SENATE TASK FORCE ON THE DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES AND THE FAMILY CARE NETWORKS

Report Issued

January 2015

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Senate Task Force
on the Department of Children, Youth, and Families
and the Family Care Networks

Task Force Members

Senator Louis P. DiPalma
Co-Chairman
D-Dist. 12, Little Compton, Middletown, Newport, Tiverton

Senator Catherine Cool Rumsey
Co-Chairwoman
D-Dist. 34, Charlestown, Exeter, Hopkinton, Richmond, West Greenwich

Senator Joshua Miller
D- Dist. 28, Cranston, Providence

Senator David E. Bates
R- Dist. 32, Barrington, Bristol, East Providence

Senator Gayle L. Goldin
D-Dist. 3, Providence

Senator Christopher S. Ottiano
R-Dist. 11, Portsmouth, Bristol

Senator Juan M. Pichardo
D-Dist. 2, Providence

Senator Adam J. Satchell
D-Dist. 9, West Warwick

Senator V. Susan Sosnowski
D-Dist. 37, New Shoreham, Shoreham

Dear Madam President;

On behalf of the Senate Task Force on the Department of Children, Youth, and Families (DCYF) and the Family Care Networks which you appointed this summer, we are pleased to present this report.

Foremost in our thoughts is that DCYF performs a valuable and essential service for Rhode Island. The professionals who work for the department should be commended for their dedication and commitment to the communities they serve.

The findings and recommendations contained in this document are made in recognition of the many positive outcomes that are realized on a daily basis through the hard work of the department, numerous community agencies, and their staffs. We note the progress made in implementing best practices, improving outcomes for children and youth, and decreasing the incidence of abuse and neglect of children in Rhode Island.

The Task Force had the responsibility of overseeing and making recommendations related to the contract between DCYF and the Family Care Networks. This report reflects the Task Force's dedication to ensuring the continued care, the appropriate care, and the fiscally responsible care of children and youth in the custody of DCYF.

We are grateful to every member of the Task Force for their time, efforts, and perspective. For the expertise and insights of all who contributed to our hearings, we say "thank you." Without them, the findings and recommendations contained in this report would not have been possible.

Sincerely,

Senator Louis P. DiPalma
District 12

Senator Catherine Cool Rumsey
District 34

Background

On July 10, 2014, Senate President M. Teresa Paiva Weed created the Senate Task Force on Department of Children, Youth, and Families (DCYF) and the Family Care Networks. The Task Force, co-chaired by Senator Louis P. DiPalma (District-12, Little Compton, Middletown, Newport, Tiverton) and Senator Catherine Cool Rumsey (District-34, Charlestown, Exeter, Hopkinton, Richmond, West Greenwich) was charged with continued Senate oversight of the contractual relationship between DCYF and the Family Care Networks.

The nine members of the Task Force were drawn from the Senate Committee on Health and Human Services and the Senate Committee on Finance. The Task Force met six times over a five-month period: August 19, 2014; September 2, 2014; September 16, 2014; September 30, 2014; October 14, 2014; November 6, 2014; and December 2, 2014. Testimony, data, presentations, and recommendations throughout the series of Task Force meetings from the Governor's Resource Team, the department, providers, and outside experts have been instrumental to the preparation of this document and its findings.

While this report represents the conclusion of this Task Force's work, the Senate will continue its oversight of DCYF and its programs through ongoing and engaged efforts of the Senate Committee on Finance and the Senate Committee on Health and Human Services.

Senate Task Force on the Department of Children, Youth, and Families and the Family Care Networks

Timeline

August 19, 2014 – Room 313, State House

- Presentation by Governor Chafee's Resource Team regarding the contract between Department of Children, Youth, and Families (DCYF) and the Family Care Networks.
    - Jamia McDonald, Executive Director of the Emergency Management Agency
    - Jennifer Wood, Chief of Staff/General Counsel in the Office of the Lieutenant Governor
    - Wayne Hannon, Deputy Budget Officer
    - Alda Rego, Chief Financial Officer of the Executive Office of Health and Human Service

September 2, 2014 – Room 313, State House

- Presentation by Representatives of Family Care Networks with Family Service of Rhode Island, Inc., as lead agency for the Ocean State Network for Children and Families (OSN) and the Child and Family of Rhode Island as lead agency for the RI Care Management Network (RICMN).
    - Margaret Holland McDuff, CEO – Family Service of Rhode Island, Inc.
    - Martin Sinnott, President and CEO – Child and Family of Rhode Island

September 16, 2014 – Senate Lounge, State House

- Presentation regarding the implementation of the contract between DCYF and Family Care Networks.
    - Elizabeth Burke Bryant, Executive Director, RI Kids Count
    - Lisa Guillette, Executive Director, Foster Forward
    - David Caprio, President & CEO, Children's Friend
    - Lisa Conlan, Interim Director, Parent Support Network
    - Peg Langhammer, Executive Director, Day One

October 14, 2014 – Room 313, State House

- Presentation regarding the implementation of the contract between DCYF and Family Care Networks.
    - Janice E. DeFrances, Ed.D. – Director, Department of Children, Youth, and Families
    - Tracey Feild, Managing Director, Child Welfare Strategy Group – The Annie E. Casey Foundation

November 6, 2014 – Room 313, State House

- Presentation regarding the implementation of the contract between DCYF and Family Care Networks.
    - Regina M. Costa, Esq. – Child Advocate, Office of the Child Advocate

December 2, 2014 – Room 313, State House

- Presentation regarding the implementation of the contract between DCYF and Family Care Networks.
    - The Honorable Haiganush R. Bedrosian, Chief Judge – Rhode Island Family Court
    - Marina Toulou-Shams, Ph.D., Associate Professor – Alpert Medical School of Brown University, Staff Psychologist – Rhode Island Hospital, Director – Rhode Island Family Court Mental Health Clinic
    - Dr. Lawrence C. Grebstein, Retired Professor, URI
- Follow-up presentation by Governor Chafee's Resource Team regarding the contract between DCYF and the Family Care Networks.
    - Jamia McDonald, Executive Director of the Emergency Management Agency
    - Jennifer Wood, Chief of Staff/General Counsel in the Office of the Lieutenant Governor
    - Wayne Hannon, Deputy Budget Officer
    - Alda Rego, Chief Financial Officer of the Executive Office of Health and Human Services

Findings and Recommendations

ROLES AND RESPONSIBILITIES

Many presenters, including the Governor's Resource Team, service providers, and advocates for families, reported confusion regarding the roles and the responsibilities of the network lead agencies and DCYF. Testimony from the Executive Director of Children's Friend and others specifically questioned the duplication of the Network Care Coordinator and the DCYF case manager.

The Governor's Resource Team indicated that one person at DCYF should manage its contract with the Family Care Networks.

FINDING: The Task Force finds that the current contract between the Department of Children, Youth, and Families and the Family Care Networks and the contracts between the Family Care Networks and service providers lack clearly defined roles and responsibilities. A contract manager at DCYF will provide much-needed clarity and contract oversight.

> **RECOMMENDATION: DCYF should assign a manager of the contracts between DCYF and the Family Care Networks. There must be accountability to meet the contract standards and metrics, and increased monitoring and transparency of cash flow through the networks.**
>
> **RECOMMENDATION: DCYF should assume the responsibility of the Network Care Coordinator in the role of primary case manager for every family served by the department. This eliminates duplication, identifies the lead contact for cases, and redirects resources currently being expended by the networks.**
>
> **RECOMMENDATION: DCYF should clarify other roles and responsibilities that will be in place through the end of the current contract and in any future contracts. Further, the Family Care Networks shall clarify the roles and responsibilities of the service providers in their respective networks.**

CONTRACT STATUS

The contract between DCYF and the Family Care Networks expires on June 30, 2015, and includes advance notice requirements for termination. A determination is needed as to the course of action regarding the contract status between DCYF and the Family Care Networks.

Of particular concern is the fact that DCYF expects to exhaust its entire FY15 budget for the Networks three months early, by April 2015. DCYF and the Family Care Networks, as

the experts on the needs of the children in their care, should work together to immediately implement cost savings measures.

RECOMMENDATION: Going forward, we recommend that the Governor-elect determine an overall course of action with respect to the contracts between DCYF and the Family Care Networks.

RECOMMENDATION: DCYF should develop an amended FY15 budget and a FY16 budget proposal that provide options for consideration on implementing the System of Care in the most efficient, cost-effective way; which ensures the safety and well-being of vulnerable children and families; and which anticipates any predictable shifts in population needs.

DCYF STAFFING

According to the Annie E. Casey Foundation, the budget and costs of a state's child welfare system are most influenced by the volume of children and the duration of time children and youth remain in care. The lack of the appropriate staffing at DCYF negatively impacts both of these areas. When DCYF caseloads are too high, more children are removed from their families, since DCYF workers have too little time to assess whether a child is safe at home. Moreover, with high caseloads, DCYF workers tend to focus on the safety phase of the process. This results in longer lengths of stay for children in a placement.

FINDING: The Casey Foundation recommended that DCYF caseloads be reduced to a reasonable level, and that, as attrition occurs within the staff, new workers are readily available to assume the positions. This recommendation was echoed by the Governor's Resource Team at the December 2, 2014, hearing. The Task Force agrees. At about 21 cases per DCYF worker, the current case load in Rhode Island is much higher than the national best practices target of 14 cases per worker.

RECOMMENDATION: DCYF should develop a continuous pipeline of recruitment and training of staff to address the high turnover of social workers, case managers, and supervisors, to ensure that caseloads remain at reasonable levels.

COMMUNICATION

Communication between DCYF and the Networks is undermined by a lack of adequate computers, portable devices, and current software programs. To provide coordinated care, Network service providers, DCYF service providers, and DCYF staff should have real time, current information regarding children in DCYF care. Given the advances in technology and software capabilities, the appropriate parties should be able to access

appropriate and necessary information allowable by law and to input child-related data that are relevant to their services.

FINDING: The Task Force finds that better coordination and communication with the Judiciary and provider agencies could enhance the effective and efficient use of time. In addition, the Task Force finds that DCYF should improve communication and appropriate information sharing with health care and education professionals.

> **RECOMMENDATION: A task force should be established on the interrelationship between the Family Court, DCYF, and provider agencies (including health care and educational professionals), focusing on court scheduling of DCYF cases, placement decision-making, and information sharing.**

According to information provided by the Annie E. Casey Foundation, placement and care decision-makers in Rhode Island do not have timely information from providers, and/or information about family history, and assessment results in one central location. Moreover, health and education records can be difficult to access.

FINDING: The Task Force finds that the lack of adequate computers, portable devices, and current software programs diminishes the department's capabilities to communicate with and gather information from providers and others who have more up-to-data technology and utilize newer software programs.

> **RECOMMENDATION: DCYF's information technology system should be updated. This system update should be designed to allow for the sharing of information between and among DCYF and service providers for children in DCYF care.**

ASSESSMENTS

According to the August 19, 2014 presentation of the Governor's Resource Team, children's needs are not assessed quickly enough. The Resource Team provided an example of the Child and Adolescent Needs and Strengths (CANS) assessment, which was designed to be administered to all children removed from their home to help determine the appropriate level of care. Just one in four youth who were removed from their home and first placed in congregate care, specialized foster care, or semi-independent living and who remained in that placement for forty-five (45) days or more, had been administered an initial CANS assessment.

FINDING: The Task Force finds that the department and the Networks need to improve all aspects of assessments during intake and the service delivery process and expand the use of appropriate assessments for all aspects of placement and care decision-making.

RECOMMENDATION: DCYF should fully implement and integrate appropriate assessments into all aspects of case decision making and data collecting. Further, DCYF must identify the parties responsible for conducting the assessments.

DCYF'S BUDGET

Pursuant to Rhode Island General Laws §§ 35-17-1 – 35-17-6, conferees representing the Senate, House, and Governor gather semiannually (in November and May) to adopt consensus estimates for cash and medical assistance programs, including RI Works, Child Care Assistance, Supplemental Security Income, General Public Assistance, and Medical Assistance. Adopted estimates include specific caseloads and expenditures for the current fiscal year and for the subsequent fiscal year, and incorporate testimony and data provided by the appropriate state agencies. Generally, these estimates serve as the basis for both the Governor's recommended budget and for the final enacted budget each year.

FINDING: The Task Force finds that a better way to more closely align the department's budget with expenditures would be to have the department develop a reliable method of caseload estimating.

RECOMMENDATION: DCYF should develop a plan by July 1, 2015, to incorporate a method of caseload estimating into the state Revenue and Caseload Estimating conference. Beginning with the November 2015 caseload conference, DCYF should be included in the caseload estimating, contingent upon the demonstration that the department's data, assumptions, and methodology are reliable.

PREVENTATIVE SERVICES

Nationally adopted best practices suggest investments in preventative services improve outcomes for youth and reduce the longer term needs for more intensive services. DCYF and the Governor's Resource Team could not determine whether the proper allocation of funding for a wide array of services, including those that seek to keep children and their families from involvement with DCYF, has been made within DCYF's budget since the inception of the Family Care Networks.

DCYF is being asked to shift its reliance on residential treatment at the same time it is being asked to invest more heavily in preventative and family support services. It is recognized that this could mean an initial increase in spending while the current congregate care programs are being re-purposed to provide community care, and while the children and families who are in more intensive services are maintained along with those who are being served preventively.

FINDING: The Task Force recognizes that in order to shift the focus from congregate care to community-based and other less restrictive services, investments need to be made to develop new or expand upon existing preventative services and family supports.

> **RECOMMENDATION: The state should increase investments in proven effective preventative services and family supports to reduce DCYF caseload, improve outcomes for children and youth, and reduce the need for more intensive services.**

Throughout the six Task Force hearings, members learned that some service providers measured positive results from community-based services and family supports in lieu of congregate care. The Task Force recognizes that this shift in practice, if expanded, may have a positive impact on the larger environment that supports the well-being of children and youth.

> **RECOMMENDATION: DCYF should develop a well-managed, accountable, and transparent pilot project aimed directly at reducing residential placements through a risk-sharing or performance-based contract. The pilot would utilize appropriate, best-practice, community-based services to alternatively serve youth currently in residential settings -- improving outcomes and saving funds**

FOSTER CARE

Options for low-cost and low treatment-level placements should be available when DCYF decides that the removal of a child from the family home is necessary. According to the Annie E. Casey Foundation, some Rhode Island children are placed in more costly settings simply because of a lack of a robust foster care system in the state. Contributing to this situation may be a foster parent reimbursement rate that is low compared with other nearby states, combined with insufficient ongoing recruitment of foster families.

Pursuant to Massachusetts General Laws Chapter 119, Section 23(h), foster parents receive maintenance payments at the daily rate recommended and periodically adjusted by the United States Department of Agriculture (USDA). Currently, the rate is based upon the 2010 USDA recommended rate. The standard rate for a child from birth to five years old is $20.79; a child from 6 – 12 years old is $23.40; and a child from 13 and older is $24.79. Foster parents also receive a quarterly clothing allowance and coverage of the child's medical and dental expenses.

In Connecticut, the per diem reimbursement rates for foster care parents according to Department of Children and Families Policy 36-55-25.2 are as follows: Age birth to 5 is $25.99; age 6-11 is $26.29; and age 12 and over is $28.52.

By comparison, Rhode Island Daily Foster Parent Board Rate also varies by age of the child. The standard board rate for a child ages birth to three (3) years old is $14.39; ages

4-11 is $13.64; and ages 12 and older is $15.79. DCYF also covers the entire foster child's medical expenses, will pay for child care for the foster child if the foster parents are working, and provides clothing allowances.

FINDING: The Task Force agrees with the Annie E. Casey Foundation's analysis that the lack of foster family and therapeutic foster care recruitment, including those focused on teens, has resulted in a reliance on more costly congregate care in Rhode Island.

FINDING: The Task Force finds that Rhode Island has a low reimbursement rate for foster parents, with an average daily reimbursement rate of $14.39 trailing the rates seen in Connecticut ($26.93 per day) and Massachusetts ($22.99 per day).

FINDING: DCYF maintains a network of "kinship" foster families, which involve family members taking care of the children who are removed from their biological parents. These kinship homes often improve outcomes for children, and expand the number of foster families available in the state. The department recently terminated contracts for the provision of support services to these kinship homes to help them access services and get assistance as needed in caring for the children in their care.

RECOMMENDATION: That DCYF shall be the primary entity responsible for continuous recruitment of foster parents through the development of a plan and system operated through various public and private partnerships.

RECOMMENDATION: The reimbursement rate for foster parents should be increased to within ten (10%) percent of the Massachusetts and Connecticut average daily rates; and in an effort to keep siblings together, the "discounted rates" for siblings shall be abandoned.

RECOMMENDATION: On or before April 1, 2015, DCYF should report to the Senate President and the Chairs of the Senate Committee on Finance and the Senate Committee on Health and Human Services on the permanency status, and other relevant measures of stability, of children in kinship care at points 3 months before and 3 months after the recent kinship support service contract terminations.

PERFORMANCE MEASURES

By developing, reporting, and disseminating information about the outcomes of children and youth, the entire DCYF system can be assessed and the data used for better policy-making and financial investments. This issue is broader than the Family Care Networks. Without data on the long and short term impact of community-based and preventive services, such as those provided by the Family Care Community Partnerships, it is difficult to maintain funding as the costs of congregate care are rising.

FINDING: The Task Force finds that performance measures must be created, applied, and publicized to determine the quality and the impact of the care provided to children and youth in DCYF and the Family Care Networks.

> **RECOMMENDATION: DCYF and the Family Care Networks should be tracking the progress of children and youth throughout the system; performance measures should be utilized to determine each program's effectiveness; and data on program and network performance should be posted on the DCYF website to provide greater transparency.**

COLLABORATION

FINDING: The Task Force finds that an interagency collaborative is needed to support communications between and among the various state agencies involved with children and families. Rhode Island General Laws § 42-72.5-1 established a Children's Cabinet. Utilizing the strength of this group can allow departments to work together on issues regarding children and families, identify ways to more efficiently and effectively use data and limited resources, and ensure that appropriate information is being shared across agencies.

FINDING: Annie E. Casey Foundation has become a partner with the Department of Children, Youth and Families toward the improvement of systems, programs and outcomes. This relationship has proven beneficial and should continue.

> **RECOMMENDATION**: T**he Governor-elect should convene the Children's Cabinet as set forth in the General Laws § 42-72.5-1 to improve outcomes for children and families served by multiple state programs and departments.**
>
> **RECOMMENDATION: DCYF should continue to collaborate with the Annie E. Casey Foundation on quality improvement, fully utilizing best practices, and implementing the Foundation's 2014 recommendations.**
>
> **RECOMMENDATION: On or before March 31, 2015, DCYF should report to the Senate President and the Chairs of the Senate Committees on Finance and Health and Human Services on progress made on the implementation of the recommendations of the Annie E. Casey report.**

CONTINUED OVERSIGHT

While this Task Force has fulfilled its responsibilities, the Rhode Island Senate as a body remains vigilant concerning the well-being of vulnerable children and youth in the state. As the Governor-elect takes office and as the current contract between DCYF and the Family Care Networks comes to a close, the Senate will maintain its oversight of the

DCYF and Family Care Networks relationship through the work of its standing committees.

RECOMMENDATION: The Senate Committee on Finance and the Senate Committee on Health and Human Services will continue their monitoring and oversight of the Department of Children, Youth, and Families through the 2015 and subsequent General Assembly Sessions.

Addendum 1: Agendas and Minutes

SENATE TASK FORCE ON DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES AND THE FAMILY CARE NETWORK

NOTICE OF MEETING

DATE: Tuesday, August 19, 2014
TIME: 3:30 p.m. – 5:00 p.m.
PLACE: Room 313

AGENDA:

1. Welcome

2. Presentation by Governor Chafee's advisory team regarding contract between Department of Children, Youth and Families (DCYF) and the Family Care Networks
   - Jamia McDonald, Executive Director of the Emergency Management Agency; Jennifer Wood, Chief of Staff/General Counsel in the Office of the Lieutenant Governor; Wayne Hannon, Deputy Budget Officer and Alda Rego, chief financial officer of the Executive Office of Health and Human Services.

   Questions and Answers

3. Discussion regarding future Task Force meetings

4. Adjourn

Please contact Jamie Plume at 276-5584 with any questions or concerns.

SENATE POLICY OFFICE MEMORANDUM

State of Rhode Island and Providence Plantations
Senate Policy Office, Room SB27
State House, Providence, RI 02903

Senate Task Force on DCYF and FCN 8-19-14

The following is a synopsis of the Senate Task Force hearing on Department of Children, Youth and Families, and the Family Care Network, which was held on Tuesday, August 19, 2014.

Welcome
Co-Chairs Cool Rumsey and DiPalma called the meeting to order and welcomed everyone to the Senate Task Force hearing. Co-Chair Senator DiPalma stated the issues that were to be discussed at the meeting. The Chair opened the floor for discussion.

Jamia McDonald, Executive Director of the Emergency Management Agency and Governor's Resource Team head, began the hearing process by providing the Senate with an overview of the topics at hand. These included the system of care, current contracts, process mapping, data analysis, audit, and relationships for the future. For the past two years, DCYF has struggled with cost-overruns for two primary contracts related to the implementation of Phase Two of the System of Care. In April, DCYF and their two contractors initiated letters to terminate the contracts, with extensions that anticipated termination by July 31, 2014. DCYF contracted with the Rhode Island Care Management Network and Ocean State Network for Children and Families.

The Governor's Resource Team determined that these contracts were not properly canceled under the State's Standard Terms and Conditions attached during the Purchase Order process. Due to a belief that the contracts had been canceled, DCYF had begun to reassign the services previously provided by the two contractors. Along with reassigning services, DCYF had begun to negotiate contracts directly with 80+ providers that existed within the two networks.

Discussion

A discussion ensued on whether the cost of services rendered outside of the contracts were included in the budget or billed separately to the state of Rhode Island and DCYF. Although further verification was needed, it is of the belief that the costs of services performed outside of the contract were in addition to the network contract.

A discussion also ensued on who is responsible within the network for coordinating services for each family.

The CANS assessment model was discussed and how effective it has been so far. Only 25.4% of children in the care of the networks who had been in a placement for 45+ day had the CANS assessment administered to them.

Currently, there is a great need for improvement in assessing the needs and strengths of a child to determine appropriate treatment and services that may be needed. A dashboard is currently in the development stages, headed by Mr. Brian Daniels.

The data analysis provided by the Resource team consisted of three different categories: Cost by placement type, caseload by service type, and average daily rate by service type. Cost by placement type detailed the expenditures within the previous two years. These expenditures were compared with the national trend, and labeled into three subcategories: good, bad, or indifferent. On the other hand, caseload by service type pinpointed the location of the caseload, be it the emergency shelters group homes or any other location. It also documents the implementation of the System of Care (SOC) ensures the movement away from congregate residential into family supported services. Average daily rate by service type provides a better understanding of what is bought, why it is bought, and whether or not it is a good deal for the state as a whole.

The information technology available at DCYF was discussed as a large impediment to real time data sharing and access to information.

When discussing per capita ratios on children in residential compared to children in community, the assumption was made that the community setting would be more successful for care and reunification purposes and more cost-efficient than a residential setting. Members also discussed the costs of instate residential, in comparison to the out-of-state residential. It was suggested that perhaps out-of-state residential could be very specialized care, and essentially lead to economic development.

A discussion on the need for a timeline was another main point in this hearing. No timeline exists as to when the Resource team will be finished with its evaluation and recommendations due to the excessive amount of data to be analyzed. It was also stressed that perhaps data from the past five to ten years could be collected and analyzed, in order to capture any trends within the decade.

A discussion ensued about engaging local service providers, and how much of a follow-up is being conducted. One of the challenges being faced by DCYF and the FCN is the ability to gather direct information from those most impacted by the implementation of the current system.

A recommendation was made at the end to create short, medium, and long term goals to better understand the road ahead.

The meeting adjourned at 5:00.

SENATE TASK FORCE ON DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES AND THE FAMILY CARE NETWORK

PLEASE NOTE: THIS IS A REVISED AGENDA

NOTICE OF MEETING

DATE: Tuesday, September 2, 2014
TIME: 3:30 p.m. – 5:00 p.m.
PLACE: Room 313 - State House

AGENDA:

1. Presentation by Representatives of the Family Care Networks with Family Service of Rhode Island, Inc., as lead agency for the Ocean State Network for Children and Families (OSN) and the Child and Family of Rhode Island as lead agency for the RI Care Management Network (RICMN).
   - Margaret Holland McDuff, CEO of Family Service of Rhode Island, Inc.
   - Martin Sinnott, President and CEO of Child and Family of Rhode Island

   Questions and Answers

2. Testimony from network service providers*

   Question and Answers

3. Discussion regarding next meeting(s)

4. Adjournment

*Any provider who wishes to speak or provide written testimony on this topic, please provide your name and organization and written testimony no later than August 26, 2014 to Jamie Plume at jplume@rilin.state.ri.us .

No public testimony will be taken at this time

Please contact Jamie Plume at 276-5584 with any questions or concerns.

POSTED: FRIDAY, AUGUST 8, 2014, 9:10 AM
REVISED: THURSDAY, AUGUST 21, 2014, 12:30 PM

SENATE POLICY OFFICE MEMORANDUM

State of Rhode Island and Providence Plantations
Senate Policy Office, Room SB27
State House, Providence, RI 02903

Senate Task Force on DCYF and FCN 9-2-14

The following is a synopsis of the Senate Task Force hearing on Department of Children, Youth and Families, and the Family Care Network, which was held on Tuesday, September 2, 2014.

Welcome
Co-Chairs Cool Rumsey and DiPalma called the meeting to order at 3:30pm, and welcomed everyone to the second Senate Task Force hearing. Co-Chair DiPalma discussed the issues that were to be discussed at the meeting, while reiterating the issues that were indentified during the last meeting. The Chair opened the floor for discussion.

Margaret Holland McDuff, CEO of Family Service of Rhode Island, began the hearing process by providing the Senate with an overview of the topics at hand. These included the DCYF budget (since 2009), the impact on children, case studies, evidence-based practices, and recommendations for the future of the system. She mentioned that from 2011-2012, 26 million dollars were cut from the budget. In 2009, there was a funding of $249 million dollars. Since that time, she indicated that it has been decreased to $211 million dollars. However, residential services spending have consistently gone down over the years. She also mentioned that residential and community expenditures in FY 2012 were at 71 million dollars spent, however; once the network began in 2013, this number has also decreased to 68 million dollars. There has also been a decrease in annual costs per youth spent by Ocean State Network for Children and Families (OSNCF) and the Rhode Island Care Management Network (RICMN) from 2010, when it was at $13,000 to a current average of $11,000 per youth.

Martin Sinnott, President and CEO of Child and Family of Rhode Island presented a case study based on two siblings who had been removed from their home due to the mother overdosing on heroine. The department had no availabilities in foster care and as a result the siblings were separated. Mr. Sinnott suggested the need to develop a foster parent recruitment system consisting of public and private partners. He mentioned that DCYF has done an excellent job at gathering finances through the Federal Diligent Recruitment (FDR) grants. Another focus of his presentation was on the low reimbursement rate within RI, compared to the neighboring states, Connecticut and Massachusetts. He pointed out that the average daily reimbursement rate for RI foster parents is $14.39, while Connecticut has an average daily reimbursement rate of $26.93.

Discussion

There was a discussion on the daily cost of residential with data suggesting that the average in-state residential is $300 per day, while average out of state residential is $500 per day. The rate for residential providers has not changed since 2008. There is opportunity for an out-of-state project team to develop prescriptive plans to safely bring individual youths back to RI.

Further Mr. Sinnott averred that the networks have brought up new evidence-based practices. These include: Parenting with Love and Limits (PLL), Trauma Focused Cognitive Behavioral Therapy (TF-CBT), Alternatives for Families – Cognitive Behavioral Therapy (AF-CBT), Trauma Systems Treatment, Groden Center LINKS (Family Preservation Program for Child with ASD), Teen Assertive Community Treatment (TACT), Positive Parenting Program (PPP), and Family Centered Treatment (FCT).

Some of the positive indicators suggested that 82% of children from families receiving community based services remain at home. There was a decrease in length of stay for children in emergency shelters. However, based on discharge data, congregate care is not meeting the needs of children who do not achieve permanency for transition to a less restrictive setting. DCYF has been successful in bringing millions of federal dollars for diligent recruitment adoption and trauma services.

A discussion ensued on who is responsible for keeping the list of foster parents, and if the network providers should be more involved in helping DCYF monitor the situation. A suggestion was made by the Networks that there should be greater efforts to increase the rate of sibling-set foster homes, in order to present further unnecessary trauma. From a recruitment point of view, there is not enough "brand equity" to effectively communicate the sense of enthusiasm to the general public.

A discussion also ensued on why children are being placed out-of-state in states like Connecticut and Massachusetts, and what is lacking within the system in Rhode Island. The reason for this is due to the high number of children with special needs, and a "one size fits all" mentality within many of the residential programs. There needs to be more focus on evidence based practices and an even greater focus on the budgets to support those practices.

In regards to the CANS assessment, a discussion ensued on which party is responsible for those initial assessments, DCYF or FCN. The Networks agreed that they needed to improve on the use of these assessments going forward and missed an opportunity to really analyze the data and then implement it throughout the system.

A discussion ensued on the cost per day for children within foster care compared to group homes that have specific licensing requirements.

A discussion also ensued on who determines the rate of reimbursement, in regards to the access to foster care. There are two levels of foster care, one which is managed by DCYF and the rate is set by the state. Another level is therapeutic foster care, and the rate for that has been set by the state.

Finally, the Networks indicated that the lack of a united vision and the challenge of conveying the message to the public. The Networks also stressed the unrealistic expectations within the contracts while cutting $36 million in funding In order to improve, there needs to be an honest concern and investment from all cabinet chairs.

Numerous witnesses testified before the task force. Father Michael stated that change would not be possible if there is no involvement from the families, the community, the schools, the peer groups, and change could not be possible within the system without proper job placements. He also mentioned that there are 13,600 teens in the city of providence, with only 600 jobs available. The idea of those jobs not being provided to any of those teenagers is an alarming statement, especially in a city with a spike in crime and violence. Father Michael also stated that the budget cuts have tarnished the networks' ability to provide services to East Bay and South County. Another impact of the budget cuts has been the increasing rate of staff members finding jobs in other states, simply due to the lack of salary raises over a four year span.

Ben Lessing, the CEO of Community Care Alliance (CCI) of RI, which resulted from a merger of NRI Community Services and Family Resources Community Action testified on the issue of high unemployment, poverty, and neglect. He stated that there needs to be a collective effort from all stakeholders, and that cuts in BHDDH result in more problems for DCYF. Historically, state agencies have had a very difficult time working together, and until there is better coordination between all parties, improvements cannot be made. Cuts in mental health services, addiction services, housing, child care, and other health services are making it nearly impossible to deal with the high rate at which DCYF is removing children from the homes of drug-addicted parents.

Mr. Paul Black stated that the blame should not be pointed at a single party; rather it should be pointed towards the way the system has been designed. Mr. Black also mentioned that the CANS assessment is not the method for determining what the children need. Although there are models for determining what the children truly need, those models have not been consistently and/or correctly implemented.

Senator DiPalma stated that the successful outcomes for the children and youth are the primary concern while finances are secondary. The impact of mental health on a family, or a child within that family, is a real issue that needs to be dealt with.

Senator Miller mentioned that the issue is not truly within the budget cuts; rather the main issue is providing adequate funding towards the most effected areas within the networks. He also stated that some of the more effective services are not necessarily the most expensive, so perhaps the focus should be more towards the services that have proven to be most effective.

The meeting adjourned at 5:00pm.

SENATE TASK FORCE ON DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES AND THE FAMILY CARE NETWORK

NOTICE OF MEETING

REVISED AGENDA
DATE: Tuesday, September 16, 2014
TIME: 3:30 p.m. – 5:00 p.m.
PLACE: Senate Lounge - State House

AGENDA:

1. Presentations regarding implementation of contract between DCYF and Family Care Networks

    - Lisa Guillette, Executive Director, Foster Forward
    - David Caprio, President & CEO, Children's Friend
    - Elizabeth Burke Bryant, Executive Director, Rhode Island Kids Count
    - Lisa Conlan, Interim Director Parent Support Network
    - Peg Langhammer, Executive Director, Day One

    Question and Answers

2. Discussion regarding next meeting(s)

3. Adjournment

NO PUBLIC TESTIMONY WILL BE TAKEN AT THIS TIME, HOWEVER, WRITTEN TESTIMONY IS WELCOME.

Please contact Jamie Plume at 276-5584 with any questions or concerns.

POSTED: TUESDAY, SEPTEMBER 2, 2014, 1:45 PM
REVISED: FRIDAY, SEPTEMBER 12, 2014, 12:40 PM

SENATE POLICY OFFICE MEMORANDUM

State of Rhode Island and Providence Plantations
Senate Policy Office, Room SB27
State House, Providence, RI 02903

Senate Task Force on DCYF and FCN 9-16-14

The following is a synopsis of the Senate Task Force hearing on Department of Children, Youth and Families, and the Family Care Network, which was held on Tuesday, September 16, 2014.

Welcome
Co-Chairs Cool Rumsey and DiPalma called the meeting to order at 3:30pm, and welcomed everyone to the third Senate Task Force hearing. Co-Chair DiPalma discussed the issues that were to be discussed at the meeting, while reiterating the issues that were indentified during the previous meetings. The Chair opened the floor for discussion.

Elizabeth Burke Bryant, Executive Director of Rhode Island Kids Count, began the hearing with a presentation detailing the most important issues from Kids Count perspective. Some of these issues included out of state placement, and foster forward, in regards to the limited number of foster parents. She mentioned that child maltreatment trends have seen noticeable changes, with a spike up in 2006, and a decrease in 2008. These numbers have now begun rising once again to 13,905 and indicate child abuse and neglect based on calls that are coming into the system. Ms. Bryant also stated that young children are especially vulnerable to abuse and neglect, with the statistics for 2013 showing that 45% of all abuse and neglect victims have been under the age of six (6). Out-of-home placements trends have shown to be fairly stable throughout the years, but there is a problem in the age of the kids who are being adopted. During FY 2012, almost two-thirds (59%) of children adopted from RI's foster care system were under age six, while 14% were youth age 12 or older.

Lisa Gillette, Executive Director of Foster Forward stated that an appropriate assessment is critical to proper care of children. Only a quarter of the children in the network have received the CANS assessment. She also stated that there is a need to focus on the resources and funding towards foster parents. Families need to be treated as families, rather than as institutions.

The next speaker was David Caprio from the Childrens Friend, an organization that is not part of either network but does work alongside in several of the services. He mentioned that the challenges being faced included lack of prevention, lack of communication and accountability, and wasted resources. Lack of prevention consisted of the fact that historically; Rhode Island has under-invested in prevention, and now faces 15% funding cuts from earlier this year. The lack of communication and accountability is composed of information not being shared throughout the lead agencies and independent networks, therefore; consistent outcomes are not reported regularly.

Lisa Conlan, interim director for Parent Support Network, also spoke on issues such as using the child protective capacity checklist properly. She also included a written testimony from a woman named Betsy who was the mother of a three year old child. This testimony emphasized the positive impacts and results that were seen by the family after working alongside the network. Lisa Conlan stressed the importance for these programs to be continually supported both morally and financially.

Discussion

A discussion ensued on who holds the responsibility for placing siblings together in one location, rather than placing them separately. It was determined that a child protective service investigator has one of the most important responsibilities to gather critical information regarding the environment in which the children are staying. Diligent search strategies must be created and then implemented in order to truly be effective.

The question of redundancy came up, and it was asked whether or not there are too many people performing the same types of services? It was stated that there are not any true statewide strategies, and that more financial support from the state will not be the long-term solution, but it will help the networks get through the stormy conditions at the moment. It was also noted that majority of the responsibilities would have been upon DCYF prior to the networks combination, but now the responsibilities are being shared throughout multiple networks. This makes it a bit tougher to pinpoint accountability within the networks.

A discussion ensued on the lack of improvement within the last decade. Senator DiPalma asked what is the dollar amount needed to see improvement in youth outcomes within the two networks. At what point will there be enough resources for the networks to truly achieve positive results? Senator DiPalma mentioned that the focus should truly be on prevention, and asked the network representatives to identify the most important prevention program. It was stated that one of the most important prevention aspects should be on pregnant mothers, and the risk that pregnant mothers face in the development of the child.

A discussion also ensued on the various prevention programs that should be the points of immediate focus. Sexual assaults on college campuses as well as forced prostitution were mentioned as being some of the most crucial focal points.

Some recommendations that were made consisted of mainly prioritization on specific areas. These included prevention, and the ability to save money in the long run because of a strong prevention program. Other recommendations included DCYF providing home-based services, and the idea of moving infants or toddlers to permanency much quicker than the current pace so that a bond is formed at a younger age with the families.

Short-term action steps from the Childrens Friend agency suggested:

- Redirect resources as possible
- Eliminate confusion on roles and responsibilities
- Eliminate Network Care Coordinators
- Address contractual issues
- Increase resources

Mid-Term actions included:

- Increase communication by gathering and using input from all constituents
- Limit decisions only involving DCYF and leads
- Measure and report outcomes to determine if kids are better off or not
- Determine if the system is effective and efficient
- Inclusive and broad based planning
- High level and broad facilitations

Long-Term actions:

- Make investments in prevention first
- Build a statewide culture that DCYF children are "our" kids
- Build an integrated and up to date technology infrastructure

It was also recommended that DCYF develop a public relations strategy to be able to increase the number of families that foster a child. Another recommendation was support for adoption and concurrent planning. DCYF should coordinate foster parent recruitment initiatives.

The meeting adjourned at 5:00pm.

SENATE TASK FORCE ON DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES AND THE FAMILY CARE NETWORK

Please Note: This is a revised meeting

NOTICE OF MEETING

DATE: Tuesday, October 14, 2014
TIME: 3:30 p.m. – 5:00 p.m.
PLACE: Room 313 - State House

AGENDA:

1. Presentations regarding implementation of contract between DCYF and Family Care Networks
   - ~~The Honorable Haiganush R. Bedrosian, Chief Judge – Rhode Island Family Court~~
   - Janice E. DeFrances, Ed.D – Director, Department of Children, Youth and Families
   - Tracey Feild, Managing Director, Child Welfare Strategy Group – The Annie E Casey Foundation

   Question and Answers
2. Next steps
3. Adjournment

NO PUBLIC TESTIMONY WILL BE TAKEN AT THIS TIME, HOWEVER, WRITTEN TESTIMONY IS WELCOME.

Please contact Jamie Plume at 276-5584 or jplume@rilin.state.ri.us with any questions or concerns.

POSTED: FRIDAY, SEPTEMBER 26, 2014, 10:15 AM
REVISED: TUESDAY, OCTOBER 7, 2014, 11:25 AM

SENATE POLICY OFFICE MEMORANDUM

State of Rhode Island and Providence Plantations
Senate Policy Office, Room SB27
State House, Providence, RI 02903

Senate Task Force on DCYF and FCN 10-14-14

The following is a synopsis of the Senate Task Force meeting on Department of Children, Youth and Families, and the Family Care Network, which was held on Tuesday, October 14, 2014.

Welcome
Co-Chairs Cool Rumsey and DiPalma called the meeting to order at 3:30pm, and welcomed everyone to the fourth Senate Task Force meeting. Co-Chair Cool Rumsey opened the floor for discussion.

Tracy Feild, Managing Director of the Annie E. Casey Foundation, began the hearing by presenting some information about the Child Welfare Strategy Group within the Annie E. Casey Foundation. She indicated that there are three main issues that affect child welfare system budgets: volume, duration, and acuity. When it comes to issue of volume, DCYF caseloads are unacceptably high, primarily due to high vacancy rates. When this occurs more kids will be removed from their families to ensure a children's safety. Cuts in the availability of preventive services have reduced options for preserving families. In regards to duration, a high rate of caseloads results in staff focusing more on the front end of the system (investigation), rather than children already in placement, and this causes longer lengths of stay than may be necessary. Providers who underwent significant budget cuts are under huge pressure to keep beds filled because of high fixed costs, and occupancy becomes critical to survival.

In regards to acuity, she stated that DCYF does have valid assessment tools to help decide when kids need higher level of care. DCYF, however, lacks a robust regular foster care system and ongoing staff capacity to undertake family search and engagement. For the first time ever, TOP data is telling us about the prevalence of specific issues for children within the child welfare population, information which was once unknown to the networks. She finally states that many kids are going to specialized placements due to low staff levels and lack of available lower cost placements. There is an underinvestment in this area which is leading to higher costs for the overall system.

The director of DCYF, Dr. Janice DeFrances, also testified before the senate task force. She stated that DCYF is focusing on issues that include but are not limited to: prevention, intervention, and removing kids from congregate care. She also said that DCYF continuously works with many other agencies, in order to build stronger relationships and achieve a better understanding of which action needs to be taken.

Discussion

Senator Goldin raised the question of whether there is a necessary investment that needs to be made in the mental health services in Rhode Island, specifically in terms of education and training. Tracey Feild suggested that investments in the TOP assessment program would provide the state with the ability to determine whether home-grown programs are truly affecting the overall system, without the expense of going to an evidence-based program.

Senator DiPalma also raised his concern over the exact meaning to the reference of disruptions. Tracey Feild stated that when a child is placed in a foster home or group facility, if a child is deemed to be "defiant", then the foster parent may call and ask for the child to be removed. Fifty percent of foster parents leave foster parenting after their first child leaves the home due to the lack of support and resources available to them.

A discussion ensued on whether or not the federal government has provided Medicaid or other funding for these programs, and whether the funding is result-based. It was stated by Tracey Feild that in 2012, a memo by the Federal government Children's Bureau was released that stated the importance of jurisdictions beginning to measure whether or not kids have gotten better through foster care.

Senator DiPalma raised another question regarding models from other states, and why those models have not been replicated or implemented within Rhode Island. It was also mentioned that there replication of models from other states are in the works, and out-of-state data is still being analyzed to determine which programs will be most suitable for Rhode Island.

A discussion also ensued on the true needs of the children and whether their actual needs were being met. Ms. Feilds stated that there is no need for children to be placed in group homes that are not therapeutic or emergency shelters, except when children need high-level intensive therapeutic intervention. These children should instead be with a family, and if there is a need for intensive therapeutic intervention, the duration should not be years long but rather three to nine months at the most.

In regards to the home-grown programs, a discussion ensued on the importance of measuring the quality of the performance provided by the networks. The need for the TOPs assessment was stressed and the need to provide support to the numerous providers within the state. Along with the overall assessments of the child's improvement, DCYF needs to be assessed also to determine whether or not the children were handled properly in terms of the type of care needed.

Senator DiPalma raised the question of whether or not there are metrics established within the departments to determine if the networks have in fact improved the life of the child, and reached their target-goals. The importance of including these metrics and proper numeric figures in the budget so that the networks can actually be measured as far as improvements are concerned.

Recommendations

<u>Assessment</u>
Install the Top assessment and performance management system to start to understand what kids need, what's working, and who's doing a good job at meeting those needs.

<u>Caseloads</u>

Get DCYF caseloads down to reasonable levels by making sure vacancies are filled, even if it requires overfilling slots.

Foster and kinship families

Invest in and protect staff for foster family recruitment, development and licensing, especially those focused on teens.

Increase investment in foster and kinship family support.

Provider services

Develop a program to divert teens with behavior problems from placement (like Delaware).

Develop a rate setting process with residential providers to understand current funding situation. Work with residential providers to decide which have capacity to take more difficult kids and which should close. Work with the providers to shift their business models, which would include rate increases, or funds to shift to community-based services.

The meeting adjourned at 5:00pm.

SENATE TASK FORCE ON DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES AND THE FAMILY CARE NETWORK

PLEASE NOTE: THIS IS A REVISED NOTICE

NOTICE OF MEETING

DATE: Thursday, November 6, 2014
TIME: 3:30 p.m. – 5:00 p.m.
PLACE: Room 313 - State House

AGENDA:

1. Presentation regarding implementation of contract between DCYF and Family Care Networks
    - Regina M. Costa, Esq. – Child Advocate, Office of the Child Advocate
2. Discussion by Task Force members regarding implementation of contract between DCYF and Family Care Networks.
3. Next meeting
4. Adjournment

NO PUBLIC TESTIMONY WILL BE TAKEN AT THIS TIME; HOWEVER, WRITTEN TESTIMONY IS WELCOME.

Please contact Jamie Plume at 276-5584 or jplume@rilin.state.ri.us with any questions or concerns.

POSTED: TUESDAY, OCTOBER 28, 2014, 11:30 AM
REVISED: MONDAY, NOVEMBER 3, 2014, 2:45 PM

SENATE POLICY OFFICE MEMORANDUM

State of Rhode Island and Providence Plantations
Senate Policy Office, Room SB27
State House, Providence, RI 02903

Senate Task Force on DCYF and FCN 11-6-14

The following is a synopsis of the Senate Task Force hearing on Department of Children, Youth and Families, and the Family Care Network, which was held on Thursday, November 6, 2014.

Co-Chair DiPalma introduced the State Child Advocate Regina Costa and asked her to begin her presentation.

Attorney Regina M. Costa, the state-child advocate, stated that since the inception of the networks, the following has taken place: children and families have fewer treatment options, children display more significant mental health issues, more children are being placed out-of-state, available community based treatment programs have declined, support for prevention and diversion services have been reduced, the number of children in care has increased, and DCYF staff has seen an increase in their caseloads of nearly 200 families.

She also mentioned that three different and overlapping administrative systems are fiscally irresponsible. The current child welfare system is paying for DCYF's seasoned and capable staff, plus: two extra Chief Executive Officers, two extra Chief Financial Officers, and two extra Chief Operating Officers. She stated "supporting the management bureaucracy in triplicate diverts our limited resources away from the children."

Although the networks' purpose was to allow DCYF to deliver a better service model and shift some financial risk, the networks have instead delivered an inadequate product and side-stepped the financial risk. This occurred through increased budget requests and no financial limits in the current contract. The state is paying for the networks' excessive costs, without any contractual constraints and DCYF is absorbing the deficit. In order to cover the expenses associated with escalating administrative costs, DCYF and the networks have forced network providers and affiliates to: provide inconsistent levels of clinical supports for children they serve on behalf of DCYF, eliminate children needs such as clothing vouchers and recreational activities, reduce the number of children and families they can serve, struggle to maintain payroll, and even close their doors. In July 2012, there were 46 children placed out-of-state, but that numbers has increased to 84 out-of-state children since July 2014.

Discussion

A discussion ensued about the reasons for the increase in children being placed out-of-state. Senator DiPalma questioned why this was the case. Regina Costa stated that more and more children are being placed out of state due to the lack of services available in RI. The issues

relevant to children and families are not being addressed promptly, so the effects are being addressed rather than the issues in the first place.

Senator Pichardo questioned the situation regarding three children who are awaiting placement resources, and the challenges these children are facing in attaining those resources and services. Ms. Costa stated that there are currently no resources available in the state for these children to be placed. She also mentioned that Harmony Hill, a residential program, has suffered as well with their beds being cut from 64 to 30. The three children referenced by Senator Pichardo are at the training school and are very young and in need of appropriate placements. Also, Ms. Costa inferred that these children are probably not receiving the appropriate and necessary clinical treatment at the moment.

The Child Advocate stated that currently there are 19 children boarding at Bradley Hospital in hopes of placement. Senator Rumsey asked if there was a better structural model that has proven to work more effectively. Ms. Costa indicated that the Casey foundation has indeed presented assessment tools, and the recommendations made by that organization should be noted by the state.

Recommendations

The Child Advocate stated the following recommendations:

Return to the Department its responsibility, pursuant to RIGL 42-72-5. Also, provide the Department with the appropriate resources to implement and administer the service delivery system that children and families both need.

Short-Term Goals include: properly terminating the contracts with the two Network Lead Agencies in as timely a manner as the contracts allow, end night-to-night placements, reallocate and restore funds to the maximum extent possible to increase clinical services and other mental health programs, fill the 25% vacancy rate at DCYF to include casework supervisor, social caseworkers, intake case workers, and child protective investigators.

Mid-Term goals include: shore up both ends of the service continuum by investing in prevention and transition services for DCYF youth or those diverted from the system, secure and support in order to grow the foster care system, eliminate the inherent conflict in the current utilization review system (where agencies review their competitors), reduce the number of children in out-of-state placement.

Long-Term goals include: "Rightsize" congregate care, invite the Casey Foundation back to provide the State with technical assistance to obtain the goals that were identified in their report, encourage providers to create programming with a component that allows for a continuum or step-down options within their own array.

The meeting adjourned at 5:00.

SENATE TASK FORCE ON DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES AND THE FAMILY CARE NETWORK

NOTICE OF MEETING

DATE: Tuesday, December 2, 2014
TIME: 3:30 p.m. – 5:00 p.m.
PLACE: Room 313 - State House

AGENDA:

1. The Honorable Haiganush R. Bedrosian, Chief Judge – Rhode Island Family Court - Presentation regarding implementation of contract between DCYF and Family Care Networks

2. Presentation by Governor Chafee's resource team regarding contract between Department of Children, Youth and Families (DCYF) and the Family Care Networks
   - Jamia McDonald, Executive Director of the Emergency Management Agency; Jennifer Wood, Chief of Staff/General Counsel in the Office of the Lieutenant Governor; Wayne Hannon, Deputy Budget Officer and Alda Rego, chief financial officer of the Executive Office of Health and Human Services.

   Question and Answers

2. Next step

3. Adjournment

NO PUBLIC TESTIMONY WILL BE TAKEN AT THIS TIME, HOWEVER, WRITTEN TESTIMONY IS WELCOME.

Please contact Jamie Plume at 276-5584 or jplume@rilin.state.ri.us with any questions or concerns.

POSTED: MONDAY, NOVEMBER 24, 2014, 1:15 PM

SENATE POLICY OFFICE MEMORANDUM

State of Rhode Island and Providence Plantations
Senate Policy Office, Room SB27
State House, Providence, RI 02903

Senate Task Force on DCYF and FCN 12-2-14

Jamie McDonald – Executive Director of Emergency Management Agency, and lead on Governor's Resource Team

Ms. McDonald made the following findings in here brief presentation before the Senate Task Force. She stated that there was no clear leader within DCYF managing and assessing the contracts between DCYF and the Networks.

She also indicated that the team was unable to map the process in terms of what is being done today against the terms contract. There were several variations in decisions and decision pathways over the course of two years of the contract. With DCYF high turnover, it would be exacerbated as some of the processes followed were not documented. This situation made it difficult in the data analysis meetings to benchmark, and made it hard to identify which action or policy was sound or not.

Some issues that were identified by the resource team was the lack of sufficient funding for the certain portions of the contract to be implemented properly, including the Network Care Coordinator. The increase cost is also a result of attempting to manage those aspects of the contract.

The CANS assessment was being conducted 25% of the time, however; there has been improvement. Although the assessments are being performed, they are not being performed on a regular basis. This makes it very difficult to speak about performance measure, data, and services if the fundamental issues are not focused upon.

Ms. McDonald indicated that the Governor would be issuing their findings and recommendations next week. The included report recommendations are as follows:

- There needs to be an increase in staff, as high caseloads and the turnover ratio is something which the department will struggle with.
- Division of Information Technology fast-tracked some of their infrastructure upgrades for the agency, and should be completed shortly.
- A decision needs to be made in the next few months to change course if additional funds are not added into the contract, since these recommendations are limited to the life of the actual contract.

Senator DiPalma asked Director DeFrances to provide an update as to what DCYF has changed or implemented since the Annie E. Casey Foundation recommendations and the Governor's Resource Team has been in place. She indicated the following:

1) Assessments – have worked with the two networks to infuse more training of the CANS so that more providers will be able to provide that service.
2) A turn over in staff, as recent data indicates fifty-two percent (52%) and currently 33 new staff members are being trained to replace those workers.
3) Instituted a penalty that will be in place and also monitoring an incentive-process.
4) Provide extra support at the department in both psychologist-time and psychiatry time, so that better assessments can be provided right at the door.
5) There's also an "ask" for a child welfare clinic, similar to the juvenile justice clinic, in order to provide immediate trauma screening and to better understanding of the level of care or specific needs.
6) Currently, the department is working with Lifespan and Gateway to provide ten to twelve (10-12) bed units for females dealing with trauma.
7) In terms of data, the department is currently examining the FCCP data to better understand how the intake of children can be reduced.
8) Also, department has asked for additional programming that will allow for congregate care to be reduced.
9) An initiative has been established to assist service providers who are willing to reexamine their model and shift to more community based services.
10) Finally, the department is carefully reviewing the Michigan Performance Funding for possible use for incentive based system change.

A discussion ensued on whether or not a hundred-percent of all kids who enter the department go through screening. Senator DiPalma stated that there seems to be a clear lack of urgency in that process overall, and that the rest of the questions cannot be fully answered until the child receives proper screening. The lack of data available is also a sign of the lack of urgency.

A discussion ensued on the best practice number of a social worker's caseload. It was stated that the best practice number is currently at fourteen (14). With the new 33 caseworkers, and the additional 24 that have been requested, the FY16 caseloads will be more reasonable and manageable.

Secretary Steven Costantino mentioned that a project manager is a necessary entity for a contract of this magnitude. The complexity of this contract truly demands someone who will overlook the entire picture, and he likened it to a large vendor-contract. Also, he indicated to make the DCYF budget more predictable DCYF should be included in the case load estimating conference upon the demonstration that the estimation of children and families services needed could be appropriately predicted and calculated.

SENATE POLICY OFFICE MEMORANDUM

State of Rhode Island and Providence Plantations
Senate Policy Office, Room SB27
State House, Providence, RI 02903

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Addendum 2: Presentations

Presentation
August 19, 2014

DCYF System of Care

Family Care Network Contracts

Governor Chafee's Resource Team August 19, 2014

Agenda

- Team Introduction and Overview
- System of Care
- Family Care Network Contracts
- Team Work Plan
  - Current contract
  - Process Mapping
  - Data Analysis / Assessments
  - Finance/Budget
- Next Steps

Agenda

- **Team Introduction and Overview**
- System of Care
- Family Care Network Contracts
- Team Work Plan
  - Current contract
  - Process Mapping
  - Data Analysis / Assessments
  - Finance/Budget
- Next Steps

Team Introduction

- Jamia McDonald, Executive Director, RIEMA
- Jennifer Wood, Chief of Staff/Executive Counsel, Lt. Gov
- Wayne Hannon, Deputy Budget Officer, DOA
- Alda Rego, Chief Financial Officer, OHHS

Team Overview

- For the past two (2) years, DCYF has encountered cost-overruns for the two primary contracts related to the implementation of Phase Two of the System of Care
- In April, the DCYF and their two contractors initiated letters to terminate the contracts, with extensions that anticipated termination by July 31, 2014
- In order to ensure that a complete understanding of the contract, the related costs and services, and the needs of the families were being met, the Governor assembled a team to review the situation and better understand the contract and the reasons for the cost overruns

Team Overview

During first week engaged with the agency, determined the following:

•The agency and its contractors did not properly cancel the contract under the State's Standard Terms and Conditions attached during the Purchase Order process.

•Under the belief that they had properly cancelled the contract and in anticipation of the July 31, 2014 contact end, DCYF had already begun to reassign the services being delivered by the two network contractors. Several of the services that were provided by the networks under the contract had been migrated back to DCYF

•DCYF had also already begun to negotiate new contracts directly with the 80+ providers that existed within the two networks

Team Overview

- In addition to the new facts, the team met with key stakeholders to better understand the issues giving rise to the cost overruns and how best to craft longer term solutions.
- Based on status of the contract remaining in full force and effect, services that DCYF had begun to migrate to the agency were restored to the two Network contractors.
- Team has begun a thorough review of the contracts, as well as the System of Care

Team Overview

With the contracts currently in place, the team intends to review and identify the following:

•Current Contract – Review current financing levels against increased oversight of the contract to project the length of time the services can be provided under the current structure.

•Data Analysis – Work with the agency and Performance Management division to understand data trends and establish measures for both contract oversight and longer term analysis of service delivery.

•Process Mapping – Review the current procedures and processes, as well as provide recommendations on alternative, more efficient procedures under the current contract structure, as well as new potential structures and alternatives to the current contract.

Team Overview

- Finance/Budget – Review and develop an amended FY15 and FY16 budget that provides options for consideration on implementing the System of Care in the most efficient, cost-effective way to ensure the safety and well-being of our vulnerable children and families.
- Audit – Review both the contractors and the agency for expenditure and process compliance with the contract as currently written.
- Relationships – Ensure good lines of communication with all stakeholders involved in the process of implementing and funding the system of care, regardless of the ultimate model for delivery.

Agenda

- Team Introduction and Overview
- **System of Care**
- Family Care Network Contracts
- Team Work Plan
  - Current contract
  - Process Mapping
  - Data Analysis / Assessments
  - Finance/Budget
- Next Steps

System of Care

Phase One of System:

•This first phase of the system of care development is designed to prevent family involvement with DCYF and support family preservation and well-being.

•Currently four regional Family Care Community Partnerships (FCCP's) consolidate the management of DCYF's prevention, early intervention and community-based behavioral health programs in order to integrate and expand services and supports for each child and family according to their unique strengths and needs.

•The FCCP provides a system of care approach for families with children and youth who are at risk for DCYF involvement due to abuse and neglect or serious emotional disturbance (SED) and youth who are returning to the community following a RI Training School sentence.

System of Care

Phase Two of System:

•As outlined in DCYF's original concept paper, the system of care for children and families under the care and supervision of DCYF involves families with at least one child, from birth through eighteen (18) years of age, who is active with DCYF. The families will require services to provide for the safety of the child, services to mitigate risk to the community and services for the treatment of behavioral or emotionally challenging conditions.

•It is intended to transform the DCYF child welfare, juvenile corrections and children's behavioral health system to one that primarily relies on an expanded continuum of home and community-based services and supports to better meet the needs of children and their families in the least restrictive setting to ensure community safety and reduce congregate out of home placement.

System of Care

Phase Two of System:

•The expected outcomes are to:
- maintain children safely in their own homes,
- to improve the rate of reunification and
- to prevent the recurrence of maltreatment.

•These outcomes will be achieved by providing services that utilize the family's strengths and take into account their needs and preferences.

•The method of implementation for Phase Two was done through the development of two (2) contracts that create a "network of care".

Agenda

- Team Introduction and Overview
- System of Care
- **Family Care Network Contracts**
- Team Work Plan
  - Current contract
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  - Data Analysis / Assessments
  - Finance/Budget
- Next Steps

Contract Overview

- Two Contracts
  - RI Care Management
  - Ocean State
- $107,070,000 for 3 Year Term, $35,690,000 annually
- Initial Term: July 1, 2012 to June 30, 2015
- Three 1-year Renewal Options
- Total Contractual Value : $214,140,000

Contract Services

- As of July 1, 2012, Networks were, among other things, to:
  - Provide home-based services
  - Care Coordination (at future date)
  - Service Delivery (at future date)
  - Maintain a centralized intake system
  - Be available 24/7 for emergency placements within 2 hours

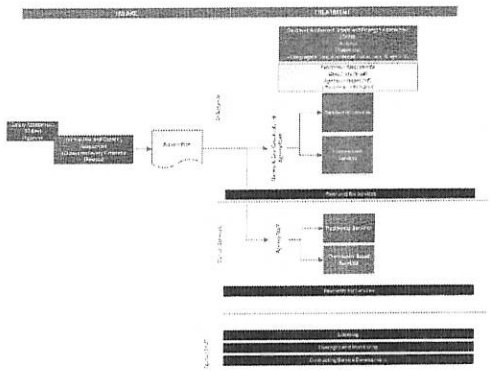
Contract Services

- Service Population
  - birth to 18
  - up to 19 if referred because of juvenile justice involvement
  - up to 21 if diagnosed with serious emotional disturbance or DD
- Promoting the delivery of community-based services (includes in-home and out-of-home services) to children and families within his or her community and/or;
- Ensuring that each child, youth and family has timely and appropriate access to every service, support, and resource identified in the **Service Plan**

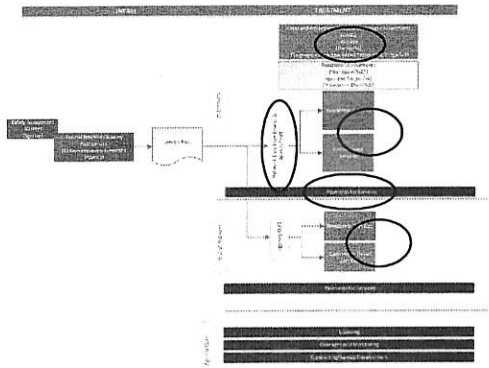
Agency Responsibilities under Contract

- Set the standards for services and conduct quality assurance to ensure programmatically and fiscally effective Networks of Care that comply with state and federal law and regulation
- Retains the right to determine the level and intensity of service for each child, youth and family
- Retains all existing authority and discretion to act on behalf of the children and families

System of Care & Network Contracts



System of Care & Network Contracts



Agenda

- Team Introduction and Overview
- System of Care
- Family Care Network Contracts
- **Team Work Plan**
  - **Current contract**
  - **Process Mapping**
  - **Data Analysis / Assessments**
  - **Finance/Budget**
- Next Steps

Current Contract

- Currently working with the agency and the OMB Performance Management division to understand data trends and establish measures for both contract oversight and longer term analysis of service delivery.
- Met with Annie E. Casey Foundation to better understand their assessments and findings and requested detailed information on their report and conclusions.
- Establish a series of management meetings lead by a member of our team – Finance and Budget, Data, IT, Policy & Operations, Executive

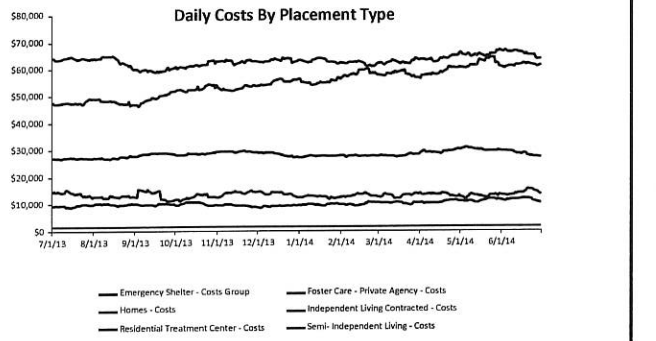
Process Mapping

- Determine contract requirements
- Determine current practices
- Identify process improvements/efficiencies
- Outline options for consideration along with associated costs

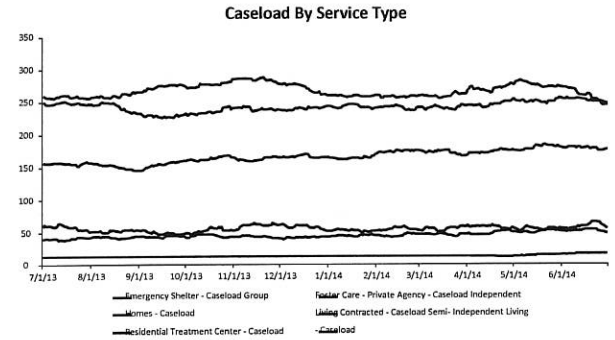
Data Analysis

- Continue to work with Annie E. Casey Foundation to better understand their assessments and findings
  - Requested details on findings and conclusions to better establish national benchmarks for outcomes
  - Requested additional best practice information on quality measures to better oversee outcome measures
  - Requested additional best practice information on Assessments

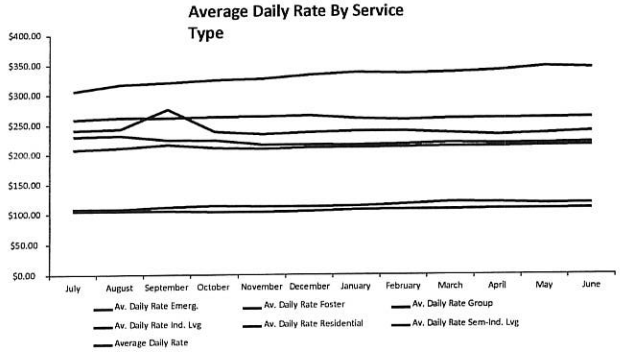
Data Analysis



Data Analysis



Data Analysis



Assessments

- Safety Assessment
- Family Risk and Protective Capacity Assessment
- Child and Adolescent Needs and Strength Assessment (CANS) –level of care
- Functional Assessments (on hold)
  - *Ohio Scale*
  - *Ages and Stages Social Emotional*

Assessments

- Call comes in to DCYF Hotline
  - Based on Screening results, Child Protective Investigator goes out and conducts Safety Assessment (10 days)
    - Uniform assessment conducted by all CPIs during investigation
  - Based on Safety Assessment results, child is deemed unsafe and there is a need for removal – Safety Plan developed

Assessments

- DCYF Family Service Unit administers Family Risk and Protective Capacity Assessment (FRPCA) on all children assigned to their caseload within 60 days of assignment (in-home and out-of-home) and every 6 months
  - There are ongoing safety and risk assessments that occur with every face to face
  - Based on FRPCA, Service Plan developed

Assessments

- If a child is removed from home and meets the following criteria, a Child and Adolescent Needs and Strength Assessment (CANS), or level of care assessment, is conducted by the Family Care Networks.
  - Child enters into either congregate care or specialized foster care, and
  - Child is between the ages 6-18
- If the child meets criteria a CANS is conducted at baseline, within 45 days of entry into congregate care or specialized foster care, and at each level of care change, and at discharge.

Assessments

- In January 2013, CANS was implemented as a level of care assessment.
- January 1, 2013 - June 30, 2013 was the CANS implementation period whereupon, CANS certified personnel would have a 6 month period to gain competency in administering the CANS and applying the information from the CANS into decision making regarding the child's level of care and case planning.
- July 1, 2013 began the official CANS start date.

Assessments

25.4% of youth who were removed from home and first placed in congregate care, specialized foster care, or semi-independent living (7/1/2013 –3/15/2014) and remained in that placement for 45+ days, had a CANS administered (7/1/2013 – 5/1/2014)

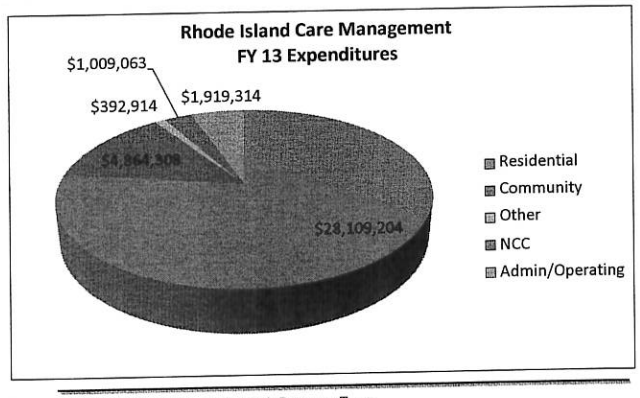
Assessments

- Expand on work with Annie E. Casey Foundation to improve all aspects of assessments during intake and service delivery process
- Review national best practices to strengthen service delivery and improve outcomes for children and families
- Expand use of appropriate assessments for all aspects of placement decision making

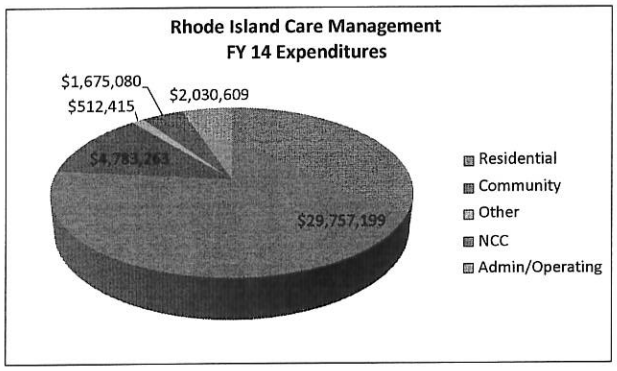
Finance and Budget

- Review and develop an amended FY15 and FY16 budget that provides options for consideration on implementing the System of Care in the most efficient, cost-effective way to ensure the safety and well-being of our vulnerable children and families.
- Audit – Review both the contractors and the agency for expenditure and process compliance with the contract as currently written.

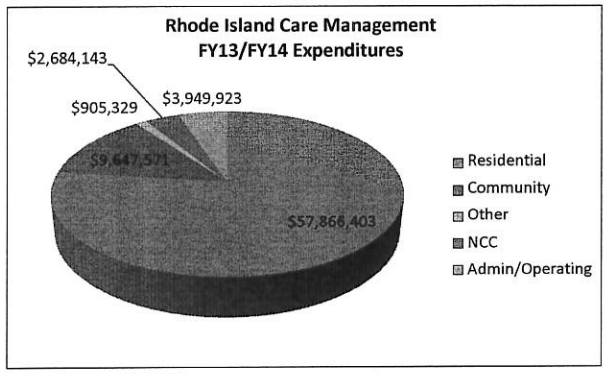
Finance & Budget



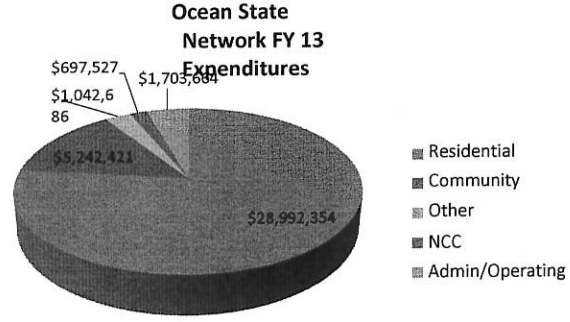
Finance & Budget



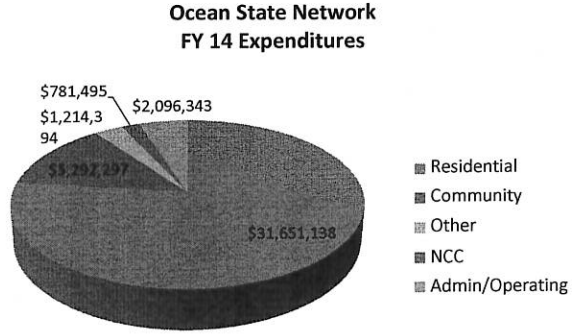
Finance & Budget



Finance & Budget

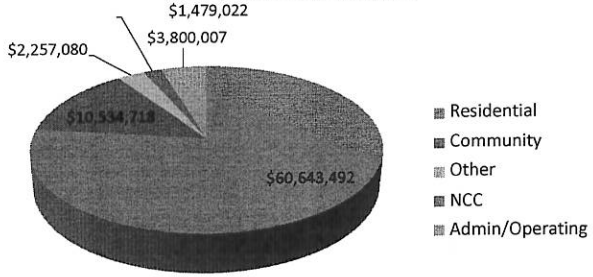


Finance & Budget



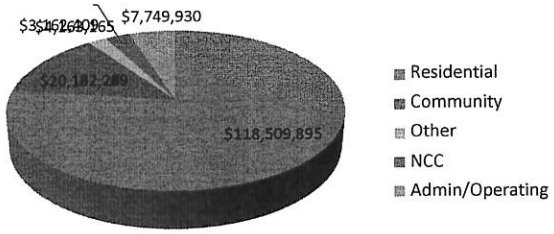
Finance & Budget

Ocean State Network
FY 13/FY 14 Expenditures



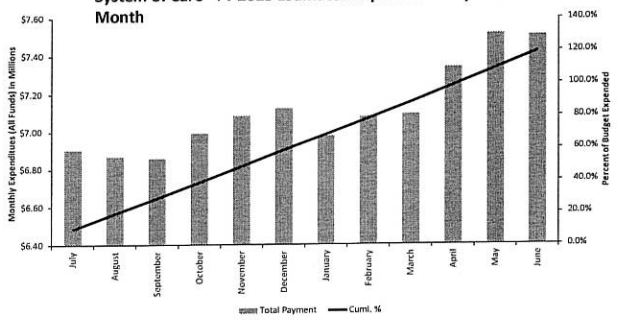
Finance & Budget

Total Expenditures for both Network Contracts
FY13 & FY 14



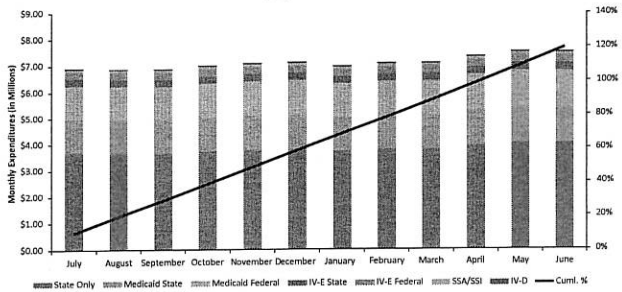
Finance & Budget

System of Care - FY 2015 Estimated Expenditures By Month



Finance & Budget

System of Care - FY 2015 Estimated Expenditures By Month and Fund Source



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- **Next Steps**

Next Steps

- Continue evaluation of current contract
- Identify areas of improvement
- Outline options for overall efficiencies, cost effectiveness and delivery of the System of Care

Presentation
and
Written Testimony
September 2, 2014

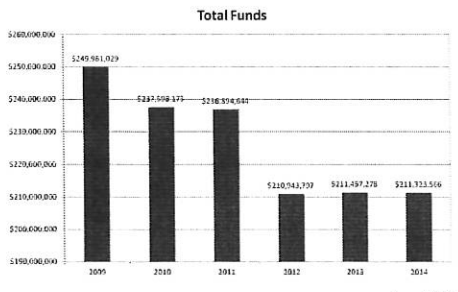
Ocean State Network for Children and Families (OSNCF)

Rhode Island Care Management Network (RICMN)

Agenda

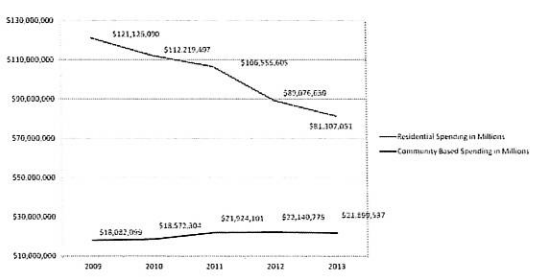
- DCYF Budget
- The Impact on Children
- Case Study
- Evidence-Based Practices
- Recommendations for the Future of the System

DCYF Budget

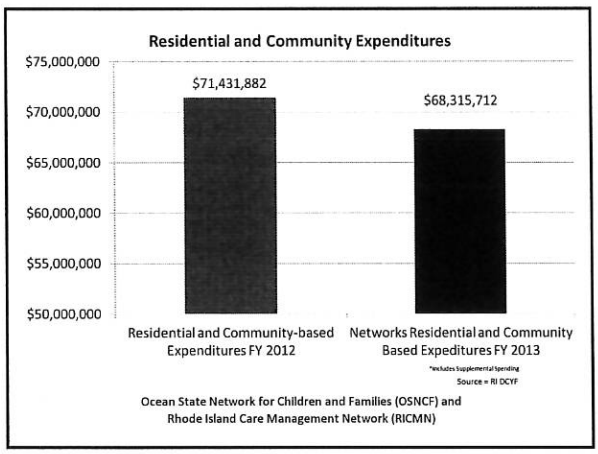


Source = RI DCYF

Residential Services Spending

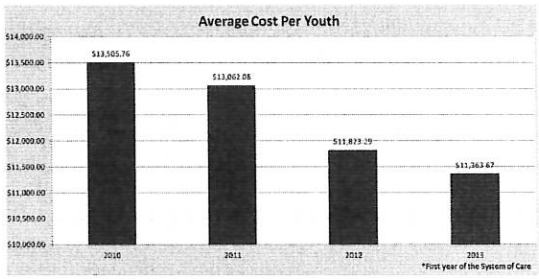


Source = RI DCYF



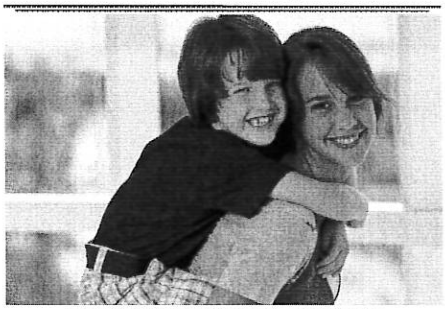
Ocean State Network for Children and Families (OSNCF) and
Rhode Island Care Management Network (RICMN)

Decreases in Annual Costs Per Youth



Ocean State Network for Children and Families (OSNCF) and
Rhode Island Care Management Network (RICMN)

Case Study



Ocean State Network for Children and Families (OSNCF) and
Rhode Island Care Management Network (RICMN)

Foster Care: The Front Line

- In the struggle to protect vulnerable children like these siblings, foster care is really the front line.
- We need to develop a foster parent recruitment system made of up of public and private partners. With a coordinated effort to expand our pool of available foster parents, we would be able to respond to cases like these siblings' quickly and effectively. DCYF has received a Federal Diligent Recruitment grant, but they cannot tackle this issue alone.

Ocean State Network for Children and Families (OSNCF) and
Rhode Island Care Management Network (RICMN)

Foster Care: The Front Line

$26.93

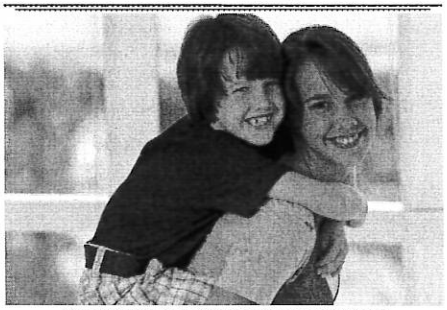
Average Daily Reimbursement Rate for **Connecticut** Foster Parents

$14.39

Average Daily Reimbursement Rate for **Rhode Island** Foster Parents

Ocean State Network for Children and Families (OSNCF) and Rhode Island Care Management Network (RICMN)

Case Study



Ocean State Network for Children and Families (OSNCF) and Rhode Island Care Management Network (RICMN)

Sibling-Set Placements

- *When we split up foster children from their brothers and sisters, we are taking away the only connection they still have to the people they love.*

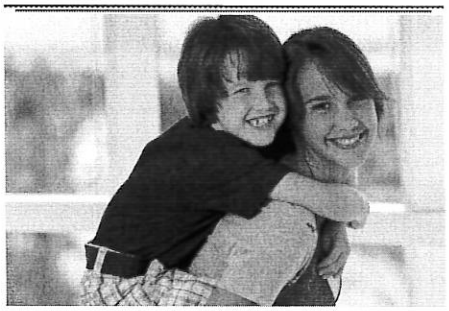
  - National Center for Youth Law

- Efforts should be made to increase the number of sibling-set foster homes. This will lead to better overall outcomes and avoid unnecessary suffering.

- Increasing sibling-set placement capacity will reduce the number of cases that progress further into the System.

Ocean State Network for Children and Families (OSNCF) and Rhode Island Care Management Network (RICMN)

Case Study



Ocean State Network for Children and Families (OSNCF) and Rhode Island Care Management Network (RICMN)

Out-of-State Placements

• The State of Rhode Island does not have specialized, evidence-based residential programs that focus on the challenges that some of our youth present.

• There is an opportunity for an out-of-state project team to develop prescriptive plans to safely bring individual youths back to Rhode Island and make recommendations for program development.

Just because the evidence-based program is in Rhode Island doesn't mean it will cost less.

- Evidence-based practitioner

Budget Reductions to Residential and TFC Services

There is a need for a system that sets and manages provider rates to match the service needs of RI children and families.

Across-the-board budget cuts to Residential Treatment and Therapeutic Foster Care Services

• July 2009

• July 2011

• February 2012.

New Evidence-Based Services

• Parenting with Love and Limits (PLL)
• Strengthening Families
• Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
• Alternatives for Families – Cognitive Behavioral Therapy (AF-CBT)
• Common Sense Parenting
• Trauma Systems Treatment
• Groden Center LINKS (Family Preservation Program for children with ASD)
• Teen Assertive Community Treatment (TACT)
• Positive Parenting Program (PPP)
• Family Centered Treatment (FCT)

Positive Indicators and What We Have Learned

• 82% of children from families receiving community based services remain at home
• Decrease in length of stay for children in emergency shelters
• Children who are receiving Wraparound care have a greater permanency rate
• Successful grant writing efforts by DCYF bring in millions of federal dollars for diligent recruitment Adoption and Trauma Services.
• Based on discharge data, congregate care is not meeting the needs of many children who do not achieve permanency or transition to a less restrictive setting.

Recommendations

- Budget and Finance
- Data and IT
- Planning and Evaluation
- Practice and Workforce Development
- Inclusion and Collaboration

Ocean State Network for Children and Families (OSNCF) and
Rhode Island Care Management Network (RICMN)

Budget and Finance Model

Financing a comprehensive system of care for children, adolescents, and their families is one of the most complex aspects of system reform.

- Toward an Organized System of Care for Rhode Island's Children, Youth and Families January 2003

- Cost Reporting and Rate-Setting System
- Braided Funding
- Insurance and HealthSource RI
- Sustainable Funding Model
- Systematic Review and Revision

Ocean State Network for Children and Families (OSNCF) and
Rhode Island Care Management Network (RICMN)

Statewide Data and IT Capacity Building

- Statewide Software and Infrastructure
- Research other states
- Data Sharing and Transparency
- Tools for shared analytical capacity
- Tools for the front-line workers and front-line service providers
- Real-time Data

Ocean State Network for Children and Families (OSNCF) and
Rhode Island Care Management Network (RICMN)

Statewide Planning and Evaluation

- Review of utility and effectiveness of current consultants
- Data collection capacity
- Analysis capacity
- Project management capacity to implement new strategies and services

Ocean State Network for Children and Families (OSNCF) and
Rhode Island Care Management Network (RICMN)

Practice and Workforce Development

- Research capacity on best practices to match current resource needs in RI. (i.e. Muskie Institute at University of Maine, Orono, Child Welfare Institute at University of Illinois-Champaign)
- Increased opportunities for cross-training for DCYF employees and providers
- Increased opportunities for evidence-based practices training

Shared Vision

Stakeholders share a set of values and beliefs that guide the development of a true System of Care

Senate Testimony

Family Care Networks

September 2, 2014

Risk and Safety

- In nearby Massachusetts, 95 children have died that were involved with DCF either directly or indirectly. Nationally, more than 4 children die every day as a result of child abuse and neglect; 70% are under the age of 4. The context in Mass. Has been progressive budget cuts over the last decade which has rolled back the Department's direct service and administrative capacity thereby creating the conditions for enhanced risk to children.
- The combination of the level of unemployment in RI and the number of people living in poverty creates conditions whereby children are more apt to be physically injured and/or their basic needs not to be adequately met. The Senate and House need to be mindful of this in ongoing budget planning. Nearly 78% of families that enter the child welfare system do so due to neglect.

Family Care Networks

- The current networks were funded inadequately from the beginning; the system has not progressed much beyond its historic focus on residential and placement services.
- A separate allocation for community based services must be funded at a sufficient level in the initial years of system development. Community based services must be developed and implemented systematically; without an adequate dedicated funding foundation the system will not achieve the transformation envisioned.
- Provider networks and services must be regionalized in order to provide DCYF with the resources it needs in local communities where other formal and informal services can be leveraged. A top down "lead agency" is not effective in serving families where they live.
- DCYF should be responsible for implemented an equitable rate setting process for services delivered by all providers.

Systems Issues

- Utilizing Family Care Networks represents a major departure relative to how services are referred, coordinated, planned and evaluated for DCYF personnel and providers. Much greater attention and leadership is required systemically in orienting DCYF and provider staff through an evolving and inclusive process.
- Over the last year a substantial number of children have been removed from their families due to parental addiction and mental health concerns. Historically, little service and resource coordination has occurred between DCYF and BHDDH.
- DCYF deals with the most at-risk families in the state; budget cuts in other Departments that impact mental health and addiction services, housing, child care etc. has a detrimental effect on this population thereby increasing the risk for children; Rhode Island must do a much better job in connecting these dots and understanding the implications for vulnerable families.

Respectfully Submitted,

Benedict F. Lessing, Jr. MSW

President/CEO, Community Care Alliance

September 2, 2014

To: Senate Task Force on DCYF and The Family Care Networks

From: Brother Michael Reis, CEO Tides Family Services, Vice Chair of NASW Board, RI Chapter of NASW

Having listened to the Governor's Resource Team report and listened to their report on 8/19/14 before the Senate, I want to congratulate the Team on their insight into the initial development of the new System of Care Phase I and Phase II. I found the report and the Senators' questions to be very insightful and realistic in an attempt to help understand where we are in developing Phase I and Phase II of RI new System of Care. I will attempt to highlight some of the key issues as I see them.

1. There was strong support for the principles involved in the implementation of Phase I and II of the System of Care. All the previous studies over the past several years [**OUR CHILDREN OUR RESPONSIBILITY, RIPEC STUDY, LEGISLATIVE TASKFORCE TO IMPLEMENT A NEW SYSTEM OF CARE, ETC.**] emphasized the need to shift from congregate care **to include an array of community-based programs to stabilize families vs** 80% of money going to less than 20% of the kids. (**RIPEC Report**). The professional literature is clear that after 90 days in congregate care, caregivers begin to disengage. The budgets for the first 2 years of Phase II have been mainly driven by congregate care factors.

2. As the Resource Team noted in their report, there were concerns as to how to effectively measure outcomes relative to the efficient delivery of services in the new system of care. At the implementation point of Phase II, it was very unclear what the lines of authority were and how the new system would operate.

Traditionally, the Family Court and DCYF were the legal entities responsible for the youth and families. It was never clear how the two lead agencies were to relate with DCYF and Family Court. Who was making the all-important critical decisions on case management? It was also not clear what the relationship between the provider community was with DCYF. Please remember that the contracts were signed with a lead agency and not a network. It was not clear what the relationship between the provider community was with DCYF.

3. From the beginning, it was difficult to determine where community-based programs fit into the new system of care. Although the goal was to utilize community-based care, the majority of network money seemed to be invested in congregate care. In a system of care presumably founded on community-based services, this was a concern. How could the shift to an array of community-based service occur when the majority of money was still in beds?

4. I strongly support a focus on evidenced base practice programs when they are the right match with the needs of the youth/families. One of the limitations for some of those models is that they require at least one stable caretaker. DCYF services the most difficult families in the State, some of whom have a long history of involvement with the Department. The reality is that in some cases there is no stable caretaker. In addition to evidence based programs, the Department needs promising practice programs that have been able to effectively deal with these families by providing intensive community based services.

5. Another major issue appears to be the limited access to adequate mental health services for youth, siblings and parent(s). The Senate should be aware that there were significant financial cuts to DCYF, but also to mental health services. If families are to stabilize and the

youth remain at home, youth frequently need follow up mental health services and other family members may also have been in need of these services. Without these supports, the probability of the family/youth stabilizing is low and the need for more expensive residential services will be required.

6. The Family Court and the Child Advocate have frequently expressed concerns for the level of mental health services available to the youth and family. Mental health services are crucial to the success of these families if we are to maintain a functional community-based system of care. Please remember that there also is a need for more child psychiatric services. Cuts in the various human services frequently affect the stability of DCYF families.

7. Two other key factors in maintaining youth in the community are the connections to school and job training. The professional literature is very clear that these two areas are major factors in youth remaining trouble free. It has been our experience that when these supports are available the family/youth are more successful. Unfortunately, schools are very prone to exclude many of the behaviorally challenged and since there are very few job/vocational-training opportunities for teenagers especially in the core cities, they turn to negative activities.

8. Four years ago Tides Family Services partnered with AS220, The Institute for the Study & Practice of Non-Violence who received federal stimulus money for summer jobs, used for 70 youth coming out of the RI Training School. During that summer, only **one** youth returned to the Training School.

9. As I hope you realize this undertaking was a complicated process involving many ancillary systems that are involved at various levels. Clearly a major factor was the massive financial cuts to all of these systems. Public and private children services have been devastated

by recent cuts and it is important to understand the impact of these cuts.

10. I would once again encourage the consideration in maximizing existing community based programming in conjunction with local mental health services as a means of maintaining an intact family based system of care. It is not only cost effective it is a more positive and effective method of service delivery.

11. As we are talking about an array of community based services, the DCYF cuts have impacted the delivery of services by limiting their ability in various communities. The opportunity to assess and monitor cases has become more difficult. Many of us believed that one of the strengths of DCYF was the regional offices. That is where community based services begin. There were several wonderful projects done on a regional level that were clearly consistent with the goals of the New System of Care.

12. Finally, I would strongly recommend to the Senate and The Governor's Resource Team to look at the significant cuts over the past 4 years to the DCYF budget. As a provider, there is no place left to absorb any further cuts. Many of the providers are in the same situation.

What will it take to succeed at affordably providing effective services to state-involved youth?

My assumptions:

Networks of providers don't have infrastructure or expertise for standard UM that TPAs (insurers) or even the state have (note implications for ACOs as a solution to healthcare financing)

- They do have clinical expertise, perspective, and priorities that TPAs (and the state) don't
- The value of management by providers is use of a clinical perspective on how best to use available resources to meet the needs of a defined population.

Assumptions underlying the Network model that didn't work:

- Incentivizing decision makers will lead them to use resources cost-effectively
- Collaborating providers will use available resources cost-effectively to meet children's needs
- Wraparound provides the means to determine the most cost-effective use of available resources (under-funding, weakened adherence requirements, and poor execution have left the Networks using standard UM processes inadequately, rather than high fidelity Wraparound, to manage decision making)

1. Is there enough money in the system?
   - If general medical care includes 1/6th unnecessary, avoidable, or inefficient care, child and family services probably include at least that much
   - The Network contracts were designed to use savings from individualized services that keep children at home (vs. in placement) to fund new, more effective & less costly community-based services
     - Achieving these savings requires providers to find a means to select children who can be diverted from placement into alternatives that are clinically feasible for their needs
   - Funds are still tied to service types rather than efficient individualized approaches to address children's and families' needs
     - Even if there were investment funding in new community-based services, this would not drive the system to develop individualized approaches to serve children and families based on assessment of their specific needs and tailored use of available resources to address those needs

2. Requirements for outside authorization do not prevent affordability and effectiveness:
   - Judicial orders, DCYF probation or case worker approvals, or other outside orders superseding provider clinical decisions is not an inappropriate barrier given their responsibility for goals the Networks are required to meet
   - Utilization review and authorizations are inherent parts of all service delivery systems
     - If providers can't offer adequate rationales for recommendations, reviewers will develop criteria to meet their own obligations or impose their own judgments (given their authority to do so)
     - If providers can offer adequate rationales for recommendations, reviewers reject them at their own responsibility and risk (and develop trust in providers' judgment- my org. is never denied)

3. Incentives, reorganized systems, and good intentions are not enough to achieve effective change.
   - *Strategies* are required for determining the most cost-effective way to meet children's/families' needs
     - There are several options (e.g., High- but not low- fidelity Wraparound, Family Checkup planning, PracticeWise, and evidence-based practice processes), most of which have never been evaluated at the system level or tried in RI
     - Without specific system-level strategies, decisions are based on level of care UR or unregulated provider decision-making, both of which *have* been evaluated at the system level (and fail)
     - With specific system-level strategies, existing funds can be used in the most cost-effective ways, services can be developed and tailored to individual children's and families' needs, and appropriate rationales can be provided to reviewers.

Paul Bloh, Ph.D.

(over)

Verbal testimony:

1. My name is Dr. Paul Block; I am a licensed clinical psychologist, Director of the Center for Integrated Care Innovation at NAFI, a 10-state, East Coast non-profit human services organization, and a member of the board of one of the DCYF networks (which is the basis on which I am testifying today) until Psychological Centers, my prior organization's services, were taken over by NAFI.

2. When this many well-intentioned, competent people have worked this hard to make the DCYF system of care work, the question isn't who's at fault or who would best manage the system, but rather what's wrong with the way the system is designed that needs to be fixed for *anyone* to be able to succeed.

3. In order to succeed, and especially to be able to meet its goals affordably, any system serving DCYF-involved children needs trustworthy ways to determine what those children and their families need, to evaluate whether those needs are being met (whether services are effective), and whether available resources are being used efficiently to meet them.

    a. Since the 1978 McMillan Report *(36 years ago)* through this year's *(2014)* Casey Report, there have been five major reviews determining that RI overuses residential placement and could better serve state-involved children at far lower costs through use of effective community based services
        i. *1991 (Special Legislative Task Force Report "Our Children, Our Responsibility")*
        ii. *2001 (RIPEC report, "A Review of the Department of Children, Youth and Families,")*
        iii. *2008 (Governor's DCYF financial review team)*

    b. We know how to improve the effectiveness and affordability of our system, just not how to get ourselves to do it

4. There are models for how to determine what state-involved children need, though none have been implemented successfully enough at a system-wide level for us to simply choose and implement with confidence

5. Without selecting a model for deciding how to serve children's needs, we can't evaluate whether available resources are being used efficiently to meet those needs.

6. RI needs strong leadership to guide us in selecting a model for decision making and management of services to DCYF-involved children and to oversee its effective implementation and ongoing improvement, someone
    a. *who will take the responsibility*
    b. *has the ability to listen and consider various perspectives about how best to make our system work*
    c. *can oversee a process for deciding the best option for RI*
    d. *has strength and authority to follow through on execution of a viable strategy*
    e. *and can use evidence from our ongoing results to make improvements and get the best outcomes*

7. My written testimony describes specific issues that have arisen about the current Network design, including why I see some of the main complaints differently from my colleagues. I am happy to answer any questions or offer any additional opinions you might find helpful or at least entertaining.

Paul Block, PhD, Director,
NAFI-RI Psychological Centers and NAFI Center for Integrated Care Innovation
(401) 490-8935
Paul.Block@PsychologicalCenters.com

Information provided by:
David Kaufer

RESIDENTIAL & TREATMENT FOSTER CARE
RATE SCHEDULE

			RATE PER BED/UNIT	
Blackstone Valley				
	High End Residential		$ 243.00	
Boys Town				
	Group Homes		$ 140.73	
	Foster Care - Group Home	per child/no sibling rate	$ 113.48	
	Foster Care		$ 104.00	
	Foster Care-Sibling		$ 85.00	
Children's Shelter of Blackstone Valley				
	Emergency Shelter		$ 192.00	
Family Resources Community Action				
	Foster Care		$ 104.00	
	Foster Care-Sibling		$ 85.00	
Family Service				
*	Stabilization & Assessment		$ 275.00	Day 1-60
	Stabilization & Assessment		$ 250.00	Day 61+
*	Staff Secure		$ 275.00	Day 1-30
	Staff Secure		$ 265.00	Day 31-60
	Staff Secure		$ 255.00	Day 61+
	Staff Secure- With School		$ 275.00	
	Semi-Ind Living		$ 200.00	
	Foster Care		$ 104.00	
	Foster Care-Sibling		$ 85.00	
Gateway				
	Lighthouse		$ 230.00	
*	Staff Secure		$ 275.00	Day 1-30
	Staff Secure		$ 265.00	Day 31-60
	Staff Secure		$ 255.00	Day 61+
*	High End Residential-Acadia		$ 302.00	Day 1-30
	High End Residential-Acadia		$ 275.00	Day 31+
Groden Center				
	Group Home		$ 350.00	
	Group Home - Rome		$ 360.00	
	Foster Care		$ 104.00	
	Foster Care-Sibling		$ 85.00	
	Foster Care - Special Population		$ 147.00	
	Foster Care-Sibling		$ 85.00	
	Foster Care - Special Population		$ 165.00	
	Foster Care-Sibling		$ 85.00	

			RATE PER BED/UNIT	
Harmony Hill				
	High End -ISAT		$ 340.00	Day 1-30
	High End -ISAT		$ 302.00	Day 31-60
	High End -ISAT		$ 275.00	Day 61-90
*/**	High End -ISAT		$ 235.00	Day 91+
	High End-IMT		$ 275.00	Day 1-60
*/**	High End-IMT			Day 61+
	Residential Treatment Center - Special Pop			
	Residential Treatment Center-Gen Pop			
Jammat Housing				
	Emergency Shelter		$ 210.00	
	Hosp Diversion		$ 275.00	
*	Group Home - SO		$ 275.00	Day 1-30
	Group Home - SO		$ 265.00	Day 31-60
	Group Home - SO		$ 255.00	Day 61+
*	Group Home - DD		$ 275.00	Day 1-30
	Group Home - DD		$ 265.00	Day 31-60
	Group Home - DD		$ 255.00	Day 61+
NAFI				
	Group Home-ACE		$ 225.00	
	Group Home-Main Street		$ 255.00	
	Staff Secure with School	Oakland Beach & Ridge Street	$ 275.00	
	Foster Care		$ 104.00	
	Foster Care-Sibling		$ 85.00	
*	Foster Care - Assessment		$ 144.00	Day 1-90
	Foster Care - (following assessment)		$ 104.00	Day 91+
NCCMHC				
	Independent Living		$ 108.00	
Perspectives Corp				
	High End Residential		$ 360.00	
St.Mary's Home				
*	Stabilization & Assessment (Hills)		$ 275.00	Day 1-60
	Stabilization & Assessment (Hills)		$ 250.00	Day 61+
	Residential Treatment Center - Special Pop (Mauran)		$ 235.00	
	Residential Treatment Center - Gen Pop (Horton)		$ 302.00	Day 1-30
	Residential Treatment Center - Gen Pop (Horton)		$ 275.00	Day 31+

	RATE PER BED/UNIT
Tannerhill	
Group Homes	$ 220.00
Foster Care	$ 104.00
Foster Care-Sibling	$ 85.00
Turning Point	
Semi-Ind Living	$ 160.00
Group Homes	$ 171.15
Washington Park	
Emergency Shelter	$ 192.00

* **Indicates program with step down payments**

*/** **Indicates program with step down payments. Requests for waivers based on clinical needs can be requested and reviewed by Sr Vice President**

Rates for Community Services

		RATE PER BED/UNIT		
North American Family Institute, Inc.	Outreach & Tracking	$	25.99	
North American Family Institute, Inc.	MST	$	68.00	
Boys Town of New England	In-Home Family Service	$	62.04	
Boys Town of New England	Visitation Services	$	30.00	
Family Resources Community Action	Visitation Services	$	49.31	
Family Resources Community Action	Outreach & Tracking	$	15.85	
Family Service of RI	Visitation Services	$	57.31	
Family Service of RI	AFCBT	$	60.00	
Psychological Centers, inc.	MST	$	68.00	
TIDES	Outreach & Tracking	$	24.00	
TIDES	PFN	$	70.00	Rate eff 10/1/13

Appendix C: Therapeutic Group Home Providers, Bed Capacity and Rates

Provider	Program Name	Licensed Bed Capacity	Per Diem Rate	Annual Bed Cost	Annual Agency Contract
CCARC	Black Rock House	5	$576.83	$210,542.95	$1,052,714
Bridge Family Center	Eleanor House	6	$455.74	$166,345.10	$998,070
Wellpath, Inc.,	Paladin House	5	$520.23	$189,883.95	$949,413
Children's Center of Hamden	Gate House	5	$521.36	$190,296.40	$951,486
Children's Home of Cromwell	Potter's House	5	$520.23	$189,883.95	$949,417
Children's Home of Cromwell	Isaiah House	5	$520.23	$189,883.95	$949,416
Children's Home of Cromwell	Esther House	5	$520.22	$189,880.30	$949,406
Community Health Resources	Brook House	6	$479.09	$174,867.85	$1,049,206
Community Health Resources	Mills House	5	$534.40	$195,056.00	$975,278
Community Health Resources	Greenhaven House	6	$455.74	$166,345.10	$998,070
Community Residences Inc	North Acre Place	5	$576.83	$210,542.95	$1,052,714
Family and Children's Aid	For Harmony	6	$455.74	$166,345.10	$998,070
Family and Children's Aid	Ten Harmony	6	$479.73	$175,101.45	$1,050,600
Gilead	Baldwin House	5	$520.23	$189,883.95	$949,415
Gilead	Iris Home	5	$520.23	$189,883.95	$949,415
Key Services	Loveland Rd	5	$576.83	$210,542.95	$1,052,714
Klingberg	Parkview Home for Boys	5	$520.04	$189,814.60	$949,078
Klingberg	Phoenix House	5	$520.23	$189,883.95	$949,415
Klingberg	Nia Sage House	5	$520.23	$189,883.95	$949,415
MCCA	New Dawn House	5	$520.23	$189,883.95	$949,415
NAFI	Bristol Group Home	4	$633.03	$231,055.95	$924,225
NAFI	Dover Road	6	$532.24	$194,267.60	$1,165,600
NAFI	Tress Road	4	$628.67	$229,464.55	$917,858
NAFI	NAFI Thomaston	5	$576.83	$210,542.95	$1,052,714
New Hope Manor	Hathorn House	5	$520.23	$189,883.95	$949,415
New Hope Manor	McGuiness House	5	$520.23	$189,883.95	$949,415
New Hope Manor	Rohde House	5	$520.23	$189,883.95	$949,415
Noank	Gray Farm House	5	$520.23	$189,883.95	$949,415
Northeast Center for Youth and Fam.	Hampton House	5	$520.23	$189,883.95	$949,415
REM	Center Hill Road House	5	$576.83	$210,542.95	$1,052,714
Village for Families and Children	Imani House (Now closed)	6	$470.32	$171,666.80	$1,030,000
Wellspring	Pendana Home	5	$520.23	$189,883.95	$949,415
Wheeler	Lighthouse	5	$520.23	$189,883.95	$949,415

Wheeler	Farm Hill	5	$520.23	$189,883.95	$949,415
Wheeler	Family Living Home	5	$520.23	$189,883.95	$949,415
Youth Continuum	Bradley House	5	$520.23	$189,883.95	$949,415
Youth Continuum	Harbor House	6	$455.74	$166,345.10	$998,070
Shelter for Women	Allison Gill Group Home	6	$455.74	$166,345.10	$998,070
Gilead	Anchorage	5	$520.23	$189,883.95	$949,415
New Hope Manor	Donovan House	5	$520.23	$189,883.95	$949,415
Waterford Country School	Fire Street Group Home (Now closed)	5	$520.23	$189,883.95	$949,415
Youth Continuum	Helen's House	6	$455.74	$166,345.10	$998,070
Northeast Center for Youth and Families	Horizon House	5	$520.23	$189,883.95	$949,415
Noank	Main Street House	5	$520.23	$189,883.95	$949,415
Community Mental Health Affiliates	Pando House	5	$520.23	$189,883.95	$949,415
FOCUS	Shannon House	5	$520.23	$189,883.95	$949,415
Wellpath, Inc.	Valiant House	5	$520.23	$189,883.95	$949,415
KEY Service Systems, Inc.	Volpi Road Group Home	4	$631.88	$230,636.20	$922,547
Connecticut Junior Republic	Winchester House	5	$520.23	$189,883.95	$949,415
Community Health Resource	Grant House	6	$455.74	$166,345.10	$998,070
The Wheeler Clinic	Sage House	5	$520.23	$189,883.95	$949,415
Northeast Center for Youth and Families	Chaplin House	5	$520.23	$189,883.95	$949,415
Youth Continuum	Laurel House	6	$353.86	$129,158.90	$774,946
REM Connecticut Community Services	Mansfield Road House	5	$336.48	$122,815.20	$614,083
Totals		279			$52,057,409

Presentations
September 16, 2014

Rhode Island KIDS COUNT

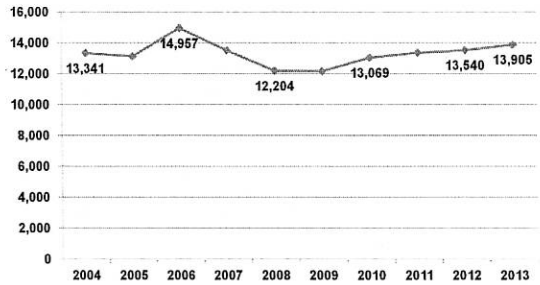
Presentation to the
Senate Task Force on DCYF and the Family Care Networks

Elizabeth Burke Bryant,
Executive Director

September 16, 2014

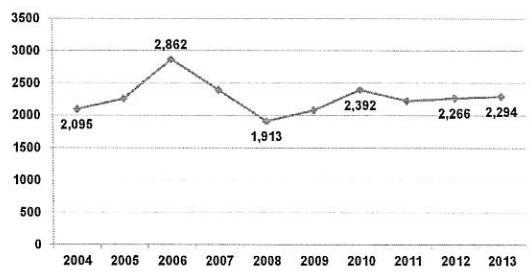
Child Maltreatment Trends

Unduplicated Maltreatment Reports, 2004-2013



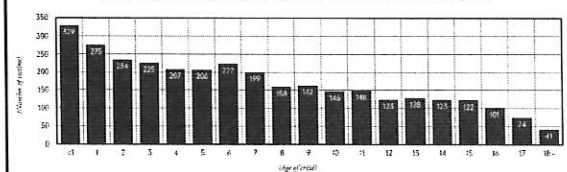
Child Maltreatment Trends

Number of Indicated Investigations, 2004-2013



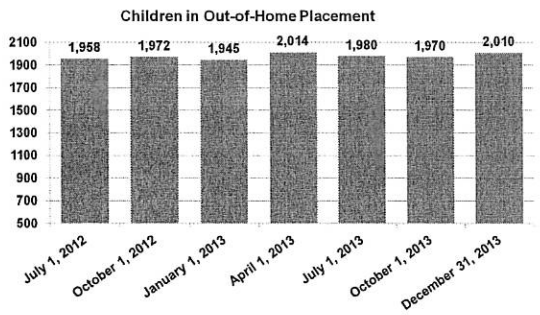
Child Maltreatment by Age

CHILD ABUSE AND NEGLECT BY AGE OF VICTIM, RHODE ISLAND, 2013

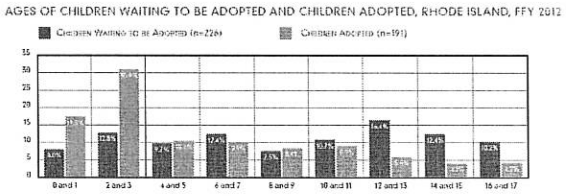


- Young children are especially vulnerable to abuse and neglect.
- In Rhode Island in 2013, children under age 6 represented 46% of all victims of child abuse and neglect

Out-of-Home Placement Trends

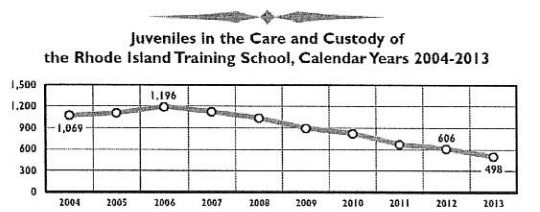


Children Waiting to be Adopted



- On September 30, 2012 in Rhode Island, there were 226 children and youth in foster care waiting to be adopted. Of these, 132 children and youth waiting for adoption had birth parents whose parental rights had been terminated.
- Young children are more likely to be adopted from foster care than older youth. During FFY 2012, almost two-thirds (59%) of children adopted from Rhode Island's foster care system were under age six, while 14% were youth age 12 or older.

Juvenile Justice Trends



- 498 youth were in the care or custody of the Training School at some point during 2013, down from 1,069 in 2004.

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Find us on Facebook & Twitter!

Rhode Island KIDS COUNT

@RIKidsCount

Senate Task Force on Department of Children Youth and Families and the Family Care Network

September 16, 2014

Children's FRIEND

Children's Friend

- 180 year history
- Not part of either network
- Blend of child welfare, social services, and early education
- Focus area for services is families with children 6 and under

Expected Outcomes for Phase II

- Improved rate of sustained reunification
- Prevention of maltreatment
- Timely permanency for children and youth
- Community safety
- Educational Stability
- Successful transitions to adulthood

Challenges

- Lack of Prevention
- Lack of Communication and Accountability
- Too few and wasted resources

Lack of Prevention

- Historically RI has under-invested in prevention
- That trend continues, and is even worse today
- Not just in child welfare, across the State
- Families are impacted by more than one system

Children's FRIEND

Lack of Communication and Accountability

- Lead agencies - not independent networks
- Information is often not widely communicated
- Consistent outcomes are not reported publicly

Children's FRIEND

Too Few and Wasted Resources

- System over budget and then additional budget cuts imposed
- Network Care Coordinators
  - Unnecessary step in the system
  - Duplicative resource
  - Sometimes a barrier
  - Too expensive in an underfunded system

Children's FRIEND

Short-Term Action

- Serve kids through June 30th
  - Redirect resources as possible
  - Do not create more turmoil/confusion
  - Eliminate Network Care Coordinators
  - Address contractual issues
  - Increase resources

Children's FRIEND

Mid-Term Actions

- **Increase Communication**
  - Gather and use input from all constituents
  - Limit decisions only involving DCYF and leads
- **Measure and report outcomes**
  - Are kids better off
  - Is the system effective and efficient
- **Inclusive and broad based planning**
  - High level and broad facilitation
  - Long term planning

Children's FRIEND

Long Term Actions

- Make investments in prevention first
- Build a statewide culture that these are our kids
- Build an integrated and up to date technology infrastructure

Children's FRIEND

Thank You

•Questions?

Children's FRIEND

Children's FRIEND

Making a difference...
One child at a time.

153 Summer Street
Providence, RI 02903
401.276.4300
childrensfriendri.org

Presentations
October 14, 2014

Department of Children, Youth and Families

Dr. Janice DeFrances, Director

Senate Task Force On DCYF and Family Care Networks

Honorable Louis P. DiPalma, Co-Chairperson
Honorable Catherine Cool Rumsey, Co-Chairwoman

October 14, 2014

DCYF Mission: Partner with Families and Communities to Raise Healthy Children in a Safe and Caring Environment

Diligent Foster Care Trauma-Informed Recruitment

Strategies:
- Create a coordinated, community-wide message for resource family recruitment and retention
- Partner with new and diverse community agencies and members to identify new families and resources.
- Ensure that all resource family settings are therapeutic, trauma-informed and are enhanced with evidenced-based programs
- Improve the overall well-being of children and families through the implementation of a trauma-informed, adoption-competent approaches to well-being and permanency outcomes

Objectives:
- Create a collaborative, statewide virtual Resource Family Center to ensure standardized training and practice, as well as maximizing financial and human resources by June 30, 2014.
- Identify and implement the community-based supports needed to ensure that families have the appropriate resources to support the children in their care by June 30, 2014.
- Increase the knowledge and practice of kinship placements with internal and external staff by June 30, 2014.

Action Steps:
- Engage in a cost/benefit analysis to identify gaps in community and financial resources that are inconsistent with child well-being
- Create a diverse Coordinating Council to serve as the leadership for diligent recruitment efforts
- Identify and address any policy/regulatory barriers that hinder resource family recruitment/retention.
- Create a logistical and financial assessment of a virtual Resource Family Center by October 31, 2013
- Train staff on policy and permanency practices, such as kinship placement, child-specific permanency strategies, concurrent planning, etc. by December 31, 2014

Why the Need for change:
- RI is challenged with an insufficient number of resource families to address the needs of children in care. Data demonstrates the following children are least likely to reside in families: 1) children with behavioral and/or mental health needs; 2) children of color; 3) older children (ages 12 and up) and 4) children who are part of sibling groups.

DCYF Mission: Partner with Families and Communities to Raise Healthy Children in a Safe and Caring Environment

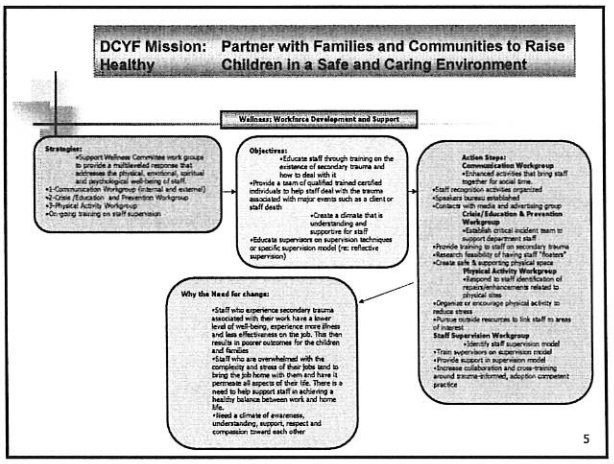
Right-sizing and Improving Congregate Care

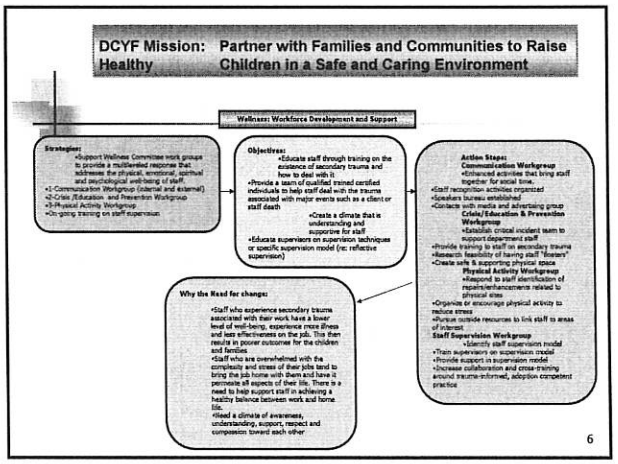
Strategies:
- Implement intensive, evidence-based practices in the agency and community to increase the accessibility and availability of services to children and their families
- Expand the use of wraparound services to ensure that all families and youth are supported through this approach
- Expand the use of youth "voice and choice" to identify more appropriate and successful placements
- Enhance the quality of group care settings
- Create a "best practice" for all internal and external providers that limit the use of congregate care as a placement.
- Increase the level of knowledge around the impact of trauma on children and youth
- Incorporate universal screening and assessment for trauma and behavioral health so that youth are matched to appropriate services
- Expand the trauma-informed, adoption-competent workforce through training and collaboration

Objectives:
- An evidence-based coaching visitation model will be identified to standardize practice by June 30, 2014
- Psychotropic medication monitoring will be prioritized to ensure that youth are receiving the needed and appropriate medications by December 31, 2013.
- Introduce the Building Bridges Framework in two congregate care settings (one in each network) by February 28, 2014.
- Identify brief, evidence-based interventions that can be utilized in congregate care settings by December 30, 2013.
- Introduce crisis mobilization team to support youth in community settings by June 30, 2014.
- Expand the number of evidenced-based programs in the community by June 30, 2014.
- Incorporate the NCTSN Child Welfare Trauma Training Toolkit into the CWI Training Curriculum for child welfare workers and community providers
- Identify implementation plan for universal screening and assessment by December 2014

Action Steps:
- Invite the Annie E. Casey Foundation Child Welfare Strategy Group to engage in a "Right-Sizing" assessment by October 31, 2014.
- Re-allocate funds from Title IV-E waiver to support community-based services and programs
- Hire a kinship navigator who will work specifically with youth in congregate care settings to identify potential placements.
- Assess child and youth well-being in congregate care verses family-based settings
- Accurate outcome and satisfaction data is gathered for each child, youth and family, and it is used to improve individual services and programs
- Chadwick Center to conduct *Train the Trainer* on the Child Welfare Trauma Training Toolkit by January 30, 2015
- CWI to offer Toolkit training 3 times per year
- Get technical assistance from Chadwick Center and NYU Langone Medical Center around screening and assessment tools.

Why the Need for change:
- Children living in RI are more likely to be placed in group care than those in many other states. According to FY12 data, RI has the third highest percentage of youth in congregate care (over 30%)
- Research shows congregate care may have a negative impact on the overall development of children. Children fare better in family care settings rather than in congregate facilities





DCYF
RI Department of Children

- **Vision**
- Healthy Children and Youth, Strong Families, Diverse Caring Communities
- **Mission**
- Partner with families and communities to raise safe and healthy children and youth in a caring environment
- **Guiding Principles**
- To fulfill our mission, we believe that:
- The family, community and government share responsibility for the safety, protection and well-being of children through a family and child-centered wraparound model of care.
- Decisions are made based on shared input and expertise, which includes the voice of the Department, the family, service provider, caregiver and child where appropriate.
- Timely permanency is achieved when behavioral changes are made which demonstrate the ability to create and maintain safe, stable environments for children and youth.
- When the family is unable to care for a child/youth, it is our responsibility, in as timely a manner as possible, to ensure the child/youth is provided permanency in his/her life in a safe, stable and nurturing home.
- DCYF staff, parents, natural supports, foster caregivers, other community and State agencies, and their staff are partners in the provision of timely and appropriate high-quality care.
- An integrated continuum of care should emphasize prevention over intervention, and reflect a partnership between family, community and government that is culturally relevant and helps families through readily available individualized services which achieve behavioral changes that can be sustained through natural supports.
  - Partnership requires open, honest and respectful communication fostering an awareness of the importance of individualized evidence-based practices and
- allowing for clear and agreed upon roles, responsibilities and authorities
- Professionals at all levels should be held accountable to a professional code of conduct.
- As an invaluable resource, staff are entitled to a safe, supportive work environment that fosters professional development.
- Quality improvement is an on-going process, utilizing external and internal performance standards.

FAMILY CARE NETWORKS – CORE VALUES

- Evidence based practices (i.e., Multi-systemic Therapy, Strengthening Families, Functional Family Therapy, Parents as Teachers, Cognitive Behavioral Therapy, Alternatives For Families, Parenting with Love and Limits)
- Data driven decision making
- Outcome not output focused
- Allows failures and learn from them
- Creates a culture of innovation

FAMILY CARE NETWORKS - CHARACTERISTICS

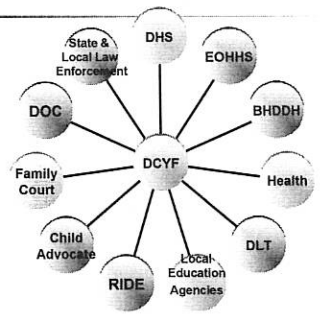
Before July 1, 2012 – 70 Service Contracts

- Fragmented services delivery
- Categorical programs/funding
- Finances including rates were secret
- Reactive, crisis-oriented approach
- Focus on "deep end," restrictive setting
- Children out-of-home
- Centralized authority
- Creation of "dependency"
- Child only focus
- Needs/deficits assessments
- Families as "problems"
- Cultural blindness
- Highly professionalized
- Child and family must "fit" services
- Input-focused
- Funding tied to programs and relationships

After July 1, 2012 – Two Networks

- Coordinated service delivery
- Shared Vision and Values
- Transparent Blended Finances
- Focus on prevention/permanency
- Community settings
- Children within families
- Community ownership
- Creation active participation
- Family as focus
- Strengths-based assessments
- Families as "partners" and change agents
- Cultural competence
- Coordination with natural supports
- Individualized/wraparound approach
- Outcome/focused
- Funding tied to populations and performance

INTERAGENCY RELATIONSHIPS



SYSTEM OF CARE FLOW

Rhode Island System of Care

A spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs in order to help them to function better at home, in school, in the community, and throughout life.

Family Care Community Partnerships:
- Community Care Alliance: Northern
- Child and Family Services: East Bay
- South County Community Action Program: Kent/Washington County
- Family Service of RI: Urban Core

DCYF

Networks of Care:
- Family Service of RI: Ocean State Network
- Child and Family: RI Care Management Network

Out of Network Services:

Out of Network Providers

KEY CHILD WELFARE PERMANENCY INDICATORS

The Child Welfare Permanency Indicators demonstrate improvement over time across permanency indicators and over time.

Reunification & Foster Care Re-Entry

REUNIFICATION

The percent of children reunifying with parents within 12 months of entry into foster care increased over time.

Table 1. Time to Reunification: The percent of children in RI who reunify with parents within 12 months of entry by Federal Fiscal Year

	FFY2010	FFY2011	FFY2012	FFY2013
Less than 12 months	71.2%	68.4%	72.4%	77.6%

Data Source: U.S. Children's Bureau Context Data Child Welfare Outcome Report

REENTRY INTO FOSTER CARE

The percent of children in RI reentering foster care decreased between FFY2012 and FFY2013

Table 2. Children Reentering Foster Care: The percent of children in who reenter foster care within 12 months of previous discharge by Federal Fiscal Year

	FFY2010	FFY2011	FFY2012	FFY2013
Children reentering care within 12 months of a prior episode	15.2%	16.7%	18.8%	15.2%

Data Source: U.S. Children's Bureau Context Data Child Welfare Outcome Report

Placement Stability & Young Children in Congregate Care

PLACEMENT STABILITY

The percent of children in RI foster care less than 12 months who experienced 2 or fewer placements increased over the 4 Federal Fiscal Years.

Table 3. Placement Stability: The percent of children in RI with 2 or fewer placements in care less than 12 months by Federal Fiscal Year

	FFY2010	FFY2011	FFY2012	FFY2013
Children with 2 or fewer placements	86.6%	87.2%	87.8%	88.6%

Data Source: U.S. Children's Bureau Context Data Child Welfare Outcome Report

Young Children in Group Homes or Institutions

The percent of young children age 12 or younger who entered foster care and were in group homes demonstrates an overall downward trend over the 4 Federal Fiscal Years

Table 4. Young Children in Group Homes: The percent of children in RI foster care with most recent placement setting who entered foster care and were age 12 or younger by Federal Fiscal Year

	FFY2010	FFY2011	FFY2012	FFY2013
Group homes	18.4%	11.1%	7.4%	7.9%

Data Source: U.S. Children's Bureau Context Data Child Welfare Outcome Report

Children in Foster Family Settings

Children in Foster Family Settings

The percent of children in RI foster care who are in a foster family setting has increased over State Fiscal Years. This includes both nonkinship and kinship families. In SFY2014, 29.0% of youth age 12 and older had as their first placement type a foster family setting which demonstrates an increase from SFY2013.

Table 5. Percent of Children in Foster Family Settings: The percent of children in RI foster care who are in a foster family setting by Federal Fiscal Year

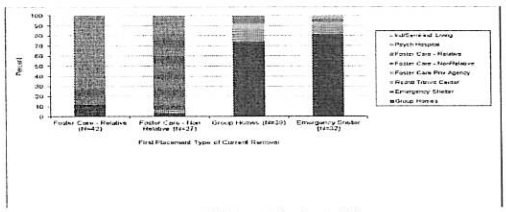
	SFY2010	SFY2011	SFY2012	SFY2013	SFY2014
Percent of children in all foster home types	61.1%	63.0%	66.9%	67.8%	68.7%
Percent of children in kinship foster homes	DNA	DNA	53.6%	54.5%	56.4%

Data Source: RI Child Information System (RICHIST) . DNA: Data not available; data not collected in that format

Congregate Care Trajectory

The figure below demonstrates the trajectory of a youth in congregate care. The data shows that a youth who is discharged from a congregate care setting who then reenters foster care is more likely to reenter into a congregate care setting for his/her first placement.

Figure 1. Percent of children re-entering into out-of-home placement, by placement service type at previous discharge for the most frequent first placement service types of current removal, FY14



WHAT IS THE SYSTEM OF CARE DOING TO ADDRESS THIS ISSUE?

The System of Care has implemented a number of initiatives to address this congregate care trajectory including:

- Implementation of evidence-based and/or evidence informed initiatives (selected highlights)
  - Triple P
  - Trauma Systems Therapy(TST), residential and community based
  - Trauma Focused Cognitive Behavioral Therapy
  - Family Centered Practice
- Grants: The Agency for Children and Families (ACF) Diligent Recruitment Grant and Adoption and Well-being after Trauma

ACTION STEPS

Care Management Protocol Revised

- Established internal processes which will reinforce and support the Department's efforts to maintain children in family like settings
- Ensure aggressive management of children/youth in congregate care settings on regional and division level
- Monitor service delivery on a bi-weekly basis through the Director's Office

Protocol on Child/Youth Service Assessments (Revised)

- Provides standardized methodology for the utilization of the Child and Adolescent Needs & Strengths (CANS) assessment and the Ohio Ages & Stages assessment for all children receiving services
- Holding providers accountable to ensure full compliance with assessment completion

PROLIFERATION OF EVIDENCE BASED PRACTICES

- After Jan. 2013
- Teen Assertive Community Teaming (Teen ACT)
- Family Centered Treatment
- Triple P (Positive Parenting Program)
- Trauma Systems Therapy
- Trauma Focused Cognitive Behavioral Therapy (TF-CBT) (funded by both DCYF and NHP)
- Common Sense Parenting

ESTABLISH BENCHMARKS FOR PERFORMANCE MANAGEMENT NETWORK

- ❑Revising methodology to be consistent with new federal rules
- ❑Calculating performance measures based on revised methodology

PERFORMANCE MEASURES INCLUDE:

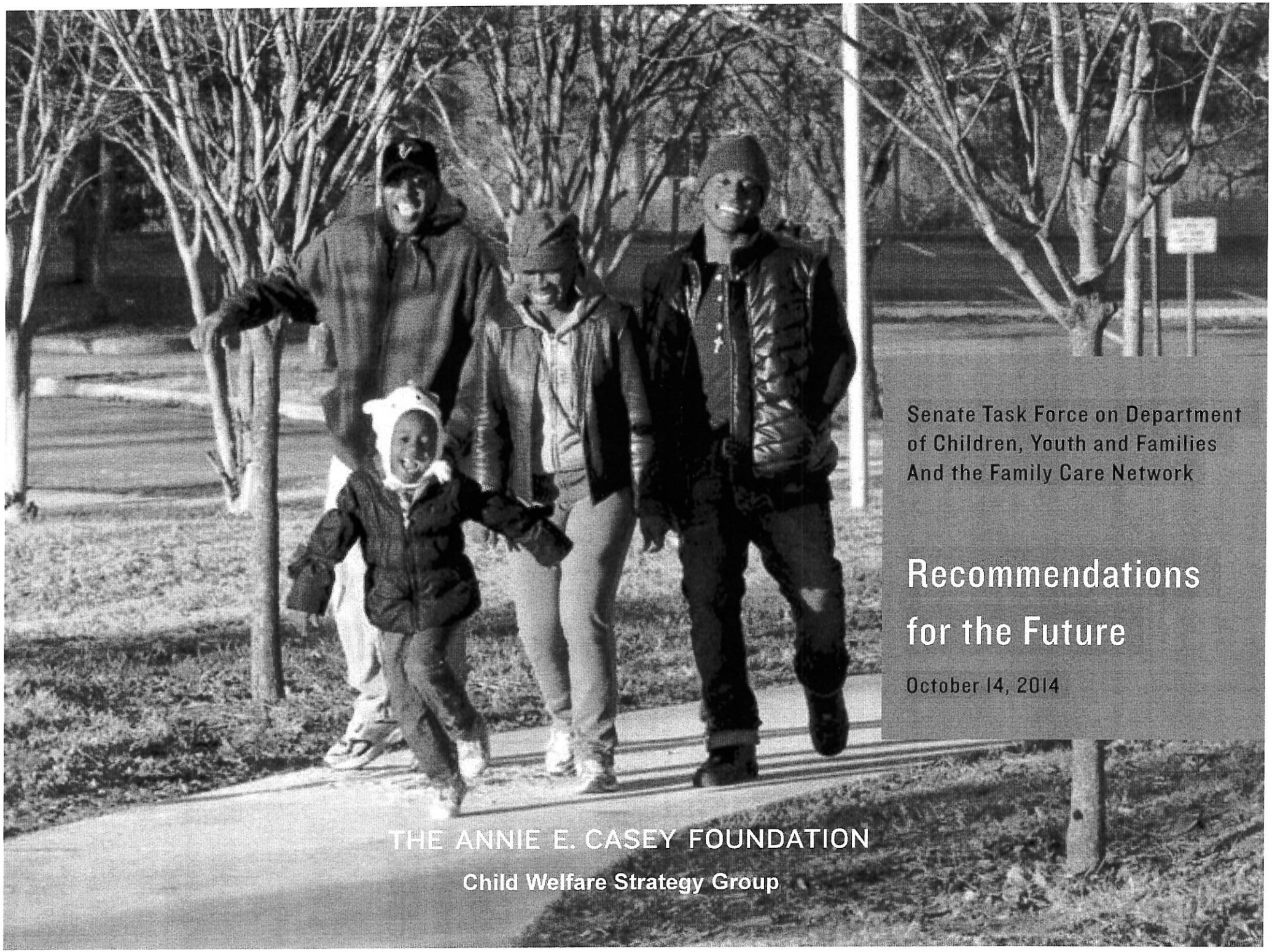
- Maltreatment of treatment for children open to the network
- Re-entry rate for children reunified with parents
- Stability of placement for children in out of home care
- Percentage of children and youth who achieve a permanency goal within 12 months of being assigned to the network.

PROGRAM DEVELOPMENT

- CONTINUE TO PURSUE DEVELOPMENT OF AN ACUTE TRAUMA INFORMED PROGRAM FOR ADOLESCENT GIRLS IN STATE

FISCAL RESPONSIBILITY

- Formation of an efficient, effective and sustainable budget that enables the Department to provide high quality, individualized services that achieve the best possible outcomes for children and families



Senate Task Force on Department of Children, Youth and Families And the Family Care Network

Recommendations for the Future

October 14, 2014

THE ANNIE E. CASEY FOUNDATION

Child Welfare Strategy Group

Today I will report briefly on our assessment findings and respond to discussion during the previous Task Force meetings with a national perspective

- Our assessment focused on Rhode Island's over-reliance on group placements, and found positive and innovative accomplishments toward achieving your goals
- Your population of teens in group care is hindering progress toward your goals, especially when compared to other jurisdictions
- There are three primary factors that impact costs in child welfare; Rhode Island may have problems with all three
- Making the transition will require attention to DCYF and to your providers

Note: Most of the cross jurisdictional analyses use 2012 data from AFCARS, the most recent data available.

The Annie E Casey Foundation was asked to assess the use of congregate care in Rhode Island

Data Analysis	• Analyzed state level longitudinal cohort and other data to understand priority issues and placement patterns
Policy & Document Review	• Detailed review of DCYF policies • Comprehensive review of recent state initiatives such as Rhode Island's Federal IV-E Waiver, Phase 1 and Phase 2 of System of Care, Global Medicaid Waiver, and SAMHSA System of Care Expansion Implementation • Review of legislative reports and relevant proposed legislation
Finance Review	• Examination of budget process and assessment of opportunities to create cost savings to fund community services
Pathway Process Mapping	• Detailed Pathway Process Mapping sessions with CPI and intake workers (**10**), and FSU workers in all four regions (**22**)
Interviews & Focus Groups	• Interviews and focus groups with state and regional leaders representing DCYF, State of Rhode Island General Assembly, Family Court, Child Advocate, RIDE, Network lead agencies and FCCPs (**45**) • Interviews and focus groups with DCYF frontline staff, including CPI, intake, placement, FSU, pre-permanency and post-permanency supervisors (**14**), pre- and post-permanency workers (**4**) and DCYF attorneys (**3**) • Observation of DCYF Placement Unit • Interviews and focus groups with frontline staff in each Network, including NCCs (**13**), NCC supervisors (**9**) and staff responsible for resource family recruitment, development and support (**12**) • Interviews and focus groups with stakeholders, including provider agencies (**5**), GALs (**2**), and birth parent attorneys (**3**) • Interviews and focus groups with consumers, including youth (**19**), birth parents (**7**) and resource parents (**9**)
Surveys	• Surveyed CPI, intake, placement, FSU, pre-permanency and post-permanency supervisors (**36**) • Surveyed CPI, intake, placement, FSU, pre-permanency and post-permanency workers (**111**)

DCYF has an innovative plan for children, youth and families, intended to unify its services across divisions, while demonstrating a strong commitment to System of Care principles

Phase I:
Prevention services offered through Family Care Community Partnerships (FCCP)

- Community-based services and supports, using the wraparound planning model to prevent family involvement with DCYF, and to support family preservation and child well-being
- Each of the 4 FCCP's are advised by a Community Advisory Board

Phase II:
Development of the Family Care Networks to re-balance the service array to focus less on congregate care

- Services include congregate care, treatment foster care and community based services.
- The Title IV-E waiver to support traditional placement services as well as enhanced family support services and home and community-based services for at risk and post placement children, youth and families.
- The Global Medicaid waiver to support evidence-based practices: Multi-Systemic Therapy, Parenting with Love and Limits, Strengthening Families and Preserving Family Networks.

DCYF has developed many innovative systemic practices and been awarded grants and waivers to support these practices

System-wide Innovations

- Strong commitment to community and parent engagement and prevention, including development of FCCPs, and commitment to Evidence2Success

- Development of and support for System of Care, and movement to the Family Care Networks Contract with Foster Forward to support foster parents, and being a model site for services to older youth with the Consolidated Youth Services Program which includes the Jim Casey Youth Opportunities Initiative's ASPIRE services and the RICORP managed YESS Aftercare Services.

- Participation in the Juvenile Detention Alternatives Initiative to reduce the use of detention for youth

- RI DCYF is participating in the Pew Foundation's Result's First Initiative, which emphasizes the use of evidence based practices and provides a cost benefit model for evaluating the effectiveness of services and programming. RI DCYF will be one of the first states in the country to apply the Result's First Initiative to both juvenile justice and child welfare programs.

- In 2014 Successfully completed the Program Improvement Plan as part of the Child and Family Service Review.

- Partnering with the RI Family Court in the establishment of a Permanency Committee focused on improving and supporting the permanency planning process for children, youth and families.

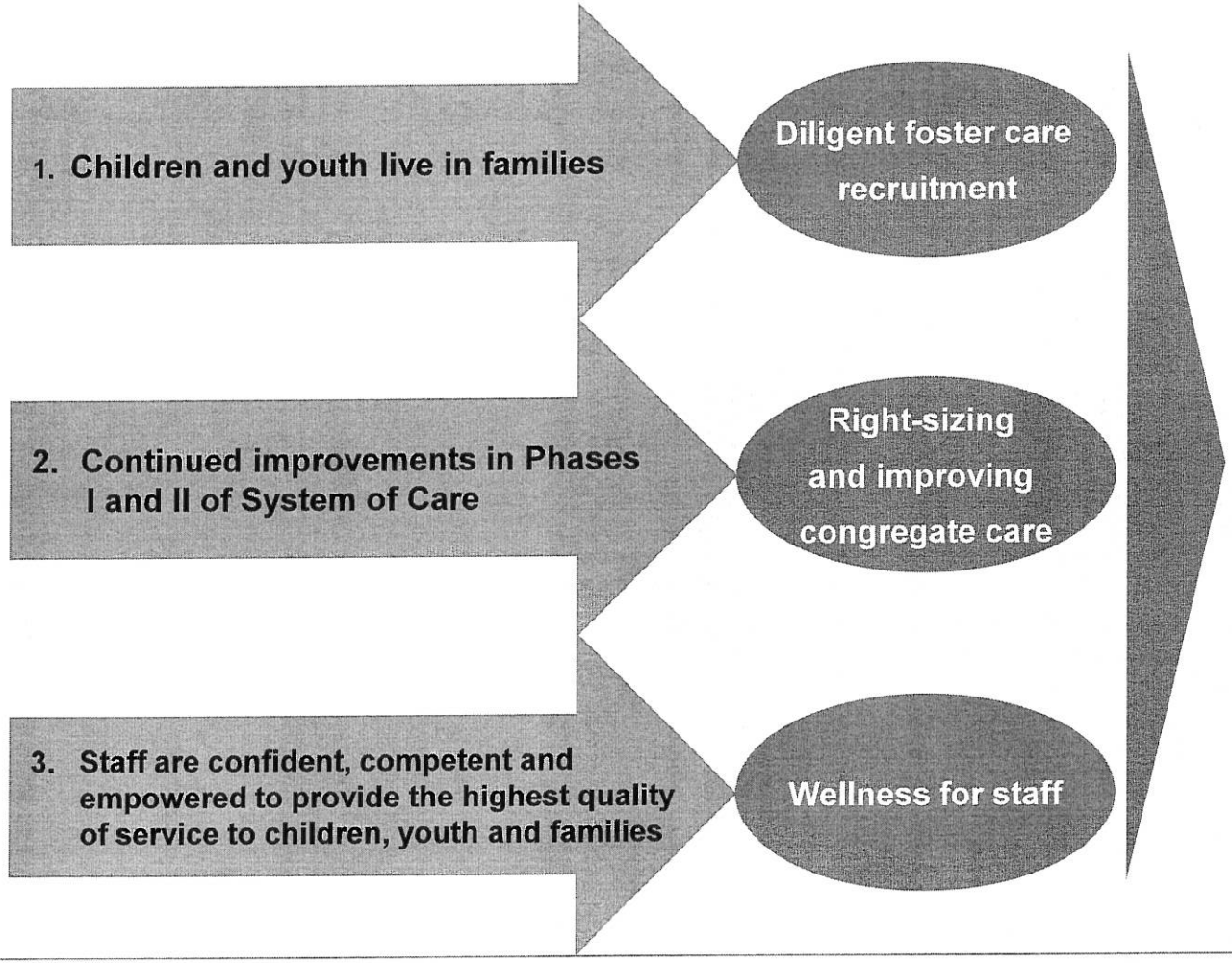
DCYF has developed many innovative systemic practices and been awarded grants and waivers to support these practices

Grants and Awards

- Implementation Cooperative Agreements with SAMHSA for the expansion of the Comprehensive Community Mental Services for Children and Their Families Program ($4 million over 4 years)
- Title IV-E waiver to add flexibility to the System of Care
- Diligent recruitment grant from federal government
- Grant for promoting well-being and adoption after trauma

DCYF has a clear vision and system improvement plan for children, youth and families

Within its mission of partnering with families and communities to raise healthy children in a safe and caring environment, the Department has articulated clear goals, strategies, objectives, action steps and the rationale for change



- Each of these represents best practice in the field today.
- The focus is on children living with families, and getting what they need within the family setting.
- The focus on staff wellness is recognition of the importance of "parallel process" in the field of social work (i.e., staff treat clients the way they are treated in the workplace).

DCYF's permanency outcomes are generally in line with those of other states

Type of Discharge for Children Exiting Care	State % 2010	State % 2011	State % 2012	51 State Median
Reunified with parent, primary caretaker	60%	56%	54%	53%
Adoption	13%	15%	15%	21%
Guardianship	7%	9%	11%	6%
Living with other relatives	3%	2%	2%	4%
Emancipation and runaway	12%	14%	13%	10%
Transfer to another agency	4%	3%	4%	1%

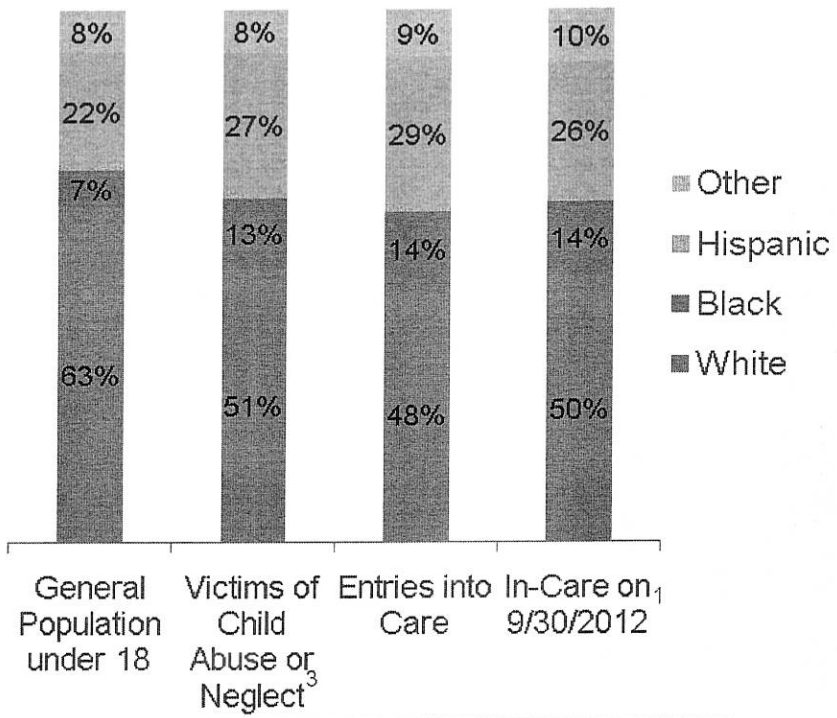
NOTE: Exit cohort data over-represent children with short stays.

Today I will report briefly on our assessment findings and respond to discussion during the previous Task Force meetings with a national perspective

- Our assessment focused on Rhode Island's over-reliance on group placements, and found positive and innovative accomplishments toward achieving your goals
- Your population of teens in group care is hindering progress toward your goals, especially when compared to other jurisdictions
- There are three primary factors that impact costs in child welfare; Rhode Island may have problems with all three
- Making the transition will require attention to DCYF and to your providers

DCYF children in care are disproportionately children of color and are more likely to be older youth

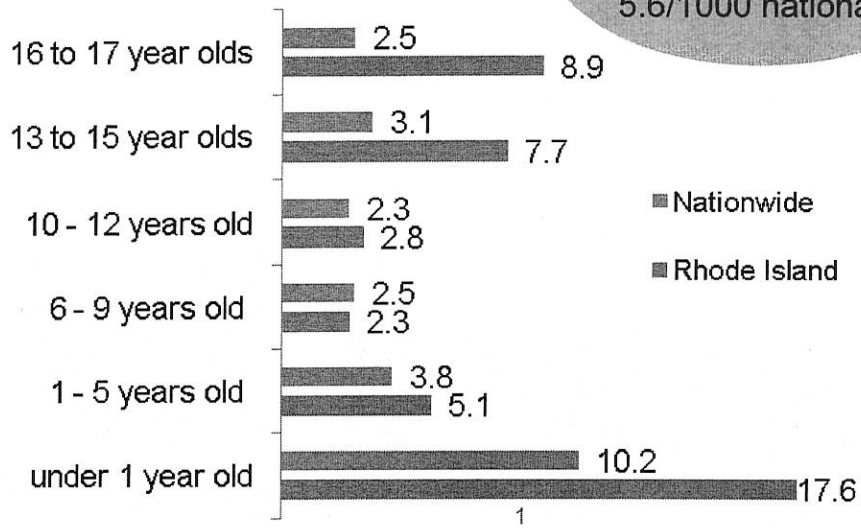
Representation in the system by race



Compared to the general population of children in Rhode Island, Black and Hispanic children are over-represented in your system

Children entering care rate per 1,000[1]

RI has 16.6 teens entering care/1000 vs. 5.6/1000 nationally

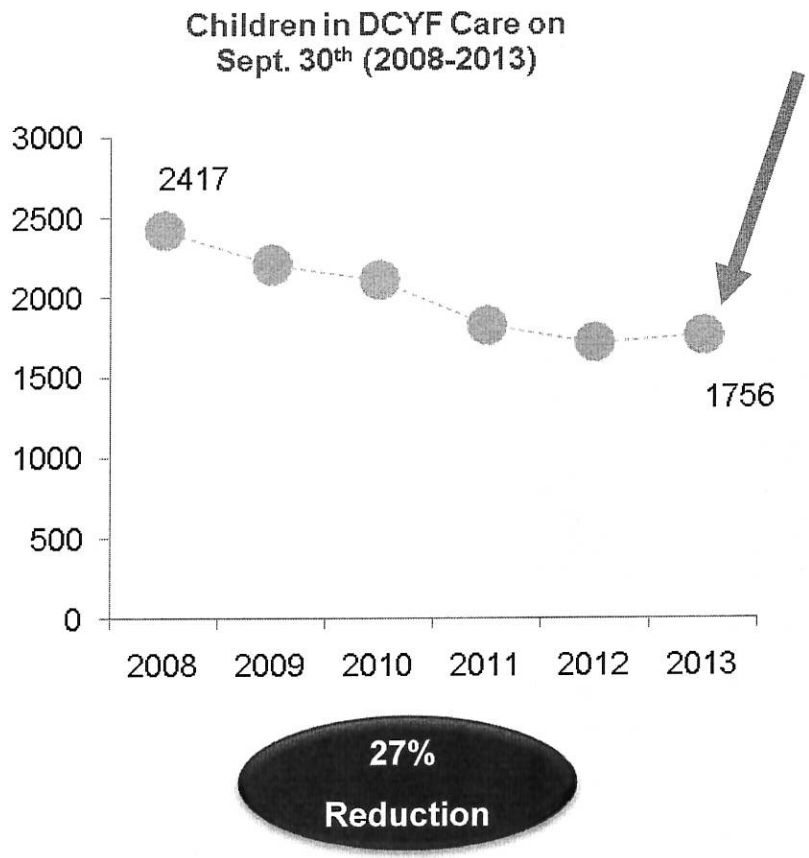


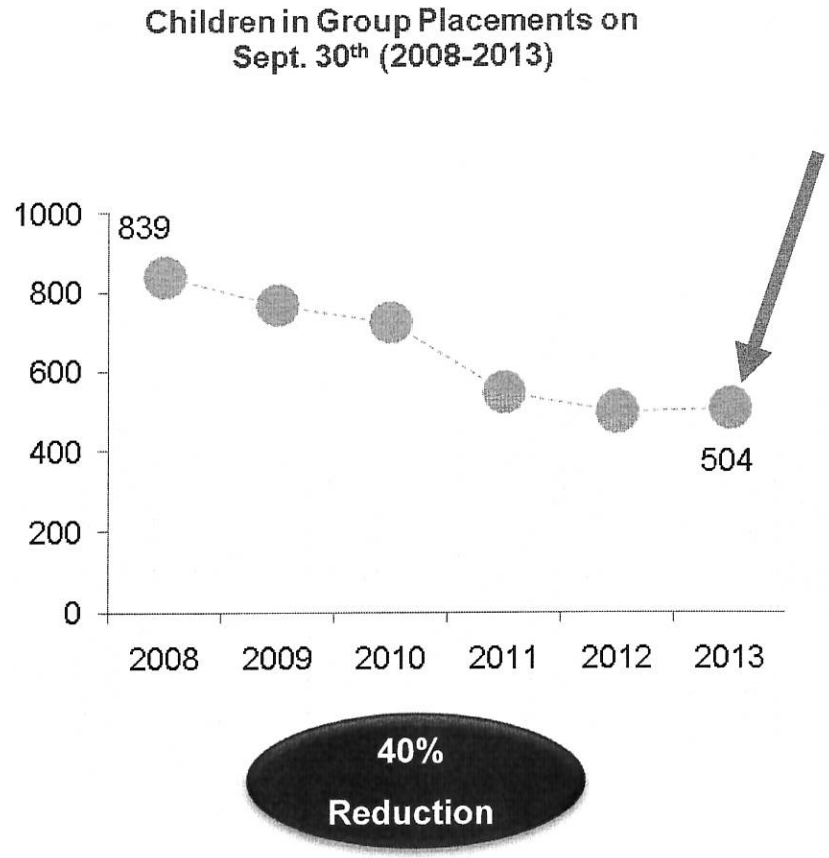
Children entering care in FFY2013 who were 13-20 years old [2]

Older youth account for nearly half of all entries and enter care at a rate much higher than the national median

1: AFCARS Foster Care Public Use Files FFY2012
2: State submitted AFCARS A/B Merged Files
3: Child Maltreatment 2012, U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2013

Rhode Island had made significant progress in reducing the overall population of children in care and in group placements, but both have begun to increase this year

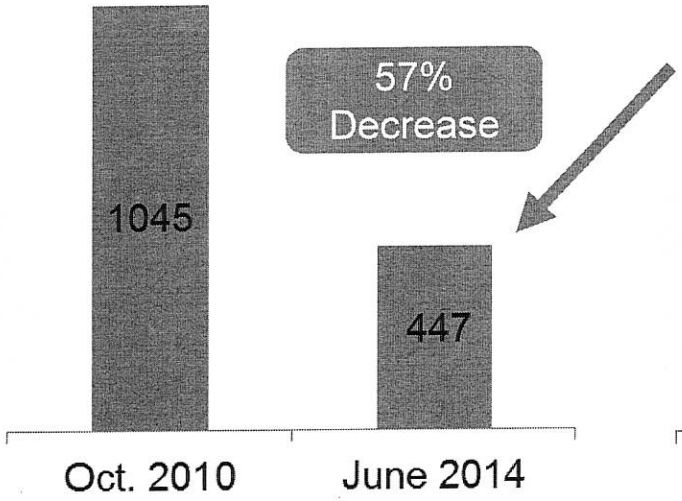




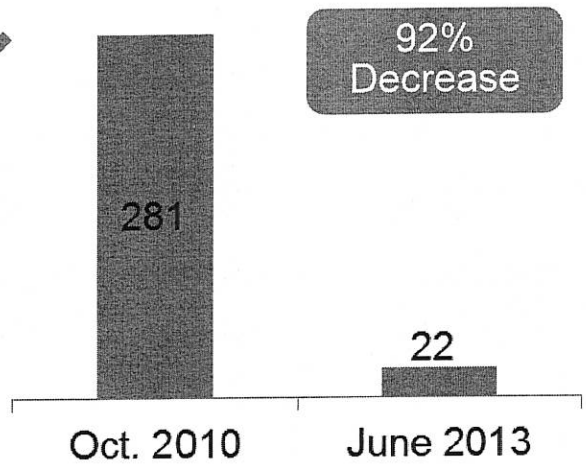
Source: State submitted AFCARS A/B Merged Files

Connecticut, almost three times the size of Rhode Island, has about twice the number of kids in care and roughly the same number of kids in congregate care

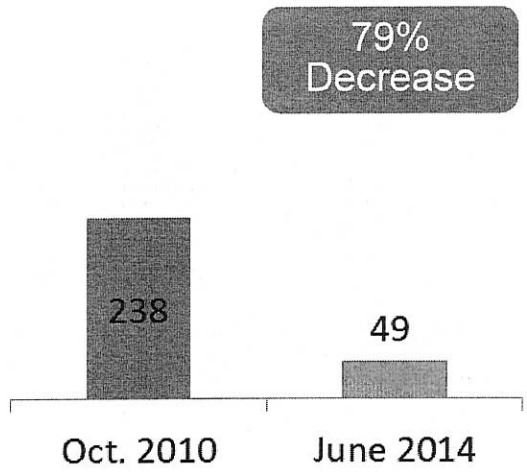
Connecticut: Number of Children in Congregate Care (Age 0-17) [1]



Connecticut: Placements in Congregate Care Out of State [1]

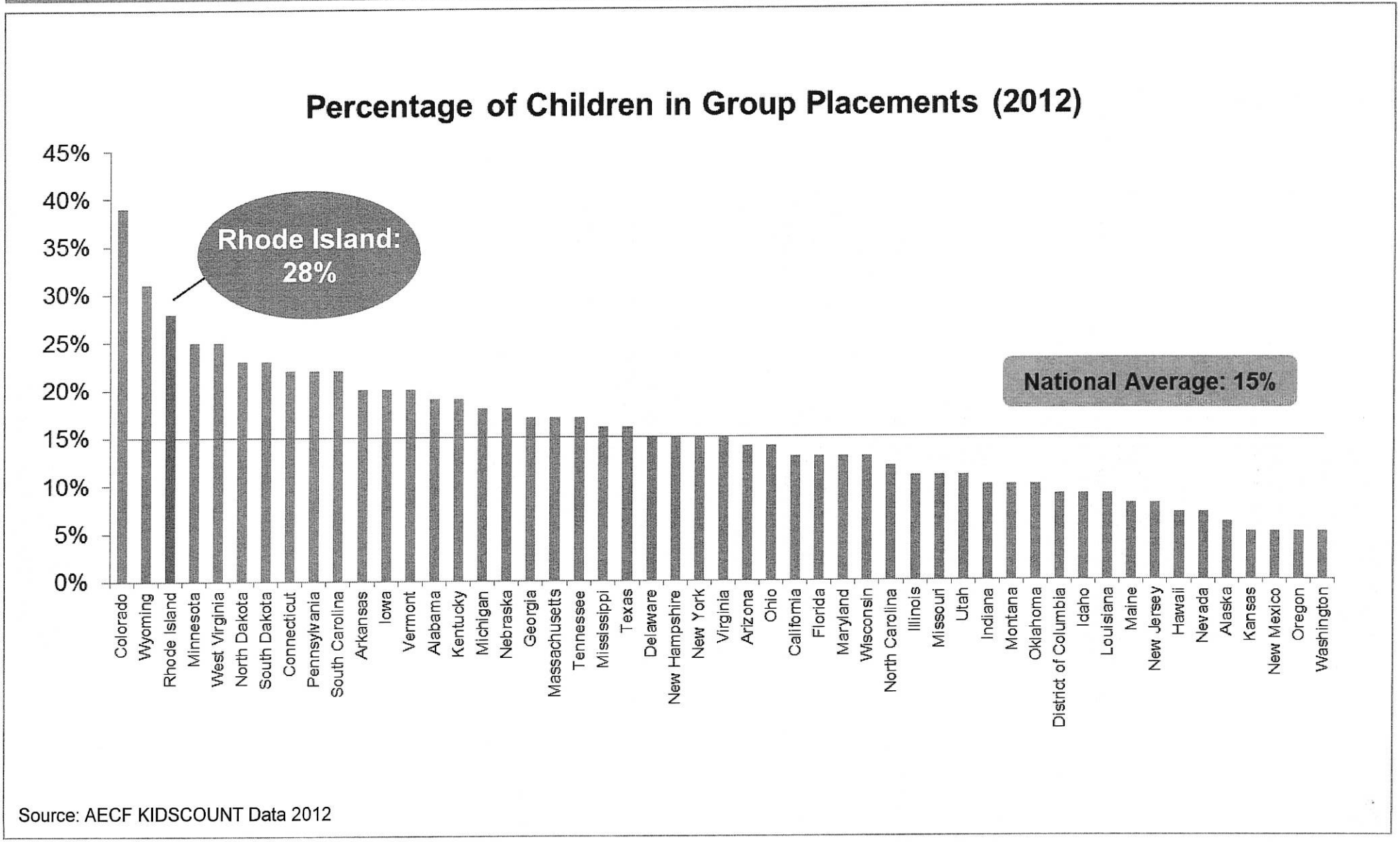


Connecticut: Number of Younger Children in Congregate Care (12 and Under) [1]



Connecticut had **3,428 children in care** in June 2014.
Efforts to reduce the use of group care have succeeded.
Proportion of kids in congregate care = 13%.

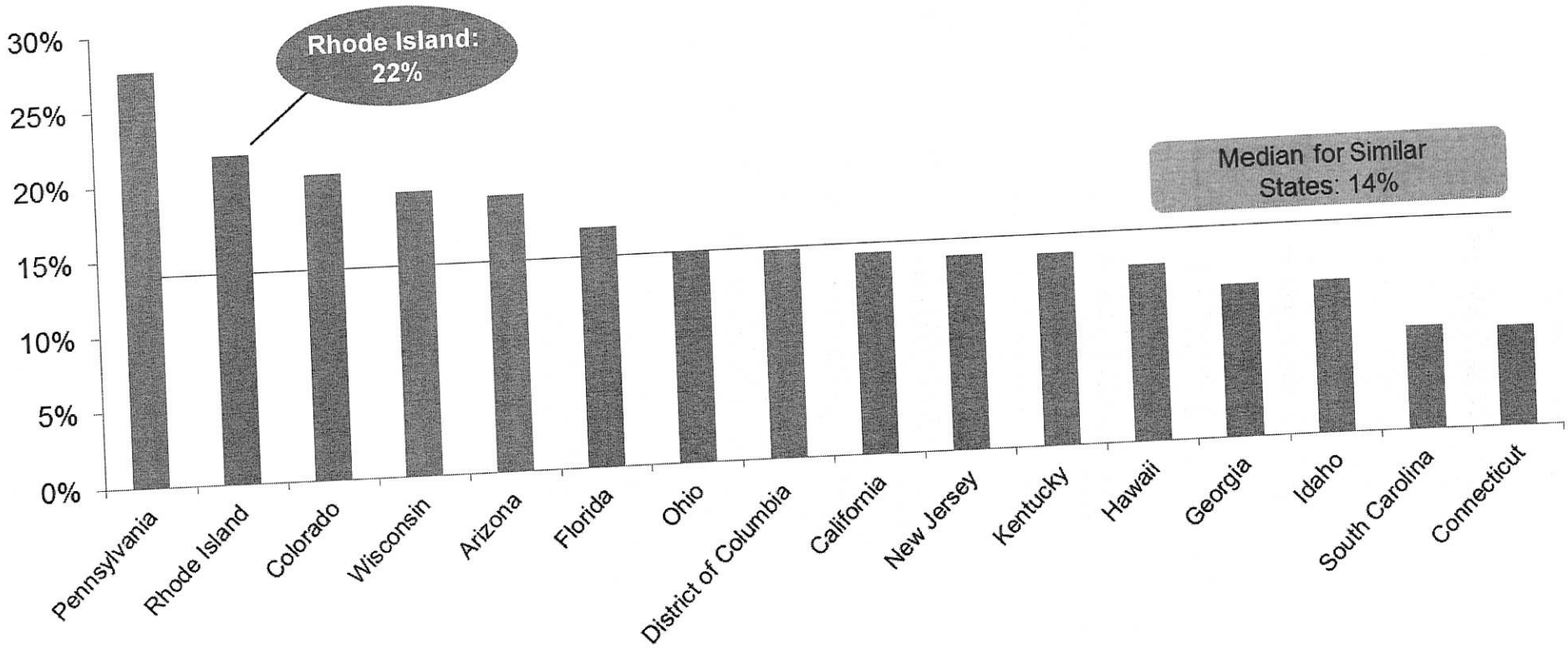
Even with reductions in the use of group placements, DCYF has a much greater percentage of kids in group settings than most states – almost twice the national average



Source: AECF KIDSCOUNT Data 2012

Compared to states that count re-entries similarly, Rhode Island has the second highest rate of re-entries, meaning that a ***large portion of kids and families did not receive effective services***

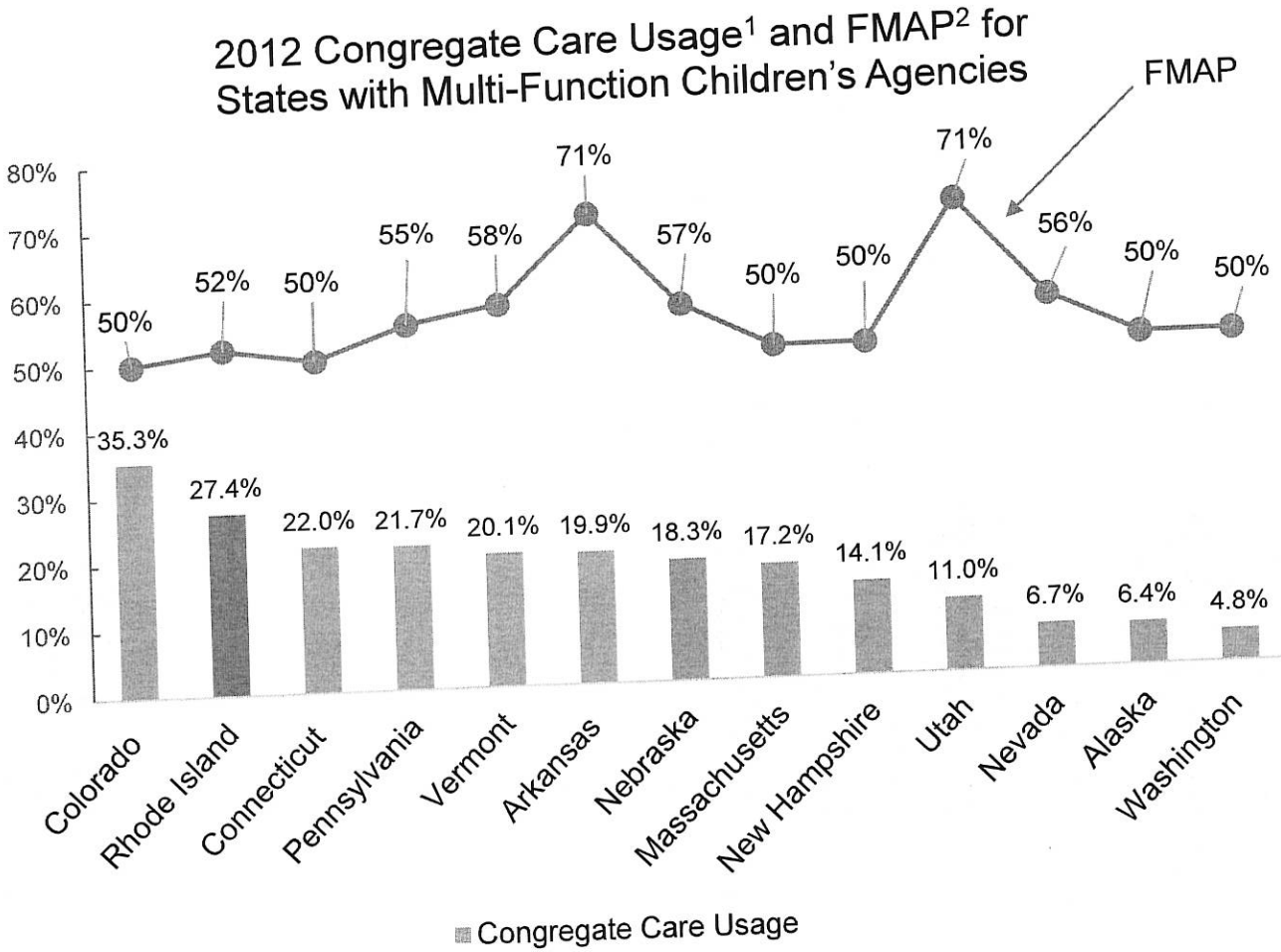
Percentage of Children and Youth Re-entering Care within One Year of Reunification (FFY 2012)



Source: AFCARS Data 9/30/2012

Definition: C1.4: Of all children discharged from foster care to reunification in the 12-month period prior to the year shown, what percentage reentered care in less than 12 months from the date of discharge? RI is one of 16 states that count trial home visits as an exit from care , thus theoretically making the re-entry numbers higher.

Rhode Island has inordinate numbers of kids in group placements, even among states with combined children's agencies*



When compared to other states with combined children's agencies, Rhode Island's use of group placements is high.

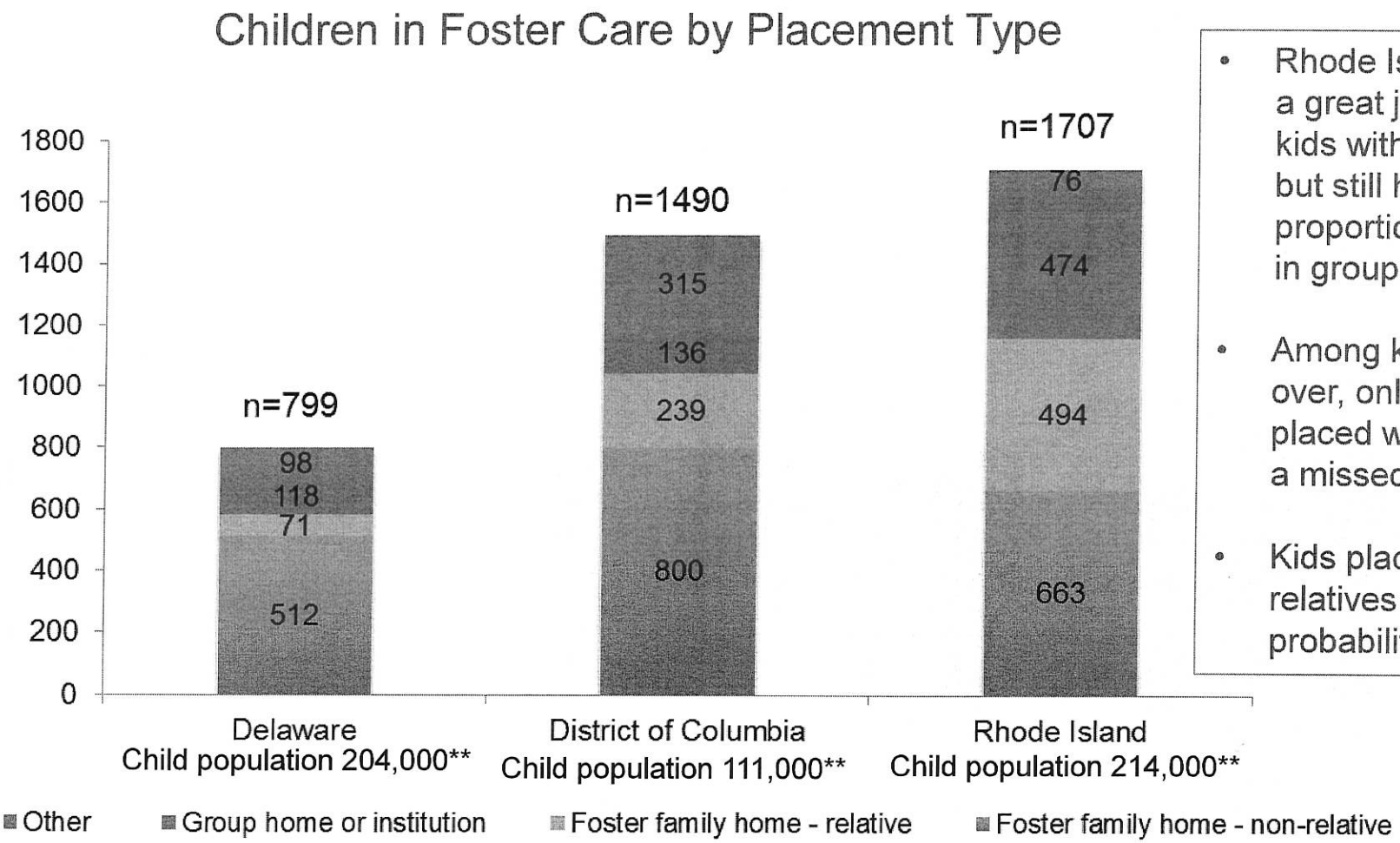
Six of these 13 states have lower per capita incomes than RI, as measured by higher Federal Medical Assistance Percentages (FMAP).

*Agencies with child welfare, juvenile justice and children's mental health reporting to the same director.

1: AFCARS Foster Care Public Use Files FFY2012

2: "Federal Financial Participation in State Assistance Expenditures," Federal Register, November 10, 2010 (Vol 75, No. 217), pp 69082-69084.

In comparison to jurisdictions of comparable size, Rhode Island had far more kids in congregate care*



- Rhode Island does a great job placing kids with relatives, but still has higher proportions of kids in group placements.
- Among kids 13 and over, only 14% are placed with relatives – a missed opportunity.
- Kids placed with relatives have a lower probability of re-entry.

*AECF KIDSCOUNT Data, 2012, the latest year for which comparable data are available
"Other" includes Runaway, Supervised independent living, Trial home visit, and Pre-adoptive home
**Kids Count, 2013 population estimates from US Census Bureau

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- Making the transition will require attention to DCYF and to your providers

There are three variables that impact the bottom line in child welfare

- **Volume**: The number of kids entering care
- **Duration**: The length of time kids stay in care
- **Acuity**: The severity of needs of the kids entering care

Volume is related to the "front door" to the child welfare system

- Do DCYF workers have caseloads that allow them to undertake sound protective investigations and oversight of in-home cases, such that they feel confident kids will be safe at home?
- Are family support services available in the community to ensure that family issues can be addressed while children remain at home?

NO

- DCYF **caseloads are unacceptably high**, primarily because of high vacancy rates. When this happens, you can be sure that more kids will be removed from their families.
- **Cuts in the availability of preventive services** have reduced options for preserving families.

Duration is related to achieving timely permanency and attention to a child's best interests

- Do DCYF workers have caseloads that allow them to undertake ongoing permanency efforts, even while a child is receiving therapeutic treatment?
- Do providers push DCYF or the networks to step children down to lower levels of care when treatment has improved functioning?

?

- Staff **caseloads are unacceptably high**, primarily because of high vacancy rates. When this happens, staff focus on the front end of the system, not children already in placement, resulting in longer lengths of stay.
- Providers who have faced significant budget cuts are under huge pressure to keep beds filled because their high **fixed costs**, and occupancy becomes critical to survival.
- **Training and turnover rates** may have hurt the Networks' ability to manage care effectively.

Acuity is related to the needs of the kids involved with the system

- Do DCYF workers have the skills and tools to make good decisions about which kids should be referred to the Networks?
- Do DCYF workers have low level options (i.e., foster homes) for kids who do not need to be referred to the networks, and the time to locate them?
- Do the networks have family-based clinical services available as needed? And incentives to use them?

NO

- Staff do not have **valid assessment tools** to help decide when kids need higher levels of care.
- **DCYF does not have a robust regular foster care system** or ongoing capacity to undertake family search and engagement.
- Providers who have faced significant budget cuts are under huge pressure to keep beds filled because they must deal with fixed costs first, thus have been **unable to develop family and community based alternatives** to residential care.

Based on those three problems, three areas will be discussed

- **Assessment**: Assessment for the purpose of placement can be accurately and efficiently undertaken, and data can be aggregated into a performance management system able to answer the question: ***Is the child better off because of the system's intervention?***

- **Foster care**: Having a robust foster parent recruitment, development and support function that meets the needs of the kids entering care is always cost effective.

- **Meeting the needs of teens**: Teens with behavior problems can be effectively served in the community at far less cost than group placements.

Annie E Casey and The Duke Endowment have invested in an assessment tool and performance management system that turns easy-to-collect raw data into useful analyses

Easy-to-answer questions, all answered on the same reliable scale

(no training or clinical expertise needed)

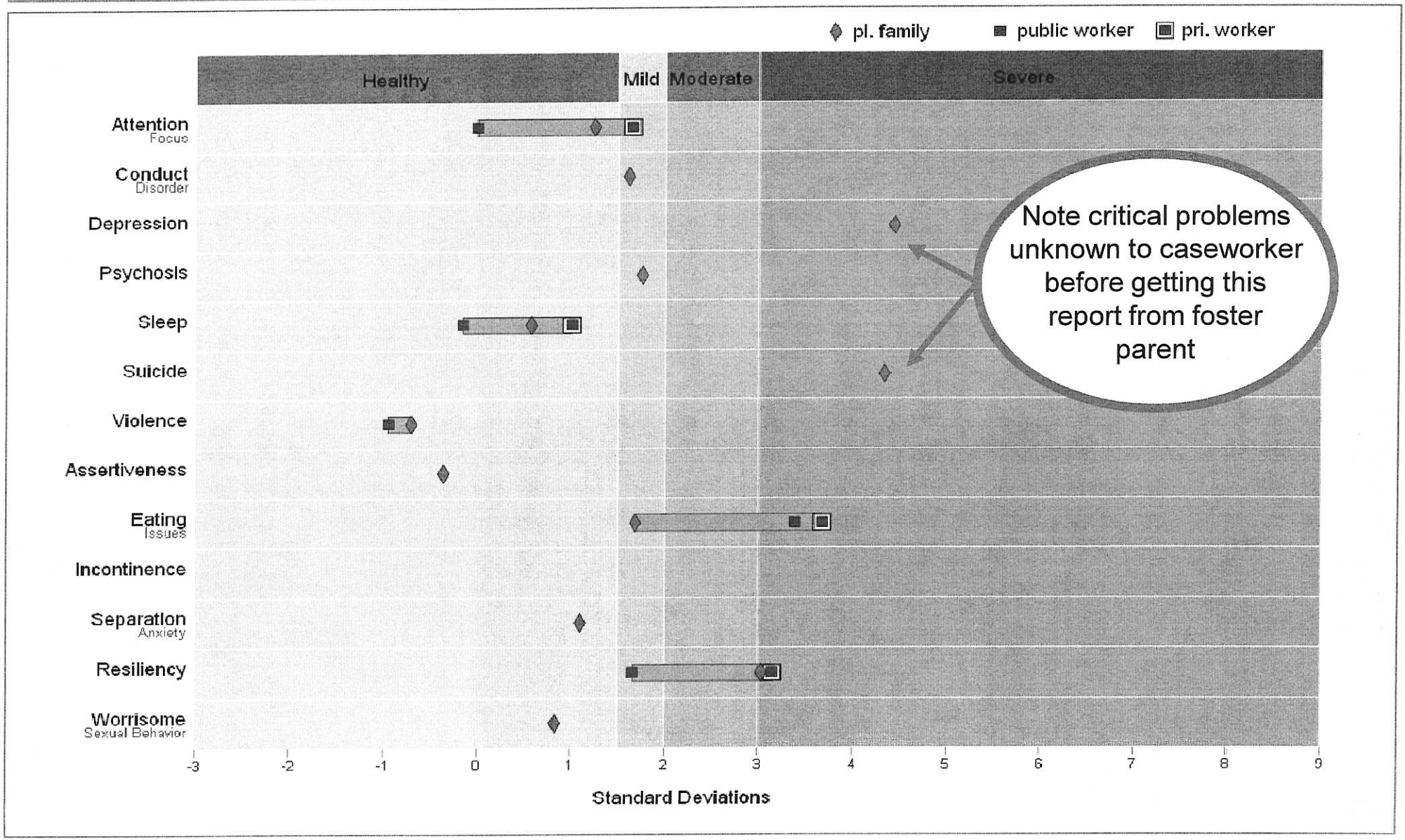
All	Most	A lot	Some	A little	None	Indicate how much of the time during the past few days you have
○	○	○	○	○	○	felt down or depressed
○	○	○	○	○	○	felt little or no interest in most things
○	○	○	○	○	○	felt restless
○	○	○	○	○	○	felt worthless
○	○	○	○	○	○	felt hopeless
○	○	○	○	○	○	felt nervous or anxious
○	○	○	○	○	○	felt easily irritated or annoyed
○	○	○	○	○	○	felt confused, in a fog, or dazed

(This is a sample of the total set of questions)

English, Spanish, Portuguese, Chinese, German, Dutch, Haitian, Vietnamese, Cape Verdean

Kraus, D., Seligman, D., & Jordan, J.R., (2005). Validation of a behavioral health treatment outcome and assessment tool designed for naturalistic settings: The treatment outcome package. Journal of Clinical Psychology, 61, 285–314.
Kraus, D., Boswell, J., Wright, A. Castonguay, L., & Pincus, A., (2010). Factor Structure of the Treatment Outcome Package for Children. Journal of Clinical Psychology, 66, 627-640.

The process and the reports allow 360° reviews of kids' behaviors and can provide caseworkers and care managers with new and important information



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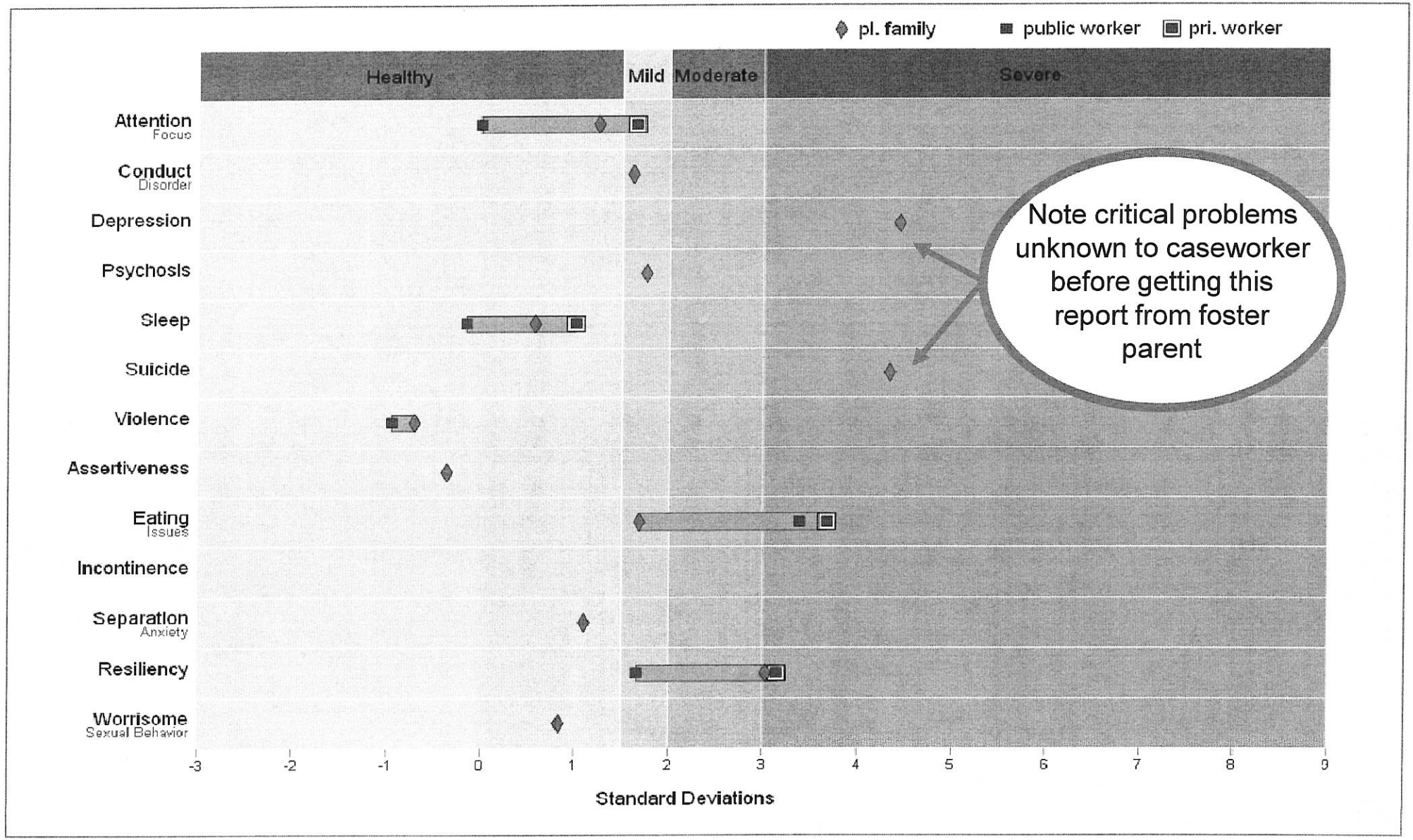
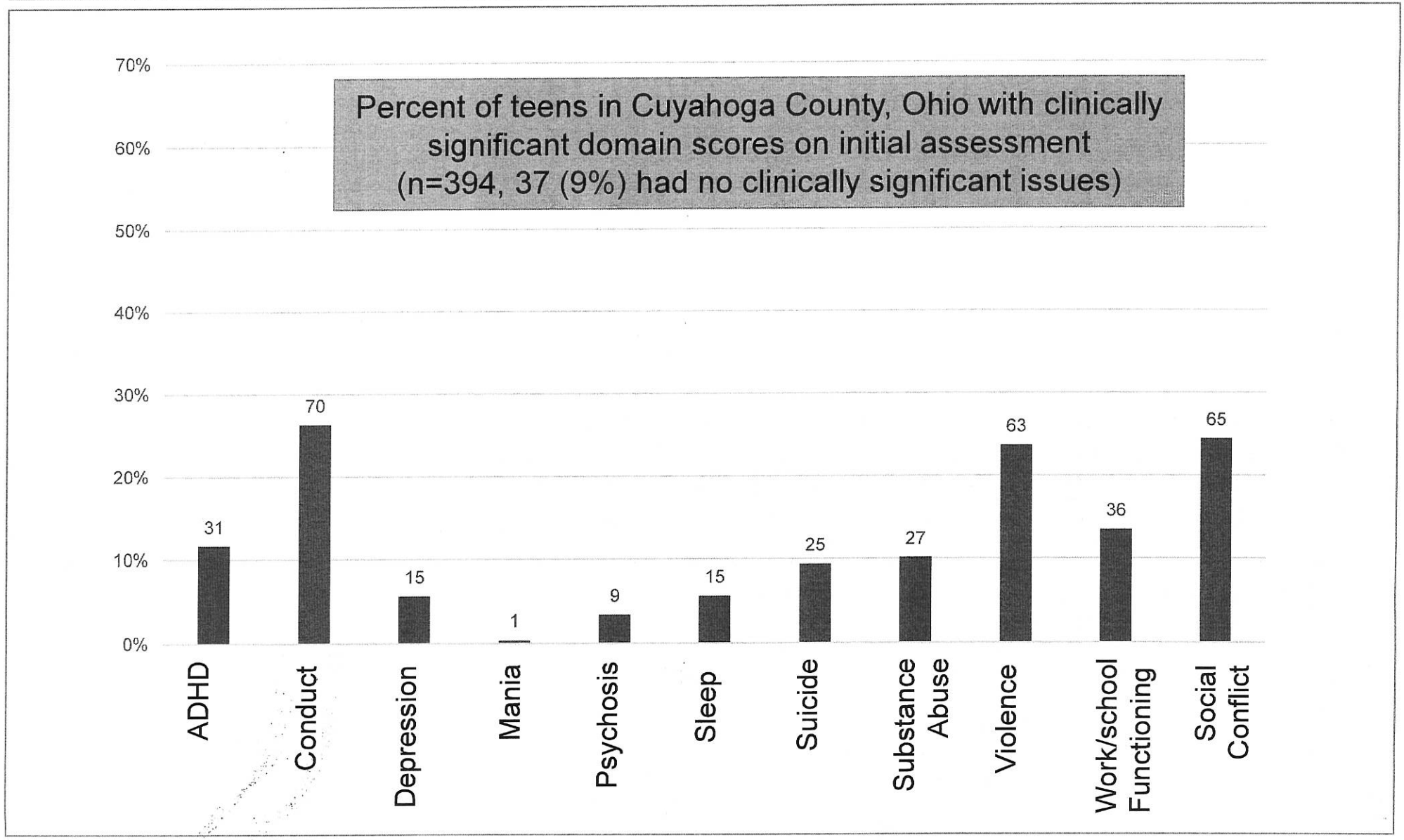
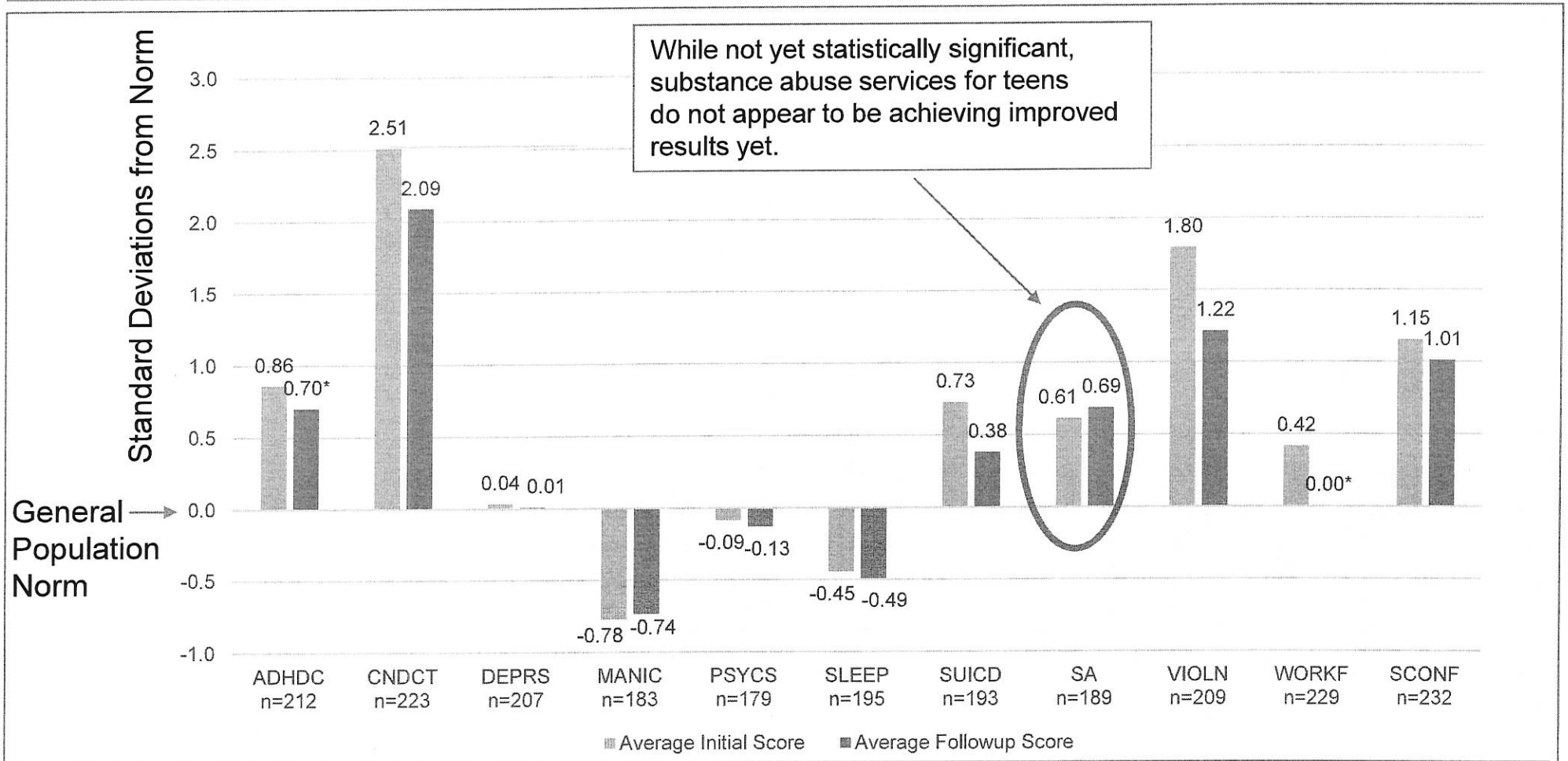


For the first time ever, TOP data are telling us about the prevalence of specific issues for children within the child welfare population



Very early outcome data from Cuyahoga County, OH are finally answering the question: *Is anyone better off because of the agency's or providers' interventions?* (n = 266)



Yellow bars represent initial assessment scores and green bars represent follow up assessment scores; scores higher than "0" are worse than the general population norm. Scores below "0" are better than the general population. Green bars lower than yellow bars represent improvement over time.

*Statistically significant. Eight of the 13 domain scores for children 6-12 showed statistically significant improvements (n = 837).

The TOP performance management process scientifically identifies providers' strengths and weaknesses in improving behavioral health/well-being outcomes, which is useful for quality improvement

De-identified Residential Programs

Providers	Assertiveness	Incontinence	Depression	Psychosis	Separation Anxiety	Sleep	Suicide	Eating Disorders	Violence & Aggressiveness	ADHD	Conduct Disorders	Mania	Social Conflict	School Functioning
A	✓					✓			✓	✓	✓++		✓++	✓
B			✓			✓	✓		✓	✓	✓	✓++	✓	✓
C			✓	✓++		✓	✓		✓++	✓	✓	✓	✓	✓
D		✓		✓++		✓++	✓		✓++			✓++		✓
E				✓++			✓			✓	✓	✓	✓	✓
F			✓++			✓++			✓++	✓	✓	✓	✓	✓
G							✓			✓++	✓	✓	✓	✓
H			✓		✓		✓++			✓	✓	✓	✓	✓
I						✓				✓	✓	✓	✓	✓
J					✓		✓			✓++	✓	✓	✓	✓
K			✓		✓		✓++		✓	✓	✓	✓	✓	✓
L		✓++	✓		✓		✓		✓			✓++	✓++	✓
M	✓						✓			✓++	✓	✓	✓	✓
N				✓++			✓++			✓	✓	✓++	✓	✓
O				✓	✓		✓		✓		✓	✓	✓	✓
P			✓	✓			✓			✓	✓	✓++	✓	✓
Q				✓						✓	✓	✓	✓	✓
R														✓++
S														✓
T														✓++

KEY: Top 10% (✓++)
Above average (✓)

*This table represents all children in residential care in the subject state, N = 1,174 over a 2 year period.
The report shows the effectiveness of residential treatment providers in achieving improvements in children's behavioral health issues; the same analysis works for all types of placements and providers.

Traditional foster care and kinship support are ***critical service areas*** needing significant new investments, and can prevent the need for higher cost services

- When caseworker vacancies are a problem, staff who recruit, develop and license foster families, and staff used to undertake family search and engagement (or caseworker time to do so) is inevitably sacrificed to deal with the front door.
- Staff to recruit, develop and license foster family homes, especially targeting the kids entering care (teens) must be specialized and protected to assure the function is undertaken well. (Teen family homes are found through targeted recruitment methods, not advertising campaigns or partnerships with businesses.)
- Additional staff or contract funds may be needed to support foster families and kin caregivers when they need help –
  - 24/7 help in crisis situations
  - help with behavioral issues.
- Staff to undertake family search and engagement, when reunification is not an option should be available. They can get teens out of care and back to living with family. (DCYF does a great job of kinship placements for younger kids, but not for teens.)
- Foster family stipend rates may need to be increased.

A national study completed in 2007 established Minimum Adequate Rates for Children (MARC) in Foster Care (Have you increased foster family rates since then?)

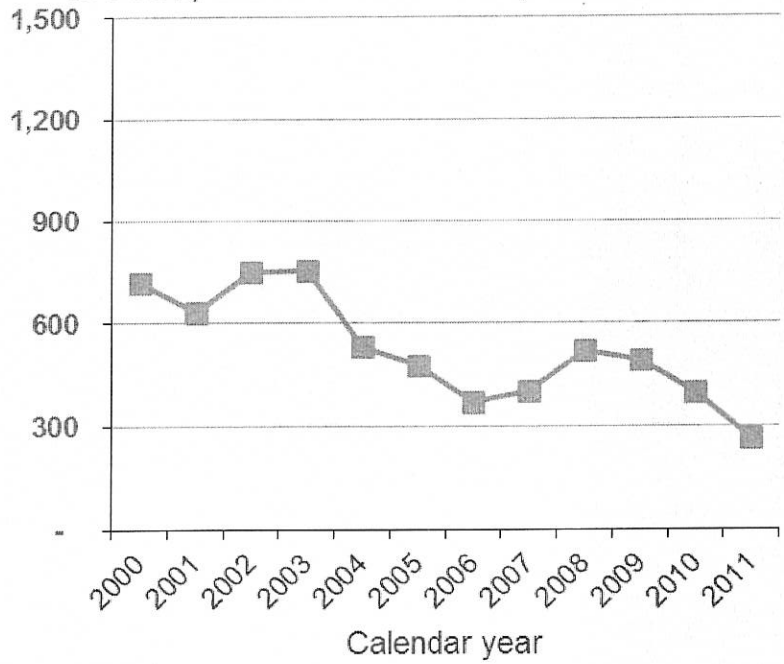
	In 2007, to hit the MARC, rates needed to increase by:		
	Age 2	Age 9	Age 16
National Average	**29%**	**41%**	**39%**
Connecticut	0%	13%	14%
Massachusetts	56%	65%	56%
Maine	25%	36%	40%
New Hampshire	80%	89%	76%
Rhode Island	**65%**	**99%**	**89%**
Vermont	48%	53%	52%

Hitting the Marc: Establishing Foster Care Minimum Adequate Rates for Children. Children's Rights, National Foster Parent Association, University of Maryland School of Social Work, 2007. The reports establishes Foster Care Minimum Adequate Rates for Children (the "Foster Care MARC") based on an analysis of the real costs of providing care, including the cost of providing food, clothing, shelter, daily supervision, school supplies, personal incidentals, insurance and travel for visitation with a child's biological family. It was calculated by analyzing consumer expenditure data reflecting the costs of caring for a child; identifying and accounting for additional costs particular to children in foster care; and applying a geographic cost-of-living adjustment, in order to develop specific rates for each of the 50 states and the District of Columbia. It includes adequate funds to meet a child's basic physical needs and cover the costs of "normalizing" childhood activities, such as after-school sports and arts programs, which are particularly important for children who have been traumatized or isolated by their experiences of abuse and neglect and placement in foster care.

In 2011, Casey looked at promising programs to prevent family disruptions due to teen behavioral issues; reforms in New York state were noteworthy

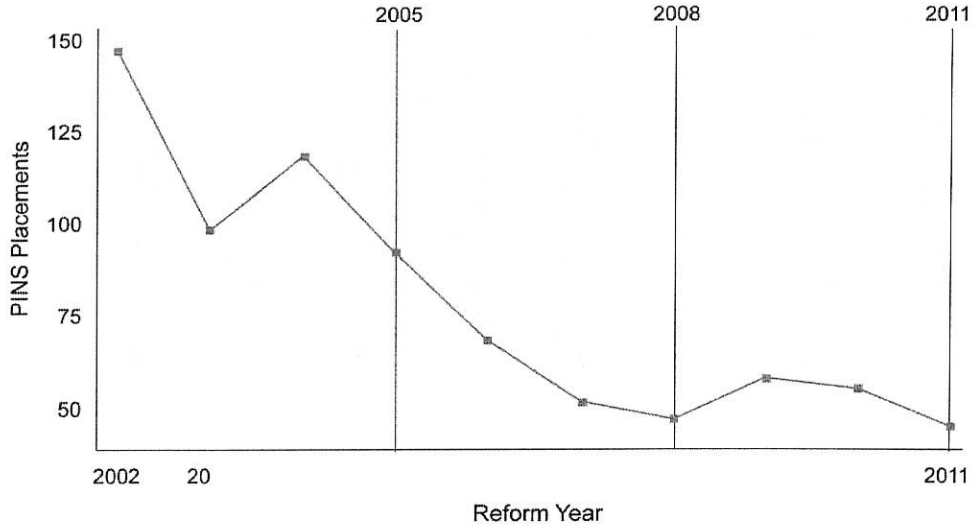
New York City dramatically reduced placements using gatekeeping, screening and assessment and a tiered array of services, which supported help to keep families together

Placements of Youth with Behavior Issues, 12–17 Years Old, 2000–2011



Erie County NY used a similar approach and also emphasized inter-agency collaboration and data analysis to manage utilization and outcomes, with a focus on providing help to parents and youth to stay together

Annual Placements to Residential Treatment of Youth with Behavior Problems



Reference Lines: 2005 (SOC Reform Begins); 2008 (QI Initiative Launched)

In NYC, most families received information, advocacy and referrals; of those served, only 22% required higher level, more intensive services

Service Type	Services Delivered in 2011	
Information and Advocacy	**2875**	**36%**
Referrals to Other Services	**2194**	**27%**
Level 1 Crisis Stabilization	801	
Level 2 Functional Family Therapy*	504	
Level 3 Multi-Systemic Therapy*	228	
Level 4 Multi-Dimensional Treatment Foster Care* (Out of home 9 – 12 months)	245	
TOTAL LEVELS 1 – 4	**1778**	**22%**
Families refused, withdrew or were being served elsewhere	1150	14%
Total families seen	**7997**	**100%**

* Evidence-based programs

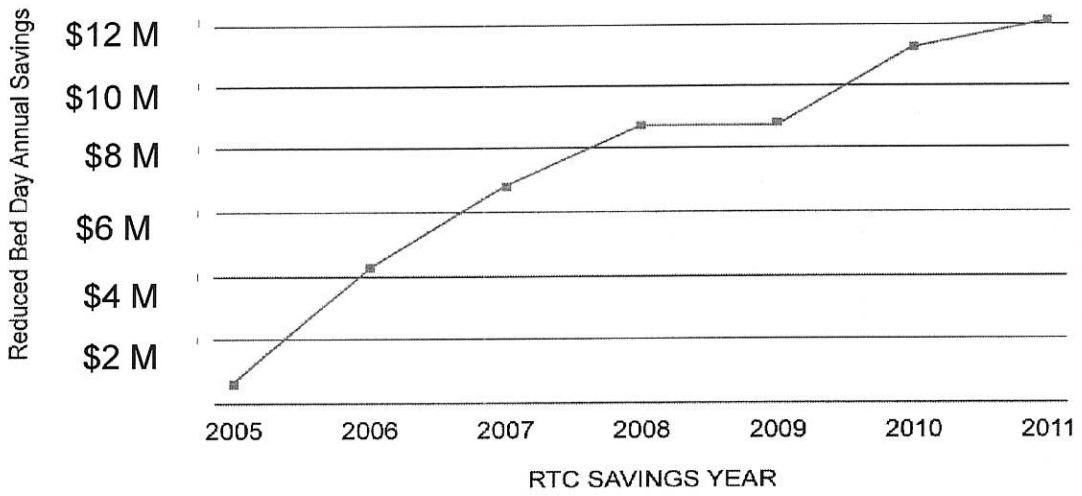
Chart compiled by authors based on data supplied by ACS FAP administration.

In Erie County, savings from placement reductions have been redirected into community-based wraparound services to help parents and youth deal with behavioral health issues at home together

By 2011, Erie County had saved almost $12 million in residential treatment costs

Annual Erie County Residential Treatment Center Savings

Savings computed against reduced use of bed days from 2004 base level

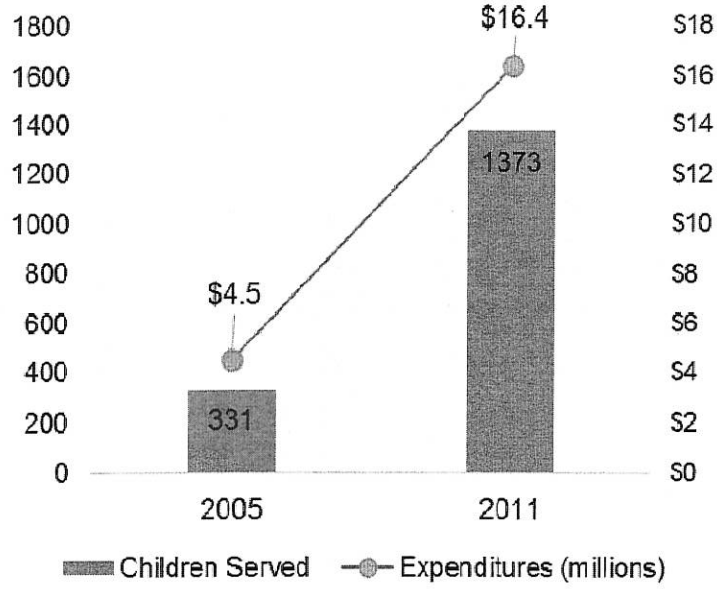


Saving Calculations Represent Gross Totals (County Savings are 55% of the Gross Total)

In 2011 Erie County Invested $3 Million of Savings to Leverage $8 Million for Community Services

The County chose to re-invest the savings in order to serve more youth and families with early intervention services

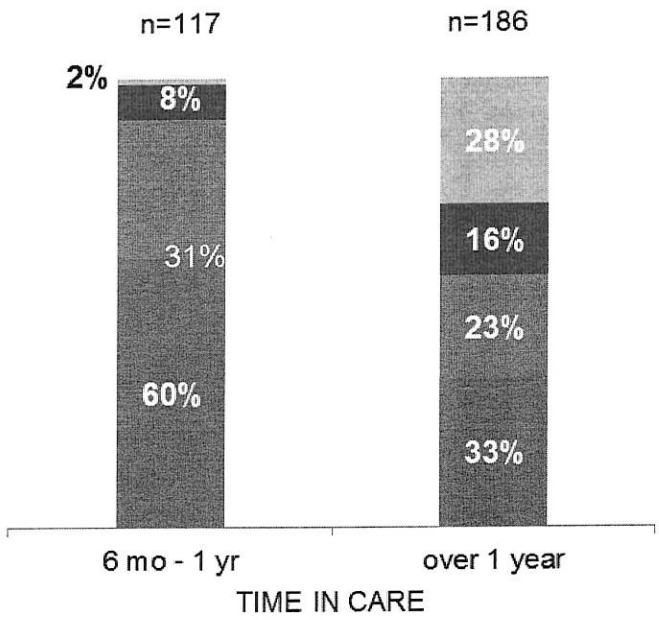
Expenditures and clients served through Community-based System of Care



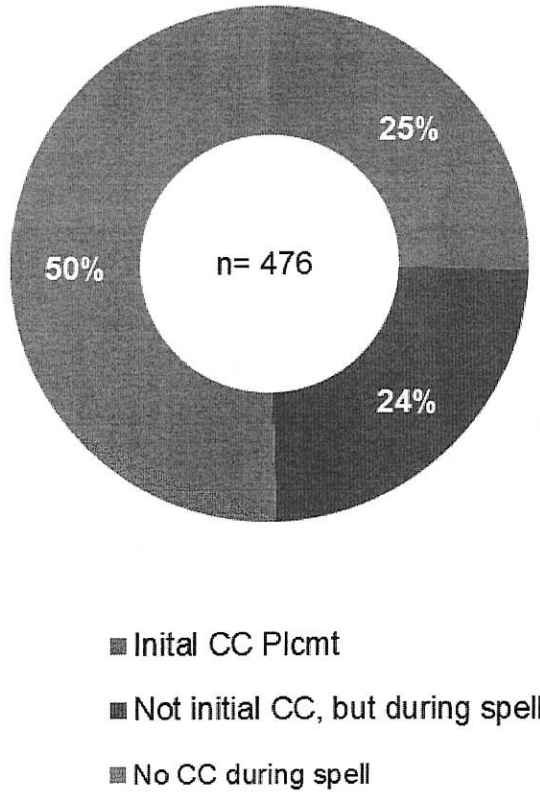
Wraparound services for families and youth have promoted healthier family relationships and prevented the need for family disruption.

Delaware, a state very similar to Rhode Island, also had a problem related to teens with behavioral issues

Placements by Time in Care
Ages 13 to 17, CY 2008–2010



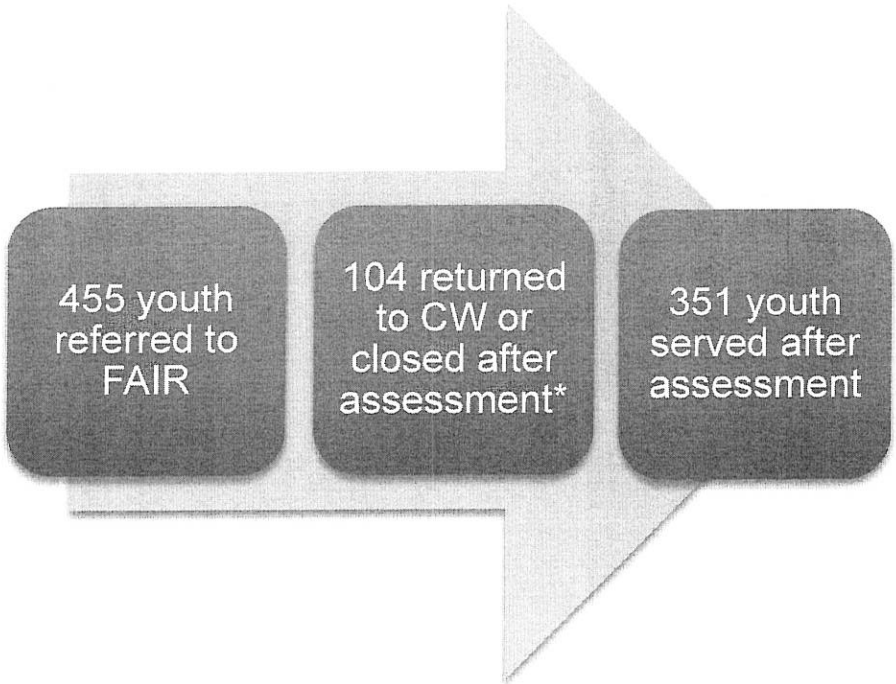
Congregate Care Use for Youth 13+
Entering Care (2008–2010)

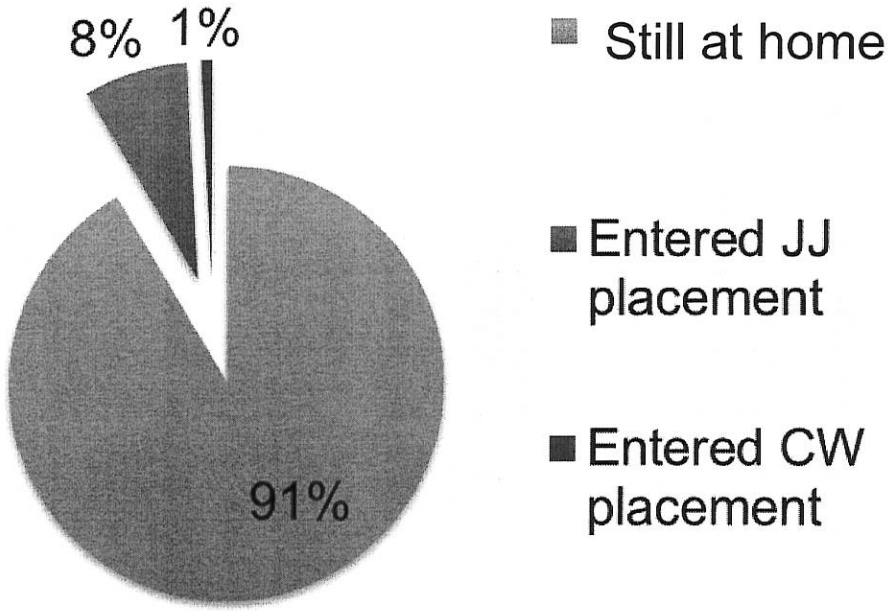


Teens experienced high rates of placement instability and institutional placements – the system was not meeting their long term developmental needs.

The Delaware FAIR program was launched in 2013, based on NY's experience and has had great success diverting teens from out-of-home placements

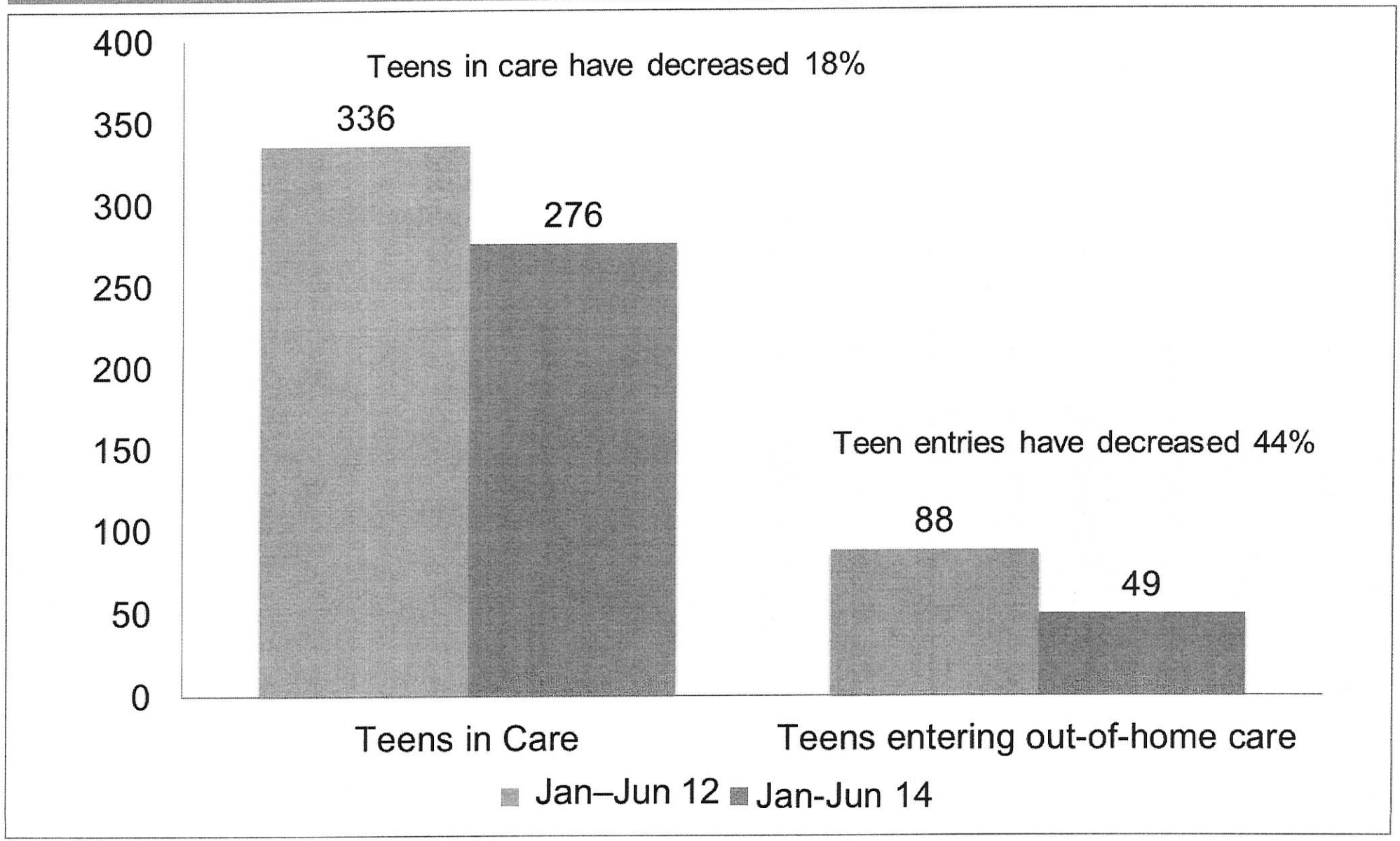
Of the 351 youth served by FAIR after assessment between 3/13 and 7/14, 91% of them have so far been diverted from out-of-home placements





*50 declined; 23 were sent back to CPS for safety issues; 31 were closed for lack of need

The success of the FAIR program has contributed to the decline in the number of teens in care and entering care, with more families able to successfully manage teen behaviors at home



Today I will report briefly on our assessment findings and respond to discussion during the previous Task Force Meetings with a national perspective

- Our assessment focused on Rhode Island's over-reliance on group placements, and found positive and innovative accomplishments toward achieving your goals given resource limitations
- Your population of teens in group care is hindering progress toward your goals, especially when compared to other jurisdictions
- There are three primary factors that impact costs in child welfare; Rhode Island may have problems with all three
- Making the transition will require attention to DCYF and to your providers

The development of alternatives to congregate care means re-tooling, and shifts in the business models of your current group care providers

Help providers shift away from their reliance on facilities

- You have a group of providers currently providing congregate care who have fixed costs, and employ staff in their communities.
- You don't want them to go out of business; you want them to shift their business models.

Help providers develop specialized residential programs

- You still have significant numbers of kids going out of state for treatment.
- When rates don't keep up with costs, providers will not/ cannot take the most difficult kids, therefore kids more likely to go out of state.
- (There will continue to be very limited need for out of state placements.)

- You need a rate setting process based on actual costs, with room to increase rates for providers to develop specialized services.
- You need a plan to close less therapeutic facilities, offering providers opportunities to re-tool.

Current circumstances inhibit the ability of your providers to reduce their commitment to congregate care

- Based on experience in other states, and the statements of providers at the first Task Force meeting:
  - Your rates do not allow the level of therapeutic interventions needed for some of the kids needing high levels of care.
  - Some of the most needy kids are sent out of state (but there will always be *some* kids out of state).
  - Your congregate care providers are serving many kids who could remain in the community, and probably keeping them longer than necessary.
  - Your congregate care providers probably do not have the capacity to shift away from residential care, without additional funding.

Assumptions about what you want to achieve:

- You want to serve kids close to home (in state);
- You want to keep your providers in business;
- You want to reduce the use of group settings;
- You want to keep families together when possible or serve kids in the most family-like settings.

What would I do in your shoes…
(But each will require more resources or a shift in resource allocation)

Assessment

- Install the TOP assessment and performance management system to start to understand what kids need, what's working, and who's doing a good job at meeting those needs.

Caseloads

- Get DCYF caseloads down to reasonable levels, by making sure vacancies are filled, even if it requires overfilling slots.

Foster and kinship families

- Invest in and protect staff for foster family recruitment, development and licensing, especially focused on teens.
- Increase investment in foster and kinship family support.

Provider services

- Develop a program to divert teens with behavior problems from placement (like Delaware).
- Develop a rate setting process with residential providers to understand current funding situation.
- Work with residential providers to decide which have capacity to take more difficult kids and which should close. Work with both groups to shift their business models, which would include rate increases, or funds to shift to community-based services.

THE ANNIE E. CASEY FOUNDATION

Developing solutions to build a brighter future for children, families and communities

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Presentation
November 6, 2014

Senate Task Force on The Department of Children, Youth and Families

Testimony of the Office of the Child Advocate
Regina M. Costa, Esquire
November 6, 2014

- The OCA is charged with the responsibility to take "all possible action including, but not limited to, programs of public education, legislative advocacy, and formal legal action to secure and ensure the legal, civil and special rights of children" under the care of DCYF.
- It is my statutory obligation to be the guardian of their rights and advocate for what is in the best interest of children in state care.

The Office of the Child Advocate's Statutory Obligation to be the voice of DCYF children

- Since the inception of the Networks:
  - Children and families have fewer treatment options
  - Children display more significant mental health issues
  - More children are being placed out of state
  - Available Community based treatment programs have declined
  - Support for Prevention and Diversion services have been reduced
  - The number of children in care has increased
  - DCYF Family Service Staff has seen an increase of nearly 200 families on their caseloads

The Network and the current System of Care is not affordable or in the "best interest of children" under the care of DCYF.

With the economic challenges facing this State and the need to make difficult choices, we can no longer justify paying for 3 coextensive administrative structures, especially when doing so diverts limited resources from practices we know work best to promote safety, permanency and well-being for children and families.

Three different, overlapping administrative systems is fiscally irresponsible.

The current child welfare system is paying for DCYF's seasoned and capable staff, plus:

- Two extra Chief Executive Officers
- Two extra Chief Financial Officer
- Two extra Chief Operating Officers

Supporting the management bureaucracy in triplicate diverts our limited resources ***away from children.***

We don't need, and can't afford bureaucracy in triplicate.

- The Networks' purpose was to allow DCYF to deliver a better service model and shift some financial risk.
  - Networks delivered a worse product
  - Networks side-stepped the financial risk
    - Increased budget requests
    - No financial limits in current contract
  - The State now pays the networks' excessive costs, without any contractual constraints, for worse results, and DCYF absorbing the deficit

Current system enables the networks, by not holding them accountable.

- To cover the expenses associated with escalating administrative costs, DCYF and the networks have forced Network providers and affiliates:
  - To provide inconsistent levels of clinical supports for children they serve on behalf of DCYF
  - To eliminate things that children need, such as clothing vouchers and recreational activities
  - To reduce the number of children and families they can serve
  - To struggle to maintain payroll
  - Even to close their doors

Network Results: Services to children have been severely impacted.

- Children in the highest intensity, highest cost treatment options – out of state placements- have doubled in the past 2 years.
- Diverting limited resources from practices we know work best to promote safety, permanency and well-being for children and families.

Children in the highest intensity, highest cost treatment options have doubled in the past two years.

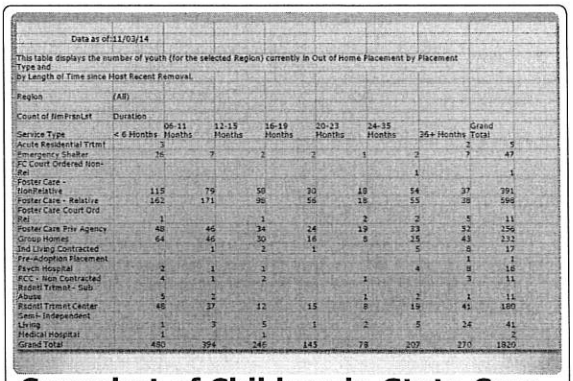
Children Placed Out of State

July 2012	July 2014
46	84

Children Placed in a Single Out of State Facility and the Associated Cost

Number of Children	Cost Per Year
14	$2,315,195

Snapshot of Out of State Care



Data as of:11/03/14

This table displays the number of youth (for the selected Region) currently in Out of Home Placement by Placement Type and by Length of Time since Most Recent Removal.

Region (All)

Count of IlmPrimLvl Duration

Service Type	< 6 Months	06-11 Months	12-15 Months	16-19 Months	20-23 Months	24-35 Months	36+ Months	Grand Total
Acute Residential Trtmt	3						2	5
Emergency Shelter	26	7	2	2	1	2	7	47
FC Court Ordered Non-Rel						1		1
Foster Care - Nonrelative	115	79	50	30	18	54	37	391
Foster Care - Relative	162	171	98	56	18	55	38	598
Foster Care Court Ord Rel	1		1		2	2	5	11
Foster Care Priv Agency	48	46	34	24	19	33	52	256
Group Homes	64	46	30	16	8	15	48	232
Ind Living Contracted		1	2	1		5	8	17
Pre-Adoption Placement							1	1
Psych Hospital	2	1	1			4	8	16
RCC - Non Contracted	4	1	2		1		3	11
Reidtl Trtmnt - Sub Abuse	5	2			1	2	1	11
Riedtl Trtmnt Center	48	37	12	15	8	19	41	180
Semi- Independent Living	1	3	5	1	2	5	24	41
Medical Hospital	1		1					2
Grand Total	480	394	246	145	78	207	270	1820

Snapshot of Children in State Care

The limited resources in the foster care system have resulted in:

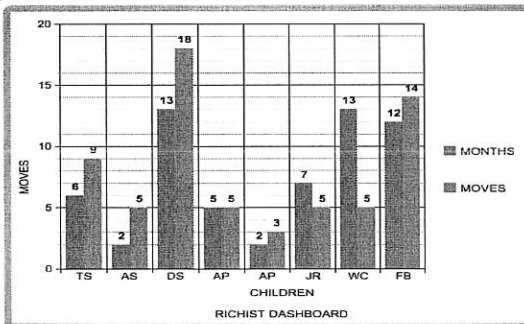
- Placement of very young children in group care and shelters
- Use of shelters or group care for children with special needs
- Separation of siblings who come into care
- Multiple placements for many children

Reimbursement rates between $13.64 and $15.79 a day (age dependent) does not promote the increase in family based care that we need to transform the system.

A Crisis in the Foster Care System

- Foster Care
  - Because of the limited foster placements and resources, young children who have never been in DCYF care before have been forced to stay overnight at the DCYF offices.

Night to Night and Multiple Placements have returned.



Multiple Placements

- When DCYF took back the reins from the lead agencies, more and better services were provided to children and their families:
  - All appropriate information was gathered sent or delivered to programs identified
  - Referrals were timely, complete and appropriate
  - Providers and DCYF staff worked together more efficiently

The System of care *improved* during the suspension of the lead agencies contracts.

- Return to the Department its responsibility, pursuant to RIGL § 42-72-5
  - "The Department (DCYF) is the principal agency of the state to mobilize the human, physical, and financial resources available to plan, develop and evaluate a comprehensive and integrated statewide program of services designed to ensure the opportunity for children to reach their full potential. The services include prevention, early intervention, out-reach, placement, care and treatment and after-care programs..."
- Provide the Department with the appropriate resources to implement and administer the service delivery system children and families need

So, what should you do?

- Properly terminate the contracts with the two Network Lead Agencies in as timely a manner as the contracts allow.
- End night-to-night placements.
- Reallocate and restore funds to the maximum extent possible to return clinical services and other programming cuts to a place where children's mental health can improve.
- Fill the 25% vacancy rate at DCYF, to include casework supervisor, social caseworkers, intake case workers, and child protective investigators

Short Term Goals

- Shore up both ends of the service continuum: Invest in prevention and transition services for DCYF youth or those diverted from the system.
- Secure, support and grow the foster care system
- Eliminate the inherent conflict in the current utilization review system (where agencies review their competitors)
- Reduce the number of children in out of state placement

Mid-Term Goals

- *"Rightsize"* Congregate Care.
- Invite the Casey Foundation back to provide the State with technical assistance to obtain the goals that were identified in their report
- Encourage Providers to create programming with a component that allows for a continuum or step-down options within their own array

Long Term Goals

- This was a good faith effort by DCYF to seek an efficient delivery of service model to provide for the children and families in their care.
- They should not be discouraged from continuing to explore other models for service delivery with a proven tract record in the future.

It is time to move on from the network model.

Presentations
December 2, 2014

Trauma Among Juvenile Justice Youth in Rhode Island

Marina Tolou-Shams, Ph.D.
Associate Professor (Research), Alpert Medical School of Brown University
Staff Psychologist, RI Hospital
Director, RI Family Court Mental Health Clinic
December 2nd, 2014

Acknowledgements

- Rhode Island Family Court; Chief Judge Bedrosian, RIFC Judges and Magistrates, Court administrators, intake and drug court staff, project DREAM staff, court clinic clinicians and case managers.
- Court-involved parents and teens
- Colleagues and fellows at Rhode Island Hospital, Brown Medical School
- National Institute of Health (NIH)/National Institute of Drug Abuse (NIDA)
- Office of Juvenile Justice and Delinquency Prevention (OJJDP)

Overview

- Background and structure of RIFC, Juvenile Court Clinic (JCC)
- Three perspectives on trauma in RIFC youth
  - Posttraumatic stress *symptoms* (JCC youth)
  - Rates of traumatic *experiences* (Intake Dept)
  - *Gender*, trauma and recidivism (JCC youth)
    - Sexual abuse
    - Domestic Violence
- Efforts to address trauma needs of RIFC youth

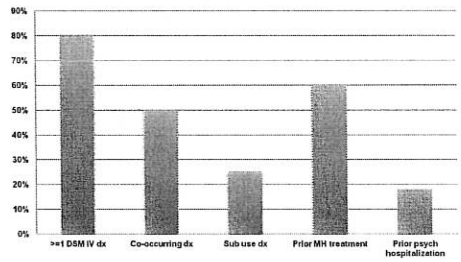
Juvenile Court Clinic (JCC)

- Established in September 2006
- Evaluated over 1200 juveniles to date
- Services include: brief, comprehensive forensic mental health evaluation, emergency evaluations, consultation/record review.
- Forensic evaluations provide assessment of:
  - Psychiatric functioning, including substance use and history of trauma
    - Self-report screening and diagnostic measures, such as the Youth Self-Report/Child Behavior Checklist and VDISC
  - Cognitive and/or academic functioning

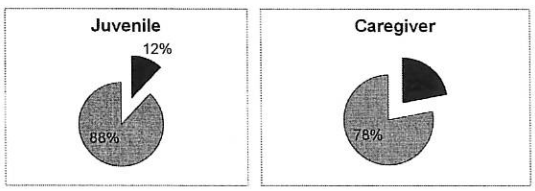
JCC Youth

- Majority first-time offenders
- 70% truancy, 15% drug court, 15% delinquency
- 60% male/40% female
- Average age = 15 years
- Race and Ethnicity: 61% White, 8% African American, 10% Biracial, 2% American Indian, 1% Asian/Pacific Islander; 18% Latino
- 11% history of out-of-home placement

JCC Youth



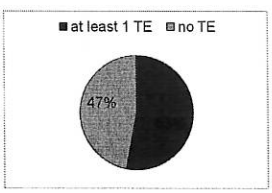
Posttraumatic Stress Symptoms (N=358; 2009-2014)

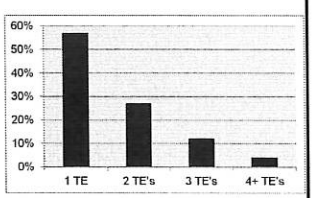


RED= % in clinical range

Traumatic Experiences (TE) (N=255; 2014)

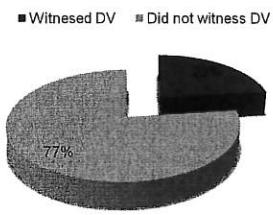
- MAYSI (Grisso); 52 item brief mental health and substance use screening tool
  - Traumatic experiences (lifetime #; 0-5)





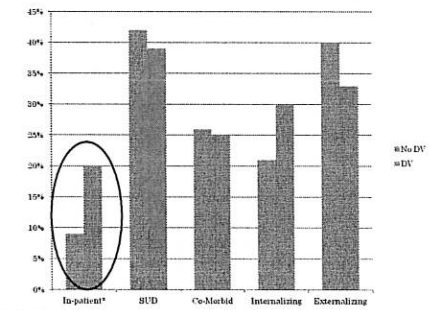
Boys and girls fairly consistent in TE frequency

Domestic Violence (DV) exposure
(N=402; 2006-2008)



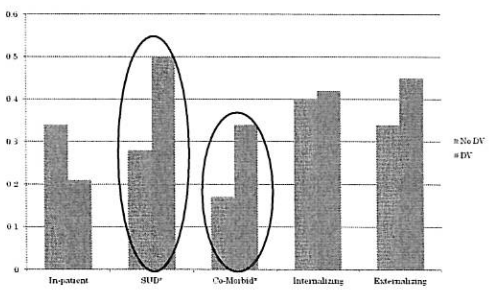
No demographic differences in DV exposure

Psychiatric Factors: Boys and DV



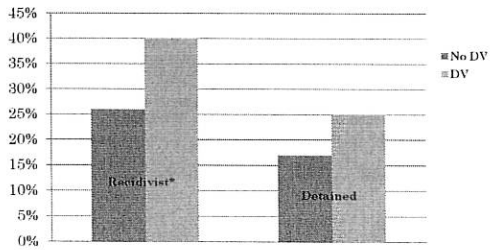
* $X^2 \leq .05$

Psychiatric Factors: Girls and DV



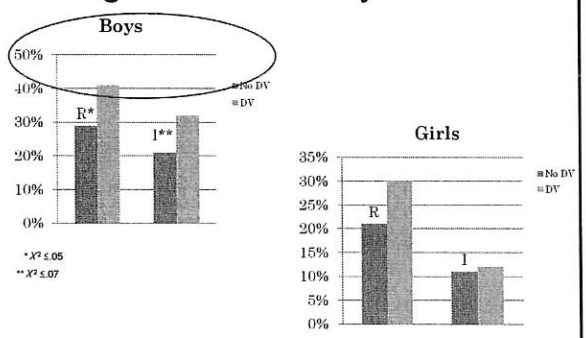
* $X^2 \leq .05$

DV Exposure & Legal Outcomes



* $X^2 \leq .05$

Legal outcomes by Gender



Childhood Sexual Abuse (CSA)* (N=404 JCC youth seen from 2006-2008)

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Gender Differences in Recidivism Rates for Juvenile Justice Youth: The Impact of Sexual Abuse

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Young female offenders represent a growing number of young offenders. Studies have shown that youth in the juvenile justice system, particularly young females, report higher rates of lifetime sexual abuse than their nonoffending peers. The aim of this study was to examine gender differences in risk factors for recidivism, including a history of sexual abuse, among a juvenile court clinic sample. Findings suggest that, even after accounting for previously identified risk factors for recidivism such as prior legal involvement and conduct problems, a history of sexual abuse is the most salient predictor of recidivism for young female offenders, but not for males. The development of gender-responsive interventions to reduce juvenile recidivism and continued legal involvement into adulthood may be warranted.

Keywords: juvenile justice, recidivism, gender differences, sexual abuse

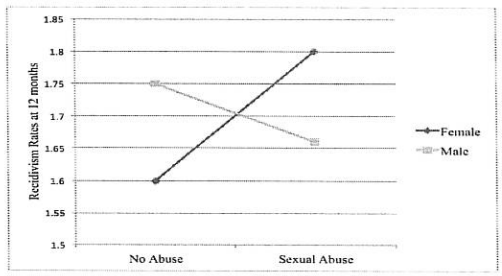
Childhood Sexual Abuse (CSA) (N=263 evaluations)

- Reported CSA prevalence = 14% (n=37)
  - But, 23% of girls versus 8% of boys.
- Above and beyond accounting for well-known predictors of recidivism, such as externalizing disorders, girls with CSA history had five times greater odds of recidivating than their non-abused female counterparts.

Childhood Sexual Abuse (CSA)

Figure 1.

Interaction effect of gender by lifetime history of sexual abuse on 12-month recidivism



For RIFC diversion youth…

- Traumatic stress *symptoms are high* among those with other mental health concerns
  - It may matter whether you are asking caregiver or juvenile about symptoms, particularly for girls
- Traumatic *experiences are highly prevalent (53%)*
  - 43% of those report two or more experiences
- Trauma *affects our girls and boys differently*
  - CSA: leads to increased risk for recidivism for girls but not for boys
  - DV: for girls, substance use and co-occurring psychiatric diagnoses; for boys, recidivism/detention

What do they need…..

- Systematic trauma symptom and exposure screening to guide court-related recommendations
- Trauma-informed approach to interactions
- Accessible interventions that we know work
  - Gender-responsive
  - Integrated (e.g., mental health, substance use, conduct problems)
  - Family-based

What are we currently doing…

- Juvenile Court Clinic- YSR/CBCL and VDISC screening for trauma exposure and symptoms
- Project DREAM (OJJDP)- systematic screening for traumatic experiences and linkages to care
- VOICES (NIDA funded R01DA035231;PI Tolou-Shams)- gender responsive trauma-informed drug use treatment for substance using JJ girls
- DATESMART (NICHD; R01 pending; PI Rizzo)- dating violence prevention program for JJ girls

Thank You

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Trauma Among Juveniles in Residential Care

Rhode Island Family Court
Children, Trauma, and the Integration of Care

October 29, 2014

1

Sources of Trauma

- Social structural disadvantage
- Poor parenting

➲ Research is important to fully understand this population and to guide inter-agency solutions to the problems they face.

2

The Ocean Tides Boys

- Average age is 16
- 78% are 15-17
- 12% are younger than 15

3

Table 1: Behaviors and Attitudes *Prior* to Ocean Tides

Behaviors/Attitudes	Slight Problem	Moderate Problem	Severe Problem	Totals
Aggression	33 (2.1%)	194 (12.2%)	822 (51.9%)	1,049 (66.2%)
Antagonistic Swearing/Disrespect	58 (3.7%)	305 (19.2%)	203 (12.8%)	566 (35.7%)
Attention/Concentration	58 (3.7%)	300 (18.9%)	239 (15.1%)	597 (37.7%)
Bullying	27 (1.7%)	74 (4.7%)	45 (2.8%)	146 (9.2%)
Emotionally Labile	29 (1.8%)	116 (7.3%)	56 (3.5%)	201 (12.7%)
Enuresis	16 (1.0%)	30 (1.9%)	17 (1.1%)	63 (4.0%)
Entitlement	19 (1.2%)	88 (5.6%)	35 (2.2%)	142 (9.0%)
Fights w/Peers	109 (6.9%)	293 (18.5%)	156 (9.8%)	556 (35.2%)
Fire Setting	63 (4.0%)	43 (2.7%)	88 (5.6%)	194 (12.3%)
Immaturity	60 (3.8%)	383 (24.2%)	202 (12.7%)	645 (40.7%)
Impulsive	65 (4.1%)	436 (27.5%)	467 (29.5%)	968 (61.1%)
Manipulative	48 (3.0%)	195 (12.3%)	129 (8.1%)	372 (23.5%)
Temper	50 (3.2%)	309 (19.5%)	271 (17.1%)	630 (39.7%)
Poor Judgment	105 (6.6%)	432 (27.3%)	587 (37.0%)	1,124 (70.9%)
Problems w/Authority	67 (4.2%)	427 (26.9%)	275 (17.4%)	769 (48.5%)
Risk-Taking	96 (6.1%)	264 (16.7%)	274 (17.3%)	634 (40.0%)
Runaway	86 (5.4%)	146 (9.2%)	174 (11%)	406 (25.6%)
Self-Centered	31 (2.0%)	150 (9.5%)	46 (2.9%)	227 (14.3%)
Stealing	19 (1.2%)	44 (2.8%)	1250 (78.9%)	1,313 (82.8%)
Truancy	59 (3.7%)	284 (17.9%)	590 (37.2%)	933 (58.9%)
General Violence	56 (3.5%)	116 (7.3%)	743 (46.9%)	915 (57.7%)

4

Table 2: Past School Performance *Prior* to Ocean Tides

School Performance	*Academics*	*Motivation*	*Behavior*
Consistently Poor	**741 (46.8%)**	**885 (55.8%)**	**795 (50.2%)**
Consistently Average	235 (14.8%)	185 (11.7%)	225 (14.2%)
Consistently Above Average	60 (3.8%)	33 (2.1%)	40 (2.5%)
Variable	176 (11.1%)	126 (7.9%)	127 (8%)
Average Poor to Poor Average	252 (15.9%)	184 (11.6%)	222 (14.0%)
Totals	*1464 (92.4%)*	*1413 (89.1%)*	*1409 (88.9%)*
Missing	*121 (7.6%)*	*172 (10.9%)*	*176 (11.1%)*

5

Drugs, Gangs, Guns

Drugs
- 54% light to heavy drinking (53% of drinkers were white)
- 53% smoking pot (55% of smokers were white)

Gangs
- 8% were in gangs (More common among non-whites and those in poverty)

Guns
- 20% handled guns illegally (More common among non-whites, but SES is unrelated)

6

Mental Health

- 14% referred to mental health facility
- 25% were clinically evaluated at least once in lifetime
- 42% evaluated at Ocean

7

Poverty

- 43% are in extreme poverty
- Less than 3% in upper-middle
- No affluence

8

Family Structure

- 45% single-parent families
- 1980, almost 20% of U.S. households were single parent families with children compared to 58% of the Ocean Tides population in the same year
- Most in poverty

STRUCTURAL CHANGE IN THE FAMILY
- Half structurally unstable

9

Parents

PARENTAL UNEMPLOYMENT
- 62% of biological fathers
- 52% of biological mothers

PARENTAL ALCOHOL ABUSE
- 21% of fathers
- 9% of mothers.

CRIMINAL PARENTS
- 16% of biological fathers
- 13% of biological mothers
- 5% of other parental figures or adult relatives
- 17% of the boys had a sibling with criminal charges against them

EMOTIONAL REJECTION AND PHYSICAL ABANDONMENT
- 37% physically abandoned by their biological fathers
  - 2% more emotionally rejected
- 10% physically abandoned by their biological mothers
  - 2% more emotionally rejected

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Table 3: Discipline at Home

Discipline	n	Percent	Valid Percent
None	196	12.4%	17.4%
Lenient	416	26.2%	36.9%
Moderate	**258**	**16.3%**	**22.9%**
Harsh	75	4.7%	6.7%
Inconsistent	181	11.4%	16.1%
Totals	*1126*	*71.0%*	*100%*
Missing	*459*	*29.0%*	

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Table 4: Child Abuse

Abuser*	Emotional Abuse	Physical Abuse w/No Serious Injury	Physical Abuse w/Serious Injury	Sexual Abuse
Biological Father	723 (45.6%)	145 (9.1)	52 (3.3)	9 (0.6)
Step Father	14 (0.9)	34 (2.1)	34 (2.1)	3 (0.2)
Other Father	22 (1.4)	36 (2.3)	11 (0.7)	11 (0.7)
Biological Mother	325 (20.5)	34 (2.1)	30 (1.9)	7 (0.4)
Step Mother	0	2 (0.1)	3 (0.2)	0
Other Mother	4 (0.3)	4 (0.3)	1 (0.1)	2 (0.1)
Sibling	8 (0.5)	19 (1.2)	4 (0.3)	10 (0.6)
Other relative	5 (0.3)	8 (0.5)	4 (0.3)	25 (1.6)
Other Non-Relative	5 (0.3)	42 (2.6)	29 (1.8)	54 (3.4)

*Some boys experienced multiple abuses from multiple abusers

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Table 5: Lifetime Measures of Personal Child Abuse

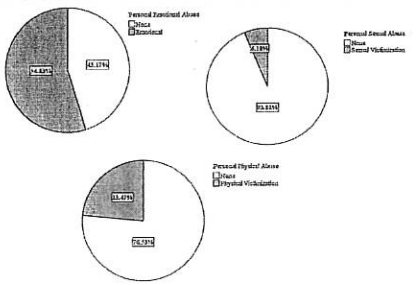

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Table 6: Lifetime Exposure to Parental Inter-Personal Violence (PIPV)

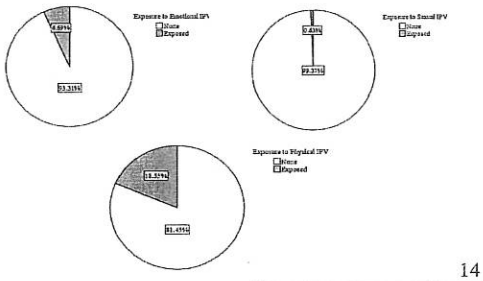

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Table 7:Victimized Boys who were also Violent

	Personal Abuse		Decrease in Violence	Exposure to PIPV		Decrease in Violence
	Before OT	*At OT*		*Before OT*	*At OT*	
Emotional	61.4%	24.2%	61%	74.5%	20.8%	72%
Physical	67.2%	28.5%	58%	68.4%	23.8%	65%
Sexual	78.6%	38.8%	51%	90%	30%	67%

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Table 8: What's Correlated w/Violence

1. Physical Abuse								
2. Emotional Abuse	.216**							
3. Sexual Abuse	.130**	.091**						
4. Physical PIPV	.337**	.140**	.046					
5. Emotional PIPV	.197**	.147**	.036	.360**				
6. Sexual PIPV	.106**	.072**	.013	.146**	.170**			
7. Violence Before	.166**	.083**	.108**	.103**	.091**	.052*		
8. Violence at OT	.096**	.075**	.109**	.028	-.004	.017	.191**	
9. Race	-.095**	-.043	-.069*	-.081**	-.082**	-.036	.064*	.010
10. SES	-.004	-.130**	.018	-.028	.017	-.054*	-.009	-.016

* p ≤ .05, ** p ≤ .01, n=1585

16

How Does Ocean Tides Help?

- Coordinates its services
- Serve as surrogate parents
- Draws on their strengths
- Integrates care
- Conducts careful research

Thank You

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