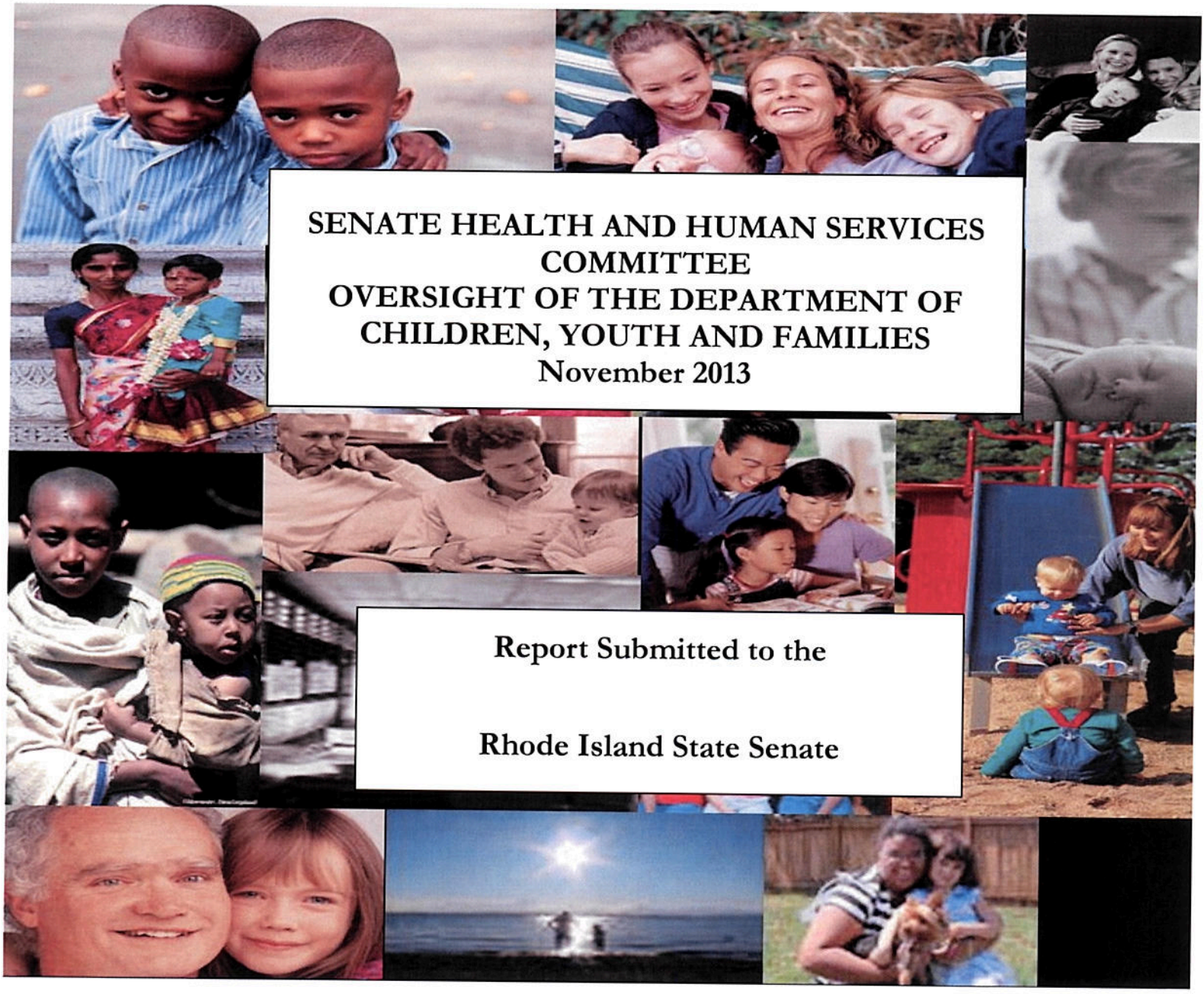

SENATE HEALTH AND HUMAN SERVICES COMMITTEE
OVERSIGHT OF THE DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES
November 2013

Report Submitted to the

Rhode Island State Senate

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On behalf of the Senate Committee on Health and Human Services, I am pleased to submit this report, the culmination of extensive oversight hearings of the Department of Children, Youth, and Families (DCYF) held on May 16, 2013 and October 1, 2013. This report represents the information presented preceding, throughout, and subsequent to the hearing from the dedicated professionals and affected individuals who have shared with the Committee their expertise and perspectives on strategies and policies that will improve outcomes for youth and families served by our child welfare system.

The Senate Committee on Health and Human Services oversight hearing on DCYF was convened to work together with public and private partners to develop a better understanding of performance measures, expenditures, and policies, with the goal of increasing accountability and effectiveness. The Committee focused on strategies to enhance outcomes for children, youth, and families served by the Department. As a result, the Committee heard from presenters including Secretary of the Executive Office of Health and Human Services Steven Costantino, DCYF Director Janice De Frances, RI Family Court Chief Justice Haiganush Bedrosian, and RI Child Advocate Regina Costa. The hearing provided information on the priorities and efforts of the Department, as well as an opportunity for the public to raise issues and advance potential recommendations for consideration.

Our focus was on understanding the best practices for prevention and intervention in order to positively influence the trends in the Rhode Island child welfare system, to identify resource and system gaps, and formulate recommendations for consideration. In addition, we learned of the positive efforts from our community leaders who also work tirelessly with families and youth to ensure the safety and permanency of children in Rhode Island.

At the time that this report was under consideration by the Health and Human Services Committee, the Department received a federal waiver for title IV-E funding which reimburses DCYF for costs associated with the care of children in custody. This waiver authority will be implemented July 1, 2014, allowing the Department increased flexibility in the use of federal reimbursement for services that have not traditionally been IV-E reimbursable (e.g. home and community-based services to help reduce reliance on congregate care services and ensure appropriate supports to maintain children in their own homes and communities). On behalf of the Senate Health and Human Service members, I would like to congratulate Director DeFrances and the entire Department on this achievement.

In closing, I am grateful to every member of the Committee for their willingness to take part in these discussions and I appreciate the many experts who took time to appear before the Committee to contribute to our understanding of these important issues. I want to express our appreciation to the dedicated employees of the Department of Children, Youth, and Families, who arguably have some of the most difficult jobs in the state. The Senate Health and Human Services Committee offer these recommendations with confidence that, working together, we can help enhance the welfare of our state's youth and families.

Sincerely,

Chairman Senator Joshua Miller
District 28 – Providence, Cranston

TIMELINE

May 16, 2013, Hearing

Secretary Steven Costantino, Executive Office of Health and Human Services
Janice DeFrances, Director Department of Children, Youth and Families
Chief Judge Haiganush Bedrosian, Chief Judge Rhode Island Family Court
Regina Costa, The Office of the Rhode Island Child Advocate

September 2013

Draft Report with Findings and Recommendations issued by the Health and Human Services Committee

October 1, 2013, Hearing

Review of Draft Report with Findings and Recommendations

Department of Children, Youth, and Families presents Response Report to the Committee

November 4, 2013

Final report issued incorporating stakeholder and agency comments and recommendations.

FINDINGS:

As described in this document, the Committee's findings are summarized as follows:

1) Significant gaps exist among state agencies, providers, and caregivers in the systematic determination of child and family needs and coordinated efforts to identify and deliver a comprehensive continuum of care for services that support and enhance the holistic physical, social-emotional, and development of youth and children in the system.

2) Although many agencies and providers are now utilizing evidence-based interventions with children and youth, contracts generally do not provide the funding for staff training and technical assistance, assessment standards, and program evaluations leading toward alignment with value-based outcome improvement measures.

3) Our current system should more adequately address the transitional period and needs for youth between the ages of 18-21 in the child welfare system,a population that, if overlooked, can experience poor educational attainment, financial uncertainty, mental health instability, at significant costs to society.

4) An examination of the quality, capacity, and outcomes of current congregate care placements should be included in the comprehensive assessment of the delivery of child welfare services in Rhode Island.

5) Reporting mechanisms are unclear as they relate to child fatalities and near fatalities of youth involved in the DCYF System.

6) Increased data and accountability are critical and should be relevant and transparent to evaluate the efficacy, fidelity, and outcomes of supports and services in order to inform program improvements and fiscal decisions.
7) Our state must focus on balancing the challenges of delivering high quality services and supports in a fiscally-restrained environment.

RECOMMENDATIONS:

1) Support state agencies, the courts, providers, and caregivers to conduct a systematic assessment of needs using a structured process and consistent organization to expand the system's capacity to deliver and align the comprehensive continuum of care for services that enhance the holistic physical, social-emotional, and development of youth and children in the system.

Throughout the hearing were reported gaps within the child welfare system for children and youth in the areas of care, coordination, and delivery of services. In order for systems to offer the entire continuum of care necessary to focus on improving health outcomes for Rhode Island children and youth, departments must work with providers within the system to collaborate, align resources, and capitalize on each other's strengths. In doing so, comprehensive services can be individually tailored to meet the needs of children and youth. Successful interagency collaboration will require continued strong leadership within and between agencies to champion and sustain these collaborative efforts.

With the number of state agencies that may be involved in the coordination of services and supports in any one case, including the Family Court, Rhode Island Department of Education (RIDE), Department of Children, Youth, and Families (DCYF), Department of Human Services (DHS), Executive Office of Health and Human Services (EOHHS), and the Department of Behavioral Healthcare Developmental Disabilities and Hospitals (BHDDH), information gaps have the potential to further complicate the continuum of care. Motivation and willingness to change among agency staff will be critical in implementing policies and practices that may be fundamentally different than traditional past practices. Incentives and structures have to be designed to support effectiveness. "In some instances, the rigor and quality of these innovations may alter the standards of practice throughout an agency, thereby improving the overall service delivery process and enhancing participant outcomes. In other cases, organizations that provide little incentive for staff to adopt new ideas or that reduce the dosage or duration of evidence-

based models to accommodate their limited resources contributes to poor implementation and reduced impacts." [1]

It is critical that departments and the family court have the capacity to share information and data in order to collectively analyze and document successes and areas for improvement. In order to accomplish this goal, interagency collaboration is a necessary step toward addressing the unmet needs of children and youth in the juvenile justice and child welfare systems. One such example includes Executive Order 13-01, signed by the Governor on January 10, 2013, which established the Transparency and Accountability Initiative that will greatly increase the amount of information accessible to the public and establish outcomes and measures.

Utilizing a similar model, legislation to amend chapter *42-6-15 Information sharing among departments; Confidentiality of Information* may be considered that would allow interdepartmental data-sharing through an interdepartmental Memorandum of Understanding (MOU). Appropriate legal staff from multiple agencies would be utilized to discuss Federal and State laws, regulations, and issues that may hinder information-sharing. The MOU should address what can be shared, how it can be shared, with whom it might be shared, and who grants permission for information-sharing within each agency. It would allow state agencies to work collaboratively to ensure that there is communication and coordination, to consider step-up, step-down, and wraparound options at all levels of intervention, and in particular to ensure that that the boundaries between home based and out-of-home services may be eliminated. During this process examining appropriate opportunities for agencies to align funding streams and provide interagency referrals for youth that are "touched" by more than one state agency should be explored in order to reduce system gaps and fully integrate the system of care.

Finally, in addition to the importance of data sharing among multiple state agencies, our family court system is an essential part of the overall equation in addressing the permanency and placement of children in foster care. Since many children can face long periods of transition between foster care and permanency placements, it is essential that our courts have the ability to

[1]Institute of Medicine and National Research Council. 2013. New Directions in child abuse and neglect research. Washington, DC: The National Academies Press. http://www.nap.edu/catalog.php?record_id=18331

receive and request information from DCYF and the Networks of Care. The information is critical in order for the courts to make informed decisions about a child's physical, developmental, and emotional needs- factoring in all of the essential information to make timely placement and permanency decisions.

Submitted from DCYF Report (page 5): "The Committee's report [herein] speaks to the possibility of amending state law to allow interdepartmental data sharing through the use of MOU. The Department is unsure that legislation is necessary as we have current data sharing …between agencies…Often the challenge is in developing the details of MOUs not in the authority to enter into such agreements." [2]

Margaret Holland McDuff, Family Service of RI: Testified before the Committee and encouraged the Secretary of the Executive Office of Health and Human Services to explore opportunities to further enhance MOUs and data sharing to inform the policies, practices and implementation of services for children and families in Rhode Island.

David Caprio,Children's Friend: testified and encouraged the Department and Committee to examine investments in primary prevention in the child welfare system. He provided the example of Early Head Start and the critical importance of working with families before the need of opening cases in DCYF.

"The appointment of an Advisory Committee…could provide the [Office of the Child Advocate] with a team of experts from the various disciplines who do not have any personal stake in the outcomes of the system of care that impact the lives of the children in state custody... It would provide an opportunity for well thought out discussion and assessment with regards to service gaps, policy changes and recommendations for improvements in the evolving system of care." Regina M. Costa, Child Advocate

2) Support universal evidence-based assessment tools utilization in the Network of Care Contracts, resources to support training, technical assistance, and evaluation aligned with outcome measures.

While System of Care Network providers are utilizing some evidence-based programs (EBPs) and interventions, there is a lack of validated assessment tools to measure factors such as trauma and resiliency that inform the individual case-planning process and selection of interventions. By utilizing standardized assessment tools, based on the individual case plan, resources and services may be aligned and allocated that are most appropriate for the individual's age, environment, and social-emotional needs for the optimal outcomes. The urge to find universal, easier measures vs. case-relevant measures given goals for each case requires expertise and complexity.

[2] Senate Health and Human Services Committee. Oversight Report on the Department of Children, Youth and Families, September 2013. A Response from the Department of Children, Youth, and Families October 1, 2013.

In addition, requiring the System of Care Networks to allocate appropriate resources for training, technical assistance, and comprehensive program evaluation in the contracts will increase the capacity of System of Care Networks and sub-contracted provider agencies' ability to utilize standardized assessments that ensure decision-making based on appropriate interventions tied to the individual's case plan and outcome measures. Tying the assessment process to an evaluation system that assesses outcomes on both a clinical/ micro level and programmatic/ macro level is essential in scaling evidence-based programs and de-scaling the use of programs that do not work based on outcome measures.

Utilizing standardized and validated assessment tools to inform decisions will lead to continuous program improvements. These additional tools may allow the opportunity for "mid course corrections" to programs and interventions to ensure that youth, children, and families are receiving the appropriate services that meet their individual needs and lead to success in budget and policy planning that will maximize results. In order to effectively utilize the information, the Senate would like to examine opportunities for DCYF to make the aggregate (non-identifiable information) publically accessible and reported back the General Assembly on an annual basis.

If budget constraints are the sole factor preventing the reporting of this information, DCYF is encouraged to inform the Committee of that fact.

DCYF report page 7 "…the Committee suggests the Department and Networks do not use evidence based assessment tools to guide planning for children and families.. ..it is evident the department has not articulated the assessment tools we use and how we evaluate the effectiveness clearly. [3]

Margaret Holland McDuff, Family Service of RI: testified in support stating that many of the networks are using evidence based models in their practice, but could be doing more and additional training and technical assistance would be welcomed.

"[M]any of the best practice models require at least one stable caretaker in the family. When you look at the population that DCYF services, there are a large number of very difficult families that require extensive support services… It becomes very expensive to stabilize and provide support services to maintain a family in the community when they are in severe crisis. It is somewhat similar to the current attempt to maintain more of the elderly at home as opposed to nursing homes. The conversion takes a lot of time, effort, and expense to change the system." Brother Michael Reis, Vice President, National Association of Social Workers, Rhode Island Chapter

[3] Senate Health and Human Services Committee. *Oversight Report on the Department of Children, Youth and Families, September 2013.* A Response from the Department of Children, Youth, and Families October 1, 2013.

3) Examine and refine the current policies and practices for the 18-21 year old transition planning process.

On, or shortly after, their eighteenth birthday youth in the Rhode Island foster care system will "age out" of the system- in other words, lose most of their benefits and supports. With significant concerns regarding the "transitional period" for foster care youth between the ages of 18-21, coupled with youth that have serious social-emotional disturbances or functional disabilities, it is essential to examine the entire transition process. One important source of data that may assist in refining policies and practices for youth ages 18-21 that is collected on an annual basis and analyzed and reported every five years by DCYF is the national Youth in Transition Survey. Making this information publically available can allow decision-makers to examine best practice policy and improve decision-making for Rhode Island youth transitioning out of care.

Currently, there are services and supports offered to youth through the Youth Establishing Self-Sufficiency (YESS) Aftercare Program, which is managed by the Rhode Island Council of Resource Providers (RICORP) and a program of the Consolidated Youth Services contract funded by the Department of Children, Youth, and Families (DCYF). Although some DCYF workers and provider agencies may assist youth with transition planning, there is reportedly very little advance planning or preparation for that transition from DCYF to YESS currently occurring on a wide scale basis. This has often resulted in a disastrous cliff effect: when a youth turns 18 he or she may experience a complete lack of services, and, in some cases, homelessness.

In considering the opportunities that exist within a small state to plan for successful transitions for youth in the child welfare system, one advocate spoke about the extensive transition planning instituted by the federal Individuals with Disabilities Education Act (IDEA). In 2004, IDEA made a series of important steps towards ensuring that youth with developmental and/ or intellectual disabilities are afforded more opportunities for success during their transitional process from special education services and mandated that all transition planning must occur at age 14. During the transition planning period, the team follows a strengths-based approach with extensive coordination among schools, providers, and the families utilizing a "results-oriented"

strategy focused on academic and functional achievement for youth.[4] This process promotes a successful transition from high school to postsecondary education or employment and independent living options.

Rhode Island should consider a similar process for youth involved in our child welfare system at age 14, utilizing the DCYF case managers, schools, agencies, and families to develop an individual, strengths-based approach that plans for the child's educational, future aftercare services, and housing plans. Although this will require additional planning for case managers, schools, and those involved in the lives of youth, it has the potential to assist youth in preparing for a successful transition into adulthood. The Committee would support the Department in an effort to devote resources and training to assure more robust transition planning.

During the course of the Health and Human Services Oversight Hearing held on October 1, 2013, there was discussion by Committee members regarding the need to first prioritize best practices and policies and then consider budget or funding constraints for successful transition planning for the 18-21 year old age group. Senator Miller inquired about the Department's "wish list" and gave the example of a policy change from the previous administration that changed the age for transitioning from care from 21 to 18. He encouraged the Department to communicate any policy changes that may assist with successful transition planning for youth in the future.

DCYF report page 8: .the department developed and implemented the Consolidated Youth Services Program, a partnership with Foster Forward and the Rhode Island Council of Resource Providers (RICORP). ..the nationally recognized suite of positive youth development services includes permanency and mentoring supports … transition planning support and YESS Voluntary Aftercare Services. Available federal funding through the Chaffee Foster Care Independence Program supports all of these services with the exception of YESS which is 100% state funded. [5]

Chief Judge Bedrosian's statement, "Chief Judge Bedrosian strongly supports a proposal to return the Family Court's jurisdiction over DCYF youth who are between ages 18-21. …since DCYF was formed, the court exercised its authority over children in the care, custody and control of DCYF until their 21st birthday. In 2007 the Court's retention of jurisdiction ended at age 18; since then I have been very concerned about the many young adults 18-21 who have not been able to make a successful transition to adulthood after many years of living in the child welfare system. The safety net needs to be strengthened! The Court is certainly willing to accept its responsibility to oversee cases where a comprehensive transition plan assists the 18-21 year olds towards achieving independence.

[4] IDEA 2004. http://www.ncld.org/disability-advocacy/learn-ld-laws/idea/idea-2004-improving-transition-planning-results Retrieved on May 29, 2013.
[5] IBID

Margaret Holland McDuff testified before the Committee and highlighted US Senate Bill S1518, introduced on September 18, 2013, by Senator Hatch, entitled "Improving Outcomes for Youth Act Risk for Sex Trafficking Act of 2013." Ms. Holland McDuff cited several areas of similar findings between the Senate bill and the report.

Among the provisions of the bill include: Supporting normalcy for children in foster care; Empowering foster youth age 14 and older in the development of their own case plan and transition planning for a successful adulthood. Ensuring foster youth have a birth certificate, social security card, and a bank account; Education improvements for older youth; Increased funding for housing assistance for victims of sex trafficking and other youth and additional changes to support successful transitions to adulthood through the John H. Chafee Foster Care Program; Authority for monthly caseworker visits to occur electronically for foster youth age 18 or older; improvements to another planned permanent living arrangement as a permanency option; restrictions on and improvements to placement in child care institutions or other settings that are not a foster family home; redirecting funds for block grants to States for social services to improve child welfare and address issues of domestic sex trafficking. A link to the full bill may be found here: http://www.govtrack.us/congress/bills/113/s1518/text

"In order to avoid the temptation to provide ineffective or inappropriate services to [youth aged 18 to 21] and families, the OCA recommends that the legislature provide clear statutory provisions that reflect the need for these youth to remain active not only with the Department, but also with the Family Court." Regina M. Costa, Child Advocate

4) Examine the quality, capacity, and outcomes of current congregate care placements with transparent findings and recommendations to the Governor and General Assembly.

Improving the delivery of services in Rhode Island's child welfare system includes assessing and evaluating the quality, capacity, and need of congregate (residential) care. The Ocean State, like many states, has witnessed reductions to the Department's budget that have forced the agency and providers to reassess, re-procure contracts, and realign the manner in which services are delivered to children, youth, and families.

During the Committee hearing on May 18th Chief Judge Bedrosian discussed the importance of maintaining high quality residential care in Rhode Island for youth that may require more intensive congregate care placements. Balancing this need, with the Network of Care contracts that are focused on re-shifting revenue and efforts towards more comprehensive home and community-based services, it is critical to acknowledge that youth have a variety of complex, individual needs. In some cases, those needs may dictate higher levels of services and supports to address youth's holistic social, emotional, and health needs.

When appropriate, youth that require high levels of care should be placed in high quality in-state placements, whenever feasible, in order to avoid potentially, costly, unnecessary out of state

residential placements. In 2011, the total DCYF caseload also included 48 children in out-of-state placements/other agency custody; six children receiving respite care services; four youth in a prison other than the Rhode Island Training School; and one child in other placement. [6]Finally, in examining the current capacity and range of services that exist among Rhode Island residential providers, the needs of the children must be paramount for policymakers and stakeholders as they comprehensively assess and evaluate the capacity and supply of existing congregate care providers in developing recommendations for change.

One example of a state which comprehensively assessed the level of need for congregate care was New York. From 1996 to 2001, New York's system redesign resulted in improved prevention efforts and increased numbers of children leaving the system to permanent families, reducing foster care placements by 27 percent.[7] With that decline, a new problem emerged: an increase in the number of teens entering the system, with two-thirds of that population ending up in congregate care. As a result, the NY Administration of Children's Services (ACS) worked with Annie E. Casey Foundation to examine performance management and the front-line practice of referrals to congregate care placements.

The partnership between Annie E. Casey and ACS resulted in the development of a quantitative formula to assess and evaluate the quality of congregate care providers based on two outcomes—placement stability and the permanency of children in care. The New York ACS worked to establish a goal of eliminating 600 congregate care placements (out of 4,200 total beds) over time in the state by independently ranking sites and reviewing and potentially closing those with the poorest rankings. [8]

In addition to the ranking process, ACS established a review team for youth in congregate care that involved multiple stakeholders, including case workers, supervisors, families, legal advocates, and experts to examine appropriate, alternative placements for teens. The teams then worked to explore and identify whether or not to consider permanency placements and the necessary level of supportive services for youth to remain in a community-based setting.

[6] Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2006 and 2011.
[7] New York ACS Administrative Data 2002-2009.
[8]Annie E. Casey Foundation, 2010. *Rightsizing Congregate Care: A Powerful Step in Transforming Child Welfare Systems.*

Over a six-year time period, ACS reduced beds from 4,174 to 2,192 and saved a significant portion of funding, which was reinvested in the system in the form of supportive and aftercare services. This example gives promise to Rhode Island in its efforts and may serve as a model in ways to examine congregate care, by establishing goals of reducing congregate care over time, establishing a formula and rating system for congregate care providers, and ensuring that youth who are transitioned from care have the most appropriate resources and services to be successful in the home and community-based setting. Reporting back to the Governor and General Assembly with the findings and recommendations is critical to ensure that Rhode Island can achieve success with this important initiative.

5) Enhance the current reporting process and transparency for child fatalities and near fatalities by the Office of the Child Advocate (OCA) in order to provide more safeguards, preventative strategies, and information towards the welfare of children involved with DCYF.

During the course of the committee hearing, there was discussion surrounding the process for child fatality reviews and investigations, by the Office of the Child Advocate (OCA). Although it is in accordance with the state statute for the OCA to conduct reviews and investigate the circumstances surrounding the death of any child who dies while in the custody of the DCYF or of a family that has been recently involved with the Department, with current budgetary constraints, it is unclear what the current reporting mechanism and procedures are related to child fatality reviews.

As described in a 2009 annual report by the Office of the Child Advocate, in the preliminary stage of child fatality cases, the Office reviews consist of the gathering of all available information regarding the deceased child and his or her family.[9] This information may include autopsy reports, police and fire reports, court documents, DCYF files, medical records, and other social service agency records. If, after review of this material, the OCA determines that the fatality cannot be linked to some action or omission on the Department's part and that further

[9] Office of the Child Advocate annual report http://www.child-advocate.ri.gov/documents/2008-2009%20OCA%20Annual%20Report-3.pdf Retrieved on June 5, 2013.

investigation would not lead to constructive recommendations for improving the Department's delivery of services, the OCA concludes its investigation at that point.

Enacting legislation that requires the Office of the Child Advocate to provide an annual report, with more detailed, non-identifying information, related to child fatalities or near fatalities, to the Governor, Senate Committee on Health and Human Services, and House Committee on Health, Education, and Welfare, as well as publishing the information, would allow for more transparency and subsequent child welfare system improvements.

The report may contain information related to the following measures:

(1) The number of times the Statewide Child Death Review Team met over the course of a 12 month period to conduct reviews;
(2) The number of reviews conducted by the Statewide Child Death Review Team and the results of those reviews (without identifiable information);
(3) The number of cases involving children in custody of DCYF and the numbers of fatalities or near fatalities;
(4) Identifying trends, hazards, and patterns in child mortality cases or near fatalities;
(5) Recommendations as they relate to policy, outreach/ education, information, and/or policy items;
(6) Any other information deemed relevant or essential by the General Assembly or Governor.

During the course of the HHS Oversight Committee Hearing held on October 1, 2013, the Office of the Child Advocate testified that procedures for review of child fatalities exist but resources may be constrained in processing reviews.

> "The OCA would like a more interactive role in the reviewing of all fatalities and near fatalities. The ability to do so is limited by both a lack of financial and personnel resources. Similarly, some of the limitations are statutory.." Regina M. Costa, Child Advocate

The Office of the Child Advocate submitted a written response to the Senate Health and Human Services Committee on October 9, 2013. A copy of the document is attached.

If budget constraints are the sole factor preventing the reporting of this information, the OCA is encouraged to inform the Committee of that fact.

6) **Enhance the child welfare system's capacity to utilize data to inform programmatic and policy decisions for children, youth, and families involved in the system with annual reporting to the General Assembly on progress.**

In states across the country including Pennsylvania, Oregon, and Minnesota,[10] child welfare systems have allocated funds to establish data dashboards that are used to monitor the status of children served by the child welfare system. The data are publicly available and establish key measures, consistent with Program Improvement Plans (PIPs) or other federal standards, which are utilized to track outcomes on a quarterly basis. Minnesota is one state that tracks outcome measures directly tied into the established values and principles of the state's child welfare system. Examining the possibility of utilizing this approach may work to further support case managers and DCYF staff in making data-driven decisions, as well as streamlining data collection and analysis processes so as not to overburden staff with unnecessary data collection.

Rhode Island should consider the approaches from other states and utilize the data that are collected as a mandate by the Child and Family Services Reviews (CFSRs), title IV-E foster care eligibility reviews, the Adoption and Foster Care Analysis and Reporting System (AFCARS) assessment reviews, and the Statewide Automated Child Welfare Information System (SACWIS), on an ongoing basis to measure and evaluate the system's impact on better outcomes for youth. In addition, since the state is currently required to submit quarterly Program Improvement Plans (PIP) to the federal Administration for Children and Families (ACF), to assist in assessing improvements and outcomes in the administration, practice, and results for children and families involved with DCYF, it is an opportune time to examine further enhancing data collection and transparency.

[10] http://www.ncsc.org/Services-and-Experts/Areas-of-expertise/Children-and-Families/~/media/Files/PDF/Services%20and%20Experts/Areas%20of%20expertise/Children%20Families/Improving_Outcomes_PRINT.ashx Retrieved on May 27, 2013

This year, as part of the Governor's initiative designed to improve outcomes and performance in state agencies, the Office of Management and Budget (OMB) has partnered with the Pew-MacArthur Center States Results First Initiative. [11] DCYF and a number of other state agencies began submitting financial information and metrics to the state Office of Management and Budget (OMB). DCYF currently reports on a number of indicators related to the child welfare system on a monthly basis, with overarching performance metrics. The first projects include developing a program inventory of existing adult and juvenile justice programs (including average duration, usage rates, cost per user, etc.) and assessing the costs of recidivism to the state (costs of institutionalization, court use, victimization costs). In order to build upon this work, the Department could enhance the reporting to include the following measures:

(1) Incidence of maltreatment in foster care (on an annual basis);

(2) Incidence of advance transition plans for youth transitioning from care;

(3) Timeliness of achieving permanent child placements (semi annual basis);

(4) Median length of stay in congregate care; and

(5) Average open cases per social worker.

By consolidating and simplifying the previous reporting requirements with the new measures identified above and combining monthly reporting in conjunction with OMB, the Department can ensure that the data collected for: the youth in the foster care system; those entering the juvenile justice system; and children and families receiving preventative services, will work to best inform policy and decision-making towards overall system improvements.

Finally, it will be important to combine system level measures (results) with service goal-level measures (effectiveness of the *means* of achieving results) to see *how* to improve results.

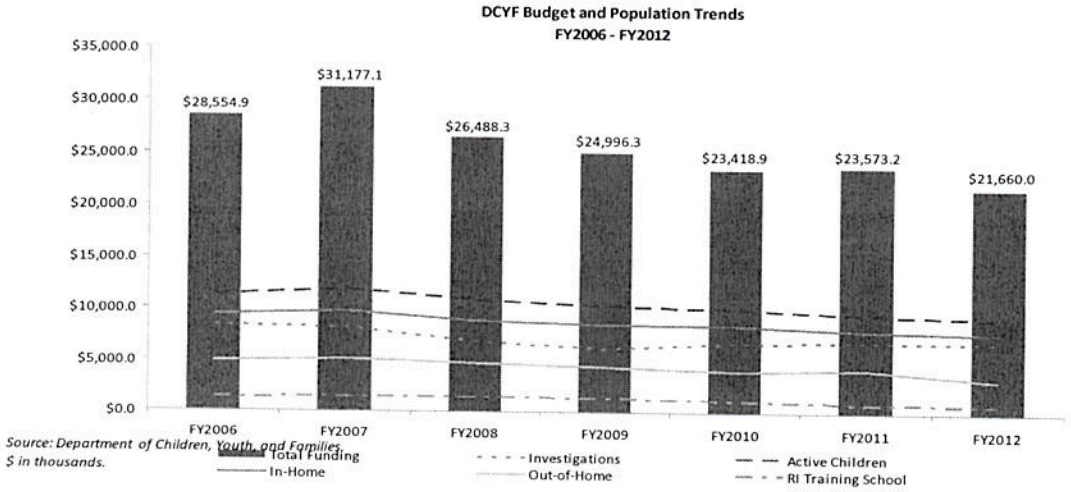
DCYF report (page 10): The Department agrees with the conviction that our program, policy and funding decisions must be driven by the collection of quality data and analyzing that data to identify trends, strengths and challenges. .. The [Rhode Island] dashboard allows Judges to see data from both the court's computer system and DCYF's RICHIST system. The dashboard allows the court's administration to produce a report.. based on the nine child welfare performance measures..[11]

"[D]ata collection can very easily become "garbage in and garbage out". The data must either be required by the funding source or used to drive and improve programs for the benefit of clients. If the data does not fit into either of these categories, it needs to be dropped. Given limited financial and personnel resources, DCYF and the networks need to be very careful in what they require." Brother Michael Reis, Vice President, National Association of Social Workers, RI.

[11] http://www.pewstates.org/projects/pew-macarthur-results-first-initiative-328069 Retrieved September 27, 2013.

7) Achieve more transparency on child welfare spending and outcomes by requiring the Department-- in tandem with providers and subcontracted agencies in the System of Care Phase I Family Care Community Partnerships (FCCP) and Phase II Networks of Care contracts-- to establish financial benchmarks and value-based contracting, to promote quality assurance and direct funding for appropriate levels of services and supports. Several direct service providers testified before the Committee about a series of reductions in funding to the child welfare system over the last seven years and the impact these reductions have had on providers, services, and supports. Providers testified that in many instances, individuals that have contracted either with DCYF directly or the Networks of Care are "doing the same for less." According to testimony, this has greatly impacted human service agency budgets, staff, and overall morale in their continued commitment and ability to deliver high quality supports and services to children, youth, and families.

Over time, the child welfare system has sustained consistent reductions, with the most significant reduction from 2007 to 2008 in the amount of approximately $35.0 million in state funding. During this time period, the Department began a redesign of the State's child welfare system, which would come to be known as the System of Care. Specifically, in 2009 the Department established the Family Care Community Partnerships (FCCP) Program for preventative service contracts with agencies for families not open to DCYF. Continuing plans for the system transformation, in 2011 the Department contracted with two lead agency networks for the delivery of a comprehensive system of care and wrap-around supports and services to meet the individual, and often complex, needs of children and youth.



The System of Care was modeled after a national movement beginning with the state of North Carolina following a landmark court case, the Willie M. Hunt Class action lawsuit, also known as "Willie M." The Willie M. Class Action Lawsuit arose as a result of a 10 year-old boy with severe emotional issues being uprooted and placed in multiple settings by state agencies, which resulted in an inappropriate placement in the training school, thus further deteriorating his emotional health. This case redefined the need for states to develop comprehensive delivery systems and redefined supports and services, which today are known as the System of Care: " …the *broad array of services and supports that is organized into a coordinated network, [integrates care planning and management across multiple levels- if only], is culturally and linguistically competent, and builds meaningful partnerships with families and youth at service delivery and policy levels.* " [12]

Although Rhode Island's System of Care Phase II has just celebrated its one year anniversary, the networks and the Department are still facing significant issues. The two provider networks have stated that the system is beginning to show progress and that "it's working." They also expressed a need for an additional $3.0 million in the State FY 2013 to support the system, as

[12] *System of Care Movement,* www.soc-mo.dmh.mo.gov
Nebraska Child Welfare Privatization Fails retrieved on May 27, 2013.
http://www.publicintegrity.org/2012/08/21/10706/privatization-fails-nebraska-tries-again-reform-child-welfare

well as an additional $2.0 million to expand community- and home-based services in FY2014 and FY2015. To some degree, this request lacked specific detail related to plans for the expenditure of funds, the number of youth potentially affected, and the outcomes anticipated.

As Rhode Island moves forward in this initiative, there is an opportunity to learn from other states that have implemented or attempted to implement a transformation of their child welfare system. Utilizing the experiences of other states to provide guidance and best practices in the promotion of positive outcomes, it is essential that transparency and reporting are directly tied to outcome measures. In 2009, the state of Nebraska, for example, struggled when the system moved to privatizing its child welfare system services and supports. [13] As a result, the Nebraska Legislature passed a package of bills in 2012 to address the challenges facing its child welfare system, including a requirement for the networks to report annually on spending and outcomes in an attempt to directly tie expenditures with outcomes related to youth and families involved in the child welfare system.

One example of states that have made significant changes to their child welfare system by linking outcomes to performance based budgeting, includes the State of Washington. In 2009, the Washington State Legislature passed Second Substitute House Bill 2106 (2SHB 2106), intended to reform the delivery of child welfare services in Washington State through a two-phase process to:

1. Convert existing contracts with service providers to performance-based contracts and reduce the overall number of contracts (Phase 1); and

2. Set up two demonstration sites to compare child welfare case management by private agencies with child welfare case management by DSHS employees (Phase 2).

Through the Pew-MacArthur Initiative, the Office of Management and Budget could examine opportunities to expand the work currently underway by using the information collected and establishing performance-based contracting— linking objectives to performance measures and

[13] IBID

utilizing a fluid contractual process between the State and private contractors to monitor, assess, and make mid-course corrections with service delivery, as illustrated in Tables 1 and 2 below. [14]

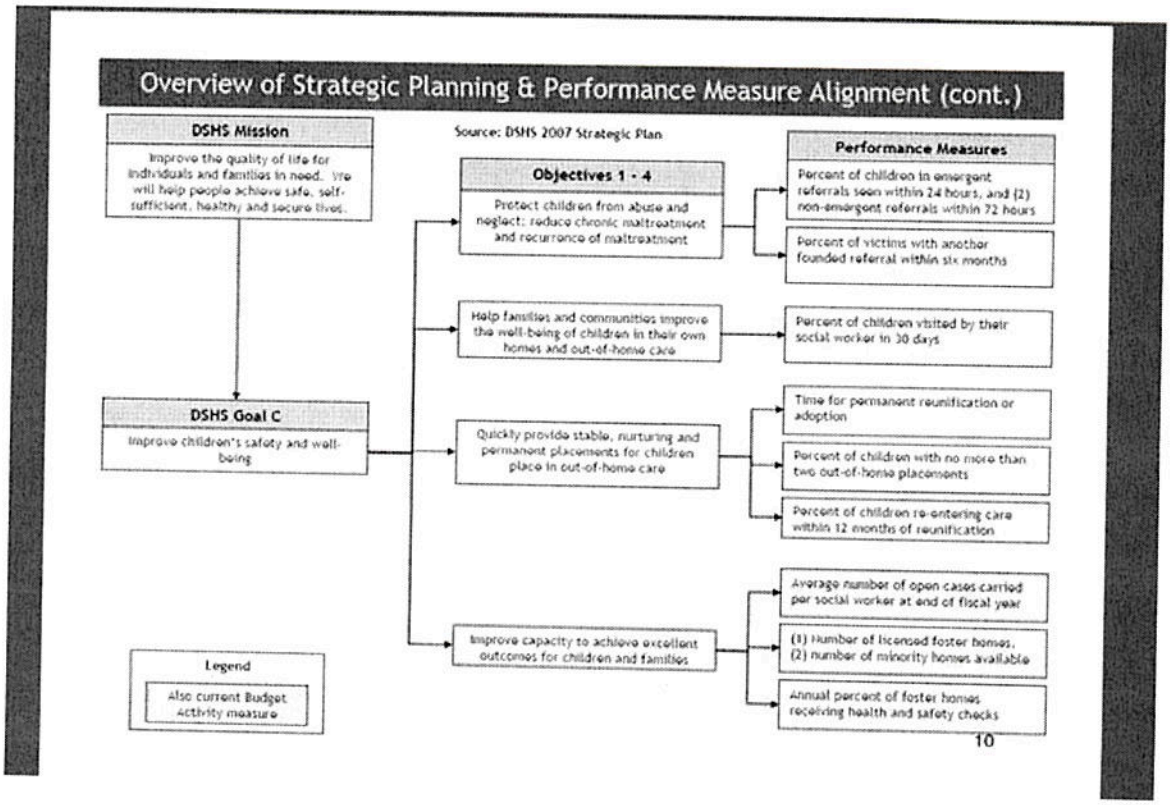


Table 1: Washington State Overview of Strategic Planning and Performance Measure Alignment[15]

Washington works with its private contracted agencies to develop a strategic plan with activity measures, outputs, and outcomes, allowing the State to monitor and achieve agency outcomes that ensure the highest quality services and supports for children and families.

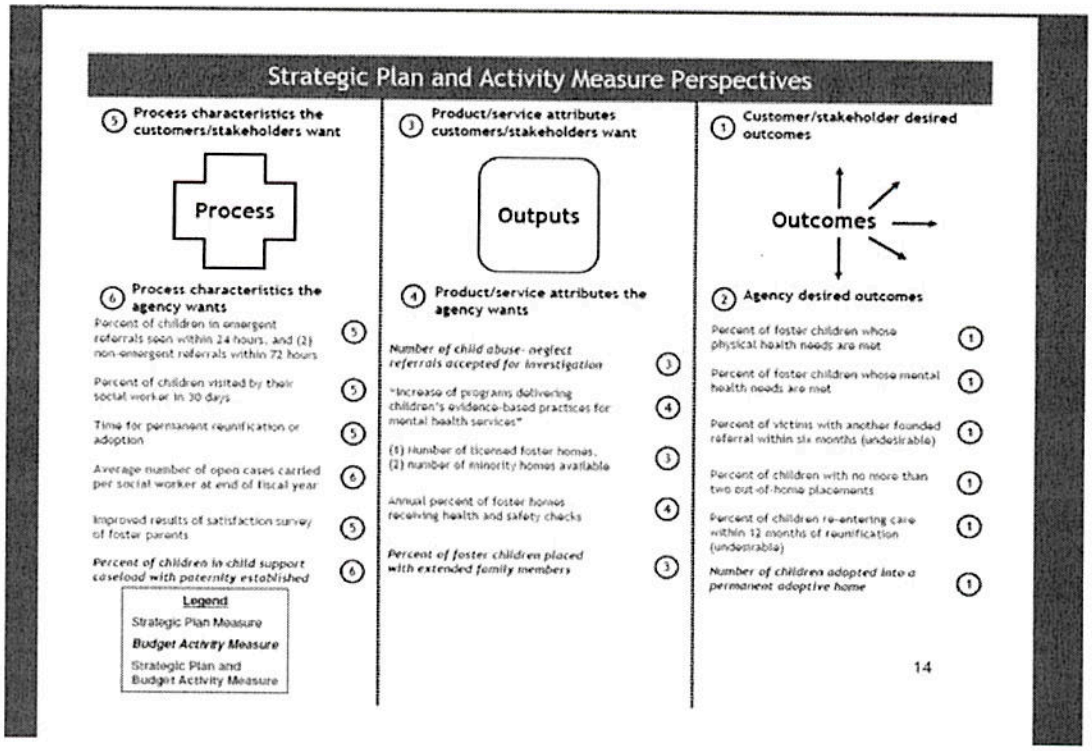
The Rhode Island General Assembly could transition to a similar framework, leveraging the existing work underway with the Networks and the monthly reporting through the state Office of Management and Budget (OMB), [16] in which DCYF submits outcomes and detailed financial

[14] FCS Group. (2005). *Best practices and trends in performance based contracting.* Unpublished reports prepared for the Washington State Office of Financial Management. Retrieved September 24, 2013from: http://www.ofm.wa.gov/contracts/perf_based_contracting.pdf [PDF - 33 pages].
[15] http://www.ofm.wa.gov/performance/assessments/dshschildrenspmassessment.pdf
[16] DCYF reporting measures http://www.transparency.ri.gov/performance/search.php

information outlining expenses, related to direct spending, resource allocation, administrative expenses, and any other factors deemed relevant, to link performance-based payment arrangements that tie spending to achieving specific outcome measures.

> *DCYF Report response pages 13-14, "... the Department agrees with the Committee's desire to improve transparency in all areas of outcome reporting... the Committee's recommendations includes the suggestion that the General Assembly may implement a framework similar to Nebraska which articulates how DCYF should report annually on detailed financial information and how that ties to achieving specific outcomes...*
> *The Department is in the process of establishing more detailed reporting requirements in the Phase I and Phase II contracts for performance monitoring and accountability. The contracts for the Family Care and Community Partnerships (FCCP) for FY 14 have a revised scope of work that requires the establishment of a baseline for performance- based measures for process and impact outcomes."* [17]

Allowing DCYF and the Office of Management and Budget to use the initial information that is being collected, as a starting point to inform and evolve the contracts over time, focusing first on process issues/ measures — specifying how they wanted work done, to then moving toward actual outcome measures — specifying what they wanted achieved, would produce concrete deliverables, and could foster overall system improvements.



Washington State Strategic Plan and Activity Measure Perspectives[18] .

17 IBID

[18] FCS Group. (2005). *Best practices and trends in performance based contracting.* Unpublished reports prepared for the Washington State Office of Financial Management. Retrieved September 24, 2013from: http://www.ofm.wa.gov/contracts/perf_based_contracting.pdf [PDF - 33 pages].

"Just as the Committee was very concerned about the hiring of additional DCYF workers, I would argue that they need to be concerned about the health of the provider community… The health of the entire system of care really rests upon the shoulders of the provider community." Brother Michael Reis, Vice President, National Association of Social Workers, Rhode Island Chapter.

This report highlights a few potential areas where the child welfare system may be strengthened in order to further maximize resources, services, and supports for children, youth, and families in Rhode Island. We thank each and every agency, partner, and participant for their contributions and testimony, which informed the wealth of information contained in this document. The information in the report is not intended as a criticism of the dedicated professionals that strive each and every day to improve the lives of children with limited resources- but rather is meant to highlight the importance of their work and ways that we can support the entire system as a whole.

Chief Judge Haiganush R. Bedrosian
Family Court of the State of Rhode Island
Garrahy Judicial Complex
One Dorrance Plaza
Providence, RI 02903

Chief Judge Bedrosian strongly supports a proposal to return the Family Court's jurisdiction over DCYF youth who are between the ages of 18-21. Over the many years since DCYF was formed, the Court exercised its authority over children in the care, custody and control of DCYF until their 21st birthday. In 2007 the Court's retention of jurisdiction ended at age 18; since then I have been very concerned about the many young adults 18-21 who have not been able to make a successful transition to adulthood after many years of living in the child welfare system. The safety net needs to be strengthened! The Court is certainly willing to accept its responsibility to oversee cases where a comprehensive transition plan assists the 18-21 year olds towards achieving independence.

Senate Health and Human Services Committee
Oversight Report on the Department of Children, Youth and Families, September 2013
A Response from the Department of Children, Youth and Families
October 1, 2013

The Department of Children, Youth and Families (DCYF) acknowledges our appreciation for the work of the Senate Health and Human Services (Senate HHS) Committee in their legislative oversight role of not only DCYF but of our system of providing care and services to Rhode Island's most vulnerable children, youth and families. We specifically want to recognize and thank Chairman Joshua Miller for his leadership and understanding that the responsibility for ensuring the safety, well-being and permanence of children and youth involved with or at risk for involvement with DCYF is a shared responsibility between and among DCYF, non-profit providers, the Family Court, the Executive Office of Health and Human Services (EOHHS) and the several departments of state government under the EOHHS umbrella, law enforcement, advocates, parents, medical professionals, legislators and a host of other groups and individuals. Rhode Island's System of Care requires all of us to work collaboratively to ensure that every child and youth has a safe, loving home and the skills, knowledge and experience they need to succeed and that every parent has access to the services to support and guide their children and that they can access these services when they need that help.

On May 16, 2013, the Senate HHS held an Oversight Hearing on DCYF. DCYF Director Dr. Janice DeFrances presented an update on DCYF and most specifically on the progress that has been made on implementing the two phases of the System of Care – the Family Care Community Partnerships (FCCPs) and the Family Care Networks (FCNs). Dr. DeFrances provided the committee with an extensive powerpoint presentation outlining our successes in increasing the numbers of families served through the FCCPs, decreasing the numbers of cases opened to DCYF, increasing the percentage of children placed in foster care when removed from their home as compared to those placed in congregate care, and improving on key child welfare outcomes. At the request of the Committee, additional testimony was provided by The Honorable Haiganush R. Bedrosian, Chief Judge of the RI Family Court, EOHHS Secretary Steven M. Costantino and State Child Advocate Regina Costa. Each reflected their perspectives on DCYF and the importance of ensuring that the various entities involved with the System of Care work together to improve and enhance how we support our children, youth and families. Additional testimony was given by providers, advocates and parents of children and youth touched by our System of Care.

Based on the testimony provided at that hearing, the Senate produced a draft report shared with DCYF and others in early September 2013. DCYF staff reviewed that report and believes that several components of the report will help us in our collective efforts to continue to improve our System of Care and safety, permanency and well being outcomes for children, youth and families who come to our attention. In an effort to make the finding and recommendations in this report as powerful as possible, we offer some additional information and clarification on outcome measures and steps that are already in place and which the Committee may not have realized.

Senate Findings/DCYF Response

1. **Finding:** Significant gaps exist among state agencies, providers and caregivers in delivering a comprehensive continuum of care for services that support and enhance the holistic physical, social-emotional, and development of youth and children in the system.

   DCYF Response: While the Department agrees that we continue to have gaps in the availability of effective community-based services which will allow children and youth to

remain with their families or return home more quickly, the advent of the FCCPs and the Family Care Networks have helped DCYF and our partners to move more quickly in identifying and developing these services. DCYF and the lead Networks have embraced this challenge and are working on developing and expanding the availability of effective community based services in the current fiscal year.

Key to our success is the necessary fiscal resources and overcoming structural barriers within funding streams to ensure that funds are re-invested into evidence based and evidence informed community based services. In FY 14, the General Assembly has appropriated additional funds to support the System of Care. These funds will be used to support the development and expansion of effective family and community based services.

2. **Finding:** Although many agencies and providers are now utilizing evidence based programs and policies in their interventions with children and youth, the funding for training and technical assistance, assessment standards and alignment to value-based outcome improvement measures are unclear.

   DCYF Response: Consistency of assessments, accountability through linking performance to outcome measures and training and professional development at all levels are all critical components to any system of supports and services for children, youth and families. The Department works closely with our collaborative partners within provider agencies and the higher education community, including the Child Welfare Institute (CWI) at the Rhode Island College School of Social Work to identify and implement appropriate assessment tools that allow us to measure individual, family and systems outcomes and to develop and provide high quality training and professional development to the broader System of Care workforce.

3. **Finding:** Our current system is inadequately addressing the transitional period and needs for youth in the child welfare system between the ages 18-21, often resulting in poor educational attainment, financial uncertainty and mental health instability.

   DCYF Response: It is important to note that many young people come into care lagging educationally and often from financially struggling families. Additionally, the trauma and stress to which these young people have been exposed often has them struggling with mental health and substance abuse issues prior to coming into care and during their time in care. The Department agrees that our system as a whole, including our public education and workforce development systems, must continue to strengthen our collaborative efforts to improve these outcomes for youth in care by targeting interventions as early as possible. This includes improving our transition planning and beginning such at an earlier age so that we can more quickly identify youth who may need residential support services beyond age 18.

   Youth aging out of care who voluntarily enroll in the YESS Aftercare Services component of our Consolidated Youth Services (CYS) Program continue to show positive short and long term outcomes in employment, wage gains, educational success, housing stability and accessing physical and behavioral healthcare. YESS involved young adults who also actively participate in the ASPIRE Financial Literacy component of CYS show even better short and long term outcomes in these areas.

4. **Finding:** Reporting mechanisms are unclear as they relate to child fatalities and near fatalities of youth involved in the DCYF system.

DCYF Response: The Department has established mechanisms for investigating all allegations of child abuse/neglect that are reported to us. In cases where there is a near fatality/fatality of a child caused by abuse/neglect, the Department also refers those cases to the Citizens Review Panel at Hasbro Hospital for further review of the circumstances and identification of any changes in statutes, policies and practices to reduce the likelihood of future fatalities/near fatalities under similar circumstances. All cases of near fatalities/fatalities of a child involved with DCYF when a medical professional has determined that the fatality/near fatality was caused in whole or in part by child abuse/neglect is also reported by DCYF to the Office of the Child Advocate, as are situations where a child in DCYF care is seriously injured. The Office of the Child Advocate, whose staff are invited to participate in the Citizens Review Panel, has the authority to conduct a separate and formal review of each of these incidents.

5. **Finding:** Increased data and accountability is critical and should be transparent to inform and evaluate the efficacy, fidelity and outcomes of supports and services in order to inform program improvements and fiscal decisions.

   DCYF Response: The Department appreciates and supports the Committee's emphasis on accountability and transparency. This emphasis supports the efforts of the Department over the last several years to continuously improve our use of data to guide decision-making and improved polices and practices at the individual, family and systems levels.

   The Department collects, manages, analyzes and reports data on child welfare outcomes regularly with semi-annual and annual reports as well as special targeted reports. Since the inception of the FCCPs, the Department has collected, analyzed and issued quarterly and semi-annual reports. The contents of the reports are based on internal and external stakeholder input. The reports are shared in various formats inclusive of monthly Data Analytic Center meetings comprised of internal and external stakeholders, FCCP state and local Family and Community Advisory Board (FCAB) meetings, Child Welfare Advisory Meetings and posting on the RI DCYF website. The Department collects, analyzes and publishes data reports on the Family Care Networks inclusive of the annual FCN report covering the first fiscal year of the Networks' operations. The Department disseminates the data in various formats inclusive of monthly Data Analytic meetings comprised of internal and external stakeholders, DCYF senior team meetings, external stakeholder meetings, and posting on the RI DCYF website. The contents of the FCN report is based on feedback from internal and external stakeholders. The Department plans to publish FCN semi-annual reports as well as targeted special reports.

   The DCYF reports provide data on process, impact and outcome measures across safety, permanency, and well-being. The reports inform programs, systems and policy that impact DCYF's populations.

   The Department shares data throughout the Department through formal meetings inclusive of regional FSU and probation supervisory meetings, Practice and Implementation meetings, Network of Care operational meetings and Senior Team meetings.

6. **Finding:** Our state must focus on balancing the challenges of delivering high quality services and supports in a fiscally restrained environment.

DCYF Response: The Department wholeheartedly agrees and supports the need to balance the delivery of high quality services with ensuring public funds are spent wisely and accountably. We support the Committee's desire to improve transparency in all areas of outcome reporting, inclusive of how public dollars are spent to support the work of the Department and our partner agencies. We identify in our response various methods we use currently to provide policy makers and the general public with such information and strive to continue to improve in this area. The Committee's recommendation includes the suggestion that the General Assembly may implement a framework similar to Nebraska which articulates how DCYF should report annually on detailed financial information and how that ties to achieving specific outcomes. The Department welcomes the opportunity to discuss this further with the Committee in the context of current reporting responsibilities in preparation of our annual budget, our annual report and other required state and federal reporting and in the context of ensuring the Department is provided the internal resources to meet any new expectations in this arena.

Senate Recommendations/DCYF Response

1. **Recommendation:** Support state agencies, providers and caregivers to expand the system's capacity to deliver the comprehensive continuum of care for services that enhance the holistic physical, social-emotional and development of youth and children in the system.

   DCYF Response: Transforming any large system of care is a monumental undertaking that requires the active support of a multitude of partners. DCYF acknowledges that we are still in the infancy of our transformative process for Rhode Island's System of Care. While our FCCPs have had more time to develop, our Family Care Networks that serve our most vulnerable children, youth and families now is entering its second year and facing all of the challenges of that developmental phase. As such, DCYF and the lead Networks strive to achieve fidelity in implementing the principles of family wraparound and improving the delivery of services for children, youth and families.

   In this recommendation, the Senate Health and Human Services Committee recognizes that our transformed system of care is not simply about new services and is rather about changing the philosophies of practice and our deeply ingrained approaches to working with children, youth and their families. The Committee recognizes that we will be successful only when all involved parties engage and collaborate to increase the number of children and youth who can remain with their families, increase the number and percentage of children and youth placed in well-supported foster families instead of congregate care settings when safety issues require the child's removal from their home, increase the number and percentage of children and youth involved with DCYF who maintain their educational placements even when they are removed from their homes, and ensure that every child and youth who comes into DCYF care achieves permanency as quickly as possible.

   The Committee also recognizes the importance of the various partner agencies sharing information and data in order to analyze trends, document successes, identify systemic needs and develop more effective interventions. The Committee's report speaks to the possibility of amending state law to allow interdepartmental data sharing through the use of Memoranda of Understanding (MOU). The Department is unsure that legislation is necessary as we have current information/data sharing MOUs between and among sister state agencies and continue to work with our sister state agencies to ensure MOUs necessary to effective service

delivery are developed as needed. Often the challenge is in developing the details of the MOUs but not in the authority to enter into such agreements. Current information sharing agreements include:

- System of Care MOUs: Agreements regarding information/data sharing between and among DCYF and the following agencies as it relates to the System of Care Implementation Grant - EOHHS including Medicaid; The Department of Behavioral Health, Developmental Disabilities and Hospitals (BHDDH); the Department of Human Services; the RI Department of Elementary and Secondary Education; and the Parent Support Network. DCYF Information Technology (IT) staff provided HP with a RICHIST Database Schema and Data Dictionary and with a sample database from one of our training databases. DCYF IT staff is waiting for training on the new data warehouse and how to be able to support DCYF with data from other agencies in the data warehouse. Due to HPs priorities, further progress with the incorporation of RICHIST Data into the data warehouse has been delayed until January 2014.

- Data Hub MOU: The RI DataHUB is a central resource for anyone interested in using data to understand the well-being of people in Rhode Island. The DataHUB brings together data sets from multiple federal, state and local sources. The site allows you to select the data of your choice and visualize it in charts, graphs, maps and more. The ability to see relationships between data sets sheds light on important details and allows for new insights into policy or programmatic questions about the well-being of Rhode Islanders. Policymakers, program planners and grants writers can use the DataHUB to demonstrate where to target scarce public resources and explain the data-driven rationale behind policy decisions. Current participants include DCYF, RIDE, the RI Department of Health (HEALTH), the Rhode Island Board of Governors for Higher Education (RIBGHE) and Providence Public Schools (PPSD). National sources include the Center for Disease Control (CDC) and the U.S. Census. Making Connections Providence is piloting programmatic data from local service providers, and discussions with additional data partners are on-going.

- DCYF collaborates with the RI Department of Health's Maternal and Child Home Visiting System. This system offers a variety of programs to families with young children across the state. Federal evidence-based Maternal, Infant and Early Childhood Home Visiting (MIECHV) programs are designed to improve the health and development of children and families facing multiple challenges to success including: poverty, teenage parenting, parents who have not completed high school, families with prior involvement with the child welfare system, and families struggling with chronic health and mental health issues.

- Race to the Top – Early Care and Education: In order to measure the outcomes and progress of this reform initiative, it is necessary to design, develop, and implement a cross-departmental Early Care and Education Data System DCYF is involved for the explicit purpose of providing licensing data for the following three license types:

  (1) Family Day Care Home,

  (2) Family Day Care Group Home, and

  (3) Day Care Center

The sum of the total capacity for these license types will serve as the maximum baseline population for those receiving state subsidized child care services [Child Care Assistance Program (CCAP)]. Collecting data on children enrolled in private child care programs is an issue waiting to be resolved. According to RIDE's Scope of Work, the project is composed of the following 5 Phases:

(1) PHASE I: ELDS Project Initiation (9/10/2012 – 12/31/2012),

(2) PHASE II: Program Domain (10/1/2012 – 3/31/2014),

(3) PHASE III: Teacher Domain (11/1/2012 – 7/31/2014),

(4) PHASE IV: Student Domain (11/1/2012 – 5/29/2015), and

(5) PHASE V: Close Out (7/1/2015 – 12/31/2015)

This project is currently operating within PHASE II of the Race to the Top Early Learning Challenge grant. At this time, our work is focused around the development of data security and privacy policies while building RIDE's database structure and application interface. This Early Care and Education Data System is not intended to replace DCYF's licensing operations, rather, it is to be used to facilitate the re-licensing process for the above stated license types.

In addition to information sharing between and among agencies as articulated above, the Department continues to be interested in identifying ways to use the RIDE designated State Assigned Student Identification (SASID) number for helping us improve the academic performance for children involved with DCYF, as well as for transferring necessary academic information between schools when a child has to be moved to a different educational setting.

2. **Recommendation**: Support universal evidenced based assessment tools in the Network of Care Contracts, resources to support training, technical assistance and evaluation aligned with outcome measures.

DCYF Response: The Committee recognizes the efforts of DCYF and our Family Care Network partners with ensuring that we move our system into one which focuses on the use of sound evidence-informed and evidence-based practices. However, the Committee suggests that the Department and the Networks do not use evidence based assessment tools to guide in the planning process for children and families involved with the Networks and to analyze our collective effectiveness on individual and systemic scales. Based on this suggestion, it is evident that the Department has not articulated the assessment tools we use and how we evaluate our effectiveness clearly.

Since the launch of the Family Care Networks, the Department has required the Networks and their partner agencies to use the following evidence based assessment tools: The North Carolina Family Assessment Scale (NCFAS), the Child and Adolescent Needs and Strengths (CANS), the Ohio Scales (adolescents) , and the Ages and Stages Questionnaire (4 months to 5 years old). Each assessment tool is considered evidence-based and offers us the opportunity to assess at the individual, family and systems levels. Staff within DCYF and our Networks have been trained on the use of each of these scales and the initial results were used to help develop specific performance measures in the revised contracts being developed with each Network.

In addition, the Department reports to the Department of Administration quarterly on key performance measures which are shared on the state's Transparency Portal. These measures are:

- Percentage of Children in Foster Care With Monthly Face-to-Face Visits (FY 13 Final – 81.03%)
- Percentage of Children in Foster Care Who have a Permanency Goal Established in a Timely Manner (FY 13 Final – 82.3%
- Percentage of Relative Homes Licensed Within 6 Months (FY 13 Final – 50%)

The Department participates in the federal Child and Family Services Review (CFSR) process which results in a report identifying strengths and challenges and requires the state to develop and implement a Program Improvement Plan (PIP) to address challenge areas. DCYF recently completed the implementation phase for our last PIP and in September 2013 met with the federal monitors for a final review. At the conclusion of our PIP, the Department met or exceeded our targets on seven (7) of the eight (8) measures we were required to meet. The final measure – Needs and Services of Child, Parents and Foster Parents – was added late in the process and requires additional time to collect a sufficient sample size.

3. **Recommendation**: Examine and refine the current policies and practices for the 18-21 year old transition planning process.

DCYF Response: In 2007 the Department put in place policies and procedures to address the needs of youth transitioning directly from foster care into adulthood, also known as "youth aging out of foster care". This outlined the services and supports available to youth closing to the Department and to Family Court at age 18 who were returning home, youth who are identified as Seriously Emotionally Disturbed and or Functionally Developmentally Disabled and requiring continued supports from the State, and youth closing to the Family Court and the Department at age 18 who had not achieved permanency and desired voluntary aftercare services to help them until they turned age 21.

Subsequent to and in support of this policy, the Department developed and implemented the Consolidated Youth Services Program, a partnership with Foster Forward and the Rhode Island Council of Resource Providers (RICORP). This nationally recognized suite of positive youth development services includes permanency and mentoring supports through Real Connections, financial literacy education and supports through ASPIRE, life skills assessments and education, Teen Grants, support for The Voice (advocacy group for current and former foster youth), transition planning support and YESS Voluntary Aftercare Services. Available federal funding through the Chafee Foster Care Independence Program (CFCIP) supports all of these services with the exception of YESS which is 100% state funded. All youth in foster care on their 16th birthday are eligible to participate in CYS programs and all youth exiting foster care without permanency on or after their 18th birthday are eligible to participate in YESS.

The CYS Program has been successful in several areas. All youth in care at age 16 are automatically referred for a Holistic Youth Assessment and one is conducted with them within approximately 45 days of referral. This assessment is used to develop and implement a life skills education plan with the youth based on his/her strengths and challenges. Youth

referred are also given opportunities to participate in the other services offered through the CYS program and other opportunities available through Foster Forward and RICORP that are not supported through DCYF funding.

Since the inception of ASPIRE services in approximately 2007 (this pre-dated the CYS Program), youth have matched savings to purchase over $700,000 in assets. These assets include such things down payments on housing, establishing micro enterprises, educational programming costs, car and car insurance purchases and other assets a young person needs to succeed. Youth can participate in ASPIRE and the Teen Grant Program starting at age 14 due the fundraising efforts of Foster Forward (the Teen Grant service under age 16 is known as the Youth Enrichment Program). Youth can participate in ASPIRE currently until their 24th year due to these fundraising efforts.

While these efforts have been successful, the Department recognizes that our ultimate success will be measured by helping to ensure that all youth in our care achieve permanency before their 18th birthday and therefore do not need aftercare or other services through DCYF. To help accomplish this, the Department is engaging in the following efforts:

- Institutionalizing the use of the "Foster Club Transition Tool Kit": This kit, developed by current and former foster youth, serves to engage youth with DCYF staff and other adult supporters as early as possible in exploring their strengths and challenges across multiple domains – housing, education, careers, etc. This is then used to develop a transition plan with the youth that articulates specific goals and tasks within each domain, the supports needed for the youth to achieve those tasks and the responsibilities of the youth and adult supporters. The Department agrees with the Committee that such planning is best started at age 14 or younger but current resources limit us to begin this at age 16.

- Youth Strategic Plan: Through the support of the federal System of Care Implementation Grant, the Department is engaging youth across the system in a series of focus groups and feedback loops to develop a youth focused strategic plan for the Department. We envision this guiding our ongoing efforts to reduce the use of congregate care while at the same time improving the effectiveness of congregate care programs in meeting the holistic needs of our youth, guiding the further development of our support services for youth in care and those who have left care and ensuring that foster families have the supports they need to help older youth specifically.

- Building Bridges: Through the support of the System of Care grant, the Department is exploring engaging the Building Bridges program in Rhode Island. This national model is aimed at shifting the cultures of traditional residential programming from a model based on helping youth succeed while in the program to a model which views residential programming as one small component of the continuum that must engage with youth as partners more effectively, support families and other caregivers and focus on finding avenues for youth to participate fully in their communities while in residential care and after leaving residential care. This model has proven effective in other states as one tool to help reduce reliance on congregate care settings and improving permanency outcomes for youth in foster care.

- Life Skills Education: As part of the extension of our CYS contract with Foster Forward and RICORP, we have collectively committed to shifting our Life Skills programming from a mostly classroom based model to one which more fully engages with our Family Care Network partners and our residential programs and foster parents by helping the staff and caregivers with day to day life skills development. We envision this model being a combination of classroom education and coaching opportunities.

- After Care Services for Youth Needing Additional Supports: While our ultimate goal is to have every youth achieve permanency before they reach age 18, we recognize that we have a distance to go before achieving that goal. We have developed concepts to expand aftercare services to youth who are in care at age 18 and who are identified as SED and/or Functionally Developmentally Disabled who may be able to live in the community with appropriate supports from DCYF and our sister state agencies. We are exploring ways to fund and implement this programming.

4. **Recommendation**: Enhance the current reporting process and transparency for child fatalities and near fatalities by the Office of the Child Advocate (OCA) in order to provide more safeguards, preventative strategies and information towards the welfare of children involved with DCYF.

   DCYF Response: All allegations of child abuse/neglect that come to the Department's attention are tracked through our Child Abuse Hotline. When an allegation is made to DCYF, a trained investigator determines the level of investigation required, how immediately that allegation must be investigated and whether or not law enforcement or medical professionals must be involved. That determination must then be reviewed and approved by a Child Protective Supervisor. Often cases involving serious bodily harm or death come to our attention either through public safety personnel or medical professionals. DCYF reports to the Office of the Child Advocate (OCA) all alleged cases of child abuse/neglect where there is a serious injury/medical issue or a child's death. The OCA has immediate access to the child's electronic record in RICHIST for their own review. In addition, in the recent cases identified by the OCA, DCYF has had consistent notification and communication to that office.

   Additionally, all cases of substantiated child abuse/neglect in which there was a near fatality as certified by a physician or a fatality of the child are referred to the Citizens Review Panel at Hasbro Children's Hospital. The Citizens Review Panel, a cross-disciplinary team of experts including DCYF child protection administrators, physicians, law enforcement and a representative of the Office of the Child Advocate, examines each of these cases.

   As with all cases of child abuse/neglect, the data on child maltreatment reports (which includes investigations related to child fatalities/near fatalities)child fatalities/near fatalities is transmitted to the federal government twice each year using the National Child Abuse and Neglect Data System (NCANDS) and the Adoption and Foster Care Annual Report (AFCARS). In addition, RICHIST does track trend data with respect to substantiated reports of child abuse/neglect as investigated by DCYF (see attached reports for FFY 09, FFY10, FFY 11 and FFY 12).

5. **Recommendation:** Enhance the child welfare system's capacity to utilize data to inform programmatic and policy decisions for children, youth and families involved in the system with annual reporting to the General Assembly on progress.

DCYF Response: The Department agrees with the Committee's conviction that our program, policy and funding decisions must be driven by the collection of quality data and analyzing that data to identify trends, strengths and challenges. This is not limited to the Department's data collection and use but must be a philosophy that pervades all aspects of government and our provider community that touch the children, youth and families who need our assistance. The Department believes it is important to note the tremendous progress that has been made in this area and recognize that our systems and partners must continuously improve on our data collection and quality improvement methods.

The Committee's report references a report by the National Center for State Courts entitled "Improving Child Protection Outcomes: A Framework for Judicial Leaders"[2]. This report focuses on the role of the judicial system, specifically the Family Court system, and the importance of data driven decision making by the Courts. While Senate HHS Committee's draft report recognizes the work of the Court Systems of Pennsylvania, Oregon and Minnesota in regard to the improved use of data for decision making, it also recognizes the Rhode Island Family Court's Child Protection Dashboard. This dashboard allows Judges to see data from both the court's computer system and DCYF's RICHIST system while sitting on the bench as they hear a case. The dashboard allows the court's administration to produce various statistical reports based on the nine key child welfare performance measures and to use these reports to help drive decision making. The Family Court collaborated with DCYF to create this system.

DCYF administrators and managers have 35 dashboards developed since the inception of RICHIST in 1997 which are used on a daily basis for case level and systems level decision making and to guide policies and practices. These include such reports as " Monthly Face-to-Face Children" used to ensure that DCYF workers are visiting every child in foster care at least every 30 days and to ensure compliance with federal requirements; "Permanency" used to identify permanency goals for every child in foster care and progress toward achieving those goals; and "CPS Investigations" used to identify all investigations of child abuse/neglect that occur each month and the status of those investigations. The Department was one of the first child welfare agencies in the country to develop and use dashboards for management and quality assurance purposes and we have assisted other states in developing and implementing their own dashboards.

As noted in our response to Recommendation 2 above, the Department reports to the Department of Administration quarterly on key performance measures which are shared on the state's Transparency Portal. These measures are:

- Percentage of Children in Foster Care With Monthly Face-to-Face Visits (FY 13 Final – 81.03%)

[2] http://www.ncsc.org/Services-and-Experts/Areas-of-expertise/Children-and-Families/~/media/Files/PDF/Services%20and%20Experts/Areas%20of%20expertise/Children%20Families/Improving_Outcomes_PRINT.ashx Retrieved on September 30, 2013.

- Percentage of Children in Foster Care Who have a Permanency Goal Established in a Timely Manner (FY 13 Final – 82.3%
- Percentage of Relative Homes Licensed Within 6 Months (FY 13 Final – 50%)

The Department participates in the federal Child and Family Services Review (CFSR) process which results in a report identifying strengths and challenges, and requires the state to develop and implement a Program Improvement Plan (PIP) to address challenge areas. DCYF recently completed the implementation phase for our last PIP and in September 2013 met with the federal monitors for a final review. At the conclusion of our PIP, the Department met or exceeded our targets on seven (7) of the eight (8) measures we were required to meet. The final measure – Needs and Services of Child, Parents and Foster Parents – was added late in the process and requires additional time to collect a sufficient sample size. The targets achieved or exceed are:

- The Department has achieved four benchmarks outlined in the 2010 federal government Child and Family Service Reviews (CFSR). Significant improvement was achieve in the following areas:
  - *Services to prevent foster care entry or re-entry*

    Baseline 93.4 Target 95 Achievement 95.6
  - *Risk and Safety Assessment*

    Baseline 86.9 Target 88.3 Achievement 88.6
  - *Meeting permanency goal*

    Baseline 74 Target 76.4 Achievement 76.6
  - *Achieving other planned permanent living arrangement.*

    Baseline 54.1 Target 60.6 Achievement 64.7
- The Department also demonstrated achievement with the following goals:
  - *Child and Family Involvement with Case Planning*

    Baseline 59.5 Target 61.6 Achievement 64.2
  - *Caseworker Visits with Child*

    Baseline 81.1 target 82.8 Achievement 83.52
  - *Caseworker Visits with Parents*

    Baseline 58.7 Target 60.9 Achievement 61.3

Additional child welfare outcomes where the Department has shown improvement which are not included in the PIP are:

- *Children without a recurrence of maltreatment:*

  FFY2011: 91.5%

  FFY2012: 93.1%
- *Children <u>not</u> maltreated while in foster care:*

FFY2011: 98.77%

FFY2012: 98.96%

- *Time to Reunification: Children reunified within 12 months of removal:*

  FFY2011: 68.4%

  FFY2012: 72.5%

- *Time to Adoption: Children adopted within 24 months of removal: (Note: RI is ranked #1 among states on this measure)*

  FFY2011: 31.8%

  FFY2012: 37.0%

- *Placement of Young Children in Group Homes: Most recent placement settings of children who entered foster care and were age 12 or younger at the time of this placement*

  FFY2011: 11.8%

  FFY2012: 7.4%

Through our Data and Evaluation Unit and the Data Analytic Center, the Department uses all of these data sets and more to examine our policies and practices, identify strengths and challenges and develop and implement strategies aimed at improving short and long term outcomes for children, youth and families.

The Senate Committee also addresses the need for transparency with data so that other policy makers and the general public can have access to our data and determine on their own how they view our successes and challenges. In addition to the state's Transparency Portal, the Department posts numerous data sets on our website at http://www.dcyf.ri.gov/data_evaluation.php .

Finally, the Committee expresses a desire for an annual report to the General Assembly regarding the progress of our system. The Department publishes an annual report based on what we believe is important information for others to have. Given the vast amount of data at our fingertips, it is challenging to meet the expectations of all key stakeholders but we welcome a dialogue with the Committee and other members of the General Assembly to try to provide the information the Assembly desires in this annual report.

6. **Recommendation:** Achieve more transparency and reporting on child welfare spending and outcomes by requiring the Department in tandem with providers and subcontracted agencies in the System of Care Phase I Family Care Community Partnerships (FCCP) and Phase II Networks of Care contracts to establish financial benchmarks, and true value-based contracting to promote quality assurance and help determine appropriate levels of direct funding for services and supports.

   DCYF Response: As stated in our response to Recommendations 2 and 5 above, the Department wholeheartedly agrees with the Committee's desire to improve transparency in all areas of outcome reporting, inclusive of how public dollars are spent to support the work of the Department and our partner agencies. We have identified above various methods we use currently to provide policy makers and the general public with such information and

strive to continue to improve in this area. The Committee's recommendation includes the suggestion that the General Assembly may implement a framework similar to Nebraska which articulates how DCYF should report annually on detailed financial information and how that ties to achieving specific outcomes. The Department welcomes the opportunity to discuss this further with the Committee in the context of current reporting responsibilities in preparation of our annual budget, our annual report and other required state and federal reporting and in the context of ensuring the Department is provided the internal resources to meet any new expectations in this arena.

The Department is in the process of establishing more detailed reporting requirements in the Phase I and Phase II contracts for performance monitoring and accountability. The contracts for the Family Care and Community Partnerships (FCCP) for FY 14 have a revised scope of work that requires the establishment of a baseline for performance-based measures for process and impact outcomes. This baseline will be established during July 1 and December 31, 2013. This contract requires quarterly reports be submitted to the DCYF contract managers. In addition, the Department has implemented a new procedure to disburse flexible funding amounts to the FCCPs. Flexible funding is now disbursed on a quarterly basis, based on a prior quarter expenditure report that is reviewed by the contract managers. The Department will work with the FCCPs regarding other areas in which to modification of the payment schedule may be appropriate. The Department is also moving to redesign the FCCP service delivery model over the next year, and this is likely to result in the issuance of a new request for proposals.

Now entering the second year of the System of Care, Phase II, the Department and the two lead agencies for the Family Care Networks have been meeting to clarify and revise specific contract language relating to performance measurements and tracking processes. The Department and the Networks will contractually establish targeted reductions in residential programs and increases/expansions for evidence-based home and community-based services. It is agreed that during the period from July 1 to December 31, 2013, the Department and the Networks will jointly develop methodology for collecting data to establish the baselines for the performance-based measures. Beginning January 1, 2014 through May 31, 2014, DCYF and the Networks will establish the baselines, and will establish the performance targets during the month of June. Beginning July 1, 2014, DCYF and the Networks will jointly measure the outcome data.

Additionally, beginning in FY 15, the Department will hold three (3) percent of the total contract amount per quarter in escrow and link the award of these funds to the achievement of identified performance targets that address child welfare, behavioral health and juvenile justice outcomes over the duration of the contract. The provider will be paid the three (3) percent funding during the quarter in which the performance measures are reconciled.

The Department has developed a tracking process for utilization of community-based services accessed through the Networks and now has sufficient data to establish a baseline for utilization. Further collection of this data will provide outcome measures that will help to assess the efficacy of the services in relation to whether youth re-enter care subsequent to receiving the services.

This past week, the Department was awarded a federal waiver for title IV-E funding which reimburses DCYF for costs associated with the care of children in DCYF custody.

Traditionally, IV-E funds have been available for children in out-of-home placement. This waiver authority will be implemented July 1, 2014, allowing the Department more flexibility in the use of federal reimbursement for services that have not traditionally been IV-E reimbursable; e.g., home and community-based services to help reduce reliance on congregate care services and ensure appropriate supports to maintain children in their own homes and communities. The required evaluation of these waiver activities will provide the Department with added value to reinforce the performance-based contract measures.

The Department is also directly involved in several current efforts to review public and private investments in our service delivery systems and how these investments are used to ensure the safety, permanency and well-being of children, youth and families. One specific effort underway in Providence is the Annie E. Casey Foundation funded effort known as Evidence2Success which is co-chaired by DCYF Director Dr. Janice DeFrances, Providence Public Schools Superintendent Dr. Susan Lusi and Family Service of RI Chief Executive Officer Margaret Holland McDuff. This initiative involves a large cross section of state and local public agency staff, Providence Public School staff, community advocates and community members from across Providence. It is focused on reviewing investments against well-being data to see how to address risk and achieve positive outcomes, identifying opportunities to direct resources toward proven programs and prevention within selected pilot neighborhoods (South Providence and West End) and coordinating investments across agencies. The initial phase included surveys and stakeholder interviews of youth, families and providers as well as a mapping of how public and private funds are currently invested in Providence to support children, youth and families. This data will be used in the next phase which is to engage community stakeholder groups from the two pilot neighborhoods in a process to identify and implement evidence-informed and evidence-based practices to support with public and private investments.

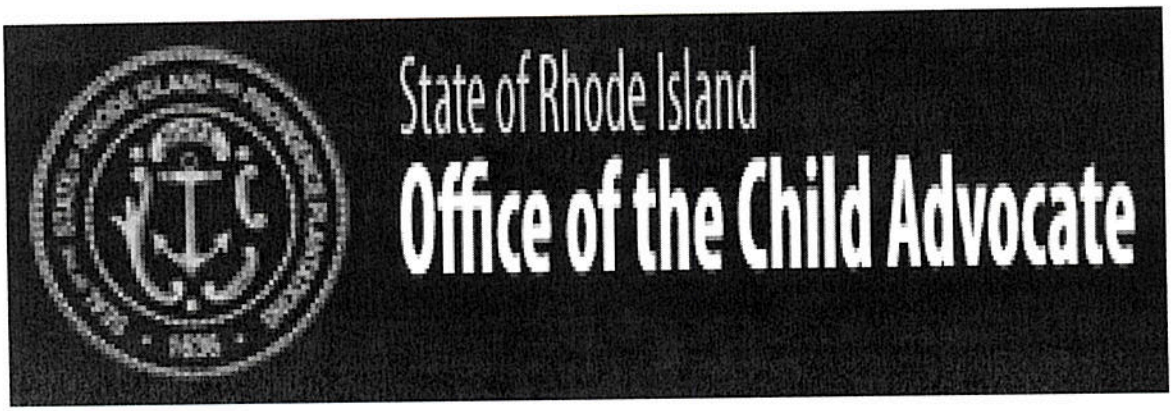
The SAMHSA SOC Implementation grant in coordination with Evidence2Success initiative is developing a Financial Plan that will look to redeploy or redirect existing resources, maximize Federal funds, and utilize new opportunities through the Affordable Care Act to serve children, youth and families statewide.

Evidence2Success is just one example of how DCYF collaborates with a host of other key stakeholders to move our systems from disjointedness to interconnectedness.

Concluding Remarks

The Department extends our appreciation to Chairman Miller and the members of the Senate Health and Human Services Committee for taking the time to listen to the Department, the Family Court, the Child Advocate, providers, parents, youth and other stakeholders. We appreciate your focus on the systems of services to children, families and youth as a whole and not simply to DCYF's part of the sytem. Your deliberative approach will help our collaborative efforts to succeed in improving outcomes for our children, youth and families.

We recognize that the report reviewed today is a work in progress and hope that this response will help to further inform its development and completion. We stand ready to assist you and your staff in that effort.



RESPONSE TO THE REPORT FROM THE SENATE HEALTH AND HUMAN SERVICES COMMMITTEE

OVERSIGHT FOR THE DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES

October 22, 2013

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TO: Chairman Joshua Miller
Senate Health and Human Services Committee Members
Oversight for the Department of Children, Youth and Families

From: Regina M. Costa, Esquire
Child Advocate

RE: Response, Clarification and Recommendations to Senate Health and Human Services Committee - DCYF Oversight

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The following information is provided in response to some of the concerns expressed by the Committee in section 4 of its report. The section title reads as follows:

4) Enhance the current reporting process and transparency for child fatalities and near fatalities by the Office of the Child Advocate (OCA) in order to provide more safeguards, preventative strategies and information towards the welfare of children involved in DCYF.

The Office of the Child Advocate (OCA) has the statutory ability to review the fatality or near fatality of any child presently or previously in the care of the Department of Children, Youth and Families (DCYF or the Department). A primary purpose for the review of a fatality or near fatality is to identify trends with respect to situations that have resulted in critical injuries to children. It is important to review the circumstances around a child death or near death to identify any gaps in services. Service gaps may include medical treatment, mental health or behavioral health treatment, to name only a few. To a lesser extent, but equally as important is the ability to address some of the educational issues for children in state care. For instance, we know the significance that educational success plays in the lives of these children; and the important role that the educational community often plays as first responders in identifying issues of abuse and neglect.

The Child Abuse Prevention and Treatment Act (CAPTA) require DCYF to maintain records and information on child fatalities and near fatalities when they occur as a result of abuse and neglect. A near fatality defined under CAPTA, is an act that is "certified by a physician and places the child in serious or critical condition." (DCYF Policy 100.165 *Child Fatality and Near Fatality Response*).

The Department notifies the OCA of the all fatalities or near fatalities that fall under the guidelines of CAPTA. Additionally, the OCA is notified of any *fatality* where there is or

has been DCYF involvement, regardless of whether or not the death is the result of abuse or neglect.

In the past, the Department has completed an internal review of all fatalities and near fatalities that fall under the guidelines of CAPTA. This internal review is also pursuant to DCYF Policy 100.0165 *Child Fatality and Near Fatality Response.* Section A of the Policy sets out the requirements for "Immediate Departmental Response" and Section B identifies the elements of the "Child Fatality Response Team." This section goes on to define some of the areas to be reviewed during the course of a Child Fatality Response Team. The policy also describes this process as a "coordinated and cooperative effort with other departments and agencies such as the hospitals, Medical Examiner, Attorney General and police departments" to name a few.

In the past the Child Advocate had been invited to participate in these DCYF Child Fatality Response Teams. As a participant in this process the OCA was able to review case information available through the Department and obtain information on its own in preparation for a review. When these reviews occurred, the OCA had the opportunity to attend, inquire and make independent observations, assessments and recommendations with regards to trends and / or service gaps. This process was available to the OCA for both fatality and near fatality reviews. However, there have been several child deaths since the spring of this past year, yet the last DCYF child fatality response team to which the OCA was invited occurred in February 2013. Hopefully, this collaborative process will resume.

Despite the OCA's participation in the Department's child fatality or near fatality response team, the OCA clearly has the statutory authority to review any child fatality or near fatality with respect to children presently or previously under the care of DCYF. In its initial stages the review consists of gathering all reports, court documentation, DCYF files, medical records and records from other involved social service agencies. If after review of all available materials, the OCA determines that the fatality or near fatality cannot be linked to some agency act or omission; or that further investigation would not lead to constructive recommendations for improving the delivery of services to children, the OCA concludes the investigation. Similarly, the converse applies, in instances where the OCA's findings conclude with appropriate recommendations for change; a report is completed and forwarded to the DCYF Director for review and discussion with regards to implementation or a corrective action plan.

There may be times when the OCA deems that the most appropriate course of action is to invoke its statutory authority to convene a formal Child Death Review Panel. This is an extraordinary process that the OCA may utilize for the review of a single child death, multiple fatalities with the goal of informing practice in various disciplines that touch the child welfare system. During this process individuals are identified for the panel based upon their ability to provide independent review and insight.

During review by the Child Death Review Panel, both witness and record subpoenas may be issued. Testimony is taken and recorded by a court reporter. At the conclusion

of the hearing, the report of the panel is issued along with its findings and recommendations. The completed report excludes any identifying information as it becomes a public document.

The Child Death Review Team

In addition to the OCA and DCYF, the "Child Death Review Team" (CDRT) is responsible for the review of all fatalities in the State of RI involving young people between the ages of 0 to 24. The CDRT reviews only fatalities that are the result of suicide in young people between the ages of 18 to 24. The statutory authority of the CDRT falls under the purview of the Rhode Island Department of Health. "The CDRT will be responsible for conducting comprehensive reviews of child deaths to better understand how and why children die, it will be our responsibility, as a state to use the findings to take action that can prevent other deaths and improve the health and safety of our children." (Quote from Senator Goodwin in a press release, issued by The Legislative Press & Information Bureau, June 11, 2010).

The authority of the CDRT reaches beyond the age of 18 when the death is the result of suicide. The CDRT meets approximately nine (9) times annually. However, the status of the CDRT is presently unclear as they are currently facing a loss of funding to support their efforts. The CDRT is presently seeking an alternative funding source. The OCA supports the continued need to maintain and fund the CDRT in whatever manner best serves the children in the State.

The Citizens' Review Panel at Hasbro Children's Hospital

It has been suggested by the Department that the OCA has the opportunity to participate in a The Citizen's Review Panel at Hasbro Children's Hospital. This Panel which operates out of Hasbro Children's Hospital, is funded by DCYF, and is a cross section of members including pediatricians, various members of law enforcement agencies, other hospital social service staff, DCYF staff and others. The Panel meets weekly to review cases of abuse and neglect that involve injuries and fatalities. It has been reported by the Department that this panel makes recommendations for practice improvements across systems. Despite the Department's reports that the OCA participates in this panel, the OCA has actually been excluded from this panel. If reports with respect to practice improvements are made by this panel, the OCA neither participates in these recommendations nor receives copies of any findings or recommendations.

Near Fatalities that do not meet criteria for CAPTA

There are some near fatalities that do not meet the CAPTA criteria which requires DCYF to document the event. In other words, it does not rise to the level of "critical injury as certified by a physician." These events or incidents are as compelling to

review as the incidents that meet CAPTA requirements. However, the Department rarely provides the opportunity for an internal review of these incidents.

These incidents are often suicide attempts with resulting hospitalizations for medical care or psychiatric assessments. They may be an incident involving a youth who attempted suicide by drug overdose, or a youth who has superficial wounds the result of cutting. It may be that a child has ligature marks the result of an attempted hanging or it may be any other non-critical injury to a child in DCYF care. These near fatalities or injuries to children in the care of the Department are equally crucial to review. If we are genuinely concerned about reviewing injuries to children in state care for the purpose of identifying trends, then these incidents are equally as compelling to the OCA. In order to inform the system of care with regards to service gaps, including but not limited to gaps in medical care, educational services, legal issues, behavioral and mental health treatment, all injuries or attempted suicides are significant.

Unfortunately, to the best of my knowledge no effort is made to record this information or make it available to the OCA. It is not required by CAPTA therefore it is reportedly not maintained by the Department. When the OCA obtains information about suicides, hospitalizations or other injuries involving children in state care, it is often information we receive through an inquiry or by routine and random review of DCYF computer records.

RECOMMENDATIONS (WISH LIST)

1) ***The OCA recommends that the statute related to the Child Advocate's Office be amended to reflect that DCYF is required to "provide" and give "access" to the information requested by the OCA.***

The OCA would like a more interactive role in the reviewing of all fatalities and near fatalities. The ability to do so is limited by both a lack of financial and personnel resources. Similarly, some of the limitations are statutory. Some of the recommendations below would be helpful to the OCA in playing a more active role in the review of fatalities and near fatalities.

A fairly recent position of the Department in response to requests for information from OCA is to inform this Office that DCYF only needs to provide "access" to information, pursuant to RIGL § 42-73-8. The Department has consistently reported to the Child Advocate that the only statutory requirement is to provide the OCA with access to information and it is not the Department's concern that the process of isolating the requested or necessary information is onerous.

On its face, the Department appears to be in compliance with the statute; however, the practical outcome has resulted in the need for the OCA to utilize an exhaustive, laborious and time consuming task in order to obtain information that appears to be

readily available to the Department. Often the Department is able to streamline the process for the OCA but does not readily offer these solutions.

A recent example of this practice was in response to a request from the OCA's for the names of all children who are placed each night in DCYF custody and care. This request by the OCA was made subsequent to learning that two children (ages four and six years old) spent an evening on a mattress on the floor at the DCYF office because there were no placements available. The two children remained at the DCYF office from shortly after midnight until sometime around 7:00 AM.

As a result of this incident and other information that the OCA has received with regards to the lack of availability of placements for children, especially very small children and sibling groups, the OCA requested a daily placement log from the Department. The Department's response was to inform the OCA that the office had access to "all placements" made by the Department in a report.

The report that the OCA has access to requires pouring through numerous spreadsheets, encapsulating information under more than sixteen different placement types utilized by the Department in order to obtain the information requested. The information must then be culled from nearly 40 different columns of data collected in each of these categories and sorted by date or in some other appropriate manner under each of these placement types. Obtaining the information sought in this manner would require a staff person dedicated to this task for an estimated minimum of 10 hours each week.

In contrast, the Department could simply provide a log with the names of the children placed each day to the OCA. This was the practice of the Department under a prior Federal Court Consent Order with regards to the matter of night-to-night placement of children. This Consent Order was dismissed by the Federal Court at the request of the prior Child Advocate and the practice of providing this information to the OCA was suspended.

Similarly, I believe that the Department may be able to provide the OCA with timely information with regards to the hospitalization of children in its care. If this were the practice it would provide the OCA with ready access to the names of children whom it may be important to assess regarding the need for further investigation due to suicide attempt or injury.

Additionally, it was recently reported by the Department that "the OCA has unrestricted 24/7 direct access to the electronic information system (RICHIST), allowing her to view all records in any investigation or case within RICHIST, including documentation or interventions" (Providence Journal Commentary by Director Janice DeFrances, October 17, 2013). The OCA does indeed have access to the DCYF RICHIST electronic information system. However, the OCA's access <u>is not</u> unrestricted and access is only available to OCA staff if they are sitting in their office at their desks.

As indicated above, access would not resolve all the concerns expressed by the OCA with respect to the provision of information, but unrestricted access to RICHIST 24/7 would address some of the concerns. ***Providing the OCA with laptop computers that allow for access to RICHIST would go a long way to address this particular concern as well.*** The Department has laptops that allow staff offsite access to RICHIST and other reports. This would certainly provide the Office with additional flexibility and genuinely provide 24/7 access. The OCA would need financial assistance to purchase these laptops as its present budget would not support this purchase.

2. *The OCA recommends that the enabling statute for the Child Advocate's Office be amended to include an Advisory Board.*

The Senate Health and Human Services DCYF Oversight Committee hearing and subsequent draft report provided the opportunity for reflective review of operations in the Office of the Child Advocate. As a part of this process, the enabling statutes in both the State of Massachusetts and the State of Connecticut were reviewed. It was observed that in both our neighboring states the Office of the Child Advocate had Advisory Boards that were components of the enabling statute.

The membership on these two boards and the number of times that the boards' met in these two states were different. For instance, in Massachusetts it is a 25 member board consisting of many of the Director's of the State Department's who work with children. It meets only twice annually. It appears to be similar to what was previously known in the State of Rhode Island as the Children's Cabinet pursuant to Rhode Island General Laws § 42-72.5-1 (though in Rhode Island the Child Advocate was not included as a member of the Children's Cabinet).

In Connecticut, the Advisory Committee is smaller and appears to meet more frequently. It also has a dual purpose. In Connecticut the committee is used to screen and recommend to the Governor candidates for the position of the Child Advocate. It is also this same committee that meets with the Child Advocate and staff to review patterns of treatment and services, policy implications and necessary systemic improvements. The Advisory Committee members are appointed positions, with appointments from the Governor's Office and the General Assembly.

The appointment of an Advisory Committee with a structure similar to the one established in Connecticut would be beneficial in the State of Rhode Island. An Advisory Committee could provide the OCA with a team of experts from the various disciplines who do not have any personal stake in the outcomes of the system of care that impact the lives of the children in state custody. The appointments to terms with representatives from various governmental bodies would give each entity a voice on the committee as well as a liaison with the committee. This Advisory Committee would be able to assist the Child Advocate and staff. It would provide an opportunity for well thought out discussion and assessment with regards to service gaps, policy changes and recommendations for improvements in the evolving system of care.

3) ***The OCA recommends a more significant role for the office with the "Child Death Review Team" which presently falls under the Rhode Island Department of Health's enabling statute. At a minimum there should be increased involvement as it pertains to the death of a child in state care.***

The staff of the OCA has been significantly reduced over the past decade. Positions in the office have been frozen and written out of the budget; additionally the OCA is afforded extremely limited operating costs. It presently operates with only six full time positions, when all positions are filled. In the past several years the OCA has routinely experienced vacancies for long periods of time. In one instance, after a staff member was appointed as Mental Health Advocate, the position remained vacant for five months. There has been only a brief period of time in the past several years when all positions have been filled. There are three attorneys in the office including the Child Advocate and Assistant Child Advocate. There is an Administrative Assistant who spends a significant amount of time with budget and personnel related duties. There is a Chief Field Investigator (CFI) and a Senior Monitor and Evaluation Specialist (SMES). Each of the positions has a primary responsibility and then all work together as a team to fill in the gaps.

The SMES has the primary responsibility of completing site reviews of all active DCYF placements on an annual basis. These are comprehensive reviews that include a review of the clinical programming, as well as the physical plant. The OCA must attain a ninety percent completion rate for site reviews in order to reach its targeted state performance measure.

The CFI is responsible for recording, assignment and follow up of all inquiries that come into the office. Hundreds of inquiries are received each year. The length of time to resolve an inquiry into the office is dependent on the complexity of the issues. The CFI is also responsible for reviewing hundreds of institutional abuse complaints that come into the office each year. Even though many of these complaints are downgraded and therefore not investigated by the Department, the CFI still follows up on these matters to confirm that they have been managed properly.

The OCA also represents as Guardian Ad Litem (GAL) approximately fifty to sixty children who have been placed voluntarily with the Department. The CFI and the SMES are responsible for completing the reports to the court in each of these matters. In preparation for completing the court reports the CFI and SMES maintain contact with these children and attend various planning and treatment meetings. This is not intended to be an exhaustive list of duties of the staff of the OCA, but rather to be reflective of the limited resources available.

In reviewing the relevant enabling statutes of the Child Advocates Office in the States of Connecticut and Massachusetts it appears that there is involvement by the Child Advocate in the review of all child deaths. In Connecticut, pursuant to statutory

responsibility, the Medical Examiner provides the Child Advocate with timely notice of the death of any child that requires investigation. In the State of Rhode Island the OCA is not provided notice of a child fatality by the Medical Examiners office. In both Massachusetts and Connecticut the OCA provides at a minimum reference to the CDRT on its website.

The purpose for providing insight into the roles of the OCA staff above is to highlight the importance of the need for additional staff and resources if there is to be more involvement in the review of fatalities and near fatalities. Reviews of this magnitude require a great deal of planning, coordination, reporting and gathering of information and materials. It would be a significant burden to task the current staff with the additional job responsibilities without additional personnel and financial resources. Only with additional resources could we obtain the best outcomes.

4. ***The OCA recommends that the statutes be changed to require court supervision of youth who are "Emotionally Disturbed" and / or "Developmentally Disabled" and between the ages of 18 and 21.***

The Department is currently statutorily required to provide services to youth who are Seriously Emotionally Disturbed (SED) or Developmentally Disabled (DD) and between the ages of 18 and 21 years old pursuant to RIGL § 42-72-3(2). This section defines the word "child" under DCYF's governing statutes as follows: "'Child' or 'children' means any person under the age of eighteen (18), **provided that children over the age of eighteen (18) and who continue to receive services from the department and / or who are defined as emotionally disturbed and / or as children with functional developmental disabilities as referenced in this section shall be considered 'children' for all the purposes of this chapter."** (Emphasis added).

DCYF Policy No. 700.0240 also addresses this issue. This policy states, in part, that "**The Rhode Island Department of Children, Youth and Families is responsible for the delivery of appropriate mental health services to children with serious emotional disturbances and / or functional developmental disabilities as defined in RIGL 42-72-5 (24) and the provision of aftercare services and supports to youth between the ages of eighteen (18) to twenty-one (21) or who were formerly in foster care."** (Emphasis added). This policy goes on to state that even if Family Court jurisdiction has been terminated or if there was no Family Court involvement, children who were receiving services from DCYF at the time of their 18th birthday are eligible to receive transitional services if the child has Serious Emotional Disturbances (SED) or with functional Developmental Disabilities (DD). This policy declares these youth as a "priority population."

In conjunction with DCYF's statute and policy, RIGL § 40.1-5.4-7 (1) defines adults eligible for services from the Department of Behavioral Health, Developmental Disabilities and Hospitals (BHDDH) as such: "'Adult with serious mental illness' means

a person with serious mental illness, **eighteen (18) years or older and not under the jurisdiction of the Department of Children, Youth and Families." (Emphasis added).** When these provisions are read together, the responsibility for services to the population of youth who are between the ages of 18 and 21 years old and who are either seriously emotionally disturbed or developmentally disabled clearly fall under the auspices of the Department. However, the Department routinely moves to terminate Family Court involvement with these children at the age of 18 years old. Once the Family Court terminates the petitions with respect to these youth, there is no longer any enforcement or oversight mechanism for services and programming made available to these youth.

Often the treatment necessary to service this population is costly. In order to avoid the temptation to provide ineffective or inappropriate services to these youth and families, the OCA recommends that the legislature provide clear statutory provisions that reflect the need for these youth to remain active not only with the Department, but also with the Family Court.

The OCA also recognizes similar concerns regarding the need for more of a variety of services for all children who are under the care of DCYF prior to attaining their 18th birthday and elect to continue to receive service from the Department prior to attaining 21 years old. Additionally, the Department and the Family Court has the statutory authority to maintain supervision of a youth until they attain the age of 19 years old if they are an adjudicated juvenile in correctional services. They may be either a resident at the Rhode Island Training School or on Juvenile Probation. There should be appropriate re-entry programming to meet the needs of this population, as well.

Rhode Island General Laws allow the Department to terminate involvement with any youth who does not fall into one of the special categories of youth identified above. Additionally, it appears to allow the Department to seek termination of the jurisdiction of the Family Court for any child who attains the age of 18 years old (excluding juvenile corrections).

RIGL § 42-72-5(25) states the following with regards to DCYF's statutory responsibility, "To provide access to services to any person under the age of eighteen (18) years or any person under the age of twenty-one (21) years who began to receive child welfare services from the department prior to attaining eighteen (18) years of age, has continuously received those services thereafter and elects to continue to receive such services after attaining the age of eighteen (18) years. The assembly has included funding in the FY 2008 Department of Children, Youth and Families budget in the amount of $10.5 million from all sources of funds and $6.0 million from general revenues to provide a managed system to care for children serviced between 18 to 21 years of age. The department shall manage this caseload to this level of funding."

It appears to be appropriate to revisit the issue of level funding with respect to this population of youth. Also, it appears that this population would benefit from the availability of multiple evidence based programs that speak to their needs.

Assessments should incorporate a holistic review of each of these young adults and the development of programming that demonstrates good individual outcomes. The OCA agrees with the Committee's finding that it is time to examine and refine the current policies and practices for the 18 to 21 year old transition planning process.

Summary

The OCA makes all of the above recommendations to the committee with the caveat that the ability for this Office to take on any additional responsibilities without additional resources is not possible. The depletion of resources in the OCA over the past decade is already taxing on the staff to maintain compliance with its current statutory mandates. This is particularly true in light of the ever increasing complexity of the issues and concerns relative to the welfare of children in State care. The role of the OCA has become significantly more challenging as the system evolves. The uses of the Family Care Community Partnerships (FCCP's) as both a prevention and diversion program for the Department and the Networks' System of Care (SOC) which service all children active with DCYF, each continue to experience "growing pains" as repeatedly acknowledged throughout the hearings by DCYF, the Networks and Service Providers. The OCA invites the opportunity to provide a strength based approach to change in the child welfare system in the State of RI by providing opportunities for collaboration and expert recommendations through mechanisms like an Advisory Board, and the Child Death Review Panel.

The OCA would also welcome the opportunity to increase its role in the review of child fatalities, near fatalities, as well as, the review of all injuries or suicide attempts involving children in the care of the State. It appears to be an appropriate role for the OCA as an "independent overseer" with no vested interest in outcomes other than the permanency, safety and well-being of the children in state care, without budgetary constraints. This increased role must come with additional financial and personnel supports.

It is my hope that the enclosed information helps to clarify prior testimony of the Child Advocate with respect to the issue of reviewing fatalities and near fatalities of children who are or have been involved with DCYF. Per the request of the committee and specifically the Chairman, other additional recommendations for ways to enhance and improve upon the role of the Office of the Child Advocate have been offered.

Thank you for giving the Office of the Child Advocate the opportunity to respond the very important findings and recommendations of the Committee. I would like to reiterate again, that I am extremely grateful for the time and attention that the Committee has invested in its review of these matters.

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October 21, 2013

To: Senator Joshua Miller, Chairperson
Senate Committee on Health and Human Services
Members of the Committee

From: Brother Michael Reis, FSC, LICSW
Vice President Board of NASW RI

Response to: **10/1/13 Senate Health and Human Services Committee Hearing on**
Oversight of the Department of Children, Youth and Families Report

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I'm sorry that I was not prepared to formally testify at the hearing on 10/1/13. However, I want to say that I thought the report was excellent. It touched upon many of the concerns that the Board of the RI Chapter of the National Association of Social Works has discussed. First and foremost is the concern that the previous year's cut, amounting to $36.5 million, was a

step in the wrong direction. Over the past several years, DCYF had been effective in reducing the number of youth in congregate care, the RI Training School and on Juvenile Probation. Much of this success was the State's implementation of the RIPEC Study in 2002. One of the hallmark findings of the study was that **80% of the money was going to less that 20% of the children, youth and families**. Basically, we were running a very costly residential system of care. The professional literature is clear that after 90 days in congregate care, families begin to disengage. But just as we were beginning to accomplish the turn around from congregate to community care (and contrary to the professional literature that consistently speaks of re-investment to fully develop a rich network of community-based, family-centered services), the devastating cuts were instituted.

- **RIPEC [Rhode Island Public Expenditure Council] Study 2001 – 80% of DCYF money went to 20% of the kids. Recommended a shift to include an array of community-based programs to stabilize families.**

1: Support state agencies, providers and caregivers, to expand the system's capacity to deliver the comprehensive continuum of care for services that support that enhance the holistic physical, social-emotional and development of youth and children in the system.

As a provider and member of both the FCCP: Urban Core Network and Phase II: Ocean State Network for Children and Families, it is difficult to see how we can reach the goals listed above, given the limited resources now being made available. **I have been involved in providing DCYF**

services since 1975 when we started Ocean Tides and since 1983 when we started Tides Family Services. Our goal in both programs has always been to stabilize families and work to maintain youth in the community, i.e. to support them to stay in school or maintain a job. In the professional literature these are two major factors that determine whether or not youth remain trouble free.

Without adequate funds it will not be possible to achieve these goals. DCYF has a unique and very special mission. The Department literally acts as if it were a parent. I have always believed that the state in this role has both the legal and moral responsibility to provide adequate resources to make the above goals a reality. As the private providers downsize their operations due to the severity of the recent cuts, fewer staff are being asked to do more with fewer resources. We are caught in a vicious cycle and I fear that children and families are already suffering and that the suffering will only get worse. You cannot plan and organize unless you have the appropriate resources, tools and expertise to accomplish these goals. Remember that the private providers are the heart and soul of the system of care. If they collapse, who will actually deliver the services?

2: The second goal: Support universal evidence based assessments tools utilization in the Network of Care contracts, resources to support training, technical assistance and evaluation aligned with outcome measures.

This sounds good, but imposing an additional burden on the smaller number of staff actually working with high-risk children and families is simply unrealistic. Most of the private providers have also had to lay off support staff and others directly working with the children and families. In order to accomplish this goal you will need the direct service workers to collect and input data into databases. The time required to do this will cut into the time needed to work with children and families. Direct service staff are

already stretched very thin and it is difficult to see how they will be able to handle the additional workload. Where will the additional resources come for the management and oversight of the database? Given the severity of the cuts, the last raise we were able to offer our staff was four years ago. We have also had to cut the number of our direct service workers. DCYF and the Networks require audits each fiscal year. It is very easy to collect data on the fiscal health of the private providers who are under contract with

DCYF or the networks in that they are already required to provide yearly audited statements.

Please keep in mind that in addition to the severe cuts the department has also implemented a fee for service reimbursement formula. Basically, if you don't have referrals you don't have sufficient money to run you programs. As a provider we have had to close our East Bay and South County offices. Also keep in mind that best practice programs are expensive to operate. There are fees that are charged by the owners of the best practice models. Since there is no guarantee of resources one has to wonder where the money will be found to begin the new programs.

Finally, please note that many of the best practice models require at least one stable caretaker in the family. When you look at the population that DCYF services, there are a large number of very difficult families that require extensive support services. I would see this as very similar to the need for "triage" in the medical world. It becomes very expensive to stabilize and provide support services to maintain a family in the community when they are in severe crisis. It is somewhat similar to the current attempt to maintain more of the elderly at home as opposed to nursing homes. The conversion takes a lot of time, effort and expense to change the system. DCYF will need time and additional resources to accomplish the proposed changes. Connected with this I believe is the major issue of the relationship between the FCCP and the Networks. It is my strong feeling that best practice models would be very helpful in treating FCCP cases and helping to prevent families from entering the Networks. I believe that the FCCP's are not able to service families that are open to DCYF/Family Court. Under the 1050 waiver I would hope that this question would be addressed. I suspect that it may well be on the DCYF's agenda, but I am not sure.

3: Examine and refine the current policies and practices for the 18-21 year old transition planning process.

As a provider dealing with the older population (both child welfare and adjudicated delinquents), I have always been opposed to the reduction in age from 21 to initially 17 and then to the end of their 18th year. The year that the 17-year-old bill was in

session, I had the opportunity to speak with a group of undergraduate and graduate students at Brown University. It was a public policy discussion and we focused on the legislation relating to 17-year-old youth that was then being considered by the General Assembly. I asked the group of approximately 26 students the following: If your parents put you out of the house when you turned 18, how many of you would be here at Brown? They all acknowledged that none of them would be.

I believe that the legislation was passed for fiscal reasons with little thought of the policy consequences. Be that as it may, I am very happy to see the genuine recognition and concern of the Committee for these youngsters. (Remember that one of the key risk factors is connection with school and/or employment.)

Some good news is that there is a group of us meeting on this issue. The group includes Mike Van Leesten (OIC of Rhode Island), Lisa Guillette (RI Foster Parent Association), Vinny Marsullo (VISTA) and Teny Gross (Institute for the Study and Practice of Nonviolence). We hope to approach the Governor and General Assembly to express our concerns and fight for more resources for the population exiting DCYF and the many other youth who are exiting our high schools without a diploma.

4: Enhance the current reporting process.

I agree that this issue should be on your agenda, but I don't think I have much additional information to add.

5: Enhance the child welfare system to utilize data to inform programmatic and policy decisions for children, youth and families involved in the system with annual reporting to the General Assembly on progress.

I totally agree that this type of information is necessary if we are to effectively service, manage and protect DCYF children, youth and families. I believe there are several laws and regulations that already affect the process, some of which are mandated by the federal government and others currently developed and in use by the Department. In section 2 above, I expressed my concerns about data collection. My fear is that data collection can very easily become "garbage in and garbage out". The data must either be required by the funding source or used to drive and improve programs for the benefit of clients. If the data does not fit into either of these categories, it needs to be dropped. Given limited financial and personnel resources, DCYF and the networks need to be very careful in what they require. If it doesn't meet the two criteria above, it should not be included in any changes to the system of data collection and reporting.

6: Achieve more transparency and reporting on child welfare spending and outcomes by requiring the Department in tandem with providers and subcontracted agencies in the System of Care Phase I Family Care Community Partnerships (FCCP) and Phase II Networks of Care contracts to establish financial benchmarks, and true value-based contracting to promote quality assurance and help determine appropriate levels of direct funding for services and supports.

I have addressed the issue of the lack of funding throughout this document. Just as the Committee was very concerned about the hiring of additional DCYF workers, I would argue that they need to be concerned about the health of the provider community. The only concern that many of the providers hear from the state is that there is no money. The health of the entire system of care really rests upon the shoulders of the provider community.

The diversity of needs and the degree of difficulty that DCYF faces are vast. After one year of operating, I believe there are more questions than answers. Although we all agree that we must continue with the push toward a truly effective community-based system of care, this process will take more time and require sufficient funding from the State of Rhode Island.