

**Summary of Federal Law, State Law, State
Regulations and Agency Policy/Operating Procedures
applying to youth in Foster Care**

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Educational Stability for Children in Care

There are two distinct but interconnected laws that address educational stability for youth in state care. The **Fostering Connections to Success and Increasing Adoptions Act (hereinafter Foster Connections Act)** and the **Every Student Succeeds Act (ESSA)** are two laws applicable to different agencies creating overlapping responsibilities designed to ensure coherence between child welfare agencies and state education agencies.

Fostering Connections to Success and Increasing Adoptions Act

In 2008, the Fostering Connections Act was passed, amending Title IV of the Social Security Act.¹ The Fostering Connections Act was designed to improve outcomes for children in foster care and increase adoption access. One of the most important aspects of the Fostering Connections Act was a requirement that child welfare agencies collaborate with local educational agencies (LEA) to ensure that children going into foster care remain in their home school if that is in the best interest of the child. If it is concluded that remaining in their home school is not in the best interest of the child, the child is to be promptly enrolled in a new school.

The Fostering Connections Act requires that child welfare agencies responsible for implementing Title IV of the Social Security Act develop education stability plans which include an assurance that a decision regarding foster placement considers the appropriateness and proximity of the child's current school in relation to the foster placement.² Further, the child welfare agency must provide assurances that it has coordinated with the youth's LEA to ensure the child remain in their current placement or, if not in the child's best interest, that the child be enrolled immediately in a new school.³

An education stability plan under Title IV must be drafted with the input of the child's parents within 60 days of removal, must be a part of the child's case record, and must be updated every six months thereafter.⁴

Every Student Succeeds Act

On December 10, 2015, ESSA was signed into law. ESSA reauthorized the Elementary and Secondary Education Act of 1965 and, in the process, rewrote the No Child Left Behind Act, allowing states greater flexibility in setting education goals and addressing specific issues unique to a particular region of the country.

Some of the changes in ESSA include a greater focus on academic accountability and interventions when identified goals are not met. Under ESSA, State Education Agencies (SEA) are required to develop accountability systems focused on increased academic proficiency, English-language proficiency, and increased graduation rates for low performing schools. Additionally, SEAs must develop long- and short-term goals designed to address those areas of accountability and close academic gaps. ESSA further requires SEAs to intervene in the lowest

¹ <https://www.congress.gov/bill/110th-congress/house-bill/6893/text>

² https://oese.ed.gov/files/2020/09/Non-Regulatory-Guidance_06-23-2016.pdf at pg.8

³ Id.

⁴ Id.

performing schools (bottom 5% of performers) by requiring those LEAs to develop evidence-based improvement plans monitored by the SEA. If a low performing LEA fails to meet the goals established in its plan within four years, the SEA is required to implement an improvement plan which could include a full state takeover or other substantive measures.

ESSA mirrors the Fostering Connections Act by requiring SEAs and LEAs to work collaboratively with child welfare agencies to ensure educational stability for children who go into foster care.

Title I of ESSA requires that the SEA file a state plan with the U.S. Department of Education that specifically describes how the state will meet the requirements of ESSA.⁵ Title I, Section E, requires an SEA to include in the plan the steps taken to ensure collaboration with the state agency responsible for administering the plans under parts B and E of Title IV of the Social Security Act, including assurances that a child in state care enrolls or remains in their school of origin unless it is determined not in the child's best interest. If it is determined that remaining in the school of origin is not in the child's best interest, the child is immediately enrolled in a new school, even without the records normally required for enrollment. The enrolling school shall immediately contact the child's last school to obtain relevant academic and other records.⁶

The ultimate goal of the Fostering Connections Act and ESSA is to ensure a collaborative approach between the SEA and child welfare agency the two agencies directly involved in the care, wellbeing, and education of a youth in state care. By developing regulatory approaches with nearly identical language, there is a clear legislative intent to ensure overlapping responsibilities with a single goal of producing the most stable educational setting possible for a youth already experiencing significant challenges.

U.S. Department of Education ESSA Guidance

In November of 2024, the U.S. Department of Education released non-regulatory guidance titled, *Ensuring Educational Stability and Success for Students in Foster Care* (hereinafter Guidance).⁷ The Guidance provides answers to various questions related to the implementation of federal programs designed to address the needs of youth in state care, with a particular focus on the implementation of ESSA. Along with a review of a state's legal obligations, the Guidance provides suggestions for how SEAs, LEAs, and state child welfare agencies could collaborate effectively and develop policies that would benefit youth in state care. The Guidance encourages the following:

- Each SEA and LEA is required to have a point of contact (POC) for youth in state care. The Guidance encourages SEAs to collaborate with state welfare agencies to develop detailed roles and responsibilities for the SEA POC.
- The Guidance suggests the same process for LEAs.

⁵ <https://www.congress.gov/114/plaws/publ95/PLAW-114publ95.pdf>

⁶ *Id.* at 1844

⁷ <https://www.ed.gov/media/document/non-regulatory-guidance-ensuring-educational-stability-and-success-students-foster-care-november-15-2024-108448.pdf>

- SEAs and the state child welfare agency to hold regular meetings, develop routines for sharing information and data, facilitate cross systems training, and periodically review and revise guidance on educational opportunities for youth and care.
- SEA POC to work within their agency regarding best practice for supporting students in foster care, to include collaboration with transportation services, school meals, counselors, resource officers, and data collection.
- SEAs, LEAs, and state child welfare agencies to collaborate with outside partners to include legal, educational advocates, guardians ad litem, CASA, community organizations, parent mentor groups, and tribal leaders.
- LEAs to train their administrative, clinical and education staff regarding educational stability for youth in state care.
- LEAs should consider allowing youth exiting foster care to remain in the ESSA designated school of origin through that school year.
- SEAs to develop interstate protocols with neighboring states to address transportation of youth in state care traveling over state lines.
- LEAs should review and revise attendance policies to avoid impact on foster youth. The guidance specifically suggests limiting punitive consequences such as suspensions and expulsions when addressing absences for youth in foster care. The Guidance encourages LEAs to consider the unique experiences of youth in foster care when developing strategies to increase attendance.
- LEAs should consider developing policies for accepting credits completed in previous school districts, partial credit, and providing credit recovery opportunities. The guidance also encourages LEAs to revise graduation policies so that those policies do not provide additional burdens or obstacles to graduating on time.
- LEAs are encouraged to monitor foster care youth data including attendance, behavior, and academic performance. The guidance also encourages developing coaching and mentors provided by the LEA for youth in foster care.
- SEA / LEAs are encouraged to include additional information about youth in foster care in their annual reports. The information should include foster care youth who participate in extracurricular activities, career and technical activities, AP courses, changes in placement during the school year, the number of foster care youth receiving English Language services, foster youth also involved in the juvenile justice system, and the number of foster care youth who have ever experienced homelessness.

John H. Chafee Foster Care Program for Successful Transition to Adulthood⁸

“The John H. Chafee Foster Care Program for Successful Transition to Adulthood (hereinafter, “Chafee program”) provides funds to states, territories, and Indian tribal entities (hereinafter, “states”) to address poor education, employment, and other outcomes experienced by many such young people as they transition to adulthood. The Chafee program is authorized under Title IV-E, Section 477 of the Social Security Act (SSA).”⁹

“The Chafee program provides states with flexible funding for the purpose of helping young people who experienced foster care at age 14 or older (see **Table 1**). States have considerable discretion in administering the program, but they are expected to provide an extensive range of supports and services, such as educational assistance, career services, life skills training, and preventive health activities. States may dedicate as much as 30% of their funding toward *room or board* for youth ages 18 to 21 (or until age 23 in states that have extended foster care). This includes room or board for youth pursuing higher education.”¹⁰

Education and Training Voucher (ETV) Program

“The Chafee statute includes a separate authorization for the ETV program. States may use ETV funding to provide a voucher—worth up to \$5,000 each year or the *cost of attendance* (whichever is less)—for a Chafee-eligible youth to attend an *institution of higher education*, as these terms are defined by the Higher Education Act (HEA). HEA defines *cost of attendance* as the costs for tuition, fees, books, supplies, transportation, room and board, and child care, among other expenses. HEA defines *institution of higher education* to include many public or nonprofit, for-profit, and vocational institutions of higher education.”

“Young people are eligible to receive ETVs for as many as five years (until age 26) so long as they are making satisfactory progress toward completing their education, and regardless of whether they attend in consecutive years. Youth may attend on either a full-time or part-time basis. States have considerable flexibility in implementing the ETV program (e.g., adding extra eligibility or application requirements). The Chafee statute directs state child welfare agencies to take steps to prevent duplicating benefits under the ETV program and other federal programs.”¹¹

⁸ SEC. 477. [42 U.S.C. 677]

⁹ [John H. Chafee Foster Care Program for Successful Transition to Adulthood | Congress.gov | Library of Congress](#)

¹⁰ *Id.*

¹¹ *Id.*

Federal Special Education Law

The Individuals with Disabilities Education Act (IDEA) – 34 CFR 300

The Individuals with Disabilities Education Act (IDEA) is a federal law requiring public school districts to provide a free and appropriate public education (FAPE) in the least restrictive environment (LRE) to every eligible child with a disability.

The IEP is “the centerpiece of the statute’s education delivery system for disabled children.” *Honig v. Doe*, 484 U. S. 305, 311 (1988). A comprehensive plan prepared by a child’s “IEP Team” (which includes teachers, school officials, and the child’s parents), an IEP must be drafted in compliance with a detailed set of procedures. §1414(d)(1)(B) (internal quotation marks omitted). These procedures emphasize collaboration among parents and educators and require careful consideration of the child’s individual circumstances. §1414. The IEP is the means by which special education and related services are “tailored to the unique needs” of a particular child. *Rowley*, 458 U. S., at 181.

The IDEA requires that every IEP include “a statement of the child’s present levels of academic achievement and functional performance,” describe “how the child’s disability affects the child’s involvement and progress in the general education curriculum,” and set out “measurable annual goals, including academic and functional goals,” along with a “description of how the child’s progress toward meeting” those goals will be gauged. §§1414(d)(1)(A)(i)(I)–(III). The IEP must also describe the “special education and related services . . . that will be provided” so that the child may “advance appropriately toward attaining the annual goals” and, when possible, “be involved in and make progress in the general education curriculum.” §1414(d)(1)(A)(i)(IV). Parents and educators often agree about what a child’s IEP should contain. But not always. When disagreement arises, parents may turn to dispute resolution procedures established by the IDEA. The parties may resolve their differences informally, through a “[p]reliminary meeting,” or, somewhat more formally, through mediation. §§1415(e), (f)(1)(B)(i). If these measures fail to produce accord, the parties may proceed to what the Act calls a “due process hearing” before a state or local educational agency. §§1415(f)(1)(A), (g). And at the conclusion of the administrative process, the losing party may seek redress in state or federal court. §1415(i)(2)(A). *Andrew F. v. Douglas County School District* (2017)

Summary of the IDEA – Part B 34 CFR 300

Subpart A

Subpart A establishes that the purpose of the IDEA is to ensure that all children with disabilities have access to a free appropriate public education (FAPE) that provides for special education and related services designed to meet their unique needs in preparation for further education, employment, and independent living. The IDEA must ensure that the rights of children with disabilities and their parents are protected, assist states, localities, educational service agencies,

and federal agencies in providing for the education of all children with disabilities and to assess and ensure the effectiveness of efforts to educate children with disabilities.¹²

The IDEA applies to each state receiving funding under Part B of the IDEA as well as all state and local educational agencies involved in the education of children with disabilities, to include Departments of Mental Health and Welfare and State schools for children with deafness or children with blindness irrespective of their receipt of funding under Part B of the IDEA.

Further, Subpart A also provides a list of defined terms used throughout the IDEA.

Subpart B

Subpart B requires states to provide a plan that assures the state has put into effect policies and procedures assuring that it meets the conditions outlined in this subpart.

Free and Appropriate Public Education: 34 CFR 300.101 (FAPE)

A state must ensure that children between the ages of 3 and 21 in need of special education and related services are provided a FAPE even when suspended or expelled from school. A FAPE must be available to this population even if a child has not failed a grade or been retained in school.

If placement in a public or private residential program is required to provide a FAPE, the placement must be at no cost to the parents of the child. However, the FAPE requirement does not extend to a child who does not have an IEP or is between the ages of 3-5 or 18-21 if the application is inconsistent with state law or practice or a court order. Further, the FAPE requirement does not extend to students who have left school or have graduated from high school with a regular diploma.

Subpart B requires that extended school year services and assistive technology be provided to a qualifying student free of charge. It further stipulates that a child needing a placement in a private or public residential program be afforded a placement free of charge. Additionally, FAPE requires that children with disabilities have an equal opportunity to participate in non-academic and extracurricular services and activities.

Aspects of Subpart B to Note:

Child Find: 34 CFR 300.111

Subpart B requires that a state have in effect policies and procedures ensuring that children with disabilities in need of special education and related services residing in the state, including children who are homeless or placed in a private school, are identified, located, and evaluated. This requirement includes children who are suspected of being a child with a disability even though they are advancing from grade to grade. *It should be noted that Child Find represents an affirmative duty, obligating school departments to seek out students who may be in need of special education services.*

¹² <https://sites.ed.gov/idea/regs/b/a/300.2>

Least Restrictive Environment (LRE): 34 CFR 300.114

Subpart B requires that children with disabilities are educated with children who are non-disabled and that more restrictive educational settings are only used if the nature or severity of the disability is such that education in regular classes with use of supplementary aides and services cannot be achieved satisfactorily. LRE decisions must be made by the IEP team.

Continuum of Alternative Placements: 34 CFR 300.115

Subpart B requires that each public agency must ensure a continuum of alternative placements are available, that they include the alternative placements in the definition of special education and make provision for supplementary aides and services to be provided in conjunction with these placements.

Private school placements: 34 CFR 300.118

Subsection B requires that the Child Find rule be applied to students placed by their parents in private schools.

Subpart D

Special Education Process:

The determination of a need for special education services consists of a three steps process. The first step is a referral for a special education evaluation. Upon receiving the referral, a team of qualified individuals will meet to review the existing data and determine if they have a suspicion that the child has a disability that may require specialized instruction. If the team does have a suspicion that the child has a disability that may require specialized instruction, then the team will evaluate the student. This evaluation must be completed and reviewed by the team within 60 calendar days. Once the evaluations are complete, the team will meet to review the data and determine if the child meets the requirements for special education services. If they determine that the child does have a qualifying disability requiring specialized instruction, the team will develop an IEP for the student. The team will then host a third meeting to review the IEP document, make any needed adjustments, and put the IEP into effect.

Aspects of Subpart D to Note:

Referral: 34 CFR 300.301

A public school may not provide special education or related services to a student without first conducting a comprehensive evaluation of a child suspected of having a qualifying disability.

A parent or school staff member may refer a child to the local educational agency (LEA - the public school) to be evaluated for special education services. Typically, a referral is made if the parent or a teacher has concerns regarding the student's academic performance.

Once a referral has been made, a team of qualified individuals will be assembled to review the data to determine if the team has a suspicion that the child may have a disability and may need special education services and accommodations. The team must consist of at least the parent(s) of the child, one regular education teacher of the child, one special education teacher, and a district representative (typically referred to as the LEA). The parent or the school may also invite others with knowledge or special expertise regarding the child, including related services personnel or an educational advocate as appropriate. Additionally, when appropriate, the child should be invited to the meeting.

The team will review all data currently available regarding the student to determine if that data suggests that the child might have a disability that requires special education. 34 CFR § 300.111(c) only requires that the team have a suspicion of a disability in order to move forward with an evaluation.

Eligibility: 34 CFR 300. 306

If the team determines that there is a suspicion that a child has a disability that may require specialized instruction, then the district will ask for the parent’s consent to evaluate the child. Once the parent has consented, the school department will have 60 calendar days to evaluate the child, draft evaluation reports, and hold a Special Education eligibility determination meeting. Within the 60-day timeframe, the team will meet again to review the data of the evaluations.

During the second meeting, the team will evaluate the data gathered from the evaluations to determine if the child qualifies for special education. If the team determines that a student meets the requirements for special education, the child will be found to qualify.

If the team determines, based on the available data, that a student meets the two prongs, the child will be found to qualify for special education.

Child with a Disability is defined in 34 CFR 300.8 as:

a child evaluated in accordance with §§ 300.304 through 300.311 as having an intellectual disability, a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance (referred to in this part as “emotional disturbance”), an orthopedic impairment, autism, traumatic brain injury, an other health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services.

34 FR 300.8(c)(1) provides 13 categories of disabilities recognized under the IDEA:

- Autism
- Deaf-Blind
- Deafness

- Emotional Disturbance
- Hearing Impairment
- Intellectual Disability
- Multiple Disabilities
- Orthopedic Impairment
- Other Health Impaired
- Specific Learning Disability (Includes dyslexia)
- Speech & Language Impairment
- Traumatic Brain Injury
- Visual Impairment Including Blindness

Upon reaching this determination, the team has 30 days to draft an IEP designed to address the student's needs. The services stipulated in the IEP should be made available to the student as soon as possible.¹³

The IEP is the formal document memorializing the plan individually designed to address the specific educational needs of the child. The plan must include:

- o A statement of present levels of ability including how the student's disability affect's their ability to progress academically
- o A statement of measurable goals designed to address the disability
- o A description of how those goals will be measured
- o When progress reports will be provided
- o A statement of the services to be provided to the child & modifications to the curriculum in light of the child's circumstances
- o The environment where the services will take place
- o A statement regarding other accommodations required by the student
- o The projected date for the beginning of the services and modifications and the anticipated frequency, location, and duration of those services and modifications¹⁴

Once an IEP is drafted it goes into effect as soon as possible and is in effect for one calendar year.¹⁵ An IEP must be reviewed by the school department annually.¹⁶ Additionally, a parent or public school may request a reevaluation once within a school year.¹⁷

¹³ 34 CFR § 300.323

¹⁴ 34 CFR 300.320

¹⁵ 34 CFR 300.323(c)(2)

¹⁶ 34 CFR 300.303

¹⁷ Id.

FAPE 34 CFR 300.101

A FAPE is only available to children with qualifying disabilities and must be made available to those children ages 3-21 even if suspended or expelled from school.

Appropriateness is defined as an IEP reasonably calculated to enable a child to make progress appropriate in light of the child's circumstances.¹⁸

Subpart E

Subpart E establishes and defines the methods of remediating disputes between parents and LEA's. This subsection defines and explains a parent's rights of due process, the method of due process to include mediation, the timelines associated with due process and how a due process hearing is conducted. Thus, subsection also addresses attorneys' fees and the transfer of parental rights once the student reaches the age of majority.

Aspects of Subpart E to Note:

Child's Status during proceedings: 34 CFR 300.518

During Due Process, the student in question will remain in their previous educational placement until a resolution to the complaint is reached.

Section 504 of the Rehabilitation Act of 1973 – 34 CFR Part 104

Section 504 prohibits an entity receiving federal funding from engaging in disability discrimination.¹⁹ The law states that, no qualified handicapped person shall, on the basis of handicap, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity which receives federal financial assistance.²⁰ The regulations stipulated in Section 504 apply to all public schools to include public charter schools receiving federal financial assistance.

Section 504 defines an individual with a disability as a person who has a physical or mental impairment that substantially limits a major life activity; has a record of such an impairment; or is regarded as having such an impairment.²¹

¹⁸ *Endrew F. v. Douglas Cty. Sch. Dist.*, U.S., 137 S. Ct. 988, 999, 197 L.Ed.2d 335 (2017).

¹⁹ 34 CFR §104.1

²⁰ *Id.*

²¹ 29 USC § 705(9)(B), (20)(B).

Major Life Activities (include, but are not limited to)

Bending; speaking; breathing; learning reading; concentrating; thinking; communicating; working; sleeping; walking; caring for oneself; standing; lifting; hearing; seeing; eating; performing manual tasks as well as major bodily functions.²²

A student who has a physical or mental impairment that limits a major life activity will be eligible for services under Section 504 as long as the student remains eligible. If a public school reevaluates a student and determines that the student's impairment no longer essentially limits their ability to learn or any major life activity, that student would no longer be eligible for services under Section 504.²³

504 Eligibility & Evaluation

Child Find

Like the IDEA, Section 504 contains a Child Find regulation, requiring an LEA to locate and identify every qualified handicapped person residing in their jurisdiction and to take appropriate steps to notify handicapped persons and their parents or guardians of the LEA's duty to evaluate a child to determine if they qualify for protection under the regulation.²⁴

Under Section 504, when a school is aware that a student has or may have a disability and that the student needs or may need special education or related aides and services, a school department is required to evaluate the student in a timely manner.²⁵

504 Team

Section 504 requires that a team of knowledgeable persons meet to evaluate a variety of data to determine if a student qualifies as a student with an impairment limiting a major life activity.²⁶

During these deliberations, a 504 team may **not** consider mitigating measures (such as medication or parent support) when determining how an impairment impacts a major life activity.²⁷

Evaluations

Under Section 504, an LEA is required to have policies and procedures for the evaluation of students who may have a disability and need special education or related aides and services.²⁸ Section 504 does **not** require a specific process though **does** require that the evaluations consist of more than an IQ test, measure specific areas of educational need to include speech processing,

²² 29 USC §§ 705(9)(B), (20)(B), USC 1210(2)(A); 42 USC § 12102(2)(B)

²³ <https://www2.ed.gov/about/offices/list/ocr/504faq.html>

²⁴ 34 CFR § 140.32(a).

²⁵ 34 CFR 104.35

²⁶ 34 CFR § 104.35(c)

²⁷ 42 USC § 12102(4)(E)(i)

²⁸ 34 C.F.R. § 104.35(a).

an inability to concentrate, and behavioral concerns.²⁹ Further, evaluations must be administered in a way that ensures an accurate reflection of the student's ability or other needs being measured, that the evaluations are valid for the purpose, and are appropriately administered by trained personnel.³⁰

Like the IDEA, Section 504 requires parental consent prior to an evaluation.³¹

If a school decides not to evaluate a student referred to the 504 team, the school must notify the parent of their right to challenge the decision and of their right to seek a Due Process hearing.³²

Free and Appropriate Public Education

Like the IDEA, Section 504 has a FAPE component for qualified students. Under Section 504, FAPE requires the provision of regular or special education and related aids and services structured to address the specific educational needs of a disabled student as adequately as the needs of non-disabled students.³³

School departments must periodically reevaluate students who qualify for 504 protections and must reevaluate those students prior to a significant change of placement.³⁴

It is important to note that a school department would be required to evaluate a student for 504 purposes even if the student only demonstrates behavioral issues and/or if a student is academically successful.³⁵

504 Plans

Unlike the IDEA, Section 504 does not require the drafting of a plan for qualifying students. However, it is common for school departments to draft a 504 plan as a method of documenting a student's qualification for protection and to identify the related aids and services being provided to the student by the public school. A student who is eligible for special education and related services under the IDEA will be provided with an IEP and therefore will not require a separate 504 plan.³⁶

Note: The United States Department of Education, Office for Civil Rights, (the oversight agency for Section 504 regulations) encourages public schools to accommodate parental participation in determining any changes in the provision of FAPE to include service locations.³⁷

²⁹ 34 C.F.R. § 104.35(b)(2).

³⁰ 34 C.F.R. § 104.35(b)(1).

³¹ 34 C.F.R. § 104.35(a).

³² 62 34 C.F.R. § 104.36.

³³ 34 C.F.R. § 104.33.

³⁴ 34 C.F.R. § 104.35(d).

³⁵ 34 C.F.R. § 104.33; 28 C.F.R. § 35.108(d)(3)(iii).

³⁶ <https://www2.ed.gov/about/offices/list/ocr/docs/504-resource-guide-201612.pdf>, pg. 10

³⁷ <https://www2.ed.gov/about/offices/list/ocr/docs/504-resource-guide-201612.pdf> pg. 19 citing 68 34 C.F.R. § 104.35(a) and 34 C.F.R. pt. 104, App. A (discussion of Subpart D) (enable parents or guardians to influence decisions regarding the evaluation and placement of their children); see also OCR, Protecting Students with Disabilities: Frequently Asked Questions About Section 504 and the Education of Children with Disabilities (FAQ 41) (last modified Oct. 16, 2015), www.ed.gov/ocr/504faq.html.

Rhode Island Special Education Regulations

Rhode Island Department of Education: Regulations Governing the Education of Children with Disabilities 200-RICR-20-30-6

The Rhode Island state Regulations Governing the Education of Children with Disabilities adopts and incorporates most of the IDEA by reference.³⁸ However, the Rhode Island state regulations note that they do not incorporate by reference or have modified the language of 64 IDEA regulations.³⁹

³⁸ <https://rules.sos.ri.gov/Regulations/part/200-20-30-6>

³⁹ *Id.*

Health & Education Passport

Rhode Island Department of Children, Youth and Families

Policy: 1000.0005

Effective Date: May 25, 1987

Revised Date: August 26, 1991

Version: 3

To ensure that all children in foster homes, group homes, certified relative homes, and residential care facilities receive necessary health and education services and proper follow-up treatment, a packet of information known as the Health and Education Passport has been developed. The Passport contains a summary of the child's past and current health care as well as education information. It is designed to remain with the child's caretaker during placement (youth in the Training School are excluded) and to go with the child when he/she is returned home.

Amendments to Federal Law 96-272 (effective 4/1/91) require the Department to review and update the child's health and education records at the time of each placement and to provide a copy of this information to the foster care provider. This information is provided to the child's caretaker through the Health and Education Passport.

The Health and Education Passport (blue folder with three pockets) provides:

1. Foster parents, certified relatives, group homes, and residential care facilities with a health history and education information at the time of placement.
2. Continuity of medical care and prevention of duplicate services.
3. Documentation of health care provided to the child.
4. Information to be used in an emergency situation.
5. Permanent health and education record for the child following placement.
6. Student Identification Card to facilitate the enrollment of a child in school.

The Health and Education Passport is a confidential record and is subject to Departmental policies on confidentiality.

Related Procedures...

[Contents of Health and Education Passport Folder](#)

[Use of the Health and Education Passport](#)

[Confidentiality of Information in the Passport](#)

Contents of Health and Education Passport Folder

Procedure From Policy 1000.0005: [Health and Education Passport](#)

- A. Contents of Health and Education Passport Folder:
 - 1. The left pocket contains the following information:
 - a. Identifying face sheet (DCYF #126);
 - b. Completed and signed Emergency and Routine Medical Authorization for a Child in Placement (DCYF #004).
 - c. Student identification card (DCYF #132A).
 - 2. The center pocket contains the health and education information form (DCYF #132). This form is used to record the child's medical history, to provide a format to document any new medical conditions or problems, and to provide relevant education information.
 - 3. The right pocket contains the following color coded forms:
 - a. Medical and dental encounter form (yellow) (DCYF #133);
 - b. History of developmental, psychosocial, and educational problems (pink) (DCYF #134); and
 - c. EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) Program Periodicity Schedule (blue) (DCYF #135).

Use of the Health and Education Passport Procedure From Policy 1000.0005: [Health and Education Passport](#)



- A. For each child entering placement, the primary service worker sets up a Passport folder and completes the individual forms listed below to establish a base of information. The passport should be set up after it has been determined that a child will remain in placement (i.e. an Order of Detention, Ex-parte has been granted, a voluntary has been signed, or custody has been given to the Department and placement ordered by the Court):
1. Identifying Face Sheet (DCYF #126).
 2. Emergency and Routine Medical Authorization for a child in Placement (DCYF #004).
 3. Student Identification Card (DCYF #132A):
 - a. Each city or town is required by RIGL 42-72.4-1 to immediately enroll a child in its school system when the DCYF #132A is presented.
 - b. A copy of the DCYF #132A is filed in the child's case record.
 - c. Prior to enrolling the child in school, the worker updates information on the DCYF #132A. Blank copies of the form are available in the units.
 4. Health and Education Information form (DCYF #132):
 - a. DOB and client number.
 - b. The worker fills out as completely as possible each section of the form by obtaining necessary information from the child's parent(s), other caretaker(s), case record reviews, and his/her knowledge of the child's history. When information is missing, the worker indicates on the form the reasons that the information is not available and accessible and the steps being taken to obtain the information.
 - c. On page #2 of the DCYF #132A, there is a section entitled "placement". The worker completing this section must indicate a generic type of placement (e.g. foster home, relative care, residential placement, etc.) and not the name of the caretaker.
 5. History of Developmental, Psychosocial, and Educational Problems (DCYF #134):
 - a. The worker briefly describes significant problems in these areas, indicating attempted remediations.
 - b. The worker should be aware that some developmental, psychosocial, and educational information is classified as restricted by Rhode Island law and DCYF policy (refer to section C below.)
 6. Known examination dates are recorded at the bottom of the EPSDT form (DCYF #135).
 7. A copy of this initial information is placed in the medical/dental section of the child's case record.
- B. The primary service worker gives the Passport to the foster parent, certified relative, or director/medical director of the facility or group home. The foster parent, certified relative, or director/medical director-or designee is then responsible for taking the folder to the physician/dentist each time the child goes for a visit and for having the health care professional complete a medical and dental encounter form (DCYF #133):
1. During the visit, the health care provider will also be asked to update the medical problem list and medications sections of the Health and Education Information form (DCYF #132).
 2. If appropriate to the visit, the health care provider is asked to date the appropriate column of the EPSDT form DCYF #135).
 3. The foster parent, certified relative, or director/medical director is responsible to update the DCYF #132 as significant events occur (e.g. hospitalizations, new physicians, etc.).
- C. All children entering placement, or children who do not have a passport and are changing placements, require the formulation of a passport.
- D. When a child is no longer in placement, a copy of all passport information is made by the primary service worker and filed in the medical/dental section of the child's case record. The original passport is given to the biological or adoptive parents, depending on the case disposition.
- E. The primary service worker periodically reviews the passport to assess its accuracy and completeness. The worker must review and update the passport at the time of each placement and provide the updated copy to the foster parent, certified relative, or director of the child care facility or group home.

Confidentiality of Information in the Passport

Procedure From Policy 1000.0005: [Health and Education Passport](#)

- A. The Passport is a confidential document and is subject to the Department's policies on confidentiality, as well as pertinent RI law.
- B. Certain information, due to its particularly sensitive nature, is restricted by RI Law and Departmental policy. Use of this information in the Passport requires additional administrative approval:
1. When parental rights are terminated, all TPR/Adoption material becomes restricted. To avoid conflict with state law and departmental policy, the worker shall not include information that identifies the child's family of origin (e.g. names of parents and siblings, previous address, etc.) in the Passport. In this way, the record can remain intact if there is a termination of parental rights.
 2. When parental rights are terminated, placement and social material subsequent to TPR also becomes restricted. This information must be expunged by the worker from the Passport when termination of rights occurs.
 3. The following are also restricted materials and shall not be included in the Passport unless the conditions listed in subsection c exist:
 - a. Reporter/Source Information.
 - b. Juvenile Arrest/Conviction/Detention Materials.
 - c. Mental Health Records including references to psychiatric hospital admission or certification (RIGL 40.1-5-26, Confidential Information and Record Disclosures).
- C. If the worker sees a well substantiated need to include restricted confidential information in the Passport, RIGL 42-72-8, Confidentiality of Records, makes allowances for such circumstances in conjunction with proper administrative approval. Confidential Records may be disclosed when:
1. The DCYF Director determines that the disclosure to individuals or public or private agencies for the purposes of temporary or permanent placement of the child is needed to accomplish that placement.
 2. The DCYF Director determines that there is substantial risk of imminent physical injury by the person to himself or others and that disclosure is necessary to reduce that risk.
- D. The forms in the Health and Education Passport are designed to offer a concise method of documentation. The worker/caretaker shall not include additional reports or documents in the Health and Education Passport.

Rhode Island Department of Children, Youth and Families Department Operating Procedure

	DOP Number: 700.0075	Effective Date: January 28, 2021	Page 1 of 6
	Version #: 5	Revision History: August 10, 1987, V1 January 2, 2002, V.2 January 24, 2011, V.3 April 26, 2012, V.4	Director:  Kevin J. Aucoin
Section: Case Management		Title: Educational Stability	
Legal Authority: <ul style="list-style-type: none"> • Rhode Island General Law §16-64-5 • Rhode Island General Law §16-64-7 • Rhode Island General Law §16-64-8 • Rhode Island General Law §42-72-15 • Rhode Island General Law §42-72.4-1 • Every Student Succeeds Act; Public Law 114-95 • Child and Family Services and Improvement Act; Public Law 112-34 • Fostering Connections to Success Act; Public Law 110-351 • IDEA 34 C.F.R. §300.115 • 200-RICR-20-10-1 			
Related DOPs: <ul style="list-style-type: none"> • Educational Advocate Referral; DOP: 700.0000 • Comprehensive Assessment and Service Planning; DOP: 700.0050 • Guardianship for Education; DOP: 700.0065 • Notification to School Districts when a Child is Admitted to Bradley Hospital; DOP: 700.0195 			
Related Guidance: <ul style="list-style-type: none"> • RIDE Guidance for School of Origin Transportation for Students in Foster Care (April 2019) • Ensuring Educational Stability for Children in Foster Care, Non-Regulatory Guidance Document, 2019 			
Related Forms: <ul style="list-style-type: none"> • Educational Stability-Best Interest Determination (Form #775A) • ESSA Information Sheet for Best Interest Calls and Transportation (Form #775) • Intra State Education Identification Card (Form #132A) • Form # 061 			

I. PURPOSE

In compliance with state and federal law, the Department of Children, Youth, and Families (hereinafter, the Department) ensures that all children (including children with disabilities) placed in the Department’s care receive the free and appropriate public education they are entitled. The Department coordinates with the Rhode Island Department of Education (RIDE) to ensure educational stability in compliance with federal law.

The family’s Service Plan includes assurances that the child will remain in their school of origin if placed out-of-home unless a determination is made that staying in the school of origin is not in

the child's best interest. Students in out-of-home placements must have the opportunity to achieve at the same level as their peers. Educational disruption must be limited by keeping children who move to a new out-of-home placement in a consistent school setting unless it is determined to be in their best interest to change schools.

The Every Student Succeeds Act (ESSA) and the Fostering Connections to Success Act grants the Department the responsibility and authority to make educational best interest determinations at initial placement and any subsequent out-of-home placements. The Department collaborates with SEAs (state education authority) and LEAs (local education authority) to ensure the educational stability of children placed out of the home.

The Department:

- Conducts an educational best interest determination which determines if the child will remain in their school of origin if placed out of home or be enrolled in the local education authority (LEA) in the community in which the out-of-home placement is located.
- If remaining in the school of origin is not in the child's best interests, the child is enrolled immediately in the new school.
- All children admitted to Bradley Hospital, including the CRAFT Program, and Acute Residential Treatment (ARTS) Programs and in the care of the Department, and all Community Services and Behavioral Health (CSBH) non-relinquishment status youth, receive education programming as required by IDEA 34 C.F.R. §300.115 and 200-RICR-20-10-1. With the exception of CSBH non-relinquishment youth, the Department is responsible for school district notification upon a child's admission to Bradley Hospital, CRAFT or an ARTS Program.. For CSBH non-relinquishment youth, the parent or legal guardian of the child is responsible for school district notification to Bradley Hospital, CRAFT or an ARTS Program.

II. TERMS DEFINED

"Best Interest Determination" means a decision made by the Department in accordance with the Every Student Succeeds Act (ESSA) regarding whether the child shall stay in their School of Origin or be enrolled in the LEA responsible for public education in the city or town where the foster placement is located. This decision is made following a discussion to which the following are invited to participate: the assigned DCYF staff, the LEA of the School of Origin and the LEA responsible for public education in the city/town where the foster placement is located, the GAL, the Educational Advocate if one is assigned, the parent or legal guardian and the child to the extent that they can be involved. . The decision must take into consideration all factors relating to a child's best interest, including the appropriateness of the current educational setting and the proximity of placement. There is a presumption in law that it is in the child's best interest to remain in their school of origin.

"Immediate enrollment" means the child must be enrolled and admitted to classes and other school-based activities and be receiving all appropriate services, including special education.

"School of Origin" means the school, or an out-of-district educational placement that was made by an LEA, in which the child is enrolled at the time of initial removal from home or at the time of any change in out-of-home placement.

III. PROCEDURE

A. Educational Stability

1. When a child requires out-of-home care or at the time of a change in placement, the Department makes every effort to place the child in their community to improve the likelihood that the child remains in their school of origin.
2. The primary service worker sends the DCYF ESSA Student Contact Information Form (Form # 775) to the DCYF ESSA Mailbox (DCYF.ESSA@dcyf.ri.gov) within two business days of any of the following:

- a. An initial out-of-home placement except when the placement is in one of the following: the Rhode Island Training School, Ocean Tides, Harmony Hill, St. Mary's {Hope, Horton, and Mauran Units only}, the Groden Center, or any out-of-state residential treatment program); Bradley Hospital, CRAFT Program or any Acute Residential Treatment (ARTS) Program
 - b. A change in an out-of-home placement except when the placement is in one of the following: the Rhode Island Training School, Ocean Tides, Harmony Hill, St. Mary's {Hope, Horton, and Mauran Units only}, the Groden Center, or any out-of-state residential treatment program); Bradley Hospital, CRAFT Program or any Acute Residential Treatment (ARTS) Program
 - c. A change in **address** of a foster home or residential program; or
 - d. A discharge from the Rhode Island Training School/Ocean Tides to a foster care setting other than the Harmony Hill, St. Mary's {Hope, Horton, and Mauran Units only}, the Groden Center, or any out-of-state residential treatment program; Bradley Hospital, CRAFT Program or any Acute Residential Treatment (ARTS) Program.
 - e. A discharge from Harmony Hill, St. Mary's {Hope, Horton, and Mauran Units only}, the Groden Center, or any out-of-state residential treatment program; Bradley Hospital, CRAFT Program or any Acute Residential Treatment (ARTS) Program to a foster care setting other than any of these programs or to the Rhode Island Training School or Ocean Tides.
3. The Department does not conduct additional ESSA Best Interest Determinations due to events such as, but not limited to, the end of a school year, a child's inability to manage a commute, a change in after school child care locations and times or a change in the legal status of a case (e.g., termination of parental rights have been granted).
 4. The Department's Education Support staff review the completed form within one business day of receipt. If the form is incomplete or inaccurate, it is sent back to the primary service worker for revisions.

B. Best Interest Determination

1. Within two business days of receipt of the completed form #775, the Education Support staff schedules a best interest determination conference call to be held within 5-10 days of the receipt of the ESSA Student Contact form from the assigned DCYF worker. The education support staff send the invitation to the following parties:
 - a. The LEA responsible for the child's school of origin;
 - b. The LEA in which the new out-of-home placement is located;
 - c. The educational advocate, if applicable and if the assigned DCYF worker has identified the Educational Advocate on the ESSA Student Contact form;
 - d. The CASA Office so they can invite the assigned CASA attorney or the assigned GAL;
 - e. The Office of the Child Advocate (OCA); and
 - f. The primary service worker and supervisor;
 - i. The primary service worker or supervisor invites the child and the child's parent(s) or guardian to participate in the conference call unless there are case management reasons not to do so. If the child or parent(s) cannot participate, the DCYF worker will seek input from them to place on the record.
 - ii. If there is an assigned Educational Advocate who was not identified on the ESSA Student Contact form, it is the responsibility of the DCYF worker or supervisor to ensure that the Educational Advocate is invited to the conference call.

- iii. input from parents, child/youth, foster parent or other caregiver,
- 2. Any of these parties who cannot participate in the conference call may provide their feedback via email and, as long as it is received by the educational support staff through the DCYF ESSA Mailbox (DCYF.ESSA@dcyf.ri.gov) by the end of the business day on which the call was scheduled, the feedback will be included for consideration.
- 3. All parties are reminded during the best interest determination conference call that ESSA, the Fostering Connections Act and national best practices presume that it is in the student's best interest to remain in their school of origin.
 - a. The feedback during the meeting serves to inform the decision as to whether the child remains in their school of origin or should change schools by enrolling in the LEA in which the out-of-home placement is located.
 - b. Any decision to change schools must be effectively supported by the feedback provided during the meeting.
- 4. The educational support staff use the Best Interest Determination tool (Form # 775A) to establish if remaining in the school of origin is in the child's best interests. When determining the appropriate school placement, the following areas are considered:
 - a. The preferences of the child;
 - b. The preferences of the child's parent(s) or educational decision-maker;
 - c. The child's attachment to the school, including meaningful relationships with staff and peers;
 - d. Where siblings of the child in care attend school;
 - e. Influence of the school climate on the child;
 - f. The availability and quality of the services the school provides to meet the child's educational and socioemotional needs;
 - g. History of school transfers and how they have impacted the child;
 - h. How the length of the commute would impact the child, based on the child's developmental stage;
 - i. Whether the child is a student with a disability under the IDEA who is receiving special education and related services or a student with a disability under Section 504 who is receiving special education or related services and, if so, the availability of those services in a school other than the school of origin;
 - j. Whether the child is an English language learner and is receiving language services, and, if so, the availability of those services in a school other than the school of origin, consistent with Title VI and the EEOA;
 - k. The student's ability to earn full academic credit, participate in sports or other extra-curricular activities, and proceed to the next grade and graduation;
 - l. The timing of the transfer, especially if it may potentially undermine academic success (e.g., the end of a semester or school year); and
 - m. Any potential safety issues specific to the child.
- 5. Transportation costs are not considered when determining a child's best interest.
- 6. The Department will finalize the best interest determination based on the input from the conference call and any feedback from invited participants that is received by the end of the business day on which the call is held. If the decision is that the child is to remain in the school of origin, the LEA must permit the child to remain enrolled and must ensure transportation is provided for the child in accordance with the Joint Transportation Guidance published by RIDE and DCYF
- 7. If the following the ESSA Conference Call the Educational Support Staff makes a best interest decision made by the Educational Support staff is to have the child move schools, the decision is first sent to the Administrator responsible for the

child's case (Regional Chief of Practice Standards, Juvenile Probation Assistant Director) for review and consideration.

- a. If the Administrator provides a substantive reason for disagreement with the Best Interest Decision based on safety factors or other information that was not provided on the call, the Administrator will inform the Administrator for Education and Constituent Support Services (Education Administrator).
 - i. The Education Administrator will review this feedback and determine if the original best interest decision should stand or be reversed.
 - b. Within two business days of the Best Interest Conference Call, the Education Support staff emails a finalized ESSA Best Interest Determination to the parties invited to the best interest determination Conference Call by the Educational support staff. The DCYF worker or supervisor are responsible for sharing the Best Interest Determination with parties they invited to the Conference call or other parties involved in the case who the DCYF worker or supervisor determine should receive the information.
8. If it is determined that remaining in the school of origin is not in the child's best interests, the primary service worker follows procedures outlined in Section C. below.

Educational stability is documented in the Service Plan in accordance with [DOP: 700.0050, Comprehensive Assessment and Service Planning](#).

C. School Transfer

1. If a determination is made that it is in the child's best interest to change schools, ESSA requires the LEA responsible for public education in the city or town in which the foster placement is located to immediately enroll the child. If the best interest determination is for the child to move from their school of origin and be enrolled in the LEA where the foster placement is located, the primary service worker is required to provide the foster placement with an updated DCYF Intra-State Identification Card (Form #132A) and an up-to-date immunization record and either directly enroll or have the foster placement enroll the student in the new LEA.
 - a. Should the LEA refuse enrollment, the DCYF worker will inform the Educational Services Coordinator who will contact the ESSA/Foster Care Liaison for the LEA to address the issue and involve legal resources if necessary.
2. While it is the responsibility of the LEA of the school of origin and the new LEA to exchange the student's educational records as quickly as possible, it is the responsibility of the DCYF primary service worker and supervisor that the child's records were transferred to the new LEA and that the child is immediately enrolled in the new LEA.
3. The primary worker will document and update the Educational Fields in RICHIST and in a Case Activity Note.

D. Transfer of School Records

1. RIGL 16-64-7 provides that Department employees can direct the transfer of student records when the right to control a child's education is vested with the Department (refer to [DOP: 700.0065, Guardianship for Education](#)).
 2. If an educational advocate has been appointed, both the Department and the educational advocate are authorized to direct the transfer of records (refer to [DOP: 700.0000, Educational Advocate Referral](#)).
1. School Transfer Follow-Up
- a. The primary service worker contacts the receiving school within 21 business days from the date of enrollment to review the child's transition into the new school system. This contact is documented in a Case Activity Note.

E. Transportation

1. At the time of placement of the child in foster care or the change in foster care placement, the primary service worker is responsible for ensuring that the child is transported to and from the school of origin until such time that the responsible LEA implements transportation either directly or through the Statewide Transportation system. The primary service worker may request this be done by a CST, a foster parent or group home provider, or they may provide themselves with the approval of their supervisor.
2. By sending the ESSA Student Contact form (Form #775) by the Education Support staff to the LEA responsible for the school of origin, DCYF is reminding this LEA of their responsibility, either directly or through the Statewide Student Transportation system, to arrange and implement the child's school transportation at least until such time that a Best Interest Determination is made and following the Best Interest Determination if that determination is for the child to remain in their school of origin. It is expected that the responsible LEA will have this in place within 5 business days of being notified by DCYF.
3. The next business day following the initial notice of the Best Interest Determination Conference Call, the Education Support staff sends a reminder email to the LEA Foster Care Point of Contact, also requesting the bussing information (pick up/drop off times and bus numbers).
 - a. Should the LEA not respond within the timeframe, or respond that they will not set up transportation, staff completes the online student transportation request form for RIDE's Statewide Transportation System. RIDE is expected to process this request and have bussing operational for the child/youth using Statewide Bussing Services within three business days.
4. If the student is attending a school of origin in the same city or town in which they are placed, the Department cannot request Statewide Bussing Services, unless the responsible LEA is not the LEA responsible for education in that city/town.
 - a. The student is expected to use the same bussing system used by other students in that LEA use in accordance with the LEAs bussing policy. Students on IEPs or 504 plans where bussing is required as a part of their plan have their bussing arranged by the LEA.
5. The primary service worker notifies the Education Support Staff via an DCYF ESSA email when transportation is arranged by the LEA.
6. The primary service worker is responsible for notifying the Education Support staff via email if Department staff or a foster parent/program continue to provide the student's transportation. The Education Support staff is responsible for addressing this issue with RIDE and the LEA.
7. The Department reimburses foster parent and/or residential care providers for transporting the child to and from the school of origin when the LEA or RIDE have not provided such transportation.

F. The primary service worker or supervisor must email the DCYF ESSA mailbox within two business days of the following situations:

1. The child is reunified;
2. The child is placed in guardianship;
3. The child is adopted;
4. The child has otherwise achieved permanency (e.g. APPLA);
5. The child is AWOL for more than two days;
6. The youth is detained at RITS for more than two days.
7. The youth is placed at Ocean Tides – Narragansett Campus; or
8. The child has been hospitalized or placed in an ARTS program;
9. The child has been placed in a residential treatment program that includes the delivery of educational services (Harmony Hill, Groden Center, St. Mary's {Hope, Horton or Mauran Units} or any out of state placement).

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

**RHODE ISLAND DEPARTMENT OF ELEMENTARY AND SECONDARY
EDUCATION**

and

RHODE ISLAND DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES



**ENSURING EDUCATIONAL STABILITY FOR CHILDREN IN
FOSTER CARE**

JOINT NON-REGULATORY GUIDANCE DOCUMENT

2019

INTRODUCTION

In December 2015, Congress passed the Every Student Succeeds Act (ESSA), instituting new protections for children in foster care¹ related to ensuring their educational stability and their equal access to the same free and appropriate public education through high school graduation as provided to other children and youth. These provisions took effect on December 10, 2016. These protections align with the educational stability protections found in the Fostering Connections Act of 2008 and require SEAs (State Education Agencies- in Rhode Island the Rhode Island Department of Elementary and Secondary Education, "RIDE")² and LEAs (local education agencies) to share the responsibility with child welfare agencies (in Rhode Island, the Department of Children, Youth and Families, "DCYF") to ensure the educational stability of children in foster care in the state of Rhode Island

RIDE and DCYF have jointly prepared this guidance document to clarify the specific responsibilities and obligations under ESSA's school stability provisions and to provide clear and unambiguous guidance to staff of DCYF, RIDE, Rhode Island's LEA's, foster care providers and other interested parties on selected provisions of the law and its implementation in Rhode Island.

Students in foster care must have the same opportunity to achieve at high academic levels as their peers. Educational disruption must be limited by allowing children who move in foster care (when entering foster care or changing foster care placement) to remain in their school of origin, unless it is determined that it is not in the child's best interest to remain there and that it is in their best interest to change schools. ESSA's educational stability provisions also provide that when a child is not to remain in his or her school of origin, the child is, enrolled in the new school without delay.

¹ Pursuant to 45 § 1355.20 Foster Care is defined as when a child is in the care and custody of DCYF and is placed by DCYF in any out of home setting with the exception of a psychiatric hospitalization or hospital step-down program, the Rhode Island Training School, or Ocean Tides. This includes foster homes, kinship foster homes, congregate care facilities and residential treatment programs.

² As a matter of state law, the Rhode Island Department of Elementary and Secondary Education (RIDE) is the State Education Agency (SEA) for Rhode Island.

SCHOOL OF ORIGIN³

The school of origin is the school in which a student is enrolled at the time of his or her initial placement in foster care or, if a child's foster care placement changes, the school in which the student is enrolled at the time of the placement change. RIDE and the LEA in which a student's school of origin is located must ensure that a student in foster care remains in his or her school of origin unless a determination is made by DCYF that it is not in the student's best interest to remain there. At the time of initial placement into foster care or at the time a change in foster care placement is made, the primary DCYF worker will immediately notify the DCYF Educational Services Coordinator (the "ES Coordinator"). The DCYF ES Coordinator will then provide notice to the involved LEAs that a Best Interest Determination telephone conference call is being scheduled with the interested parties identified in the following section of this document titled "Best Interest Determination", Paragraph 2, and provide the date, time and conference line information to those parties.

Notwithstanding the above, DCYF may move a student from his or her school of origin pending the Best Interest Determination for the student, if there is an immediate and substantial safety concern presented by the student remaining in the school of origin. In the event such a determination is made by DCYF, the DCYF ES Coordinator will notify the LEA responsible for the presumptive school of origin and the LEA responsible for the city/town in which the foster care placement is located of this decision. The LEA responsible for the city/town in which the foster care placement is located will then immediately enroll the child in that LEA and make appropriate educational placement pending the completion of the Best Interest Determination.

To date, RI statutes and the decisions of the Rhode Island Commissioner of Education have provided the following guidance on the identification of a school of origin:

- The school of origin for a child being discharged from the Thomas C. Slater Training School or Ocean Tides (both juvenile justice facilities to which placement is made by the Family Court) will be the last school in which the child was enrolled prior to placement in the aforementioned facilities⁴; and
- The school of origin for a child who has been placed in an out-of-district educational placement pursuant to an Individualized Education Program ("IEP") developed by an LEA will be the out of district educational placement. The LEA which placed the child in the out-of-district placement is the LEA of the school of

³ The LEA that is educational responsible (administratively and financially) for the child in his or her school of origin remains responsible at the time of placement in foster or at the point in time of a change in foster care placement unless there is a determination that it is not in the student's best interest to remain in his or her school of origin.

⁴ See the Commissioner's decision in DCYF v. Newport (In re: P. Doe), RIDE # 08-099A.

origin for purposes of the Best Interest Determination and the responsibility to maintain the child in the school of origin, if this is determined to be in his or her best interest.⁵

BEST INTEREST DETERMINATION

Under ESSA, there is a legal presumption that it is in the foster child's best interest to remain in his or her school of origin. When making the Best Interest Determination for a child in foster care, DCYF determines whether this presumption has been rebutted - that is, whether or not consideration of all of the relevant factors would indicate that remaining in the school of origin is not in the best interest of the foster child.

In accordance with the transportation provisions of ESSA, the school/LEA of origin is responsible for providing transportation for the student to be able to remain in their school of origin during the Best Interest Determination process and, if it is supported that remaining in the school of origin is in the best interest, after that determination is made.

If it is determined not to be in the child's best interest to remain in his or her school of origin, the child must immediately be enrolled in the LEA for the city or town where the child is placed in foster care.

Conference Call:

DCYF will conduct the Best Interest Determination process through a telephone conference call which is structured as described below.

1. DCYF (Office of Youth Development, Education, and Constituent Support Services - YDECS) will schedule a conference call to consider best interest determination within ten (10) business days of the receipt of the fully completed ESSA Student Contact form by the DCYF YDECS staff notifying them of the child's initial foster care placement or change in foster care placement. DCYF will provide all the parties designated in paragraph 3 below with written notification of the conference call at least five (5) business days prior to the call.
2. DCYF will make every effort to schedule the ESSA best interest determination conference call prior to the discharge of any child placed in a residential treatment program that includes the delivery of educational services provided the child's new DCYF placement is in a foster care setting.

⁵ See Commissioner's decision in DCYF v. Pawtucket (In re: N. Doe), RIDE # 18-039P.

3. The DCYF (Office of Youth Development, Education, and Constituent Support Services - YDECS) will send notification of the conference call to the following parties:
 - a. Foster care point of contact for LEA responsible for the student in the school of origin;
 - b. Foster care point of contact for the LEA of the community in which the foster care placement is located;
 - c. The Superintendent of the school districts listed in paragraph's (a) and (b) above;
 - d. The primary DCYF worker and supervisor;
 - e. The student's Educational Advocate - if one has been identified; and
 - f. The CASA office – if the CASA office is appointed to the child's case pending in Family Court;

The interested parties will be notified of the time and date of the conference call and offered the opportunity to participate on the call or to provide **written** input into the best interest determination. Written input should be sent to DCYF in accordance with the instructions contained in the conference call notification. Any input provided outside of the conference call must be submitted by the end of the day on which the conference call took place. Such input is to be provided in accordance with the instructions contained in the email by DCYF for the scheduling of the Conference call.

Receipt of input by an interested party outside of the Best Interest Determination conference call will be documented in the Best Interest Determination.

The LEA's involved should determine the most appropriate person to represent the LEA on the conference call, based on the person's knowledge and experience with the student. The LEA's ESSA Point of Contact does not necessarily have to represent the LEA on the conference call. If the student has an IEP or Section 504 Plan, a person or persons knowledgeable about the student's needs and services should participate in the conference call. If the student is receiving EL services, relevant school staff members should participate in the call.

In the event that a DCYF primary worker cannot make the call, then the DCYF primary worker's supervisor will join the call. In the event that the supervisor also cannot make the call, DCYF primary worker or supervisor will provide written input and the conference call will still proceed as planned and be facilitated by the DCYF ESSA Foster Care designee.

In the event that a call must be rescheduled for any reason, DCYF will reschedule the call no less than five (5) business days thereafter,

The primary DCYF worker will invite and/or solicit input from the parent(s); child/youth, foster parent(s) or other caregiver, unless the primary DCYF worker determines it is not appropriate due to the age of the child and capacity and/or fitness of the parent(s).

4. DCYF will make a written Best Interest Determination within three (3) business days of the conference call. The written decision will be sent to the parties listed above in Paragraph 3 above via email. Under ESSA, students should continue to attend their schools of origin while best interest determinations are being made, unless DCYF removes them because of immediate and substantial safety concerns. In the event that DCYF and the LEAs cannot agree about the school of origin or whether it is in the student's best interest to attend the school of origin, the dispute may be resolved by the Commissioner pursuant to R.I. Gen. Laws § 16-39-1. Pending the resolution of disputes with respect to best interest determinations, children are to attend school in the LEA as determined by DCYF.

In making a Best Interest Determination, DCYF, in consultation with other interested parties, must consider a variety of student-centered factors. If applicable, the factors to be considered may include:

- **Safety considerations based on the child's welfare;**
- **Preferences of the child;**
- **Whether or not siblings attend the same school;**
- **The child's permanency goal and expected date of achieving permanency;**
- **Preferences of the child's parent(s) or educational decision maker;**
- **Whether or not the foster care placement is expected to be less than 90 days;**
- **The child's attachment to the school, including meaningful relationships with staff and peers;**
- **Whether transferring schools will positively impact the child emotionally, socially or academically.**
- **How the length of the commute would impact the child, based on the child's developmental stage;**
- **History of school transfers and how they have impacted the child;**
- **How long the child has attended the school of origin, the child's attachment to the school of origin and the child's involvement in school-related or extra-curricular activities;**
- **The availability and quality of the services in the school to meet the child's educational and socioemotional needs;**
- **To the extent that information is available, whether the new school is able to meet the student's academic needs, including the student's need for special instruction or special education and related services.**

- **Whether the child is an EL and is receiving language services, and, if so, the availability of those services in a school other than the school of origin, consistent with Title VI and the EEOA.**
- **Whether changing schools would negatively impact the child’s ability to graduate on time; and**
- **Whether the timing of a school transfer would undermine educational success.**

The primary DCYF worker must document the Best Interest Determination in the child’s service plan.

The LEA responsible for the school of origin must not disenroll the student unless and until it is determined by DCYF that it is not in the student’s Best Interest Determination to remain in the school of origin. The LEA must permit the student to remain enrolled and must ensure that the student is provided school transportation from the date the LEA is notified of the foster care placement and at least until the finalization of the Best Interest Determination. Should the Best Interest Determination result in the student remaining in the school of origin, the responsible LEA will continue to ensure that school transportation is provided. In the event the Best Interest Determination designates a change of school, the LEA responsible for the school of origin is no longer required to provide transportation upon enrollment in the new school.

TRANSPORTATION

Transportation costs must **NOT** be considered when determining a child’s best interest process. **In accordance with the transportation provisions of ESSA, the school/LEA of origin is responsible for providing transportation for the student to be able to remain in their school of origin during the best interest determination process and, if it is supported that remaining in the school of origin is in the best interest, after that determination is made.**⁶ Should the Best Interest Determination result in the child remaining in the school of origin, the responsible LEA will continue to ensure school transportation to and from the school of origin. In arranging the Best Interest Determination conference call, DCYF will include location and contact information for the child’s foster care placement.

If the responsible LEA does not initiate the necessary school transportation on its own or submit a request for transportation to RIDE within two (2) business days of receiving the DCYF notification of a change in foster care placement, DCYF will initiate a request to RIDE’s statewide transportation system and indicate the LEA responsible for the foster student’s transportation costs. In such cases, DCYF will request that the LEA be directed by RIDE to provide DCYF with the transportation routing information for the foster child.

⁶ See the Commissioner’s decision in DCYF v. Pawtucket (In re: B. Doe), RIDE #18-039P

SCHOOL ENROLLMENT

When a student changes schools because attending the school of origin is determined not to be in his or her best interest, the new LEA must immediately enroll the student in the most appropriate school/educational program regardless of whether the student can produce the documentation normally required for school enrollment. The DCYF primary service worker or the foster care provider will initiate steps to immediately enroll the child in the new LEA. Therefore, as is the case with children experiencing homelessness, immediate enrollment cannot be delayed or denied because the student cannot provide documents such as proof of age, residency, or immunization records required to enroll other students. "Immediate enrollment" means the student must be enrolled and admitted to classes and other school-based activities and be receiving all appropriate services including special education.

DISPUTE RESOLUTION PROCESS

When DCYF and the LEAs cannot agree about which school is a student's "school of origin" and/or whether it is in the child's best interest to remain in the school of origin or to enroll and attend locally, and DCYF makes a final decision that the LEA cannot accept, the dispute may be resolved by the Commissioner pursuant to R.I. Gen. Laws 16-39-1. Consistent with the US DOE Guidance that the child welfare agency (here, DCYF) should be considered the final decision maker in making the best interest determination (unless state law or policy dictates otherwise), the scope of the commissioner's review of challenges to the best interest determination was clearly erroneous and/or whether DCYF failed to comply with applicable procedure⁷. Pending final resolution of the dispute, LEAs must comply with DCYF's determinations with respect to enrollment and transportation.⁸

APPLICABLE DEPARTMENT POLICY, FORMS AND INTER-AGENCY GUIDANCE

- DCYF Policy 700.0150, Educational Stability
- DCYF ESSA Student Contact Form
- DCYF Best Interest Determination Form

⁷ DCYF v. North Smithfield School Department, RIDE No. 17-21 and DCYF v. Pawtucket School Department, RIDE No. 17-22, referred to as the "Consolidated Decision" in subsequent decisions of the Commissioner related to ESSA/school stability issues at page 13.

⁸ See the "Consolidated Decision" supra at pages 12-13.

Educational Stability

- RIDE Guidance Document, Recommended LEA Procedure for School of Origin Transportation for Students in Foster Care

Guidance for School of Origin Transportation for Students in Foster Care
Point of initial placement or change of placement in foster care

April 2019

The federal *Every Student Succeeds Act of 2015* (ESSA) 20 USC 6301 introduced a number of new provisions designed to ensure the educational stability of students in foster care. One of the provisions is intended to ensure that students in foster care remain in their school of origin unless it is determined to be in their best interest to change schools. RIDE has worked with DCYF to ensure that this requirement is met through cross-agency collaboration. A Memorandum of Agreement between the Rhode Island Department of Children, Youth, and Families (DCYF) and the Rhode Island Department of Education (RIDE) was developed to specify the ESSA implementation responsibilities of both agencies. One of the joint responsibilities identified in the Memorandum of Agreement is the development of a transportation protocol.

ESSA reinforces the expectation of the *Fostering Connections Act* (2008) that children who are in foster care will be maintained in their school of origin unless it is determined by the Best Interest Determination to change schools. Rhode Island local education agencies (LEAs) have been providing this option for students in foster care since 2008. ESSA further solidifies this requirement. One of the additional requirements under ESSA is that LEAs must develop and implement clear written procedures governing how transportation will be provided, arranged and funded to maintain children in foster care in their school of origin when it is in their best interest to do so. RIDE and DCYF have determined that uniformity in the procedures utilized across the state will ensure that transportation to students maintained in their school of origin is provided quickly and efficiently.

This guidance describes a process for LEAs to utilize for the purpose of making transportation arrangements for children in foster care. This guidance also sets forth the nature of the collaboration expected between LEAs and DCYF in planning, providing for and funding transportation for children in foster care.

The following process should be utilized by all parties (RIDE, DCYF, LEAs) so that all students in foster care are provided with seamless transportation between their foster care placement and education placement, including when they are maintained in their school of origin in an LEA that is different from the LEA in

which their foster care placement has been made. There are two points in time at which transportation arrangements need to be identified.

The first is when the child is removed from the home (or when the child's foster care placement changes). Upon receipt of the ESSA Student Contact Form from DCYF, the LEA responsible for the school of origin will immediately arrange transportation for this student to and from the school of origin and promptly notify DCYF of the transportation plan by sending a secure email back to DCYF.ESSA@dcyf.ri.gov. The school of origin is responsible for providing transportation for the student to be able to remain in their school of origin pending the best interest determination process. In accordance with the transportation provisions of ESSA, the LEA will continue to provide transportation for the child if it is determined that remaining in the school of origin is in the best interest of the child

The second is at the time of the *Best Interest Determination*. Should the Best Interest Determination result in the child remaining in the school of origin, the responsible LEA will continue to ensure school transportation to and from the school of origin. Transportation arrangements should be revisited after the Best Interest Determination and confirmed based on the outcome of the determination and whether more cost-effective transportation services have been identified by the LEA.

If the responsible LEA does not initiate the necessary school transportation on its own or submit a request for transportation to RIDE within two (2) business days of receiving the DCYF notification of a change in foster care placement, DCYF will initiate a request to RIDE's statewide transportation system and indicate the LEA responsible for the foster student's transportation costs. In such cases, DCYF will request that the LEA be directed by RIDE to provide DCYF with the transportation routing information for the foster child.

The guidance is designed so that:

- ❖ Children in foster care who need transportation to their education placements will receive transportation in a timely and cost-effective manner;
- ❖ Transportation will not be delayed due to disagreements about transportation arrangements or financial responsibility;

- ❖ Transportation costs will vary by whether the student requires:
 - In LEA transportation;
 - Statewide “in region” transportation; or
 - Statewide or other alternative “out of region” transportation.
- ❖ The LEA/school of origin is responsible for transportation costs (per current state law) when a student is maintained in his or her school of origin.
- ❖ Temporary transportation arrangements will be made by DCYF for students between the time of initial placement into foster care (or time of a change in foster care placement) and the time when transportation services are provided. Any short-term delay in providing transportation should not extend beyond 5 school days from the time of notification by DCYF’s Point of Contact to the LEA Point(s) of Contact.

Transportation Responsibilities

The DCYF Point of Contact shall:

- ❖ Contact the student’s LEA of origin to:
 - Update home address
 - Confirm education placement
 - Discuss and finalize temporary transportation arrangements and provide such transportation.
- ❖ Ensure that clear next steps for the student’s transportation are determined and set forth at the time of the best interest determination and that they are immediately communicated to the responsible LEA and, when applicable, RIDE’s Transportation Office.
- ❖ Ensure that appropriate transportation is being provided to the student
- ❖ DCYF will request an updated foster care point of contact for each LEA on an annual basis.

The LEA Point(s) of Contact shall:

- ❖ Ensure that appropriate school and LEA staff are notified of changes in the foster care placement of students in foster care.
- ❖ Contact the student’s foster care placement to provide updated transportation information.
- ❖ Update information systems to reflect a change in home address and school change if relevant.

- ❖ Determine whether the student has any specialized transportation needs. Immediately coordinate local transportation if the student does not require statewide transportation and consider if local transportation may be used for partial services, (e.g. transporting student from school to after-school care arrangements within the LEA).
- ❖ Immediately enroll the student in the eRIDE transportation portal if the student requires statewide transportation.
- ❖ Ensure that clear next steps for the student's transportation are determined and set forth at the time of the Best Interest Determination and that they are immediately communicated to the responsible LEA and, when applicable, RIDE's Transportation Office, when applicable.
- ❖ Ensure that appropriate transportation is being provided to the student.

Superintendents/Heads of Charter Schools shall:

- ❖ Identify the Point of Contact for the LEA and provide his/her contact information to DCYF.
- ❖ Notify DCYF of any changes in the name/contact information of the Point of Contact.
- ❖ Develop a communication plan that ensures that all appropriate staff are informed when a student is placed into foster care or when a student in foster care is newly-enrolled in the district/school.
- ❖ Ensure that appropriate transportation is being provided to the student.

Decision-making Guidance*

(*use at initial notification and immediately after Best Interest Determination)

Profile	Is foster placement within home community?	Is education placement in district of origin?	Is school placement in school of origin?	Transportation	Communication Needs In all instances DCYF notifies the LEA Point of Contact (POC) about a foster placement
1	Yes	Yes	Yes	Local Transportation	DCYF Education Support staff sends ESSA Student Contact form with updated information LEA POC updates home address with local transportation
2	No	Yes	Yes	Statewide Transportation unless LEA provides otherwise	LEA POC enrolls student in eRIDE transportation portal unless LEA provides otherwise
3	No	No	No	A)Statewide Transportation if foster placement is <u>not</u> in same community as education placement unless LEA provides otherwise B)Local Transportation if foster placement is in the same community as education placement	A) LEA POC enrolls student in eRIDE transportation portal, unless other arrangements are made B) LEA POC communicates with the education placement to coordinate transportation.
4	Yes	Yes Student attended outplacement school at time of placement in foster care	Yes	Statewide Transportation unless LEA provides otherwise	LEA POC is responsible for alerting Statewide Transportation of new home address
5	No	Yes Student attended outplacement school at time of placement into foster care	Yes	Statewide Transportation unless LEA provides otherwise	LEA POC is responsible for alerting Statewide Transportation about new home address

Notes:

- ❖ Children in foster care who ride statewide transportation may attend a before or after school program. Statewide transportation will transport students to a before or after school program that is located in either the community where the foster placement is located or a program within the LEA only.
- ❖ Transportation arrangements must be reviewed and verified after the *best interest determination*
- ❖ Disputes with respect to the provision of transportation to a student in foster care shall be resolved by the Commissioner, under R.I. Gen. Laws 16-39-1.

ESSA STUDENT CONTACT INFORMATION (To be completed by DCYF Worker or Supervisor- all fields must be completed)

Please check if this is a new ESSA request or only for an update in transportation information:

- New ESSA Request Transportation Information Update to be completed only if there is a change in information contained in Section 3.
-

SECTION 1: ESSA STUDENT CONFERENCE CALL INFORMATION (To be completed by Educational Coordinator or designee)

Date Fully Completed Form Received by DCYF Education Staff: Click or tap to enter a date.

Date of Call: Click or tap to enter a date. Time of Call:

Call-in Number: 866-737-1709 Conference Code: **32045264**

In accordance with the transportation provisions of ESSA, the school/LEA of origin is responsible for providing transportation for the student to be able to remain in their school of origin during the best interest determination process and, if it is supported that remaining in the school of origin is in the best interest, after that determination is made. We request that upon receipt of this email, the LEA immediately put in place transportation for this student to and from the school of origin and that DCYF of this transportation plan by sending a secure email back to DCYF.ESSA@dcyf.ri.gov. ESSA Intra-State Education Identification card – these requirements are mandated by the provisions of the Rhode Island General Law 42-72.4-1.

If an invited party cannot participate on the Best Interest Determination Conference Call, they may provide their comments and input concerning the “best interest determination factors” by emailing the information to DCYF.ESSA@dcyf.ri.gov. All written comments must be received no later than the close of business on the day of the scheduled conference call for a student.

SECTIONS 2, 3 AND 4 MUST BE COMPLETED ACCURATELY AND IN FULL. If this is incomplete, the LEA, RIDE and/or DCYF cannot arrange transportation in a timely manner. Any forms not completed accurately and in full shall be returned to the DCYF Worker and Supervisor for completion and will delay the scheduling of the ESSA call.

SECTION 2: FOSTER CARE PLACEMENT, SCHOOL OF ORIGIN AND DCYF WORKER INFORMATION

1. Date of New Foster Care Placement: Click or tap to enter a date.
2. Date Sent to DCYF ESSA Staff: Click or tap to enter a date.
3. Child’s Name: DOB: Click or tap to enter a date. Gender: Click or tap here to enter text.
4. RICHIST Case ID#
5. Caretaker(s) Name(s) for New Foster Care Placement:
 - a. Is this a Kinship Foster Care Placement: **Choose an item.**
 - b. New Foster Care Placement Address (full address): **Click or tap here to enter text.**
 - c. Zip Code for New Foster Placement Address (**must be included**): **Click or tap here to enter text.**
 - d. New Foster Care Placement Telephone: **Click or tap here to enter text.**
6. Name of Child’s Current School (School of Origin): **Click or tap here to enter text.** [Reminder: The school of origin is the school the youth is attending at the time of an initial foster care placement or a change in foster care placement. If that is a residential program like Harmony Hill, that program is the school of origin]
 - a. City/Town where School of Origin is Located: **Click or tap here to enter text.**
 - b. Child’s Current LEA: **Click or tap here to enter text.** [Reminder: If the School of origin is a residential program like Harmony Hill, the LEA is the LEA that was responsible for the youth while in that program. If the School of Origin is a Charter School, the Charter is to be identified as the LEA]
7. Is the youth exiting from the Training School, Ocean Tides, Harmony Hill, Groden Center or an out of state residential program: **Choose an item.**

- a. If yes to Item 6, what was the last school attended before this residential placement? **Click or tap here to enter text.**
 - b. If yes to Item 6, which LEA was responsible for the youth in that last school attended before residential placement? **Click or tap here to enter text.**
 8. Is the youth exiting a hospital setting or hospital like setting – Bradley Hospital, any ARTS Program, CRAFT? **Choose an item.**
 9. Is an Educational Advocate assigned: **Choose an item.** If yes, enter name of Advocate: **Click or tap here to enter text.**
 10. DCYF Worker Sending this Form: **Click or tap here to enter text.** Telephone: **Click or tap here to enter text.**
 - a. Are you a Child Protective Investigator? **Choose an item.**
 11. DCYF Supervisor of DCYF Worker sending this form: **Click or tap here to enter text.** Telephone: **Click or tap here to enter text.**
-

Please complete Section 3 on the next page

SECTION 3: ESSA STUDENT TRANSPORTATION INFORMATION

(Please note the following: If a student is attending a school in the same city/town where their foster placement is located, the student will use that LEA’s normal school transportation system based on their LEA policies. Every effort will be made to put transportation in place within 2-3 school days)

The emergency contacts are the adults who will be called if there is an urgent or emergency transportation issue – e.g., bus breaks down and will be late, child gets on wrong bus. This is normally not the parents.)

1. Transportation Start Date: Click or tap to enter a date.
2. Emergency Contact 1: [Click or tap here to enter text.](#)
 - a. Relationship to Student: [Click or tap here to enter text.](#)
 - b. Phone: [Click or tap here to enter text.](#)
3. Emergency Contact 2: [Click or tap here to enter text.](#)
 - a. Relationship to Student: [Click or tap here to enter text.](#)
 - b. Phone: [Click or tap here to enter text.](#)

Alternate Morning Pickup and Afternoon Drop off Locations (If the student will be picked up and/or dropped off at the foster placement location, simply answer “Yes” to the first question in the Morning Pickup and Afternoon Dropoff subsections. Note that any alternate locations must be for five days per week – no exceptions.)

Morning Pickup

1. Will the student be picked up at the foster home or residential program in the morning? Choose an item. *If the answer is YES, you can skip to the Afternoon Dropoff subsection.*
2. If no, what type of place will the student be picked up in the morning (childcare program, other – specific)? [Click or tap here to enter text.](#)
3. Provide the complete agency name, a contact name and address, including zip code, and telephone number of the alternate pickup location:
 - a. Agency Name: [Click or tap here to enter text.](#)
 - b. Contact Name: [Click or tap here to enter text.](#)
 - c. Address/Zip: [Click or tap here to enter text.](#) Phone: [Click or tap here to enter text.](#)

Afternoon Dropoff

1. Will the student be dropped off at the foster home or residential program after school? Choose an item. *If the answer is YES, you can skip to the School Information subsection.*
2. If no, what type of place will the student be dropped off at in the afternoon (childcare program, other – specific)? [Click or tap here to enter text.](#)
3. Provide the complete agency name, a contact name and address, including zip code, and telephone number of the alternate drop off location:
 - a. Agency Name: [Click or tap here to enter text.](#)
 - b. Contact Name: [Click or tap here to enter text.](#)
 - c. Address/Zip: [Click or tap here to enter text.](#) Phone: [Click or tap here to enter text.](#)

Please complete Sections 4 and 5 on the next page

SECTION 4: School of Origin Detail and Special Education/Section 504 Information

School Information



- School: [Click or tap here to enter text.](#) Grade: [Click or tap here to enter text.](#)
- School Start Time: [Click or tap here to enter text.](#) School End Time: [Click or tap here to enter text.](#)
- If there are any days in the week where the school regularly has a different start and/or end time, please indicate the day and the different time here: [Click or tap here to enter text.](#)
- Enrollment Status: Full time AM ONLY PM ONLY
- Attendance Days: Monday thru Friday or Monday Tuesday Wednesday Thursday Friday

Special Education/Section 504 Information

- Is the student receiving services based on an IEP? Choose an item.
- Is the student receiving services based on Section 504 Plan? Choose an item.
- If the student is receiving services based on an IEP and/or Section 504, are there any special transportation accommodations identified in the IEP and/or 504 Plan (*please check all that apply*)?
- No Special Accommodations Oxygen CTC – Curb to Curb WC- Wheelchair CS- Car Seat 1:1 Aide Harness (specify size in the comments section below - small, medium, large or x-large) Nurse Seatbelt Life threatening allergies (explain in comment section below) Air Conditioning Required Other (explain in comment section below) :
- Special Education/Section 504 Special Comments (Any explanations needed for the IEP/504 special accommodations that you may have checked above must be noted here – for example, harness size if a harness is needed): [Click or tap here to enter text.](#)

SECTION 5 (Optional): Please note any other information that you think is important for us to have in scheduling this Best Interest Meeting: [Click or tap here to enter text.](#)

Rhode Island Department of Children, Youth and Families Department Operating Procedure

	DOP Number: 700.0195	Effective Date: January 4, 2021	Page 1 of 2
	Version #: 1	Revision History:	Director:  Kevin Aucoin
Section: Case Management		Title: Notification to School Districts when a Child is Admitted to Bradley Hospital	
Legal Authority: <ul style="list-style-type: none"> • Rhode Island General Law §16-64-5 • Rhode Island General Law §16-64-7 • Rhode Island General Law §16-64-8 • Rhode Island General Law §42-72-15 • Rhode Island General Law §42-72.4-1 • Every Student Succeeds Act; Public Law 114-95 • Child and Family Services and Improvement Act; Public Law 112-34 • Fostering Connections to Success Act; Public Law 110-351 • IDEA 34 C.F.R. §300.115 • 200-RICR-20-10-1 			
Related DOPs: <ul style="list-style-type: none"> • Educational Advocate Referral; DOP: 700.0000 • Comprehensive Assessment and Service Planning; DOP: 700.0050 • Guardianship for Education; DOP: 700.0065 • Educational Stability; DOP: 700.0075 			
Related Forms: <ul style="list-style-type: none"> • N/A 			

I. PURPOSE

All children admitted to Bradley Hospital and in the care of the Department of Children, Youth and Families (hereinafter, the Department), and all Community Services and Behavioral Health (CSBH) non-relinquishment status youth, receive education programming as required by IDEA 34 C.F.R. §300.115 and 200-RICR-20-10-1.

The Department is responsible for school district notification upon the admission of a child in care to Bradley Hospital. For children receiving assistance through the CSBH unit, the child's legal guardian is responsible for notifying the child's school and school district that the child has been admitted to the hospital.

II. TERMS DEFINED

N/A

III. PROCEDURE

- A. Notification to School Districts when a Child is Admitted to Bradley Hospital
1. Whenever a child is admitted to Bradley Hospital (inclusive of the CRAFT Program) or an ARTS program, the designated primary service worker (FSU, CSBH, Juvenile Probation) must verify that the school and school district information is accurate in the education window of RICHIST and that the living arrangement is updated to reflect the Bradley admission.
 2. For children in the care of the Department, the primary service worker immediately notifies the child's school, the school district, and the Education Advocate (if one has been appointed) that the child has been admitted to the hospital and documents that notification in a case activity note.
 - a. For clarification by way of example:
 - i. If the child attends Classical High School, Classical High School must be notified, and the Providence School Department must also be notified.
 - ii. If the child is attending Harmony Hill School, Harmony Hill School is notified, and the school district (LEA) designated as the LEA of residence for the child must be notified.
 3. For children receiving assistance through the Community Services and Behavioral Health (CSBH) unit, the primary service worker advises the child's legal guardian of the need to notify the child's school and school district that the child has been admitted to the hospital, and documents that notification to the parent in a case activity note.
 4. The dates of each notification and the entity notified must be documented in the RICHIST case activity notes.
 5. Seven calendar days after the date of the child's admission to Bradley Hospital, the primary service worker contacts the School District to ascertain what specific education services have been made available to the child.
 6. The primary service worker must confirm and document each week (every seven calendar days) that the child is or is not receiving education services and send an email notification regarding the status of education services by Wednesday of each week to the supervisor, administrator, and the CSBH administrator.
 - a. This information is included in the CSBH weekly report of children hospitalized at Bradley Hospital, which is provided to the Child Advocate.
 7. The date of each follow up contact and all information received from the school district each week must be documented in the RICHIST case activity notes.
 8. If, after two (2) weeks from the date of admission, the school district is not providing education services to a hospitalized youth and there is no documented clinical explanation provided for the lack of education services, the primary service worker must refer this matter to:
 - a. DCYF Executive Legal Counsel; and
 - b. Education Services Administrator
 9. The Education Services Administrator immediately contacts the child's school department and attempts to resolve the issue.
 - a. If unsuccessful, DCYF legal counsel contacts the child's local school department attorney and attempts to immediately resolve the issue.
 - i. If no resolution, then DCYF legal counsel files a petition with RIDE and requests a hearing if the issue relating to the provision of educational services cannot be promptly resolved.
 - ii. DCYF legal counsel notifies the Child Advocate upon the filing of a petition to provide the Child Advocate with the opportunity to join in the petition.

Higher Education Opportunity Incentive Grant Program Policy

Rhode Island Department of Children, Youth and Families

Policy: 700.0125

Effective Date: August 20, 2001

Version: 1

The Department of Children, Youth and Families actively encourages and supports any youth in the legal custody of the Department who wishes to pursue post secondary education. The Department recognizes that although a youth may possess the academic ability and the interest to seek higher educational goals, he or she may be precluded from doing so because of a lack of financial resources. To afford such youth the opportunity, the General Assembly created the Higher Education Opportunity Incentive Grant Program (RIGL 42-72.8). An eligible youth is able to receive a financial grant to supplement federal, state and institutional scholarships and grants when attending a state college in Rhode Island. Eligibility for these grants is limited to two years of full-time study at the Community College of Rhode Island, or four years at Rhode Island College and the University of Rhode Island. An eligible youth who completes two years of full-time study at Community College of Rhode Island can qualify for an additional two years of full-time study at the University of Rhode Island or Rhode Island College.

Staff are encouraged to inform youth in the custody of the Department of their potential eligibility for these grants. Planning for youth interested in applying for higher education should be initiated as early as possible, preferably during the middle school years, but at least by the freshman and sophomore years in high school. This should be a collaborative effort with the youth, his/her caretaker, the assigned caseworker or probation counselor and the school guidance counselor and educational advocate, if appropriate. The youth's interest in higher education together with planning details should also be identified on the Department's Transitional Living Plan as part of the youth's plan for independent living (per DCYF Policy). Information about this grant should also be included in the Life Skills curriculum offered to youth in placement over the age of 16. Youth interested in obtaining these grants which may cover tuition, fees and room and board charges must submit specific information through their assigned social caseworker or probation counselor who will forward the application to the Department's Independent Living Coordinator. Grant awards will be made by a committee based upon the applicant's academic record, financial need, and general interest in higher education.

Procedure

- In order to initially apply for the Higher Education Opportunity Incentive Grant Program, the following criteria must be met:
 - Youth must be in the legal custody of the Department on the day of recommendation and have remained in such custody for at least 24 months prior to the day of recommendation;
 - Youth must have graduated from high school or received the equivalent of a high school diploma not more than one year prior to the date of recommendation or must be expected to graduate at the end of the semester in which application is made;
 - Youth must not have reached his/her twenty-first birthday by the date of recommendation;
 - Youth must be enrolled full-time or accepted for full-time admission at either Community College of Rhode Island, Rhode Island College, or University of Rhode Island. (The only exception is a youth with a documented disability that would preclude the youth from full time status. Youth with a disability should be referred to the Americans with Disability Act (ADA) representative from the specific institution of higher education who can assist in determining eligibility status for the grant.)
 - Youth must apply for financial aid by completing and submitting the Free Application for Federal Student Aid ([FAFSA](#)).
- A youth who is interested in qualifying for the Higher Education Opportunity Incentive Grant must provide his/her caseworker or probation counselor with the following information:
- Copy of high school diploma or GED certificate or expected date of high school graduation;
 - Copy of the letter of acceptance into the college or university the youth is planning to attend;
 - Copy of the financial aid award.
- In order to assist a youth with the application for a Higher Education Opportunity Incentive Grant, the primary service worker shall:
- Assist the youth with gathering the above information necessary for the application;
 - Send a memo to the Independent Living Coordinator as soon as the youth's interest in the grant is established. The memo should include the following:
 - youth's name and date of birth

- foster home or residential program name and address and a contact person
- DCYF worker's and supervisor's names
- information regarding where the youth will be living during the school year and semester breaks
- the information in B above as it becomes available

• Grant recipients will be chosen by a grant award selection committee comprised of representatives from the Department of Children, Youth and Families, each of the institutions of higher education, and the offices of higher education and elementary and secondary education. Grant awards will be made on the basis of scholastic record, aptitude, financial need and general interest in higher education. Grants may not exceed the full cost of tuition, fees and room and board charges. Cumulative grants may not exceed available appropriations in any fiscal year.

- A youth is eligible to renew any grant award for subsequent years of study as long as the following requirements are met:
 - Grant recipient must continue to be enrolled full-time.
 - Satisfactory progress toward an academic certificate or degree must be made.
 - The financial aid application (FAFSA) must be renewed.
 - Another application to receive the grant including verification of 1, 2, and 3 above must be submitted by the youth's primary service worker as well as a copy of any other financial aid awards received by the youth.

• A youth who wishes to receive the Higher Education Opportunity Incentive Grant must remain in the care of the Department. A youth who reaches age 21 but remains eligible to receive the grant should be brought to the attention of the supervisor and regional director/administrator to determine which services may be needed by the youth to successfully continue his/her education.

Guardianship for Education

Rhode Island Department of Children, Youth and Families

Policy: 700.0065

Effective Date: October 28, 1985

Version: 1

In an effort to minimize disruption in the education of a child placed in the care of the Department, Rhode Island law and Department policy allow for the following measures to be taken by the Family Court and the Department. Rhode Island General Law (RIGL) 33-15-1.2 requires the Family Court to enter an order indicating whether the parent(s) or the Department shall make educational decisions on behalf of a child placed in the care and custody of the State and to make a factual determination of residency. If the Court or the Department finds that the child has a handicapping condition or is suspected of having a handicapping condition, the Department must request that an educational surrogate parent be appointed. When the Court places this responsibility with the Department, RIGL 16-64-7 allows the Department to authorize and direct the transfer of public school records pertaining to the child if the child is moved to a new city or town through the action of the Department.

Procedure

A. When the Court orders a child placed in the care and custody of the Department, the Court includes in its order a provision for the guardianship for the child's education. This provision is applicable to a child placed in the temporary care and custody of the Department as well as a child who is committed to the Department:

1. The Court will order one of the following:

- a. That the right to control the child's education remain with the parent/guardian; or
- b. That the right to control the child's education is vested in the Department of

Children, Youth, and Families until further order of the Court.

2. Department Legal Counsel will ensure that the order has been entered into the decree and that a copy of the decree is forwarded to the worker to be incorporated into the case record.

B. When the responsibility for guardianship for education is placed with the Department, the Department is empowered to authorize and direct the transfer of public school records:

- If a child is placed in another area of the State, the worker can ensure a speedy transfer of records from one public school to another.
- A copy of the decree can be used as evidence of the court order.

Educational Surrogate Parent Referral

Rhode Island Department of Children, Youth and Families

Policy: 700.0000

Effective Date: August 1, 1984

Revised Date: March 1, 2011

Version: 4

The Department of Children, Youth, and Families (DCYF) supports educational programming to meet the needs of any child with a disability in the care of DCYF. The Regulations of the Rhode Island Board of Regents for Elementary and Secondary Education Governing the Education of Children with Disabilities defines a child with a disability as “a child, aged 3 to 21, evaluated in accordance with §§ 300.304 through 300.311 as having mental retardation, a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance (referred to in this part as “emotional disturbance”), an orthopedic impairment, autism spectrum disorder, traumatic brain injury, an other health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services.”

If a parent of a child in the care or custody of DCYF with a disability or suspected of having a disability is unable or unwilling to ensure that the needs of that child are met, DCYF seeks appointment of an educational surrogate parent through the Department of Elementary and Secondary Education (RIDE). The educational surrogate parent represents the child in educational matters and advocates for the child's educational needs. For children in the care and/or custody of DCYF, the educational surrogate parent participates in the educational component of the DCYF service plan review. Only the educational surrogate parent is authorized to sign the Individualized Education Plan (IEP) in place of the natural parent. DCYF staff are not authorized to sign the IEP in the place of the parent or guardian.

Procedure

- A. The Family Court enters an order indicating whether the parents or the Department of Children Youth and Families (DCYF) makes educational decisions for a child in the care and custody of the state.
- For children who do not have or are not suspected of having a disability, the primary worker ensures that educational services are provided in accordance with [DCYF Policy 700.0115, Guardianship for Education](#).
 - If the Family Court vests control of a child's education with DCYF, and if the court or DCYF finds that the child has or is suspected of having a disability, the court or DCYF requests the appointment of an educational surrogate parent. The Education Information Sheet (DCYF# 061) with attached documentation of the court decision is submitted by the DCYF primary worker to the DCYF educational surrogate referral staff for processing by the RI Department of Elementary and Secondary Education (RIDE).
- B. In the absence of a Family Court order, for children ages 30 months to 21 years identified as or suspected of having a disability:
1. If DCYF has temporary or permanent custody of a child with a disability or suspected of having a disability through a petition of abuse, neglect and/or dependency:
 - For children placed outside the home on an abuse/neglect petition, RIDE appoints an educational surrogate parent unless DCYF strongly recommends that the parent(s) continues to make educational decisions.
 - For children placed outside the home on a dependency petition, RIDE notifies the parent(s) that an educational surrogate parent will be appointed unless the parent(s) expresses a desire to remain involved within 10 (ten) days of the date of the letter.
 - When a child in the custody of DCYF pursuant to a petition for dependency, neglect, or abuse is placed with his/her natural parent(s), the primary worker notifies RIDE through the DCYF educational surrogate referral staff using the DCYF #061.
 - i. RIDE advises the parent(s) that he/she retains rights to make educational decisions.
 - ii. RIDE sends information on training and educational advocacy to the parents.
 - iii. If the parent(s) subsequently fails to be involved in the child's education, DCYF documents lack of involvement and requests an educational surrogate parent appointment. Lack of involvement may be demonstrated by a pattern of behavior including not participating in educational planning for the child.
 2. If a child with a disability or suspected of having a disability is placed with DCYF voluntarily:
 - a. The primary worker, at the time of signature by the parent(s), asks the parent(s) if he/she will continue to make educational decisions.

- b. The primary worker indicates the decision of the parent(s) on the Voluntary Application/Authorization/Consent for Placement of Children (DCYF# 023) in compliance with DCYF Policy .
 - c. If the parent(s) continues to make educational decisions, no referral for an educational surrogate parent is necessary.
 - d. If the parent(s) does not wish to continue to make educational decisions, the primary worker secures a signed DCYF #062 and attaches it to the DCYF #023, in accordance with DCYF Policy. The primary worker ensures that the parent(s) understands that signing the DCYF #062 precludes further parental decision making in educational matters.
 - e. The primary worker forwards a copy of the DCYF# 062 and the DCYF #061 to the DCYF educational surrogate referral staff for processing by RIDE.
3. Wayward/Delinquent Petition
- a. If DCYF has temporary or permanent custody on a wayward/delinquent petition and the child is placed with the parent(s), the child is not eligible for an educational surrogate parent.
 - b. Except as provided in paragraph B 4, if the child is placed outside the home on a wayward/delinquent petition:
 - i. The parent(s) are invited to participate in service planning. If the parent(s) participates, no referral for an educational surrogate parent is made.
 - ii. If the parent does not participate in service planning and/or educational planning for the child, a referral for an educational surrogate parent is made with documentation of lack of parental involvement. RIDE notifies the parent(s) that an educational surrogate parent will be appointed unless the parent(s) expresses a desire to remain involved within 10 (ten) days of the date of the letter.
 - iii. If the parent(s), once active, subsequently ceases to be involved in decisions regarding the child's education, DCYF informs RIDE and requests an educational surrogate parent.
4. The RI Training School
- a. A referral for an educational surrogate parent is mandatory for a youth sentenced to the Training School when:
 - i. The child continues to be under the temporary or permanent custody of the DCYF based on a dependency, neglect, and/ or abuse petition and control of the child's education has been vested with the Department.
 - ii. A child's parental rights are terminated and the Department serves as guardian or a child's parents/guardians are not known or their whereabouts cannot be determined.
 - b. Except as provided in paragraph B, when a child is sentenced to the Training School and is determined to have a disability or suspected of having a disability, referral for an educational surrogate parent is contingent on the willingness of the parent/guardian to be responsible for decisions regarding the child's education.
 - c. A determination of the willingness of the parent/guardian to participate in educational planning is made at or before the resident's IEP Meeting.
 - i. If the parent/guardian states he/she will continue in this role, he/she may do so.
 - ii. If the parent/guardian expresses or demonstrates an unwillingness to participate in educational planning, the Guidance Counselor secures a signed DCYF #062. Unwillingness to participate may be demonstrated by a pattern of behavior including not participating in treatment and educational planning for the resident.
- C. Identification of children with disabilities or children suspected of having a disability (described in paragraphs A and B above) is completed by the primary worker:
- 1. Within the RI Training School, the primary worker is identified by the Director of Special Education Services for the Education Program.
 - 2. In conformance with DCYF Policy [700.0075, Comprehensive Assessment and Service Planning](#) and within the time frame of the formulation of the DCYF #032, Service Plan and before any IEP Meeting.
 - 3. For children with disabilities or children suspected of having a disability who are active with the Department functioning under an existing service plan and who are now being placed out of the parental home, identification is made within thirty (30) days of the child's change in legal/placement status.
 - 4. The primary worker completes an Authorization to Obtain Confidential Information (DCYF#007B) and an Authorization to Release Confidential Information (DCYF#007A) and makes every effort to secure educational records and evaluation material to aid in the identification of a child's disability.
 - 5. If a disability is suspected, the primary worker refers the child for intervention in cooperation with the local school system according to state and federal law.
 - 6. A referral for an educational surrogate parent for a child who meets the criteria defined in the procedures below is made by submitting the DCYF #061 to the DCYF educational surrogate referral staff. An educational surrogate parent has to be appointed in order to authorize testing.
 - 7. Copies of court documents and/or a signed DCYF #062 are included with the DCYF #061.
 - 8. Information regarding the referral and appointment of an educational surrogate parent must be entered by the primary worker in the educational record in RICHIST.

D. The DCYF educational surrogate referral staff requests the appointment of the educational surrogate parent of RIDE within five (5) working days. The Department of Education notifies the DCYF educational surrogate referral staff and the primary worker when an appointment is made.

1. Once appointed, the educational surrogate parent has the right to:
 - a. Meet the child/youth.
 - b. Meet residential and educational staff to assess the progress of child/youth.
 - c. Review the educational records of child/youth.
 - d. Participate in development and approval of the IEP.
 - e. Receive grades and educational progress reports.
 - f. Participate in educational matters relating to any change in the child/youth's educational programming and discharge planning.
2. All subsequent changes which affect the continued services of the educational surrogate parent are reported by means of the DCYF #061 within five (5) working days to the DCYF educational surrogate referral staff, who notifies RIDE.
3. If an educational surrogate parent is appointed, that individual continues in this role, regardless of changes in placement, as long as the child meets any of the eligibility standards in paragraph B.

E. If the primary worker has not received confirmation of the appointment of an educational surrogate parent within 21 days of referral, he/she contacts the DCYF educational surrogate referral staff.

1. The DCYF educational surrogate referral staff contacts RIDE to check on the status of the referral. If the referral has been denied, he or she requests a reason for the denial.
2. The DCYF educational surrogate referral staff keeps a record of all referrals for educational surrogate parent, the date of the referral and the reason for the denial of any appointments by RIDE.

F. RIDE monitors the performance of educational surrogate parents. DCYF assists by informing RIDE if an issue of concern arises with representation provided by an educational surrogate parent.

- The primary worker informs the DCYF educational surrogate referral staff.
- The DCYF educational surrogate referral staff contacts RIDE in writing outlining the issues and requests a written response outlining a plan for intervention.

Related Policies...

[Guardianship for Education](#)

[Comprehensive Assessment and Service Planning](#)

Education Program: Structure and Operations

Rhode Island Department of Children, Youth, and Families

Division of Juvenile Correctional Services: Training School

Policy: 1200.0465

Effective Date: June 14, 2004

Revised Date: September 1, 2010

Version: 12

The Principal of the Training School Education Program develops and implements a total programming approach that places the educational services in the context of a youth centered rehabilitative program. The Principal of the Education Program is responsible for developing and maintaining a program structure that:

- # Allows residents to enter programming at any time and proceed at their own pace.
- # Encourages collaborative planning and policy development with educators, community resources, and other Training School staff.
- # Guides daily operations and supports the delivery of state of the art educational services.
- # A structure that assists students in moving toward greater independence by increasing their skill level in self-help domains, in the productive use of leisure time and in community integration.
- # Facilitates effective communication.
- # Complies with requirements under the No Child Left Behind Act, Title I, Part D, for institution-wide programming.
- # Makes certification and credentialing courses available to residents.

Procedure

- A. The principal develops and maintains a program structure and operational plans that include referral and program entry and exit procedures, safety protocols, monitoring and reporting procedures and guidelines for the operation of a staff team.
- B. This Educational Program addresses the profound and diverse needs of residents and includes:
 1. Middle/Secondary Programs in conformance with [DCYF Policy 1200.1722, Middle/Secondary Education](#)
 2. General Education Development Program in conformance with [DCYF Policy 1200.1731, General Education Development \(GED\)](#)
 3. Post Secondary Programs in conformance with [DCYF Policy 1200.1724, Post Secondary Education](#)
 4. Special Education and Section 504 service in conformance with [DCYF Policy 1200.1725, Special Education Services](#) and [DCYF Policy 1200.1726, Section 504 of the Rehabilitation Act](#)
- C. The Education Program assists residents in participating in, receiving credit for and completing credentialing programs within the requirements established by state and federal law and regulation.
 1. Teachers identify residents, based on education history, academic ability, behavior and performance, placing them according to their educational needs and eligibility.
 2. Residents access certificates through an array of programs that may include, but are not limited to:
 - a. Middle/Secondary Education
 - b. General Education Development
 - c. Community College of Rhode Island
 - d. Drivers Education
 - e. Computer Technology
 - f. Carpentry
 - g. Culinary Arts
 - h. Creative Arts
 3. Residents remaining at the Training School to the completion of the course of study may receive a:
 - a. Certificate of completion in career/co-curricular courses.

- b. High School Diploma (awarded by the resident's identified community Local Education Authority)
 - c. General Education Diploma
 - d. College course credits (awarded by the college or university)
 - 4. Transition Plans address the strategies for assisting residents leaving the Training School before the completion of the course of study to achieve a certificate, Diploma, GED or college credit.
- D. The Education Program utilizes Title I funding to provide direct and indirect support services to all residents to:
- 1. Improve academic performance.
 - 2. Provide transition planning.
 - 3. Provide residents returning to the community with support to ensure continued educational success.
- E. In compliance with [RIGL 42-72-6-2](#), the Education Program, with full and reasonable staff and community participation, prepares a detailed comprehensive educational plan which includes, but is not limited to:
- 1. Assessment and Education Planning:
 - a. Assessing resident's strengths and weaknesses through the use of a variety of screening techniques and instruments;
 - b. Identifying any difficulties experienced by residents and communicating that information to professional support staff;
 - c. Distributing the assessment data for overall education planning;
 - d. Facilitating any specialized medical and/or psychological testing that is determined to be essential; and
 - e. Offering a diagnostic perspective of each resident's educational needs to the school, court or other involved agencies/individuals.
 - 2. Social and Educational Skills Development: Support Programs:
 - a. Focusing primarily on coping skills for daily detention living during confinement and re-socialization skills for return to the community;
 - b. Providing support and information for juveniles to reduce their anxiety about their status;
 - c. Improving the quality of staff-resident relationships, helping resident to more positively respond to adults as authority figures; and
 - d. Assisting resident's to increase and improve their independent problem-solving skills.
 - 3. Education:
 - a. Providing an educational experience that promotes achievement and replaces patterns of failure with patterns of success;
 - b. Providing educational services that motivate resident's to continue their education upon release;
 - c. Providing career/occupational counseling and experiences that emphasize occupational interests, skills, knowledge, habits, and attitude that is required for successful employment; and
 - d. Introducing community resources that support and sustain residents.
- F. The Principal is responsible for ensuring the development of a curriculum that is:
- 1. Data driven, competency based , and compatible with the mission of the Education al Program
 - 2. Revised as necessary, but no less than annually, to ensure congruence with resident needs.
 - 3. Compatible with state requirements.
- G. In curriculum and lesson planning, teachers consider:
- 1. Resident needs
 - 2. Resident involvement in planning
 - 3. Social, cultural, economic and geographic factors
 - 4. Assessment and monitoring
 - 5. Formal and informal reporting procedures (e.g., report cards, bi-monthly reviews, Individual Educational Plans, conferencing)
 - 6. State Performance Standards and the Common Core Curriculum

- H. The Principal ensures that daily program operations comply with policy and procedure, collective bargaining agreements and state and national accreditation standards.
- I. The Principal ensures that classrooms meet state educational requirements and that the program has access to specialized equipment necessary to meet state standards.
- J. A Librarian, certified, in conformance with [DCYF Policy 1200.0000, Legal Establishment](#), coordinates and supervises library services.
 1. Library materials are acquired to meet resident educational, vocational, health, and mental health needs.
 2. The Library is available to all residents.
- K. Administrative staff conduct daily operations and management in conformance with R.I.G.L. Chapter 16, Section 116-2-9.1 that describes ethical professional principles in the school management.
- L. Education staff comply with Department and RITS attendance and lateness policies and contact the designated staff member on the morning of an absence no later than 6:30 AM.
- M. The communication structure supports programming and operations.
 1. Mandatory staff meetings, facilitated by the Principal or his/her designee, occur at a minimum of one (1) hour per month.
 2. Teachers attend without additional compensation in accordance with the contractual agreement.
 3. Unless modified by the Principal or designee, the monthly meeting is scheduled on a rotating basis, for a different day of the week each month to accommodate teacher schedules.
 4. In addition, all teachers participate in collaborative meetings as scheduled to discuss the teaching/ learning process.
 5. With the exception of the Superintendent, only school administrators and staff and/or faculty attend staff and/or faculty meetings. Third party attendance and/or presentations at staff and/or faculty meetings only occur with prior approval of the Principal.
- N. Paragraphs A - M are consistent with Correctional Education Association Standards 13 – 18, 38 – 39; 43 – 44 and 46 – 63 as well as American Correctional Association Standards 3-JDF-5C-03; 3-JDF-5C-04; 3- JDF-5D-02; 3-JDF-5D-03; 3-JTS-2E-04; 3-JTS-5D-01; 3-JTS-5D-02; 3-JTS-5D-13 and 3-JTS-5D-14.

Related Policies...
[Middle/Secondary Education](#)
[General Education](#)
[Development \(GED\) Post](#)

[Secondary
Education
Special Education Services
Compliance with Section 504 of
the Rehabilitation Act Legal
Establishment](#)

Administration of the Education Program

Rhode Island Department of Children, Youth, and Families

Division of Juvenile Correctional Services: Training School

Policy: 1200.0460

Effective Date: June 14, 2004

Revised Date: September 1, 2010

Version: 2

The Training School provides to residents educational programming that conforms to all state and federal laws. The Principal of the Education Program ensures the:

- Establishment and maintenance of an educational program that complies with Rhode Island General Law and the policies and procedures established by the Rhode Island Department of Elementary and Secondary Education (RIDE);
- Approval of the DCYF-RI Training School Alternative Education Program by the Commissioner of RIDE on behalf of the Board of Regents;
- Accreditation by the Correctional Education Association;
- Assessment of the residents' educational needs;
- Provision of the educational programs to residents; and
- Transition to community education programs upon the resident's release.

The Mission of the Education Program, as a mandatory educational program within a juvenile correctional facility, is to create a safe and consistent learning environment in which residents can learn the skills, knowledge and values to succeed in school, work and the community. The Education Program recognizes the importance of achieving and maintaining the highest standards of performance. The Education Program is reviewed and evaluated by state and nationally recognized autonomous accrediting entities. This practice contributes to continuous improvement and helps to ensure the quality and integrity of services to residents.

Procedure

- A. The Principal facilitates the annual on-site review and evaluation of the Education Program required for approval by the RI Department of Elementary and Secondary Education (RIDE).
1. The Principal compiles the alternative education report, required for school approval every three years, and forwards it to the Superintendent for review.
 2. The Superintendent or designee submits the required documentation seeking approval from the Commissioner.
 3. The Commissioner of the RIDE reviews the documentation.
 - a. Program approval and/or any corrective actions required are provided in writing to the Department.
 - b. The RITS Education Program responds to any corrective action required and submits documentation of corrective action to the Commissioner or designee.
 4. The Education Program Administration maintains documentation of:
 - a. The annual review;
 - b. Corrective action requirements, if applicable, identified by the reviewers;
 - c. Corrective action(s) that occurred, if applicable, in response to the review; and
 - d. Written approval (accreditation) to operate the Alternative Education Program.
- B. The Superintendent routinely meets with the Principal to:
1. Establish and/or review educational policies and procedures;
 2. Identify and plan processes for quality improvement;
 3. Review policies and procedures at least annually and revise as needed; and
 4. Ensure compliance with [RIGL 16-12.1-1](#) which recognizes that educational administrators are not members of teacher collective bargaining units. To ensure the orderly and effective functioning of public education, the law requires employers to inform school administrators of the bases or reasons for their suspension, dismissal, or non-renewal of their employment relationship and to afford administrators an opportunity to be heard.

- C. The Principal is responsible for the effective design and delivery of educational services and ensures:
1. A clearly articulated mission that focuses the attention of staff and others on program goals is posted prominently within the facility, reviewed annually and revised as necessary.
 2. A program structure that moves residents toward greater independence by increasing life skills, productive use of leisure time and transition to the community in conformance with [DCYF Policy 1200.1702, Education Program: Structure and Operations](#).
 3. Accountability in goal attainment which is monitored and documented in conformance with state and federal law and regulation.
 4. Accountability in Fiscal Administration:
 - a. Managing the allotment of appropriations and budget preparations.
 - b. Routinely monitoring expenses related to areas of responsibility.
 - c. Preparing itemized operational budgets for areas of responsibility and submitting them to the Superintendent or designee annually.
 5. Educational staff receive orientation and training in conformance with [DCYF Policy 400.0000, Training and Professional Development](#).
 6. Educational staff are credentialed in conformance with [DCYF Policy 1200.0000, Legal Establishment](#).
 7. A system of governance for the Education Program that delineates the chain of authority, provides adequate and appropriate decisional authority to the administrative, educational, custodial, social service and other professional staff and defines and coordinates their roles in the effective operation of the system.
 - a. The Principal provides direct supervision to the Assistant Principal, Director of Special Education and support personnel, as appropriate.
 - b. The Principal assigns supervisory duties and responsibilities as he/she deems necessary and/or appropriate.
 - c. The Principal manages the daily planning and operations of the itinerant and career/technical programs and the post secondary education programs.
 - d. The Director of Special Education provides direct supervision and guidance to the Resident Support Programs. The Director of Special Education is responsible for managing the daily planning and operations of Language support, Guidance and Math, English Language Learners (ELL) support, Resource support and Clinical support.
 8. The program development and improvement plan is structured and monitored to:
 - a. Identify personnel training and professional development needs to maintain high teaching quality across three primary areas: knowledge of subject matter, of teaching strategies and of approaches for learning.
 - b. Implement initiatives that focus on the continual improvement of programming.
 - c. Develop standardized methods to analyze, monitor and manage program outcomes.
 - d. Assist in the development and monitoring of short and long term goals.
 - e. Develop and manage strategies for data collection and follow-up.
 9. Participation in the RIDE student information systems as required.
- D. The Principal supports a Community Advisory Board that provides an inclusive, cooperative model for involving the other state departments, members of the business community, religious community, voluntary services community and social service community in advising and devising programming and in supporting and advocating for the residents as they attempt to build new and successful lives in the community.
- E. The Principal applies for and facilitates the Correctional Education Association (CEA) on-site review, evaluation and accreditation of the education program which occurs every three years. The Education Program Administration maintains documentation of:
1. The CEA review;
 2. Corrective action requirements if identified by the reviewers;
 3. Corrective action(s) that occurred in response to the review; and
 4. Written approval (accreditation) from the CEA.

F. In compliance with [DCYF Policy 100.0140, Civil Rights: Federal Laws and Regulations Regarding Nondiscrimination](#), the Education Program administration notifies staff and residents about their rights and grievance procedures to resolve complaints.

G. Paragraphs A - F are consistent with Correctional Education Association Standards 1-12; 14 -19; 27 - 29 and 64 – 67 and American Correctional Association Standards 3-JDF-5C-01; 3-JTS-5D-01; 3-JTS-5D-02; 3- JTS-5D-04; 3-JTS-5D-05; 3-JTS-5D-08; 3-JTS-5D-09; 3-JTS-5D-10; 3-JTS-5D-11; 3-JTS-5D-13; 3-JTS-5D-14 and 3-JTS-5D-15.

Related Policies...

[Administrative Responsibility](#)

[Mission,](#)

[Philosophy,](#)

[Goals and](#)

[Purpose](#)

[Legal](#)

[Establishment](#)

[Discipline for Academic](#)

[and Vocational Classes](#)

[Education Program:](#)

[Structure and Operations](#)

[Training and](#)

[Professional](#)

[Development](#)

[Civil Rights: Federal Laws and Regulations Regarding Nondiscrimination](#)

Resident Orientation to the Educational Program

Rhode Island Department of
Children, Youth, and Families
Division of Juvenile Correctional

Services: Training School

Policy: 1200.0470

Effective Date: June 14, 2004

Revised Date: September 1, 2010

Version: 2

Residents receive orientation sessions throughout various stages of confinement. Orientation introduces residents to the staff, services, procedures and processes related to education at the Rhode Island Training School.

Procedure

- A. Upon intake all residents receive an orientation regarding the services and programs available at the RITS, which includes an overview of the education program.
- B. A special education teacher is assigned to engage the newly detained resident in a discussion of opportunities and expectations for participation in the program. The teacher also addresses any concerns and/or questions that the resident may have regarding his/her educational program.
- C. Educational staff conducts orientation before the start of the school year and throughout the year. Staff provides residents with information that includes, but is not limited to, standards and criteria for behavior, procedures for being excused from the classroom, educational program options, transition, [DCYF Policy 1200.1302, Incentive System - Points and Levels](#), and testing and report cards.
- D. Paragraphs A - C are consistent with Correctional Education Association Standard 30 as well as American Correctional Association Standards 3-JDF-3C-01; 3-JDF-5A-02; 3-JTS-3C-01 and 3-JTS-5D-02.

Related Policy...

[Incentive System - Points and Levels](#)

Classification and Treatment-Individualized Treatment Plan (ITP)

Rhode Island Department of Children, Youth and Families

Division of Juvenile Correctional Services: Training School and Detention Center

Policy: 1200.0450

Effective Date: January 1, 1988

Version: 1

In order to ensure that continuing provisions of the Classification and Treatment process are adhered to and that the final Individualized Treatment Plan is developed, the following procedures must be adhered to.

Procedure

- A. The Individualized Treatment Plan meeting shall be held within thirty (30) days of a resident's admission.
- B. This meeting will be called and chaired by the Clinical Coordinator.
- C. This meeting shall be attended by the Unit Manager and the resident's Social Worker, a member of the educational/vocational personnel, and other resource personnel including, as appropriate, a psychiatrist, a psychologist, a physician, and other employees who are considered the Treatment Team.
- D. The Clinical Coordinator shall, if appropriate, allow the resident to participate in the Individualized Treatment Plan meeting.
- E. The Clinical Coordinator shall insure that the following prepared material is presented:
 - 1. A social history;
 - 2. Family background information;
 - 3. Education/vocational information;
 - 4. Behavioral observation;
 - 5. Medical history;
 - 6. If applicable, a psychological, psychiatric and a neurological report;
 - 7. Any other information which was deemed necessary at the Intake meeting.
- F. The Individualized Treatment Plan (ITP) shall be developed as a result of the Intake meeting.
- G. The development of this ITP shall include consultation with the resident and his/her parents or guardian.
- H. Social Work employees shall explain to residents the criteria for admission to educational/vocational programs and patterns of behavior required for participation in off-grounds programs.
- I. After the plan has been developed, the Unit Manager shall oversee the implementation of the resident's plan.
- J. After the plan has been developed, the Social Work employees shall prepare the written ITP and ensure that it is maintained for each resident in his/her record.
- K. Each plan shall include the following:
 - 1. A general statement and clinical picture of the needs, problems and personality of the resident and his/her family or substitute family as they affect the resident as well as any pertinent information on educational, vocational, medical, psychiatric, neurological, psychological or dental problems involved;
 - 2. A statement of the rationale and intermediate and long-range goals of the ITP with a specific description of the method, programs, therapeutic services, employee involvement, employee responsibilities, and non-employee resources necessary, and a timetable for attaining those goals;
 - 3. Where applicable, a description of the involvement of the resident's family or substitute parents in the development of the plan and a description of any proposed participation of said persons in the treatment program developed;
 - 4. A description of a specific community program to which the resident will be assigned, subject to the approval of the Family Court, and an indication of the anticipated time of placement together with possible alternatives;

5. Where applicable, the reasons for ineligibility for community program placement and criteria for such placement;
6. The criteria necessary to gain placement in a less restrictive treatment setting and to qualify for release;
7. For those residents determined initially not to be eligible for a community program due to deficiencies in basic academic skills, a timetable for the acquisition of the requisite skills, and where appropriate, a determination of when the deficiencies can best be remedied by special off grounds programs;
8. As to residents who are neither attending an academic program on grounds nor attending an off grounds program, a description of their program and activities (aside from recreation which shall be designed to afford them skills necessary for and relevant to their community placement
9. An indication of where the resident will live upon release from the Training School, if known, or a statement that residential placement will be required;
10. An indication of all community program alternatives that might be available for the resident, which alternative have been investigated and why they are deemed suitable or unsuitable;
11. The date on which the Treatment Team will meet to review and re-evaluate the resident's program.
12. Tentative plans to ensure that the resident receives the supportive services necessary for his/her successful adjustment in the community upon his/her formal release from the Training School.

Educational Evaluation of Residents

Rhode Island Department of
Children, Youth, and Families
Division of Juvenile Correctional

Services: Training School

Policy: 1200.0475

Effective Date: June 14, 2004

Revised Date: September 1, 2010

Version: 2

The Education Program provides educational services for all residents. In order to provide those services at levels that are appropriate, residents receive educational screening, assessment and evaluation that assist educators in planning educational services to:

- # Promote, assist and improve residents' learning;
- # Inform programs for teaching and learning; and
- # Provide data that can be communicated to a range of people about the progress and achievements of individual residents or groups of residents

Procedure

- A. The initial intake process begins immediately after detainment and includes:
1. Review of pertinent intake information and an interview with the resident.
 2. Assessment of resident ability to speak and comprehend English if it appears that they are having difficulty with language communications.
 3. Completion of standardized reading and mathematics screening tests.
 4. Information developed through 1-3, above, is utilized for evaluation and educational planning for non- adjudicated residents.
- B. Upon adjudication, residents complete reading and mathematics diagnostic inventories to measure:
1. General intellectual ability, specific cognitive abilities, oral language and academic achievement, as appropriate.
 2. Understanding and application of important concepts and skills in mathematics and reading.
- C. The Educational Program utilizes the latest version of nationally recognized measures to identify residents who are eligible for Special Education Services, to develop an Individualized Educational Plan for eligible residents and to provide appropriate services for residents. Some examples include:
1. Kaufman Brief Intelligence Test: measures verbal and non-verbal intelligence.
 2. Piers-Harris Children's Self-Concept Scale: measures psychological health.
 3. Weschler Intelligence Scale for Children®/Adult Intelligence Scale®: measures intellectual ability.
 4. Conners' Rating Scales: measures a broad range of psycho-pathological and significant problem behaviors.
 5. Comprehensive Test of Nonverbal Intelligence: measures reasoning ability.
 6. The Adolescent Apperception Cards (APC): assesses how a resident interpret

interpersonal sequences, the emotional responses the resident is likely to experience, how the resident perceives the behavior of others, and the resident's characteristic way of construing interpersonal relationships.

7. Behavior Assessment System for Children: assesses resident behavior and self perceptions.

D. Paragraphs A - C are consistent with Correctional Education Association Standards 31 and 33 – 37 as well as American Correctional Association Standards 3-JDF-5C-02; 3-JTS-5D-02; 3-JTS-5D-05 and 3-JTS-5D-07.

Education of Non - Adjudicated Residents

Rhode Island Department of
Children, Youth, and Families
Division of Juvenile Correctional

Services: Training School

Policy: 1200.0480

Effective Date: June 14, 2004

Revised Date: September 1, 2010

Version: 2

The Education Program provides educational services for all residents through assigned learning groups. During the entire length of the resident's stay at the Training School, regardless of his/her adjudication status, Education Program staff encourage parent or legal guardian participation.

Procedure

- A. Non-adjudicated residents are provided instruction as follows:
1. Each resident is evaluated in conformance with [DCYF Policy 1200.1714, Educational Evaluation of Residents](#). Information gathered is utilized to assign him/her to appropriate learning group.
 2. Residents participate in academic and co-curricular subjects.
 3. A certified Special Education Teacher provides support in conformance with [DCYF Policy 1220.1725, Special Education Services](#).
 4. On the fifteenth day of detention, the Education Administration initiates procedures to obtain the resident's record from the school system where the resident last attended.
 5. Resident's educational placement and/or services are adjusted, if necessary, based on the needs identified in the records forwarded by the home school/district.
 6. On the 21st day and thereafter, detained residents receive educational credit for work which is transferred to the local school/district.
- B. Paragraph A is consistent with Correctional Education Association Standard 43 as well as American Correctional Association Standards 3-JDF-5C-01 and 3-JDF-5C-02.

Related Policies...

[Educational Evaluation of Residents](#)
[Special Education Services](#)
[Compliance with Section 504 of the Rehabilitation Act](#)

Middle/Secondary Education

Rhode Island Department of
Children, Youth, and Families
Division of Juvenile Correctional

Services: Training School

Policy: 1200.0490

Effective Date: June 14, 2004

Revised Date: September 1, 2010

Version: 2

The Middle/Secondary Education Program assists residents to earn credits to return to community schools and continue their studies to obtain a diploma. This Program provides a variety of learning opportunities for residents through Special Education and Regular Education classes.

Procedure

- A. Residents are scheduled for courses, including English Language Arts, Social Studies, Mathematics, Technology, Arts, Science, Physical Education, Health and Reading. The content of these courses is modified according to the needs of the residents.
- B. Regular Education and Special Education residents receive support services in conformance with [DCYF Policy 1200.1725, Special Education Services](#).
- C. The Principal collaborates with teachers to design the middle/secondary education curriculum in conformance with [DCYF Policy 1200.1702, Education Program: Structure and Operations](#).
- D. Educational strategies focus on:
1. Standards based approaches for operations and competency based approaches for curriculum;
 2. Assessments;
 3. Curriculum and instruction;
 4. Accommodations;
 5. Individual education and transition planning;
 6. Integrated academic and career/work based learning strategies; and
 7. School transitioning for retention until graduation.
- E. Paragraphs A - E are consistent with Correctional Education Association Standards 43, 46, 49, 50 and 51 as well as American Correctional Association Standards 3-JTS-5D-02; 3-JTS-5D-03; 3-JTS-5D-04; 3-JTS-5D-06; 3-JTS-5D- 07 and 3- JTS-5D-08.

Related Policies...

[Education Program:
Structure and
Operations Special
Education Services](#)

Compliance with Section 504 of the Rehabilitation Act

Rhode Island Department of
Children, Youth, and Families
Division of Juvenile Correctional

Services: Training School

Policy: 1200.0505

Effective Date: June 14, 2004

Revised Date: September 1, 2010

Version: 2

The Education Program complies with the policies and procedures of Section 504 of the Rehabilitation Act

- Nondiscrimination under Federal Grants and Programs. Section 504 protects school-age residents who have a physical or mental impairment that substantially limits a major life activity and requires reasonable accommodations be made to assist them in educational programming.

Procedure

- A. The Education Program identifies all residents who qualify for Section 504 protections due to an impairment that substantially limits a major life activity.
1. Major life activities include walking, seeing, hearing, speaking, breathing, learning, working, self care and performing tasks.
 2. The condition need only substantially limit one major life activity in order for the resident to qualify.
 3. The Principal ensures that the Education Program has a coordinator, a grievance process, procedural safeguards and impartial hearing requirements to implement Section 504.
- B. Eligible residents perform essential school functions with reasonable accommodations which are described in a 504 Plan.
1. Reasonable accommodations include making facilities accessible or usable as well as modifying equipment or devices.
 2. A group of individuals who are knowledgeable about the resident, evaluation data and accommodation options convenes and develops a written plan of services that is reviewed annually.
 3. Parents and/or Legal Guardians are invited to participate in Section 504 planning meetings and decision making.
 4. Parents and/or Legal Guardians may be represented by legal counsel.
- C. Paragraphs A and B are consistent with Correctional Education Association Standards 43, 45, 49 - 51, and 60 as well as American Correctional Association Standards 3-JTS-5D-02; 3-JTS-5D-03; 3-JTS-5D-04; 3- JTS-5D-06; 3-JTS-5D- 07 and 3-JTS-5D-08.

Special Education Services

Rhode Island Department of Children, Youth, and Families

Division of Juvenile Correctional Services: Training School

Policy: 1200.0500

Effective Date: June 14, 2004

Revised Date: September 1, 2010

Version: 2

In accordance with the Individuals with Disabilities Education Act (IDEA), the Education Program provides a free appropriate public education (FAPE) to all eligible residents in the least restrictive environment. Special education services are implemented in the larger context of general academic and vocational programs. Instructional strategies address learning and/or behavioral problems and transition services for residents upon release to the community.

The Education Program evaluates residents with disabilities and identifies residents who are currently receiving special education and related services. Eligible residents receive special programs and related services in accordance with state and federal requirements, including the implementation of procedural safeguards and necessary accommodations to meet each resident's unique needs and prepare the resident for further education, employment, and/or independent living.

The Education Program recognizes that the Individualized Education Plan (IEP) is the cornerstone of the IDEA. The IEP is a contractual agreement to guide, orchestrate and document specially designed instruction for each resident with a disability based on his or her unique academic, social and behavioral needs. The Education Program complies with all requirements of the IDEA regarding the development and implementation of the Individualized Education Plan.

Procedure

- A. In conformance with the federal Individuals with Disabilities Act (IDEA), the Educational Program:
 1. Identifies residents eligible for Special Education Services and creates or updates Individual Education Plans (IEPs) as required by law.
 2. Provides specially designed instruction that meets the unique needs of the resident with a disability and enables the resident to meet the goals defined on his/her IEP. Specially designed instruction has been adapted in its content (curriculum), methodology (instructional strategies) or delivery (how will the content and instruction be delivered) to meet the needs of the resident with a disability.
- B. To classify a resident as learning disabled for Special Education purposes, the Education Program:
 1. Does not require a severe discrepancy between intellectual ability and achievement.
 2. Utilizes a resident's response to scientific, research-based intervention process, as required by the RI Department of Elementary and Secondary Education.
- C. If a resident's response to intervention suggests he/she may be eligible for Special Education Services, necessary evaluations are conducted:
 1. Examples of evaluations are provided in [DCYF Policy 1200.1714, Educational Evaluation of Residents](#).
 2. Evaluations begin within 10 school days of receipt of parental consent.
 3. Evaluations are completed within 60 calendar days of parental consent.
 4. An eligibility determination meeting is held.
 5. A written report of the evaluation team is made available to the resident's home/ community school district and parents, as well as the IEP team, if it is determined that the resident is eligible for special education services.
- D. The IEP is developed or reviewed at a team meeting within thirty (30) days of admission and is reviewed at subsequent bi-monthly team meetings. The IEP must be reviewed by the complete IEP team at least once per year and revised as needed.

- E. A team that includes the following people develops the IEP:
1. The resident's parent(s), legal guardian or educational advocate.
 2. Not less than one regular education teacher of the resident.
 3. Not less than one special education teacher of the resident.
 4. A qualified representative of the resident's home/community school district, who is knowledgeable about the curriculum and resources and has the ability to commit those resources.
 5. An individual who can interpret the institutional implications of evaluations.
 6. Other individuals at the discretion of the parents or the Education Program who have knowledge or expertise regarding the resident's education and transition needs and services, including at the discretion of the parents or the Training School, persons such as probation officers, institutional staff or other service providers.
 7. The resident if appropriate.
- F. The secondary transition IEP must be used for residents fourteen (14) years of age or older and when considering post-school goals and the transition services needed to reach those goals.
- G. Re-evaluation may not occur more than once a year unless parent requests it and the Local Education Authority (LEA) agrees. Re-evaluation must occur every three (3) years, unless the parent and LEA determine that it is not necessary.
- H. Paragraphs A - G are consistent with Correctional Education Association Standards 43, 45, 49 - 51, and 60 as well as American Correctional Association Standards 3-JTS-5D-02; 3-JTS-5D-03; 3-JTS-5D-04; 3-JTS-5D-06; 3-JTS-5D- 07 and 3-JTS-5D-08.

Related Policy...

[Educational Evaluation of Residents](#)

Resident Educational Records

Rhode Island Department of
Children, Youth, and Families
Division of Juvenile Correctional
Services: Training School

Policy: 1200.0520

Effective Date: June 14, 2004

Revised Date: September 1, 2010

Version: 2

The Principal is responsible for the collection and maintenance of student records. The Director of Special Education is responsible for collection and maintenance of Special Education records.

The federal Family Educational Rights and Privacy Act of 1974 affords residents certain rights concerning their educational records. Residents and/or their parents or legal guardians have some control over the disclosure of information from the records. Educational institutions, such as the Rhode Island Training School Education Program, have the responsibility to prevent improper disclosure of personally identifiable information from the records. Rhode Island General Law (RIGL), Title 16 establishes guidelines for access to and disclosure of these records. The Education Program complies with federal and state law relating to access and disclosure of these records.

Procedure

- A. Parents, guardians and eligible residents have the following rights:
1. The right to personally inspect and review records in existence at the time of the request.
 - a. The request will be made to the Principal or designee.
 - b. The records must be made available within ten (10) days.
 2. The right to a reasonable explanation and interpretation of the records.
 3. The right to copies of the records. The cost per copied page of written records will not exceed fifteen cents (\$.15) per page for records copied on common business or legal size paper. No fee will be assessed to search for or to retrieve the records.
 4. The right to have the records preserved as long as a request to inspect is outstanding.
 5. The right to request an amendment and/or record expunging if the parent or eligible resident believes that the information contained in these records is inaccurate, misleading or in violation of the resident's right to privacy. This request will be made in writing to the designated records keeper.
 6. The right to place a statement in the record commenting on contested information.
- B. Any person aggrieved has the right to appeal according to the provisions of [RIGL 16-](#)

39.

- C. The record is the means by which multiple providers communicate a chronology of educational services. Therefore, staff must document records clearly, accurately and effectively throughout the duration of the resident's stay at the RITS.
- D. Confidentiality
1. When working with a record, employees take precautions to protect resident confidentiality.
 2. Records are secured in closed drawers or briefcases where they are not exposed to plain view.
 3. Paperwork that is not filed is secured until it is submitted for filing.
- E. Employees make sure that all required information (including signatures and dates) is completed on all documents before submission.
- F. Paragraphs A - E are consistent with Correctional Education Association Standards 40 - 42 as well as American Correctional Association Standards 3-JDF-1E-01 and 3-JTS-1E-01.

Career and Technical Education

Rhode Island Department of
Children, Youth, and Families
Division of Juvenile Correctional

Services: Training School

Policy: 1200.0510

Effective Date: June 14, 2004

Revised Date: September 1, 2010

Version: 2

The Training School Education Program provides career and technical instruction to support adjudicated residents' vocational needs. Residents' length of stay at the RITS typically does not correspond to the time required for completion of career and/or technical programs that produce licenses and/or certification. The Career and Technical Curriculum assists residents in building skills and competencies relevant to such licenses and/or certifications.

Procedure

- A. The Education Program provides residents with a variety of opportunities for career and technical education.
- B. Residents may receive school or college credit for completion from career and technical curricula including but not limited to:
 - 1. Carpentry
 - 2. Culinary Arts
 - 3. Creative Arts
 - 4. Barbering
- C. Qualified residents may also earn college credits (one 3-credit course per term) through an on-grounds Community College of Rhode Island Program.
- D. Residents may participate in life skills programming.
- E. Paragraphs A - D are consistent with Correctional Education Association Standards 43; 46 – 47 and 57 – 59.

Related Policy...

[Education Program: Structure and Operations](#)

Resident Educational Progress Reports

Rhode Island Department of
Children, Youth, and Families
Division of Juvenile Correctional

Services: Training School

Policy: 1200.0515

Effective Date: June 14, 2004

Revised Date: September 1, 2010

Version: 2

The Education Program provides progress reports to residents and parents/legal guardians to promote a process of continued evaluation of resident performance. The Progress Report System:

- # Reflects the mission of the Education Program;
- # Provides information and opportunity for parents and teachers to work together;
- # Offers knowledge to help parents understand the needs and progress of their child;
- # Indicates specific progress in meeting the objectives of the individual course or curriculum and establishes a written record of this progress;
- # Provides information about the resident, judges the quality of the resident's work and provides a basis for instructional planning; and
- # Motivates and helps the resident to improve his or her own work.

Procedure

- A. Resident educational progress is monitored and supported in conformance with [DCYF Policy 1200.1716, Educational Planning for and Transition of Adjudicated Residents](#).
- B. The process of reporting a resident's progress includes but is not limited to the following:
 1. Regularly scheduled conferences with parents and/or legal guardians;
 2. Written reports issued to parents and/or legal guardians delineating the resident's achievement;
 3. The results of standardized academic achievement tests with appropriate explanation to allow the parents and/or legal guardians to interpret the results; and
 4. A portfolio containing records of the resident's participation in the program.
- C. Paragraphs A and B are consistent with Correctional Education Association Standards 32 and 40 – 42.

Related Policy...

[Educational Planning for and Transition of Adjudicated Residents](#)

Interim Individual Education Plan

Rhode Island Department of Children,
Youth and Families

Department Protocol: 1200.0530

Effective Date: October 20, 2014

Version 1

The Department of Children, Youth and Families complies in all respects with the Individuals with Disabilities Education Act (IDEA). In some circumstance, resident eligible for Special Education Services enter the RITS with an expired Individual Education Plan (IEP) or with a plan that expires shortly after entry into the RITS. The facility provides interim services that match the expired IEP as closely as possible until a new plan can be completed in conformance with state and federal law. Interim plans are documented and discussed with parents/guardians as described in this protocol.

A. State and federal law provide that the new public agency (i.e., the RITS) is not required to conduct an IEP meeting when:

1. A copy of the child's current IEP is available;
2. The parent(s) indicate that they are satisfied with the current IEP; and
3. The new public agency (i.e., the RITS) determines that the current IEP is appropriate and can be implemented as written.

B. To comply fully with the standard outlined in paragraph A, the RITS school representative at the initial Individual Treatment Plan meeting will:

1. Review the most recent IEP with the parent(s).
2. If the parent(s) agree that the standards in paragraph A have been met, have the parent(s) sign an addendum to the most recent IEP so stipulating.
3. When a resident eligible for Special Education Services enters the RITS with an expired IIEP or with an IEP that expires shortly after entry:
 - a. The RITS School staff inform the parent(s) that a new IEP will be written when the full IEP team can be assembled and educational information has been gathered on how the resident is performing academically.
 - b. If the parent(s) agree that the standards in paragraph A have been met with regard to the expired IEP, the parent(s) sign an addendum so stipulating and identified services are provided on an interim basis until the new IEP is developed.

Educational Planning for and Transition of Adjudicated Residents

Rhode Island Department of Children, Youth, and Families

Division of Juvenile Correctional Services: Training School

Policy: 1200.1716

Effective Date: June 14, 2004

Revised Date: September 1, 2010

Version: 2

The Education Program ensures that adjudicated residents receive comprehensive education planning and instruction. The Individual Treatment Plan (ITP) incorporates educational goals and objectives, including services required by the Individual Education Plan (IEP) or Section 504 of the Rehabilitation Act. During subsequent Bi-Monthly Reviews, the goals and objectives are updated to reflect each resident's progress.

Transition interventions promote successful re-integration of residents into the community. Transitional planning is the focus of a Bi-Monthly Review Meeting held at least sixty (60) days prior to the resident's anticipated End of Sentence. Transition services help each resident achieve social adjustment, employment and educational success when he/she returns to the community.

Procedure

A. The Clinical Director or designee convenes a multi-disciplinary team in conformance with [DCYF Policy 1200.1503, Classification and Treatment - Individualized Treatment Plan \(ITP\)](#).

1. The team engages in a systematic process of decision making that coordinates residents' educational, clinical and transitional needs.
2. Education staff completes the Education/Vocational History Form (SMO7BF77), which captures important information for the planning process.
3. The planning includes education program and/or subject assignment based on the results of the resident's assessment, screening and evaluation.
4. During the ITP meeting, a designated representative from the Education Program completes the Educational and Vocational Training Goals and Objectives form.
5. This information is entered into RICHIST within seven (7) working days of the ITP meeting and a hardcopy is maintained in the resident's education file.

B. In conformance with [DCYF Policy 1200.1503 Classification and Treatment - Individualized Treatment Plan -\(ITP\)](#), Bi-Monthly Reviews systematically monitor residents' progress to help each resident achieve educational and transition goals.

1. Teachers receive a computer generated list of residents whose progress is scheduled for a Bi-Monthly Review for that month.
2. Prior to the scheduled meeting, teachers complete the Bi-Monthly Review and Transitional Planning -Teacher Input Report which indicates the resident's progress in each subject.
3. A Bi-Monthly Review held 60 to 90 days before each resident's End of Sentence serves as the Transition Meeting. The Educational Transition Plan details the:
 - a. Anticipated educational plan;
 - b. Individuals and/or agencies responsible for making arrangements for educational needs; and
 - c. Individuals and/or agencies responsible for making arrangements for any anticipated vocational training needs.
4. The Educational Transitional Planning Packet includes:
 - a. The Adaptive Behavior Report;
 - b. The Clinical Psychological Evaluation, if applicable;
 - c. The Psychological Evaluation, if applicable;
 - d. The School Immunizations Report;
 - e. Transcripts from the RITS Education Program;
 - f. IEP/504 Plan, if applicable; and
 - g. Educational Evaluations.

C. At the ITP, Bi-Monthly Reviews and Transitional Planning Meeting, educational staff utilize the “Educational and Vocational Goals and Objectives” form to indicate measurable progress for each resident.

D. Educational Staff forward the resident’s school registration packet to the receiving school/ district and note transmittal on the Transition Tracking Sheet at least 30 days prior to the official End of Sentence (EOS) date.
If a resident is released prior to his or her End of Sentence, an educational packet is forwarded to the receiving school/district and to the resident’s home.

E. Educational Staff forward a record of the resident’s educational and immunization history to Probation or Family Service staff, as appropriate.

F. Paragraphs A - E are consistent with Correctional Education Association Standards 31, 45, and 48, as well as, American Correctional Association Standard 3-JTS-5D-01.

Related Policies...

- [Classification and Treatment - Individualized Treatment Plan](#)
- [Compliance with Section 504 of the Rehabilitation Act](#)

General Education Development (GED)

Rhode Island Department of
Children, Youth, and Families
Division of Juvenile Correctional

Services: Training School

Policy: 1200.0525

Effective Date: June 14, 2004

Revised Date: September 1, 2010

Version: 2

The Education Program provides residents with the opportunity to obtain an alternative diploma whenever appropriate. The High School Equivalency Diploma Program, also known as General Education Development (GED), awards Senior High School Equivalency Diplomas to residents who successfully complete testing in conformance with RI Department of Education regulations.

Procedure

- A. Eligible residents are assessed for enrollment in the General Education Development (GED) Program. The assessment determines the resident's desire and ability to obtain a GED.
- B. Residents must also meet one or more of the following criteria:
 1. Have attained 16 years of age;
 2. Not be enrolled or required to be enrolled in high school under State law;
 3. Lack sufficient mastery of basic educational skills that would allow them to reach their full potential;
 4. Not have a high school diploma or its recognized equivalent (GED).
- C. Preparation for and success on the GED examination includes study in the following subjects:
 1. Writing Skills, Part I : Sentence structure, usage, spelling, punctuation, capitalization
 2. Writing Skills, Part II: Essay
 3. Social Studies: History, Economics, Political Science, Geography, Behavioral Sciences
 4. Science: Life Science, Physical Sciences
 5. Interpreting Literature and the Arts: Popular literature, Classical literature, Commentary on Literature and the Arts
 6. Mathematics: Arithmetic, Algebra, Geometry
- D. Residents must receive a passing score as determined by the American Council on Education and the RI Department of Education to receive a GED.
- E. The GED Program is provided at no cost to residents.
- F. Paragraphs A - E are consistent with Correctional Education Association Standards 43 and 46 as well as American Correctional Association Standards 3-JTS-5D-02; 3-JTS-5D-03; 3-JTS-5D-04; 3-JTS-5D-06; 3-JTS-5D- 07 and 3-JTS-5D-08.

Post Secondary Education

Rhode Island Department of
Children, Youth, and Families
Division of Juvenile Correctional

Services: Training School

Policy: 1200.0495

Effective Date: June 14, 2004

Revised Date: September 1, 2010

Version: 2

The Education Program provides Post Secondary Education to eligible residents in conformance with state law and regulation. The education staff develops strategies to:

- # Encourage residents to begin and complete degrees or certifications in a variety of fields;
- # Improve residents' access to scholarships, fellowships, funding, stipends and other incentives during transition to the community; and
- # Evaluate the provision of vocational training and retraining opportunities.

Procedure

A. Post Secondary Education provides college credit or certificates of completion. Residents may also opt for an on-grounds paid job in one of several areas, including the school office, laundry, cafeteria and school classroom.

B. Post Secondary Education courses vary depending upon resident interest and/or the availability of instructors. Programming may include, but is not limited to:

1. Computer: This course provides experience in a range of computer software programs, installation of software, maintenance of systems, management of peripherals and using the computer for research and learning.
2. Carpentry: This course offers an introduction with an emphasis on methods, standards and safety in light wood working systems. Residents complete actual or simulated construction projects in a work- simulated class.
3. Culinary Arts: Residents are introduced to the food service industry including an introduction to supervisory and managerial responsibilities, sanitation, menu planning, cooking, baking and food service operations.
4. Vocational Preparation: Job specialists assist residents in building work related competencies, developing resume and interviewing skills and identifying employment and vocational training opportunities in the community.
5. Eligible residents receive up to three (3) college credits per course that may be applied toward a college degree.
6. Creative arts classes facilitate residents' self-expression and

incorporate experiential learning through a multitude of senses.

C. Paragraphs A and B are consistent with Correctional Education Association Standards 47, 49, 51, and 63 as well as American Correctional Association Standards 3-JTS-5D-02; 3-JTS-5D-03; 3-JTS-5D-04; 3-JTS-5D-06; 3-JTS-5D-07 and 3-JTS-5D-08.

Related Policy...

[Education Program: Structure and Operations](#)

Title 16 Education

Chapter 22 Curriculum [See Title 16 Chapter 97 — the Rhode Island Board of Education Act]

R.I. Gen. Laws § 16-22-9.1

§ 16-22-9.1. Foster care youth academic reports.

(a) Every superintendent of schools employed in accordance with the provisions of chapter 2 of this title shall on or before September 15, 2022, and annually thereafter on or before September 15, complete a report on the progress and status of educational achievement and development of all foster care youth attending every public school under the superintendent's care and supervision. The report shall include, but not be limited to:

- (1)** The total number of foster care youth identified by school and grade of instruction;
- (2)** The number of foster care youth receiving supplementary literacy instruction pursuant to the provisions of § 16-67-2;
- (3)** The foster care youth uniform testing scores for testing pursuant to the provisions of § 16-22-9, and the percentage of foster care youth who meet or exceed the mean average score for uniform testing;
- (4)** The percentage of foster care youth meeting academic standards;
- (5)** The number and percentage of foster care youth receiving alternative or special education services;
- (6)** The number of foster care youth suspended or expelled from school during the academic year;
- (7)** The number of foster care youth identified as involved in chronic absenteeism, truancy, or as drop-outs; and
- (8)** The number of foster care youth assigned to advanced placement.

(b) If the superintendent determines based on the information provided in the report prepared pursuant to subsection (a) of this section that foster care youth are disproportionately failing to meet academic standards or are disproportionately subject to school discipline compared to the overall student population, then the superintendent shall develop a remediation plan and include the remediation plan as part of the report promulgated pursuant to subsection (a) of this section.

(c) Every superintendent shall provide a copy of the reports promulgated pursuant to subsection (a) of this section to the commissioner of elementary and secondary education and the applicable school committee.

History of Section.

P.L. 2021, ch. 298, § 1, effective July 9, 2021; P.L. 2021, ch. 299, § 1, effective July 9, 2021.

Title 16

Education

Chapter 64

Residence of Children for School Purposes

R.I. Gen. Laws § 16-64-1.1

§ 16-64-1.1. Payment and reimbursement for educational costs of children placed in foster care, group homes, or other residential facility by a Rhode Island state agency.

(a) Children placed in foster care by a Rhode Island-licensed child-placing agency or a Rhode Island governmental agency shall be entitled to the same free, appropriate public education provided to all other residents of the city or town where the child is placed. The city or town shall pay the cost of the education of the child during the time the child is in foster care in the city or town.

(b) Children placed by the department of children, youth and families (DCYF) in a group home or other residential facility that does not include the delivery of educational services are to be educated by the community in which the group home or other residential facility is located, and those children shall be entitled to the same free, appropriate public education provided to all other residents of the city or town where the child is placed. For purposes of payment and reimbursement for educational costs under this chapter, the term “group home or other residential facility” shall not include independent-living programs. Each city and town that contains one or more group homes or other residential facilities that do not include delivery of educational services will receive funds as part of state aid to education in accordance with the following provisions:

(1) On December 31 of each year, the DCYF shall provide the department of elementary and secondary education with a precise count of how many group home or other residential facility “beds” exist in each Rhode Island city or town, counting only those “beds” in facilities that do not include the delivery of educational services. The number of “beds” in each group home or other residential facility shall be equal to the maximum number of children who may be placed in that group home or other residential facility on any given night according to the applicable licensure standards of the DCYF.

(2) For the fiscal year beginning July 1, 2007, if the number of beds certified by DCYF for a school district by December 31, 2007, is greater than the number certified March 14, 2007, upon which the education aid for FY 2008 was appropriated, the education aid for that district will be increased by the number of increased beds multiplied by fifteen thousand dollars (\$15,000). Notwithstanding the provisions of this section or any law to the contrary, the education aid for all group home or other residential facility “beds” located or associated with the Children’s Residential and Family Treatment (CRAFT) program located on the East Providence campus of Bradley Hospital shall be twenty-two thousand dollars (\$22,000) per bed. The Department of Elementary and Secondary Education shall include the additional aid in equal payments in March, April, May, and June, and the Governor’s budget recommendations pursuant to § 35-3-8 shall include the amounts required to provide the increased aid.

For all fiscal years beginning after June 30, 2016, education aid for each school district shall include seventeen thousand dollars (\$17,000) for each bed certified by DCYF by the preceding December 31. Notwithstanding the provisions of this section or any law to the contrary, the education aid for all group home or other residential facility “beds” located or associated with the Children’s Residential and Family Treatment (CRAFT) program located on the East Providence campus of Bradley Hospital shall be twenty-six thousand dollars (\$26,000) per bed. For all fiscal years beginning after June 30, 2008, whenever the number of beds certified by DCYF for a school district by December 31 is greater than

the number certified the prior December 31 upon which the education aid for that fiscal year was appropriated, the education aid for that district as enacted by the assembly during the prior legislative session for that fiscal year will be increased by the number of increased beds multiplied by the amount per bed authorized for that fiscal year. The Department of Elementary and Secondary Education shall include the additional aid in equal payments in March, April, May, and June, and the Governor's budget recommendations pursuant to § 35-3-8 shall include the amounts required to provide the increased aid.

(c) Children placed by DCYF in a residential-treatment program, group home, or other residential facility, whether or not located in the state of Rhode Island, which includes the delivery of educational services provided by that facility (excluding facilities where students are taught on grounds for periods of time by teaching staff provided by the school district in which the facility is located), shall have the cost of their education paid for as provided for in subsection (d) and § 16-64-1.2. The city or town determined to be responsible to DCYF for a per-pupil special-education cost pursuant to § 16-64-1.2 shall pay its share of the cost of educational services to DCYF or to the facility providing educational services.

(d) Children placed by DCYF in group homes, child-caring facilities, community residences, or other residential facilities shall have the entire cost of their education paid for by DCYF if:

- (1)** The facility is operated by the state of Rhode Island or the facility has a contract with DCYF to fund a pre-determined number of placements or part of the facility's program;
- (2)** The facility is state licensed; and
- (3)** The facility operates an approved, on-grounds educational program, whether or not the child attends the on-grounds program.

History of Section.

P.L. 1998, ch. 68, § 3; P.L. 2001, ch. 77, art. 22, § 3; P.L. 2005, ch. 117, art. 13, § 2; P.L. 2006, ch. 246, art. 19, § 3; P.L. 2007, ch. 73, art. 21, § 6; P.L. 2013, ch. 501, § 68; P.L. 2016, ch. 142, art. 11, § 6.

Title 16

Education

Chapter 64

Residence of Children for School Purposes

R.I. Gen. Laws § 16-64-1.2

§ 16-64-1.2. Designation of residency of children in state care for purposes of financial responsibility under § 16-64-1.1(c) — Effect of designation of residence.

(a) An initial factual determination and designation of the residence of the parent(s) of a child placed in the care and custody of the state shall be made by the family court in accordance with § 33-15.1-2. The director of the department of children, youth, and families shall incorporate any designation of parent's residence on the child's intra-state education identification card and update the designation pursuant to § 42-72.4-1(b).

(b) If no factual determination and designation of the residence of the parent(s) of a child placed in the care and custody of the state is made by the family court pursuant to § 16-64-1.2(a), then the department of elementary and secondary education shall designate the city or town to be responsible for the per-pupil special education cost of education to be paid to DCYF or to the facility providing educational services for children in state care pursuant to § 16-64-1.1(c).

(c) The department of elementary and secondary education shall designate the city or town to be responsible for the per-pupil special education cost of education to be paid to DCYF for children in state care who have neither a father, mother, nor guardian living in the state or whose residence can be determined in the state or who have been surrendered for adoption or who have been freed for adoption by a court of competent jurisdiction using the following criteria: (1) last known Rhode Island residence of the child's father, mother, or guardian prior to moving from the state, dying, surrendering the child for adoption or having parental rights terminated; (2) when the child's parents are separated or divorced and neither parent resides in the state, the last known residence of the last parent known to have lived in the state. This designation by the department of elementary and secondary education shall be incorporated on the child's intra-state education identification card.

(d) The designation of a city or town pursuant to subsection (a), (b), or (c) of this section shall constitute prima facie evidence of parents' residence in the city or town and/or the city or town's financial responsibility for the child's education as provided in § 16-64-1.1. Pending any final decision under § 16-64-6 that a different city, town or agency bears any financial responsibility, the commissioner shall be authorized to order the general treasurer to deduct the amount owed from the designated community's school aid and to pay this amount to DCYF.

History of Section.

P.L. 1998, ch. 68, § 3; P.L. 2001, ch. 77, art. 22, § 3.

Title 16

Education

Chapter 64

Residence of Children for School Purposes

R.I. Gen. Laws § 16-64-1.3

§ 16-64-1.3. Educational responsibility for children in group homes and other residential placements.

(a) The city or town in which a foster home, group home, or other residential facility that does not include the delivery of educational services is located shall be responsible for the free appropriate public education of any child residing in those placements, including all procedural safeguards, evaluation, and instruction in accordance with regulations under chapter 24 of this title, for any period during which a child is residing in the city or town. The city or town shall coordinate its efforts with any other city or town to which a child moves when exiting the city or town responsible under this subsection.

(b) The city or town responsible for payment under § 16-64-1.1(c) for payment of a city or town's per pupil special education cost to DCYF for a child placed in a residential facility, group home, or other residential facility that includes the delivery of educational services shall be responsible for the free, appropriate public education, including all procedural safeguards, evaluation and instruction in accordance with regulations under chapter 24 of this title.

History of Section.

P.L. 1998, ch. 68, § 3; P.L. 2001, ch. 77, art. 22, § 3.

Title 16

Education

Chapter 64

Residence of Children for School Purposes

R.I. Gen. Laws § 16-64-7

§ 16-64-7. Pupil records — Transfer and access.

When the family court enters an order pursuant to the provisions of § 33-15.1-2 vesting the right to control a child's education with the department of children, youth, and families, that department shall be empowered to authorize and direct the transfer of public school pupil records pertaining to the child when the child is moved to a new city or town through action of the department of children, youth, and families.

History of Section.

P.L. 1985, ch. 71, § 1.

Title 42

State Affairs and Government

Chapter 72

Department of Children, Youth and Families

R.I. Gen. Laws § 42-72-5

§ 42-72-5. Powers and scope of activities.

(a) The department shall be the principal agency of the state to mobilize the human, physical, and financial resources available to plan, develop, and evaluate a comprehensive and integrated statewide program of services designed to ensure the opportunity for children to reach their full potential. The services shall include prevention, early intervention, outreach, placement, care and treatment, and after-care programs; provided, however, that the department shall notify the state police and cooperate with local police departments when it receives and/or investigates a complaint of sexual assault on a minor and concludes that probable cause exists to support the allegation(s). The department also shall serve as an advocate for the needs of children. Additionally, on or before October 1, 2023, the department shall implement the hiring process developed by the director pursuant to subsection (f) of this section.

(b) To accomplish the purposes and duties, as set forth in this chapter, the director is authorized and empowered:

(1) To establish those administrative and operational divisions of the department that the director determines is in the best interests of fulfilling the purposes and duties of this chapter;

(2) To assign different tasks to staff members that the director determines best suit the purposes of this chapter;

(3) To establish plans and facilities for emergency treatment, relocation, and physical custody of abused or neglected children that may include, but are not limited to, homemaker/educator child-case aides, specialized foster-family programs, daycare facilities, crisis teams, emergency parents, group homes for teenage parents, family centers within existing community agencies, and counseling services;

(4) To establish, monitor, and evaluate protective services for children including, but not limited to, purchase of services from private agencies and establishment of a policy and procedure manual to standardize protective services;

(5) To plan and initiate primary- and secondary-treatment programs for abused and neglected children;

(6) To evaluate the services of the department and to conduct periodic, comprehensive-needs assessment;

(7) To license, approve, monitor, and evaluate all residential and nonresidential group homes, foster homes, and programs;

(8) To recruit and coordinate community resources, public and private;

(9) To promulgate rules and regulations concerning the confidentiality, disclosure, and expungement of case records pertaining to matters under the jurisdiction of the department;

(10) To establish a minimum mandatory level of twenty (20) hours of training per year and provide ongoing staff development for all staff;

- (11)** To establish procedures for reporting suspected child abuse and neglect pursuant to chapter 11 of title 40;
- (12)** To promulgate all rules and regulations necessary for the execution of departmental powers pursuant to the administrative procedures act, chapter 35 of this title;
- (13)** To provide and act as a clearinghouse for information, data, and other materials relative to children;
- (14)** To initiate and carry out studies and analysis that will aid in solving local, regional, and statewide problems concerning children;
- (15)** To represent and act on behalf of the state in connection with federal-grant programs applicable to programs for children in the functional areas described in this chapter;
- (16)** To seek, accept, and otherwise take advantage of all federal aid available to the department, and to assist other agencies of the state, local agencies, and community groups in taking advantage of all federal grants and subventions available for children;
- (17)** To review and coordinate those activities of agencies of the state, and of any political subdivision of the state, that affect the full and fair utilization of community resources for programs for children, and initiate programs that will help ensure utilization;
- (18)** To administer the pilot juvenile-restitution program, including the overseeing and coordinating of all local community-based restitution programs, and the establishment of procedures for the processing of payments to children performing community service;
- (19)** To adopt rules and regulations that:
 - (i)** For the twelve-month (12) period beginning on October 1, 1983, and for each subsequent twelve-month (12) period, establish specific goals as to the maximum number of children who will remain in foster care for a period in excess of two (2) years; and
 - (ii)** Are reasonably necessary to implement the child-welfare services and foster-care programs;
- (20)** May establish and conduct seminars for the purpose of educating children regarding sexual abuse;
- (21)** To establish fee schedules by regulations for the processing of requests from adoption placement agencies for adoption studies, adoption study updates, and supervision related to interstate and international adoptions. The fee shall equal the actual cost of the service(s) rendered, but in no event shall the fee exceed two thousand dollars (\$2,000);
- (22)** To be responsible for the education of all children who are placed, assigned, or otherwise accommodated for residence by the department in a state-operated or -supported community residence licensed by a Rhode Island state agency. In fulfilling this responsibility, the department is authorized to enroll and pay for the education of students in the public schools or, when necessary and appropriate, to itself provide education in accordance with the regulations of the council on elementary and secondary education either directly or through contract;
- (23)** To develop multidisciplinary service plans, in conjunction with the department of health, at hospitals prior to the discharge of any drug-exposed babies. The plan requires the development of a plan using all healthcare professionals;
- (24)** To be responsible for the delivery of appropriate mental health services to seriously emotionally disturbed children and children with functional developmental disabilities. Appropriate mental health services may include hospitalization, placement in a residential treatment facility, or treatment in a community-based setting. The department is charged with the responsibility for developing the public

policy and programs related to the needs of seriously emotionally disturbed children and children with functional developmental disabilities.

In fulfilling its responsibilities the department shall:

- (i)** Plan a diversified and comprehensive network of programs and services to meet the needs of seriously emotionally disturbed children and children with functional developmental disabilities;
- (ii)** Provide the overall management and supervision of the state program for seriously emotionally disturbed children and children with functional developmental disabilities;
- (iii)** Promote the development of programs for preventing and controlling emotional or behavioral disorders in children;
- (iv)** Coordinate the efforts of several state departments and agencies to meet the needs of seriously emotionally disturbed children and children with functional developmental disabilities and to work with private agencies serving those children;
- (v)** Promote the development of new resources for program implementation in providing services to seriously emotionally disturbed children and children with functional developmental disabilities.

The department shall adopt rules and regulations that are reasonably necessary to implement a program of mental health services for seriously emotionally disturbed children.

Each community, as defined in chapter 7 of title 16, shall contribute to the department, at least in accordance with rules and regulations to be adopted by the department, at least its average per-pupil cost for special education for the year in which placement commences, as its share of the cost of educational services furnished to a seriously emotionally disturbed child pursuant to this section in a residential treatment program that includes the delivery of educational services.

“Seriously emotionally disturbed child” means any person under the age of eighteen (18) years, or any person under the age of twenty-one (21) years, who began to receive services from the department prior to attaining eighteen (18) years of age and has continuously received those services thereafter; who has been diagnosed as having an emotional, behavioral, or mental disorder under the current edition of the Diagnostic and Statistical Manual and that disability has been ongoing for one year or more or has the potential of being ongoing for one year or more; and the child is in need of multi-agency intervention; and the child is in an out-of-home placement or is at risk of placement because of the disability.

A child with a “functional developmental disability” means any person under the age of eighteen (18) years or any person under the age of twenty-one (21) years who began to receive services from the department prior to attaining eighteen (18) years of age and has continuously received those services thereafter.

The term “functional developmental disability” includes autism spectrum disorders and means a severe, chronic disability of a person that:

- (A)** Is attributable to a mental or physical impairment or combination of mental physical impairments;
- (B)** Is manifested before the person attains age eighteen (18);
- (C)** Is likely to continue indefinitely;
- (D)** Results in age-appropriate, substantial, functional limitations in three (3) or more of the following areas of major life activity:

- (I)** Self-care;
- (II)** Receptive and expressive language;
- (III)** Learning;
- (IV)** Mobility;
- (V)** Self direction;
- (VI)** Capacity for independent living; and
- (VII)** Economic self-sufficiency; and

(E) Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of life-long or extended duration and are individually planned and coordinated.

Funding for these clients shall include funds that are transferred to the department of human services as part of the managed healthcare program transfer. However, the expenditures relating to these clients shall not be part of the department of human services' caseload estimated for the semi-annual, caseload-estimating conference. The expenditures shall be accounted for separately;

(25) 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 general assembly has included funding in the FY 2008 DCYF 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;

(26) To initiate transition planning in cooperation with the department of behavioral healthcare, developmental disabilities and hospitals and local school departments for any child who receives services through DCYF; is seriously emotionally disturbed or developmentally delayed pursuant to subsection (b) (24)(v); and whose care may or shall be administered by the department of behavioral healthcare, developmental disabilities and hospitals after the age of twenty-one (21) years; the transition planning shall commence at least twelve (12) months prior to the person's twenty-first birthday and shall result in a collaborative plan submitted to the family court by both the department of behavioral healthcare, developmental disabilities and hospitals and the department of children, youth and families and shall require the approval of the court prior to the dismissal of the abuse, neglect, dependency, or miscellaneous petition before the child's twenty-first birthday;

(27) To develop and maintain, in collaboration with other state and private agencies, a comprehensive continuum of care in this state for children in the care and custody of the department or at risk of being in state care. This continuum of care should be family centered and community based with the focus of maintaining children safely within their families or, when a child cannot live at home, within as close proximity to home as possible based on the needs of the child and resource availability. The continuum should include community-based prevention, family support, and crisis-intervention services, as well as a full array of foster care and residential services, including residential services designed to meet the needs of children who are seriously emotionally disturbed, children who have a functional developmental disability, and youth who have juvenile justice issues. The director shall make reasonable efforts to provide a comprehensive continuum of care for children in the care and custody of DCYF, taking into account the availability of public and private resources and financial appropriations and the director shall submit an annual report to the general assembly as to the status of the director's efforts in accordance with the provisions of § 42-72-4(b)(13);

(28) To administer funds under the John H. Chafee Foster Care Independence and Educational and Training Voucher (ETV) Programs of Title IV-E of the Social Security Act [42 U.S.C. § 677] and the DCYF higher education opportunity grant program as outlined in chapter 72.8 of this title, in accordance with rules and regulations as promulgated by the director of the department; and

(29) To process nationwide criminal record checks on prospective foster parents and any household member age 18 or older, prospective adoptive parents and any household member age 18 and older, operators of childcare facilities, persons seeking to act as volunteer court-appointed special advocates, persons seeking employment in a childcare facility or at the training school for youth or on behalf of any person seeking employment at DCYF, who are required to submit to nationwide criminal background checks as a matter of law.

(c) In order to assist in the discharge of the director's duties, the director may request from any agency of the state information pertinent to the affairs and problems of children.

(d) [Deleted by P.L. 2008, ch. 9, art. 16, § 2.]

(e) [Deleted by P.L. 2008, ch. 9, art. 16, § 2.]

(f) On or before October 1, 2023, the director shall establish a process for hiring individuals seeking employment at the department as a social caseworker or child protective investigator. The department shall be provided with funding for one full-time employee, or the equivalent, to support the implementation of the hiring process. The process shall be in effect through March 15, 2026.

(1) Generally, the process shall include, but need not be limited to:

(i) Screening and reviewing candidates for eligibility criteria including education and experience;

(ii) Administering the requisite civil service examinations;

(iii) Conducting in-person interviews;

(iv) Determining which applicants will be offered employment; and

(v) Determining the order in which employment offers will be given.

(2) Specifically, the process shall include, but need not be limited to, the following elements:

(i) *Eligibility criteria.* Candidates must meet the minimum job requirements as defined in the specification with social caseworker IIs and child protective investigators as approved by the department of administration.

(ii) *Civil service examinations.*

(A) Examinations shall be offered by the department at least three (3) times per month to individuals who meet the eligibility criteria and at times that shall include a weekend, a weekday, and a weeknight option.

(B) The director shall determine the process and administration of the exam. The director is not obligated to schedule an examination if there are no current applicants for the position available by the deadline set by the director pursuant to this subsection.

(C) If an applicant does not pass the examination, the department shall notify the applicant as soon as is practicable. Applicants wishing to re-take the examination are not eligible to do so until sixty (60) days have passed from the date the notification was sent.

(iii) In-person interviews.

- (A)** Applicants who pass the civil service examination shall be invited to an in-person interview.
- (B)** The interview shall be conducted by at least two (2) current employees of the department.
 - (I)** One of whom shall have a culturally or racially diverse background; and
 - (II)** One of whom is currently in a supervisory role over social caseworkers or child protective investigators for at least three (3) years.
 - (III)** Satisfying the requirements of subsections (f)(2)(iii)(B)(I) and (f)(2)(iii)(B)(II) of this section does not necessarily require two (2) individuals. One individual may satisfy both requirements.
- (C)** There shall be a good faith effort to accommodate the availability of the applicant and the individuals on the panel when scheduling the interview.

(iv) Offering employment.

- (A)** Prior to offering employment, an applicant shall pass both the civil service exam and the in-person interview. Nothing herein is a guarantee of employment to an applicant who meets these criteria.
- (B)** Determining whether an applicant successfully completes the in-person interview shall be based on criteria established by the director.
 - (I)** The department of administration shall score the civil service exams and provide a pass/fail listing of all candidates to DCYF within five (5) business days of receipt of the exams from DCYF.
 - (II)** The director may create a method of scoring interviews to provide objectivity and uniformity when assessing applicants.

(g) On or before March 15, 2024, the department shall provide an interim report to the senate president and the speaker of the house regarding the hiring process developed and implemented pursuant to subsection (f) of this section. The report shall include, but is not limited to, the following data concerning social caseworkers and child protective investigators at the department:

- (1)** The number of social caseworkers hired using the process developed pursuant to subsection (f) of this section;
- (2)** The number of child protective investigators hired using the process developed pursuant to subsection (f) of this section;
- (3)** The number of terminations or resignations since October 1, 2023;
- (4)** The number of vacancies that existed on October 1, 2023, and the number of vacancies that exist as of the date of the report; and
- (5)** Any identified barriers to hiring that exist in spite of, or because of, the process developed pursuant to subsection (f) of this section.

History of Section.

P.L. 1979, ch. 248, § 1; P.L. 1980, ch. 244, § 2; P.L. 1982, ch. 140, § 1; P.L. 1985, ch. 37, § 1; P.L. 1989, ch. 126, art. 25, § 1; P.L. 1989, ch. 126, art. 39, § 3; P.L. 1990, ch. 80, § 1; P.L. 1991, ch. 94, § 1; P.L. 1991, ch. 261, § 1;

P.L. 1995, ch. 370, art. 40 § 142; P.L. 1997, ch. 73, § 1; P.L. 1997, ch. 107, § 1; P.L. 2004, ch. 304, § 1; P.L. 2004, ch. 415, § 1; P.L. 2006, ch. 216, § 45; P.L. 2007, ch. 73, art. 22, § 3; P.L. 2008, ch. 9, art. 16, § 2; P.L. 2008, ch. 475, § 12; P.L. 2015, ch. 118, § 3; P.L. 2015, ch. 130, § 3; P.L. 2016, ch. 147, § 4; P.L. 2016, ch. 154, § 4; P.L. 2017, ch. 127, § 2; P.L. 2017, ch. 147, § 2; P.L. 2019, ch. 88, art. 4, § 19; P.L. 2023, ch. 201, § 2, effective June 21, 2023; P.L. 2023, ch. 202, § 2, effective June 21, 2023; P.L. 2024, ch. 392, § 3, effective June 26, 2024; P.L. 2024, ch. 393, § 3, effective June 26, 2024.

Title 42

State Affairs and Government

Chapter 72.4

Compulsory School Attendance — Children Under State Care

R.I. Gen. Laws § 42-72.4-1

§ 42-72.4-1. Children under state care — Admission to public schools — Intra-state education identification card.

(a) It is the duty of the director of the department of children, youth and families to ensure that all children in the care of the state are allowed immediate admission, subject to the provisions of § 16-64-1 — § 16-64-8, to a public school in the city or town in which they are residing in an authorized placement. To facilitate the discharge of this duty, the director shall issue to every child in the state's care who has completed three (3) years of life and has not completed eighteen (18) years of life and to every other child in the state's care who is eligible to be enrolled in a public school, an intra-state education identification card. The intra-state education identification card shall include evidence of immunization as provided in § 16-38-2.

(b) It is the duty of the director to update the intra-state education identification card for each child in order to provide current information regarding the residence of the parent or guardian and evidence of immunization as provided in § 16-38-2 on an annual basis prior to and each time the child transfers to another school district. This card shall provide that each city or town be required to immediately enroll the child in its school system and for purposes of determining the school district financially responsible for the child's education in accordance with § 16-64-1.1, the parent's residence designated on the intra-state education identification card shall constitute prima facie evidence of the parent's residence in that district.

(c) It is the duty of both the receiving and sending school system to effect the immediate transfer of the child's school records without any additional documentation except as provided by the department of elementary and secondary education. The requirements of this section are in addition to the provisions of § 16-64-7, which empowers the department of children, youth and families to authorize the transfer of school records in certain situations. The director of the department of children, youth and families is authorized to promulgate rules and regulations necessary to the implementation of this chapter. The director shall comply with the terms of this chapter upon passage for all children in state care who are not then enrolled and/or registered in the school district within which they reside and shall comply with the terms of the chapter for children who are currently so enrolled or registered no later than the time of the children's next school transfer.

(d) All inmates in the training school, without regard to their age, must attend or participate in a school, vocational, general equivalency diploma program, or other training program, located on the training school grounds as part of the training school's programs while committed to the training school.

History of Section.

P.L. 1990, ch. 202, § 1; P.L. 1991, ch. 259, § 1; P.L. 1998, ch. 68, § 5; P.L. 2002, ch. 229, § 1.

Title 42

State Affairs and Government

Chapter 72.6

The Rhode Island Training School for Youth Comprehensive Educational Programming Act

R.I. Gen. Laws § 42-72.6-2

§ 42-72.6-2. Duties of director.

The director of the department of children, youth and families shall, with full and reasonable staff and community participation, prepare a detailed comprehensive educational plan for providing adequate and appropriate educational services to all residents, without exception, of RITSY, as provided by state law. This comprehensive plan shall include, but not be limited to, the following elements:

- (1)** A mission statement, in strict conformance with state and federal law, which clearly delineates the goals and objectives of the RITSY educational program, and provides an effective guide for the employment of resources, and for expectations of the youth, parents, professional staff, the judiciary, and the citizens of the state of Rhode Island about their roles and responsibilities in the system;
- (2)** A system of governance for the educational program, which delineates the chain of authority, provides adequate and appropriate decisional authority to the administrative, educational, custodial, social service, and other professional staff, and which defines and coordinates their roles in the effective operation of the system;
- (3)** A state of the art educational program which comprehends the profound and diverse needs of incarcerated youth and includes, but is not limited to, the following elements:
 - (i)** Programming for youth who have not graduated from secondary school including: academic, vocational, technical, computer, life and career skill development;
 - (ii)** Programming for students who have completed a secondary school program or who have obtained a general equivalency diploma (GED), including: college courses, vocational and technical courses, life and parenting skills, and job readiness;
 - (iii)** Programming as above for students with limited English proficiency or other special needs;
 - (iv)** Educational programming that provides special educational programming to residents in conformance with their needs, as well as state and federal law, but which does not limit the RITSY school curriculum to special educational services;
 - (v)** A “total programming” approach, which places the educational service component in the context of a youth centered rehabilitative program, which concentrates on the development of educational and social competence in residents;
 - (vi)** A plan for obtaining accreditation through an appropriate form or model for the educational program; and
 - (vii)** The creation of a forum which provides an inclusive, cooperative model for involving the other state departments, as appropriate, members of the state’s business community, religious community,

voluntary services community, and social service community in advising and devising programming, in supporting and advocating for the residents as they attempt to build new and successful lives in the community.

History of Section.

P.L. 1993, ch. 269, § 1.

Title 33

Probate Practice and Procedure

Chapter 15.1

Guardianship of Minors

R.I. Gen. Laws § 33-15.1-2

§ 33-15.1-2. Guardianship for education — Educational advocates for children with disabilities under the care and custody of the state.

Whenever the family court places a child in the care and custody of the state, it shall enter an order indicating whether the parents or guardian are to be allowed to continue to make educational decisions on behalf of the child. At the same time, the family court shall make a factual determination pursuant to § 16-64-1 as to the residence of the child's parent(s) or guardian on the date that the child is placed in the care and custody of the state, subject to § 16-64-6. Thereafter, while the child is in the care of the state, the director of DCYF shall have the duty to update the child's parent's residence in accordance with § 42-72.4-1. If the family court enters an order vesting the right to control a child's education with a state agency, and if the court or the state agency finds that the child is in need of special education, or that the child is suspected of being in need of special education, the court or state agency shall request the commissioner of elementary and secondary education to appoint an educational advocate to exercise the child's due process rights under applicable state and federal special education laws and regulations. The commissioner of elementary and secondary education shall also have the power to appoint an educational advocate when a child's parents or guardian cannot be identified or when the whereabouts of a parent cannot be determined. If a parent is identified or the whereabouts of the parent become known, then the commissioner shall terminate the appointment of the educational advocate. An educational advocate, acting in good faith, shall be immune from any liability resulting from the performance of his or her duties as an educational advocate.

History of Section.

P.L. 1992, ch. 493, § 5; P.L. 1995, ch. 231, § 1; P.L. 1998, ch. 68, § 4; P.L. 1999, ch. 83, § 77; P.L. 1999, ch. 130, § 77.

Title 16

Education

Chapter 21

Health and Safety of Pupils

R.I. Gen. Laws § 16-21-41

§ 16-21-41. Trauma-informed schools act commission.

(a) There is hereby established a trauma-informed schools commission (hereinafter the “commission”). The commission shall meet at least quarterly or approximately four (4) times per year in fiscal years 2023 and 2024. It shall expire on June 30, 2024. Members of the commission shall serve without compensation.

(b) The commission shall be appointed by the council on elementary and secondary education no later than September 30, 2022, and shall be comprised of twelve (12) members: one of whom shall be the commissioner of elementary and secondary education, or designee; one of whom shall be a representative of the RI school superintendents association; one of whom shall be appointed from among the leadership of the state’s teachers’ unions; one of whom shall be the child advocate; one of whom shall be a representative of a Rhode Island-based institution of higher education with expertise in child development, child mental and behavioral health, trauma-informed educational practices, or a related field; two (2) of whom shall be representatives of youth-serving community-based organizations that provide direct services to youth who have experienced, or are at high risk of experiencing trauma; one of whom shall be a licensed clinical social worker, who primarily works with youth and/or families; one of whom shall be a representative of the Rhode Island Chapter of the American Academy of Pediatrics; one of whom shall be the executive director of RI Kids Count, or designee; one of whom shall be the president of Adoption RI, or designee; and one of whom shall be a representative of an organization that engages and/or supports parents of school-age children, with priority given to representation from a parent-led organization.

(c) The department of elementary and secondary education shall provide necessary staff and material support to the commission in the furtherance of its purpose.

(d) The purpose of the commission shall be to assist the department of elementary and secondary education with the implementation of the trauma-informed schools act, as set forth in this section and § 16-21-40.

(e) In furtherance of its purpose, the commission shall undertake such actions as it determines appropriate, which shall include, but not be limited to, the following:

(1) Conducting a review and assessment of existing trauma-informed school and community-based resources and initiatives across the state;

(2) Informing the development of a trauma-informed school implementation plan and supporting materials, that shall be submitted to the council on elementary and secondary education for approval no later than April 1, 2024;

(3) Researching, identifying, and cataloging state, federal, and philanthropic funding sources that align with the provisions of this section and § 16-21-40;

(4) No later than March 1, 2023, submitting an interim report to the speaker of the house, the president of the senate, and the governor, that provides an update on the commission’s initial findings, work plan, and

any preliminary recommendations for regulatory or legislative action to promote the implementation of trauma-informed practices in schools; and

(5) No later than June 30, 2024, submitting a final report to the speaker of the house, the president of the senate, and the governor, that details the commission's findings and recommendations for implementing trauma-informed practices in every elementary and secondary school in Rhode Island.

(f) The commission shall elect a chairperson from its membership. A quorum of the commission at any meeting shall consist of at least seven (7) members.

(g) All departments, boards, and agencies of the state shall cooperate with the commission and forthwith furnish any advice and information, documentary and otherwise, as may be necessary or desirable to facilitate the purposes of this chapter.

(h) The department of education is authorized and directed to provide suitable quarters for commission meetings.

History of Section.

P.L. 2022, ch. 396, § 1, effective June 30, 2022; P.L. 2022, ch. 397, § 1, effective June 30, 2022.

Title 16

Education

Chapter 24

Children With Disabilities [See Title 16 Chapter 97 — The Rhode Island Board of Education Act]

R.I. Gen. Laws § 16-24-1

§ 16-24-1. Duty of school committee to provide special education.

(a) In any city or town where there is a child with a disability within the age range as designated by the regulations of the state board of education who is functionally limited to such an extent that normal educational growth and development is prevented, the school committee of the city or town where the child resides shall provide the type of special education that will best satisfy the needs of the child with a disability, as recommended and approved by the state board of education in accordance with its regulations governing the education of children with disabilities.

(b) Notwithstanding any other federal or state law or regulation, the school committee where a parentally placed child who has, or develops, a disability in private school resides, shall provide the child with the same free and appropriate education as it provides to children in public schools. These children shall have the same rights and remedies in the regulations of the board of education governing the education of children with disabilities as children in public school relative to initially determining eligibility, implementation, and/or any other rights and remedies relative to any special education services the child may be eligible to receive from the public school district.

(c) For the purpose of this statute, a parentally placed child who has, or develops, a disability in private school is defined as a child enrolled or placed in a private school by the unilateral decision of his or her parents and without consultation of the public school district, who either has, or at some point while at the private school is diagnosed with, a learning disability. Parents who unilaterally enroll their child in a private school are required to pay the tuition costs related to the child's education that are unrelated to the child's disability, and the public school district where the child resides is responsible for payment of the services related to the child's disability as developed and determined in the child's individual education plan.

(d) For the purpose of this statute, a free and appropriate education is defined as special education services and related services that:

- (1)** Are provided at public expense, under public supervision and direction, and without charge;
- (2)** Meet all of the standards and requirements of the state of Rhode Island department of education and requirements of the regulations of the board of education governing the education of children with disabilities, which shall include initial evaluation and determination procedures;
- (3)** Include preschool, elementary school, or secondary school education in the state; and
- (4)** Are provided in conformity with an individualized education program that meets the requirements of the regulations of the board of education governing the education of children with disabilities.

(e) In those cases that an individual education plan has been adopted for a child and the child moves to another town or city, the plan shall remain in effect until a new plan is adopted for the child in the new town or city.

(f) A child with a disability as referenced in subsection (a) of this section shall have available to them any benefits provided by this section up to their twenty-first birthday, in accordance with the student’s individualized education program (IEP). Provided, in the event such a child with a disability is enrolled in a postsecondary or transitional educational program as part of the services provided to the child by the school committee or local education agency (LEA), and such child reaches twenty-one (21) years of age during a school or program year, then the school committee’s or LEA’s obligation to pay for the postsecondary or transitional program shall continue through to the conclusion of the school or program’s academic year, in accordance with the student’s individualized education program. Not later than sixty (60) calendar days prior to the child turning twenty-one (21) years of age, the local educational agency (LEA) shall provide the child and the parent or guardian with notice explaining the rights under this section that remain in effect at age twenty-one (21). Further, not later than sixty (60) calendar days prior to the child turning twenty-one (21) years of age, the state adult service agencies responsible for planning, funding and providing services and supports for adults with developmental disabilities, including the state office of rehabilitation services (ORS) and the state department of behavioral healthcare, developmental disabilities and hospitals (BHDDH), shall provide the child and the parent or guardian with notice of the obligations and responsibilities that the respective agency owes to eligible recipients along with a level of funding and/or an individual support plan for the child twenty-one (21) years of age to receive. This section shall not be used to delay or defer the obligation of a state agency responsible for providing services to this population.

(g) For purposes of providing services under this chapter, “special education” shall have the same meaning as used in 34 C.F.R. § 300.39 and includes speech-language pathology services for students among the other services and supports provided for therein. The provision of speech-language pathology services shall not cease or be terminated solely because a child has attained nine (9) years of age or greater, if those services are still warranted.

History of Section.

P.L. 1952, ch. 2905, § 1; P.L. 1954, ch. 3368, § 1; G.L. 1956, § 16-24-1; P.L. 1996, ch. 238, § 1; P.L. 1999, ch. 83, § 26; P.L. 1999, ch. 130, § 26; P.L. 2008, ch. 141, § 1; P.L. 2008, ch. 166, § 1; P.L. 2013, ch. 501, § 38; P.L. 2016, ch. 173, § 1; P.L. 2016, ch. 185, § 1; P.L. 2017, ch. 200, § 1; P.L. 2017, ch. 237, § 1; P.L. 2017, ch. 451, § 8; P.L. 2022, ch. 100, § 1, effective June 20, 2022; P.L. 2022, ch. 101, § 1, effective June 20, 2022.

Title 16

Education

Chapter 24

Children With Disabilities [See Title 16 Chapter 97 — The Rhode Island Board of Education Act]

R.I. Gen. Laws § 16-24-1.1

§ 16-24-1.1. Parental consent required. [Effective July 1, 2026.]

(a) Unless expressly preempted by federal law, local education agencies (“LEAs”) shall obtain written parental consent before conducting an initial evaluation or making an initial placement of a student in a special education program of services. Except when the parent is unresponsive as described in the exception provided in this section, written parental consent shall also be obtained before:

- (1)** Conducting a reevaluation; and/or
- (2)** Making any changes to an existing Individualized Education Program (“IEP”).

(b) A parent may revoke consent at any time for all special education and related services. Except for initial evaluation and initial placement, consent may not be required as a condition of any continuing benefit to the student of existing services while disagreements about services are being resolved.

(c) In order that parental consent be properly informed, parents have the right, upon request, to observe any placement proposed for their child if the child is identified as eligible for special education services. An LEA may implement reasonable limitations on the timing, duration, and frequency of observation visits, but may only prohibit parents from visiting a placement with students present in limited circumstances when such prohibition is necessary to protect:

- (1)** The safety of the children in the program during the observation;
- (2)** The integrity of the program during the observation; or
- (3)** The confidential, personally identifiable information of children in the program, consistent with the provisions of the Family Educational Rights and Privacy Act (20 U.S.C. § 1232g) and the Individuals with Disabilities Education Act (20 U.S.C. § 1400 et seq.), both as may be amended from time to time.

(d) When imposing any such prohibition, the LEA shall:

- (1)** Allow parents to visit the placement or setting without students present; and
- (2)** Issue a written notification to the parents explaining why it was necessary to prohibit observation with students present.

(e) For forty-five-day (45) emergency placements in interim alternative educational settings under 34 C.F.R. § 300.530(g), LEAs shall offer parents an opportunity to observe the placement within a reasonable time following the placement, subject to the same reasonable limitations as described for other observation visits in this section. In implementing regulations, the Rhode Island department of elementary and secondary education (the “department”) may issue standards or guidance further detailing reasonable limitations or restrictions allowable hereunder.

(f) To further ensure informed parental participation, parents shall receive evaluation reports and other relevant written materials that will be considered at an eligibility or IEP meeting, including proposed goals and objectives for the IEP if they have been drafted, at least three (3) calendar days prior to attending the meeting at which those materials will be discussed. To address parental scheduling needs, parents can agree to the sharing of this material less than three (3) calendar days ahead of the meeting. All materials provided shall comply with legal requirements for language accessibility.

(g) The LEA's timeframe for conducting initial evaluations and convening a meeting (as described in 200-RICR-20-30-6.7.2(A)(1)(b)) and for conducting reevaluations and convening a meeting (as described in 200-RICR-20-30-6.7.2(C)(1)(b)) shall be sixty-three (63) calendar days.

(h)(1) No later than ten (10) school days after receipt of any proposed IEP, the parents shall accept or reject the IEP in writing.

(2) If the IEP is rejected, the parents may request a meeting to discuss the rejected IEP. Until the LEA and parents have reached consensus on a new IEP or the disputed issue(s) have been resolved via a facilitated IEP meeting, mediation, due process decision, or some other appropriate means, the existing IEP will remain effective.

(3) If the IEP is accepted, the LEA shall implement the IEP on the date specified in the proposed IEP.

(4) If the parents fail to respond within ten (10) school days after receipt of the proposed IEP, the LEA shall implement the proposed IEP on the date specified in the IEP.

(i) An LEA shall not be considered to be in violation of the requirement to make free and appropriate public education available to the child merely because the child does not receive the special education and related services for which the parent refuses to provide consent.

(j) If, subsequent to initial evaluation and initial IEP, the LEA is unable to obtain parental consent to a reevaluation or to a proposed change to an existing IEP, the LEA shall consider whether such action will result in the denial of a free, appropriate public education to the student. If, after consideration, the LEA determines that the parent's failure or refusal to consent will result in a denial of a free, appropriate public education to the student, it may seek resolution of the dispute through mediation and/or a due process hearing. This subsection shall not apply if the parent has revoked consent to all special education and related services.

(k) When an LEA: (1) Proposes to initiate or change the identification, evaluation, or educational placement of the child or the provision of a free and appropriate public education to the child; or (2) Refuses to initiate or change the identification, evaluation, or educational placement of the child or the provision of a free and appropriate public education to the child, the LEA shall make and document at least three (3) efforts to contact the parent, utilizing at least two (2) of the following means: written notices sent by certified mail; electronic mail; telephone call; and home visits at such time as the parent is likely to be home. All attempts to provide notice shall comply with legal requirements for language and other accessibility. If the above efforts are attempted and documented, and the district is unable to secure parental response to a proposed reevaluation, placement subsequent to the initial placement in a special education program, or change to an IEP, the LEA may move forward with its proposed reevaluation, change in placement, and/or change to the existing IEP. This provision to override the lack of parental response shall not apply if the parent has revoked consent to all special education and related services.

History of Section.

P.L. 2024, ch. 235, § 1, effective June 24, 2024; P.L. 2024, ch. 236, § 1, effective June 24, 2024.

Title 16

Education

Chapter 24

Children With Disabilities [See Title 16 Chapter 97 — The Rhode Island Board of Education Act]

R.I. Gen. Laws § 16-24-1.2

§ 16-24-1.2. Rules and regulations.

No later than July 1, 2026, the department of elementary and secondary education (the “department”) shall promulgate rules and regulations consistent with the provisions of this section and § 16-24-1.1. No later than December 31, 2026, the department shall additionally review and revise its guidance related to its individualized education program (“IEP”) processes and consistent statewide model forms and documents related to IEP development. The department’s development of revised guidance shall include a robust public engagement process.

History of Section.

P.L. 2024, ch. 235, § 2, effective June 24, 2024; P.L. 2024, ch. 236, § 2, effective June 24, 2024.

Title 16

Education

Chapter 24

Children With Disabilities [See Title 16 Chapter 97 — The Rhode Island Board of Education Act]

R.I. Gen. Laws § 16-24-2

§ 16-24-2. Regulations of state board.

It shall be the duty of the state board of regents for elementary and secondary education to set up regulations for the purpose of carrying out the intent of this chapter; and the regulations shall also be applicable in the administration of all educational programs operated and/or supported by the department of behavioral healthcare, developmental disabilities and hospitals, human services, and corrections; the department of children, youth, and families and the board of regents shall report to the attorney general for the purpose of enforcing any noncompliance with its regulations for special education. The regulations shall include:

- (1) Criteria to determine who is to be included in the category of a child with a disability and all persons from the age of three (3) to twenty-one (21) years who are functionally limited to such an extent that normal educational growth and development is prevented must be included in establishing the category of a child with a disability;
- (2) Minimum criteria for establishment and/or reimbursement of special facilities (such as public school classes, hospital schools, etc.) for each category of exceptionality;
- (3) Standard accounting procedures including a uniform system of accounts for the determination of the cost of special education and standard reporting requirements, both subject to the prior written approval of the auditor general, and methods of reimbursement;
- (4) Teacher training recommendations and minimum teacher qualifications;
- (5) Transportation;
- (6) Provisions permitting parents, public education agencies, certified public school teachers, support personnel, and their authorized representatives to appeal decisions made pursuant to the regulations; and
- (7) Any other regulations the state board of regents deems necessary to implement this chapter.

History of Section.

P.L. 1952, ch. 2905, § 2; P.L. 1954, ch. 3368, § 1; G.L. 1956, § 16-24-2; P.L. 1971, ch. 210, § 1; P.L. 1976, ch. 130, § 6; P.L. 1987, ch. 410, § 1; P.L. 1989, ch. 126, art. 39, § 2; P.L. 1999, ch. 83, § 26; P.L. 1999, ch. 130, § 26; P.L. 2013, ch. 501, § 38.

Title 16 Education

Chapter 24

Children With Disabilities [See Title 16 Chapter 97 — The Rhode Island Board of Education Act]

R.I. Gen. Laws § 16-24-3

§ 16-24-3. Annual census of children with disabilities.

The school committee of every city and town shall annually ascertain, under regulations prescribed by the state board of regents for elementary and secondary education, in cooperation with the directors of human services and behavioral healthcare, developmental disabilities and hospitals, the number of children residing in the town or city of school age who have disabilities.

History of Section.

P.L. 1952, ch. 2905, § 3; P.L. 1955, ch. 3464, § 1; G.L. 1956, § 16-24-3; Reorg. Plan No. 1, 1970; P.L. 1999, ch. 83, § 26; P.L. 1999, ch. 130, § 26; P.L. 2013, ch. 501, § 38.

Title 16

Education

Chapter 24

Children With Disabilities [See Title 16 Chapter 97 — The Rhode Island Board of Education Act]

R.I. Gen. Laws § 16-24-4

§ 16-24-4. Transportation.

The school committee of each city and town shall provide for the transportation to and from school either within the school district or in another school district of the state for any child who has a disability in accordance with the regulations of the state board of regents for elementary and secondary education.

History of Section.

P.L. 1952, ch. 2905, § 4; P.L. 1954, ch. 3368, § 1; G.L. 1956, § 16-24-4; P.L. 1999, ch. 83, § 26; P.L. 1999, ch. 130, § 26.

Title 16

Education

Chapter 24

Children With Disabilities [See Title 16 Chapter 97 — The Rhode Island Board of Education Act]

R.I. Gen. Laws § 16-24-5

§ 16-24-5. Joint facilities for special instruction.

Wherever possible and practical two (2) or more cities or towns may organize in providing educational facilities in a district center for the children in the respective cities or towns who are in need of special care and individual instruction.

History of Section.

P.L. 1952, ch. 2905, § 5; G.L. 1956, § 16-24-5.

Title 16

Education

Chapter 24

Children With Disabilities [See Title 16 Chapter 97 — The Rhode Island Board of Education Act]

R.I. Gen. Laws § 16-24-6

§ 16-24-6. Special education fund — Allocations to communities.

(a) The state shall make available to the communities a special education fund to be appropriated annually for allocation to the communities for noncapital expenses for special education of children with disabilities in accordance with the regulations of the board of regents for elementary and secondary education. The cost of special education, including evaluation, support services, and training, including the cost of special education personnel, materials and equipment, tuition, transportation, rent, and contractual services, of the children in the program continuum placements provided under § 16-24-2 shall be paid by the state to the city or town at the same times provided in § 16-7-17 based on the financial and census data for the second school year preceding; provided, however, that the amount of the payment for special education pupils in each of the particular program placements shall not exceed one hundred and ten percent (110%) of the state median for special education pupils in that same placement. In determining the applicable state median expenditure for special education pupils for the purpose of this section, the board of regents shall under § 16-24-2 differentiate between types of program continuum placements on the basis of the amount of time a child requires special programs outside of the regular classroom to meet his or her particular needs, the ratio of personnel to pupils required for the programs, and the efficiency and economy of operating the programs. The board of regents may distribute the payments through the cooperative service arrangements provided for under chapter 3.1 of this title. The payments shall be made only after approval and certification by the board of regents that the payments are made pursuant to this section, that cost of special education has been determined and reported in accordance with the standard accounting and reporting procedures provided for in subdivision (3) of § 16-24-2, and that the program placements have met the regulations and requirements prescribed by the board of regents. The auditor general shall audit these payments and report, in writing, any exceptions to the board of regents and to the joint committee on legislative services.

(b) The commissioner of elementary and secondary education shall make a continuous evaluation of the operation of this section and at least once every three (3) years the board of regents for elementary and secondary education shall review the findings of the commissioner and shall make its recommendations in writing to the governor and to the general assembly.

(c) The general assembly shall appropriate to the board of regents for elementary and secondary education out of any money in the treasury not otherwise appropriated for each fiscal year that sum needed to carry out the purpose of this section; provided, that for each fiscal year following 1987-1988, the total appropriation for this purpose shall not be less than eight percent (8%) over the appropriation for the preceding fiscal year. For each fiscal year commencing 1992-1993, the total appropriation for this purpose shall not be less than one hundred percent (100%) of the approved special education excess expenditures. All entitlements except those in § 16-24-6.2 shall be ratably reduced if less than one hundred percent (100%) of the expenditures appropriated. The state controller is authorized and directed to draw his or her orders upon the general treasurer for the payment of the sum or so much of it as may be required from time to time upon receipt by the controller of properly authenticated vouchers.

(d) This chapter contemplates that expenses for special education for children with disabilities will be determined in accordance with standard accounting and reporting procedures required pursuant to § 16-24-2(3),

and will be separable from expenses with respect to which state financial support is provided in § 16-7-20; the same expenses may not be counted twice, that is, once for the purpose of § 16-7-20 and again for the purpose of this chapter. The allocations herein are subject to review and adjustment by the auditor general on the basis of more accurate census or other data that may be obtained by him or her.

(e) The department of elementary and secondary education shall deduct and retain the sum of two hundred thousand dollars (\$200,000) from the amount appropriated under subsection (c) of this section. This sum, which will serve as the state match to federal funds, shall be used by the department of elementary and secondary education to enter into an agreement with the division of vocational rehabilitation to procure the services of vocational rehabilitation counselors for special education students in the public schools, and the agreement shall be subject to the approval of the commissioner of elementary and secondary education.

History of Section.

P.L. 1976, ch. 130, § 2; P.L. 1980, ch. 152, § 6; P.L. 1987, ch. 288, § 3; P.L. 1987, ch. 558, § 1; P.L. 1988, ch. 129, art. 18, § 1; P.L. 1990, ch. 65, art. 30, § 1; P.L. 1992, ch. 133, art. 43, § 3; P.L. 1993, ch. 426, § 1; P.L. 1999, ch. 83, § 26; P.L. 1999, ch. 130, § 26; P.L. 2001, ch. 86, § 42.

Title 16

Education

Chapter 24

Children With Disabilities [See Title 16 Chapter 97 — The Rhode Island Board of Education Act]

R.I. Gen. Laws § 16-24-7

§ 16-24-7. Minors with intellectual or developmental disabilities defined.

The term “minors with intellectual or developmental disabilities” means all children between the age of three (3) and twenty-one (21) who because of delayed intellectual development, as determined by an individual multidisciplinary evaluation, require specialized instruction appropriate to their individual capacity.

History of Section.

P.L. 1952, ch. 2905, § 3; P.L. 1955, ch. 3464, § 1; G.L. 1956, § 16-24-7; P.L. 1976, ch. 221, § 1; P.L. 2023, ch. 61, § 1, effective June 14, 2023; P.L. 2023, ch. 62, § 1, effective June 14, 2023.

Title 16

Education

Chapter 24

Children With Disabilities [See Title 16 Chapter 97 — The Rhode Island Board of Education Act]

R.I. Gen. Laws § 16-24-10

§ 16-24-10. Arrangements by cities and towns having small numbers of minors with intellectual or developmental disabilities.

Each city and town that contains fewer than eight (8) minors with intellectual or developmental disabilities may contract with another city or town for the education of the minors or may establish a special class pursuant to the previous provision with the consent of the board of regents for elementary and secondary education. In the event that a city or town does not establish a class for fewer than eight (8) minors with intellectual or developmental disabilities or contract with another city or town, then the city or town shall contract with a suitable day school for instruction adapted to the mental attainments of the minors; provided that the day schools shall be subject to the regulations and supervision of the state board of regents for elementary and secondary education.

History of Section.

P.L. 1952, ch. 2905, § 3; P.L. 1955, ch. 3464, § 1; G.L. 1956, § 16-24-10; P.L. 2023, ch. 61, § 1, effective June 14, 2023; P.L. 2023, ch. 62, § 1, effective June 14, 2023.

Title 16

Education

Chapter 24

Children With Disabilities [See Title 16 Chapter 97 — The Rhode Island Board of Education Act]

R.I. Gen. Laws § 16-24-11

§ 16-24-11. Transportation for pupils with intellectual or developmental disabilities.

Transportation shall be provided for all pupils attending a special class or suitable day schools.

History of Section.

P.L. 1952, ch. 2905, § 3; P.L. 1955, ch. 3464, § 1; G.L. 1956, § 16-24-11; P.L. 2023, ch. 61, § 1, effective June 14, 2023; P.L. 2023, ch. 62, § 1, effective June 14, 2023.

Title 16

Education

Chapter 24

Children With Disabilities [See Title 16 Chapter 97 — The Rhode Island Board of Education Act]

R.I. Gen. Laws § 16-24-13

§ 16-24-13. Classes for children with disabilities in state residential facilities and institutions.

Classes for children with disabilities as described in the regulations of the state board of regents for elementary and secondary education shall be provided for those children in all the state institutions and also in state operated and state supported facilities where children with disabilities reside subject to all regulations of the state board of regents for elementary and secondary education.

History of Section.

P.L. 1952, ch. 2905, § 3; P.L. 1955, ch. 3464, § 1; G.L. 1956, § 16-24-13; P.L. 1976, ch. 221, § 1; P.L. 1999, ch. 83, § 26; P.L. 1999, ch. 130, § 26.

Title 16

Education

Chapter 24

Children With Disabilities [See Title 16 Chapter 97 — The Rhode Island Board of Education Act]

R.I. Gen. Laws § 16-24-16

§ 16-24-16. Approved centers.

For the purpose of furnishing transportation and providing incidental expenses for the education of minors with intellectual or developmental disabilities, a center approved by the director of behavioral healthcare, developmental disabilities and hospitals shall be decreed to be a school as considered in this chapter.

History of Section.

P.L. 1968, ch. 129, § 1; P.L. 1970, ch. 322, § 1; Reorg. Plan No. 1, 1970; P.L. 2013, ch. 501, § 38; P.L. 2023, ch. 61, § 1, effective June 14, 2023; P.L. 2023, ch. 62, § 1, effective June 14, 2023.

Title 16

Education

Chapter 24

Children With Disabilities [See Title 16 Chapter 97 — The Rhode Island Board of Education Act]

R.I. Gen. Laws § 16-24-17

§ 16-24-17. Payment for services.

No school district shall pay to any provider of either health or educational services to children with disabilities under this title any charges in excess of the rate currently being charged by the provider to any other public or private purchaser for the basic services, including any charges for room and board, nor shall the school district pay any charges in excess of the rate currently being charged by the provider to any other public or private purchaser for any other services deemed necessary by the individual education program. The school districts may request from the provider one hundred twenty (120) days prior to the start of their fiscal year a rate for services to be rendered for the ensuing fiscal year and the providers shall not change the rates during the ensuing fiscal year.

History of Section.

P.L. 1983, ch. 77, § 1; P.L. 1999, ch. 83, § 26; P.L. 1999, ch. 130, § 26.

Title 16

Education

Chapter 24

Children With Disabilities [See Title 16 Chapter 97 — The Rhode Island Board of Education Act]

R.I. Gen. Laws § 16-24-18

§ 16-24-18. Transition from school to self-sufficient adulthood for students with disabilities.

(a) There is established within the department of elementary and secondary education an interagency transition council (the “transition council”) composed of:

(1) The administrators or their designees of the following:

(i) Department of human services — office of rehabilitation services;

(ii) Department of behavioral healthcare, developmental disabilities and hospitals — division of developmental disabilities;

(iii) Department of behavioral healthcare, developmental disabilities and hospitals — division of behavioral healthcare;

(iv) Department of children, youth, and families;

(v) Department of elementary and secondary education — office of student, community and academic supports;

(vi) Department of elementary and secondary education — office of adult and career and technical education;

(vii) Department of labor and training — human resource investment council;

(viii) Department of health — division of community, family health, and equity; and

(2) Commissioner of higher education or his or her designee; and

(3) Two (2) young persons with disabilities, two (2) parents of young persons with disabilities, and two (2) representatives of local school districts and one transition coordinator from one of the regional educational collaboratives, appointed by the commissioner of elementary and secondary education.

(4) One representative of community-based providers of services to adults with developmental disabilities and one representative of community-based providers of adult behavioral healthcare services, appointed by the director of the department of behavioral healthcare, developmental disabilities and hospitals.

(b) The goal of the transition council is to ensure the preparedness of students with disabilities, upon leaving school, to live and work in the community.

(c) The transition council shall draft and propose periodic revisions to the cooperative agreement among the state departments and offices for the provisions of services in the transition of young persons with disabilities from

school to self-sufficient adult life. The directors of the state departments and agencies shall sign the cooperative agreement and any revisions, prior to their implementation. The transition council shall oversee the implementation of the cooperative agreement. The council shall issue guidelines or instructions and recommend to the state departments and agencies appropriate directives necessary to effectuate the implementation of the cooperative agreement. The transition council shall develop joint plans for state departments and agencies and local school districts for providing transition services to assist young persons with disabilities. The transition council shall, after hearing from the public, issue an annual report to the governor, children's cabinet, and general assembly on the status of transition services and recommendations for improving opportunities for young persons with disabilities to make a successful transition from school to self-sufficient adult life.

(d) Individualized transition planning will be initiated by the school district to include the young person with a disability, guardian, general education and special education personnel as appropriate, career and technical education, and representatives of any party to the delivery and implementation of the individual plan. Transition planning will begin by age fourteen (14) or younger if determined appropriate in the individualized education program, for each eligible young person with a disability and shall be reviewed and updated annually.

(e) As used in this section:

(1) "Transition services" means a coordinated set of activities for a young person with a disability, designed within an outcome oriented process, that promotes movement from school to post-school activities including postsecondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation. The activities shall be based on the needs of the individual young person with a disability, taking into account the young person with a disability's preferences and interests; and shall include needed activities in the areas of:

(i) Instruction;

(ii) Community experiences;

(iii) The development of employment and other post-school adult living objectives; and

(iv) If appropriate, acquisition of daily living skills and functional vocational evaluation.

(2) "Young person(s) with a disability" means those students:

(i) Evaluated in accordance with the Individuals with Disabilities Education Act, 20 U.S.C. § 1400 et seq., as having mental retardation, hearing impairments including deafness, speech or language impairments, visual impairments including blindness, serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, specific learning disabilities, deaf-blindness, or multiple disabilities; or

(ii) Who because of those impairments needs special education and related services, and

(iii) Age fourteen (14) or younger if determined appropriate in the individualized education program.

History of Section.

P.L. 1994, ch. 230, § 1; P.L. 1998, ch. 128, § 1; P.L. 1998, ch. 320, § 1; P.L. 2000, ch. 320, § 1; P.L. 2000, ch. 466, § 1; P.L. 2012, ch. 197, § 1; P.L. 2012, ch. 244, § 1.

Title 16

Education

Chapter 24

Children With Disabilities [See Title 16 Chapter 97 — The Rhode Island Board of Education Act]

R.I. Gen. Laws § 16-24-19

§ 16-24-19. Special education local advisory committees.

(a) Every public school district shall, on the district’s website:

(1) Post and maintain either a link to the website of the district’s special education local advisory committee (the “committee”), or provide the contact information for the committee; and

(2) Post or otherwise list the dates of meetings of the committee during the school year.

(b) All districts shall maintain and promote committees that are active. As used herein, the term “active” means that the committee meets at least four (4) times per year during the school year; provided, one of these four (4) meetings may take place during the summer months if the district operates an extended school year program for students with disabilities. A parent, guardian, or other legally responsible adult of a student in a district where the committee is not active may notify the school superintendent as to this lack of an active committee, on a written notice form (“notice”) prepared by the district. Upon receipt of a notice under this section, the district superintendent and the director of special education shall investigate the notice to determine if the committee is or is not active. If the committee is not active, the district shall investigate why the committee is not active and shall undertake efforts to make the committee active.

(c) At every meeting with a parent, guardian, or other responsible adult (“responsible adult”) of a student who is disabled, which meeting involves a review, modification, or continuation of that student’s individual education program or 504 plan, the district shall provide a written notice to the responsible adult that informs the responsible adult of the provisions of this section, including, but not limited to, the contact information for the committee and the dates of scheduled meetings.

History of Section.

P.L. 2023, ch. 383, § 1, effective June 26, 2023; P.L. 2023, ch. 384, § 1, effective June 26, 2023.

Title 16

Education

Chapter 64

Residence of Children for School Purposes

R.I. Gen. Laws § 16-64-1.1

§ 16-64-1.1. Payment and reimbursement for educational costs of children placed in foster care, group homes, or other residential facility by a Rhode Island state agency.

(a) Children placed in foster care by a Rhode Island-licensed child-placing agency or a Rhode Island governmental agency shall be entitled to the same free, appropriate public education provided to all other residents of the city or town where the child is placed. The city or town shall pay the cost of the education of the child during the time the child is in foster care in the city or town.

(b) Children placed by the department of children, youth and families (DCYF) in a group home or other residential facility that does not include the delivery of educational services are to be educated by the community in which the group home or other residential facility is located, and those children shall be entitled to the same free, appropriate public education provided to all other residents of the city or town where the child is placed. For purposes of payment and reimbursement for educational costs under this chapter, the term “group home or other residential facility” shall not include independent-living programs or the Children’s Residential and Family Treatment (CRAFT) program located on the East Providence campus of Bradley Hospital. Each city and town that contains one or more group homes or other residential facilities that do not include delivery of educational services will receive funds as part of state aid to education in accordance with the following provisions:

(1) On December 31 of each year, the DCYF shall provide the department of elementary and secondary education with a precise count of how many group home or other residential facility “beds” exist in each Rhode Island city or town, counting only those “beds” in facilities that do not include the delivery of educational services. The number of “beds” in each group home or other residential facility shall be equal to the maximum number of children who may be placed in that group home or other residential facility on any given night according to the applicable licensure standards of the DCYF.

(2) For all fiscal years beginning after June 30, 2016, education aid for each school district shall include seventeen thousand dollars (\$17,000) for each bed certified by DCYF by the preceding December 31. For all fiscal years beginning after June 30, 2008, whenever the number of beds certified by DCYF for a school district by December 31 is greater than the number certified the prior December 31 upon which the education aid for that fiscal year was appropriated, the education aid for that district as enacted by the assembly during the prior legislative session for that fiscal year will be increased by the number of increased beds multiplied by the amount per bed authorized for that fiscal year. The Department of Elementary and Secondary Education shall include the additional aid in equal payments in March, April, May, and June, and the Governor’s budget recommendations pursuant to § 35-3-8 shall include the amounts required to provide the increased aid.

(c) Children placed by DCYF in a residential-treatment program, group home, or other residential facility, whether or not located in the state of Rhode Island, which includes the delivery of educational services provided by that facility (excluding facilities where students are taught on grounds for periods of time by teaching staff provided by the school district in which the facility is located), shall have the cost of their education paid for as provided for in subsection (d) and § 16-64-1.2. The city or town determined to be responsible to DCYF for a

per-pupil special-education cost pursuant to § 16-64-1.2 shall pay its share of the cost of educational services to DCYF or to the facility providing educational services.

(d) Children placed by DCYF in group homes, child-caring facilities, community residences, or other residential facilities shall have the entire cost of their education paid for by DCYF if:

- (1)** The facility is operated by the state of Rhode Island or the facility has a contract with DCYF to fund a pre-determined number of placements or part of the facility's program;
- (2)** The facility is state licensed; and
- (3)** The facility operates an approved, on-grounds educational program, whether or not the child attends the on-grounds program.

(e) Notwithstanding the foregoing or any other law, effective June 30, 2025, neither the East Providence public schools nor the city of East Providence shall be responsible to provide any educational or related services or instruction or have any financial responsibility for any student attending the CRAFT program unless East Providence is that student's district of origin. The school district of origin shall be responsible to provide any pay for such services and instruction consistent with applicable state law and regulation. For purposes of this section, "school district of origin" means the school district in which the student was last registered to attend prior to admission to the CRAFT program. The East Providence school district shall not be paid reimbursement as provided in this statute for such students.

History of Section.

P.L. 1998, ch. 68, § 3; P.L. 2001, ch. 77, art. 22, § 3; P.L. 2005, ch. 117, art. 13, § 2; P.L. 2006, ch. 246, art. 19, § 3; P.L. 2007, ch. 73, art. 21, § 6; P.L. 2013, ch. 501, § 68; P.L. 2016, ch. 142, art. 11, § 6; P.L. 2025, ch. 278, art. 7, § 3, effective June 29, 2025.

Title 16

Education

Chapter 113

Rhode Island Hope Scholarship Pilot Program Act

R.I. Gen. Laws § 16-113-1

§ 16-113-1. Short title.

This chapter shall be known and may be cited as the “Rhode Island Hope Scholarship Pilot Program Act”.

History of Section.

P.L. 2023, ch. 79, art. 8, § 5, effective June 16, 2023; P.L. 2023, ch. 337, § 1, effective June 24, 2023; P.L. 2023, ch. 396, § 1, effective June 24, 2023.

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Chapter 113

Rhode Island Hope Scholarship Pilot Program Act

R.I. Gen. Laws § 16-113-2

§ 16-113-2. Legislative findings and purpose.

(a) The general assembly finds and declares that:

- (1)** Education is critical for the state’s young people to achieve their aspirations and develop their talents;
- (2)** The state’s economic success depends on a highly educated and skilled workforce;
- (3)** The state’s future prosperity depends upon its ability to make educational opportunities beyond high school available for all students;
- (4)** The coronavirus has inflicted undue hardships on students and their families, creating barriers to a four-year (4) college degree;
- (5)** A merit-based tuition reduction program will help make a four-year (4) college degree available to all students;
- (6)** Rhode Island college offers students a feasible opportunity to obtain a four-year (4) degree, but remains an underutilized resource in the state; and
- (7)** The state of Rhode Island’s motto is “Hope”.

(b) In order to address the findings set forth in subsection (a) of this section, the purpose of this chapter is to increase the number of students enrolling in and completing four-year (4) degrees and certificates on time from Rhode Island college, and to promote more graduates in high-need fields such as nursing, pre-K through grade twelve (12) education, and the trades, which are fields for which Rhode Island college provides a strong and affordable education.

(c) The purpose of the pilot program is also to determine whether a scholarship program for Rhode Island college that is modeled on the promise scholarship program established in chapter 107 of this title would be successful in attaining the goals set forth in this section.

History of Section.

P.L. 2023, ch. 79, art. 8, § 5, effective June 16, 2023; P.L. 2023, ch. 337, § 1, effective June 24, 2023; P.L. 2023, ch. 396, § 1, effective June 24, 2023.

Title 16

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Chapter 113

Rhode Island Hope Scholarship Pilot Program Act

R.I. Gen. Laws § 16-113-3

§ 16-113-3. Establishment of scholarship program.

There is hereby established the Rhode Island hope scholarship pilot program. The general assembly shall annually appropriate the funds necessary to implement the purposes of this chapter for the periods of the pilot program. Additional funds beyond the scholarships may be appropriated to support and advance the Rhode Island hope scholarship pilot program. In addition to appropriation by the general assembly, charitable donations may be accepted into the scholarship program.

History of Section.

P.L. 2023, ch. 79, art. 8, § 5, effective June 16, 2023; P.L. 2023, ch. 337, § 1, effective June 24, 2023; P.L. 2023, ch. 396, § 1, effective June 24, 2023.

Title 16

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Chapter 113

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R.I. Gen. Laws § 16-113-4

§ 16-113-4. Definitions.

When used in this chapter, the following terms shall have the following meanings:

- (1) “ADA” means the Americans with Disabilities Act, 42 U.S.C. § 12101 et seq., as may be amended from time to time.
- (2) “Certificate” means any certificate program with labor market value as defined by the postsecondary commissioner.
- (3) “College-level credit” means credit awarded by a college or university for completion of its own courses or other academic work.
- (4) “FAFSA” means the Free Application for Federal Student Aid form.
- (5) “General education coursework” means the educational foundation of knowledge, skills, and attitudes that prepares students for success in their majors and their personal and professional lives after graduation. It includes, but is not limited to, the required coursework of all degrees developed by each eligible postsecondary institution that is approved by the council on postsecondary education that is intended to ensure that all graduates of a state institution have a balanced core of competencies and knowledge. This does not necessarily include coursework specifically required for one’s major.
- (6) “Mandatory fees and tuition” means the costs that every student is required to pay in order to enroll in classes, and does not include room and board, textbooks, program fees that may exist in some majors, course fees that may exist for some specific courses, meal plans, or travel.
- (7) “On track to graduate on time” means the standards determined by Rhode Island college in establishing the expectation of a student to graduate with a bachelor’s degree within four (4) years of enrollment, or the prescribed completion time for a student completing a certificate (recognizing that some students, including students who require developmental education, are double majors, or are enrolled in certain professional programs may require an extended time period for degree completion).
- (8) “Pilot program” and “scholarship program” means the Rhode Island hope scholarship pilot program that is established pursuant to § 16-113-3.
- (9) “Reasonable accommodations” means any necessary modifications or adjustment to a facility, equipment, program, or manner of operation as required by the Americans with Disabilities Act (“ADA”) and section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 791, as may be amended from time to time.
- (10) “Recipient student” means a student attending Rhode Island college who qualifies to receive the Rhode Island hope scholarship pursuant to § 16-113-6.
- (11) “State” means the state of Rhode Island.

(12) “Student with a disability” means any student otherwise eligible pursuant to this chapter who has a physical, developmental, or hidden disability or disabilities, as defined in § 42-87-1, that would create a hardship or other functional obstacles preventing participation in this program.

History of Section.

P.L. 2023, ch. 79, art. 8, § 5, effective June 16, 2023; P.L. 2023, ch. 337, § 1, effective June 24, 2023; P.L. 2023, ch. 396, § 1, effective June 24, 2023.

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R.I. Gen. Laws § 16-113-5

§ 16-113-5. Administration of scholarship program.

(a) The financial aid office at Rhode Island college, in conjunction with the admissions office or their respective equivalent offices at Rhode Island college, shall administer the scholarship program for state residents seeking bachelor's degrees and/or certificates who meet the eligibility requirements in this chapter.

(b) An award of the scholarship program shall cover the cost of up to two (2) years of tuition and mandatory fees, for the junior and senior years of the student, or in the case of an adult student, who has attained at least sixty (60) credit hours, then the award may cover tuition and mandatory fees over a duration of not more than two (2) years. In all instances, these awards shall be reduced by the amount of federal and all other financial aid monies available to the recipient student. None of any grants received by students from the department of children, youth and families' higher education opportunity incentive grant as established by chapter 72.8 of title 42 or the college crusade scholarship act as established in chapter 70 of this title shall be considered federal or financial aid for the purposes of this chapter.

(c) The scholarship program is limited to one award per student as required by § 16-113-6(a)(7); provided that, the award may cover the two (2) years that constitute the junior and senior years of the student, or the two (2) years for an adult student, and may be dispersed in separate installments.

History of Section.

P.L. 2023, ch. 79, art. 8, § 5, effective June 16, 2023; P.L. 2023, ch. 337, § 1, effective June 24, 2023; P.L. 2023, ch. 396, § 1, effective June 24, 2023.

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R.I. Gen. Laws § 16-113-6

§ 16-113-6. Eligibility for merit-based tuition reduction scholarship at Rhode Island college.

(a) Beginning with the students who enrolled at Rhode Island college in the fall of 2023, a student:

- (1)** Must qualify for in-state tuition and fees pursuant to the residency policy adopted by the council on postsecondary education, as amended, supplemented, restated, or otherwise modified from time to time (“residency policy”);
- (2)** Must be a currently enrolled full-time student who has declared a major and earned a minimum of sixty (60) total credit hours towards an eligible program of study, as determined by Rhode Island college;
- (3)** Must complete the FAFSA and any required FAFSA verification by the deadline prescribed by Rhode Island college for each year in which the student seeks to receive funding under the scholarship program; provided that, persons who are legally unable to complete the FAFSA must complete a comparable form created by Rhode Island college, by the deadline prescribed by Rhode Island college, for each year in which the student seeks to receive funding under the scholarship program;
- (4)** Must enroll or have enrolled full-time as a freshman as a first-time student and continue to be enrolled on a full-time basis at Rhode Island college, by the dates indicated within this chapter;
- (5)** Must maintain an average annual cumulative grade point average (GPA) of 2.5 or greater, as determined by Rhode Island college, prior to obtaining the scholarship and also as a condition of being able to continue to be a scholarship recipient;
- (6)** Must remain on track to graduate on time as determined by Rhode Island college and must complete both the student’s freshman and sophomore years at Rhode Island college, or in the case of an adult student, have completed sixty (60) credit hours of tuition and mandatory fees at Rhode Island college over a duration of no more than four (4) years;
- (7)** Must not have already received an award under this program or under chapter 107 of this title; and
- (8)** Must commit to live, work, or continue their education in Rhode Island after graduation.

(b) Rhode Island college, in conjunction with the office of the postsecondary commissioner, shall develop a policy that will secure the commitment set forth in subsection (a) of this section from recipient students.

(c) Notwithstanding the eligibility requirements under subsection (a) of this section (“specified conditions”):

- (1)** In the case of a recipient student who has an approved medical or personal leave of absence or is unable to satisfy one or more specified conditions because of the student’s medical or personal circumstances, the student may continue to receive an award under the scholarship program upon resuming the student’s education so long as the student continues to meet all other applicable eligibility requirements;

(2) In the case of a recipient student who is a member of the national guard or a member of a reserve unit of a branch of the United States military and is unable to satisfy one or more specified conditions because the student is or will be in basic or special military training, or is or will be participating in a deployment of the student's guard or reserve unit, the student may continue to receive an award under the scholarship program upon completion of the student's basic or special military training or deployment; and

(3) Students enrolled in Rhode Island college as of July 1, 2021, who have attained junior status at Rhode Island college as of July 1, 2023, or who enrolled in Rhode Island college as of July 1, 2022, and who have attained junior status at Rhode Island college as of July 1, 2024, and who are otherwise in compliance with this chapter, shall be eligible for a hope scholarship under this chapter.

(4) Any student with a disability, otherwise eligible for a scholarship pursuant to the provisions of this section, shall be entitled to access this program and shall be afforded all reasonable accommodations, as required by the ADA and the Rehabilitation Act of 1973, including, but not limited to, enrolling on a part-time basis and taking longer than four (4) years to graduate with a bachelor's degree.

(d) The decision of whether or not a student has attained junior or senior status by the appropriate date shall be determined by the appropriate body of Rhode Island college, subject to the rules, regulations, and procedures established pursuant to § 16-113-8.

History of Section.

P.L. 2023, ch. 79, art. 8, § 5, effective June 16, 2023; P.L. 2023, ch. 337, § 1, effective June 24, 2023; P.L. 2023, ch. 396, § 1, effective June 24, 2023.

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Chapter 113

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R.I. Gen. Laws § 16-113-7

§ 16-113-7. Reporting and disbursement.

(a) On or before November 10, 2023, and on or before November 10 and May 10 thereafter for every year through and including calendar year 2030, Rhode Island college shall submit a report to the director of the office of management and budget, the state budget officer, the house fiscal advisor, the senate fiscal advisor, the commissioner of postsecondary education, and the chair of the council on postsecondary education, detailing the following:

- (1)** The number of students eligible to participate in the scholarship program;
- (2)** The amount of federal and institutional financial aid anticipated to be received by recipient students;
- (3)** The aggregate tuition and mandatory fee costs attributable to recipient students;
- (4)** The resulting total cost of the scholarship program to the state; and
- (5)** The report shall contain such data for both the current fiscal year and the most up-to-date forecast for the following fiscal year. Data reported shall be subdivided by student-year cohort and shall be accompanied by a written explanation detailing the estimating methodology utilized and any impact(s) the forecasted data may present to institutional capacity, operational costs, and the tuition/fee revenue base of the institution.

(b) On or before July 1, 2030, Rhode Island college and the commissioner of postsecondary education shall submit a report evaluating the program based on all cohorts to the governor, speaker of the house, and the president of the senate. This evaluation shall include the following:

- (1)** The number of students who started in each cohort;
- (2)** The number of students in each cohort who have attained a degree or certification in an on-time manner;
- (3)** The number of students in each cohort who have not attained a degree or certification in an on-time manner and an analysis of why that has happened;
- (4)** The number of students in each cohort who began the program but have been unable to continue or complete the program and an analysis of why that has happened;
- (5)** The costs of the program and the costs of continuing the program;
- (6)** Suggestions for ways to increase the success of the program;
- (7)** Recommendations as to modifying, continuing, expanding, curtailing, or discontinuing the program; and
- (8)** Any such other recommendations or information as Rhode Island college and the commissioner of postsecondary education deem appropriate to include in the evaluation.

(c) The office of management and budget, in consultation with the office of the postsecondary commissioner, shall oversee the apportionment and disbursement of all funds appropriated for the purpose of the scholarship program.

History of Section.

P.L. 2023, ch. 79, art. 8, § 5, effective June 16, 2023; P.L. 2023, ch. 337, § 1, effective June 24, 2023; P.L. 2023, ch. 396, § 1, effective June 24, 2023; P.L. 2024, ch. 117, art. 8, § 7, effective June 17, 2024.

Title 16

Education

Chapter 113

Rhode Island Hope Scholarship Pilot Program Act

R.I. Gen. Laws § 16-113-8

§ 16-113-8. Rules, regulations, and procedures.

The council on postsecondary education is hereby authorized to promulgate rules and regulations to effectuate the purposes of this chapter, including, but not limited to, the residency policy, and Rhode Island college shall establish appeal procedures for the award, denial, or revocation of funding under the scholarship program. The rules and regulations shall be promulgated in accordance with § 16-59-4.

History of Section.

P.L. 2023, ch. 79, art. 8, § 5, effective June 16, 2023; P.L. 2023, ch. 337, § 1, effective June 24, 2023; P.L. 2023, ch. 396, § 1, effective June 24, 2023.

Title 16

Education

Chapter 113

Rhode Island Hope Scholarship Pilot Program Act

R.I. Gen. Laws § 16-113-9

§ 16-113-9. Applicability to current students.

Currently enrolled students at Rhode Island college who have attained junior status as of July 1, 2023, or July 1, 2024, and who otherwise meet the requirements of this chapter, shall be eligible for a hope scholarship under this chapter.

History of Section.

P.L. 2023, ch. 79, art. 8, § 5, effective June 16, 2023; P.L. 2023, ch. 337, § 1, effective June 24, 2023; P.L. 2023, ch. 396, § 1, effective June 24, 2023.

Title 16

Education

Chapter 113

Rhode Island Hope Scholarship Pilot Program Act

R.I. Gen. Laws § 16-113-10

§ 16-113-10. Funding of and sunset of pilot program.

The Rhode Island hope scholarship pilot program shall be funded from July 1, 2023, through and including June 30, 2030. There shall be no further funding of the pilot program without further action of the general assembly. Any final reports due pursuant to this chapter shall be filed pursuant to the dates set forth herein.

History of Section.

P.L. 2023, ch. 79, art. 8, § 5, effective June 16, 2023; P.L. 2023, ch. 337, § 1, effective June 24, 2023; P.L. 2023, ch. 396, § 1, effective June 24, 2023; P.L. 2024, ch. 117, art. 8, § 7, effective June 17, 2024.

Title 42

State Affairs and Government

Chapter 72.8

Department of Children, Youth and Families' Higher Education Opportunity Incentive Grant

R.I. Gen. Laws § 42-72.8-1

§ 42-72.8-1. Statement of purpose.

(a) There are many children in the custody of the department of children, youth and families who have been in such custody for several years and who have no family resources or whose family has limited ability to provide funds for postsecondary education. Such children often possess the academic ability and the interest to pursue higher educational goals but are precluded from doing so because of the lack of family resources to assist in funding;

(b) The state has already invested considerable funds in such youth through the funding of residential placements, foster care, counseling services, and health care. Investment in their education will help to ensure a successful transition to adulthood free of dependence on government support;

(c) To afford such youth opportunity comparable to children not in state custody who often enjoy greater opportunities to draw from family and other resources, there is hereby created the Department of Children, Youth and Families' Higher Education Opportunity Incentive Grant Program. Through an appropriation from the general assembly a grant fund shall be established in the department of children, youth and families to supplement financial assistance in the form of grants and scholarships that are available to such youth.

History of Section.

P.L. 1999, ch. 250, § 1; P.L. 1999, ch. 511, § 1.

Title 42

State Affairs and Government

Chapter 72.8

Department of Children, Youth and Families' Higher Education Opportunity Incentive Grant

R.I. Gen. Laws § 42-72.8-2.1

§ 42-72.8-2.1. Eligibility.

(a) To be eligible for a Higher Education Opportunity Incentive Grant, a youth:

- (1)** Must have been in foster care in Rhode Island through the department for at least six (6) months on or after their fourteenth birthday. The six (6) months can be non-consecutive periods of foster care placement or participation in the voluntary extension of care pursuant to § 14-1-6;
- (2)** Retains eligibility through the academic year in which the student reaches their twenty-third birthday;
- (3)** Must have graduated from high school or received a high school equivalency diploma;
- (4)** Must be admitted to, and must enroll, attend, and make satisfactory progress towards the completion of a degreed program of study at the Community College of Rhode Island, Rhode Island College, or the University of Rhode Island on a full-time or part-time basis enrolled in no less than six (6) credits per semester; and
- (5)** Must complete the Free Application for Federal Student Aid (FAFSA) and any required FAFSA verification, or for persons who are legally unable to complete the FAFSA, must complete a comparable form created by the institution by the applicable deadline for each year in which the student seeks to receive funding under the aforesaid incentive grant.

(b) To be eligible for a Workforce Development Incentive Grant, a youth:

- (1)** Must have been in foster care in Rhode Island through the department for at least six (6) months on or after their fourteenth birthday. The six (6) months can be non-consecutive periods of foster care placement or participation in the voluntary extension of care pursuant to § 14-1-6;
- (2)** Retains eligibility through the academic year in which the student reaches their twenty-third birthday;
- (3)** Must have graduated from high school or received a high school equivalency diploma; and
- (4)** Must be enrolled and attend a workforce development program at the community college of Rhode Island approved by the commissioner of postsecondary education.

(c) Youth shall only be eligible for one of the incentive grants per academic year.

(d) Youth who meet the eligibility requirements in subsection (a) or (b) of this section and who are adopted or placed in guardianship through the department after their sixteenth birthday are eligible to receive the incentive grant.

History of Section.

P.L. 2024, ch. 117, art. 8, § 9, effective June 17, 2024.

Title 42

State Affairs and Government

Chapter 72.8

Department of Children, Youth and Families' Higher Education Opportunity Incentive Grant

R.I. Gen. Laws § 42-72.8-2

§ 42-72.8-2. Administration of program.

(a) The department annually shall notify, identify, and outreach to those youth in its legal custody, beginning at age fourteen (14) and until the youth exits care, who may satisfy the eligibility requirements prescribed in § 42-72.8-2.1 for the Higher Education Opportunity Incentive Grant. Each qualified applicant will receive a grant, to the extent of available funding, to supplement federal, state, private, and institutional scholarships, grants, and work-study opportunities awarded to the higher education institution for the applicant in an amount not to exceed the full cost of attendance including, but not limited to: tuition, fees, books, academic support, transportation, food, and housing. The department shall request from the higher education institution the qualified applicant's unmet need calculated in accordance with federal and state laws and the institution's policies. For the workforce development incentive grant, each qualified applicant shall receive a grant, to the extent of available funding, in an amount not to exceed the full cost of attendance including, but not limited to: training, fees, books, transportation, food, and housing calculated by the department, in collaboration with the Community College of Rhode Island. Payments pursuant to this chapter shall be disbursed in accordance with the requirements of the higher education institution.

(b) [Deleted by P.L. 2024, ch. 117, art. 8, § 8, effective June 17, 2024.]

(c) [Deleted by P.L. 2024, ch. 117, art. 8, § 8, effective June 17, 2024.]

History of Section.

P.L. 1999, ch. 250, § 1; P.L. 1999, ch. 511, § 1; P.L. 2007, ch. 73, art. 22, § 4; P.L. 2010, ch. 300, § 1; P.L. 2024, ch. 117, art. 8, § 8, effective June 17, 2024.

Title 42

State Affairs and Government

Chapter 72.8

Department of Children, Youth and Families' Higher Education Opportunity Incentive Grant

R.I. Gen. Laws § 42-72.8-3

§ 42-72.8-3. Selection of grant recipients.

- (a)** Grant awards shall be made by the department pursuant to its policies, procedures, rules, and regulations.
- (b)** Cumulative grant awards shall not exceed available appropriations in any fiscal year. The department shall adopt policies, procedures, rules, or regulations, which are reasonably necessary to implement the provisions of this chapter.

History of Section.

P.L. 1999, ch. 250, § 1; P.L. 1999, ch. 511, § 1; P.L. 2010, ch. 300, § 1; P.L. 2024, ch. 117, art. 8, § 10, effective June 17, 2024.

Title 42

State Affairs and Government

Chapter 72.8

Department of Children, Youth and Families' Higher Education Opportunity Incentive Grant

R.I. Gen. Laws § 42-72.8-4

§ 42-72.8-4. Appropriation.

(a) The general assembly shall appropriate no less than the sum of two hundred thousand dollars (\$200,000) annually. No later than September 1, 2024, and annually thereafter, the department shall provide an annual report to the governor, the speaker of the house of representatives, and the president of the senate regarding the funds distributed pursuant to this chapter. The report shall include:

- (1) The total number of applicants in relation to the total number of grants authorized by the department by school and approved workforce development program;
- (2) The average unmet need for each grant recipient by each school and approved workforce development program;
- (3) The average award amount by grant program; and
- (4) The total amount of funding distributed to each grant program.

(b) The department annually shall present the report and an update regarding the higher education opportunity incentive grant and workforce development incentive grant to the youth advisory board and key partners.

History of Section.

P.L. 1999, ch. 250, § 1; P.L. 1999, ch. 511, § 1; P.L. 2024, ch. 117, art. 8, § 10, effective June 17, 2024.

FOSTER CARE YOUTH SCHOLARSHIP PROGRAM

ELIGIBILITY CRITERIA

Applicant eligibility depends on acceptance into Rhode Island College, participation in the foster care system, age, residency and financial need.

Residency, Academic Standing, Financial Need

- must be a resident of Rhode Island and were formerly or are currently in the Rhode Island foster care system
- must have graduated high school or received the equivalent of a high school diploma
- must maintain satisfactory academic progress as defined by Rhode Island College
- must complete the FAFSA (Free Application for Federal Student Aid)
- must demonstrate financial need based on the Free Application for Federal Student Aid (FAFSA) or state-alternative Financial Aid Application

Foster Care Applicant

Youth must be within the age range for Foster Care eligibility:

- youth who are currently or were in foster care between the ages of 13-21 for six (6) months or more, regardless of whether that time was consecutive or non-consecutive; or
- youth who left foster care at age 13 or older for guardianship or adoption, until they reach 26

Rhode Island College Admissions Requirements

- Complete the Common Application
 - ◊ If you meet the criteria for the Foster Care Youth Scholarship Program the \$50 application fee will be waived by entering the fee waiver code Foster.



- ◊ Select **“first-year”** if you are applying to RIC and have not attended a college or university.
 - If you took college courses in high school, you are still considered a first-year student.
- ◊ Select **“transfer”** If you have previously attended another college or university, and view our transfer admissions requirements.
- ◊ In the RIC supplement section of the Common Application, under the question section, select ‘Yes’ for the question, ‘Are you or have you ever been in foster care?’
 - Foster youth status indicated on the common application will be confirmed by DCYF once the student has been accepted to RIC.
- ◊ Submit your official high school transcript. Rhode Island College requires at least 18 college preparatory units.

*Please allow two weeks from the time you submit a complete application to receive an admissions decision. If you are admitted to RIC and approved for the foster program, we will waive the \$200 enrollment fee. Visit ric.edu/apply for more information.

FOSTER CARE YOUTH SCHOLARSHIP PROGRAM

ABOUT THE PROGRAM

The Foster Care Youth Scholarship Program aims to provide transformative educational opportunities for Foster Care youth by providing a pathway to admission, academic and personal success, and degree completion at Rhode Island College (RIC).

The Foster Care Scholarship program is a collaboration between Rhode Island College (RIC), RI Office of Post Secondary Education (RIOPC), Rhode Island College Foundation, Rhode Island Department of Children, Youth and Families (DCYF) and other relevant agencies.

SCHOLARSHIP BENEFITS

The benefits to applicants are substantial:

- A success coach and tutors
- Tuition & Fees *
- On-campus housing and meals **
- Commuters receive a stipend to assist with living expenses.
- Textbooks and educational materials

* after other federal, state, & institutional aid

** includes breaks (Winter/Spring and Summer)

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Angélica Infante-Green
Commissioner

State of Rhode Island
DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
Shepard Building
255 Westminister Street
Providence, Rhode Island 02903-3400

March 26, 2024

TO: Members of the Council on Elementary and Secondary Education
FROM: Angélica Infante-Green, Commissioner *Angélica Infante Green*
RE: Approval of Trauma-Informed Schools Commission Implementation Plan and Supporting Materials

RIGL 16-21-41, the Trauma-Informed Schools Act, established The Rhode Island Trauma-Informed Schools Commission. The Commission was charged with developing recommendations for implementing trauma-informed practices in Rhode Island schools. Signed into law in June 2022, this legislation requires RIDE to present the implementation plan and supporting materials to the Council on Elementary and Secondary Education for approval by April 1, 2024.

Recommendation

THAT the Council on Elementary and Secondary Education moves to approve the Rhode Island Trauma-Informed Schools Implementation Plan and Supporting Materials

Enclosed Material

Enclosed is the Rhode Island Trauma-Informed Schools Implementation Plan and Supporting Materials that were developed by the Commission.



DRAFT

Rhode Island Trauma-Informed Schools Implementation Plan and Supporting Material





RIDE Rhode Island
Department
of Education

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Letter from the Commissioner

Dear Rhode Island,

As Commissioner of Elementary and Secondary Education, I am acutely aware of the critical importance of addressing the impact of trauma on our students' lives. The challenges they face outside the classroom directly influence their ability to succeed within it. The COVID-19 pandemic disrupted every aspect of our lives, fundamentally altering the ways in which we live, work, and learn. For many students, the pandemic exacerbated feelings of anxiety, loneliness, and uncertainty. The loss of loved ones, economic hardships, and the collective trauma of a world in crisis further strained the resilience of our communities. As we navigate the complexities of recovery and rebuilding, it is essential that we recognize and address the trauma experienced by our students, families, and educators alike.

The Rhode Island Department of Education (RIDE) has taken proactive steps to integrate a multi-tiered system of supports and trauma-informed practices into our policies, programs, and professional development initiatives. We have collaborated with experts in the field, community partners, and our school communities to build mental health literacy among faculty, staff, youths, and families. RIDE's Office of Student, Community and Academic Supports has worked diligently to secure federal funding to strengthen schools' capacity to provide culturally relevant, evidence-based trauma support services; increase the number of qualified mental health service providers in our schools; and provide training and technical assistance to improve academic and social-emotional outcomes.

However, despite these commendable efforts, we must acknowledge that the challenges posed by trauma are complex. The diverse and growing needs of our student population require a sustained and multifaceted approach to effectively address trauma and its effects on learning and development. Achieving lasting change in trauma-informed practices will require ongoing collaboration, coordination, and investment not only by RIDE but by the broader Rhode Island community. To that end, I am grateful for the work of the Trauma-Informed Schools Commission for providing these recommendations for broad consideration.

By creating environments that prioritize safety, connection, and emotional well-being, we can support students as they rebuild a sense of stability and security. Further, by equipping educators with the tools and resources to recognize and address trauma, we can cultivate cultures of care and compassion that empower students to thrive academically, socially, and emotionally. Finally, by continuing to foster meaningful partnerships and leveraging collective resources and expertise, we can create a network of support that extends beyond the walls of our schools.

My thanks to the Trauma-Informed Schools Commission for their dedication to this important work. Together, we can make a meaningful difference in the lives of Rhode Island students.

In partnership,



Angelica Infante-Green

Executive Summary

The Rhode Island Trauma-Informed Schools Commission presents its Implementation Plan (the Plan) for the Trauma-Informed Schools Act, RIGL 16-21-41, signed into law in June 2022. This legislation established the Commission to aid the Rhode Island Department of Education (RIDE) in implementing trauma-informed practices across the state's elementary and secondary schools. The Plan outlines the vision and charge of the Commission and provides an overview of research, best practices, and key frameworks informing the Commission's work. It also offers recommendations and example actions derived from research, analysis, and collaboration with interest holders.

In April 2024, the Commission will seek public input on the contents of this Plan. The public input process will include a public survey available to students, families, and school staff, as well as meetings with professional and community-based organizations in Rhode Island to gather public input on the recommendations and example actions. These sessions will inform the findings and recommendations submitted in the final report.

Research and Key Frameworks Guiding the Commission

Trauma-informed practices in schools can be key to cultivating safe and supportive learning environments, recognizing the deep impact of stress and trauma on students' academic, social, and emotional well-being. Trauma-informed practices transcend surface-level behavioral interventions, prioritizing a comprehensive understanding of the diverse experiences that students and staff bring into the educational setting. By fostering feelings of safety, inclusion, belonging, and support, schools not only can enhance academic achievement but also can nurture the development of the whole person, especially those who have faced adversity.

There is a growing consensus among educators and researchers regarding the transformative potential of trauma-informed practices. Its significance is highlighted in literature on the neuroscience of learning and well-being and the role of culture and context in trauma-informed practices. The Plan outlines this research as well as key frameworks informing the Commission's recommendations and example actions, including the Substance Abuse and Mental Health Services Administration's (SAMHSA's) six guiding principles of trauma-informed practice (Centers for Disease Control and Prevention, 2022), healing-centered engagement (Ginwright, 2018), RIDE's Multi-Tiered System of Supports framework, and implementation science (National Implementation Research Network, 2015).

A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization. (SAMHSA, 2014, p. 9)

Landscape Analysis and Needs Assessment

The legislation requires the Commission to review and assess existing trauma-informed school- and community-based resources and initiatives across the state and identify existing resources, organizations, funding sources, and data sources to support implementation of the Trauma-Informed Schools Act in Rhode Island. The following points summarize some of the main strengths of the existing trauma-informed efforts:



- Rhode Island has been highly successful in securing external funding from federal sources to support trauma-informed schools and the well-being of students and staff, and many school districts are in the process of implementing facets of trauma-informed practice.
- Rhode Island has a strong network of youth-serving organizations dedicated to enhancing children’s school experiences. The analysis identified 47 organizations offering services aligned with trauma-informed schools, including offering alternative learning options, community and family support, and university-based training.
- Rhode Island offers technical assistance to the field through a variety of state-approved guidance and resources and through trainings offered by various organizations.

The recommendations in this Plan build on these strengths while addressing challenges, including a shortage of resources for Tier 1 practices (with more resources allocated for Tiers 2 and 3), insufficient funding to cover programs in schools statewide, overwhelming caseloads for mental health professionals, limited ongoing professional development supports for implementing trauma-informed practices, and educator and provider retention issues.

Recommendations and Example Actions

Recommendation A: Promote a shared understanding among adults in schools about the prevalence and impact of trauma and about trauma-informed approaches

Culturally responsive and sustaining trauma-informed practices are vital for effectively supporting healing from trauma and creating safe learning environments in Rhode Island schools. Despite recognizing their importance, Rhode Island educators reportedly lack comprehensive professional support to implement these approaches, resulting in a statewide gap in professional learning. The following are example actions that Rhode Island could carry out to address this gap:

- Establish a professional tiered system of support that includes professional learning and training, ongoing assistance, and resources within schools to equip educators with the necessary knowledge and tools.
- Utilize effective models such as train-the-trainer programs, coaching, and communities of practice to enhance staff implementation of new practices and ensure sustainability.
- Ensure investments of state and district funds for the implementation and sustainability of a professional learning and development support system.
- Provide opportunities for stacked credentials and grow-your-own initiatives to support Rhode Islanders’ professional and career development.
- Promote evidence-informed self-assessments that schools can use to identify trauma-responsive programming and policy domains of strength, as well as areas for improvement (e.g., Trauma Responsive Schools Implementation Assessment).

Culturally responsive and sustaining education is an approach to advancing learning and equity in education by creating culturally affirming and inclusive learning environments and experiences that support the attainment of comparably positive outcomes for all student groups. (Warner & Browning, 2021, p. 2)



Recommendation B: Adopt trauma-informed disciplinary procedures and practices

Research underscores that students' stress responses can be connected to their acting out in ways that are perceived as challenging and often result in exclusionary and punitive disciplinary measures that—rather than address underlying causes—tend to exacerbate issues, perpetuate racial disparities, and hinder learning. Trauma-informed approaches prioritize evidence-based, nonpunitive strategies embedded within a multi-tiered system of supports (MTSS) to reduce future misbehavior and promote healthy student behavior.

Education leaders play a crucial role in fostering equitable learning environments through responsive, restorative, and trauma-informed discipline practices. However, successful implementation of this style of discipline necessitates reflection on beliefs about discipline and awareness of biases among educators. The following are examples of actions that Rhode Island could carry out to promote these practices:

- Review and potentially revise adult social and emotional competency standards and discipline policies to align with trauma-informed, restorative, and responsive approaches.
- Continue to critically reflect on discipline beliefs and engage in learning to become aware of biases and mindsets and to integrate trauma-informed capacity building into professional development.
- Build on existing organizational systems and structures to support implementation, such as continuing to adopt inclusive instructional materials, develop inclusive attendance and discipline policies within the MTSS framework, employ participatory engagement strategies, and utilize school improvement teams and district strategic planning teams to integrate trauma-informed practices.

Recommendation C: Implement school-based planning processes that promote trauma-informed practices

Effective implementation of trauma-informed practices requires participatory engagement and aligned systems, involving community members and leaders in decision-making processes to address disparities and promote cultural responsiveness, equity, and well-being. Central to this approach is the inclusion of student, staff, and family voice in school planning and leadership to enhance engagement, trust, equity, and positive academic outcomes. Aligned systems ensure coherent efforts across all levels of education, sustaining conditions for whole-person learning and development. To achieve this approach, Rhode Island could carry out the following example actions:

- Integrate trauma-informed approaches into existing school improvement structures, such as local education agency (LEA) strategic plans, to facilitate coordination and alignment of initiatives and policies and to support safe and supportive learning environments.
- Provide guidance to LEAs to ensure systems are in place within schools to support the development of family engagement strategies, policies, and programs that can be adapted to any context (school/grade).
- Develop or adapt a framework (e.g., Child Trends' Comprehensive School Employee Wellness Framework) for considering employee well-being in creating and evaluating policies and procedures.
- Engage students, staff, and families through surveys, focus groups, and listening sessions for gaining crucial insights into current needs, co-designing and implementing efforts, and tracking progress toward goals.

Recommendation D: Improve educator and school staff well-being and quality of life

Ensuring the well-being of educators and school staff is paramount for the successful implementation of the Trauma-Informed Schools Act, as poor educator mental health significantly impacts student outcomes. Factors such as workload, school environments, and resource shortages contribute to educator burnout and stress, hindering staff ability to effectively support students. The following are examples of actions that Rhode Island could carry out to address these challenges:

- Adopt policies and create systems that support staff well-being, including capacity-building programs and access to mental health services.
- Build on social media-based recruitment efforts of Educate401 to address teacher shortage and build diversity in the workforce.
- Develop programs that focus on building the capacity of leaders, school boards, unions, and policymakers to understand the importance of staff well-being and its effects on student and school outcomes.
- Direct attention and resources to the unique well-being challenges faced by administrators and staff of color.

Recommendation E: Provide wraparound supports for the whole person and community

To promote equity and support the needs of the whole person and whole community, LEAs can implement wraparound supports that coordinate services within schools and the broader community. Wraparound supports address academic, behavioral, mental health, and physical health needs through personalized plans and collaboration, with an emphasis on prevention and early intervention. Research suggests that effective implementation of wraparound services leads to positive outcomes for students, systems, and costs. Funding remains a challenge, but partnerships with organizations and seeking Medicaid reimbursement offer potential solutions. The following are examples of actions that Rhode Island could use to address the need for wraparound services and to address issues with cost:

- Continue establishing school-based health care centers to facilitate wraparound services, leveraging opportunities for new school facilities to create spaces that enable holistic supports, establishing partnerships with various organizations, and seeking Medicaid reimbursement to help alleviate associated financial challenges.
- Develop community partnerships and build infrastructure so schools have access to universal screenings to aid in identifying students in need of support, complementing a trauma-informed approach to care.
- Train educators and wraparound support providers in trauma-informed care principles to minimize re-traumatization and/or adopt training that enhances the capacity of school staff related to adverse childhood experiences and trauma.
- Implement capacity building for communication and collaborative problem-solving to support the wraparound process.
- Establish interagency and interdepartmental coordination and collaboration structures to promote sharing of resources, and removal of regulatory burdens, which could reduce barriers to providing students with wraparound services.

Moving Forward

Altogether, the Plan presented in this document intends to foster a statewide culture of trauma-informed practice, ensuring that Rhode Island schools provide safe, supportive environments where all students and staff can thrive. Leadership and legislative support at all levels will be crucial for the successful implementation of trauma-informed approaches to help ensure the well-being and success of Rhode Island's educational community. After obtaining public input, the final report will detail the Commission's findings and recommendations for implementing trauma-informed practices in every elementary and secondary school in Rhode Island.

Resources Required to Implement the Recommendations

The Plan presents an ambitious path toward fully integrating trauma-informed practices within all Rhode Island schools. RIDE has been pleased to have the opportunity to support the development of this work in partnership with the Commission. As the report will make clear, some of the recommendations may be possible within existing resources while others will require additional investments from elected officials and coordination of existing investments by structures such as the Children and Youth Cabinet of Rhode Island. Implementation of the Plan will require expanded operational capacity for managing departmental changes and collaboration, making key decisions, championing the importance of the work, offering guidance and strategic direction, and providing professional development and support to LEAs.

RIDE has demonstrated commendable resourcefulness in acquiring external funding from federal entities to support trauma-informed practices. However, the existing grant funding is time limited, earmarked for specific purposes, and insufficient to cover programs in schools statewide. State-level capacity to support this work over the long term and at all schools is essential. The final report, due June 30, 2024, will identify potential resources that align with the purpose of this act as directed in the statute.



Introduction

The Rhode Island Trauma-Informed Schools Act, RIGL 16-21-41, was signed into law in June 2022 and established the Trauma-Informed Schools Commission (the Commission) to assist the Rhode Island Department of Education (RIDE) with implementing the act. Commission members represent a range of health and education system interest holders as required under the legislation.

The Commission is charged with

- conducting a review and assessment of existing trauma-informed school- and community-based resources and initiatives across the state;
- informing the development of a trauma-informed school implementation plan and supporting materials that will be submitted to the Council on Elementary and Secondary Education;
- researching, identifying, and cataloging state, federal, and philanthropic sources that align with the purpose of the act; and
- submitting a final report that details the Commission’s findings and recommendations for implementing trauma-informed practices in every elementary and secondary school in Rhode Island.

The Implementation Plan (the Plan) described in this document is the second of three documents required from the Commission per the legislation. The Plan includes an introduction to trauma-informed practices, a brief overview of the results of a landscape analysis and needs assessment, and a set of recommendations and example actions for implementing trauma-informed practices in Rhode Island schools. The Commission’s first report detailing its progress was submitted in March 2023. The Commission’s final report detailing the findings, existing resources, and recommendations will be submitted by June 30, 2024.

In April 2024, the Commission will seek public input on the contents of this Plan. The public input process will include a public survey available to students, families, and school staff, as well as meetings with professional and community-based organizations in Rhode Island, to gather public input on the recommendations and example actions. These sessions will inform the findings and recommendations submitted in the final report.

Resources Required to Implement the Recommendations

The Plan presents an ambitious path toward fully integrating trauma-informed practices within all Rhode Island schools. RIDE has been pleased to have the opportunity to support the development of this work in partnership with the Commission. As the report will make clear, some of the recommendations may be possible within existing resources while others will require additional investments from elected officials and coordination of existing investments by structures such as the Children and



Youth Cabinet of Rhode Island. Implementation of the Plan will require expanded operational capacity for managing departmental changes and collaboration, making key decisions, championing the importance of the work, offering guidance and strategic direction, and providing professional development and support to local education agencies (LEAs).

RIDE has demonstrated commendable resourcefulness in acquiring external funding from federal entities to support trauma-informed practices. However, the existing grant funding is time limited, earmarked for specific purposes, and insufficient to cover programs in schools statewide. State-level capacity to support this work over the long term and at all schools is essential.

The Work of the Rhode Island Trauma-Informed Schools Commission

The recommendations and example actions in this Plan were generated between June 2023 and December 2023 through a process that involved meetings and other input activities, field research, and guidance from experts on trauma-informed practice in schools. The Commission's process followed design principles for developing recommendations that lead to system improvements based on analyzing and understanding interest holders' experiences. These activities were guided by the RIDE Office of Student, Community and Academic Supports and were facilitated by WestEd.

To develop its recommendations and example actions, the Commission engaged in three main activities adapted from Liberatory Design (Anaissie et al., 2021).

1. **See, Empathize, and Define:** Investigate potential system strengths and challenges, empathize to learn more about the people most impacted by and involved in the system, and develop a shared point of view about interest holders' needs and opportunities for system improvement.
2. **Ideate:** Generate different ways to address the problem.
3. **Design:** Turn ideas into recommendations for changes to policy and practice that will lead to improved experiences in the system.

The Commission's vision of trauma-informed schools

To frame its purpose and guide its work, the Commission envisioned trauma-informed schools in Rhode Island as places that

- provide culturally responsive and sustaining learning environments;
- infuse knowledge of trauma prevention and healing into mindsets, daily practice, and policy;
- prioritize a culture of safety, awareness, respect, and empathy for all students, staff, and families; and
- promote a healthy, resilient, and connected community.

The Commission's recommendations and example actions align with and are organized around this guiding vision, with particular attention to the following three areas outlined in the Trauma-Informed Schools Act:

- Promote a shared understanding among adults in schools about the prevalence and impact of trauma and about trauma-informed approaches.
- Adopt trauma-informed disciplinary procedures and practices.
- Implement school-based planning processes that promote trauma-informed practices.

Additionally, the Commission has adopted the following two recommendations to support implementation of trauma-informed schools and promote alignment with RIDE’s Strategic Plan:

- Improve educator and school staff well-being and quality of life.
- Provide wraparound supports for the whole person and community

Understanding Trauma and Trauma-Informed Practices

Trauma-informed practices in schools have emerged as a key aspect of fostering a safe and supportive educational environment and a positive school climate. School climate describes the overall experience of members within the school community, both inside and outside the classroom. This encompasses the quality of interpersonal relationships, the practices of teachers and staff, and the organization’s structure. Often called the “learning environment,” it involves aspects such as psychological, emotional, and physical safety; the nature of relationships; teaching and learning practices; a sense of belonging; and the broader institutional setting (Aspen Institute, 2021).

Research shows that students master academic content most effectively when they experience trusting and affirming relationships and feel emotionally and physically safe so they can focus on learning. Just as important, schools teach by example what it means to be part of a community, imparting vital lessons on getting along with others, being part of a team, and building a strong work ethic. All of this—academic learning, life skills, and character development—is impacted directly and profoundly by school climate. (Aspen Institute, 2021, p. 2)

To support a positive school climate, a trauma-informed school system ensures “all teachers, school administrators, staff, students, families, and community members recognize and respond to the behavioral, emotional, relational, and academic impact of traumatic stress on those within the school system” (The National Child Traumatic Stress Network [NCTSN], 2018). Recognizing the profound impact of stress and trauma on students’ academic, social, and emotional well-being, educational institutions are increasingly acknowledging the importance of adopting trauma-informed approaches. This paradigm shift goes beyond merely addressing behavioral symptoms, emphasizing a holistic understanding of the diverse and often challenging experiences that students and staff bring into the educational environment. By prioritizing feelings of safety, inclusion, belonging, and support and a proactive response to stress and trauma, schools can strive to create spaces that not only facilitate academic success but also nurture the overall development of all students and staff, particularly those who have faced adversity. As educators and researchers delve into the significance of trauma-informed practices, the literature reflects a growing consensus on their transformative potential in shaping a more inclusive and compassionate educational landscape. This section summarizes some key aspects of that literature.

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being. (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014, p. 7)

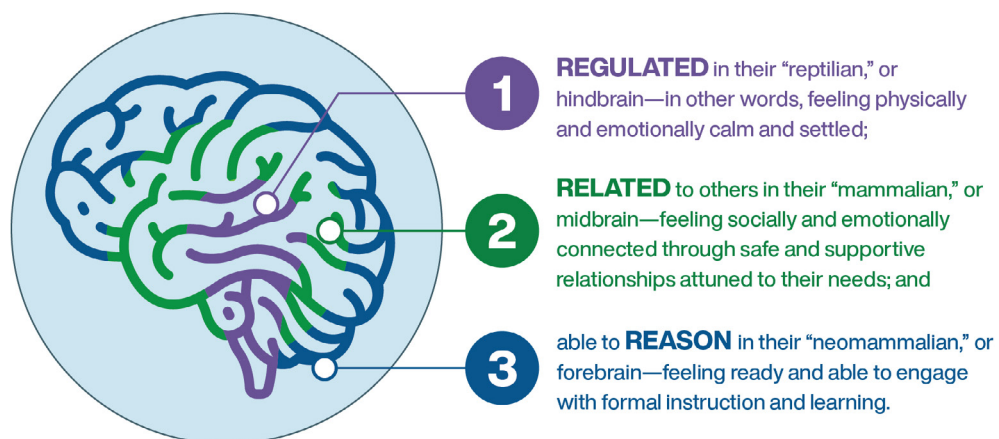
Trauma is not the event itself but rather a person’s experience of the event. What may be traumatizing to one person may or may not be traumatizing for another, but trauma is never a choice.

Childhood trauma may be caused by adverse experiences, such as abuse, neglect, systemic oppression, or challenges at home or in the community. Trauma can affect almost every part of a student’s life, making it hard for them to grow up healthy (Van der Kolk, 2015). It can also make it difficult for students to manage their emotions, build healthy relationships, focus, participate, and learn (Bartlett & Sacks, 2019). By its very nature, trauma affects a person’s well-being. However, experiencing trauma does not determine one’s destiny. Individuals can prevent and heal from the harmful effects of stress and trauma, no matter a person’s age. This means that even if someone has gone through traumatic experiences, there are ways to help them recover, learn, and improve their well-being.

The neuroscience of learning and well-being

Trauma-informed practice is built on brain science research that focuses on human development and well-being. A straightforward way to apply this perspective in education is by using neuroscientist Bruce Perry’s “3 Rs” framework: Regulate, Relate, and Reason (Perry, 2022). Perry advises that educators should understand the process of how to reach the “learning brain”—starting from the back of the brain and moving toward the front. As illustrated in Figure 1 (adapted from Pate, 2020), this approach emphasizes ensuring first that people feel physically and emotionally calm and settled (Regulate), then feel socially and emotionally connected through safe and supportive relationships (Relate), and then are finally ready to engage in formal instruction and learning (Reason).

Figure 1. The 3 Rs Framework



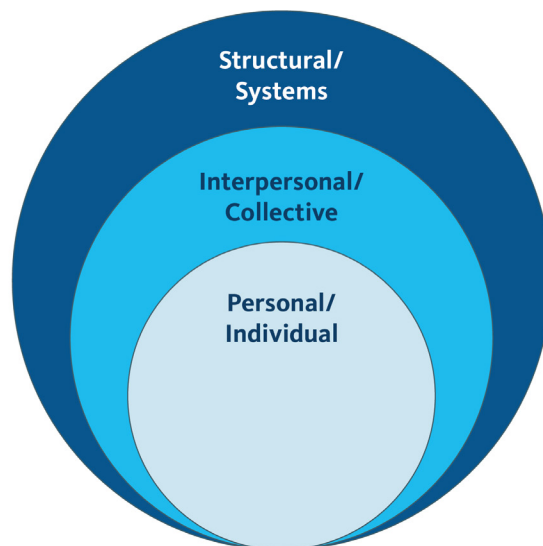
If someone is feeling unsettled, it can be challenging for them to connect with others in healthy ways. And until they feel connected in safe and supportive relationships and environments, they will unlikely be able to fully engage in the higher level processing needed for teaching and learning. This is true for everyone, no matter their stress or trauma background, but it is especially important to remember for students and adults who are experiencing adversity (Pate, 2020).

The roles of culture and context in trauma-informed practice

Culture and context play significant roles in how people develop and learn as well as how people react to stress and trauma and, subsequently, how people heal from experiences. Applying an ecological systems lens can be helpful for understanding that culture, experiences, relationships, environments, and systems all affect people, groups, and larger systems. Environments have the same potential to cause trauma as they have to act as the key to healing. This understanding is based on the notion that everything is connected, both within and between individuals, groups, and systems (Gaias et al., 2018; Neal & Neal, 2013). In other words, personal and interpersonal experiences operate inside or exist within larger systems, as highlighted in Figure 2.

The term trauma-informed practice can overemphasize the individual experiences of trauma and its symptoms, neglecting its collective aspect and root causes. Adverse experiences often occur within communities, like neighborhoods with high rates of violence or disasters, and these experiences often stem from political and societal inequities. A healing-centered approach is more holistic and includes cultural, spiritual, and community elements, focusing on collective experiences and overall well-being (Ginwright, 2018).

Figure 2. Interconnected Individuals, Groups, and Systems



Source: Adapted from Bronfenbrenner, 1979

The three levels of this ecological system are described in the following ways (Pate et al., 2023):

- *Personal/Individual* refers to what is going on within individual people (biologically, psychologically).
- *Interpersonal/Collective* refers to individuals' interactions with others and their interactions with each other; it includes relationships, community, and the collective experience.
- *Structural/Systems* refers to infrastructure, processes, organizational aspects, resources, and policies that establish the conditions for the ways people think and act.

As with other areas of human development and learning, culture and context play significant roles in how people react to trauma and heal from experiences. Research suggests that the differences primarily relate to how individuals' brains perceive something as a threat versus a support (Hammond, 2015). Hammond describes why this is especially true for systemically marginalized students:

When we look at the stress some students experience in the classroom because they belong to marginalized communities because of race, class, language, or gender, we have to understand their safety-threat detection system is already cued to be on the alert for social and psychological threats based on past experience. (p. 45)

A growing body of research suggests the effective implementation of trauma-informed practices and related whole-person strategies requires that educators understand the role that race, culture, and bias play in the learning ecosystem (e.g., Humphries & McKay-Jackson, 2022). Culturally responsive and sustaining trauma-informed practice, then, begins with practitioners who cultivate the practice of critical and ongoing self-reflection. This means employing a critical lens—a lens filtered through the perspective of salient identities such as race, gender, sexuality, language, religion, and ability—when making decisions and developing resources. Additionally, it means considering environmental factors such as socioeconomic status, housing stability, and interaction with the foster care system. This self-reflective practice encourages educators to pause, notice, and name their biases; to respond rather than react to the individuals around them; and to look for patterns or trends over time in their beliefs, values, and attitudes about racial and cultural differences (Moore et al., 2016).

The ability of adults to regulate their own emotions is also critical in the culturally responsive and sustaining, trauma-informed learning environment because adults are the “emotional thermostat” that has the power to influence students' moods and attitudes (Hammond, 2015, p. 65). Ultimately, the pathway to restoring well-being among young people who experience trauma can be found in drawing on their culture and identity as assets (New York State Education Department [NYSED], n.d.). Ginwright (2018) reflects on the central role that culture can play in grounding students:

The pathway to restoring well-being among young people who experience trauma can be found in culture and identity. Healing centered engagement uses culture as a way to ground young people in a solid sense of meaning, self-perception, and purpose. This process highlights the intersectional nature of identity and highlights the ways in which culture offers a shared experience, community, and sense of belonging. Healing is experienced collectively, and is shaped by shared identity such as race, gender, or sexual orientation. (para. 14)



Key Frameworks Informing the Commission’s Recommendations and Example Actions

Grounded in the ecological systems perspective described earlier, the Commission considered several guiding principles and frameworks in developing its recommendations and example actions. While SAMHSA’s six guiding principles of trauma-informed practice (Centers for Disease Control and Prevention [CDC], 2022) are foundational to trauma-informed care, Ginwright’s healing-centered engagement (Ginwright, 2018) expands on the principles with a whole-person perspective. The Commission used these guiding principles in identifying key priorities, which were then fine-tuned to align with the drivers of implementation science (National Implementation Research Network [NIRN], 2015) and fit within the context of a multi-tiered system of supports (MTSS).

The six guiding principles of trauma-informed practice

A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization. (SAMHSA, 2014, p. 9)

There are six guiding principles of trauma-informed practice that are useful for school and district leaders to consider (CDC, 2022) (see Figure 3). The following list briefly describes each:

1. **Safety:** Create an environment in which people feel physically and emotionally safe.
2. **Trustworthiness and Transparency:** Develop trust. Share information clearly and consistently with everyone involved.
3. **Peer Support:** Offer opportunities for people who have experienced trauma to share their stories. Sharing promotes recovery and healing, as it helps people realize they are not alone in their experiences.
4. **Collaboration and Mutuality:** Understand that healing often happens in relationships. Sharing power and decision-making in meaningful ways fosters a sense of community and support.
5. **Empowerment, Voice, and Choice:** Acknowledge and build on people’s strengths and experiences. Letting people have a say and make choices helps them assert their agency and feel more confident.
6. **Cultural, Historical, and Gender Issues:** Be aware of and respectful toward different cultural, historical, and gender experiences. Doing so involves creating policies and practices that actively interrupt identity-based biases and historical trauma and treat all people with respect and care.

Figure 3. Six Guiding Principles of Trauma-Informed Practice



Source: CDC, 2022

Healing-centered engagement

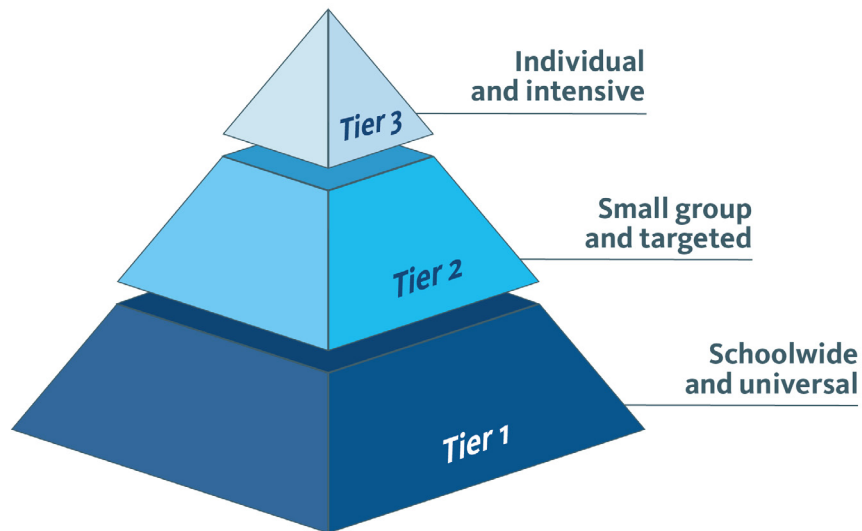
One way for educational leaders to begin building resilience and healing that supports people is through a process called a healing-centered approach (Ginwright, 2018), which combines **healing** (i.e., becoming well again) and **resilience** (i.e., the ability to overcome serious hardship or adverse experiences) (American Psychological Association, n.d.). A healing-centered approach

- builds on SAMHSA’s guiding principles of trauma-informed practice;
- focuses on the whole person, not only their experience of trauma;
- highlights ways that trauma and healing are experienced collectively;
- supports people to take control of their own well-being; and
- helps people move beyond “what happened to you” to “what’s right with you.”

A multi-tiered system of supports

For adopting evidence-based programs such as trauma-informed care in education settings, implementing them in isolation can be difficult to sustain, making it important to situate them in frameworks such as MTSS (Figure 4). MTSS in Rhode Island is defined as a framework for school improvement that ensures that all students are supported for meeting academic, behavioral, and social-emotional outcomes.¹ It includes five essential components: team-driven shared leadership; data-based problem-solving and decision-making; a layered continuum of support; evidence-based practices; and family, school, and community partnerships.

¹ For more on MTSS and its evolution in Rhode Island, review the MTSS district practice profile at https://drive.google.com/file/d/1p6bFJ7_gVAWaLF9rOOxD4l4M3dgNGYPH/view and visit the BRIDGE RI website at <https://www.mtssri.org>.

Figure 4. Multi-Tiered System of Supports

Focusing on Tier 1 in MTSS means having a safe and supportive school environment for *all* students and reserving Tiers 2 and 3 for the smaller number of students who need more targeted and intensive services (Chafouleas et al., 2016). High-quality schoolwide practices, programs, and policies that prioritize supportive learning environments and relationships can prevent toxic stress and trauma and can promote healing and resilience among young people and adults (Bershad & Ross, 2019; Duke, 2020; Elmore et al., 2020; Morton & Berardi, 2018; National Scientific Council on the Developing Child, 2005/2014; Robles et al., 2019). Strong support at this first level can sometimes reduce the need for more specialized support at Tier 2. Specific examples of Tier 1 practices and programs include the following:

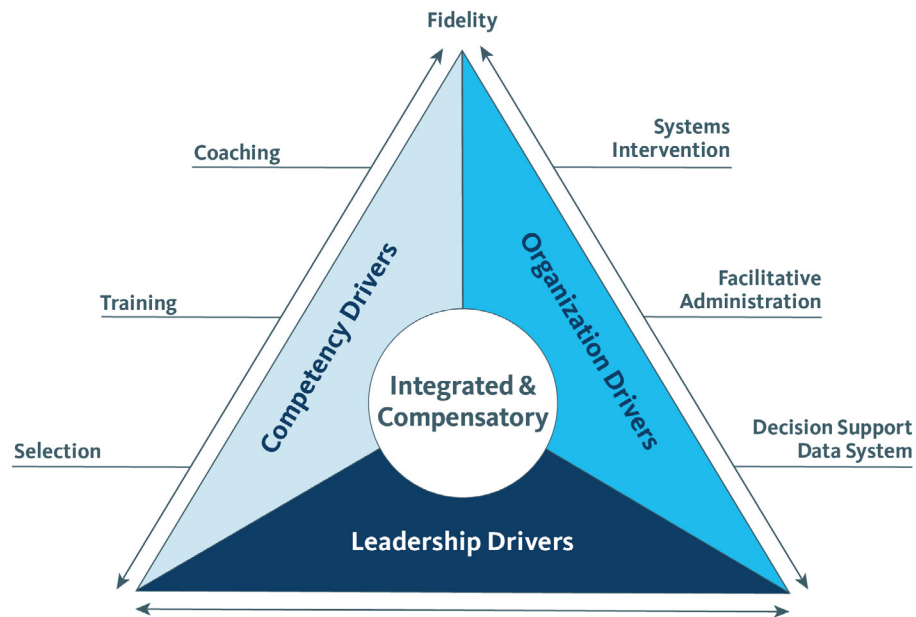
- Early childhood education and care (Bershad & Ross, 2019; Michael et al., 2015; Nores et al., 2005)
- Safe, supportive, nurturing relationships and environments (Bershad & Ross, 2019; Crouch et al., 2018; Duke, 2020; Elmore et al., 2020; Howell & Miller-Graff, 2014; Michael et al., 2015; National Scientific Council on the Developing Child & Center on the Developing Child, 2015; Robles et al., 2019) and connectedness and belonging in school (Centers for Disease Control and Prevention & National Center for Chronic Disease Prevention and Health Promotion, 2009; Song & Qian, 2020)
- Trauma-informed practices (Blitz & Lee, 2015; Dube & McGiboney, 2018; Kataoka et al., 2018; Morton & Berardi, 2018; Romero et al., 2018) and social and emotional learning (SEL; Biglan et al., 2017; Durlak et al., 2010, 2011; Lewis et al., 2013; National Scientific Council on the Developing Child & Center on the Developing Child, 2015; Taylor et al., 2017)
- Resilience-building and strengths-based practice (Blodgett & Dorado, 2016; Masten & Curtis, 2000; Seligman, 2009; Ungar et al., 2014)
- Recess and play time (Yogman et al., 2018)
- Family and community engagement (Institute of Medicine, 2002; National Scientific Council on the Developing Child & Center on the Developing Child, 2015)

- Health promotion interventions: exercise (Easterlin et al., 2019), mind-body practices (Jacobs et al., 1996; Lazar et al., 2000), proper nutrition, and nature experiences
- Cross-sector partnerships (Michael et al., 2015)
- Adult supports for self-care, self-regulation, compassion fatigue, vicarious trauma, and resisting re-traumatization (Blodgett & Dorado, 2016; Cieslak et al., 2014; Cohen & Collens, 2013; Romero et al., 2018)

Implementation science

Implementation science is commonly applied to enhance the adoption and ongoing use of approaches like trauma-informed schools. It focuses on identifying effective methods and strategies to facilitate the practical application of research by educators and policymakers. Central to this process are the Implementation Drivers, which constitute the essential elements of capacity and operational support necessary for the success of a program (NIRN, 2015). These drivers are categorized into three main areas: Competency (skills and knowledge), Organization (structural and procedures), and Leadership (guidance and management) (see Figure 5).

Figure 5. Implementation Drivers



Source: Adapted from NIRN, 2015

According to NIRN (2015), there are two main factors that help in effectively implementing a program or practice, with leadership underlying each of the two factors:

- **Competency Drivers:** choosing the right staff, training them, coaching them, and checking how well they stick to the program or practice guidelines. The goal is to make sure the staff can carry out the program or practice correctly and keep improving.

- **Organization Drivers:** good communication, problem-solving, and using data to make decisions. These help to create and maintain systems and infrastructure for effective implementation of a program or practice while also supporting competency and leadership drivers.

The role of engaged and adaptive leadership

Engaged and adaptive leadership is the foundation of these drivers. Leadership challenges often come up when managing changes, making decisions, giving advice, and helping all pieces of the organization work well together. Leaders at all levels support effective implementation and sustainability through the following:

- modeling cultural responsiveness and establishing clear expectations for culturally sustaining and stigma-free trauma-informed practices
- creating leadership teams focused on diversity, inclusion, belonging, and equity
- providing strategic direction, allocating resources effectively, championing the importance of trauma-informed practices, and supporting innovation to sustain trauma-informed practices over time
- demonstrating empathy and respect for students, staff, and families
- advocating for policies that support and fund wraparound supports and interest-holder engagement
- fostering a culture of collaboration and shared responsibility
- supporting continuous improvement and data-based decision-making
- allocating resources toward family and student engagement practices and bringing students, families, and communities into the process of developing and revising policies and practices at the state and local levels
- modeling healthy work–life harmony and advocating for policies and practices that support staff well-being

Key Findings From the Landscape Analysis and Needs Assessment

The legislation requires the Commission to review and assess existing trauma-informed school- and community-based resources and initiatives across the state and identify existing resources, organizations, funding sources, and data sources to support implementation of the Trauma-Informed Schools Act in Rhode Island. The Commission conducted a landscape analysis and a needs assessment to meet this charge. See the Appendix for more detail regarding the process of the landscape analysis and needs assessment. The Commission’s final report will provide a detailed account of its exploration and findings, but the following points summarize some of the main strengths of the existing trauma-informed efforts and areas for improvement:

- Rhode Island has been highly successful in securing external funding from federal sources to support trauma-informed schools and the well-being of students and staff, and many schools are in the process of implementing trauma-informed practices. However, the existing grant funding is time limited, earmarked for specific purposes, and insufficient to cover programs in schools statewide. The capacity to support this work at all schools is essential.
- Rhode Island has a strong network of youth-serving organizations dedicated to enhancing children’s school experiences. The analysis identified 47 organizations offering services aligned with trauma-informed schools, including offering alternative learning options, community and family support, and university-based training.

- The state has more resources and initiatives aimed at Tier 2 (targeted) and Tier 3 (intensive) services compared to Tier 1 (universal) policies and practices. There is a particular shortage of resources for trauma-informed disciplinary policies, nondiscriminatory discipline practices, and school planning.
- Rhode Island offers technical assistance to the field through a variety of state-approved guidance and resources and through trainings offered by various organizations. Focus group participants highlighted the need for ongoing professional development to effectively implement trauma-informed approaches across districts, schools, and communities in Rhode Island. They also emphasized the importance of stronger family and community engagement for enhancing student achievement and wellness outside the classroom.
- Focus group participants reported that counselors and social workers are overwhelmed with high caseloads and multiple responsibilities. Attention to the roles and responsibilities of school-based mental health professionals could ensure that existing staff can share their expertise. Building up the workforce, based on need, is necessary. Participants agreed that a trauma-informed teaching workforce would be most effective.
- Focus group participants reported that teachers and other school staff are leaving the Rhode Island education workforce to seek employment in neighboring states with higher salaries.
- RIDE lacks the resources and capacity to support trauma-informed schools statewide without a significant long-term investment from elected officials. This work is a critical part of state-level work connected to district and school improvement.

Key Recommendations and Next Steps for Implementing a Vision for Trauma-Informed Schools in Rhode Island

Establishing trauma-informed environments involves significant changes at the individual, group, and system levels by all involved parties. Creating readiness for such changes is critical, but this step is often not given enough attention or is underestimated. Starting an initiative before people are ready to implement it can lead to outcomes that are ineffective, unsustainable, costly, and possibly even harmful. Grounding efforts in the science of implementation can help ensure systems are ready and able to effectively implement and sustain efforts and can support personal and collective well-being through these changes (NIRN, 2015). Through the legislation and required activities, the Commission has identified the following five recommendations for implementing the Trauma-Informed Schools Act:

- Promote a shared understanding among adults in schools about the prevalence and impact of trauma and about trauma-informed approaches
- Adopt trauma-informed disciplinary procedures and practices
- Implement school-based planning processes that promote trauma-informed practices
- Improve educator and school staff well-being and quality of life
- Provide wraparound supports for the whole person and community

The sections that follow contain additional detail on each of the recommendations and offer example actions that existing research or other states have shown to support effective implementation and/or sustainability of these recommendations. Implementation drivers are key factors that facilitate implementation and ensure the development of relevant *competencies*; necessary *organization supports*; and *engaged, adaptive leadership* (see NIRN, 2015).

Recommendation A: Promote a shared understanding among adults in schools about the prevalence and impact of trauma and about trauma-informed approaches

In Rhode Island, while many school staff recognize the importance of culturally responsive and sustaining and trauma-informed approaches, focus group participants articulated a pressing need for more comprehensive professional support in this area, emphasizing the inadequacy of sporadic or solely virtual professional learning options. To address this gap, professional learning opportunities to support trauma-informed schools should include training, ongoing supports, and resources within schools. School-based resources and continuous support can help ensure that educators and administrators have the necessary knowledge, tools, and mindsets to create and maintain safe and supportive learning environments.

Train-the-trainer models are one way to build trauma-informed practice capacity while promoting sustainability, staff engagement, staff development, and leadership opportunities. Such models meet the need for building local capacity while meeting the desire for contextualized, in-person, on-site professional learning for staff. Train-the-trainer models also build in sustainability so that LEAs do not have to consistently rely on external vendors to provide services and supports. Studies have also shown that these models are cost-effective and effective at broadly disseminating knowledge (e.g., Yarber et al., 2015).

Additionally, Joyce and Showers's seminal work in 1982 highlighted that coaching can lead to over 80 percent of school staff implementing new practices, a 60 percent increase over professional development alone. Research on the effectiveness of coaching continues to be supported in myriad aspects of education, from general to special education and across various age groups (Reddy, 2023). However, the current professional development resources in Rhode Island, mostly funded by federal grants, are often limited in regard to time and earmarked for one-time training sessions, which is less effective than ongoing support is for learning and shifting paradigms. Additionally, these resources tend to be available primarily to school districts participating in grant programs, leaving a gap in the professional learning needs of other districts across the state.

A key consideration for any professional learning related to trauma-informed practices is that trauma-informed practices and social-emotional learning strategies must be culturally responsive and sustaining to be effective (e.g., Humphries & McKay-Jackson, 2022). *Culturally responsive and sustaining practices* involve understanding the role of race, culture, and bias in the learning environment, maintaining high expectations for all students, connecting academic skills with students' cultural backgrounds, and encouraging students to critically reflect on their lives and societal inequalities (Gay, 2018; Ladson-Billings, 1995; Neri et al., 2019; Paris, 2012).

Culturally responsive and sustaining practices involve valuing and incorporating students' cultural experiences and knowledge as positive assets in the learning process (Ladson-Billings, 1995; Paris & Alim, 2014). Educators using this approach recognize and strive to understand the various forms of cultural capital—skills, knowledge, and networks—that students and families possess (NYSED, n.d.). For students and adults, healing from trauma can be facilitated by leveraging culture and identity—as culture provides a sense of meaning, community, and belonging—and healing is often experienced collectively (Ginwright, 2018).

Adopting culturally responsive and sustaining trauma-informed practices often starts with practitioners engaging in critical self-reflection, acknowledging their biases, and making decisions through a lens that considers various identities like race, gender, sexuality, and religion. Self-reflective practice encourages educators to pause, notice, and name their biases and stressors; to respond rather than react to the individuals around them; and to look for patterns or trends over time in their beliefs, values, and attitudes (Moore et al., 2016). Many school staff engage in reflective practices already. Exploring strategies to adopt these practices districtwide is beneficial to creating safe, supportive, and predictable school cultures.



In addition to providing comprehensive professional learning opportunities, disseminating a variety of culturally responsive and sustaining trauma-informed resources—including practical examples, guidelines, and success stories—could significantly contribute to a deepened understanding and the widespread adoption of trauma-informed practices in Rhode Island schools. These varied approaches could collectively strengthen the commitment to and implementation of culturally responsive and sustaining trauma-informed practices in Rhode Island.

Culturally responsive and sustaining education is an approach to advancing learning and equity in education by creating culturally affirming and inclusive learning environments and experiences that support the attainment of comparably positive outcomes for all student groups. (Warner & Browning, 2021, p. 2)

Example actions subject to available resources

- RIDE could partner with institutions of higher education to develop standard educator competencies around culturally responsive and sustaining trauma-informed schools.
- RIDE and LEAs could develop professional learning programs (e.g., workshops, online modules and courses, coaching sessions) that are aligned with established competencies and focus on building specific skills and knowledge required for culturally responsive and sustaining trauma-informed practices.
 - » Training and supports for all educational staff, including teachers, leaders, and mental health professionals, should focus on bolstering universal (Tier 1) practices and supports.
 - » RIDE and LEAs could develop and implement ongoing training and supports (observation, coaching, professional learning, communities of practice, train-the trainer) and feedback loops to ensure sustained knowledge and skills. They could consider adopting a tiered system of support for staff based on educators’ and schools’ needs.
 - RIDE and LEAs could provide ongoing coaching and supports for staff that are aligned with established competencies and help them effectively implement and sustain culturally responsive, trauma-informed practices.
 - RIDE and other state-level partners could facilitate a statewide, state-administered community of practice for administrators and other education leaders to support professional learning on trauma-informed practices and the core features of schoolwide positive behavioral supports.
 - » RIDE could promote evidence-informed self-assessments that schools can use to identify trauma-responsive programming and policy domains of strength as well as areas for improvement (e.g., Trauma Responsive Schools Implementation Assessment).
 - » For professional learning for school and district leaders, RIDE could embed guidance on supporting the well-being of all school staff.
- Entities could invest state and district funds into developing the infrastructure and systems needed for a comprehensive professional development strategy (training, training-of-trainers, coaching, community of practice, etc.). Such infrastructure could facilitate communication, coordination, and collaboration.

- RIDE could explore stacked credential opportunities through career and technical education for young people who are interested in entering the field of education (teachers, school mental health professionals).
- RIDE could promote coherence among new and existing grow-your-own staff programs in Rhode Island (Motamedi et al., 2017).
- RIDE and LEAs could continue building awareness and reducing stigma through the Let It Out media campaign. Media campaigns can be effective in reducing mental health stigma and promoting behavior changes in educational contexts (Freeman et al., 2015; Thompson et al., 2021).
- RIDE and LEAs could celebrate wins and highlight best practices through awards, including for bright spots and exemplars.
- RIDE could develop an online hub for trauma-informed schools on RIDE’s website (see Alaska Department of Education and Early Development, 2020, for an example). Include materials that equip students, staff, and families with knowledge about trauma and trauma-informed practices (recognizing signs, effectively implementing practices, etc.). Update and disseminate information to reinforce and expand learning, ensuring sustained awareness and skill-building.
- Include guidance for school districts to increase awareness of trauma and mental health issues and reduce trauma and mental health stigma.
- RIDE and LEAs could establish organizational structures that facilitate collaboration among schools, districts, and community organizations. Doing so involves creating networks that share resources, best practices, and support mechanisms for awareness and for implementing practices.

Recommendation B: Adopt trauma-informed disciplinary procedures and practices

Research has shown that many challenging student behaviors might stem from traumatic stress responses (NCTSN, n.d.; Van Der Kolk, 2015), and students are often labeled as defiant or emotionally disturbed rather than receiving the support they need for responding to the trauma (Walkley & Cox, 2013; Wiest-Stevenson & Lee, 2016). Using punitive, exclusionary discipline approaches with these students can contribute to further escalation of their challenging behaviors and to re-traumatization (Delale-O’Connor et al., 2017; Dutil, 2020). Further, due to the high levels of trauma in communities of color (Anderson, 1999; Kiser & Black, 2005) and the presence of implicit bias in school discipline practices (Girvan et al., 2017), racial disproportionality in office referrals, suspensions, and expulsions is a growing concern (Okonofua et al., 2016; Sanders et al., 2023; Soto-Vigil Koon, 2013).

Not all discipline is problematic, however. In fact, education leaders play a crucial role in fostering safer, more supportive, and equitable learning environments through responsive, restorative, and trauma-informed discipline practices. However, understanding the difference between discipline and punishment (Coloroso, 2002) is crucial.

Punishment-based policies and practices actually work against the desired outcome of meeting school expectations and learning by activating students’ fight, flight, and freeze behaviors and breeding distrust among those who participate, regardless of their roles (Office of Safe and Supportive Schools Technical Assistance Center Collaborative, 2023). Such impacts may become barriers to effective learning. As outlined earlier, many students experiencing chronic or toxic stress or trauma are likely to exhibit behaviors that are punished rather than understood as a communication of underlying needs, which can then be appropriately addressed.

Alternatively, policies and practices that emphasize trauma-informed, responsive, and restorative discipline underscore rules as critical to teaching, learning, and safety, thus keeping students open to learning instead of pushing them away (Office of Safe and Supportive Schools Technical Assistance Center Collaborative, 2023). Such discipline also helps students develop inner self-discipline skills because students learn what to do and what not to do, and not simply how to avoid getting caught next time (Coloroso, 2002). These policies and practices are focused on relationship-building and repairing harm when behavioral infractions occur (Kidde, 2017).

When formulating disciplinary policies, leaders must understand the underlying rationale and assess whether practices aim to punish rule violations or actively promote responsive relationships and a safe, equitable community (Osher et al., 2020). Research suggests that exclusionary discipline lacks evidence for effectively changing student behavior, likely increasing future misbehavior (Fabelo et al., 2011). Thus, to enhance healthy student behavior, policies and interventions should prioritize evidence-based, nonpunitive, trauma-informed approaches and supports.

This approach is rooted in the understanding of the effects of trauma, seeks to reduce potential escalation and avoid re-traumatization, and is embedded within an MTSS framework (e.g., Kentucky Department of Education, 2021; Tennessee Department of Education, 2019). For example, universal supports (i.e., Tier 1) are robust and preventative, including engaging instruction, fostering a positive school climate, building healthy and trusting relationships, and engaging in restorative practices. Studies have also shown reductions in office referrals and suspensions after implementing trauma-informed practices through schoolwide, multi-tiered supports (Baroni et al., 2020; Dorado et al., 2016).

Finally, implementing trauma-informed, restorative, and responsive discipline requires adults to reflect upon their beliefs about discipline and to become aware of and challenge their biases. Otherwise, a change in discipline policy will not effectively or sustainably change practices.

Example actions subject to available resources

- RIDE could explore strategies to incorporate SurveyWorks school climate data into the statewide staff evaluation systems to underscore the link between students' sense of well-being in school and student achievement.
- RIDE could review the education code to ensure that discipline policies align with a trauma-informed, restorative, and responsive approach.
- LEAs could review and reflect on their practices and policies relating to discipline, considering the ways in which they orient toward punishment, responsive approaches, or a combination of discipline practices.
- LEAs could evaluate discipline data annually for racial, ethnic, or special education disparities and develop a plan to eliminate those disparities as required under RI General Law.
- RIDE and LEAs could integrate the content of capacity building (as outlined in Recommendation A) around trauma-informed, restorative, and responsive discipline. This includes building on existing coaching and training that supports crisis and verbal de-escalation, provides restorative and trauma-informed practices, and reduces hands-on intervention in schools.
- RIDE and LEAs could establish organizational structures that promote trauma-informed, restorative, and responsive discipline. This process may involve
 - » continuing to identify high-quality instructional materials that are inclusive, reflective, and engaging of diverse cultures, such as standards for English language proficiency, math, science, and health along with the Culturally Responsive and Sustaining Education framework;

- » continuing to promote the development of trusting relationships through relationship mapping;
- » developing or revising and implementing inclusive, supportive, proactive, and restorative attendance and discipline policies within the MTSS framework;
- » employing participatory engagement strategies to co-design culturally responsive and sustaining, trauma-informed policies, plans, and systems; and
- » using existing school improvement teams and district strategic planning teams dedicated to managing and supporting the integration of trauma-informed Tier 1 classroom management practices, drawing on SurveyWorks school climate measures (school improvement teams and district strategic planning teams could monitor fidelity to the trauma-informed model, troubleshoot challenges, and ensure practices are embedded in overall organizational culture; including district- and school-level mental and physical health leaders on these teams could ensure connections to accountability and academic performance as it relates to trauma-informed policies, practices, and programs).

Recommendation C: Implement school-based planning processes that promote trauma-informed practices

Promoting participatory engagement and having aligned systems are two key strategies for implementing trauma-informed practices. *Participatory engagement* involves engaging community members and system leaders to collectively determine, implement, and assess key actions and investments for generating system conditions that promote cultural responsiveness, trauma sensitivity, and well-being (Valdez et al., 2023). A participatory framework is central to a culturally responsive and sustaining trauma-informed approach because voice, choice, and agency are paramount to healing.

Key to this participatory approach is the inclusion of student voice, agency, and co-creation. Schools often rely on the voices of a small number of regularly engaged students who may not accurately represent the full range of student experiences. By committing to sharing decision-making power more broadly, LEAs can engage in authentic and actionable conversations with students about how to best design school systems that fully respond to students' hopes, needs, and aspirations. Involving students in school planning and leadership can increase their engagement, build trust with adults, promote equality, and improve their mental health (Conner et al., 2022; Mathias, 2023). When students who have faced adverse experiences participate in their schools and communities, this power and autonomy can help them heal and become more resilient (Morsillo & Prilleltensky 2007; Prilleltensky & Prilleltensky 2006).

Studies also show that when schools allow families to take an active role in their children's education, their children are more likely to do well in school, have better social skills, and attend school regularly (Henderson & Mapp, 2002). When schools develop collaborative partnerships with families, it can lead to higher self-esteem in students and a more positive attitude toward school (Jeynes, 2007). Schools reaching out to and developing partnerships with families from marginalized groups is particularly important (Ferlazzo, 2011). For instance, when LEAs in Rhode Island develop their strategic plans, they must bring together a diverse group of people to look at the LEA's needs, set priorities, find root problems, set goals, and plan how to achieve those goals. Participatory engagement during this process could be a significant contributor to creating a safe and supportive learning environment and helping LEAs prioritize initiatives.

Having *aligned systems* focused on trauma-informed practices means that educators at every level of the school system—from the state level to the classroom—are working simultaneously and coherently to sustain conditions for whole-person learning and development. Equitable outcomes are more likely when trauma-informed and related whole-person initiatives

are implemented within an aligned and coherent system that involves all interest holders, including students, staff, families, leaders, and policymakers (Walrond & Romer, 2021).

State education agencies and LEAs frequently use a wide variety of initiatives and programs designed to create conditions for student success. Although those initiatives may be evidence-based, they often fail to achieve desired outcomes, in part because they operate in fragmented or uncoordinated siloes that can inhibit effective implementation (Walrond & Romer, 2021). However, when systems are aligned and coherent, these initiatives can come together to achieve their intended goals.

In Rhode Island, creating guidance on how to incorporate trauma-informed approaches into existing school improvement structures, such as an LEA's strategic plans, may support alignment and encourage LEAs to prioritize this work. For instance, LEAs need ways to evaluate current needs and track progress toward safe and supportive learning environments for students and staff as they are developing their strategic plans. The voices of students, staff, and families are critical in gaining this insight. LEAs might use various methods to achieve this engagement, including surveys, focus groups, listening sessions, and existing data to elevate community strengths, share power, and prioritize transparency.

Example actions subject to available resources

- With guidance from RIDE, LEAs could develop capacity-building programs for all interest holders involved in or with the school system, including leaders, teachers, staff, students, families, community partners, and policymakers. This effort might involve the following:
 - » Ensure that every entity has voice in decision-making and that each entity understands what is involved in trauma-informed schools, including knowledge, skills, and implementation and sustainability strategies. Doing so would include providing ongoing supports to help maintain and deepen competency throughout the system.
 - » Develop or adopt programs that enhance the competency of school staff in effectively engaging with students and families in a respectful, trauma-sensitive manner. Training would focus on cultural responsiveness, communication strategies, collaborative problem-solving, and understanding diverse family dynamics. It would also more broadly relate to family, student, and staff engagement (Jacques & Villegas, 2018). Ongoing professional development would ensure that staff continuously refine and apply these strategies.
 - » Develop accessible (plain language, translated, 504-compliant) resources and free learning sessions on trauma-informed practice for students and families.
- RIDE and LEAs could establish organizational structures that facilitate collaboration among students, staff, and families. This process might involve the following:
 - » Develop and share resources, communication protocols, and collaborative plans to contribute to a well-organized and integrated approach to facilitating participatory engagement within and across related systems.
 - » Leverage existing opportunities, such as back-to-school nights, nutrition programs, or parent-teacher conferences, and youth advisory councils to collaborate and seek feedback from families, students, and community partners on service needs.
 - » Designate staff to be family liaisons or coordinators who act as a bridge between schools and families.
 - » Create collaborative structures (e.g., family advisory councils, student advisory councils, partnerships with community organizations) to enhance student and family engagement. Ensure that student and family engagement is embedded in the schools' culture and practices and that the engagement is both formal (i.e., structures) and informal (i.e., relationships, conversations).

- » Provide guidance to LEAs to ensure systems are in place within schools to support the development of family engagement strategies, policies, and programs that can be adapted to any context (school/grade).
- » Develop learning and networking opportunities for families and school staff to focus on safe, supportive, and predictable learning environments.
- RIDE and LEAs could establish organizational structures that facilitate the alignment of initiatives, policies, and procedures across different levels of the education system (state, region, district, school). Doing so might involve the following:
 - » Create (or leverage existing) task forces or committees responsible for reviewing and aligning existing policies with trauma-informed practices.
 - » Develop clear protocols for communication and collaboration among different departments and levels within and across education and related systems to ensure effective implementation and sustainability.
 - » Align school improvement resources (e.g., LEAs' strategic plans) to integrate trauma-informed practices.
 - » Collect data related to the implementation of trauma-informed practices.
 - » Provide guidance for LEAs on collecting qualitative data on safe and supportive environments and relationships.
 - » Develop or adapt a framework (e.g., Child Trends' Comprehensive School Employee Wellness Framework) for considering employee well-being in creating and evaluating policies and procedures.

Recommendation D: Improve educator and school staff well-being and quality of life

Ensuring the well-being of educators and school staff is paramount for the successful implementation of the Trauma-Informed Schools Act. Poor mental health significantly impacts an individual's ability to learn new approaches to teaching and discipline, making teacher well-being foundational for effectively implementing the robust professional learning offerings described earlier in this report. Given the research findings that poor teacher mental health can lead to worse outcomes for students, both academically and in other areas (Madigan & Kim, 2020; McLean & Connor, 2015), teacher well-being becomes a crucial concern for RIDE's process of implementing the Trauma-Informed Schools Act.

Workload, school environments, and lack of resources are often cited as sources of burnout and stress for educators (Bottiani et al., 2019; El Helou et al., 2016; Koerber et al., 2023; Schor et al., 2022; Will & Superville, 2022). Healthy teachers can better handle stress and are more likely to stay in the profession for the long term (Acton & Glasgow, 2015). Indeed, when low levels of teacher well-being lead to turnover, it can disrupt student learning and place financial strain on schools (Ronfeldt et al., 2013). Researchers have also noted that principals and teachers of color are more likely than their White counterparts to experience poor well-being and mental health (Steiner et al., 2022).

This research suggests that policies, systems, and structures that facilitate staff well-being are crucial for implementing the recommendations in this report and retaining seasoned teachers over time.

Example actions subject to available resources

- RIDE could develop guidance for LEAs to develop programs that focus on building the capacity of staff and leaders to recognize and address well-being challenges. Programs might include those that focus on mental health awareness, stress management strategies, work-life harmony strategies, relational skills, coping skills, and so on. Ongoing professional development opportunities can ensure that staff continuously enhance their well-being competencies.

- RIDE could develop programs that focus on building the capacity of leaders, school boards, unions, and policymakers to understand the importance of staff well-being and its effects on student and school outcomes. Such efforts would make these groups aware of resources and supports that staff need to effectively teach and lead and would make them aware of the systems and structures needed to support the well-being of all school interest holders (students, staff, families, and leaders). For example, RIDE could
 - » develop guidance for administrators and teachers and/or explore high-impact practices that support educator well-being, such as adjusting school schedules to allow for additional planning, professional development, and wellness time for teachers, as done in other states (National Conference of State Legislatures, 2023), and
 - » build on social media-based recruitment efforts of Educate401 to address teacher shortages and build diversity in the workforce.
- With the guidance of RIDE, LEAs could establish (or leverage existing) organizational structures (e.g., District Health and Wellness Subcommittees) that are dedicated to promoting staff well-being. These structures could help to
 - » manage and support the work of improving staff well-being;
 - » create a supportive environment by developing and implementing policies, systems, and practices that prioritize the physical and mental health of staff; and
 - » partner with organizations to increase access to resources such as mental health counseling, wellness programs, and flexible work arrangements.
- With the guidance of RIDE and the Rhode Island Executive Office of Health and Human Services, LEAs could expand capacity to support school-based health services through the upcoming Medicaid Waiver Expansion.

Recommendation E: Provide wraparound supports for the whole person and community

To advance equity, states, districts, and schools must serve the whole person and whole community. One way to do so is through wraparound supports. Wraparound in schools is a comprehensive team approach to addressing the diverse needs of students by coordinating various services and resources within the school and from the outside community (The National Wraparound Initiative, 2019). Wraparound aims to provide holistic assistance to students and their families, considering factors such as academics, behavior, mental health, physical health, and well-being. Key components of wraparound supports typically include personalized plans tailored to individual students; collaboration among educators, families, and community organizations; and a focus on prevention and early intervention. The goal is to create a supportive environment that enables students to thrive academically and personally.

A 2017 review (Schurer Coldiron et al.) of empirical articles concluded that wraparound services, when implemented effectively, are likely to produce positive youth, system, and cost outcomes. A recent study found that wraparound services supported youths' development of a supportive relationship with a caring adult, improved their capacity to navigate challenges in school and life, and improved their families' functioning (Haight et al., 2023).

One evidence-based approach for facilitating wraparound supports is to have school-based health care centers (Michael et al., 2015). Provided in various ways, health clinics on school campuses have been associated with a multitude of positive educational and health outcomes. Students attending schools with school-based health centers experience improved grade-point averages, attendance rates, vaccination rates, reproductive health, and mental well-being (Knopf et al., 2016). In addition, school-based health centers have shown effectiveness in enhancing school connectedness among adolescents from low socioeconomic backgrounds (Bersamin et al., 2018). Notably, children and adolescents who are eligible for Medicaid and/

or who do not have health insurance are the most likely groups to access health care through schools (Amaral et al., 2011; Koenig et al., 2016), underscoring the critical importance of school-based health care for educational and health equity.

While the positive outcomes associated with school-based health care underscore its importance, funding remains a significant obstacle to implementing this approach (Heinrich et al., 2023). Many school districts establish partnerships with federally qualified health centers, local government agencies, universities, Medicaid providers, community-based organizations, and/or foundations to help finance school-based health care programs (Dunfee, 2020).

Regardless of the approach to providing whole-person care, it is critical that providers are familiar with the causes and impacts of trauma and trained in the principles of trauma-informed care. For example, school-based mental health providers should be trained to reduce the likelihood of re-traumatization in their interactions with students and families, while also compassionately navigating handoffs to Tier 3 or community-based providers.

Universal mental health screenings are another strategy to identify students facing social, emotional, or mental health challenges (National Center for School Mental Health, 2020). SAMHSA (2023) has developed a comprehensive guide to the implementation of a trauma-informed approach, including information on screening, assessment, and progress monitoring.

Medicaid reimbursement offers a potential source of financial support for school-based health care services. Medicaid is a public health insurance program that covers health care services for individuals who meet income or other eligibility requirements. Medicaid billing programs can help reimburse local agencies for the services they provide to Medicaid-eligible students under certain circumstances, such as when the child who receives the service is enrolled in Medicaid (Centers for Medicare and Medicaid Services [CMS], 2023). Reimbursable services may include medical care, mental health care, dental care, health education, and substance abuse counseling (CMS, 2023). Many special education and related services that schools provide to students with disabilities are eligible for Medicaid reimbursement (CMS, 2023).

Example actions subject to available resources

- RIDE and LEAs could develop or adopt training that is aligned with established competencies and enhances the capacity of school staff (teachers, mental health professionals, leaders, support staff) related to
 - » adverse childhood experiences, trauma, or other mental or behavioral health issues;
 - » communication strategies and collaborative problem-solving (for all staff); and
 - » the process of identifying, referring, connecting, and/or providing trauma-informed wraparound supports (depending on staff type) and coordinating and delivering mental health treatment and other services to students with serious and complex needs.
- RIDE and LEAs could establish organizational structures that perform the following functions:
 - » Facilitate interagency and interdepartment coordination and collaboration among those delivering wraparound supports and services. Doing so involves creating coordination mechanisms (interagency and interdepartment teams or partnerships) to ensure seamless integration of services.
 - » Utilize opportunities for new school facilities to create spaces that enable holistic supports.
 - » Develop and share resources, communication protocols, and collaborative plans to contribute to a well-organized and integrated approach to providing wraparound supports within and across education systems.
 - » Develop district and school attendance guidance aimed at reducing absenteeism for students who miss instruction to receive school-based or inpatient physical or mental health services.



- RIDE could expand the reach of services by
 - » providing guidance to school districts on the various models to address physical and mental health needs in schools, including school-based health centers and community school models, and
 - » collaborating with the Rhode Island Executive Office of Health and Human Services to expand the reach of Medicaid services to cover mental health service for students who are Medicaid eligible regardless of individualized education program (IEP) status.

Moving the Vision Forward

The Trauma-Informed Schools Commission is eager to hear your feedback on the contents of this Plan. The public input process involves a public survey and meetings with professional organizations in Rhode Island to gather public input on the recommendations and example actions. These input sessions will inform the findings and recommendations submitted in the final report.

Want to Learn More About Trauma-Informed Practice Today?

System change takes time and resources, yet the children and adults working in Rhode Island schools have urgent needs. The following resources are available now for you and your school community.

- Access resources and trainings to learn more about trauma, trauma-informed approaches, and trauma-informed schools.
 - » [Safe Spaces modules](#)
 - » [Crisis Prevention Institute Trauma-Informed Care for Educators Resource Guide](#)
 - » [Rhode Island Prevention Resource Center: Trauma-Sensitive Schools training](#)
 - » [The Three R's: Reaching the Learning Brain](#)
- Use guides to begin planning a schoolwide approach to being trauma-informed.
 - » [Creating Conditions for Student Success: A Policymakers' School Climate Playbook](#)
 - » [Integrating a Trauma-Informed Approach Within a PBIS Framework](#)
 - » [The Missouri Model for Trauma-Informed Schools](#)
- Connect with other educators and caretakers who are doing this important work.
 - » [PACEs Connection](#)



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Appendix: Process for the Landscape Analysis and Needs Assessment

The landscape analysis occurred in three phases:

1. A systematic online search using key terms from the Trauma-Informed Schools Act (e.g., trauma-informed schools, mental health)
2. An analysis of the findings for relevance and quality
3. A process of feedback and revision to add further resources, organizations, funding sources, and data sources as suggested by Commission members and RIDE staff

After the landscape analysis was conducted, Commission members explored existing state-level data related to trauma-informed approaches in schools, including school climate data from the 2023 SurveyWorks, to identify areas for further investigation through a needs assessment. The Commission determined the need to further explore interest-holder perspectives on topics such as existing school policies and practices, barriers and facilitators to implementing a trauma-informed approach, and staff wellness. In October 2023, WestEd staff organized focus groups with approximately 40 participants in Rhode Island, including

- one student focus group,
- one parent focus group,
- two educator focus groups,
- two service-provider focus groups,
- two school and district leadership focus groups,
- two state leadership focus groups, and
- two community-based organization focus groups.

Example questions for the focus groups included the following:

- How familiar are you with trauma-informed approaches?
- What do you believe are the greatest supports and barriers your school, district, or state has that would help or hinder implementing trauma-informed schools?
- How does your workplace support the mental and physical well-being of you and your colleagues?
- What are the most pressing needs you see students and families facing?



Rhode Island Trauma-Informed Schools Final Report: An Addendum to the Implementation Plan and Supporting Materials



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Introduction

The Rhode Island Trauma-Informed Schools Act, RIGL 16-21-41, was signed into law in June 2022 and established the Trauma-Informed Schools Commission (the Commission) to assist the Rhode Island Department of Education (RIDE) with implementing the act. Commission members represented a range of health and education system interest holders as required under the legislation.

The Commission was charged with

- conducting a review and assessment of existing trauma-informed school- and community-based resources and initiatives across the state;
- informing the development of a trauma-informed school implementation plan and supporting materials that was submitted to the Council on Elementary and Secondary Education;
- researching, identifying, and cataloging state, federal, and philanthropic sources that align with the purpose of the act; and
- submitting a final report that details the Commission’s findings and recommendations for implementing trauma-informed practices in every elementary and secondary school in Rhode Island.

The Commission’s preliminary report was submitted in March 2023. The Commission’s Implementation Plan was approved by the Council on Elementary and Secondary Education on March 26, 2024. The Implementation Plan outlines the vision and charge of the Commission and provides an overview of research, best practices, and key frameworks informing the Commission’s work.

This Final Report (the Report) is the third and final document required from the Commission per the legislation. The Report begins with the results of a public input process on the Implementation Plan; highlights a set of priority actions from the Commission; and ends with a catalog of state, federal, and philanthropic sources for implementing trauma-informed practices in Rhode Island schools.

The Final Report presents an ambitious path toward fully integrating trauma-informed practices within all Rhode Island schools. As the Report will make clear, the federal funding that currently supports the school health work in the Office of Student, Community and Academic Supports at RIDE is ending in 2026 and 2027 (see Figure 1 on page 12). Expanding the work of this office will require additional investments from the General Assembly.

Implementation of the recommendations would require expanded operational capacity for managing departmental changes and collaboration, making key decisions, championing the importance of the work, offering guidance and strategic direction, and providing professional development and support to local education agencies (LEAs). RIDE has demonstrated commendable resourcefulness in acquiring external funding from federal entities to support trauma-informed practices. However, a transition to a recurring, sustainable funding source of state allocations would be necessary to maintain a basic state infrastructure to support this work and implement any new initiatives, such as those described in this Report.

Recommendations for Implementing the Trauma-Informed Schools Act in Rhode Island

A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization. (SAMHSA, 2014, p. 9)

The recommendations in this Report and the research base underlying each of them are described in detail in the Implementation Plan along with lists of example actions Rhode Island might take to implement the recommendations. The Commission recommends reading the [Implementation Plan](#) in full prior to reading this Report.

As described in detail in the Commission's Implementation Plan, a trauma-informed school is one where all members are aware of and responsive to the effects of stress and trauma on human development and well-being. Trauma is a person's experience of an event rather than the event itself, and trauma can impact nearly every aspect of someone's life, including emotional regulation and learning. However, a history of trauma is not deterministic, as there are methods to prevent and heal from its effects at any age, including fostering culturally responsive and sustaining trauma-informed practices in school.

A culturally responsive and sustaining trauma-informed school system supports the behavioral, emotional, relational, and academic needs of everyone involved. This approach fosters an educational environment that prioritizes safety, inclusion, belonging, and support, recognizing the importance of addressing not just behavioral symptoms but the overall well-being of students and staff, especially those who have experienced adversity.

Through the legislation and required activities, the Commission has identified the following five recommendations for implementing the Trauma-Informed Schools Act:

- Promote a shared understanding among adults in schools about the prevalence and impact of trauma and about trauma-informed approaches.
- Adopt trauma-informed disciplinary procedures and practices.
- Implement school-based planning processes that promote trauma-informed practices.
- Improve educator and school staff well-being and quality of life.
- Provide wraparound supports for the whole person and community.



Insights From the Public on the Implementation Plan

After the Council approved the Implementation Plan, the Commission sought additional feedback from the public on the Plan's specific recommendations and example actions via survey in April 2024. This section describes the survey process and summarizes its results (see Appendix B for detailed results). Quotes from both the April 2024 survey and October 2023 needs assessment focus groups are included in this section to contextualize the survey results. The purpose is to help guide implementation of key recommendations within the policy, programmatic, and historical contexts of the work.

The survey asked for input from the participants on the significance of each recommendation if implemented as well as the perceived benefits and challenges of implementing the recommendations. The survey also asked the participant to rank the priority actions under each recommendation (see Appendix B for a copy of the public input survey questions).

Survey Outreach and Participation

The survey was sent to the following groups, who were encouraged to share with their networks:

- All email addresses the Commission gathered from recruitment for focus groups and interviews during the Implementation Plan needs assessment, including school staff, school and district leaders, community-based organizations, caregivers, and students.
- Members of the School Health Advisory Council (SHAC), which was developed to advise RIDE and other partners on policies, programs, and practices that promote equitable access to high-quality school- and community-based mental health and related services for youth and their families. There are currently 41 organizations/LEAs represented on the SHAC with more than 100 members.

This outreach resulted in 89 responses to the public input survey, which represented a wide range of interest holders, including the following:

- social workers: 36 percent
- principals/school leaders: 21 percent
- parents/caregivers: 9 percent
- school nurses: 8 percent
- school psychologists: 5 percent
- employees of community-based organizations: 5 percent
- K–12 teachers: 1 percent
- superintendents: 1 percent
- other (e.g., child psychologists, occupational therapists, special education directors): 14 percent

Although we received no survey responses from students during this phase of input, students did participate in the needs assessment focus groups that informed the development of the recommendations in the Implementation Plan. Refer to the Implementation Plan for additional information on the needs assessment process and its findings.

The results presented in this section should be viewed as a sample of public insight and not necessarily representative of the state education community and interest holders.



Summary of Survey Results

Overall, survey responses indicated that, if implemented, all five recommendation areas would be significant in supporting trauma-informed practices in schools statewide.

“That’s something that I think needs to be said about trauma-informed practices. This is not about creating a system to be able to just work with children in foster care or children who have refugee status or children that have the macro things that we think about when we talk about trauma. This is something for all children.”

— FOCUS GROUP PARTICIPANT

Of the five recommendations, more than 70 percent of respondents believed the following would be *very significant* if implemented:

- Promote a shared understanding among adults in schools about the prevalence and impact of trauma and about trauma-informed approaches.
- Adopt trauma-informed disciplinary procedures and practices.
- Improve educator and school staff well-being and quality of life.

Across all recommendations, the benefits most commonly named by survey participants were

- *staff capacity building* (29 mentions),
- *adult well-being* (17 mentions),
- *positive outcomes for students* (16 mentions), and
- *systemic changes to support change and sustainability* (14 mentions).

The improved well-being of students and staff together was identified as a key benefit of implementation (33 total mentions). While survey participants named the importance of developing school staff capacity to implement trauma-informed approaches, they also drew important connections to the systemic changes needed to make this work possible in both the short and long term.

“Focusing on establishing organizational structures that facilitate the alignment of initiatives, policies, and procedures across the state as a whole will affect the collaboration among students, staff, and families firsthand in a positive way.”

— SURVEY RESPONDENT



Priorities From Survey Respondents

Survey respondents were also asked to review the potential actions for each recommendation area and rank them in order of priority. The top-ranking action from each area is listed below, and rankings of all areas are included in Appendix B.

Recommendation A

RIDE and LEAs could develop professional learning programs (e.g., workshops, online modules and courses, coaching sessions) that are aligned with established competencies and focus on building specific skills and knowledge required for culturally responsive and sustaining trauma-informed practices.

Recommendation B

RIDE could review the Rhode Island Education Code to ensure that discipline policies align with a trauma-informed, restorative, and responsive approach.

Recommendation C

RIDE and LEAs could establish organizational structures that facilitate the alignment of initiatives, policies, and procedures across different levels of the education system (state, region, district, school).

Recommendation D

RIDE could develop programs that focus on building the capacity of leaders, school boards, unions, and policymakers to understand the importance of staff well-being and its effects on student and school outcomes. Such efforts would make these groups aware of resources and supports that staff need to effectively teach and lead and would make them aware of the systems and structures needed to support the well-being of all school interest holders (students, staff, families, and leaders).

Recommendation E

RIDE could expand the reach of services by providing guidance to school districts on the various models to address physical and mental health and collaborating to expand the reach of Medicaid services.

Anticipated Challenges of Implementing the Recommendations

Survey responses spoke to the systemic and structural challenges facing implementation (e.g., lack of resources, initiative fatigue, and statewide staffing shortages), as well as the effects these challenges have on the well-being of school staff and therefore students.



“Generally, no one cares about staff well-being. It is essential to change this culture and get administrators and politicians to understand that teacher and other staff working conditions are student learning conditions.”

— SURVEY RESPONDENT

Survey participants highlighted the following challenges to implementing the recommendations, in order of mentions:

- the need for *resource allocation and funding* (31 mentions)
- concerns about *initiative fatigue and time constraints* (22 mentions)
- the need for *structural changes to support change and sustainability* (17 mentions)
- challenges with *buy-in and alignment* (17 mentions)
- *staffing shortages* (17 mentions)
- challenges with *burnout and need for adult wellness* (14 mentions)

In response to these concerns, the Report examines in detail the challenge of resource allocation and funding to support this work in the section titled “State, Federal, and Philanthropic Sources That Align With the Purpose of the Trauma-Informed Schools Act.”

Priority Actions

With public input, including through the needs assessment described in the Implementation Plan and the survey described in this Report, the Commission has identified the following priority actions for RIDE in implementing the Trauma-Informed Schools Act:

- Develop the infrastructure and systems needed for a comprehensive professional development strategy (training of trainers, coaching, communities of practice, etc.).
- Create guidance for LEAs on developing trauma-informed, restorative, and responsive discipline policies.
- Establish organizational structures that facilitate collaboration among schools, districts, and community organizations.
- Develop guidance for LEAs to create programs that focus on building the capacity of staff and leaders to recognize and address well-being challenges.
- Collaborate with the Executive Office of Health and Human Services on the expanded Medicaid waiver to support physical and behavioral health services.

The sections that follow describe the priority actions as well as opportunities for alignment with existing initiatives identified in the landscape analysis. For an exhaustive list of the Commission’s recommendations and example actions and a detailed discussion of supporting research for each recommendation, see the [Implementation Plan](#).



Action A Subject to Available Resources: Develop the Infrastructure and Systems Needed for a Comprehensive Professional Development Strategy (Training, Training of Trainers, Coaching, Communities of Practice, etc.)

According to a RIDE review of teacher preparation programs in the state, Rhode Island teachers are required to take coursework related to trauma-informed practices. However, although many school staff enter the profession recognizing the importance of culturally responsive and sustaining trauma-informed approaches, there is a pressing need for more comprehensive professional support in this area. To address this gap, professional learning opportunities to support trauma-informed schools should include ongoing supports for educators and school staff. School-based resources and continuous support can help ensure that educators and administrators have the necessary knowledge, tools, and mindsets to create and maintain safe and supportive learning environments. Furthermore, as highlighted in Action D, well-being can play a critical role in educator self-efficacy and implementation of culturally responsive and sustaining trauma-informed approaches. Improving systems to ensure the well-being of educators and school staff can provide them with the feelings of safety and support needed to regularly use trauma-informed approaches in the classroom.

Opportunities for Alignment With Existing Initiatives

- Many districts and organizations throughout the state offer access to Youth Mental Health First Aid (YMHFA) training, which teaches staff how to identify, understand, and respond to signs of mental health and substance use.
- Bridging Research, Implementation, and Data to Guide Educators in Rhode Island (BRIDGE-RI) offers professional learning courses, including a course on Tier 1 strategies for behavior, social-emotional learning, and climate.
- Many districts decide on their own professional development offerings either through in-house or external instructional or other experts.
- RIDE offers targeted trainings for school-based mental health professionals through the U.S. Department of Education School-Based Mental Health Services Grants.

“People who make decisions about professional learning recognize the need and they invest in trainings, whether it be in person or taking courses online. But I think educators struggle with putting together disjointed professional development on topics around mental health, whether it be trauma, whether it be anxiety, whether it be behavior, and trying to connect how all of those are cohesive and how they can seamlessly support all students along with the message that if you do something that supports one student, say, with trauma services, everybody benefits.”

— FOCUS GROUP PARTICIPANT



Action B Subject to Available Resources: Create Guidance for LEAs on Developing Trauma-Informed, Restorative, and Responsive Discipline Policies

As outlined extensively in the Implementation Plan, many students experiencing chronic stress, toxic stress, or trauma are likely to exhibit behaviors that are punished rather than understood as a communication of underlying needs. RIDE and LEAs should integrate proactive systems, routines, and procedures as well as the content of culturally restorative approaches into the comprehensive professional development strategy (as outlined in Action A). This includes building on existing coaching or training that supports crisis and verbal de-escalation and restorative and trauma-informed practices and that reduces hands-on intervention in schools. As the state works to develop its strategy, RIDE staff should ensure that LEAs have guidance on statutory requirements for developing discipline policies that align with this trauma-informed, restorative, and responsive approach.

Culturally responsive and sustaining education is an approach to advancing learning and equity in education by creating culturally affirming and inclusive learning environments and experiences that support the attainment of comparably positive outcomes for all student groups. (Warner & Browning, 2021, p. 2)

Opportunities for Alignment With Existing Initiatives

- RIDE collects data on discipline outcomes on the district and state levels and convenes LEAs as part of the SHAC to promote knowledge sharing on restorative initiatives.
- RIDE creates guidance on statutory requirements, such as supporting youth in foster care and youth who identify as transgender, and might use that process as a model for developing guidance on restorative and responsive discipline policies.

“Yesterday, I had a student who really felt that she was being dismissed by the teacher, got upset, probably would’ve escalated into something. I was able to call the restorative coach. She came down, and this child was dealing with a lot of stuff. So, she teamed up with the social worker, they got to the bottom of why she was so upset, and it actually stopped probably a little fisticuff thing happening.”

— FOCUS GROUP PARTICIPANT



Action C Subject to Available Resources: RIDE and LEAs Could Establish Organizational Structures That Facilitate the Alignment of Initiatives, Policies, and Procedures Across Different Levels of the Education System (State, Region, District, School)

Having aligned systems focused on trauma-informed practices means that educators at every level of the school system—from the state level to the classroom—are working simultaneously and coherently to sustain conditions for whole-person learning and development. In Rhode Island, creating guidance on how to incorporate trauma-informed approaches into existing school improvement structures and initiatives may support alignment and avoid the initiative fatigue described in the public input survey responses. Equitable outcomes are more likely when trauma-informed and related whole-person initiatives are implemented within an aligned and coherent system that involves all interest holders, including students, staff, families, leaders, and policymakers (Walrond & Romer, 2021).

Opportunities for Alignment With Existing Initiatives

- RIDE convenes LEAs as part of the SHAC to promote knowledge sharing on trauma-informed practices.
- SurveyWorks data and the Youth Risk Behavior Survey offer standard measures for well-being among youth in schools, which may support continuous improvement. The School Health Profiles provide data on programs, practices, and policies to inform comprehensive district and school approaches to support students, staff, and families.
- RIDE provides technical assistance to district Multi-tiered System of Supports (MTSS) coordinators on how to implement MTSS and has developed a district practice profile to support this work. RIDE is currently working on a building practice profile to support this work within individual schools.

“Rhode Island’s such an interesting place. We’re so small and we should be able to know everybody. We don’t. We’re siloed in a lot of ways, but I think one of the real strengths in Rhode Island around this is that there are nonprofits and there are advocates that are so committed to doing this.”

— FOCUS GROUP PARTICIPANT

Action D Subject to Available Resources: Develop Guidance for LEAs to Develop Programs That Focus on Building the Capacity of Staff and Leaders to Recognize and Address Well-Being Challenges

Ensuring the well-being of educators and school staff is paramount for the successful implementation of the Trauma-Informed Schools Act. Poor teacher mental health can lead to worse outcomes for students, both academically and in other areas (Madigan & Kim, 2020; McLean & Connor, 2015). Poor mental health can also significantly impact an individual’s ability to learn new approaches to teaching and discipline, making teacher well-being foundational for effectively implementing the robust professional learning offerings described in Action A. Guidance from RIDE on recognizing and addressing well-being challenges might include information on mental health awareness, stress management strategies, work–life harmony strategies, relational skills, coping skills, and so on. Ongoing professional development opportunities can ensure that staff continuously enhance their well-being competencies. Nonetheless, these technical, short-term, individual actions cannot replace adaptive, longer-term, collective and structural endeavors to address the complex, systemic nature of well-being. The way



systems and structures such as staff evaluations or leave policies are designed can impact any well-being efforts and must be addressed to create the conditions necessary for both student and staff well-being.

Existing Initiatives Aligned With This Action

- Pure Edge offers a Culture of Care webinar series aimed at providing strategies designed to support the health and wellness of educators and learners by sharing simple strategies to reduce stress and improve focus.
- Educator support is a priority for the commissioner of elementary and secondary education and is included in RIDE's Strategic Plan, which aims to invest in the recruitment, preparation, and continuous professional development and retention of a diverse network of excellent educators, teachers, education support professionals, and school leaders who are supported in applying the knowledge, skills, and disposition of a professional educator.
- RIDE developed the Educate 401 campaign to recruit educators to work in Rhode Island LEAs.
- RIDE has a partnership with the Yale Center for Emotional Strategies, which offers an eight-module Coursera course on strategies for emotional stability in uncertain times.
- The Wellness in Education Leads to Learning (WELL) Initiative offered up to \$150,000 for districts to purchase wellness furniture for teachers and students and \$5,000 to conduct aligned professional development.

“I’ve spent a lot of time one-on-one with teachers who are really struggling with what’s happening in their classroom with the kids who are exhibiting some trauma signs and symptoms. It’s been more difficult for me to support them than it has been to support my people doing the therapeutic work because they’re feeling quite helpless and hopeless. The resources just aren’t there to support the teachers doing the work. You can’t teach in that environment. It’s been daunting to see how they’re expected to juggle so many things, of being able to meet the needs, follow the curriculum, get the scores where they need to be for their district.”

— FOCUS GROUP PARTICIPANT

Action E Subject to Available Resources: Collaborate With the Rhode Island Executive Office of Health and Human Services (EOHHS) to Expand the Reach of Medicaid Services to Cover Mental Health Service for Students Who Are Medicaid-Eligible Regardless of Individualized Education Program (IEP) Status

To advance equity, states, districts, and schools must serve the whole person and whole community. One way to do so is through wraparound supports. Wraparound in schools is a comprehensive team approach to addressing the diverse needs of students by coordinating various services and resources within the school and from the outside community (National Wraparound Initiative, 2019). Wraparound aims to provide holistic assistance to students and their families, considering factors such as academics, behavior, mental health, physical health, and well-being. Funding remains a significant obstacle to implementing wraparound supports (Heinrich et al., 2023). Many school districts establish partnerships with federally qualified health centers, local government agencies, universities, Medicaid providers, community-based organizations, and/or



foundations to help finance school-based health care programs (Dunfee, 2020). Medicaid reimbursement offers an important potential source of financial support for wraparound supports. Reimbursable services may include medical care, mental health care, dental care, health education, and substance abuse counseling (Centers for Medicare and Medicaid Services, 2023).

Existing Initiatives Aligned With This Action

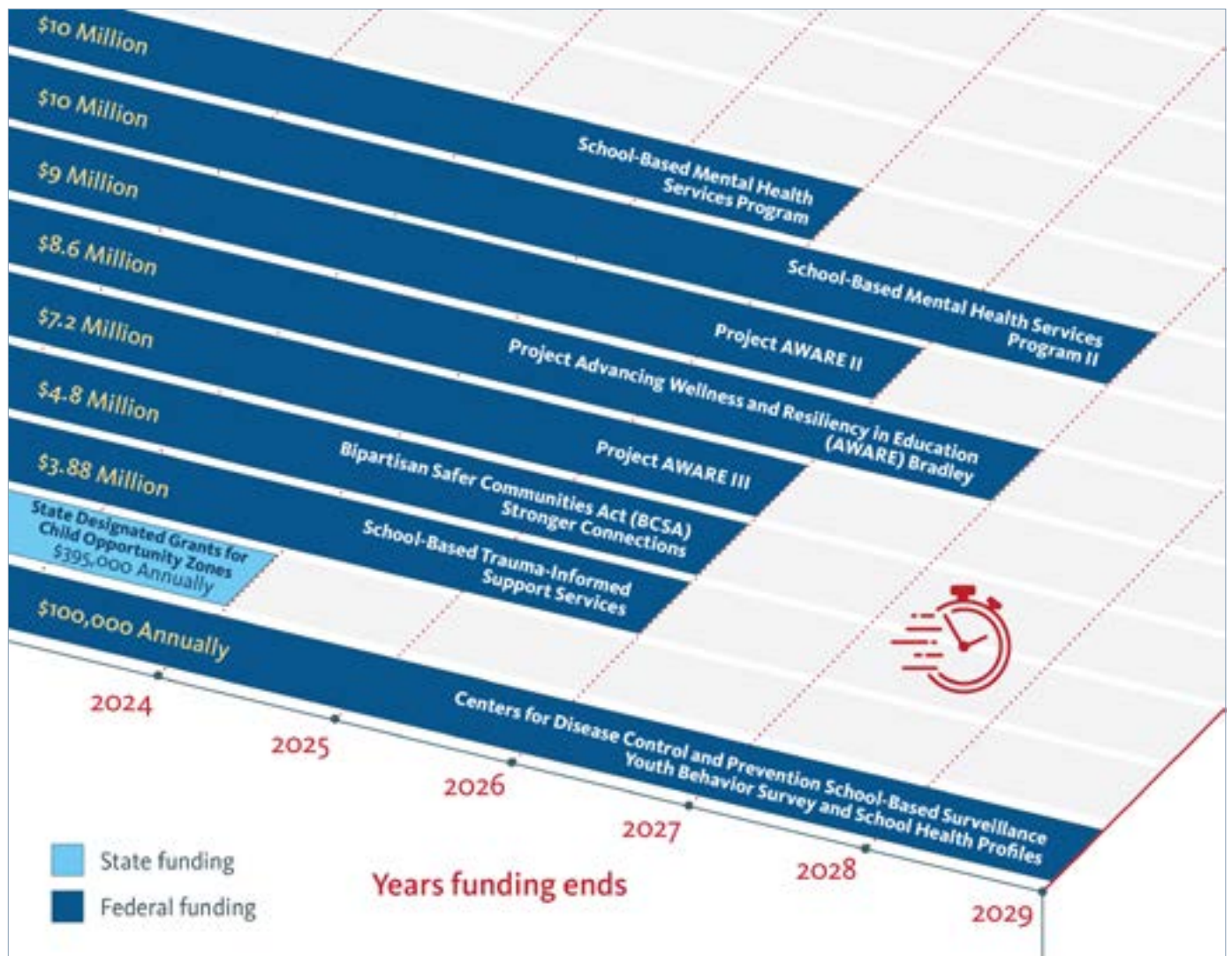
- The School Health Model for Academics Reaching All and Transforming Lives (SMART) school-based health center is an existing commissioner’s initiative with established health clinics in five schools and plans for more in the coming years.
- About 83 percent of school districts in Rhode Island are currently participating in Medicaid billing programs.
- The RIDE Office of Student, Community and Academic Supports is working with the EOHHS on Medicaid expansion, including a pending grant to support the EOHHS and RIDE with Medicaid expansion.



State, Federal, and Philanthropic Sources That Align With the Purpose of the Trauma-Informed Schools Act

As required by the legislation, the Commission developed a catalog of state, federal, and philanthropic funding sources that align with the purpose of the Trauma-Informed Schools Act. A key finding from this effort is that RIDE has demonstrated commendable resourcefulness in acquiring external funding from federal entities to support trauma-informed practices. However, the existing grant funding is time limited, earmarked for specific purposes, and insufficient to cover programs in schools statewide. Figure 1 summarizes the funding sources that currently support trauma-informed schools work in Rhode Island and the anticipated funding cliffs in 2026 and 2027 (see Appendix C for a full list of resources, timelines, and restrictions).

Figure 1. Current Federal and State Funding With Amounts and Timelines



Additionally, the federal Elementary and Secondary School Emergency Relief (ESSER) funds are ending at the end of the 2024 calendar year. Rhode Island received \$415,015,610 in ESSER funding (U.S. Department of Education, 2021). School districts have significant latitude in how they budget and expend ESSER funds, and many school districts in Rhode Island are using these funds to support school-based counselors and other activities that align with the purpose of the Trauma-Informed Schools Act (Schwartz et al., 2023).

As Figure 1 makes clear, state and local efforts specific to trauma-informed practices have been paid for through federal grant funding totaling nearly \$54 million. Of this funding, 60%–70% has been distributed directly to school districts. Nearly all of Rhode Island’s federal funding to support this work will expire by 2027, leaving only a small amount (\$395,000 annually) of state-designated, nonrecurring funds distributed to just 10 school districts to fund a full service community school model.

At the state level, the School Health and Extended Learning team in the Office of Student, Community and Academic Supports is supported almost entirely by the time-limited federal dollars shown in Figure 1. By securing seven federal grants, RIDE has been able to hire time-limited staff to support districts in the implementation of behavioral health and school climate efforts within an MTSS framework. The grant funding for these positions will expire in 2026 and 2027. Although the state has secured more than \$53 million in federal funds, there are no resources from the state’s general budget to support this work beyond an associate director position and a school health specialist position, which each have 25 percent of their full-time equivalent paid for through state funding to address state-level work. The duties of the associate director and school health specialist go well beyond the parameters envisioned in this Report.

Resources Required to Implement the Recommendations

State- and local-level capacity to support this work over the long term and at all schools is essential. The public input survey indicated that funding is the top concern of school leaders and staff. When federal funding sources expire, a transition to a recurring, sustainable funding source of state allocations would be necessary to maintain a basic state infrastructure to support this work and implement any new initiatives, such as those described in this Report.

RIDE would require sustained funding to successfully carry out efforts proposed by the Commission. The work could include, but is not limited to,

- applying lessons learned from school districts currently covered under the grants to other school districts in the state;
- identifying and applying for additional grants that align with the purpose of the Act; and
- planning and implementing actions B, C, and D described above.

Implementing Action A would require targeted and strategic planning efforts to determine what infrastructure and systems are needed for a comprehensive professional development strategy in Rhode Island. For Action A, RIDE may consider conducting a cost analysis to determine what additional costs are required. The cost of implementing Action A would depend on many variables, including the following:

- the programmatic design of the professional learning and coaching model(s)
- the level of recurring state funding made available to support state and local work
- the need for external contractors to assist with state or local efforts
- the time commitments required from teachers and other staff for activities beyond their regular duties, such as participating in communities of practice

- the ability of school districts to leverage existing structures and personnel, such as MTSS coordinators, to support new initiatives

Additionally, as the Executive Office of Health and Human Services is currently working with the federal Centers for Medicare and Medicaid Services (CMS) to expand the state’s existing school-based health services through Medicaid, additional staff resources at RIDE may be necessary to support school districts in accessing Medicaid funds for eligible students. This expansion could involve reaching out to inform school districts about program changes and providing training and technical assistance for implementation.

In the absence of recurring state funding, RIDE would have to resort to securing one-time funds to hire outside contractors for short-term support to implement the recommendations described in this Report. However, the continuity of existing staff and their work is paramount for building upon existing structures in the state, such as the current professional development initiatives related to trauma-informed practices. There are significant limitations in how staffing is currently constructed.

Moving the Vision Forward

The Rhode Island Trauma-Informed Schools Act, RIGL 16-21-41, and establishment of the Trauma-Informed Schools Commission marked the first steps in examining the implementation of culturally responsive and sustaining trauma-informed practices in the state of Rhode Island. The landscape analysis conducted by the Commission highlights the great progress Rhode Island has made in establishing safe and supportive environments for students in the state. Similarly, the Commission’s needs assessment and public input survey indicate support for the implementation of culturally responsive and sustaining trauma-informed practices in the state’s schools. At the same time, however, interest holders expressed concerns related to funding and initiative overload.

While this Report, along with the Commission’s Implementation Plan and Supporting Materials, can serve as a roadmap for lawmakers, state agencies, and interest holders moving forward, fully achieving implementation of trauma-informed schools will require changes in mindsets, intentions, and practices over a long period of time. Still, given the funding necessary to establish and sustain the work outlined in this Report, the Commission’s recommendations outline a series of actions that will allow Rhode Island to understand the impacts of trauma and prioritize the safety and well-being of its students and school staff.

Want to Learn More About Trauma-Informed Practice Today?

System change takes time and resources, yet the children and adults working in Rhode Island schools have urgent needs. A list of resources available now for you and your school community begins on page 22 of this Report.



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Appendix A: Findings From the Landscape Analysis and Needs Assessment

The legislation required the Commission to review and assess existing trauma-informed school- and community-based resources and initiatives across the state and identify existing resources, organizations, funding sources, and data sources to support implementation of the Trauma-Informed Schools Act in Rhode Island. The Commission conducted a landscape analysis and a needs assessment to meet this charge. The following points summarize some of the main strengths of the existing trauma-informed efforts and areas for improvement:

- Rhode Island has been highly successful in securing external funding from federal sources to support trauma-informed schools and the well-being of students and staff, and many schools are in the process of implementing trauma-informed practices. However, the existing grant funding is time limited, earmarked for specific purposes, and insufficient to cover programs in schools statewide. The capacity to support this work at all schools is essential.
- Rhode Island has a strong network of youth-serving organizations dedicated to enhancing children’s school experiences. The analysis identified 81 organizations offering services aligned with trauma-informed schools, including offering alternative learning options, community and family support, and university-based training.
- The state has more resources and initiatives aimed at Tier 2 (targeted) and Tier 3 (intensive) services compared with Tier 1 (universal) policies and practices. There is a particular shortage of resources for trauma-informed disciplinary policies, nondiscriminatory discipline practices, and school planning.
- Rhode Island offers technical assistance to the field through a variety of state-approved guidance and resources and through trainings offered by various organizations. Focus group participants highlighted the need for ongoing professional development to effectively implement trauma-informed approaches across districts, schools, and communities in Rhode Island. They also emphasized the importance of stronger family and community engagement for enhancing student achievement and wellness outside the classroom.
- Focus group participants reported that counselors and social workers are overwhelmed with high caseloads and multiple responsibilities. Attention to the roles and responsibilities of school-based mental health professionals could ensure that existing staff can share their expertise. Building up the workforce, based on need, is necessary. Participants agreed that a trauma-informed teaching workforce would be most effective.
- Focus group participants reported that teachers and other school staff are leaving the Rhode Island education workforce to seek employment in neighboring states with higher salaries.
- RIDE lacks the resources and capacity to support trauma-informed schools statewide without a significant long-term investment from elected officials. This work is a critical part of state-level work connected to district and school improvement.

Landscape Analysis Process

The landscape analysis occurred in three phases:

1. A systematic online search using key terms from the Trauma-Informed Schools Act (e.g., “trauma-informed schools,” “mental health”)



2. An analysis of the findings for relevance and quality
3. A process of feedback and revision to add further resources, organizations, funding sources, and data sources as suggested by Commission members and RIDE staff

Landscape Analysis Search Protocol

The WestEd team used the following protocol to conduct the landscape analysis:

1. Identify search terms based on key phrases from the Trauma-Informed Schools Act: “trauma-informed school,” “suicide prevention,” “education funding,” “positive behavioral interventions,” “restorative practices.”
2. Search terms on Google with “Rhode Island” (e.g., “Rhode Island trauma-informed school”).
3. Compile sources that align with the Trauma-Informed Schools Act, including but not limited to sources on trauma, education, mental health, suicide prevention, and social and emotional learning (SEL).
4. Look through sources to do the following:
 - a. Categorize the site *type* (i.e., organization, program, resource, funding source, or data source).
 - b. Identify the *focus* of the site (e.g., trauma support services, school-based mental health).
 - c. Highlight any *trauma-specific* content (e.g., trainings on trauma, trauma-informed school policies).
 - d. Use software to draft a *summary* of the site, its mission, and its offerings, typically through the “About Us” webpage. Review the output for accuracy.
 - e. Categorize sites based on the following characteristics: Rhode Island versus national, public versus limited access, associated schools and districts.
 - f. Organize the resources by *theme* (i.e., capacity-building resources, research and data sources, funding sources, and organizations).
5. Select and organize standout sources to provide a snapshot for the Commission of what capacity-building resources, research and data sources, funding sources, and organizations exist within Rhode Island.
6. Summarize trends across sources.

Although the team made every effort to ensure that this was an exhaustive search, it is possible that the landscape analysis is incomplete given the sheer volume of potential related resources in Rhode Island.

Summary of Landscape Analysis

Overall, there are an impressive number of resources and organizations doing work that aligns with the Trauma-Informed Schools Act. The initiatives and resources we have identified cover the following areas of the Trauma-Informed Schools Act:

- building capacity for understanding trauma
- positive school climate
- referrals



There are 27 initiatives that provide capacity-building resources, primarily in the form of trainings. These covered subjects ranging from equity (1), mental health (4), MTSS (1), trauma and ACEs (3), trauma-informed schools (16), and suicide prevention (2).

There are 20 research and data sources. The organizations include the Rhode Island Department of Health (2), Rhode Island Department of Education (10), Prevention Resource Center (1), and various technical assistance providers and evaluators (7).

We identified 81 organizations that provide services that align with trauma-informed schools. These organizations' offerings included services related to alternative learning environments (8); comprehensive community and family supports (13); early childhood learning (3); faith-based organizations (3); gender-affirming health care (5); legal resources (1); LGBTQ+ support (6); mental health (16); psychiatric care in hospitals (3); SEL (1); substance use prevention and treatment (3); suicide prevention (3); university-based training (3); serving vulnerable populations including children and youth with disabilities (4), foster care and adoption services (3), housing and homelessness (3), and survivors of abuse or violence (2); and youth empowerment (1).

Potential Opportunities

The landscape analysis identified several potential opportunities for growth in Rhode Island. First, current initiatives aligned with the purpose of the Trauma-Informed Schools Act are funded nearly entirely by time-limited federal grants. Although the landscape analysis identified one initiative that bridges funders, researchers, and residents, the lack of state funding is an area of potential growth in Rhode Island.

Additionally, the landscape analysis found little publicly available documentation of culturally responsive and sustaining trauma-informed disciplinary policies and nondiscriminatory discipline. One program published its progressive discipline policies online, but most organizations did not disclose their approach to discipline. Thus, the landscape analysis was not able to confirm whether schools have adopted culturally responsive and sustaining trauma-informed discipline policies. Aligning approaches to discipline with the purposes of the Trauma-Informed Schools Act is another potential area of growth in Rhode Island.

Finally, the landscape analysis found fewer school planning sources than compared with other sources. Most resources and organizations offered either trainings or technical assistance for implementation rather than planning.

Sources Identified in the Landscape Analysis

The following tables include the sources most relevant and aligned to the Commission's purpose. They are organized into the following categories:

1. *Capacity-Building Resources.* These resources are a collection of guides, toolboxes, websites, trainings, online modules, and programs that help to develop capacity of educators and staff.
2. *Research and Data Sources.* These resources include not only RIDE's extensive data sources but other organizations that are collecting and analyzing data on the well-being of children and youth in Rhode Island.
3. *Funding Sources.* These sources include the money already assigned and potential sources of future funding.
4. *Organizations.* The largest of the categories, this list includes dozens of organizations doing very important and aligned work with children, youth, families, and communities in Rhode Island. Subcategories range from alternative learning environments to mental health supports and those that specifically support vulnerable populations.

Capacity-Building Resources

Equity

Resource Name	Description	Link
Equity Institute	Root cause equity analysis, learning labs, antiracism labs	https://theequityinstitute.org/learning-labs

Mental Health

Resource Name	Description	Link
American Federation of Teachers Mental Health Hub	List of resources and tools to support mental health	https://www.aft.org/health-hub/mental-health
Bradley Learning Exchange at Bradley Hospital	Includes programs and resources for education and training in behavioral health care, such as evidence-based practices and mental health	https://www.lifespan.org/centers-services/bradley-learning-exchange Bradley Conference: https://www.lifespan.org/centers-services/bradley-conference Center for Evidence-Based Practice: https://www.lifespan.org/centers-services/center-evidence-based-practice Mental Health First Aid: https://www.lifespan.org/centers-services/mental-health-first-aid
Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH)	Provides “Take Charge of Your Behavioral Health,” a guide for transition-aged youth	http://osticc.org/wp-content/uploads/2019/10/November-2018_RIYOUTHTRANSITIONGUIDE12-13-18.pdf
Yale Center for Emotional Intelligence	10-hour course—“Managing Emotions in Times of Uncertainty and Stress”	https://medicine.yale.edu/childstudy/services/community-and-schools-programs/center-for-emotional-intelligence/course/social-and-emotional-learning-course/

MTSS Training

Resource Name	Description	Link
BRIDGE-RI	The “home of MTSS” in Rhode Island—designed for online learning	https://www.mtssri.org/

Suicide Prevention Training

Resource Name	Description	Link
Nathan Bruno and Jason Flatt Act of 2021	Requires training of teachers, students, and school personnel regarding suicide awareness and prevention, and the establishment of a conflict resolution process between teachers or school personnel and students	https://ride.ri.gov/students-families/health-safety/school-mental-wellness-resources
Prevent Suicide Rhode Island	Offers suicide prevention trainings for K-12 staff	https://preventsuicideri.org/resources/resources-for-school-staff-k-12/

Trauma/ACEs Training

Resource Name	Description	Link
Changing Minds	Provides resources and tools to help better understand childhood trauma	https://changingmindsnow.org/resources/
Community Resilience Initiative	Provides trainings and certifications	https://criresilient.org/training/
Positive and Adverse Childhood Experiences (PACES) Connection	Provides blog posts, videos, and trainings	https://www.acesconnectioninfo.com/

Trauma-Informed Schools Training

Resource Name	Description	Link
American Federation of Teachers (AFT) Professional Development	AFT members can attend virtual workshops, including those on trauma-informed strategies for teaching	https://www.aftpd.org/program/summerpd
Brazelton Touchpoints Center	Comprehensive trauma-informed trainings, programs, and services	https://www.brazeltontouchpoints.org/
CA OSG Safe Spaces	Online 2-hour modules for three age groups: birth-5, 5-11, and 12-18	https://osg.ca.gov/safespaces/
Center for Advanced Practice at Adoption Rhode Island	Offers training and education, consultation and coaching, technical assistance, curriculum building, and more	https://thecenter-ari.org/
Center for Whole Child Education at Arizona State University (formerly Turnaround)	Offers evidence-based tools for educators and professional learning services with a whole-child design	https://turnaroundusa.org/

Resource Name	Description	Link
Children and Youth Cabinet of Rhode Island (CYCRI)	Offers programs and resources such as “Trauma 101 Training” and “Pivot2Prevention: A Toolbox for School-Based Mental Health”	Programs: https://cycrri.org/our-programs/ Resources: https://cycrri.org/our-resources/
Crisis Prevention Institute	Trauma-Informed Care for Educators	https://institute.crisisprevention.com/EDTraumaInformedCare.html/?utm_source=google&utm_medium=cpc&utm_campaign=egp&utm_content=NCI-ED-TOFU-TIC-Search&gad=1
Echo	Offers online training and support, including trauma-informed, compassionate classrooms	All courses: https://www.echotraining.org/online-courses/ Trauma-informed classroom course: https://www.echoparenting.org/traumainformed-classrooms/
Family Service of Rhode Island (FSRI)	Offers in-person and virtual trainings such as Youth Mental Health First Aid	https://www.familyserviceri.org/
The First Book Trauma Toolkit	Offers a toolkit to support educators in working with students who have experienced trauma	https://firstbook.org/blog/2019/06/27/educator-resource-the-first-book-trauma-toolkit/
Flourish Agenda	Provides strategies, trainings, and tools for healthy youth development	https://flourishagenda.com/
Healthy Environment and Response to Trauma in Schools (HEARTS)	Collaborates with school systems to build capacity for trauma-informed practices, procedures, and policies	https://hearts.ucsf.edu/program-overview

Resource Name	Description	Link
National Education Association (NEA)	Offers resources related to trauma-informed instruction	<p>Addressing the Epidemic of Trauma in Schools: https://www.nea.org/sites/default/files/2020-09/Addressing%20the%20Epidemic%20of%20Trauma%20in%20Schools%20-%20NCSEA%20and%20NEA%20Report.pdf</p> <p>Teaching Children From Poverty and Trauma: https://www.nea.org/sites/default/files/2020-07/NEAPovertyTraumaHandbook.pdf</p> <p>Trauma-Sensitive Schools Require Whole School Transformation: https://www.nea.org/sites/default/files/2020-07/Trauma_SensitiveSchools_WholeSchool_Transformation.pdf</p> <p>Understanding Trauma—Key Takeaways: https://www.nea.org/sites/default/files/2020-07/UnderstandingTrauma_Key_Takeaways.pdf</p> <p>Know Me, Know My Name: https://www.nea.org/sites/default/files/2020-07/Know-me-know-my-name-plan.pdf</p> <p>MSEA/Firstbook Trauma Toolkit for Educators: https://www.nea.org/sites/default/files/2020-07/MSEA-Trauma-Toolkit-for-Educators.pdf</p> <p>Virtual Calming Room: https://sites.google.com/view/nearivirtualcalmingroom/home</p>
Rhode Island Federation of Teachers Professional Development	Virtual professional development offerings on trauma-informed teaching	https://sites.google.com/riilsr.org/riftpddl/virtual-pd-sessions
Rhode Island Prevention Resource Center (RIPRC)	Provides a trauma-sensitive schools e-learning module	https://www.riprc.org/elearning/trauma-sensitive-schools/#/
Tides Family Services	Day-school program with progressive disciplinary policies	https://www.tidesfs.org/wp-content/uploads/2018/08/Student-Handbook-Update.pdf

Research and Data Sources

Department of Health

Resource Name	Description	Link
Health Equity Measures	Provides a statewide standard for assessing progress toward health equity	https://health.ri.gov/data/healthequity/
Youth Risk Behavior Survey	Information and resources on the survey developed to monitor health behaviors in youth	https://health.ri.gov/data/adolescenthealth/

Rhode Island Education Data

Resource Name	Description	Link
Enrollment, Dropout, and Graduation Data	Statewide reports on enrollment, dropout, and graduation data	https://ride.ri.gov/information-accountability/ri-education-data/enrollment-graduation-data
Frequently Requested Education Data (FRED)	Publicly available data requested by schools, researchers, policymakers, and more	https://ride.ri.gov/information-accountability/ri-education-data/frequently-requested-education-data-fred
RI Data Hub–Data Mining	Brings together data sets from multiple federal, state, and local sources	https://ride.ri.gov/information-accountability/ri-education-data/ri-datahub-data-mining
School and District Report Cards	Platform that allows students, educators, and families to see their school community report cards	https://ride.ri.gov/students-families/ri-public-schools/school-district-report-cards
Statistical Reports	Statistical reports on RI school outcomes, such as graduation rates	https://www.eride.ri.gov/reports/default.asp
SurveyWorks	Provides school climate data	https://ride.ri.gov/information-accountability/ri-education-data/surveyworks
Uniform Chart of Accounts (UCOA)	Provides transparency around school and district financial information	https://ride.ri.gov/funding-finance/school-district-financial-data/uniform-chart-accounts
Youth Experience Survey (YES)	Information and data on the YES piloted in Providence Schools	https://www.providenceschools.org/Page/3015

Rhode Island Prevention Resource Center

Resource Name	Description	Link
Rhode Island Student Survey (RISS)	Provides information and resources related to the RISS	https://www.riprc.org/resources/2022-rhode-island-student-survey-riss-report/

Technical Assistance Providers/Evaluators

Resource Name	Description	Link
DCYF Data Analytics, Evaluation, and Continuous Quality Improvement	Office at the Department of Children, Youth, and Families that coordinates data analysis on families and children	https://dcyf.ri.gov/data-analytics
Department of Behavioral Health Care, Developmental Disabilities and Hospitals	Provides a report of an assessment conducted to determine the needs of Rhode Island's health care system	https://bhddh.ri.gov/esh-revitalization-project-needs-assessment
Department of Health—Youth Risk Behavior Survey	Information and resources on the survey developed to monitor health behaviors in youth	https://health.ri.gov/data/adolescenthealth/
Department of Health and Human Services—Children's Behavioral Health System of Care	Data, reports, and meeting minutes for a network of work groups in the Children's Behavioral Health System	https://eohhs.ri.gov/initiatives/childrens-behavioral-health-system-care
Rhode Island Kids Count	Data and information-based advocacy, aiming to achieve equitable policies for RI children	https://www.rikidscount.org/
STAR (Stress, Trauma, and Resilience) Initiative	Fosters transdisciplinary collaborations within Brown University, enhances partnerships with local, community stakeholders, and affects policy	https://www.brown.edu/initiatives/star/about-star-initiative
STAR COBRE Center	Research center that aims to be a national hub for mechanisms of risk and resilience	https://www.brown.edu/initiatives/star/about/star-cobre-stress-trauma-and-resilience

Organizations

Alternative Learning Environments

Resource Name	Description	Link
Bradley Schools	Private, school-funded programs for children and adolescents whose psychiatric and behavioral needs cannot be met by public schools	https://www.bradleyschool.org/
Devereux School	Private, special needs day school	https://www.devereux.org/site/SPageServer/?pagename=ma_therapeuticschool

Resource Name	Description	Link
Eleanor Briggs Schools	Specialized school designed for children whose behavioral and emotional difficulties impede their progress in public school	https://www.thrivebhri.org/programs-services/eleanor-briggs-school/
George N. Hunt Campus School	K–12 special education school with small class sizes and personalized instruction for students with learning, social, emotional, and behavioral challenges	https://www.smhfc.org/campus-school/
Harmony Hill School	Private, nonprofit, residential mental health facility with on-campus school for biological males 13–18 years of age	https://harmonyhillschool.net/residential-trtmt-program
Mount Pleasant Academy	Private, preK–8 general and special education school for children with emotional or behavioral challenges	https://mountpleasantacademy.org/
The Spurwink School	Year-round special education program that offers academic and therapeutic services to 40 students	https://www.thespurwinkschool.org/about-us
Tides Schools	Provides therapeutic and academic programs for all students grades 5–12	https://www.tidesfs.org/education

Comprehensive Community and Family Supports

Resource Name	Description	Link
Cedar Family Center Services	Provides family-centered coordination of services for children and youth with special health care needs	https://eohhs.ri.gov/sites/g/files/xkg-bur226/files/2021-04/Cedar%20Fact%20Sheet%208.19.pdf
Child and Family Rhode Island	Provides information about the Family Care Community Partnership (FCCP) that supports children and families facing homelessness, abuse and neglect, and psychiatric hospitalization	https://childandfamilyri.org/our-services/family-care-community-partnership-fccp/
Children’s Friend	Offers information and resources for programs such as Head Start and Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	https://www.cfsri.org/

Resource Name	Description	Link
Communities for People	Provides information and the referral form for the FCCP, which works with community partners to help prevent child abuse and neglect and juvenile delinquency	https://www.communities-for-people.org/fccp/
Department of Children, Youth, and Families (DCYF)	Partners with families and communities to raise safe and healthy children and youth	https://dcyf.ri.gov/
East Bay Community Action Program	Provides support to children from birth through age 25 through programs such as KIDS CONNECT and the Youth Center	https://www.ebcap.org/children-youth-services/ KIDS CONNECT Behavioral Health: https://www.ebcap.org/programs/kids-connect-behavioral-health/ Youth Center: https://www.ebcap.org/programs/youth-centers/
Family Service of RI	Provides services to support children and families experiencing poverty, family instability, and physical or emotional stress	https://www.familyserviceri.org/ Programs: https://www.familyserviceri.org/programs/ Trauma Systems Therapy: https://www.familyserviceri.org/programs/trauma-systems-therapy-community/ School-Based Mental Health: https://www.familyserviceri.org/programs/school-based-mental-health/
Nonviolence Institute	Offers trainings, programs, and services that aim to nonviolently prevent, interrupt, and heal violence	https://www.nonviolenceinstitute.org/
Ocean State Trauma- Informed Community Coalition (OSTICC)	Community organization that promotes understanding of trauma-informed approaches	https://osticc.org/
Parent Support Network of Rhode Island	Provides resources to support families with mental health and substance abuse challenges	https://psnri.org/
Rhode Island Parent Information Network (RIPIN)	Supports parents of children with special health care or educational needs through a peer model and exchanging resources and information	https://ripin.org/about/
State of Rhode Island—Office of the Child Advocate (OCA)	News and resources for OCA and the Department of Children, Youth, and Families	http://www.child-advocate.ri.gov/

Resource Name	Description	Link
Tri-County Community Action Agency	Offers a broad range of services and programs such as Head Start, Emergency Services, and Prevention Programs	https://www.tricountyri.org/

Early Childhood Learning

Resource Name	Description	Link
Early Intervention Program	State program that provides comprehensive early intervention services to eligible children and families	https://eohhs.ri.gov/Consumer/FamilieswithChildren/EarlyIntervention.aspx
Early Learning RI	Head Start and Early Head Start programs in Rhode Island	https://www.earlylearningri.org/parents-families/ri-head-start-early-head-start%2%Aoprograms
Rhode Island Head Start Association	Information on locating and accessing Head Start programs across the state	https://www.riheadstartassociation.org/

Faith-Based Organizations

Resource Name	Description	Link
Board of Rabbis of Greater Rhode Island	A network of rabbis across the Jewish denomination who serve agencies and institutions	https://www.brgri.org/
Humanists of Rhode Island	Provides services, charity work, political action, and service to the community through a secular lens	https://www.humanistsri.com/
Rhode Island State Council of Churches	A network of church congregations that seeks to provide resources and services for the community	https://www.councilofchurchesri.org/

Gender-Affirming Health Care

Resource Name	Description	Link
Lifespan—Adult Gender and Sexuality Behavioral Health Program	Offers behavioral health services for adults exploring issues associated with gender identity or sexuality	https://www.lifespan.org/centers-services/adult-gender-and-sexuality-behavioral-health-program
Lifespan—Adolescent Medicine: Hasbro Children's Hospital	Provides care and services for sexual and reproductive health, gender issues, and eating disorders for adolescents and young adults	https://www.lifespan.org/centers-services/adolescent-medicine

Resource Name	Description	Link
Open Door Health	Provides accepting and affirming primary and sexual health care services	https://odhpvd.org/
Thundermist Health Center	Provides culturally and linguistically appropriate health care services to the community	https://www.thundermisthealth.org/
Tri-County Community Action Agency—Health Center	Provides affirming and affordable comprehensive health care services for individuals and families	https://www.tricountyri.org/services/health-center/

Legal Resources

Resource Name	Description	Link
State of Rhode Island—Office of the Child Advocate (OCA)	News and resources for OCA and the Department of Children, Youth, and Families	http://www.child-advocate.ri.gov/

LGBTQ+ Support

Resource Name	Description	Link
Harvard Law School LGBTQ+ Clinic—Trans Youth Handbook	A legal resource guide for the rights of trans youth, including identity documents, school, health care, nonaffirming care environments, and work	https://hlslgbtq.org/trans-youth-handbook
PFLAG	Supports, educates, and advocates for LGBTQ+ people and communities	https://pflag.org/about-us/
PFLAG Greater Providence	Local chapter of PFLAG providing support, education, and advocacy for parents, families, friends, and allies of LGBTQ people across Rhode Island and neighboring states	https://www.pflagprovidence.org/
RI Trans* Health Initiative—Trans* Health Referral Guide	A guide supporting the need for coordinated and culturally competent health care for the transgender community	https://www.pflagprovidence.org/uploads/2/5/8/1/25814882/rithi_trans_health_referral_guide.pdf
Sojourner House	Provides culturally sensitive support, advocacy, housing, and education for victims and survivors of domestic violence, sexual assault, and human trafficking	https://sojournerri.org/

Resource Name	Description	Link
Youth Pride Rhode Island	Youth Pride, Inc.'s mission is to meet the unique, ongoing needs of LGBTQ+ youth and young adults through direct service, support, advocacy, and education	https://www.youthprideri.org/

Mental Health

Resource Name	Description	Link
American Federation of Teachers	Offers trauma counseling to members	https://www.aft.org/benefits/trauma
Devereux: Advanced Behavioral Health	Nonprofit providing services, insight, and leadership in behavioral health care	https://www.devereux.org/site/SPageServer/?pagename=ma_index
East Bay Health Center	Provides family outpatient counseling, evaluation, and medication support	https://www.ebcap.org/center/east-bay-center-adams-farley-counseling-center/
Family Service of Rhode Island—Children's Mobile Crisis	A 24-7 hotline for youth experiencing a mental or behavioral health emergency	https://www.familyserviceri.org/programs/childrens-mobile-crisis/
Fellowship Health Resources	Provides behavioral health services for individuals with mental illness or addiction	https://www.fhr.net/
Interfaith Counseling Center	Provides mental health counseling, education, and advocacy to the community	https://interfaithri.org/
Key Program, Inc.	Offers comprehensive mental health and trauma-informed services, including counseling	https://www.key.org/
Kids' Link RI	A behavioral health triage service and referral network that is available 24-7	https://www.lifespan.org/centers-services/kids-link-ri
Gateway Healthcare	Rhode Island's largest nonprofit behavioral health organization	https://www.lifespan.org/locations/gateway-healthcare
Mental Health Association of RI	Aims to promote mental health through advocacy, education, and policy development	https://mhari.org/resources/
Newport Community Mental Health Center	Provides mental health counseling and behavioral health services	https://www.newportmentalhealth.org/
Ocean State Trauma-Informed Community Coalition (OSTICC)—RI Healthy Transitions	Offers access to a comprehensive team of specialists for youth and young adults who are experiencing behavioral challenges	https://osticc.org/now-is-the-time-healthy-transitions/

Resource Name	Description	Link
Rhode Island Student Assistance Services (RISAS)	Provides programs in schools to prevent substance use and promote mental health	https://risas.org/
The Providence Center	Provides mental health and substance use services	https://www.providencecenter.org/about
Thrive Behavioral Health Youth and Family Services	Provides a range of behavioral health services	https://www.thrivebhri.org/programs-services/youth-family-services
Thrive Healthy Transitions	Provides youth 16–25 experiencing mental health challenges access to service providers, housing, employment, education, and care	https://www.thrivebhri.org/programs-services/healthy-transitions

Psychiatric Care in Hospital Settings

Resource Name	Description	Link
Bradley Hospital	Psychiatric hospital for children	https://www.lifespan.org/locations/bradley-hospital
Butler Hospital	Services include addiction and rehabilitation, behavioral health, neurology, and emergency assessment	https://www.butler.org/
Hasbro Children’s Hospital	Provides medical services for children	https://www.lifespan.org/locations/hasbro-childrens-hospital/about-hasbro-childrens-hospital

Social and Emotional Learning

Resource Name	Description	Link
Pure Edge, Inc.	Currently partnering with Rhode Island on SEL and offers free curriculum on compassionate schools	https://pureedgeinc.org/

Substance Use Prevention/Treatment

Resource Name	Description	Link
Rhode Island Prevention Resource Center (RIPRC)	Provides training, technical assistance, and capacity building for substance abuse prevention	https://www.riprc.org/
Rhode Island Regional Coalition	A network of members who provide substance use prevention strategies, mental health resources, and advocacy	https://riprevention.org/

Resource Name	Description	Link
The Seven Challenges Program	Counseling program for treating substance use for youth 12–25	https://bhddh.ri.gov/sites/g/files/xkgbur411/files/documents/7C-Outpatient-Services-Brochure-4-sites-2021.pdf

Suicide Prevention

Resource Name	Description	Link
Prevent Suicide Rhode Island	Works to prevent suicide in Rhode Islanders up to age 24	https://preventsuicideri.org/
Rhode Island Youth Suicide Prevention Project (RIYSPP)	Offers free trainings to RI schools and communities in suicide prevention	https://risas.org/our-programs/youth-suicide-prevention/
The Samaritans of Rhode Island	Suicide prevention through services including statewide community outreach and crisis hotline	http://www.samaritansri.org/

University-Based Training

Resource Name	Description	Link
Rhode Island College School of Social Work	Offers Certificate of Graduate Studies in child and adolescent trauma	https://www.ric.edu/departments/directories/school-social-work/school-social-work-certificate-programs/child-and-adolescent-trauma-cgs
The University of Rhode Island—Rhode Island Trauma-Sensitive Education Collaborative (RITSEC)	A public policy lab developing an online mini-curriculum to provide teachers with trauma-informed resources	https://web.uri.edu/ssirep/rhode-island-trauma-sensitive-education-collaborative-ritsec/

Vulnerable Populations: Children/Youth With Disabilities

Resource Name	Description	Link
Accessible RI	Site that lists accessible restaurants, museums, cinemas, cultural sites, and more	https://access-ri.org/
Rhode Island Cross Disability Coalition	An RIDDC initiative that offers resources, publications, and presentations	https://www.ricrossdisability.org/about/
Rhode Island Developmental Disabilities Council (RIDDC)	Council with 24 members appointed by the governor to advocate, build capacity, and make systemic changes for individuals with developmental disabilities	https://riddc.org/

Resource Name	Description	Link
TechACCESS	Offers evaluations, consultations, trainings, tech support, and professional development	https://www.techaccess-ri.org/

Vulnerable Populations: Foster Care and Adoption Services

Resource Name	Description	Link
Adoption Rhode Island	Private nonprofit that serves adopted and foster children, vulnerable youth, and families	https://adoptionri.org/
The Center for Advanced Practice at Adoption Rhode Island	Knowledge hub for professionals serving foster and adopted children	https://thecenter-ari.org/
North American Family Institute (NAFI) Rhode Island	Offers residential, foster care, and community-based programs	https://www.nafiri.org/

Vulnerable Populations: Housing/Homelessness

Resource Name	Description	Link
Housing First RI	Connects people experiencing homelessness to permanent housing	https://www.thrivebhri.org/programs-services/housing-first-rhode-island
One Neighborhood Builders	Builds affordable housing and connects communities with affordable housing resources	https://oneneighborhoodbuilders.org/
Thrive Housing Services	Provides services to extremely low-income disabled individuals and families	https://www.thrivebhri.org/programs-services/housing-services

Vulnerable Populations: Survivors of Abuse/Violence

Resource Name	Description	Link
Day One	Provides treatment, intervention, education, advocacy, and prevention services	https://dayoneri.org/
St. Mary's Home for Children	Provides services to support those impacted by sexual abuse and trauma	https://www.smhfc.org/outpatient/

Youth Empowerment

Resource Name	Description	Link
Young Voices	Nonprofit that provides leadership training to transform urban youth into advocates and to amplify youth voice in policymaking	https://www.youngvoicesri.org/

Needs Assessment

After the landscape analysis was conducted, Commission members explored existing state-level data related to trauma-informed approaches in schools, including school climate data from the 2023 SurveyWorks, to identify areas for further investigation through a needs assessment. The Commission determined the need to further explore interest holder perspectives on topics such as existing school policies and practices, barriers and facilitators to implementing a trauma-informed approach, and staff wellness. In October 2023, WestEd staff organized focus groups with approximately 40 participants total in Rhode Island, including

- one student focus group,
- one parent focus group,
- two educator focus groups,
- two service provider focus groups,
- two school and district leadership focus groups,
- two state leadership focus groups, and
- two community-based organization focus groups.

Example questions for the focus groups included the following:

- How familiar are you with trauma-informed approaches?
- What do you believe are the greatest supports and barriers your school, district, or state has that would help or hinder implementing trauma-informed schools?
- How does your workplace support the mental and physical well-being of you and your colleagues?
- What are the most pressing needs you see students and families facing?

Detailed Findings From the Needs Assessment

After the completion of the focus groups with interest holders, WestEd staff sent video recordings to rev.com for audio transcription. A transcript of each focus group was then uploaded into the qualitative software Dedoose for thematic analysis. Although the topic of each focus group question was initially used for categorizing responses, WestEd staff used open coding to break responses into distinct parts, or codes, and help identify themes.

Familiarization With Trauma-Informed Approaches and Training

All participants in the focus groups expressed at least a baseline understanding of trauma-informed approaches, with many having attended training to understand the prevalence and impact of trauma among young people. Although this may be due to selection bias, with focus group participants opting to participate in a discussion on trauma-informed schools, the landscape analysis results highlight the availability of related professional development opportunities in the state. Still, participants expressed the need for more ongoing, in-person training and feedback to provide school staff with actionable, culturally responsive, and sustaining trauma-informed practices to use in the classroom.

Barriers and Supports

When asked about the barriers to implementing trauma-informed approaches in Rhode Island's schools, focus group responses varied widely. However, several themes emerged while coding discussions with interest holders. First, state leaders, service providers, and educators regularly mentioned the challenge of finding funding or navigating the removal of resources (28 mentions), particularly funding to support professional learning related to trauma-informed approaches. Similarly, participants often discussed how lack of funding for human resources can lead to staff shortages (21 mentions) and increased workloads (27 mentions). This was a particular concern for state leaders, service providers, and students, who discussed the high caseloads of school nurses and school-based mental health professionals. When discussing workloads, participants often noted the limited time (14 mentions) available to dedicate to the many existing initiatives in schools.

Focus group participants also highlighted several existing efforts and strategies to improve the implementation of trauma-informed approaches in Rhode Island's schools. State leaders and service providers highlighted effective related trainings (9 mentions), such as Youth Mental Health First Aid and self-care workshops for educators, which have resulted in positive changes for students. These trainings have helped improve educator understanding of the prevalence and impact of trauma, leading many schools to create safe spaces in classrooms and schools for students to access. Among the specific strategies discussed in the focus groups was the use of restorative approaches (7 mentions), which has resulted in positive changes for several schools.

Staff Well-Being

When asked how their workplace helps to support their well-being, most school staff indicated that attempts to improve educator well-being from school and district leaders were often unsuccessful, as they put the responsibility of well-being on the individual. As noted earlier, educators highlighted feelings of pressure and overwork with little support, which were only exacerbated by increasing academic demands and staff shortages. In addition to the need for increased staff to help reduce workloads, focus group participants indicated the need for state and school leadership to understand the daily challenges faced by school staff.

Appendix B: Public Input Survey

When accessing SurveyMonkey to participate in the public input survey, respondents were provided with a link to the Commission’s recommendations and the Implementation Plan and Supporting Documents. Respondents were then given the option to provide contact information and identify their role.

The survey itself prompted respondents to answer a series of questions for each of the five recommendation areas, including the following:

- If implemented, how significant would this recommendation be for supporting trauma-informed practices in schools statewide?
 - » Options included *Not at all significant*, *Slightly significant*, *Moderately significant*, and *Very significant*.
- Please rank the potential actions for this area in order of priority, with the highest-priority action at the top.
- What are the potential benefits of this recommendation and actions? (Open-ended)
- What are the potential challenges of this recommendation and actions? (Open-ended)

The tables below indicate the percentage of respondents choosing each ranking, with 1 being the highest priority. Additional information regarding top public priorities has been highlighted in the body of the Report in the section titled “Insights From the Public on the Implementation Plan.” The bolded actions are the highest-priority actions.

Note: table rows do not necessarily add up to 100%.

Recommendation A

	1	2	3	4	5	6	7	8	9	10
RIDE could partner with institutions of higher education to develop standard educator competencies around culturally responsive and sustaining trauma-informed schools.	18%	24%	18%	12%	10%	4%	8%	4%	4%	0%
RIDE and LEAs could develop professional learning programs (e.g., workshops, online modules and courses, coaching sessions) that are aligned with established competencies and focus on building specific skills and knowledge required for culturally responsive and sustaining trauma-informed practices.	29%	18%	31%	6%	10%	4%	2%	0%	0%	0%

	1	2	3	4	5	6	7	8	9	10
Entities could invest state and district funds into developing the infrastructure and systems needed for a comprehensive professional development strategy (training, training of trainers, coaching, community of practice, etc.). Such infrastructure could facilitate communication, coordination, and collaboration.	29%	18%	20%	22%	0%	4%	2%	2%	2%	2%
RIDE could explore stacked credential opportunities through career and technical education for young people who are interested in entering the field of education (teachers, school mental health professionals).	0%	8%	8%	24%	16%	10%	18%	12%	4%	2%
RIDE could promote coherence among new and existing grow-your-own staff programs in Rhode Island (Motamedi et al., 2017).	0%	2%	6%	4%	16%	20%	14%	14%	18%	8%
RIDE and LEAs could continue building awareness and reducing stigma through the Let It Out media campaign. Media campaigns can be effective in reducing mental health stigma and promoting behavior changes in educational contexts (Freeman et al., 2015; Thompson et al., 2021).	0%	2%	0%	8%	16%	18%	10%	20%	10%	18%
RIDE and LEAs could celebrate wins and highlight best practices through awards, including for bright spots and exemplars.	0%	0%	0%	2%	6%	12%	20%	12%	12%	37%

Recommendation B

	1	2	3	4	5	6
RIDE could explore strategies to incorporate SurveyWorks school climate data into the statewide staff evaluation systems to underscore the link between students’ sense of well-being in school and student achievement.	11%	11%	9%	7%	20%	41%
RIDE could review the Education Code to ensure that discipline policies align with a trauma-informed, restorative, and responsive approach.	52%	11%	16%	5%	11%	5%
LEAs could review and reflect on their practices and policies relating to discipline, considering the ways in which they orient toward punishment, responsive approaches, or a combination of discipline practices.	14%	41%	23%	16%	5%	2%
LEAs could evaluate discipline data annually for racial, ethnic, or special education disparities and develop a plan to eliminate those disparities as required under Rhode Island General Laws.	2%	11%	25%	27%	23%	11%

	1	2	3	4	5	6
RIDE and LEAs could integrate the content of capacity building (as outlined in Recommendation A) around trauma-informed, restorative, and responsive discipline. This includes building on existing coaching and training that supports crisis and verbal de-escalation and restorative and trauma-informed practices and that reduces hands-on intervention in schools.	14%	11%	11%	27%	20%	16%
RIDE and LEAs could establish organizational structures that promote trauma-informed, restorative, and responsive discipline.	7%	14%	16%	18%	20%	25%

Recommendation C

	1	2	3
With guidance from RIDE, LEAs could develop capacity-building programs for all interest holders involved in or with the school system, including leaders, teachers, staff, students, families, community partners, and policymakers.	31%	49%	20%
RIDE and LEAs could establish organizational structures that facilitate collaboration among students, staff, and families.	37%	23%	40%
RIDE and LEAs could establish organizational structures that facilitate the alignment of initiatives, policies, and procedures across different levels of the education system (state, region, district, school).	31%	29%	40%

Recommendation D

	1	2	3	4
RIDE could develop guidance for LEAs to develop programs that focus on building the capacity of staff and leaders to recognize and address well-being challenges. Programs might include those that focus on mental health awareness, stress management strategies, work-life harmony strategies, relational skills, coping skills, and so on. Ongoing professional development opportunities can ensure that staff continuously enhance their well-being competencies.	34%	24%	38%	3%
RIDE could develop programs that focus on building the capacity of leaders, school boards, unions, and policymakers to understand the importance of staff well-being and its effects on student and school outcomes. Such efforts would make these groups aware of resources and supports that staff need to effectively teach and lead and would make them aware of the systems and structures needed to support the well-being of all school interest holders (students, staff, families, and leaders).	41%	34%	21%	3%
With the guidance of RIDE, LEAs could establish (or leverage existing) organizational structures (e.g., District Health and Wellness Subcommittees) that are dedicated to promoting staff well-being.	14%	28%	28%	31%
With the guidance of RIDE and the Rhode Island Executive Office of Health and Human Services, LEAs could expand capacity to support school-based health services through the upcoming Medicaid Waiver Expansion.	10%	14%	14%	62%

Recommendation E

	1	2	3
RIDE and LEAs could develop or adopt training that is aligned with established competencies and enhances the capacity of school staff (teachers, mental health professionals, leaders, support staff).	31%	38%	31%
RIDE and LEAs could establish organizational structures to support functions such as inter-agency and interdepartmental coordination and the development and sharing of resources, among others.	38%	14%	48%
RIDE could expand the reach of services by providing guidance to school districts on the various models to address physical and mental health and collaborating to expand the reach of Medicaid services.	31%	48%	21%

Appendix C: Catalog of State, Federal, and Philanthropic Sources That Align With the Purpose of the Act

Name	Description	Funding Amount	Funding Type	Funding Ends
School-Based Mental Health Services Grant Program	Increases the number of credentialed mental health services providers providing school-based mental health services to students in LEAs with demonstrated need	\$10,000,000.00	U.S. Department of Education (Federal)	2025
School-Based Mental Health Services Grant Program II	Increases the number of credentialed mental health services providers providing school-based mental health services to students in LEAs with demonstrated need	\$10,000,000.00	U.S. Department of Education (Federal)	2027
Project Advancing Wellness and Resiliency in Education (AWARE) II	Supports RIDE to develop innovative statewide initiatives to raise awareness among school personnel and the broader school community on the prevalence and effects of trauma on youth mental health and school performance, particularly in the wake of the COVID-19 pandemic	\$9,000,000	Substance Abuse and Mental Health Services Administration (SAMHSA) (Federal)	2026
Project AWARE Bradley	Awarded to Bradley Hospital from the U.S. Department of Health and Human Services' SAMHSA, supports the hospital in participating in the Project AWARE partnership with the Department of Children, Youth, and Families and RIDE	\$8,600,000.00	SAMHSA (Federal)	2027
Project AWARE III	Supports RIDE in recruiting and retaining mental health service providers to further support student well-being	\$7,200,000	SAMHSA (Federal)	2026

Name	Description	Funding Amount	Funding Type	Funding Ends
Bipartisan Safer Communities Act (BSCA) Stronger Connections Grant	Supports RIDE in establishing safe, healthy, and supportive learning opportunities and environments	\$4,800,000.00	U.S. Department of Education (Federal)	2026
School-Based Trauma-Informed Support Services Grant	Increases student access to evidence-based and culturally relevant trauma support services and mental health care by developing innovative initiatives, activities, and programs to link local school systems with local trauma-informed support and mental health systems	\$3,880,000.00	SAMHSA (Federal)	2026
Rhode Island Opioid Stewardship funds	Supports forward-looking opioid abatement efforts, such as recovery and prevention	\$590,000 annually	Other	Unknown, contingent on terms of settlement
State-Designated Grants for Child Opportunity Zones	Funding for full-service community schools through Child Opportunity Zones	\$395,000 annually to support 10 districts	State	2024
Centers for Disease Control and Prevention School-Based Surveillance Youth Behavior Survey and School Health Profiles	Supports the dissemination of school-based surveillance data in partnership of Rhode Island’s Department of Health	\$100,000 annually	U.S. Department of Health and Human Services (Federal)	2029