Annual Report For Fiscal Year 2008
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I am excited to share with you the Department of Children, Youth and Families Fiscal Year 2008 Annual Report. I believe that this report reflects our dedication to system reforms, our commitment to our children and families, and the accomplishments of our talented staff.

In last year’s annual report, I highlighted our challenges as well as the ambitious strategies that we have undertaken to meet our demand for services, to reform the system, and to engender a culture of ongoing quality improvements to achieve optimal outcomes for our children, families, staff and the provider community. This year’s report for Fiscal Year 2008 provides just that, a snapshot of our improvements as we begin to transform how we provide for the safety, well-being and permanency of our children and families.

As an agency, we have been able to move forward in many areas. This has been possible through our improved data and evaluation capacity which has enabled us to measure, analyze and trend data leading to the implementation of sound reforms that enhance our delivery of services and improve our outcomes. We know that system change works and we truly believe that in this report you will find information of what we are doing as we continue to improve the programs and services for the children and families under our care.

Despite our many accomplishments, DCYF will always face great challenges, particularly given the current fiscal difficulties confronting all of us. Although we know that meeting these challenges will not be easy, we are confident that together - our committed workforce, families, providers and other stakeholders - we will succeed.

Sincerely,

Patricia H. Martinez
Director
The Department of Children Youth and Families (DCYF), an agency within the Secretariat for Health and Human Services (EOHHS), is the single state agency with statutory authority to ensure that vulnerable children and families are provided with the supports they need to succeed. Working to mobilize the human, physical and financial resources available, DCYF plans, develops and evaluates a statewide comprehensive and integrated program of services designed to ensure the opportunity for children to reach their full potential. Rhode Island is one of a small group of states which integrate the three major public responsibilities for children, youth and their families: Child Welfare, Children’s Behavioral Health and Juvenile Corrections.

The Department has four (4) main divisions: Child Welfare [Child Protective Services, Intake, Case Monitoring, Family Services and Adoption Support], Juvenile Corrections [The Rhode Island Training School For Youth and Juvenile Probation and Parole], Children’s Behavioral Health and Education [Contracts and Program Standards, Placement Services, Care Management Teams, Community Services, and Grants and Program Evaluation] and the Office of the Director and Support Services [Management and Budget; Practice Standards; Legal Services; Data and Evaluation; Family, Community and Government Affairs; Human Resources; Licensing and Adoption Services, and Management Information Services]. In partnership with the RI College School of Social Work, the Department also co-manages the Rhode Island Child
Our Mission:
To assist families with their primary responsibility to raise their children to become productive members of society; to realize our obligation to promote, safeguard and protect the overall well-being of culturally diverse children, youth and families and the communities in which they live through a partnership with families, communities and government; to maximize the safety, permanence and well-being of the children, youth, families and communities we serve.

Our Vision:
As active members of the community, we share a vision that all children, youth and families reach their fullest potential in a safe and nurturing environment.

Vision, Mission and Guiding Principles
Our Guiding Principles:

To fulfill our mission, we believe that:

- The family, community and government share responsibility for the safety, protection and well-being of children through a system of care which is family-centered and community-based;

- A system of care for children who require our intervention should be school-linked, integrated across all DCYF divisions and among external partners, and culturally relevant with emphasis on prevention and early intervention;

- When the natural family is unable to care for a child/youth it is our responsibility, in as timely a manner as possible, to ensure the child/youth is provided permanency in his/her life in a safe, stable and nurturing environment which can include adoption, guardianship or independent living;

- All children and youth should be transitioned from public care with the supports, skills and competencies necessary to ensure stability and permanency;

- Families and DCYF Staff, foster families and service providers are partners in the provision of timely and appropriate high quality care and must possess the requisite knowledge, attitude and skills;

- Partnership requires open, honest and respectful communication fostering an awareness of the quality of services and clear and agreed upon authorities and responsibilities.
responsibilities;

- Staff at all levels should be held accountable to a professional code of conduct;
- As an invaluable resource, staff are entitled to a safe, supportive work environment that fosters professional development;
- Quality improvement is an on-going process, utilizing best practices and external and internal performance standards aligning research, policy, evidence-based practice, training and outcome evaluation;
- To support the system of care, fiscal accountability should be ensured through performance-based budgeting, increased efficiencies and revenue enhancements.
**DCYF DEMOGRAPHICS**

The Department served 10,260 children (unduplicated count within a single fiscal year) in FY 2005 and 10,763 children in FY 2008 (Chart 1).

The percentage of children active with the Department by race remained relatively static over the past four fiscal years. In FY 2008, there were 63% identified as White, 18% as Black/African American, 6% as Multiracial, 2% as Asian and 1% as Other (Chart 2). Similarly, the percentage of children active with the Department by age group has remained unchanged.

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**Chart 1**: Children Active with DCYF Fiscal Years 2005 - 2008 (unduplicated count of children active with DCYF within a single fiscal year, excluding subsidized adoption) (Source: DCYF RICHIST)

**Chart 2**: Children Active with DCYF by Race Fiscal Years 2005 - 2008 (unduplicated count of children active with DCYF within a single fiscal year, excluding subsidized adoption) (Source: DCYF RICHIST)
relatively static with the FY 2008 percentage breakdown as follows: 0-5 years old, 29%; 6-11 years old, 21%; 12-15 years old, 27%; 15-18 years old, 22%; and 19 years old and older, 1.2%. The only age group to show a significant change was the 0-5 age group which showed a 4% increase from FY 2006 to FY 2007 (Chart 3).

Chart 3: Children Active with DCYF by Age Fiscal Years 2005 - 2008 (unduplicated count of children active with DCYF within a single fiscal year, excluding subsidized adoption) (Source: DCYF RICHIST)
DCYF FINANCIALFY 2007 & FY 2008 OVERVIEW

The Department’s budget increased by 9.1%, or $26,221,737 from FY 2006 to FY 2007 (Chart 4). Nearly 85%, or $22,246,217, of this increase occurred in the area of Assistance and Grants. This category encompasses the majority of the Department’s budget and primarily funds services to children and families who are involved with the Department.

These services, provided largely by private, not-for-profit community agencies, range from psychiatric hospital services to home-based parent aid services. While a significant portion of these funds pay for residential treatment services, the Department is making progress on shifting to services that are more community-based and provide assistance in the child’s home, neighborhood and school.

From FY 2007 to FY 2008, DCYF’s budget decreased by 26%, or $82,559,291. Ninety-four percent (94%) of this decrease is attributable to a $77,346,405 reduction in the Assistance and Grants category. Most of this reduction was due to a shifting of the responsibility for the Medicaid funding for residential services and psychiatric hospital services to the Department of Human Services. A portion of the remaining reduction was due to the changes to the upper age of jurisdiction for DCYF.
The funds needed to support the Department and services come from two major sources: state General Revenue funds and Federal funds (Chart 5). The Department itself generates very little in revenues but is provided a portion of general revenue funds by the General Assembly. These funds are acquired through such mechanisms as the state personal income tax, the state sales tax, the state capital gains tax, the lottery and other sources.

The Department’s federal funding comes from twenty-five federal reimbursement programs with the majority from the following Medicaid, Title IV-E of the Social Security Act, Adoption Assistance, Temporary Assistance to Needy Families (TANF) and Promoting Safe and Stable Families.

**TRANSFORMING OUR SYSTEM OF CARE**

The public often views DCYF as an agency which disrupts families by removing children from their home and placing them with strangers or in institutions for long periods of time. In our efforts to change this perception and to transform our System of Care, we continue to make concerted efforts to change our practice, culture and services. While our primary goal is to ensure children involved with DCYF are safe, we know that this usually is accomplished by keeping them in their own homes and communities with the supports and services they and their families need to succeed.
**Chart 6** shows that most children active with DCYF actually remain in their own homes. During each of the last four fiscal years, approximately sixty-six percent (66%) of children were served in their own homes by DCYF or DCYF-funded services; approximately nineteen percent (19%) were served in relative or non-relative foster homes; and approximately sixteen percent (16%) were served in residential settings.

The Department continues to focus on decreasing our dependence on residential care and increasing community based care. An example of this is our use of Fee for Service (formerly known as Purchase of Service) Out of Home Placements. **Chart 7** shows the daily average number of youth placed in Fee for Service placements during Fiscal Years 2005 - 2008. As can be seen, the total for all program types has increased from year to year with a significant increase in between FY 2006 and FY 2007 but only a 2% increase between FY 2007 and FY 2008. This includes a 29% increase in the use of specialized foster care, an intensive foster care program which is both a treatment effective and cost effective alternative to residential treatment. While it also shows a 22% increase in our overall use of residential fee for service placements from FY 2006 to FY 2007, some of this increase is due to a purposeful shift from fixed bed contracts to fee for service contracts. This procurement method gives the Department greater flexibility and more options when trying to tailor services to the needs of specific children and their families.
Redesigning the System of Care

For several years the Department has been working at various levels to redesign our system of care, both internally and externally. Building on the work of the Rhode Island System of Care Task Force and the DCYF Service Delivery Redesign Team, these past two years have been particularly productive in advancing our system toward one which is community-based and family-driven. In 2006 we established the Case Monitoring Unit in Child Protective Services which focused on assisting families in obtaining community based services in order to reduce the likelihood they would need more involved DCYF supported services. In 2007 we launched Kid’s Link RI (see “Spotlight on Kid’s Link RI” on the next page), a partnership with eight of Rhode Island’s community mental health centers which became the state’s first centralized emergency hotline for families with children in emotional crisis and living with behavioral health care needs.

Regionally-based Permanency Support Teams are now well established in each of our regions. These teams, comprised of a partnership between DCYF staff and community providers, are intended to ensure that children and youth are either reunified with their families in as short a time period as possible or connected to some other permanent, lifelong relationships with caring adults. Team members focus on ensuring that every child who is unable to be reunified with his/her parent(s) is assured lifelong connections with extended family, siblings, or other significant adults who support connections to family history and tradition, race and ethnic heritage, culture, religion and language.
Rhode Island’s first centralized emergency hotline for families with children in emotional crisis, KIDS Link RI is a 24 hour per day/7 days per week/365 days per year crisis hotline that connects parents and caregivers to a licensed mental health clinician with fifteen (15) minutes. This clinician, who is required to have experience working with children, assists the family in gaining access to the most appropriate counseling and treatment. If a face-to-face assessment is needed, a qualified clinician will meet with the child and family within two hours of the initial call in the safest location that is convenient for the family.

Designed to help families access the community based services they need to keep their children safe in their own homes, KIDS Link RI is also intended to reduce the likelihood that children in emotional crises will show up at ill-equipped hospital emergency rooms or be placed in psychiatric hospitals.

During Calendar Year 2008, Kid’s Link RI received 1,299 calls averaging 108 calls each month. In the first six months of 2008 the hotline averaged 141 calls per month. However, the lead Kid’s Link agency, Gateway Healthcare, began staffing the Emergency Department at Rhode Island/Hasbro Hospitals so many calls bypassed the hotline and came straight to Gateway staff as these hospitals.

These 1,299 calls resulted in 442 children receiving mental health evaluations, 94% of which were responded to within 2 hours. These and numerous other efforts on the part of DCYF staff and provider agencies led to the vacating and dismissal of the so-called “Night-to-Night” Federal Court Consent Decree which the Department had been under since 1988. While the Department continues to collect data on children who require emergency placements for short durations, there are virtually no night-to-night placement episodes. Most emergency placements are the result of a child who needs to be removed from his or her home late at night for reasons of child safety.

These efforts were the initial steps at redesigning the state’s system of care for families and children in need of assistance due to significant behavioral health needs, child maltreatment and juvenile delinquency. Our major System of Care Redesign efforts are based on the principles of Hi-Fidelity Wraparound - a team-based planning process intended to provide individualized, coordinated, and family-driven care to meet the complex needs of families, children and youth relating to child welfare, children’s behavioral health and/or juvenile corrections. The Wraparound process requires that families, providers and key members of the family’s social support network collaborate to build a creative plan that responds to the particular needs of the child and family. Identified services are adjusted flexibly as the family’s needs change. Wraparound is based on ten principles that focus on persistent care, family voice and choice and individualization based on culture and strengths of the family and community.

The Department has divided our reform efforts into two distinct phases, the first of which focuses on implementing a Hi-Fidelity Wraparound model within our communities to increase supports and services to families and children and reduce the likelihood that more significant intervention by DCYF is required. Phase One, known as Family Care and Community Partnerships (FCCP), was developed in consultation and collaboration with parents, foster parents, youth, community providers, expert consultants and other key stakeholders. The Request for Proposals (RFP) soliciting bids was finalized in late Fiscal Year 2008 with an anticipated solicitation period to begin shortly after the turn of the fiscal
year. The Department intends to award contracts to four lead agencies within designated geographic areas of the state. These lead agencies will coordinate a continuum of services offered by a network of providers within each lead agency’s respective geographic area. This continuum will focus on providing wraparound services that are evidence-based, family-based, and least restrictive, with a particular emphasis on the identification and inclusion of flexible, less formal supportive networks for children and their families. This approach is expected to substantially reduce the need for DCYF intervention and avert utilization of the more costly and intensive residential treatment level of care, especially in light of the growing body of research demonstrating that residential treatment generally does not result in better outcomes for children, youth and their families.

**Phase Two** of the System of Care Redesign efforts will examine services to families and children directly served by DCYF, including residential treatment services, with an eye toward developing stronger, more effective coordination of services. Phase Two, again based on the principles of Hi-Fidelity Wraparound, is anticipated to reduce lengths of stay, increase the effectiveness of treatment interventions and ensure more effective transitions to community-based services. Additionally, it is anticipated to increase the availability of community services for families involved with the Department whose children remain at home in order to reduce the likelihood that these children will be placed in out of home care.

**Juvenile Corrections: RI Training School and Community Corrections**

The Department’s Division of Juvenile Corrections, comprised of the RI Training School and Juvenile Probation and Parole plays an integral role in helping to restore safety to schools, neighborhoods and communities where safety is of concern and to ensure that all of Rhode Island’s communities become safe communities. Youth involved with our Juvenile Corrections system are placed there by an order of the RI Family Court.

**Juvenile Probation and Parole** works to rehabilitate youth in the community to ensure public safety and full compliance with Court orders and conditions of probation. **Chart 8** shows the daily average number of youth on probation in each of Fiscal Year’s 2006 – FY 2008. While the Department saw a 24% increase from FY 2006 to FY 2007 in the daily average number of youth on probation/parole, the increase from FY 2007 to FY 2008 was much smaller at 2%. The lowest daily count over these three years was 1,022 youth and the highest daily count was 1,469 youth.

The Rhode Island Training School works with youth awaiting trial (detained youth) and youth who have been sentenced (adjudicated youth). The goal of the Rhode Island Training School is to help youth meet their rehabilitation
goals so they can return to their communities ready to lead productive lives. Chart 9 displays the average daily population of the RI Training School by fiscal quarter for FY 2006-FY 2008. The capacity for the current facility is 185.

Our physical plant is one of the last remaining barriers to ending our nearly 30 year old Federal Court Consent Decree. The conditions of the buildings are poor and the layout of the campus limits our ability to conduct effective programming. The state has begun construction on a new Youth Development Center for adjudicated youth and a new Youth Assessment Center for detained youth. Coupled with a redesign of our Juvenile Corrections program, these new facilities and program will provide greater opportunities for community partners and staff to engage with our youth and their families, increased quality of educational services, greater access to quality dental and physical health services, and a more focused social and psychological rehabilitative program.

Additional Transformation Efforts – Youth Transition Services

As part of the FY 2008 State Budget, the upper age of jurisdiction for the Family Court and the Department changed. The age of nineteen (19) became the upper age of jurisdiction for youth involved with the Department because they were adjudicated. The upper age of jurisdiction for all other youth involved with the Family court changed to age eighteen (18). This required the Department to maintain services to youth identified as seriously emotionally disturbed and in need of more intensive services. It also required the Department to provide aftercare services to youth age 18-21 who were not able to return home but on a basis that is voluntary to the young adult. It further required that the State ensure that youth closed to the Family Court at age 18 continue to be eligible for public funded medical insurance.

Prior to these changes in the age of jurisdictions, the Department was closely examining our services to older youth and had determined that the outcomes for older youth in out of home care did not meet our expectations nor did it meet the needs of our older youth. As a result of this examination, we began to look at alternative models of delivering services to our older youth which would increase the likelihood that DCYF involved youth would be able to transition from DCYF to lead productive adult lives.
The primary model available to youth aging out of DCYF care is the **YESS (Young adults Establishing Self Sufficiency) Program** developed in collaboration with and managed by the Rhode Island Council of Resource Programs for Children and Youth (RICORP). YESS is an advanced independent living model which serves young adults aging out of foster care at age 18 through their 21st birthday and who are identified as having demonstrated a level of maturity and capacity toward greater independence. Services include limited management supports, establishment of budget/living expenses, self-sufficiency plan establishment and financial assistance to offset cost of rent, food, etc. YESS became operational in November 2007 and between November 1, 2007 and June 30, 2008 the program had 75 participants with 8 clients discharged from YESS.

In addition, all youth whose cases are closed to the Family Court on or after their 18th birthday and before their 21st birthday are automatically enrolled in the **Categorically Needy Post Foster Care Coverage Medicaid program**. Through a collaboration with our state Medicaid agency, the RI Department of Human Services (DHS), DCYF continues to provide Medicaid coverage to youth aging out of foster care on or after their 18th birthday until their 21st birthday regardless of income. There is a requirement that youth “re-apply” annually with Medicaid simply as a way of verifying that they continue to be Rhode Island residents. Additionally, DCYF has used state funds through our YESS program to provide health insurance coverage through private pay Blue Cross/Blue Shield Insurance to youth who do not qualify for Post Foster Care Medicaid Coverage (e.g., undocumented immigrant status, living out of state).

All youth involved with DCYF who were in out of home care (excluding the RI Training School) are eligible for tuition assistance through one or both of the subprograms in the **DCYF Post Secondary Education Tuition Assistance Program**. The General Assembly provides the Department with $200,000 each year for the **DCYF Higher Education Opportunity Incentive Grant Subprogram**. These funds are made available to youth who resided in such out of home care from age 16-18 or the last two years of their time in care if they closed to DCYF after their 18th birthday. However, only youth who meet this requirement and attend one of the following schools on a full-time basis are eligible for this subprogram funding: the Community College of Rhode Island (CCRI), Rhode Island College (RIC) and the University of Rhode Island (URI). Funds are also available through the federally-funded **Chafee Education and Training (ETV) Voucher Subprogram**. Each year the Department receives approximately $230,000 to provide up to $5,000 per academic year for eligible youth who attend a qualified Institution of Higher Education on a part or full time basis. Youth who resided in out of home care after their 16th birthday and who the Department believes will age out of foster care are considered eligible. In FY 2008, the DCYF Post Secondary Tuition Assistance Program provided funding to 104 foster or former foster youth to attend 14 postsecondary educational programs with an average individual award of $4,691. [ETV Funds - $311,677; DCYF Higher Education Funds – $176,154].
Additional Transformation Efforts – Licensing Division

The Department continues to see progress in our Foster and Child Care Licensing Division as a result of our ongoing efforts to design and implement a more customer-friendly environment which focuses on ensuring that our foster homes, child care centers, group homes and other licensed facilities are safe environments for children and are held to high standards of practice. Charts 10 and 11 provide two examples of the results of these efforts.

Chart 10 displays the significant decrease in the number of relative foster homes where the license approval has been pending for six months or more. These have dropped from 158 homes in July 2006 to 76 homes in June 2008.

Chart 11 displays the significant decrease in the number of children living in relative foster homes that have been unlicensed for six months or longer. In July 2006 there were 221 children living in such homes while in June 2008 there were only 113 children living in such homes. It is important to note that criminal and DCYF clearances are conducted on the adults in these homes before the child is placed there and these homes are monitored pending licensure.
Moving Ahead

This report has outlined for you the immediate goals of DCYF; our vision, mission and guiding principles; and a summary of our successes in FY 2008. We are an agency committed to becoming a national leader in working with children and families who are in need of the support of the state. With the collaboration of our staff, community partners and families, we believe that our efforts over the past several years have established a solid foundation upon which to build and achieve positive outcomes for children and families. While we have made great strides, we know that we have much more work to do. Our goals for FY 2009 include the following:

• Launch Phase One of our System of Care Reform Efforts, the Family Care Community Partnerships (FCCP);

• Develop Phase Two of our System of Care Reform Efforts;

• Complete construction on our new Training School Facilities and move youth into these facilities; and

• Implement our new Juvenile Corrections program with an emphasis on ensuring that youth involved are placed in the least restrictive environment necessary to help them address their offending behaviors and become productive, educated citizens;

We know that we cannot accomplish these goals without the support and assistance of the people of Rhode Island. We look forward to working with you to achieve our vision of safe homes, safe schools, safe neighborhoods and safe communities.
Child Abuse and Neglect Hotline

To report suspected child abuse and/or neglect, please call 1-800-RI CHILD (1-800-742-4453). Any person making such a report may choose to keep their identity anonymous.

Executive Staff
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Additional Resources

The Department has numerous resources available to the public and to public officials that can assist you. This includes links to services as well as numerous publications – studies, reports, policies and regulations – available for you to use. Below are some web links for you to use to access these resources:

Web Links
DCYF Website: http://www.dcyf.ri.gov
Rhode Island Program Improvement Plan and Data and Evaluation:
http://web.dcyf.org/docs/pip_final.pdf
http://www.dcyf.ri.gov/data_evaluation.php
Frequently Asked Questions about DCYF:
http://www.dcyf.ri.gov/programs.php
Studies, Reports and Regulations:
http://www.dcyf.ri.gov/docs/index.php
Resources and Services:
DCYF Services:
http://www.dcyf.ri.gov/programs.php
Kid’s Link RI:
http://www.gatewayhealth.org/KidsLinkRL.asp

Acknowledgements

Editor: Mike Burk, Assistant to the Director and Executive Director
Enjoy a cup of New Hope Coffee!

*Your purchase helps provide youth training and employment opportunities through the restoration and operation of historic American diners!*

In an effort to help keep the project self-sustaining, the New Hope Diner Project launched its own coffee line. New Hope Brand Coffee, is Certified Organic and Certified Fair Trade, is a perfect blend of bright, lively Central American beans complemented with undertones of dark caramel and a dash of dark roast.

All proceeds from New Hope Brand Coffee sales go to the New Hope Diner Project which provides educational, vocational and employment opportunities to the youth in the care of the Department of Children, Youth & Families, Division of Juvenile Correctional Services.

To order New Hope Brand Coffee please visit:

http://www.americandinermuseum.org/site/