversight, and addressed challenges such as redundant data entry and system glitches in RICHIST.

Results from internal case reviews conducted during Round 3 PIP Reporting Period 2 (June–November 2020) highlighted DCYF's progress with Safety Outcome 2. DCYF achieved an 88% strength rating with 25 applicable cases for Item 2: Services for Families to Protect Children in the Home and Prevent Removal or Re-Entry into Foster Care, exceeding the established PIP goal of 70%. In addition, DCYF achieved a 71% strength rating with 70 applicable cases for Item 3: Risk and Safety Assessment and Management, exceeding the PIP goal of 64%. Based on these accomplishments, the Children's Bureau accepted PIP Goal 1 as completed in Progress Report 3.

While Rhode Island fell below the national performance in the Round 3 CFSR, it has since demonstrated notable progress. Between November 2022 and October 2024, DCYF conducted 145 internal continuous quality improvement (CQI) case reviews utilizing the Onsite Review Instrument (OSRI) as part of its ongoing CQI process. As illustrated in Table 3-1 below, the percentage of cases rated as substantially achieved surpasses Rhode Island's performance in the Round 3 CFSR. Rhode Island has maintained Round 3 PIP improvements, reflecting sustained efforts and system-wide enhancements in safety practices.

Table 3-1: Safety Outcomes – Percentage of Cases Substantially Achieved

[Outcome]	Round 3: Rhode Island 2018 (n=65)	RI Internal CQI Case Reviews Nov 2022 – Oct 2024 (n=145)
Safety Outcome 1	60%	85%
Safety Outcome 2	43%	70%

Data Sources: RI CFSR Final Report 2018 and November and OMS State Rating Summary November 2022 to October 2024.

Safety Outcome 1

Child Protective Services (CPS) is the investigative division of the Rhode Island Department of Children, Youth and Families (DCYF). CPS operates 24 hours a day, 365 days a year and receives, screens, and responds to reports of suspected child maltreatment.

All persons in Rhode Island are required by law (RIGL 40-11-3) to report known or suspected child abuse and/or neglect to CPS within 24 hours of becoming aware of such abuse/neglect. Reports of child maltreatment are received through the statewide Child Abuse and Neglect Hotline. Each report is jointly reviewed by a Child Protective Investigator (CPI) and a supervisor using the Structured Decision Making (SDM) Hotline tool to determine whether it meets the criteria for investigation. For accepted reports, the tool also assigns a priority response level, which dictates the required timeframe for initiating an investigation. Priority response levels and their corresponding initial contact timeframes are outlined in Table 3-2 below.

Table 3-2. Rhode Island Investigation Priority Levels and Response Timeframes

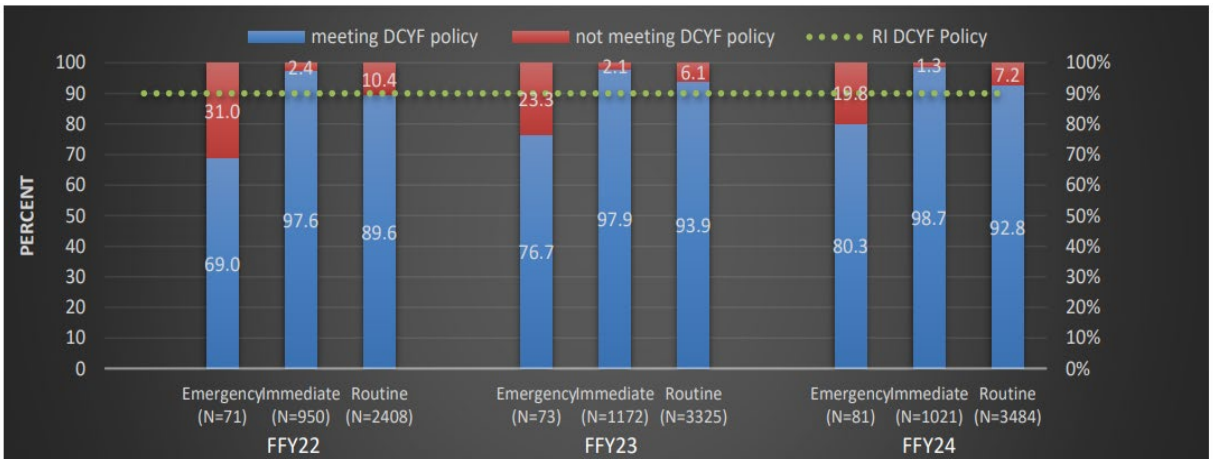
Priority Level (Previous Priority Category)	Initial Contact Timeframes
1 – (Emergency)	Within 2 hours of the report.
2 – (Immediate)	Within 12 hours of the report.
3 – (Routine)	Within 48 hours of the report.

Item 1 – Timeliness of Initiating Investigation of Reports of Child Maltreatment

Internal CQI case reviews using the OSRI were conducted between November 2022 and October 2024. A total of 145 cases were reviewed, with 48 being applicable for Item 1. Among applicable cases, 85% (41) were rated as a Strength - representing a notable improvement from Rhode Island's Round 3 performance, in which only 60% (18 out of 30 cases) were rated as a strength. Of the 7 cases rated as an Area Needing Improvement, performance was impacted by delays in responding to subsequent maltreatment reports during open investigations, as well as by insufficient follow-up after unsuccessful initial contact attempts.

DCYF's internal CQI case review results align with broader trends in investigation response times. As Figure 3-1 illustrates, DCYF has consistently met its 90% benchmark for initiating timely face to face contact with alleged victims in Priority 2 (immediate) and Priority 3 (routine) investigations. However, Priority 1 (emergency) response times are an area for continued improvement, with compliance below the 90% threshold despite notable year-over-year gains. This reflects a shift from Round 3, during which DCYF met timeliness benchmarks for Priority 1 and 2 investigations, but struggled to meet standards for Priority 3 response times. Staff turnover and vacancies have contributed to delays in initiating timely investigations during both Round 3 and Round 4 of the CFSR. Rhode Island has made on-going efforts to fill vacancies since Round 3; however, these workforce challenges continue to impact DCYF's capacity to respond to reports of maltreatment within established timeframes.

Figure 3-1. Percent of Investigations Meeting DCYF Policy on CPS Response Time, by CPS Report Type and Year, FFY22-FFY24



Data source: RICHIST; data are current as of 10/1/2024.
Data notes: Data unduplicated by investigation and duplicated by child. Each investigation is counted once, but a child may be counted more than once if had multiple investigations.- Data missing (18 in FFY22; 35 in FFY23; and 21 in FFY24) response time are excluded. FFY24 extreme values were excluded. - Data updated in previous years due to an update in methodology.

Safety Outcome 2

Safety Outcome 2 was substantially achieved in 70% (101/145) of case reviewed between November 2022 and October 2024. While Rhode Island remains not in substantial conformity, the state has demonstrated progress since Round 3, during which Safety Outcome 2 was substantially achieved in only 43% of cases (28 out of 65).

Item 2 – Services to Protect Children in the Home and Prevent Removal or Re-Entry into Foster Care

Of the 145 internal CQI case reviews conducted between November 2022 and October 2024, 51 were applicable for Item 2. Among applicable cases, 86% (44) were rated as a strength, representing a significant improvement from Rhode Island's Round 3 performance, in which only 59% (10 out of 17) cases were rated as a strength. Of the 7 cases rated as an Area Needing Improvement, performance was impacted by inadequate assessments, which prevented the provision of appropriate safety-related services, and systemic factors, such as extensive waitlists for home-based and placement services for children experiencing behavioral challenges.

Statistics on Maltreatment

Rhode Island analyzes and publishes data related to maltreatment, repeat maltreatment and maltreatment in foster care in the RI DCYF Safety Report. The data presented below is from the Annual Safety Report from October 1, 2021 – September 30, 2024 (FFY22-FFY24).

Table 3-3 provides an overview of Child Protection Service (CPS) contact points with families. The overall aim is to leverage a surveillance system that can readily detect and respond to trends at the system level to better inform interventions aimed at promoting child safety as well as child and family well-being.

If the child and family present an elevated risk or safety concern, a CPS investigation is conducted that results in either an unfounded investigation or indicated investigation. Among families investigated, the percent of children indicated remained the same from FFY22 to FFY23 (See Table 3-3). The rate of indicated child victims increased from FFY22 to FFY23. The median age of indicated child victims across the four Federal Fiscal Years remained consistent.

A goal in maintaining child safety is to mitigate the risk of a recurrence. The U.S. Children's Bureau measure defines repeat maltreatment as a child indicated within 12 months of a previous indicated maltreatment. In FFY22, 8.3% of children experienced a repeat maltreatment. The median age at the time of the initial maltreatment was 6 years old and the median length of time between the two indicated events was 146 days, over 4 months.

The number of unique children with a report of maltreatment in foster care decreased from FFY22 to FFY23. Throughout this report, foster care is the Federal definition, all children in an out-of-home placement.

Table 3-3. Stats at a Quick Glance, by Federal Fiscal Year (FFY).

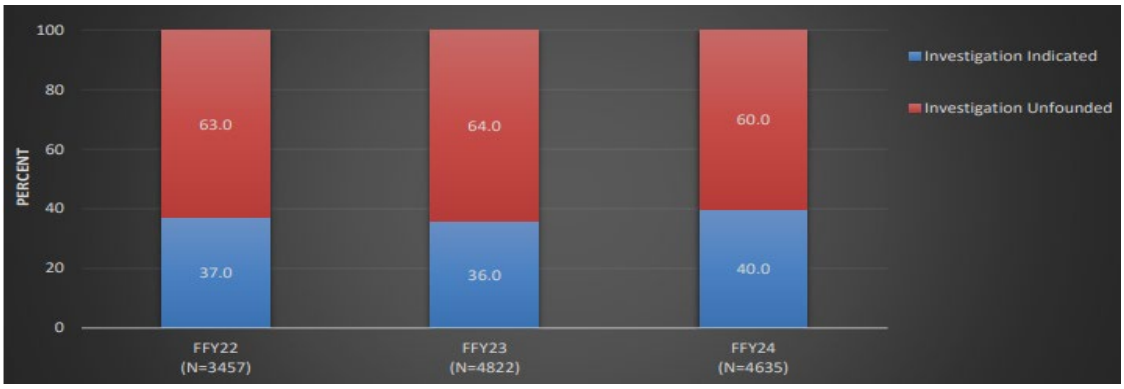
	FFY21	FFY22	FFY23	FFY24
Section 1: Investigations (Maltreatment)				
Number of children investigated	6,938	4,764	6,409	6,070
Among children investigated, percent of children indicated	37%	39%	39%	42%
Median age at CPS report for indicated child victims (years)	6.0	6.0	6.0	6.0
Rate of indicated child victims (per 1,000 children under 18 years old in Rhode Island)	11.6	8.9	11.4	11.5
Section 2: Repeat Maltreatment*				
Percent of children who had repeat maltreatment within 12 months of the initial maltreatment	9.9%	8.3%	7.2%	
Median age at initial maltreatment (years)	5.0	6.0	6.0	
Median length of time between initial and repeat maltreatment (days)	168.0	146.0	217	
Section 3: Maltreatment in Foster Care**				
Number of victimizations of maltreatment in foster care	54	57	50	54
Number of unique child victims of maltreatment in foster care	52	55	46	53
Median age at CPS report (years)	10.5	13.0	14	14

*Unadjusted for age. Children's Bureau adjust for age at initial victimization.
**At time of report, Children's Bureau method of bed days calculations had not yet been released – subject to be revised

Investigations by Disposition and Year

Since the implementation of the SDM tool and SAFE model, Rhode Island has observed a reduction in the total number of child maltreatment reports screened in for investigation, alongside an increase in the percentage of substantiated cases (see Figure 3-2). In FFY19, 7,259 investigations were conducted, with 31% resulting in substantiated findings. By FFY24, the number of investigations had decreased to 4,635, yet the substantiation rate rose to 40% (See Appendix B: **DCYF Annual Safety Report FFY24**). This trend suggests improved precision in screening child maltreatment reports and fidelity to the SDM tool/SAFE practice model, enabling DCYF to more accurately identify and investigate cases that warrant intervention.

Figure 3-2. Percent of Investigations, by investigation disposition and year, FFY22-FFY24

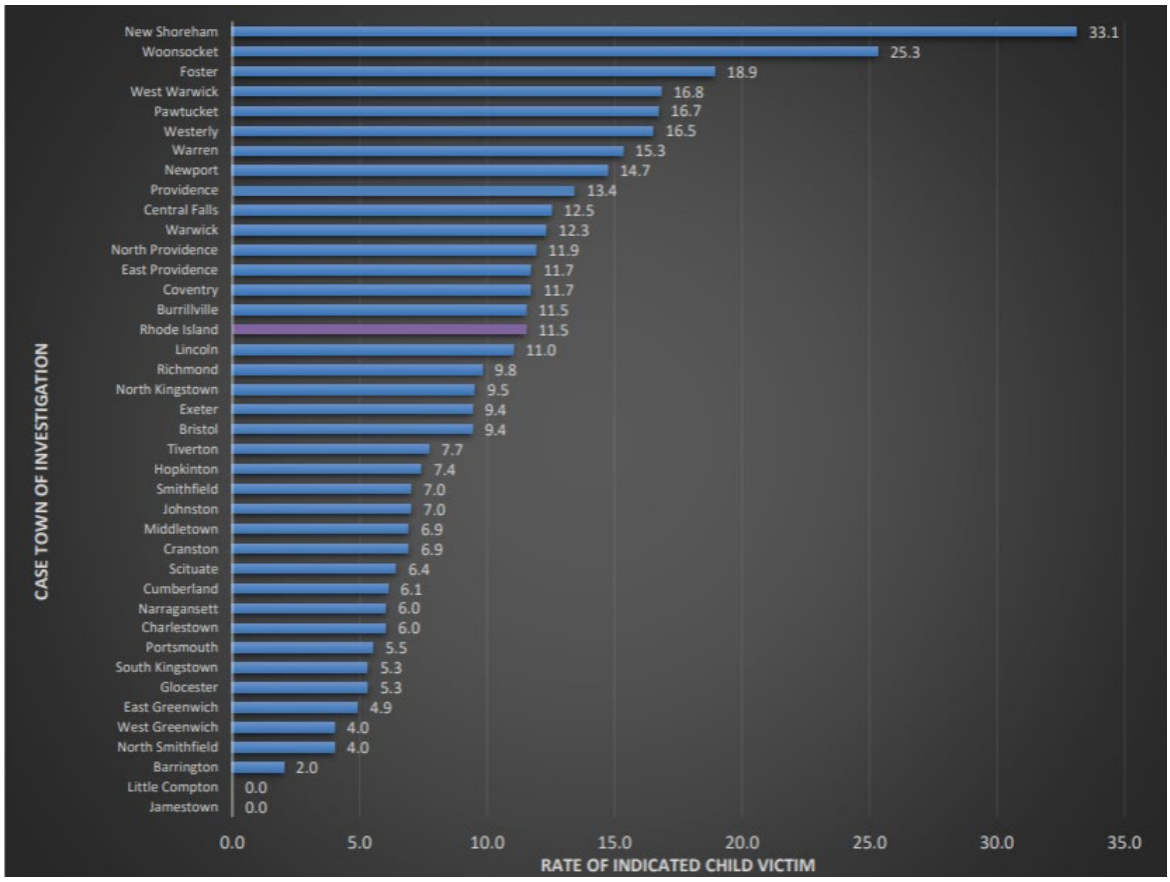


Data notes: - Data unduplicated by investigation. - Investigation level data reflect investigation level findings. A child may have indicated investigation even if all allegations are unfounded due to another child in the same investigation case being indicated.

Rate of Child Maltreatment in Rhode Island by Town

The rate of child maltreatment in RI in FFY24 was 11.5 per 1,000 children (children less than 18 years old). Approximately 15 cities exceeded the RI rate of maltreatment. The rate of child maltreatment increased slightly from FFY23 to FFY24. In FFY23 the rate of child maltreatment in RI was 11.4 per 1,000 children (children less than 18 years old) and approximately 11 cities exceed the RI rate of maltreatment. In FFY22, the rate of child maltreatment in RI was 8.9 per 1,000 children (children less than 18 years old) and approximately 10 cities exceeded the RI rate of maltreatment (see Figure 3-3). In both FFY22 and FFY23, New Shoreham had a count of 0 indicated children, in FFY24 the count of indicated children was 6. Due to the small population of children under 18, in New Shoreham the rate can be distorted. Woonsocket is consistently listed as the city with the highest rate of child maltreatment year over year. In FFY22, the rate of child maltreatment (indicated child victims per 1,000 children under 18 years old) in Woonsocket was 22.7. The rate decreased in FFY23 to 20.7. In FFY24, there was a significant increase to 25.3.

Figure 3-3. Rate of indicated child victims per 1,000 children under 18-year-old in Rhode Island, by family city\town, FFY24. (excluding maltreatment in foster care)

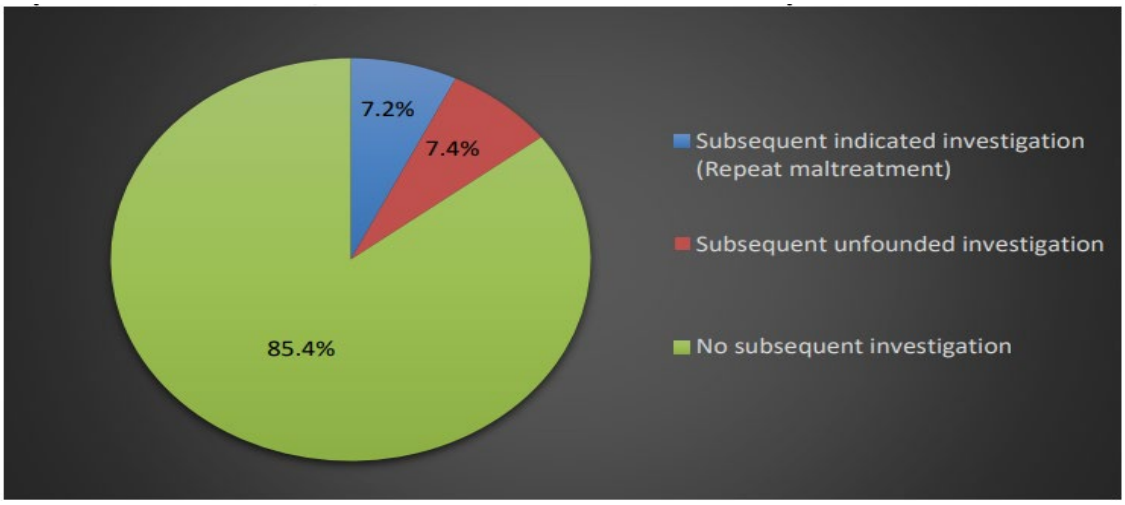


Data source: U.S. Census 2020 population estimate for children under 18; RICHIST; data are current as of 10/1/2024.
Data note:- Data unduplicated by child. If a child had multiple investigations in a fiscal year, perhaps one indicated and one unfounded, the child is counted once as indicated child victim. - Excluded child victims with unknown or out of state case address. - Excluded child victims of maltreatment in foster care.

Repeat Maltreatment

The number and percent of children who experienced repeat maltreatment*, shows a decreasing trend from FFY21 to FFY23 with the most recent decrease from 208 (8.3%) in FFY22 to 165 children (7.2%) in FFY23. The number and percent of children who experienced a subsequent unfounded investigation decreased from 227 children (9.0%) in FFY22 to 169 (7.4%) in FFY23 (see Figure 3-4 & Table 3-4).

Figure 3-4. Among indicated child victims reported in FFY23, percent who had subsequent indicated investigation, or repeat maltreatment*, within 12 months of the initial report



*Repeat maltreatment: report date of the first subsequent indicated investigation falls within 12 months of the initial indicated investigation reported in FFY23.

Table 3-4. Among indicated child victims, number and percent who had subsequent indicated investigation, or repeat maltreatment*, within 12 months of the initial report, by year, FFY21-FFY23

	FFY21 (N=2486)		FFY22 (N=2520)		FFY23 (N=2288)	
	N	%	N	%	N	%
Repeat maltreatment (Subsequent indicated investigation)	247	9.9%	208	8.3%	165	7.2%
Subsequent unfounded investigation	226	9.1%	227	9.0%	169	7.4%
No subsequent investigation	2013	81.0%	2085	82.7%	1954	85.4%

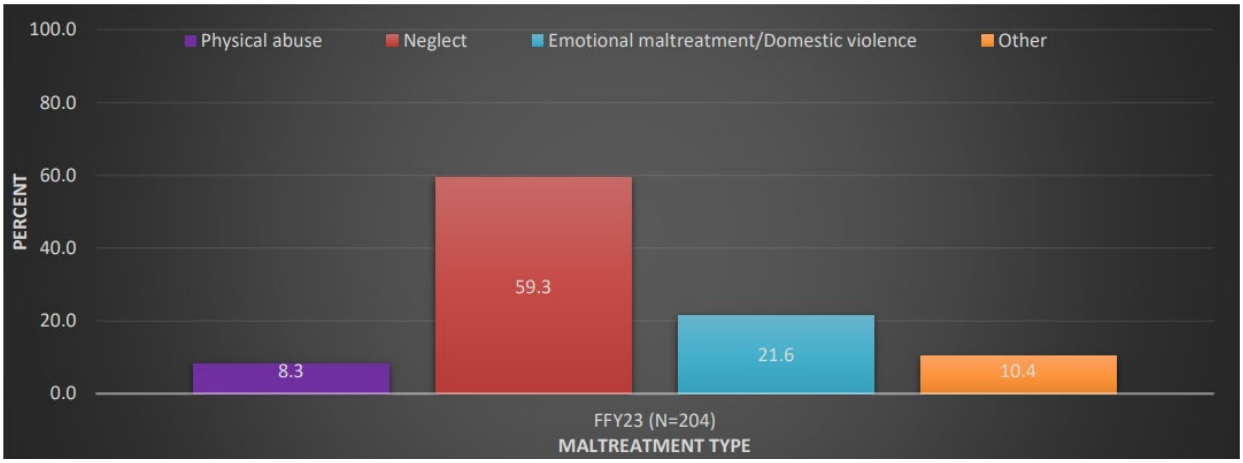
Data notes: - Data reflect observed percentage, unadjusted for age. Children's Bureau adjusts for age at initial victimization. - Data unduplicated by keeping the first indicated report in a fiscal year as the initial. If a child had multiple subsequent investigations within 12

months, the first indicated investigation is counted. - Subsequent investigations reported within 12 months but have not yet completed as of the last day of next fiscal year are not reflected. (example: for the initial investigation reported in FFY22, only the subsequent investigation reported within 12 months and completed in FFY23 are counted as repeat maltreatment) - Subsequent indicated investigations occurring within 14 days of the initial indicated investigation are not counted as repeat maltreatment.

Repeat Maltreatment Types

Figure 3-5 shows the percent of repeat maltreatment types of indicated investigations for FFY 23. In a single investigation a child may be a victim of more than one type of indicated maltreatment. Neglect is the most frequent type of indicated repeat maltreatment (59.3%) followed by emotional abuse as the second most frequent type (21.6%).

Figure 3-5. Percent of Repeat Maltreatment Types of Indicated Investigations, FFY23

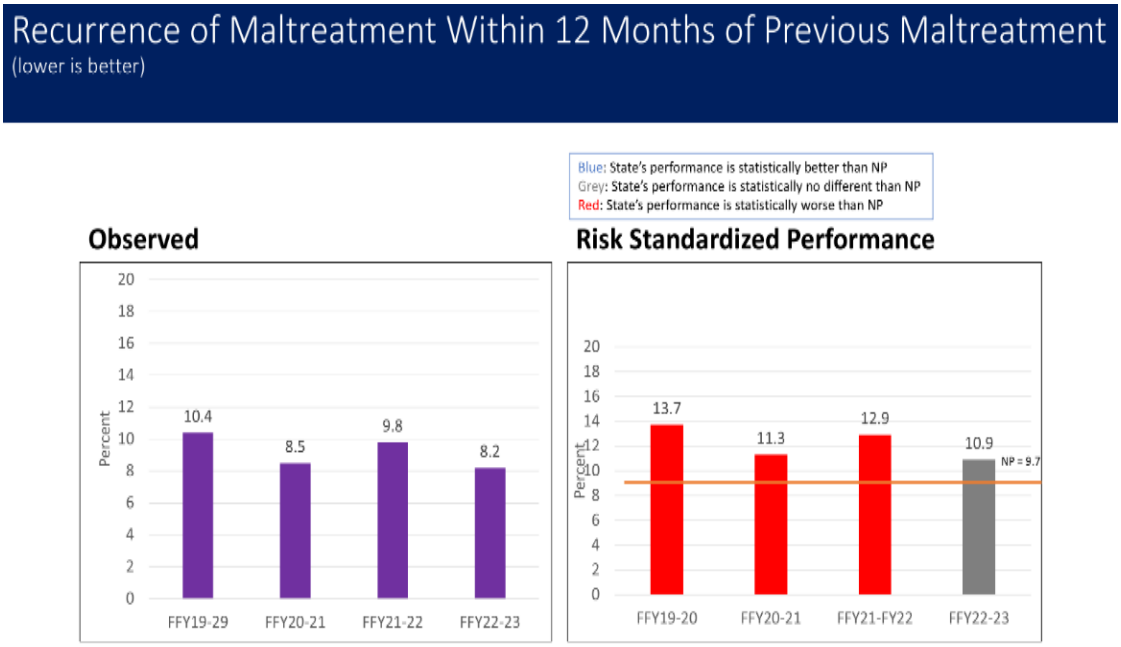


Data notes: - Data shown in investigation level. An investigation may be counted more than once if multiple children indicated in investigation. - Only the indicated allegations are reflected. - Percentage may add up to more than 100% because a child may be a victim of multiple maltreatment types. - NCANDS maltreatment categories may be different from RICHIST categories. - NCANDS maltreatment type of "other" includes RICHIST allegation types of medical neglect, sexual abuse, corporal punishment, inappropriate restraint, other institutional abuse and other institutional neglect under Institutional Abuse & Neglect.

CFSR Round 4 Statewide Data Indicator - Recurrence of Maltreatment

As depicted in Figure 3-6, Rhode Island's RSP for Recurrence of Maltreatment within 12 months is 10.9%, which is statistically no different than the national performance of 9.7% and a decrease from the previous data profile measure of 12.9%. There has been a decline in both the total number of initial and recurring victims over time. In FY22–23, there were 2,504 initial victims, down from 2,628 in FY20–21. Similarly, the number of victims experiencing recurrent maltreatment within 12 months decreased from 224 in FY20–21 to 206 in FY22–23.

Figure 3-6. Recurrence of Maltreatment

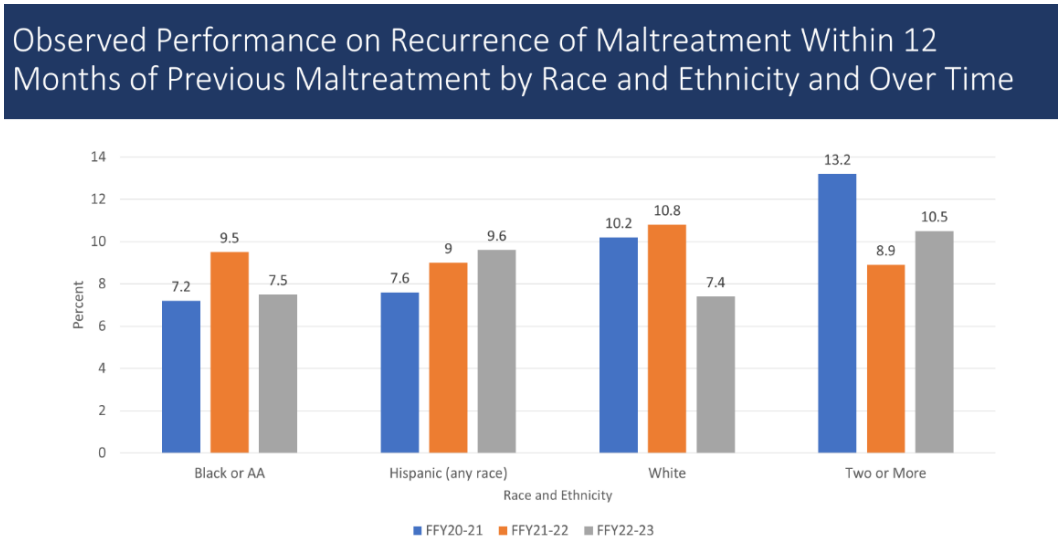


Data Source: Children's Bureau RI Data Profile, August 2024 and February 2025.
Data Note: Data is based on Adoption Foster Care and Reporting System and National Child Abuse and Neglect System.

Observed Performance on Recurrence of Maltreatment by Race and Ethnicity

Among race and ethnicity groups, Black/African American and White children had the lowest recurrence of maltreatment percentages as illustrated in Figure 3-7.

Figure 3-7. Observed Performance on Recurrence of Maltreatment Within 12 Months of Previous Maltreatment by Race and Ethnicity and Over Time.

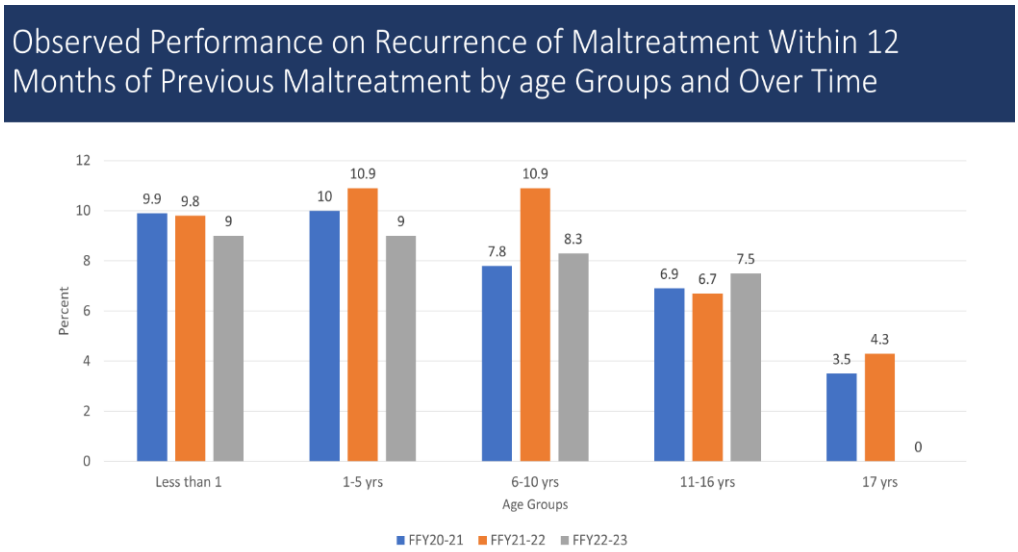


Data Source: Children's Bureau RI Data Profile, August 2024 and February 2025. Data Notes: Data is based on Adoption and Foster Care Reporting System and National Child Abuse and Neglect System.

Observed Performance on Recurrence of Maltreatment by Age

Figure 3-8 below shows that children between the ages of one and five, consistently represent the largest share of both initial (31%) and recurring (34%) victims of child maltreatment.

Figure 3-8: Observed Performance on Recurrence of Maltreatment Within 12 Months of Previous Maltreatment by Age Groups and Over Time



Data Source: Children's Bureau RI Data Profile, August 2024 and February 2025.
Data Notes: Data is based on Adoption and Foster Care Reporting System and National Child Abuse and Neglect System.

Removal Rates

Over the last 3 years, Rhode Island's prevention-focused initiatives have contributed to a consistent reduction in foster care entries. Table 3-5 shows that between FFY23 and FFY24, the removal rate decreased from 3.4 to 3.0 per 1,000 children, with the total number of removals decreasing from 737 to 664.

Table 3-5. Number, Median Age, and Removal Rate of Children Entering Out-Of-Home Placement FFY22-FFY24.

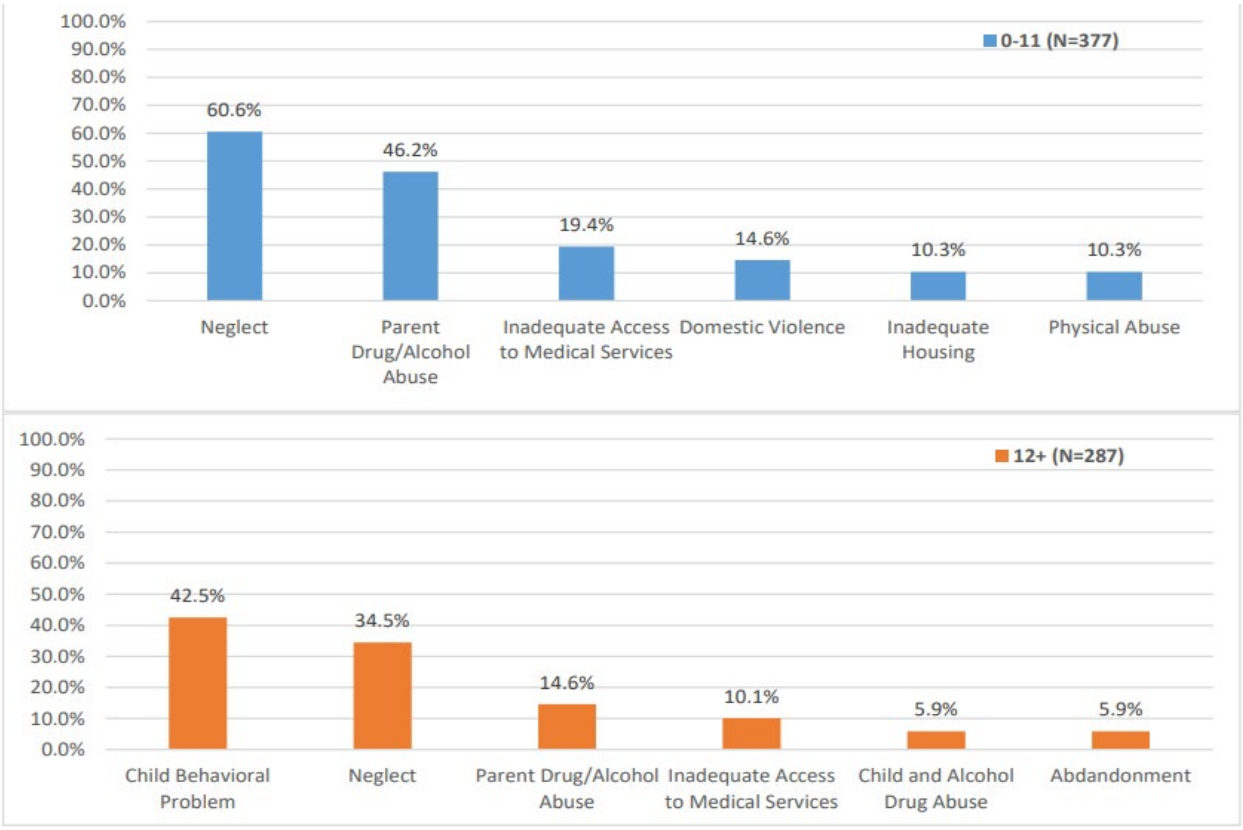
	FFY22 entry cohort	FFY23 entry cohort	FFY24 entry cohort
Number of children (unduplicated)	839	737	664
Median age at removal	7	7	9
Removal rate (per 1,000 children under 18 years old in Rhode Island)	3.7	3.4	3.0

Data source: U.S. Census population estimate 2021, RICHIST report 460; data are current as of 10/10/2024

Most Frequent Reasons for Removal

The most common factors contributing to initial removals for children between the ages of 0 to 11 in FFY24 were neglect, parent drug/alcohol abuse, and inadequate medical services. For children aged 12 and older, the most frequent removal reasons were child behavior problem, neglect, and parent drug/alcohol abuse as reflected in Figure 3-9.

Figure 3-9. Percent of children entering out-of-home placement, by most frequent removal reasons and age at removal, FFY24 entry cohort

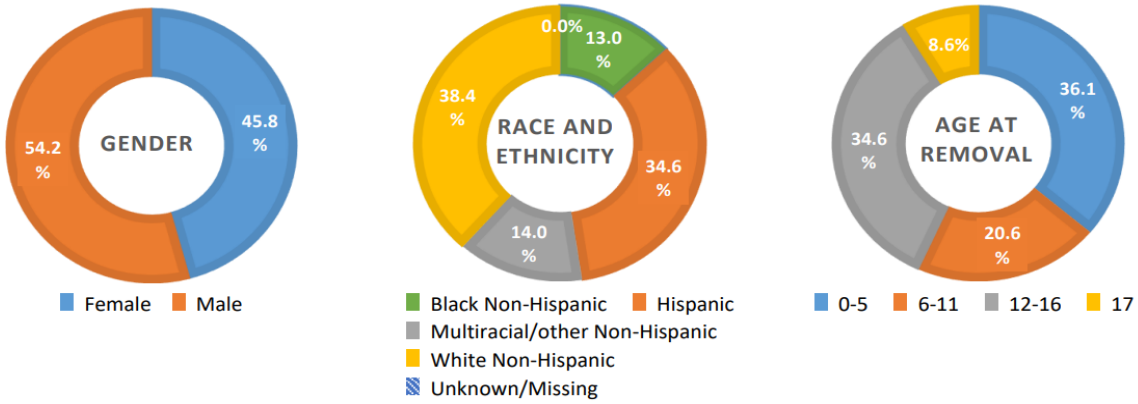


Data source: RICHIST report 460; data are current as of 10/10/2024.
Data Notes: Percentages may add up to over 100% because a youth may have multiple removal reasons. • Only the most frequent removal reasons are shown (5 highest percentages by age category).

Demographics of Children Entering Foster Care

Despite the overall reduction in the number of children who enter foster care each year, disparity in removals amongst certain subpopulations continue to persist, as reflected in Figure 3-10.

Figure 3-10. Demographics of children entering out-of-home placement, FFY24 entry cohort (N=664)



Data source: RICHIST report 460; data are current as of 10/10/2024.
Data Note: Multiracial/other includes Multiracial Non-Hispanic, Asian, American Indian and Pacific Islander.

Differences of Children Entering Foster Care by Race and Ethnicity

The comparison below highlights differences in out-of-home placements in Rhode Island during FFY24 by age groups.

Certain racial and ethnic groups (especially Multiracial and Black or African American children) are overrepresented in the foster care system compared to their share of the general child population, while White children are underrepresented.

Differences of children entering foster care between ages 0-9:

- ✓ Black or African American
  - Population: 12.8%
  - Percent entering out-of-home placement: 18.1%
- ✓ Multiracial (two or more races)
  - Population: 6.7%
  - Percent entering out-of-home placement: 20.2%
- ✓ Hispanic (any race)
  - Population: 30.5%
  - Percent entering out-of-home placement: 31.7%
- ✓ White
  - Population: 72.7%
  - Percent entering out-of-home placement: 60.3%

Differences of children entering foster care between ages 10-17:

- ✓ Black or African American
  - Population: 11.3%
  - Percent entering out-of-home placement: 16.1%
- ✓ Multiracial (two or more races)
  - Population: 6.3%
  - Percent entering out-of-home placement: 16.1%
- ✓ Hispanic (any race)
  - Population: 25.5%
  - Percent entering out-of-home placement: 31%
- ✓ White
  - Population: 76.8%
  - Percent entering out-of-home placement: 65.8%

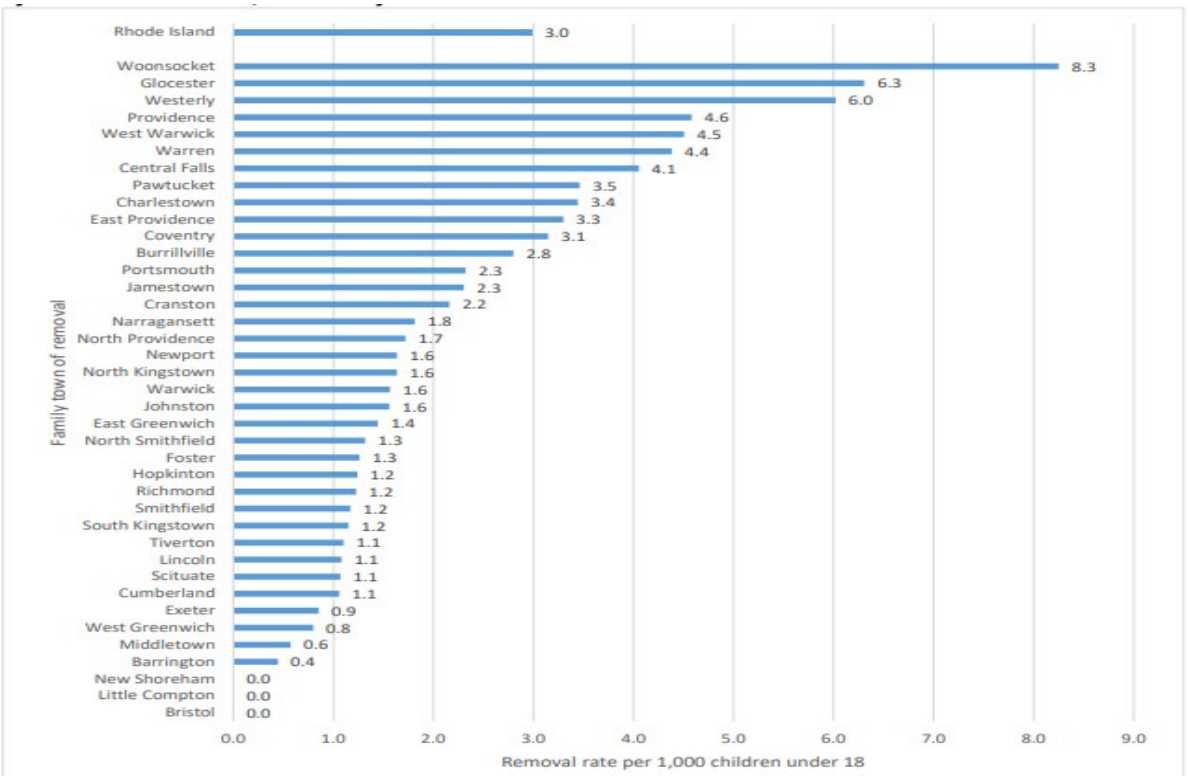
Data Source: U.S. Census population estimate 2021, RICHIST report 460; data are current as of 10/10/24.
Notes: Children with unknown race and ethnicity are not shown; Children with out-of-state case address are excluded

The data comparison shows that Multiracial (two or more races) children stand out as the most disproportionately overrepresented in both age groups. Black or African American children are also consistently overrepresented. Hispanic (any race) children are somewhat aligned with population rates among younger children but become more overrepresented among teens. White children are consistently underrepresented in foster care compared to their population share.

Geographic Differences Among Removals

Additionally, geographic differences are evident, with communities such as Woonsocket continuing to experience higher rates of foster care entries compared to other municipalities. Figure 3-11 shows that Woonsocket's rate of removal was 8.3 per 1,000 children in FFY24, nearly three times the state rate of 3.0 per 1,000 children. Woonsocket's consistently high removal rate reflects the intersection of several systemic and socioeconomic factors.

Figure 3-11. Rate of Children Entering Out-Of-Home Placement per 1,000 Children Under 18 Years Old in Rhode Island, by Case Town of Removal, FFY24 Entry Cohort.



Data Source: U.S. Census 2020 population estimate for children under 18. RICHIST report 460; data are current as of 10/10/2024.

Data Note: Children with out-of-state or unknown case addresses are excluded. - If a child moved to a different address after removal, the case town may not reflect the town at the time of removal

Statistics on Re-Entry into Foster Care

Among the FFY23 exit cohort in the **Permanency and Re-entry: FFY23 Entry & Exit Cohort** (October 1, 2022- September 30, 2023), 39 (6.3%) of children re-entered DCYF out-of-home home placement within 12 months of permanency achieved (see Figure 3-12). Across racial and ethnic groups, Black Non-Hispanic had the highest percent re-entering and White Non-Hispanic had the lowest percent re-entering. Among age groups, older children ages 12-17 had slightly lower percent re-entering compared to younger children.

Figure 3-12. Stats at a Quick Glance: 3-year Trend Data on Re-entry into Foster Care within 12 Months of Permanency Achieved.

	FFY21 exit cohort (Re-entry between FFY21-FFY22)	FFY22 exit cohort (Re-entry between FFY22-FFY23)	FFY23 exit cohort (Re-entry between FFY23-FFY24)
Number and percent re-entered	50 (4.4%)	56 (5.6%)	39 (6.3%)
Median age (years) at re-entry	6 years	8 years	7 years
Median length of time (days) between permanency achieved and re-entry	160 days	209 days	237 days

Demographics of Child Victims of Repeat Maltreatment

In FFY23, there was an increase in male victims of repeat maltreatment compared FFY22. Among children of repeat maltreatment, Hispanic and Black non-Hispanic decreased from FFY22 to FFY23. Among child victims of repeat maltreatment, children between the ages of 0-11 were most frequently victimized. In FFY22, 77% of the victims were age 0-11 and in FFY23 82% of the victims were age 0-11 (see Figure 3-13). It is important to note this sample size is small and small changes in the number of victims can translate into larger percentage changes. Among child victims of repeat maltreatment age 17 years and younger, approximately 1 in 8 were under the age of 1 year old (see Figure 3-13).

Figure 3-13. Demographics of child victims of repeat maltreatment, by year, FFY21-FFY23

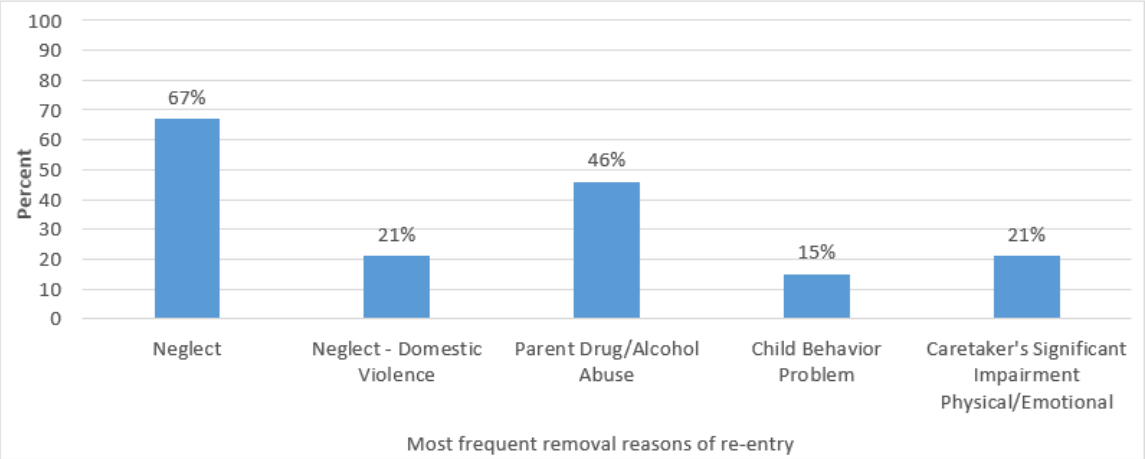


Data notes: - Data unduplicated by keeping the first indicated report in a fiscal year as the initial. If a child had multiple subsequent investigations within 12 months, the first indicated investigation is counted.

Most Frequent Removal Reasons Among Children Re-entering Foster Care

Neglect was the most common removal reason of re-entry for FFY23 exit cohort, 67%, followed by parent drug/alcohol abuse, 46%, as illustrated by Figure 3-14.

Figure 3-14. Most frequent removal reasons for re-entry among children re-entering into out-of-home placement within 12 months of achieving permanency, FFY23 exit cohort.

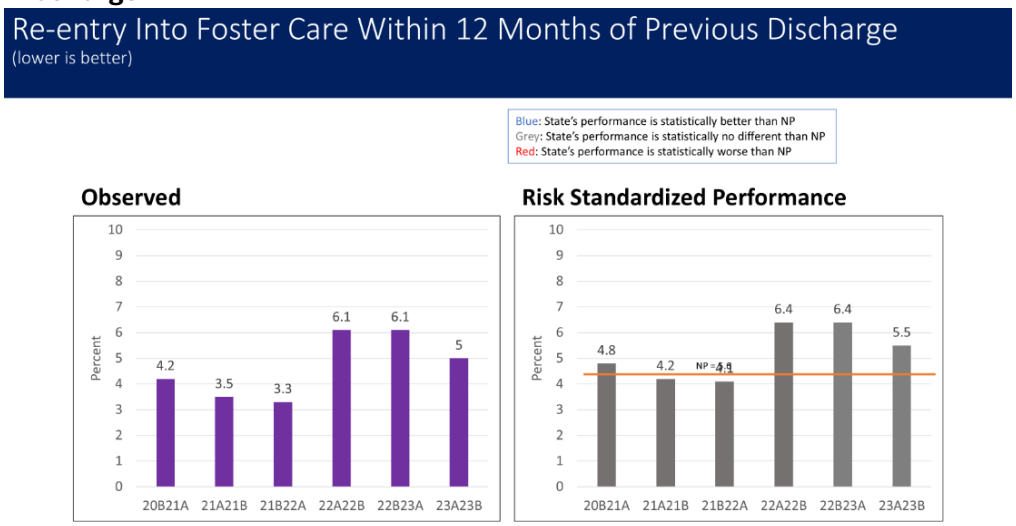


Data Notes: Percentages may add up to over 100% because a youth may have multiple removal reasons. - Only the most frequent removal reasons are shown. Removals reasons that are less than 6 are not presented in the figure.

CFSR Round 4 Statewide Data Indicator – Re-entry into Foster Care within 12 Months Previous Discharge

Figure 3-15 shows a slight trend increase in the rate of children re-entering foster care within 12 months of achieving permanency. While performance continues to fluctuate year to year, Rhode Island's RSP for re-entry into foster care within 12 months is 5.5%, which is statistically no different than the national performance of 5.6%.

Figure 3-15. National Performance Measure - Re-entry Into Foster Care within 12 Months of Previous Discharge



Data Source: Children's Bureau RI Data Profile, August 2024 and February 2025.
Data Note: Data is based on Adoption Foster Care and Reporting System and National Child Abuse and Neglect System.

Family Care Community Partnership (FCCP) – Analysis on Participants Opening to DCYF Within Specified Timeframes of Program Completion

As a central pillar of Rhode Island's primary prevention strategy and Family First implementation, DCYF contracts with five regionally based Family Care Community Partnership (FCCP) agencies. These agencies focus on the front end of the child welfare continuum by providing wraparound service coordination. Families may self-refer or be referred by schools, law enforcement, healthcare providers, or other community-based organizations. Additionally, DCYF can make direct referrals of families who are determined safe, yet demonstrate risk factors for future child welfare involvement.

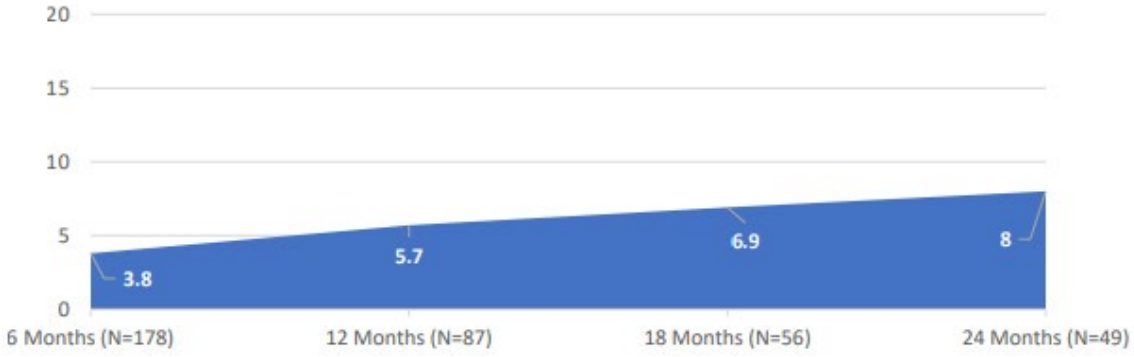
Figure 3-16a shows the percent of FCCP primary children that open to DCYF within 24 months after receiving at least one day of FCCP care in FY 2020, 2021, 2022. Opening to DCYF is defined as an indicated investigation, removal, or indicated and removed. Figure 3-16b provides a previous cohort of data for comparison (FFY19-FFY21).

Among the 4,485 FCCP participants in the FY20-FY22 cohort, 349 (7.8%) opened to RI DCYF within 24 months of FCCP program engagement (Figure 3-16a). This is a slight decrease in number of participants from the previous reporting period (N= 4,692, Figure 3-16b), as well as a slight decrease in the number of families opening to DCYF (N=370, Figure 3-16b). Each 6-month time-point includes the previous period for a cumulative percent (i.e. 12 months are those that open between 0 and 12 months and includes the 156 that opened in the 6-month period).

Figure 3-16a. Among FCCP Children* (N=4,485), cumulative percent and time to open[&] to DCYF, FY 20 – 22, (N=349)



Figure 3-16b. Among FCCP Children* (N=4,692), cumulative percent and time to open& to DCYF, FY 19 – 21, (N=370)



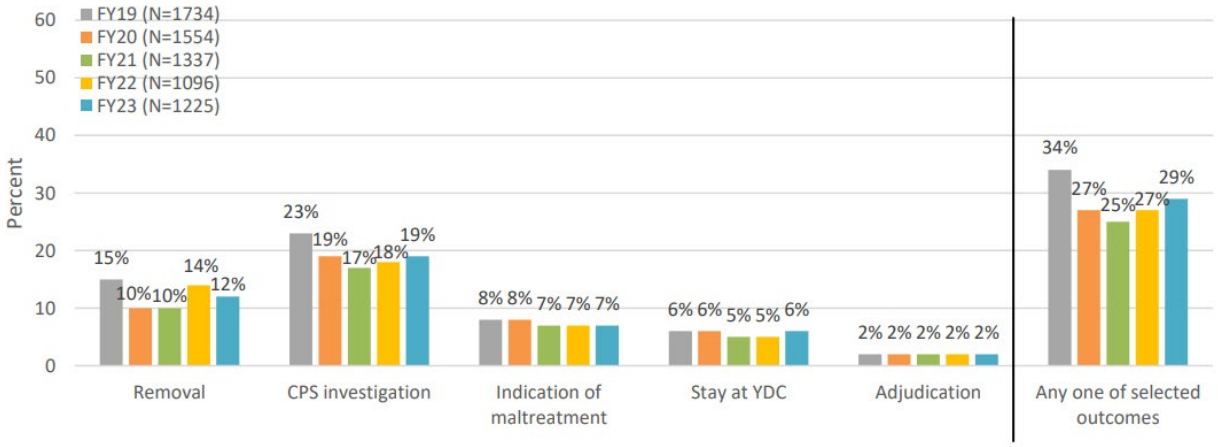
*Entry cohort from FCCP services; those who consented to care were included. Opening date is defined by consent date. Any case that is open for 0 days or less are omitted. All cases follow for 2 years. & Opened is defined as indicated investigation, removal, or indicated and removed Data source: RICHIST and RIFIS; data are current as of 3/5/2025

Home-Based Services Array & Selected 12-Month Outcomes

In August 2024, DCYF expanded its home-based service array through a comprehensive contract re-procurement process, significantly increasing access to programs aimed at preventing removals and re-entries into foster care. There were 1225 entry cohort of children between the ages of 0 and 21 who were involved with DCYF's child welfare, juvenile justice, and/or children's behavioral health and started at least one type of DCYF contracted home-based service while in the home in State Fiscal Year 2023. Figure 3-17 shows the number of children who started a DCYF contracted home-based service from in-home between FY19 and FY23 and experienced at least one of the following outcomes: Removal, CPS Investigation, indication of maltreatment, stay at the Youth Development Center, and Adjudication within 12 months of starting the service. The percentage of children

experiencing at least one of the selected outcomes over the five-year period decreased from 34% to 29%; however, the percentage over the last three years increased from 25% to 29%.

Figure 3-17. Selected 12-month Outcomes of Children who Started a Home-Based Service from In-home FFY19-FFY23.



NOTES:
- Twelve-month follow-up period begins on the service start date.
- 7 children who started visitation while in-home were excluded from the analysis.
- A child may be counted in more than one outcome category, if a child experienced multiple outcomes within the 6-month period.
- In-home placements defined in this report include living arrangement of stay with friend, guardian, married parents, relatives, separated couple, single female parent, single male parent, subsidized adoption, and unmarried couple. This is not exclusively child welfare placement.
- Depending on the length of time a child received a service, a child may or may not have been receiving the service at the time of experiencing the outcome. Child may have ended the service any time before or after experiencing a selected outcome
-Children, youth and families may have received additional services paid through private insurances and those are not captured
-Data reflects only the target children receiving the service. Some of the services may be at a family level but siblings of the target child who also engage in the program as a family member are not included.

To strengthen staff knowledge of available prevention services and promote more effective service matching for children and families, DCYF launched several initiatives to increase awareness of its contracted service array and related community programs. A comprehensive Service Provider Guide was developed and disseminated, that includes detailed descriptions of contracted services, best-fit and exclusionary criteria, and other relevant factors to help staff make informed decisions when selecting services. The guide was distributed to all internal DCYF staff and published on the agency's website to ensure accessibility for external stakeholders as well. Additionally, DCYF hosted a provider fair in September 2024, bringing together internal staff, service providers, and community partners. To further promote awareness amongst internal staff, informational sessions were held at each regional office in October and November 2024.

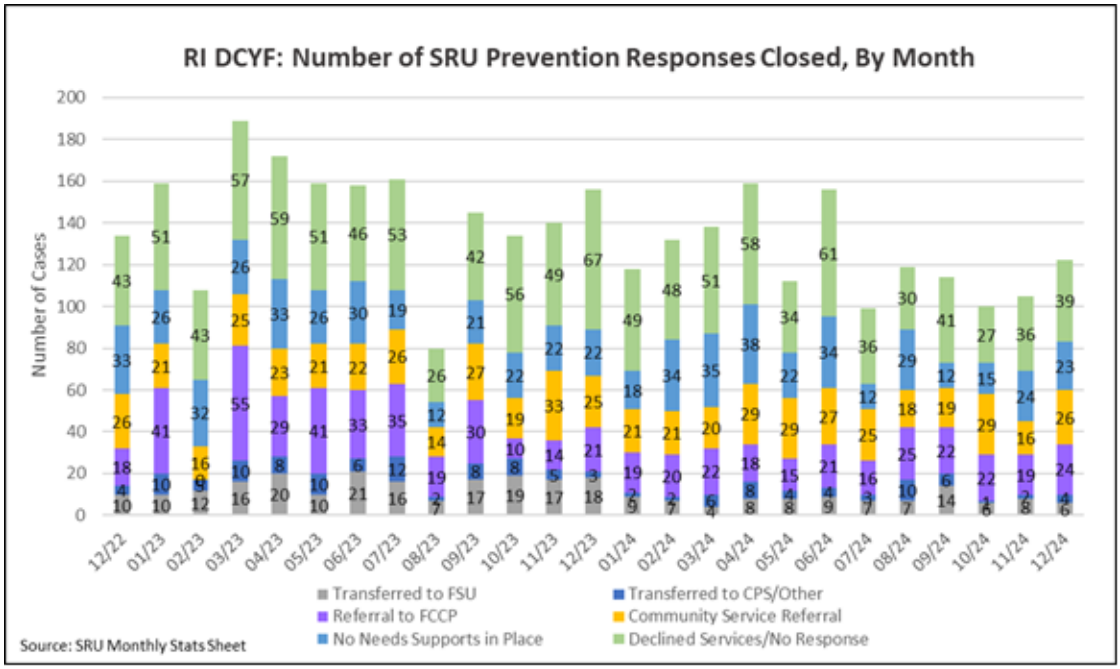
Support and Response Unit & Disposition Analysis

In 2020, DCYF further strengthened its prevention infrastructure by establishing the Support and Response Unit (SRU) within the Division of Family Services. SRU is designed to connect families to statewide community-based supports, often in response to screened-out child maltreatment reports or direct requests for help.

As seen in Figure 3-18, in 2023, 2,192 calls were made to the family referral line, with over half the calls (61%) resulting in a service referral or general information response. In 2024, there were 2,176 calls made to the family support line, with over half the calls (62%) resulting in a service referral or general information response.

Reports made to the Child Abuse and Neglect Hotline that do not meet the criteria for an investigation, but do meet the threshold for a prevention response may also be referred to the SRU. The SRU does not provide long-term case management and a case disposition is made within 30 days of assignment. The SRU's involvement concludes with one of the following outcomes outlined in Figure 3-18. The most common dispositions of these cases are the family declining services/no response, no needs/supports already in place, and referral to FCCP or another community-based service.

Figure 3-18. Number of SRU Prevention Responses Closed, by Month



The Department plans on conducting an analysis of families involved with SRU to assess efficacy in meeting the family's needs and preventing future involvement with DCYF.

Collectively, these initiatives represent a deliberate, statewide shift toward prevention and family preservation. Rhode Island's improved performance on Item 2 suggests that these strategies are effectively reducing the number children entering foster care and supporting families in remaining safely together. However, continued focus is needed to address the persistent disparities in child maltreatment and foster care entries.

Item 3 – Risk and Safety Assessment and Management

All 145 internal CQI case reviews conducted between November 2022 and October 2024 were applicable for Item 3, with 71% (103) rated as a Strength. These results reflect progress from Rhode Island's performance in Round 3, in which only 43% (28) of 65 applicable cases were rated as a Strength.

Despite this progress, 29% (42 out of 145) of cases reviewed between November 2022 and October 2024 were rated as an Area Needing Improvement. The following recurring trends were identified:

- **Inaccurate initial assessments** that either failed to identify safety concerns or overestimated risk, resulting in reoccurring maltreatment or unnecessary entry into foster care.
- **Failure to assess all children in the home** in Family Care Community Partnership (FCCP), Juvenile Probation, and cases open due to one child's behavioral needs.
- **Infrequent and inaccurate ongoing assessments**, including a lack of updates to safety plans in response to new or changing family conditions.

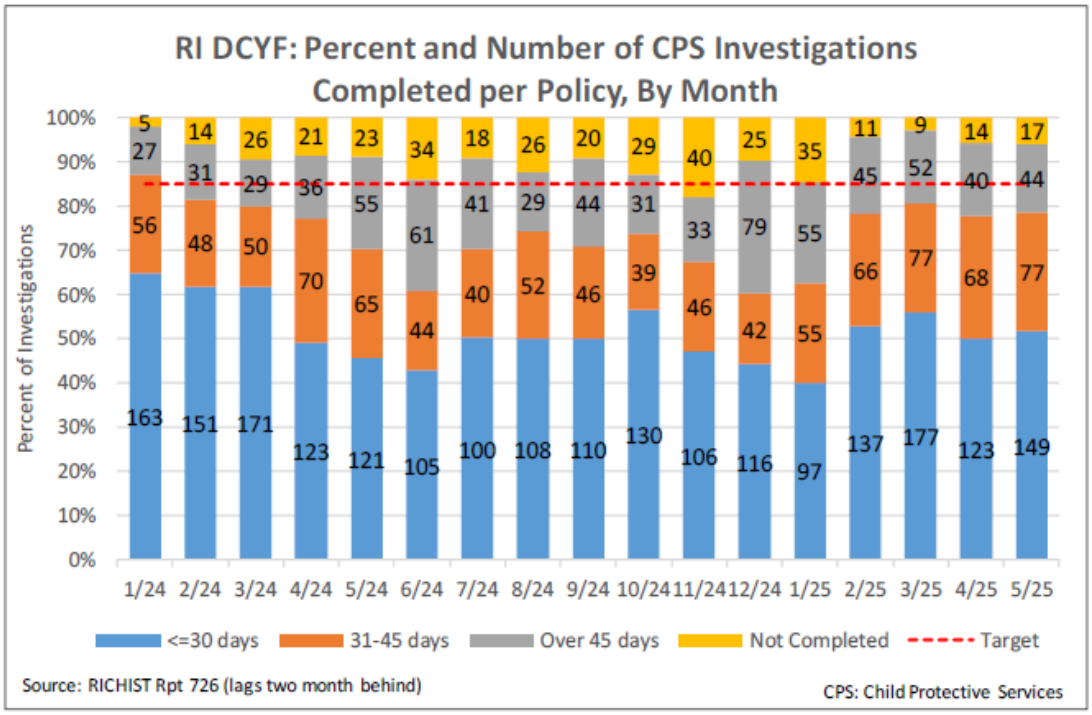
SAFE Practice Model

DCYF's new SAFE Practice Model supports a more comprehensive, family-centered approach to assessing safety and risk across all stages of case involvement. CPS investigators use the Family Functioning Assessment (FFA) to gather information about caregiver protective capacities and family functioning to determine risk and safety concerns necessitating Department intervention. The FFA informs the development of the initial impending danger safety plan, if necessary, which is then continuously assessed and updated by FSU caseworkers using the Ongoing Family Functioning Assessment (OFFA) throughout the life of the case, ensuring that plans remain responsive to evolving family needs and risks.

A Family Functioning Assessment (FFA) is completed by a Child Protective Investigator on every case assignment. These formal safety/risk assessments must be completed within 30 days of case assignment (or 45 days if an extension is requested and granted by administration). These assessments are completed on all investigations regardless of disposition (indicated, unfounded, or unable to complete).

Figure 3-19 shows the percent and number of CPS investigations completed per policy, by month.

Figure 3-19. CPS: Percent of CPS Investigations Completed per Policy



The Ongoing Family Functioning Assessment (OFFA) serves as the Department's formal ongoing risk and safety assessment. The *OFFA* outlines the risk factors that necessitate the Department's involvement, identifies the behavior changes required from parents/caregivers to mitigate those risks, and lists the specific services and supports provided to help the family address these concerns and related needs.

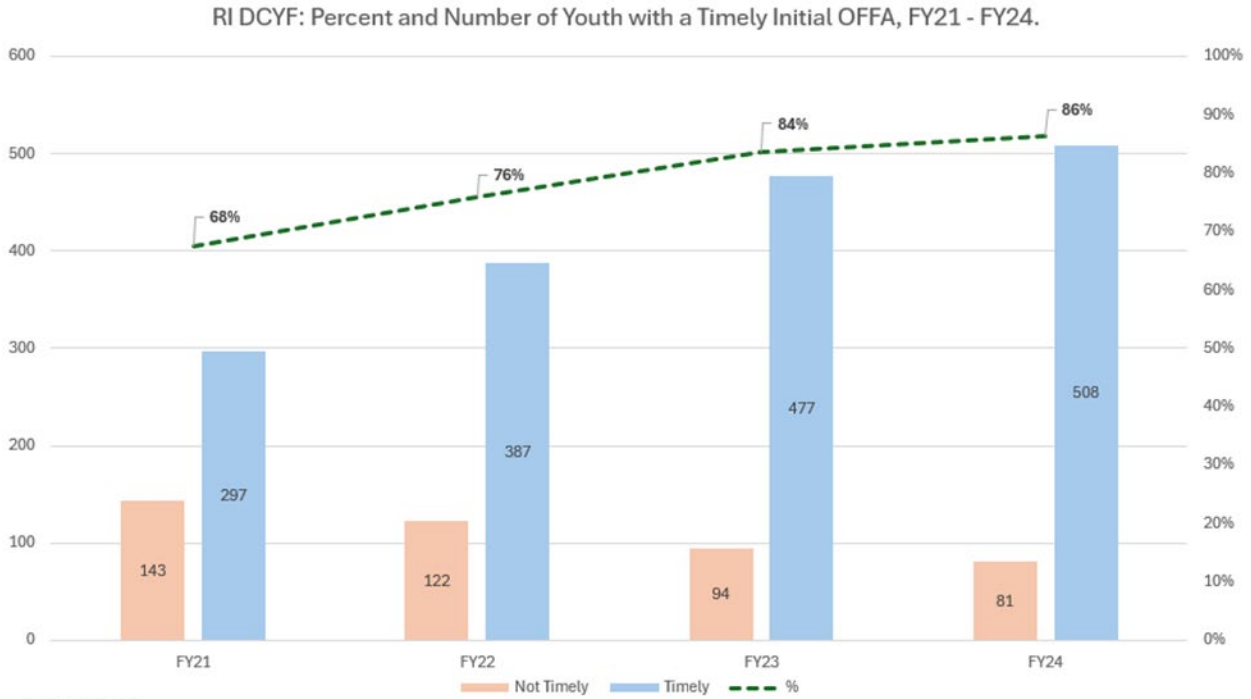
The OFFA is a time-limited tool that must be completed within the first 60 days of case assignment, with reassessments occurring at least every 90 days, or sooner if a significant change within the family has occurred or is anticipated.

In August 2025, the Department implemented a new method to track the timely completion of initial OFFAs (completed within 60 days of case assignment). Figure 3-20 below presents data for four entry cohorts (FY21–FY24), determined on the child level by the first FSU caseworker assignment following case open and child activation date—meaning a child may appear in multiple years. Timeliness is assessed in alignment with RI DCYF practice for initial Ongoing Family Functioning Assessments (OFFA) being completed within 60 days of assignment. Youth are only eligible if their case remained open for at least 60 days following worker assignment. Timeliness is determined by whether the first OFFA following assignment was completed and approved within 60 days of assignment date.

The data reflects a positive year-over-year trend in completion rates going from 66% in 2021 to 86% in 2024. Prior to this improvement, initial OFFA completions were informally monitored by supervisors during weekly caseworker supervision. That approach remains in

place for OFFA reassessments, which are required every 90 days following the initial assessment. However, the Department is developing a formal tracking mechanism to ensure timely completion of these reassessments. While RICHIST currently generates notifications to workers as 90-day reassessment dates approach, there is no standardized report to verify completion. A formal report is scheduled for implementation by 2026.

Figure 3-20. Percentage of Youth with a Timely Initial OFFA, FY21-FY24:



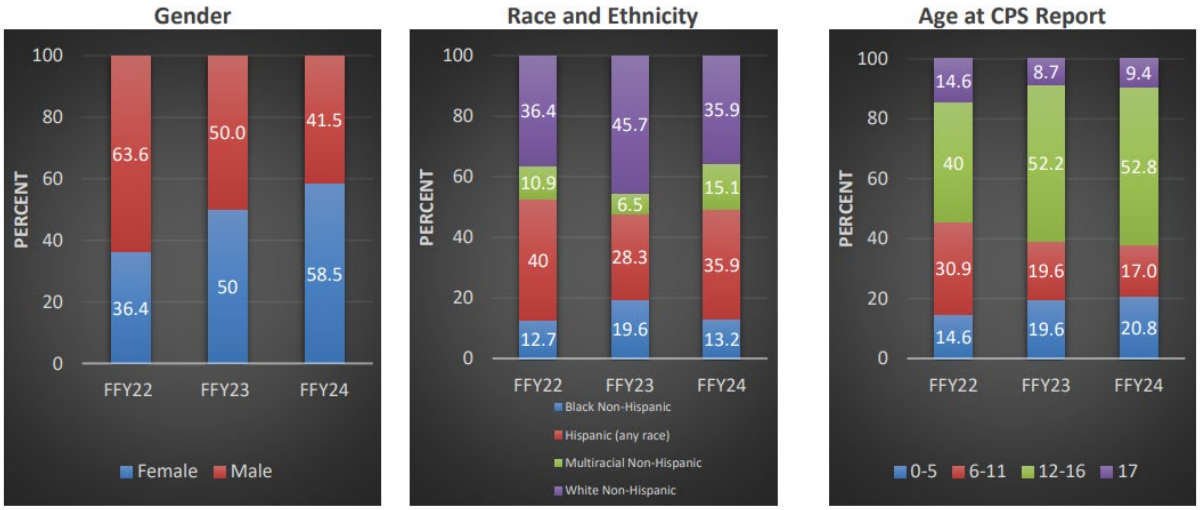
Source: RICHIST
Data Notes: Youth under 18 who were not discharged within 60 days of FSU assignment.
Timely if first OFFA following assignment was approved within 60 days of assignment date.

Maltreatment in Care

Demographics of Indicated Child Victims of Maltreatment in Foster Care

Figure 3-21 shows the demographics of indicated child victims of maltreatment in foster care, by year, FFY22-FFY24. By gender, the percent of female victims increased from FFY23 to FFY24. Among child victims, multi-racial non-Hispanic and Hispanic (any race) group increased from FFY23 to FFY24. Among child victims, the percent of children aged 0-5 and 12-16, and 17 increased from FFY23 to FFY24, while the percent of children aged 6-11 remained the same during the same time period.

Figure 3-21. Demographics of indicated child victims of maltreatment in foster care, by year, FFY22-FFY24

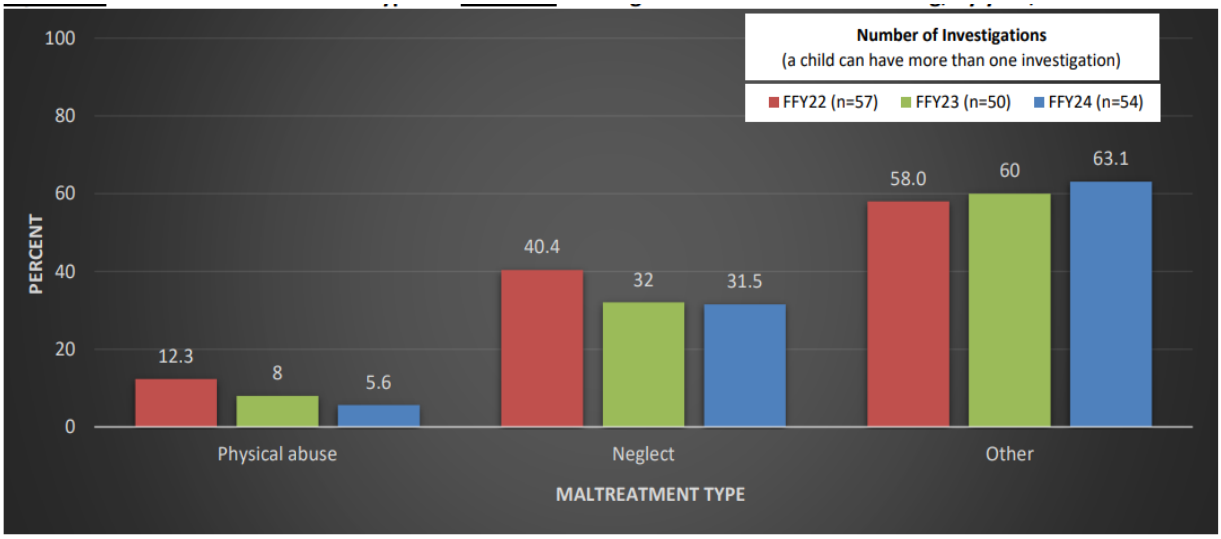


Data notes: - Data unduplicated by child. A child victim of maltreatment in foster care counted once.
Data source: RICHIST; data are current as of 10/1/2024.

Maltreatment Types in Foster Care

The most frequently indicated maltreatment types in foster care were "other" and "neglect," as illustrated in Figure 3-22. While "physical abuse" and "neglect" have trended downward, reports categorized as "other" have increased. The NCANDS category of "other" includes RICHIST allegation types such as medical neglect, sexual abuse, emotional maltreatment, corporal punishment, inappropriate restraint and other forms of institutional abuse or neglect.

Figure 3-22. Percent of Maltreatment Types of Indicated Investigations in Foster Care Setting, by year, FFY22-FFY24

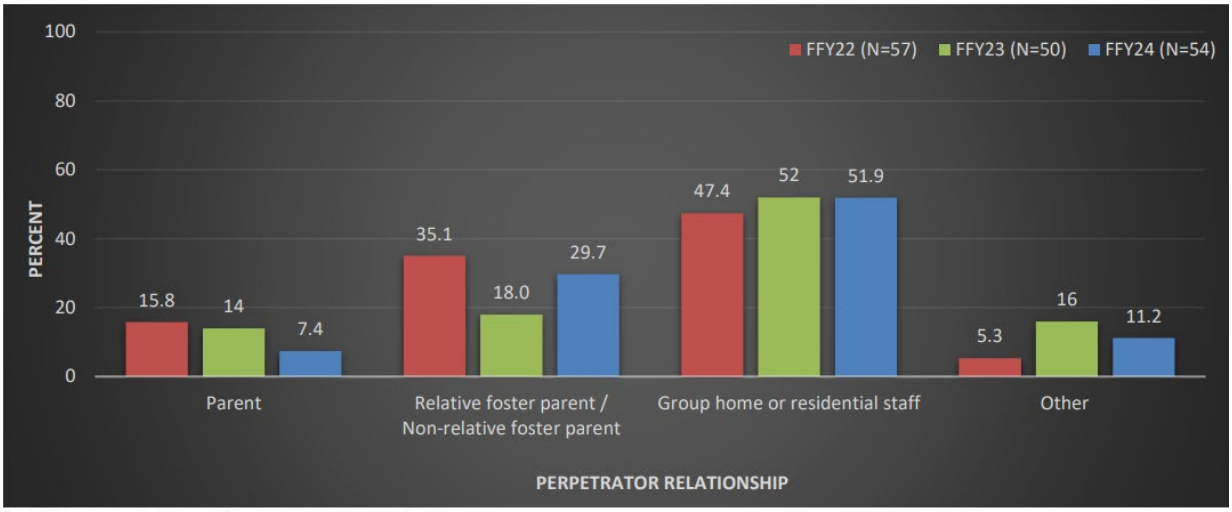


Data source: RICHIST; data are current as of 10/1/2024.
Data notes: - Data shown in investigation level. An investigation may be counted more than once if multiple children indicated in investigation. - Only the indicated allegations are reflected. - Percentage may add up to more than 100% because a child may be a victim of multiple maltreatment types. - NCANDS maltreatment categories may be different from RICHIST categories. - NCANDS maltreatment type of "other" includes RICHIST allegation types: Medical neglect, Sexual abuse, emotional maltreatment, corporal punishment, inappropriate restraint, other institutional abuse and other institutional neglect under Institutional Abuse & Neglect.

Perpetrator Relationship of Indicated Maltreatment in Foster Care

In FFY24, the most prevalent perpetrator relationships are group home or residential staff (51.9%). Relative foster parent / non-relative foster parent increased from FFY23 to FFY24, while parent perpetrator relationship decreased, as reflected in Figure 3-23.

Figure 3-23. Percent of perpetrator relationship of indicated maltreatment* in foster care, by year, FFY22-FFY24



*a child may be indicated for more than one maltreatment type

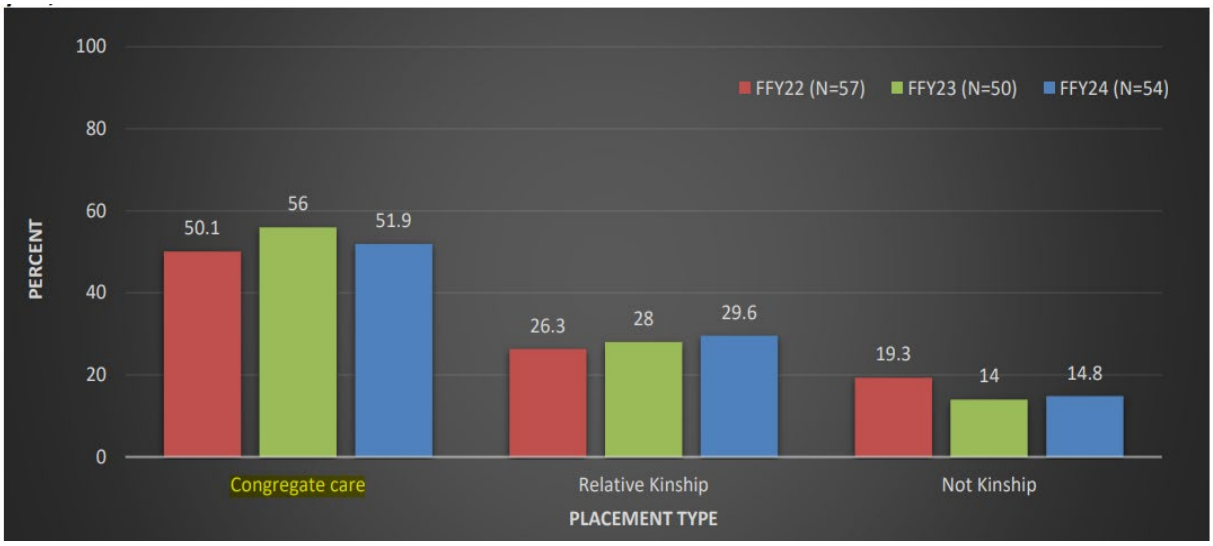
Data notes: - Data shown in investigation level. An investigation may be counted more than once if multiple children indicated in investigation. - Percentage may add up to more than 100% because a child may have had multiple allegations and/or multiple perpetrators for each allegation. - Other/unknown includes NCANDS perpetrator relationship of relative (non-foster) / legal guardian, child daycare providers, unmarried partner of parent, other professionals, friends or neighbors, other and unknown or missing. - Only the perpetrator relationship to indicated allegations in foster care are reflected

Maltreatment in Foster Care Across Placement Type

Figure 3-24 presents the distribution of indicated investigations in foster care across placement types to better understand the distribution and to design tailored interventions to mitigate the risk of maltreatment in foster care. The percent of maltreatment in congregate care decreased from FFY23 to FFY24. The percent of maltreatment increased in relative

kinship, and not kinship FFY23 to FFY24.

Figure 3-24. The Percent of Indicated Investigations in Foster Care (Out-Of-Home Placement)



Data Source: RICHIST; data are current as of 10/1/24.
Data notes: Data shown in investigation level. An investigation may be counted more than once if multiple children indicated in investigation. - Congregate care includes placement type of group homes, assessment and stabilization center, residential facility, medical hospital, and substance abuse facility. - Other includes placement type of absent from care, independent living, psychiatric hospital, and RITS. - Non-relative kinship and other categories suppressed due to small numbers.

Rate of Maltreatment in Foster Care by Placement Type

The rate of maltreatment in both foster family homes and congregate care placements increased from FFY23 to FFY24. Foster home placements in FFY24 was 5.1 per 1,000, an increase from 4.3 in FFY23. Congregate care placements in FFY24 were 30.6 per 1,000 an increase from 27 per 1,000 in FY23 (Table 3-6). In a single investigation a child may be a victim of more than one type of indicated maltreatment. Neglect is the most frequent type of indicated maltreatment in foster families (70.8%), while institutional/other is most frequent type of indicated maltreatment in congregate care (92.6%).

Table 3-6. Rate of maltreatment per 1,000 placements by placement types in foster homes, by all out of home placement at RI DCYF, FFY22-FFY24

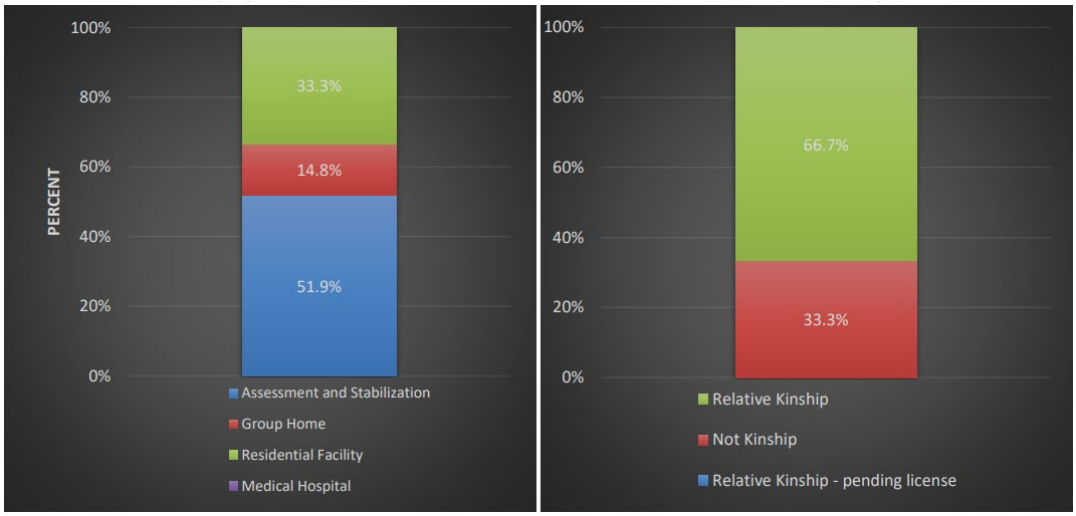
Placement Type	FFY22	FFY23	FFY24
Foster Family	5.2	4.3	5.1
Congregate Care	23.0	27.0	30.6

Data notes: - Data duplicated at the placement level. This is a duplicated counted of children in all placements as a child may be maltreated more than once in a different placement.
Data source: RICHIST; data are current as of 10/1/2024.

Rate of Maltreatment in Foster Care by Placement Types Within Congregate Care and Foster Family Settings

Figure 3-25 shows the percent of children with indicated maltreatment in foster care by placement types within congregate care and foster family settings. In FFY24, of children with indicated maltreatment in foster care in the congregate care setting, the majority have a placement type of assessment and stabilization (51.9%), followed by residential facility (33.3%) and then group home (14.8%). Children with indicated maltreatment in foster care in the foster family setting, majority were placed in a relative kinship foster home (66.7%).

Figure 3-25. Percent of children with indicated maltreatment in foster care, placement types within congregate care and foster family settings at RI DCYF, FFY24



Data notes: - Data unduplicated at the child level - Children in "Other" placement types are excluded. - Counts not included due to small numbers policy.

Table 3-7 illustrates the percent of children with indicated maltreatment in foster care by placement types within congregate care and foster family settings over a 3-year period (FFY22-FFY24).

Table 3-7. Percent of children with indicated maltreatment in foster care, placement types within congregate care and foster family settings, RI DCYF FFY22-FFY24

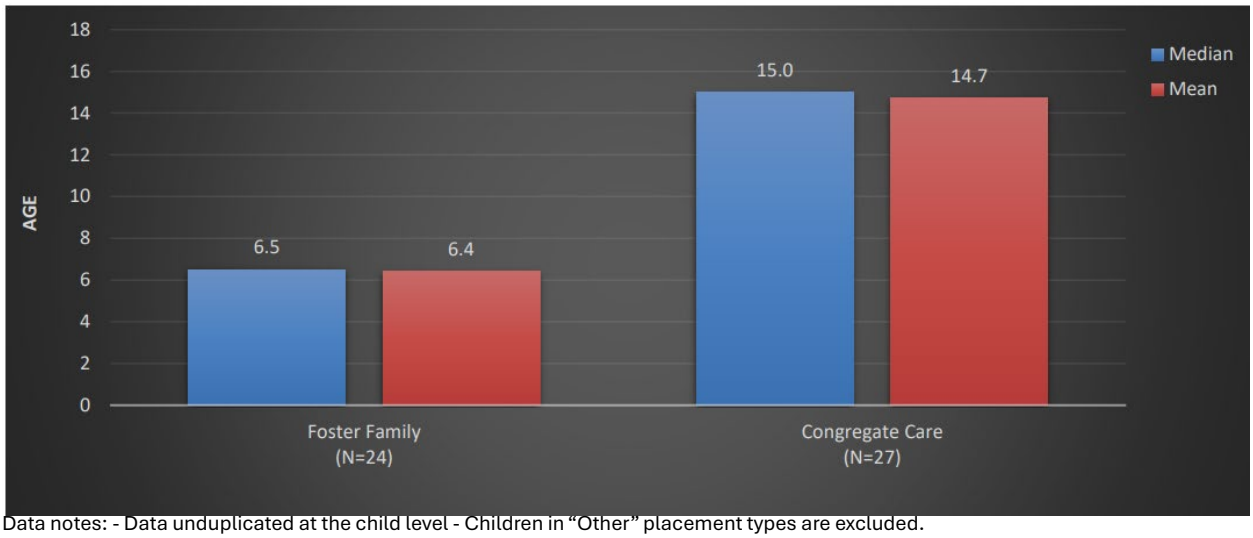
	FFY22	FFY23	FFY24
Congregate Care	**%**	**%**	**%**
Medical Hospital	3.7%	3.9%	0%
Residential Facility	44.4%	42.3%	33.3%
Group Home	44.4%	30.%	14.8%
Assessment and Stabilization	7.4%	23.1%	51.9%
Foster Family	**%**	**%**	**%**
Relative Kin	57.7%	57.9%	66.7%
Not Kinship	42.3%	36.8%	33.3%
Relative Kinship – pending license	0%	5.3%	0%

Data notes: - Data unduplicated at the child level - Children in “Other” placement types are excluded. - Counts not included due to small numbers policy

Maltreatment in Foster Care by Age

Figure 3-26 provides the median and mean age of children with an indicated maltreatment in foster family homes and in congregate care settings. Foster family homes have a larger proportion of younger children compared to congregate care.

Figure 3-26. Median, Mean age of children with an indicated maltreatment in foster care, family versus congregate care, FFY24

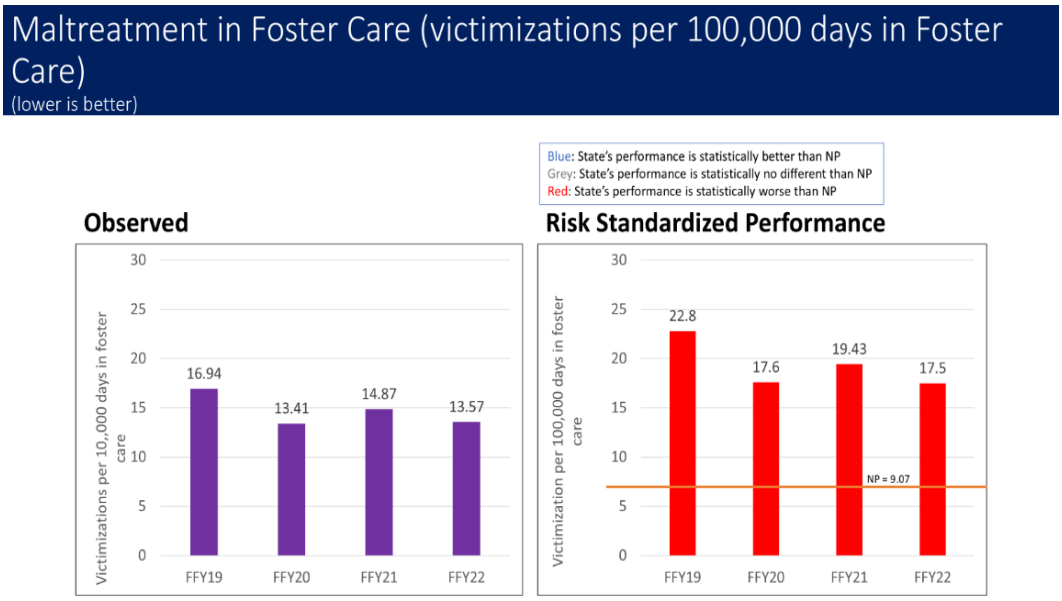


Data notes: - Data unduplicated at the child level - Children in “Other” placement types are excluded.

CFSR Round 4 Statewide Data Indicator - Maltreatment in Foster Care

Rhode Island’s CFSR Round 4 Data Profile indicates that children in the care and custody of DCYF are experiencing higher rates of maltreatment in foster care compared to children nationally. Specifically, Rhode Island’s Risk Standardized Performance (RSP) interval is 17.50 victimizations per 100,000 days in foster care, which is nearly double the national performance standard of 9.07, as shown in Figure 3-27.

Figure 3-27. Maltreatment in Care (Victimizations/100,000 Days in Care)

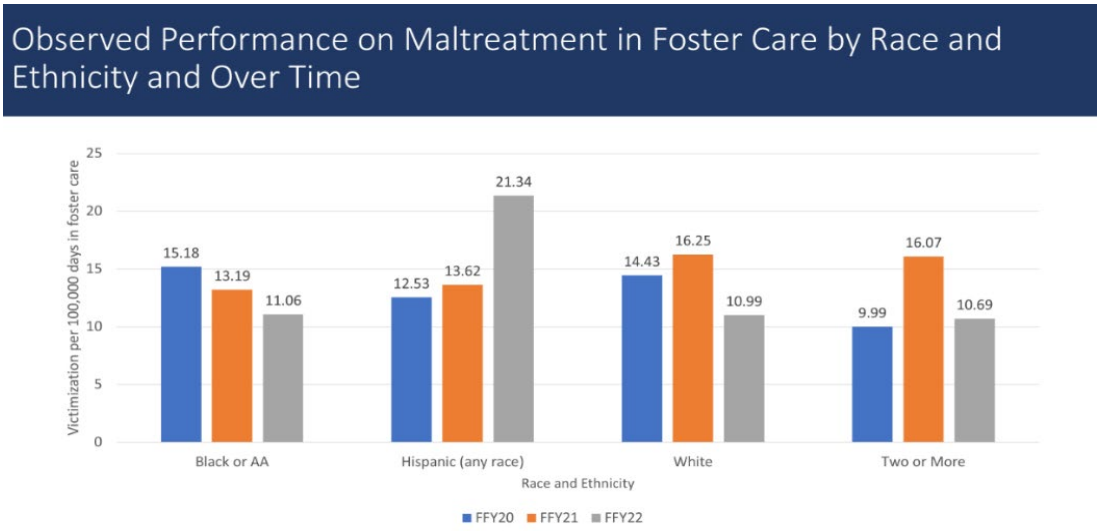


Data Source: Children's Bureau RI Data Profile, August 2024 and February 2025. Data Note: Data is based on Adoption Foster Care and Reporting System and National Child Abuse and Neglect System.

Maltreatment in Foster Care by Race and Ethnicity

As illustrated in Figure 3-28, maltreatment in foster care decreased across all racial and ethnic groups during the most recent reporting period, except for Hispanic children, who experienced an increase.

Figure 3-28. Observed Performance on Maltreatment in Foster Care by Race and Ethnicity

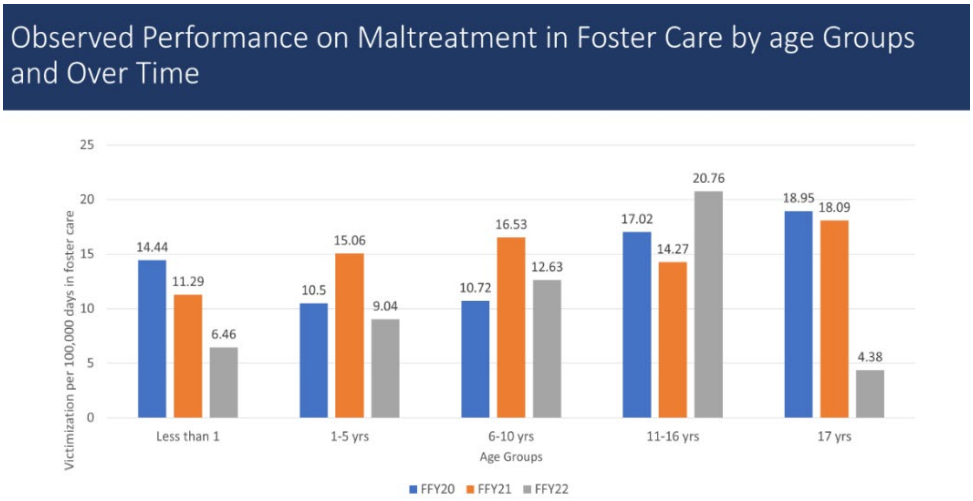


Data Source: Children's Bureau RI Data Profile, August 2024 and February 2025.
Data Note: Data is based on Adoption Foster Care and Reporting System and National Child Abuse and Neglect System

Maltreatment in Foster Care by Age

Children between the ages of 11 and 16 experienced the highest rates of maltreatment during the most recent reporting period, with a rate of 20.76, up from 14.27 in the previous data profile (see Figure 3-29 below). Although this age group accounts for 35.7% of total days in foster care, they represent 54.7% of all reported victimizations.

Figure 3-29. Observed Performance on Maltreatment in Foster Care by Age



Data Source: Children's Bureau RI Data Profile, August 2024 and February 2025.
Data Note: Data is based on Adoption Foster Care and Reporting System and National Child Abuse and Neglect System

Maltreatment in Foster Care by Perpetrator Type

Figure 3-30 shows the total victim counts and percents by perpetrator relationship. The highest percentage of total victims by perpetrator was group home or residential facility staff (36%) followed by two parents of known sex (12.8%), mother only (11.6%) and relative foster parent (11.6%).

Figure 3-30 Observed Performance on Maltreatment in Care by Perpetrator Type and Victim Counts, 2022



Victims counts and percents by perpetrator relationship - 2022		
Perpetrator relationship type	Victims	% of total victims
Total	**86**	100.0%
Father only	6	7.0%
Mother only	10	11.6%
Two parents of known sex	11	12.8%
Multiple perpetrators with at least one parent	3	3.5%
Unmarried partner of parent	0	0.0%
Legal guardian	0	0.0%
Other relative (non foster parent)	0	0.0%
Relative foster parent	10	11.6%
Nonrelative foster parent	9	10.5%
Foster parent, relationship unknown or unspecified	0	0.0%
Group home or residential facility staff	31	36%
Child daycare provider	2	2.3%
Other professionals	0	0.0%
Friends or neighbors	0	0.0%
More than one category of nonparental perpetrator	1	1.2%
Other	3	3.5%
Unknown or missing	0	0.0%

70.4% were Repeat perpetrators

Children's Bureau RI Data Profile, August 2024 and February 2025. Data is based on Adoption Foster Care and Reporting System (AFCARS) and National Child Abuse and Neglect System (NCAN

Initiatives to Reduce Maltreatment in Foster Care

As part of DCYF's overall strategy to mitigate factors associated with maltreatment in foster care, the following systemic, regulatory, and programmatic reforms have been implemented:

- **Data-Driven Oversight**: DCYF actively analyzes maltreatment data by sub-population and level of need to identify trends and disparities. These analyses are regularly integrated into Active Contract Management (ACM) meetings with placement providers, including site-specific discussions on maltreatment rates.
- **Regulatory Reform:** DCYF is in the process of updating outdated regulations for foster care, congregate care, and provider agencies. Updated foster care regulations were promulgated in July 2025 and residential care regulations are expected to be revised and implemented by 2026.
- **Comprehensive Congregate Care Review:** An interdisciplinary team, consisting of Licensing, Community Services and Behavioral Health (CSBH), and Contracts and Compliance, was formed to strengthen oversight of congregate care programs and address systemic factors that may contribute to maltreatment, particularly those classified as "institutional" findings. The review includes monthly meetings to coordinate efforts, share concerns, and respond to emerging issues.
- **On-site Monitoring**: The CSBH and Licensing Divisions conduct quarterly visits to ensure regulatory compliance, verify delivery of contracted services, and assess

adherence to Medicaid standards. Additionally, a designated staff member within the Division of Licensing is responsible for overseeing regulatory compliance in all out-of-state congregate care facilities where Rhode Island youth are placed.

- **Training and Capacity Building**: DCYF provides in-person and virtual trainings to congregate care staff on CPS reporting laws, maltreatment prevention, and Commercial Sexual Exploitation of Children (CSEC). Additionally, foster and kinship caregivers have access to free training through Foster Parent College and newly established peer mentoring programs.
- **Kinship and Non-Kinship Provider Supports**: Efforts are underway to remove barriers to kinship licensing, including case-specific review of background checks. Bi-weekly reviews and discussions of trends among non-kinship placements are held by Licensing and Resource Families.
- **Cross-Divisional Collaboration**: Individuals from the Divisions of CPS, Licensing, and Family Services meet twice a month to review all foster care maltreatment investigations, identify emerging themes, and determine follow-up actions—including whether Licensing should conduct in-person follow-up for screened-out allegations.

Safety Outcomes 1 and 2: Rating Summary

Although Rhode Island is not in substantial conformity with Safety Outcome 1 and Safety Outcome 2, internal case review data from November 2022 to October 2024 reflect significant progress and systemic improvements across all three safety related items since Round 3.

Rhode Island's efforts to prevent removals and re-entries into foster care are aligned with DCYF's 2025–2029 Child and Family Services Plan (CFSP) goal of safely reducing the number of children in foster care. Central to advancing this goal is the implementation of the SAFE practice model, which enhances engagement with families at the earliest point of system involvement and supports child protective investigators and caseworkers in identifying and addressing safety concerns through the use of standardized assessments. Both the Family Functioning Assessment (FFA) and Ongoing Family Functioning Assessment (OFFA) feature structured questions/criteria to make determinations related to child safety and safety plan options. These criteria directly align with reasonable efforts to prevent removal by considering what safety actions and/or services can be provided in the home to manage, mitigate, or substitute for diminished caregiver protective capacities and sufficiently control for safety related risks and concerns.

As outlined in the CFSP, DCYF is making efforts to strengthen fidelity to the SAFE practice model through strategies that include:

- Creating a supervisory note template to promote consistent practice across regions and ensuring regular use of the SAFE model supervisory guide.

- Child Protective Services is reviewing one Family Functioning Assessment (FFA) monthly during peer supervision to measure consistency of practice with the model across supervisors.
- Targeted supervision on assessing and monitoring present and impending danger safety plans at critical case junctures.
- Building sustainability of the SAFE model through new worker training and targeted ongoing staff development.

DCYF has strengthened its performance through the implementation of standardized safety assessment tools, investment in prevention and family preservation services, and greater alignment across divisions. However, continued efforts are still needed to reduce maltreatment in care, address disparity amongst certain child sub-populations, and improve the consistency of safety assessments and monitoring of safety plans.

B. Permanency

Permanency Outcomes 1 and 2

Permanency outcomes include: (A) Children have permanency and stability in their living situations; and (B) The continuity of family relationships and connections is preserved for children.

Rhode Island Round 3 CFSR Findings:

In the Round 3 CFSR, Rhode Island was not found in substantial conformity with Permanency Outcomes 1 and 2. For Permanency Outcome 1, only 13% of the 40 applicable cases reviewed were substantially achieved. Regarding Permanency Outcome 2, 68% of the 40 applicable cases were substantially achieved.

Key areas identified for improvement included:

- Maintaining stability for child in foster placement, ensuring any changes made to the placement are in the best interests of the child and aligned with child's permanency goal(s).
- Establishing timely and appropriate permanency goals for children
- Achieving permanency in a timely manner (achieving reunification within 12 months, guardianship within 18 months, adoption within 24 months)

To address these challenges, Rhode Island's Round 3 Program Improvement Plan (PIP) included the following:

1. Court Mediation Pilot Project
    - Rhode Island will expand its current mediation capacity to allow for a pilot mediation project to occur at the 2-3 month mark in the case to assist in resolving underlying petitions that have not yet been adjudicated and cases where the service plan has not yet been agreed to in order to decrease the time between the filing of the petition and the adjudication.

2. Increase availability on the Family Court calendar by reducing the number of Straight Petitions filed by DCYF.
    - To serve families that require services but do not require judicial oversight, the Department will reduce the number of cases assigned to the daily Family Court calendar. Reducing the Family Court docket should lead to a reduction of the number of hearings requiring a judicial officer, thus resulting in reduced workload for the Court and DCYF. This could also result in a reduction in the number of hearings DCYF staff have to attend and the number of reports that they need to prepare for those hearings. A reduced workload would allow the

Court and the agency to target their resources to achieving timely permanency for children in foster care.

3. Rhode Island will enhance its Continuous Quality Improvement System to support improving outcomes for children, youth and families that will monitor the implementation of strategies intended to have a positive impact on safety, permanency, and well-being outcomes.
    - Launch external Active Contract Management (ACM) and internal Active Divisional Management (ADM) with key performance metrics including those related placement stability.

4. Enhanced Capacity to Support Visitation
    - Increase staffing and availability of Child Support Technicians to support visitation- aimed to maintain vital parent-child relationships during out-of-home care, ultimately supporting timely and successful reunifications.
    - Expand contractual capacity for visitation services to reduce waitlists and delays in service provision that would impact permanency.

All PIP goals were achieved by the Fall of 2021 and many initiatives have been expanded and continue to function as of Round 4. For example, the Division of Performance Improvement infrastructure (including expanding ADMs and ACMs) has been expanded further and continues to drive Continuous Quality Improvement (CQI) efforts. The Department continues to make concerted efforts towards prevention and serving families without judicial oversight, however the impact on timely permanency and reducing the filing of Straight Petitions was inconclusive. Additionally, although Rhode Island's court mediation pilot project initially demonstrated noteworthy success, sustaining the initiative was challenging due to limited resources, stakeholder engagement challenges, and insufficient long-term support. Following the death of the DCYF Chief Legal Counsel who directed this initiative in 2023, the project was discontinued.

Table 3-8 below illustrates the progress Rhode Island has made in improving permanency outcomes since the Round 3 CFSR. Results from internal CQI case reviews conducted between November 2022 and October 2024 demonstrate significant improvement.

Of the 145 cases reviewed, 29% substantially achieved Permanency Outcome 1 and 90% substantially achieved Permanency Outcome 2. These results indicate that Rhode Island has surpassed its Round 3 performance and sustained PIP improvements, reflecting ongoing efforts to strengthen permanency practices and implement system-wide enhancements aimed at promoting greater stability and timely permanency for children in foster care.

Table 3-8. Permanency Outcomes – Percentage of Cases Substantially Achieved

[Outcome]	Round 3: Rhode Island 2018 (n=65)	RI Internal CQI Case Reviews Nov 2022 – Oct 2024 (n=145)
Permanency Outcome 1	13%	29%
Permanency Outcome 2	68%	90%

Data Sources: RI CFSR Final Report 2018 and November 2019 and OMS State Rating Summary November 2022 to October 2024.

Permanency Outcome 1 – Children have Permanency and Stability in their Living Situations

Table 3-9 illustrates Rhode Island's performance on each item within Permanency Outcome 1 (items 4-6) comparing results from CFSR Round 3 (2018), the corresponding Round 3 PIP goal, and results from 145 internal CQI case reviews conducted between November 2022 and October 2024.

Table 3-9: Permanency Outcome 1: Children have Permanency and Stability in their Living Situations (items 4-6)

[Item Number]	CFSR Items	Round 3 June 2018	Round 3 PIP Goal	Internal CQI Review Nov 2022 -Oct 2024
Item 4	Stability of Foster Care Placement	78% (31/40)	90%	79% (71/90)
Item 5	Permanency Goal for Child	33% (13/40)	47%	66% (59/90)
Item 6	Achieving Reunification, Guardianship, Adoption, or APPLA	25% (10/40)	25%	43% (39/90)

Item 4 - Stability of Foster Care Placement

Of the 145 internal CQI case reviews conducted between November 2022 and October 2024, 90 cases were applicable to item 4 and 79% (71) received a Strength rating while 21% (19) were rated as an Area Needing Improvement.

The CQI case review data shows that DCYF did not sustain the improved performance measurement achieved during the Round 3 PIP and continues to perform at the same level as Round 3 (hovering between 78% and 79%).

The Department continues to struggle with performance related to placement stability, particularly in Juvenile Probation cases. For example, children in Juvenile Probation cases experienced multiple RITS (Rhode Island Training School) and AWOL occurrences which contributed to placement instability because the child was no longer able to return to their initial placement upon release from the RITS or returning from AWOL. The average number of placement changes in these cases was 3, with many being unplanned or reactive.

Administrative Review Data (November 2023 – October 2024)

Administrative reviews are conducted every six months for all children in foster care statewide, providing a much larger sample than CQI case review data. Refer to Item 21 (Periodic Reviews) for an assessment on the timeliness of administrative reviews.

Table 3-10 presents Administrative Review data (RICHIST Report 199) from November 2023 through October 2024. Findings show that the majority of children in foster care experienced stable placements at the time of review.

During this period, between 90.4% and 94.8% of cases were rated as a Strength for placement stability, indicating that children did not experience two or more placement changes that were not positive moves toward permanency.

The slight decrease in placement stability observed across the review periods was primarily associated with specific circumstances, including:

- 32 cases where providers requested removal because they could no longer care for the child,
- 25 cases where children required a higher level of care,
- 22 cases where providers could not guarantee a child's safety,
- 6 cases involving hospitalization, and
- 4 cases where children were AWOL and unable to return to placement.

Overall, the data reflects consistently high levels of placement stability, with the majority of children maintaining stable living situations despite the small percentage of cases requiring placement changes.

Table 3-10: Administrative Review Data - Placement Stability (11/1/23-10/31/24)

Permanency Indicators – Periods 11/1/23-1/31/24, 2/1/24 – 4/30/24, 5/1/24 – 7/31/24, 8/1/24 – 10/31/24								
Percentages are those rated as a "Strength" and "Area Needing Improvement"								
	Strength				Area Needing Improvement			
	11/1/23 – 1/31/24	2/1/24 – 4/30/24	5/1/24 – 7/31/24	8/1/24 – 10/31/24	11/1/23 – 1/31/24	2/1/24 – 4/30/24	5/1/24 – 7/31/24	8/1/24 – 10/31/24
Placement Stability								
	n=237 94.8%	n=228 91.2%	n=210 92.11%	n=226 90.4%	n=13 5.20%	n=22 8.8%	n=18 7.89%	n=24 9.6%
Data Source: RICHIST REPORT 199								

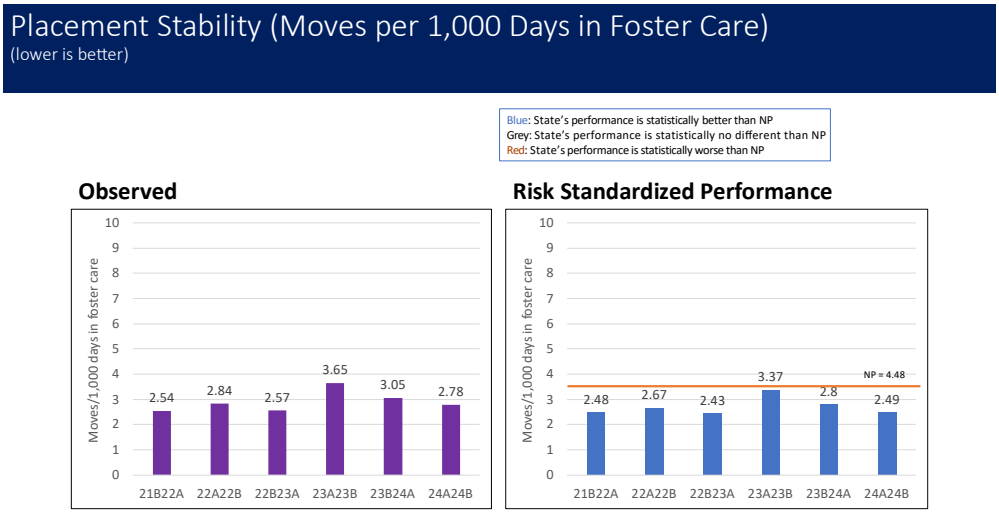
CFSR Round 4 Statewide Data Indicator: Placement Stability

DCYF's internal CQI case review data indicates Rhode Island's performance has remained stable since CFSR Round 3 and suggests that improvements made during the Round 3 PIP (to achieve the PIP benchmark of 90%) were not sustained. Despite this, the Statewide Data Indicator for placement stability, which considers a much larger sample, shows improved performance since 2023.

As seen in figure 3-31, statewide performance for placement stability shows Rhode Island has experienced a slight decrease in placement moves, dropping to 2.78 moves per 1,000 days in foster care in the most recent reporting period (24A24B), down from 3.05 during one of the previous reporting periods (23A23B).

Moreover, Rhode Island's risk-standardized performance shows that the state continues to perform statistically better than the national performance (NP = 4.48) in every reporting period.

Figure 3-31: National Performance Measure – Placement Stability (Moves per 1,000 Days in Foster Care)



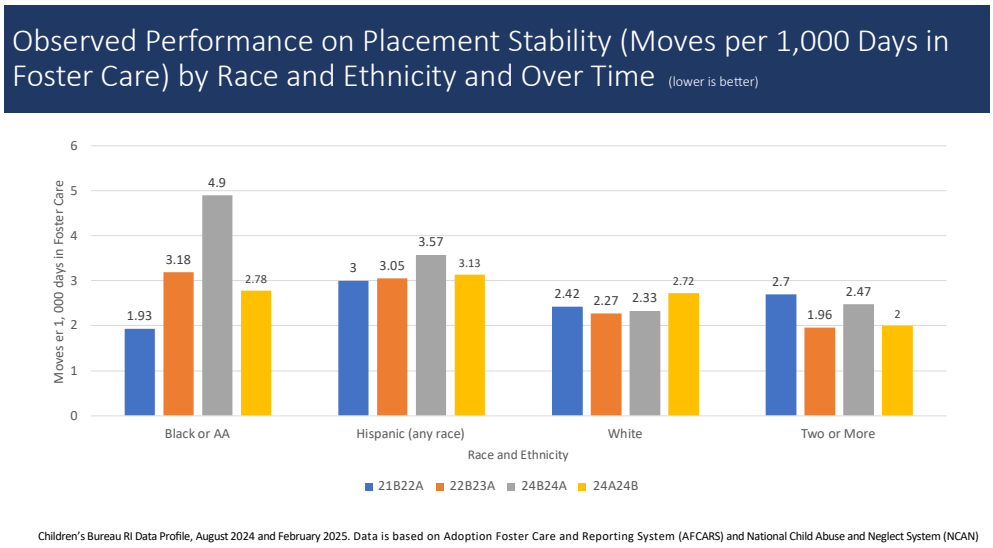
Children's Bureau RI Data Profile, August 2024 and February 2025. Data is based on Adoption Foster Care and Reporting System (AFCARS) and National Child Abuse and Neglect System (NCAN)

Placement Stability by Race and Ethnicity

Figure 3-32 shows a breakdown of this performance measure over time by race and ethnicity. Among race and ethnicity groups:

- All groups decreased in moves per 1,000 days in foster care except for white children in the most recent reporting period.
- Hispanic children had the highest rate of moves per 1,000 days in foster care.

Figure 3-32: Observed Performance on Placement Stability (Moves per 1,000 Days in Foster Care) by Race and Ethnicity and Over Time



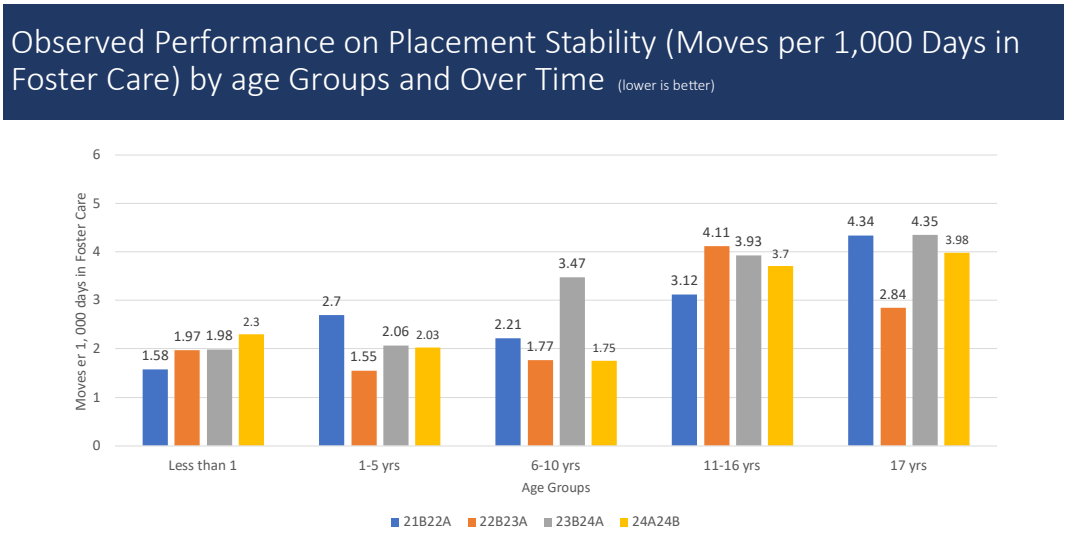
Children's Bureau RI Data Profile, August 2024 and February 2025. Data is based on Adoption Foster Care and Reporting System (AFCARS) and National Child Abuse and Neglect System (NCAN)

Placement Stability by Age

Placement instability remains more pronounced among older youth. According to age-specific analysis of statewide data represented in Figure 3-33:

- Children aged 11–16 experienced the highest rate of moves, with 3.97 moves per 1,000 days in the most recent reporting period.
- 17-year-olds also experienced high instability at 3.98 moves per 1,000 days.
- Conversely, infants under 1 year and children aged 1–5 had the lowest rates, at 1.58 and 2.03, respectively.

Figure 3-33: Observed Performance on Placement Stability (Moves per 1,000 Days in Foster Care) by Age Groups and Over Time



Children's Bureau RI Data Profile, August 2024 and February 2025. Data is based on Adoption Foster Care and Reporting System (AFCARS) and National Child Abuse and Neglect System (NCAN)

Item 5 – Permanency Goal for Child

Of the 145 internal CQI case reviews conducted between November 2022 and October 2024, 90 cases were applicable to item 5. Among these, 66% (59) were rated as a Strength.

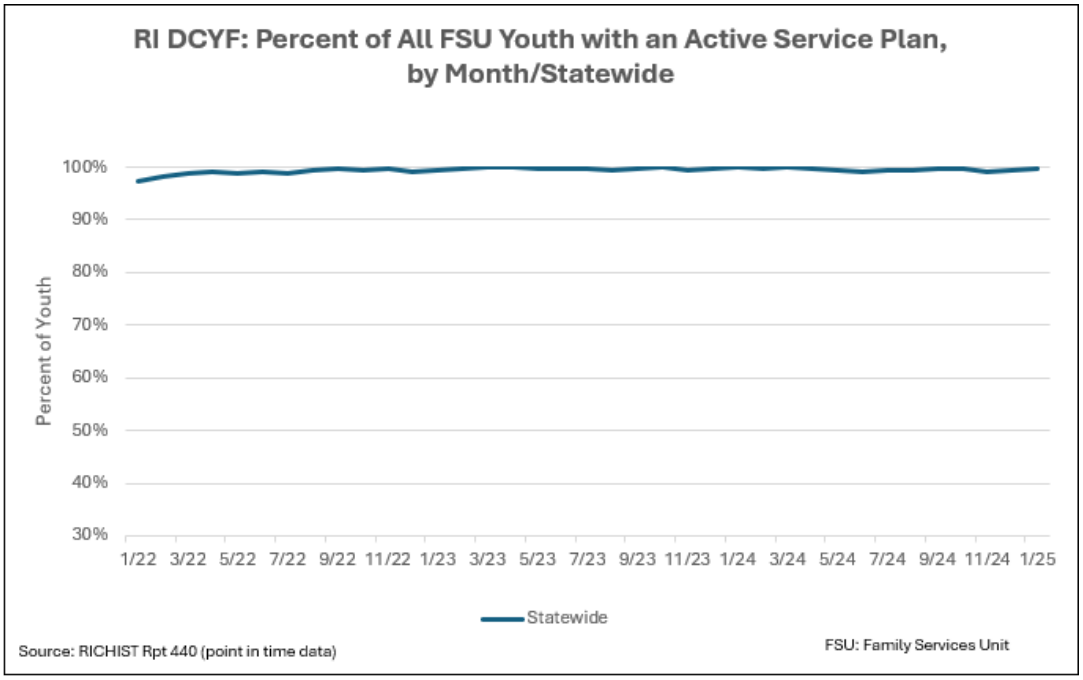
The CQI case review data reflects a significant improvement from CFSR Round 3, where only 33% of 40 applicable cases were rated a Strength. The Department successfully exceeded the PIP goal of 47% in Spring 2021, and internal CQI case review data shows that DCYF's performance on this item has continued to improve.

The Department performs well in ensuring that children have an established permanency goal within 60 days of removal and that it is documented in the case file, per federal requirements. In all 90 CQI case reviews, the target child's permanency goal(s) were documented in a timely manner. However, only 73% (66) had goals determined to be appropriate to the child's permanency needs at the time of the review. Key trends included delays in or lack of concurrent planning, a continued focus on reunification by both the Department and Family Court in cases where parents/caregivers showed limited or no progress over extensive periods of time, and a lack of identified viable permanency options for older youth.

Figure 3-34 below represents point-in-time data from January 2022 to January 2025, capturing the percentage of children served by the Department's Family Service Unit (FSU) with an active *Permanency Goal* (referred to as active service plan in the graph below). During this timeframe, the Department consistently achieved a compliance rate exceeding

95%. This data only considers whether children have a timely permanency goal (completed within 60 days of case opening or entry into foster care, and updated every 6 months thereafter).

Figure 3-34: Percent of all children open to Family Service Unit (FSU) with active service plan by month



Termination of Parental Rights (TPR) Applicability

There are four key questions within OSRI item 5 related to the TPR process. Of the 90 cases reviewed, 54% (49) involved a child who had been in care for at least 15 of the past 22 consecutive months. Of the 49 cases, 55% (27) had an exception or compelling reason not to file a TPR. Of those 27 cases, a majority, 74% (20) the child was residing with a relative at the 15/22-month mark. Of the 22 remaining cases, 45% (10) had a timely TPR filed either during, or prior to, the period under review. However, in 10 cases, no applicable exception was identified, and a TPR either was not filed or was not filed within the required timeframe, with no compelling reason documented in the record. These findings highlight ongoing challenges in timely and intentional permanency planning within the ASFA timeframes, contributing to delays in TPR filings.

CQI case reviews have consistently found that ASFA case activity notes, intended to explain the exception or compelling reason, often lack required details, focusing instead on the permanency goal without addressing TPR status, exceptions and compelling reasons (see Item 23: Termination of Parental Rights for additional details).

Administrative Review Data (November 2023 – October 2024)

Administrative reviews are conducted every six months for all children in foster care, providing a much larger sample than CQI case review data. During the DCYF administrative review process, each child is assessed to determine whether an appropriate permanency goal was established in a timely manner. Table 3-11 presents Administrative Review data (RICHIST Report 199) from November 2023 through October 2024. Findings show that the majority of children in foster care have appropriate permanency goals established in a timely manner.

Table 3-11. Administrative Review Data - Permanency Goals (11/1/23-10/31/24)

Permanency Indicators – Periods 11/1/23-1/31/24, 2/1/24 – 4/30/24, 5/1/24 – 7/31/24, 8/1/24 – 10/31/24								
Percentages are those rated as a "Strength" and "Area Needing Improvement"								
	Strength				**Area Needing Improvement**			
Permanency Indicator	**11/1/23 – 1/31/24**	**2/1/24 – 4/30/24**	**5/1/24 – 7/31/24**	**8/1/24 – 10/31/24**	**11/1/23 – 1/31/24**	**2/1/24 – 4/30/24**	**5/1/24 – 7/31/24**	**8/1/24 – 10/31/24**
Does the child have an appropriate permanency goal established in a timely manner?								
	n=236 94.40%	n=238 95.2%	n=206 90.35%	n=222 88.8%	n=14 5.6%	n=12 4.8%	n=22 9.65%	n=28 11.2%
Data Source: RICHIST REPORT 199								

Although the data demonstrates a high percentage of cases rated as a Strength, there is a noticeable downward trend in performance across the four reporting periods. The cases rated as Areas Needing Improvement are primarily attributable to two factors: the establishment of permanency goals that were not fully appropriate for the child's circumstances, and insufficient concurrent planning for children in placement. These findings underscore the need for continued attention to ensuring both the appropriateness and timeliness of permanency goals, as well as the implementation of concurrent planning when necessary.

Item 6 - Achieving Reunification, Guardianship, Adoption, or Another Planned Permanent Living Arrangement

Of the 145 internal CQI case reviews conducted between November 2022 and October 2024, 90 cases were applicable to this item. Among these, 43% (39) were rated as a Strength while 57% (51) were rated as an Area Needing Improvement. This data reflects significant improvement in performance in this item since CFSR Round 3 when only 25% of 40 applicable cases were rated a Strength. However, achieving permanency in a timely manner remains a challenge.

In cases rated as an Area Needing Improvement, common themes included insufficient concurrent planning, the use of inappropriate permanency goals (particularly for youth ages 16 and older), and a lack of documentation for exceptions or compelling reasons when a TPR was not filed after a child had been in care for 15 of the past 22 months.

Children Achieving Permanency Within 12 Months of Entering into Foster Care, FFY23 Entry Cohort

The data presented in Table 3-12 below is captured in the Department's annual Permanency Report (see Appendix C: **Permanency and Re-entry FFY 23 Entry & Exit Cohort**). It includes children under 18 years old who entered DCYF out-of-home placement between October 1, 2022-September 30, 2023 (FFY23 entry cohort) and achieved permanency within 12 months of the entry into foster care.

The data reflects CFSR Round 4 inclusion and exclusion criteria:

- Children who stayed in care less than 8 days are excluded from the denominator and numerator.
- Children discharged to permanency at age 18 or older are not counted as achieving permanency.
- The definition of permanency is consistent with CFSR Round 4 measures and includes discharge from all out-of-home placements with reason of reunification with parents, adoption (including direct consent), living with a relative(s) or guardianship.

For this data, a child in supportive reunification (when a child returns home to their family with the goal of discharging to reunification) is still in state custody and considered in placement. Children entering supportive reunification are not counted as permanency achieved.

Permanency Achieved in 12 Months of Entering RI DCYF Foster Care =
Numerator: Children who achieved permanency within 12 months of entering into DCYF out of home
Denominator: All children who entered into DCYF out of home placement during a federal fiscal year.

Table 3-12. 3-year Trend Data on Permanency Achieved Within 12 Months of Entry

[Numbers/Parameters]	FFY21 entry cohort (Permanency achieved between FFY21-FFY22)	FFY22 entry cohort (Permanency achieved between FFY22-FFY23)	FFY23 entry cohort (Permanency achieved between FFY23-FFY24)
Number and percent achieved permanency	198 (25.6%)	178 (21.4%)	156 (21.2%)

[Numbers/Parameters]	FFY21 entry cohort (Permanency achieved between FFY21-FFY22)	FFY22 entry cohort (Permanency achieved between FFY22-FFY23)	FFY23 entry cohort (Permanency achieved between FFY23-FFY24)
Median age (years) at removal for children achieved permanency	3 years	5 years	6 years
Median length of time (days) in placement before children achieved permanency	231 days	265 days	276 days
Among children who entered into a first placement of ***Residential Intervention***, percent who achieved permanency	17%	11%	17%
Among children who entered into a first placement of ***foster family homes or independent living***, percent who achieved permanency	27%	23%	22%

Data Source: RICHIST Report 460R as of 10/10/2024.
Data Notes: If a child had multiple removals in a fiscal year, the first removal record was selected to analyze unduplicated count. Residential Intervention includes placement type of acute residential treatment, assessment and stabilization center, group homes, high end residential treatment, POS group homes, psych hospital, residential treatment, semi-independent living.

Rate of Permanency Achieved in 12 Months by Demographics

Highlights among FFY23 entry cohort:

- 156 (21.2%) children achieved permanency within 12 months of entry,
- 566 (77.0%) children remained in out-of-home placement longer than 12 months, and
- 13 (1.8%) children discharged within 12 months without permanency achieved.

Table 3-13 shows the rate of permanency achieved within 12 months by demographics. 13 children who discharged without permanency achieved (see data notes for definition) are not reflected in this table due to small number. Largest percent among this group was children aged 17 years old at the time of removal.

There was minimal difference in rate of achieving permanency within 12 months between female and male. Across racial and ethnic groups, Multiracial/other Non-Hispanic had the highest percent achieving permanency and Black Non-Hispanic had the lowest percent

achieving permanency. Across age groups, children ages 0-5 had higher percent achieving permanency within 12 months compared to older age groups.

Table 3-13. Rate of permanency achieved within 12 months of entry by demographics, FFY23 entry cohort.

[Demographic Categories]	Total Number	Permanency achieved within 12 months		Not discharged within 12 months	
		N	Row %	N	Row %
Gender					
Female	341	73	21%	268	79%
Male	381	83	22%	298	78%
Race and Ethnicity					
Black Non-Hispanic	96	16	17%	80	83%
Hispanic	231	53	23%	178	77%
Multiracial/other Non-Hispanic	91	22	24%	69	76%
White Non-Hispanic	302	64	21%	238	79%
Unknown/Missing	*	*	*	*	*
Age at Removal					
0-5 years	320	76	24%	244	76%
6-11 years	156	33	21%	123	79%
12-17 years	246	47	19%	199	81%

* = Due to small population size, all numbers were suppressed for FFY23 entry cohort if less than 6.

Data Notes:
- 13 children who discharged within 12 months without permanency achieved are excluded from the table.
- Discharge without permanency includes children discharged with reasons of Emancipation, AWOL, Death of child, Detained at RITS, Subsidy ended, TCP revoked and Transfer to another agency. Children discharged at 18 or older are counted as discharged without achieving permanency.

Disproportionality in Permanency Achieved in 12 Months by Race and Ethnicity

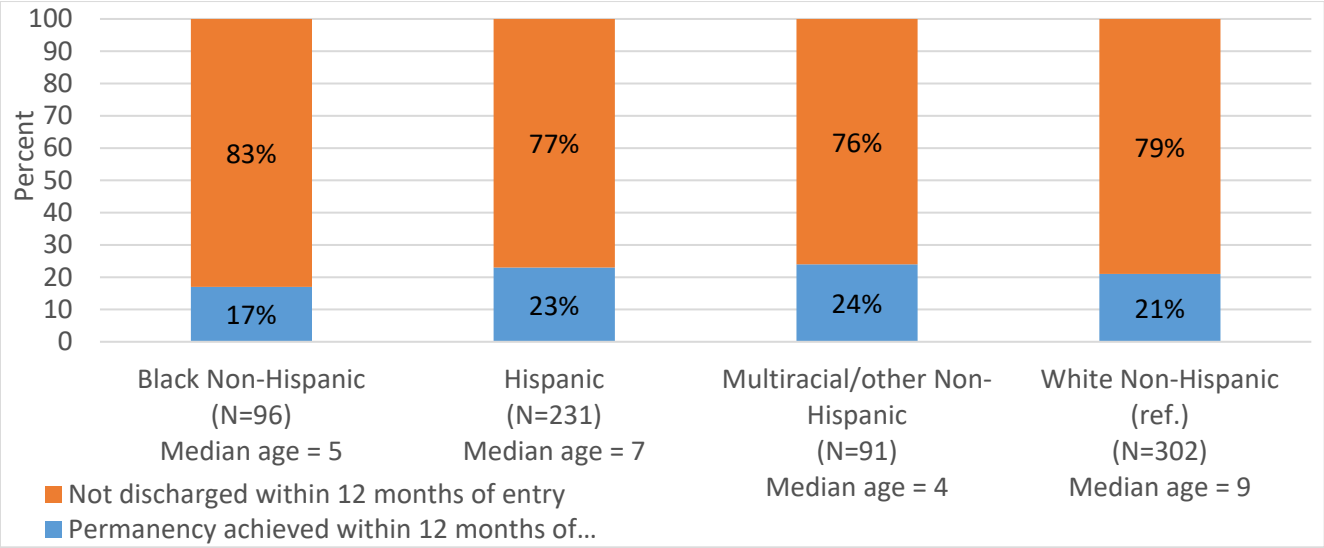
Highlights among FFY23 entry cohort as illustrated in Figure 3-35:

The rate of permanency achieved within 12 months was calculated excluding 13 children who discharged within 12 months without achieving permanency due to small number. The largest percent of this group was Multiracial/other Non-Hispanic children.

- Hispanic children had a slightly higher percent achieving permanency within 12 months compared to other racial and ethnic groups.
- Black Non-Hispanic children had lowest percent of achieving permanency within 12 months.

- There was no statistically significant difference across racial/ethnic groups, controlling for age. However, it is important to note that there may be practical significance.

Figure 3-35. Permanency achieved within 12 months of entering out-of-home placement, by race and ethnicity, FFY23 entry cohort.



Data Notes:

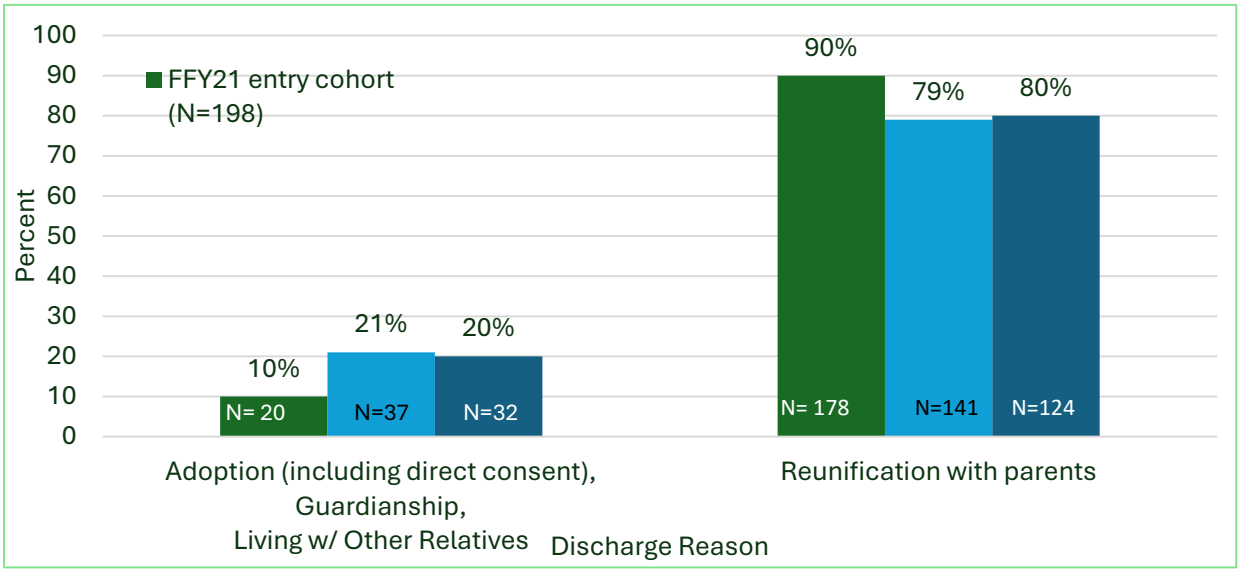
- Denominator is all children in a given race/ethnicity. Numerator presents percent achieved permanency among the given race/ethnicity.
- Multiracial/other includes Multiracial Non-Hispanic, Asian, American Indian and Pacific Islander.
- Discharge without permanency includes children discharged with reasons of Emancipation, AWOL, Death of child, Detained at RITS, Subsidy ended, TCP revoked and Transfer to another agency. Children who discharged at 18 or older are counted as not achieving permanency.

Discharge Reasons for Permanency Achieved in 12 Months

Highlights as illustrated in Figure 3-36:

- Across three FFYs, reunification with parents was the most prevalent discharge reason among children who achieved permanency within 12 months of entry.
- Permanency achieved via adoption (including direct consent), guardianship and living with other relatives doubled over the three FFYs, from 10% to about 20%.

Figure 3-36. Discharge reasons among children who achieved permanency within 12 months of entering out-of-home placement, FFY21-FFY23 entry cohorts.



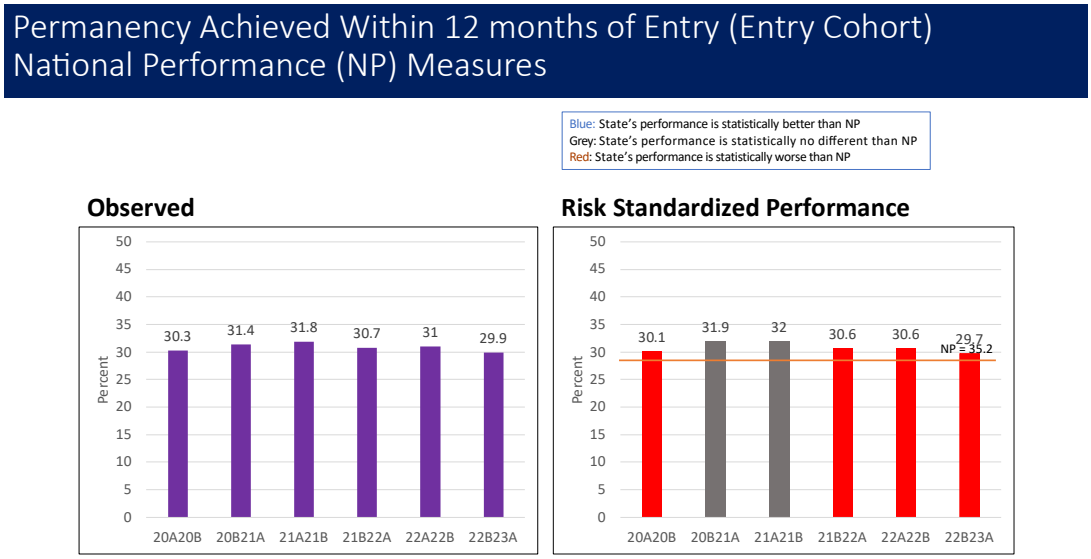
Data Notes:
- There are 13 children in FFY21 entry cohort, 17 children in FFY22 entry cohort, and 13 children in FFY23 entry cohort who discharged without achieving permanency.
- Discharge without permanency includes children discharged with reasons of Emancipation, AWOL, Death of child, Detained at RITS, Subsidy ended, TCP revoked, Transfer to another agency, and Supportive Reunification. Children who discharged at 18 or older are counted as not achieving permanency

CFSR Round 4 Statewide Data Indicators

Permanency Achieved Within 12 months of Entry (Entry Cohort)

Rhode Island's performance on Permanency Achieved Within 12 Months of Entry (entry cohort) has remained relatively stable across the reporting periods, as shown in Figure 3-37. Specifically, of children who enter care in a 12-month period, only 29.9% discharged to permanency within 12 months of entering care in the most recent reporting period. Throughout the last 6 reporting periods, this percentage has hovered between 31.1% and 29.9%. In comparison to the national performance (35.2%), Rhode Island is performing statistically worse (29.7%).

Figure 3-37. National Performance Measure - Permanency Achieved Within 12 Months of Entry (Entry Cohort)

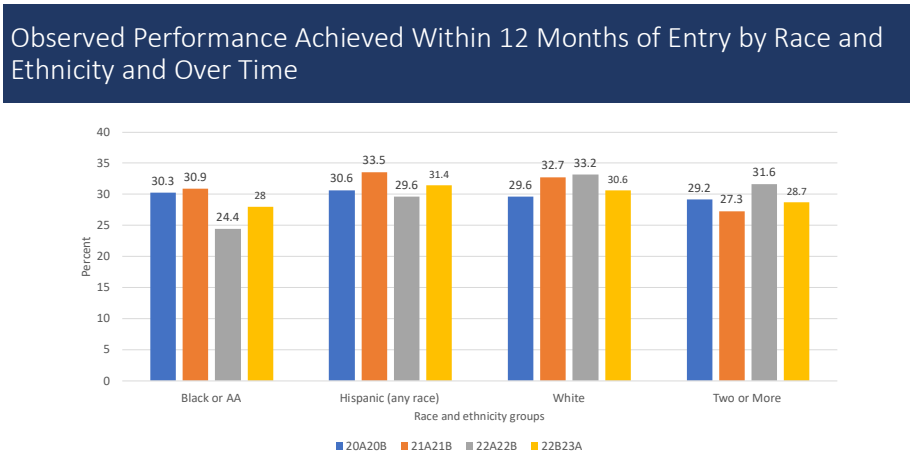


Children's Bureau RI Data Profile, August 2024 and February 2025. Data is based on Adoption Foster Care and Reporting System (AFCARS) and National Child Abuse and Neglect System (NCANDS)

Permanency Achieved Within 12 Months by Race and Ethnicity

Figure 3-38 below shows a breakdown this performance measure over time by race and ethnicity. Over the 4 reporting periods and all race and ethnicities, the range spans a low of 24.4% to a high of 33.5%. In the most recent reporting period, African American or Black and Hispanic increased the most.

Figure 3-38. Observed Performance Achieved Within 12 Months of Entry by Race and Ethnicity

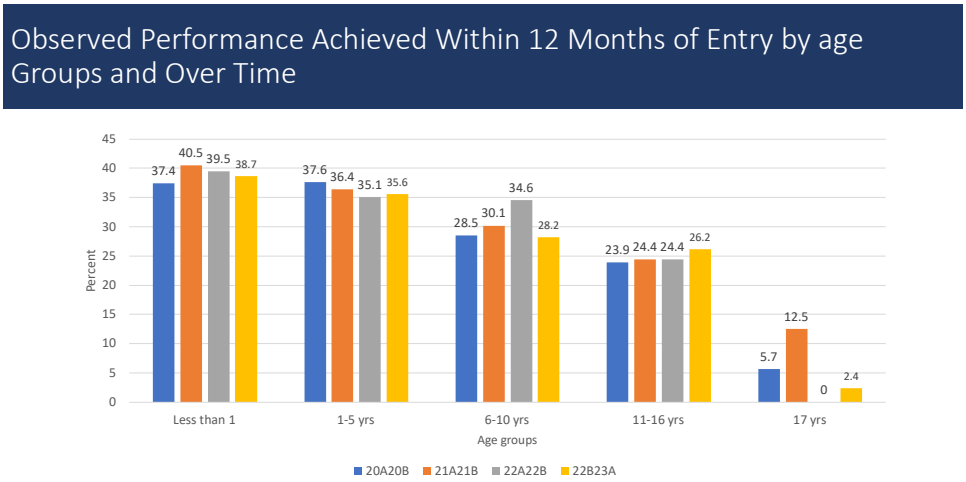


Children's Bureau RI Data Profile, August 2024 and February 2025. Data is based on Adoption Foster Care and Reporting System (AFCARS) and National Child Abuse and Neglect System (NCANDS)

Permanency Achieved Within 12 Months by Age

As seen in Figure 3-39 below, in regards to age, there is an inverse relationship between age and permanency achievement. As age increases, the percentage of children who achieve permanency within 12 months of entry into care decreases.

Figure 3-39. Observed Performance Achieved Within 12 Months of Entry by Age Groups and Over Time

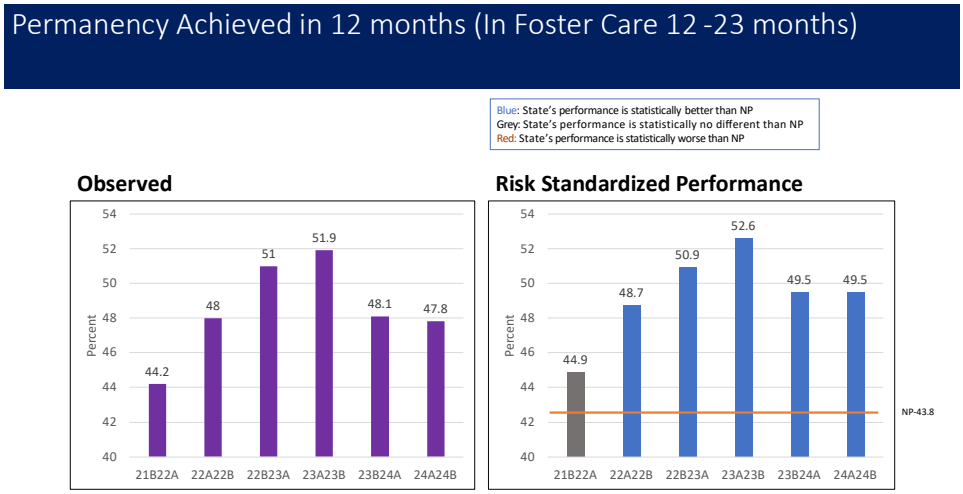


Children's Bureau RI Data Profile, August 2024 and February 2025. Data is based on Adoption Foster Care and Reporting System (AFCARS) and National Child Abuse and Neglect System (NCANDS)

Permanency Achieved in 12 months (in Foster Care 12-23 months)

Rhode Island's performance on Permanency Achieved Within 12 Months for Children in Care 12-23 Months has improved year over year, with a slight decrease in the two most recent reporting periods, as shown in Figure 3-40. Specifically, of all children in care on the first day of a 12-month period who had been in care continuously between 12 and 23 months, 47.8% percent discharged to permanency within 12 months of the first day in the most recent reporting period. Despite the slight decrease in the two most recent reporting periods, Rhode Island's risk standardized performance on this measure (49.5%) is statistically better than the national performance (43.8%) and has remained above the national performance for the last 5 reporting periods.

Figure 3-40. National Performance Measure - Permanency Achieved in 12 Months (in Foster Care 12-23 Months)

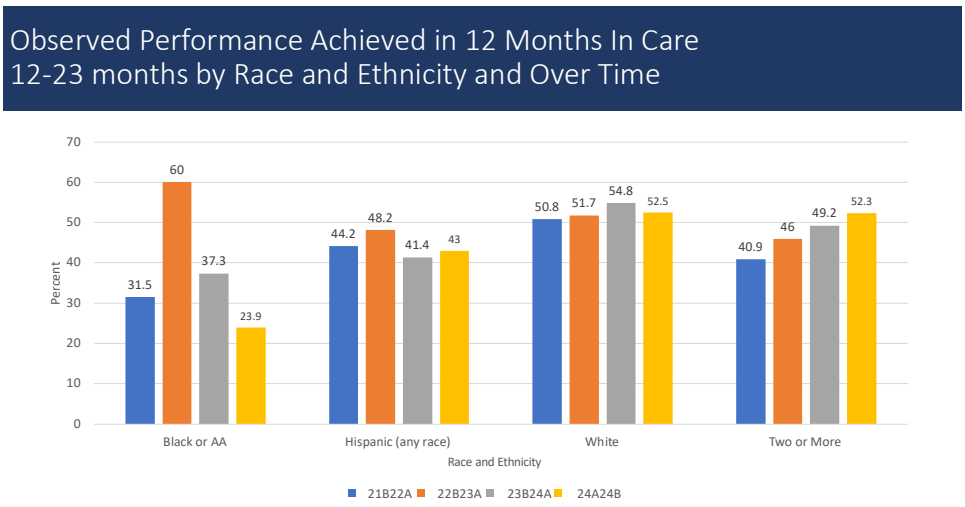


Children's Bureau RI Data Profile, August 2024 and February 2025. Data is based on Adoption Foster Care and Reporting System (AFCARS) and National Child Abuse and Neglect System (NCANDS)

Permanency Achieved Within 12 Months for Children in Care 12-23 months by Race and Ethnicity

Figure 3-41 below shows a breakdown this performance measure over time by race and ethnicity. Among race and ethnicity groups, Black or African American children decreased to the lowest percentage for this measure over the past reporting period. However, this was alongside their increase in Permanency Achieved Within 12 Months. White and Two or More Races show an increasing trend alongside an increasing trend in Permanency Achievement Within 12 Months.

Figure 3-41. Observed Performance Achieved in 12 Months (in care 12-23 months) by Race and Ethnicity and Over Time

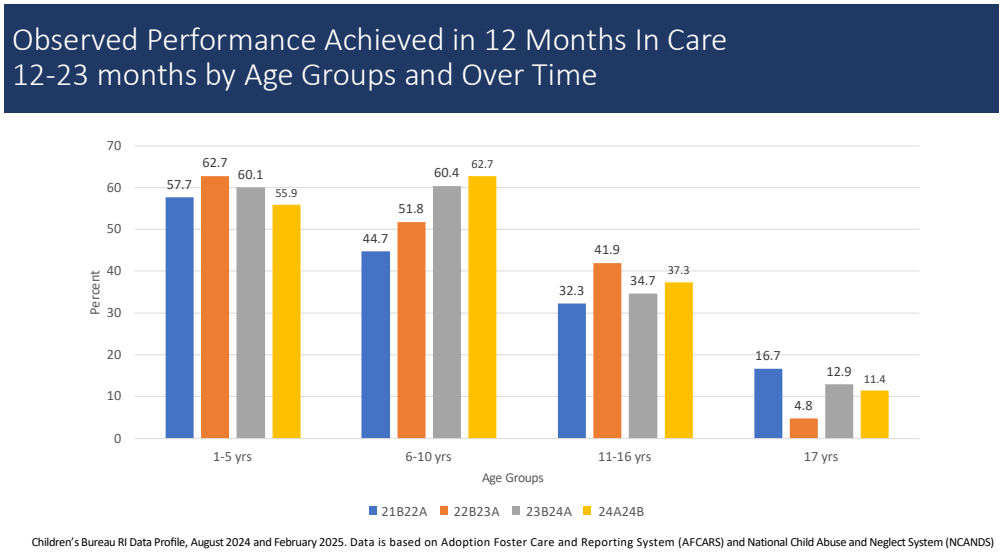


Children's Bureau RI Data Profile, August 2024 and February 2025. Data is based on Adoption Foster Care and Reporting System (AFCARS) and National Child Abuse and Neglect System (NCANDS)

Permanency Achieved Within 12 Months for Children in Care 12-23 months by Age

As seen in Figure 3-42, among age groups, 11-16 and 17 year olds had the lowest percentage of Permanency Achieved in 12 Months for Children in Care 12-23 Months across all reporting periods. Children in the 6-10 year old age range had the highest percentage for this measure at 62.7%.

Figure 3-42. Observed Performance Achieved in 12 Months (in care 12-23 months) by Age Groups and Over Time

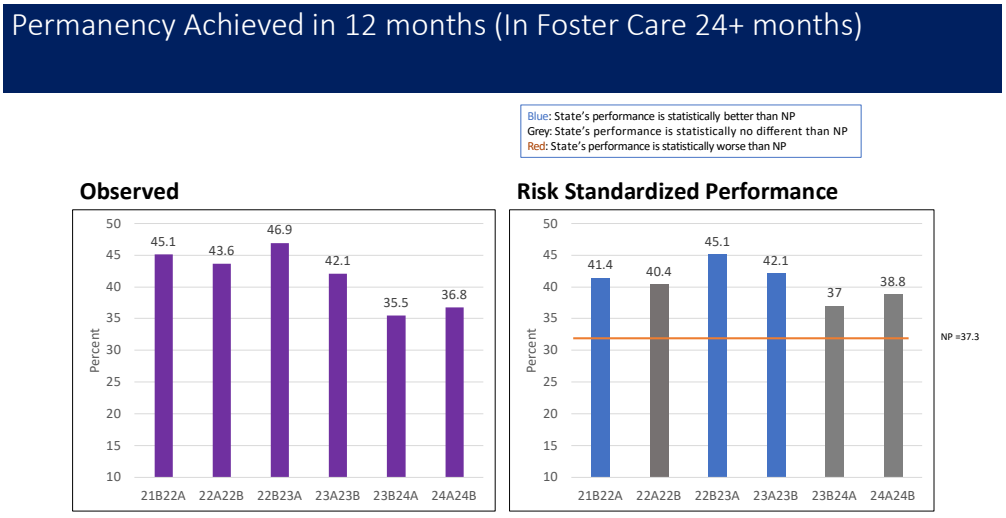


Children's Bureau RI Data Profile, August 2024 and February 2025. Data is based on Adoption Foster Care and Reporting System (AFCARS) and National Child Abuse and Neglect System (NCANDS)

Permanency Achieved in 12 months (In Foster Care 24+ months)

Rhode Island's performance on Permanency Achieved Within 12 Months for Children in Care 24+ Months has shown a slight decrease over the last 3 reporting periods, as shown in Figure 3-43. Specifically, of all children in care on the first day of a 12-month period who had been in care continuously for 24 months or more, 36.8% percent discharged to permanency within 12 months of the first day in the most recent reporting period. Despite the slight decrease in the most recent reporting periods, Rhode Island's risk standardized performance on this measure (38.8%) is statistically no different than the national performance (37.3%) and has remained either better or no different from the national performance for the last 6 reporting periods.

Figure 3-43. National Performance Measure - Permanency Achieved in 12 Months (in Foster Care 24+ Months)

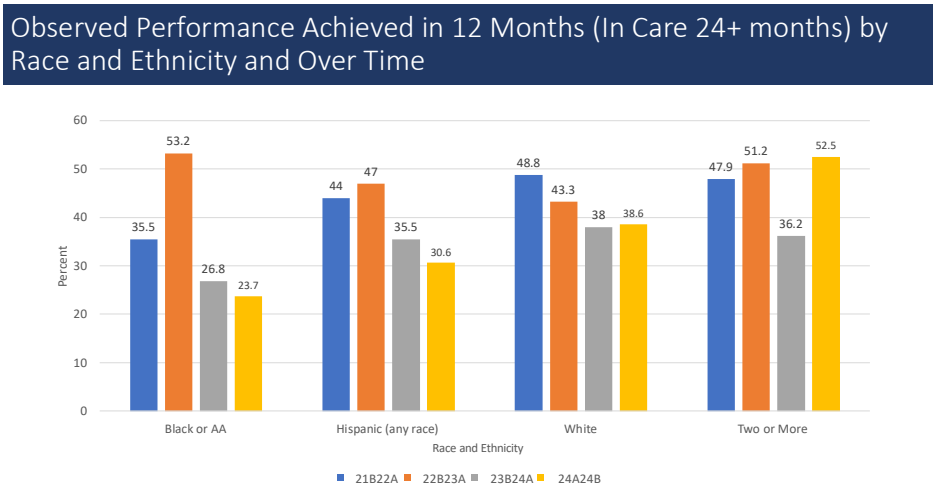


Children's Bureau RI Data Profile, August 2024 and February 2025. Data is based on Adoption Foster Care and Reporting System (AFCARS) and National Child Abuse and Neglect System (NCANDS)

Permanency Achieved Within 12 Months for Children in Care 24+ months by Race and Ethnicity

Figure 3-44 below breaks down this performance measure over time by race and ethnicity. An overall decreasing trend across race and ethnicity groups observed in the last reporting period except for white children, which remained stable and two or more races increasing. White and Two or more races increased in achieving permanency within 12 months of entry into care and observed decreasing in achieving permanency within 12 months for children in care 12-23 months and 24+ months which could suggest an overall positive observation.

Figure 3-44. Observed Performance Achieved in 12 Months (in care 24+ Months) by Race and Ethnicity and Over Time

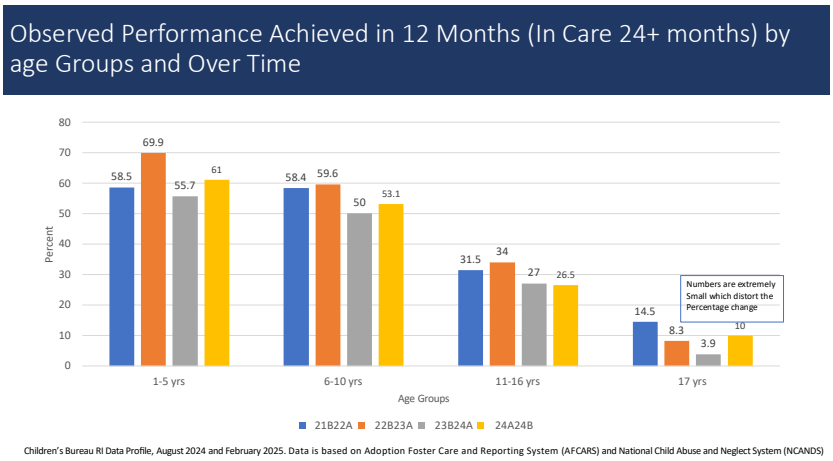


Children's Bureau RI Data Profile, August 2024 and February 2025. Data is based on Adoption Foster Care and Reporting System (AFCARS) and National Child Abuse and NeglectSystem (NCANDS)

Permanency Achieved Within 12 Months for Children in Care 24+ months by Age

As seen in Figure 3-45 below, all age groups increased in the most reporting period except for 11-16 and 17 year olds. Among age groups, 11-16 and 17 year olds had the lowest percentage across all reporting periods. Among age groups, the 11-16 year old group had the highest percentage of achieving permanency across the three permanency outcomes- the 12-23 months, followed by within 12 months followed by 24+ months.

Figure 3-45. Observed Performance Achieved in 12 Months (in care 24+ months) by Age Groups and Over Time

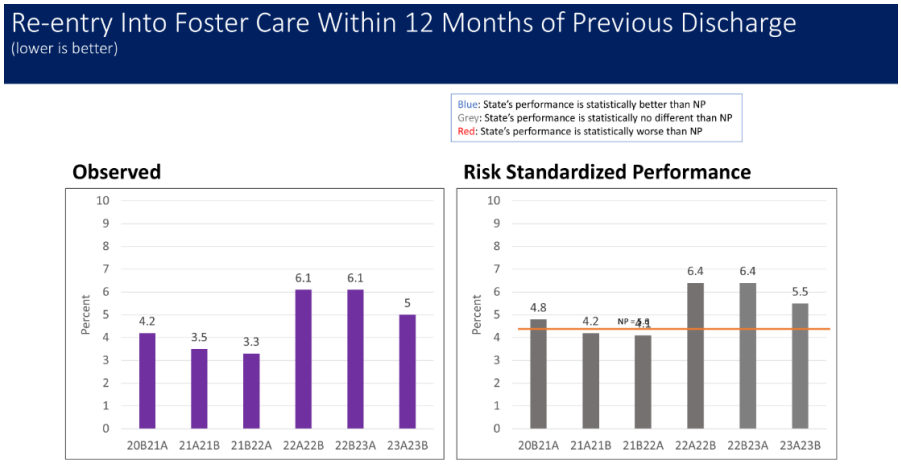


Children's Bureau RI Data Profile, August 2024 and February 2025. Data is based on Adoption Foster Care and Reporting System (AFCARS) and National Child Abuse and Neglect System (NCANDS)

Re-entry into Foster Care within 12 Months Previous Discharge

Figure 3-46 shows a slight trend increase in the rate of children re-entering foster care within 12 months of achieving permanency. While performance continues to fluctuate year to year, Rhode Island's RSP for re-entry into foster care within 12 months is 5.5%, which is statistically no different than the national performance of 5.6%.

Figure 3-46. National Performance Measure - Re-entry Into Foster Care within 12 Months of Previous Discharge

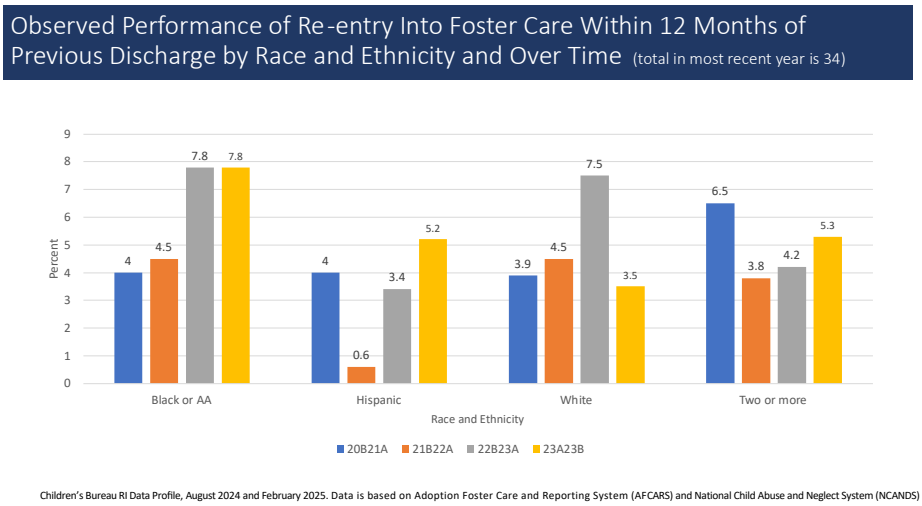


Data Source: Children's Bureau RI Data Profile, August 2024 and February 2025.
Data Note: Data is based on Adoption Foster Care and Reporting System and National Child Abuse and Neglect System.

Re-entry into Foster Care within 12 Months of Previous Discharge by Race and Ethnicity

Figure 3-47 breaks down this performance measure over time by race and ethnicity. Among race and ethnicity, Black or African American children had the highest frequency in the most recent reporting period followed by two of more races and Hispanic children.

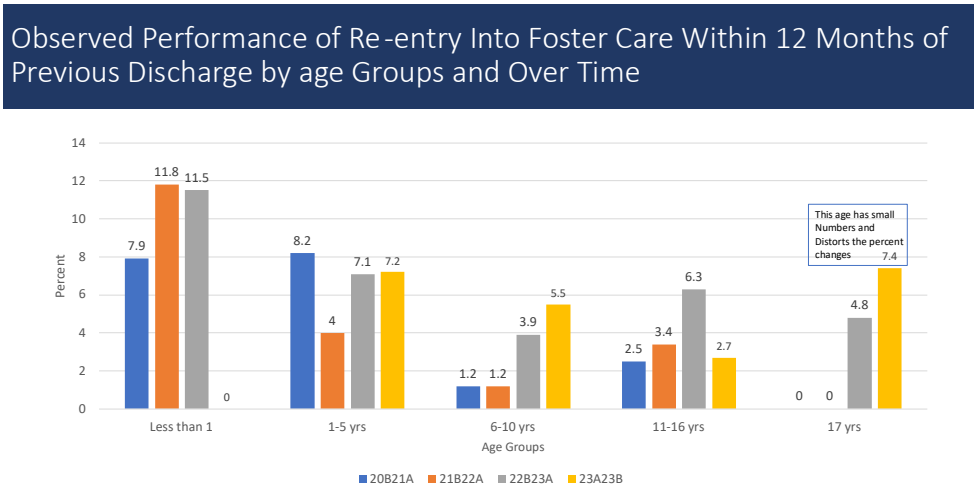
Figure 3-47. Observed Performance of Re-entry Into Foster Care Within 12 Months of Previous Discharge by Race and Ethnicity and Over Time



Re-entry into Foster Care within 12 Months of Previous Discharge by Age

As seen in Figure 3-48, children less than 1 have the highest percentages of re-entry in general. These children also have the highest percentage of achieving permanency within 12 months of entry into foster care. There is variability across all other age groups in the last reporting period.

Figure 3-48: Observed Performance of Re-entry Into Foster Care Within 12 Months of Previous Discharge by Age Groups and Over Time



Children's Bureau RI Data Profile, August 2024 and February 2025. Data is based on Adoption Foster Care and Reporting System (AFCARS) and National Child Abuse and Neglect System (NCANDS)

Permanency & Re-entry: FFY23 Entry & Exit Cohort (October 1, 2022 – September 30, 2023)

Table 3-14 shows that the vast majority of children sustained permanency within 12 months of exiting foster care in FFY23. Among the FFY23 exit cohort, 580 (93.7%) sustained permanency and 39 (6.3%) re-entered foster care within 12 months of achieving permanency. There was no statistically significant difference in the percent re-entering across all racial and ethnic groups compared to White Non-Hispanic, controlling for age. Although, Black Non-Hispanic children did not have statistically significant difference in re-entering compared to White Non-Hispanic children, it is important to note that there may be practical significance.

Table 3-14. Stats at a Quick Glance: 3-year trend data on re-entry into foster care within 12 months of permanency achieved.

	FFY21 exit cohort (Re-entry between FFY21-FFY22)	FFY22 exit cohort (Re-entry between FFY22-FFY23)	FFY23 exit cohort (Re-entry between FFY23-FFY24)
Number and percent re-entered	50 (4.4%)	56 (5.6%)	39 (6.3%)
Median age (years) at re-entry	6 years	8 years	7 years
Median length of time (days) between permanency achieved and re-entry	160 days	209 days	237 days

Data Notes: - Percentages in this section are unadjusted for age and number of entries. Children's Bureau adjusts for age and number of entries

Stakeholder Feedback – Permanency Outcome 1 (4-6):

Stakeholder feedback pertaining to Permanency Outcome 1 was gathered during the Listening and Learning Tour and through targeted focus groups with a wide range of stakeholders including DCYF staff at all levels, attorneys, judges, parents, foster parents, youth, and service providers.

Stakeholders consistently highlighted the Safe and Secure Baby Court (SSBC) and Family Treatment Drug Court (FTDC) specialty courts as strong practices related to permanency, noting that these courts provide more frequent and meaningful hearings, foster a collaborative environment, and offer timely, individualized services that help families move more quickly toward permanency.

In contrast, experiences with the regular court calendar were described as inconsistent. Many stakeholders reported that permanency hearings are often very brief (sometimes only a few minutes), limiting meaningful engagement and review of a child's case. Concerns were raised that such hearings may default to maintaining the status quo without fully considering parent progress, and that court decisions sometimes appear to rely heavily on DCYF recommendations without thorough independent review. Judges also noted challenges related to caseworker and attorney preparedness, which they linked to staff turnover, inexperience, and high caseloads. These factors can undermine the quality of hearings and delay permanency.

Despite these concerns, stakeholders identified foster parent participation in hearings, particularly in specialty courts, as a notable strength that provides valuable insight into children's progress and supports more informed permanency planning.

Overall, stakeholder feedback suggests that while specialty courts exemplify strong practice toward achieving timely and thorough permanency decisions, the regular court process, which handles most cases, faces significant challenges in permanency hearing quality, preparedness, and consistency, which may hinder progress toward permanency for some children.

Permanency Outcome 1 (item 4-6) Rating Summary

The Department's CFSP (2025–2029) goal of Improved Permanency for All Children with Emphasis on the Entry Cohort includes several targeted strategies to strengthen performance in Permanency Outcome 1.

Placement Stability

- Develop a therapeutic child-care program to provide support to foster parents who are caring for children with complex social-emotional needs. This specialized program will ensure children in foster care with these complex needs, and the foster

parents who care for them, have necessary supports outside of the home to improve placement stability.

- The Department's Licensing and Resource Families Division facilitate monthly targeted matching and reverse matching reviews for children in foster care. DCYF placement staff and partner agencies use these meetings to identify the best placement matches for youth to avoid future placement disruptions and support permanency. The process will also include a pilot component to engage youth voice in the matching process by allowing youth to contribute input through video, written, or in-person discussions. The Licensing and Resource Families Division also engages in targeted recruitment of foster parents in communities that represent the children in foster care.
- Expand aftercare services for youth transitioning from high-end residential care with the goal of preventing re-entry into care.

Appropriate Permanency Goals

- Ensure appropriateness of permanency goals and concurrent planning
    - Division of Performance Improvement to generate a random monthly selection of out-of-home cases for Family Service Unit administrators and/or supervisors to review permanency goal(s) and follow-up with recommendations.
- Improve quality of ASFA documentation by convening a workgroup to develop a template to consistently capture length of time in care, justifications for continued out-of-home-placement, and current plan for permanency.
- Regional administrators to review permanency goals for children in congregate care if on long stay
    - Assess if APPLA is a more appropriate goal

Achieving Permanency in a Timely Manner

- Enhance partnership and collaboration with Adoption Rhode Island
    - Enhance staff training targeted at removing barriers and expediting permanency
- Increase frequency of discussions regarding permanency in caseworker supervision with an emphasis on SAFE model determination criteria to promote timely utilization of in-home safety plans in cases where reunification is the permanency goal
- Increase collaboration with legal division in the process to achieve permanency
    - Develop process whereby attorneys are assigned specific cases for the duration of case opening
    - Proactive outreach by legal division to conduct legal consults with the assigned caseworker by the child's 11-month mark in foster care
    - Assist in training legal communication on the SAFE model

- Increase collaboration with Court Improvement Program by increasing DCYF legal representation on the CIP task force.

Continued focus on current initiatives and the development of future initiatives in collaboration with Rhode Island's legal and judicial partners and other stakeholders are critical to addressing challenges and improving permanency outcomes for children in foster care. Rhode Island has not yet reached substantial conformity with Permanency Outcome 1.

Permanency Outcome 2 – The Continuity of Family Relationships and Connections is Preserved for Children

Table 3-15 illustrates Rhode Island's performance on each item within Permanency Outcome 2 (items 7-11) comparing results from CFSR Round 3 (2018), the corresponding Round 3 PIP goal, and results from 145 internal CQI case reviews conducted between November 2022 and October 2024.

Table 3-15. Permanency Outcome 2: The Continuity of Family Relationships and Connections is Preserved for Children (items 7-11)

Permanency Outcome 2: The Continuity of Family Relationship and Connections is Preserved for Children.				
CFSR Items		Round 3 June 2018	Round 3 PIP Goal	Internal CQI Review Nov 2022 -Oct 2024
Item 7	Placement with Siblings	83% (20/24)	-----	92% (36/39)
Item 8	Visiting with Parents and Siblings in Foster Care	69% (25/36)	-----	89% (66/74)
Item 9	Preserving Connections	70% (28/40)	-----	89% (79/89)
Item 10	Relative Placement	74% (26/35)	-----	92% (72/78)
Item 11	Relationship of Child in Care with Parents	61% (20/33)	-----	85% (60/71)

Rhode Island is not in substantial conformity with Permanency Outcome 2. The outcome was substantially achieved in 90% of the 89 applicable cases reviewed. This is up however, from Round 3 where the Department achieved a substantial conformity in 68% of the 40 applicable cases reviewed.

Item 7 - Placement with Siblings

Of the 145 internal CQI case reviews conducted between November 2022 and October 2024, 39 cases were applicable to item 7. Among these, 92% (36) were rated as a Strength.

During the review period, siblings were placed together in 49% (19 out of 39) of applicable cases. Among the 20 cases in which siblings were not placed together, valid justifications for their separation were documented in 85% (17 cases). These included circumstances where one sibling required a higher level of care due to behavioral, medical, or safety concerns, which could not be accommodated in the same setting as their sibling(s). The remaining three cases highlighted systemic limitations, such as a shortage of foster homes able to accommodate sibling groups.

In the CFSR Round 3, Rhode Island received a rating of Area Needing Improvement for Item 7, as only 83% (20 of 24) of applicable cases were rated as a Strength. Current data reflects substantial improvement in performance.

Children's Rights, Inc. Lawsuit Settlement – Sibling Placement

In 2018, Rhode Island settled a decade-long lawsuit with Children's Rights, Inc. that alleged systemic deficiencies in DCYF. The agreement required reforms in case management, placements, and investigations, with independent oversight and measurable performance targets to ensure accountability. Among a number of key provisions included prioritizing sibling placements.

Rhode Island set a goal that at least 80% of all siblings entering care be placed together, with exceptions only when:

- Placement together is not in the best interest of one or more siblings,
- One sibling requires specialized treatment unavailable in the same setting,
- The size of the sibling group exceeds regulatory or licensing limits, or
- Court orders mandate separate placements.

DCYF began conducting quality case reviews for this measure on July 1, 2018, and successfully met the 80% benchmark in two consecutive six-month reporting periods by 2021. During the two most recent six-month reporting periods (July 2020–June 2021), data showed that over 90% of siblings in foster care were either placed together or had documented, valid reasons indicating that joint placement was not in the best interest of

one or more siblings (source: RICHIST RPT 729 Monitoring Reports; RPT729_Sibling Placement).

These quality reviews revealed the following key findings:

- The majority of sibling groups consist of two children.
- The likelihood of being placed together decreases with the size of the sibling group.
- Siblings removed on the same date are more likely to be placed together than those removed at different times.
- Larger age gaps between siblings reduce the likelihood of joint placement.

Several initiatives have supported targeted improvements in this area:

- Increased Licensing Capacity: Rhode Island is actively working to expand the capacity of existing foster homes to accommodate sibling groups.
- Targeted Recruitment: There is a stronger focus on recruiting foster families willing and able to care for sibling groups.
- Enhanced Support Services for Foster Families:
    - Family Preservation and Permanency – Communities for People
    - Resource Family Support Services – Family Service of Rhode Island
    - Kinship Support Services – Devereux
    - Foster Family Support – Children's Friend and Service

Additionally, Adoption Rhode Island's Child and Family Support Program offers family-centered services that emphasize the importance of sibling relationships. This includes conducting sibling assessments to inform placement decisions and support reunification or co-placement.

Item 8 - Visiting with Parents and Siblings in Foster Care

Of the 145 internal CQI case reviews conducted between November 2022 and October 2024, 74 cases were applicable to item 8. Among these, 89% (66) were rated as a Strength.

In the majority of cases rated as a Strength, siblings maintained consistent visitation, and parents either had regular, high-quality contact with their children or caseworkers made concerted efforts to ensure that visitation occurred. Among these, 19 cases had achieved a supportive reunification plan, and 5 additional cases were close to that threshold, with unsupervised and overnight visits occurring at the time the case review was conducted. This

shows the Department's efforts to ensure frequent and quality visitation directly supports the achievement of case plan goals.

Of the 8 cases rated as an Area Needing Improvement (ANI), reasons for this rating included insufficient efforts to ensure sufficient visitation frequency between the target child and mother or father. Only one of these cases was rated an ANI due to poor quality of visits, despite sufficient frequency.

During CFSR Round 3, Rhode Island received a Strength rating for this item in 69% (25) of the 36 applicable cases. This rating reflected challenges such as limited availability of visitation services and long waitlists, which negatively affected both the frequency and quality of visits between children and their families. The substantial improvement in performance is reflected in the most recent case review data described above.

As of January 2025, DCYF maintains contracts with eight visitation providers offering a combined capacity of 223 visitation slots, down from 246 prior to the August 2024 service re-procurement. The reduction in capacity is attributed to:

- Providers choosing to operate statewide rather than by region.
- Expanded use of intensive, specialized visitation services.
- Increases in the frequency and duration of supervised visits.

According to weekly utilization and capacity reports completed by providers from October 2024 to January 2025:

- An average of 98 families were served per month.
- An average of 30 families were on pending waitlists monthly.
- Only two providers were operating at full contracted capacity.

This persistent waitlist for visitation services continues to present challenges to ensure appropriate frequency of parent-child visitation and, by extension, timely permanency.

Visitation for Incarcerated Parents

The Rhode Island Department of Corrections (DOC) also facilitates visitation for incarcerated parents. Fathers in the men's medium and minimum security facilities, as well as mothers in women's facilities, can participate in the Special Saturday Visit program. Before participating, fathers are required to complete a parenting class. The visits are child-centered and include games, crafts, sports, and opportunities to bond. Children in foster care can participate in these visits, including special events such as Father's Day photo opportunities.

Children's Rights, Inc. Lawsuit Settlement- Parent-Child Visitation

The settlement agreement with Children's Rights, Inc. included a performance target for compliance with visitation plans. A benchmark was established that at least 85% of all parent-child visitation must occur as outlined in the service plan. To exit this measure, the target needed to be met in two consecutive six-month reporting periods. This target was met in 2023, with 97.8% of visitation frequency between parents and children occurring as outlined in their visitation plan. This sustained improvement over the two six-month reporting periods in 2023 was up from 77.8% in 2022 and 30.4% in 2021.

While Rhode Island has made significant progress in increasing provider contracts and expanding service models, ongoing challenges such as waitlists, provider capacity, and limited engagement with some families continue to impact overall performance on Item 8.

Item 9 - Preserving Connections

Of the 145 internal CQI case reviews conducted between November 2022 and October 2024, 89 cases were applicable to item 9. Among those, 89% (79) were rated as a Strength, which is a marked improvement compared to the 70% (28/40) Strength rate during the CFSR Round 3.

The cases rated as a Strength highlighted efforts by the Department to maintain children's connections with birth families, siblings, extended relatives, schools of origin, friends, and community-based activities such as cheerleading, church, chorus, tribal events, and sports teams (volleyball, baseball, football, etc.).

Cases rated as an Area Needing Improvement reflected either no or limited efforts to maintain familial, educational or tribal connections or preserve relationships. Systemic barriers included transportation challenges limiting access to school and/or peer/community engagement.

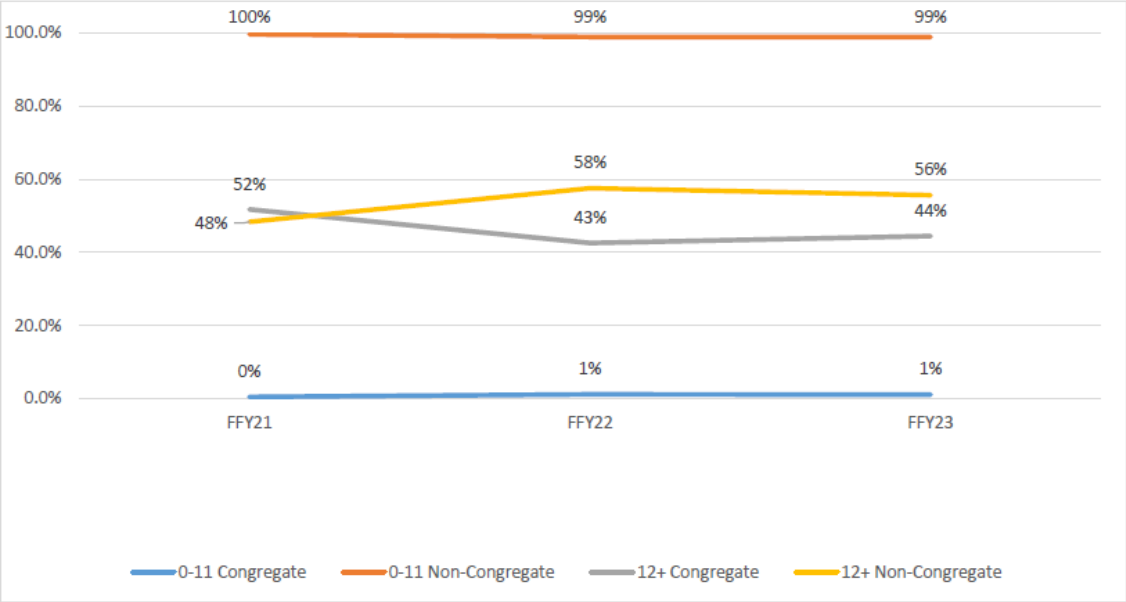
Congregate Care and Out-of-State Placements

RI regularly analyzes data on first placement settings, as certain placement settings may present greater barriers to maintaining connections with family, siblings, and community.

The **Permanency Report: Entry Cohort of Children in Foster Care FFY21-FFY23 (October 1, 2020 – September 30, 2023)** (full report can be found in Appendix D) contains an analysis on first placements type among children entering out-of-home placement. Figure 3-49 shows distinct differences in placement settings by age group. For children ages 0–11, placements in non-congregate settings have remained nearly universal, accounting for 100% in FFY21 and 99% in both FFY22 and FFY23.

For youth ages 12 and older, placement patterns were more varied. Non-congregate settings represented the majority of placements, increasing from 48% in FFY21 to 58% in FFY22, and then slightly declining to 56% in FFY23. Congregate care placements for this age group showed the inverse trend, decreasing from 52% in FFY21 to 43% in FFY22, before a slight increase to 44% in FFY23.

Figure 3-49. First Placement Service Type of Current Removal by Age Category, FFY21-FFY23 entry cohorts



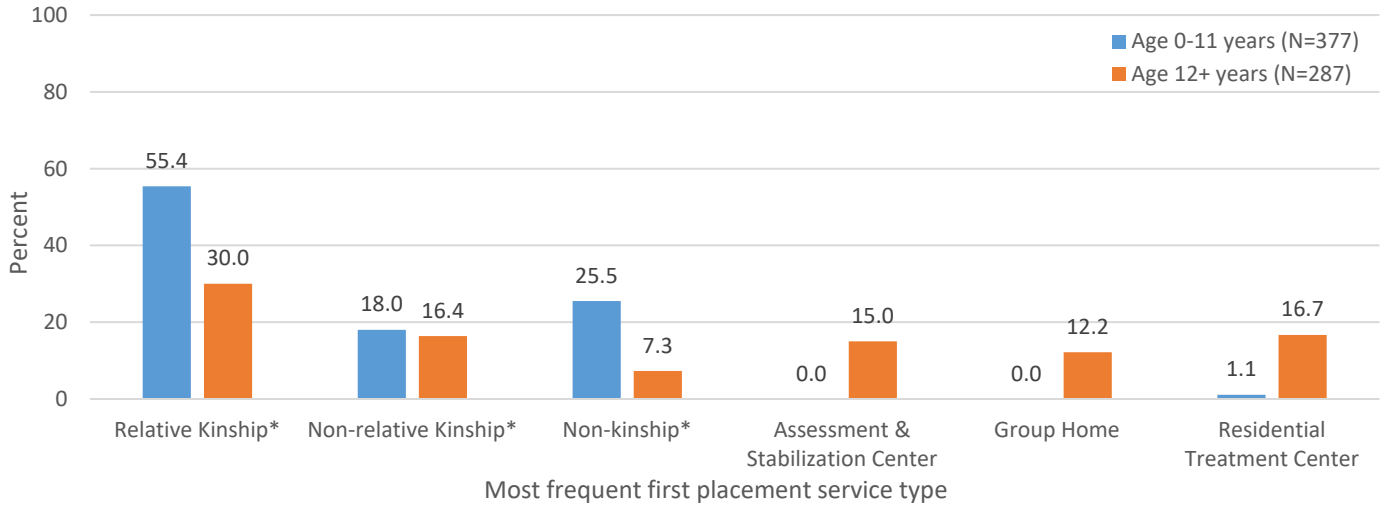
Overall, the above data highlights that young children are almost exclusively placed in family-based, non-congregate settings, while older youth are more likely to experience placement in congregate care, though more than half are consistently placed in non-congregate settings.

These findings are consistent with Figure 3-50 below, which is included in RI's **Removals Brief, Entry Cohort of Children in Foster Care FFY22-FFY24 (October 1, 2021 – September 30, 2024)** (full report located in Appendix E). The data presented reflects an unduplicated count of all children under 18 years old removed from home and entering a RI DCYF out-of-home placement between October 1, 2021-September 30, 2024 (FFY22-FFY24), by federal fiscal year. The data include children in congregate care, specialized foster care, independent and semi-independent living, relative foster care, nonrelative foster care and court ordered.

Figure 3-50 shows for children ages 0–11, the majority (55.4%) entered care in relative kinship placements, with an additional 18.0% placed in non-relative kinship homes. These placements help support continuity of family and community connections and reflect alignment with the intent of Item 9. In contrast, older youth were less likely to enter care with

relatives (30.0%) and more likely to experience placement in congregate or treatment settings (44.0% combined across Assessment and Stabilization Centers, Group Homes, and Residential Treatment Centers). This age-based disparity suggests that while Rhode Island is effective in supporting connections for younger children through kinship and foster family placements, there are significant challenges in achieving the same outcomes for older youth.

Figure 3-50. Percent of children entering out-of-home placement, by most frequent first placement service types of current removal and age at removal, FFY24 entry cohort



Notes: Data source: RICHIST report 460; data are current as of 10/10/2024.

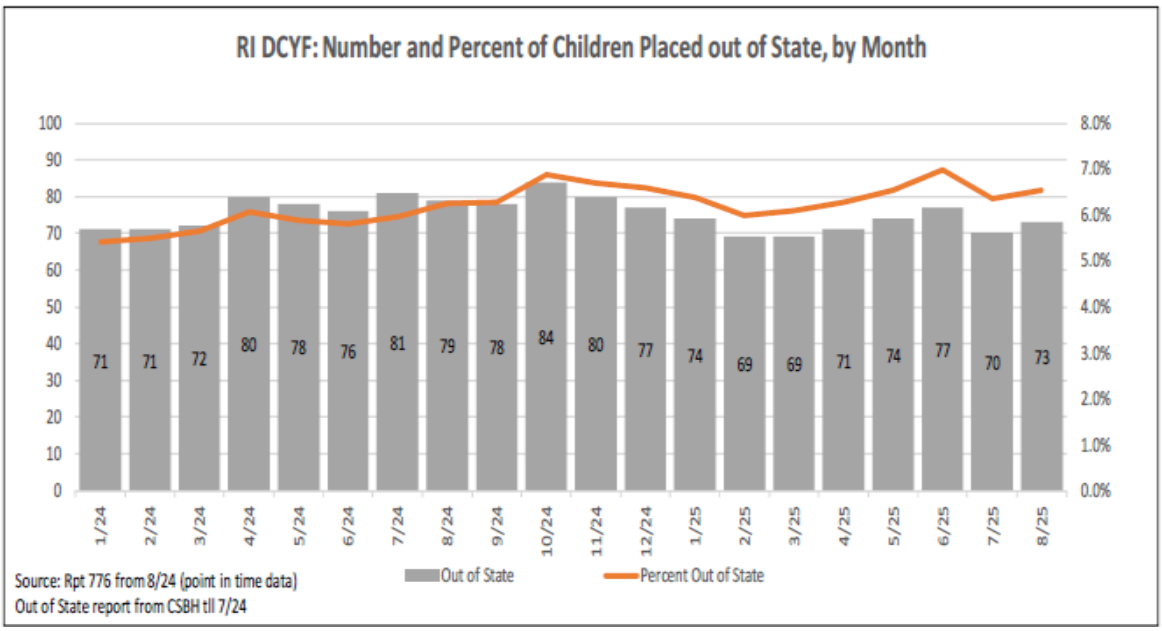
- * Indicates non-congregate care placement service types
- Above figure reflects only the most frequent first placement types. Children may also enter into acute residential treatment, independent living, semi-independent living, psychiatric hospital or medical hospital.

To address these disparities and improve performance, the Department implemented several initiatives. In September 2024, the Department initiated weekly regional multidisciplinary meetings facilitated by the Deputy Director to review the status of youth in congregate care and psychiatric placements in an effort to move children to less restrictive placements and more family-like setting closer to their community of origin whenever safe and appropriate. Separate meetings were established to focus on in-state congregate care placements, psychiatric hospitalizations, and out-of-state placements. Meetings include social caseworkers, supervisors, regional administrators, and representatives from Placement, Resource Families & Licensing, and Behavioral Health Divisions.

Figure 3-51 shows that these targeted reviews initially produced measurable progress, with the number of youth in out-of-state placements decreasing from 84 in October 2024 to 69 by March 2025. However, more recent data shows that the number of children placed out-of-state is trending upwards. Although the initial reduction reflects strengthened collaboration to remove barriers, develop individualized transition plans, and support youth in moving to less restrictive, family-like settings, this area deserves ongoing targeted

attention to reduce reliance on out-of-state placements and keep children closer to their communities of origin.

Figure 3-51. RI DCYF Number and Percent of Children Placed out of State, by Month

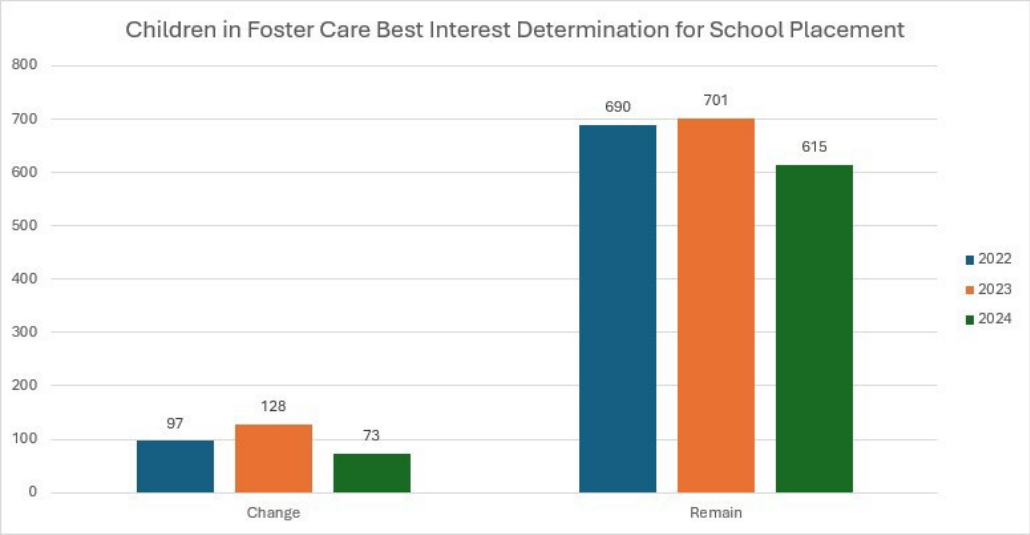


Educational Stability

To support performance in this area, DCYF has trained staff across divisions on the Every Student Succeeds Act (ESSA) and collaborates with school districts and the Rhode Island Department of Education (RIDE) to support educational stability.

The Department makes concerted efforts to keep children in their school of origin upon entering foster care. Figure 3-52 represents the number of children in foster care who remained in their school of origin compared to the number of children who were transferred spanning the years 2022-2024. Throughout this timeframe, children entering foster care remained in their school of origin 85% (1,708/2,006) of the time. This data highlights the Department's strong performance with maintaining children in their school of origin and only making changes when it's determined to be in the child's best interest.

Figure 3-52. ESSA Data Tracking Report: Number of Children in Foster Care who Remained in their School of Origin (2022-2024)



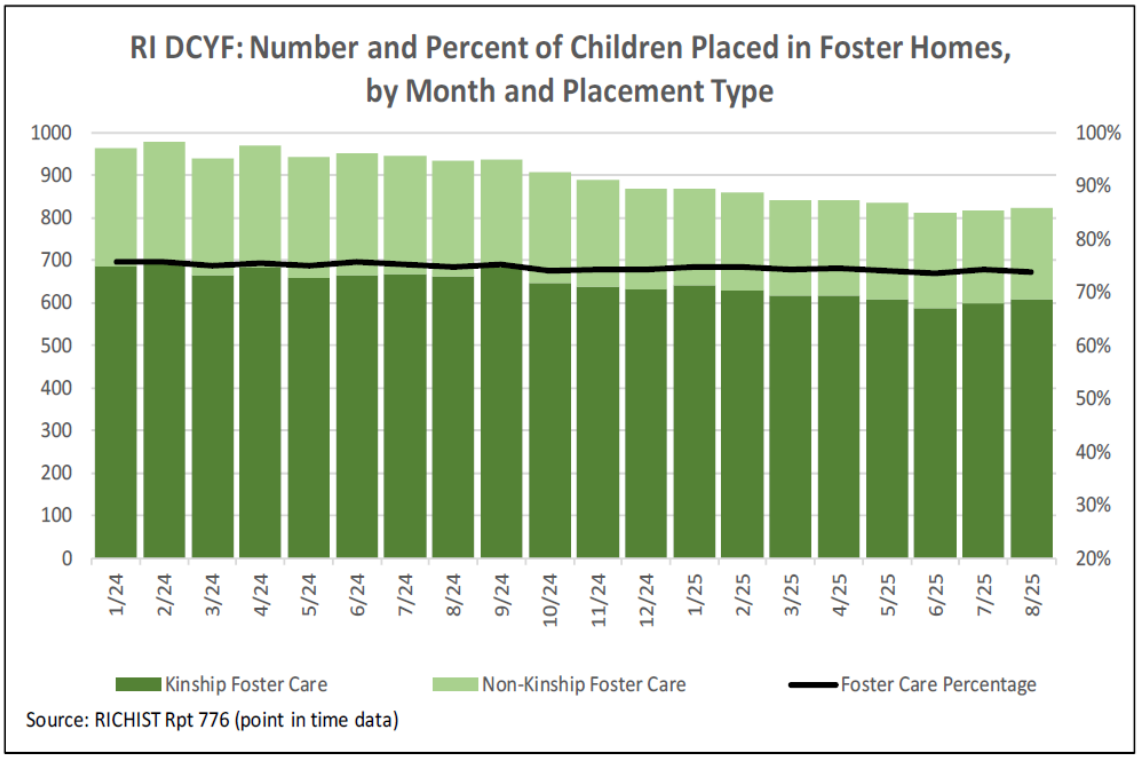
Data Source – Best Interest Determination ESSA tracking report (2022-2024)

Kinship Foster Care

As illustrated in Figure 3-53, from January 2024 to August 2025, the number of children in foster homes in Rhode Island declined modestly, from about 950 to just over 800. Despite this reduction, foster homes consistently represented 70–75% of all placements. Kinship foster care, defined as placement with relatives or close family friends, remained the predominant placement type. Kin are typically family members or trusted adults with whom a child has established connections prior to entering foster care.

Overall, the data reflects a modest decrease in the number of children in foster homes while demonstrating the Department's continued reliance on kinship care and preserving connections for children in foster care.

Figure 3-53. Out-of-Home Placement: Number and Percent of Children Placed in Foster Homes



Family Search & Engagement Unit

Since CFSR Round 3, the Family Search & Engagement Unit (FSE) has played a critical role in identifying and locating relatives of children in care. FSE uses a variety of tools and partnerships to locate family including record mining in RICHIST, TLO reports, social media outreach (e.g., Facebook Messenger, Instagram) and direct communication (phone calls, text messages). FSE also collaborates with private agencies such as Adoption Rhode Island and Foster Forward.

FSE provides cross-divisional support including the Family Service Unit (FSU), Voluntary Extension of Care (VEC) Unit, Child Protective Services (CPS) and the Support and Response Unit (SRU). FSE locates and engages family for children entering placement, AWOL youth, youth in non-relative placements, and children in need of permanency (guardianship, adoption, relational permanency for APPLA youth).

Search Volume (TLO Reports):

- 2022: 1,426 reports
- 2023: 2,426 reports (boosted by new searches on all CPS-to-FSU transfers)
- 2024: 2,582 reports (as of October)

Total Searches (Includes all types of inquiries, not just TLO reports):

- 2022: 8,569
- 2023: 13,015
- 2024: 13,702 (excluding December)

Note: These totals include searches to find addresses, phone numbers, or persons, including those related to AWOL youth.

Item 10 - Relative Placement

Of the 145 internal CQI case reviews conducted between November 2022 and October 2024, 78 cases were applicable to item 10. Among those, 92% (72) were rated as a Strength, which is a significant improvement from the 74% (26/35) Strength rate from the CFSR Round 3.

Among the 78 applicable cases, the majority (41) were in relative placement, all of which were deemed appropriate to meet the child's needs. For the children who were not placed with relatives, concerted efforts were made to identify, inform, locate and evaluate both maternal and paternal relatives as potential placement resources. Searches in those cases resulted in relatives being ruled out due to fit, relative's unwillingness, or child's best interests.

In all cases rated as an Area Needing Improvement (6 out of 72), the Department did not make concerted efforts to identify, inform, locate or evaluate relatives either initially (2 cases) or on an ongoing basis (4 cases).

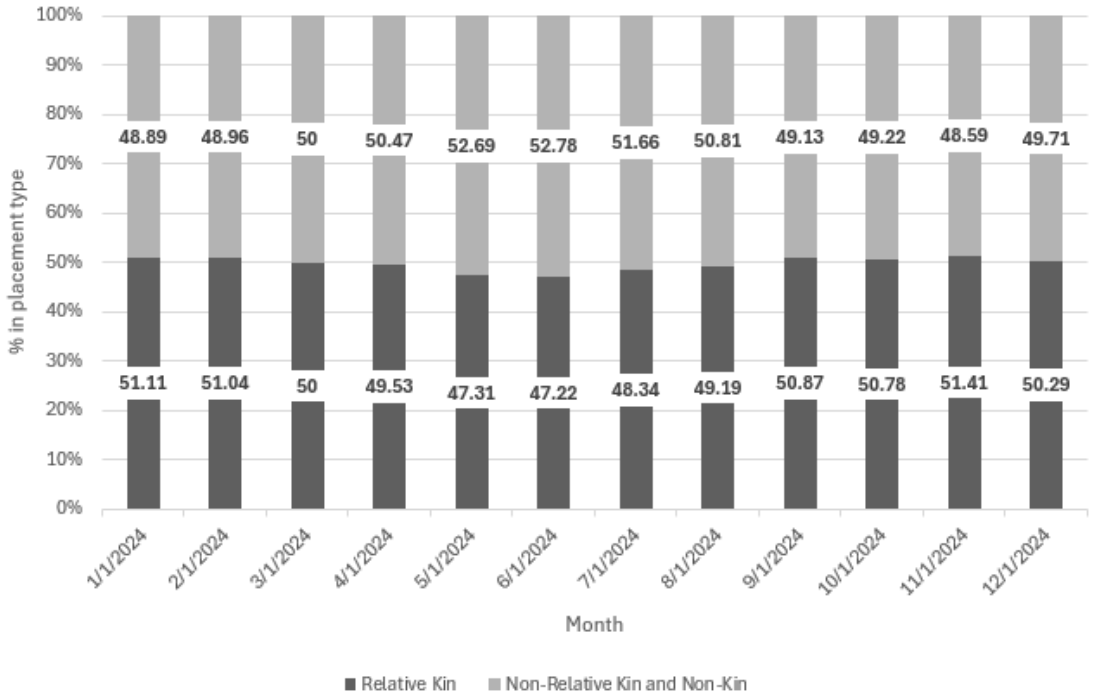
Relative Kinship Placement (CY2024)

Figure 3-54 illustrates the proportion of children placed in foster homes by provider type (relative kin vs. non-relative/non-kin) on the first of each month during CY 2024. The data reflect point-in-time counts from RICHIST RPT 776, with an average of 924 children observed at each monthly snapshot.

Throughout 2024, the distribution of placements between kinship and non-kinship providers remained relatively balanced. Relative kinship placements accounted for approximately half of all foster home placements each month, ranging from a low of 47.2% in June 2024 to a high of 51.4% in November 2024. Conversely, non-relative/non-kinship placements ranged from 48.3% to 52.8% during the same period.

It is important to note that this data, while providing a much larger sample than the CQI case review results described above, does not indicate the reasons why some children are not placed with relatives. In many cases, this may be due to the absence of suitable or willing relatives, despite the Department's concerted efforts to identify and engage kin, or because placement with relatives was determined not to be in the child's best interests.

Figure 3-54. Foster care placements by child relationship to provider among those placed in foster care homes on the first of each month, across CY 24



Data notes:
Source, RICHIST RPT 776 (point in time on the first of each month)
-Each month is a discrete count. If a child was placed in a relative kinship home in January, February and March, they would be counted in each months proportions
-Population is all children placed in foster care home settings on the first of each month
-Non-relative kin and non-kin are combined into one category
-Average total N placed at each point in time is 924

Barriers to Relative Placement

Despite significant progress in placing children with relatives, several challenges persist:

- Locating suitable relatives remains difficult; some families face socioeconomic barriers to providing care.
- Housing quality issues, particularly in urban areas, prevent licensing:
    - Lead paint is common in older homes
    - Multi-family units (3+ units) require hard-wired fire alarm systems

Rhode Island is working to mitigate these issues by increasing foster care rates and assisting with smoke detectors and boiler switches (see Items 33 and 35: *Standards Applied Equally* and *Diligent Recruitment of Foster and Adoptive Homes* for additional information).

Additionally, Family Search and Engagement efforts (as outlined above in Item 9: *Preserving Connections*) has played a critical role in identifying, informing, locating, and evaluating potential relative placement resources for children in and entering foster care, further supporting performance of this item.

Item 11 - Relationship of Child in Care with Parents

Of the 145 internal CQI case reviews conducted between November 2022 and October 2024, 71 cases were applicable to item 11. Among those, 85% (60) were rated as a Strength, which shows marked improvement from the 61% (20/33) Strength rating during CFSR Round 3.

In those cases rated as a Strength, parents were supported in engaging in a variety of activities beyond standard visitation. These activities included medical and dental appointments, school meetings, family therapy, and extracurricular events such as basketball games, chorus performances, and additional visits at foster homes or within the community. These settings allowed foster parents to partner with birth parents and model appropriate parenting behaviors/skills.

Of the cases rated as an Area Needing Improvement, DCYF did not encourage parent participation in activities beyond visits. Transportation is frequently cited as a barrier to participation in activities outside of visitation.

Service Array Expansion

DCYF has recently expanded its service array and renegotiated provider contracts to include transportation for parents, and is actively exploring a potential service agreement with Uber. These services are designed to assist parents in attending school meetings, medical appointments, extracurricular events, and additional visits. Programs that now include transportation components include:

- Enhanced Family Support Services (EFSS) – Communities for People and the Key Program
- Family Centered Treatment (FCT) – Communities for People and Child & Family Services
- Parent Support Network
- Youth Advocate Program

Caring Connection Calls

In 2021, the Department embraced the Caring Connections framework to build stronger connections and partnerships with families involved with the Department. Caring Connections Calls are used to support birth parents, resource parents and kinship caregivers in building caring relationships so they can collaborate and share responsibilities for children/youth temporarily separated from their parents.

A Caring Connections Call is a telephone or video call that connects birth parents with foster parents, or relative caregivers, so they can share valuable information to support the adequate care of their child. These calls help build collaborative relationships between parents and caregivers beginning at the time of a child's removal from home.

Maintaining a connection between birth parents and caregivers enhances a child's well-being in the first hours of arrival. This process offers support, reassurance, and relief to the child/youth and birth parents or caregivers during a very difficult time.

The program was initially piloted in Child Protective Services (CPS) in 2022, and a second pilot followed in the Division of Family Services (DFS) starting in August 2023. This program is the culmination of months of hard work by representatives from the Division of Family Services, the Birth Parent Advisory group, and the Foster Parent Advisory Council.

Workforce Hiring Initiatives

DCYF has increased hiring of Child Support Technicians (CSTs) to support family engagement beyond visitation. CSTs assist with transportation, supervise visits, and help facilitate parental involvement in their children's lives while they are in care. CSTs have the flexibility to work evenings and weekends to overcome scheduling barriers and better meet the needs of families.

Permanency Outcome 2 (items 7-11) Rating Summary

Since CFSR Round 3, the Department has implemented a range of initiatives to improve performance in preserving the continuity of family relationships and connections for children in foster care, including targeted efforts with Family Search & Engagement, service array expansion, a visitation program for incarcerated parents, caring connection calls, and workforce hiring initiatives, to name a few.

The Department's CFSP (2025–2029) goal of Improved Permanency for All Children with Emphasis on the Entry Cohort are also captured within the above-mentioned initiatives and include targeted strategies to strengthen performance in Permanency Outcome 2:

- Seek kinship placements for entry cohort (TLO requests for all children entering care; increased emphasis on searching for fathers and expanding paternal relative searches; seeking natural supports through family engagement)
- Recruit families from cities and towns where children entering foster care originate and who reflect the race/ethnicity of children in foster care

Rhode Island has made significant progress in the performance of permanency outcome 2 since CFSR Round 3 but remains slightly below the threshold for substantial conformity.

C. Well-Being

Well-Being Outcomes 1, 2 and 3

Well-being outcomes include: (1) Families have enhanced capacity to provide for their children's needs, (2) children receive appropriate services to meet their educational needs and (3) children receive adequate services to meet their physical and mental health needs.

Rhode Island Round 3 CFSR Findings:

In CFSR Round 3 (2018), Rhode Island was not in substantial conformity with Well-being Outcomes 1, 2 and 3. For Well-Being Outcome 1, only 26% (17/65) of the cases reviewed were rated as a Strength, falling short of the 90% federal threshold. Similarly, Well-being Outcome 2 was rated as a Strength in 80% (37/46) of the reviewed cases and falling slightly below the 95% federal threshold. Well-being Outcome 3 was rated as a Strength in only 54% (32/59), also falling well below the 90% federal threshold.

The key area identified for improvement included strengthening authentic engagement with parents and children for both in-home and foster care cases. To address this challenge, Rhode Island implemented the following strategies through the Round 3 Program Improvement Plan (PIP):

1. The Department will shift agency culture and practice to recognize and prioritize the value of engagement with families away from being compliance-driven to being values-driven which will lead to improvements in frequency and quality of face-to-face contacts with parents and children.
2. The Department will increase engagement of both parents and children in assessing family needs and in-service planning through the implementation of the SAFE (Safety Assessment through Family Engagement) practice model utilizing the Ongoing Family Functioning Assessment (OFFA).
3. The Department will enhance child welfare practice by strengthening and supporting quality supervision by Casework Supervisors to Social Caseworkers by embedding Chief of Practice Standards in the Family Service Unit (FSU) regions to model and coach supervisory practice utilizing newly developed supervision protocols.
4. The Department will conduct surveys on a quarterly basis to ensure that caseworkers continue to report that supervision meets their needs.

All PIP goals were achieved by Spring 2021. Rhode Island continues to build upon the above activities to sustain improvements and support additional progress.

Rhode Island implemented an internal qualitative case review process in 2022 using the OSRI to support ongoing CQI. Table 3-11 below compares Rhode Island's Round 3 CFSR performance on Well-being Outcomes 1, 2 and 3 to results from internal CQI case reviews between November 2022 and October 2024. Rhode Island conducted 145 internal CQI case reviews during the above stated timeframe. CQI case review results demonstrate improved performance in all well-being outcomes.

Table 3-16. Well-Being Outcomes – Percentage of Cases Substantially Achieved

	Round 3 CFSR **June 2018** **(n=65)**	**RI Internal CQI Case Reviews** **Nov 2022 – Oct 2024** **(n=145)**
Well-Being Outcome 1	26%	50%
Well-Being Outcome 2	80%	90%
Well-Being Outcome 3	54%	72%

Data Sources: RI CFSR Final Report 2018 and OMS State Rating Summary November 2022 to October 2024.

Well-Being Outcome 1: Families Have Enhanced Capacity to Provide for their Children's Needs.

The data below illustrates Rhode Island's performance on each item within Well-being Outcome 1 (items 12-15) comparing results from CFSR Round 3 (2018), the corresponding Round 3 PIP goal, and results from 145 internal CQI case reviews conducted between November 2022 and October 2024.

Item 12: Needs and Services of Child, Parents and Foster Parents

All 145 Internal CQI case reviews conducted between November 2022 and October 2024 were applicable for item 12. Of the 145 cases reviewed, 52% (75) were rated as a strength, which continues to exceed the CFSR Round 3 results and achieved PIP goal for this item, as shown in table 3-12 below.

Table 3-17. Performance Ratings for Item 12 (sub-item breakdown)

CFSR Item	Round 3 June 2018	Round 3 PIP Goal	Internal CQI Review Nov 2022 -Oct 2024
Item 12: Needs and Services to Children, Parents and Foster Parents	32% (21/65)	37%	52% (75/145)
Item 12A: Needs Assessment and Services to Children	57% (37/65)	------	87% (126/145)
Item 12B: Needs Assessment and Services to Parents	32% (19/60)	------	53% (70/131)
Item 12C: Needs Assessment and Services to Foster Parents	68% (21/31)	------	85% (62/73)

Data Sources: RI CFSR Final Report 2018, OMS State Rating Summary June and November 2019, and OMS State Rating Summary November 2022 to October 2024.

Sub-Item 12A - Needs Assessment and Services to Children.

All 145 internal CQI case reviews conducted between November 2022 and October 2024 were applicable to sub-item 12A. Of the 145 cases reviewed, 87% (126) were rated as a strength, which is a marked improvement from the 57% (37/65) Strength rate from CFSR Round 3.

The CQI case review data indicate that the Department has improved performance significantly in this sub-item. Case review results showed that the Department is conducting formal and informal comprehensive assessments, both initially and on an ongoing basis, that accurately assess the child's needs relevant to this item.

A closer look at the data revealed that a majority of cases rated as an Area Needing Improvement (15/19) were in-home cases. The common theme was a lack of assessments for all children in the home, specifically in the AR/DR (FCCP) and Juvenile Probation case sub-types. AR/DR (FCCP) and Juvenile Probation cases typically focus on addressing the needs of a single identified child and are not expected to assess the needs of other children in the home.

Sub-Item 12B - Needs Assessment and Services to Parents.

Of the 145 internal CQI case reviews conducted between November 2022 and October 2024, 123 were applicable to sub-item 12B. Of the 123 applicable cases, 53% (70) were rated as a strength, which is a marked improvement from the 32% (19/60) Strength rate from CFSR Round 3.

The CQI case review results support that the Department's use of the Family Functioning Assessment (FFA) and Ongoing Family Functioning Assessment (OFFA) tools within the SAFE practice model has led to more comprehensive assessments and strengthened the accuracy of identifying and addressing parents' needs.

In cases rated as needing improvement, common issues included the failure to provide services to address some or all identified needs. Notably, fathers were less likely to have their needs assessed. In AR/DR (FCCP) cases, services were often focused primarily on the parent with whom the child resided with and who was most responsive, frequently resulting in the assessment and engagement of only one parent. Another recurring theme was limited effort to meaningfully engage parents living out-of-state or abroad, even when initial contact had been established.

Administrative Review Data (sub-items 12A and 12B)

Administrative reviews are conducted every six months for all children in foster care and reflect a larger sample of statewide data. During these reviews, administrative review officers must determine whether the Department assessed the needs of and provided appropriate services to mothers, fathers and children. Data specifically related to assessing needs and providing services to foster parents is not captured in administrative reviews.

Table 3-13 presents Administrative Review data (RICHIST Report 199) from November 2023 through October 2024. Findings are consistent with the internal CQI case review results described above and show that across the four time periods, Rhode Island is showing better performance with assessing and addressing the needs of mothers and children more frequently than fathers.

For cases receiving a rating of Area Needing Improvement regarding the child, a common theme was that referrals to appropriate services were either not made or the services provided did not align with the child's identified needs.

For mothers, ANI ratings were frequently associated with the absence of a comprehensive assessment to evaluate needs, strengths, and individualized services. Similarly, for fathers, ANI ratings were often due to insufficient efforts to locate or engage the father, as well as the lack of a comprehensive assessment to determine needs, strengths, and individualized services.

Across both mothers and fathers, the most frequently unmet needs were in the areas of parenting skills, mental health, and substance abuse services.

Table 3-18. Administrative Review Data – Well-Being Needs and Services Provided (November 2023-October 2024)

Well-Being Indicators – Periods 11/1/23-1/31/24, 2/1/24 – 4/30/24, 5/1/24 – 7/31/24, 8/1/24 – 10/31/24								
Percentages are those rated as a "Strength" and "Area Needing Improvement"								
	Strength				**Area Needing Improvement**			
	11/1/23 – 1/31/24	**2/1/24 – 4/30/24**	**5/1/24 – 7/31/24**	**8/1/24 – 10/31/24**	**11/1/23 – 1/31/24**	**2/1/24 – 4/30/24**	**5/1/24 – 7/31/24**	**8/1/24 – 10/31/24**
Needs and services provided								
Children	n=249 99.6%	n=249 99.6%	n=226 99.12%	n=249 99.6%	n=1 0.40%	n=1 0.40%	n=2 0.88%	n=1 0.40%
Mother	n=197 100%	n=192 100%	n=183 100%	n=192 98.97%	n=0 0%	n=0 0%	n=0 0%	n=2 1.03%
Father	n=128 97.71%	n=129 96.99%	n=130 96.3%	n=117 92.13%	n=3 2.29%	n=4 3.01%	n=5 3.70%	n=10 7.87%
Data Source: RICHIST REPORT 199								

Administrative review data does not capture information related to sub-item 12C (described in the following section).

Sub-Item 12C - Needs Assessment and Services to Foster Parents.

Among the 145 internal CQI case reviews conducted between November 2022-October 2024, 73 were applicable to sub-item 12C. Of the 73 applicable cases, 85% (62) were rated as a strength, which is a marked improvement from the 68% (21/31) Strength rate from CFSR Round 3.

Common themes in cases rated as a strength included consistent informal assessment of foster parents' needs, with services provided as those needs were identified. Another notable observation was the strong rapport between caseworkers and foster parents resulting in effective communication provision of needed support. Additionally, foster parents licensed through private agencies indicated they felt well-supported by their assigned agency caseworker.

Among the cases rated as an area needing improvement, three major themes emerged:

- Foster parents required support in managing the child's behaviors but did not receive adequate assistance.

- Working foster parents did not receive sufficient help accessing daycare, summer camp, or after-school programs.
- The majority of contact with the foster parents occurred by phone, which limited opportunities for in-person assessments of their needs.

Foster Parent Satisfaction Survey Results

The Foster Parent Satisfaction Survey was developed collaboratively by the Department and the Foster Parent Advisory Council. Created in 2022, the survey was translated into both English and Spanish and was first distributed between March and April 2023. The survey comprises 34 questions: 12 focused on demographics and overall satisfaction, and 22 Likert scale questions organized into five thematic sections, two of which include questions regarding assessing and addressing foster parent needs. The survey is distributed via email to all Department and private agency foster parents. Additionally, caseworkers are provided the link and asked to forward it to the foster parents on their case load.

The initial distribution in March–April 2023 targeted 970 foster parents and yielded 178 responses, representing an 18% response rate. The survey was redistributed from October to December 2023 to include foster parents who had recently become inactive (i.e., no longer fostering at the time of the initial distribution) and were therefore not included previously. This round was sent to 1,119 foster parents and received 160 responses (a 16% response rate). The most recent distribution, conducted between November 2024 and January 2025, was sent to 923 foster parents and received 68 responses, reflecting a 7% response rate. Post completion of the survey, results are analyzed and presented at the Foster Parent Advisory Council. Open discussion on the results occurs with the foster parents in attendance.

There has been a notable decline in response rates over successive survey distributions. This downward trend highlights potential challenges in survey engagement and suggests a need for the Department to re-evaluate survey fatigue, outreach strategies, survey timing, and accessibility.

The survey includes six questions across two sections designed to measure the extent to which foster parents felt their needs were assessed and addressed through the provision of services. Participants rated each item on a scale from strongly disagree to strongly agree. The sections and their corresponding questions are outlined below:

Communication: DCYF Social Worker

- ✓ The caseworker addresses my family's needs, requests, and questions.
- ✓ The caseworker assesses and identifies my foster child's needs.
- ✓ The caseworker assesses and identifies my needs.

Services

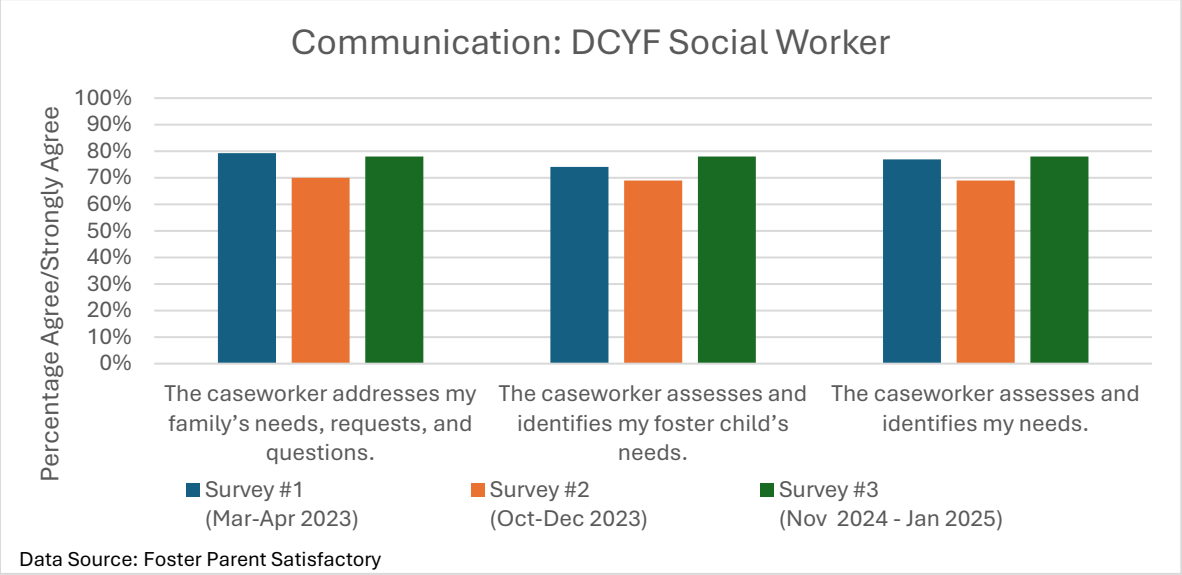
- ✓ I have received the resources needed to provide the best possible care for the foster child(ren) in my home.
- ✓ I am satisfied with the timeframe between requesting a service and receiving it.
- ✓ The array of available services meets my family's needs.

Figure 3-55 shows a gradual improvement in how foster parents perceive the Department's assessment and responsiveness to their needs. Satisfaction dropped slightly in late 2023 (Survey #2) but improved in Survey #3 (Nov 2024–Jan 2025), with nearly 80% of respondents agreeing or strongly agreeing that caseworkers addressed their questions, requests, and needs.

Figure 3-56 shows the same positive trajectory regarding foster parent perceptions of services provided to need their needs. Agreement that foster parents had the resources needed, that services were timely, and that the array of services met their family's needs all increased in Survey #3, with timeliness showing the most notable improvement (from the mid-50% range in Survey #2 to nearly 70% in Survey #3).

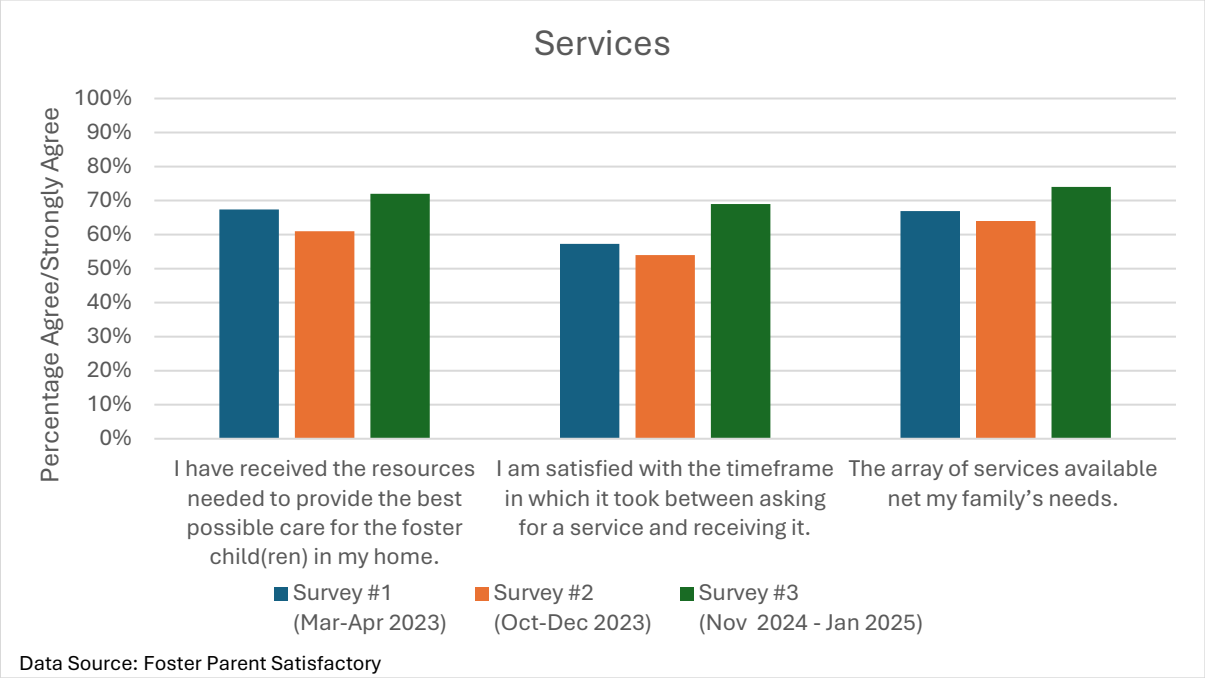
While these upward trends in assessing needs and providing appropriate services are encouraging, the sharp decline in survey participation, from 18% in Survey #1 to just 7% in Survey #3, limits the ability to generalize results to the broader foster parent population.

Figure 3-55. Foster Parent Satisfaction Survey Results 2023-2025: Needs of Foster Family



Data Source: Foster Parent Satisfactory

Figure 3-56. Foster Parent Satisfaction Survey Results 2023-2025: Experience with Services Provided



Data Source: Foster Parent Satisfactory

Item 13: Child and Family Involvement in Case Planning

Of the 145 internal CQI case reviews conducted between November 2022 and October 2024, 141 cases were applicable for item 13. Of the 141 applicable cases, 70% (98) were rated as a Strength. This is a significant improvement from the 29% (19/65) Strength rate from CFSR Round 3. Table 3-19 compares results from CFSR Round 3 (2018), Round 3 PIP Goal, and internal CQI case reviews conducted between November 2022 and October 2024.

Table 3-19: Performance Ratings for Item 13

CFSR Item	Round 3 June 2018	Round 3 PIP Goal	Internal CQI Review Nov 2022 - Oct 2024
Item 13: Child and Family Involvement in Case Planning	29% (19/65)	33%	70% (98/141)

Data Sources: RI CFSR Final Report 2018, OMS State Rating Summary June and November 2019, and OMS State Rating Summary November 2022 to October 2024.

The Department is continuing to see an increase in case planning with children. Of the 99 cases where children were applicable to item 13, 88% (87/99) were rated as a strength across all case types. Foster care cases had the highest performance rating at 91% (52/57), followed by in-home cases at 87% (26/30), and AR/DR (FCCP) cases with a 75% (9/12) strength rating.

Regarding parents, the Department demonstrates strong performance in jointly developing case plans with at least one parent; however, performance declines when engagement with both parents is considered.

In cases rated as an Area Needing Improvement, fathers were consistently less likely to be engaged in the case planning process, with a strength rating of 64% (51/80) across all case types. This trend was not isolated to a specific case type as foster care, in-home, and AR/DR (FCCP) cases all showed similar patterns. The case type with most engagement with fathers was foster care cases at 70% (31/44), followed by in-home cases at 64% (18/28), AR/DR (FCCP) cases at 25%. Mothers were more consistently involved in case planning with a strength rating of 86% (106/123) across all case types.

Administrative Review Data (November 2023 – October 2024)

Administrative reviews are conducted every six months for all children in foster care and reflect a larger sample of statewide data. During these reviews, administrative review officers must determine whether the mothers, fathers and children were involved in the case planning process.

Table 3-20 presents Administrative Review data (RICHIST Report 199) from November 2023 through October 2024. Findings are consistent with the internal CQI case review results described above and show that across the four time periods, Rhode Island is showing better performance with involving mothers and children in the case planning process than fathers.

Table 3-20. Administrative Review Data – Well-Being Involvement in Case Planning (November 2023-October 2024)

Well-Being Indicators – Periods 11/1/23-1/31/24, 2/1/24 – 4/30/24, 5/1/24 – 7/31/24, 8/1/24 – 10/31/24								
Percentages are those rated as a "Strength" and "Area Needing Improvement"								
	Strength				Area Needing Improvement			
Well-being Indicator	11/1/23 – 1/31/24	2/1/24 – 4/30/24	5/1/24 – 7/31/24	8/1/24 – 10/31/24	11/1/23 – 1/31/24	2/1/24 – 4/30/24	5/1/24 – 7/31/24	8/1/24 – 10/31/24
Involvement in Case Planning								
Mother	n=185 99.46%	n=183 100%	n=169 98.26%	n=180 97.83%	n=1 1%	n=0 0%	n=3 1.74%	n=4 2.17%
Father	n=112 97.39%	n=113 99.12%	n=110 94.83%	n=100 88.50%	n=3 3%	n=1 0.88%	n=6 5.7%	n=13 11.5%
Children	n=192 100%	n=201 100%	n=177 100%	n=195 99.49%	n=0 0%	n=0 0%	n=0 0%	n=1 0.51%
Data Source: RICHIST REPORT 199								

Item 14: Caseworker Visits with Child

All 145 internal CQI case reviews conducted between November 2022 and October 2024 were applicable to item 14. Of 145 cases reviewed, 83% (120) were rated as a Strength, which is a marked improvement from the 52% (34/65) Strength rate from CFSR Round 3. Table 3-21 compares results from Round 3 CFSR (2018), Round 3 PIP Goal, and internal CQI case reviews conducted between November 2022 and October 2024.

Table 3-21. Performance Ratings for Item 14

CFSR Item	Round 3 June 2018	Round 3 PIP Goal	Internal CQI Review Nov 2022 - Oct 2024
Item 14: Caseworker Visits with Child	52% (34/65)	48%	83% (120/145)

Data Sources: RI CFSR Final Report 2018, OMS State Rating Summary June and November 2019, and OMS State Rating Summary November 2022 to October 2024.

The data reflects a marked improvement in Rhode Island's performance on this item since CFSR Round 3. Despite reaching our PIP goal for this item in 2021 as a result of our Round 3 PIP strategies, the Department has continued to develop and pilot new strategies to sustain and build upon this progress.

Of those cases rates as an Area Needing Improvement, the following trends were identified:

- Caseworkers were not consistently meeting with children alone or engaging in age-appropriate discussions about safety, permanency, and well-being.
- In AR/DR (FCCP) and Juvenile Probation cases, the focus of visits was often limited to the child identified as the reason for Department involvement, rather than including all children residing in the home.
- FCCP agencies with case management responsibilities for AR/DR cases are not contractually obligated to meet with children alone. Additionally, FCCP agency practices do not permit caseworkers to meet with children alone and would also require parental consent.

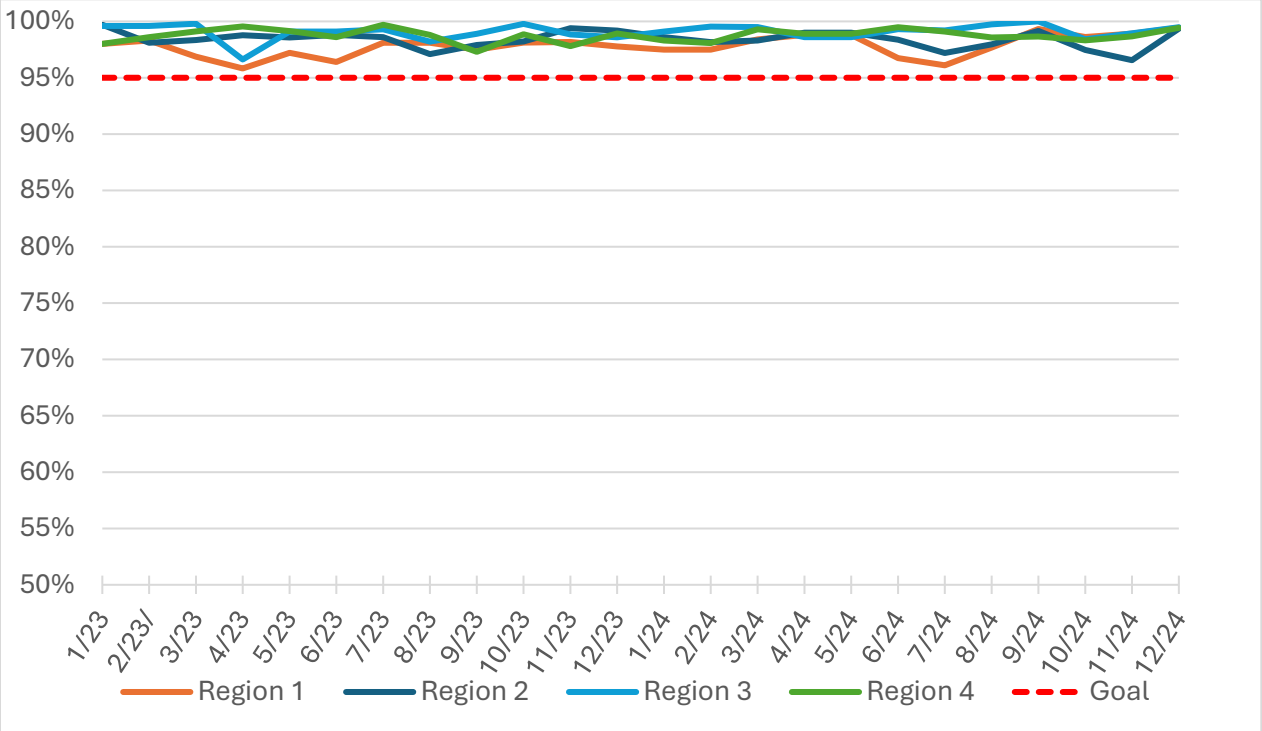
The Department implemented an initiative to improve the quality of caseworker visits with children. Between 2022-2023, staff from the Case Review Unit met with each individual unit within the Family Service Unit (FSU) across all four regions to provide a targeted refresher training on what a quality visit should entail and how it should be documented. This same training is now provided during the pre-service training curriculum for incoming staff. A staff

guide on the expectations of a quality visit was also developed and distributed to all front-line staff.

The Department has implemented and sustained a quantitative tracking method to continuously monitor performance on frequency to further drive ongoing practice improvements in this area.

The frequency of face-to-face visits is tracked monthly (RICHIST Report 579) and routinely shared with FSU administrators and supervisors to provide oversight and support. Figure 3-57 illustrates statewide performance in maintaining a minimum of one face-to-face visit per month across all case types for children open to the Department from January 2023 through December 2024. During this period, the Department consistently maintained performance levels above 95% across all regions.

Figure 3-57. RICHIST Report 579: Monthly Face to Face visits with Children by Region January 2023-December 2024



Data source: RICHIST report 579

Administrative Review Data (November 2023 – October 2024)

Administrative reviews are conducted every six months for all children in foster care and reflect a larger sample of statewide data. During these reviews, administrative review officers must determine whether the frequency and quality of visits between the caseworker and child(ren) were sufficient to ensure safety, permanency and wellbeing of the child(ren) in care.

Table 3-22 presents Administrative Review data (RICHIST Report 199) from November 2023 through October 2024. Findings show that across the four time periods, visits were sufficient in frequency and quality in over 99% of cases reviewed. Insufficient quality in visits was the primary reason for the 3 cases rated as an Area Needing Improvement across the four time periods.

Table 3-22. Administrative Review Data – Well-Being Caseworker Visits with Children (November 2023-October 2024)

Well-Being Indicators – Periods 11/1/23-1/31/24, 2/1/24 – 4/30/24, 5/1/24 – 7/31/24, 8/1/24 – 10/31/24								
Percentages are those rated as a "Strength" and "Area Needing Improvement"								
	Strength				Area Needing Improvement			
Well-being Indicator	11/1/23 – 1/31/24 n=250	2/1/24 – 4/30/24 n=248	5/1/24 – 7/31/24 n=228	8/1/24 – 10/31/24 n=249	11/1/23 – 1/31/24 n=0	2/1/24 – 4/30/24 n=2	5/1/24 – 7/31/24 n=0	8/1/24 – 10/31/24 n=1
Caseworker Visits with Children								
	100%	99.2%	100%	99.6%	0%	.80%	0%	.40%
Data Source: RICHIST REPORT 199								

Item 15: Caseworker Visits with Parents

Of the 145 internal CQI case reviews conducted between November 2022 and October 2024, 132 cases were applicable to item 15. Of the 132 applicable cases, 62% (82) were rated as a Strength, which is a significant improvement from the 20% (19/65) Strength rate from CFSR Round 3. Table 3-23 compares results from Round 3 CFSR (2018), Round 3 PIP Goal, and internal CQI case reviews conducted between November 2022 and October 2024.

Table 3-23. Performance Ratings for Item 15

CFSR Item	Round 3 June 2018	Round 3 PIP Goal	Internal CQI Review Nov 2022 - Oct 2024
Item 15: Caseworker Visits with Parents	20% (19/65)	28%	62% (82/132)

Despite the Department achieving the PIP goal for this item in 2021 as a result of implementing Round 3 PIP strategies, and current CQI case review data showing continued

improvement, the Department has continued to develop and pilot new strategies to sustain and build upon this progress.

The data from the Department's internal CQI case reviews provide a deeper understanding of practice performance for visiting with parents. The CQI case review data reflect a performance gap between engagement with mothers and fathers. Of the 123 cases where a mother was applicable to this item, 76% (93) were rated as a strength. In contrast, only 68% (44) of cases where a father was applicable received a strength rating. An observable trend was that fathers who did not reside in the home or who had non-traditional work hours were less likely to be engaged by caseworkers.

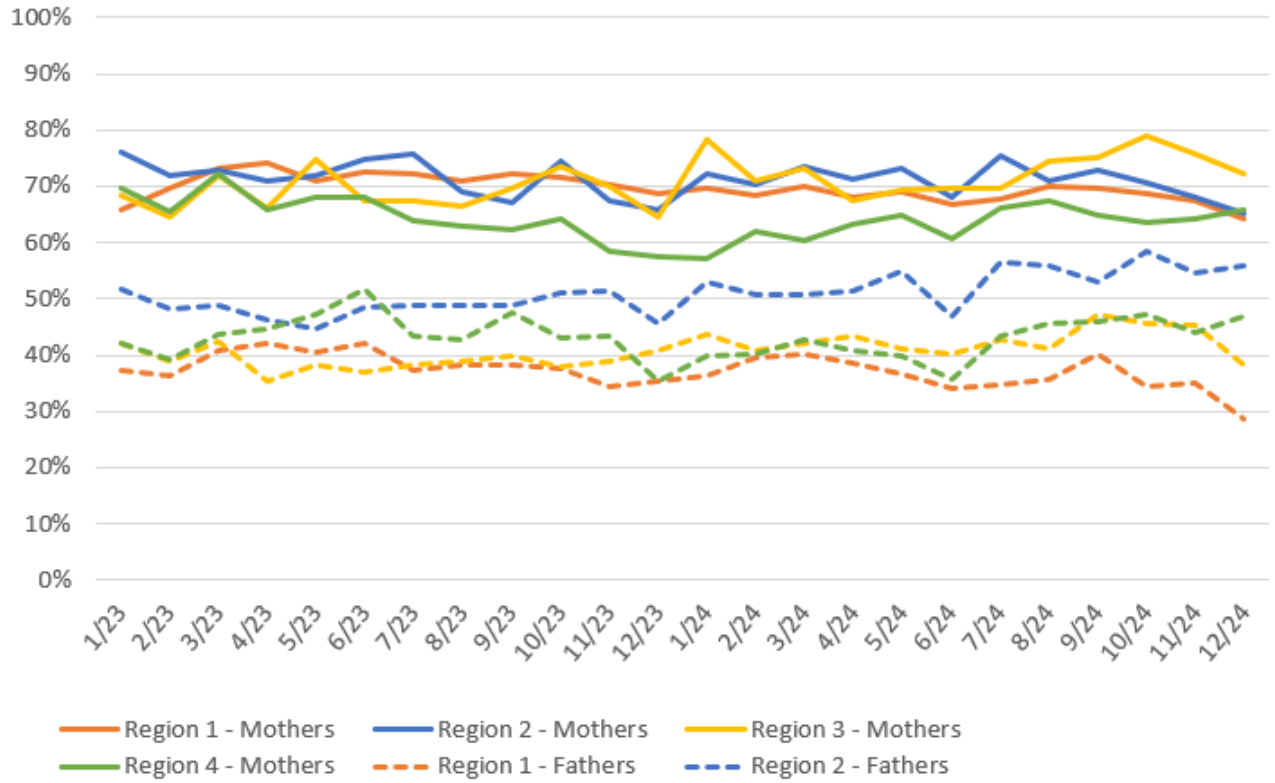
Another notable observation was that fathers were found to be not applicable at a vastly disproportionate rate (40 cases) due to factors such as not meeting the definition of a parent under OSRI guidelines, no involvement in the child's life, or the determination that contact/involvement was not in the child's best interest. In comparison, only three cases had mothers deemed not applicable.

The Department has implemented and sustained a quantitative tracking method to continuously monitor performance on frequency to further drive ongoing practice improvements in this area.

The frequency of face-to-face visits with parents is tracked monthly (RICHIST Report 579) and routinely shared with FSU administrators and supervisors to provide oversight and support. Figure 3-58 illustrates statewide performance in maintaining a minimum of one face-to-face visit per month across all case types for parents with an open case with the Department from January 2023 through December 2024.

It should be noted that this data is limited as it does not account for parents who may be deemed "not applicable" per OSRI guidelines. Despite this, the Department has consistently demonstrated stronger performance in maintaining regular visits with mothers compared to fathers throughout the reporting period across all regions, further corroborating the CQI case review data.

Figure 3-58. RICHIST Report 579 Monthly Face to Face Visits with Parents by Region January 2023-December 2024



Data source: RICHIST RPT 579. Reported on 11-day delay for documentation. **NOTE: Excludes deceased parents and children with a disrupted guardianship.

These findings reinforce the need for the Department to focus efforts on improving father engagement and ensuring balanced and meaningful contact with both parents. The Department acknowledges the need for continued improvement in this item, which remains a key focus in its efforts to strengthen authentic family engagement and support meaningful, consistent connections between parents and caseworkers.

Administrative Review Data (November 2023 – October 2024)

Administrative reviews are conducted every six months for all children in foster care and reflect a larger sample of statewide data. During these reviews, administrative review officers must determine whether the frequency and quality of visits between caseworker and mothers and fathers were sufficient to ensure safety, permanency and wellbeing of the child(ren) in care.

Table 3-24 presents Administrative Review data (RICHIST Report 199) from November 2023 through October 2024. Findings show that across the four time periods, visits were sufficient in frequency and quality in 90% of cases for mothers and 78% of cases for fathers.

Insufficient frequency in visits was the primary reason for cases rated as an Area Needing Improvement for both mothers and fathers.

Table 3-24 Administrative Review Data – Well-Being Caseworker Visits with Parents (November 2023-October 2024)

Well-Being Indicators – Periods 11/1/23-1/31/24, 2/1/24 – 4/30/24, 5/1/24 – 7/31/24, 8/1/24 – 10/31/24								
Percentages are those rated as a "Strength" and "Area Needing Improvement"								
	Strength				Area Needing Improvement			
Well-being Indicator	11/1/23 – 1/31/24 n=187	2/1/24 – 4/30/24 n=179	5/1/24 – 7/31/24 n=168	8/1/24 – 10/31/24 n=169	11/1/23 – 1/31/24 n=5	2/1/24 – 4/30/24 n=7	5/1/24 – 7/31/24 n=3	8/1/24 – 10/31/24 n=17
Mother	97.4%	96.24%	98.25%	90.86	2.6%	3.76%	1.75%	9.14%
Caseworker Visits								
Well-being Indicator	11/1/23 – 1/31/24 n=109	2/1/24 – 4/30/24 n=108	5/1/24 – 7/31/24 n=111	8/1/24 – 10/31/24 N=86	11/1/23 – 1/31/24 n=8	2/1/24 – 4/30/24 n=4	5/1/24 – 7/31/24 n=2	8/1/24 – 10/31/24 n=23
Father	93.16%	96.43%	98.23%	78.9%	6.84%	3.57%	1.77%	21.10%
Data Source: RICHIST REPORT 199								

Stakeholder Feedback - Well-Being Outcome 1 (Items 12-15):

Stakeholder feedback pertaining to Well-Being Outcome 1 was gathered during the Listening and Learning Tour and targeted focus groups with birth parents, youth, and foster parents. While most parents and youth reported frequent contact with their respective caseworkers, the felt that case plans are often created for them rather than with them, with limited transparency about goals and expectations. Concerns were raised that case planning does not consistently engage both parents when appropriate, leading to unbalanced participation, and that children's perspectives are not always meaningfully incorporated.

As it relates to foster parents, focus groups revealed that accurate needs assessments and providing needed services was heavily dependent on the assigned caseworker and there was a lack of consistency of practice throughout the Department. Additionally, some foster parents felt that there was too much communication via text and phone calls as opposed to in-person visits which impacted the quality of needs assessments. There was an overall theme with private agency foster parents in reporting an overall better experience related to having enhanced support and prompt responsiveness to addressing needs to maintain the child in their home.

Well-Being Outcome 1 (Items 12-15) Rating Summary:

Since CFSR Round 3 (2018), the Department has made an intentional and concerted effort to improve practice performance in enhancing engagement with parents, children, and foster parents and delivering appropriate services to meet their needs.

The implementation of the SAFE practice model in November 2019 has been the cornerstone to facilitating practice improvement in this area. The implementation of the SAFE practice model resulted in both direct service divisions; Child Protective Services (CPS) and the Division of Family Services (DFS), now using aligned and standardized assessment tools from the initial contact with a family to case closure, to assess, plan and evaluate progress. The adoption of the SAFE practice model also marked a philosophical shift from taking a solely incident-based investigative approach and compliance-driven model of social work, to a more comprehensive assessment of families' strengths, behaviors, and overall functioning. RI is confident that this practice shift has been a main contributing factor to the practice improvements observed in CQI case review and administrative review data regarding Well-being outcome 1. Improving fidelity to the SAFE practice model remains a priority for the Department to support continued practice improvement in this area.

The Department's CFSP (2025–2029) goal of Increasing Youth, Family, and Caregiver Voice through Authentic Family Engagement includes several targeted strategies to strengthen practice in Well-Being Outcome 1. These strategies include increasing family contact to a minimum of three visits within the first 60 days of case assignment to support more accurate assessments and enhance family engagement. In addition, the Department has partnered with the Parent Support Network to identify and engage fathers who will train Department staff on effective father engagement practices.

The Department has also broadly expanded its home-based service array from 30 services in 2018 to 65 different services today (see Service Array: Item 29 for further details). These services are equipped to conduct more thorough and comprehensive family assessments and targeted service delivery. The expanded service array also addressed the need for Foster Support Services to improve capacity to meet the needs of foster parents.

Lastly, the Department expanded and enhanced its Family Search and Engagement Unit. This unit is comprised of two full time staff who conduct family and kinship searches. By utilizing The Last One (TLO) search engine and additional search methods (including social media), workers can attempt to locate absent parents, increasing the likelihood of engaging them in the case planning process and assessing and addressing their needs.

Continued focus on improving fidelity to the SAFE practice model, service accessibility, and authentic family engagement strategies will be critical to advancing this outcome.

Well-Being Outcome 2: Children Receive Appropriate Services to Meet Their Educational Needs

In CFSR Round 3 (2018), Rhode Island received an overall rating of Area Needing Improvement (ANI) for Well-Being Outcome 2 (Item 16) as 80% (37/46) of applicable cases were rated as a Strength.

Table 3-25 illustrates Rhode Island's performance on Well-being Outcome 2 comparing results from CFSR Round 3 (2018) and 145 internal CQI case reviews conducted between November 2022 and October 2024. RI did not have a Round 3 PIP goal for Well-Being Outcome 2.

Table 3-25. Performance Ratings for Item 16

CFSR Item	Round 3 June 2018	Internal CQI Review Nov 2022 -Oct 2024
Item 16: Educational Needs of Children	80% (37/46)	90% (87/97)

Item 16: Educational Needs of the Child

Of the 145 internal CQI case reviews conducted between November 2022 and October 2024, 97 were applicable to item 16. Of the 97 applicable cases, 90% (87) were rated as a Strength, which is an improvement from the 80% (37/46) Strength rate from CFSR Round 3.

The common themes among cases rated as a strength were centered on the Department's strong advocacy for children's educational needs. Even in cases where education was not the primary reason for the Department's involvement, caseworkers actively supported families in the following ways:

- Requesting special education evaluations
- Attending IEP meetings
- Offering recommendations for appropriate accommodations or school placements
- Making referrals to community-based services to support school attendance
- Providing transportation when school districts were unable to arrange it in a timely manner.

Of the cases rated as an area needing improvement, the primary reason was due to not providing appropriate services to address educational needs, specifically services to address chronic absenteeism.

Administrative Review Data (November 2023 – October 2024)

Administrative reviews are conducted every six months for all children in foster care and reflect a larger sample of statewide data. During these reviews, administrative review

officers must determine whether the Department assessed and addressed the educational needs of the child in foster care.

Table 3-26 presents Administrative Review data (RICHIST Report 199) from November 2023 through October 2024. Findings show that at the time of the administrative review, the Department was consistently addressing the educational needs for the majority of children in foster care (consistently performing above 96.85%).

Table 3-26. Administrative Review Data – Well-Being Educational Needs of Children (November 2023-October 2024)

Well-Being Indicators – Periods 11/1/23-1/31/24, 2/1/24 – 4/30/24, 5/1/24 – 7/31/24, 8/1/24 – 10/31/24								
Percentages are those rated as a "Strength" and "Area Needing Improvement"								
	Strength				Area Needing Improvement			
Well-being Indicator	11/1/23 – 1/31/24 n=215	2/1/24 – 4/30/24 n=220	5/1/24 – 7/31/24 n=196	8/1/24 – 10/31/24 n=219	11/1/23 – 1/31/24 n=7	2/1/24 – 4/30/24 n=1	5/1/24 – 7/31/24 n=6	8/1/24 – 10/31/24 n=6
Educational Needs of Children								
	96.85%	98.65%	97.03%	97.33%	3.15%	.44%	2.97%	2.67%
Data Source: RICHIST REPORT 199								

Rhode Island Department of Education (RIDE) Students in Foster Care Data Analysis:

In May of 2025, the Department released a data brief summarizing the data from the RIDE Students in Foster Care portal for youth in foster care and enrolled in school during academic year 2023-2024 (July 1st, 2023 – June 30th, 2024). The youth in the analysis population are identified by DCYF as being in foster care and are also identified by their corresponding local educational agency as having a school enrollment record submitted during academic year 2023-2024.

The 1,408 youth in the analysis population have a mean and median age of 12.2 and 13 years respectively. The analysis population is 54% male, 47% white, 30% Hispanic, predominantly in elementary and high school, and 40% are enrolled in a school in an urban core (this includes students enrolled in Providence, Pawtucket, Woonsocket, Newport, and Central Falls).

Table 3-27 below shows the most recent exit of the youth from school during academic year 2023-2024 and where they moved to after their exit. Fifty six percent of the youth in the analysis population matriculated to the next grade by the end of the 2023-2024 academic year, followed by transferring to a public school in the same local education agency, being retained to the current grade, and transferring to a public school in a different local education agency in the same state. A more detailed breakdown of the exit reason during or at the end of the academic year can be found in table 3-27 below.

Table 3-27. Exit Reason

Number of Youth in Foster Care and Enrolled in School by Exit Reason, Academic Year 2023-2024 (N = 1408)	
Exit Reason	**Number of Students in Foster Care**
Matriculation to next grade	788
Transfer to a public school in the same local education agency	183
Retention to current grade	120
Transfer to a public school in a different local education agency in the same state	119
Reason unknown	70
Graduated with regular, advanced, International Baccalaureate, or other type of diploma	53
Transfer to a public school in a different state	27
Discontinued schooling	18
Completed a GED Program	6
Currently Enrolled	*
Transfer to home schooling	*
Transfer to a charter school	*
Completed school with other credentials	*
Death	*
Reached maximum age for services	*
Transfer to an institution	*
Expulsion	*
Transfer to a private, non-religiously-affiliated school in a different local education agency in the same state	*
Data Note: Data from RIDE Students in Foster Care portal	
***Value is < 6**	
Exit reason listed in order from highest to lowest frequency	

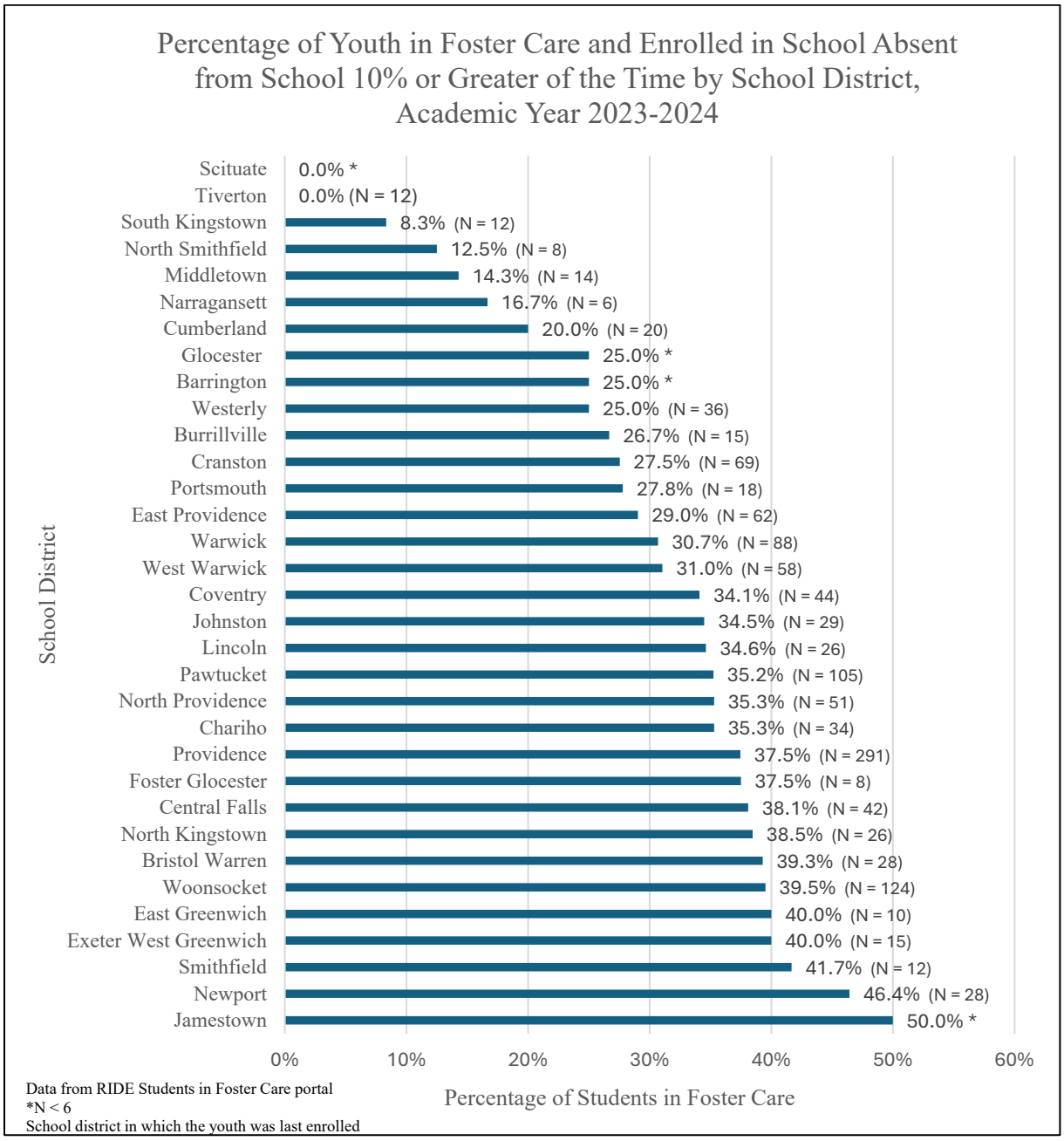
The three school districts with the highest number of retained students in academic year 2023-2024 (students who did not progress to the next grade level by the end of academic year 2023-2024, and who were therefore enrolled in the same grade in the following academic year) are Providence, Woonsocket, and East Providence. A more detailed breakdown of the retentions by school district, school, and charter/Career and Technical Education (CTE) can be found in the full **RIDE Foster Care Education Data Brief** located in the Appendix F.

Absenteeism

The youth in this analysis population were enrolled in school for a minimum of 5 days and a maximum of 233 days during academic year 2023-2024. The mean number of days enrolled is 171 days, while the median is 178 days. The three school districts with the highest percentage of students in foster care who were absent from school 10% or greater of the

time they were enrolled in school in academic year 2023-2024 are Jamestown, Newport, and Smithfield. A more detailed breakdown of absenteeism by school district can be found in Figure 3-59.

Figure 3-59. Absenteeism by School District



Well-Being Outcome 2 (Item 16) Rating Summary:

Since CFSR Round 3 (2018), the Department has continued to strengthen and sustain its performance in meeting children's educational needs. Across all case types, the Department demonstrates strong advocacy on behalf of children and continues to foster collaboration with school districts to ensure that the educational needs of children involved with the Department are adequately addressed.

The Department's CFSP (2025–2029) includes several activities designed to strengthen performance in this area. These activities include participation in the Rhode Island Department of Education's (RIDE) Attendance Matters initiative, in recognition that chronic absenteeism remains a significant concern statewide, particularly among youth involved with the Department. Additional efforts focus on educating staff on the referral process for special education services and evaluations to promote timely access to needed supports. The Department is also committed to ensuring that children in foster care have access to high-quality early learning centers as a means of improving educational outcomes.

While RI continues to demonstrate strong performance in Well-Being Outcome 2, it has not yet reached substantial conformity with Well-Being Outcome 2.

Well-Being Outcome 3: Children Receive Adequate Services to Meet their Physical and Mental Health Needs

In CFSR Round 3 (2018), Rhode Island received an overall rating of Area Needing Improvement (ANI) for Well-Being Outcome 3 (items 17&18) as 80% (37/46) of applicable cases were rated as a Strength.

Table 3-28 illustrates Rhode Island's performance on Well-Being Outcome 3 comparing results from CFSR Round 3 (2018), and 145 internal CQI case reviews conducted between November 2022 and October 2024. RI did not have a Round 3 PIP goal for Well-Being Outcome 3.

Table 3-28. Well-Being Outcome 3- Performance Ratings (items 17 and 18)

CFSR Item	Round 3 June 2018	Internal CQI Review Nov 2022 -Oct 2024
Item 17: Physical and Dental Health Needs of Children	69% (31/45)	83% (80/96)
Item 18: Mental and Behavioral Health Needs of Children	59% (24/41)	74% (64/86)

Data Sources: RI CFSR Final Report 2018 and OMS State Rating Summary November 2022 to October 2024.

Item 17: Physical Health of the Child

Of the 145 internal CQI case reviews conducted between November 2022 and October 2024, 96 were applicable to item 17. Of the 96 applicable cases, 83% (80/96) were rated as a Strength, which is an improvement from the 69% (31/45) Strength rate from CFSR Round 3.

The CQI case review data indicates that the Department is generally effective in meeting children's physical health needs, however, challenges remain primarily with meeting dental needs and obtaining specialized physical health services for children. Dental needs were often unmet due to Medicaid provider shortages, low prioritization to address known dental needs, and Rhode Island's dental provider shortage. Areas needing improvement were also due to infrequent assessments of ongoing health needs, inconsistent caseworker communication with providers, and incomplete health histories in RICHIST due to information system functioning. More specifically, when a caseworker documents the most recent medical appointment, it overwrites the last documented appointment, resulting in an inability to view or track appointment history.

Administrative Review Data (November 2023 – October 2024)

Administrative reviews are conducted every six months for all children in foster care and reflect a larger sample of statewide data. During these reviews, administrative review officers must determine whether the Department assessed and addressed the physical and dental health needs of the child in foster care.

Table 3-29 presents Administrative Review data (RICHIST Report 199) from November 2023 through October 2024. Findings show that at the time of the administrative review, the Department is consistently assessing and addressing the physical/dental health needs for the majority of children in foster care (ranging from a low of 94.4% in the most recent reporting period to a high of 98% between 2/1/24 and 4/30/24). The primary reason cases received a rating of Area Needing Improvement during the reporting periods was that the child's dental health needs were not assessed or that quality dental services were not in place. This highlights a critical area for continued attention to ensure that all children in out-of-home care receive timely and appropriate dental care as part of their overall well-being.

Table 3-29. Administrative Review Data – Well-Being Physical/Dental Health Needs of Children (November 2023-October 2024)

Well-Being Indicators – Periods 11/1/23-1/31/24, 2/1/24 – 4/30/24, 5/1/24 – 7/31/24, 8/1/24 – 10/31/24								
Percentages are those rated as a "Strength" and "Area Needing Improvement"								
	Strength				Area Needing Improvement			
Well-being Indicator	11/1/23 – 1/31/24 n=239	2/1/24 – 4/30/24 n=244	5/1/24 – 7/31/24 n=219	8/1/24 – 10/31/24 n=236	11/1/23 – 1/31/24 n=11	2/1/24 – 4/30/24 n=6	5/1/24 – 7/31/24 n=9	8/1/24 – 10/31/24 n=13
Physical & Dental Health Needs of Children								
	96%	98%	96.05%	94.4%	4%	2.4%	3.95%	5.2%
Data Source: RICHIST REPORT 199								

Item 18: Mental/Behavioral Health of the Child

Of the 145 internal CQI case reviews conducted between November 2022 and October 2024, 86 were applicable to item 18. Of the 86 applicable cases, 74% (64/86) were rated as a strength, which is an improvement from the 59% (24/41) Strength rate from CFSR Round 3.

Internal CQI case review data shows that of the 86 applicable cases, 97% (83/86) were determined to have made accurate assessments of the child(ren)'s mental/behavioral health needs (Question 18A). However, appropriate services were provided in only 76% (63/83) of the applicable cases (Question 18C). This indicates that while mental health concerns are widely identified, the Department faces challenges in fully addressing them.

A primary barrier to establishing appropriate services was due to extensive waitlists. There was no trend as to specific geographical areas, populations, or specific service providers, but rather an issue across mental/behavioral health services providers throughout the state. Other barriers included a lack of available services for youth substance abuse throughout the state, as well as service providers being unable to meet the language needs of families due to a shortage of bilingual staff, specifically Spanish speaking mental health providers.

To address these challenges, the Department has expanded its home-based service array (see Item 29: Service Array) to over 30 programs statewide, providing both treatment and supportive services. This expansion has significantly reduced, and in some cases eliminated, waitlists.

Administrative Review Data (November 2023 – October 2024)

Administrative reviews are conducted every six months for all children in foster care and reflect a larger sample of statewide data. During these reviews, administrative review officers must determine whether the Department assessed and addressed the mental/behavioral health needs of the child in foster care.

Table 3-30 presents Administrative Review data (RICHIST Report 199) from November 2023 through October 2024. Findings show that at the time of the administrative review, the Department is consistently assessing and addressing the mental/behavioral health needs for the majority of children in foster care (above 97% across all four periods of time presented below). Reasons for cases receiving a rating of Area Needing Improvement included the following:

- appropriate referrals had not been made
- services did not adequately address the child's needs
- the child's mental/behavioral health needs were not assessed

Table 3-30. Administrative Review Data – Well-Being Mental/Behavioral Health Needs of Children (November 2023-October 2024)

Well-Being Indicators – Periods 11/1/23-1/31/24, 2/1/24 – 4/30/24, 5/1/24 – 7/31/24, 8/1/24 – 10/31/24								
Percentages are those rated as a "Strength" and "Area Needing Improvement"								
	Strength				**Area Needing Improvement**			
Well-being Indicator	**11/1/23 – 1/31/24 n=213**	**2/1/24 – 4/30/24 n=220**	**5/1/24 – 7/31/24 n=195**	**8/1/24 – 10/31/24 n=214**	**11/1/23 – 1/31/24 n=1**	**2/1/24 – 4/30/24 n=3**	**5/1/24 – 7/31/24 n=3**	**8/1/24 – 10/31/24 n=5**
Mental/Behavioral Health Needs of Children								
	99.53%	98.65%	98.48%	97.72%	.47%	1.35%	1.52%	2.28%
Data Source: RICHIST REPORT 199								

Well-Being Outcome 3 (items 17 & 18) Rating Summary:

Since CFSR Round 3 (2018), Rhode Island has demonstrated significant improvement in Well-Being Outcome 3. The implementation of the SAFE practice model has prompted caseworkers to assess these areas more consistently, resulting in needs being identified and addressed more routinely. In addition, the recent expansion of mental and behavioral health services in the state has strengthened the state's capacity to meet identified needs and is expected to drive continued progress in addressing children's mental and behavioral health.

The Department's CFSP (2025–2029) includes targeted activities to enhance and monitor performance on this outcome measure. Staff are receiving training on the expanded service array to ensure a clear understanding of the full scope of available services and referral processes. In addition, the Department is developing contract management guidance to ensure that contracted providers fully understand the scope of work outlined in their agreements and are held accountable for delivering effective services.

The Department has devoted considerable focus and resources to advancing this outcome measure; however, substantial conformity with Well-Being Outcome 3 has not yet been achieved.

Section IV: Assessment of Systemic Factors

A. Statewide Information System

Item 19: Statewide Information System

For this item, provide evidence that answers this question:
How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

State Response:

The Rhode Island Children's Information System (RICHIST) was implemented in 1997 and is the official Rhode Island child welfare information system. RICHIST is a statewide, client-server information system that is utilized by all staff within DCYF. This comprehensive system is designed to link all of the Department's case management related functions into an integrated database. RICHIST includes management information relating to individuals and families (Service Management), client services (Provider Management), finances (Financial Management) and staff (Staff Management). RICHIST maintains a history of service information from initial point of contact in Intake through post-adoption services. External agencies like the Office of the Child Advocate (OCA) and the Court Appointed Special Advocate (CASA) also have role-based access to RICHIST. RICHIST is a SACWIS compliant system.

Data elements recorded in RICHIST include, but are not limited to, the following: personal and familial demographic characteristics, case assignment, child abuse reports and investigations, court activity and legal status, foster care placement and living arrangements, service plans and goals, case narratives and assessments, adoption information, vendor payroll/payment, and eligibility information. All DCYF staff performing case-related functions can retrieve the case information necessary for them to make fact-based decisions related to their specific child welfare and youth-related responsibilities through RICHIST. The data elements maintained in RICHIST allow staff to readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care.

Data Validation

DCYF conducts an ongoing data validation process in alignment with its internal Continuous Quality Improvement (CQI) case review system. This process was established in 2019 as part

of the Round 3 Program Improvement Plan (PIP) and is designed to identify and correct missing or inaccurate data for children involved in both in-home and out-of-home cases.

CQI case reviews are conducted by the Case Review Unit within the Division of Performance Improvement using the CFSR Onsite Review Instrument (OSRI). Full-time reviewers partner with trained volunteer reviewers, including agency staff and external providers. Each review includes both a case record review and interviews with key individuals connected to the case. As part of the review, a data validation questionnaire is completed for each case, focusing on 18 data elements, including demographics, placement, and legal status. Each field is assessed as accurate, inaccurate, or missing.

Case samples are pulled quarterly by one of the Department's epidemiologists. The samples include both in-home and out-of-home cases assigned to the Division of Family Services and Juvenile Probation. Children in out-of-home care at the time of the sample (or within the preceding 12 months) are included. Each sample is assigned for review within the subsequent quarter, and data validation questionnaires are completed during the review period.

Ongoing Data Validation Questionnaire Results: November 2022 – October 2024

Table 4-1 summarizes the accuracy of 8 key data elements over two annual review periods. Accuracy is calculated based on the number of case records reviewed and compared to the Department's target benchmark of 95%.

The Department had a total of 3,159 children in foster care (excluding subsidies, hospitals, and supportive reunification) between November 2022 and October 2023 (and within the immediately preceding 12-month period). The Department had 2,941 children in foster care between November 2023 and October 2024 (and within the immediately preceding 12-month period).

Data elements 1 – 4 reflect youth are in foster care. Data elements 5 – 8 reflect youth who are both in foster care or receive only in-home services. Previous data (2019-2022) is inaccessible and therefore unavailable for comparison at this time.

Table 4-1. Data Accuracy (November 2022-October 2024)

[#]	Data Element	Accuracy Standard	Accuracy Percentage of Records Reviewed: Nov 22- Oct 23	Accuracy Percentage of Records Reviewed: Nov 23 – Oct 24
1.	Removal from home date (FC only)	95%	100% (31/31)	100% (53/53)
2.	Placement Provider Name (FC only)	95%	100% (29/29)	100% (47/47)
3.	Placement Provider Address (FC only)	95%	100% (28/28)	98% (47/48)

[#]	Data Element	Accuracy Standard	Accuracy Percentage of Records Reviewed: Nov 22- Oct 23	Accuracy Percentage of Records Reviewed: Nov 23 – Oct 24
4.	Current Placement Begin Date (FC only)	95%	100% (26/26)	100% (48/48)
5.	Date of Birth (all children)	95%	94% (47/50)	100% (73/73)
6.	Correct Legal Status (all children)*	95%	70% (35/50)	99% (72/73)
7.	Race and Ethnicity (all children)	95%	66% (33/50)	99% (72/73)
8.	Disability status (all children)	95%	75% (9/12)	74% (17/23)

Nov22-Oct23, the number of records reviewed was 50
Nov23-Oct24, the number of records reviewed was 73
*This data element captures whether or not every child within a particular case (sample includes both foster care and in-home cases) has an accurate child welfare status recorded in RICHIST at the time of the case review (e.g., no legal status, temporary custody with/without placement discretion, etc.)

Interpretation of Findings:

- ✓ In the most recent period (Nov 2023 – Oct 2024), accuracy rates exceeded the 95% benchmark for 7 of the 8 reviewed data elements.
- ✓ Improvements in accuracy, particularly in legal status and race/ethnicity, reflect targeted efforts to address inconsistencies from the prior year.
- ✓ The disability status field remains an area needing improvement, possibly due to confusion about applicability or missing documentation.

Challenges from the earlier questionnaire tool (Nov 2022 – Oct 2023) included partially completed forms and unclear guidance, which may have contributed to lower accuracy ratings and misinterpreted blank fields. In response, the Department revised the data validation questionnaire and implemented training to promote clarity and consistency in responses.

Further, the Department runs the AFCARS Report (Report 448) twice weekly to identify and resolve data discrepancies. Staff reach out to and prompt workers to correct and complete data in a timely and accurate manner based on exceptions received. Additional to modifying the initial questionnaire and running the AFCARS report regularly, staff from the Case Review Unit reach out to workers based on the results of the data quality questionnaires on an ongoing basis to take corrective action on inaccurate or missing data. These procedural updates contributed to the significantly improved accuracy rates seen in the 2023–2024 cycle.

Point in Time Data Validation (December 2024)

To enhance the representativeness of data quality assessments, the Department conducted a point-in-time data validation on December 20, 2024. A sample was drawn from 3,566 active children (excluding adoption cases), including 1,209 children in foster care.

A random sample of 347 active children were selected from this pool of active children including both foster care and in-home cases from the Division of Family Services and Juvenile Probation, reflecting about 9% of the total population of active children.

Supervisors were asked to validate the accuracy of 7 different data fields including status, demographics, placement information and service planning. 103 of the children were excluded as they were only active for guardianship subsidies or were in the legal custody of another state on an ICPC. 124 of the 244 remaining surveys were completed.

Overall, the data shows that over 95% of the information contained in RICHIST in these fields is accurate, especially across fields related to status, demographics and placement.

Although the purpose of the point in time data validation was to broaden the sample to provide additional information regarding data quality, the number of questionnaires completed only reflects 4% of the total population of active children at the point in time (129 children out of 3,566) and is not specific to children currently in foster care or those in foster care within the preceding 12 months.

Service Plans/Permanency Goal Validation

As it relates specifically to service plans/permanency goals, a validation process was implemented in July 2021 that requires caseworkers to fill out all required fields within the service plan prior to sending it for supervisor approval. This has resulted in all approved service plans containing 100% of the required data, which includes the child's permanency goal(s).

There are no exceptions or overrides to this process. At the initial approval, primary workers cannot send the service plan/permanency goal to their supervisor without all required fields completed. Once reviewed and fully approved by the supervisor, the service plan cannot be changed or amended.

If a goal change is made, a new service plan must be created to reflect the new permanency goal. This updated service plan must be approved by the supervisor.

Data Timeliness

RICHIST allows for timely data reporting and analysis which is essential for monitoring outcomes, trends, and areas of opportunity. RICHIST is the sole source of data for all Federal reporting including Adoption and Foster Care Analysis and Reporting System (AFCARS),

National Child Abuse and Neglect Data System (NCANDS), and National Youth in Transition Database (NYTD).

Rhode Island's RICHIST policy (Policy: 100.0110) states that critical information, including critical information contained in case activity notes, must be entered into RICHIST by the end of the primary worker's shift. Critical information includes all information that must be accessible to other staff or divisions about the care of a child in the absence of the primary worker. The following information must be recorded in RICHIST within one working day: case openings and closings, placements, and changes in legal status. Other changes in case circumstances, such as updates to person and provider information or additional information regarding active children must be recorded in RICHIST within two working days.

Placement Data & Provider Payment Integration

The financial system to generate provider payments is within the RICHIST application and based on accurate placements entered in RICHIST. Monthly payments to foster parents are automatically generated and then verified based on the placement dates and service categories specified in approved placements. Any discrepancies in placements are reflected in payments generated and are corrected immediately to ensure foster parents are paid accurately and promptly. More details on placement discrepancies based upon review is described below:

Over 1,306 placement invoice records in RICHIST generated between June and August 2024 were reviewed for accuracy:

- ✓ 1,138 records (87%) were determined to be accurate, (child may have been in respite or hospital for a brief period during the billing cycle).
- ✓ 46 invoice records (4%) had correct placement data but an inaccurate per diem rate (child's placement rate changed during the billing period)
- ✓ 122 invoice records (9%) needed to be corrected by entering or updating placement data that impacts accurate payment in RICHIST or the provider was required to correct the data on the invoice. This includes data on the placement dates and service type that could impact the payment generated for the provider.

Any corrections required in RICHIST are addressed through the Help Desk within one (1) business day with the appropriate tracking information. Exceptions occur when additional information needs to be obtained from the caseworker or provider before the correction can be made. The number of discrepancies that require correction have improved significantly with the implementation of the process to generate system populated invoices with placement information. The reduction in the number of discrepancies also allowed for a more robust review of all invoice records generated during this period of time.

Congregate Care Invoice Improvements

RICHIST has been modified to improve accuracy in payments for youth in congregate care facilities. RICHIST generates a pre-populated invoice template for each provider with a listing for each youth, dates of service and payment amount. This is sent securely via RICHIST for providers to confirm and update. All updates are reviewed by the Contracts Unit at the Department and corrected in RICHIST, where appropriate. Final provider payments are generated on information that is more accurate through this process. RICHIST processes approximately 411 placement invoices per month.

Placement Data Timeliness Analysis (January 2023 – September 2024)

The Department analyzed 4,238 placement records to assess the timeliness of data entry into the statewide system. Timeliness was defined as the difference between the actual placement Begin or End Date and the system transaction date (i.e., the date the placement was entered into RICHIST). For instance, if a placement began on 1/5/2023 and was entered into RICHIST on 1/9/2023, the recorded timeliness would be 4 days.

Findings from the analysis include:

- ✓ 4,079 placements (96.25%) were entered within 31 days of the placement date.
- ✓ 2,485 placements (58.63%) were entered within 4 days.
- ✓ 1,598 placements (37.71%) were entered between 5 and 31 days.
- ✓ 159 placements (3.75%) were entered more than 31 days after the actual placement date.

This analysis illustrates that the majority of placement data is entered into the system within 31 days, with over half of entries occurring within just 4 days.

The Department recognizes a limitation in the RICHIST system regarding the confirmation of timely placement data. Placement records in the system's Placement window can only be entered when there is an approved licensed or contracted provider. When a child is placed with a provider whose license or contract is still pending, caseworkers must instead record the child's physical location using the Living Arrangements window. This entry occurs by the end of the worker's shift, ensuring that the child's actual location is documented in real time.

Once the provider's license or contract is approved or finalized, the worker creates a formal placement record in the Placement window, using accurate dates, service type and provider. The placement dates can be entered retroactively to reflect the full duration of the provider's care and ensure payment. Upon entering the formal placement, the Pending Living Arrangement is automatically deleted to avoid overlap and the finalized placement record automatically generates an updated Living Arrangement entry.

This process ensures accuracy in both placement documentation and provider payment; however, it limits the Department's ability to fully analyze the timeliness of placement entries using the Living Arrangements window, as initial pending records are deleted. Consequently, it is not currently possible to estimate the number of placements affected by this process.

It is important to emphasize that for all children in foster care (or in care within the preceding 12 months), both the physical location and the placement provider are recorded in the system through a combination of Placement and Living Arrangement records, ensuring that each child's status and location are accurately tracked.

Item Rating Summary

During CFSR Round 3, Rhode Island received a Strength rating for Item 19 based on the Department's ability to provide reliable data from its statewide system, RICHIST. The system was found to effectively identify the status, demographic characteristics, location, and goals for the placement of each child in foster care. Data quality processes were also deemed sufficient at the time of review.

Since that assessment, Rhode Island has continued to use the RICHIST system, which was originally implemented in 1997. However, the Department recognizes that RICHIST has limitations due to its age and evolving federal and programmatic requirements. In response, DCYF, in collaboration with the Division of Enterprise Technology Strategy and Services (ETSS), has initiated the modernization of its child welfare information system.

In January 2025, DCYF officially launched the project to implement a new Comprehensive Child Welfare Information System (CCWIS) built on the Salesforce platform. The new system will be developed over an anticipated 33-month period and is designed to include embedded data quality measures to enhance the reliability and accuracy of critical child welfare data.

Given the limitations of the current system and the transitional nature of the statewide information infrastructure, Rhode Island has rated Item 19 as an area needing improvement in this round. To address these concerns, the Department is actively developing an updated data quality plan. This plan will include more targeted sampling strategies focusing on a larger segment of youth in foster care and more rigorous accuracy checks to capture data points that directly impact these youth. These enhancements aim to ensure that the Department can reliably demonstrate that its system accurately identifies each child's status, demographic characteristics, location, and placement goals, including for those who have exited foster care within the past 12 months.

B. Case Review System

Item 20: Written Case Plan

For this item, provide evidence that answers this question:

How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?

State Response:

Rhode Island General Law (RIGL) 42-72-10 and Department policy (DOP 700.0050 - *Ongoing Safety Assessment and Service Planning*) require a written Service Plan for the care and treatment of each child under the Department's supervision. The Service Plan must include the following provisions:

- Be a written document that is developed jointly with the parents or guardian of the child in foster care.
- Be developed within a reasonable period of time but in no event later than 60 days from the child's removal from the home.
- Include a discussion of how the case plan is designed to achieve a safe placement for the child in the least restrictive, most family like setting available and in close proximity to the home of the parents when the case plan goal is reunification.
- -Include a discussion of how the placement is consistent with the best interests and special needs of the child.
- Include a description of the services offered and provided to prevent removal of the child from the home and to reunify the family.
- Document the steps to finalize a placement when the case plan goal is or becomes adoption or placement in another permanent home.

The Department utilizes a comprehensive assessment and case planning process for each child and family receiving services, beginning at the initial point of contact and continuing through to case closure. This process is used to identify, consider, and evaluate factors that affect child safety, permanency and well-being.

The documents used in the Department's case planning process are the *Permanency Goal* and *Ongoing Family Functioning Assessment (OFFA)*. Together, these documents constitute the case plan, which is developed collaboratively with the Department caseworker, child (if age appropriate), parent(s)/caregiver(s), service providers, and natural supports available to the family.

The primary caseworker is responsible for actively engaging all family members in the case planning process and document their efforts in the electronic case record. The primary

caseworker completes the *Permanency Goal* and *OFFA* to effectively evaluate and address risk factors requiring the Department's involvement. The primary caseworker obtains signatures on both documents to confirm that all parties participated in the development, review, and revision of the plan and were provided the opportunity to agree or disagree with the content and provisions. Parents/caregivers, and youth aged fourteen and older, are provided copies of both documents upon completion.

Permanency Goal

The *Permanency Goal* is a core case plan document that incorporates provisions required by state and federal law, including:

- Detailed placement information including placement type, appropriateness, and proximity to caregivers.
- Educational and Medical information.
- A transition plan for youth aged 14 and older.
- A child-specific permanency goal with a projected date for achievement.
- Visitation plan(s).
- Identified any need for special accommodations for children in foster care.
- Includes a notification of the parents' right to appeal the established provisions.

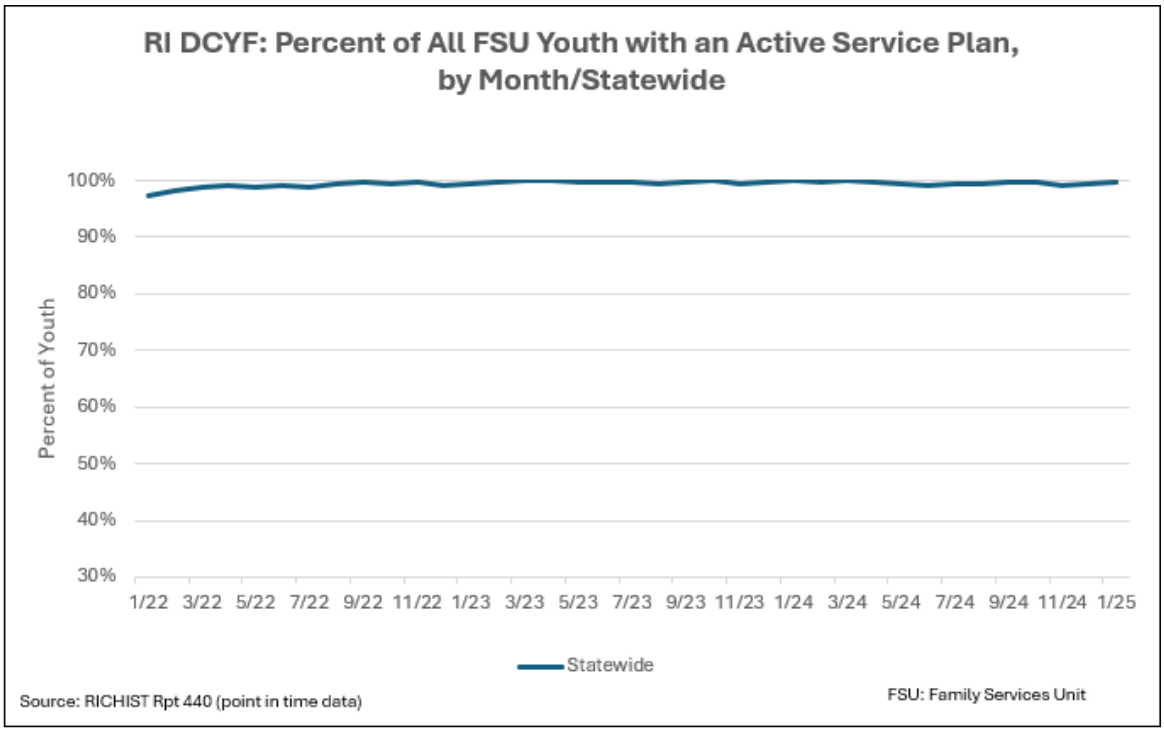
The *Permanency Goal* must be updated at least every 6 months to reflect current circumstances or within 30 days of any change in a child's permanency goal.

A data validation process was implemented in July 2021 requiring caseworkers to fill out all required fields within the *Permanency Goal* prior to sending it for supervisor approval. Caseworkers cannot send the *Permanency Goal* to their supervisor without all required fields completed. Once reviewed and fully approved by the supervisor, the *Permanency Goal* cannot be changed or amended. If a change is made, a new *Permanency Goal* document must be created to reflect the changes. This validation process has resulted in all approved *Permanency Goals* containing 100% of the required provisions. There are no exceptions or overrides to this process.

Figure 4-1 represents point-in-time data from January 2022 to January 2025, capturing both in-home and foster care cases indicating the percentage of children served by the Department's Family Service Unit (FSU) with an active *Permanency Goal*. Although this systemic factor focuses on parents only, and on cases where the child(ren) are in foster care, the Department tracks case plan data for all children open to the Department. The Department does not currently distinguish this data by case type (in-home vs. Out-of-home). During this timeframe, the Department consistently achieved a compliance rate exceeding 95%. This data only considers whether children have a timely permanency goal (completed within 60 days of case opening or entry into foster care, and updated every 6 months thereafter), and does not capture whether the permanency goal document accurately reflects the current permanency goal being pursued. However, case plans that are completed timely reflect what is happening at that point-in-time. *Permanency Goals* are

updated more frequently when permanency goals change to ensure an accurate reflection of the current goal.

Figure 4-1. Percent of all children open to Family Service Unit (FSU) with active service plan by month



Ongoing Family Functioning Assessment (OFFA)

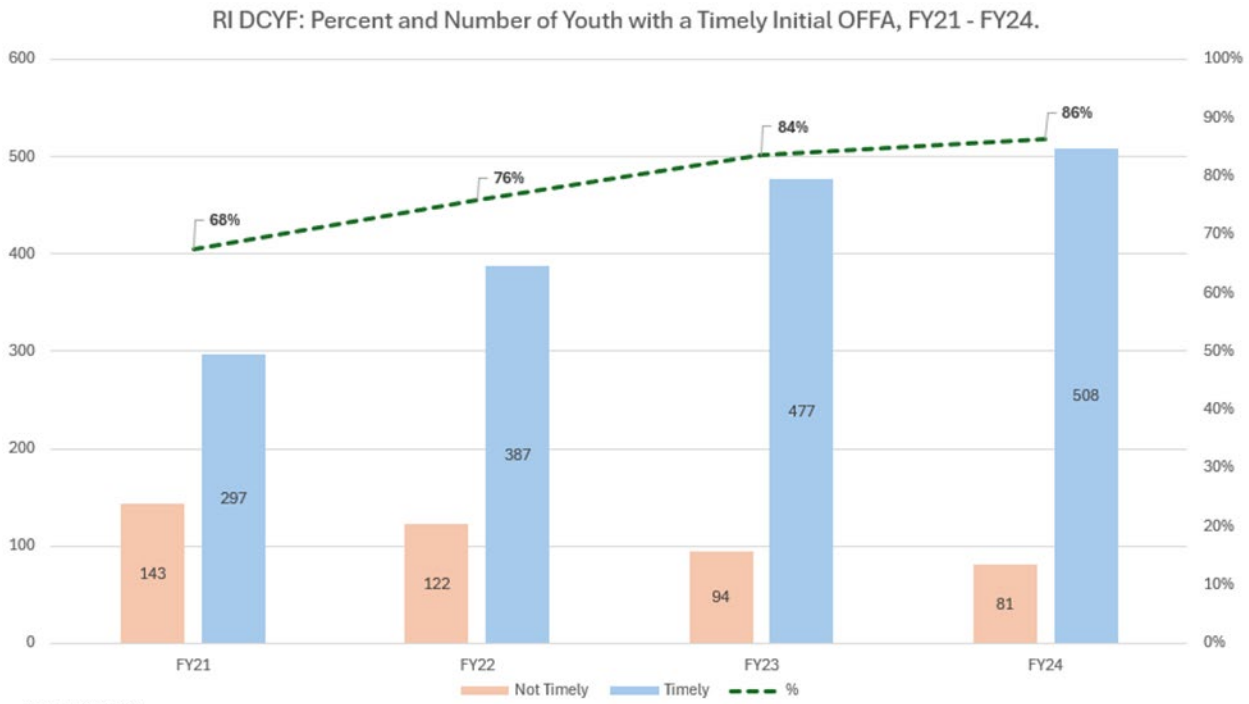
The *Ongoing Family Functioning Assessment (OFFA)* serves as the Department's primary case plan for families. The *OFFA* is a cornerstone of the Department's SAFE practice model which is a family-centered model that positions staff to authentically engage families and promote active participation in the development and implementation of their case plans. The *OFFA* outlines the risk factors that necessitate the Department's involvement, identifies the behavior changes required from parents/caregivers to mitigate those risks, and lists the specific services and supports provided to help the family address these concerns and related needs. The *OFFA* is individualized, strength-based, and developed in partnership with the family. It is intended to be written in the parent or caregiver's own words to promote clarity, understanding, and engagement with the expectations set forth by the Department.

In accordance with Department Operating Procedure 700.0050 - *Ongoing Safety Assessment and Service Planning*, the OFFA is a time-limited tool that must be completed within the first 60 days of case assignment, with reassessments occurring at least every 90 days, or sooner if a significant change within the family has occurred or is anticipated.

In August 2025, the Department implemented a new method to track the timely completion of initial OFFAs (completed within 60 days of case assignment). Chart 1 below presents data for four entry cohorts (FY21–FY24), determined on the child level by the first FSU caseworker assignment following case open and child activation date—meaning a child may appear in multiple years. Timeliness is assessed in alignment with RI DCYF practice for initial Ongoing Family Functioning Assessments (OFFA) being completed within 60 days of assignment. Youth are only eligible if their case remained open for at least 60 days following worker assignment. Timeliness is determined by whether the first OFFA following assignment was completed and approved within 60 days of assignment date.

The data reflects a positive year-over-year trend in completion rates going from 66% in 2021 to 86% in 2024. Prior to this improvement, initial OFFA completions were informally monitored by supervisors during weekly caseworker supervision. That approach remains in place for OFFA reassessments, which are required every 90 days following the initial assessment. However, the Department is developing a formal tracking mechanism to ensure timely completion of these reassessments. While RICHIST currently generates notifications to workers as 90-day reassessment dates approach, there is no standardized report to verify completion. A formal report is scheduled for implementation by 2026.

Figure 4-2. Percentage of Youth with a Timely Initial OFFA, FY21-FY24



Source: RICHIST
Data Notes: Youth under 18 who were not discharged within 60 days of FSU assignment.
Timely if first OFFA following assignment was approved within 60 days of assignment date.

Internal Continuous Quality Improvement (CQI) Case Review System

The Case Review Unit, within the Department's Performance Improvement Division, conducts ongoing case reviews using the Children's Bureau's 18-item Onsite Review Instrument (OSRI). Between November 2022 and October 2024, the Case Review Unit completed case reviews on 90 randomly selected foster care cases.

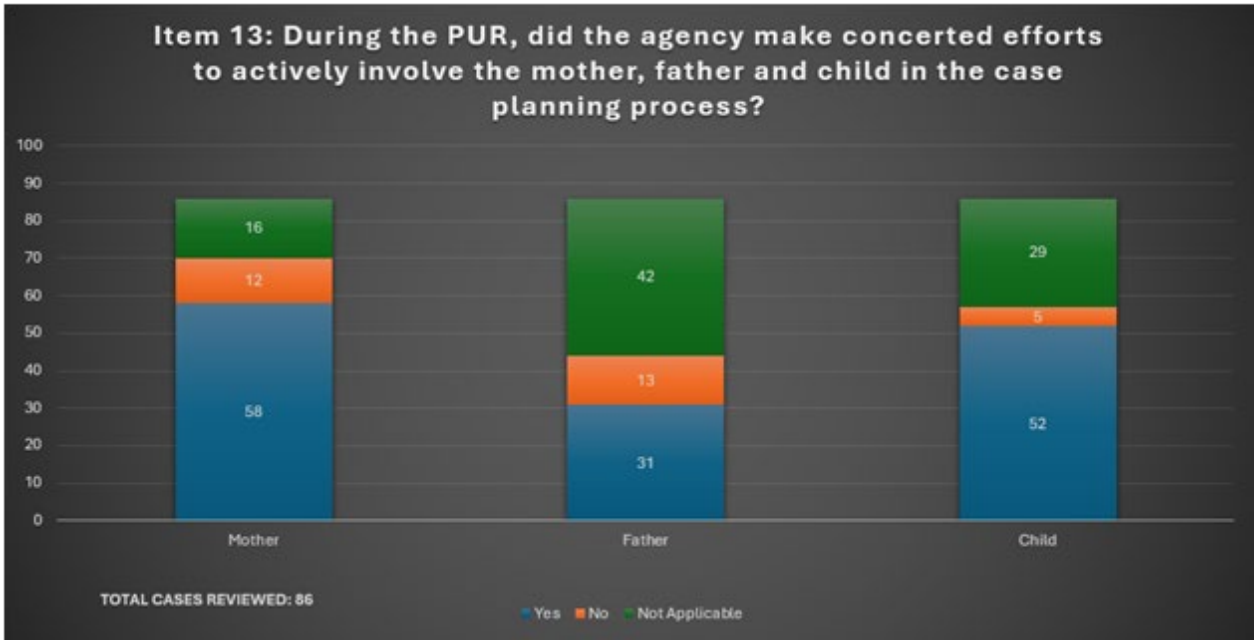
Item 13 of the OSRI evaluates whether the agency engaged the applicable parent(s)/caregiver(s) and child(ren) in the case planning process. Although this item is completed for both in-home and foster care cases, the following data only reflects foster care cases (Figure 4-3).

Of the 86 cases for which Item 13 was applicable:

- The mother was identified as applicable in 70 cases. In 56 of those cases (83%), the mother was engaged in the case planning process.
- A father was applicable in 44 of the 86 cases (49%). Among the applicable cases, 31 (70%) indicated the father was engaged in case planning.
- Children had the highest level of engagement, with 52 of 57 applicable cases (91%) indicating that the child was engaged in case planning.

Overall, Item 13 was rated as a Strength in 64 of the 86 applicable cases, representing 74% of cases achieving substantial conformity.

Figure 4-3. Item 13 Case Review Results (Nov. 2022-Oct. 2024) by case participant



Source: CFSR Online Monitoring System – *Item 13 Report*

Systemic Factor Stakeholder Survey Results (Nov. 2024-April 2025)

In preparation for the Round 4 CFSR Statewide Assessment, the Department developed stakeholder surveys to gather input from stakeholders about their experiences and perspectives related to systemic factor functioning. The Parent/Caregiver Survey consisted of 12 statements or questions, with respondents asked to rate their experiences using a five-point Likert scale: *Always*, *Sometimes*, *Unsure*, *Rarely*, or *Never*.

The survey focused on four key themes:

1. Involvement in case planning
2. Communication with the caseworker
3. Encouragement to participate in goal setting
4. Service availability and individualization

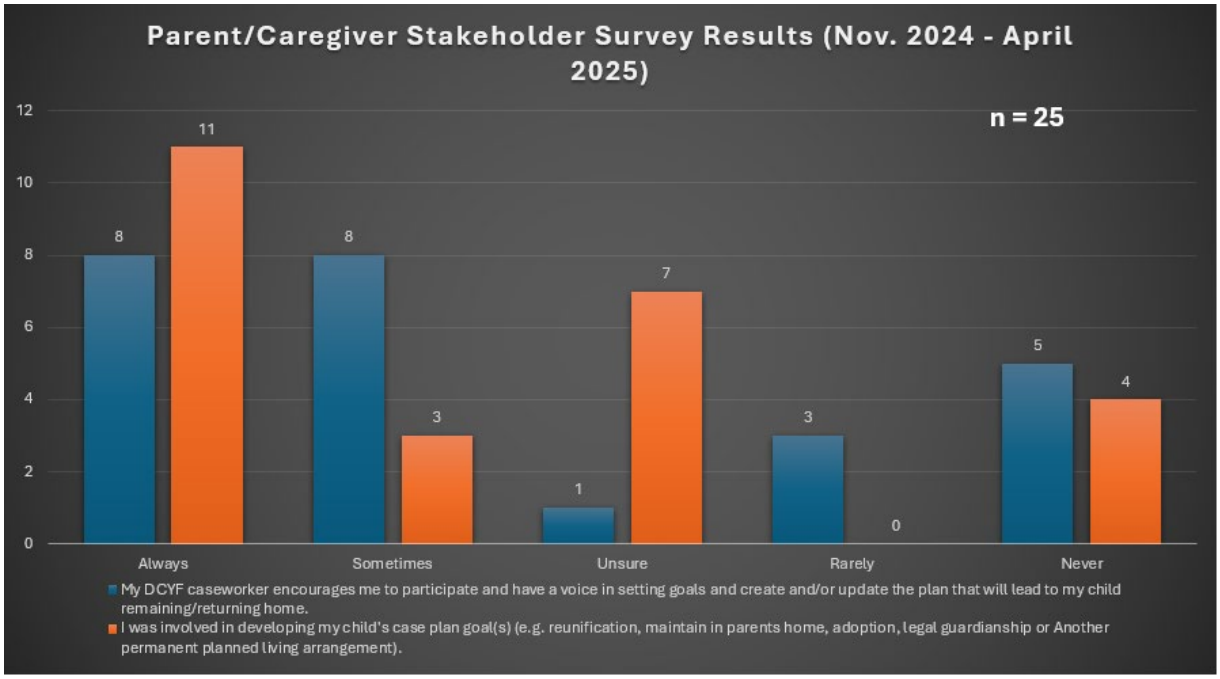
The survey was administered during case reviews conducted between November 2024 and April 2025. It should be noted that the case review sample is statewide. The survey was offered to applicable parents and caregivers for both in-home and foster care cases who were willing to participate following their interviews. In total, 27 case reviews were completed during this time period with a total of 26 participants identified as either mother or father. The survey was also distributed to 10 birth parents who are members of the Child Well-being Advisory Committee (CWAC) in December 2024. In total, the survey yielded 25 responses (69% response rate).

Figure 4-4 illustrates responses to the two survey statements related to parent and caregiver engagement in case planning:

- *"My DCYF caseworker encourages me to participate and have a voice in setting goals and creating and/or updating the plan that will lead to my child remaining or returning home."*
- *"I was involved in developing my child's case plan goals (e.g., reunification, maintaining in the parent's home, adoption, legal guardianship, or another permanent planned living arrangement)."*

The results show that a majority of respondents felt involved in the case planning and goal-setting process. However, a significant portion indicated they were either unsure or felt excluded from planning. While these results point to some positive efforts to include parents and caregivers in the planning process, the small sample size limits the ability to draw broader conclusions. Furthermore, these findings contrast with more comprehensive stakeholder feedback which provides a deeper and more varied perspective that is discussed in the next section.

Figure 4-4. Parent/Caregiver Stakeholder Survey Results (Nov. 2024-April 2025)



Stakeholder Feedback (2023-2025)

Stakeholder feedback was solicited during the 2023-2024 Listening and Learning Tour (see Section I: *Description of Stakeholder Engagement in Statewide Assessment Process* for details regarding participants and format) as well as internal and external stakeholder focus groups conducted in 2025. These forums included a diverse statewide representation of internal and external stakeholders. Specifically, internal stakeholders comprised of frontline staff, supervisors, and administrators from Child Protective Services and all 4 regional offices of the Family Service Unit, as well as attorneys from the Legal Division. External stakeholders included birth parents (including 1 focus group specific to fathers), foster parents (including 1 focus group specific to Spanish-speaking foster parents), youth, service providers, attorneys from Rhode Island Legal Services and the Rhode Island Public Defender's Office, and Family Court Judges. This comprehensive engagement aimed to capture a broad spectrum of perspectives on the effectiveness and inclusivity of case planning.

Stakeholder feedback indicated that the Department continues to face challenges consistently engaging parents and caregivers and children in the development of case plans. Participants expressed a general consensus that they feel case plans are often created for families rather than with them. Many reported that parents, caregivers, and children are not consistently involved in meaningful discussions about their goals, needs, and progress. There was also a noted lack of transparency regarding the goals and expectations outlined in the case plans, which contributes to confusion and limited engagement from those expected to work toward those goals. Additionally, stakeholders noted a recurring pattern in

which case planning efforts are disproportionately centered on one parent or caregiver. This approach often overlooks the importance of engaging both parents when appropriate, resulting in an inequitable planning process.

Item Rating Summary

During CFSR Round 3, Rhode Island received a rating of Area Needing Improvement for Item 20: Written Case Plan because the Department was consistently engaging one, but not both parents in the development of case plans. Additionally, case plans did not routinely address required provisions. Although RICHIST data now routinely provides evidence that each child has a timely and regularly updated case plan containing the required provisions, concerns remain regarding the depth of family engagement in developing case plans. Specifically, there is an ongoing need to improve authentic engagement with families and elevate their voices as central partners in the case planning process.

Since CFSR Round 3, there has been a statewide concerted effort to increase authentic family engagement. One of the most significant shifts toward this improvement was the Department's adoption of the SAFE practice model that centers authentic family engagement. The Department also initiated a mandatory statewide Motivational Interviewing training. Stakeholder feedback from the 2023-2024 Listening and Learning Tour and focus groups conducted in 2025 acknowledged this positive practice shift and efforts towards more meaningful engagement with families. While many stakeholders reported improved communication from caseworkers leading to expanded rapport building with families, the overall feedback underscores the need for a more intentional, inclusive, transparent, and participatory case planning process that engages families and youth as active partners.

The Department would also benefit from broadening its data sources to capture more comprehensive and nuanced information regarding family engagement in case planning. Furthermore, there is an opportunity to strengthen collaboration with the Family Court and the Court Improvement Project to explore potential opportunities for joint data collection and analysis regarding family engagement in case planning.

The Department has centered strategies within its most recent Child and Family Services Plan (CFSP) around improving authentic family engagement which would facilitate the joint development of a child's case plan with their parents. Although the Department has been and continues to address this critical component to ensuring positive outcomes for children and families, as it stands item 20 remains an Area Needing Improvement.

Item 21: Periodic Reviews

For this item, provide evidence that answers this question:

How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

State Response:

According to DCYF Policy 700.0020: *Administrative Review*, the Department reviews every child in care's permanency goal to reduce the time children spend in out-of-home placement and increase permanent placements for children. The Department establishes a permanency goal for each child and monitors permanency planning through ongoing strength-based assessments of the family and regularly scheduled administrative reviews.

Administrative reviews are facilitated by an Administrative Review Officer (ARO) to independently evaluate the safety, permanency, and well-being of in placement and progress toward permanency. The ARO facilitates administrative reviews in collaboration with the Division of Family Services (DFS) and Juvenile Probation and in partnership with families, community partners, and the family court. Reviews occur with the parent/guardian and the team of people that support them, are scheduled at times that are convenient for the parties, and are child-driven, with the child actively involved in every stage of the process as appropriate to their age and developmental level.

Administrative reviews occur every 6 months. ARO convenes the initial administrative review 6 months from the date of placement. The family court conducts a subsequent review during its 12-month permanency hearing. If a child remains in placement, the ARO convenes a review at 18 months, and the family court conducts a subsequent review at 24 months at a permanency hearing. A review may be rescheduled and convened within 30 days of the initial scheduled date to meet the needs of the family or the Department.

In compliance with federal and state law, including the Adoption and Safe Families Act (ASFA), and Department policy, the administrative review provides the opportunity for the assessment of each child's status to:

- Determine the safety and well-being of the child, the continuing need for and appropriateness of placement, and ensure that in- and out-of-state permanent placement options are considered (IV-E Requirement).
- Determine the extent of engagement with the current Service Plan.
- Determine the extent of behavioral changes made toward alleviating or mitigating the causes necessitating the placement.
- Project a likely date by which the child may be returned and safely maintained at home or placed for adoption or legal guardianship.

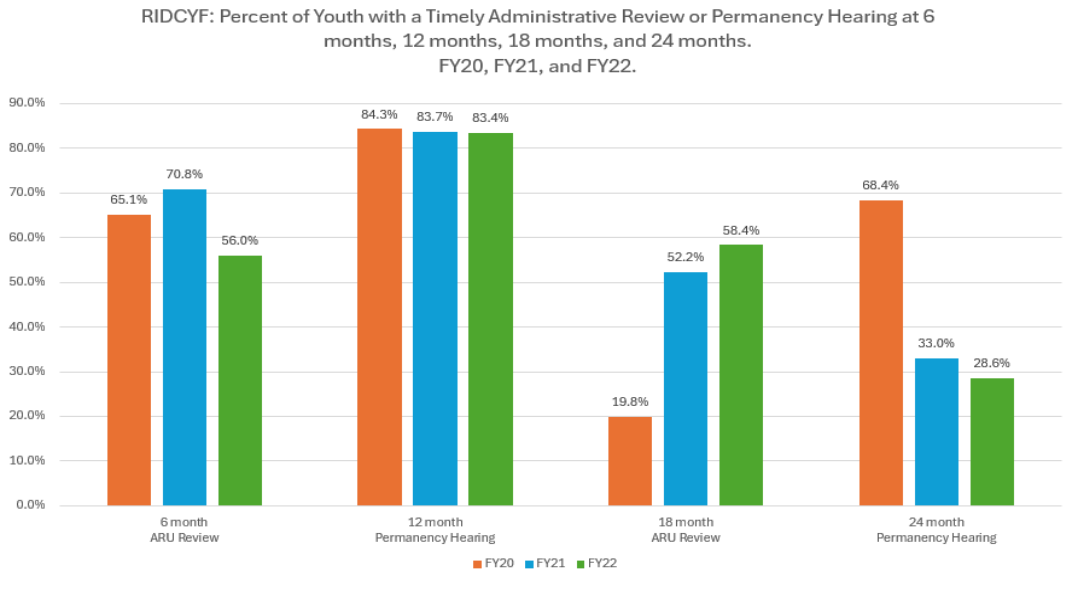
- Obtain the child's view on their permanency or transition plan (IV-E Requirement)

Data Analysis: Timeliness of Periodic Reviews Across FY 20, FY 21 and FY 22 (Entry Cohorts)

Rhode Island analyzed periodic review performance using entry cohort data for children who entered foster care over 3 separate years. This approach tracks whether children received timely periodic reviews (administrative reviews and permanency hearings) at key intervals (6, 12, 18, and 24 months).

Figure 4-5 -resents data for three entry cohorts (FY20–FY22), determined at the removal level, meaning a child may appear in multiple years if removed more than once. Timeliness is assessed in alignment with RIDCYF practice, including administrative reviews at 6 and 18 months, and permanency hearings at 12 and 24 months. Youth are included in timeliness calculations only if their case remained open long enough to reach the relevant review point. Eligibility requires a case to be open for at least 6 months following entry into care (for the initial 6-month review), and at least 6 months after the prior review/hearing —or at standard intervals from entry (12, 18, or 24 months) if no prior review/hearing is documented. Youth are not eligible if they spent 6 or more months in a Supportive Reunification placement or were discharged prior to the review or hearing due date. A review/hearing is considered timely if it occurred between entry into care and the scheduled due date, or between the prior review/hearing and the current due date.

Figure 4-5. Percent of Youth with a Timely Administrative Review or Permanency Hearing at 6 months, 12 months, 18 months and 24 months (FY20, FY21, FY22)



Source: RICHIST, RPT460R_FY, and RPT764.
Data Notes: Youth under 18 at removal and in care for 6 months following entry into care. Entry into care defined as 60 days post-removal, and youth are ineligible if discharged prior to review/Permanency Hearing due date or in supportive reunificaton for 6+ months. Review/Permanency Hearing is timely if completed between the entry into care and the review/PH due date OR between the prior date and the following 6 months before the subsequentreview/PH due date.

Data shows that Rhode Island consistently performs well on the 12-month permanency hearing, with over 83% of hearings held on time across FY20, FY21, and FY22. Performance has also improved at the 18-month administrative review, increasing from just under 20% in FY20 to more than half of reviews occurring on time in FY21 and FY22.

In contrast, timeliness at other review points has been more challenging. The 6-month administrative review has fluctuated, improving in FY21 but then declining to 56% in FY22. The most significant area of concern is the 24-month permanency hearing, where performance declined sharply after FY20 (68%) and has remained low, with fewer than one-third of hearings held on time in FY21 and FY22.

Overall, the data suggest that while Rhode Island has established strong practice around the 12-month permanency hearing and made progress at 18 months, greater attention is needed to ensure timeliness at the 6- and 24-month benchmarks.

The Department is analyzing barriers to timely administrative reviews at these intervals, with additional detail and stakeholder feedback provided in the sections below.

Stakeholder Feedback

Administrative Reviews (6 and 18-month intervals)

Stakeholder feedback was solicited during internal and external stakeholder focus groups conducted in 2025. These forums included a statewide representation of internal and external stakeholders. Specifically, internal stakeholders included the 3 Administrative Review Officers that conduct reviews statewide and scheduler from the Administrative Review Unit, frontline staff, supervisors and administrators from all 4 regional offices within the Family Service Unit. External focus groups included birth parents, foster parents, youth, and service providers.

Stakeholder feedback suggests several contributing factors that impact timeliness of the 6-month and 18-month administrative reviews. For example, there is consistently a backlog of cases that are overdue and need to be rescheduled, but rescheduling is difficult due to the staffing capacity in the Administrative Review Unit. Historically, the unit included a total of 6 full-time Administrative Review Officers. Over time, these positions have been converted to meet other Departmental needs and were never replenished. Currently, this unit functions with only 3 full-time Administrative Review Officers to conduct reviews statewide.

In addition, stakeholders explained that the scheduling process is a cumbersome, antiquated and time-consuming process involving multiple emails, spreadsheets, RICHIST and U.S. mail. and frequent cancelations. There is only one scheduler for the State of Rhode Island.

Further, stakeholders identified a shift in the overall perceived importance of administrative reviews, suggesting that recommendations do not influence case progression as there is no

oversight by administrators and supervisors after reviews take place. Subsequently, the importance of attending administrative reviews is not a top priority, leading to frequent rescheduling.

Permanency Hearings (12 and 24-month intervals)

Additional focus groups were conducted in 2025 with DCYF attorneys and Family Court Judges. Stakeholders confirmed that permanency hearing dates are scheduled 11-months from the arraignment hearing, which is typically within the first week of the child being removed from the home but can occasionally be longer (however never exceeding 20 days). Theoretically, this scheduling practice would ensure 100% of children in out-of-home placement would have a permanency hearing held within 12-months. Stakeholders stated that they believe permanency hearings are occurring in a timely manner. However, the court does not actively track whether these hearings occur on time.

A deeper analysis of data, including review of court records, is needed to determine contributing factors that delay timely permanency hearings.

Barriers Affecting Performance

The Department faces several barriers regarding the successful performance of this item. For example, the Administrative Review Unit lost 2 reviewer positions in 2017 from a prior total of 4 reviewers (which was a reduction from 6 reviewers prior to 2017). Currently, there are 3 reviewers. The reduced workforce within the Administrative Review Unit has had a negative impact on the ability to reschedule reviews because if a review needs to be rescheduled, reviewers' schedules are typically already full 6-8 weeks in advance and are unable to accommodate a timely rescheduling of the review. Also, the nature of the work in the Family Service Unit impacts workers' ability to attend reviews. FSU workers frequently must cancel and reschedule reviews due to unexpected emergencies and court hearings on their caseloads, and supervisors are not consistently providing coverage.

In addition, when the Department implemented an internal Continuous Quality Improvement (CQI) case review system in November 2022, the 3 Administrative Review Officers began reviewing cases for the internal case review system 1 week per month to assist the 3 full-time staff in the Case Review Unit, as the Case Review Unit itself could not support the total number of case reviews that the Department wanted to conduct each year. This reduced the amount of time allotted for scheduling and accommodating the rescheduling of administrative reviews. This equates to a loss of between 45 and 54 administrative reviews per month (15-18 administrative reviews per week, per Administrative Review Officer). There have been efforts to increase the number of volunteer CQI case reviewers to reduce the need for Administrative Review Officers to conduct CQI reviews, but these efforts have been unsustainable as volunteers are generally frontline workers and cannot find coverage to participate in internal case reviews on an ongoing basis.

Additionally, the current computer system (RICHIST) used to schedule reviews is not fully automated and the scheduling process is manual, time-consuming, and managed by only 1 scheduler for the entire state. Modernized support is critical to streamline the process to make scheduling more efficient. This is being explored as the new CCWIS is developed and implemented. The CCWIS project kick-off began in January 2025 and is on track for implementation in 33-months.

Lastly, at the end of 2024 it was discovered that the RICHIST generated report that identifies children due for an ARU was not capturing youth age 18+ that were still in the custody of the Department (e.g., Voluntary Extension of Care youth and developmentally disabled youth). MIS is in the process of correcting this report. In the meantime, the ARU scheduler began tracking these youth manually off of a separate report and spreadsheet beginning in January 2025. The majority of children 18+ were overdue for an administrative review and needed reviews scheduled as soon as possible. This has resulted in an even greater backlog of overdue cases and an additional manual task for the scheduler.

Item Rating Summary

During Round 3, Rhode Island received an overall rating of Area Needing Improvement for Item 21 because although periodic reviews addressed the required provisions, the reviews were not occurring timely. The lack of timely periodic reviews was attributed to the reduced workforce within the Administrative Review Unit. Since Round 3, no changes have been made to this process or the size of the workforce within the Administrative Review Unit and additional challenges have been identified. Therefore, item 21 remains an Area Needing Improvement.

Item 22: Permanency Hearings

For this item, provide evidence that answers this question:

How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

State Response:

Federal and state law (RIGL 40-11-12.1) require that a permanency hearing take place within 12 months of a child's entry into foster care and every 12 months thereafter until permanency is achieved and the case closes. At the permanency hearing, the Family Court Judge may approve or modify the Department's plan for permanency and incorporate the plan into the orders of the court. Subsequent permanency hearings occur no less frequently than every 12 months.

Permanency Hearing Procedures

The Department's procedures related to permanency hearings, as outlined in *DCYF Policy 1100.0000: Obtaining Custody of a Child through the Dependent/Neglected/Abused Petition*, are detailed below:

1. The Primary caseworker prepares a report to the Family Court that addresses reasonable efforts including:
    a. appropriateness of the Department's plan for service to the child and parent
    b. what reunification services have been offered
    c. efforts to evaluate another permanency goal considering in-State and out-of-State permanent placement options when reunification is not likely, and
    d. further efforts that have been or will be made to promote the child's best interests.
2. In any permanency hearing held with respect to the child, the court or administrative body conducting the hearing consults, in an age-appropriate manner, with the child regarding the proposed permanency or transition plan for the child.
3. The permanency hearing determines the services needed to assist a child who has attained age 16 with the transition from placement to living independently.
4. The Family Court Judge must find that the Department has made reasonable efforts to finalize the permanency plan. Family Court makes explicit findings that include the permanent plan for the child, steps to be taken, time frames for accomplishing the goal and the date of the next hearing. The Family Court may approve or modify the plan presented by the Department and may incorporate the plan into orders of the Court.

5. If the Court does not return the child to the care and custody of the parent, guardian or relative and the Court does not direct that foster care of the child and reunification efforts be continued, the Department institutes a proceeding within thirty (30) days of the permanency hearing pursuant to Chapter 7 of Title 15 to legally free the child for adoption.
6. A court review, administrative review or hearing related to a review of a termination of parental rights' petition cannot substitute for a permanency hearing. A permanency hearing must occur within the prescribed time frame and findings must be made at this hearing.
7. If a child is in an out-of-State placement at the time of the permanency hearing, the permanency hearing must determine whether the out-of-state foster care placement continues to be appropriate and in the child's best interest.

Permanency Hearing Court Letters

During the permanency hearing, the assigned caseworker provides a permanency hearing court letter to the family court to update the court on the status of the case and the permanency plan for the child or children involved. The following elements are included in permanency hearing court letters:

- Introduction to the case and the reason for opening.
- Progress towards the service plan goal/Update since the last Court Hearing
- Transition Plan for Youth age fourteen (14) and older (if applicable)
- Child's current placement (is it safe, least restrictive, and meets child's best interests and needs)
- Placement for Youth with APPLA Goal
- Visitation (with mother, father, siblings, if applicable)
- Recommendations (can the child be returned and safely maintained at home or placed for adoption or legal guardianship)

Family Court Oversight and Documentation

Family Court Judges are required to complete a checklist to ensure that all the required elements of the permanency hearing are covered. This checklist ensures that there is consistency among the Judges in asking the pertinent questions related to the permanency of the child. The documentation of the permanency hearing includes:

- Parties present during the hearing
- Whether the case plan is approved
- The permanency goal and concurrent permanency goal
- Whether the child is able to return home safely at that time
- Whether reasonable efforts shall be required to reunify
- Whether DCYF has made sufficient reasonable efforts to reunify
- Whether DCYF has filed a termination of parental rights petition. If not filed, why

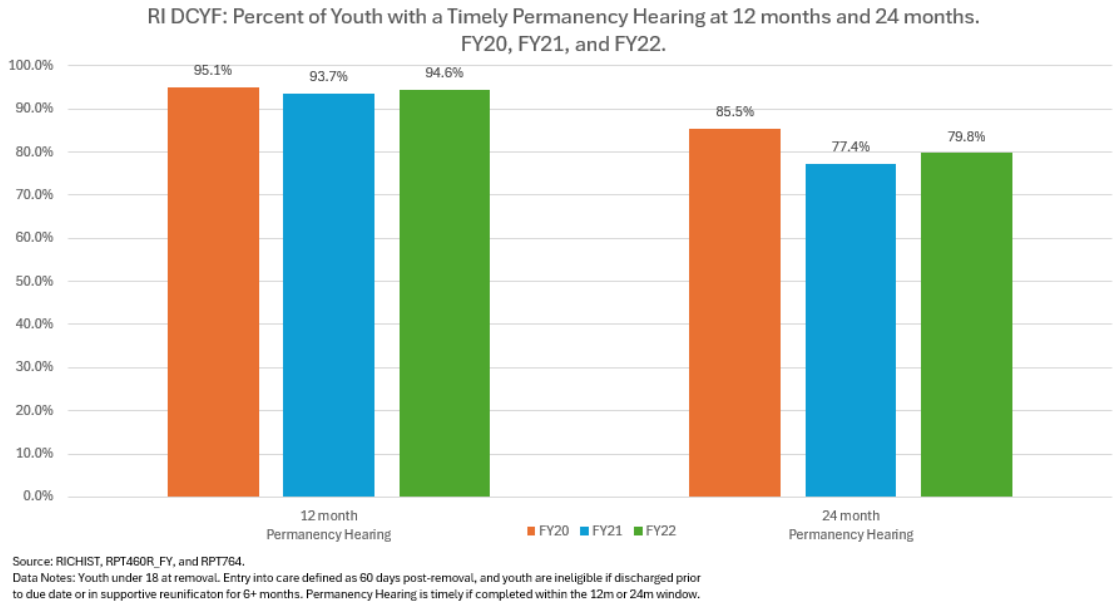
- Whether the court ordered DCYF to file a TPR petition
- If a TPR petition has been filed, whether DCYF shall make efforts to place the child for adoption or guardianship and, if not, why
- Whether other services or efforts required to strengthen the family are needed
- Whether DCYF involvement should be terminated

Data Analysis: Timeliness of Permanency Hearings Across FY 20, FY 21 and FY 22 (Entry Cohorts)

Rhode Island assessed the timeliness of permanency hearings using entry cohort data for children who entered foster care in FY20, FY21, and FY22. This analysis tracked whether children received permanency hearings at the 12- and 24-month intervals.

Figure 4-6 presents data for three entry cohorts (FY20–FY22), determined at the removal level—meaning a child may appear in multiple years if removed more than once. Timeliness is assessed in alignment with RI DCYF practice for permanency hearings at 12 and 24 months. Youth are included in timeliness calculations only if their case remained open long enough to reach the relevant review point. Eligibility requires a case to be open for at least 12 months following entry into care (for the initial 12-month hearing), and 12 months after the prior hearing —or at 24 months from entry if no prior hearing is documented. Youth are not eligible if they spent 6 or more months in a Supportive Reunification placement or were discharged prior to the hearing due date. A hearing is considered timely if it occurred between entry into care and the scheduled due date, or between the prior hearing and the current due date.

Figure 4-6: Timeliness of Permanency Hearings Across FY 20, FY 21, and FY 22; entry cohorts



Rhode Island demonstrates strong and stable compliance with the requirement to hold permanency hearings within 12 months of a child's entry into foster care and moderate compliance at the 24-month mark. More than 93% of children in care had their 12-month permanency hearing within the required timeframe in each of the three years shown, with the highest performance observed in FY20 (95.1%) and continued high levels in FY21 (93.7%) and FY22 (94.6%). These findings demonstrate that the state has established reliable processes to ensure compliance with the 12-month permanency requirement.

Timeliness at the 24-month permanency hearing, while somewhat lower, has also remained relatively strong. In FY20, 85.5% of children received a timely 24-month hearing, though performance declined in FY21 to 77.4% before improving slightly in FY22 to 79.8%. While these results show that the majority of children are receiving timely 24-month hearings, the decline from FY20 suggests an area for continued attention to ensure consistency over time.

Theoretically, the way permanency hearings are scheduled in Family Court (11-months from the date of the arraignment hearing and 12-month permanency hearing) should ensure that 100% of children in out-of-home placement receive a permanency hearing at the 12 and 24-month mark. However, permanency hearing dates may be canceled or continued for a variety of reasons, which warrants further examination. The Family Court does not currently collect data on the timeliness of permanency hearings. This would involve a manual review to ensure permanency hearings were held and not canceled or continued. A comprehensive analysis, including a review of court records, is needed to identify the factors contributing to delays in timely hearings.

Additionally, for those children who did not have a timely permanency hearing, there is currently no available data to determine how long beyond the required timeframe the hearing was delayed.

Stakeholder Feedback on Hearing Quality

Currently, neither DCYF nor the Family Court systematically collects data on how children, youth, and parents perceive permanency hearings or whether participants feel their voices are adequately heard in court. To gain insights into these experiences, DCYF conducted a series of focus groups between January and April 2025 as part of the Statewide Assessment process.

These focus groups included a wide statewide representation of both internal and external stakeholders. Internal stakeholders comprised frontline staff, supervisors, and administrators from Child Protective Services and all 4 regional offices of the Family Service Unit, as well as attorneys from the Legal Division. External stakeholders included birth parents (including 1 focus group specific to fathers), foster parents (including 1 focus group specific to Spanish-speaking foster parents), youth, service providers, attorneys from Rhode

Island Legal Services and the Rhode Island Public Defender's Office, and Family Court Judges. This comprehensive engagement aimed to capture a broad spectrum of perspectives on the effectiveness and inclusivity of permanency hearings, thereby informing the Statewide Assessment.

Internal and external stakeholders across focus groups consistently reported positive experiences with specialty courts, specifically citing more frequent hearings that felt less rushed and allowed ample time for case discussions and ensuring participants felt their voices were heard. These courts were described as highly effective for parents, offering more timely and individualized services. The involvement of a dedicated court social worker improves efficiency and communication between parties. Stakeholders also expressed that frequent hearings in specialty courts lead to quicker permanency decisions.

In contrast, experiences with the regular court calendar have been inconsistent. Stakeholders, including birth parents, foster parents, youth, attorneys for parents, and DCYF frontline workers and attorneys, have noted that permanency hearings in regular courts are often brief, sometimes lasting only 2 to 3 minutes. The short duration of these hearings limits meaningful engagement and thorough review of the child's time in care. Attorneys representing parents have expressed concerns that such hearings frequently result in maintaining the status quo without adequately evaluating the parent's current progress. Moreover, some external stakeholders perceive that courts often accept DCYF recommendations without thorough independent review. Internal stakeholders, however, do not share this perception.

Family Court judges recognize the importance of permanency hearings in ensuring timely and appropriate outcomes for children in foster care. However, they often find themselves reminding DCYF staff about adherence to permanency timelines and expressed frustration over perceived insufficient efforts to locate missing parents, engage parents in case planning and connect parents to services. Judges also expressed concerns that the quality of permanency hearings is frequently undermined by a lack of preparedness on the part of caseworkers and/or Department attorneys. For example, some noted that caseworkers and attorneys are frequently unaware of existing domestic court orders or no-contact orders between parties. This lack of preparedness may be related to inexperienced or new staff, staff turnover and/or high caseloads of attorneys, which can compromise the effectiveness of hearings and delay permanency decisions.

Despite these challenges, judges identified increased foster parent attendance at permanency hearings, particularly in specialty court settings, as a notable strength. Foster parent participation has had a meaningful impact, providing valuable insights into the child's progress, thereby supporting more informed and effective permanency planning.

In summary, specialty courts foster a collaborative environment, conduct more frequent hearings, and benefit from the involvement of dedicated court social workers. These factors contribute to improved communication, and more timely decision-making toward permanency. Conversely, stakeholder feedback indicated inconsistencies in the quality of permanency hearings held on the regular court calendar, which handles the majority of cases. Concerns were raised about the lack of preparedness among caseworkers and attorneys, as well as the limited time allocated for hearings, which reportedly undermines the thoroughness and effectiveness of the proceedings.

Item Rating Summary

During the Round 3 CFSR, Rhode Island received an overall rating of Area Needing Improvement for Item 22 as data indicated that initial permanency hearings were occurring within 13 months of a child entering foster care, which was outside the federally required 12-month timeframe.

Based on the above entry cohort data, the effectiveness of the case review system in ensuring timely and high-quality permanency hearings at the 12-month mark is strong and stable, providing evidence that over 93% of children in foster care are consistently having their 12-month hearing in a timely manner. Conversely, performance at the 24-month interval is not as strong, with timeliness ranging from 77% to 85% across the three years.

While the majority of children are still receiving their hearings on time, the variation and decline from FY20 suggest challenges in maintaining consistency at this later stage of case review. This indicates that while the system has established effective practices to support timely initial permanency decisions, further attention is needed to strengthen processes that ensure children continue to have timely reviews as cases extend beyond the first year in care.

Based on the information above, Rhode Island rates Item 22 as an Area Needing Improvement.

Item 23: Termination of Parental Rights

For this item, provide evidence that answer this question:
How well is the case review system functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

State Response:

In accordance with the Adoption and Safe Families Act (ASFA)of 1997, Rhode Island General Law § 15-7-7, and Department policy (DOP 1100.0015) requires that the Department initiate a Termination of Parental Rights (TPR) petition when a child has been in Department custody and in out of home care for 15 of the most recent 22 months, unless a documented, exception or compelling reason exists to not file a TPR. Such compelling reasons must be consistent with federal and state guidelines. Department staff use the following guidelines to determine if exceptions or compelling reasons exist to not file a TPR:

- Is the child placed with a relative who is willing and able to care for him or her permanently?
- Is the child bonded to a non-relative who is willing and able to serve as a permanent home?
- Have the parents made measurable progress? Do they need only a few more months to complete the case plan requirement?
- Is independent living the permanency planning goal for the child?
- Do the parent and child have a significant bond, but the parent cannot care for the child due to the parent's or child's disability or treatment needs?
- Does the child wish not to be adopted?
- Have the services identified in the case plan not been provided, for reasons other than the parent's non-compliance (such as lack of availability, lack of proximity, waiting lists, unique service needs)?

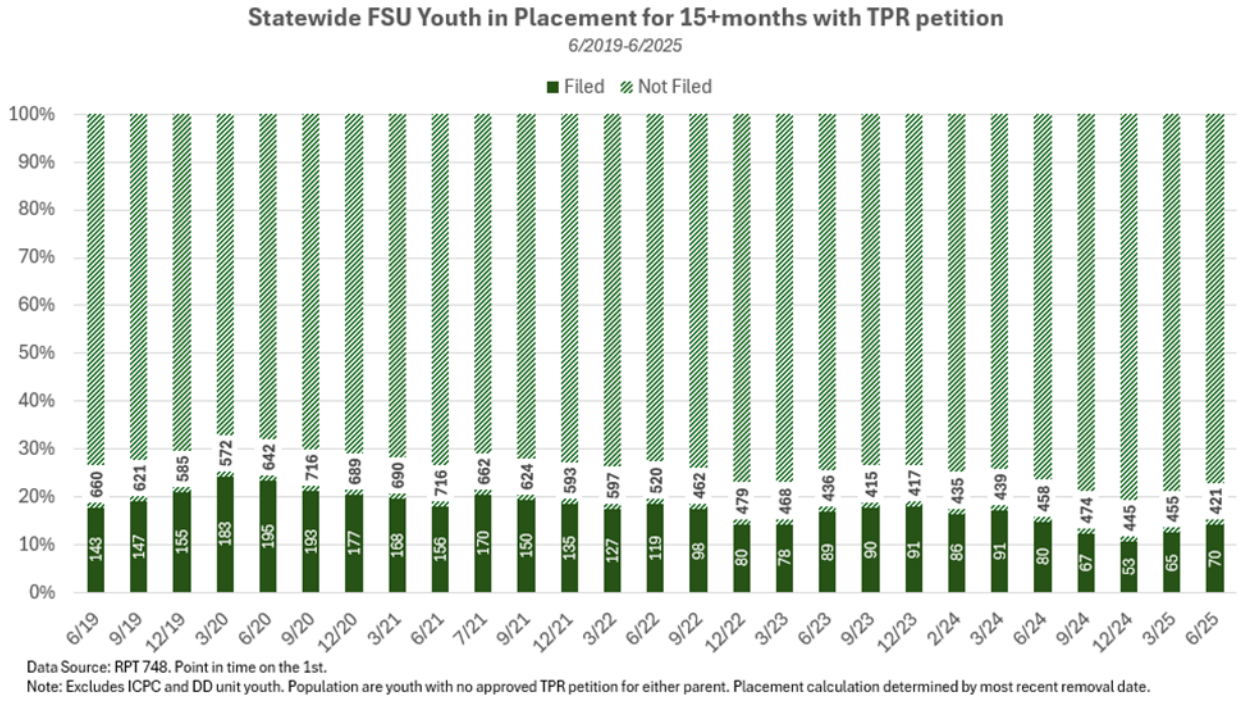
TPR Filing Trends for Children in Care 15+ Months

Figure 4-7 below illustrates the trend in TPR filings for children in out-of-home care for 15 months or greater, as defined by federal ASFA provisions. Figure 4-7 presents statewide, point-in-time data from June 2019 to June 2025, showing the percentage of children meeting the 15-month threshold who had a TPR petition filed. It is important to emphasize that the data reflects only whether a TPR petition was filed and does not provide insight into the timeliness of the TPR filing in relation to federal requirements. Despite fluctuations in the interim, there was an overall decrease in the percentage of youth with a TPR filed since early 2020. During the most recent four data points (9/24-6/25), the percentage of children in out-

of-home placement for 15+ months with a TPR filed remained below 15%. Ultimately, a substantial majority of children in care 15 months or greater throughout this six-year span of data did not have a TPR filed.

Department policy requires that when a TPR is not filed within ASFA timelines, the case record must include a documented exception or compelling reason explaining why pursuing TPR is not in the child's best interest. However, the data presented does not reflect whether such documentation was present and justified in cases where no TPR was pursued, nor does it clarify whether a TPR was appropriate but not initiated. While the data highlights a declining and relatively stable pattern in TPRs being filed and granted, it does not fully capture the underlying case-by-case context or decision-making rationale as to why the Department did not pursue legal action toward a TPR for the majority of child in care 15 months or greater.

Figure 4-7. Percentage of children in care 15+ months with TPR filed (June 2019-June 2025)



Data Source: RPT 748. Point in time on the 1st.
Note: Excludes ICPC and DD unit youth. Population are youth with no approved TPR petition for either parent. Placement calculation determined by most recent removal date.

ASFA Reviews

For children in out-of-home care for 15 of the last 22 months, supervisors receive an automated notification from RICHIST indicating that the case has reached this threshold and requires an ASFA review. This review involves a meeting between the caseworker, supervisor, and regional administrator to assess the appropriateness of pursuing a TPR. Following the review, supervisors are required to complete an ASFA case activity note in RICHIST. The ASFA case note must indicate whether a TPR was filed and, if not, document any exceptions or

compelling reasons for not filing. Since July 2021, RICHIST has required caseworkers to fill out all required fields within the *Permanency Goal* document, which includes the ASFA note when applicable, prior to sending it for supervisor approval. There are no exceptions or overrides to this process. At the initial approval, caseworkers cannot send the service plan/permanency goal to their supervisor without all required fields completed. Once reviewed and fully approved by the supervisor, the service plan cannot be changed or amended. This has resulted in all approved service plans/permanency goals containing 100% of the required data. Additionally, ASFA reviews and corresponding ASFA case activity notes are required at every six-month case plan update for children who remain in care beyond 15 months.

Due to the validation process of case plan documents, quantitative data may indicate compliance with ASFA documentation requirements by confirming that the required ASFA text field has been completed. However, this measure only verifies the presence of text, not whether the content meets ASFA standards. As a result, the data does not accurately reflect true compliance. Internal case reviews have consistently found that ASFA notes often lack the necessary detail to assess compliance accurately. Further detail on these findings is provided in the section below.

Internal Continuous Quality Improvement (CQI) Case Review System

Onsite Review Instrument (OSRI) Item 5

The Department has a continuous quality improvement (CQI) case review process that uses the Children's Bureau's Onsite Review Instrument (OSRI). Between November 2022 and October 2024, the Case Review Unit within the Division of Performance Improvement (DPI) conducted 90 foster care case reviews. There are four key questions within OSRI item 5 related to the TPR process. Of the 90 cases reviewed, 49 (54%) involved a child who had been in care for at least 15 of the past 22 months. Of the 49 cases, 27 (55%) had an exception or compelling reason not to file a TPR. Of the 22 remaining cases, 10 (45%) had a timely TPR filed either during, or prior to, the period under review (PUR) in a timely manner.

In addition to statewide information on TPR filings in relation to ASFA timelines, findings from the Department's case review process offer further context regarding the application of exceptions and compelling reasons for not filing a TPR, in accordance with federal requirements. Among the 39 cases where the need to file a TPR was considered, several exceptions were noted. In 20 cases, the child was being cared for by a relative at the 15/22-month timeframe, which allowed the state to exercise discretion in not pursuing a TPR. In 9 cases, the Department documented a compelling reason in the case plan for determining that filing a TPR would not be in the best interest of the child. However, in 10 cases, no applicable exception was identified, and a TPR either was not filed or was not filed within the required timeframe, with no compelling reason documented in the record. These findings

highlight ongoing challenges in timely and intentional permanency planning within the ASFA timeframes, contributing to delays in TPR filings. Additionally, Internal case reviews have consistently found that ASFA case notes, intended to explain the exception or compelling reason, often lack required details, focusing instead on the permanency goal without addressing TPR status, exceptions and compelling reasons.

To improve practice in this area, the Department has implemented Policy 700.0001 – Reasonable Efforts, which requires the primary caseworker and supervisor to schedule a legal consultation with the assigned DCYF attorney once a child has been in out-of-home care for 11 months, if they believe that reasonable efforts have been exhausted and a TPR should be considered. Additionally, the Department has committed to developing a standardized ASFA case note template as part of its 2025–2029 Child and Family Services Plan (CFSP). This initiative aims to enhance the clarity and consistency of documentation regarding exceptions and compelling reasons and to ensure compliance with federal requirements.

Family Court TPR Data (January 2022-December 2024)

The Department initiated collaboration with the Family Court to examine data points collected by the Family Court related to TPR proceedings. The Family Court currently does not have a standardized process for collecting and reporting data related to TPR proceedings and outcomes. The descriptive data outlined below was provided by the Family Court to support the assessment of this item. This information was manually gathered and analyzed by Family Court staff, at the Department's request, with noted concerns regarding its accuracy due to reliance on physical court documents and other non-centralized sources.

Between January 1, 2022, and December 31, 2024, a total of 486 TPR petitions were filed. The average time from initial filing to the first hearing was 30 days, with a median of 27 days. Of these, 377 cases were closed by the end of 2024, while 109 remained open, and the current status unknown. The length of time from filing to closure for the closed cases varied widely, ranging from 11 to 1,037 days, resulting in an average closure time of 253 days. Appeals were filed in 29 cases, but only 4 appeals were resolved by the cutoff date, and 2 remained pending as of April 1, 2025, limiting the ability to draw comprehensive conclusions about appeal outcomes and timelines.

Among the 377 closed cases, there is notable ambiguity regarding outcomes. Specifically, 48 petitions were dismissed, 40 withdrawn, and 32 closed due to guardianship. However, for the dismissed and withdrawn petitions, no clear documentation was available to indicate whether these actions were related to guardianships, adoptions, or other reasons. Additionally, 8 closed cases lacked any notation explaining the closure—whether dismissed, withdrawn, guardianship, or adoption. The remaining 249 cases involved were closed due to the termination of parental rights being granted, or voluntary consent filings, often followed

by an adoption. It is also possible that some dismissed or withdrawn cases may have involved voluntary consents that were not documented in the case records. The lack of consistent and detailed documentation limits the ability to fully assess TPR outcomes and underscores the need for improved systems for case record-keeping.

Stakeholder Feedback

In 2025, internal focus groups were conducted with caseworkers, supervisors, and Department attorneys from all four regional offices to capture a comprehensive, statewide perspective on the TPR filing and proceedings process. Feedback from these sessions highlighted several key concerns. Participants noted a lack of consistency in initiating the scheduling of TPR legal consults, resulting in these consults rarely occurring by the 11-month mark. Department attorneys further reported that Family Court decisions often delay or prevent TPR filings, as judges may continue to order the Department to make reasonable efforts toward reunification even when the Department maintains that such efforts have already been made and were unsuccessful. Additionally, pre-trial hearings for TPRs were noted to be significantly delayed, further prolonging the overall process.

Additional stakeholder input was gathered during a focus group with Family Court Judges in April 2025. Judges did not express concerns with the TPR process or proceedings themselves; however, they observed a decline in the number of TPR petitions being filed. This trend was attributed to an increase in early referrals to mediation, which have been effective in diverting some cases from moving forward with TPR.

Item Rating Summary

In Round 3 of the CFSR, Rhode Island received an overall rating of Area Needing Improvement for this item due to delays in filing Termination of Parental Rights (TPR) petitions for many children in care for 15 months or more. Contributing factors included high workloads, limited-service availability, and reluctance to proceed with TPR when children were not in pre-adoptive homes. Additionally, compelling reasons not to file were often undocumented.

The Department and the court continue to provide limited data regarding Termination of Parental Rights (TPR) filings and outcomes. Consequently, there is no comprehensive data available to reliably explain why the majority of children who are eligible for a TPR, based on their length of time in care, do not have a petition filed. While internal case reviews do account for exceptions and compelling reasons, the sample size is limited, and therefore the findings cannot be reliably generalized.

In addition, the Department has recognized the need to improve staff understanding of the ASFA timeframes and to ensure consistent and accurate documentation of exceptions and

compelling reasons for not pursuing a TPR. This area of need is currently being addressed through a key activity within the Child and Family Services Plan (CFSP). Additionally, enhanced data reporting methods are being explored through the implementation of the new CCWIS.

Based on this assessment, Rhode Island rates Item 23 as an Area Needing Improvement.

Item 24: Notice of Hearings and Reviews to Caregivers

For this item, provide evidence that answers this question:

How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care (1) are receiving notification of any review or hearing held with respect to the child and (2) have a right to be heard in any review or hearing held with respect to the child?

State Response:

According to RI DCYF Policy 700.0086, DCYF, in accordance with the federal Adoption and Safe Families Act of 1997 (PL 105-89) and Rhode Island General Law 14-1-30.2, provides notice to foster parents and relative caregivers with whom children in the care of the Department are placed, of any review or hearing held in Family Court or at DCYF with respect to those children. This includes all family court hearings scheduled both prior to and subsequent to commitment resulting from dependency/neglect/abuse petitions and all hearings related to termination of parental rights petitions as well as administrative reviews scheduled at DCYF. Caregivers are important to the child and can provide valuable information to the family court and DCYF's Administrative Review Unit. Caregivers have the right to attend these reviews and hearings and to present verbal reports or file written reports with the court regarding the children in their care.

Notifications for Permanency Hearings

The Department continues to utilize the state's RICHIST system to generate notifications of permanency hearings. If a youth has an open foster care placement and a permanency hearing is scheduled, an automated notification is generated (RICHIST Report 627) and sent via U.S. mail to the foster parent two (2) weeks before the court hearing date. Foster parents are also notified of permanency hearings by their assigned caseworker via their preferred method of communication (verbal, text message, and/or e-mail). At this time, the Department does not maintain quantitative data on the notification of foster parents for permanency hearings.

This Notice of Court Proceedings (DCYF #083) notifies caregivers (including pre-adoptive parents and relatives) of their right to attend Family Court proceedings regarding children in their care and their right to file a written or verbal report with the Court to convey information relevant to those children. Foster parents are also informed of the Family Court Process and their right to be heard at permanency hearings during initial foster parent training.

The Notice of Court Proceedings states: "As the foster parent you have the right to attend this hearing and to file a written or verbal report with the Court regarding the above named child. If you are unable or do not wish to attend the hearing, you may use the attached "Foster

Parent Court Hearing Report Form" to provide information to the court on the well-being of the child placed with you."

Stakeholder feedback was solicited during focus groups conducted in 2025. External stakeholders included 2 groups made up of foster parents only, 1 of which was specific to Spanish-speaking foster parents. It is unlikely that these focus groups provide a statewide representation of qualitative feedback; however, the findings combined with the Foster Parent Satisfaction Survey presented below provide a more complete illustration of how this systemic factor is functioning across the state.

Stakeholders confirmed that foster parents are being notified of permanency hearings scheduled for children in their care and are aware of their right to be heard. However, stakeholders reported a lack of consistency throughout the state in providing caregivers an opportunity to be heard when present at court hearings.

Notifications of Administrative Reviews

In addition to notifications for permanency hearings, the Department also continues to utilize the state's RICHIST system to generate notification letters for administrative reviews.

Approximately 6 weeks in advance of a required administrative review, the primary caseworker and supervisor receive a RICHIST generated e-mail requesting contact with the Administrative Review Unit (ARU) to schedule a review for an identified child. The primary caseworker or supervisor contacts ARU as soon as possible to schedule a review and ensure invitations are sent to the participants in a timely manner. At that time, the ARU scheduler generates the Notification of Administrative Review (DCYF #128) which is sent 3-4 weeks prior to the scheduled review, via U.S. mail, to the following appropriate participants: parent/guardian, foster parent, relative caretaker, children if age 14 or older.

The Notification of Administrative Review states, "The Department of Children, Youth and Families invites you to attend an Administrative Review which provides an opportunity for case participants to discuss future planning for the child(ren) currently residing in out-of-home placement. This is an informal meeting to discuss areas of Safety, Well-Being, and Permanency related to the child(ren) identified below. Participants may include parents or guardians, family members, supportive individuals, from the community, foster parents, service providers, and DCYF staff…" These notices are not tailored to each participant and do not explicitly state that the foster parent has a right to be heard.

In addition to the Notification of Administrative Review, the Foster Parent Information for Service Plan Review (DCYF # 128B) form is also sent to all foster parents. This form gives foster parents who cannot attend the review the opportunity to provide information to the Administrative Review Officer (ARO) regarding the child's well-being.

Foster parents are also informed of the administrative review process and their right to attend the review during required initial foster parent training. Notices of scheduling changes, however, are not consistently provided via U.S. mail to caregivers when the rescheduled date is within 1-2 weeks of the canceled review. Notification of changes in scheduling is done verbally or via email and is the responsibility of the primary caseworker.

Notifications via U.S. Mail

The Department's RICHIST system does not support collection of data on notifications sent to foster parents for administrative reviews. Foster parents are notified via U.S. Mail by the ARU scheduler based on a report (Report 287) which generates the names of children who have been in out-of-home placement for 6, 18 and other 6-month intervals outside of the 12 and 24-month court hearings.

Because the system lacks integrated tracking, the ARU scheduler manually tracked the total number of administrative review notifications mailed out over a 6-month period. Between August 2024 and January 2025, a total of 2,376 administrative review hearing notifications were sent via U.S. Mail to foster parents and birth parents. Of these, 673 were returned as undeliverable, indicating that approximately 28% of the mailed notifications did not reach the intended recipients.

Although there is no quantitative data indicating the specific recipients of the returned letters, stakeholder feedback suggests that many of these were intended for birth parents, who may be transient or difficult to locate. In such cases, notifications are typically mailed to the last known address, increasing the likelihood of return. In contrast, foster parents' contact information is maintained with greater accuracy due to integrated systems between RICHIST and foster care payment processing, which require up-to-date information to avoid delays in monthly payments.

The above findings highlight a broader need to modernize the notification process. Given that nearly all ARU meetings are being conducted virtually, incorporating electronic notification methods alongside traditional U.S. Mail could enhance communication efficiency, reduce undeliverable mail, and support more consistent engagement from all parties.

ARU Attendance Survey (November 2024 – April 2025)

Between November 1, 2024, and April 30, 2025, Administrative Review Officers completed an ARU Attendance Survey for each administrative review conducted during that time period. The survey asked officers to identify all applicable case participants who should have received an invitation to participate in the administrative review. It then captured information on which of those participants actually attended the review and whether the virtual meeting link was sent to all identified individuals. The goal of the survey was to assess the consistency of participant engagement, evaluate communication practices, and identify any

barriers to attendance in order to strengthen stakeholder involvement in the administrative review process.

A total of 615 ARU Attendance Surveys were completed. In 408 cases, Administrative Review Officers determined that foster/adoptive parents were applicable case participants who should be included in the review process. (Cases where foster/adoptive parents were determined as non-applicable included a child in out-of-home care in a residential facility, home on a Supportive Reunification Plan, or a child who did not have foster parents). Of those, 125 foster/adoptive parents attended, resulting in an attendance rate of approximately 30%.

This low participation rate may be closely tied to communication barriers. Survey data shows that the virtual meeting link was successfully received by all participants in only 235 cases (38%), while in 372 cases (60%), the link was not forwarded to all relevant parties. This suggests that lack of access to meeting information is a significant factor contributing to low attendance rates among foster parents.

Additionally, only 8 reviews (1%) were held in person, indicating a strong reliance on virtual platforms for conducting reviews. While virtual reviews offer logistical benefits, they also introduce potential issues related to technology access, communication breakdowns, and participant engagement, especially for caregivers who may lack adequate support or guidance in navigating these systems.

Stakeholder feedback from focus groups conducted in January and February 2025 confirms that most foster parents are being notified of administrative reviews scheduled for children in their care but some don't understand what the notification means and are not aware of their right to be heard. Further, stakeholders reported not receiving these notifications in their primary language or were told by their primary caseworker that they did not need to attend. Others reported they were encouraged to attend but never received the virtual link for the meeting from their worker. These findings highlight the need for clear and consistent guidance for caseworkers to ensure accurate messaging as well as enhancing communication protocols to ensure all required participants receive notifications in their primary language as well as timely access to virtual meeting links for administrative reviews.

Survey Results: Notification of Permanency Hearings and Administrative Reviews

A bi-annual Foster Parent Satisfaction Survey, distributed in English and Spanish, was sent to all active foster parents (923) in November 2023. A total of 68 responses were received, yielding a 7% response rate. The survey consists of 42 questions- 12 on demographics and general satisfaction, and 30 Likert-scale questions. Two key questions in the survey addressed the foster parent experience related to receiving notifications and the right to be heard at reviews and hearings:

I am notified of reviews (in court) or administrative (outside of court) and permanency hearings for the children in my care:

- ✓ 12% Strongly Disagree
- ✓ 25% Disagree
- ✓ 32% Agree
- ✓ 31% Strongly Agree

When I am notified, that notification includes my right to be heard at the review or hearing:

- ✓ 15% Strongly Disagree
- ✓ 28% Disagree
- ✓ 28% Agree
- ✓ 29% Strongly Agree

A combined 63% of respondents agreed they are notified of hearings, while 37% indicated they are not. Only 57% of foster parents agreed they are clearly informed of their right to be heard during hearings, while the remaining 43% indicated they were not.

Item Rating Summary

During Round 3 CFSR, item 24 was rated as an Area Needing Improvement because although the state has a system-generated notification process statewide, notices of scheduling changes were not consistently sent to caregivers. Additionally, there was a lack of consistency in providing caregivers an opportunity to be heard when present at court hearings.

To address these concerns, Rhode Island has initiated efforts through the development of its new Comprehensive Child Welfare Information System (CCWIS), which officially began in January 2025. The CCWIS project includes a 33-month implementation timeline and is expected to support a fully electronic, automated notification process. However, as of this assessment, no changes have been made to existing processes, and stakeholder feedback continues to reflect the same challenges identified in Round 3. Therefore, Rhode Island continues to rate Item 24 as an Area Needing Improvement.

C. Quality Assurance System

Item 25: Quality Assurance System

For this item, provide evidence that answers this question:
How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

State Response:

To continually improve outcomes for children and families, the Department regularly monitors and assesses the agency's functioning and engages in strategic planning processes to target improvement efforts (Department Operating Procedure 100.0135). The Department's strategic planning, monitoring, and reporting processes help set goals to promote children's and families' safety, permanency, and well-being.

Critical to effective strategic planning is a Continuous Quality Improvement CQI infrastructure that guides the Department toward identifying and achieving its established goals. An ongoing review, evaluation and assessment, and planning process helps to identify problem areas and promote continuous improvement so the Department can reach its goals. By applying CQI principles and strategies to planning and quality assurance, the Department can help ensure that its processes are better coordinated to accurately address current needs and find the best and most appropriate ways to move toward goals over time.

The Department works to improve child and family outcomes and agency functioning via CQI efforts and other change initiatives. While each process may follow different timeframes and involve different teams, integrated planning helps the Department find connections between processes, more easily share information, realize efficiencies, and align priorities with planning, monitoring, and reporting. CQI aims to help teams assess the Department's status and readiness for change and guide it in plotting the best strategies to address challenges and achieve sustainable change. The CQI process helps:

- Identify and assess needs and opportunities.
- Develop Department-wide and program-specific logic models as appropriate.
- Develop theories of change for program initiatives as appropriate.
- Select and adapt or design interventions.
- Plan, prepare and implement.
- Evaluate and apply findings.

The Department has developed an organization-wide Performance and Quality Improvement (PQI) system that continuously improves by aligning annual Performance and Quality Improvement (PQI) goals with the Department's Child and Family Service Plan (CFSP). In December 2023, DCYF created **a Performance and Quality Improvement Plan (2024-2028)** (see Appendix G), which outlines the processes and strategies that demonstrates the Department's commitment and performance to quality service through best Continuous Quality Improvement (CQI) practices, and an effective feedback loop to all stakeholders to enable them to conduct, perform, and sustain improvement activities. The integrated statewide infrastructure that supports the PQI system includes:

- Rhode Island Child Information System (RICHIST) – DCYF's Statewide Automated Child Welfare Information System (SACWIS)- providing the data for comprehensive research, evaluation and data, data analysis and continuous reporting internally and externally
- External data sources such as the Children's Bureau RI Data Profile, the RI Executive Office of Health and Human Services Ecosystem
- Division of Performance Improvement: Data Analysis and Program Evaluation
- CQI Feedback Loops through multiple channels (e.g., Monthly DCYF Data & Evaluation meetings with representation from all Divisions within the Department, Active Divisional Management, Active Contract Management, Advisory Councils, Senior Feedback Loop Team, etc.)
- Internal Case Review System

Important to note is for close to 15 years the Department's Division of Performance Improvement has consistently evaluated and reported all outcomes by various socio-economic, and macro level factors as they can guide services.

Since the Round 3 CFSR, the Department has made significant improvements to its Continuous Quality Improvement (CQI) processes. The Round 3 PIP included several key strategies to enhance this area, including establishing the Division of Performance Improvement (DPI), developing a feedback system to allow both internal and external stakeholders to provide input and recommendations for changes to the system, and designing, developing and implementing an internal case review system.

Rhode Island Child Information System (RICHIST)

RICHIST is the Department's Management Information System. This system generates approximately 600 automated reports for monitoring and continuous quality improvement. Selected reports are disseminated to Department staff respective of their professional responsibilities. The reports are automatically emailed to Department recipients on a daily/weekly/monthly basis and can be graphed over time to view trends in the data. This information is used for program planning and evaluation, in particular when new initiatives are implemented. DCYF administrators and supervisor use the data

and information to make monitor indicators and outcomes over time, track division and unit benchmarks and made data driven decisions through their quarterly active division meetings with DPI, as well as their individual division monthly meetings. Interventions implemented, activities executed and\or policy changes are monitored and discussed at the quarterly active division meetings as well as strategically planned and approved with the executive team.

The RICHIST system also generates over 50 dashboard reports accessible by all Department staff spanning safety, permanency, and well-being areas. The dashboards provide the raw data to the user as well as aggregated data, graphs, and the ability to manipulate the data within the reports. The data is used by the Department, in particular, Department managers on a daily and weekly basis to monitor and manage caseloads, frequency of child/family services such as face-to-face monthly visits, timeliness of case plans, number and response time compliance with CPS investigations, licensing, and placements.

Illustrative of managing with data includes monthly caseworker and child face-to-face reports. The Family Service Unit regional directors and supervisors and Juvenile Probation caseworker administrator and supervisors review the monthly caseworker and child face-to-face reports during their respective unit meetings as well as with DPI during active division meetings (ADMS). Built into the ADM framework is a section where the group identifies strategies to implement to address the areas of need. Once the strategy has been implemented, the impacts are monitored within the ADM meetings to enable any midcourse corrections if needed and to assess the overall intervention impact. An example data trends on youth engagement were not favorable. The Department implemented a pilot program in FSU with a University partner to enhance youth engagement. The pilot recently ended and revealed some improvements in youth engagement. The Department is in discussion and planning to scale up of the intervention.

FSU directors meet regularly with their units either every two weeks or every month (depending on the region) and Juvenile Justice meet monthly with their units. Similarly, the CPS reports on response times to an investigation and investigation completion times are discussed in the CPS unit meeting, CPS ADMs, as well as the monthly Data and Evaluation meetings where administrators from across the Department are engaged in data discussions on the data trends and factors that may be impacting the data performance.

Through these monthly Data and Evaluation meetings and the specific unit meetings as described above, the Department continues to review the dashboards to either identify data/information gaps useful for CQI feedback and management and/or display enhancements.

Division of Performance Improvement

One of the key strategies implemented during the Round 3 PIP to enhance the Department's Continuous Quality Improvement (CQI) system was establishing of the Division of Performance Improvement (DPI). Established in the summer if 2019, DPI guides the Department through the CQI research and evaluation framework. DPI is directly engaged in research and evaluation to monitor progress toward the goals and objectives in the jurisdictions where services included in the CFSP are provided, which is statewide in Rhode Island. DPI consists of a strong quantitative and qualitative team: 1) data and evaluation unit comprised of epidemiologist\researchers, 2) case review unit which also includes the Administrative Review Unit, 3) Council on Accreditation

DPI staff synthesize the quantitative research, program evaluation, and advanced statistical analysis including predictive analytics (i.e., odds ratio, multivariate regression, generalized estimating equation, survival analysis) and qualitative research from the case review findings, and provide the results through feedback loops both internally and externally through the following mechanisms. Also, all the data presented throughout the statewide assessment and all Department research, data analytic and outcome-oriented reporting is developed by DPI. The following list includes the multiple feedback loop mechanisms.

- **Quarterly meetings** with each division are held with DPI and a member of the Executive Leadership Team to specifically to discuss progress on the activities linked to each overarching goal and outcome measure(s) in the CFSP
- **Monthly data analytic and evaluation** meetings amongst DCYF staff
- **Active Divisional Management meetings**
    - Family Service Unit central and regional quarterly meetings
    - Licensing and Resource Families quarterly meetings
    - Child Protective Services quarterly meetings
    - Youth Development and Juvenile Probation semi-annual meetings
- **Active Contract Management with providers**
    - Congregate Care quarterly meetings
    - Private Foster Care provider bi-monthly meetings
    - Family Care Community Partnerships quarterly strategy meetings
- **Bi-monthly Executive Office of Health and Human Services (**EOHHS) PULSE meetings where DCYF data is shared and discussed
- **Monthly EOHHS** child well-being meetings
- **Regular meetings amongst partners and stakeholders** (i.e., Family Court, Provider Coalition)
- **Monthly data-related** and solution-driven meetings with RI Department of Health (DOH)
- Weekly, monthly, and q**uarterly dashboards and research data reports and briefs are distributed to staff** as well as within the CQI related meetings listed above

- **Qualitative Case reviews** are frequently included in some of the meetings above as part of a mixed method approach for bilateral complement of quantitative and qualitative data

Collectively these meetings allow system wide CQI feedback loop that identifies areas of strength and areas needing improvement for follow up in depth analysis that informs practice, programs, policy and multi-level outcomes – micro to macro. The following illustrations of the CQI cycle of identify the problem, formulate the research question(s), engage in a deep dive analysis, select the intervention, pilot test, evaluate, make modifications, and scale up occurred within the past 3 years.

For example, DPI produces an annual permanency analytic report on various maltreatment related outcomes. The data trends revealed children were remaining in congregate care settings longer than 6 months. As part of a deep dive, multivariate regression, the analysis revealed factors statistically significant with longer stays were more related to systemic factors than individual level factors (acuity). Based on these results, DCYF and congregate care providers identified strategies to address systemic factors such as implementing evidence-based practices into congregate care settings (i.e. Building Bridges Initiatives) and focusing on enhanced family engagement. The data trends subsequent to the interventions revealed sustained engagement with mothers although less impact with father. Subsequent to this monitoring, a Caring Dads pilot intervention was implemented among DCYF, Family Court and two contracted providers. The impact of this pilot, albeit quite small, suggested positive outcomes as reported in focus groups with the dads who completed the program. Based on this CQI cycle, DCYF procured a Caring Dads model with two contracted providers. As the procurement occurred in the summer of 2025, both small numbers and the short implementation require more time to evaluate the impact of the Caring Dads program impacts. However, it was the CQI cycle, using data, analyzing data and deep dive, intervention selection, pilot testing and scaling up was executed.

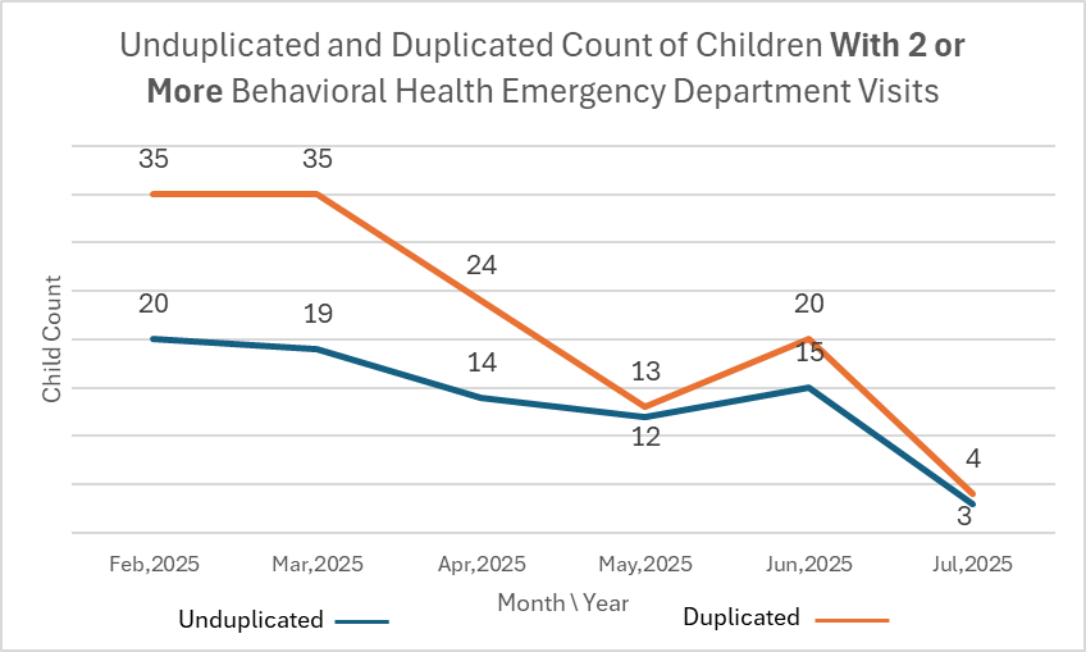
Another example includes practice and actions taken as a result of the annual juvenile justice recidivism report. Analysis showed that children in TCP (temporary community placement) experienced statistically significant higher recidivism rates compared to youth in the training school\Youth Development Center and probation. Based on this information a planning group with DCYF CSBH and DPI occurred to assess the TCP provider's practice model and had a site visit with the provider to share the outcomes and discuss practice model modifications. As this was a more recent intervention, the Department will detect any changes in outcomes in the next juvenile justice recidivism, annual analytic report.

Illustrative of using data to inform practice was observed in both the foster care and licensing unit quarterly ACM and ADM (active contract management and active division management meetings). DPI through both the ACM and ADM foster care and licensing sessions provides data on the number of foster parents recruited and retained in summary and broken down by families with their comfort fostering children with certain characteristics. Data revealed

a need to recruit more families in general and in particular families who would foster older youth (12+ ages), youth with more complex medical needs and sibling groups. Recruitment initiatives were implemented and outcomes of families and the characteristics of children who they would feel comfortable fostering was monitored with, unfortunately, there were only lackluster results. As a result, the Department re-assessed their interventions, are in the process of implementation and the impacts will be monitored to assess if they are achieving their desired targets.

Figure 4-8 highlights another recent example of using data to inform practice is with data showing a decline in behavioral health emergency department visits among children in the DCYF family service unit and the children's behavioral health unit. The Department sought to decrease the risk factor of behavioral health emergency department visits that could lead to psychiatric hospitalizations. The aim was to decrease emergency department visits. Data was analyzed and an intervention was implemented where the caseworker and supervisor were required to meet subsequent to the emergency department visit. Following the intervention, there was a decreasing trend of emergency department visits. As can be seen, subsequent to the intervention implemented in February 2025, behavioral health emergency visits decreased. The Department is monitoring the psychiatric hospitalizations as part the monthly strategic metric dashboard to observe any decreases in psychiatric hospitalizations as well.

Figure 4-8. Unduplicated and Duplicated Count of Children with 2 or More Behavioral Health Emergency Department Visits, Feb 2025 – Jul 2025



These are just a few among may examples of how evidence collected resulted in interventions and more positive outcomes.

Developing a Child and Family Services Plan (CFSP) Goals through CQI

In June 2024, the Department completed a new Child and Family Services Plan (CFSP) for 2025-2029. The quantitative data and qualitative data in the areas of prevention, safety, permanency and well-being are analyzed collectively to observe performance over time, direct advanced research and statistical analysis (deep dive) to understand the underlying factors contributing to those outcomes, inform strategic planning and evaluate impacts of Department and System interventions.

As part of a collaborative effort in identifying the outcomes and strategies, the Department also relied on qualitative data internally from the Department divisions including front line workers as well as partners. Each quarter these groups meet with DPI and the Grant coordinator to discuss progress on the implementation of the activities\strategies, and progress toward the outcomes and goals. The CFSP goals and outcomes align with the Active Contract Management Meeting and Active Division Meeting outcomes to ensure the system is working collectively together toward the same outcomes and goals.

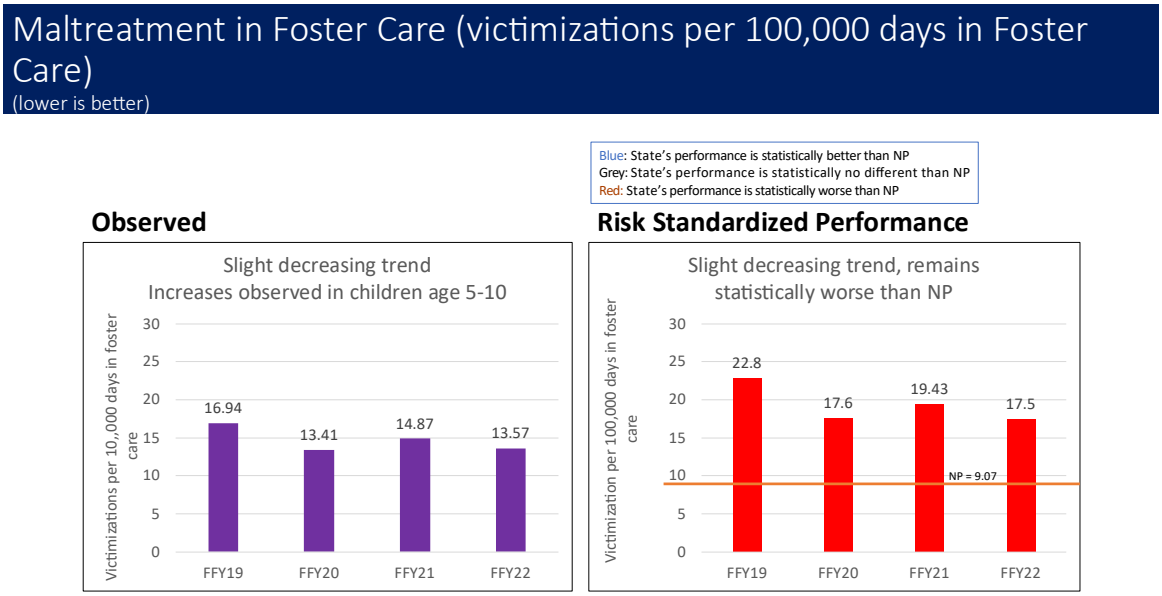
DPI utilizes both qualitative and quantitative methods for the CQI cycle. The quantitative data the Department analyzes includes a wide range of data sources and data elements. Inclusive is RICHIST data that is used to analyze data and develop the annual safety analytic report (see Appendix B for **DCYF Annual Safety Analytic Report FFY24**) which contains a wealth of safety related data as well as statistical analysis on factors significantly associated with maltreatment rates, repeat maltreatment and maltreatment in foster care.

An illustration of the DCYF Annual Safety Analytic Report to inform practice is the association between geographic location and elevated maltreatment rates. Woonsocket, an urban core city has historically demonstrated elevated maltreatment rates compared to the state rate, 25.3 per 1,000 children compared to 11.5 per 1,000 children respectively in FFY24. Based on this analysis a deeper dive was conducted with younger children within this geographic among other socio-economic factors were identified. This information was used to initiate and collaborate with contracted home-based providers in this geographic area to incorporate practices and programs that were tailored to younger children in families who are challenged by socio-economic factors. There have been slight declines in maltreatment rates among younger children who engaged in selected interventions. However, the Department reprocured home based services this past summer as the results were not substantially impactful. The Department is in the process of monitoring that data in the home-based ACM and will evaluate the impacts when more time and data is collected.

Specific to the RI Data profile, Figure 4-9 shows the Department's observed performance in maltreatment in foster care among all children in the most current reporting period. The trend suggests a slight decreasing trend across the four reporting periods. Although children overall show a decreasing trend, children age 0-5 showed a slight increase. This slight decreasing trend coincides with the implementation of the SAFE (Safety Assessment through Family Engagement) practice model. The maltreatment in foster care performance

from both the Safety Analytic Annual Report and the RI Data Profile, as referenced, is shared with the Department through the CPS Active Division Management Meeting, the monthly data and evaluation meeting, among others, to discuss root causes and solutions. Following the recent procurement of contracted providers, the Department plans to reinstitute monthly reviews of maltreatment in foster care among a workgroup and generate additional action steps.

Figure 4-9. Maltreatment in Foster Care



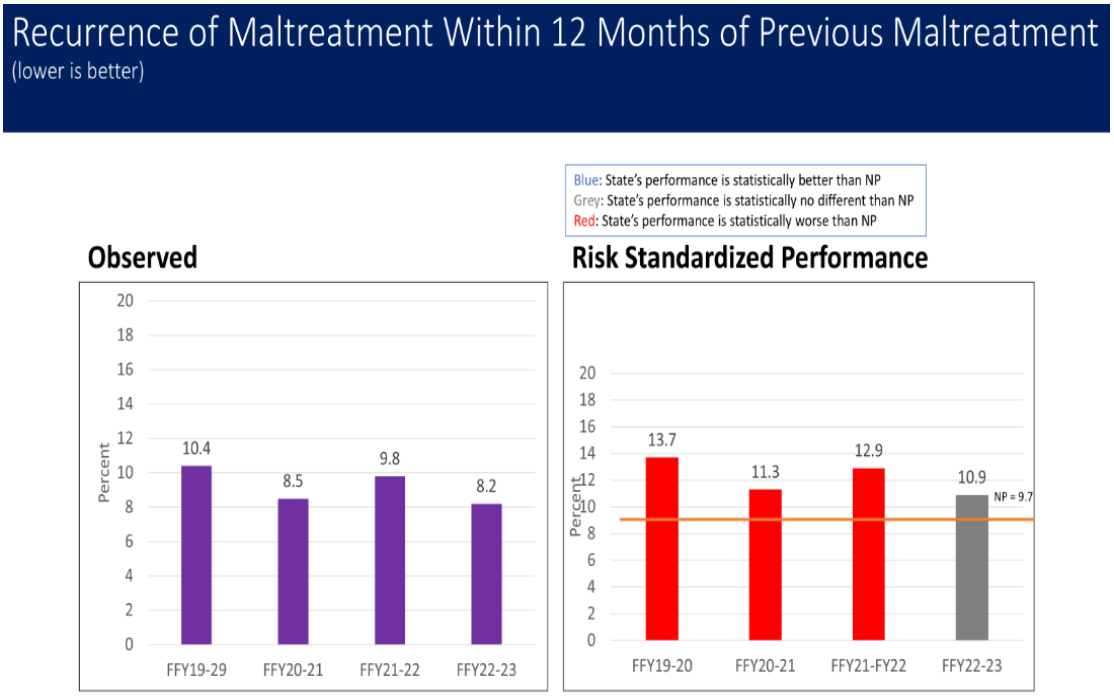
Children's Bureau RI Data Profile, August 2024 and February 2025. Data is based on Adoption Foster Care and Reporting System (AFCARS) and National Child Abuse and Neglect System (NCANDS)

As can be observed in the RI Data Profile the Department has improved with maltreatment recurrence. Despite some of the strengths in this area such as timeliness to respond to an investigation and time to completion (85.4% strength rating on item 1, Safety Outcome 1. Data source: internal case reviews conducted between November 2022 and October 2024), the Department needs to monitor this closely as this is only one data point and could recede to being statistically worse than the national performance.

Figure 4-10 shows the Department's observed performance in maltreatment recurrence decreased in the most recent reporting period and is statistically no different from the national performance. This is dissimilar to the trend observed in maltreatment in foster care alongside the SAFE model implementation. The Department engaged in a CQI process and conducted an advanced statistical analysis that explored factors that statistically contributed to an allegation screened in. The hypothesis by the CPS administrator was professionals who reported the allegation, and the allegation involved a socio-economically challenged individual compared to a non socio-economically challenged family were more likely to get screened in. The hypothesis was born out and allegations by a professional (i.e. health care, police, teachers etc.) where the family was socio-economically challenged had

a statistically significant higher odds of being screened in compared to nonprofessionals. The Department provided another round of educational workshops to professional groups in the community as well as additional training to the CPS staff on adherence to the Structured Decision Model and SAFE Model. Subsequent to those interventions, the Department observed improvements in maltreatment recurrence.

Figure 4-10. Recurrence of Maltreatment Within 12 Months of Previous Maltreatment



Data Source: Children's Bureau RI Data Profile, August 2024 and February 2025.
Data Note: Data is based on Adoption Foster Care and Reporting System and National Child Abuse and Neglect System.t

This data along with quantitative data from SACWIS and internal case reviews led to the inclusion of safety outcomes within the Department's 5 main goals in the CFSP 2025-2029: Safely Reduce the Number of Children in Foster Care. The targets are based on a combination of previous trends as well as falling within a specified ceiling, typically not exceeding 10%.

Safety Outcome Measures:

- By 2029 the percentage of children who, upon beginning with the FCCP and are removed within 12 months, will decrease from 8% to 6% (Baseline: CY23, data source: RIFIS)
- By 2029 the entry rate of removals will reduce from 3.4 per 1,000 children to 3.0 per 1000 children (Baseline: FFY23, data source: Permanency Analytic Report)

- By 2029, reduce the percentage of children and families assigned to FSU who receive in-home supports/services and are removed within 12 months from 14% to 10% (Baseline: SFY22, data source: RICHIST, Homebased Services Report).
- Reduce racial and ethnic disparities in the percent of children removed from home year over year compared to the RI census
- By 2029, children experiencing maltreatment recurrence will decrease from 8.3% to 7.8% (Baseline: FFY22, 8.3% of children experienced maltreatment recurrence, Data Source: RICHIST, Safety Analytic Report)
- By 2029, the number of unique child victims of maltreatment in foster care will decrease from 50 to 45 (Baseline: FFY23, 50 unique child victims of maltreatment, Data Source: RICHIST, Safety Analytic Report)

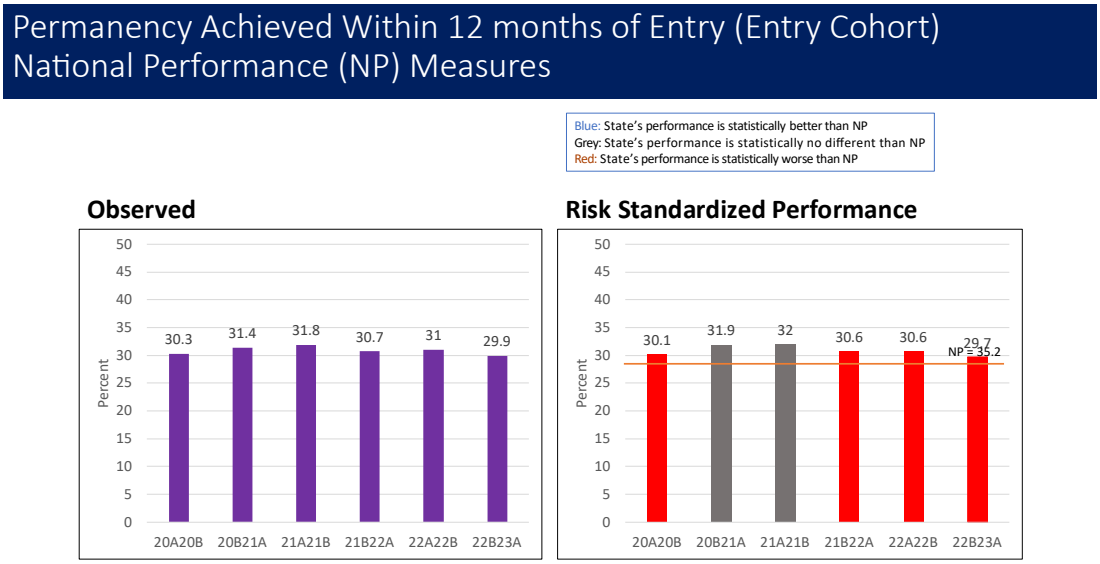
The Department utilizes the Permanency and Re-entry Report to provide comprehensive descriptive statistics on trends in the prevalence of removals, timely permanency, foster care re-entries, and the underlying factors associated with these areas. This report also includes statistical analysis identifying factors statistically significant with timely permanency (see Appendix D). This report is routinely employed to inform practice, policy, and interventions through Continuous Quality Improvement (CQI) channels.

For example, DPI produces an annual permanency analytic report on various permanency outcomes. Analysis reveals differential distributions of children occurring in their first placement. Research suggests children placed in foster family settings compared to congregate care settings are associated with more favorable outcomes as well as provide a least restrictive environment. The Department engaged in a deeper dive to better understand this phenomenon and based on the findings identified strategies to enhance the placement process beginning with Child Protective Services and the SAFE model fidelity, to the licensing unit with an emphasis on foster family recruitment. The licensing division developed and annually updates its Foster Family Recruitment and Retention Plan. An integral part of the Foster Family Recruitment and Retention plan is the combination of quarterly data on recruitment and retention as well as strategies to increase the number of foster families recruited. The data demonstrates a relatively high percentage of children are placed with foster families approximately 70% and among those in a foster family, close to 70% are in a kinship placement (Strategic Metric Dashboard, August 2025). The quarterly data is reviewed in the licensing Active Contract Management (as it relates to contracted foster family provider organizations) and their Active Division Management meetings (as it relates to families DCYF recruits).

The quantitative data from the RI Data Profile and SACWIS analysis specific to permanency achieved within 12 months of entry (see Figure 4-11) is consistent with the qualitative data from case reviews demonstrating challenges. Internal case review data from case reviews conducted between November 2022 and October 2024 only revealed a 43% strength rating on item 6: Achieving Reunification, Guardianship, Adoption or Another Planned, Permanent

Living Arrangement. The Department has conducted a deeper dive analysis to understand the underlying conditions associated with this outcome and children who are Black or African American have the lowest percentage of achieving reunification within 12 months compared to other racial and ethnic groups. Also, there is an inverse relationship between timely permanency and age, as age increases timely permanency decreases. The Department has implemented strategies to address these subpopulation disparities and monitoring the results.

Figure 4-11. Permanency Achieved Within 12 Months of Entry (Entry Cohort)



Children's Bureau RI Data Profile, August 2024 and February 2025. Data is based on Adoption Foster Care and Reporting System (AFCARS) and National Child Abuse and Neglect System (NCANDS)

The Department continues to be challenged with permanency achievement within 12 months and maltreatment in foster care. For both of these areas the Department relies on the wealth of data analysis, the CQI process and the feedback loops to identify root causes, select interventions and evaluate their impacts.

The remaining permanency outcomes within the RI Data Profile review the Department performing statistically no different or statistically better than the national performance measures. In looking more in depth with these outcomes, the Department's ability to achieve adoption and guardianship within 24 months partly contributes to this level of performance compared to achievement within 12 months.

This qualitative case review data along with the last 4 data points in both the observed and RSP informed the Department's inclusion of this goal in the CFSP 2025-2029: Improve Permanency for all Children with Emphasis on the Entry Cohort.

Permanency Outcome Measures:

- By 2029, the percentage of children who achieve permanency within 12 months of entry will increase from 31.0% to 36.0% (Baseline 22A22B, data source: RI Data Profile)
- Reduce subpopulation disparities in first placement year over year
- By 2029, increase the percentage of children who step down from a group home within 6 months of entry from 10% to 25% (Baseline: CY23, data source: congregate care ACM)

Active Divisional Management (ADMs)

ADMs were first launched in the Division of Family Services, Family Service Unit, and Child Protective Services in 2019 during the Round 3 PIP implementation to review and monitor internal divisional performance and implementation of practice improvements. ADMs serve as the vehicle to provide feedback to staff as well as monitor and support the work of the Department.

For all ADMs except for Division of Family Services (DFS), each ADM is statewide in viewing the data, trends, and outcomes. For DFS there is a two-tier process in the ADM cycle:

1. State level where the DCYF Director, Deputy Director, DFS Assistant Director and the four Regional DFS Administrators along with DPI epidemiologist and one supervisor from each of the four regions engage in data driven decision making using the data metrics in the dashboards. At this meeting the DFS Assistant Director presents the trend data and facilitates the discussion and identification of strategies, and the DPI epidemiologist presents the deep dive analysis (root cause analysis including statistical tests that are predictive of the outcomes).
2. Regional level where each DFS region has its own ADM. The Regional Administrator, supervisors and front-line staff from that region engage in reviewing their respective regional data. The Regional Administrator presents and facilitates the trend data from data dashboards, the DPI epidemiologist presents the deep dive analysis, and the group collectively identifies strategies and action steps.

The respective divisions within DCYF and staff from DPI collaboratively establish respective indicators/metrics that are presented in data dashboards and viewed in bi-monthly meetings (see Table 4-2 for specific examples). These indicators and outcomes are consistent with and go beyond the Annual Progress and Services Report and the Child and Family Service Plan (CFSP) objectives. DPI epidemiologists perform deep dive, root cause analysis, including predictive analytics, to better understand the underlying factors contributing to the data trends observed in the data dashboards. During the meetings, based on the data analysis, strategies (action steps) are developed and monitored via the data dashboards to observe their impacts.

Table 4-2. Active Division Management Highlights on data sharing, monitoring, members, and data sources.

Active Division Management meetings (ADMs)	Data highlights shared and discussed in ADMs: Dashboards and Deep Dives.	Members	Data Sources from DCYF and from Stakeholders
Child Protective Services (CPS)	Dashboards and Deep Dives Outcomes are assessed among all children and subpopulations CPS screen in reports, timely, by priority level, by supervisor, by outcome, investigations, investigations completed timely, by supervisor, CPS removals, deep dives vary based on indicators trending in the wrong direction CPS deep dives to identify root causes (i.e., multivariate logistic regression, odds ratio, t- tests, ANOVA etc.)	CPS Administrators & Supervisors DPI	RI SACWIS (RICHIST) Qualitative Inter-rater reliability database
Division of Family Services (DFS) - Family Service Unit (FSU)	Outcomes are assessed across all children and subpopulations Monthly face-to-face caseworker child visit according to policy, caseworker visit with mothers, fathers, quality caseworker visits according to CFSR parameters, timely service plans according to policy, upcoming service plans, case plan elements according to Federal regulations, distribution of functional acuity (level of	State level: DFS administrator, DFS regional administrators, supervisors, DPI Regional level: DFS regional administrator, supervisors, caseworkers, DPI	RI SACWIS (RICHIST) DFS survey database

Active Division Management meetings (ADMs)	Data highlights shared and discussed in ADMs: Dashboards and Deep Dives.	Members	Data Sources from DCYF and from Stakeholders
	need) by placement type, length of stay in out of home placement, status of TPR among children in out of home placement 15 months according to Federal regulations, caseload size by region, among others. DFS supervisory survey, DFS survey DFS deep dives to identify root causes (i.e., multivariate logistic regression, odds ratio, t- tests, ANOVA etc.)		
Licensing and Resource Families	New licenses, time to license completion, time to each milestone in the license completion stages, private foster care time to licensure and each milestone in the license process, placement changes by provider. Deep dives based on the ADM dashboards	Resource Family Administrator, Supervisors, DPI	RI SACWIS (RICHIST)

Within the Division of Family Services, the ADM process allows for regular monitoring of differential trends in caseworker face to face visits with children, mothers, and fathers and occasionally other metrics, as needed (service plans, TPRs). ADMs also provide opportunities to delve deeper into various topics (face-to-face visits, long-staying youth in out-of-home placement) As a result, the DFS developed a comprehensive system-wide plan in August of 2022 to address permanency and ensuring improvements across all children and families , through education coaching and practice opportunities with staff that build racial awareness, allowing staff to incorporate that awareness in their work with the children and families we serve. This awareness allows regular discussions, with real time data on

performance, on all issues including disproportionality. The CPS ADM began in September 2019. In these meetings, data dashboards are reviewed and are followed by discussion as to either a strategy deep-dive topic or implementation action steps. The data dashboards are aimed at monitoring CPS practice for the purpose of mitigating risk of maltreatment as well as monitoring child, family and community safety outcomes. Dashboards include approximately 15 CPS data metrics that are reviewed each meeting to discuss monthly changes. Dashboards include, but are not limited to: calls and reports, screening decisions (in/out), call priorities, screening outcomes (indicated/unfounded), investigation timeliness consistent with policies for screen in times, face to face contacts, and investigation completion times, and CPS removals. Dashboards also include CPS measures broken down across subpopulations, as well as by individual supervisors. In strategy meetings, deep dive topics discussed have been CPS outcomes after the FFA Safe Model implementation in November 2019 (including investigations, referrals, removals, and repeat maltreatment); year-to-year comparisons of CPS measures (calls, investigations, allegations) to evaluate the impact of COVID-19; and CPS outcomes by professional reporter types and across subpopulations. In implementation meetings, action steps discussed and implemented have been implementing a quality review process for CPS investigations to evaluate consistency in supervisor division-making using the FFA Safe Model; supervisors meeting with workers to address increasing pending cases; and improving data collection overall.

ADMs with the Licensing and Resource Families Division began in September 2020 and occur every other month with DPI staff and Licensing staff. The goals of this ADM are to improve licensing processes to ensure kinship licensure within six months of placement and identify trends in the recruitment pipeline in order to license more non-kinship homes.

Stakeholder feedback revealed an overall positive experience with ADMs. (Refer to Section I: Description of Stakeholder Involvement in the Statewide Assessment Process for design and implementation details of the stakeholder focus groups). There is an awareness of the various data metrics tracked regularly and a consensus that these metrics are useful to inform and improve practice, specifically those related to caseloads, number of days pending investigations had been open, service plan timeliness reports, and face-to-face contacts between caseworkers and children and parents. Stakeholders report that administrators and supervisors regularly attend ADMs while frontline workers are not consistently present. Stakeholders described the following barriers: FSU supervisors were directed to forward the invitation to 1 caseworker from their unit per ADM and child protective investigators were not invited to ADMs. The unpredictable nature of the frontline workers' positions oftentimes creates an additional barrier to attending. As of August 2024, however, DPI began sending out invitations to all caseworkers for regional FSU ADMs. There have been no recent changes to CPS ADMs.

Active Contract Management

"Active Contract Management" (ACM) is a framework by which the Department coordinates shared data with providers on outcomes and process measures relevant to the services they provide. The team works together to find solutions and make improvements on those outcome areas and track progress. DPI and contracted providers collaboratively establish respective indicators/metrics that are presented in data dashboards and viewed in bi-monthly meetings (see Table 4-3 below for specific examples). A core component of ACM is identifying and implementing strategies based on the trend data as well as the deep dive analysis (quantitative and\or qualitative). At the end of each quarterly meeting, after the data discussion has occurred, the team identifies strategies to address the outcomes and areas of need. The strategies are implemented, and outcomes are monitored over time to determine if the strategies are having an impact on the outcomes and\or if there are any mid course corrections are needed. In the congregate care ACM example illustrated previously another strategy that was implemented based on the deep dive analysis was a series of focus groups with caregivers and youth were conducted to gain additional understanding of placement instability in congregate care. Youth expressed areas involving both caseworker practice and provider responsiveness as opportunities for improvement that led to informing the service array procurement process as well as ongoing training among opportunities caseworkers.

Table 4-3. Active Contract Management Highlights on data sharing, monitoring, members, and data sources

Active Contract Management (ACM) meetings	Data highlights shared and discussed in ACMs: Dashboards and Deep Dives.	DCYF leadership DCYF contracted providers	Data Sources Data from DCYF and from Stakeholders
Community Services and Congregate Care (CSBH, Contracts & management)	Community based services - Outcomes are observed for all children and subpopulations Outcomes are stratified by provider. Number of children receiving community base services, length of time in services, 5 primary outcomes subsequent to start of community-based program– 1) investigation, 2) indicated investigation, 3) removal, 4) JJ adjudication, 5) JJ Youth development center placement	DCYF Contracted providers	RI SACWIS (RICHIST) Provider data

Active Contract Management (ACM) meetings	Data highlights shared and discussed in ACMs: Dashboards and Deep Dives.	DCYF leadership DCYF contracted providers	Data Sources Data from DCYF and from Stakeholders
	Congregate care - Outcomes are observed for all children and subpopulations Outcomes are stratified by provider. Number of children placed in each service type, length of time to step down to less restrictive setting, frequency of family contacts and clinical contacts, discharge reasons. Deep dives on both community-based and congregate care based to identify root causes (i.e., Multivariate logistic regression, survival analysis, GEE, odds ratio)		
Licensing and Resource Families	Resource Families and Licensing – Dashboards based on DCYF's step-down initiative are presented to assist provider agencies in a more targeted recruitment effort. Data presented highlights point in time data on the first of every month on the population of children in congregate care by subpopulation demographics and Level of Need. Deep dives on topics pertaining to resource families and licensing are identified through conversations during the previous ACM meeting. Topics pertaining to recruitment, step-down, service array, disruption from placement, and timeliness to licensure have been focused on previously.	Resource Families and Licsening Unit Contracted Private Agency Foster Care Providers DPI	RI SACWIS (RICHIST) Resource family providers' data

Active Contract Management (ACM) meetings	Data highlights shared and discussed in ACMs: Dashboards and Deep Dives.	DCYF leadership DCYF contracted providers	Data Sources Data from DCYF and from Stakeholders
Family Care Community Partnership (FCCP)	Providers collect data on participants who are at risk of abuse and neglect who are referred to the FCCP program – either from DCYF or from community partners, or themselves. Dashboards based on specific contract metrics, demographics, and other engagement markers. Every 6-months, a dashboard examines number of families who open to DCYF after FCCP close. Outcomes are observed for all children and subpopulations as well as stratified by provider. Deep dives on a variety of topics based to identify root causes of outcomes (i.e., Multivariate logistic regression, survival analysis, GEE, odds ratio). Topics pertain to the quality of FCCP care, the rate of success of FCCP prevention to DCYF opening, assessments, and other areas identified through conversations during the previous ACM meetings and dashboards.	CSBH, Contracts and management, DPI, DCYF contracted providers	RIFIS (FCCP Information System) RI SACWIS (RICHIST)
Home-Base Services	Dashboards and deep dives Referrals, referral source, time from referral to intake and face-to-face, weekly capacity, discharged by reason and destination, length of service Dashboards and deep dives are stratified by service provided groups	CSBH, Contracts and management, DPI, contracted providers	RI SACWIS (RICHIST) Weekly Census

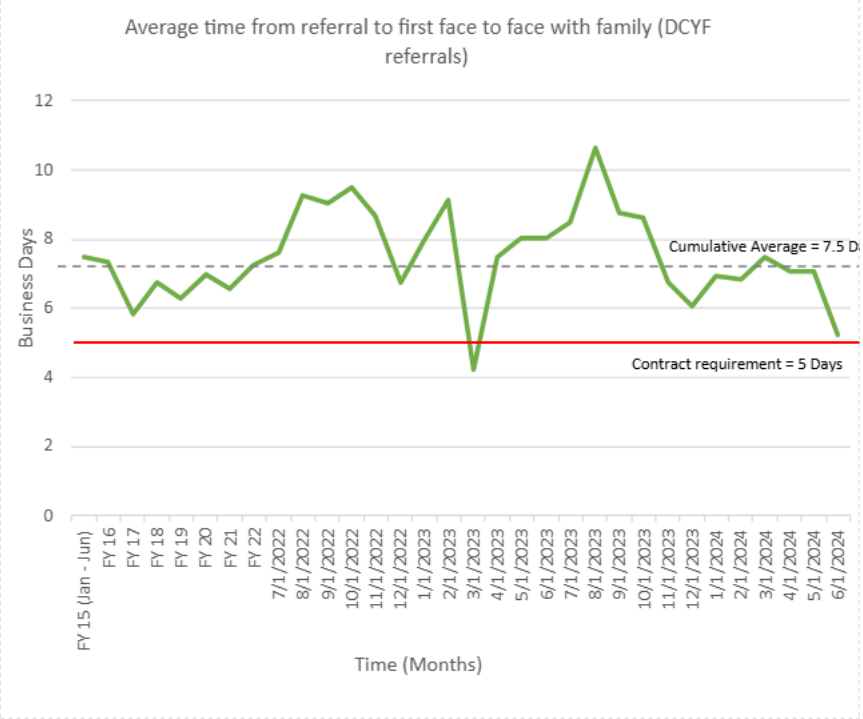
Active Contract Management (ACM) meetings	Data highlights shared and discussed in ACMs: Dashboards and Deep Dives.	DCYF leadership DCYF contracted providers	Data Sources Data from DCYF and from Stakeholders
	Outcome analysis conducted all children and subpopulations, for 12 month follow up		

ACM is a concept that has shown good results with Family Care Community Partners (FCCPs),the Department's contracted prevention network, specifically in monitoring timeliness of first face-to-face visit with the family to ensure timely receipt of services and prevent of deeper involvement with the DCYF. ACMs with FCCPs are focused on:

- Identifying at-risk families in the community
- Stabilizing families in crisis
- Strengthening families, developing protective capacities, and reducing risk factors
- Preventing entry into DCYF
- Preventing initial or further involvement in the juvenile justice system
- Addressing racial and ethnic disproportionality of families involved with the child welfare system
- Addressing child behavioral health needs

Figure 4-12 represents the average time to first face-to-face contact with the family from the date of FCCP referral. The data shows a downward trend indicating that face-to-face visits are occurring more quickly after the referral and closer to the contract requirement of 5 days.

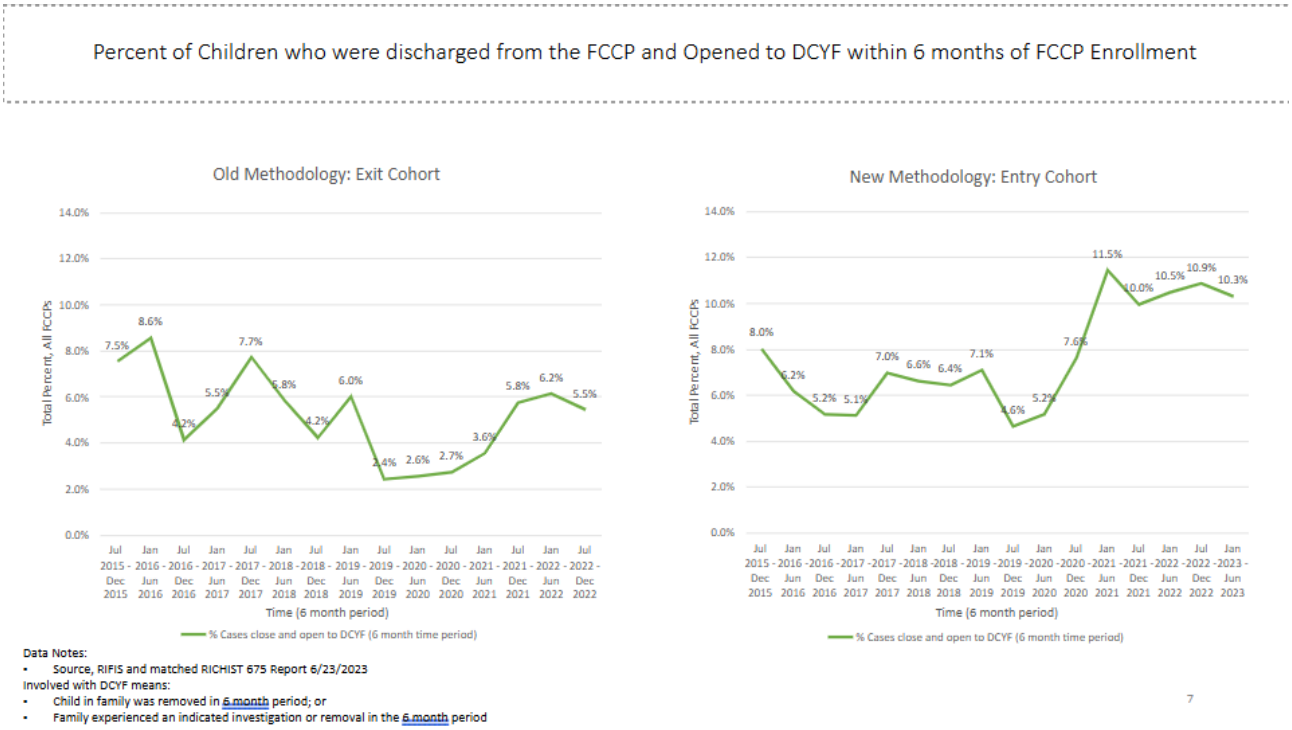
Figure 4-12. Average Time from Referral to First Face-to-Face with Family (DCYF Referrals)



Data Notes: source, RIFIS, 7/15/2024
* Jan. 2024: EB data entry error likely contributing to lower average
* April 2024: EB data missing; NRI data entry error likely contributing to lower average

Figure 4-13 represent the percent of children who were discharged from the FCCP and opened to DCYF within 6 months of FCCP Enrollment. Despite the percentages changing with the updated, correct methodology, the trend is the same (the graphs “look” the same), and the takeaway is still that the program works exceptionally well. Note that in the new methodology, the uptick in trend aligns with the COVID-19 pandemic and the escalation of the housing crisis.

Figure 4-13. Percent of Children who were Discharged from the FCCP and Opened to DCYF within 6 months of FCCP Enrollment



The Department also conducts ACMs with congregate care providers and home-based services. Some examples of the data highlights shared and discussed in the congregate care ACMs include: number of children placed in each service type, length of time to step down to less restrictive setting, frequency of family contacts and clinical contacts, and discharge reasons. These outcomes are also stratified by provider and by subpopulation for disproportionality analysis. ACMs for congregate care providers are focused on the following:

- Increase family work emphasis
- Increase exits to permanency and family settings
- Reduce number of children with long lengths of stay
- Reduce institutional maltreatment
- Increase youth safety
- Improve child well-being: improved functioning, reduction in disruptions

Stakeholder feedback revealed an overall positive experience with ACMs, specifically with receiving and sharing updates, direction and problem-solving. (Refer to Section I: Description of Stakeholder Involvement in the Statewide Assessment Process for design and implementation details of the stakeholder focus groups). There is an awareness of the various data metrics tracked regularly and a consensus that these metrics are useful to inform and improve practice, especially when broken down by individual service provider.

CQI Stakeholder Engagement & Additional Feedback Loops

Since the Round 3 CFSR, the Department has made significant improvements in stakeholder engagement. During the Round 3 PIP, the Department developed a Stakeholder Strategy and Implementation Plan. This involved assistance from the Center for States and extensive work with the following stakeholder groups: consumers (parents, youth, foster parents) and providers (service providers, child welfare professionals; and experts from local police, family court, schools, health care, the tribal system, and communities of color). Some of this work focused on what authentic partnership meant for stakeholders, core engagement principles, the stakeholder engagement theory of change, the array of stakeholder groups needed, and information regarding how DCYF's stakeholder groups should operate. The feedback received from stakeholders helped the Department finalize many components of its stakeholder strategy and implementation plan, including 4 critical steps that would be completed in the first phase of implementation: (1) drafting of a final implementation plan, (2) formation of a birth parent group, (3) a significant bolstering of the youth advisory board (aka SPEAK), and (4) the establishment of an internal team that would provide stakeholder engagement oversight and hold the Department responsible for feedback received in stakeholder groups.

Birth Parent Advisory Group

The Birth Parent Advisory Group (BPAG) was established in April 2021 with 10 members who had previous DCYF involvement. This group is supported by two DCYF staff who assist with advocacy, support and guidance as the group works on various projects. This group meets monthly to review collaborative activities with the Department and explore opportunities within the community and other state sectors. One initiative of the Birth Parent Advisory Council includes "Caring Connections" calls. Since implementation, the group has been provided data to track the number of Caring Connections calls being conducted by Division, by month, to identify any trends.

Youth Advisory Board

The Youth Advisory Board, also known as SPEAK, provides youth (ages 14-24) an opportunity to use their experience in foster care to work towards positive changes within the Child Welfare System. SPEAK serves as RI DCYF's representative for improving the impact made by youth with lived experience in the child welfare community. Since the Round 3 CFSR, youth were trained to facilitate the group to support a gradual shift from being a provider and department-led group to a youth-led group. The Department increased recruitment efforts to bolster membership and is now committed to youth recruitment of a minimum of every six months to ensure youth who are new to the system know about this opportunity. One initiative that was implemented as a result of SPEAK feedback relates to youth voice in staff and foster parent training. SPEAK youth now participate on panels in training for new Social Caseworkers and CPIs at DCYF, and in trainings for new foster parents.

Rhode Island Kinship Advisory Council

The RI Kinship Advisory Council consists of Community Partners, DCYF leaders and Kinship Resource Families. The council meets quarterly with the goal of establishing and maintaining equitable kinship resource for both formal and informal kinship families. The council has a membership of approximately 25 members. Each member contributes a unique perspective with both personal and professional experiences supporting a comprehensive dialogue regarding system navigation and concrete supports. Since the start of the council in 2019 accomplishments have included the development of a one-page resource guide, a "warm contact line" for resource families with the department of health, national recognition for the states peer to peer mentor program and the inclusion of kinship families in agency leadership trainings.

Rhode Island Foster Parent Advisory Council (RIFPAC)

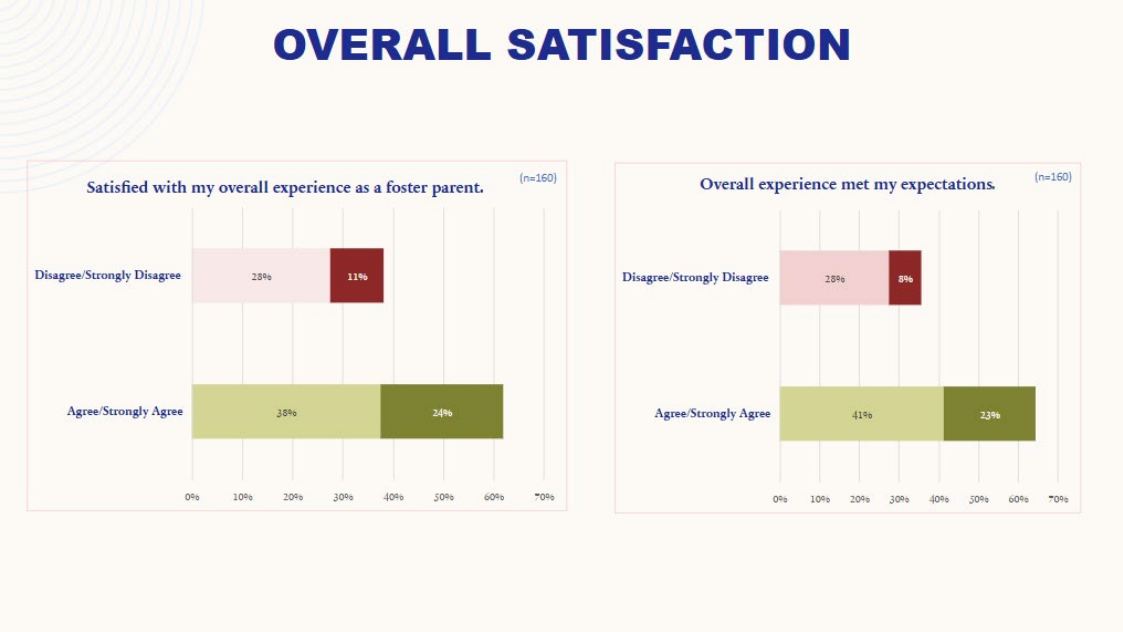
The council consists of Private Agencies Partners, DCYF staff and all Resource Families. Resource Families is an inclusive term for kinship, traditional and private agency foster families who support RI's children in need of out of home placement. The RIFPAC meets every other month for a full council meeting and holds planning meetings in between each council with a small group of families who are considered council leaders. The council is a family lead group with the goal of empowering families through lifting their voice to create meaningful and family driven impacts to the child welfare system. Since the council's initial meeting in 2021, accomplishments have included the development of a co- facilitated DCYF Resource Families and Licensing Division new hire curriculum, presentation by the RI Family Court with the goal of supporting system education and mutual understanding, family-led discussions with the Court Appointed Special Advocate's office on family perspective, feedback discussions with the Department's Division of Family Services and the implementation of traditional family peer-to-peer mentor program.

Initiatives of the RIFFAC include recommendations for revisions to the Foster Care Regulations for Licensure, development and implementation plan of stakeholder feedback including satisfaction survey's related to how our foster families experience our system (annual Foster Parent Satisfaction Survey), Department new-hire training materials and targeted feedback forums impacting system improvements regarding communication, support and retention of Foster Families and a one-page resource guide for families.

The Foster Parent Satisfaction Survey was developed in collaboration between the Department and the Foster Parent Advisory Council as well as having the Foster Parent Advisory Council Chairs report the results. The survey consists of 34 questions: 12 related to demographics and overall satisfaction and 22 questions (using a Likert scale) make up 5 focused theme sections (1) Communication: Division of Licensing and Resource Families, (2) Training, (3) Licensing Process, (4) Communication: DCYF Social Worker, and (5) Services. There is also an open-ended section at the end to capture additional comments. This survey was sent to 1,119 active foster parents between October – December 2023 and

160 responded (16% response rate). (See Figure 4-14) for results related to overall satisfaction.

Figure 4-14: Foster Parent Satisfaction Survey Overall Satisfaction Results



Family First Advisory Board

In January 2021, the Department formed a Family First Advisory Board. This group of roughly 50 internal and external community partners, helped to shape the Department's implementation plan for the Family First Prevention Services Act. The group is co-led by the Department and a community provider.

Director Deckert's Listening and Learning Tour

Governor Dan McKee appointed Ashley Deckert, MSA, MA as the Director of RI DCYF in 2023. Director Deckert's first initiative was to embark on a "Listening and Learning Tour." The purpose of this tour was to gather input from both internal and external stakeholders, including DCYF staff, youth, families, and community partners. This initiative spanned over 10 months, included a total of 78 meetings, and engaged over 600 individuals.

The results of the Listening and Learning Tour helped inform the development of the Child and Family Services Plan for 2025-2029 and the Department's 5-year Strategic Plan, which was presented to Department staff and external stakeholders at an in-person forum in December 2024. The DCYF public engagement team also developed a comprehensive plan to support ongoing engagement with external stakeholders specific to the CFSP and strategic plan. The plan was designed to ensure transparency, accountability, and community involvement in the Department's decision-making process. This plan includes:

- Internal communications: regular updates including a weekly message to all staff from the Director, memos, emails, and newsletters to inform staff of policy changes, Department updates, and strategic priorities.
- External communications: press releases, media interviews, quarterly provider newsletters, and regular updates to the community on initiatives, achievements, and relevant data.
- Meetings with stakeholders: regular meetings with community partners, providers, legislators, and the Office of the Child Advocate to ensure an ongoing loop of collaboration and feedback.
- Website updates: regular updates to the Department's website to keep the public informed about services, initiatives, safety, permanency and well-being data metrics and the Listening and Learning Tour.

Child Wellbeing Advisory Council (CWAC)

In July 2024, the Department also launched the Child Well-Being Advisory Council (CWAC) that provides input and feedback on the Department's Child and Family Services Plan (CFSP) which serves as the Department's Strategic Plan.

The Child Wellbeing Advisory Council (CWAC) provides guidance to DCYF on setting yearly priorities and supporting the goals of the CFSP. The council ensures that the voices of those served by DCYF are represented in decision-making processes. The CWAC consists of a Chair, Co-Chair, and four subcommittees, each focused on a specific area. The subcommittees bring together representatives from various community partners, families, youth, and DCYF affinity groups. Each subcommittee has a lead facilitator who sets agenda topics and keeps the committee focused on its objectives. The subcommittees meet monthly to discuss and provide input on specific topics and issues. The CWAC meets quarterly as a large group to assist in the CFSP's implementation and monitoring of outcomes and each sub-committee meets monthly to conduct deeper dives on issues specific to their sub-committee. CWAC is comprised of persons with lived experience (youth, birth parents, caregivers), foster/adoptive parents, community providers, internal DCYF staff (frontline and leadership) and DCYF leadership.

Internal Feedback Loop Team

Since the Round 3 CFSR, the Department also established a Feedback Loop Team. This internal team includes Department leadership who participate in critical partner groups (i.e., birth parent, youth, foster parent, and kinship advisory groups; the Fatherhood Initiative; Juvenile Justice advisory; and internal groups such as staff forums). This group reviews all feedback received from the various stakeholder groups and ensures that senior team members hear all the feedback being received across partner groups. The Feedback Loop Team also serves as an oversight team and learning collaborative to identify and meet the needs of our partner groups. The Feedback Loop Team assists the partner groups and offers

tools like common agendas, note capturing, CQI development, and training needs such as supporting groups to increase their meeting facilitation skills. The Feedback Loop team serves as a primary vehicle for ensuring implementation of the Council on Accreditation related to provider and community engagement.

Currently, the Department has leveraged the Youth Advisory Council, Birth Parent Advisory Council and Foster Family Advisory Council to assist in survey development that would be administered to their respective groups and having them co-present the results and make recommendations for programmatic, practice and policy changes. These efforts are in their early stages. Members of CWAC have also provided valuable input into the Round 4 Statewide Assessment and will continue to be actively engaged throughout the Federally-led Onsite CFSR Review in December 2025, Performance Improvement Plan (PIP) development and subsequent monitoring.

Internal Case Review System

The Round 3 CFSR Final Report in 2018 noted that DCYF lacked a fully functional case review process that provides quality case review feedback on both in-home and out-of-home cases. One of the Round 3 PIP strategies was to design, develop, and implement an internal case review system. A system was implemented in June 2019 that mirrors the Child and Family Services Review (CFSR). The Department began reviewing 32-33 cases using the Onsite Review Instrument (OSRI) over a 1-3 week time period twice per year utilizing volunteer reviewers.

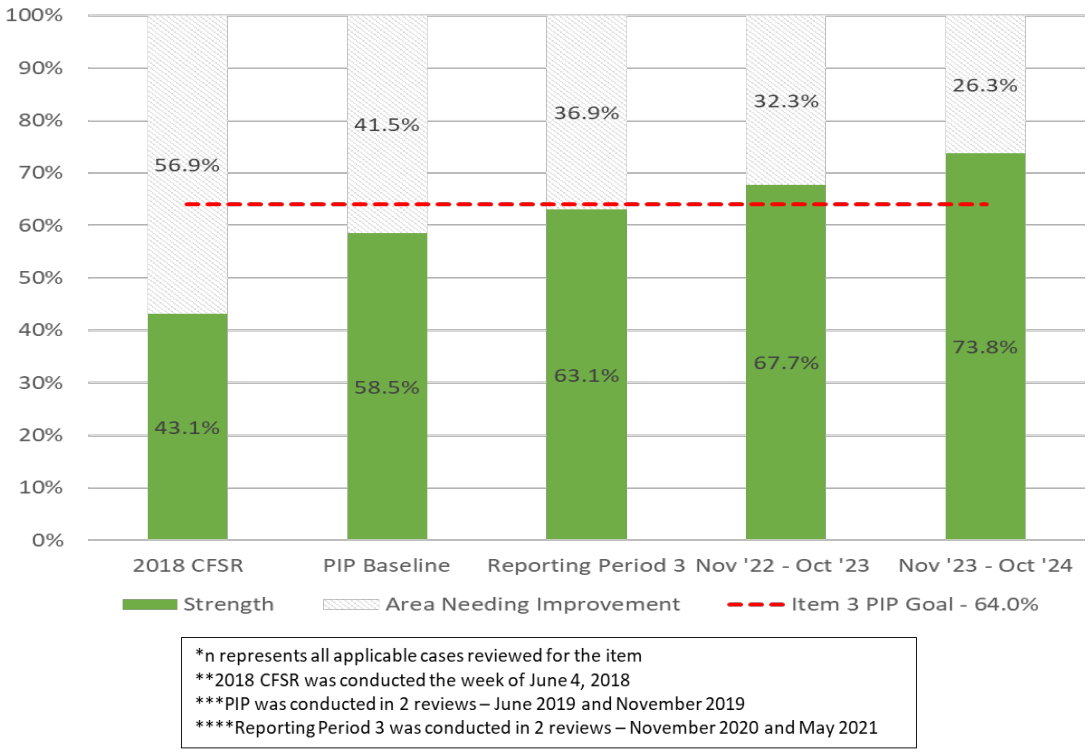
Since the Department exited out of the Program Improvement Plan (PIP) in May 2022, the Case Review Unit has implemented an updated version of its internal case review system. The Department is now conducting case reviews on a rolling, quarterly basis utilizing three full-time staff and volunteers. The Case Review Unit is provided with quarterly samples prepared by an epidemiologist in DPI including in-home and out-of-home cases assigned to the Family Service Unit, Juvenile Probation, and the Family Care Community Partnerships (FCCP).

The volunteer pool of reviewers for the internal case reviews includes internal frontline and supervisory staff as well as community service providers. Recruitment efforts are conducted quarterly as well as formal training for new volunteers. Training is held in-person and consists of an overview of the CFSR and the 18-item Onsite Review Instrument (OSRI), conducting case-related interviews, writing rationale statements, and navigating the OSRI within the Online Monitoring System (OMS). Experienced reviewers are encouraged to attend a refresher training on the 18-item OSRI annually. The majority of reviews are conducted in pairs (new reviewers are paired with experienced reviewers) with some cases being reviewed individually by experienced reviewers. Each case goes through two levels of Quality Assurance and the Federal Children's Bureau providers ongoing consultation, secondary oversight and technical assistance as needed.

The Department's internal case review system has been able to provide relevant and reliable data on each of the seven CFSR child and family outcomes. From November 2022 to October 2023, a total of 65 cases were reviewed. During the second full year of case reviews (from November 2023 to October 2024), a total of 80 cases were reviewed. Case review results are shared Department-wide on an annual basis. In October 2024, the results were also shared through ADMs with each individual region. This qualitative data complemented the quantitative data that is already presented regularly. These presentations include strength areas as well as areas needing improvement and include discussions and feedback from staff across divisional levels (frontline, supervisory, and administrative).

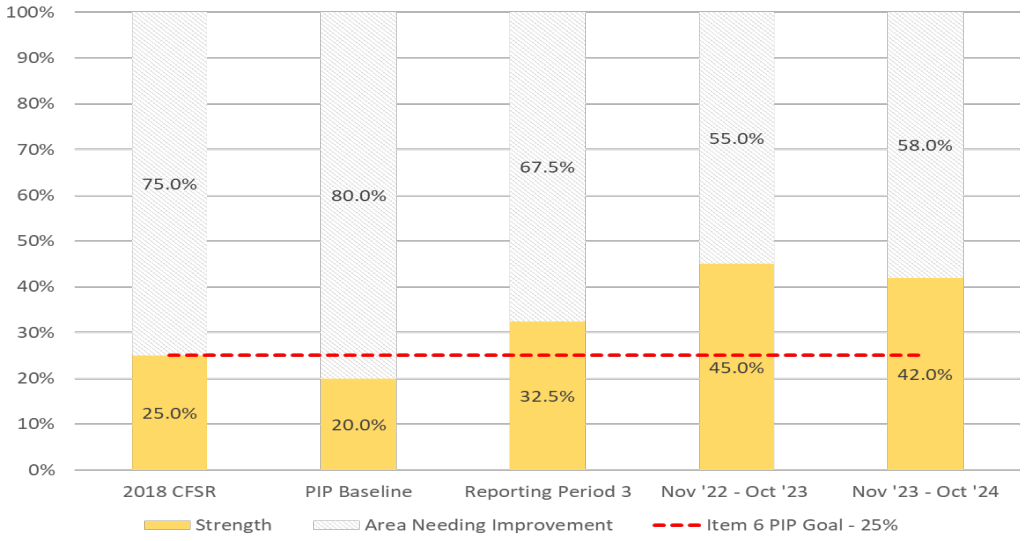
Figure 4-15 shows the percentage of cases rated a strength on item 3: Risk and Safety Assessment and Management. The data continues to trend in a positive direction since the Round 3 CFSR.

Figure 4-15. Item 3 Results- Risk and Safety Assessment and Management



Additionally, Figure 4-16 shows the percentage of cases rated a strength on item 6: Achieving Reunification, Guardianship, Adoption or Another Permanent Planned Living Arrangement. Although there was a recent dip in the percentage of cases that achieved a strength rating on this item during the November 2023 – October 2024 review year, the data continues to remain above the Round 3 PIP goal of 25%.

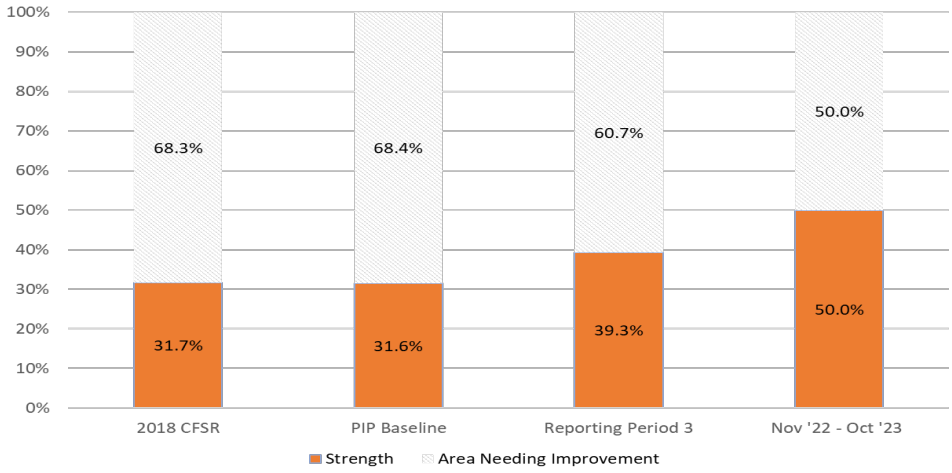
Figure 4-16. Item 6: Achieving Reunification, Guardianship, Adoption or Another Permanent Planned Living Arrangement.



*n represents all applicable cases reviewed for the item
**2018 CFSR was conducted the week of June 4, 2018
***PIP was conducted in 2 reviews – June 2019 and November 2019
****Reporting Period 3 was conducted in 2 reviews – November 2020 and May 2021

The Department continues to recognize the importance of engaging fathers. Figure 4-17 shows the number of cases that received a strength rating on item 12B: Needs and Services of Parents.

Figure 4-17. Sub-item 12B: Needs and Services of Parents

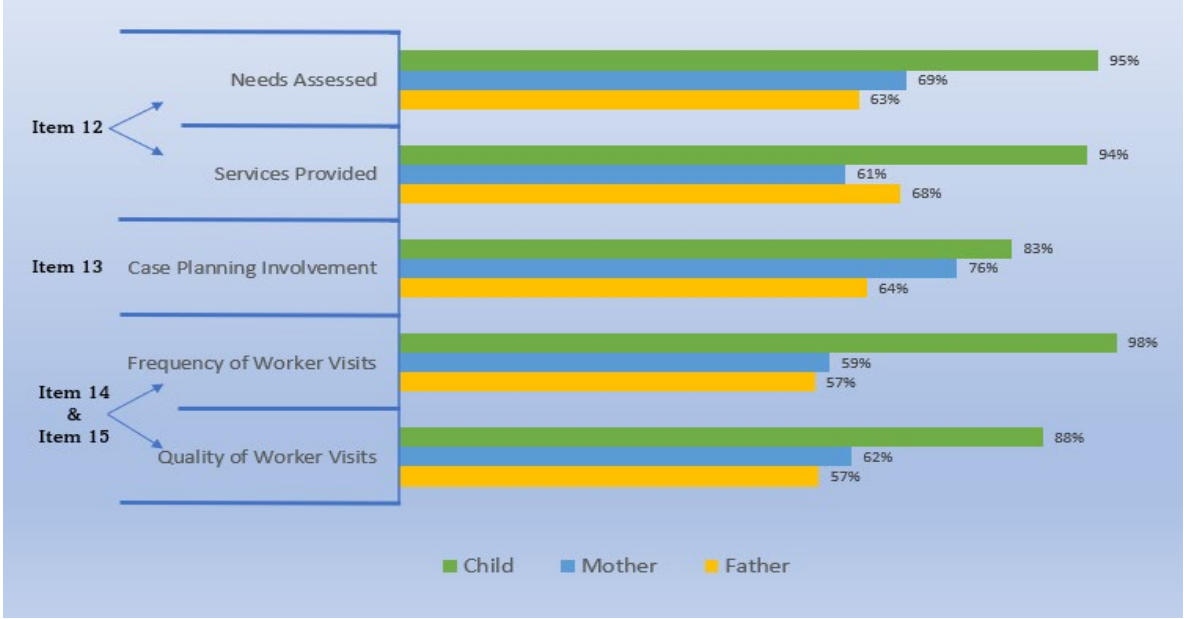


*n represents all applicable cases reviewed for the item
**2018 CFSR was conducted the week of June 4, 2018
***PIP was conducted in 2 reviews – June 2019 and November 2019
****Reporting Period 3 was conducted in 2 reviews – November 2020 and May 2021

Results for item 12 (Needs and Services of Children, Parents, and Foster Parents), item 13 (Child and Family Involvement in Case Planning), item 14 (Caseworker Visits with Children)

and item 15 (Caseworker Visits with Parents) from the most recent internal case review year (Nov. 2023 – Oct. 2024) for foster care cases were broken down by case participant (mother, father, child). Data across these items provides a more comprehensive view of family engagement (CFSP Goal 5: Increase Youth, Caregiver and Family Voice through Authentic Family Engagement). Overall, results showed that the Department engages children at the highest rate across all items listed and engages fathers at the lowest rate, with mothers trending slightly higher across all items when compared to fathers. See Figure 4-18 below.

Figure 4-18. Family Engagement (items 12, 13, 14, 15) in Foster Care Cases



Data note: results related to foster parents (sub-item 12C) are not included in the above graph.

The Case Review Unit solicits ongoing, informal feedback from volunteers after completion of a case review. This feedback is consistently positive, with internal staff volunteers reporting the experience is valuable, not only having increased knowledge to apply to their current positions but a deeper understanding of other divisions within the Department and the child welfare system as a whole. External stakeholders who volunteer (community service providers) also echo this feedback, and add that the experience expands their understanding of the expectations of workers in the Department, specifically regarding the expectations of frontline staff and the systemic factors that play a role throughout the life of a case. This helps build mutual understanding and supports collaboration. In addition, since the case reviews are conducted in pairs, some volunteers have established strong professional connections with their partners that extend beyond the case review, subsequently improving cross-divisional collaboration and collaboration with community service providers.

Children's Rights Initiative

As part of the Children's Rights Initiative (CRI) Settlement, the Department utilized the Case Review Unit to conduct qualitative reviews of cases in which children who were removed due to abuse and/or neglect. The qualitative data elements that were reviewed included quality of face-to-face visits (DCYF and child), Sibling Visitation, Parent-Child Visitation Frequency and Quality, and Case Plan timeliness and elements. Results of the case reviews were shared during regional ADMs within the Division of Family Services. The three full-time staff within the Case Review Unit were assigned to work with frontline staff regionally, providing ongoing feedback and targeted training with each individual unit based on themes identified through the quality reviews conducted from that region. The Department successfully met its benchmarks as of June 2024 in all data elements reviewed and exited the settlement in 2025.

Item Rating Summary

Based on the robust data analytics, research and evaluation unit combined the ADM and ACM systems for feedback from both internal and external partners, a fully-functional internal case review process, and the Department's efforts on ensuring feedback from persons with lived experience is at the forefront of the CQI process, the Department is confident that its Quality Assurance System has made significant improvements to its processes since Round 3 and would be rated as a Strength.

As illustrated throughout the document, services families received are evaluated using mixed methods (quantitative and qualitative) and findings are reported within the Department and with partners inclusive of families, foster families, providers, the Family Court, sister state agencies, among others. Services are evaluated in multiple ways. One method is analyzing trends using quantitative data such as utilization, capacity, fidelity to the model, and length of time. Building on the trend data, services are evaluated employing various statistical methods of which some include multivariate logistic regression, generalized estimating equations, survival analysis, etc. to determine which factors contribute to the outcomes, and time to event. Highlights of the outcomes span safety, permanency and well-being. For example, what factors are statistically significant in predicting which families receiving home based FCCP preventions services are more likely to experience a subsequent opening to the Department, or what factors are statistically significant in predicting which families involved with the Department and receiving home based services experience a subsequent investigation, indicated subsequent investigation or have a child removed from home, or a youth adjudicated to the juvenile justice system. Complementing the quantitative is qualitative where the Department obtains service impacts experienced by the families through focus groups, surveys, case reviews and various collaborative groups such as the Child Well Being Advisory committee. In each of these methods, families are asked to provide their feedback on the services and supports they receive.

Collectively this information as described in this document provides a CQI system pro-active and responsive with data, information to inform strategic planning, interventions, policies, and practice aimed at promoting safety, permanency and well-being to children, families and communities in Rhode Island. That is not to say there are not any challenges of which includes addressing multiple areas and outcomes simultaneously with limited resources. However, the Department has invested in its CQI system with a staff with an advanced skill set in both the quantitative and qualitative realm as well as enhanced engagement and inclusion of families, partners and persons with lived experience to be part of the CQI process as indicated in the document such as developing surveys, advising on data analytic reports and providing feedback on how the system can improve safety, permanency and well-being

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D. Staff and Provider Training

Item 26: Initial Staff Training

For this item, provide evidence that answers this question:
How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP so that:

- Staff receive training in accordance with the established curriculum and timeframes for the provision of initial training; and
- The system demonstrates how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties?

"Staff," for purposes of assessing this item, includes all contracted and non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

State Response:

The Department has made numerous improvements and investments to enhance the pre-service training curriculum and its delivery since CFSR Round 3 in 2018. The Department has increased staffing in Workforce Development (WFD), now comprised of a Training Director, 4 Clinical Training Specialists, 1 Casework Supervisor, and 1 Program Assistant. Additionally, in 2019-2020 WFD implemented the full immersion into the reimagined Learning Partnership for Children's Services (LPCS) with Rhode Island College School of Social Work (RIC). A primary objective of the LPCS has been to develop and integrate new training modules and innovative training methods into the core curriculum of the Department's training for new and current front-line workers and administrative staff members. This partnership has provided WFD with a consistent training site located at RIC equipped with the latest technical support to facilitate the move to a more dynamic training delivery model with web-based and simulation technology as two key additions. The LPCS has also included sharing of the latest best practice models and methods by partnering with key educators at RIC in reviewing and evaluating current & future training program needs.

New Worker Training Program (NWTP)

The New Worker Training Program (NWTP) is the Department's 6-month pre-service training curriculum required for all employees of the direct service divisions; Family Service Unit (FSU) and Child Protective Services (CPS). Each new worker is expected to complete all core curriculum courses totaling 314.5 hours of training within their 6-month probationary period. Any missed training sessions are made-up with the subsequent cohort. WFD manually tracks each new workers completion of all required trainings within the NWTP.

Between February 2022 and October 2024, a total of Between February 2022 and October 2024, a total of 195 newly hired front-line workers participated in the NWTP, which was delivered across 13 training cohorts. This included 79 Child Protective Investigators (CPIs) and 116 Social Caseworkers (SCWs).

The NWTP provides foundational knowledge and progressively builds on competencies needed for front-line workers to perform their job duties. This training program was built with the assistance and input of front-line workers, supervisors, and administrators from our direct service divisions during implementation of key activities in the Round 3 Program Improvement Plan (PIP). WFD collaborates internally to bring in experienced staff to facilitate and co-facilitate training sessions within their area of expertise. Additionally, WFD partners with external stakeholders, including those with lived experience, to facilitate specific training sessions. For example, birth parents with prior Department involvement facilitate the Authentic Family Engagement training session, and youth with lived experience in foster care co-facilitate training sessions such as Youth Development Programs and Adolescent Support Services. Please see Table 4-4 below for a complete list of core curriculum courses within the NWTP eligible for title IV-Er reimbursement.

Table 4-4. New Worker Training Program (NWTP) Core Curriculum

Course Description	Learning Outcome	Learning Objectives	Class Hours
Welcome and Orientation for New Hires	Participants will be introduced and become acclimated to DCYF administrators and direct supervisors. Participants will become familiar with RI Pre-Service Model and understand the Core I Integrated Learning Process	➢ Participants will attend welcome opportunity to meet and engage with Director, Administrators & direct supervisors. ➢ Participants will receive, review and become familiar with newly hired training manual ➢ Participants will receive, review and become familiar with some key federal & state policies relating to DCYF/state employment.	6
Safety Assessment and Family Engagement (SAFE) Practice Overview	This course will provide new workers and other staff information on the Safety Assessment and Family Engagement (SAFE) Practice Model.	This overview will ➢ Familiarize new staff with concepts and terms that will be later learned in depth. ➢ Help non-frontline staff who wish to understand more about SAFE practice concepts. ➢ Utilize webinars created by ACTION for Child Protection and debriefed via Instructor Led conversation.	3

Course Description	Learning Outcome	Learning Objectives	Class Hours
		➢ Help participants understand: SAFE Practice Themes that include Present Danger, Impending Danger, Safety Plan Determination, Four Assessment Areas, Conditions for Return, and OFFA/FFA.	
Understanding Child Welfare Related Legislation	Participants will establish a foundation for key concepts related to permanency planning and connect with practice.	➢ Participants will learn the DCYF Mission & Vision and how it drives the work we do. ➢ Participants will learn the history of child welfare in Rhode Island and implications for change ➢ Participants will build an understanding of the purpose and chronology of the last two decades of child welfare laws ➢ Participants will establish a foundation for key concepts related to permanency planning, especially as it relates to issues of separation and loss ➢ Participants will begin to relate child welfare laws, specifically the Adoption and Safe Families Act, to current child welfare practice ➢ Participants will begin to learn about Concurrent Planning ➢ Participants will learn the Foster Parent Bill of Rights and the Sibling Bill of Rights ➢ Participants will be introduced to the DCYF Permanency Guide	3
Introduction to Computer Use- Office, Folders, Website, and RICHIST	Participants will develop skills in creating, tracking and managing email communications and calendaring functions. Participants will demonstrate skills in navigating DCYF website, shared folders and dashboard reports.	➢ Explain the policy/procedures related to computer use and email within and without the Department ➢ Demonstrate skills in navigating DCYF website, shared folders and dashboard. ➢ Demonstrate skills in managing emails (reading, sending, replying, forwarding, tracking, retracting, deleting, customizing) ➢ Demonstrate skills in sending and opening email attachments	1

Course Description	Learning Outcome	Learning Objectives	Class Hours
		➢ Review basic electronic calendaring functions (accepting/declining email appointments; calendar views, printing)	
Child Welfare Reporting Laws & Structured Decision Making	Participants will understand & learn the RI Child Welfare reporting laws and Structured Decision Making	➢ Learn RI Reporting Laws and how it drives the agency ➢ Learn policy and procedure for Structured Decision Making	3
Introduction to Child Maltreatment & Child Protection Clinic	Participants will be able to identify signs and symptoms of maltreatment and be better able to differentiate accidental injury from inflicted injury.	➢ Participants will shadow CPC medical staff and attend child maltreatment lecture to be better able to identify types of child maltreatment. To include: 1. Physical abuse 2. Sexual Abuse 3. Neglect 4. Differentiate inflicted from accidental injuries 5. Explore mimickers of child abuse	2
Navigating & Understanding DCYF Service Divisions for New Hires	The participant will have greater knowledge of DCYF service systems and applicable skills for collaboration.	➢ Understand & define the main service divisions & related practices within DCYF ▪ Child Protective Services ▪ Intake Services ▪ Family Service Units ▪ Juvenile Justice – Rhode Island Training School (RITS) & Juvenile Probation ▪ Child Support Technicians ▪ Children's Behavioral Health ➢ Identify the roles & contributions of other DCYF service divisions as they relate to participant's role ➢ Understand participant's role in collaborating with other divisions	6
Introduction to RICHIST	Participants will develop skills in mining case data and using online help and policy contained in the Rhode	➢ Explain the policy/procedures and workflow regarding RICHIST case information ➢ Navigate the RICHIST Desktop Outliner tabs and menus	2

Course Description	Learning Outcome	Learning Objectives	Class Hours
	Island Children Information System (RICHIST)	➢ Identify types of information likely to be found under case records and person records ➢ Demonstrate skills in searching RICHIST for person, case, provider and worker information ➢ Demonstrate skills in accessing online help and policy information	
Random Moment Time Study (RMTS)	Participants will understand the importance of RMTS, how to complete the time study, what to include, what the available time study activity selections are and what each means.	➢ Why We Complete the Time Study. ➢ The E-mail-Based System ➢ Some Key Things to Remember! ➢ The Supervisory Role ➢ Which Activity to Select?	1
Additional DCYF Divisions & Offices- Understanding, Navigating & Collaborating Across Divisions	The participant will have greater knowledge of additional DCYF service systems and applicable skills for collaboration. This topic includes 1 hr. class/online overview followed by multiple shadowing experiences.	➢ Understand & define the additional divisions & related practices within DCYF • Business Office • Emergency Assistance (EA) • Health & Medical • Foster Care & Day Care licensing • Foster Care & Adoption • DCYF Office of Policy, Practice & Standards • MIS/RICHIST Help Desk ➢ Identify the roles & contributions of other DCYF service divisions as they relate to participant's role ➢ Understand participant's role in collaborating with other divisions	6
RICHIST Case Maintenance	Participants will develop skills in using RICHIST to maintain and update individual and case demographic information	➢ Explain policies/procedures and workflow regarding RICHIST demographic data ➢ Identify data contained in the RICHIST Maintain Case window ➢ Develop skills in editing and updating case record data ➢ Identify data contained in RICHIST Person Management window ➢ Develop skills in editing and updating individual data	2

Course Description	Learning Outcome	Learning Objectives	Class Hours
Overview of Family Court w/ Site Visit	Participants will learn about court related systems and how systems interrelate to support Safety, Permanency & Well-being	➢ Provide overview of Family Court ➢ Discuss & define roles, range of authority, & responsibilities ➢ Discuss SW expectations ➢ Overview of Courtroom behavior ➢ Understand the importance of relationship with court ➢ Prepare Social workers for site visit to family court ➢ Participants will be able to meet professionals from the following agencies: CASA, RI Legal Service, Child Advocate, DCYF Legal, Public Defenders Office ➢ Participants will visit Providence Family Courthouse	6
Legal Overview-Petitions and Hearings	This training will provide participants with an overview of the legal process focusing on the different types of petitions and different types of hearings as cases progress through the DCYF system. Participants will also learn how to prepare for court, and access policy & procedures.	➢ Discuss petitions, timelines, basic requirements, contents, concise statements of facts ➢ Review legal Requirements & timelines related to Family Court ➢ Procedure for determining Paternity ➢ Definition of Jurisdictional hearings ➢ Definition of Dispositional Hearings, Burden of Proof-clear & convincing evidence ➢ Definition of Permanency Hearings	3
RICHIST Legal Documentation	Participants will develop skills in using RICHIST to document court activity and legal status.	➢ Explain the policy/procedures and workflow related to legal documentation in RICHIST ➢ Demonstrate skills in entering data for a variety of legal situations (petitions, hearings, legal status updates) ➢ Demonstrate skills in using available time management functions (duplicating petitions and court hearings) ➢ Identify and explain data in juvenile justice petitions	2

Course Description	Learning Outcome	Learning Objectives	Class Hours
Legal Writing for Child Welfare	Participants will learn how to write court letters and other court related documents in order to obtain best outcomes for children.	➢ Understand the critical connection between effective writing for court and the connection to obtained desired outcomes for children and families. ➢ Overview & Discuss purpose of court letter ➢ Understand that it documents what CPS/FSU has done ➢ Understand that it documents what parents have done ➢ Understand that it documents reasonable efforts ➢ Overview of writing a good report Who What Why When Where ➢ Overview as to required information	3
Case Documentation for Child Welfare	Participant will develop proficiency in case documentation as to Case Activity Notes.	➢ Write activity notes that are clear, concise & objective ➢ Document all contacts with family and all collateral contacts ➢ Include all information in CAN such as names, phone numbers etc. ➢ Write activity notes that describe briefly what transpired in phone call & face/face contact ➢ Have case conferences with supervisors using CAN so supervisor can approve per policy ➢ Review CAN to assess content and objectivity	3
RICHIST Documentation of Court Letters and Case Activity Notes	Participants will develop skills in creating, printing and searching court letters and case activity notes using RICHIST	➢ Explain policy and workflow regarding court letters and case activity notes in RICHIST ➢ Demonstrate skills in creating RICHIST court letters and case activity notes ➢ Demonstrate skills in searching and retrieving RICHIST court letters and case activity notes ➢ Demonstrate skills in spell checking and correcting RICHIST	2

Course Description	Learning Outcome	Learning Objectives	Class Hours
		Court Letters and Case Activity Notes ➢ Demonstrate skills in organizing and printing court letters and case activity notes	
RICHIST Education Records, Medical Records, and 005 Voucher Requests	Participants will develop skills in using RICHIST to track education, medical and funding applications for services	➢ Explain the policy/procedures and workflow for documenting education, medical and funding applications in RICHIST ➢ Demonstrate skills in creating, updating and reviewing education and medical data ➢ Demonstrate skills in creating and monitoring status of funding applications for services	2
Values Clarification	Participants will better understand the values necessary to provide family-centered effective child welfare services. Participant will better understand their own values & possible areas for further exploration.	➢ Review essential value base for child welfare practice ➢ Discuss societal values toward families involved with the child welfare system ➢ Utilize exercises to identify personal values which could impact practice	3
Ethics, Confidentiality and HIPAA	The participant will understand what constitutes professional, ethical behavior for a DCYF employee. The participant will understand and apply the DCYF confidentiality policy and HIPAA laws to case management situations.	➢ Participant will become familiar with ethics and confidentiality policies ➢ Participants will understand the standard of care within which we are guided in ethical decision making ➢ Know Common areas of ethical problems and evaluate scenarios ➢ Familiarize participant with HIPAA history & regulations ➢ Learn applicable DCYF confidentiality policy ➢ Apply HIPAA & Confidentiality to case scenarios ➢ Explore role of social media and digital ethics.	6
Car Seat Safety	Participants will understand & apply car seat safety laws	➢ Learn car seat safety rules and regulations	6

Course Description	Learning Outcome	Learning Objectives	Class Hours
		➢ Learn & apply car seat safety protocol to situation involving children of all ages ➢ Demonstrate proper techniques for installing car seats	
Foundational Visitation: Understanding Family-Centered Visitation Practices	The training frames the expectation of visitation practice at DCYF from both theoretical and practical perspectives. This training provides an opportunity to take visitation from a one dimensional task perspective and redefine it as one of the core practices guiding permanency planning and child welfare practice. Participants will have an opportunity to discuss and apply related materials to visitation scenarios.	➢ To establish linkages among: visitation practice, DCYF policy, Adoption & Safe Families Act of 1997, Family Centered Practice, assessment and permanency planning as a means of promoting a best practice approach to visitation for children and families. ➢ Participants will explore the impact of their own values as they impact on casework practice, specifically on planning and conducting visitation. ➢ To develop an understanding of how emotional aspects of the children and families' lives impact on and are integral to the development of visitation. ➢ To understand the importance of using a team approach for visitation where the team consists of the biological family, the placement resource, service providers, the child and the worker. ➢ To increase knowledge and skills regarding the purpose, phase, preparation and role of child welfare visitation.	6
Worker Safety: Preparing for Difficult Conversations	Develop skills to negotiate Difficult Conversations in Child Welfare	Participants will develop skills to negotiate Difficult Conversations, to enhance, ➢ Safety of the children ➢ Safety of the family unit ➢ Safety of the employee ➢ And to achieve family continuity. ➢ While fulfilling Legal Obligations and Requirements	3

Course Description	Learning Outcome	Learning Objectives	Class Hours
Worker Safety: De-Escalation & Situational Awareness	Participants will learn nonphysical method for preventing & managing disruptive behavior in Child Welfare	Participants will learn the five core concepts: ➢ Understanding the Environment ➢ Understanding the People Involved ➢ Recognizing Non-Verbal Communication and pre-attack indicators ➢ De-Escalation ➢ Action	3
Worker Safety: Simulation	Participants will practice/demonstrate skills learned in Worker Safety Trainings in a simulated environment.	➢ Participants will practice the skills learned in Worker Safety: Difficult Conversations training. ➢ Participants will practice/demonstrate the skills learned in Worker Safety: De-escalation training,	3
Identifying Priorities and Goal Setting	Participants will learn strategies for developing how to work in an effective manner and develop skills to better organize their time and set priorities.	➢ Discuss & review job responsibilities ➢ Discuss who & where you can ask for help ➢ Discuss setting priorities in workload-link to safety, permanency and well-being ➢ Review time management skills ➢ Discuss goal setting ➢ Review a self-assessment to assist with time management ➢ Provide coping skills to prevent worker burnout ➢ Lessons & discussion from DCYF staff	3
Authentic Family Engagement	This training will build awareness on the concepts of authentic family engagement and introduce definitions, values and guiding principles and key activities.	➢ Recognize how our own current beliefs and attitudes impact our work. ➢ Explain and describe DCYF's definition, values and guiding principles for authentic engagement of families in the child welfare system. ➢ Explain the concepts of family-centered and strengths-based approach in the context of authentic family engagement.	6

Course Description	Learning Outcome	Learning Objectives	Class Hours
		➢ Explain how current data can inform authentic engagement strategies. ➢ Recognize the value of authentically partnering with families.	
Motivational Interviewing	This course will focus on the essential elements of Motivational Interviewing. Participants will learn the skills necessary to do Motivational Interviewing with child welfare parents and juvenile justice involved youth.	➢ Participants will learn the Spirit of MI. ➢ Participants will learn The 4 Processes of MI. ➢ Participants will learn the 3 Aspects of MI. ➢ Participants will learn 4 Basic Principles of MI.	12
Motivational Interviewing – Simulation	Participants will practice/demonstrate skills learned in Motivational Interviewing training in a simulated environment.	➢ Participants will practice the skills learned in Motivational Interviewing ➢ Participants will practice/demonstrate the skills learned in Motivational Interviewing training	6
Safety Assessment through Family Engagement (SAFE)- Family Functioning Assessment	The Safety Assessment and Family Functioning Assessment Training provides participants with the essential knowledge to make crucial safety decisions related to children and families. Training participants will apply specific criteria to actual child abuse and neglect cases. Through repetitious application, participants will learn how to assess for Present Danger, how to develop sufficient Present Danger Safety Plans, understand the information necessary to make child safety decisions, make decisions related to Caregiver Protective Capacities, assess for Impending Danger, how to	➢ Accurately Assess for Present Danger and Implement Sufficient Present Danger Safety Plans ➢ Understand Caregiver Protective Capacities and how they are fundamental to making Child Safety Decisions ➢ Understand the concept of Impending Danger and what information is required to make accurate Impending Danger Decisions ➢ Accurately determine when an In-Home Impending Danger Safety Plan is not appropriate and child removal is necessary ➢ Implement the least intrusive, sufficient Impending Danger Safety Plan based upon specific criteria ➢ Understand the concept of Conditions for Return and how to develop appropriate Conditions for	36

Course Description	Learning Outcome	Learning Objectives	Class Hours
	use the Safety Plan Determination process to determine if child removal is necessary, develop and implement sufficient, least intrusive impending danger safety plans, and construct Conditions for Return when children have been removed due to impending danger. The training also includes information related to the Ongoing Family Functioning Assessment. This information will inform Investigators how their work will inform the work that FSU does with families and will provide FSU with a foundational knowledge of the Ongoing Family Functioning Assessment. The training is administered over 6 days.	Return when children are placed in an Out-of-Home Impending Danger Safety Plan ➢ Investigators recognize how information from the Family Functioning Assessment will be used by FSU in the Ongoing Family Functioning Assessment ➢ FSU staff will receive information related to the Ongoing Family Functioning Assessment and how Caregiver Protective Capacities will be used to develop Caregiver Behavior Change Statements	
Safety Assessment through Family Engagement (SAFE)- Ongoing Family Functioning Assessment	The Ongoing Family Functioning Assessment Training provides participants with an understanding of and the essential knowledge to provide ongoing work in keeping with SAFE practice with families following the completion of the initial FFA. Training participants will learn about the intervention stages of the ongoing FFA process.	➢ Understand the purpose(s) and practice objectives of the Ongoing FFA. ➢ Understand the SAFE concept for change. ➢ Have a working knowledge of the Ongoing FFA structure, process, and intervention stages. ➢ Learn to develop Family Service Plan Behavior Change Statements that are focused on enhancing Caregiver Protective Capacities. ➢ Understand Change Focused Contact with Caregivers. ➢ Understand Caregiver Behavior Change criteria. ➢ Be able to reassess Child Safety and implement the most appropriate Safety Plan.	24

Course Description	Learning Outcome	Learning Objectives	Class Hours
RICHIST Documentation of Safety Assessment through Family Engagement (SAFE)	Participants will develop skills in using RICHIST to track education, medical and funding applications for services	➢ Explain the policy/procedures and work flow for documenting education, medical and funding applications in RICHIST ➢ Demonstrate skills in creating, updating and reviewing education and medical data ➢ Demonstrate skills in creating and monitoring status of funding applications for services	6
Facilitating Family Team Meetings	Participants will learn the knowledge and skills necessary to be a Meeting Facilitator. Participants will gain confidence in facilitating Family Team Meetings.	➢ Define facilitation functions and ➢ Employ facilitation techniques that engage and build positive relationships with family team members. ➢ Develop an effective meeting plan ➢ Recognize the stages of group development. ➢ Manage group behaviors in family team meetings.	6
Domestic Violence: Risk and Protective Capacity	Participants will integrate information with assessment of Risk and Protective Capacity	➢ Learn the dynamics and impact of family violence ➢ Learn the impact on children ➢ Examine factors which support provision of comprehensive services to families involved in domestic violence situations	6
Parent Mental Health-Implications for Child Welfare	Participants will learn how parents' mental health impact safety, permanency & well-being	➢ Identify ways in which parent mental health can impact parenting & protective capacity ➢ Build understanding of common mental health diagnosis working with child welfare involved parents ➢ Understand what dual diagnosis is and how it might impact child welfare work with parents ➢ Identify ways in which parent mental health can impact engagement, assessment, service planning and permanency ➢ Explore stigma related to parent's mental health diagnosis ➢ Identify ways to build empathy and promote understanding	6

Course Description	Learning Outcome	Learning Objectives	Class Hours
		➢ Explore child welfare implications related to parent mental health ➢ Learn how to identify and access resources	
Substance Use Disorders and Case Management	Participant will be able to assess substance use as it relates to risk, safety and protective capacity. Participants will identify treatment needs of family	➢ Define Addiction ➢ Learn disease model of addiction ➢ Learn indicators of substance use disorder from a Child Welfare perspective ➢ Know effects on children/families ➢ Know DCYF policies & procedures for accessing treatment ➢ Learn impact of pre-natal substance use ➢ Identify effective treatment models ➢ Discuss follow-up methods ➢ Discuss values & family issues impacting treatment ➢	6
Introduction to Trauma Informed Child Welfare Practice	Participants will begin to learn about the impact trauma has on child development, brain development and child behavior. Participants will explore the essential elements of trauma informed child welfare practice and their role in supporting trauma exposed children & youth.	➢ Participants will receive an overview of the essential elements of trauma informed child welfare practice ➢ Participants will begin to learn about the impact of trauma on the development and behavior of children. ➢ Participants will begin to understand their role, the role of providers, and the role of natural supports in working with trauma exposed children/youth.	6
Sexual Abuse: Impact of Sexual Abuse on Family Dynamics	Participants will learn the prevalence of child sexual abuse for children & adolescents as victims. Participants will also learn the impact on children, adolescents and adults as non-offenders	➢ Learn definition of sexual abuse ➢ Learn impact of sexual abuse on family ➢ Learn impact ofvalues & sub-population considerations of sexual abuse and family dynamics ➢ Understand situation which non-offending parent finds themselves ➢ Know referral resources for intervention, assessment and treatment of victims & offenders	12

Course Description	Learning Outcome	Learning Objectives	Class Hours
		➢ Learn about language development & its impact on interviewing child victims. ➢ Learn tips for testifying in court cases	
The Commercial Sexual Exploitation of Children	The Commercial Sexual Exploitation of Children is a segment of a series of courses that reflect DCYF Policy and Operational enhancements for child welfare agencies in response to the reauthorization of the Preventing Sex Trafficking and Strengthening Families Act of 2014.	Upon completion of this course, participants will: ➢ Learn the definition of Sex Trafficking, Force, Fraud, and Coercion ➢ Understand Types of Sexual Exploitation ➢ Engage in discussion of Community Perception of Commercial Sexual Exploitation of Children (CSEC) ➢ Learn common myths vs facts about CSEC ➢ Understand Who is at Risk ➢ Learn about Demands that Fuel Sexual Exploitation ➢ Learn about Recruitment, Victim Impact, Signs of Sexual Exploitation ➢ Engage in learning activity focused on answering "Why Victims Stay" ➢ Understand Helpful Responses and Community Resources to Address CSEC	3
Using Child Welfare to Promote Fatherhood	The training frames the engagement of fathers by the child welfare system from an historical and research based perspective. The inclusion of fatherhood practices is used as a valuable resource for promoting positive outcomes for children and youth in care.	➢ To understand the overarching importance of father involvement in child welfare practice via ➢ Exploration of the historical & current barriers to the including fathers ➢ Linkages between engaging fathers & successful outcomes for children ➢ To explore & apply Family Centered Practices	3

Course Description	Learning Outcome	Learning Objectives	Class Hours
		▪ as a means of enhancing the engagement of the entire family system – beyond Mom & including Dad ▪ that expand opportunities for working with families in need	
Educational Services and Resources for Children & Youth Involved in Child Welfare	Participants will learn about educational resources & services available to RI's children.	➢ Participants will receive an overview of regular and special education policies and procedures relating to child welfare. ➢ Participants will meet and learn from educational professionals. ➢ Participants will explore ways of collaborating and communicating across systems.	6
Child/Adolescent Development and the Impact of Child Abuse & Neglect	Participants will learn about normative child development and the impact of abuse and neglect on child development.	➢ Learn six domains of development: ➢ Learn normative development of infants/toddlers ➢ Learn normative development of school-age children ➢ Learn normative development of adolescents ➢ Discuss normative development of adults ➢ Learn factors that influence development ➢ Learn impact of Abuse and neglect on development. ➢ Learn & apply information to practice ➢ Discuss values & sub-population considerations re: abuse & neglect	6
Youth Development Programs and Adolescent Support Services	This training will provide an overview of Youth Development Programs and Adolescent Support Services for youth involved in Child Welfare.	This training will include- ➢ An Introduction to Role/Components of the office of Youth Development Education and Constituent Support Services ➢ Focus on Youth Development Services Component, including the Youth Development Supports Casework Unit and the Voluntary Extension of Care ➢ Overview of Key Federal Laws	2

Course Description	Learning Outcome	Learning Objectives	Class Hours
		➢ Discuss Importance of Effective Youth Participation	
Safe Sleep	Participants will: • Understand research and "why" behind safe sleep recommendations • Know and share safe sleep recommendations from American Academy of Pediatrics (AAP) • Engage in conversations with caregivers about baby's sleep environment • Guide families on using safe sleep practices	This training will provide: ➢ Definitions and Data ➢ Current AAP Safe Sleep Recommendations ➢ Promoting Safe Sleep Recommendations to Families and Caregivers ➢ Awareness of Unsafe Sleep Products ➢ Popular Infant Calming Techniques ➢ Sources for Additional Information and Resources	3
Safe Sleep-Simulation	Participants will practice/demonstrate skills learned in Safe Sleep training in a simulated environment.	➢ Participants will practice the skills learned in Motivational Interviewing ➢ Participants will practice/demonstrate the skills learned in Safe Sleep training	3
Legal Part Two: Testifying and Practice Issues	This training presents a practical guide to Family Court and focuses on skills for testifying in court.	➢ Participants are given updated information and resources related to Family Court ➢ Review Filing of a Petition/Motion ➢ Discuss key interactions with Family Court ➢ Develop skills necessary for effective testifying in court	3
Overview of the Child & Family Service Review (CFSR)	Participants will understand what the CFSR is, its purpose, their role in the process and lessons learned from prior reviews.	➢ Participants will receive an overview of the Child & Family Services Review (CFSR) designed to increase their knowledge and understanding in the following areas: ➢ History and Purpose of the CFSR ➢ The CFSR process ➢ Various roles as it relates to the CFSR ➢ Past reviews and lessons learned ➢ The CFSR as a tool for enhancing practice	3

Course Description	Learning Outcome	Learning Objectives	Class Hours
Administrative Reviews	This training will provide participants with an overview of Administrative Reviews in Child Welfare.	Participants will learn the following: ➢ Definition- what is an Administrative Review ➢ Introduction to the DCYF Administrative Review staff ➢ The purpose of Administrative reviews and federal mandates ➢ Timeframes and who is included/invited to an Administrative Review ➢ How to prepare for an Administrative Review ➢ What will be covered during an administrative Review ➢ How to locate and navigate the Administrative Review in RICHIST	3
Overview of Family Treatment Drug Court (FTDC) and Safe & Secure Baby Court (SSBC)	In this workshop, participants will learn what Family Treatment Drug Court and Safe and Secure Baby Court is, what the process is and roles & responsibilities of those involved.	➢ An overview and history of both FTDC and SSBC ➢ Review referral, eligibility and enrollment process ➢ Identify key staff and team member roles ➢ Review Court Hearings Protocol	3
Mediation of Cases Involving Termination of Parental Rights, Adoptions, and Guardianship	This training is designed to familiarize DCYF social caseworkers and other professionals in the court system with the mediation process and the ways that they can contribute to a productive mediation session.	Learning Objectives – ➢ To understand what mediation is on the DCYF calendar, and how it differs from other methods of mediation. ➢ To understand what mediation isn't. ➢ To understand the range of potential outcomes of mediation. ➢ To understand how to best prepare for a productive session ➢ To understand the timelines, and when mediation is typically most productive	3
Out of Home Placement and Intensive Search for	Participants will learn laws that govern placement and insure Family Preservation. Participants will examine policies and practices for	➢ Review ICWA & MEPA ➢ Review Foster Parents Bill of Rights ➢ Review legal mandates for relative placement	12

Course Description	Learning Outcome	Learning Objectives	Class Hours
Natural Supports	working with children, youth & families to identify Natural Supports. Participants will explore resources to support efforts for locating and engaging Natural Supports.	➢ Review Federal Research and Policies regarding connection and placement with Kin and Fictive Kin. ➢ Review policy & procedure for relative search ➢ Review Family connections for adolescents ➢ Review federal & state mandates as to least restrictive placement ➢ Review types of information & reports needed to identify &choose placement ➢ Learn tips and tools for working with children, youth and families to identify natural supports. ➢ Learn skills and resources for locating and engaging natural supports. ➢ Discuss implications for practice and guidelines for sharing information and maintaining confidentiality ➢ Review other considerations & variables ➢ Review pre-placement activities for child & caregiver ➢ Review DCYF placement referral & procedure ➢ Review other placement services	
RICHIST Placements and Living Arrangements	Participants will develop skills in using RICHIST to request, document and track placements and living arrangements	➢ Explain the policy/procedures and workflow related to placement requests, referrals and living arrangements in RICHIST ➢ Demonstrate skills in creating placement unit and Care Management Team requests in RICHIST ➢ Demonstrate skills in creating and tracking DAS referrals in RICHIST ➢ Demonstrate skills in tracking, finalizing and ending/canceling requests and placements in RICHIST	2

Course Description	Learning Outcome	Learning Objectives	Class Hours
		➢ Demonstrate skills in reviewing and updating living arrangements, including AWOLs ➢ Demonstrate skills in calculating foster care payment rates in RICHIST	
Adoption & Permanency	Participants will learn about the different permanency options for children & youth in care. Participants will also learn about the adoption process and post adoption services.	➢ Explore the importance of permanency, different permanency outcomes and the role of permanency support teams. ➢ Participants will learn about the adoption process and tips for navigating through the system. ➢ Participants will learn about adoption subsidies. ➢ Participants will learn about various post-adoption services.	6
Interstate Compacts: ICPC's and ICJ's	Participants will learn the policies and procedures for both Interstate Juvenile Compacts and Interstate Compacts for the Placement of Children	➢ Learn when and why we make an ICPC referral. ➢ Learn the protocol and procedure for making an ICPC referral. ➢ Learn steps involved in an adoption ICPC ➢ Identify differences between ICPC and ICJ. ➢ Learn when and why we make an ICJ referral. ➢ Learn the protocol and procedure for making an ICJ referral.	2.5

Course Description	Learning Outcome	Learning Objectives	Class Hours
Prudent Parent Standard & Normalcy in Foster Care	This training will allow participants to explore Prudent Parenting and Normalcy and apply what they have learned to case scenarios.	➢ Provide an introduction to Normalcy and Prudent Parent Standard provisions of Preventing Sex Trafficking and Strengthening Families Act (PL 113-183) ➢ Learn about Subtitle B-Improving Opportunities for Children in Foster Care and Supporting Permanency, Section 111, Supporting Normalcy for Children in Foster Care ➢ Provide legal definitions and guidelines for normalcy and the prudent parent standard ➢ Define roles and responsibilities of stakeholders ➢ Discuss examples of how to apply normalcy and the prudent parent standard ➢ Describe supports & further resources	3
American Disabilities Act-a Training for Child Welfare Staff	Participants will learn about the American Disabilities Act with emphasis on DCYF practice, policy, procedures and engagement with Deaf and Hard of Hearing Parent(s), Youth, & Children. A brief history of practice and how following ADA not only improves practice, but facilitates authentic family engagement, will be explored.	Participants will learn: ➢ Identify myths and miscommunications about American Sign Language; ➢ Discuss the meaning of equal opportunity and equity through the lens of disability; ➢ Describe DCYF's obligations to provide reasonable modifications and effective communication under Title II of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act; ➢ Describe DCYF's Communication Policy and related procedures; ➢ Discuss how and when to request an interpreter; Define DCYF's ADA/Section 504 Coordinator's role and responsibilities; ➢ Describe DCYF's grievance procedure; ➢ Describe required documentation; Provide supports & further resources	3

Course Description	Learning Outcome	Learning Objectives	Class Hours
RI Services & Supports for Adults, Youth & Children with Developmental & Other Disabilities	Participants will learn about a diverse population (children, youth and adults with developmental or other disabilities). Participants will learn about RI services and supports.	➢ Identify factors affecting the development of special populations ➢ Identify resources for special populations ➢ Apply principles of development to child welfare services for special populations ➢ Discuss values and cultural considerations affecting special populations	3
Stress, Strain & Self Care	This workshop will look at some of the stressors found in child welfare and offer strategies of Self Care.	➢ Define Stress ➢ Be able to recognize signs and symptoms of stress ➢ Learn techniques of progressive relaxation ➢ Learn about and practice stress reduction ➢ Leave workshop with a plan to incorporate stress reduction into participant's daily life	3
Youth Mental Health First Aid	The course teaches participants the risk factors and warning signs of a variety of mental health challenges common among adolescents, including anxiety, depression, psychosis, eating disorders, AD/HD, disruptive behavior disorders, and substance use disorder. Participants do not learn to diagnose, nor how to provide any therapy or counseling – rather, participants learn to support a youth developing signs and symptoms of a mental illness or in an emotional crisis by applying a core five-step action plan: 1. Assess for risk of suicide or harm 2. Listen nonjudgmentally	Youth Mental Health First Aid is an 8-hour training course designed to give members of the public key skills to help an adolescent who is developing a mental health problem or experiencing a mental health crisis. The 8-hour course covers a range of common disorders and potential crises such as helping a young person who is having a panic attack, is contemplating suicide or is struggling with substance abuse. Youth Mental Health First Aid certification teaches participants to: ➢ Recognize the potential risk factors and warning signs of a variety of mental health challenges common among adolescents, including: depression, anxiety, psychosis, eating disorders, AD/HD, disruptive behavioral	9

Course Description	Learning Outcome	Learning Objectives	Class Hours
	3. Give reassurance and information 4. Encourage appropriate professional help 5. Encourage self-help and other support strategies The Youth Mental Health First Aid USA curriculum is primarily focused on information participants can use to help adolescents and transition-age youth, ages 12-18	disorders, and substance use disorders. ➢ Use a 5-step action plan to help a young person in crisis connect with appropriate professional help. ➢ Interpret the prevalence of various mental health disorders in youth within the U.S. and the need for reduced negative attitudes in their communities. ➢ Apply knowledge of the appropriate professional, peer, social, and self-help resources available to help a young person with a mental health problem treat and manage the problem and achieve recovery. ➢ Assess their own views and feelings about youth mental health problems and disorders.	

NWTP Components

The NWTP consists of 59 classroom instruction courses, 3 interactive trainings with the newly established simulation lab, and Transfer of Learning (TOL) activities incorporated throughout the training program. The NWTP core curriculum is designed for new employees of the Child Protective Investigator (CPI) and Social Caseworker (SCW) job classifications. The training is consistent across both job classifications with the exception of CPIs not being required to participate in 3 of the 59 classroom instructions courses as the topics (Administrative Review training, foundational visitation, and mediation of TPR cases) are not relevant to their job duties. The training schedule has an intentional progression with classroom instruction and TOL activities occurring more frequently during the first two 2 months, and prior to initial case assignments which occur at week 7 for SCWs, and week 10 for CPIs. The progression of the NWTP is continually reassessed for effectiveness on the timing of each training module and the incorporation of TOL activities. Regional Administrators are periodically tasked with reviewing the NWTP curriculum and provide feedback on the order of trainings in relation to initial case assignments.

Feedback obtained during internal focus groups conducted in January 2025 indicated that the classroom instruction courses are effective in providing a comprehensive and wide-ranging baseline knowledge for new front-line workers to understand the scope of their job duties and responsibilities.

Transfer of Learning Activities

TOL activities primarily consist of field shadowing experiences which allows new workers to observe how their classroom training is applied in field practice. In the Department's FSU division, WFD collaborates with the assigned supervisors of new workers to promote effective use of TOL activities. For example, new workers are co-assigned to a case with an experienced caseworker from weeks 3-6 during which the new caseworker completes casework tasks under the direction and guidance of the experienced worker and their supervisor. FSU supervisors conduct debriefings following TOL activities and complete a TOL form outlining the activities, experience, and performance of the new caseworker that is then submitted to WFD.

In January 2023, the Department's CPS division created a Training Supervisor position that works collaboratively with WFD to enhance the TOL experiences and skills assessment of new CPI's as they progress from classroom to field training. The Training Supervisor coordinates shadowing opportunities with experienced CPIs, provides direct coaching, and is responsible for evaluating the skill development of new CPIs by completing their initial probationary report after 2 months of employment. Additionally, CPS utilizes a mentor program where experienced CPIs coach and assist new CPIs on their assigned cases while they are still in their 6-month probationary period.

Feedback obtained during internal focus groups conducted in January 2025 supported that TOL activities continue to be an effective method for providing new workers with hands-on experiences in the field before initial case assignments. TOL activities are viewed as a critical component of initial training. A suggested improvement discovered during internal focus groups was that new workers would benefit from expanded TOL activities specific to the utilization and writing of the Department's primary assessment tools; the Family Functioning Assessment (FFA) and Ongoing Family Functioning Assessment (OFFA). Although the NWTP consists of a specific training module dedicated to teaching new workers how to utilize the FFA/OFFA assessment tools, there are currently no hands-on opportunities to participate in conducting and writing an actual or simulated assessment prior to receiving an initial case assignment.

Introduction of the Simulation Lab

In January 2024, WFD began using a newly established simulation lab for the course, 'Worker Safety - Preparing for Difficult Conversations, De-Escalation, and Situational Awareness', which follows a morning classroom workshop on worker safety. The simulations take place in an apartment style space at the Rhode Island Nursing Education Center. New workers observe and participate in a home visit with actors in which they practice the safety skills learned earlier in a classroom setting. The simulation exercise offers workers an opportunity to practice engaging with families and managing stressful situations that may occur during a home visit. The simulation exercise is followed by

debriefing sessions with trainers, actors, and peers. As of April 2024, the simulation lab is now used consistently for each cohort and has added two additional trainings: 'Safe Sleep' and 'Motivational Interviewing.'

Beginning in March 2024, RIC began an independent evaluation project to assess the impact of the simulation exercise on participants' perceived competence in practice skills. This evaluation process consists of surveys and focus groups following each cohort's participation in the simulation exercises. The program evaluator utilized a survey in all 'Worker Safety' trainings throughout 2024. In the future, participants will be asked to take part in focus groups in addition to the survey after they begin employment with RI DCYF. The generation of a larger sample and use of additional data collection methods will allow for a more detailed and expansive analysis and discussion of the impact of simulations in 'Worker Safety' courses.

The initial results of this evaluation project showed statistically significant increases in perceived confidence to carry out the skills required in home visits indicating that simulation exercises add value to RI DCYF worker safety trainings. To further support these findings, internal focus groups conducted in January 2025 aligned with these results and front-line staff suggested an expanded use of the simulation lab across additional trainings.

Juvenile Probation Officer Training

The Department's Juvenile Probation (JPROB) Division provides a majority of the initial training for newly hired juvenile probation officers within the division and separate from the WFD's NWTP. Trainings are facilitated by JPROB administrators and/or supervisors. JPROB also coordinates with WFD to ensure newly hired juvenile probation officers participate in any necessary trainings offered in NWTP related to their job duties. JPROB administration advises WFD when newly hired juvenile probation officers are being onboarded and WFD shares the training calendar for the current cohort. Participation in training sessions offered by WFD's NWTP is dependent on the prior training and experience of the newly hired juvenile probation officer. There have been only 4 juvenile probation officers hired since 2022 as that job classification maintains a nearly 100% retention rate. Additionally, newly hired juvenile probation officers have historically held prior front-line positions within the Department and participated in the NWTP as part of their initial training for that role. Therefore, the training program having a combination of informal trainings provided within the JPROB division, with integration into the NWTP where necessary, is a sufficient approach to ensuring adequate initial training. Please see below for a list of trainings conducted within the JPROB division.

Pre-Service trainings provided by JPROB divisional leadership:

- Juvenile Probation and Parole Case Workflow
- Violations of Probation
- GPS Electronic Monitoring

- Juvenile Sex Offenders
- Case Collaboration: Dual Supervision, Transfers, and Rhode Island Training School (RITS)
- Structured Assessment of Violence Risk in Youth (SAVRY)
- SAVRY Booster
- Assessment Outcome Reports
- Prison Rape Elimination Act (PREA) – conducted by RITS
- Youth Incentives
- Carey Guides
- RICHIST - Topics specific to Juvenile justice

Evaluation Methods for the NWTP

Pre and Post Examination

WFD has developed and implemented several internal evaluation tools to continually assess the functioning of the NWTP. WFD administers a pre & post-exam (pass/fail) for each employee who completes the 6-month training program. This test measures whether the training program was successful in increasing worker competency related to their job duties and responsibilities throughout the training program. This evaluation tool also assists WFD, who manages the training content, in identifying potential themes where new workers may struggle to demonstrate proficient competency. The pre-exam is administered for each cohort at the outset of the training program to measure baseline knowledge for each new worker relevant to their job classification. The post-exam, which asks the same questions as the pre-exam, is conducted following the completion of the training program. New workers are required to pass the post exam with a minimum score of 70% to successfully pass probation. The full use of this process was implemented in July 2020 and continues to be utilized with each cohort as an evaluative tool.

Between February 2022 and October 2024, 195 new employees participated in the NWTP. Of these, 146 (75%) completed the full training program and proceeded to the post-exam, while the remaining 49 (25%) resigned or were terminated prior to completing the program and did not take the exam.

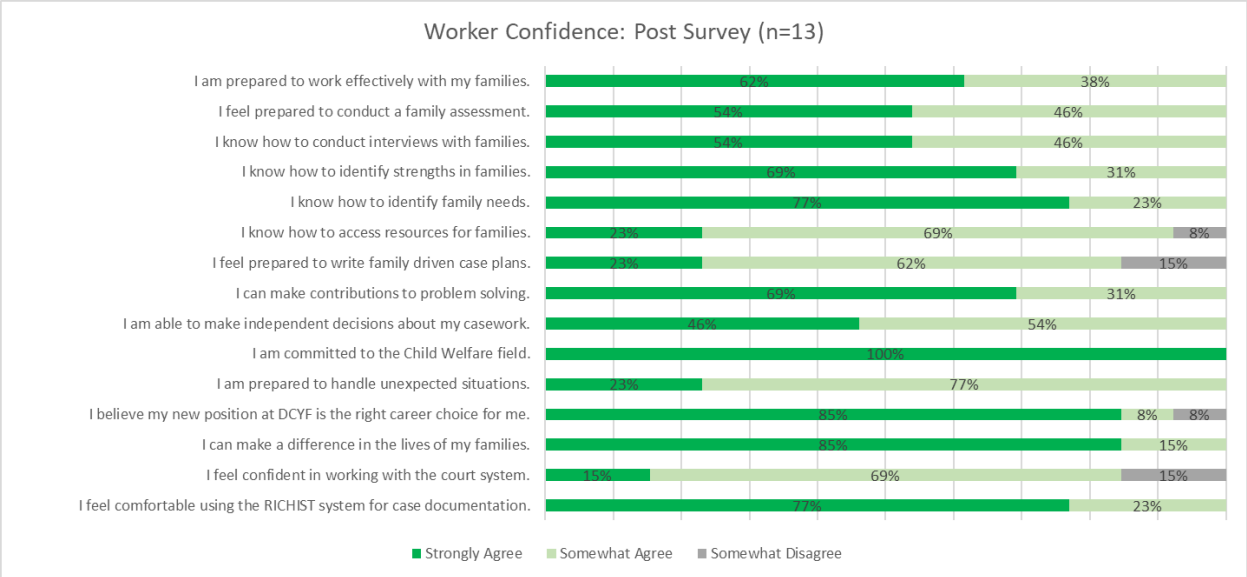
Of the 146 participants who completed the post-exam, 130 (89%) passed on their first attempt. For those who did not pass initially, the need for remedial training was evaluated on an individual basis. There are no formal prerequisites or mandated waiting periods required before re-taking the exam. In such cases, WFD informs the employee's supervisor of the exam outcome and collaborates to identify specific areas where additional support may be needed. The most common area of remedial training involves the Department's SAFE practice model, which focuses on a worker's ability to assess the needs of children and families, as well as evaluate risk and safety concerns. Among the 16 participants who

did not pass on their initial attempt, 10 successfully passed on their second or third attempt, while the remaining six either resigned or were terminated prior to re-taking the exam.

Worker Confidence Survey

WFD also conducts Worker Confidence Surveys for each new employee at the outset and completion of the NWTP. This survey asks self-reflective questions to gauge new worker preparedness and readiness to perform their job duties as they progress through the training program. Prior to December 2024, these surveys were administered in a paper format with no time efficient method to analyze results. As of December 2024, the Worker Confidence Survey was moved to a digital format allowing WFD staff to obtain a comprehensive analysis of the results in a timely fashion. The results of these surveys are also used to determine where to focus efforts to strengthen the training program based on the direct feedback of the workers. Worker Confidence Survey results prior to December 2024 that were completed manually (paper format) were not analyzed on an ongoing basis due to the staffing resources required to conduct such an analysis. Figure 4-19 below titled *Worker Confidence Post–Survey* shows results from new workers who completed the training program between December 2024 and April 2025. The data shows that participants had increased confidence to perform their job duties at the conclusion of the NWTP.

Figure 4-19. Worker Confidence Post–Survey



Course Evaluations

Additionally, WFD consistently administers course specific evaluations following each training session throughout the NWTP. These evaluations are routinely reviewed by WFD staff who facilitate the specific trainings to determine the effectiveness of the training from the perspective of the participants. This information is then used by WFD staff to determine minor changes needed to improve content, messaging, and delivery for each respective

course. This also contributes to the ongoing performance improvement of the staff facilitating the trainings.

Probationary Reports

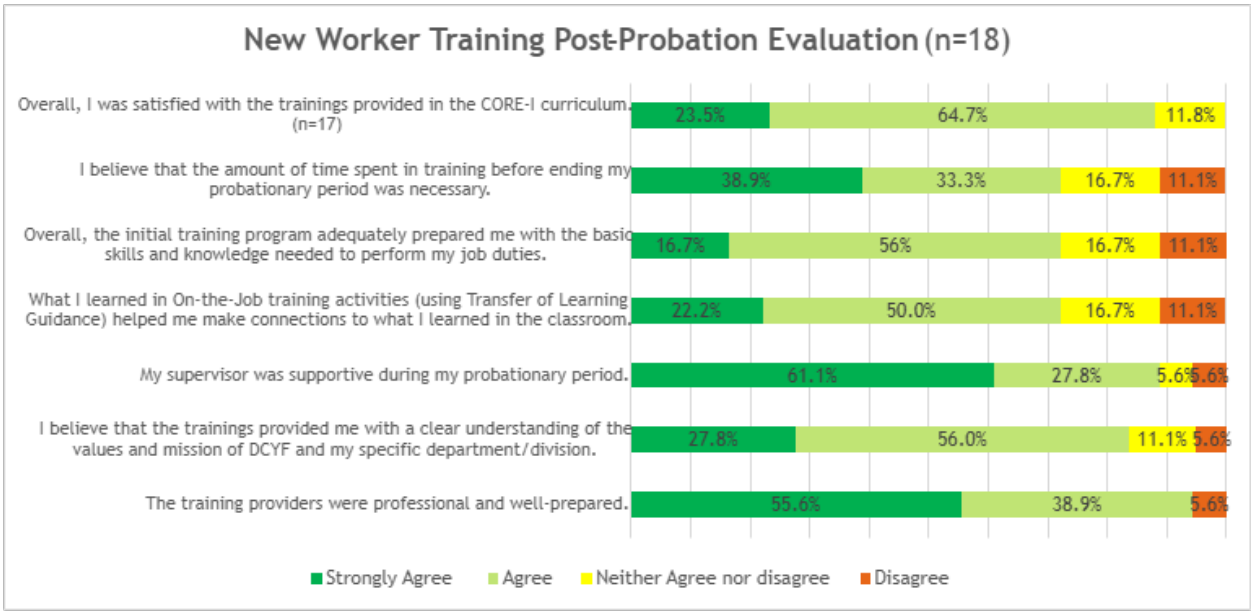
Throughout the NWTP, participants receive three probationary performance reports, issued at approximately the second, fourth, and sixth months of employment. These reports are primarily completed by the employee's direct supervisor, with the exception of the initial report for CPI staff, which is completed by the CPS Training Supervisor. Once submitted, the reports are reviewed by WFD, which has designated staff who collaborate with the FSU and CPS divisions to address concerns through individualized plans for additional on the job and/or classroom training as needed.

New Worker Training Post-Probation Evaluation Survey

In 2024, the New Worker Training Post-Probation Evaluation survey was developed in collaboration with Workforce Development (WFD), LPCS, and the Department's Division of Performance Improvement. The survey assesses whether the NWTP effectively equips new employees with the fundamental skills and knowledge required for their roles. Results are analyzed by RIC staff and reviewed in partnership with WFD to inform ongoing evaluation and refinement of NWTP courses and program structure.

The survey was first distributed in November 2024 and is now administered following each cohort's completion of the program. The graph below presents initial findings from surveys collected between November 2024 and April 2025. As shown in Figure 4-20, titled *New Worker Training Post-Probation Evaluation*, responses were received from 18 out of 34 workers (53% response rate). Overall, approximately 85% of respondents expressed satisfaction with the NWTP curriculum, and 73% felt the program adequately prepared them with the essential skills and knowledge for their job duties.

Figure 4-20. New Worker Training Post-Probation Evaluation



Factors Affecting Performance

Although WFD has several evaluation methods (pre/post exam, Worker Confidence Survey, Course Evaluations, New Worker Training Post-Probation Evaluation Survey) in place to assess the effectiveness of the NWTP, the continuous hiring cycle of front-line staff has impacted WFD's capacity to analyze the results of these evaluation tools, further impacting their ability to identify and implement needed changes.

The Department has made ongoing concerned efforts related to staff recruitment and retention, specifically for front-line positions over the past several years. This has led to a continuous hiring cycle of front-line positions to support the Department's efforts to increase and sustain sufficient staffing levels. As a result, WFD is responsible for managing several training schedules simultaneously. Training sessions within the core curriculum are facilitated numerous times within a short period of time to ensure each new worker receives the required training. Additionally, a majority of cohorts consist of new workers with several different start dates. For example, of the 13 training cohorts who participated in the NWTP between February 2022 and October 2024, there were only 6 cohorts where all members were hired and began training on the same date. Of the remaining 7 cohorts, there was an average of 3 separate hire dates within each cohort, typically hired in two-week intervals. This has also contributed to WFD having to offer specific training sessions numerous times and overlap cohorts to ensure all new workers are receiving the required trainings.

Despite these challenges, WFD has been successful in ensuring all new workers receive the required training through the adaptation and implementation of different approaches.

However, their work capacity has been solely dedicated to providing training, leaving little time for curriculum development and evaluation.

Item Rating Summary

The CFSR Round 3 Final Report (2018) identified this item as an area in need of improvement, citing WFD's limited staffing capacity, which hindered its ability to meet the Department's needs for pre-service training. While data was collected to assess the effectiveness of this training, staffing shortages prevented the analysis of these data sources. These challenges led to the inclusion of targeted activities to enhance initial staff training within the Program Improvement Plan (PIP).

Since then, the Department has made a deliberate investment in strengthening WFD staffing and established the LPCS agreement with RIC. These efforts have resulted in a significantly enhanced New Worker Training Program (NWTP), which now better equips front-line staff with the knowledge and foundational skills required for their roles. Furthermore, the digitization of several evaluation tools has allowed WFD to streamline the assessment process and more effectively support continuous quality improvement efforts.

Considering all relevant qualitative and quantitative data sources used to evaluate this item, the Department finds that the NWTP is effectively preparing new staff to fulfill their responsibilities.

Based on our assessment of the information outlined above, Rhode Island rates item 26 as a Strength.

Item 27: Ongoing Staff Training

For this item, provide evidence that answers this question:

How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP so that:

- Staff receive ongoing training pursuant to the established curriculum and timeframes for the provision of ongoing training; and
- The system demonstrates how well the ongoing training addresses basic skills and knowledge needed by staff to carry out their duties?

"Staff," for purposes of assessing this item, includes all contracted and non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

"Staff," for purposes of assessing this item, also includes direct supervisors of all contracted and non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

State Response:

Beginning in 2023, the Department's Workforce Development (WFD) division began to develop an Ongoing Training Program in collaboration with Rhode Island College (RIC) as part of the Learning Partnership for Children's Services (LPCS) that is now continuously strengthened through collaboration with both internal and external stakeholders. WFD has a Clinical Training Specialist who works in collaboration with RIC staff and is devoted to the development and implementation of the Ongoing Training Program. Additionally, increased staffing in WFD allowed for a Casework Supervisor position to be devoted to the re-development and implementation of the Supervisor Training Program.

Ongoing Training Program

The Ongoing Training Program was officially launched in December 2023. In collaboration with RIC through the LPCS, a *Bi-Annual Learning Needs Survey* was developed and implemented to determine topic areas where staff expressed a need for additional training. This survey is not sent out to target front-line staff but rather is sent out to all Department staff (approximately 700). This survey was initially conducted in November 2023 and received 129 responses (18% response rate). The survey is now conducted bi-annually with subsequent surveys conducted in May 2024 (62 respondents, 8% response rate) and December 2024 (102 respondents, 15% response rate). The results of the survey are reviewed by WFD and RIC staff who then collaborate to identify and schedule training sessions to meet the identified training needs. Training opportunities offered by the Ongoing

Training Program are determined based on results of the *Bi-Annual Learning Needs Survey*, input from administration, availability of subject matter experts, and collaboration with RIC faculty through the LPCS to identify emerging issues and the implications for child welfare front-line staff.

Ongoing training opportunities were initially offered in February 2024 with a total of 40 training sessions occurring between February and December 2024. This equated to 100 total training hours with 904 participants (individuals were counted more than once if they attended multiple trainings). Trainings are offered via in-person, virtual, and hybrid formats. These trainings are facilitated by a combination of Department staff, RIC faculty, and subject matter experts from community organizations, including those with lived experience. Some training sessions also offered Continuing Education Units (CEUs) for licensure requirements held by some staff. Table 4-5 below shows the ongoing training sessions eligible for title IV-E reimbursement that had the highest attendance. A complete list of all **Ongoing Training Offerings Eligible for Title IV-E Reimbursement** is attached in Appendix H.

Table 4-5. Ongoing Training Sessions with the Highest Participation Rate

TRAINING	Organization	# of Participants
Eating Disorders	Unconditional Nutrition RI	46
Working With People with Co-occurring Disorders	C4	46
Professional Ethics for Public Child Welfare	Rhode Island College	42
Intersectionality Of Trauma	Rhode Island College	40
Secondary Traumatic Stress	Rhode Island College	39
Neurobiology of Trauma	Rhode Island College	33
Hope 101	Rhode Island College	31
Trauma-informed Case Analysis	Rhode Island College	31
Bipolar and Related Disorders	Rhode Island College	29
Youth Gangs, Violence, and Positive Change	Nonviolence Institute	29

Stakeholder feedback obtained during internal focus groups conducted in January 2025 indicated that workers found value in the provided training opportunities and felt the training topics expanded their knowledge base around issues routinely faced while performing their job duties. There is a desire however to expand training offerings to include application of specific topic areas such as identifying illicit substances and active substance use in a household for front-line staff in Child Protective Services.

Although there is currently no formalized core curriculum for the Ongoing Training Program, the Department periodically mandates training initiatives for all front-line staff. For example,

since CFSR Round 3 all front-line staff were mandated to attend a two-week in-person training totaling 60 hours on the Department's new Safety Assessment through Family Engagement (SAFE) practice model, as well as a multi-day 12-hour training on Motivational Interviewing.

The Department recognizes the need to develop a core ongoing training curriculum. WFD has initiated a planning process to develop a core curriculum that will be based on consistent themes identified from the results of the *Bi-Annual Learning Needs Survey*, and input and collaboration from administration on training topics to offer on a re-occurring basis. A separate survey titled *Workforce Development & Learning Partnership "Core" Ongoing Curriculum Feedback* was distributed to all staff in March 2025, asking specifically which training topics should be included in a core ongoing training curriculum. There was a total of 96 respondents (14% response rate). Table 4-6 below shows the survey results indicating the top 10 training topics selected respondents to be part of the ongoing training curriculum.

Table 4-6. March 2025 *Workforce Development & Learning Partnership "Core" Ongoing Curriculum Feedback Survey* Results

Training Topic	Responses
Trauma Effects on Attachment	47
Understanding Family Homelessness in Rhode Island	42
Secondary Traumatic Stress	39
De-Escalation	38
Professional Ethics for Public Child Welfare	36
Trends in Substance Use: Street Drugs 101	31
Advanced Level Domestic Violence	30
Working With People with Co-Occurring Conditions	28
Youth Gangs, Violence, and Positive Change	28
Self-Care Assessment and Planning	27

WFD and RIC staff will be utilizing these results to inform the development of the core curriculum for the Ongoing Training Program.

Supervisor Training Program

The Supervisor Training Program was planned for initial launch in 2020-2021. However, the program launch was delayed due to WFD having to prioritize the training of newly hired front-line staff. This resulted in WFD having to manage multiple initial training calendars simultaneously and not having the staffing capacity to develop and implement the Supervisor Training Program at that time. The addition of a Casework Supervisor position within WFD in September 2023 allowed WFD to resume planning and development of the program. Initial planning involved WFD engaging divisional leadership across all levels to review and provide input on the development of the curriculum. The Supervisor Training

Program implementation was led by the Casework Supervisor within WFD who was also responsible for identifying the supervisor cohorts who required the training and coordinate the scheduling of the training sessions.

The Supervisor Training Program was officially relaunched in September 2024 and consists of a 4-week, 10-session series of trainings. Although there is currently no formal written curriculum, the training program includes teaching on a Facilitative Supervision framework developed by the organization Evident Change. This supervisory approach emphasizes mentoring, joint problem-solving, and two-way communication between supervisors and supervisees. There is a subsequent session that covers the concept of Group Supervision also developed by Evident Change. There is a session titled Responsibility, Accountability, and Authority (RAA) that was developed and is facilitated by the WFD Training Director. The remaining 5 sessions are dedicated to providing overviews of divisions throughout the Department to broaden supervisor awareness and knowledge of Department functioning. These sessions are facilitated by staff from within those divisions who are responsible for the content and learning objectives of their respective sessions.

Participation is mandatory for supervisors of the Department's direct service divisions (CPS, FSU) who have been in their supervisory role for less than 2 years, and optional for supervisors with up to 5 years in their supervisory role. There is no supervisory training for those who have been in their supervisory role beyond 5 years. The training series is now being offered once annually in the Fall. Training sessions are facilitated by WFD and Department staff from the respective divisions that are included in the 5 sessions that provide divisional overviews. The September 2024 training cohort had 13 participants: 7 FSU supervisors and 6 CPS supervisors.

Stakeholder feedback from focus groups conducted in January 2025 regarding the Supervisor Training Program revealed that the curriculum provided a strong overview of existing internal systems and processes, however, did not provide sufficient training specific to employee management. The curriculum could be strengthened to focus on the development of practical management and leadership skills. Additionally, the training program was offered to a limited number of supervisors based on the criteria mentioned above. The Department does not currently offer any ongoing leadership and management training for supervisors who have occupied their roles for more than 5 years. Stakeholder feedback indicated a desire for ongoing training offerings targeted at supporting the professional development of supervisors to enhance management and leadership skills that would be open to all front-line supervisors.

Beginning in 2025, all supervisors Department-wide, regardless of how long they have occupied their supervisory position, will be required to complete the Leadership Academy for Supervisors (LAS) training curriculum. The LAS is a 36 – hour online program, which includes 5 modules, as well as a virtual workshop/session with the Caseworker Supervisor within WFD after completion of each module to review the contents. This training series is expected to take about a year to complete in its entirety.

Ongoing Training Requirements

Department staff are required to complete 20 hours of ongoing training annually. All trainings are recorded and entered in RICHIST under each individual worker's training window. This information is entered manually by WFD after each training occurs. Supervisors and front-line staff can access this information in RICHIST to view their total number of training hours per year. However, feedback from focus groups conducted in January 2025 revealed that not all supervisors and front-line workers were aware of or knew how to check RICHIST to monitor the completion of their ongoing training requirement.

Since Round 3 CFSR, the Department has explored additional reports to determine compliance with ongoing training requirements. RICHIST report 162, for example, does not provide the exact number of hours that a staff completed. Rather, it counts the total number of hours for the training even if the worker's status is a no show, absence, partially completed, etc. Also, RICHIST Report 162 does not separate out initial staff training from ongoing staff training. It was determined that using this report was not an effective tool. A strategy was developed during the Round 3 Program Improvement Plan (PIP) to create an Excel Dashboard that allowed workers, supervisors, and administrators to monitor the compliance of themselves, their units, and their divisions. The dashboard is saved in a shared drive and is updated quarterly. WFD sends out email communication to all staff periodically to remind them how to access the information and to contact WFD if there are concerns related to reaching 20 hours of required training. This method was effective initially during PIP implementation but has not been a sustainable method for accurate data reporting on compliance due to inconsistent use and monitoring.

Although mechanisms exist for staff to monitor their own compliance and progress toward the required 20 hours of annual ongoing training, completion of the required 20 hours is not verified by WFD or divisional leadership to ensure compliance on an annual basis. Currently there are no reporting mechanisms that show the percentage of staff in compliance.

Feedback obtained during focus groups conducted in January 2025 indicated that the voluntary nature of ongoing trainings is a deterrent for many front-line workers to attend. Additionally, training sessions being scheduled only during standard business hours despite many front-line employees working outside those hours limits their opportunities for ongoing training. Ultimately, the percentage of staff who complete the required 20 hours on ongoing training is unknown, and there is no recourse or required plan of action if an employee does not complete the required 20 hours annually.

In the Fall of 2025, the State is launching the Enterprise Resource Planning (ERP) system, known as Workday. This system will provide employees with more streamlined access to view their training record and enter completed trainings. This system will also allow the Department to monitor completion of the ongoing training requirement to hold staff accountable.

Train RI

In March 2025 the LPCS received authorization for Department staff to use TRAIN RI, a national learning network that provides thousands of quality asynchronous on-demand training opportunities. In addition to the thousands of additional training opportunities offered via TRAIN RI, the training sessions offered by WFD and the LPCS will be recorded and uploaded to TRAIN RI to increase access to staff who are unable to make the live session of the training. This will effectively expand access to each training opportunity to staff who work outside standard business hours. Each training in TRAIN RI requires the completion of a post assessment and evaluation and provides a certificate of completion that can be submitted to WFD for credit toward ongoing training hours.

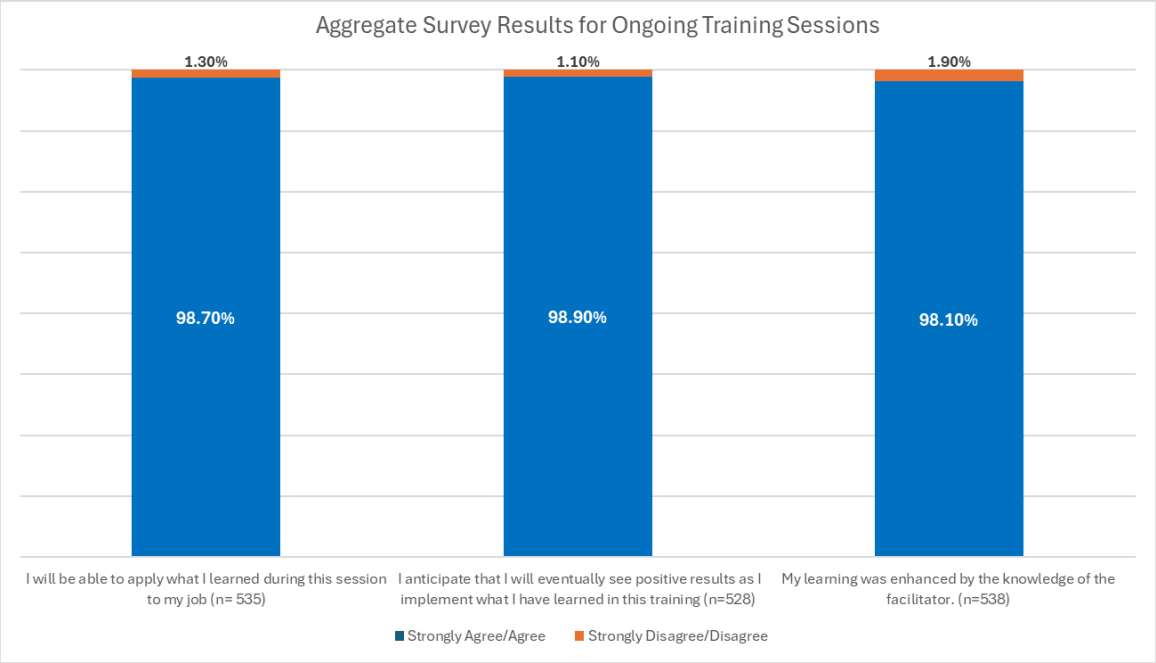
Evaluation Methods for Ongoing Training

Ongoing Training Program – Evaluations

At the conclusion of each training session, participants are invited to complete a standardized 12-question survey via Microsoft Forms. This survey is designed to assess the effectiveness of the training content, the applicability of the material to participants' roles, and the delivery quality of the facilitator(s). The same survey instrument is used across all sessions to ensure consistency. Survey results are reviewed by WFD and the LPCS and are also shared directly with the training facilitator(s). Figure 4-21 below represents the aggregate results from three key questions within the surveys administered in each of the 40 training sessions offered from February-December 2024. These three questions within the survey are specific to gauging the value and effectiveness of each training. There were over 500 respondents out of a total of 904 participants (55% response rate). Over 98% of respondents found that the trainings were applicable to their job, enhanced their knowledge, and were confident that implementing what was learned would lead to positive results.

While survey data provides valuable insight into participant perception, the Department does not currently have a formal mechanism in place to measure the long-term application of training content in practice. WFD has explored options to support this goal, including piloting follow-up sessions to discuss how training is being applied on the job. WFD offered two follow-up sessions in March and June 2024 and there was very low attendance. Due to staffing capacity and competing priorities, the sessions have not been continued, highlighting the need to explore alternative, sustainable strategies for reinforcing and assessing training impact over time.

Figure 4-21. Aggregate Survey Results for Ongoing Training Sessions



Bi-Annual Learning Needs Surveys (May & December 2024):

The *Bi-Annual Learning Needs Survey* first distributed in November 2023 has continued to evolve to include questions related to evaluating the ongoing training sessions being offered. The initial survey from November 2023 solely focused on determining staff learning needs prior to the launch of the Ongoing Training Program. The survey distributed in May 2024 had 62 respondents and asked two questions that provided insight into participants' perceptions of the ongoing trainings that had already occurred. One question asked what participants liked best about the ongoing training offerings. There was a total of 45/62 respondents answered this question (the remaining 17 respondents selected not applicable due to not attending a training). The majority of respondents appreciated the relevance of the trainings to their roles at the Department, with some appreciating the opportunity to earn Continuing Education Units (CEUs).

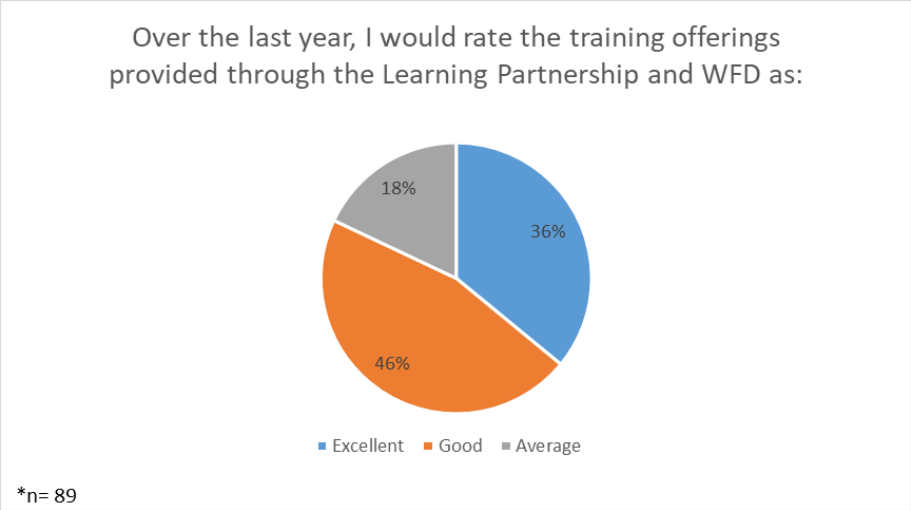
The second question asked for suggested areas to improve ongoing training offerings. All 62 respondents answered this question. The most commonly cited issues were scheduling conflicts and the need for more advanced notice before trainings. Others mentioned the desire for greater relevance to specific roles, emphasizing a need for more tailored content.

Together, these responses suggest that while the ongoing trainings are generally well-received for their practicality and accessibility, there is room to improve the planning, timing, and content customization to better meet participants' diverse needs.

The December version of the *Bi-Annual Learning Needs Survey* totaled 89 respondents and contained a question asking how participants would rate the ongoing training sessions

offered throughout 2024 (see Figure 4-22). Most respondents rated the trainings as either "Good (46%)" or "Excellent (36%)", with a smaller number selecting "Average (18%)."

Figure 4-22. Question extracted from December 2024 Bi-Annual Learning Needs Survey

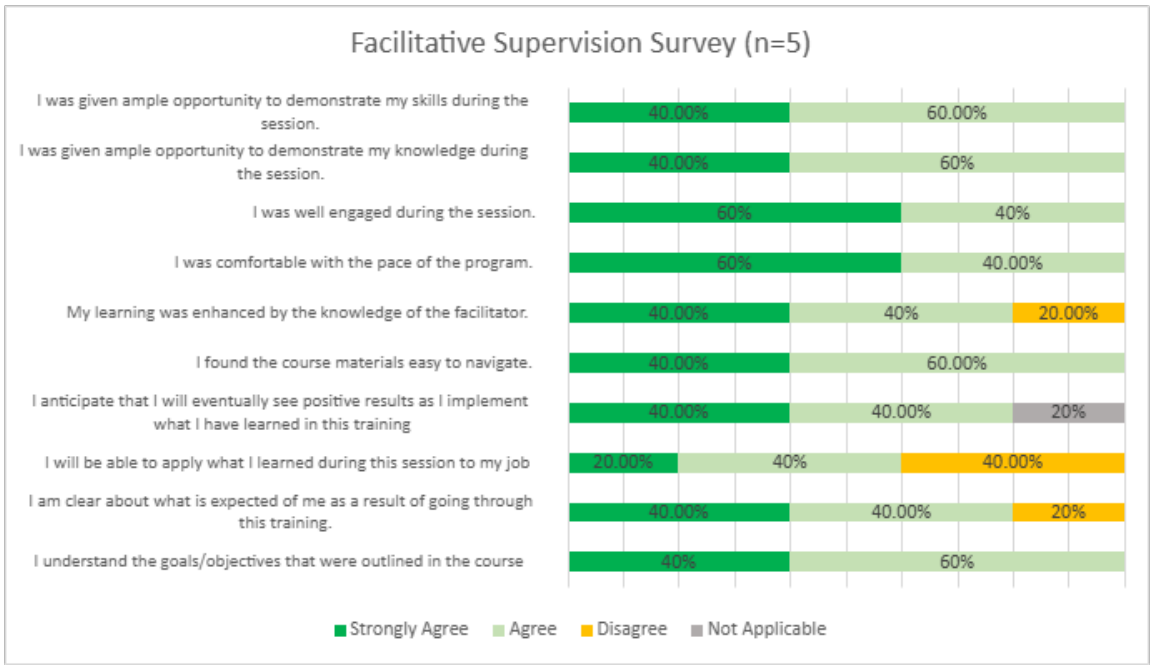


Supervisor Training Program - Surveys

The Supervisor Training Program has had one iteration which occurred in September 2024 and had 13 participants. There was no formal evaluation conducted regarding participant experience with the entire Supervisor Training Program. Participants were asked to provide verbal feedback at the conclusion of the training series to gauge effectiveness of the program in its entirety in supporting their skill development as supervisors. Feedback obtained via this method indicated that participants felt that the training program would benefit from an expanded focus on practical employee management and leadership skill development.

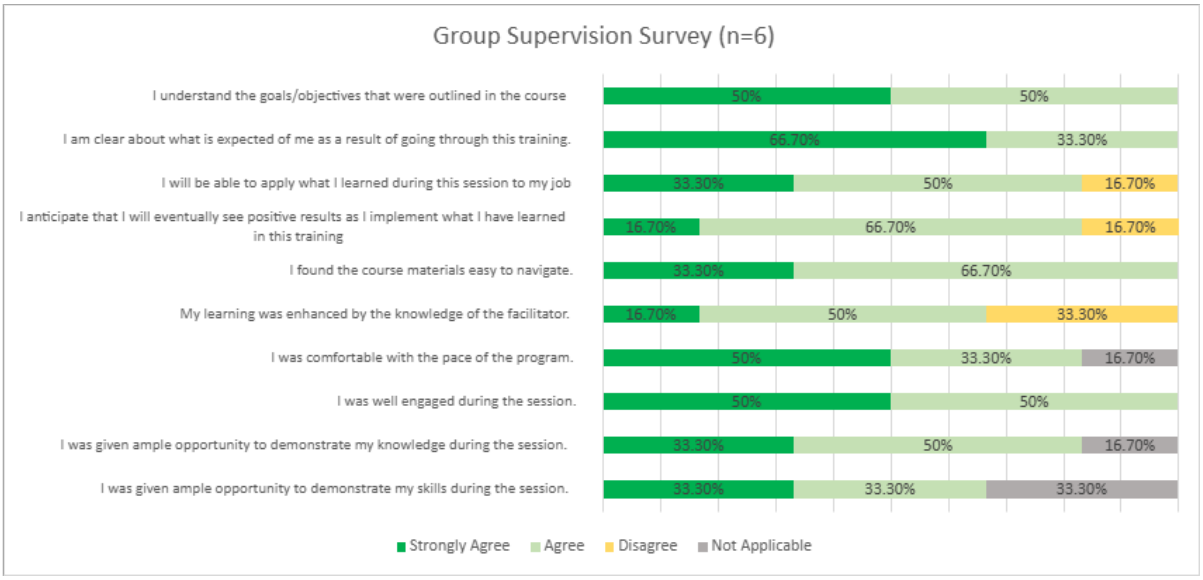
There were surveys conducted following the two-day training section on Facilitative Supervision and following the sessions on Group Supervision and Human Resources Discipline Procedures. These three surveys garnered low response rates and offered mixed reviews of those particular training sessions. Figures 4-23, 4-24 and 4-25 below show the results for each of the three surveys.

Figure 4-23. Facilitative Supervision Survey



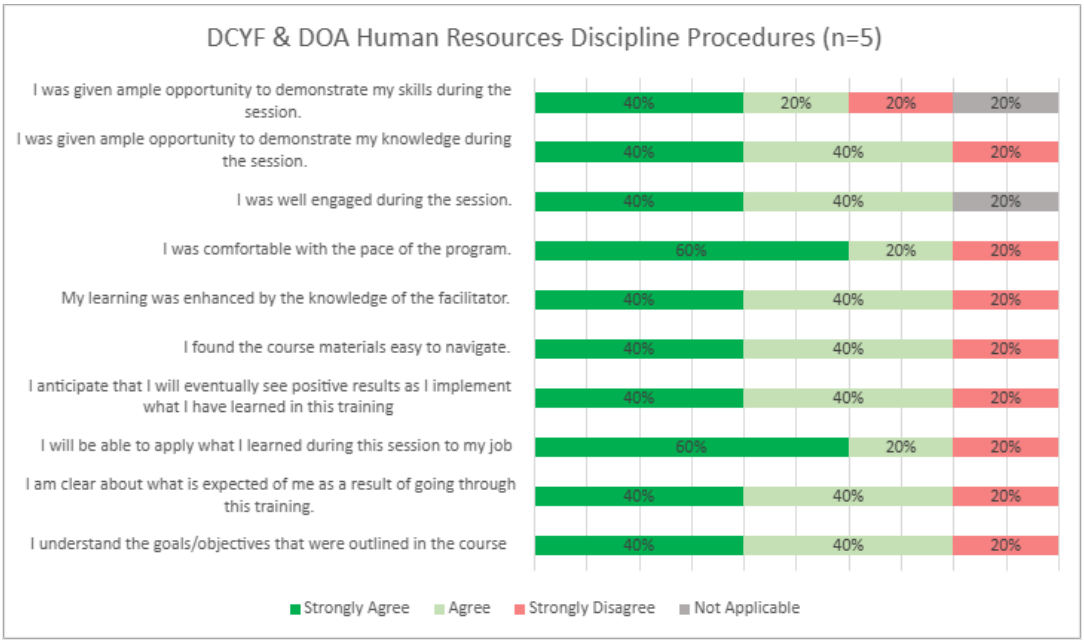
For the Facilitative Supervision training section, there was strong consensus on participants feeling comfortable with the program's pace and being given opportunities to engage and demonstrate their knowledge and skills. However, a few participants expressed disagreement or lack of clarity regarding expectations or the real-world applicability of the training, and one comment suggested a desire for more practical tips.

Figure 4-24. Group Supervision Survey



The Group Supervision feedback was generally positive, with participants mostly agreeing on the training's effectiveness and clarity. However, like the other sessions, one or two respondents disagreed about the applicability of the content or quality of facilitation. One participant noted that the training lacked hands-on strategies or clear takeaways.

Figure 4-25. DCYF & Department of Administration (DOA) Human Resources Discipline Procedures



For the Discipline Procedures session, while most feedback was again positive, one participant rated the session poorly across multiple categories, indicating a disconnect with the material or facilitation. Despite this outlier, others agreed the course had useful goals, was well-paced, and anticipated positive results from implementation.

WFD is planning to make adjustments to the Supervisor Training Program curriculum prior to the next iteration scheduled for the Fall of 2025. These adjustments will include a heavier focus on the application of Facilitative Supervision and group Supervision following the classroom instruction portions.

Item Rating Summary

In CFSR Round 3 conducted in 2018, the Department received an overall rating of area needing improvement for this item. There were several barriers identified during that time that directly impacted the rating: (1) The Department had very limited training infrastructure resulting in limited ongoing training opportunities being offered which impacted the ability of staff to complete the required 20 hours of ongoing training per year. (2) Staff adherence to completing ongoing trainings was not monitored or tracked, therefore the degree to which

staff were in compliance with completing the annually required 20 hours of trainings was unknown. Lastly, (3) there was no in-service training curriculum, particularly for supervisors.

Despite the Department's re-investment in WFD and the LPCS with RIC since CFSR Round 3, which has resulted in the implementation of an Ongoing Training Program that continues to be developed and expanded, several barriers to achieving substantial conformity remain. There is presently no formal core curriculum. Stakeholder feedback regarding the Supervisor Training Program revealed a need for curriculum changes to focus more heavily on employee management and leadership skill development. Lastly, tracking staff adherence to the required 20 hours of annual training remains cumbersome due to the current RICHIST system and inability to produce aggregate reports.

Based on our assessment of the information outlined above, Rhode Island rates item 27 as an Area Needing Improvement.

Item 28: Foster and Adoptive Parent Training

For this item, provide evidence that answers this question:

How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (who receive title IV-E funds to care for children) so that:

- Current or prospective foster parents, adoptive parents, and staff receive training pursuant to the established annual/biannual hourly/continuing education requirement and timeframes for the provision of initial and ongoing training; and
- The system demonstrates how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

State Response:

Initial Training

Non-Kinship Foster Parent Training

In accordance with Rhode Island Foster Care and Adoption Regulations (214- RICR-40-00-3), the Department requires all applicants for non-kinship foster care and adoption to participate in a Resource Family Pre-Service Assessment and Training program. The Department utilizes TIPS-MAPP (Trauma Informed Partnering for Safety and Permanence – Model Approach to Partnership in Parenting), developed by the Children's Alliance of Kansas, as the required training curriculum for all non-relative, adoptive, and treatment resource foster parents in Rhode Island.

The TIPS-MAPP curriculum, offered a minimum of 9 times annually, is a 10-week course facilitated by Clinical Training Specialists who have been certified by the Children's Alliance of Kansas. Each module is 3 hours totaling 30 hours of pre-service training. TIPS-MAPP requires that each series be conducted by two certified TIPS-MAPP trainers, one of whom must also be an experienced foster parent. DCYF utilizes three DCYF staff members who are certified TIPS-MAPP leaders, and partners with the community agency Adoption Rhode Island who provides TIPS-MAPP certified foster parents as co-trainers. A Spanish TIPS-MAPP training is also offered as needed and is facilitated by certified TIPS-MAPP trainers with lived experience identified by the Department and supported with title IV-B funding. The TIPS-MAPP training series is conducted via a combination of hybrid, virtual, and in-person formats. Training sessions are offered at times and locations convenient to participants, including evenings and weekends. In-person training sessions occur at Department offices in Providence and Wakefield, RI. The Spanish TIPS-MAPP training series occurs at the Providence office. Table 4-7 below shows the complete TIPS-MAPP training curriculum.

Table 4-7. TIPS-MAPP Training Curriculum

Course	Syllabus	IV-E Functions Addressed
Meeting 1: Welcome To the TIPSMAPP Group Preparation and Selection Program	Acquaints leaders and participants with the TIPSMAPP Program and each other. This meeting explains the process of becoming a foster or adoptive parent and the legal foundations for child welfare services. With a focus on safety, well-being and permanence, participants will meet several children and parents (in a video) who have been involved with foster care and adoption.	Preparation for prospective foster or adoptive parents and members of state licensed childcare institutions providing care to foster and adopted children receiving Title IV-E assistance.
Meeting 2: Where the MAPP Leads: A Foster Care and Adoption Experience	Provides an overview of a foster care and adoption experience from the perspective of clients, foster parents, adoptive parents, and child welfare workers. Uses case examples to explore safety, well-being, and permanence needs of children who have experienced abuse or neglect.	Preparation for prospective foster or adoptive parents and members of state licensed childcare institutions providing care to foster and adopted children receiving Title IV-E assistance.
Meeting 3: Losses and Gains	Explores the impact of separation on children's growth and development, and the emotional effects of foster care and adoption on both children and parents. Examines how personal loss experiences affect success as a resource parent.	Preparation for prospective foster or adoptive parents and members of state licensed child are institutions providing care to foster and adopted children receiving Title IV-E assistance.
Meeting 4: Helping Children with Attachments	Covers the development of attachment in children and the challenges faced by	Preparation for prospective foster or adoptive parents and members of state licensed childcare institutions

Course	Syllabus	IV-E Functions Addressed
	those in foster care and adoption. Emphasizes the roles of foster/adoptive parents and social workers in supporting healthy attachments.	providing care to foster and adopted children receiving Title IV-E assistance.
Meeting 5: Helping Children Learn to Manage Their Behaviors	Presents trauma-informed techniques for managing challenging behavior, emphasizing non-physical discipline. Covers tools like time-out, reinforcement, and mutual problem-solving.	Preparation for prospective foster or adoptive parents and members of state licensed childcare institutions providing care to foster and adopted children receiving Title IV-E assistance.
Meeting 6: Helping Children with Birth Family Connections	Discusses identity formation, cultural background, and the importance of maintaining birth family connections. Highlights why visits and ongoing contact are vital.	Preparation for prospective foster or adoptive parents and members of state licensed childcare institutions providing care to foster and adopted children receiving Title IV-E assistance.
Meeting 7: Gains and Losses: Helping Children Leave Foster Care	Covers reunification and alternative permanency options. Addresses the emotional impact of transitions on children and the collaborative role of the support team.	Preparation for prospective foster or adoptive parents and members of state licensed child are institutions providing care to foster and adopted children receiving Title IV-E assistance.
Meeting 8: Understanding the Impact of Fostering and Adopting	Examines the effects of fostering/adopting on the family unit, including partner dynamics, relationships with biological children, and extended family challenges.	Preparation for prospective foster or adoptive parents and members of state licensed childcare institutions providing care to foster and adopted children receiving Title IV-E assistance.
Meeting 9: Perspectives in Adoptive Parenting and Foster Parenting - Teamwork and Partnership	Continues exploring the family impact of fostering/adopting. Includes a panel of experienced foster/adoptive parents who share real-world insights and guidance.	Preparation for prospective foster or adoptive parents and members of state licensed childcare institutions providing care to foster and adopted children receiving Title IV-E assistance.

Course	Syllabus	IV-E Functions Addressed
Meeting 10: Endings and Beginnings	Wrap-up session assessing participants' strengths and needs. Marks the conclusion of the preparation phase and transition into becoming a foster or adoptive family.	Preparation for prospective foster or adoptive parents and members of state licensed childcare institutions providing care to foster and adopted children receiving Title IV-E assistance.

The Department currently contracts 6 private agencies intended to provide therapeutic or treatment level foster care. All foster and adoptive parents recruited and supported by these agencies are also required to complete the TIPS-MAPP training curriculum per RI foster care regulations. All TIPS-MAPP training series are scheduled and coordinated by the Department in collaboration with private agencies. Training series are held three times per year at minimum, with additional sessions scheduled as needed. The need for additional training series is identified through ongoing communication with private agencies during weekly meetings.

The Department leads all planning efforts for additional trainings and works closely with private agencies to review training content. Department staff attend each session, manage attendance, and ensure the TIPS-MAPP curriculum is delivered with fidelity.

The completion of the training series for both Department and private agency foster and adoptive parents is tracked via the Department's statewide information system (RICHIST), as well as Binti, an external forward-facing portal for foster and adoptive parents to access. All prospective foster and adoptive parents must complete the TIPS-MAPP training series in its entirety. If more than two 2 sessions are missed, the participant is required to repeat the entire training series.

From January 2022 – December 2024, the TIPS-MAPP training series was conducted 28 times, 25 of which were in English and 3 in Spanish. There was a total of 442 people who registered for the TIPS-MAPP training series with 310 (70%) participants successfully completed the entire training series.

In September 2022, the Department was awarded funds to create a peer mentor program for non-kinship foster and adoptive parents known as *Supporting Our Anchors*. Since that time, following meeting 6 of the TIPS-MAPP training curriculum, prospective foster and adoptive parents are automatically referred to the Department's *Supporting Our Anchors* program. This program provides system guidance in the process of matching and placement, clarification regarding the foster and adoptive parent role, responsibilities and expectations, support regarding strengthening the foster and adoptive family and biological family connection, and how to advocate and communicate for themselves and the child (ren) in their care. All peer mentors in this program have lived experience as either foster or adoptive parents, have been licensed with the Department, and understand the unique

challenges of these roles. From September 2022 through December 2024, the *Supporting Our Anchors* program served 288 non-relative foster and adoptive families.

Kinship Foster Parent Training

"Kinship placement" is defined in Department Operating Procedure 300.0010 as placing a child or youth with a relative or with someone who has a significant pre-existing emotional relationship with the child, such as a godparent, family friend, neighbor, or clergy member. Training requirements for kinship foster parents consists of a 3-hour virtual Kinship Caregiver training session facilitated by a Clinical Training Specialist within the Licensing and Resource Families Division. This 3-hour training session has a consistent curriculum that provides a comprehensive overview and discussion on the topics listed below:

- What is a Kinship Caregiver
- Family Dynamics
- Resources
- Trauma
- Discipline vs. Punishment
- Permanency

The training session also includes portions of a 4-part video series titled *Coping with the Unique Challenges of Kinship Care* offered by the Annie E. Casey Foundation.

The training session moved to a virtual format during the Pandemic in 2020 and has remained in that format to offer more flexibility to kinship foster parents. This training is offered an average of 4 times per month and oftentimes occurs after standard business hours to accommodate foster parents who work. This training is also offered in Spanish on an as-needed basis.

From January 2022 – December 2024, the Kinship Caregiver training session was conducted 159 times; 139 sessions in English and 20 in Spanish, with a total number of 1,156 kinship families completing the training. Kinship foster parents are required to complete the training within the 180-day timeframe allotted to complete the licensure process. This is tracked via RICHIST and Binti. The Licensing and Resource Families Division has maintained a training completion rate of 100% since 2023. However, the overall number of kinship foster parents who were required to take the training but did not complete it could not be obtained, which limits the ability to fully assess training compliance across the kinship foster parent population.

Since 2020, the Department has provided a peer mentor program to kinship foster parents, known as the *Kinship Connections* program. Peer mentors are referred at any point following the initial placement of a child. Between January 2022 and December 2024, the *Kinship Connections* program served 297 kinship families.

Ongoing Training

Ongoing Training Requirements - Foster & Adoptive Parents

Effective July 2025, following the enactment of new foster care regulations by the RI State Legislature, all non-kinship foster and adoptive parents licensed in the state, whether through private agencies or the Department, are now required to complete 15 hours of ongoing training per licensing period (2 years). The Department's Licensing and Resource Families Division will track compliance with training requirements via RICHIST and Binti.

Although there were no formal ongoing training requirements for foster and adoptive families licensed by the Department prior to the adoption of the new foster care regulations, the Department has long maintained infrastructure to support continued learning. The Licensing and Resource Families Division offers an annual in-service training calendar that invites both kinship and non-kinship foster and adoptive parents to voluntarily participate in a variety of training opportunities.

The training calendar includes both in-person sessions and online courses through Foster Parent College (FPC), an interactive multimedia platform made available to all Rhode Island foster and adoptive parents since 2021. FPC provides research-based courses created by leading experts in parenting, social work, psychology, and education. Many of these courses are available in both English and Spanish, with 22 courses currently offered in both languages. The platform is accessible 24/7, with asynchronous, self-paced modules—most of which can be completed in under two hours. In addition to audio, video, and interactive content, each course includes downloadable and printable materials such as viewer guides, worksheets, and resource sheets to support learning.

From January 2022 to December 2024, foster and adoptive families in Rhode Island completed a total of 2,104 training hours on the FPC platform. The Department's Licensing and Resource Families Division does not review FPC training usage at the individual foster parent level but instead evaluates the data to identify overall trends in the types of trainings being accessed.

Beginning in 2022, the Licensing and Resource Families Division partnered with peer mentor programs to enhance FPC offerings by adding a virtual live learning component. Each month, a featured course is highlighted, allowing families to view course materials at their own pace, then join a live virtual session to discuss key takeaways, share personal experiences, and exchange practical advice. These sessions help build community among foster families while also adapting national training content to the specific needs of the Rhode Island system.

In calendar year 2024 alone, families logged 364 training hours through these virtual live sessions. While formal tracking of participation did not begin until 2024, the Department estimates that families completed over 500 hours of virtual live training between 2022 and 2023, as these opportunities expanded.

Table 4-8 below provides a complete list of the in-service training opportunities promoted through the 2025 in-service training calendar.

Table 4-8. 2025 Foster & Adoptive Parent In-Service Training Calendar

Month	Training Topic(s)	Learning Objective(s)
January	Foster Parent College: Trauma-Informed Parenting (English)	Explores how parents can care for a child while being sensitive to his or her past traumatic experiences.
February	Prudent Parenting and Normalcy in Care (English and Spanish Sessions) SAFE Model Training for Resource Caregivers (English)	Resource caregivers will learn about the role and responsibilities of resource parents in making day-to-day decisions supporting the children and youth in their care. Promote awareness of DCYF's Safe Model and to gain a deeper understanding of DCYF's safety plan determining factors.
March	Foster Parent College: Understanding Behaviors in Foster Children Nuts and Bolts of Foster Care (English and Spanish Session)	Explores problematic behavior in foster children and how foster parents can better understand the purpose of a child's behavior through careful observation. This training is specifically for Rhode Island resource caregivers with new or pending foster care licenses. This session reviews common topics that arise in foster care in Rhode Island, including: • Navigating the child wellbeing system • Frequent forms and processes

Month	Training Topic(s)	Learning Objective(s)
		• Medical & dental insurance • Car seat and crib safety • Other universal subject matter
April	Foster Parent College: Noncompliance/Defiance	Examines the spectrum of cooperation and noncompliance, from fearful cooperation to defiance, including the zone in the middle of the spectrum called self-assertion.
May	Foster Parent College: Understanding Birth Family Relationships	Explores the benefits and challenges of building a working relationship between foster and primary families, and offers strategies for developing respectful, positive communication.
June	Foster Parent College: Supporting LGBTQIA+ Youth	Explores the experiences of LGBTQ+ youth in care and how parents can support LGBTQ+ children and teens at home and in the community.
July	Foster Parent College: Working Together with Birth Families – Visitation	What to expect before, during, and after visitation with birth parents and strategies for helping the foster child transition back to their foster home are examined in this course.
August	Foster Parent College: Sleep Problems	Examines four types of sleep problems in children: fears about sleeping alone, frequent waking and roaming, nightmares and night terrors, and sleep problems and depression.
September	Foster Parent College: Building Trust, Motivating Change	Explores how parents can use motivational interviewing techniques to help build trust with the youth in their home, engage

Month	Training Topic(s)	Learning Objective(s)
		them in conversation, and encourage behavior change. Designed for parents of teens, but may be helpful for parents of younger youth as well.
October	Prudent Parenting and Normalcy in Care (English and Spanish Sessions) Foster Parent College: Social and Physical Aggression	In this session, resource caregivers will learn about the role and responsibilities of resource parents in making day-to-day decisions supporting the children and youth in their care. This Advanced Parenting Workshop explores social and physical aggression in children. With the help of Dr. Delaney and his teaching assistant, participants learn how to support children with aggressive behavior.
November	Foster Parent College: Foster Care to Adoption	Explores the process and challenges of moving from foster care to adoption and offers insight and advice for helping adoptive family members through those challenges.
December	Nuts and Bolts of Foster Care (English and Spanish Sessions).	This training is specifically for Rhode Island resource caregivers with new or pending foster care licenses. In this session, common topics that arise in foster care in Rhode Island are reviewed, including: - Navigating the child wellbeing system - Frequent forms and processes - Medical & dental insurance - Car seat and crib safety

Month	Training Topic(s)	Learning Objective(s)
		- Other universal subject matter

Ongoing Training Requirements - Kinship Foster Parents

Once the updated foster care regulations are approved, the new training requirements will not apply to kinship foster parents. There will continue to be no formal ongoing training requirements for kinship foster parents. However, they will still have access to Foster Parent College and in-person trainings offered by the Licensing and Resource Families Division to support their skills and knowledge in their role.

Ongoing Training Requirements - Private Agencies

Licenses for a significant number of foster and adoptive parents are maintained through 6 private agencies under contract with the Department. Previously, ongoing training requirements for private agency foster parents were outlined within each agency's individual contract agreement with the Department. These contracts did not mandate a specific number of training hours but instead required agencies to provide comprehensive ongoing training opportunities and support beyond the initial TIPS-MAPP training, particularly for families caring for children and youth with challenging behaviors and intensive treatment needs. With the approval of new foster care regulations, all private agency foster and adoptive homes will now be required to complete 15 hours of ongoing training per licensing period. This change standardizes training expectations across all agencies, ensuring a consistent level of preparation and support for families regardless of the agency with which they are affiliated.

In alignment with these standardized requirements, private agencies continue to offer a variety of in-service training opportunities, often tailored to the specific needs of the foster and adoptive parents they serve. To further support these efforts, the Department provides access to Foster Parent College and the yearly in-service training calendar. In addition, the Department has strengthened collaboration with private agencies to promote reciprocal training opportunities, enabling Department foster parents to participate in agency-led sessions. This initiative aims to broaden the availability and diversity of training resources statewide, enhancing support for all foster and adoptive families.

Private agencies are responsible for providing the Department with verification that ongoing training requirements have been met as part of the re-licensure process, which occurs every two years. As part of this process, the Licensing Unit within the Licensing and Resource Families Division conducts a file review to confirm compliance, primarily through documentation of completed professional development activities, including ongoing training. Currently, the Department does not have a mechanism to independently track compliance with ongoing training requirements between re-licensure periods, relying instead on self-reported verification provided by private agencies. The Department is in the

process of developing a new CCWIS and is exploring its capacity to include a tracking mechanism for foster parent training.

Stakeholder Feedback

As part of the Director's 2023–2024 Listening and Learning Tour and a series of focus groups held throughout 2025, the Department gathered direct feedback from foster and adoptive parents, as well as staff from private agencies contracted by the Department to recruit, license, and support foster and adoptive parents. More than 100 individuals participated across eight distinct focus groups, including a dedicated Spanish-speaking focus group of over 30 participants. This broad engagement ensured that diverse and statewide perspectives were represented in the feedback collected.

Stakeholders consistently affirmed that the TIPS-MAPP training series effectively prepares foster and adoptive parents by providing a comprehensive understanding of their roles, responsibilities, and expectations. Participants also highlighted the *Supporting Our Anchors* peer mentor program as a vital resource that supplements the training, offering much-needed support and encouragement to new foster parents.

Similarly, kinship caregivers reported that the Kinship Caregiver virtual training session delivered essential knowledge and guidance tailored to their unique circumstances, particularly given that children are often placed with kinship caregivers on an emergency basis, prior to licensing and formal training. The *Kinship Connections* peer mentor program was widely viewed as a critical resource, providing timely support and guidance.

Despite these strengths, focus groups highlighted some areas for improvement. Spanish-speaking foster parents in particular reported limited awareness of ongoing training opportunities, such as those offered through Foster Parent College. Technological barriers were also noted, especially among kinship caregivers with limited digital proficiency. Encouragingly, caregivers engaged in peer mentor programs were more aware of available training opportunities, as mentors actively shared and promoted these resources.

Finally, foster and adoptive parents affiliated with private agencies expressed strong awareness of ongoing training opportunities through Foster Parent College and the Department's in-service training calendar. These agencies were commended for their proactive efforts to guide caregivers toward relevant and tailored professional development resources.

Evaluation Methods for Foster & Adoptive Parent Training

TIPS-MAPP Participant Final Evaluation

At the conclusion of each TIPS-MAPP training series participants are asked to complete the *TIPS-MAPP Final Evaluation* survey to assess participant satisfaction and gather feedback on the effectiveness of the TIPS-MAPP program, including content delivery, instructor

performance, and overall impact. This survey includes eight questions using a 5-point Likert scale format. These questions assess participants' satisfaction with the training overall, the clarity and adequacy of the presentation, the likelihood they will use the information at home, and the perceived effectiveness of the instructor in terms of comfort, knowledge, participation, and ability to answer questions. In addition to the scaled responses, the survey includes four open-ended questions that allow respondents to elaborate on their experience. These questions ask about the most important things learned, topics they wish had been covered in more depth, suggestions for improving the training, and any final comments. This structure enables evaluators to quantify satisfaction while also gathering deeper, narrative insights that can guide future training enhancements.

Of the surveys distributed between January 2022-December 2024, there were 256 respondents out of a total of 310 participants (82% response rate).

The overall feedback for the TIPS-MAPP program was overwhelmingly positive, with participants consistently highlighting its strengths, impact, and relevance. Many respondents expressed appreciation for the program's structure and delivery, describing it as informative, eye-opening, and emotionally engaging. One participant shared that "the visualizations and exercises we did were the most powerful part, as well as the real-life examples and group discussion," while another commented, "the class opened up our eyes to things that we had not thought about—like court dates, relationships with bio parents, and working with other system partners."

The strengths most frequently cited included the program's ability to foster personal growth, improve parenting skills, and build empathy for children in care. Practical knowledge was also a major takeaway. When asked about areas where the program may have fallen short, most participants responded with variations of "nothing" or "none." Suggestions for improvement were generally constructive and thoughtful, ranging from "make half in-person, half Zoom [virtual]" to deeper content on cultural sensitivity and inclusion.

In reflecting on how they would apply the skills learned, participants highlighted the importance of communication, conflict resolution, and building strong relationships in their homes.

The Recruitment Development and Support (RDS) team within the Licensing and Resource Families Division reviews survey results after each training series. Feedback is used to adjust curriculum delivery, support individual assessments with families, and guide leader development.

Examples of how feedback has been used to enhance the training experience include: In 2022, participants noted that the training lacked opportunities to connect with other prospective foster parents. In response, the RDS team incorporated additional breakout sessions to encourage peer interaction. Survey feedback is also reviewed with the Children's Alliance of Kansas to identify trends and inform curriculum updates. For

instance, when participants expressed a need for more training content on trauma, the RDS team collaborated with the Children's Alliance to strengthen the trauma-related components of the TIPS-MAPP curriculum. These curriculum enhancements went into effect in the fall of 2023.

For participants who report negative experiences or identify challenges in having their learning needs met, the RDS team offers direct support by meeting with these families and providing additional training and resources as needed. This individualized support is possible due to the relatively low percentage of participants who report negative experiences.

Kinship Caregiver Training Satisfaction Survey

The Kinship Caregiver Training Satisfaction Survey is designed to collect feedback from participants who attend the Kinship Caregiver training sessions. The survey includes eight questions utilizing a 5-point rating scale to assess key areas such as overall satisfaction, clarity of presentation, adequacy of information provided, and instructor effectiveness. In addition, the survey features 3 open-ended questions, allowing respondents to elaborate on which topics they found most important, identify areas where additional information would be beneficial, and offer suggestions for improving the training.

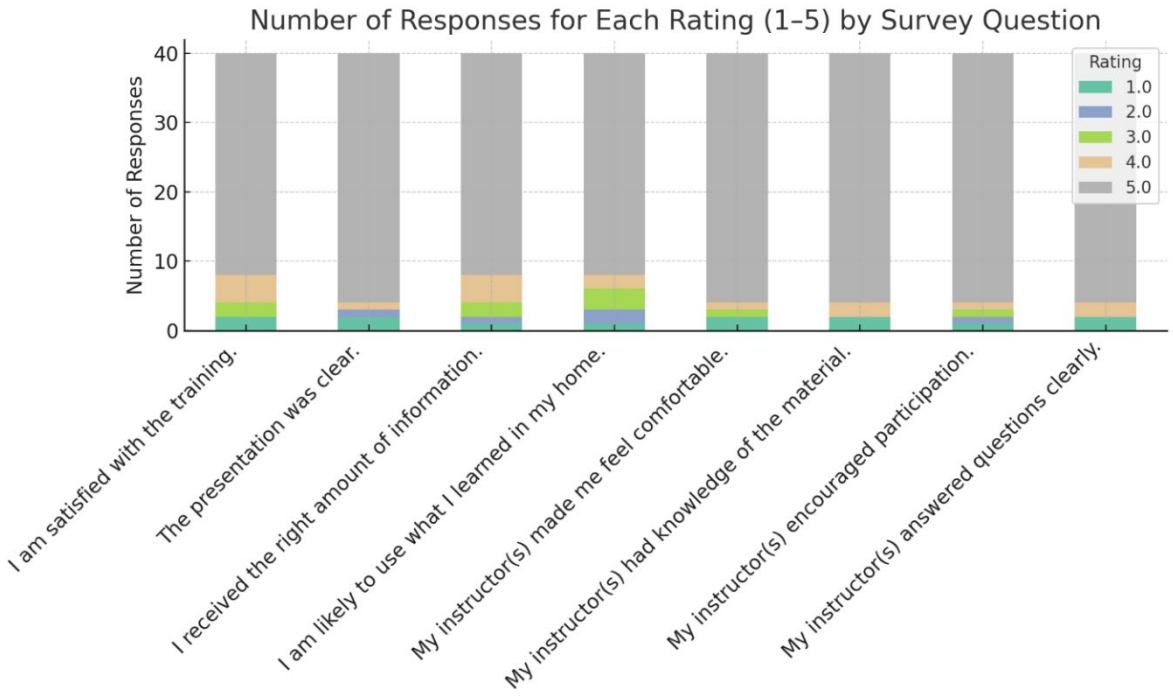
Historically, the survey has experienced a low response rate, largely due to the level of technological support needed by the population served. The Licensing and Resource Families Division continues to evaluate and enhance the survey distribution process to maximize participation. Strategies have included encouraging peer mentors to promote survey completion among their mentees and having training facilitators distribute the survey at the conclusion of each session, providing real-time technical assistance to support participants in completing it before departing.

Evaluations are regularly reviewed with trainers and supervisors to strengthen content, refine delivery, and ensure the training remains meaningful and relevant. Insights from these surveys have led to enhanced support for families, including improved connections to community resources and expanded kinship-specific training opportunities.

The most recent available data from the Kinship Caregiver Training Satisfaction Survey reflects sessions held between July 2024 and March 2025. During this period, 40 responses were received from 251 participating families, yielding a response rate of 16%. Figure 4-26 below displays the average satisfaction ratings across eight key areas of a Kinship Caregiver Training. These questions were rated on a scale from 1 to 5, with 5 being the highest. The data reveals consistently high satisfaction, with all average scores near the top of the scale. The highest-rated aspects were the instructor's knowledge of the material and the clarity of their answers to questions, both reflecting strong instructional quality. The ratings indicating the likelihood participants could use what they learned were also consistently high. These results suggest a well-received training overall, with slight opportunities to enhance

practical application and personal engagement. Participants also reported a strong likelihood of applying what they learned within their homes.

Open-ended responses highlighted the value of information provided on community resources, caregiver responsibilities, and trauma-informed care. Suggestions for improvement included offering more trauma-specific content, providing earlier access to training materials, and tailoring sessions more closely to the unique needs of kinship caregivers. Overall, the feedback reflects a positive reception of the training, with particular appreciation for the facilitators' expertise and compassionate approach.



Foster Parent Satisfaction Survey

The Foster Parent Satisfaction Survey was developed collaboratively by the Department and the Foster Parent Advisory Council. Created in 2022, the survey was translated into both English and Spanish and was first distributed between March and April 2023. This survey is distributed statewide and is comprised of 34 questions: 12 focused on demographics and overall satisfaction, and 22 Likert scale questions organized into five thematic sections, one of which addresses training. The survey is distributed via email to all Department and private agency foster parents. Additionally, caseworkers are provided the link and asked to forward it to the foster parents on their case load. The training section asks the participants to rate the following three questions from strongly disagree to strongly agree:

- ✓ Overall, I was satisfied with the training I attended.

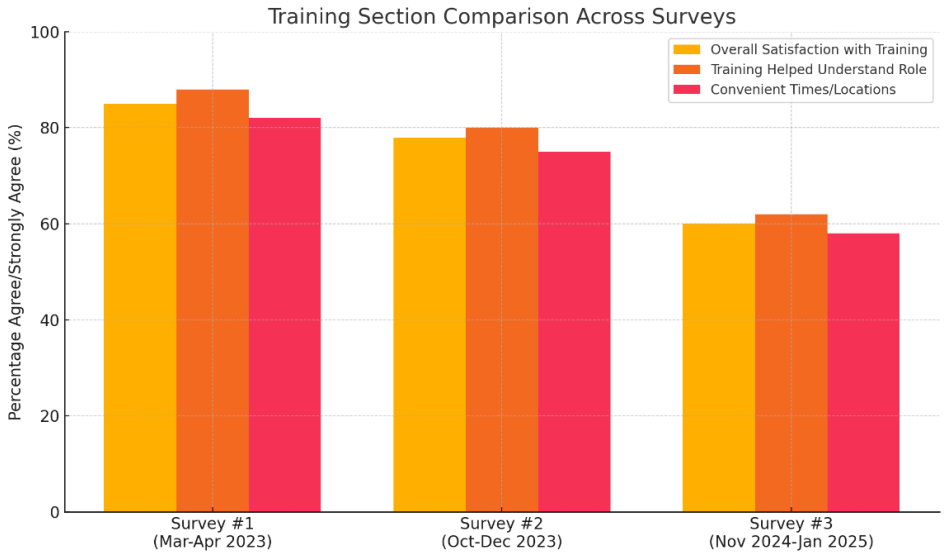
- ✓ The training materials helped me understand my role and responsibilities as a foster parent and better prepared me to care for a foster child.
- ✓ Trainings were available at convenient times and locations.

The initial distribution in March–April 2023 was distributed statewide to 970 foster parents and yielded 178 responses, representing an 18% response rate. The survey was redistributed from October to December 2023 to include foster parents who had recently become inactive (i.e., no longer fostering at the time of the initial distribution) and were therefore not included previously. This round was sent to 1,119 foster parents and received 160 responses (a 16% response rate). The most recent distribution, conducted between November 2024 and January 2025, was sent to 923 foster parents and received 68 responses, reflecting a 7% response rate. It should be noted that the survey does not collect data regarding respondents' geographic location within the state; therefore, it is not possible to determine the extent to which the responses are geographically representative.

Over successive survey distributions, there has been a notable decline in response rates among foster parents. While the initial distribution in 2023 achieved an 18% response rate, subsequent rounds saw a decrease to 16% and, most recently, to just 7% during the 2024–2025 distribution period. This downward trend highlights potential challenges in survey engagement and suggests a need for the Department to re-evaluate its outreach strategies, survey timing, and accessibility.

Figure 4-27 below illustrates the responses across all three training-related questions over the 3 survey periods. In the March–April 2023 survey, satisfaction levels were relatively high, with 82–88% of respondents agreeing or strongly agreeing that training was satisfactory, helpful, and convenient. However, by the October–December 2023 survey, these percentages decreased slightly, indicating a modest decline in satisfaction. The most significant decline occurred in the November 2024–January 2025 survey, where satisfaction levels fell to approximately 58–62% across all training indicators. Despite the data showing a decreased satisfaction with foster parent training, it is important to note that the response rate between the three survey periods dropped dramatically. The recent decrease in response rate limits the ability to generalize the perceived decline in training satisfaction to the entire foster parent population. In contrast, the survey conducted in March–April 2023, which had the highest response rate at 18%, reflected higher satisfaction levels and is considered higher-quality data due to its stronger participation.

Figure 4-27. 2023–2025 Foster Parent Satisfaction Survey Results – Training Section



Item Rating Summary

During Round 3 of the CFSR, the Department received a rating of Area Needing Improvement for Item 28: Foster and Adoptive Parent Training. This rating was primarily based on stakeholder feedback indicating that the training provided to kinship foster parents was insufficient. Additionally, the Department did not have any ongoing training requirements for foster and adoptive parents licensed directly through the state. Furthermore, private agencies reported a lack of clarity regarding their contractual obligations for providing ongoing training to foster parents licensed through their organizations.

Since that review, the Department's Licensing and Resource Families Division has implemented several improvements. Notably, the Kinship Caregiver Training Session was revised, and stakeholder feedback now reflects that the training is both accessible and effective in equipping kinship caregivers with the foundational knowledge necessary to fulfill their roles as foster parents. The Department also now offers a comprehensive array of ongoing training opportunities—available through the Foster Parent College (FPC) and a well-advertised in-service training calendar—to meet the learning needs of both kinship and non-relative foster and adoptive parents. The Department has also developed peer mentor programs for both kinship and non-relative foster parents, which have proven to be valuable resources that supplement formal training and provide ongoing guidance and support.

Lastly, the forthcoming foster care regulations will establish clear and consistent expectations for ongoing training requirements for non-relative foster parents licensed through both the Department and private agencies.

Based on this progress and the improvements outlined above, the State of Rhode Island rates Item 28 as a Strength.

E. Service Array and Resource Development

Item 29: Array of Services

For this item, provide evidence that answers this question:
How well is the service array and resource development system functioning to ensure that the range of services specified below is available and accessible in all political jurisdictions covered by the CFSP?

- Services that assess the strengths and needs of children and families and determine other service needs;
- Services that address the needs of families in addition to individual children in order to create a safe home environment;
- Services that enable children to remain safely with their parents when reasonable; and
- Services that help children in foster and adoptive placements achieve permanency.

State Response:

The Rhode Island Department of Children, Youth and Families (DCYF) has combined responsibility for child welfare (including Child Protective Services, Family Services, and Permanency Support), juvenile justice (including the Rhode Island Training School and Juvenile Probation), and children's behavioral health. Per Rhode Island General Law 42-72-5.2, DCYF is tasked with the responsibility of planning, developing, and evaluating a statewide array of behavioral health services that serve not only the children involved with DCYF but all Rhode Island children. DCYF carries out its statutory responsibilities in collaboration with other State agencies that together make up Rhode Island's child and family well-being system. These include the Executive Office of Health and Human Services (EOHHS), Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH), Department of Education (RIDE), Department of Health (RIDOH), and the Office of the Health Insurance Commissioner (OHIC), as shown in Figure 4-28.

Figure 4-28. Rhode Island's Child and Family Well-Being System Programming and Policy

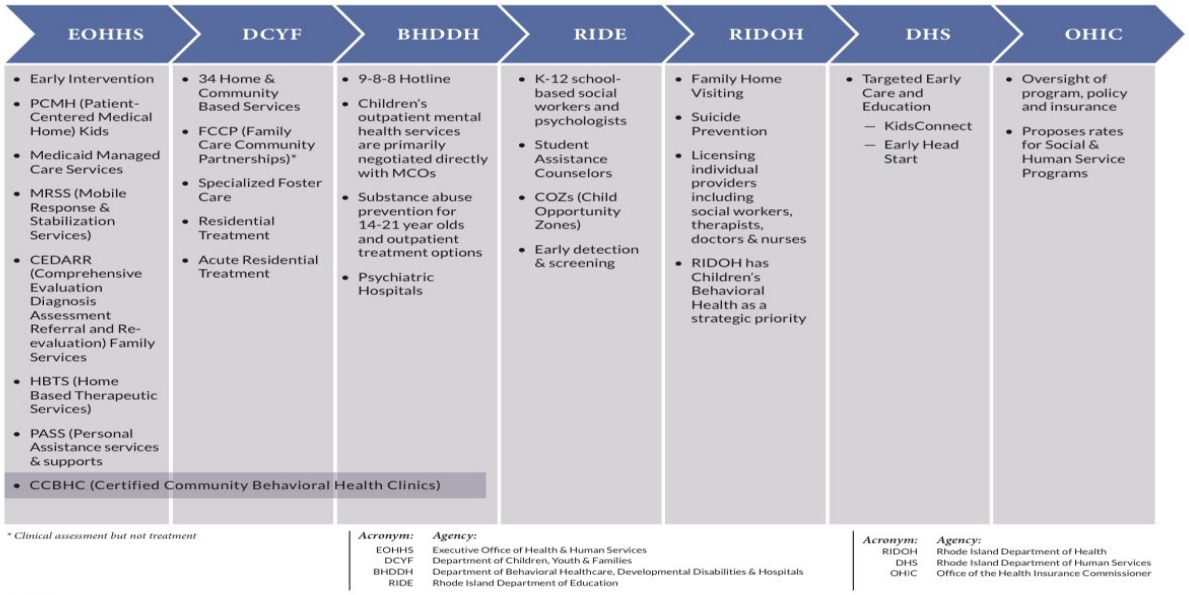


Figure 4-28. Children's Behavioral Health Policy and Programming are Currently Situated Across 7 State Departments. From *Children in Crisis Can't Wait* by Rhode Island Coalition of Children and Families, 2024, RICCF_IssueBrief.indd

Within DCYF, the Community Services & Behavioral Health (CSBH) division plays a central role in this work by developing an array of children's behavioral health services to support children within family settings and by monitoring the quality of contracted programs. The CSBH division serves as a bridge between DCYF, other state agencies, providers, and advocates to strengthen and advance the state's child and family well-being continuum of care.

Services Assessing the Strengths and Needs of Children and Families and Determine Other Service Needs

Safety Assessment through Family Engagement (SAFE)

In November 2019, DCYF began implementing the Safety Assessment through Family Engagement (SAFE) practice model. Staff across each division use standardized tools, from the initial contact with a family to case closure, to assess, plan and evaluate progress. Not only is this the first time that the divisions of Child Protective Services (CPS) and Family Services (DFS) have aligned practice models, but these tools also embody a philosophical shift from taking a solely incident-based investigative approach to a more comprehensive assessment of families' strengths, needs, and functioning.

The Department primarily becomes aware of children and families in need of services through reports to the statewide Child Abuse/Neglect Hotline. Reports of child

maltreatment are screened by investigators within CPS using a validated Structured Decision Making (SDM) tool. For reports that are accepted for investigation, CPS utilizes the Family Functioning Assessment (FFA) to deliberately gather information related to specific areas of caregiver protective capacities and functioning that directly impacts child safety. The FFA's safety plan determination process provides a structured, systematic mechanism ensuring that the least intrusive, sufficient safety plan is implemented. The FFA identifies the types of services required to allow children to be maintained in their home and if removal must occur, the FFA clearly outlines the reason for removal and why an in-home safety plan was not possible. If it is determined that services are required, there are several avenues by which families can continue to be assessed and provided with support to address child safety, permanency, and well-being. Referrals to community agencies may occur as part of an alternative response, if deemed appropriate, or it may be determined that families would be better served by formal, on-going support provided by the Division of Family Services (DFS).

The needs of children and their caregivers receiving child welfare and juvenile probation services are continuously assessed using the On-going Family Functioning Assessment (OFFA). Similar to the FFA, the OFFA assesses caregiver protective capacity and functioning, the existence of present or impending danger to the child, and whether the family meets the conditions for an in-home or out-of-home safety plan. The OFFA is also utilized to assess the health, mental health, behavior, and education needs of the child. The OFFA is linked to the case planning process and includes services to address identified needs and measures caregivers' progress towards behavioral change. The initial OFFA is completed within 60 days of case assignment, with reassessments completed every 90 days thereafter. This on-going assessment process ensures that children are safe while diligent efforts are made to achieve permanency in a timely manner.

Family Care Community Partnerships (FCCP)

The Family Care Community Partnerships (FCCPs) are DCYF's primary prevention resource for the state. The FCCP is a network consisting of community agencies that holistically address family functioning and clinical needs, as well essential basic needs to support families and mitigate risk of child welfare involvement. FCCPs accept referrals from both the community and DCYF. Families who have come to the attention of DCYF's CPS division can make direct referrals of families who are determined safe yet demonstrate risk factors of removal. Families who receive support from DCYF's Support and Response Unit (SRU) may also be referred to FCCP. For a full description of each FCCP, please refer to the **DCYF Resource Guide: FCCP** in Appendix I.

The FCCPs conduct an initial needs assessment, the *Child and Adolescent Needs and Strengths assessment,* which serves as a gateway to other supports and services within the community. For example, all FCCPs have access to a full array of early child development programs within their networks of collaborative relationships. These include Early Head Start and Head Start, Early Intervention, and Maternal, Infant, and Early Childhood Home

Visiting (MIECHV) programs. The five FCCP regions were intentionally aligned with the MIECHV program locations so that these service providers would be easily linked as referral and resource partners.

Structured Assessment of Violence Risk in Youth (SAVRY)

The Structured Assessment of Violence Risk in Youth (SAVRY) is utilized with adjudicated youth open to Juvenile Probation and the Rhode Island Training School (RITS). This tool assesses youth, aged 12–18 years old, for violent risk factors and associated severity, risk of future violence and serious delinquency, and the youth's areas of need that contribute to offending behavior. It is administered within the first 30 days after adjudication and every six months thereafter. Information to complete the SAVRY is obtained from a variety of sources, including interviews with youth, caregivers, service providers, and a review of records. These factors collectively are used to determine service needs.

Level of Need (LON) Assessment

When children require out-of-home placement, the Level of Need (LON) assessment is a critical tool that is used to guide decision making. The LON assessment is derived from specific domains of the Child and Adolescent Needs and Strengths (CANS) instrument, a widely recognized framework designed to evaluate a child's needs, strengths, and risk areas. The LON assessment generates a tier score that reflects a child's behavioral, emotional, developmental, educational, and medical needs. This score guides placement and service decisions, optimizing the use of available resources by aligning a child's level of care with the intensity of their needs. In August 2020, DCYF revised its foster care rate structure to align with the LON assessment and allow for a tiered reimbursement methodology based on the child's acuity.

Casey Life Skills Assessments

Transitional age youth (16 and older) in out-of-home placements are referred to a contracted agency to complete the Casey Life Skills Assessment, which measures independent living skills across nine functional domains: daily living, self-care, relationships and communication, housing/money management/transportation, work and study life, career and education planning, civic engagement, navigating the child welfare system, and looking forward. During FY 2022, the contracted agency received 139 referrals and completed 61 assessments. In FY 2023, 131 referrals were received and 109 assessments were completed, nearly doubling the number of assessments completed in the prior FY. Upon completion of the assessment, youth are eligible to receive an array of services through the contracted agency and its partners until their 21st birthday, including financial literacy education and career/work readiness workshops, a statewide youth advisory board, a matched savings program, and mentoring.

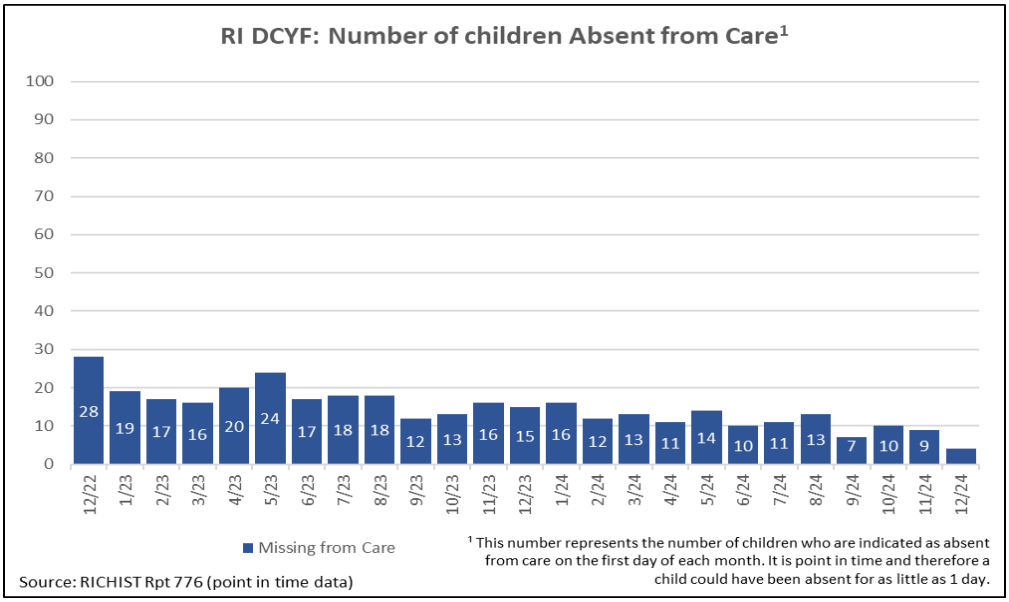
Specialty Units

Internal specialty units exist throughout each division of the Department. This structure enables the Department to deliver more effective and specialized services by ensuring that each unit is staffed with professionals who have deep knowledge and training in their field. For example, families can access services through a children's behavioral health pathway managed by the CSBH division. This process is designed to support children with serious emotional disturbances (SED) or intellectual/developmental (IDD) disabilities without requiring the relinquishment of care, control, or custody. Families accessing services through this pathway are assigned to a Family Navigator within the Children's Behavioral Health (CBH) unit. The Family Navigator is responsible for assessing Medicaid eligibility and assisting the family in applying for Medicaid if needed. The Family Navigator also utilizes the LON assessment to identify appropriate services, which are funded through private health insurance, Medicaid, and/or DCYF. Once appropriate services are identified, the Family Navigator is tasked with referring the child to those services. When all home-based options have been exhausted, the Family Navigator will refer the child to residential treatment placements and support the family through the admission process and transition from residential care.

A Special Investigations Unit is embedded within CPS and includes a Human Trafficking Prevention Coordinator. The Human Trafficking Prevention Coordinator is available to all DCYF staff and community partners to provide consultation, assistance with service coordination, and serves as a liaison to the Statewide Human Trafficking Task Force. In partnership with the Statewide human trafficking task force, the Department developed and began implementing a screening tool to help identify children and youth who are current or previous victims of sex trafficking. The Department has enacted policy for the screening of all children in congregate care, including the Rhode Island Training School (RITS). Youth identified as "At Risk," "High Risk," or "Confirmed Victim" receive tailored services and are rescreened every six months or when absent from care to account for changes in risk status.

There are two additional staff, within the Special Investigations Unit, who are responsible for identifying, locating, and retrieving youth that are absent from care. These efforts are part of the Department's broader initiative to address risk factors associated with the commercial sexual exploitation of children in congregate care. This includes implementing preventative strategies such as identifying "hot spots" for potential runaways, flagging at-risk youth, and retrieving children when they go absent from care. These coordinated efforts across the Department have led to a reduction in the daily average number of missing youth as seen in Figure 4-29.

Figure 4-29. Number of Children Absent from Care



Community Liaisons

Community liaisons are co-located throughout the Department's regional offices to assist families in connecting to community resources. For example, funding through the Child Abuse Prevention and Treatment Act (CAPTA), supports a nurse liaison from an Early Intervention program. In March 2017, the Department introduced an updated Early Childhood Service Referral Policy to improve the rate and fidelity of referrals for children under three involved in the child welfare system. Infants and toddlers in substantiated cases of abuse and neglect are automatically referred to either First Connections for a developmental screening or Early Intervention for a full evaluation based on identified needs at the time of the investigation. This determination is made by the nurse liaison who also supports the referral to a formal evaluation based on the results of the initial screening. For children screened and determined to not need a formal evaluation, the First Connections program often seeks to refer families to other programs that support early childhood development. These programs include Early Head Start and the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs.

Between State Fiscal Years (SFY) 2022 and 2024, Rhode Island consistently referred the vast majority of children under age three with substantiated abuse or neglect—or involvement in indicated cases—for developmental screenings or evaluations. Referral rates remained high across all three years, ranging from 94.7% to 98.1%. However, there were significant gaps between the number of children referred and those who completed screenings or evaluations. Ultimately, about half of referred children were not assessed each year.

In SFY 2022, there were 679 children under the age of three who were victims of child neglect and/or abuse or involved in an indicated case. Of those, 663 (97.6%) were referred for a developmental screening or evaluation; however, only 323 (47.6%) received a screening or evaluation. In SFY 2023, there were 675 children under the age of three who were victims of child neglect and/or abuse or involved with an indicated case. Of those, 662 (98.1%) were referred for a developmental screening or evaluation; however, only 303 (44.9%) received a screening. In SFY 2024, there were 561 children under the age of three who were victims of abuse and/or neglect or involved with an indicated case. Of those, 531 (94.7%) were referred for a screening or evaluation; however, only 283 (50.5%) received a screening or evaluation.

Eligibility rates for Early Intervention or other early childhood programs have remained relatively stable, with approximately 28% to 31% of all children identified as eligible across the three years. Notably, while the number of children under age three with substantiated abuse or neglect or involvement in indicated cases declined from 679 in SFY 2022 to 561 in SFY 2024, the percentage found eligible for services remained consistent. This suggests that, despite year-to-year variation in case volume, the underlying proportion of children requiring Early Intervention or similar supports has not significantly shifted.

Child Outreach and Screenings (ages 3-5)

An Early Childhood Resource Specialist is also co-located within the Department, who focuses on promoting and maintaining initiatives to screen and support access to developmental services for children ages 3 to 5. DCYF requires all children in foster care to be screened for developmental delay within 45 days of entering foster care or when they reach the age of 3. These early screenings are crucial for the identification of potential developmental delays or disabilities, allowing for timely interventions and customized support that can enhance a child's growth and well-being. The primary method for conducting these screenings is through the Child Outreach Screening program offered by local school districts.

In 2022, DCYF began the process of tracking the number of children ages three to five in foster care referred to the Child Outreach and Screening program. Early data uncovered significant barriers and delays in the screening process amongst this age group. Because the Child Outreach and Screening program is an educational initiative that operates under the Federal Child Find mandate, parental consent is required. A foster parent cannot consent, as they do not have educational decision-making ability and DCYF is not able to consent unless granted signing rights by the Family Court. In response to these challenges, DCYF implemented a more streamlined approach to identifying and referring children in foster care to the program. The Early Childhood Resource Specialist plays a pivotal role in supporting primary caseworkers with obtaining the necessary signed consent forms and serving as a liaison between DCYF and Child Outreach coordinators across all school districts in Rhode Island.

Beginning in September 2024, DCYF further expanded its data collection efforts to track screenings facilitated by the Early Childhood Resource Specialist. This includes monitoring the number of completed screenings and whether the child was found eligible for special education services. Screening success rates are analyzed across the four regional DCYF offices to identify geographic barriers to the screening process. These data collection efforts allow DCYF to better understand the effectiveness of the referral and screening process for young children in foster care and identify any remaining gaps in service delivery.

Substance Use Disorder Liaison

The Round 3 CFSR identified gaps in the Department's service array and the existence of wait lists for substance use disorder (SUD) services. DCYF does not have statutory authority for SUD services, which are primarily accessed through insurance or providers contracted by BHDDH. Nonetheless, access to SUD treatment is particularly important given that parental drug or alcohol use was among the top three contributing factors for removals between FFY2022 and FFY2024. (For additional information, see **Removals Brief: Entry Cohort of Children in Foster Care FFY22 – FFY24** in Appendix E).

As part of the Round 3 PIP, the Department re-established a Substance Use Disorder (SUD) liaison position in 2019 in an effort to expand capacity and expertise within the Department surrounding available SUD services. The SUD liaison is available to all staff and provides consultation and support with identifying and accessing SUD assessment services for children and families impacted by substance use. The SUD liaison can also accompany Child Protective Investigators (CPIs) during investigations when needed, offering assistance to families in crisis and coordinating service referrals at the initial point of contact.

Services that Address the Needs of Families in Addition to Individual Children in order to Create a Safe Home Environment

The Central Referral Unit (CRU)

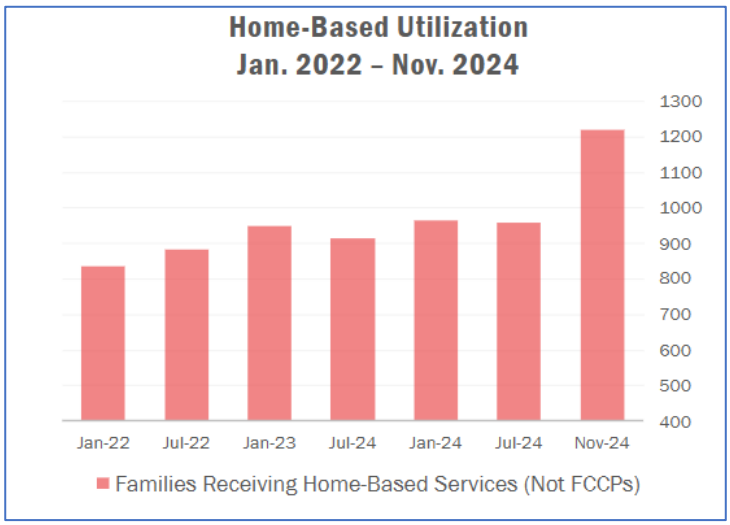
DCYF relies on a network of contracted community providers to deliver a wide range of behavioral health services. The Central Referral Unit (CRU), within DCYF's Community Services and Behavioral Health (CSBH) division, was created in 2016 to establish a single point of access for youth and families requiring services, simplifying the process of accessing DCYF funded services and allowing for services to be more closely matched with needs. To access DCYF-funded treatment and support services for children and families open to the Department, the family's primary worker makes a referral to the CRU. Referrals are also accepted from certain external sources, including the Rhode Island Family Court (Juvenile calendars/Juvenile Intake), mobile crisis response teams, the Family Care Community Partnerships (FCCP), and the Certified Community Behavioral Health Clinics (CCBHC). Families referred for services by external partners are not opened to the Department or assigned to a DCYF caseworker for case management.

DCYF Contracted Home-Based Service Array

In 2022, DCYF initiated the process of re-procuring and updating its service array for the first time since 2016. DCYF gathered valuable input from the provider community through a series of Requests for Information (RFIs), which helped inform DCYF's issuance of four Requests for Proposals (RFPs). DCYF also worked collaboratively with youth, families, service providers, advocates, legislators, other State agencies, and the Family Court to better understand the evolving needs of families, as well as to identify strengths and gaps in the existing service array. While DCYF's home-based service array addressed the needs of much of the population, opportunities remained to expand capacity, enhance quality, and improve coordination across the continuum of care.

In August 2024, DCYF completed the re-procurement process, increasing available home-based programs by 82% to a total of 65 programs under contract. The home-based service array includes a subset of well-supported, evidence-based programs comprised of the following six categories: Mental Health and Disruptive Behavior, Family Stabilization and Prevention, Parent Skill Building, Kinship, Foster Care and Adoption, Family Visitation, and Aftercare and Transitional Services. For a full description of each contracted home-based service, please refer to the **DCYF Resource Guide: Home Based Services** in Appendix J. Overall, utilization of the home-based service array increased by 46% since 2022 as highlighted in Figure 4-30 below.

Figure 4-30. Home-Based Utilization, January 2022 to November 2024

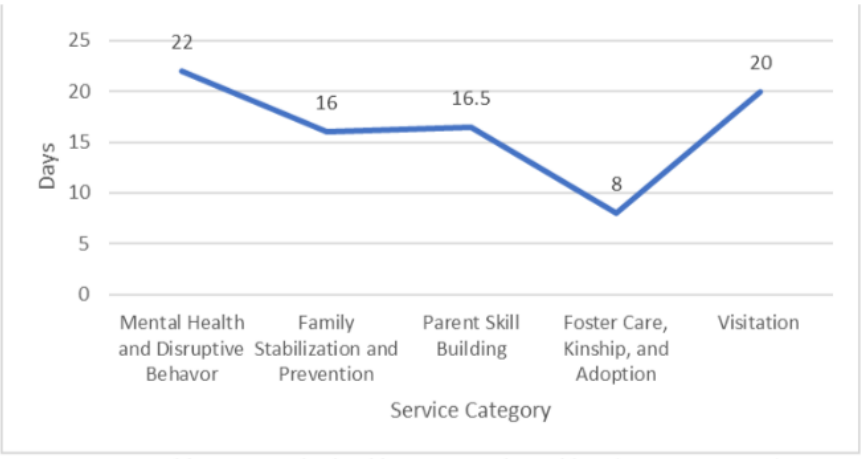


Data Source: RI DCYF Home-Based Services Capacity and Utilization Weekly Reports

Figure 4-31 shows the median number of days from referral to intake by service category based on data from 1,760 referrals between October and December 2024. The shortest time to intake was observed for Foster Care, Kinship, and Adoption services (8 days), while Mental Health and Disruptive Behavior services had the longest median wait at 22 days.

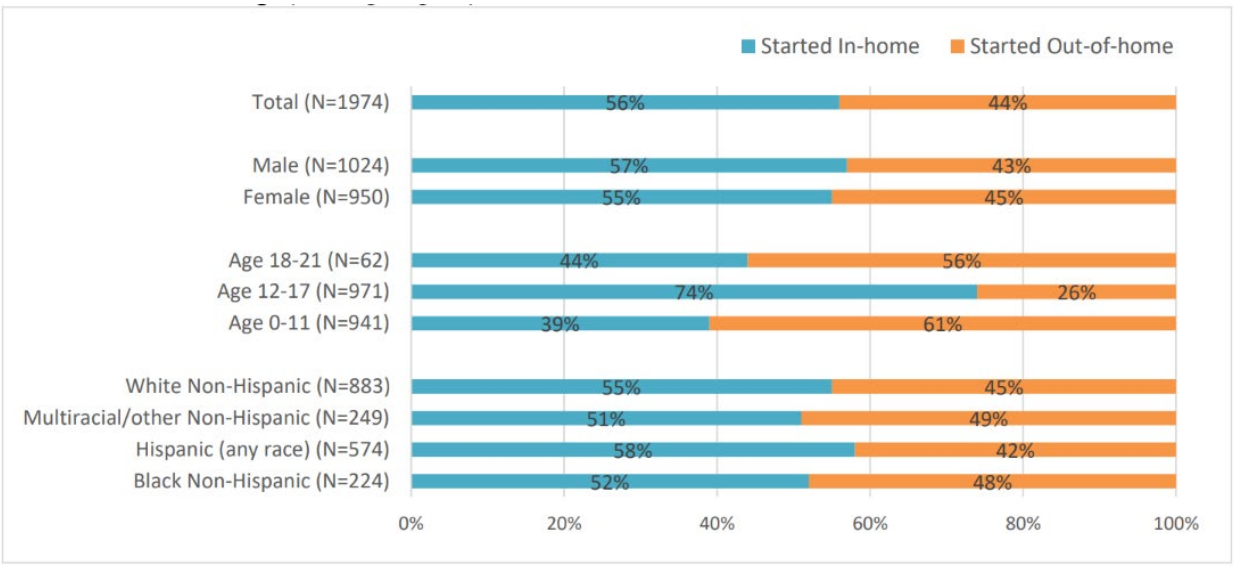
Visitation services also showed a relatively high median wait time of 20 days. These variations highlight ongoing challenges in timely access to certain services, particularly in mental health and visitation, despite increased service capacity.

Figure 4-31. Median Time (Days) from Referral to Intake by Service Category, October to December 2024



Data related to utilization and outcomes following the re-procurement are not yet available. However, in FY22, a total of 2,035 children and caregivers participated in a DCYF-contracted home-based service. As illustrated in Figure 4-32, 56% of children receiving services were in-home at the time of service initiation. Among children ages 0 to 11, approximately 39% began services in-home, compared to 74% of youth ages 12 to 17. One possible explanation for this difference is the prevalence of visitation programs, which primarily serve younger children in foster care to support family visits. Additionally, some in-home services aimed at parents of young children may not be fully captured in this dataset.

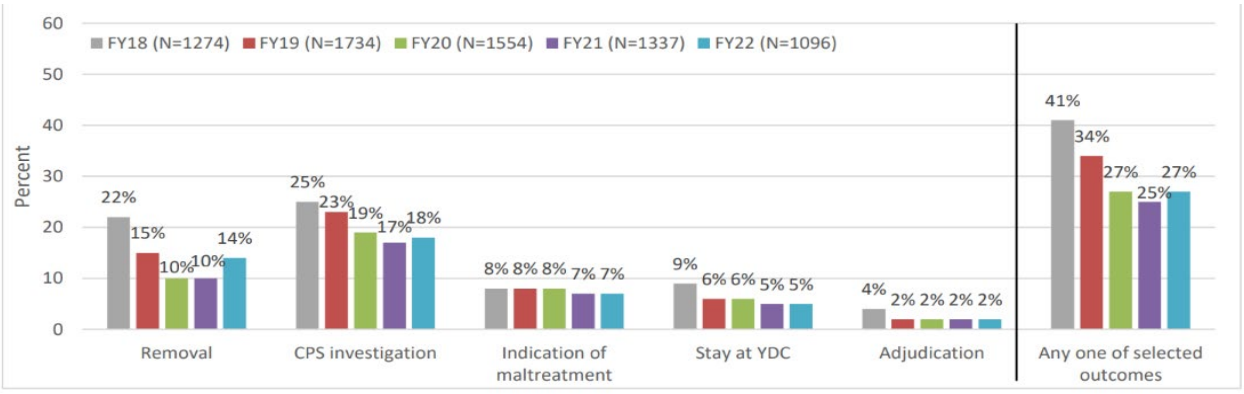
Figure 4-32. Number and Percent of Children who Started At Least One Type of Home-Based Service in FY 2022, by Placement Type at the Service Start and Age (Excluding Caregivers)



NOTES:
- Excluded caregivers.
- In-home placements defined in this report include living arrangement of stay with friend, guardian, married parents, relatives, separated couple, single female parent, single male parent, subsidized adoption, and unmarried couple. This is not exclusively child welfare placement.
- Out-of-home placements defined in this report include assessment and stabilization center, group home, independent living (funded or unfunded), relative foster home, relative foster home – pending license, non-relative foster home, private agency foster care, pre-adoptive home, residential facility, and respite care. This is not exclusively child welfare placement.

Figure 4-33 below shows the number of children open to DFS, CSBH, and Juvenile Probation who started at least one type of DCYF contracted home-based service between FY18 and FY22 while in-home and experienced at least one of the 5 selected outcomes - removal, CPS investigation, indication of maltreatment, stay at the Youth Development Center or adjudication - within 12 months of starting the service. The data demonstrates a consistent downward trend over the five-year period, with fewer children experiencing selected 12-month outcomes following their engagement in home-based services—underscoring the effectiveness of these preventive services.

Figure 4-33. Selected 12-Month Outcomes of Children who Started a Home-Based Service from In-Home, FY18-FY22

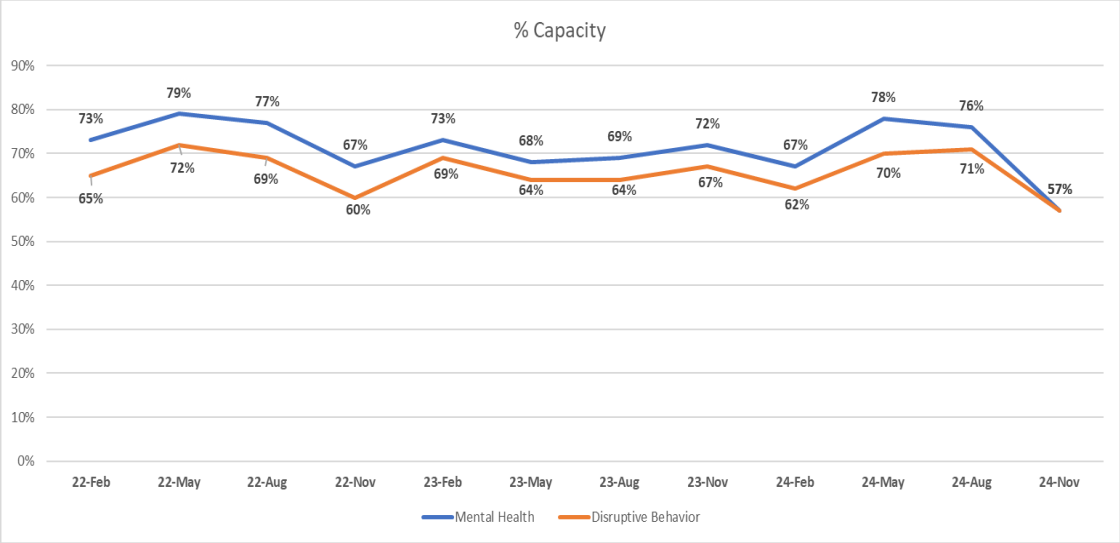


NOTES:
- Twelve-month follow-up period begins on the service start date.
- 10 children who started visitation while in-home were excluded from the analysis.
- A child may be counted in more than one outcome category, if a child experienced multiple outcomes within the 6-month period.
- In-home placements defined in this report include living arrangement of stay with friend, guardian, married parents, relatives, separated couple, single female parent, single male parent, subsidized adoption, and unmarried couple. This is not exclusively child welfare placement.
- Depending on the length of time a child received a service, a child may or may not have been receiving the service at the time of experiencing the outcome. Child may have ended the service any time before or after experiencing a selected outcome

Mental Health and Disruptive Behavior Services

Home-based services within the Mental Health and Disruptive Behavior category accounted for the largest share of referrals submitted to DCYF's Central Referral Unit (CRU) between October and December 2024. During this period, the CRU received a total of 1,845 referral requests, with 722 (39%) directed to providers within this service category. Utilization of these programs remained relatively high between February 2022 and August 2024, as illustrated by Figure 4-34.

Figure 4-34. Mental Health & Disruptive Behavior Home-Based Services Utilization and Capacity, Quarterly 2022 to 2024



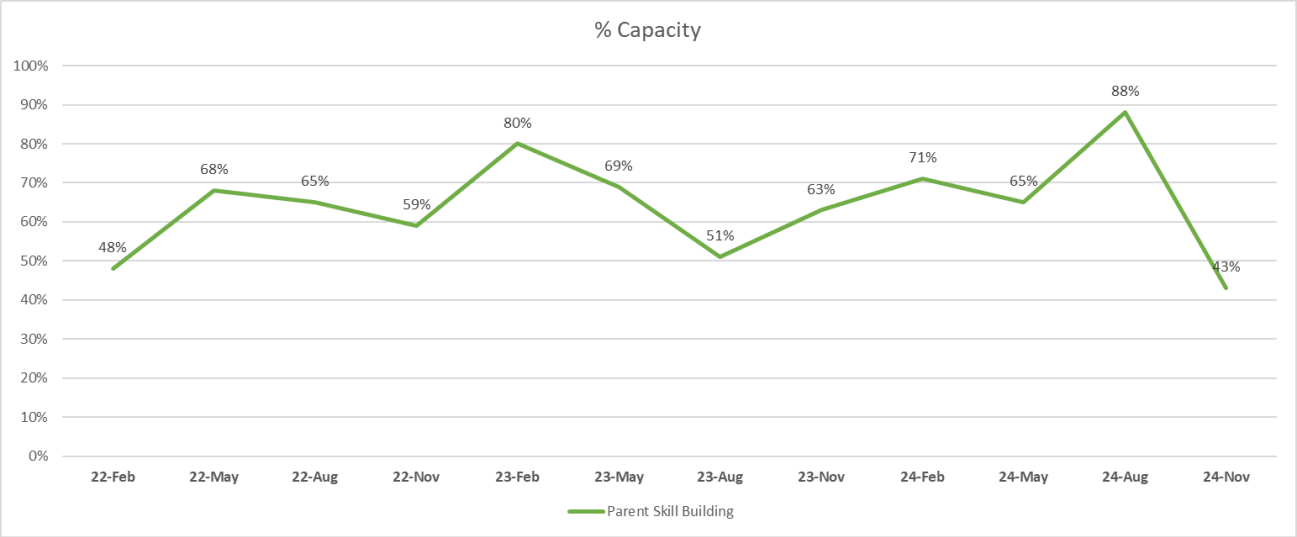
Data Source: RI DCYF Home-Based Services Capacity and Utilization Weekly Reports
Data notes: Prior to October 2024, Mental Health and Disruptive Behavior services were two separate categories within DCYF's home-based service array. They were merged into a single category after the re-procurement process.

Although Mental Health and Disruptive Behavior Services were recently expanded through the 2024 re-procurement process to better meet demand, many providers continue to operate well below their contracted capacity. For example, in November 2024, the Mental Health and Disruptive Behavior service providers were operating at just 57% capacity, yet there were still 111 pending referrals.

Parent Skill Building Services

As illustrated in Figure 4-35, Parent Skill Building Services remained generally accessible from February 2022 through November 2024. Capacity levels varied over time, reaching a peak of 88% in August 2024. However, following the expansion of DCYF's home-based service array, capacity declined sharply to 43% by November 2024.

Figure 4-35. Parent Skill Building Home-Based Services Utilization and Capacity, Quarterly 2022 to 2024



Data Source: RI DCYF Home-Based Services Capacity and Utilization Weekly Reports

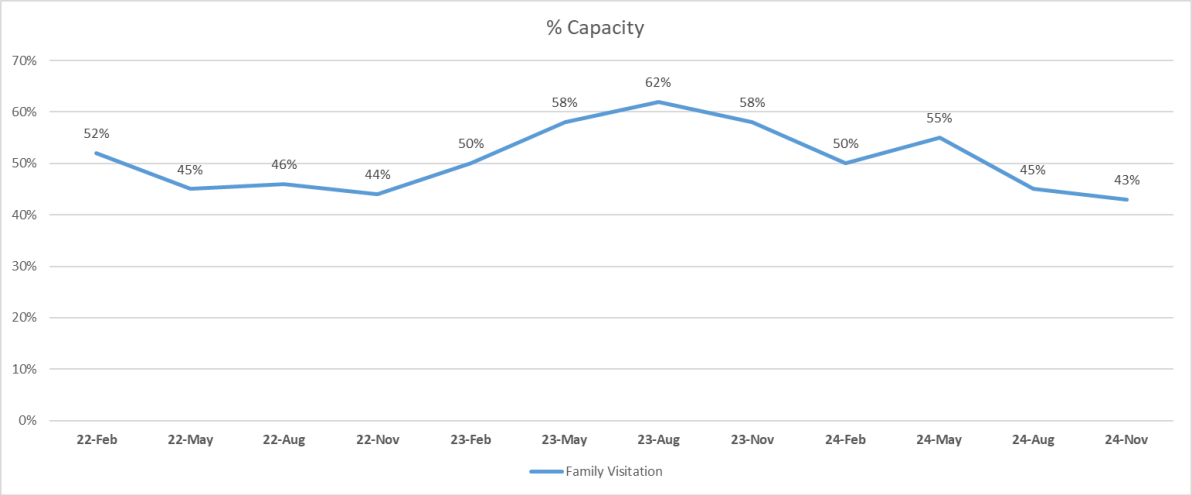
Visitation Services

The Round 3 CFSR identified gaps and waitlists within DCYF's family visitation services. In response, DCYF implemented a multipronged approach to address gaps and shorten the length of time families wait to receive these services. This strategy included enhancing prevention efforts to reduce the number of children entering foster care, which in turn decreased the need for visitation services. Additionally, DCYF caseworkers conduct ongoing analyses of family and child characteristics, geographic locations, and factors contributing to a family's involvement with the Department to determine whether a referral to a formal visitation program is needed or if the family's visit can be supervised by Department staff and/or another authorized individual.

To date, DCYF contracts with eight different visitation programs, for a total capacity of 223 slots. This is less than the total capacity (246 spots) that was offered prior to the August 2024 service re-procurement. The decrease in overall capacity is due to multiple factors, including some contracted providers' decision to serve families Statewide rather than geographically, providers offering more intensive and specialized visitation services, and providers increasing the duration/frequency of supervised visits. An increase in the hiring of caseworkers and child support technicians over the last several years has also reduced the

demand for visitation programs by allowing for more internal supervision of family visits. Despite the decrease in overall capacity, Figure 4-36 highlights that visitation services were available between 2022 and 2024. As of November 2024, visitation services were at 43% capacity with only 34 pending referrals.

Figure 4-36. Family Visitation Home-Based Services Utilization and Capacity, Quarterly 2022 to 2024



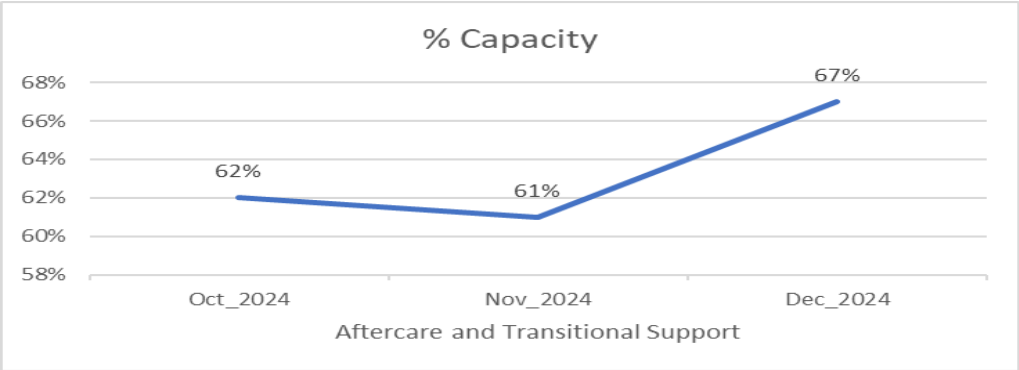
Data Source: RI DCYF Home-Based Services Capacity and Utilization Weekly Reports

Aftercare and Transitional Services

DCYF offers an array of supportive services and incentive programs to transition-aged (16 to 21) youth. Youth Development Services (YDS) includes an intake using the Casey Life Skills Assessment, financial literacy and work/career readiness workshops, a Statewide youth advisory board (Speak), a matched savings program (Double Up), and mentoring (Impact). These services are provided by a contracted agency in partnership with several other community organizations that are geographically dispersed across the State.

Separate from YDS, the Aftercare and Transitional services category was added to DCYF's home-based service array following re-procurement in August 2024. Figure 4-37 shows that the Aftercare and Transitional Support services were available between October and December 2024. With a total contracted capacity of 114 spots, Aftercare and Transitional Support services reached a peak of 67% capacity with only 3 pending referrals as of December 2024.

Figure 4-37. Aftercare and Transitional Support Home-Based Services Utilization and Capacity, October to December 2024



Data Source: RI DCYF Home-Based Services Capacity and Utilization Weekly Reports

The Service Provider Guide

The Round 3 CFSR revealed a gap between the service array and the field's awareness of available services and the process of accessing services. DCYF has continued several initiatives outlined in the Round 3 PIP to enhance communication and collaboration between the CRU and frontline staff. One such initiative being the Service Provider Guide, which serves as a comprehensive registry of home-based services, specialized foster care services, congregate care services, FCCP services, and direct referral services funded by the Department. This guide provides detailed descriptions of contracted services, including best-fit and exclusionary criteria and other relevant factors to help staff make informed decisions when selecting services for children and families. The Service Provider Guide was distributed to all internal DCYF staff and is published to the DCYF website, ensuring accessibility for external stakeholders. Additionally, DCYF hosted a provider fair in September 2024, bringing together internal staff, service providers, and community partners. To further promote awareness amongst internal staff, informational sessions were held at each regional office in October and November 2024 and included DFS and CPS. The CRU also regularly sends notifications to all staff regarding availability of contracted services.

Division of Youth Development

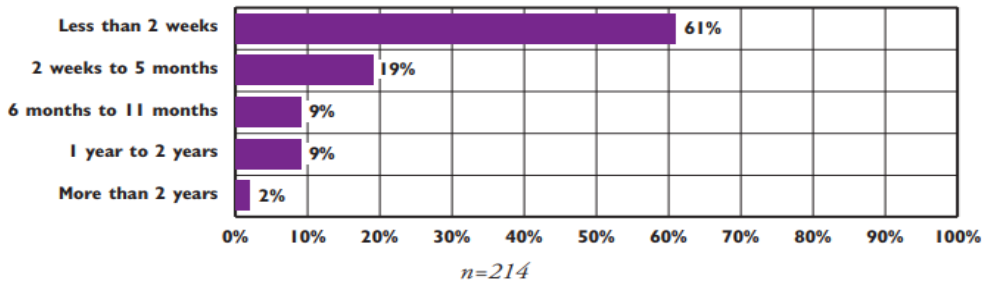
DCYF's Division of Youth Development (formerly Division of Juvenile Corrections) implements a continuum of programs to promote positive development for youth in its care and custody and to reduce recidivism. As part of this continuum, DCYF operates the Rhode Island Training School, the state's secure facility for adjudicated youth and youth in secure detention awaiting trial. During 2024, a total of 180 youth were at the Training School at any point during the year, down 13% from 206 during 2022. Of the total number of youth admitted, 19% were female and 81% were male.

The Training School is staffed with clinical social workers; however, adjudicated youth are able to receive supplemental clinical services through a Behavioral Health Team that is comprised of community partners. In calendar year 2024, 114 youth (63% of the adjudicated population) received individual, group, and/or family focused treatment interventions addressing both criminogenic and clinical needs. In addition, 105 youth (58%) received substance use disorder treatment, including 50 who received residential treatment and 80 who received outpatient services. Six youth participated in sexual offender–specific treatment.

Between 2023 and 2024, seven youth earned their high school diplomas and nine youth obtained a GED. In addition, youth participated in a variety of learning and skills development opportunities, including driver's education (10), culinary (61), barbering (30), landscape design (30), CPR and First Aid (25), CCAP (8), ServSafe food handling certification (13), and peer mediation and conflict resolution (25). Many youth engaged in more than one opportunity during their stay.

Not all youth remain at the Training School for extended periods; some are released at their first court appearance, typically the following business day. As shown in Figure 4-38, 61% of youth were detained for less than two weeks in 2024. Of the 214 youth discharged during that year, 143 (79%) had a single admission, 29 (16%) had two admissions, and 8 (4%) had three or more admissions.

Figure 4-38. Discharges from the Rhode Island Training School, by Length of Time in Custody, 2024



Source: Rhode Island Department of Children, Youth and Families, RICHIST, 2024. Total number of discharges (214) is larger than the total number of youth who passed through the Training School (180) due to some youth being discharged from the Training School more than once in 2024. Percentages may not sum to 100% due to rounding.

The Office of Juvenile Probation provides supervision and support to maintain youth safely in the community, including youth living at home, in foster care, and in congregate care settings (temporary community placements). A total of 463 youth were on probation during 2024, an increase of 14% from 2022 (406). Of the 463 youth on probation, 89% were on probation at home and 11% were on probation in out-of-home placements. Youth open to Juvenile Probation utilize the same home-based and congregate care service array as youth receiving child welfare services and youth receiving services through the CSBH.

Services that Enable Children to Remain Safely with their Parents when Reasonable

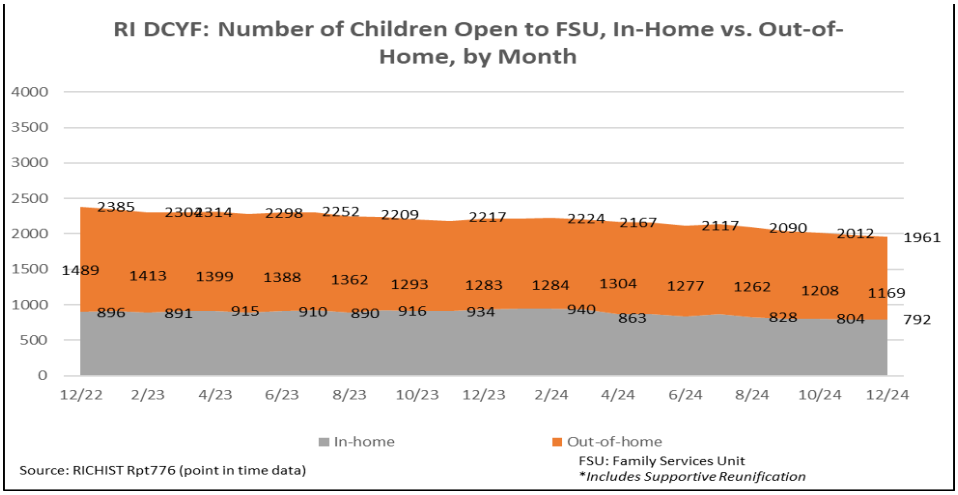
The Family First Prevention Services Act (FFPSA) authorized new Title IV-E funding for time-limited prevention services in the areas of mental health, substance use treatment, and in-home parent skill–based programs. These services are designed for children and youth at risk of entering foster care, pregnant or parenting youth in foster care, and the parents or relative caregivers of those children and youth. In alignment with the FFPSA, DCYF expanded its Title IV-E prevention programming focused on strengthening the capabilities of parents and caregivers to safely care for their children, reduce the need for foster care, and create partnerships with families and communities to raise safe and healthy children in supportive environments. This approach reflects DCYF's broader mission to keep children safe and thriving at home, in school, and in the community through family-focused and community-inclusive strategies.

Prevention efforts are most effective when they address the full continuum of need. In child welfare, this continuum includes primary prevention (supports for the general population), secondary prevention (services for families with risk factors), and tertiary prevention (interventions for families where maltreatment has occurred). DCYF has advanced its prevention framework that encompasses all three levels, ensuring a comprehensive, coordinated system that improves outcomes for children and families across Rhode Island. At the primary prevention level, DCYF collaborates with state agencies, health care providers, and the Family Care Community Partnerships (FCCPs) to deliver coordinated media campaigns. These campaigns address a range of shared objectives, including safe sleep practices, positive parenting, and early childhood development. By delivering consistent, universal messaging, these efforts enhance statewide awareness and inform families about available resources and support services.

As a result of these prevention efforts, the total number of children receiving child welfare services—both in-home and out-of-home—declined from 2,658 in December 2022 to 1,961 in December 2024. This represents a 26% overall reduction in children open to the Family Services Unit (FSU) and a 21% decrease in out-of-home placements (see Figure 4-39). Key initiatives contributing to this progress include the implementation of the SAFE model, the work of the Support and Response Unit (SRU), and ongoing partnerships with FCCPs. Together, these strategies illustrate DCYF's continued commitment to strengthening

families, reducing the need for foster care, and ensuring children can remain safely in their homes whenever possible.

Figure 4-39. Number of Children Open to the Family Services Unit (FSU), In-Home vs. Out-of-Home, by Month



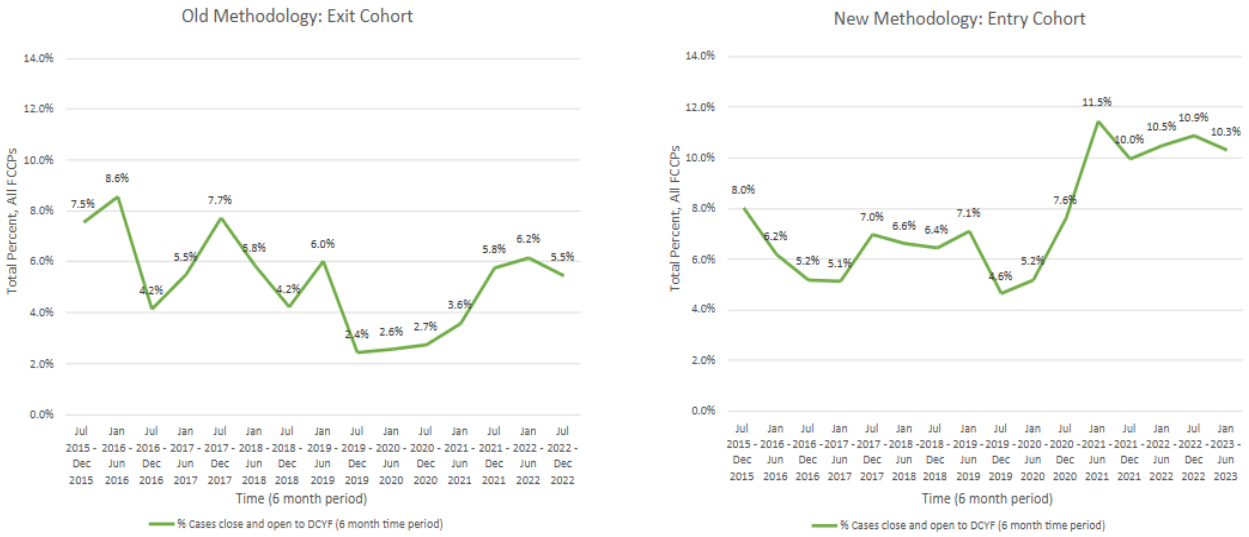
Family Care Community Partnership (FCCP)

As previously mentioned, the Family Care Community Partnerships (FCCP) are DCYF's primary prevention resource for the state. FCCP is a network of five regionally based (Northern RI, West Urban Core, East Urban Core, East Bay, and Washington-Kent) community agencies that holistically address family functioning and clinical needs, as well as essential basic needs such as financial, housing, employment, and health care access to support families and mitigate risk of child welfare involvement. Families can self-refer for FCCP services or referrals may be made by another community-based organization.

The FCCPs also provide secondary prevention efforts to children and families who are at risk of child welfare involvement. DCYF's Child Protective Services (CPS) division can make direct referrals of families who are determined safe, yet demonstrate risk factors of removal as part of an alternative response.

By offering a range of resources, the FCCPs empower families to address challenges proactively. This approach not only helps families achieve their goals, but also plays a crucial role in preventing the need for DCYF involvement. As Figure 4-40 highlights, fewer than 11% of children discharged from FCCP between January 2022 and June 2023 were victims of an indicated investigation or removed within six months, underscoring the success of these services in promoting family stability.

Figure 4-40. Percent of Children Who Were Discharged from the FCCP and Opened to DCYF within 6 Months of FCCP Enrollment



Data Source: RIFIS and matched RICHIST 675 Report 6/23/2023
Data Notes: Despite % changing with the updated, correct methodology, the trend is the same (the graphs "look" the same), and the takeaway is still that the program works exceptionally well.
Involved with DCYF means:

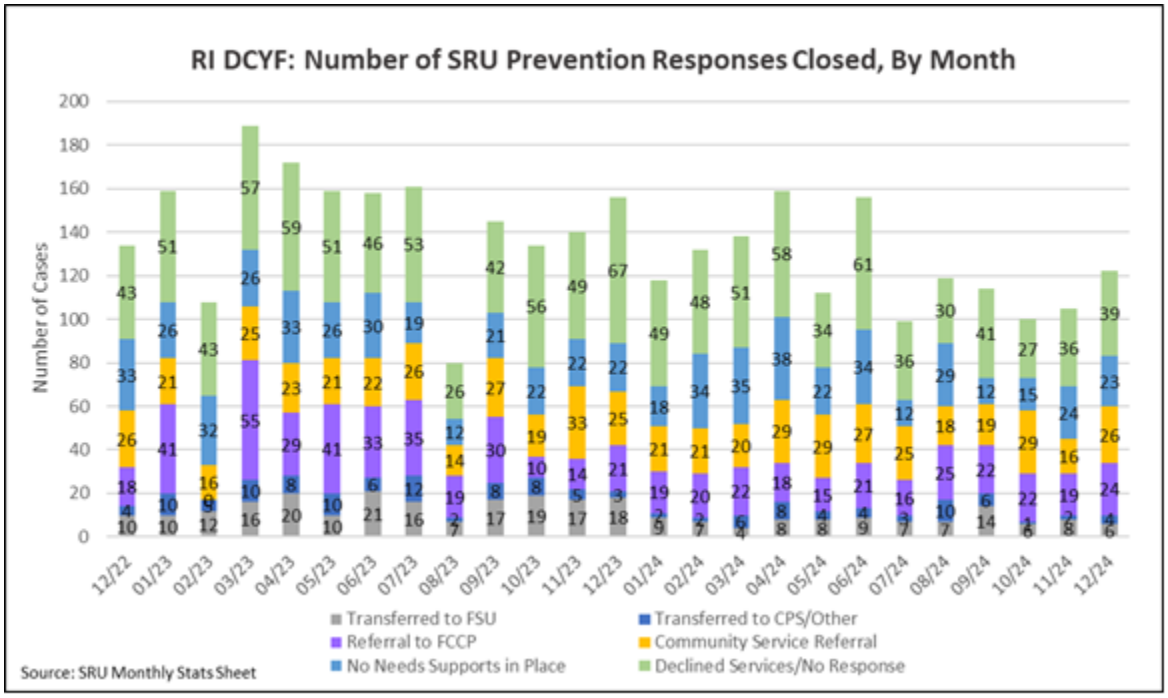
- Child in family was removed in 6 month period; or
- Family experienced an indicated investigation or removal in the 6 month period

Support and Response Unit (SRU)

In 2020, DCYF launched a new Support and Response Unit (SRU) within the Division of Family Services. SRU is designed to connect families statewide to community-based prevention and support services, without the need for formal DCYF and/or Court involvement. Families may voluntarily request services themselves by calling the toll-free Family Support Line or referrals may be made by schools, police, service providers, Court, etc. In 2023, 2,192 calls were made to the family referral line, with over half the calls (61%) resulting in a service referral or general information response. In 2024, there were 2,176 calls made to the family support line, with over half the calls (62%) resulting in a service referral or general information response.

Reports made to the Child Abuse and Neglect Hotline that do not meet the criteria for an investigation but do meet the threshold for a prevention response may also be referred to the SRU. The SRU does not provide long-term case management, and a case disposition is made within 30 days of assignment. The SRU's involvement concludes with one of the following outcomes outlined in Figure 4-41. The most common dispositions of these cases are the family declining services/no response, no needs/supports already in place, and referral to FCCP or another community-based service.

Figure 4-41. Number of SRU Prevention Responses Closed, by Month



At Risk and Substance-Exposed Newborns

In collaboration with cross-system partners, DCYF has maintained a dedicated focus on addressing the needs of newborns identified as being at risk. These combined efforts include comprehensive newborn screenings across all five Rhode Island birthing hospitals, as well as the systematic tracking and referral of infants born to families with documented child welfare concerns. During FFY2024, there were 6,080 newborns identified as Risk Positive at Rhode Island birthing centers. Of these children, 1,924 (32%) were seen by First Connections in the reporting period. Among the 6,080 newborns flagged as Risk Positive, 327 were associated with a report to the Child Abuse and Neglect Hotline. Of these reports, 221 resulted in a substantiated finding of abuse/neglect. In total, 253 children were referred by DCYF to services such as First Connections, Early Intervention, or both. Of the newborns referred, 72 were identified as Substance Exposed and 26 were diagnosed with Neonatal Abstinence Syndrome.

The SUD liaison serves on the State's Substance Exposed Newborn (SEN) taskforce, which is a multidisciplinary collaborative designed to improve outcomes for infants prenatally exposed to substances and their families. The network brings together representatives from various State agencies (DCYF, RIDOH, EOHHS, BHDDH, and DHS), birthing hospitals, healthcare professionals, Early Intervention and home visiting programs, treatment and recovery services, and other community partners. Its primary goals include enhancing identification of substance-exposed newborns, promoting early intervention and family-centered care, supporting maternal recovery, and reducing the need for child welfare involvement. In 2024, DCYF participated in 72 SEN case conferences.

When DCYF receives a report regarding drug and/or alcohol abuse by a pregnant woman, an investigation is not initiated unless there are specific allegations of abuse and/or neglect of an existing child in the home. In cases where no children are present, CPS notifies the SUD liaison, who then issues alerts to area hospitals. In 2024, 35 alerts were submitted and 68% (24) had known substance use concerns. In each of these instances, the SUD liaison referred the pregnant women to peer recovery specialist services with the goal of engaging pregnant women before delivery with supports that protect the maternal-child dyad and decrease the number of substance exposed newborns entering foster care. In of January 2025, DCYF began monitoring whether hospital alerts resulted in a substantiated investigation and/or case opening.

According to the Rhode Island Department of Health, 10,000 births occur each year in Rhode Island. Annually, 3% to 5% of those newborns are substance exposed. Consistent with national laws, Rhode Island has developed a Plan of Safe Care (POSC) process to support all infants born affected by substance exposure, neonatal abstinence syndrome, or a Fetal Alcohol Spectrum Disorder. The purpose of a POSC is to ensure that infants and caregivers affected by prenatal substance exposure receive needed supports and services after hospital discharge. During FFY2024, 405 newborns were identified as substance exposed. Of those, only 19% (78) were discharged with a POSC. Hospital staffing shortages have been identified as the main barrier to completing POSC for SEN. Efforts are currently underway to embed a SEN Community Health Worker within the State's largest birthing hospital to help improve POSC compliance.

Early Childhood Prevention Services

Rhode Island's early childhood service system is comprised of four key sectors of programming that serve the birth to 3 population. These services include First Connections (short-term supports and developmental screening), Early Intervention (formal evaluation and services funded by Federal Part-C funds), and MIECHV funded programs (long-term supports for children and families. All of these programs combine as a comprehensive service system to meet the needs of Rhode Island's youngest and most vulnerable children. These efforts are consistent with the Department's vision of moving the service referral process to a more prevention-based approach. By continuing to move upstream in the context of child welfare involvement, more families will have access to supportive services that will decrease the likelihood of future child welfare involvement.

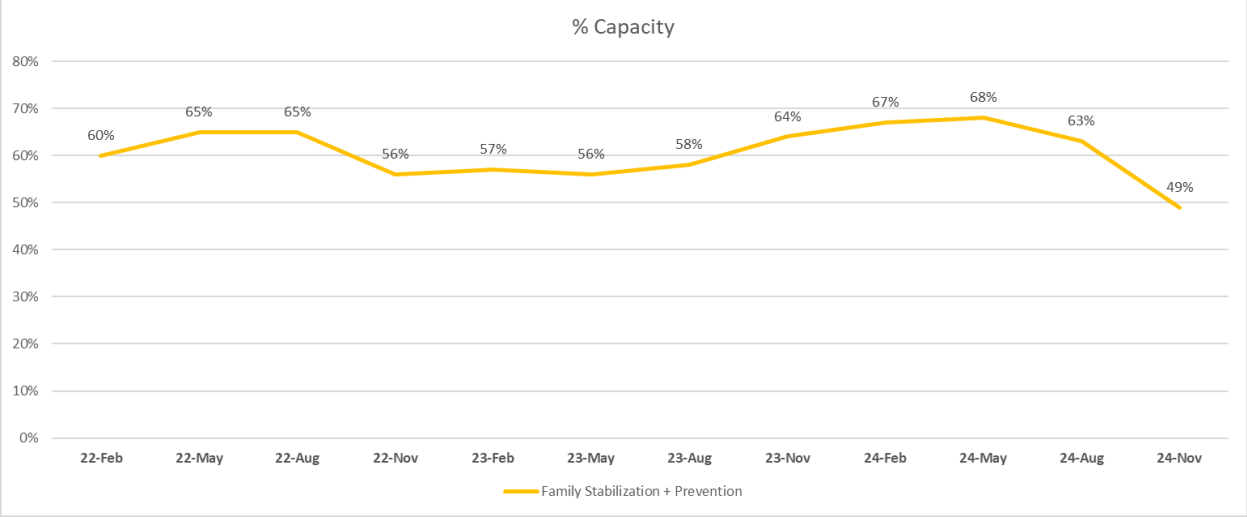
Under DCYF's Early Childhood Service Referral policy, infants and toddlers involved in substantiated cases of abuse or neglect are automatically referred to either First Connections for a developmental screening or Early Intervention (EI) for a comprehensive evaluation, based on identified needs at the time of the investigation. Referral rates have remained high—98% in 2023 and 95% in 2024. However, only about half of these children ultimately received a screening or evaluation. This discrepancy may stem from multiple factors, including caregivers declining services and limitations in provider capacity.

Family Stabilization and Prevention Home-Based Services

The Department contracts with several agencies as part of its home-based service array to provide a range of intensive programs aimed at preventing removal and/or supporting families whose children have returned from out-of-home care that are in need of services to maintain reunification. Family Stabilization and Prevention Services represent a central component of the home-based service array, accounting for the second-largest share of referrals submitted to DCYF's Central Referral Unit (CRU) between October and December 2024. During this period, the CRU received 1,845 referral requests, 569 (31%) of which were directed to providers within this service category.

Utilization of Family Stabilization and Prevention Services has remained relatively consistent between February 2022 and November 2024, as shown in Figure 4-42. Although these services were recently expanded through the 2024 reprocurement process to better meet demand, many providers continue to operate below contracted capacity. For example, in November 2024, service providers were operating at just 49% capacity, while 81 referrals remained pending.

Figure 4-42. Family Stabilization and Prevention Home-Based Services Utilization and Capacity, Quarterly 2022 to 2024



Data Source: RI DCYF Home-Based Services Capacity and Utilization Weekly Reports

Behavioral Health Service Array

Behavioral health challenges were among the top three contributing factors for the removal of children over age 12 between FFY2022 and FFY2024 (see **Removals Brief: Entry Cohort of Children in Foster Care FFY22 – FFY24** in Appendix E). In Rhode Island, children's behavioral health services are delivered through a coordinated system of care involving multiple state agencies. DCYF, in partnership with EOHHS, BHDDH, and RIDE, funds,

contracts, and oversees services designed to address the behavioral, emotional, and mental health needs of children and youth across the state.

Table 4-9 highlights BHDDH-contracted mental health services available to youth, along with the number of youth served during State Fiscal Years (SFY) 2023 and 2024. Contracted providers are required to accept all eligible referrals; as such, the tables present only service utilization data (as opposed to capacity data). The data reflect SFY 2023-24 as this is the most current complete year data contained in regular reporting.

Table 4-9. BHDDH Contracted Mental Health Service Providers by Program Type, SFY23-SFY24

	Number of Youth Served						
Provider	Child and Adolescent Intensive Treatment Services	Contact	Community Support Program	General Outpatient	Mental Health Intensive Outpatient	Mobile Treatment Team	**Total**
Bayberry Psychology					*		*
be Collaborative Care				37	6		**43**
Community Care Alliance	224	336	*	839		*	**1,404**
Diversity Counseling				109	13		**122**
East Bay Community Action Program		75		245			**320**
Family Service Rhode Island	*	23		390			**414**
Gateway Healthcare	695	217	13	998		5	**1,928**
Newport Mental Health	16		16	297		*	**330**
Northeast Behavioral Health Associates				91			**91**
The Providence Center	142	115	5	1,645			**1,907**
Thrive Behavioral Health	250			401			**651**
United Cerebral Palsy of RI				165			**165**
Total	**1,328**	**766**	**37**	**5,536**	**21**	**8**	**7,696**

* BHDDH data suppressed due to (a) cell size <5 or (b) if the total for a given data category would identify a cell size <5.

Insurance-based Services

Approximately 180,000 households with children in RI receive health coverage through Medicaid, including children in the care and custody of DCYF. The majority of behavioral health services for DCYF-involved youth are reimbursed on a fee-for-service basis through the State's managed Medicaid provider, Neighborhood Health Plan of Rhode Island (NHP). Covered services include individual, family, and group therapy; psychiatric care and medication management; substance use treatment; partial hospitalization and intensive outpatient programs; and family-focused services for children with developmental disabilities, such as home-based therapeutic services (HBTS). Access to these services is typically facilitated through referrals made by caregivers or DCYF casework staff. There is currently no comprehensive count of children and youth receiving services and the number on waitlists at agencies or with private therapists for behavioral healthcare.

To support service navigation, a representative from NHP was co-located in each DCYF regional office at least one day a week as part of the Round 3 PIP. The NHP representative is also available to DCYF staff by phone and email five days a week. This liaison has served as a valuable resource for DCYF staff, helping to identify appropriate insurance-based services.

Kids' Link

Kids' Link is a behavioral health triage service and referral network that is available 24 hours a day, seven days a week to help triage children across the State in need of mental health services and refer them to treatment providers. This important resource was critical throughout the COVID-19 pandemic and continues to support the mental health needs of children and youth. The number of calls peaked in FY21 (9,702), when there were twice as many calls received as in FY19, before the onset of the pandemic (4,849). In FY24, the number of calls to Kids' Link decreased to 5,386 but has remained above pre-pandemic levels.

Mobile Response and Stabilization Services (MRSS)

In November 2022, DCYF launched a pilot program for Mobile Response and Stabilization Services (MRSS) designed specifically for children. MRSS goes beyond the phone-based support offered by Kids' Link by responding in-person to calls 24/7/365 and providing time-limited, on-demand crisis intervention services in any setting that a behavioral health crisis occurs, including homes, schools, and emergency departments. MRSS focuses heavily on stabilization and offers up to 30 days of follow-up care to ensure continuity and a smooth transition to additional services. MRSS served 1,113 children from its inception in November 2022 to October 2024. Of those youth, 164 (14.7%) were involved with DCYF. MRSS has been highly effective with avoiding hospitalization for 92% of children served. MRSS now falls under one of the services provided by the new Certified Community Behavioral Health Clinics (CCBHCs).

Certified Community Behavioral Health Clinics (CCBHC)

Rhode Island EOHHS launched its Certified Community Behavioral Health Clinic (CCBHC) initiative in October 2024, in partnership with DCYF and BHDDH. The CCBHCs provide a robust, coordinated system of behavioral health care that addresses the complex mental health and substance use needs of children, youth, and families across the state. These clinics are structured to eliminate traditional barriers to care, offering timely and accessible services to all individuals, regardless of insurance coverage, financial circumstances, or place of residence. In addition to MRSS, CCBHC services include psychiatry, outpatient mental health and substance use treatment, case management, and peer and family supports.

A cornerstone of the CCBHC model is its emphasis on family-centered care, recognizing the critical role caregivers play in a child's emotional and psychological development. The CCBHCs offer a wide range of family focused services such as family therapy, parenting education, skill-building programs, and family/youth partner support, all aimed at equipping families with the tools and resilience to support their child's recovery and long-term well-being. To date, eight CCBHCs have been certified across Rhode Island, with 91% of the state's population residing within a designated CCBHC service area.

Substance Use Disorder Treatment Services

Substance use disorder (SUD) treatment services for both children and adults fall under the statutory authority of the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) and are primarily accessed through insurance or contracted providers. Table 4-10 shows BHDDH-contracted SUD services available to youth, along with the number of youth served during State Fiscal Years (SFY) 2023 and 2024. Contracted providers are required to accept all eligible referrals; as such, the tables present only service utilization data (as opposed to capacity data). The data reflect SFY 2023-24 as this is the most current complete year data contained in regular reporting.

Table 4-10. BHDDH Contracted Substance Use Disorder Service Providers by Program Type, SFY23-SFY24

	Number of Youth Served				
Provider	Residential	Substance Abuse Intensive Outpatient	Substance Abuse Outpatient	Seven Challenges	**Total**
Bridgemark			*		*
Clinical Services of RI		*	8		*
Codac			*		*
Comprehensive Community Action			44	6	**60**
Emma Pendleton Bradley	8				**8**
Family Service RI			14	58	**72**
Gateway Healthcare			*		*
Northeast Behavioral Health Associates			*		*
RI Training School				43	**43**
Thrive Behavioral Health			*		*
Tides				24	**24**
Tri-County Community Action			5		**5**
Trinity Village Recover Living		*	*		*
Total	**8**	*	**83**	**141**	**237**

* BHDDH data suppressed due to (a) cell size <5 or (b) if the total for a given data category would identify a cell size <5.
[1] Cells shaded in gray indicate the provider does not offer that program type.

DCYF offers a limited number of contracted services within its home-based service array that address SUD needs for children and their families. One such service is the Family Centered Treatment – Recovery (FCT-R), which is an innovative systems-of-care model that integrates the evidence-based Family Centered Treatment approach with best practices in substance use treatment. Weekly utilization and capacity reports shows that FCT-R was consistently either at or over capacity between October and December 2024. DCYF contracted services like FCT-R are essential in helping to bridge gaps in access that exist among insurance and community-based providers.

School-Based Services

Building system and provider capacity in both school and community-based settings is crucial for early identification, timely connections to care, and sustained support for affected children, adolescents, and their families. DCYF has been collaborating with the Rhode Island Department of Education (RIDE) to increase awareness of children's mental health in schools and facilitate access to services for school-aged youth who have behavioral health issues through SAMSHA Project AWARE grants. Starting in 2018, the program was piloted in 10 elementary schools and one middle school across three school districts in Pawtucket, Providence, and Woonsocket. By 2022, over 40,000 students were served, with 6032 participating in state-wide activities, 3057 screened for mental and behavioral health services, 442 referred to support services, and 325 accessing referred services.

As a result of Project AWARE, 10 new, formal partnerships were created between school districts and behavioral health organizations; 13 new district policies relating to youth mental health services, student safety, and school responsiveness were enacted; and over 4,000 teachers, support staff, and parents received mental health training on over 50 topics. A second grant was awarded in 2022, allowing the continuation of Project AWARE in these three districts for five more years. In addition, a second five-year cohort was launched in 2021 in Cranston, West Warwick, and Westerly.

Project SUCCESS is another school-based, behavioral health program that embeds specially trained, master's-level Student Assistance Counselors within schools to provide students with direct access to services. This model promotes early identification and intervention for risk factors related to alcohol and drug use, including poor academic performance, tardiness, absenteeism, and behavioral issues. As of August 2024, Project SUCCESS was operating in 36 middle schools and 40 high schools across 32 school districts in Rhode Island. Of the 52,000 students who had access to a Student Assistance Counselor in their school, 6,121 received at least one topic of the prevention curriculum and 6,288 were assessed for substance use. Project SUCCESS is recognized as an evidence-based program

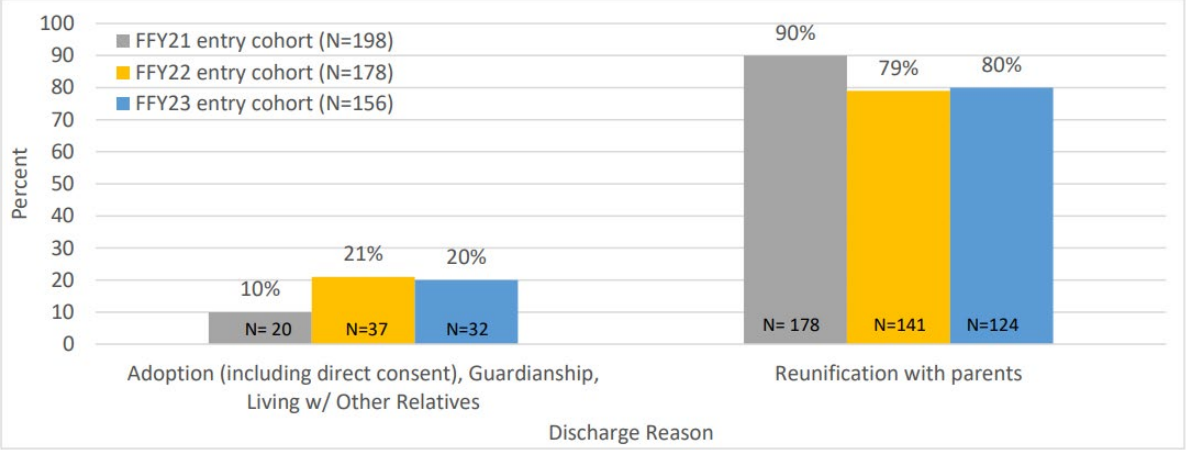
and has demonstrated efficacy in preventing and reducing substance use among youth ages 12 to 18.

Services that Help Children in Foster and Adoptive Placements Achieve Permanency

For children who cannot be safely maintained with their family of origin, DCYF provides a comprehensive continuum of placement options. These include family-based settings, such as relative, kinship, non-relative, and therapeutic foster homes. DCYF also offers congregate care and residential treatment options for youth with more complex behavioral or emotional needs.

Reunification remains the most common permanency outcome for children who achieved permanency within 12 months of entering foster care, as shown in Figure 4-43, with consistent trends across FFY21, FFY22, and FFY23. When reunification is no longer a viable option, DCYF pursues other permanency pathways such as adoption or guardianship. Notably, the percentage of children achieving permanency through adoption (including direct consent), guardianship, or placement with other relatives, within 12 months of entering foster care, doubled over the three-year period—from 10% to approximately 20%.

Figure 4-43. Discharge Reasons Among Children Who Achieved Permanency within 12 Months of Entering Out-Of-Home Placement, FFY21-FFY23 Entry Cohorts



Data Notes:
- There are 13 children in FFY21 entry cohort, 17 children in FFY22 entry cohort, and 13 children in FFY23 entry cohort who discharged without achieving permanency.
- Discharge without permanency includes children discharged with reasons of Emancipation, AWOL, Death of child, Detained at RITS, Subsidy ended, TCP revoked, Transfer to another agency, and Supportive Reunification. Children who discharged at 18 or older are counted as not achieving permanency

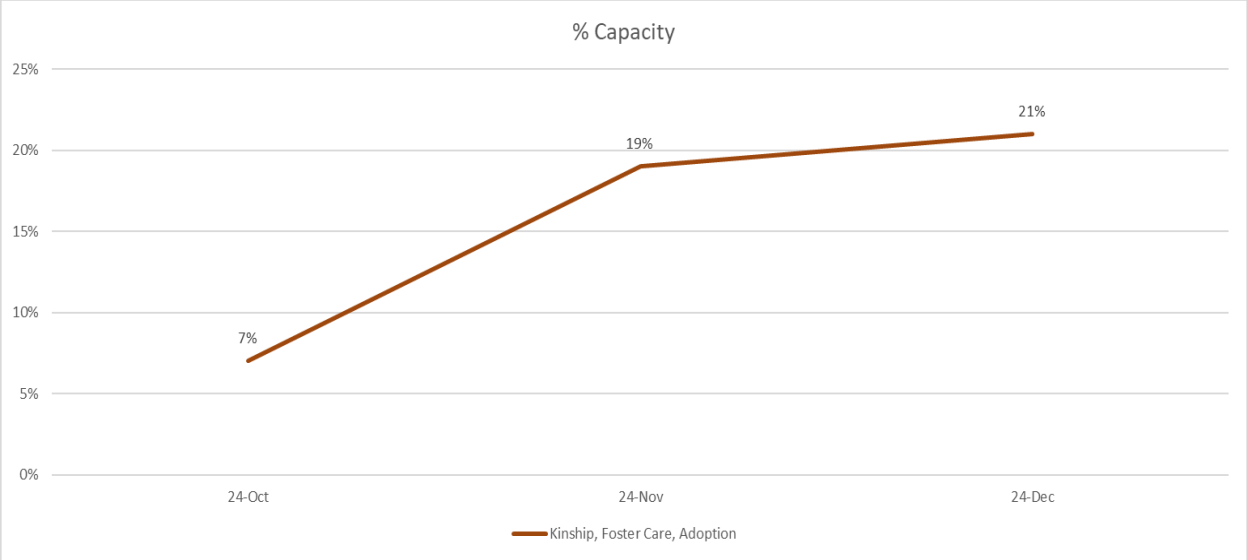
The majority of children who achieve permanency through adoption or guardianship do so with their foster families, underscoring the importance of placement stability and early permanency planning. DCYF offers a robust array of home-based services specifically

designed for kinship, foster, and adoptive families to support permanency outcomes. For children without an identified permanency option, DCYF collaborates with the state's Adoption Exchange to conduct general, targeted, and child-specific recruitment and matching efforts. The Adoption Exchange also offers clinical services for waiting children and post-permanency supports for families who have adopted or provided guardianship.

Kinship, Foster Care, and Adoption Home-Based Services

DCYF's home-based service array was expanded in August 2024 through a re-procurement process to include a dedicated service category focused on kinship, foster care, and adoption support. These services are designed to promote permanency for children in foster and pre-adoptive homes by enhancing placement stability, preserving family connections, and providing critical support to foster and adoptive parents. Programs within this service category began accepting referrals in October 2024 and offer a combined capacity of 284 spots. As shown in Figure 4-44, these services appear to be well-resourced with available capacity. There were only 15 pending referrals as of December 2024—suggesting that overall availability is currently sufficient to meet demand.

Figure 4-44. Kinship, Foster Care, and Adoption Home-Based Services Utilization and Capacity, Quarterly 2022 to 2024



Data Source: RI DCYF Home-Based Services Capacity and Utilization Weekly Reports

In 2020, DCYF established two foster parent mentor programs that pairs experienced foster parents with newer foster parents to offer emotional support, share strategies, and help navigate the complexities of foster care. One program, *Kinship Connections,* was specifically designed to assist kinship foster parents, who often assume caregiving responsibilities with little preparation and may face unique challenges navigating DCYF while maintaining family relationships. Between January 2022 and December 2024, 297 kinship families were served by a kinship foster parent mentor.

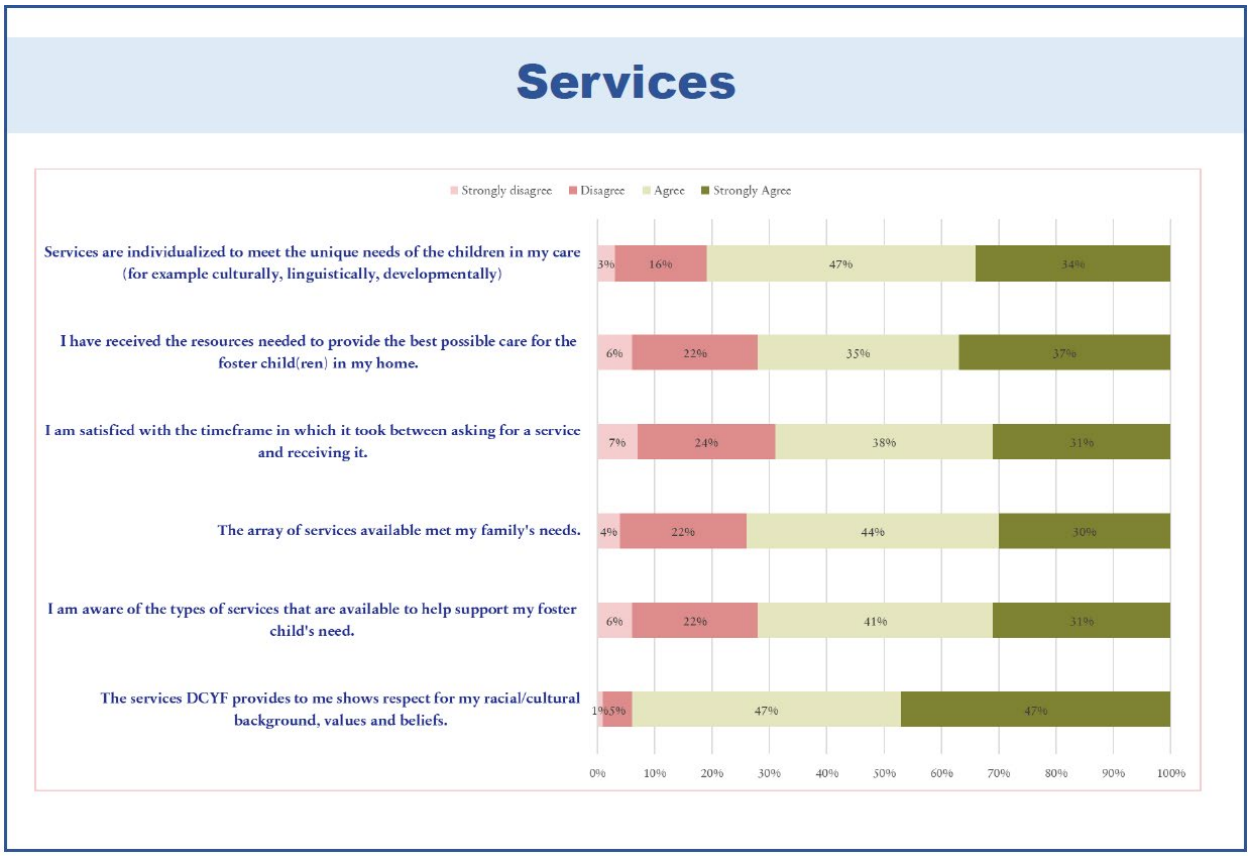
The second mentor program, *Supporting Our Anchors,* was created to support non-kinship foster families and adoptive parents by offering peer-to-peer guidance on navigating their roles, responsibilities, and expectations. The mentors provide newer foster parents with support in strengthening relationships with birth families and helps caregivers build skills in advocacy and effective communication on behalf of themselves and the children in their care. From September 2022 through December 2024, 288 non-relative foster and adoptive families were served by this program.

In addition, community-based support groups for foster and adoptive parents exist throughout the state. These groups provide a space for caregivers to connect with one another and share resources. Together, these supports aim to enhance support for foster parents, improve retention, and promote placement stability.

Foster Parent Survey Results (2023): Service Array

The Foster Parent Satisfaction Survey was developed collaboratively by DCYF and the Foster Parent Advisory Council. Created in 2022, the survey was translated into both English and Spanish and was first distributed between March and April 2023. The survey includes 34 questions: 12 focused on demographics and overall satisfaction, and 22 Likert scale questions organized into five thematic sections. Between November 2024 and January 2025, the survey was sent to 923 foster families—including both actively licensed and recently closed homes—to gather feedback on foster parents' overall satisfaction with communication, training, licensing process and services. A total of 68 respondents completed the survey, representing a 7% response rate. With regards to services, the survey focused on the availability, quality, and cultural responsiveness of services provided to foster families. The majority of respondents rated positive experiences across six key statements as depicted below in Figure 4-45.

Figure 4-45. Foster Parent Satisfaction Survey Results: Service Array

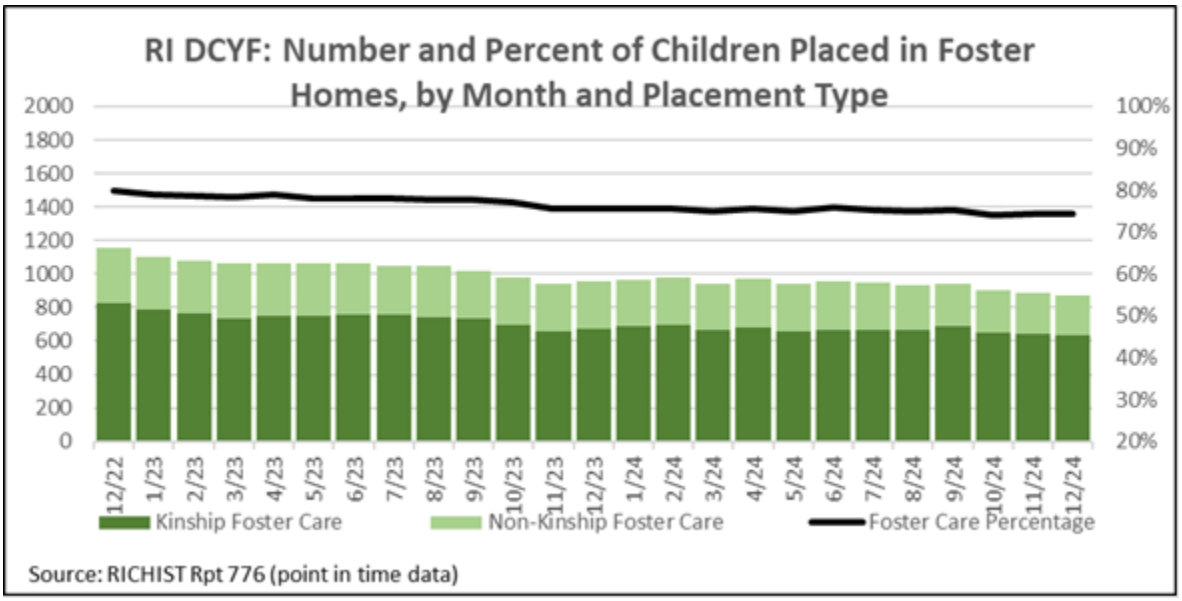


Notably, 78% (53/68) of respondents agreed or strongly agreed that the array of services available met their family's needs, 72% (49/68) agreed or strongly agreed that they received the resources they needed to provide the best possible care for the foster child in their home, and 69% (46/68) agreed or strongly agreed that they were satisfied with the timeframe in which it took between asking for a service and receiving it.

Family-Based Settings

The majority of youth in out-of-home placements between December 2022 and December 2024, were placed in family-based settings, including relative, kinship, and non-relative foster homes (DCYF and private agency), as highlighted in Figure 4-46. Rhode Island continues to lead the nation in kinship care. As of December 2024, 73% of children were placed with relatives or close family friends, far exceeding the national average of 35%.

Figure 4-46. Number and Percent of Children Placed in Foster Homes, by Month and Placement Type

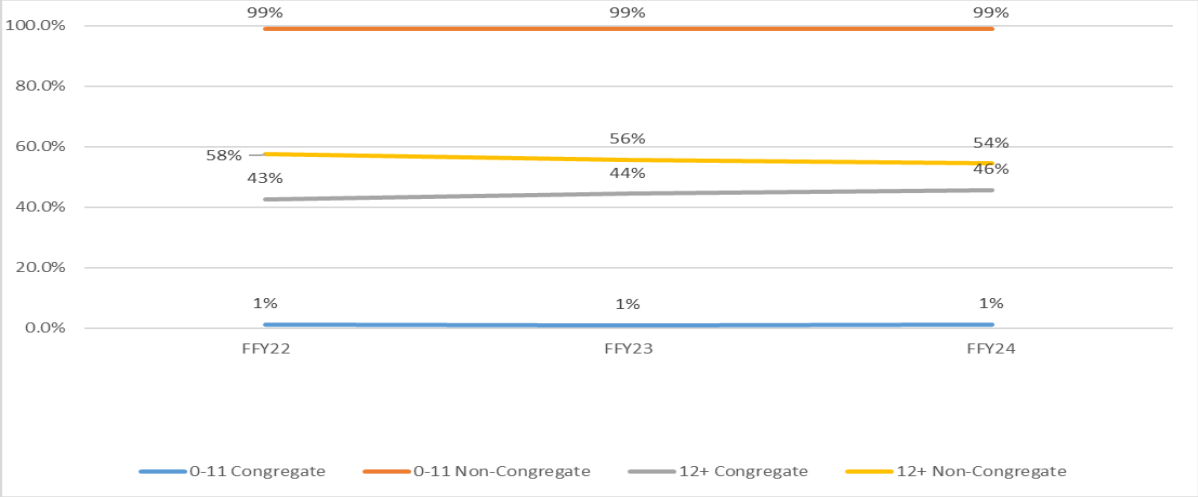


Data notes: Of all children in out-of-home placement on the first day of the month, what number were placed in kinship foster care and what number were placed in non-kinship foster care.

DCYF has a designated Family Search and Engagement (FSE) unit that is primarily responsible for assisting the Division of Family Services (DFS), as well as Child Protective Services (CPS) and Special Investigations Unit (SIU) with searching for and engaging families of children who may be entering placement, youth who are missing from care, children placed in non-relative placement, and/or children and youth in need of permanency. In 2022, the FSE unit completed 1,426 searches in an effort to find family and kin. That number increased significantly in 2023 to 2,426 when FSE initiated searches for all cases that transferred from CPS to DFS. In 2024, the number of completed searches remained steady at 2,582.

Family-based settings were the most common first placement type after removal for children in FFY2022 – FFY2024 entry cohorts. Figure 4-47 shows that children ages 0 to 11 across all three fiscal years were almost exclusively placed in a family like setting for their first placement; whereas, 50% of children ages 12 and older were first placed in a family like setting. The percentage of youth ages 12 and older first placed in a congregate care setting increased from 43% in FY22 to 46% in FFY24.

Figure 4-47. First Placement Service Type of Current Removal by Age Category, FFY22 – FFY24 Entry Cohorts



Notes: Data source: RICHIST report 460; data are current as of 10/10/2024.

- Congregate care includes acute residential treatment, assessment & stabilization center, group home, medical hospital, psychiatric hospital, semi-independent living, RCC, residential treatment – substance abuse and residential treatment center.

Figures 4-48 and 4-49 show the number and utilization rates of foster homes licensed by DCYF and those licensed by private agencies from 2022 to 2024. While underutilization is evident across both types, it is more pronounced among DCYF-licensed foster homes.

Figure 4-48. Number of Private Foster Agency Actively Licensed Homes Utilization

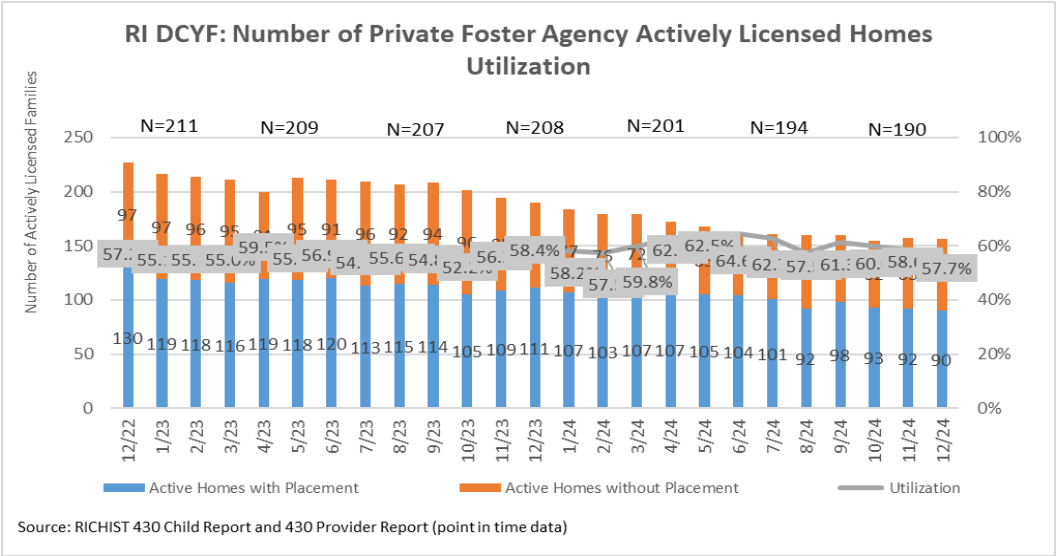
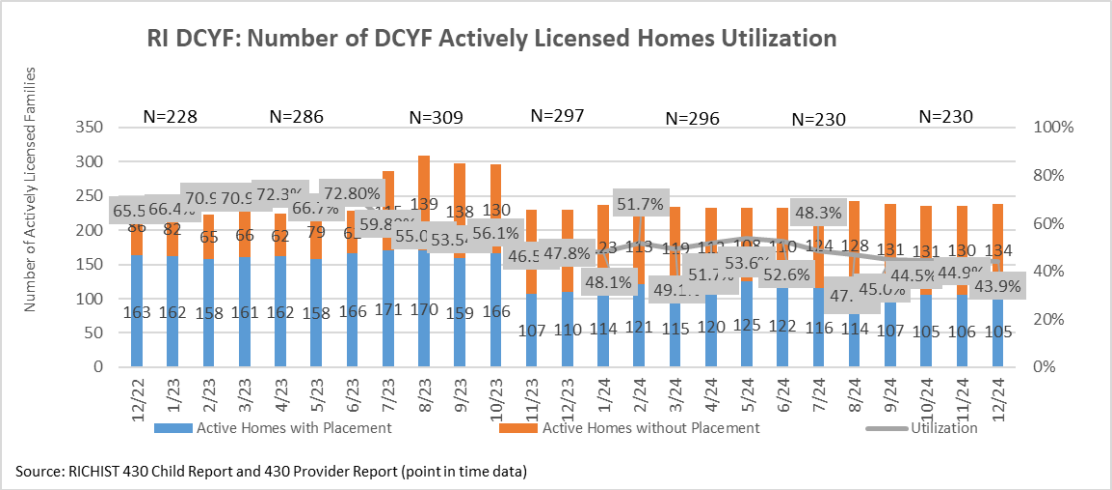


Figure 4-49. Number of DCYF Actively Licensed Homes Utilization

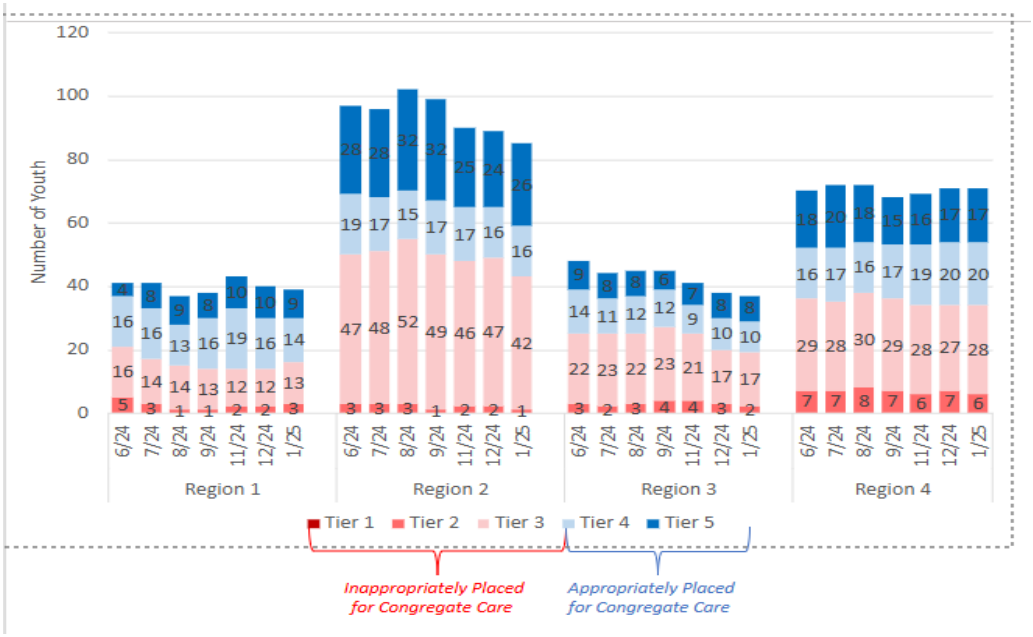


Data Notes: Utilization of actively licensed DCYF Traditional Foster Families and actively licensed Private Agency Foster Families on the first day of the month. The blue represents the number of actively licensed families that currently have placement, and the orange represents the number of actively licensed families without placement. The total number of actively licensed families is presented above each bar graph. The percentage in grey is the percentage of actively licensed foster families that have placement out of the total number of actively licensed foster families.

A notable caveat when interpreting these data is that reported capacity may overstate actual availability, which can distort both capacity numbers and the utilization percentages. For example, the reported capacity of 349 homes in January 2024 includes families who may only foster young children, sibling groups, children with minimal medical needs, or those needing respite care. If a family is licensed for a sibling group of four but is currently fostering only two siblings, the utilization rate would appear to be 50%, even though the family may not have the capacity for additional placements. Families may also temporarily pause their availability or adjust their criteria for placements, further impacting the accuracy of reported capacity figures.

Despite the availability of licensed foster homes, nearly half of youth aged 12 and older who entered foster care between FFY22 and FFY24 were initially placed in congregate care settings, even when their clinical or behavioral needs did not warrant such a restrictive environment. Figure 4-50 shows that inappropriate placements in congregate care facilities continues to remain consistent across all regions.

Figure 4-50. Congregate Care Placements by Level of Need and Region, June 2024 to January 2025



Data Source: RICHIST RPT 748. Data available on the first of each month.
Data Notes: Data includes children <13 years old who are considered inappropriately placed regardless of LON score and Assessment and Stabilization placements.

This trend suggests a systemic misalignment between the existing foster care infrastructure and the needs of older youth, potentially due to a lack of capacity, willingness, or preparedness among foster families to support this population. Additionally, the placement match preferences of existing licensed foster homes does not align with the demographic and support needs of children entering foster care, highlighting a critical gap in placement resources.

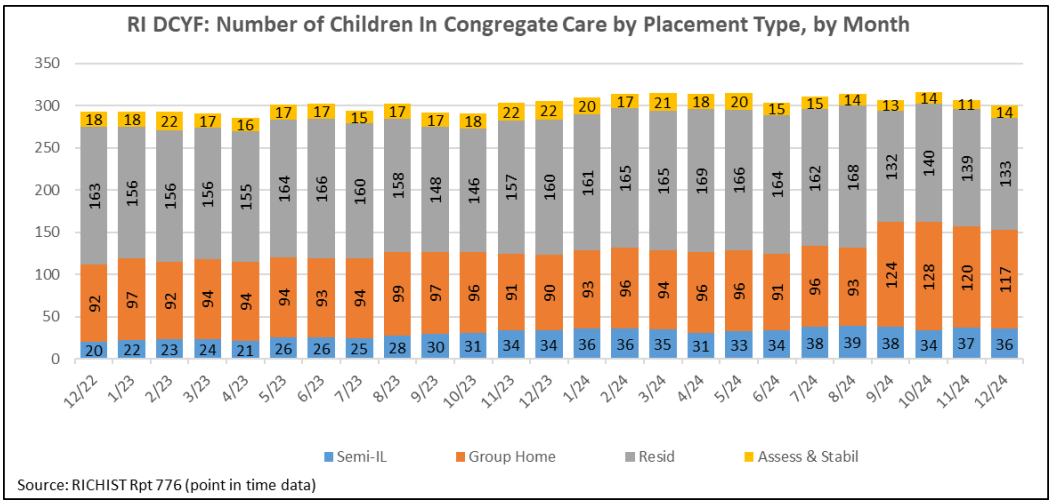
In 2024, DCYF's Division of Licensing conducted an extensive review of all foster home licenses to assess both the reported capacity and the alignment between family-specified criteria and children's actual placement needs. As a result of this review, foster families who did not have a child currently placed with them and who were unable or unwilling to broaden their criteria were removed from the roster of active foster homes.

Residential Interventions

Residential intervention services span a range of group-based care, tailored to meet the varying levels of acuity and support needs of children. These services are designed to provide the least restrictive environment possible, while promoting safety, well-being, and stability. The graph in Figure 4-51 shows the monthly number of children in congregate care in Rhode Island from December 2022 through December 2024, broken down by placement type. Overall, the number of children in congregate care remained relatively stable during

this period, generally ranging between 280 and 330 children per month. The largest share of placements throughout the timeframe were in residential treatment programs, followed by group homes.

Figure 4-51. Number of Children in Congregate Care by Placement Type, by Month



Data Notes: Of all children in a congregate care placement on the first day of the month, how many were placed in each congregate care setting. Congregate care includes group homes, semi-independent living, residential treatment centers, and assessment and stabilization centers. It does not include independent living, medical hospital, psychiatric hospital, or absent from care.

Similar to home-based settings, the residential continuum has evolved over time in response to changing population needs, with some programs discontinued and others developed or restructured to better meet the current demands. DCYF offers five levels of residential intervention with a total of 49 programs across Rhode Island, including:

- Assessment & Stabilization Centers
- Group Homes
- Group Homes for Special Populations
- Residential Treatment Centers with on Campus Education
- Residential Treatment Centers with on Campus Education for Special Populations •
- Semi-Independent Living Programs
- Independent Living Programs

For a full description of each contracted group-based service, please refer to the **DCYF Resource Guide: Congregate Care** in Appendix K.

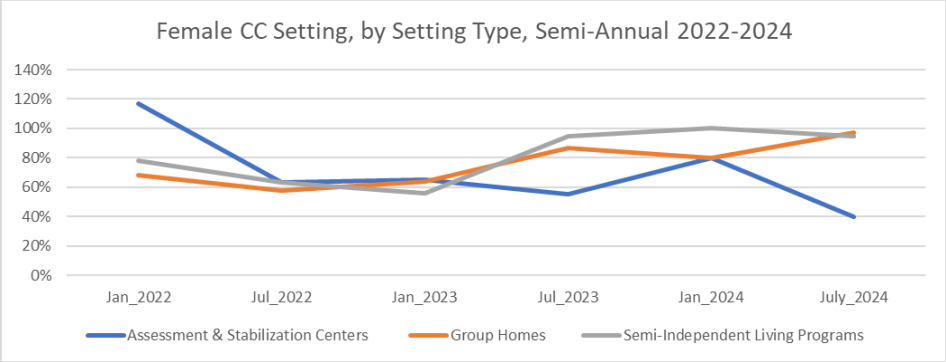
DCYF tracks congregate care utilization and capacity through weekly point-in-time census reports submitted by contracted providers. While these reports offer a snapshot of available beds and current census levels, they present several limitations in accurately capturing service need and true demand. There are discrepancies between the reported capacity and stakeholder experience with placement availability and waitlists. For example, although a

program may appear to have open beds, providers often lack the staffing capacity to safely admit additional youth, particularly when contracted to serve a specific number of children but unable to meet those obligations due to workforce shortages. The data also does not account for the gap in time between a youth's discharge and the intake of a new youth, which reflects a lag in actual availability.

In addition, point-in-time data fails to consider the dynamic nature of placement decisions, which are influenced by the unique needs of the milieu. Providers must evaluate factors such as peer group composition, staff skill level, and safety considerations before accepting new referrals—especially when youth know each other or present with complex behavioral needs. Some children may appear on multiple program waitlists, further skewing the accuracy of reported need. While DCYF has shown flexibility with contracted capacity to avoid unnecessary placement disruptions and convenes targeted meetings with providers operating consistently below census, stakeholder feedback continues to reflect concern about insufficient congregate care capacity to meet the diverse and evolving needs of youth. These limitations highlight the need for improved, real-time data systems and nuanced performance monitoring that better account for operational realities and placement availability.

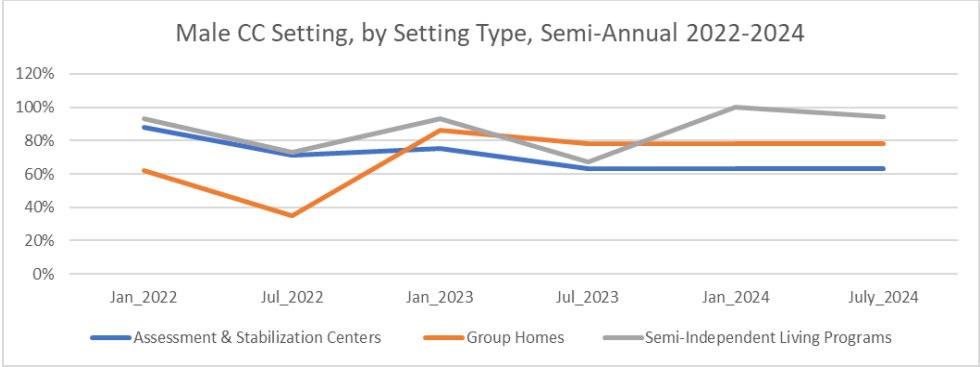
Figures 4-52 to 4-57 reflect residential intervention utilization and percent capacity by setting type, semi-annually from January 2022 through July 2024.

Figure 4-52. Female Congregate Care Setting, by type, Semi-Annual 2022-2024



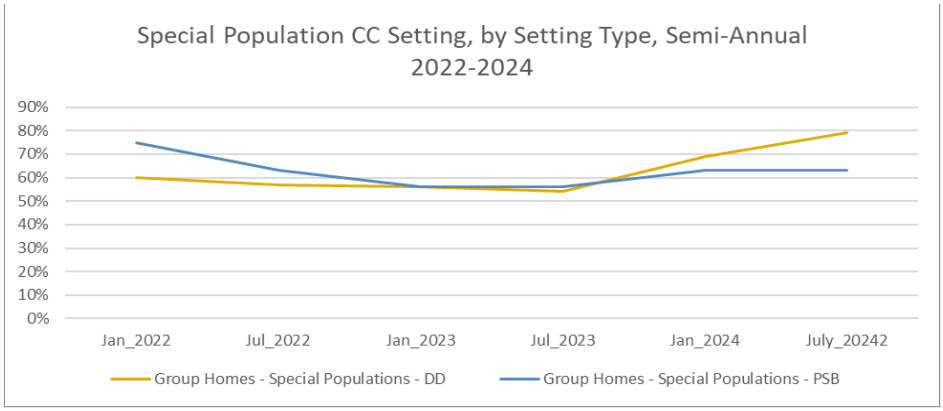
Data Source: RI DCYF Congregate Care Capacity and Utilization Weekly Reports (point in time).

Figure 4-53. Male Congregate Care Setting, by type, Semi-Annual 2022-2024



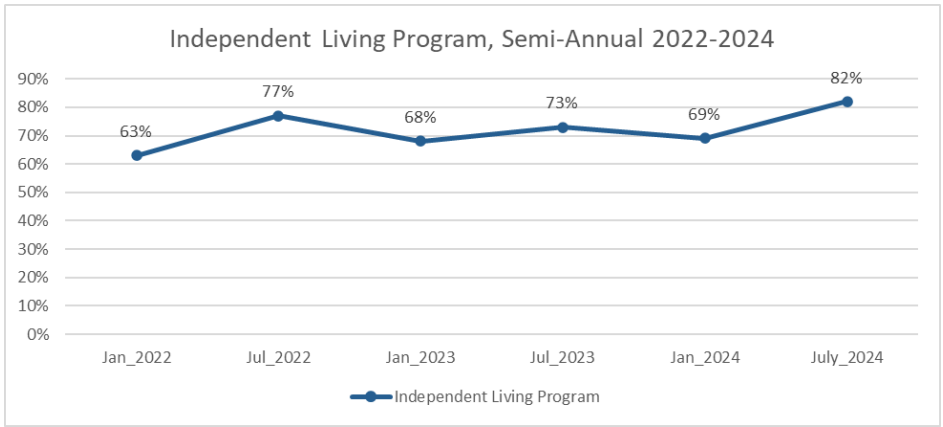
Data Source: RI DCYF Congregate Care Capacity and Utilization Weekly Reports (point in time).

Figure 4-54. Group Homes – Special Populations Utilization and Capacity, Semi-Annual 2022-2024



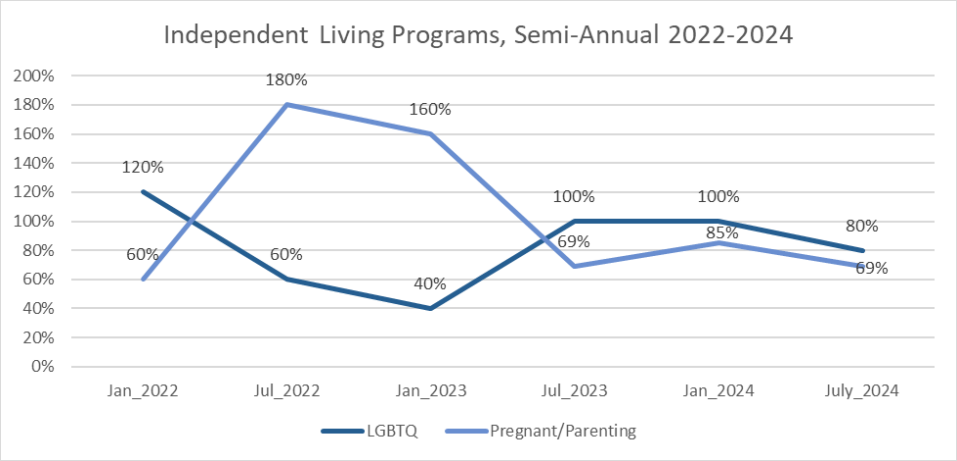
Data Source: RI DCYF Congregate Care Capacity and Utilization Weekly Reports (point in time).

Figure 4-55. Independent Living Program Utilization and Capacity, Semi-Annual 2022-2024



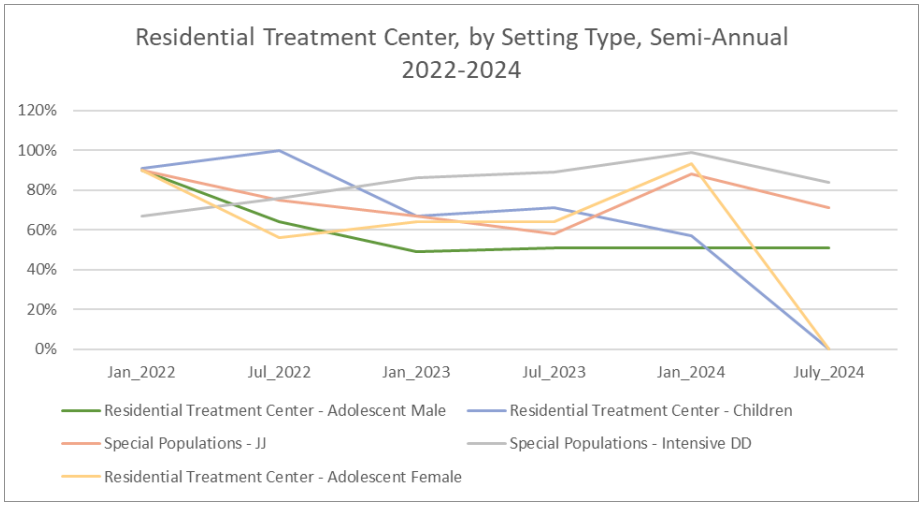
Data Source: RI DCYF Congregate Care Capacity and Utilization Weekly Reports (point in time).

Figure 4-56. Specialty Independent Living Programs Utilization and Capacity, Semi-Annual 2022-2024



Data Source: RI DCYF Congregate Care Capacity and Utilization Weekly Reports (point in time).

Figure 4-57. Residential Treatment Center Utilization and Capacity, by Setting Type, Semi-Annual 2022-2024

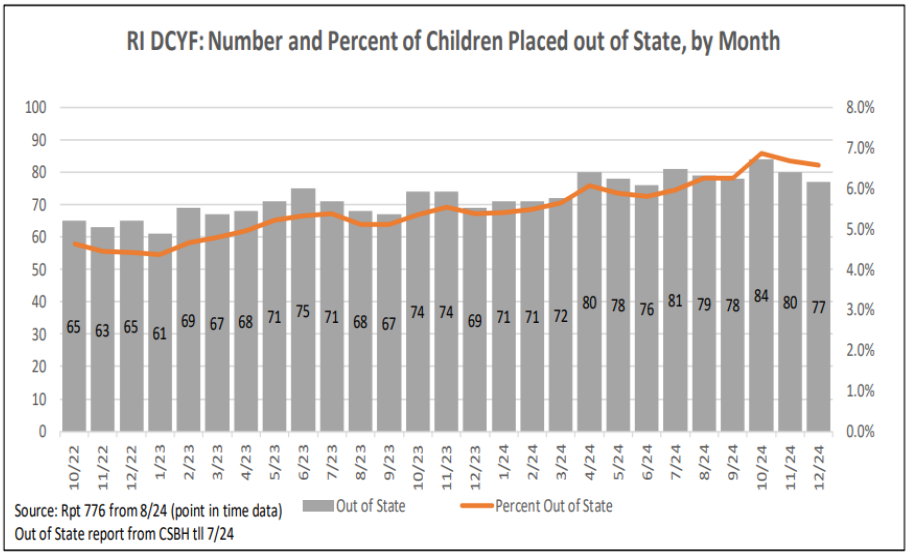


Data Source: RI DCYF Congregate Care Capacity and Utilization Weekly Reports (point in time).

Out-Of-State Placements

Figure 4-58 shows a notable increase in the number of Rhode Island children placed out-of-state. The number of children placed out of state rose from 65 in October 2022 to a peak of 84 in October 2024, representing a 29% increase over the two-year period. The most significant month-to-month increases occurred between June and October 2024, coinciding with the closure of Rhode Island's only residential treatment facility for adolescent females. This trend reflects growing demand for out-of-state placements, due to limited in-state capacity, particularly for youth with specialized or high-acuity needs.

Figure 4-58. Number and Percent of Children Placed Out-Of-State, by Month



Factors Affecting Performance

DCYF has made meaningful progress in aligning assessment practices across divisions, shifting its focus to prevention and family preservation, maintaining children in their homes, and expanding access to home-based supports. However, persistent challenges in behavioral health capacity, service delivery timeliness, and placement availability continues to affect overall performance.

DCYF in collaboration with other State agencies and private organizations provide a broad continuum of services ranging from community-based to residential treatment. Services are delivered in-home, in schools, and at over 300 community-based locations. These services are administered by seven different State Departments, each with separate responsibilities for policy, programming, data, and resources. Understanding this structure and the distribution of these services is crucial to assessing the functioning of the State's behavioral health system of care.

The prevalence of mental health conditions and substance use disorders has risen significantly, particularly since the COVID-19 pandemic. The 2022 National Survey of Children's Health (NSCH) was conducted by the U.S. Census Bureau for the Health Resources and Services Administration, Maternal and Child Health Bureau (HRSA MCHB) within the U.S. Department of Health and Human Services (HHS). The purpose of the NSCH is to collect national and state-level estimates on key indicators of health and well-being of children, their families, as well as information about the prevalence and impact of special healthcare needs. Using a national sample of 360,000 addresses, households received a screener questionnaire to identify those with children under 18 years of age. One child per eligible household was randomly selected for a detailed topical questionnaire. The overall

weighted response rate was 39%. While specific sample sizes for RI are not detailed in the available sources, the survey aimed to gather sufficient data to produce reliable state-level estimates. The survey found that more than one in four (28.7%) of children in RI between the ages of 3 and 17 years old had a mental, emotional, or behavioral health need. However, more than half (59%) of children who needed behavioral health treatment faced barriers accessing care.

In 2023, the Office of the Health Insurance Commissioner (OHIC) retained Milliman Inc. to conduct a comprehensive review of all social and human service programs having a contract with or licensed by the state, inclusive of EOHHS and the state agencies under its purview. The review was completed in two phases. In phase one, 12 interview sessions occurred with more than 30 individuals consisting of advocacy and provider groups, State employees, and Social and Human Service Programs Review Advisory Council members. Through those interview sessions, conducted in February and March of 2023, programs with possible access issues were identified based on industry knowledge and provider experience. A total of 18 services were assessed as part of phase two and were categorized into the following four domains: adult behavioral health services, child and adolescent behavioral health services, home and community-based services (HCBS), and other services.

The 2023 Social and Human Service Programs review found children's behavioral health services, including counseling/psychotherapy, intensive outpatient, residential mental health, and child residential substance use disorder (SUD) services to be highly limited. In addition, Mobile Crisis and Early Intervention were found to be somewhat limited. Access to adult behavioral health services, including counseling/psychotherapy, intensive outpatient, residential mental health, and residential SUD services were also found to be highly limited. Stakeholders identified insufficient provider capacity/network barriers, public policy barriers, service limitations, and equity barriers as factors contributing to these gaps in access.

Stakeholders highlighted disparities in access to Early Intervention and behavioral health services between Medicaid enrollees and individuals with commercial or private insurance. For example, children covered by Medicaid experience longer wait times for Early Intervention services, averaging 10 days more than their commercially insured peers. Between August 2022 and March 2023, the average time to enrollment was 83 days for Medicaid enrollees compared to 73 days for privately insured children. Although wait times have improved since August 2022, they still exceed the program's target of 45 days. In the behavioral health system, utilization trends further reflect inequities. Use of behavioral health services among commercially insured children has grown each year, while utilization among those with Medicaid has remained consistent. A similar pattern was observed in adults aged 19–64, where those with commercial insurance were 1.2 times more likely to

access behavioral health services than those enrolled in Medicaid. It is important to note that there was insufficient data available during the review to fully assess equity-related barriers for several services.

Stakeholders also identified geographic disparities as a significant barrier to service availability and accessibility. Rhode Island's population density is among the highest in the country, with significant clustering in urban areas such as Providence, Warwick, and Cranston. In contrast, rural regions—particularly in the northwestern and southwestern parts of the state—face more pronounced challenges due to limited transportation options and reduced availability of health care and community-based services. These disparities are largely driven by lower population density in rural areas, which reduces the economic feasibility of maintaining robust service infrastructure comparable to that in urban centers.

The findings from the 2022 NSCH and 2023 Social and Human Service Programs review are supported by qualitative data/feedback collected during Statewide Assessment focus groups and surveys. Focus Groups were conducted by DCYF in 2025 and included a statewide representation of both internal and external stakeholders. Internal stakeholders included frontline staff, supervisors and administrators from Child Protective Services and the Family Service Unit, DCYF attorneys, and representatives from the Division of Children's Services and Behavioral Health. External focus groups included birth parents, foster parents, youth, service providers, attorneys from RI Legal Services and the Public Defender's Office, the Court Improvement Program and RI Family Court Judges.

Overall, focus group participants noted a positive and hopeful outlook based on the re-procurement of the service array in 2024. However, participants also consistently cited gaps in access to child and adult behavioral health services, as well as specialized evaluations such as neuropsychological assessments and parent-child evaluations. Some expressed concern about an over-reliance on neuropsychological assessments which have extensive waiting lists and questioned the appropriateness of the referrals, and other groups noted there are currently no providers that conduct parent-child evaluations. Moreover, focus groups consisting of parents/caregivers noted the inflexibility in scheduling and availability of services across the continuum of care, particularly for working parents. Some described having to choose between maintaining employment and fulfilling their case plan requirements.

In addition to focus groups, DCYF developed a stakeholder survey to gather input from contracted and non-contracted service providers about their experiences and perspectives related to systemic factor functioning between November 1, 2024, and April 30, 2025. The survey consisted of 10 statements or questions with respondents asked to rate their experiences using a five-point Likert scale: *Always*, *Sometimes*, *Unsure*, *Rarely*, or *Never*.

The survey included 3 themes related to service array:

1. Service availability and individualization
2. Accessibility of services
3. Service gaps and barriers to access

The survey was distributed to 185 contracted and non-contracted service providers in-person and by email between November 2024 and April 2025. A total of 68 providers (37%) responded, offering insights into the challenges they experience serving all referred children and families. While 18 respondents (26%) reported no issues with accepting referrals, 28 (41%) identified barriers related to receiving referrals for families who did not meet eligibility criteria for the service. Additionally, 24 providers (35%) cited waitlists and 23 (33%) reported workforce shortages as limiting their ability to deliver services. Transportation emerged as the most frequently identified barrier to service access for families, noted by 18 providers (23%). These results highlight the challenges families experience accessing services for both children and adults, and providers' difficulty in matching treatment level of need with available capacity.

The same survey was distributed to Family Services Unit (FSU) caseworkers and supervisors, as well as Juvenile Probation Officers and supervisors. Of the 48 that responded, 25 (54.3%) indicated that services were sometimes available, while 11 (24%) reported that services were rarely available. The most commonly cited barriers to families accessing services included waitlists, transportation challenges, geographic distance, lack of childcare, and limited provider availability or scheduling flexibility.

DCYF monitors waitlists of individual programs within its contracted home-based and placement service arrays using weekly utilization and capacity reports submitted by providers. In most instances, programs allocate services as they become available, in sequential order based on when an individual or family was added to the waitlist (i.e., first come, first served). However, there are situations in which programs demonstrate flexibility and prioritize referrals of individuals or families with more urgent needs or in specific high-risk case circumstances.

There is no centralized process that monitors the number of DCYF involved children and families receiving services across systems, or to track those on waitlists for services that are not contracted by DCYF. The Rhode Island Coalition for Children and Families (RICCF) is a member organization of nonprofit providers of social and health services to children, youth, and their families and allied advocacy organizations. RICCF surveyed 32 of its members who provide behavioral health or clinical services between January and June of 2023 to help gain a more accurate understanding of the workforce crisis. Twenty-three (72%) responded, reporting a total of 733 children on waitlists and the time of waitlists ranging from one week

to one year depending on the program. Staff vacancy rates in Winter/Spring 2023 for programs ranged from 18% (Early Intervention) to 75% (intensive family preservation). Not all providers maintain waitlists, likely making this number an undercount of the gap between available services and need. The lack of unified data collection across systems makes it difficult to evaluate the extent of existing service gaps, where the gaps are across the continuum, which populations are most affected, why gaps exist, and how best to address them.

When the appropriate level of care is inaccessible, youth and families may have to settle for the only available, but often insufficient option or seek care in overly restrictive settings, such as hospitals or residential treatment. The lack of in-state step-down options and limited availability of home-based services contributes to prolonged hospital stays for youth who no longer require acute care but have no suitable placement alternatives. Notably, Rhode Island does not currently have any residential treatment programs for adolescent females. A new 16-bed residential treatment center is under construction, with an expected opening in 2026.

Additionally, there are no in-state residential substance use disorder (SUD) treatment programs specifically for children. Youth who require this level of care are often placed in congregate care settings supplemented with community-based SUD services, or they are referred to out-of-state programs. These gaps are further complicated for youth with co-occurring mental health and substance use disorders, who must navigate services across two systems—DCYF, which oversees children's behavioral health, and BHDDH, which is responsible for SUD treatment.

The continuum of care in RI is extensive, but more cross-system data is needed to drive improvements in the functioning of the Statewide service array. What is also clear from stakeholders' engagement in this process is that these services are not as integrated and coordinated as they need to be so as to create a unified, streamlined behavioral health system capable of meeting the needs of children and families in Rhode Island. Stakeholders described Rhode Island's system of care as "fragmented, siloed, and often poorly coordinated, leading to duplicated services, burdens on families, as well as delayed and restrictive care." These silos can limit access, hinder engagement, and reduce the quality and effectiveness of services. Improving cross-agency coordination and centralizing data collection are essential to building a more responsive and equitable system capable of meeting the complex behavioral health needs of Rhode Island's children and families.

Item Rating Summary

During Round 3 CFSR, item 29 was rated as an Area Needing Improvement because definite gaps in the service array and waiting lists were identified. There was a lack of treatment foster homes and a shortage of options to step down children to less restrictive placements, as well as waiting lists for services such as parent-child evaluations, supervised visitation,

and substance abuse services for youth. Further, there was a gap between the reported current service array and the field's awareness of these services.

Since CFSR Round 3, Rhode Island has expanded and strengthened its service array, with a notable shift toward prevention, early intervention, and family preservation. This includes the implementation of the Mobile Response and Stabilization Services (MRSS), the recent launch of the statewide Certified Community Behavioral Health Clinics (CCBHCs), significant investment in home-based services, and the development of early childhood initiatives aimed at promoting healthy development and reducing child welfare involvement. DCYF has also worked to align assessment practices across divisions and maintain children safely in their homes whenever possible.

Despite these advances, the service array remains insufficient to consistently meet the needs of children and families across the state. In particular, limited capacity in intensive home-based services to support children in the community, combined with the shortage of foster home placements for older youth, has resulted in an overreliance on congregate care - even for children whose clinical needs do not warrant such a restrictive setting. This inefficiency strains limited congregate care capacity and places lower-needs youth in environments that may not support their long-term well-being. Surveys and stakeholders pointed to geographic and transportation barriers, especially in rural areas, and systemic issues such as workforce shortages, waitlists, data collection, and siloed service coordination, affecting service quality and timely access to care.

Recent efforts have been made to expand and align services across the continuum of care, as well as reduce the number of youth placed out-of-state or in congregate care. However, services are not yet consistently available, accessible, or adequate to meet the complex behavioral health needs of Rhode Island's children and families. As such, Rhode Island rates item 29 as an Area Needing Improvement.

Item 30: Individualizing Services

For this item, provide evidence that answers this question:

How well is the service array and resource development system functioning statewide to ensure that the services in Item 29 can be individualized to meet the unique needs of children and families served by the agency?

Services that are developmentally and/or culturally appropriate (including linguistically competent), responsive to disability and special needs, or accessed through flexible funding are examples of how the unique needs of children and families are met by the agency.

State Response:

The Rhode Island Department of Children, Youth and Families (DCYF) operates under the umbrella of the Executive Office of Health and Human Services (EOHHS), which serves as the coordinating agency for state departments focused on health and human services. As part of this broader alignment, DCYF plays a central role in delivering a coordinated continuum of care that supports the safety, permanency, and well-being of children and families across the state. Since the Round 3 CFSR, DCYF has made progress individualizing services to better meet the needs of children and families served through the child welfare, juvenile justice, and children's behavioral health systems. This has included the implementation of standardized assessment tools, such as the Safety Assessment through Family Engagement (SAFE) model and the Level of Need (LON) assessment, which support data-driven case planning and improve service matching based on each child and family's specific circumstances.

Additionally, DCYF significantly expanded its home-based and congregate care service arrays through a re-procurement process that included an intentional focus on increasing the availability of contracted programs that can be adapted to meet the unique needs of children and families. These services provide clinical support, case management, and skill-building with the goal of strengthening family relationships, reducing risk factors, and promoting safe, stable home environments.

Rhode Island Demographic Landscape

According to 2024 Census data, Rhode Island has a total population of approximately 1.11 million. With respect to race and ethnicity, Rhode Island 's population distribution is similar to the nation as a whole. In 2024, 71% of the state's population identified as White, 17% as Hispanic or Latino, 8% as Black or African American, and 4% as Asian. Smaller demographic groups, such as Native American and Pacific Islander communities, make up less than 1% of the total population. Languages commonly spoken include English, Spanish, Portuguese, and Italian. DCYF contracts with providers who offer services in multiple languages to improve accessibility and ensure meaningful engagement in services.

Services Designed for Specific Populations

DCYF Home-Based Service Array

In August 2024, DCYF finalized the re-procurement process of its home-based service array, securing contracts for 65 distinct programs across six core service categories: Mental Health and Disruptive Behavior, Family Stabilization and Prevention, Parent Skill Building, Kinship, Foster Care, and Adoption Support, Family Visitation, and Aftercare and Transitional services. DCYF included contractual language requiring all providers to demonstrate the ability to effectively engage families in a responsive manner. Providers are expected to recognize and build upon the unique backgrounds of the families they serve, integrating these factors as foundational strengths in the treatment process.

There are two programs within DCYF's home-based service array that are designed to address the needs of children and families from specific communities. One of these programs, *Familias Unidas*, is tailored for Latino youth ages 10 to 17 and their caregivers. The program focuses on strengthening family dynamics and preventing risky behaviors during the critical transition to adolescence. Delivered in 12-week cohorts by Latino facilitators from the participants' own communities, *Familias Unidas* combines multi-parent group sessions that emphasize effective parenting strategies with family visits that offer opportunities to apply those skills in real time. This evidence-based approach has been shown to reduce behavioral issues, substance use, and sexual risk-taking among youth participants compared to their peers.

The second program, *Strong African American Families* (SAAF), is designed specifically for youth ages 9 to 14 and their caregivers who identify as Black or African American. The program promotes positive identity formation, effective parenting, and youth resilience through structured group sessions. SAAF is grounded in evidence-based practices that strengthen protective factors and reduce at-risk behaviors. Like *Familias Unidas*, SAAF is structured as a multi-week cohort model, emphasizing community engagement and tailored support.

Programs such as *Familias Unidas* and SAAF are especially important given the documented disproportionality in DCYF involvement amongst certain subpopulations of children and families. These culturally specific programs help to address such disparities by providing services that are individualized, community-rooted, and responsive to the lived experiences of families.

Out-Of-Home Placement Services

Rhode Island continues to lead the nation in kinship care, with 73% of children placed with relatives or close family friends as of December 2024- ensuring that children remain connected to their familial roots and support networks. DCYF continues efforts to expand its recruitment of non-relative foster families to better reflect the characteristics of the children

it serves. These efforts are further described in Item 35 (Diligent Recruitment of Foster and Adoptive Homes).

Services for Kinship, Foster, and Adoptive Families

The Heart Tree is a community-based, non-profit organization that serves Spanish-speaking foster, adoptive, and kinship families across Rhode Island. The Heart Tree's mission is to build strong alliances among these families through the following:

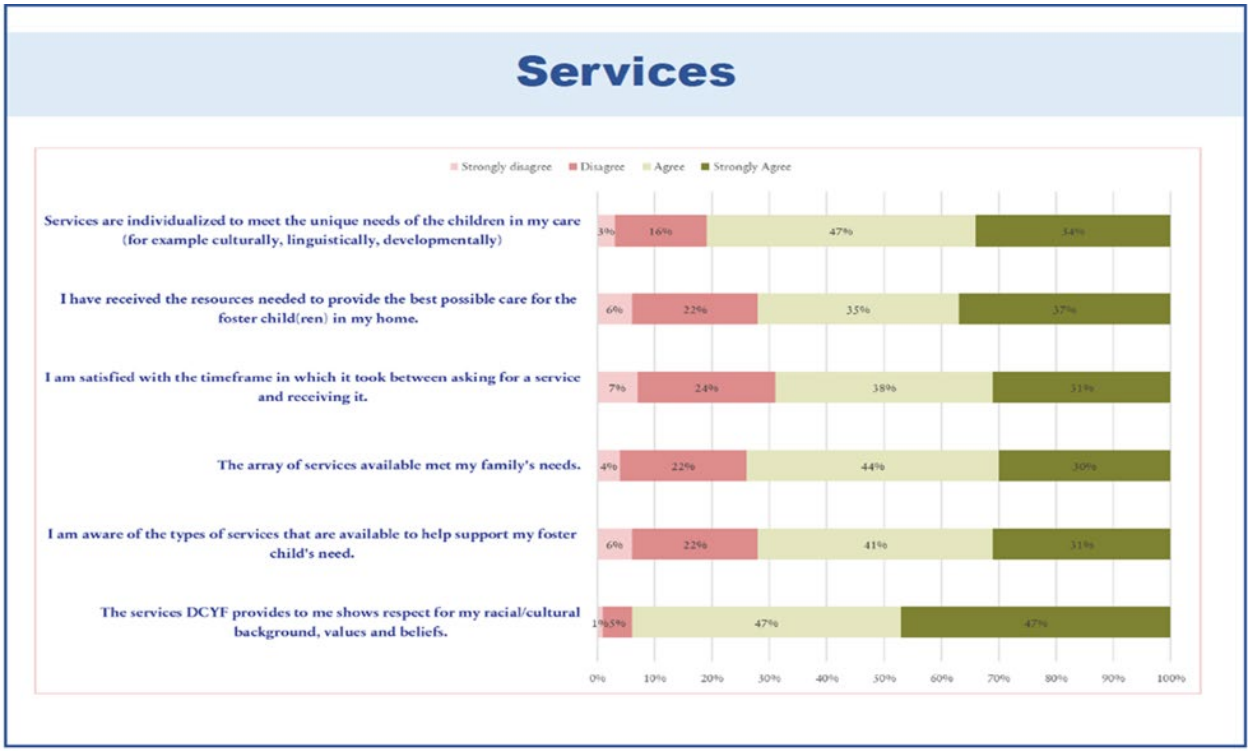
- **Support Services:** Peer support groups, mentorship, and educational resources tailored to the unique experiences of Spanish-speaking caregivers.
- **Education & Training:** Coaching sessions and training courses that equip families with tools to navigate the child welfare system.
- **Enrichment Activities:** Dance classes such as Folkloric, Belly Dance, and Zumba offered to children in foster, adoptive, and kinship care to celebrate their heritage and foster a sense of belonging.
- **Mental Health Support:** Art therapy workshops that promote emotional well-being through creative expression, tailored specifically for youth in foster care.

Foster Parent Satisfaction Survey

The Foster Parent Satisfaction Survey was developed collaboratively by DCYF and the Foster Parent Advisory Council. Created in 2022, the survey was translated into both English and Spanish and was first distributed between March and April 2023. The survey includes 34 questions: 12 focused on demographics and overall satisfaction, and 22 Likert scale questions organized into five thematic sections. Between November 2024 and January 2025, the survey was sent to 923 foster families—including both actively licensed and recently closed homes—to gather feedback on foster parents' overall satisfaction with communication, training, licensing process, and services. A total of 68 foster parents completed the survey, representing a 7% response rate.

With regards to services, the survey focused on the availability, quality, and responsiveness of services provided to foster families. The majority of respondents rated positive experiences across six key statements as depicted in Figure 4-59 below. Notably, 64 (94%) of the 68 respondents agreed or strongly agreed that services show respect for their backgrounds, values, and beliefs.

Figure 4-59. Foster Parent Satisfaction Survey Results: Service Array



Language Concordant Services

DCYF prioritizes matching non-English speaking families with bilingual frontline staff whenever possible. When direct language alignment is not feasible, professional interpreter services are utilized. Currently, DCYF maintains contracts with nine translation service vendors.

DCYF's new home-based service array reflects a strong commitment to increasing access to language concordant services. Of the 65 DCYF contracted home-based programs, 50 (77%) offer services in both English and Spanish. Additionally, nine programs provide services in other languages, such as American Sign Language (ASL), Cape Verdean Creole, Haitian Creole, Khmer, Portuguese, and Turkish. Eleven offer services exclusively in English, only four of which explicitly note the availability of interpreter services.

Service Provider Survey

In preparation for the Round 4 CFSR Statewide Assessment, the Department developed stakeholder surveys to gather input from contracted service providers (home-based, foster care, residential, and Family Care Community Partnerships) about their experiences and perspectives related to systemic factor functioning. The survey included 10 statements or questions, each rated using a five-point Likert scale: Always, Sometimes, Unsure, Rarely, or Never. One question specifically relevant to this item asked, "My program is able to individualize services to meet the unique needs of the child welfare involved families referred to us."

The survey was distributed to 185 providers statewide between November 2024 and April 2025. A total of 68 providers (37%) responded. Notably, 50 respondents (74%) indicated that their programs are always able to individualize services, while 18 (26%) reported that they are sometimes able to do so. No respondents selected “unsure,” “rarely,” or “never,” suggesting a general confidence amongst providers' ability to tailor services to the specific needs of child welfare involved families.

Statewide Assessment Focus Groups

Focus groups, conducted by DCYF in 2025, included a statewide representation of internal and external stakeholders. Internal participants included frontline staff, supervisors, and administrators from Child Protective Services and the Family Services Unit, DCYF attorneys, and representatives from the Division of Children’s Services and Behavioral Health. External participants included birth parents, foster parents, youth, service providers, attorneys from Rhode Island Legal Services and the Public Defender’s Office, representatives from the Court Improvement Program, and judges from the Rhode Island Family Court.

While DCYF has expanded its contracted service array to better reflect the individualized needs of the children and families it serves, focus groups with birth parents and Spanish-speaking foster parents revealed on-going challenges accessing services in their preferred language. The shortage of Spanish-speaking staff was noted as a critical gap, often leading to delays in communication, slower information sharing, and difficulty navigating services. While interpreter services are available, participants reported they are often inadequate or difficult to access, and do not provide the same level of understanding or connection as language-concordant staff. Internal focus groups, including DCYF attorneys, Family Services Unit caseworkers and supervisors, as well as focus groups with external legal partners, similarly identified an insufficient number of services tailored to non-English-speaking families. This gap is particularly prevalent in counseling and mental health services, where language plays a crucial role in engagement and therapeutic effectiveness.

Services for Children and Families with Intellectual and Developmental Disabilities (I/DD)

The 2022 National Survey of Children’s Health (NSCH) was conducted by the U.S. Census Bureau for the Health Resources and Services Administration, Maternal and Child Health Bureau (HRSA MCHB) within the U.S. Department of Health and Human Services (HHS). The purpose of the NSCH is to collect national and state-level estimates on key indicators of health and well-being of children, their families, as well as information about the prevalence and impact of special healthcare needs. Using a national sample of 360,000 addresses, households received a screener questionnaire to identify those with children under 18 years of age. One child per eligible household was randomly selected for a detailed topical questionnaire. The overall weighted response rate was 39%. While specific sample sizes for Rhode Island are not detailed in the available sources, the survey aimed to gather sufficient data to produce reliable state-level estimates. Based on survey results, 22% of children in Rhode Island have at least one special health care need. Children with special health care

needs (CSHCN) can have impairments of varying degrees in physical, developmental, emotional, and/or behavioral functioning.

State law requires DCYF to develop policy and programs for children with functional developmental disabilities and serious emotional disturbances (SED). This mandate extends to all children statewide, not just those involved with child welfare. Families are able to access support from DCYF without relinquishing custody through a behavioral health pathway managed by the Division of Community Services and Behavioral Health (CSBH). Families receiving services through CSBH are assigned to a Family Navigator, who is responsible for assessing Medicaid eligibility and assisting the family in applying for Medicaid if needed.

Medicaid-Funded Services

Community and home-based services for children with I/DD in Rhode Island are primarily funded through Medicaid. Most children in foster care are covered by the state's managed Medicaid provider, Neighborhood Health Plan of Rhode Island (NHP). For families accessing services through the Division of Community Services and Behavioral Health (CSBH) who may not qualify for Medicaid due to income, the Katie Beckett program offers an alternative eligibility pathway. This program allows children under age 19 with significant disabilities or complex medical needs to qualify for Medicaid based on their own income and assets, rather than their family's. This enables many children who would not otherwise be eligible for Medicaid to access vital home and community-based services.

As part of the Round 3 PIP, a representative from NHP co-locates in each DCYF regional office at least one day a week and is also available by phone and email to support frontline staff with accessing the Medicaid-funded services listed below:

- **Home-Based Therapeutic Services (HBTS) Program** provides intensive home and community services to children up to age 21 with severe behavioral health, developmental or physical disabilities. All HBTS Agencies provide Pre- and Post-Treatments, Intensive Specialized Treatment and Treatment Support.
- **KIDS CONNECT** is a set of specialized health services delivered in licensed childcare centers. The purpose of this service is to enable children to benefit from participation in regular child and youth settings.
- **Personal Assistance Services and Supports (PASS)** is a set of specialized health services delivered in a child's home and/or community. PASS services are consumer-directed as parents can recommend PASS workers to an agency and are responsible for training and supervising their workers. Personal assistance services include goals in the performance of activities of daily living, the ability of the child to make safe and self-preserving decisions and participation in social roles and social settings.
- **Respite care** for children is a program that allows parents or guardians caring for a child with disabilities to have time off for themselves. To be eligible for Respite, a child must need an institutional level of care that can best be described as the type of care

typically provided in a hospital, nursing home or Intermediate Care Facility. Parents/guardians will be required to find their own Respite worker, but assistance will be available.

- **Cedar Family Centers** establish a partnership between a family and a team of caring staff who work collaboratively to find some answers and solutions to their children's needs and goals. A CEDAR FAMILY CENTER can help children and families increase their understanding of their children's diagnosis, find needed resources, improve peer relationship, and support parent needs.

Additionally, NHP offers specialized case management services for youth with behavioral health and high-risk medical needs. DCYF has implemented a streamlined referral process for care coordination services, ultimately promoting more individualized and effective care for high-needs youth.

Rhode Island offers access to specialized clinical services for children and adolescents ages 2 to 18 who present with complex emotional, behavioral, and developmental needs. These services include a full continuum of care across various settings, such as in-patient treatment, residential care, partial hospitalization, home-based support, outpatient services, and therapeutic educational programs. DCYF works closely with providers offering these levels of care to ensure that high-acuity needs are met when community-based services alone are not sufficient.

DCYF Home-Based Service Array

DCYF's service array is typically reserved for situations in which insurance and community-based service options have been exhausted or are unavailable. This approach ensures that public resources are directed toward children and families with the greatest need, while encouraging the use of existing supports within the broader behavioral health and social service systems.

DCYF's home-based service array is structured to support the wide variety and individualized needs of children and caregivers with intellectual or developmental disabilities. Of the 65 contracted programs, only 11 explicitly list I/DD as an exclusion criterion, indicating that the vast majority of services are inclusive of this population. Notably, DCYF has also invested in programs that go beyond standard service delivery to meet the specific needs of caregivers with I/DD, learning disabilities, or other cognitive challenges. Three specialized visitation programs are designed to support these parents by offering intensive services that include not only supervised visitation, but also parenting skills education, clinical support, and case management. These programs provide a higher intensity of service delivery than traditional visitation models, ensuring that families with more complex needs receive access to services that strengthen family functioning and support safe reunification.

Out Of Home Placement Services

DCYF prioritizes maintaining children safely in their homes or family-based settings by leveraging a combination of insurance, community, and home-based services. When a higher level of care is necessary, DCYF offers a range of specialized residential options. This includes two group home programs designed for children and youth with moderate to severe or profound I/DD who require a highly structured and individualized therapeutic environment. Additionally, DCYF contracts with a specialized residential treatment program that serves children with severe to profound I/DD. This program comprises 3 residential homes that operate with intensive 24/7 therapeutic staffing and are supported by consultative services from nursing staff, psychologists, speech-language pathologists, and other specialists. The residential model is further enhanced by educational services provided through a day program and off-site school, both of which are tailored to address each child's unique developmental and learning needs.

Special Education Services

There were a total of 1408 students in foster care in Rhode Island during the 2023/2024 school year. Of those, 639 (45%) received special education services. An educational surrogate parent is appointed by the Rhode Island Department of Education (RIDE) to make educational decisions for students ages 3 to 21, in the care of DCYF, who have (or are suspected of having) disabilities when their parents are unable to act on their behalf. Some students who are found wayward/delinquent are also eligible if they are placed outside of their home and their parents are not able to serve in this role. Services provided by the educational surrogate parent are detailed below:

- Attend all IEP and Evaluation Team, 504 Team, disciplinary/manifestation, and other school meetings.
- Request and review school records.
- Refer students for evaluation and initiates the IEP process when appropriate.
- Give consent for educational testing, educational plans and educational placements.
- Collaborate with teachers, school administrators, special education directors and other educators about students' progress.
- Communicate with DCYF workers, CASA attorneys, and others about students' needs and planning.
- Seek information to stay current with best practices in education, child welfare and mental health.
- Participate in best interest conferences per federal Every Student Shall Succeed (ESSA) law when students move or change foster placements.

Social and Human Service Programs Review

In 2023, the Office of the Health Insurance Commissioner (OHIC) retained Milliman Inc. to conduct a comprehensive review of all social and human service programs having a contract with or licensed by the state, inclusive of EOHHS and the state agencies under its purview.

The review was completed in two phases. In Phase I, 12 interview sessions occurred with more than 30 individuals consisting of advocacy and provider groups, State employees, and Social and Human Service Programs Review Advisory Council members. Through those interview sessions, conducted in February and March of 2023, programs with possible access issues were identified based on industry knowledge and provider experience. A total of 18 services were assessed as part of phase II, including I/DD services.

Overall, access to services for the I/DD population were found to be highly limited for both children and adults. Provider capacity, geography, public policy, service limitations, equity, reimbursement, and eligibility barriers were identified as factors contributing to access constraints. Additionally, Rhode Island lacks a centralized system to track eligibility and waitlists for I/DD services, making it difficult to understand the full scope of unmet need. Stakeholders participating in the review reported access disparities for non-English speakers, the deaf and hard of hearing, and some individuals on the autism spectrum who do not qualify for I/DD services.

Fragmentation across agencies and funding streams further complicates care delivery. There are different agencies responsible for I/DD services - children's services, such as HBTS, PASS, and Kids Connect are provided as in-plan benefits under Medicaid managed care organizations (MCOs), while adult I/DD services, including supported employment, respite, and residential care are out-of-plan benefits reimbursed through fee-for-service and administered by the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH). This division of responsibility creates challenges during the transition from children to adult services, often resulting in gaps in coverage and care continuity.

Youth diagnosed with I/DD or SED who are receiving services from DCYF at the time of their 18th birthday are eligible to continue receiving supports until they reach age 21. The CSBH division is responsible for monitoring these older youth and coordinating the transition to adult services through BHDDH.

Hearing, Vision, and Speech Disability Services

DCYF is committed to ensuring effective communication with individuals who have hearing, vision, or speech disabilities. Recognizing that people with specific disabilities may communicate in different ways, DCYF consults directly with the individual, and in the case of a child, with the child and/or family to identify the most appropriate communication method. DCYF strives, whenever feasible, to utilize the preferred method identified. DCYF is able to offer various aids and services tailored to the individual's needs and the context of the communication.

Examples of available communication aids and services include:

- Providing ASL interpreters and Communication Access Real-Time Translation (CART) services to individuals who are deaf or hard of hearing.

- Providing documents in Braille or large print.
- Using assistive technology like a video relay service to make contact.
- Ensuring materials provided electronically are compatible with screen readers used by individuals who are visually impaired.
- Scheduling longer meeting times for parents who use communication boards to assist with speech.
- Note-taking during meetings.

Since the Round 3 CFSR, DCYF has implemented targeted initiatives to improve staff knowledge of available services to meet the needs of children and families with hearing, vision, and/or speech disabilities. In Winter 2023, DCYF mandated a comprehensive training for all frontline staff on the Americans with Disabilities Act (ADA), with key objectives including an overview of DCYF's obligations to provide reasonable modifications and ensure effective communication under Title II of the ADA and Section 504 of the Rehabilitation Act; an explanation of DCYF's Communication Policy and procedures for accessing auxiliary services; clarification of the role and responsibilities of DCYF's ADA/Section 504 Coordinator; guidance on the grievance procedure and documentation requirements; and the provision of additional supports and resources to assist staff in ensuring compliance and promoting accessibility for individuals with disabilities. Refresher courses were offered again in 2024.

These training efforts appear to have had a positive impact. Notably, stakeholder feedback gathered through focus groups conducted in winter 2025 did not reflect any challenges regarding staff ability to access or provide services to meet the needs of children and families with specific disabilities.

Authorization for Support Services

DCYF facilitates access to services by helping families navigate different systems and connecting them both to contracted and non-contracted community-based resources. Most services are available through schools, public and private agencies, and other community organizations. However, when those options are not available or sufficient, DCYF can authorize funding for services that are essential to maintaining children safely in their homes, stabilizing a child's placement, supporting foster parents, or achieving case plan goals. In such cases, the Authorization for Support Services (Form #005) is completed by the primary service worker to formally request funding and initiate the provision of necessary services.

Tables 4-11 and 4-12 provide a breakdown of the total expenditures in State fiscal years 2024 and 2025 authorized by DCYF for various non-contracted services used to support children and families. It reflects a wide range of service categories, including childcare, community-based services, voluntary extension of care, medical services, basic needs, and mental

health supports. The highest expenditures were for Day Care, Community-Based Services, and Voluntary Extension of Care Expenses, demonstrating DCYF's commitment to funding essential services that are not otherwise available through contracts or insurance in order to meet the individualized needs of children and families.

Table 4-11. Authorization for Support Services by Service Category for State Fiscal Year 2025 (July 1, 2024-Jun 30, 2025)

Authorization for Support Services by Service Category for SFY 2025

Service Category	Sum of Total
Day Care - Primary	3526945.24
Community Based Services	1391413.84
Voluntary Extension of Care Expenses	640344.5
Day Care - Secondary	288005.69
Purchase of Service Expenses	187874.85
Pre-Adopt, Adopt & Guardianship	102050
Medical Services	98075.77
Day Care - Out of State	88992.17
Miscellaneous	47424.7
Family Support Services	46014
Blood and Urine Testing	23402.13
Mental Health Evaluation/Assessment	15225
Contracted Placements	7638.61
Household Needs	7150
Individual Supervision	5295.07
Mental Health Counseling - Individual	4373.75
Rent and Utilities for Family	2300
Substance Abuse Counseling - Individual	1950
Sexual Abuse Evaluation/Assessment	1540
Education Services	1345
Transportation	949.82
Mental Health Counseling - Group	330
Substance Abuse Counseling - Group	290.7
Sexual Abuse Counseling - Group	233.2
Medication Management	180
Sexual Abuse Counseling - Individual	160
Family Therapy	75
Grand Total	**6489579.04**

Table 4-12. Authorization for Support Services by Service Category for SFY 2024

Authorization for Support Services by Service Category for SFY 2024

Service Category	Sum of Total
Day Care - Primary	5120036.52
Community Based Services	871975.28
VEC Expenses	540621
Medical Services	484981.3
Day Care - Secondary	234113.54
Purchase of Service Expenses	190232.08
Miscellaneous	88169.9
Pre-Adopt, Adopt & Guardianship	88000
Day Care - Out of State	74694.29
Family Support Services	26609
Blood and Urine Testing	14847.15
Mental Health Evaluation/Assessment	13275
Funeral	5460
Individual Supervision	4940.14
Household Needs	3825
Sexual Abuse Evaluation/Assessment	1890
Mental Health Counseling - Individual	1502.5
Substance Abuse Counseling - Individual	495.7
Mental Health Counseling - Group	325
Education Services	296
Sexual Abuse Counseling - Individual	180
Sexual Abuse Counseling - Group	151.58
Family Therapy	75
Substance Abuse Counseling - Group	32.3
Grand Total	**7766728.28**

Flexible Funding

The Family Care Community Partnerships (FCCP) are DCYF's primary prevention program, operating statewide through collaborations with five community-based agencies. Using a wraparound service model, FCCPs provide support to families with children who are at risk of abuse or neglect, have serious emotional disturbances (SED), or are involved in the juvenile justice system. FCCPs are unique among DCYF-contracted programs in that they have access to flexible funding resources that can be used to purchase goods and services not covered by insurance or other funding sources. These funds are intended to address specific needs directly tied to outcomes identified in the Family Care Plan, such as: (1) success in school, work, or other meaningful activities; (2) a safe and stable family and home environment; and (3) prevention or reduction of adverse outcomes, including recurrence of

maltreatment or delinquent behavior. Flexible funds are invoiced based on actual costs incurred.

Table 4-13 below shows how FCCP flex funds were allocated in state fiscal years 2023 and 2024. Overall, spending increased significantly from about $1.07 million in SFY 2023 to $4.08 million in SFY 2024, with housing supports (e.g., rent, hotel stays, security deposits) accounting for the largest share in both years. In SFY 2023, housing expenses totaled just under $1 million, but by SFY 2024 they had grown to nearly $4 million. This sharp increase underscores the growing instability families are experiencing in meeting basic living needs that cannot be resolved through traditional service pathways.

Table 4-13. FCCP Flex Funds SFY 2023 and 2024

FCCP Flex Funds SFY 2023

Service Category	Sum of Total
Housing (hotel, rent, security deposit, etc.)	975,953.76
Translation/Interpretation Services	27,356.60
Basic Needs (groceries, clothing, diapers, etc.)	24,084.81
Transportation	16,497.94
Activities/Recreation	11,479.43
Household Items (furniture, appliances, etc.)	11,349.40
Utilities (heat/electric)	4,570.84
Education	939.94
Childcare/Respite	500.95
Immigration/legal services	0
Services (medical, dental, behavioral health)	0
Grand Total	**1,072,733.67**

FCCP Flex Funds SFY 2024

Service Category	Sum of Total
Housing (hotel, rent, security deposit, etc.)	3,961,027.86
Translation/Interpretation Services	44,609.65
Household Items (furniture, appliances, etc.)	17,974.34
Basic Needs (groceries, clothing, diapers, etc.)	17,269.40
Transportation	15,537.96
Activities/Recreation	10,203.47
Utilities (heat/electric)	9,312.27
Immigration/Legal expenses	3,717.61
Childcare/Respite	1,333.5
Education	1,124.95
Services (medical, dental, behavioral health)	430.00
Grand Total	**4,082,542.01**

Item Rating Summary

During the Round 3 CFSR, Item 30 was rated as an Area Needing Improvement due to stakeholders' limited understanding of how to access individualized services, as well gaps in services and placements that meet the needs of specific populations.

Since then, DCYF has expanded its contracted service array and launched several initiatives to improve awareness of available supports among internal staff and community partners. These efforts include trainings, provider fairs, informational sessions, and the publication of a publicly accessible service provider guide. DCYF's Central Referral Unit (CRU) serves as a single point of access for contracted home-based services, while a co-located liaison from Neighborhood Health Plan (NHP) assists with the navigation of insurance-based providers. Together, these enhancements have streamlined the referral process and improved the ability to match services with each family's identified needs.

DCYF also continues to collaborate with the Executive Office of Health and Human Services (EOHHS) and other state agencies to develop a more coordinated and integrated system of care for children and families. This work is supported by a five-year federal implementation grant awarded by the Substance Abuse and Mental Health Services Administration

(SAMHSA). Through this collaboration, families are better positioned to access services that align with their specific circumstances and goals.

Despite these improvements, stakeholder feedback continues to highlight persistent language-related gaps in services across the statewide continuum of care. In addition, fragmentation across Medicaid, BHDDH, and managed care systems have led to interruptions in I/DD services, particularly during the transition from child to adult services. Broader systemic barriers, as described in Item 29—including workforce shortages, service waitlists, and lack of cross-system coordination—limits the full scope of individualized support available to children and families served by DCYF. Therefore, Rhode Island rates Item 30 as an Area Needing Improvement.

F. Agency Responsiveness to the Community

Item 31: State Engagement and Consultation With Stakeholders Pursuant to CFSP and APSR

For this item, provide evidence that answers this question:
How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

State Response:

Stakeholder Consultation

DCYF's *Strategic Planning* Policy (100.0135) includes standard operating procedures for completing the following:

Child and Family Services Plan (CFSP): A federally required 5-year, long-term strategic plan detailing a jurisdiction's vision and goals to improve its child welfare system. This plan integrates programs that serve children and families, including Title IV-B of the Social Security Act, the Chafee Foster Care Independence Programs, and Education and Training Voucher Programs.

Annual Progress and Services Report (APSR): A annual yearly report that updates a state's progress toward the goals and objectives defined in its CFSP and outlines the planned activities for the following fiscal year.

The CFSP is a component of Department's larger strategic plan that sets forth its vision and goals to strengthen its child welfare system. The plan outlines initiatives and activities that the Department will carry out over a 5-year period to administer and integrate programs and services to promote children and families' safety, permanency, and well-being.

The year before a new CFSP is due for submission, leadership establishes a committee consisting of personnel across positions and divisions in long-term planning to develop the CFSP. The Department's federal grant manager heads the committee. The committee:

a. Reviews the Department's mission, values, mandates, logic model, and strategic direction.
b. Reviews the demographics of its defined service populations.

c. Assesses the previous long-term planning cycle, including current strengths and areas for opportunity.
d. Develops measurable goals and objectives that support the fulfillment of the mission and the Department's mandated responsibilities.
e. Develops improvement priorities.
f. Considers strategies for meeting identified goals.

The Department engages and collaborates with the community, contracted service providers, and stakeholders in developing and monitoring the CFSP. Stakeholders include persons served, systems partners, contracted and non-contracted community partners, DCYF staff at all levels, and other State agencies.

Director Ashley Deckert's Listening and Learning Tour 2023-2024

Governer Dan McKee appointed Ashley Deckert, MSA, MA as the Director of RI DCYF in 2023. Director Deckert's first initiative was to embark on a *Listening and Learning Tour*. The purpose of this tour was to gather input from both internal and external stakeholders, including DCYF staff, youth, families, and community partners. This initiative spanned over 10 months, included a total of 78 meetings, and engaged over 600 individuals across the state of Rhode Island.

The first phase of the Listening and Learning Tour (2023-2024) included meetings with the following internal stakeholder groups:

- Social Caseworkers from the Division of Family Services in all 4 regions
- Social Caseworkers from the Voluntary Extension of Care (VEC) Unit
- Social Caseworkers from the Community Services & Behavioral Health Division
- Administrators across all Divisions
- Child Protective Investigators
- Child Protective Investigator Supervisors
- Human Services Policy and Systems Specialists from the Family Search and Engagement Unit
- Programming Services Officers from the Special Investigations Unit/CSEC
- MIS/Technical Support Staff from the IT, Management and Budget Divisions
- Juvenile Probation Officers
- Juvenile Probation Officer Supervisors
- Juvenile Program Workers and Supervisors from the RI Training School
- Licensing Supervisors from the Division of Licensing and Resource Families
- Attorneys from the Legal Division
- Clinical Training Specialists form the Division of Workforce Development

These meetings were facilitated by members of the Executive Senior Leadership Team and included the Director, Deputy Director, Chief of Strategic Planning, Monitoring and Evaluation, and at least one additional staff member from either the Division of Performance

Improvement or the Division of Family Services. These meetings were held in person at the 3 Regional DCYF offices located in Providence, Bristol, and Wakefield.

The second phase of the Listening and Learning Tour (2024) included meetings with external stakeholder groups:

- Private Agency Foster Care Staff from Child & Family Services (statewide)
- Foster & Adoptive Parents from the Kinship Advisory Council
- Resources families from The Village in Cranston, RI
- RI Family Court Judges, Administrators and Attorneys (statewide)
- Youth at the following placements:
    - RI Training School (youth from all 5 mods)
    - Congregate Care at NAFI Oakland Beach, Warwick location
    - Harmony Hill residential treatment facility (Chepachet, RI)
    - Family Service of RI group homes (Providence County, Newport County and Washington County)
    - Key Program (residential treatment facility in Providence)
    - Turning the Corner (residential treatment facility in Providence)
    - Ocean Tides (residential treatment program in Narraganset, RI)
- Youth and families receiving services through Foster Forward
- Youth from the SPEAK Youth Development Services
- Birth families in Kent County, RI
- Birth Families currently or formerly involved with DCYF (Newport County)
- Community Service Providers from the following agencies/organizations:
    - NAFI (statewide)
    - Communities for People (C4P) congregate care
    - The Heart Tree (Southside Cultural Center for Hispanic Foster and Adoptive Parents)
    - National Center for Missing & Exploited Children (NCMEC)
    - Family Care Community Partnerships (FCCP) (statewide)
    - TIDES Family Services (Providence, Pawtucket, Woonsocket, RI)
    - Child & Family Programs (Middletown and Providence, RI)
    - Adoption Rhode Island (ARI)
    - Family Service of RI programs (statewide)
    - Communities for People (C4P) Programs (Pawtucket, Central Falls, East Providence)
- Congregate Care Staff
    - North American Family Institute (NAFI) Ridge St., Pawtucket location
    - St. Mary's Home for Children in North Providence, RI
- Fatherhood Initiative members from Parent Support Network, Family Service of RI, Department of Corrections
- Doctors, Nurses and Social Workers from the Aubin Center for Child Protection at Hasbro Children's Hospital
- Staff from the Department of Human Services Office of Child Care
- Special Education Leaders in RI from the Association of RI Administrators of Special Education (ARIASE)
- RI Police Chief Association

- RI Coalition for Children & Families

External stakeholder meetings were also led by the Executive Senior Leadership Team, comprising the Director, Deputy Director, Chief of Strategic Planning, Monitoring and Evaluation, and at least one member of the core Child and Family Services Review (CFSR) team from the Division of Performance Improvement. These meetings took place at various community locations throughout the state, such as community service agency offices, congregate care facilities/group homes, the Rhode Island Training School, hospitals, courthouses, and community libraries, to engage directly with external stakeholders in their environments and ensure statewide representation.

Stakeholder Input Driving Strategic Priorities

The results of the *Listening and Learning Tour* informed the development of the CFSP for 2025-2030 and the Department's 5-year Strategic Plan, which was presented to Department staff and external stakeholders at an in-person forum in December 2024. The input supported the development of DCYF's Strategic Pillars: prevention, accountability, collaboration, and engagement (P.A.C.E.). Specifically, feedback from stakeholders has influenced the Department's focus on accountability and collaboration.

The P.A.C.E. framework is outlined below:

Prevention: Enhance the well-being of children and families by safely decreasing out-of-home removals and reducing the number of children and youth in foster care through investments in prevention services and the development of a strong continuum of care designed to meet the unique needs of families, allowing them to thrive.

Accountability: Provide excellence in service delivery by establishing accountability across all levels of the child welfare system, with a focus on ensuring the safety of children, using a racial justice lens to advance race equity and improve permanency outcomes.

Collaboration: Collaborate with community partners to address the needs of children and families in Rhode Island. Through collaboration and a supportive workforce culture that is both well-resourced and well-trained, the Department can proactively expand family-based placements and decrease reliance on congregate care.

Engagement: Engage with youth, families and caregivers to authentically center their voices throughout the continuum of care and help youth successfully transition from our system, with special attention to marginalized youth.

Child Well-Being Advisory Council (CWAC)

In July 2024, the Department established the Child Well-Being Advisory Council (CWAC) as a direct outcome of the extensive *Listening and Learning* Tour conducted across the state. This initiative was designed to elevate the voices of youth, families, and community stakeholders, ensuring their insights directly inform DCYF's strategic planning and service delivery. CWAC has been designated as the primary advisory council to provide input and feedback on the Department's CFSP. All participants of the *Listening and Learning Tour* were invited to serve on the CWAC.

CWAC provides guidance to DCYF on setting yearly priorities and supporting the goals of the CFSP. The council ensures that the voices of those served by DCYF are represented in decision-making processes. The CWAC consists of a Chair, Co-Chair, and four subcommittees, each focused on a specific area: *Transition* (youth-led), *Continuum of Care*, *Workforce* and *Racial Justice*. The subcommittees bring together representatives from various community partners, families, youth, and the DCYF affinity groups such as the Youth Advisory Board, Birth Parents Advisory Group, and the Rhode Island Foster Parent Advisory Council. These affinity groups are described in more detail below.

Each subcommittee has a lead facilitator who sets agenda topics and keeps the committee focused on its objectives. The subcommittees meet monthly to discuss and provide input on specific topics and issues. During the initial CWAC sub-committee meetings, members discussed how their sub-committee area of interest aligns with the P.A.C.E. strategic plan and the specific activities within the CFSP. The revision or addition of activities will occur as needed throughout implementation of the CFSP to ensure the plan reflects the voices of both internal and external stakeholders.

The CWAC meets quarterly as a large group to assist in the CFSP's implementation and monitoring of outcomes, and each sub-committee meets monthly to conduct deeper dives on issues specific to their sub-committee. CWAC is comprised of persons with lived-experience (youth, birth parents, caregivers), foster/adoptive parents, community providers, internal DCYF staff (frontline and leadership) and DCYF leadership.

To formalize the feedback process to support tracking and accountability, a method of collecting feedback was implemented in April 2025. This recommendation evaluation process ensures fairness, equity, and transparency in decision-making. Sub-committees are invited to fill out and submit a recommendation form to DCYF leadership. DCYF utilizes these submission forms to review each recommendation and prioritize feedback arising from CWAC meetings. This tool serves to standardize the recommendation evaluation process and align recommendations with DCYF's strategic goals.

Stakeholder Development of CFSP Activities

To identify specific outcome measurements and activities within the CFSP, workgroups were held with every internal DCYF division. These workgroups were facilitated by the Department's Federal grant manager, members of the Division of Performance Improvement and at least one member of the state's CFSR team. Staff members from each division created the activities within the plan for which their division is primarily responsible, but were also challenged to look beyond their immediate job duties and identify additional activities within their division that could support (either directly or indirectly) each goal. Quarterly meetings are held internally with these same workgroups to monitor progress, identify challenges or barriers, and maintain alignment with the P.A.C.E. framework.

Similar workgroups were held with the sub-committees of the Child Well-Being Advisory Committee (CWAC) as well to ensure ongoing consultation with external stakeholders. Each sub-committee's priorities are aligned and embedded within the P.A.C.E. framework. Although all sub-committees are aligned with the strategic framework as a whole, they also share more specific activities within each area. A general description of the measured activities for each pillar are included below:

Prevention activities included in the CFSP are related to implementation and training, consistent screening and assessment, workforce development, fidelity and consistency, awareness and collaboration, investigations and supervision, children's behavioral health services and foster care, and youth transition.

Accountability activities include focused efforts on permanency and stability, training and partnerships, documentation and contract management

Collaboration activities include staff training and engagement, technology and information management, recruitment and retention, youth transitions and congregate care reduction

Engagement activities included in the CFSP are related to Safety Assessment through Family Engagement (SAFE) practice model fidelity, family engagement, training and development, and data collection and feedback.

Scorecard

In 2025, the Department, in partnership with Casey Family Programs, developed an evaluation tool known as the DCYF Scorecard. This tool reflects the Department's ongoing commitment to excellence in service delivery and is grounded in the core values of Prevention, Accountability, Collaboration, and Engagement (P.A.C.E.).

The scorecard is designed to track and evaluate performance, identify trends, inform timely interventions, and promote transparency with both the community and families served by DCYF. It is updated quarterly and shared with internal staff, the CWAC, and the public.

By combining quantitative metrics with a scoring system to assess progress on qualitative goals, the Scorecard offers a comprehensive summary of the Department's progress toward the goals outlined in the CFSP. These goals directly align with the Governor's Rhode Island 2030 Vision and support the shared priorities of the Executive Office of Health and Human Services.

The first iteration of the scorecard (covering the period between January 1, 2025 to March 31, 2025) was distributed on April 28, 2025.

Response to Stakeholder Needs

Feedback gathered during the *Listening and Learning Tour* led to a range of responses by the Department. Case-specific concerns prompted a series of immediate actions or "quick wins" that could be addressed immediately. Broader themes informed the development of larger, strategic initiatives such as the P.A.C.E. framework and the formation of the Child Welfare Advisory Committee (CWAC) described above.

One example of how stakeholder input translated into a tangible resource came from schools and childcare providers, who expressed a need for clearer guidance on mandated reporting and how to support families involved in DCYF investigations. In response, DCYF developed the first edition of *Strengthening Families: A Guide for Mandated Reporters as Supporters*. This easy-to-understand manual outlines legal responsibilities, helps distinguish poverty from neglect, and offers practical strategies for supporting families while keeping children safe. This guide covers:

- How to report suspected abuse or neglect
- How bias can affect reporting
- The difference between poverty and neglect
- The DCYF investigation process and what happens after a report is made
- How to use DCYF's Support and Response Unit (SRU) when concerns are less serious

The guide was provided to stakeholders in 2025 and community outreach/trainings are being offered and facilitated as requested.

Ongoing Public Engagement

The DCYF public engagement team also developed a comprehensive plan to support ongoing engagement with external stakeholders. The plan was designed to ensure transparency, accountability, and community involvement in the Department's decision-making process. This plan includes:

- Internal communications: regular updates including a weekly message to all staff from the Director, memos, emails, and newsletters to inform staff of policy changes, Department updates, and strategic priorities.

- External communications: press releases, media interviews, quarterly provider newsletters, and regular updates to the community on initiatives, achievements, and relevant data.
- Meetings with stakeholders: regular meetings with community partners, providers, legislators, and the Office of the Child Advocate to ensure an ongoing loop of collaboration and feedback.
- Website updates: regular updates to the Department's website to keep the public informed about services, initiatives, safety, permanency and well-being data metrics and the *Listening and Learning Tour*.

Consumer Engagement

Youth Advisory Board

The Youth Advisory Board, also known as SPEAK, provides youth (ages 14-24) an opportunity to use their experience in foster care to work towards positive changes within the Child Welfare System. SPEAK meetings are held every other week virtually and in-person once a month, where topics concerning outreach, collaboration, and advocacy, sharing their experience and insight into the treatment/services among others, are discussed. Youth are provided with a stipend for each advocacy meeting or workshop they attend and participate in. SPEAK serves as RI DCYF's representative for improving the impact made by youth with lived experience in the child welfare community. SPEAK is active in community outreach to obtain feedback from youth and has been directly involved with DCYF's effort to improve its community partner engagement with its members.

Since the Round 3 CFSR, youth were trained to facilitate the group to support a gradual shift from being a provider and department-led group to a youth-led group. The Department also increased recruitment efforts to bolster membership and is now committed to youth recruitment of a minimum of every six months to ensure youth who are new to the system know about this opportunity. The group was given direct access to meet with the DCYF Director, further establishing the Department's willingness to hear recommendations from youth. One initiative that was implemented as a result of SPEAK feedback relates to youth voice in staff and foster parent training. SPEAK youth now participate on panels in training for new Social Caseworkers and CPIs at DCYF, and in trainings for new foster parents.

Birth Parent Advisory Group (BPAG)

The Birth Parent Advisory Group (BPAG) was established in April 2021 with 10 members who had previous DCYF involvement. This group is supported by the Parent Support Network (PSN), an organization led by parents who have lived experience with children who have behavioral health challenges. PSN works directly with DCYF's Division of Family Services and provides financial assistance and coaching to the BPAG to support them in their growth as leaders. Two DCYF staff also assist with advocacy, support and guidance as the group

works on various projects. This group meets on a monthly basis to review collaborative activities with the Department and explore opportunities within the community and other state sectors. The group meets quarterly with DCYF to provide ongoing feedback, input and recommendations.

Initiatives of the Birth Parent Advisory Group include *Caring Connections* and *Circle of Parents*. Since implementation, the group has been provided data to track the number of *Circle of Parents* Parent Leaders and groups attendance and *Caring Connections* calls being conducted by Division, by month, to identify any trends.

Foster Care Provider Engagement

Rhode Island Foster Parent Advisory Council (RIFPAC)

The Rhode Island Foster Parent Advisory Council (RIFPAC) consists of Private Agencies Partners, DCYF staff and all Resource Families. Resource Families is an inclusive term for kinship, traditional and private agency foster families who support RI's children in need of out of home placement. The RIFPAC meets every other month for a full council meeting and holds planning meetings in between each council with a small group of families who are considered council leaders. The council is a family lead group with the goal of empowering families through lifting their voice to create meaningful and family driven impacts to the child welfare system. Since the council's initial meeting in 2021, accomplishments have included the development of a co-facilitated new hire curriculum with DCYF's Division of Licensing and Resource Families, presentation by the RI Family Court with the goal of supporting system education and mutual understanding, family-led discussions with the Court Appointed Special Advocate's office on family perspective, feedback discussions with the Department's Division of Family Services and the implementation of traditional family peer-to-peer mentor program.

Initiatives of the RIFFAC include recommendations for revisions to the Foster Care Regulations for Licensure, development and implementation plan of stakeholder feedback including satisfaction surveys related to how our foster families experience our system (annual Foster Parent Satisfaction Survey), Department new-hire training materials and targeted feedback forums impacting system improvements regarding communication, support and retention of Foster Families and a one-page resource guide for families. The foster parent survey was developed in collaboration between the Department and the Foster Parent Advisory Council as well as having the Foster Parent Advisory Council Chairs report the results. It has been expanded since inception and currently consists of 42 questions: 12 related to demographics and overall satisfaction, and 30 questions (using a Likert scale) making up 5 focused theme sections (1) Communication: Division of Licensing and Resource Families, (2) Training, (3) Licensing Process, (4) Communication: DCYF Social Worker, and (5) Services. There is also an open-ended section at the end for additional comments.

CWAC Integration of Affinity Groups

The current standalone advisory groups described above have temporarily merged into the Child Well-Being Advisory Committee (CWAC) to better align their goals and priorities, streamlining processes and eliminating duplication of efforts across committees.

These advisory groups are collaborating closely with CWAC to ensure consistency in the priorities set by DCYF. Members from each advisory group are embedded within CWAC subcommittees, facilitating the prioritization of initiatives and creating a clear path forward for the department. This approach emphasizes the importance of incorporating the voices of caregivers, youth, and those with lived experiences.

As part of this collaboration, each advisory group actively engages in the CWAC process and formally integrates CWAC's ideas and initiatives into their ongoing advisory roles within their affinity group. However, as of May 2025, many groups have chosen to concentrate their efforts on CWAC to ensure clarity and adjust their goals and priorities accordingly. This collaboration aims to create a seamless and collective vision that aligns with the respective goals and outcomes outlined by CWAC and its subcommittees, as well as the standalone advisory groups.

In February 2025, additional focus groups were held with each sub-committee of the Child Welfare Advisory Committee (CWAC). These were mixed-groups including a statewide representation of internal DCFY staff, consumers and service providers. A consistent theme across the groups was a strong sense that their input and concerns were meaningfully reflected in the Child and Family Services Plan (CFSP) and Strategic Plan. Participants shared positive feedback about the Department's overall direction, the implementation of the SAFE practice model, and Director Deckert's *Listening and Learning Tour*. Many also expressed appreciation for the Director's transparent, "open door" approach to leadership.

Tribal Engagement & Consultation: Narragansett Indian Tribe

The State of Rhode Island contains one federally recognized tribe within its border, the Narragansett Indian Tribe. The Narragansett Tribe was federally recognized in 1983 and controls 1,800 acres of reservation trust lands in Charlestown, Rhode Island. They currently have approximately 2,000 recognized members.

The Narragansett Tribe does not operate its own child welfare system and relies on the Department to assist with all aspects of the state's child welfare functions. DCYF and Narragansett Tribe representatives have agreed that DCYF would use its *Implementing the Indian Child Welfare Act* (Policy: 700.0170) as a basis for a State-Tribe agreement. This Policy represents the understanding between the Department and the Tribe as it relates to the responsibility for providing protections for Tribal children who are in state custody.

DCYF has a standardized process used to gather input from the Narragansett Indian Tribe that is based on the Bureau of Indian Affairs (BIA)and the Indian Child Welfare Act (ICWA). The agency has an identified tribal liaison: DCYF's Assistant Director of the Division of Family Services. The Department continues to have regular contact with the Narraganset Indian Tribe's Tribal Advocate in their Child and Family Services Department to discuss systemic issues and with respect to specific families involved in on-going services as well as those who identify as being registered members for a federally recognized Indian Tribe at the start of all Child Protective Investigations.

In the Fall of 2022, the Narragansett Indian Tribe's Medicine Woman, Wenonah Harris, who had served for many years as the Tribal Advocate, passed away unexpectedly. Following her passing, her daughter, Anemone Mars, who had worked closely with both her mother and the Department, assumed the responsibilities associated with the Tribal Advocate role. Since that time, communication between the Tribe and the Department has primarily occurred at the case level which has helped ensure that tribal children maintain connections to their tribal culture and community.

Close case collaboration continues relative to tribal families open to DCYF or under investigation to develop safety plans where possible with the support of the Tribe. In addition, the tribe continues to assist in identifying kin to provide placement when safety planning is not an option and have actively worked with Child Protective Services to support prevention efforts for families coming to our attention. As of December 11, 2024, there were 31 active youth who were documented in RICHIST as belonging to a federally-recognized Native American Tribe.

Both the Department and the tribe have also met with the Rhode Island Indian Council, which is an independent entity representing members of many different tribes who live in the state. The council supports any tribal members supports including education and employment training. While the Council is not affiliated with the Narragansett Tribe, their members are eligible. The Narragansett Tribe has not requested to administer, supervise, or oversee the Chafee Foster Care Program for Successful Transition to Adulthood or the Education and Training Voucher (ETV) program. However, Native American youth in Rhode Island remain eligible to receive the full array of benefits and services available to all youth in the state.

The Department regularly shares the CFSP and APSRs with the Tribe to support transparency and information sharing.

While these efforts reflect some level of coordination, broader, high-level collaboration between the Department and the Tribe has remained limited. The Department is committed

to strengthening this relationship and identifying opportunities for more consistent and meaningful engagement beyond individual case coordination.

Community Service Provider Engagement

DCYF utilizes "Active Contract Management" (ACM), a framework by which the Department coordinates shared data with community providers on outcomes and process measures relevant to the services they provide. The team works together to find solutions and make improvements on those outcome areas and track progress. ACM is a concept that has shown good results with Family Care Community Partnerships (FCCPs), and because of the success the Department has expanded ACM to congregate care providers, home-based service providers and resource family providers.

The Division of Performance Improvement (DPI) and contracted providers collaboratively establish respective indicators/metrics that are presented in data dashboards and viewed in bi-monthly meetings. A core component of ACM is identifying and implementing strategies based on the trend data as well as the deep dive analysis (quantitative and\or qualitative). At the end of each quarterly meeting, after the data discussion has occurred, the team identifies strategies to address the outcomes and areas of need. The strategies are implemented, and outcomes are monitored over time to determine if the strategies are having an impact on the outcomes and\or if there are any mid-course corrections are needed.

For example, in the congregate care ACM, the data trends demonstrated that the percent of youth stepping down to a less restrictive environment was not improving. A deep dive analysis was conducted and the factors that statistically predicted stepping down to a less restrictive environment were systemic factors rather than individual level characteristics. One of the system level factors was children who had more placement changes in congregate care were more likely to remain in care longer. Focus groups with caregivers and youth were conducted to obtain feedback on what changes could be made to support them in achieving permanency timelier. Strategies were identified and implemented by programs with some programs showing improvements. The Department is still addressing this area which is an ongoing system change initiative.

Family Court Engagement

The Department engages in regular and ongoing communication with the RI Family Court and the Office of the Child Advocate. Director Deckert maintains a productive working relationship with Chief Judge Michael Forte and the Family Court administration. The Chief Legal Counsel, DCYF Director, and the Chief Judge convene regularly to strengthen collaboration, enhance communication, address interdepartmental gaps, and promote mutual understanding between the agencies.

The DCYF Executive Team also has quarterly meetings with the Family Court Judges to discuss challenges, notify the Court of any practice and policy changes, and to foster effective communication with the Court. DCYF Executive Team and the DCYF Legal Support Services Administrator, meets with Judges assigned to the DCYF calendar regularly to discuss any issues or concerns that the Judges may have, e.g., court letters not being filed 5 days in advance of hearings, etc. All Judges on the DCYF calendar have direct cell phone contact information for the DCYF Executive Team and legal department for immediate contact, if needed.

Additional examples of ongoing collaborative activities with RI Family Court include:

- Monthly meetings between the Department and the Chief Judge to keep the line of communication open, in addition to addressing any concerns as they may arise.
- Quarterly meetings with the RI Family Court Judges to engage in open discussions that provide feedback and recommendations on ways to improve the services that DCYF provides to families.
- Weekly meetings with the Family Court regarding Safe + Secure Baby Court. Priorities for the 7th year include a focus on Housing and Fathers as improvement opportunities continue to be identified.
- Collaboration to enhance the Playful Parenting program, which will include monthly reviews, identifying agencies to supervise home visits, and an evaluation design and tracking system.
- Collaboration to enhance the Caring Dads initiative, which will include monthly reviews, an evaluation workgroup, developing a Rhode Island logic model, and evaluation design and tracking system.

Court Improvement Project Task Force

Administered by the Rhode Island Judiciary, the Court Improvement Program collaborates closely with DCYF, the Family Court, Court Appointed Special Advocates (CASA), and other stakeholders to improve court processes and outcomes for children and families. More specifically, task force representatives include DCYF executive leadership and legal counsel, RI Family Court judges, representatives from DCYF's Division of Performance Improvement, RI Legal Services attorneys, Office of the Child Advocate, Court Appointed Special Advocate (CASA), a representative from Adoption RI and a representative from the Narragansett Tribe. Invitations are consistently sent to all representatives listed above but attendance is sporadic. The Narragansett Tribe, for example, is not currently engaged with the CIP Task Force. Further exploration on barriers to consistent engagement across all stakeholder groups is needed.

The Rhode Island Early Mediation Project was conceptualized as part of Rhode Island's Program Improvement Plan (PIP) following the Round 3 CFSR in 2018. The primary goal of

the initiative was to expedite the resolution of child welfare cases by facilitating early mediation sessions, thereby reducing delays in adjudication and promoting timely permanency for children.

The CIP's current project focuses on performing early assessments on families immediately following their ex parte arraignment to identify and address immediate needs. These cases are assigned to one Judge and the results of the needs assessment are provided to the Judge to drive service planning. The Department and CIP collaborated with frontline staff during the summer of 2024 to improve communication and alignment regarding case coordination and avoid duplication of referrals/services. Preliminary data reveals a total of 1,142 ex partes were filed between 2/6/2022 and 4/8/2025. Of that total, 365 were eligible for the Court Improvement Project. CIP is in the process of analyzing the data and will share results upon completion.

Court Improvement Program

The Court Improvement Program (CIP) and DCYF's Division of Performance Improvement maintain ongoing collaboration on a range of topics, including challenges associated with court improvement initiatives and discussions on increasing legal and judicial considerations related to Continuous Quality Improvement (CQI) case reviews.

In March 2024, specific challenges were identified concerning collaboration between frontline staff and CIP. In response, targeted efforts were launched to strengthen communication and partnership between CIP staff and frontline workers, including Child Protective Investigators and Social Caseworkers.

Throughout the summer of 2024, the CIP Director met with each Division of Family Services Region to provide updates on the current project, respond to questions from frontline staff and supervisors, and collaborate on strategies to address communication barriers. Administrators from Child Protective Services (CPS) also participated in these meetings, resulting in the development of a new system to streamline communication between CIP and CPS.

By December 2024, feedback on the new system was overwhelmingly positive. Both CIP and frontline staff reported improved collaboration, which has enhanced their ability to support families involved in the child welfare system and eligible for the ongoing court improvement project.

Additionally, stakeholder feedback from a focus group with the CIP in April 2025 reflected strong satisfaction with DCYF's responsiveness and highlighted significant improvements in ongoing collaboration with frontline staff, specifically with cases eligible for the court improvement project.

As part of this ongoing effort to improve collaboration, the Court Improvement Program Coordinator also attended an in-person training at the Department in January 2025. The training provided an overview of the CQI internal case review process and introduced the 18-item Onsite Review Instrument, further strengthening shared understanding between CIP and the Department's quality improvement efforts.

Item Rating Summary

In CFSR Round 3, Rhode Island received an overall rating of Area Needing Improvement for item 31 due to stakeholders noting limited opportunities to provide input to DCYF and significant gaps in parental voice and lack of engagement with the Narraganset Tribe. Operating in a small state, regular communication between the Department and providers, the Family Court, the Narragansett Tribe, and other child welfare stakeholders often occurs organically and informally. While this lends itself to regular opportunities for feedback, there were opportunities for the Department to do more to formally engage stakeholders in policy and practice discussions and close the feedback loop.

Since 2018, the Department has prioritized stakeholder engagement to inform, develop, and monitor the CFSP and Strategic Plan. A significant initiative in this effort was the 2023-2024 *Listening & Learning Tour*. This comprehensive initiative engaged over 600 individuals from diverse stakeholder groups such as state and local agencies, community-based organizations, birth parents, foster and adoptive parents, families with members who have disabilities, and children both within and outside the child welfare system, to name a few.

The insights gathered from these sessions were instrumental in shaping DCYF's 5-year Strategic Plan and CFSP. To further support ongoing stakeholder engagement, DCYF established the Child Well-being Advisory Council (CWAC) in July 2024. This committee, comprising voices from the existing affinity groups (Youth Advisory Board, Birth Parent Advisory Group, RI Foster Parent Advisory Council) as well as a wide variety of additional internal and community stakeholders, serves as a formal infrastructure to support a streamlined, continuous feedback loop. It not only solicits input from stakeholders but also provides regular data updates and communicates how stakeholder suggestions have been implemented and are functioning.

These concerted efforts demonstrate DCYF's commitment to fostering inclusive, community-driven strategies in shaping a responsive and effective child welfare system. As a result, Rhode Island rates item 31 as a Strength, as the Department has addressed previous concerns and established sustainable mechanisms for continuous collaboration and improvement.

Item 32: Coordination of CFSP Services With Other Federal Programs

For this item, provide evidence that answers this question:
How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

State Response:

The Department, in partnership with sister agencies under the Executive Office of Health and Human Services (EOHHS), is engaged in a comprehensive and coordinated initiative to design and implement an integrated system of care that effectively supports the needs of children and families in Rhode Island. This initiative is grounded in strategic planning and sustained interagency collaboration, involving EOHHS, the state Medicaid agency, the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH), the Department of Human Services (DHS), the Rhode Island Department of Education (RIDE), and the Office of the Health Insurance Commissioner (OHIC).

System of Care Initiative

In 2022, the Department, in collaboration with the EOHHS, secured a 5-year System of Care (SOC) Implementation Grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). This funding supports the statewide SOC Initiative, which has led to the implementation of evidence-based Mobile Response and Stabilization Services (MRSS); increased reimbursement rates for behavioral health services; expanded capacity within the Department's home-based service array; and the launch of Community-Based Intensive Care (CBIC), a new intensive in-home behavioral health service that includes a strong psychiatric component and access to respite services.

The SOC Initiative has already contributed to measurable improvements in systemwide outcomes. MRSS, in particular, has proven effective in preventing unnecessary hospitalizations and supporting youth to remain safely with their families. Designed to serve families who might otherwise seek care in psychiatric emergency settings, MRSS has successfully diverted the majority of these cases. Currently, only 10 percent of youth receiving MRSS have required subsequent emergency department visits for inpatient psychiatric treatment.

Certified Community Behavioral Health Clinics (CCBHCs)

The Department has worked in close partnership with BHDDH and EOHHS as part of an interagency team leading the implementation of Certified Community Behavioral Health Clinics (CCBHC) in Rhode Island. This work aligns with the state's commitment to building an accessible, equitable, and sustainable behavioral health system for all residents. The

CCBHC model, developed by the Centers for Medicare and Medicaid Services (CMS) and the Substance Abuse and Mental Health Services Administration (SAMHSA), sets national standards for the delivery of comprehensive, high-quality behavioral health services.

To support the initial implementation of this model, CCBHCs received infrastructure grants through a state-administered program funded by the American Rescue Plan Act (ARPA). These grants were designed to build provider capacity, enabling community-based organizations to become certified as CCBHCs or to participate as Designated Collaborating Organizations (DCOs) in support of integrated care delivery.

As of October 2024, eight CCBHCs have been certified across Rhode Island, with 91% of the state's population residing within a designated CCBHC service area; however, individuals living outside of these areas may still access CCBHC services through their provider of choice. In addition to the startup support provided through infrastructure grants, certified CCBHCs are now funded through the PPS-2 (Prospective Payment System) reimbursement model under Medicaid. This payment structure ensures sustainable funding aligned with the actual cost of providing comprehensive services, promoting financial stability and long-term viability of the CCBHC model in Rhode Island.

The Department has been a critical and active member of the interagency CCBHC team (DCYF, EOHHS, & BHDDH), contributing significantly across all phases of the initiative. The agency has been directly involved in the evaluation and scoring of CCBHC applications, certification processes, cost reporting, and the ongoing oversight and monitoring of program implementation.

DCYF engages consistently with both state-level and CCBHC-specific activities, participating in multiple weekly coordination meetings focused on clinical matters, data reporting, and system alignment. Additionally, DCYF is an active participant in monthly marketing and outreach strategy sessions, ensuring consistent public communication and stakeholder engagement.

As part of its oversight responsibilities, DCYF also takes part in monthly one-on-one meetings with CCBHC providers and the CCBHC interagency state team to review program progress, address concerns, and support continuous quality improvement efforts. Beyond this, the agency contributes to a wide range of recurring interagency meetings. These include executive leadership briefings, issue resolution and escalation sessions, legal and compliance discussions, strategic planning meetings, crisis system development, data analysis sessions, and focused working groups addressing specific action items and cross-agency goals.

Children's Cabinet

The Children's Cabinet was reconvened by the governor in 2015. Pursuant to R.I.G.L. §42-72.5 (1-3), the Children's Cabinet is authorized to engage in interagency agreements and

appropriate data-sharing to improve services and outcomes for children and youth, discuss all issues related to children and youth across state agencies, prepare a shared strategic plan, and develop a coordinated children's budget.

Throughout State FY 2024 the Rhode Island Children's Cabinet has continued to focus attention on the needs of young children in the child welfare system. This group of high-level state department directors meet monthly to work toward implementing policies and programs to better meet the needs of Rhode Island's most vulnerable children.

The primary objective of this group is to support development of systems that attend to the social-emotional and behavioral health needs of children birth to 5. The taskforce has developed a set of recommendations on service implementation that is being considered by program staff at the Executive Office of Health and Human Services. Ongoing alignment across systems through the RI Children's Cabinet will allow for better access to specific early childhood programing and infant mental health services for child welfare involved families.

One particular related initiative within the work of the Rhode Island Children's Cabinet has been the Infant and Early Childhood Mental Health Taskforce. The taskforce has developed a set of recommendations on service implementation that is being delivered by program staff at the EOHHS. This implementation includes collaborative work with the Rhode Island Association for Infant Mental Health (RIAIMH) on key strategies to support the Infant and Early Childhood Mental Health Workforce. Delivery of Foundational Training that will increase awareness of the importance of infant mental health concepts and reflective practice has been delivered to strategic community providers. Specific learning collaboratives have also been established to support strength-based/family-centered practice with families with young children. Ongoing alignment across systems through the RI Children's Cabinet will allow for better access to specific early childhood programming and infant mental health services for child welfare involved families.

For children under 5, over the last 15 years the Department has consistently sought to provide coordination with other federally funded programs on behalf of children and families involved with DCYF. These partnerships have provided critical support to families to address issues of financial security, child development and child well-being. By sustaining direct cross-system partnership with RIDOH, DHS and other state agencies, more families served by DCYF will have access to programs such as TANF (Temporary Assistance for Needy Families), MIECHV (Maternal Infant Child Home Visiting) programs, as well as Early Head Start and Head Start. These critical resource efforts and improvements in cross-system planning include:

- Ongoing promotion of MIECHV Home Visiting Programs in both Child Protective Services (CPS) and the Division of Family Services (DFS) to facilitate an increase in prevention-based referrals of families with young children who are subject to investigation, but no formal abuse/neglect is identified. This will focus home-based program support to families to avoid more complex/serious child welfare involvement and avoid children entering care. Additional efforts in the DFS division will utilize MIECHV and Early Head Start homebased services when appropriate to support families at the point of reunification.

- Ongoing cross-system training to support both the Early Childhood Service Workforce and the Child Welfare Workforce. This includes training for Early Childhood Service Workers on child welfare investigations and formal casework involvement with the Department in an effort to support better coordination of care for families. Staff from RIDOH Family Visiting programs and staff from the State Office on Head Start Collaboration also provide pre-service training to Department staff to inform and promote access to programs that support children and families.

- Improving access to Early Head Start/Head Start programming for children in foster care. The Department is increasing dedication to supporting access to Early Head Start and Head Start for young children in care. By leveraging the priority status of children in foster care for available programming the Department will enroll more preschool age children in center-based program that will provide educational enrichment. The Department will also proactively enroll 4-year-olds in foster care to the State Pre-K lottery that is funded via a federal ACP-Preschool Development Grant.

- Development of Infant Mental Health Services to support the needs of young children experiencing trauma. In coordination with RI EOHHS, the Department supports the development of specific Infant Mental Health interventions that are available to children and families that have experienced trauma in the first 5 years on life.

Early Childhood Education Services

In compliance with the Child Abuse Prevention and Treatment Act (CAPTA) and RI Regulation 210-RICR-30-15-1, infants and toddlers involved in substantiated cases of abuse or neglect are automatically referred to either First Connections for a developmental screening or Early Intervention (EI) for a comprehensive evaluation, based on identified needs at the time of the investigation. Rhode Island specifically allows infants and toddlers who have experienced trauma, neglect, or abuse to be determined eligible for EI through

an “informed clinical opinion – family circumstances” even if the child does not have a measurable developmental delay or disability.

The Department has an Early Childhood Resource Specialist and a CAPTA Liaison nurse to support referral processes across all divisions. These positions provide coordination of services across the early childhood services sectors, provide case work and supervisory staff support and referral coordination for the birth to 5 population. Activities include referral to MIECHV long-term Home Visiting programs, childcare access for children birth to 5 in foster care, State Pre-K and Head Start recruitment, data alignment and planning, oversight of Safe Haven initiative, grant writing and representation at key early childhood advisory boards. These positions continue to support alignment of services and supports across systems.

In State Fiscal Year 2024, there were 561 children under the age of three who were victims of abuse and/or neglect or involved with an indicated case. Of these, 531 (94.7%) were referred for a screening or evaluation, 283 (50.5%) actually received a screening or evaluation, and 158 (28.3%) were found eligible for Early Intervention or another supportive program. The average rate of engagement was 53% across prevention-based programs. This is a sustained rate from the average rate of 53% engagement over the prior (2023) State Fiscal Year reporting period.

Child Fatality Prevention Workgroup

DCYF continues to work collaboratively with the Executive Office on Health and Human Services (EOHHS) as well as the RI Department of Health (RIDOH) to identify ways to improve communication and coordination of the referral process and services to children and families. These two state agencies administer the Early Intervention and First Connections programs respectively.

The Child Fatality Prevention Workgroup meets quarterly to serve as the planning group for inter-agency collaboration for the birth to 5 child welfare involved population. This group continues to refine strategies and cross-system program alignment to track the outcome of referrals to First Connections and Early Intervention and other supportive programming including several DCYF contracted programs. Ongoing management via this workgroup ensures that the Department and its cross-system partners will be able to maintain awareness of the rate of engagement in supportive services following a CAPTA early childhood referral.

Early Head Start

Early Head Start programs serve pregnant women and children up to the age of 3 who have the greatest needs, including families living at or near the federal poverty level, children in foster care, families experiencing homelessness, and families receiving public benefits.

The program provides high-quality early education, nutrition and mental health services, health and developmental screenings and referrals, and fosters the development of healthy family relationships. Early Head Start services are available in a home-based or center-based option. As of October 2024, there were 553 individuals in Rhode Island (540 infants and toddlers and 13 pregnant women) enrolled in Early Head Start, up 6% from 2023 but down 18% from 2019. Of those, 93 (17%) infants and toddlers had developmental delays or disabilities and 41 (8%) children were in foster care.

Head Start

Head Start is a federally funded comprehensive early childhood program for preschool children ages 3 to 5 who are low-income and/or have high needs. Head Start programs deliver early education; dental, medical, and mental health support; nutrition services, and developmental screenings. Rhode Island Head Start programs score above the national average and significantly above research-based thresholds for emotional support and classroom organization and meet the research-based threshold for instructional support based on classroom observations of teacher-child interactions observations of teacher-child interactions.

Children and families in all 39 cities and towns are eligible for Head Start services that are delivered through seven geographically located agencies. In October 2024, there were 1,438 Rhode Island children enrolled in Head Start, up 3% from 2023; however, a 36% decrease from the number enrolled 2015. Of the total number of children enrolled, 220 (15%) had a developmental delay or disability and 42 children (3%) were in foster care. There were 493 eligible children on a waiting list for Head Start as of October 2024. Nationally, Early Head Start and Head Start programs are facing significant staffing challenges, including high turnover, persistent vacancies, and low compensation for educators causing temporary and even permanent classroom closures.

Pre-Kindergarten in Rhode Island is delivered by public schools, Head Start agencies, and childcare programs that are selected through a competitive grant process and meet high quality standards. As of the 2024-2025 school year, there were 154 Pre-K classrooms with 61 (40%) operated by Head Start agencies, 58 (38%) operated by childcare centers, and 35 (23%) operated by public schools. Families residing in one of state's 21 identified Pre-K communities are eligible to apply for a slot through a statewide lottery system administered by the Rhode Island Department of Education. The Early Childhood Education Specialist plays a critical role in ensuring that all frontline staff are informed of Head Start and Pre-K lottery application deadlines.

In October 2024, there were 2,804 children enrolled in the state's Pre-K program, up 19% from 2,364 children in 2023. Of the total number of children enrolled, 309 (11%) had a

developmental delay or disability and 166 children (14%) were in foster care. In 2023, Rhode Island was one of only five states with a Pre-K program that met all 10 recommended quality benchmarks, including teachers who have a bachelor's degree with specialized training in early childhood education and program monitoring that includes annual classroom observations.

The Rhode Island Pre-K Education Act establishes a statewide goal to ensure access to publicly funded, high-quality Pre-K for all 3- and 4-year-olds by building upon the existing early childhood education infrastructure within communities. Rhode Island is among only 14 states, along with Washington, D.C., that invest state funds in Head Start and/or Early Head Start programs to expand access, improve teacher compensation, and support programs in meeting their federally mandated 20% funding match. As part of this effort, DCYF continues to leverage the expanding state Pre-K system and Head Start programs to prioritize enrollment of children in foster care, particularly those with developmental delays or disabilities, into high-quality early learning environments.

Safe Sleep Communications Workgroup

Between 2018 and 2024 there were a total of 56 preventable infant sleep-related deaths in Rhode Island. The mission of the RIDOH Safe Sleep Program is to reduce preventable sleep-related infant morbidity and mortality in Rhode Island through education and the provision of resources. The multidisciplinary Safe Sleep Communications Workgroup (comprised of individuals from EOHHS, DCYF, and RIDOH) meets monthly to implement and align Safe Sleep messaging. DCYF has sustained and expanded a hybrid Safe Sleep training model in collaboration with Workforce Development for all new DCYF staff that are onboarded. This hybrid training includes classroom and applied skills content that is delivered in a simulation lab setting made available through a partnership with the Rhode Island Nursing Education Center.

Recent activities of the Safe Sleep Program and Workgroup include:

- Between 2018 - 2024, DCYF and RIDOH have jointly purchased over 40,000 Sleep Baby Safe and Snug board books for RI's five birthing hospitals to disseminate to families with newborns.
- Between 2018 - 2024, more than 2400 individuals have received Safe Sleep education and training
- Annual Safe Sleep site visits at birthing hospitals include a review of safe sleep policies and procedures around patient and staff education and messaging
- RIDOH purchases Safe Sleep cribettes and wearables like swaddlers and sleepsacks for Home Visiting and Early Head Start community-based organizations to give to families.

- DCYF has purchased 200 Pack and Play's, and 100 Arms Reach bassinets to provide Safe Sleep resources to families with children under age 1.
- Family Visiting programs do Safe Sleep assessments at every visit to a family with a child under the age of 1.
- Public- and provider-facing education is delivered at health fairs, community baby showers, and other events.

E-CAPTA Referral and Data Tracking System

The Rhode Island E-CAPTA (Electronic CAPTA) Referral and Data Tracking System was implemented in June 2021 as a collaborative effort between DCYF and RIDOH. Designed to streamline data sharing and service coordination, the system supports timely referrals and ongoing tracking of family engagement in early childhood services for children ages 0 to 3 with indicated maltreatment findings.

The E-CAPTA system consolidates referral and engagement data into a single platform, enabling monthly and quarterly reviews through routine data exchanges (every 60 days) with RIDOH's KidsNet system. This allows for continuous monitoring of service access and planning of follow-up strategies for families that remain open to DCYF but have not yet engaged with referred services.

E-CAPTA is part of a broader cross-agency initiative that has been in place for more than 6 years, uniting DCYF, RIDOH, and EOHHS in a shared public health approach to preventing child maltreatment. Under this framework, a joint team of program staff and epidemiologists focuses on primary, secondary, and tertiary prevention by analyzing data for children at risk of maltreatment and repeat maltreatment, particularly those aged 0 to 3.

As part of this work, DCYF and RIDOH monitor children referred to services under CAPTA, including Early Intervention. In 2024, the collaborative team expanded its focus to include continuous quality improvement efforts, particularly around family engagement and referral follow-through.

DCYF's tracked services include Family Care Community Partnerships (FCCPs) and contracted community-based programs, while RIDOH's include Healthy Families America (HFA), Parents as Teachers (PAT), Nurse-Family Partnership (NFP), and First Connections CAPTA (FC CAPTA). These efforts serve both individual and system-level goals: ensuring timely access to services for each child and using aggregate data to predict which families may be at risk of non-engagement.

To date, the E-CAPTA system has transmitted more than 3,500 referrals for children birth to age 3. It allows for real-time tracking of family engagement, developmental screening completion, and overall service connection. Specific data reports within the Salesforce E-

CAPTA Referral and Data Tracking System have also been built to sustain tracking of provider project performance for both DCYF and RIDOH.

Plans of Safe Care

Rhode Island utilizes funding from the Child Abuse Prevention and Treatment Act (CAPTA) to implement the state's Plan of Safe Care (POSC) program, which is administered by the Substance Exposed Newborns (SEN) program at the Rhode Island Department of Health (RIDOH). POSC connects substance-exposed newborns and their adult caregivers to supportive services and resources to reduce the risk of children being born drug-affected or drug-dependent, thereby helping to prevent removal from the home.

Since July 2018, all birthing hospitals in Rhode Island have been required to offer a POSC to the caregivers of substance-exposed newborns. Each plan is individualized to meet the needs of both the infant and their caregiver(s), with resources aimed at supporting a safe transition home from the hospital. Services may include Family Home Visiting, Early Intervention, and recovery supports.

RIDOH provides quarterly reports to the Department detailing:
(a) the number of newborns affected by substance exposure,
(b) the number of POSCs developed, and
(c) the number and types of service referrals included in those plans.

During FFY2024, 405 newborns were identified as substance exposed. Of those, only 19% (78) were discharged with a POSC. Hospital staffing shortages have been identified as the main barrier to completing POSC for SEN. Plans are underway to embed a SEN Community Health Worker within the State's largest birthing hospital to help improve POSC compliance.

Rhode Island has established a strong inter-agency collaboration infrastructure to monitor and evaluate the effectiveness of the POSC program. This includes the Substance Exposed Newborn (SEN) Network, a coalition of state and community agencies that meets monthly. These meetings focus on prevention and include case-specific conferences to assess the viability and outcomes of implemented POSCs.

Additionally, DCYF and RIDOH partnered in a Safe Sleep campaign where every new parent received a book on "Back to Sleep" to prevent sudden infant deaths through co-sleeping and having things in the crib that present risks. This group also provides safe sleep pamphlets for various agencies.

During Round 3 PIP implementation, DCYF hired a full-time Substance Use Disorder Liaison position within the Child Protective Services division. This position works closely with sister agencies described above (DOH and BHDDH) as well as the treatment drug courts and baby court within the Family Court as well as in the community. The Department utilizes this position to support the POSC notification tracking requirements. This program sees

approximately 175 new cases a year and maintains a caseload of about 500 families for support.

Community-Based Child Abuse Prevention Programs (CBCAP)

DCYF uses Title IV-B Community-Based Child Abuse Prevention (CBCAP) grant funds to support prevention programs provided by our community agencies, such as the Parent Support Network who serves as the Department's CBCAP prevention lead, and each of the 4 agencies who administer the Family Care Community Partnership (FCCP) program throughout the state, which is a primary prevention program utilized by the Department. The Department has also worked collaboratively with local education agencies (LEA) and medical professionals to foster widespread awareness of the FCCP programs offered throughout the state. FCCP's are Medicaid-eligible and have data sharing agreements with DCYF to analyze and review service utilization through ongoing, quarterly Active Contract Management meetings.

The Department contracts for 5, regionally based Family Care Community Partnerships (FCCPs) that provide intensive, wraparound planning and facilitation for families not open to the Department. Referrals come from both DCYF Child Protective Services or families can self-refer or be referred by another provider, a school, the police, or a community organization. In addition to wraparound facilitation, the 5 FCCPs work with their communities to build community resources and assist with housing (although housing cannot be the sole need of a family). As such, the 5 FCCP's operate in an embedded manner in communities where families live and so they are easily accessible and culturally responsive. Almost 600 families receive wraparound support from the FCCPs per day.

The lead partner agencies within the FCCPs use the Rhode Island Family Information System (RIFIS) to track the child, family and service information associated with wrap-around service planning and delivery. DCYF has direct access to RIFIS and regularly extracts data for analysis to inform Active Contract Management meetings with the FCCP agencies.

Housing Partnership – Interagency Workgroup

In 2023, DCYF partnered with state agencies (RI Department of Housing, Department of Administration, EOHHS, DHS) and community programming (United Way of RI, FCCPs, RI Housing and Coalition to End Homelessness) to develop a workgroup to combat housing insecurity for Rhode Island families. Since the start of the workgroup, the census for the DCYF/Family Care Community Partnerships (FCCPs) emergency shelter program is down roughly 32%. This workgroup leverages both state and community resources through formal partnerships, dedicated staffing and ongoing collaboration.

This workgroup ended in Fall 2024 when the statutorily required Interagency Council on Homelessness, of which DCYF is a member, was resurrected by Governor McKee. The Director Deckert is a member of the Interagency Council by statute with her designee being Mike Burk whose portfolio includes Housing. With the passage of the State Fiscal Year 2026 State Budget, the Department of Housing and its advisory committees was reorganized. The Interagency Council was continued with modified duties and responsibilities and the DCYF Director continues to be a statutory member.

DCYF is also actively involved in the State's Continuum of Care Committee (CoC), a HUD required committee for jurisdictions receiving HUD funding for homeless services. Mike Burk, DCYF Administrator is also a member of the Board of Directors for the CoC and Chairs the CoC Grievance Committee.

Housing and Urban Development (HUD) Family Unification Program (FUP)

In 2024, the Department, in partnership with RI Housing, a quasi-state agency and public housing authority for 19 communities in RI, successfully secured a federal HUD Family Unification Program (FUP) grant, providing 28 housing vouchers. The FUP program primarily serves families and youth with a history of foster care involvement, where inadequate housing is a key factor in a child's removal or delay in reunification. To implement this initiative, the Department has collaborated with the community agency Family Services of Rhode Island (FSRI) to provide support services to families identified for the voucher and Foster Forward for services for youth identified for the voucher. The family voucher effort aims to prevent child removal and promote long-term family stability. The youth voucher effort aims to support youth who have left care with stable housing while they focus on becoming more financially stable.

As of 7/14/25, DCYF referred 25 families and 3 young adults. Of those, 20 families are leased up, 2 families have an apartment but are completing the approval process and 3 are still searching. Of the 3 youth, two are currently leased up and the last will lease up on 8/1/25.

Fostering Youth Independence Vouchers

In August 2020, the Department entered into a Memorandum of Understanding (MOU) with Rhode Island Housing and Mortgage Finance Corporation outlining the collaboration between the agencies to effectively award 25 tenant protection vouchers to youth/young adults who meet the eligibility criteria for the Foster Youth to Independence Initiative, for up to 36 months.

Between 2021 and April 30, 2023, the DCYF established MOUs to administer the Foster Youth to Independence Initiative with 4 Housing Authorities and Foster Forward as the agency providing supportive case management for the young adults: RI Housing Authority, Lincoln Housing Authority, West Warwick Housing Authority and East Providence Housing Authority. The Department has facilitated the young adults (18-24) aging out of foster care in attaining stable housing through this partnership. In April 2024, the Department

continued to work in collaboration with the RIHA, LHA, WWHA , EPHA , Foster Forward (who provides supportive case management for the young adults who lease up with the FYI vouchers) and Adoption RI (Copley Chambers Housing Program) to provide opportunities for young adults aging out of care/or have aged out of care, at risk for homelessness, to secure safe and affordable housing through these vouchers. Currently the Department has had approximately 65 young adults who have been able to lease up in an apartment through the FYI program The greatest barrier has been the lack of affordable housing in RI, resulting in young adults struggling to find an apartment within the payment standards (established by the PHA based on the HUD FMRs for the area) despite having the advantage of a tenant protection voucher. Other barriers include the availability of the Family Self-Sufficiency Program through the various Housing Authorities; the time limitations of the program and the need for intensive case management services to secure and support an appropriate apartment. There has been limited availability of FYI vouchers since the late fall of 2024.

Education

The Division of Education and Constituent Support Services (DECSS) has a long history of collaboration with multiple partners external to DCYF, including but not limited to: the Rhode Island Department of Education (RIDE), the RI Superintendents of Schools Association (RISSA), the Association of Rhode Island Administrators of Special Education (ARIASE), Rhode Island's 36 traditional Public School Districts and 23 Public Charter School Districts, and the Educational Advocate Program at The Scherlock Center. The DECSS manages the Every Student Succeeds Act (ESSA) Best Interest Determination Process for the State and works closely with LEA level Foster Care Liaisons to address challenges. Director Deckert and DECSS Administrator Mike Burk are members of the workgroup formed to address chronic absenteeism through the Attendance Matters Initiative jointly created by Governor Daniel Mckee and RIDE Commissioner Angélica Infante-Green.

After over 20 years of effort, in October 2021 DCYF and RIDE entered into a Data Sharing Agreement (DSA) which allows for DCYF to share data on children and youth in foster care with RIDE and match that data to student level data reported to RIDE by the traditional and charter public school districts. This has led to the formation of a workgroup focused on how to make best use of this data for analysis as well as identifying ways to address student specific challenges (e.g., chronic absenteeism). This group is also working on updating the Joint Guidance on Implementing ESSA for Foster Youth which was originally developed in 2019.

DECSS is responsible for providing initial and ongoing education training to DCYF staff. Staff from RIDE's Special Education Support Unit and from the Educational Advocate program serve as co-facilitators for training of new workers. Periodic topical trainings on education issues are provided virtually throughout the year to all staff.

DECSS staff manage the DCYF Post-Secondary Tuition Assistance Program (PETAP). PETAP includes our federally funded Education and Training Voucher (ETV) Grant Program and the State funded DCYF Higher Education Opportunity Grant Program (HEOG). This provides eligible young adults with approximately $400,000 annually in post-secondary grant awards with the HEOG program limited to full or part time students at one of Rhode Island's three public post-secondary institutions: The Community College of Rhode Island (CCRI), Rhode Island College (RIC) and the University of Rhode Island (URIO). To assist foster youth in preparing and applying for college, DECSS staff work closely with the Educational Opportunity Center (a TRIO Program) located at one of the CCRI campuses. The also work closely with financial aid and support services departments at the three state schools and other colleges, universities and trade schools young adults may be attending.

DECSS staff worked closely with RIC and the RI Office of the Post-secondary Commissioner to develop an Memorandum of Understanding for the implementation of a new RIC Foster Youth Scholarship Program funded through one-time COVID relief funds.

DCYF partners with the Rhode Island Department of Education (RIDE) to support children's mental health in schools through the SAMHSA-funded Project AWARE (Advancing Wellness and Resiliency in Education) initiative. Launched in 2018, the program was initially piloted in 10 elementary schools and 1 middle school across 3 districts: Pawtucket, Providence, and Woonsocket. By 2022, the initiative had reached over 40,000 students. Of those, 6,032 participated in state-wide mental health activities, 3,057 were screened for mental and behavioral health needs, 442 were referred to support services, and 325 accessed those services.

As part of this initiative, DCYF designated staff to serve of the RIDE Social Health Advisory Committee (SHAC), which advises on youth mental health and well-being policies. Project AWARE led to the creation of 10 formal partnerships between school districts and behavioral health organizations and the enactment of 13 new district policies focused on youth mental health services, student safety, and school responsiveness. Additionally, more than 4,000 teachers, support staff, and parents received training on over 50 mental health topics.

A second SAMHSA grant awarded in 2022 enabled Project AWARE to continue in the original 3 districts for another 5 years. Furthermore, a second 5 year cohort was launched in 2021, expanding the program to the districts of Cranston, West Warwick, and Westerly, and by 2024, the districts of Chariho, East Providence, Newport and Warwick.

Children's Justice Act Taskforce

The Children's Justice Act (CJA) Taskforce meets quarterly to oversee the management of the CJA grant and to plan for the strategic use of grant funds in upcoming years. Taskforce

members represent a broad range of sectors, including child welfare, the judiciary, homelessness services, domestic violence advocacy, birth parents, law enforcement, and legal professionals from the RI Public Defender's Office, Court Appointed Special Advocates (CASA), and the Office of the Child Advocate.

The taskforce uses its quarterly meetings to monitor progress on the current grant plan, which is presently focused on implementation of the SAFE Model. Key priorities include increasing community awareness and ensuring departmental fidelity to the model's practices and principles. For example, in December 2024 the CJA grant supported community trainings on the SAFE model. There are currently 9 trainers to conduct these sessions and a total of 116 community members attended, including representatives from Adoption RI, Alliance Human Services, AS220, Boys Town RI, CASA, Day One RI, Family Care Community Partnership (FCCP) provider agencies (Communities for People, Child and Family, Family Service or RI, Tri-County Community Action Agency), Groden Center, North American Family Institute (NAFI) RI, Neighborhood Health Plan of RI, Newport Mental Health, Office of the Child Advocate, Parent Support Network, RI Courts, RI Public Defender's Office, Tides Family Services, Westbay Community Action Agency, Youth Advocate Programs, and Youth Villages.

Performance, Utilization, Leadership, Support, and Execution (PULSE) Framework

DCYF actively participates in the Performance, Utilization, Leadership, Support, and Execution framework (PULSE), which is an enterprise-wide performance management program led by EOHHS designed to monitor and enhance the effectiveness of its agencies and collaborative strategic initiatives. Pursuant to RIGL § 42-7.2-5, EOHHS must ensure the effective oversight and coordination of state-administered health and human services and use objective data for evaluating health and human services policy goals, resource use, and outcome evaluation. PULSE employs data-driven decision-making, leadership involvement, and interagency cooperation to achieve its primary objectives.

PULSE meetings occur bimonthly and the topics of presentation and discussion are determined by the EOHHS Secretary's office. The process begins with a review of current performance and identification of issues through data analysis. Next, leadership becomes involved to gather strategic insights and provide support aimed at fostering continuous quality improvement. Following this, solutions are co-developed, and the process culminates with the implementation of the recommended actions within PULSE. The specific goals for each PULSE initiative can differ based on the agency and the subjects being addressed.

DCYF engages with PULSE on a quarterly basis. Topics discussed within PULSE sessions have included DCYF Division Goals and Outcomes, Strategic Planning, and the Children and Families Services Plan, among others.

Current Data Sharing Agreements and ECO System

The Department uses data sharing agreements with other state agencies who use shared funding to serve the same populations. These include federal grant funding, insurance funded services (Medicaid and private insurance) and DCYF contracted services.

DCYF collaborates with partner state agencies in many ways through formal and informal structures. A formal structure is with the RI Executive Office of Health and Human Services Ecosystem. RI EOHHS was created in 2006 by a RI law to lead the state's four health and human services departments to support high quality services, protect the state's most vulnerable citizens and ensure efficient use of all available resources by the state's human services department. The four agencies include the Department of Human Services, the Department of Health, DCYF, and the Department of Behavioral Health Hospitals and Disabilities. As such, EOHHS' duties and responsibilities include fostering interagency cooperation and collaboration to ensure the efficient use all available resources by the agencies. Data sharing is an indispensable component of cross agency collaboration needed to achieve optimal services for the residents of RI. For this reason, the Ecosystem was developed to make interagency data sharing more streamlined and efficient through an agreed upon legal framework and process, thereby increasing the integration and analysis of data across programs, while maintaining and strengthening privacy safeguards. The Ecosystem also contains data from other state agencies outside of EOHHS such as the Department of Labor and Training (DLT) and Department of Education (RIDE).

The Ecosystem has a sophisticated, formal structure and function complete with a Data Governance Structure, such as an Executive Board, a Data Steward Group, an Ecosystem team as well as formal procedures from data/project requests process, data integrity, data confidentiality, and data management process, oversight of Ecosystem projects. All EOHHS agencies have Data Sharing Agreements with the Ecosystem. Key to these processes and in relation to collaboration across the EOHHS agencies is the data steward group. Each EOHHS agency has a data steward representing the agency and has decision making power. The data steward group meets monthly to identify research projects, discuss the aims of the project, identify the design of the research and methods. This work requires ongoing collaboration, contributions, and oversight across the 4 agencies in leveraging the data and the personnel resources to provide essential information to the well-being of RI residents.

An example of a few RI DCYF related initiatives within the Ecosystem work includes a longitudinal analysis of youth who were involved with DCYF and their labor/employment outcomes. Data from DCYF and the DLT within the Ecosystem was merged. Among the outcomes were employment status, industry employed with, annual income, among others. This work was informative to both agencies to understand which youth involved with DCYF were at greater risk of poor employment outcomes and the factors associated with those

outcomes and the strengthening of youth services aimed at transitioning youth into adulthood.

Another example of interagency collaboration was exploring factors associated with youth involved with DCYF who enter a psychiatric hospital and their outcomes. Data was merged between DCYF and DHS Medicaid. Outcomes were also compared between youth involved with DCYF and youth not involved with DCYF in psychiatric hospitals. This research resulted in better understanding of which factors were associated with youth who entered psychiatric hospitals, the frequency of those admissions, the length of time in the hospital and which services were received prior to and after the hospitalization. This information has led to changes in DCYF's behavioral health system, stronger collaboration of supports and services among DCYF and the other EOHHS agencies, as well as the development of an integrated data system that incorporates children's behavioral health data across the agencies as well as from providers. These data reports will be shared across the agencies, within the agencies and with provider partners for ongoing Continuous Quality Improvement planning.

DCYF Access to RIBridges

Lastly, DCYF has access to RIBridges, the State's integrated eligibility system, through both batch and near-real-time interfaces with RICHIST. This access allows the Department to view and track the benefits families are receiving from the state, including information related to income, assets, and TANF eligibility, critical components in determining IV-E eligibility and managing Medicaid coverage for youth in care. In addition to supporting eligibility decisions, the RIBridges interface also connects to federal data sources, providing valuable information on Social Security and child support that helps the Department locate and engage child support–related family members. This integration strengthens the Department's ability to make informed decisions and coordinate services effectively.

Statewide Information System: Development of a New CCWIS

Support for Interagency Collaboration

DCYF began developing a new statewide information system in January 2025. This new CCWIS solution (called MARVIN) is designed to support the coordination of information with other agencies. While RICHIST has a robust set of data exchange interfaces with multiple agencies, MARVIN is expected to enhance this experience through expanded data exchanges and real-time information where possible.

MARVIN (Monitoring and Reporting for Vulnerable Individuals' Needs) will be built to have data exchanges with our integrated eligibility system, RIBridges. Information on Medicaid, SNAP and TANF will be received for children and families with DCYF through automated data exchanges. While DCYF currently has one near real-time exchange and several file-based data exchanges, DCYF is looking to improve this experience with MARVIN based on

functional need and the capacity of the RIBridges system. Similarly, DCYF currently integrates with the State MMIS platform via file-based transfers. DCYF will continue with these integrations with the MMIS system and will look to enhance these data exchanges as the MMIS system is modernized. Additionally, with MARVIN, DCYF expects to get more accurate information on medical information from the MMIS system as shared by providers currently.

MARVIN will have near-real time data exchanges with the Rhode Island Family Court system to get updated Court-related information on DCYF families. Additionally, DCYF is looking into the ability to receive the court documents (PDFs) through the interface, allowing users to see information directly in MARVIN rather than logging into the Courts application to view Court documents.

MARVIN is designed to have data exchanges with the Department of Health (DOH) for information on immunizations, lead screening and early intervention services. These data exchanges are enhancements from the current system and will provide DCYF with a better picture of children in care. DCYF will be replacing current manual processes to track early intervention with a data exchange.

MARVIN will be built to have a data exchange with the Rhode Island Department of Education (RIDE). Currently, DCYF gets Education information outside the system that is used for reporting purposes. Any education information in the current system (RICHIST) is manually received by workers and entered in the system. With MARVIN, DCYF is expecting to build a data exchange that provides periodic updated information on education and school-based information for DCYF children.

While DCYF works towards building MARVIN with more real-time and API-based interfaces, there are several exchanges with trading partners who cannot support API-based exchanges. Similarly, some business processes do not lend themselves to real-time data exchanges and benefit from remaining file-based. With each exchange, the team evaluates the business and technical information to determine the type of data exchange to implement.

Improved Data Sharing and Integration

MARVIN is a Salesforce based system. The enhanced technology allows for easier data sharing through APIs or flat files. This allows for the possibility of sharing information with other systems in a real-time manner, where it can enhance business needs. The system will allow for a more integrated referral process between DCYF and community providers for prevention services. Currently, all non-community prevention work is done in the Department's current statewide information system (RICHIST). MARVIN will help improve the user experience and enhance the ability to review and reduce any duplication of services. It is expected that through the implementation of MARVIN in the Fall of 2027, the Department can receive better data on services provided, effectiveness of services etc. This

will allow for better data-driven and evidence-based decision making for the array of prevention services that are needed.

Stakeholder Engagement in System Design

MARVIN is designed to have external portals that allow for stakeholders like community providers, foster families, biological families to have access to their information through a community portal. It also allows for the general public or mandated reporters to report instances of child abuse and/or neglect. In building the requirements for MARVIN, the Department leveraged stakeholder meetings and cross-sector workgroups to solicit input into community facing portals. Input from the stakeholders was included as part of the requirements built in the RFP for the new CCWIS. The implementation team is leveraging this information with the native MARVIN product and information received from DCYF's Listening and Learning Tour to solution some of the needs of DCYF constituents in addition to the native functionality that comes with MARVIN. During the Build and Configuration phase, DCYF will engage with stakeholders to discuss the design of MARVIN, involvement with testing and user experience aspects of the implementation.

Use of the System to Support Service Coordination

Based on requirements and initial design considerations, the new CCWIS solution will allow for a more streamlined process to record, track and monitor community service coordination. MARVIN will be built out for one of the Department's community service partners, Family Care Community Partnerships (FCCPs), to record and track both DCYF-based and community-based referrals within the system. The FCCP partners will access MARVIN as community-based service providers who can track case planning activities, services tracking and eligibility through the same system. At the same time, DCYF staff will have role-based access to FCCP cases to coordinate federally funded services, and eligibility.

Item Rating Summary

Rhode Island has robust structures in place to ensure coordination with other federal and federally-assisted programs, grounded in system-level planning, shared accountability, and data-informed collaboration. Rhode Island received a Strength rating for this item during the CFSR Round 3 and has sustained existing interagency efforts as well as engaged in additional cross-system engagement. Therefore, Rhode Island rates item 32 as a Strength.

G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards Applied Equally

For this item, provide evidence that answers this question:
How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds?

State Response:

Licensing: State Standards

The Department ensures the execution of licensing standards for all key aspects of Rhode Island's foster and adoptive parent licensing, recruitment, and retention systems are standardized and consistently applied statewide. The Department operates a centralized foster care licensing division (the division of Licensing and Resource Families) which oversees licensing across the state's four geographic regions. As the licensing authority, the Department reviews and approves all licenses through a thorough and balanced process. In October 2019, the childcare licensing team in Rhode Island transitioned to the Department of Human Services (DHS). DCYF no longer oversees childcare licensing and currently does not oversee any childcare institutions receiving IV-B or IV-E funding.

DCYF licensing caseworkers and private agencies receive training on licensing requirements. The review process includes a comprehensive checklist and a detailed evaluation of the required documentation. Once a DCYF licensing caseworker submits a file for approval, a supervisor conducts a secondary review to ensure all regulatory requirements are met before final approval.

Traditional (Non-Kinship) & Private Agency Foster Home Licensing Standards

In pursuant to Rhode Island standard 300.0010 for Licensing of Resource Caregiver Homes, traditional foster homes and private agency foster homes follow the same steps:

- Applicant submits an application via the Binti portal
- The licensing worker:
    - ensures statewide and nationwide criminal records checks for all adults in the home, reviews results with their supervisor if necessary, and documents the review and any decisions in the electronic case management system as a Provider Activity Note (PAN).

- completes a DCYF agency clearance check for all household members and documents the findings. Any disqualifying information is reviewed with a supervisor prior to terminating the licensing process.
- reviews the DCYF Form #037, Physician's Reference, and contacts the physician if there are any concerns about the applicant's suitability.
- ensures receipt of personal reference letters from at least three individuals, two of whom are unrelated to the applicant.
- ensures the prospective caregiver obtains an approves safety inspection from a Department safety inspector and assesses potential concerns in the home.
- confirms that the caregiver has completed the pre-service training requirements.
- completes the foster care/adoption home study, including a home study questionnaire and home visits.
- informs the caregiver of the requirements for transporting children, including proper passenger restraint systems, vehicle maintenance, and proof of driving records and insurance

Upon completion of the licensing packet, the licensing worker submits it for supervisor approval. The licensing administrator or designee reviews the packet within 30 business days. Once approved, a Foster care license undergoes a renewal process every two years.

Congregate Care Licensing Standards

For congregate care facilities the standard licensing process pertaining to Residential Child Care Regulations for Licensure (214-RICR-40-00-4) is as follows:

- The application packet is obtained from the DCYF Licensing Unit. A separate application must be filed for each proposed Facility.
- The completed licensing application packet must be submitted to DCYF Licensing to initiate the Licensing process.
- Preliminary site evaluation is performed by DCYF licensing staff.

Upon receipt of a completed License application packet, the Licensing Division will make a determination within 90 days. If a License is issued, the License remains valid from the date of issue to its expiration in one (1) year.

Any complaint, which alleges a violation of any of the regulations stated in Residential Child Care Regulations for Licensure (214-RICR-40-00-4) is referred to the DCYF Licensing Division for investigation and the below steps are enacted:

1. When a Facility is found to be in violation of these regulations, the DCYF Licensing Administrator or designee sends written notice of the violation(s) to the chief executive officer of the Facility. The notice establishes a deadline for correcting the violation.

2. The chief executive officer of the violating agency sends a corrective action plan to the Licensing Administrator or designee.
3. If the facility fails to comply with the corrective action plan within a specified time frame, the chief executive officer of the violating agency sends a written explanation for the delay to the Licensing Administrator or designee with a request for an amended time frame. This request must be received within twenty-four hours of the deadline.
4. The Licensing Administrator or designee may either accept or reject the request in writing.
5. If the Facility remains in violation at the end of the designated time frame, the Licensing Administrator or designee initiates action to suspend, revoke or continue the license on Probationary Status.

In the last two years, two facilities have been placed on a Corrective Action Plan with one resulting in facility closure.

Active Licenses by Type and Year (Point in Time Data 2022-2025)

Table 4-14 shows the number of licensed foster homes by license type (excluding court ordered) over four consecutive years (2022–2025), measured as point in time. *(RICHIST RPT430_PRVD)*:

Table 4-14. Active Licenses by Type and Year (Point in Time Data 2022-2025)

License Type	January 28, 2022	January 28, 2023	January 28, 2024	January 28, 2025
Relative/Kinship	514 (36.4%)	456 (39%)	411 (36.5%)	357 (34.9%)
Non-Kinship (traditional)	508 (35.9%)	448 (38.4%)	481 (42.7%)	464 (45.4%)
Private Agency	390 (27.6%)	264 (22.6%)	234 (20.7%)	200 (19.6%)
Total (100%)	1412	1168	1126	1021

The data reflects a decline in total active licenses, with notable shifts in the composition of foster families:

- The percentage of Kinship foster care has slightly decreased
- The percentage of non-kinship foster care (traditional DCYF families) has sharply increased.
- The percentage of private agency foster care shows a considerable reduction

The slight decline in the number of relative/kinship foster care providers can largely be attributed to the Department cleaning up the data by reaching out to existing foster families who hadn't fostered a child in a while, engaging with them to determine which families no longer wished to continue fostering and removing them from the pool. Additionally, the

decline is partly due to the Department's increased efforts to place children with kin, many of whom no longer foster, despite the Department's enhanced efforts to recruit them as traditional (non-kinship) foster families. While kinship foster care has significantly decreased and non-kinship foster care has seen a notable increase since 2022, the Department maintains consistency in its approach to licensing all resource families, whether kinship or non-relative, as well as adoptive homes. This is done in accordance with all applicable federal and state laws.

Monitoring License Renewal

Traditional, Private Agency and Kinship Foster Homes License Renewal

The process of monitoring and re-licensing for both kinship and non-kinship foster homes is structured to ensure the safety and well-being of both the caregivers and the children they support.

The Department currently uses BINTI as the digital applicant portal which allows prospective applicants to easily complete corresponding application and licensing forms online from a computer, tablet or mobile phone. As the Department develops the new CCWIS system, the tracking of the application process will be an integrated feature. The licensing worker, supervisor and administrator track applications, submit forms, and monitor each provider's progress throughout the licensing process to maintain accountability and ensure safety through the BINTI system on a weekly basis. Ongoing case management and data tracking help identify trends in licensing challenges and areas that require additional attention. Licensing specialists are also well-versed in the waiver and variance processes, which require dual-level approval. Relevant forms and procedures for waivers and variances are available on the RI DCYF website.

Ongoing monitoring involves regular updates to the home study, which must be completed within two weeks of any significant changes in the home and at least once a year. Licensing workers conduct an annual check-in with families to assess any noteworthy changes and determine if additional support is necessary. Changes that might prompt further follow-up include the arrival or departure of household members, the death or illness of a caregiver, structural damage to the home, or any legal matters like eviction or divorce.

Relicensing occurs every two years for traditional, private agency and kinship foster families and yearly for congregate care facilities. The Department's electronic case management system tracks license expiration dates and alerts the licensing worker 6 months before a license is set to expire. At the same time, safety inspectors are notified when fire and safety inspections are due for renewal. A relicensing packet is sent to the caregiver 6 months in advance, and the licensing worker follows up if no appointment has been made within 2 weeks.

As part of the relicensing process for traditional foster home and private agency foster homes in accordance with DOP: 300.0010, all adults in the home undergo a new statewide criminal background check and DCYF clearance. If a new adult has moved in or a household member turns 18 and hasn't previously undergone a nationwide criminal background check (including fingerprinting), an updated check is required. Additionally, the home study is updated, which includes home visits and a review of household members. Once the home study is complete, it, along with other required documents, is submitted to the licensing supervisor for approval. If everything is in order, the supervisor either approves the relicense or recommends further action. The final decision is made by one of the licensing administrators, and the signed license is then mailed to the resource caregiver.

Congregate Care License Renewal

For license renewal within congregate care facilities in accordance with Residential Child Care Regulations (214-RICR-40-00-4):

- The DCYF Licensing Unit provides a renewal application packet, which includes a compliance self-assessment report, to the Facility 90 days prior to the expiration of the current License
- Applicant returns the completed renewal application packet to the Licensing Unit at least thirty (30) days prior to the license expiration.
- Applicant provides documentation of fiscal accountability.
- Applicant requests updated DCYF clearances through the DCYF Licensing Unit and obtains statewide BCI checks in accordance with Department Operating Procedure 100.0155, Clearance of Agency Activity and Department Operating Procedure 100.0210, Criminal Records Checks and includes results in personnel file.
- DCYF conducts site inspection and records review prior to the expiration of the current license in order to determine compliance with the regulations.

Quality Assurance Process

DCYF Divisions of Performance Improvement (DPI) and Licensing collaborate on data monitored to ensure standards are being adhered to consistently through DCYF's Active Division Management quarterly meetings. At these meetings, data and information is reviewed on various aspects of the licensing standard process including but not limited to timeliness to each of the licensing processes from outreach to families in the pipeline to time to approve an application, time to home study completion, time to fire inspection, as well as all licensing events, to time to licensure. Similar data is also observed in the Active Contract Management quarterly meetings with private agencies.

Currently, there is no individual case review process where licensing cases are reviewed to specifically determine whether standards are being applied equally and waivers/variances are being approved based on the same set of criteria. However, waivers and variances can only be approved by administrators within the division of Licensing and Resource Families.

There are currently two administrators in the division that consult with another on a weekly basis and review all waiver and variance requests. Approval of all waiver and variance requests through the same two administrators helps ensure consistency in applying standards equally.

Foster Parent Satisfaction Survey Results (2023)

A bi-annual Foster Parent Satisfaction Survey, distributed in English and Spanish, was sent to 923 active foster parents in November 2023. A total of 68 responses were received, yielding a 7% response rate. The survey consists of 42 questions- 12 on demographics and general satisfaction, and 30 Likert-scale questions. Four key questions highlighted foster parents' experiences with the licensing and re-licensing process. This feedback provides valuable insight into whether the state's foster care standards are being applied consistently and equitably across families.

- 97% (266/273) Strongly Agree or Agree the licensing staff showed respect for my racial/cultural background, values and beliefs.
- 91% (248/273) Strongly Agree or Agree the licensing staff helped and kept the family informed through the licensing process.
- 93% (314/338) Strongly Agree or Agree they were satisfied with the home study process.
- 89% (302/338) Strongly Agree or Agree they were familiar with DCYF's foster parent policies and procedures.

This high level of satisfaction across multiple measures suggests that the licensing process is not only effective but also consistently implemented in a manner that aligns with state standards. Respect for families, clear communication, and transparency about policies are being upheld throughout the licensing experience.

Waivers and Variances

The Department's licensing process allows for waivers and variances to certain licensing standards as long as they do not compromise the health, safety, or well-being of children. A waiver is an administrative decision that allows case-by-case exemptions from compliance with non-safety related standards. In contrast, a variance is an administrative decision that permits a foster home or congregate care facility to meet a licensure standard in a manner other than what is specified in the regulations. Variances are granted on a case-by-case basis, ensuring that the purpose of the licensing standard is still met, and child safety is maintained.

To apply for a waiver or variance, a written request must be completed and submitted by the licensing applicant using a form provided by DCYF, which includes essential information such as: the regulation being requested for modification, an explanation of why the requirement cannot be met, steps taken by the provider to address the issue, and any other

relevant context. A waiver or variance is more likely to be approved when a provider demonstrates that the requested change will not negatively affect the care of the children and may even support or facilitate the placement of siblings, among other considerations. These decisions are made with the child's best interests in mind, while maintaining the integrity of the licensing process.

The Licensing Administrator, or their designated representative, is responsible for reviewing and approving all requests for waivers and variances related to foster care licensing standards. Since the current Licensing Administrator assumed the role in June 2022, no waivers have been submitted or granted. The absence of waiver activity likely reflects a strong alignment between licensing standards and the qualifications of applicants, as well as effective support and communication throughout the licensing process- reducing the need for exceptions.

Variances and waivers are tracked by the Licensing Administrator using an Excel spreadsheet that records the person's name, date, and reason for the variance. The process for granting variances is reviewed continuously, as variances are issued frequently.

Since June 2022, no waivers have been issued. Since June 2022, 282 variances were submitted and all 282 were granted for the following reasons:

- 57 age variances were granted concerning congregate care placement- each congregate care setting is licensed for a specific age range which is based on programming offered as well as other factors.
    - Such circumstances requiring a variance may be the youth's developmental age vs chronological age, a youth turning 18 and programming considerations among other factors.
    - Other considerations include the other youth currently placed in the congregate setting and ultimately if it is in the best interest of the youth to be placed in a program that is outside of their age.

In congregate care settings, age-related allowances are frequently requested and granted, particularly when youth are transitioning between programs. These allowances are time-limited, not exceeding 90 days. These variances require approval by one of the administrators in the Licensing and Resource Families division, but the decision is made in conjunction with the child's primary caseworker and other case participant(i.e., service providers).

- 18 sleep variances were issued- children over the age of 1 are not permitted to share a bedroom with an adult in the home.
    - In order to support placing children with relatives, a child may need to share a bedroom with their caregiver due to space. For example, a grandmother with

a one-bedroom apartment could place a crib or toddler bed for her grandchild to share the room, but this requires a variance.

    - Considerations include the relationship the child has with the caregiver, trauma history of the child, and an individual assessment of child functioning.

- 207 variances were issued related to the criminal/child protection history of a provider or household member. There are criminal/child protection disqualifiers that preclude applicants from being licensed, but variances can be issued depending on case circumstance and the presence of mitigating factors. Considerations for variances include the following:
    - Evidence of rehabilitation
    - The length of time that has elapsed since the last conviction
    - The age of the individual at the time of the conviction
    - Type/nature of conviction
    - Number of convictions
    - The relationship between the crime and the capacity to care for children
    - Current adult and caregiver functioning (e.g., relationships with biological children or history of caring for children)

Health and Safety Considerations

Many homes in Rhode Island, especially those in urban areas where the Department serves a larger number of families, were built before 1978 and have lead paint. Many multi-family homes do not have commercial sprinkler systems and landlords are unable to afford the installation. Homes that fail fire and safety standards are never licensed due to health and safety hazards.

The Department and Family Court work together to support relative placements, maintain the child's connections to their community of origin, and preserve connections to family and friends. When the only barrier to licensure is due to a fire or safety standard that can be mitigated, the placement is frequently court-ordered. For example, in cases where a child is court-ordered into a placement with relative/kin that fails a fire inspection (for example, does not have a commercial sprinkler system installed in the multi-family home), the Department works with the provider to mitigate the safety concern by providing battery-operated carbon monoxide and fire alarm detectors and ensuring they are installed properly. For homes that fail safety inspections due to lead paint, the Department ensures that children placed in the home have frequent lead testing completed. No waiver or variance can be granted for these conditions. At this time, the Department is unable to track the number of court-ordered placements within these circumstances.

Item Rating Summary

During Round 3 CFSR, this item was rated as an Area Needing Improvement due to inconsistent application of foster home licensing standards. Although licensing standards for kinship and non-kinship foster homes are the same, the standards were enforced more strictly for non-kinship foster homes. The Department was more flexible in the application of licensing standards in situations requiring an expedited placement need.

Based on positive stakeholder feedback from the Foster Parent Satisfaction Survey, and considering that all variances are reviewed collaboratively by two individuals on a weekly basis and consistently approved, evidence supports that standards are being applied equally across all foster home types. Therefore, Rhode Island rates item 33 as a Strength. Rhode Island applies its foster care standards equally across the state and is continuously making efforts to improve the licensing regulations to ensure that they are clear, objective, and provide guidance for those applying for a license.

Item 34: Requirements for Criminal Background Checks

For this item, provide evidence that answers this question:
How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

State Response:

Rhode Island has implemented standards for foster and adoptive parents that meet national requirements. In accordance with state and federal laws and regulations, all adult household members must meet state, national and child welfare background checks (DOP: 100.0215 Criminal Background Check(s) and DOP: 100.0115, Child Abuse and Neglect Registry Check). To be licensed as a Rhode Island DCYF foster and/or adoptive home, criminal records checks must be completed on every individual living in the home who is eighteen (18) years of age or older at both initial licensure and renewal.

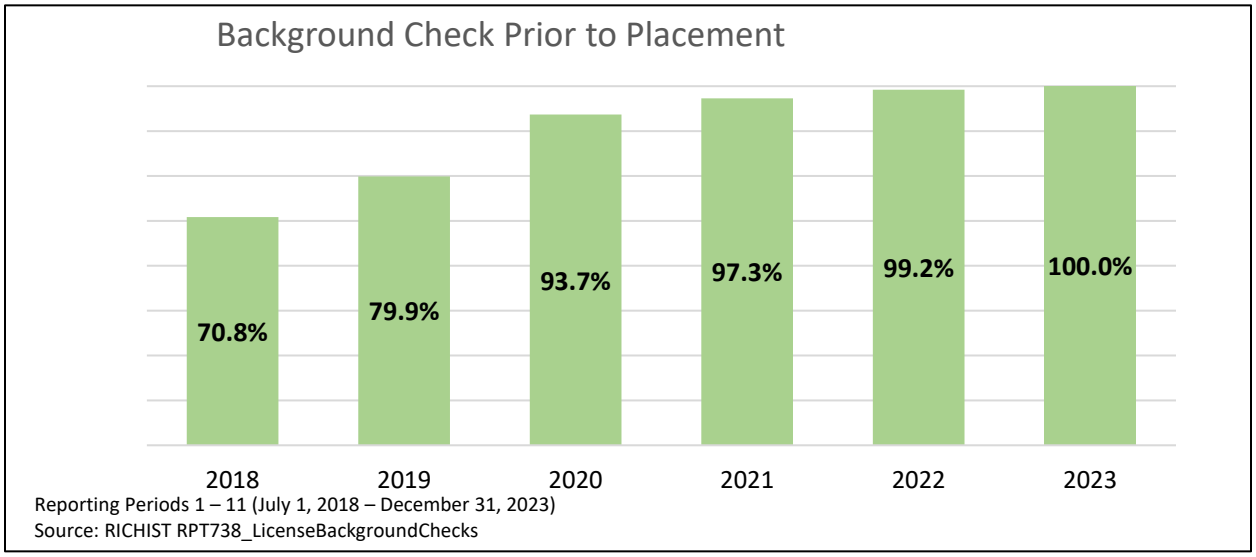
All prospective foster parents (traditional, kinship and private agency) must complete a formal application and meet a series of requirements to be considered for licensure per DOP 100.0215. All household members aged 18 or older are subject to comprehensive criminal background checks, including both Rhode Island Bureau of Criminal Identification (BCI) and national fingerprint-based screenings. In addition, the Department reviews its internal records (specifically, contact with child protective services) to identify any prior involvement with the Department. If the applicant or another adult in the home has lived in another state in the past 5 years, the licensing worker conducts an Adam Walsh Child Abuse and Neglect Registry Check in each applicable state and documents the results.

Statewide and nationwide criminal record background checks are completed on all prospective congregate care and child-placing agency owners, operators, and employees, and owners/operators and employees of community-based programs requiring Department licensing. Nationwide background checks must be completed, at minimum, before the date of hire and are to be redone every 5 years of consistent employment thereafter. All documentation is sent to the DCYF Licensing Administrator for verification and approval.

As shown in Figure 4-60 below, the Department has maintained that over 90% of all kinship placements had background checks prior to placement from 2020, and as of 2023 achieved 100% of all kinship placements received background checks prior to placement. The date and time of each background check is recorded and compared to the placement date and

time of the child to determine whether the background check was completed prior to placement.

Figure 4-60. Background Check Prior to Placement (2018-2023)



Administrative Overrides

The DCYF policies for both criminal and Child Protective Services background checks have a defined list of automatically disqualifying factors. In the case of kinship placement, when a disqualifier is found, the worker conducting placement will review to see if the context around the charge or indication is such that it can be mitigated. Examples of how a disqualifier could potentially be mitigated are:

- Number of convictions
- The age of the individual at the time of the conviction
- The length of time that has elapsed since the last conviction
- The relationship between the crime and the capacity to care for children
- Evidence of rehabilitation
- Current relationships with biological children or history of caring for children.

If placement is made, the placing unit must complete a Formal Standardized Memo for Kinship Placement. This memo outlines the issues that could prevent licensing, mitigating context that allowed the placement to go forward, and other helpful information. The Department then convenes the Administrative Override Board to review each individual case and receive sign off from the administration of Family Services, Child Protective Services, and the Resource Families Divisions. The Administrative Override Board meets regularly on

a biweekly basis and conducts additional meetings more frequently as needed. If an override is granted, the kinship caregiver is sent to the next steps of Licensing. If the override is denied, the child(ren) must be removed. This is tracked by Licensing Administrator and the Chief of Licensing. All originally signed approval coversheets are kept in a locked office of the Licensing Administrator in alphabetical order.

For non-kinship applicants when a disqualifier is found, placement is not made, and therefore, the Department does not have the ability to assess that person's ability as a caregiver and cannot submit the individual for an Administrative Override. In most cases, applicants self-select out of the process, or their application is denied.

Table 4-15 below breaks down the total Administrative Override requests made, approved and denied from 2018-2024.

Table 4-15. Total Requests for Administrative Override (2018-2024)

Year	Total Requests for Administrative Override	Approved	Court Ordered	Denied
2018	57	56	-	1
2019	19	17	1	1
2020	23	23	-	0
2021	46	45	-	1
2022	84	83	-	1
2023	71	71	-	0
2024	42	40	-	2

Fingerprinting

Since Round 3 of the Child and Family Services Review, the Department has expanded fingerprinting availability by increasing the number of appointment days and time slots. This expansion addressed the limited access previously caused by restricted availability at local police departments and the lack of fingerprinting services for foster parents at the Attorney General's Office. To further improve accessibility and enhance the efficiency of background check processing, the Department introduced mobile fingerprinting units, allowing staff to reach applicants and providers who may face barriers to visiting designated locations. Additionally, a secure email channel was established to enable local police departments to send fingerprint results and related inquiries directly to DCYF, streamlining communication and supporting timely processing.

Table 4-16 below reflects the total amounts of Rhode Island DCYF fingerprinted prospective foster parents, adoptive parents, and household members from 2018-2024. This data is

tracked in shared file folders within the Division that reflects number of prints in-house and number completed by local police departments.

Table 4-16. Total Prospective Foster Parents Fingerprinted (2018-2024)

Year	Total Fingerprinted
2018	646
2019	1151
2020	1618
2021	2301
2022	1900
2023	1462
2024	1293

Licensing

For kinship care providers—where placements often occur prior to full licensure—the Department has implemented measures to ensure ongoing compliance with safety and policy standards. Before any child is placed, the responsible division (either Child Protective Services or Family Services) conducts a Rhode Island Child Protective Services clearance, a Bureau of Criminal Identification (BCI) check, and fingerprinting for all applicants and relevant household members. Any criminal history, pending charges, or indicated findings are thoroughly reviewed for disqualifying factors, as outlined in Department policy, and for any concerns that may impact the individual's ability to provide safe and appropriate care.

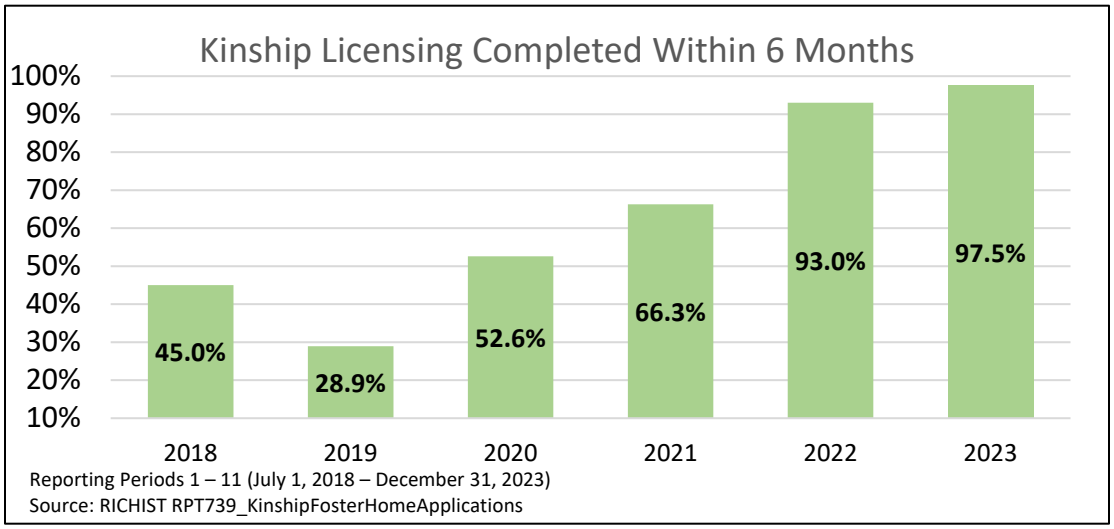
Approval for placement follows a two-tiered authorization process requiring sign-off by both a licensing supervisor and an administrator. The Department also maintains a clearly defined process for identifying and managing instances where a child may be placed before all licensing and background check requirements are fully completed.

The only exception to full licensure prior to placement applies to kinship care situations. In these cases, while the home may not yet be licensed, both the Rhode Island criminal background check and child protection clearance must be completed for all adult household members before the child enters the home. These clearances may occur on the same day as the placement but must be completed before the child enters the home.

Outside of kinship care, there are no circumstances under which a child may be placed in an unlicensed home, childcare institution, or residential intervention program. All other placements require full licensure and completed background checks prior to placement. This protocol ensures that child safety remains the Department’s highest priority, and that any deviations from standard procedures are strictly limited, monitored, and controlled.

As seen in the Figure 4-61 below, the Department has worked to raise the percentage of licensing kinship families within six months of placement.

Figure 4-61. Kinship Licensing Completed within 6 Months of Placement (2018-2023)



Ongoing Compliance

The Department ensures ongoing compliance with required criminal background clearances in foster care and adoptive placements through a structured process that includes both periodic and event-triggered reviews. All foster homes are licensed on a biennial basis, with all licensing requirements, including criminal background checks, re-evaluated at each renewal. Additionally, the Department conducts annual safety assessment home visits for every licensed foster provider. During the initial licensure process, families are informed of their obligation to notify DCYF of any significant changes in household composition. This includes the addition of a new adult household member, a youth in the home reaching the age of 18, or any other changes that could impact child safety.

When such changes occur, DCYF initiates updated criminal background checks for the new or newly eligible individuals, ensuring that all adult members of the household remain in compliance with state and federal requirements. Similar protocols are followed in childcare institutions, where background checks are required for all new staff members prior to their start date.

The Department ensures that all licensed foster care and approved adoptive placements meet required standards through systematic documentation and in-person verification. Updated forms are required for every licensure period, which includes re-verification of background clearances, medical references, household composition, and other critical documentation. In addition to the submission of updated forms, the Department conducts home visits during each licensure cycle. These visits serve to confirm that all requirements

have been met, that the physical environment remains safe, and that all necessary documentation is current. This process applies uniformly to placements managed directly by DCYF and those managed by licensed childcare institutions or private child placement agencies.

When licensure requirements are not met, the Department assesses the situation on a case-by-case basis. If children are currently placed in the home, the Department evaluates whether a plan of action can be developed to address the outstanding requirements while maintaining child safety. If no children are currently placed in the home, and deficiencies remain unresolved, the Department may move to close the home.

For example, during the current shortage of primary care providers (PCPs) in Rhode Island, some foster parents may not be able to secure a timely medical reference form. In such cases, if the provider has no known medical concerns and an appointment is scheduled for a future date, the provider may be asked to sign a health attestation. The home may be relicensed with a conditional approval, contingent on receiving a favorable medical reference within 30 days of the scheduled appointment. If the medical reference is not received within the specified timeframe, the Department will reevaluate the provider's status and determine whether continued licensure is appropriate. This approach allows the Department to maintain a balance between regulatory compliance and practical realities while prioritizing child safety.

In accordance with 214-RICR-40-00-4, all employees and board members of congregate care facilities are required to undergo background checks and fingerprinting (see DCYF DOPs: 100.0155, 100.0215, and 100.0210). Facilities must renew their licenses annually. As part of the renewal process, updated DCYF clearances must be submitted to the DCYF Licensing Unit. Additionally, statewide BCI checks must be completed in accordance with DOP 100.0155 and DOP 100.0210, with the results maintained in each individual's personnel file.

The Department does not place children in non-licensed or unapproved settings such as hotel rooms or agency offices under any circumstances. To date, there have been no instances in which a child has been placed in such environments while awaiting a foster or adoptive placement. In emergency situations where an immediate placement is needed, the Department prioritizes placement with kin or utilizes a safety plan with an individual known to the child and family.

Oversight differs between placements managed directly by the Department and those overseen by contracted private agencies. Private agencies are responsible for conducting ongoing monitoring and case management of the homes and facilities under their supervision. However, the Department retains oversight responsibility and conducts at least

one monitoring visit per year for each placement to ensure ongoing compliance with licensing and safety standards.

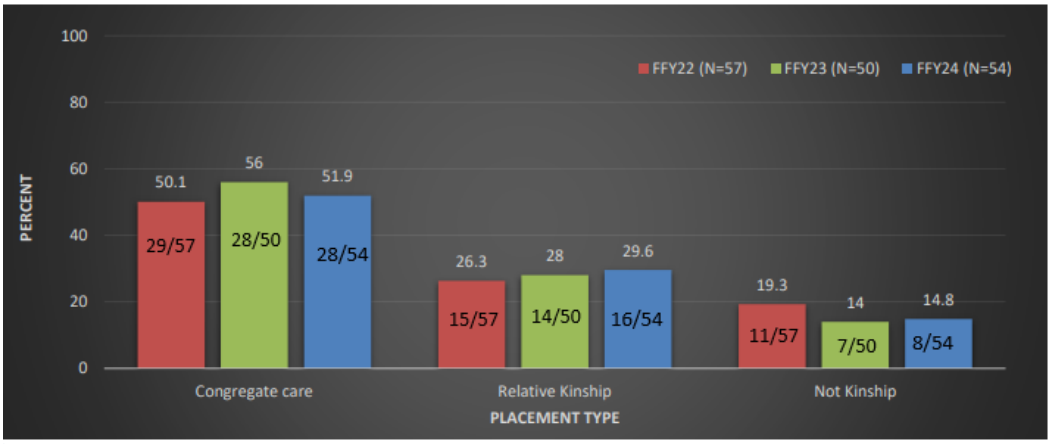
Case Planning

Every foster care and adoptive placement is supported by a case planning process that prioritizes child safety. While each licensed provider is assigned a Licensing Unit worker, the responsibility for developing and managing individualized case plans rests with the Family Service Unit (FSU). These plans are designed to address all aspects of a child's safety within the placement.

When safety concerns arise, they are addressed through collaborative efforts across relevant divisions, including Licensing, FSU, Child Protective Services (CPS) and other applicable units. This interdivisional coordination ensures timely and appropriate action to resolve issues and maintain placement stability.

Figure 4-62 represents the Department's percent of indicated investigations in foster care (out-of-home placement), across placement types, for FFY22-FFY24. As can be seen in the graph, over half of the indicated investigations are occurring in congregate care settings.

Figure 4-62. Percent of indicated investigations in foster care (out-of-home placement), across placement types, for FFY22-FFY24



*Non-relative kinship and other categories suppressed due to small numbers.

Data Source: *DCYF Annual Safety Report FFY24*

In response to the data, the Department employs a comprehensive, multi-layered approach to ensure the ongoing safety of children in foster care placements. Central to this approach is the consistent re-evaluation of caregivers through mandatory criminal background and child protection clearances during each licensure and re-licensure period. These include fingerprint-based national background checks for all household members aged 18 and older for kinship and non-kinship families, and for all employees in congregate care facilities.

To ensure continuous oversight, each child in foster care is visited at least once a month in their placement setting by their assigned Family Services Unit (FSU) worker. In addition to these regular visits, the Licensing Unit conducts an independent annual home visit to evaluate the ongoing safety and suitability of the foster home.

The Department has established clear protocols for responding to a range of concerns that may arise during a child's placement. In instances of child elopement, licensing is promptly notified and collaborates with the child's FSU team to ensure appropriate follow-up. Reports of child maltreatment that do not meet the threshold for a formal Child Protective Services investigation are still reviewed and addressed by the Licensing Unit when reported through the hotline. Additionally, any safety or policy concerns identified during placement trigger internal team meetings to determine the necessary steps to ensure the child's continued safety and well-being.

Item Rating Summary

During Round 3 CFSR, item 34 received a strength rating because Rhode Island provided evidence that criminal background clearances are required for foster and adoptive families prior to placement and fingerprint clearances are obtained prior to licensure. Since Round 3, Rhode Island has maintained a strict adherence to federal requirements as it relates to criminal background clearances and has made improvements in the process, particularly with availability and accessibility of fingerprinting. Based on the above information, Rhode Island continues to rate item 34 as a strength.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

For this item, provide evidence that answers this question:
How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

State Response:

Rhode Island's Process for Foster Parent Recruitment and Retention

Rhode Island DCYF published a formal S*tatewide Plan for the Recruitment and Retention of Foster Families* in 2018. This plan is updated annually and outlines strategic goals, performance measures, data insights, and next steps to strengthen the foster care system. Achieving these goals is a shared responsibility that depends on meaningful collaboration among public and private partners, DCYF staff, and the foster care community. At the heart of this work is a commitment to ensuring that children in care feel safe, supported, and successful- requiring a child welfare system that is trauma-informed, culturally responsive, and equipped with therapeutic foster home capacity.

The S*tatewide Plan for the Recruitment and Retention of Foster Families* guides intentional strategies to recruit, develop, and retain foster and adoptive families who reflect the racial, ethnic, cultural, and linguistic diversity of children in foster care. Through the Department's ongoing analysis of system data—particularly related to disproportionality and underserved populations—the Department continuously identifies gaps and opportunities to better support children from diverse backgrounds. These insights inform targeted recruitment efforts that include bilingual outreach, culturally tailored messaging, partnerships with trusted community organizations, and peer-led mentorship programs to support family engagement and retention. In particular, DCYF prioritizes outreach to communities historically underrepresented in the population of foster care providers, recognizing that cultural connection and representation are vital to the well-being of children and youth in care.

Development and monitoring of the plan is rooted in both quantitative and qualitative data and shaped through active engagement with stakeholders such as Private Foster Care Agency Providers, internal DCYF teams, and Foster Parents, whose perspectives are integrated through the Foster Parent Advisory Group and a bi-annual Foster Parent Satisfaction Survey.

Ultimately, the plan's goals are not limited to achieving numeric benchmarks; they are intentionally designed to address the specific needs and identities of children in care, particularly those from racially, ethnically, and culturally diverse communities. The plan seeks to enhance placement stability, improve permanency outcomes, and ensure that all children are placed with families who understand and reflect their identities. Below is the Department's "Be an Anchor" philosophy, which provides a guiding framework for the *Statewide Plan for the Recruitment and Retention of Foster Families*:

> **Voice:** Empowering children, families, and resource families to be active participants in the system, encouraging them to use their voices to drive improvements in practices.
>
> **Matching**: Ensuring recruitment efforts align with the needs of children and youth, while respecting resource families' autonomy to create environments that match their family values. Children and youth will be placed with families best equipped to support their needs, with an emphasis on racial and cultural identity.
>
> **Engagement**: Prioritizing authentic family engagement to strengthen relationships, assess caregiver capacity, and enhance retention. This also includes re-engaging experienced resource families and providing access to meaningful support to sustain long-term involvement.

Statewide Recruitment & Retention Strategies

Planning & Operations:

- DCYF collaborates with community stakeholders on an ongoing basis to revise and implement the *Statewide Plan for the Recruitment and Retention of Foster Families*.
- DCYF covers costs for fingerprinting, safety/lead inspections, CPR/First Aid training, and legal/financial subsidies for adoption/guardianships, regardless of financial status of foster/adoptive families.
- DCYF facilitates ongoing Agency Partnership Meetings (APM) with Private Agency Foster Care providers to share recruitment and retention data and improve outcomes for children and families.
- DCYF makes efforts to expand a portfolio of branded resources for efficient communication and targeted recruitment for special populations.
- DCYF continues to implement Binti, a web-based portal for foster care recruitment, licensing, and matching.

- DCYF ensures foster families are informed of resources available to meet their linguistic needs.
- Division of Licensing and Resource Families administrators continue to coordinate with the Placement Challenges/Solutions Workgroup through the *New England Association of Child Welfare Commissioners and Directors* (The Baker Center for Children and Families) to address regional challenges and strategies.
- DCYF reviews race and ethnicity data for ongoing strategies on a quarterly basis (e.g., Distribution of First Placement, newly licensed homes and Retainment of DCYF Traditional Resource Families).

Recruitment & Awareness:

- DCYF will expand the scope of the "Be an Anchor" messaging by encouraging staff to apply the philosophical approach in their daily interactions with all children and families.
- DCYF will promote the 2024/2025 "Rhode to 85 new foster homes" campaign to raise awareness of recruitment goals.
- Division of Licensing and Resource Families staff (Recruitment Development Support (RDS) Team) will host virtual information events biweekly at family-friendly hours, with flexibility for personal meetings.
- DCYF will continue to partner with organizations supporting youth in foster care to amplify youth voices and establish recruitment partnerships.
- RDS Team will facilitate pre-in-service meetings with recruited families to clarify intentions and ensure commitment to supporting the system's needs.
- RDS Team Clinical Training Specialist will continue to schedule pre-service TIPS MAPP trainings every other month, aiming for two sessions each time.
- DCYF will engage education leaders to strengthen partnerships for foster home recruitment and promote fictive kinship connections.
- Division of Licensing and Resource Families staff will re-engage with kinship families who are closing but remain in good standing.
- RDS Team will identify recruitment and retention champions to support a task force focused on special populations, including:
    - LGBTQ+ youth
    - Youth 12 and older
    - Children/youth with learning/school issues, mild medical conditions, or oppositional/defiant behavior
- RDS Team will facilitate monthly task force meetings to assess goals, successes, challenges, and outcomes related to special populations.

Matching & Placement:

- RDS Team continues to participate in various forums (community events, training, family retreats) to connect with youth and families informally.
- Congregate Care Step-down meetings facilitated by the DCYF Deputy Director began being conducted 3 times per week in September 2024. These meetings involve a multidisciplinary team, including the assigned social caseworker, supervisor, regional administrator, Assistant Director of the Division of Family Services, and representatives from the Placement Unit, Division of Licensing and Resource Families, and Children's Behavioral Health Division. The goal is to collaborate on strategies and next steps to support identified youth in exiting congregate care, psychiatric facilities or progressing through the care continuum.
- RDS Team will continue to conduct monthly targeted matching reviews for DCYF and Agency families as part of the Agency Partnership Meetings (APM), incorporating youth voice.
    - Exchanges and interagency collaborations (e.g., Adoption exchanges) are utilized to broaden the pool of prospective foster providers, ensuring non-discriminatory practices like MEPA (Multi Ethnic Placement Act) to avoid placement delays. The recruitment plan emphasizes ethnic and racial diversity in children needing homes and includes strategies to reach diverse communities and ensure access to the home study process.
- RDS Team and Licensing Team will hold new licensed home presentation meetings with licensing and placement teams to clarify matching and placement recommendations.
- RDS Team will organize feedback forums with families successfully handling challenging placements to replicate successful factors.
- RDS Team will continue implementing the call-to-action step-down initiative, highlighting the recent stipend increase and home-based services.

Support & Retention:

- DCYF will provide ongoing support to the Foster Family Advisory Council.
- RDS Team will continue facilitation of the peer-to-peer mentoring program, *Supporting Our Anchors*, for traditional foster families.
- RDS Team will continue to use enrichment activities and statewide foster care appreciation events to recognize families, foster engagement, and build natural support networks.

- The DCYF Division of Licensing and Resource Families and Division of Performance Improvement will continue to partner to distribute a Foster Parent Satisfaction Survey biannually, gathering data to improve practices.
- RDS Team Clinical Training Specialist will continue implementing pre-service (TIPS-MAPP) and in-service (Foster Parent College) training, offering an online resource library for easy access to helpful materials. Training is available in English, Spanish, and other languages with interpreters provided as needed, including for the hearing impaired.
- RDS Team will facilitate 2 open feedback forums per year to gather insights from resource families on retention and recruitment improvements.
- RDS Team will hold monthly meetings with the recruitment and retention task force for special populations to assess progress, challenges, and outcomes.

Monitoring of the *Statewide Plan for the Recruitment and Retention of Foster Families*

In alignment with the Child and Family Services Plan (CFSP) and the Annual Progress and Services Report (APSR), recruitment data is reviewed quarterly to monitor both progress and emerging gaps. This continuous cycle of evaluation enables real-time strategy refinement and ensures that recruitment practices remain data-driven, equity-centered, and responsive to evolving system needs.

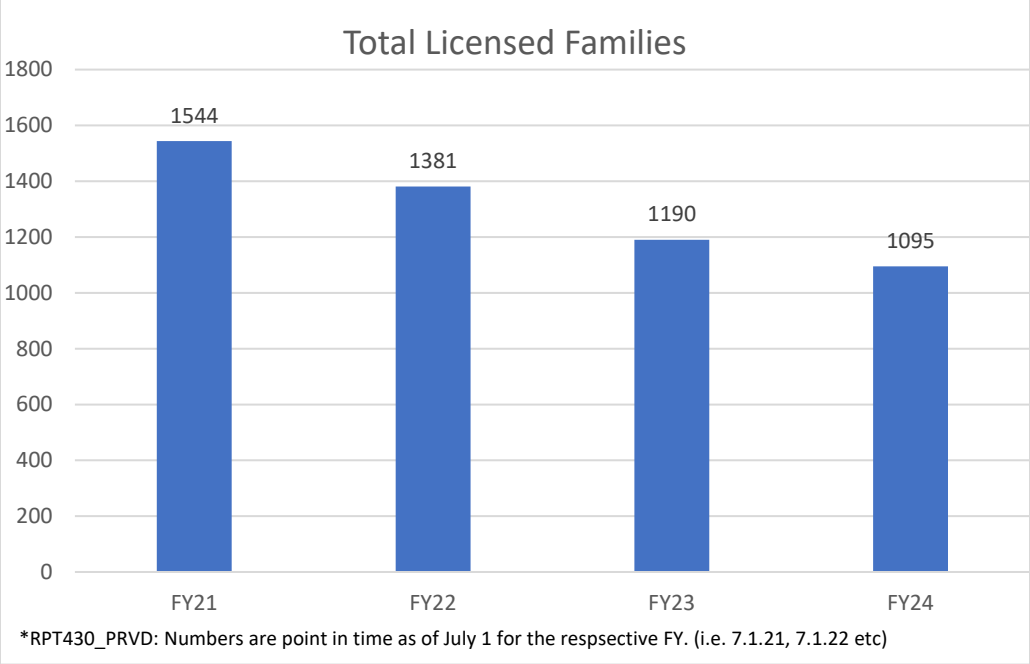
The plan is formally reviewed and updated on an annual basis, but the strategies within the plan are continuously monitored through ongoing data analysis and feedback loops described above. For example, the biannual Foster Parent Satisfaction survey results are co-presented by DPI and the Foster Parent Advisory Chair during quarterly statewide meetings with DCYF leadership and foster families. These sessions foster transparency, shared accountability, and the co-creation of solutions grounded in lived experience.

The annual publication of the *Statewide Plan for the Recruitment and Retention of Foster Families* reflects these insights and underscores the Department's commitment to adaptive planning, cultural responsiveness, and the recruitment of foster and adoptive families who can meet the holistic needs of children and youth in care.

Licensed Foster Families: Diversity Gaps

Figure 4-63 below shows the average foster care census by fiscal year from FY21 to FY24. This includes generic foster care, specialized foster care, as well as relative, non-relative, and non-kinship placements. In FY21, the Department reached the highest total, with 1,544 active licensed foster homes. As shown, there has been a slight decline in the number of foster homes in FY24.

Figure 4-63. Total Number of Licensed Foster Families (FY21-FY24)



*Data is representative of generic foster care, specialized foster care, relative, non-relative, and non-kinship.

There were a total of 1095 licensed foster families as of July 1, 2024. This number dropped to a total of 1033 licensed families as of December 2024.

Table 4-17 below, reflects the Resource Families' primary language as of December 2024. Of 1033 resource families, 977 identified English as their primary language, 49 identified Spanish as their primary language, 3 identified Creole as their primary language, 2 identified Portuguese as their primary language and one 1 identified Other as their primary language. This data does not consider bilingual families who may identify English as their primary language but may also speak a second language.

Table 4-17. Resource Families' Primary Language

Language	CFSR Round 3	Round 3 Percentage	CFSR Round 4	Round 4 Percentage
American Sign Language	1	<1%	0	0
English	1218	93.5%	977	94.6%
Spanish	75	5.8%	49	4.7%
French	0	0	1	<1%

Language	CFSR Round 3	Round 3 Percentage	CFSR Round 4	Round 4 Percentage
Portuguese	5	<1%	2	<1%
Creole	2	<1%	3	<1%
Other	1	<1%	1	<1%
Grand Total	**1302**		**1033**	

Source: RICHIST Report RPT430 10.12.17; RICHIST Report RPT430 12.31.24

Table 4-18 below reflects point in time data on race and ethnicity of the total number of foster homes, total number of children entering out-of-home placement and total number of children open to the Department. As of December 2024, the racial composition of 1,033 foster families shows increased diversity compared to earlier data from Round 3. White families now make up 59.1% of foster homes, down from 80%. Hispanic families represent 22.6%, a group not previously reported separately. Black Non-Hispanic families slightly increased from 12.4% to 14.1%. Multiracial families remain steady at around 3%.

Table 4-18. Point in Time Data on Race and Ethnicity of Foster Homes

Race & Ethnicity	Total Number of Foster Homes*	Percentage	Total children entering out-of-home placement FFY 24**	Percentage	Total Children open to DCYF***	Percentage
Black Non-Hispanic	146	14.1%	86	13.0%	697	12.1%
Hispanic	233	22.6%	230	34.6%	1679	29.2%
White Non-Hispanic	611	59.1%	255	38.4%	2484	43.2%
Multi-Racial/other Non-Hispanic	31	3.0%	93	14.0%	874	15.2%
Unknown/Declined to Disclose	12	1.2%	0	0%	18	3.1%
Grand Total	**1033**		**664**		**5752**	

*Source: RICHIST Report RPT430 12.31.24 (data is point in time as of December 31, 2024)
**Source: Removals Brief: Entry Cohort of Children in Foster Care FFY22 - FFY24
***Source: RICHIST Report RPT776 4.1.25 (data is point in time as of April 1, 2025)

Data shown in Table 4-18 also reveals a disparity between the racial and ethnic distribution of foster homes and the children entering out-of-home placement in Federal Fiscal Year 2024. White Non-Hispanic families make up the majority of foster homes at 59.1%, yet only 38.4% of the children entering care are White Non-Hispanic, indicating an overrepresentation of this group among foster care providers. In contrast, Hispanic children

represent 34.6% of those entering care but account for only 22.6% of foster homes, highlighting a significant underrepresentation. Similarly, Multi-Racial/Other Non-Hispanic children make up 14.0% of placements but only 3.0% of foster providers. The percentages for Black Non-Hispanic children and foster providers are more closely aligned, at 13.0% and 14.1% respectively. This data suggests a need to recruit more foster families from underrepresented racial and ethnic groups, particularly Hispanic and Multi-Racial backgrounds, to better reflect and support the demographics of children entering the foster care system.

Special Populations

In addition to recruiting children from diverse racial, ethnic and cultural backgrounds (specifically Hispanic and Multi-racial), the Department acknowledges challenges in finding suitable placements for children in the following groups:

- Children ages 12 and older
- Sibling groups
- Youth who identify as LGBTQ+
- Children with mental health or physical disabilities

Stakeholder feedback from the Director's Listening and Learning Tour in 2023-2024 echoed these challenges and identified a continued need for more qualified foster parents for special populations (specifically, foster parents for older youth).

Table 4-19 below shows the total number of newly licensed foster homes between July 1, 2021 – June 30, 2024 open to special populations.

Table 4-19. Newly Licensed Foster Homes (July 1, 2021 – June 30, 2024)

Total New Licensed Homes Open to placement of Special Populations	Number of new families recruited and licensed	Among number of new families recruited and licensed, number retained
Total Licensed Non – Kinship Foster Homes	420	339
Licensed families open to placement of children 12 years of age or older	110	88
Licensed families open to placement of siblings	212	171
Licensed families open to placement of children who have Mental Health or physical disability	414	333

Total New Licensed Homes Open to placement of Special Populations	Number of new families recruited and licensed	Among number of new families recruited and licensed, number retained
LGBTQ+	45*	39*

*LGTBQ+ started being tracked as of FY2023

Through the strategies outlined above from the *Statewide Plan for the Recruitment and Retention of Foster Families*, the Department has made efforts to enhance the foster care system to better address the needs of children in care and will continue to make targeted efforts to support special populations.

Targeted Recruitment Efforts

DCYF has made measurable progress by leveraging data to guide targeted recruitment and by strengthening communication channels with Resource Families. Key strategies contributing to this progress include:

- Targeted efforts for special populations including development of the recruitment and retention task force for special populations (LGBTQ+ youth, youth 12+, children with learning issues, mild medical conditions, oppositional/defiant behavior) to assess progress, challenges, and outcomes.
- Expansion of proactive outreach, through digital and print media under the *Be An Anchor* campaign, supported by community partnerships to amplify reach and resonance.
- Pre-in-service home visits, which allow for early assessment of family readiness and alignment with system needs, improving the likelihood of successful placements.
- Growth of peer mentorship programs like *Supporting Our Anchors*, which provide critical support, advocacy training, and natural community networks for Resource Families.
- Collaborative family matching reviews between DCYF and private foster care agencies, ensuring better alignment between family capabilities and child needs.
- Ongoing education and training in foster care best practices for DCYF staff and partners, reinforcing a unified approach to recruitment and retention.
- Statewide enrichment and appreciation events, which both celebrate the efforts of foster families and strengthen a community of support.
- Development of Resource Families, in partnership with Licensing Teams and Family Service Units, to accept respite placement of children within their matching criteria, while providing access to training to improve their skills which

directly expands their matching criteria to include children with higher levels of need.

The Department is committed to supporting children and families through adaptive, innovative approaches that prioritize continuous feedback and elevate youth and family voices. These values are key to improving the recruitment and retention of families prepared to care for vulnerable children.

Despite progress, systemic challenges remain. These include limited opportunities for youth and family engagement, resistance to change, implicit bias, and difficulties recruiting diverse foster families due to mistrust, systemic inequities, and insufficient culturally responsive outreach. Communication issues and fragmented community support further complicate recruitment and placement efforts.

Still, intentional, youth and family-centered strategies, grounded in data and strengthened by community collaboration, are proving effective in improving outcomes for foster and adoptive family recruitment and retention.

Item Rating Summary

During the CFSR Round 3, Rhode Island received an overall rating of Area Needing Improvement for Item 35 due to gaps in its recruitment efforts and its ability to locate appropriate placements for children in care. Since then, the Department has made significant progress in diligent recruitment of racially and ethnically diverse foster families through the implementation of the *Statewide Plan for Recruitment and Retention of Foster Families*. Although there is a disparity between the racial and ethnic distribution of foster homes and the children entering out-of-home placement, specifically the underrepresentation of Hispanic and Multi-Racial foster families, the data is continuously reviewed and targeted efforts are being made to recruit foster families that better reflect the demographics of children entering foster care.

The *Statewide Plan for Recruitment and Retention of Foster Families* has strengthened the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in foster care and has enabled the Department to more effectively track progress, set measurable goals, and develop targeted recruitment and retention strategies. Therefore, Rhode Island rates item 35 as a Strength.

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

For this item, provide evidence that answers this question:
How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

State Response:

According to DCYF Policy 700.0040, The Interstate Compact on the Placement of Children (ICPC) is an agreement among the states, the District of Columbia and the U.S. Virgin Islands that establishes standardized procedures for the placement of children across state lines. The ICPC offers services and provides protections to a child moved across state lines for purposes of placement in foster care, adoption or reunification with parents. The ICPC assigns legal and financial responsibility, details eligibility and home study processes and outlines requirements for termination and courtesy supervision.

The Compact applies to placement:

- Prior to an adoption
- In foster care, including foster homes, group homes, certain residential treatment facilities and institutions
- With a parent or relative when a parent or relative is not making the placement
- Of a youth adjudicated delinquent in an institution in another state

The following placements are exempt from the Compact:

- In any institution that is primarily educational (as determined by state's licensing authority)
- In a medical or mental health hospital/acute psychiatric facility

Of a child, who is not in the temporary custody, custody, or under the guardianship of the Department, with a close relative (parent, stepparent, grandparent, adult brother or sister, uncle or aunt or child's non-agency guardian) when the placement is initiated by another close relative. Placement of a Child from RI in another State (Sending State)Procedure: prior to the placement of a child from Rhode Island with a family in another state, the Department requests that the home be fully licensed/approved in accordance with the standards established in the receiving state. In limited situations, an administrative decision may be made to place the child in a home that does not meet specific licensing requirements in the receiving state as long as the receiving state approves the placement through the ICPC.

ICPC Overview - Incoming & Outgoing Requests 2023-2024

Table 4-20 reflects the number of outgoing referrals from Rhode Island for home studies or licensing for the years of 2023 and 2024. These numbers represent the total number of children where home study requests for out-of-state families were made. Rhode Island is considered the sending state in these referrals and each child is in the care of RI DCYF. Types of placements include requests for parents, relatives, kin, and adoptive families.

Table 4-20. Total number of outgoing referrals by calendar year

[Category]	2023	2024
RI outgoing referrals to other states for home studies or licensing	121	86

There was a decrease in the number of requests sent between 2023 and 2024, which is consistent with statewide data showing a downward trend in the total number of children in out-of-home placements from year to year. A total of 1420 children were open to DCYF in out-of-home placement as of December 2023, which dropped to 1300 children open to DCYF in out-of-home placement in December 2024. (Source: RICHIST RPT 776, point in time data) Placement of a Child into RI from Another State (Receiving State)

Procedure: the referral is reviewed by the ICPC administrator for completeness and then assigned to a primary worker for completion of the home study and recommendations. The ICPC home study is then completed by the primary worker, approved by the supervisor on the ICPC Parent /Caretaker Home Assessment or the ICPC Kinship/Relative/Foster Care Home Assessment submitted to the ICPC administrator and returned to the sending state within sixty consecutive days of receiving the request from another state.

Table 4-21 reflects the number of incoming referrals to Rhode Island for home studies or licensing for the years of 2023 and 2024. These numbers represent the total number of out of state children to be placed with in-state families. The children in this request were/are in the care of the sending state's child welfare agency. Types of placements include requests for parents, relatives, kin, and adoptive families.

Table 4-21. Total number of incoming referrals by calendar year

[Category]	2023	2024
Incoming referrals to RI from other states for home studies or licensing	120	93

Again, there was a decrease in requests between the reported years.

Incoming Referrals

In 2023, RI received a total of 120 incoming requests for placement from other states. These requests included 27 parent home studies, 83 foster parent/kinship caregiver licensing, and 10 adoptive placements.

In 2024, RI received a total of 93 incoming requests for placement from other states. These requests included 25 parent home studies, 61 foster parent/kinship caregiver licensing, and 7 adoptive placements.

Below is a breakdown of each type of request and the response times per ICPC regulations per year.

Parent Home Study Requests (Incoming)

Table 4-22 below shows a breakdown of the Parent Home Study requests by response time in 2023. Of the 27 parent home study requests, 3 of these originated as "expedited" under Regulation 7 of the ICPC. Regulation 7 requires the receiving state to provide a placement response within 20 business days. The other studies had a response time of 60 calendar days under regulations 1 and 2.

Table 4-22. 2023 Parent Home Study (PHS) Breakdown of Incoming Requests by Response Time

[Category]	**Regulation 1 and Regulation 2** **(60 calendar day response timeframe)**	**Regulation 7** **(20 business day response timeframe)**
Total Number Requests Received from other states	24	3
Approvals	25% (6/24)	100% (3/3)
Denials	75% (18/24)	0
Withdrawn	0	0
Percentage On time Responses	58% (14/24)	67% (2/3)
Percentage Overdue Response	42% (10/24)	33% (1/3)

Of the 10 overdue cases, 3 were returned within a 2-week period from the due date. However, 7 cases had delays that were significant. Also of note, all 7 these cases were

ultimately returned as denials. Some factors for the delay included cooperation from the participants and complexity of the cases.

Of the expedited requests, the one late return was 3 days late.

Table 4-23 below shows a breakdown of the Parent Home Study requests by response time in 2024**.** Of the 25 total Parent Home Study requests, 17 were sent under Regulation 2 of the ICPC allowing a 60 calendar day response time and 8 were sent under Regulation 7 which requires an expedited response of 20 business days.

Table 4-23. 2024 Parent Home Study (PHS) Breakdown of Incoming Requests by Response Time

[Category]	**Regulation 1 and Regulation 2** **(60 calendar day response timeframe)**	**Regulation 7** **(20 business day response timeframe)**
Total Number Requests Received from other states	17	8
Approvals	29% (5/17)	88% (7/8)
Denials	71% (12/17)	12% (1/8)
Withdrawn	0	0
Percentage On time Responses	47% (8/17)	25% (2/8)
Percentage Overdue Response	53% (9/17)	75% (6/8)

In reviewing the 60 calendar day parent home study data, late responses were returned within 2 weeks of the due date for 5 children and on 2 occasions the following day. For expedited requests, 1 of the overdue requests was returned 2 days beyond the home study due date. A sibling group of 4 children was included in the late responses. The barrier to timely completion in this circumstance was the sending state providing requested information relevant to the parent assessment. In reviewing the remainder of the cases there were no evident issues to cause the delay. Of all parent home study requests, expedited and standard, no decision was returned beyond 72 days, (12 days late). This is a significant improvement from 2023 approvals where delays were far longer.

Foster Home/Kinship Caregiver Placement Requests (Incoming):

Table 4-24 below shows a breakdown of the foster home/kinship caregiver placement requests by response in 2023. In 2023, RI received a total of 83 requests for foster

care/kinship caregiver placement. Of the 83 requests for foster/kinship placement, 9 of these originated as "expedited" under Regulation 7 of the ICPC. This requires the receiving state to provide a placement response within 20 business days.

Under the Regulation 7, full licensing of the home is not required however the licensing process will continue after approval at this level. This can be accomplished with the children residing in the home. All possible disqualifiers are explored prior to submitting a response to the sending state; clearances to include fingerprinting and safety inspections to include fire and lead. If there are any concerns raised in the caseworker's assessment of the home and caregiver these are also be vetted. This is to ensure that there is nothing that could present a barrier to licensing post-placement. Below is a breakdown of these incoming requests by response time.

Table 4-24. 2023 Foster Home/Kinship Caregiver Placement Breakdown of Incoming Requests by Response Time

[Category]	Regulation 1 and Regulation 2 (60 calendar day response timeframe)	Regulation 7 (20 business day response timeframe)
Total Number Requests Received from other states	74	9
Approvals	78% (58/74)	78% (7/9)
Denials	14% (10/74)	11% (1/9)
Withdrawn	8% (6/74)	11% (1/9)
Percentage On time Responses	53% (36/68)	75% (6/8)
Percentage Overdue Response	47% (32/68)	25% (2/8)

Data Note: Withdrawn requests are not counted in the percentage of on-time and overdue responses.

Overall, Rhode Island performed better responding on time to incoming requests for foster home/kinship caregiver placements that required a 20 business day response time (Regulation 7) versus the 60 calendar day response times (Regulations 1 and 2). This is likely related to receiving fewer Regulation 7 requests throughout 2023. Additionally, the 2 requests with overdue responses both required administrative overrides related to background check disqualifiers. This could not be done until all concerns had been adequately mitigated.

In reviewing the circumstances around late responses to Regulation 1 and 2 requests, these cases involved complex issues such as requiring additional assessment and override for a

large sibling group. During 2023, there was only 1 dedicated staff person assigned to conduct foster parent home studies (for regulations 1, 2 and 7 requests). The capacity within the division did not support conducting the number of foster parent home study requests within the timeframes established by ICPC regulations. As of 2025, the process for assigning foster parent home studies has changed to spread the workload among 4 units of staff within the division.

Table 4-25 below shows a breakdown of the foster home/kinship caregiver placement requests by response in 2024. In 2024, RI received a total of 61 requests for foster home/kinship caregiver placements from other states. Of the 61 requests, 15 of these originated as "expedited" under Regulation 7 of the ICPC.

Table 4-25. 2024 Foster Home/Kinship Caregiver Placement Breakdown of Incoming Requests by Response Time

[Category]	**Regulation 1 and Regulation 2** **(60 calendar day response timeframe)**	**Regulation 7** **(20 business day response timeframe)**
Total Number Requests Received from other states	46	15
Approvals	78% (36/46)	87% (13/15)
Denials	22% (10/46)	13% (2/15)
Withdrawn	0	0
Percentage On time Responses	59% (27/46)	80% (12/15)
Percentage Overdue Response	41% (19/46)	20% (3/15)

A review of the foster home / kinship caregiver requests and timeliness of responses reveals a variety of barriers for timely completion. Of the overdue responses, 3 were returned within 2 weeks of the original due date. For 4 children, the delay in approvals was the timely response of Adam Walsh clearances as required for licensing. Another issue was the required medical reference from an applicant's primary care provider. The Department assisted one applicant in providing a referral and funding for the required physical. On several occasions, the delay was caused by the need to carefully assess whether a child's special needs could be met by the caregiver as well as circumstances where an applicant's history required mitigation. For 2 children the barrier for a timely response was related to

housing and household member challenges that required resolution prior to approval. The data shows that more complex cases tend to require time beyond the 60 day calendar mark to resolve. During this time, the sending states are kept appraised of the process.

Only 3 decisions were returned outside of the timeframe of 20 business days. Twice housing-related and household member concerns were a barrier and the last was the responsiveness of the applicant. All delayed responses were returned within 2 weeks of their due date.

Adoptive Placement Requests (Incoming):

In 2023, there were 10 adoption home study requests received and 100% were approved, but only 70% (7/10) of the requests were timely. In a review of these cases, one of the late returns was by only 1 day. In a second, the prospective adoptive parent had a significant change to her family which required a longer period of time to properly assess. The final late return was based on the need for the family to be re-fingerprinted as the date had gone beyond the 18-month mark. Unfortunately, this was not picked up on until late in the process causing the delay.

In 2024, there were 7 adoption home study requests received with 100 % (7/7) being approved. 86% (6/7) of the requests were timely. There was 1 adoption home study request that was completed beyond that timeframe and considered overdue. It should be noted that this home study request was only returned 4 days late.

Table 4-26 below shows a breakdown of the adoptive placement requests for 2023 and 2024.

Table 4-26. Adoptive Placement Requests Received by Year

[Category]	2023	2024
Total Number Requests Received from other states	10	7
Approvals	100% (10/10)	100% (7/7)
Denials	0	0
Withdrawn	0	0
Percentage On time Responses	70% (7/10)	86% (6/7)
Percentage Overdue Response	30% (3/10)	14%% (1/7)

Outgoing Requests

In 2023, a total of 121 requests (excluding residential treatment) for out-of-state placement were made by RI. There were 43 parent home study requests, 67 foster home/kinship caregiver placement requests and 11 adoption home study requests.

In 2024, a total of 86 requests (excluding residential treatment) for out-of-state placement were made by RI. There were 37 parent home study requests, 41 foster home/kinship caregiver requests, and 8 adoption home study requests.

Below is a breakdown of those requests.

Parent Home Study Requests (Outgoing):

Table 4-27 below shows a breakdown of the Parent Home Study requests by response time in 2023. Of the 43 parent home study requests, 18 of these originated as "expedited" under Regulation 7 of the ICPC. The other studies (regulations 1 and 2) had a response time of 60 calendar days.

Table 4-27. 2023 Parent Home Study Requests by Response Time

[Category]	Regulation 1 and Regulation 2 (60 calendar day response timeframe)	Regulation 7 (20 business day response timeframe)
Total Number Outgoing Requests	25	18
Approvals	44% (11/25)	55% (10/18)
Denials	52% (13/25)	39% (7/18)
Withdrawn	4% (1/25)	6% (1/18)
Percentage On time Responses	13% (3/24)	47% (8/17)
Percentage Overdue Response	87%(21/24)	53% (10/17)

Data Note: Withdrawn requests are not counted in the percentage of on-time and overdue responses

Table 4-28 below shows a breakdown of the Parent Home Study requests by response time in 2024. Of the 37 requests sent, 17 were sent under Regulation 2 and 3 were sent under Regulation 1. Both of these regulations require a 60 calendar day turnaround for a completed study. The difference being, Regulation 1 allows for the relocation of an intact family. The 3 children in this family relocated from RI to another state with their parent. The remaining 17 Parent Home Study requests were sent under Regulation 7 which has an expedited turnaround of 20 business days.

Table 4-28. 2024 Parent Home Study Requests by Response Time

	Regulation 1 and Regulation 2 (60 calendar day response timeframe)	**Regulation 7 (20 business day response timeframe)**
Total Number Outgoing Requests	20	17
Approvals	30% (6/20)	53% (9/17)
Denials	60% (12/20)	41% (7/17)
Withdrawn	10% (2/20)	6% (1/17)
Percentage On time Responses	22% (4/18)	12% (2/16)
Percentage Overdue Response	78% (14/18)	88% (14/16)

Data Note: Withdrawn requests are not counted in the percentage of on-time and overdue responses

Foster Home / Kinship Caregiver Placement Requests (Outgoing):

Table 4-29 below shows a breakdown of the foster home/kinship caregiver placement requests by response time in 2023.

Of the 67 foster care/kinship caregiver placement requests, 23 of these originated as "expedited" under Regulation 7 of the ICPC. This requires the receiving state to provide a placement response within 20 business days. Under the Regulation 7, full licensing of the home is not required however a subsequent request will be made to complete the licensing process after approval at this level. This can be accomplished with the children residing in the home. Some states require full licensing of the home and will not return a relative level home study. For the states that do provide relative home studies, what each state will provide and include as part of the study under an expedited request will vary. Typically, the missing area will be the training component.

Table 4-29. 2023 Foster Home/Kinship Caregiver Placement Breakdown of Outgoing Requests by Response Time

	Regulation 1 and Regulation 2 (60 calendar day response timeframe)	**Regulation 7 (20 business day response timeframe)**
Total Number Outgoing Requests	44	23

Approvals	48% (21/44)	57% (13/23)
Denials	36% (16/44)	39% (9/23)
Withdrawn	16% (7/44)	4% (1/23)
Percentage On time Responses	19% (7/37)	36% (8/22)
Percentage Overdue Response	81% (30/37)	64% (14/22)

Data Note: Withdrawn requests are not counted in the percentage of on-time and overdue responses

Table 4-30 below shows a breakdown of the foster home/kinship caregiver placement requests by response time in 2024.

In 2024, RI sent 41 requests for foster home/kinship caregiver placement. Of the 41 requests, 30 of were sent under Regulation 2 or Regulation 1 of the Compact. This allows for a 60 day turnaround of the request and requires full licensing of the home. The remaining 11 requests were sent under Regulation 7 which has an expedited turnaround of 20 business days. This does not provide full licensing of the home and if approved at this level a 2nd request is sent for licensing under Regulation 2. This will allow for placement of the child during that process. One Regulation 7 request was not accepted as the state would only accept an expedited request for a parent. It should be noted that while the number of requests sent was 41, because some of them were sent as both Regulation 7 and Regulation 2 requests it involved a total of 36 children.

Table 4-30. 2024 Foster Home/Kinship Caregiver Placement Requests by Response Time

	Regulation 1 and Regulation 2 (60 calendar day response timeframe)	**Regulation 7 (20 business day response timeframe)**
Total Number Outgoing Requests	30	11 – 1 case was not accepted and returned to the sending state
Approvals	50% (15/30)	70% (7/10)
Denials	33% (10/30)	20% % (2/10)
Withdrawn	10% (3/30)	10% (1/10)
Pending beyond timeframe; will be counted as an overdue response below	7% (2/30)	N/A

Percentage On time Responses	25% (7/27)	20% (2/10*
Percentage Overdue Response	74%(20/27)	80% (8/10)*

Data Notes: Withdrawn requests are not counted in the percentage of on-time and overdue response.
Pending cases are included in the overdue percentage in this sample as they are beyond timeframes.
*1 case was not accepted and therefore not included in the percentage of on-time and overdue responses

Adoptive Placement Requests (Outgoing):

Table 4-31 below shows a breakdown of adoption home study requests for 2023 and 2024.

Table 4-31. Adoptive Placement Requests Sent by Year

	2023	**2024**
Total Number Requests Sent to other states	11	8
Approvals	82% (9/11)	88% (7/8)
Denials	18% (2/11)	0
Withdrawn	0	12% (1/8)
Pending	0	0
Percentage On time Responses	63% (7/11)	71% (5/7)
Percentage Overdue Response	36% (4/11)	29% (2/7)

Data Note: Withdrawn requests are not counted in the percentage of on-time and overdue responses

The adoptive home studies with overdue responses were denied in 2023 and needed to be re-sent. It should be noted that neither of these placements disrupted. The concerns raised as part of the home study denial were addressed and RI was able to resend the request for home study. Both requests were approved the following year and adoptions were ultimately finalized.

In 2024, RI requested 8 adoption home studies through the ICPC. These studies were for children already placed in that the receiving state through a previously approved foster care request. All homes were fully licensed. One of the requests was withdrawn due to a placement disruption.

Tables 4-32 and 4-33 below show a breakdown of both incoming and outgoing requests for adoption home studies and whether or not those requests resulted in the child achieving permanency.

Table 4-32. Total Number of ICPC Adoptions and Guardianships Finalized in 2023

	Outgoing Requests (RI children being sent to other states)	**Incoming Requests (Out-of-state children being sent to RI)**
Adoptions Finalized	11	8
Guardianships Finalized	17	4
Pre-adoptive Placements Disrupted	0	0
Pre-adoptive Placements denied	2	0
Locations of Adoptions	Adoptions occurred in Connecticut, Maine, New York, California, and Massachusetts.	Children from Florida, Massachusetts, Vermont and Maine were adopted in RI.

Table 4-33. Total Number of ICPC Adoptions and Guardianships Finalized in 2024

	Outgoing Requests (RI children being sent to other states)	**Incoming Requests (Out-of-state children being sent to RI)**
Adoptions Finalized	9	7
Guardianships Finalized	11	9
Pre-adoptive Placements Disrupted	3	3
Pre-adoptive Placements denied	0	0
Approved adoptions pending finalization	0	4
Locations of Adoptions	Adoptions finalized in Florida, Pennsylvania, Massachusetts, and New Hampshire.	Children from Massachusetts, Connecticut, Florida and Pennsylvania were adopted in RI.

As noted above, pre-adoptive placement for 3 RI children disrupted in 2024 resulting the children returning to RI for placement. Reasons for placement disruptions included behavioral challenges, unforeseen family circumstances, and the youth's choice.

In circumstances where a child presents with increased clinical needs, RI DCYF will seek to support placement with additional services. This will essentially enhance the relative caregiver to the level of a treatment foster care home. The family is paired with an agency that provides increased foster parent training, at least weekly in-home supports to include case management and clinical services, and emergency response to the home 24 hours a day. The agency will develop a care plan tailored to the needs of the family. RI DCYF has engaged the following out of state agencies during 2023 and 2024.

- Youth Villages, TN
- Bethany Christian Services, PA
- Cayuga Centers, FL
- The Children's Community Programs of Connecticut, CT

RI DCYF has also contracted with out of state agencies to provide supervised visitation services. This has allowed children to be placed out of state with relatives and still allowed for supportive parent visits to take place. The following agencies have been engaged.

- Home Counselors, ME
- Wynspring Family Resource Center, CA
- Family and Community Resources, MA

The Department also uses national resources such as AdoptUsKids and the Adoption Resource Exchange listed in conjunction with their collaboration with Adoption RI. Over the years these recruitment tools have been used with some success. If used, it would result in a contract situation previously outlined in this item. Over this reporting period (2023-2024), there have been no cases where children were placed for adoption outside of RI through the ICPC with resources identified by these agencies. These opportunities will continue to be explored in years to come in hopes of matching waiting children with permanency resources.

Factors Affecting Performance

A breakdown for the timeliness in the return of home studies has been provided for both incoming and outgoing requests. The timeline for the return of most home studies is 60 days with the exception of the Reg 7/expedited studies which have a return time of 20 business days. The numbers reflect that returning a completed home study in this timeframe is challenging. It should be noted that often times the home studies are completed shortly after their 60 or 20 day due date and don't go beyond 90 or 40 days. However, there are a number of cases where a return of the study is significantly delayed. This happens with both parent studies and foster care home studies.

Licensing studies (foster parent/kinship caregiver) have requirements beyond the parent home study to include application paperwork, additional clearances (fingerprinting and Adam Walsh), references to include personal and health care, training, motor vehicle documentation, and safety / fire inspections. In efforts to streamline this process, RI DCYF has developed a kinship foster parent curriculum that is tailored to the relative / kin caregiver. This is offered virtually at various times to accommodate the schedules of working parents and acknowledges families' differing needs. RI DCYF also provides onsite fingerprinting and has the capability to visit a family's home when needed to complete this process. Despite efforts to streamline the process, barriers arise and are at times out of the control of the Department. There can be a delay in the return of Adam Walsh clearances from another states. There can also be delays in the return of health references from medical providers. Both situations can impact response times.

At times the challenge for parent home studies can be cooperation of the family. Workers will have to make multiple outreaches to the parent to begin the process. This delay can impact timely responses. Parent home studies are approached differently than licensing studies. There is no regulatory compliance required and while both assess a caregiver's ability to meet a child's individual needs, the parent home study requires a review of case history and analysis of the parent's participation in services to ensure any previously identified impending or present dangers have been mitigated. There is an assessment for protective capacity and the parent's support systems.

Timeliness challenges apply to both incoming and outgoing responses. In 2023, 13% of outgoing parent home study requests (regulation 1 and 2) and 47% of outgoing parent home study requests (regulation 7) were completed on time by the receiving state. In comparison, in 2023, Rhode Island's response time for incoming parent home study requests was 58% (regulation 1 and 2) and 67% (regulation 7). In 2024, 22% of outgoing parent home study requests (regulation 1 and 2) and 12% of outgoing parent home study requests (regulation 7) were on time by the receiving state. In comparison, in 2024, Rhode Island's response time for incoming parent home study requests was 47% (regulation 1 and 2) and 25% (regulation 7).

In comparing timely responses for foster care requests both incoming and outgoing, RI performed better than receiving states in 2023 and 2024. In 2023, receiving states returned foster care home study requests (regulation 1 and 2) on time 19% of the time and expedited request (regulation 7) 36% of the time. RI was able to complete foster parent home studies (regulation 1 and 2) on time 53% of the time and expedited requests (regulation 7) 75% of the time. In 2024, receiving states returned foster care home study requests (regulation 1 and 2) 25% of the time and returned expedited request (regulation 7) 20% of the time. RI's 2024 on time response for foster care requests (regulation 1 and 2) was 59% of the time and 80% of the time for expedited requests (regulation 7). This shows a slight improvement in performance from 2023 to 2024.

In May 2025 the Rhode Island ICPC Office was recognized by the Association of Administrators of the Interstate Compact on the Placement of Children with its Outstanding Performance Award. Rhode Island received the highest number of nominations by other states for the award, which recognizes the quality and timely assessments the state provides to other states when they are considering placement opportunities for children.

Outgoing adoption home study requests were returned on time by the receiving state 63% of the time in 2023 and 71% of the time in 2024. RI was able to return adoption home study request on time 70% of the time in 2023 and 86% of the time in 2024. Again, there is an increase in RI's timely return of this study from 2023 to 2024.

When inquiring about pending requests sent to other states, some noted issues were staffing challenges, foster parent training, and obtaining background clearances. Of note, some states require relatives to participate in a comprehensive multi-session training curriculum. They do not differentiate between relative / kin and nonrelatives looking to apply to be resource families. For relatives, this can result in delays due to the length of curriculum and frequency of offered training. Other states have the same challenges that RI faces in Adam Walsh clearances and the previously identified references.

Additional services provided through the ICPC are the submission of quarterly supervision reports to the sending state. RI DCYF has a designated unit for assignment of these cases where 2 social caseworkers are assigned to provide supervision and support of these incoming placements. The supervision reports document the monthly face to face visits the caseworkers have with children in their home and assess for safety, permanency and well-being. The reports also document the child(ren)'s progress academically, developmentally, socially, medically and their progress in identified clinical services. The report also outlines any visitation or contact the child may have with family as outlined by the sending state's visitation plan. In their role, the caseworkers assist caregivers, both foster parents and parents, in accessing the services needed to support placement stability. Finally, the supervising caseworker provides an endorsement of the placement's continuation in their report as well as sharing any concerns for the sustainability of the placement. Any safety concerns are relayed to the sending state without delay to allow for collaboration and planning but are also captured more formally in the supervision report.

A recent update to the NEICE system has provided a notice of due dates for home study responses, expiration dates for approvals, and supervision report due dates. These prompts update after an action is performed. The activation of a new case will provide due dates, approval of case will prompt and expiration date of the approval and the submission of notice for placement prompts dates for supervision reports. This automation removes the need to manually count business days versus calendar days and its bold placement on the case tab provides reminders of upcoming deadlines.

Item Rating Summary

Since the Round 3 CFSR, Rhode Island has continued to sustain improvements made as it relates to this item with the completion of the ICPC process using resources and technology, such as the National Electronic Interstate Compact Enterprise (NEICE) and the Family Court information portal. Additional software updates to the NEICE system have also supported the timely completion of the ICPC process.

However, in the Round 3 CFSR, this item was rated an area needing improvement due to internal stakeholders reporting that caseworkers' high caseloads can often result in delays preparing ICPC referrals for children. During Round 3, RI was unable to provide data on its ability to complete ICPC home studies within the 60-day federal guidance. Since Round 3, the Department has been able to hire more frontline workers, thus reducing caseloads. The average caseload for frontline Family Service Unit workers has steadily declined and (as of March 2025) is averaging at 11.1 cases per worker. Additionally, the ICPC Administrator was able to provide data on the Department's ability to complete ICPC home studies within the 60-day federal guidance for 2023 and 2024.

While progress has been made in this area, barriers to timely completion persist and Rhode Island recognizes the continued need to strengthen the effective use of cross-jurisdictional resources to ensure timely adoptive or permanent placements for waiting children. Aside from the quantitative data described above, Rhode Island does not have any other methods/tools in place to evaluate the effectiveness of the use of cross-jurisdictional resources. As such, item 36 is rated as an Area Needing Improvement.

APPENDIX A: CFSR State Data Profile

State Data Profile and appendices are available from the state or the Children's Bureau upon request.