

# *OUR COMMITMENT TO CHILDREN*



*Report of the Senate Committee on  
Health and Human Services*

*Oversight of the RI Department of Children,  
Youth and Families*

*January 2008*

**RI Senate**  
**Committee on Health and Human Services**

*Our Commitment to Children*

DCYF Oversight Report

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## Introduction

A letter received by the Senate Committee on Health and Human Services from a DCYF social caseworker summarizes the frustration and responsibility of these front-line workers:

*“I would ask that before they (policymakers) make decisions about us, that they be required to follow us around for one or 2 days at work ...to see the situations we face alone in home visits with screaming, angry and/or drug addicted parents, to remove a child from a home as quickly as you can, grabbing whatever clothing and toys you can on the way out the door... to get the angry phone calls from clients and service providers asking why we have not returned their calls in days, to watch us have to answer in court for things that we have no control over or have not had time to do ...to tell children that they have to go to a strange foster home on a Friday night and that they have to change schools on Monday... to travel for 2 hours to 3 places at opposite ends of the state to collect 3 children from placements for a mandated 1 hour visit only to find that parents do not show, and to return all the children to their placements, crying and disappointed...”*

While the frustration and stress communicated in this testimony is palpable, the Senate Committee on Health and Human Services wishes to send a message of hope to all who are directly and indirectly impacted by the child protection and child welfare services in our state. The mission of DCYF has strong and solid support in the larger community. With this mission in mind, the Senate committee will continue to pursue its oversight responsibilities and maintain high expectations for meaningful improvements in service delivery and outcomes. By drawing attention to many of the findings contained in this report, we have already seen two positive outcomes--- a new class of 17 social workers were hired during a time of statewide FTE caps and budget reductions; and the change in court jurisdiction over 17 year olds in wayward or delinquent proceedings has been overturned in the General Assembly.

***I. Senate Committee on Health and Human Services:***

The Rhode Island Senate Committee on Health and Human Services is composed of the following members:

Senator Rhoda E. Perry, Chairperson (D/District 3) -- Providence

Senator James C. Sheehan, Vice Chairperson (D/District 36) --  
Narragansett, North Kingstown

Senator Juan M. Pichardo, Secretary (D/District 2) -- Providence

Senator Leo R. Blais (R/District 21) -- Coventry, Foster, Scituate

Senator June N. Gibbs (R/District 12) -- Little Compton, Middletown,  
Newport, Tiverton

Senator Charles J. Levesque (D/District 11) -- Bristol, Portsmouth

Senator Joshua Miller (D/District 28) -- Cranston, Warwick

Senator V. Susan Sosnowski (D/District 37) -- New Shoreham, South  
Kingstown

The Committee met in Oversight of the state Department of Children, Youth, and Families (DCYF) on December 2006, and July, August, September, October and November of 2007. Agendas and Meeting Notes on the 2007 meetings are posted at [www.rilin.state.ri.us/SenateHHS/](http://www.rilin.state.ri.us/SenateHHS/) .

## ***II. Role of Legislative Oversight:***

It has been the intention of the Senate Committee on Health and Human Services to gather data and make recommendations for improved government functioning relative to statutory mandates for the RI Department of Children, Youth and Families. Generally, the legislative oversight role may result in statutory changes of the mission or responsibilities of a state entity; recommended changes in rules and policies of a state entity; ongoing monitoring of priority areas of concern; and/or enhanced public awareness of problems in sensitive areas of state government.

“The primary task of state legislatures is to frame the structure and policy priorities of state government through legislative and funding decisions. The legislative oversight role, however, is critical to effective, ongoing state operations. Many state legislators recognize that child welfare systems, although usually a relatively small part of state government funding, require policymakers’ sustained attention because child abuse and neglect have lasting human and financial costs, and the consequences of failure can be tragic” (NCSL, p3, May 2005).

“In the final analysis, real child welfare reform is possible only when accompanied by an overarching vision for the agencies charged with protecting children’s safety and promoting their well-being, engaged and proactive public policymakers working in concert with child welfare agency staff, adequate resources, and a commitment to long-term solutions with measurable outcomes. State legislators can provide the leadership necessary to ensure that those elements are present in efforts to improve child welfare systems; and, therefore, the lives of thousands of children and families” (NCSL, p5, May 2005).

### **III. Background:**

Thanks in large part to the RIte Care Program of health insurance for families on limited incomes; RI performs better than the national average on important indicators of child health. Other measures of child well-being, however, are either at or worse than the national rates. Rhode Island's high rates of childhood poverty, teen high school drop-out rates, and other societal challenges influence the demand and response for child welfare services. DCYF is in the front line, with local community resources, in the struggle to help children facing these challenges thrive.

In February of 2006, a new group of social workers was hired and trained to work in the Family Service Unit ("FSU") for DCYF. Between that time and September of 2007, no new social workers were hired to fill vacancies or meet the expanded demand for DCYF child protection services (an increase of 19% from 2005 to 2006 according to Kids Count). As a result, as vacancies occurred among the ranks of Family Service Unit staff, and new cases were opened, the workloads of the remaining staff increased dramatically. As workloads increased, morale worsened and more workers have chosen to leave DCYF.

Faced with the increased workload, FSU social caseworkers are limited in the number of tasks that they complete. Prioritization of tasks has led to the essential focus on child safety, at the expense of attention to the other needs of the child and family. Supervisors have seen their roles change from that of leader, advisor and quality controller for their workers, to that of a partner in the struggle against the clock, the paperwork, the phone messages, and the court. In this climate, it is remarkable that some progress has been made toward reunification of families and obtaining appropriate services for children in our state.

The unfortunate death of a toddler in the care of an overwhelmed aunt in 2005, led to an investigation by the Office of the Child Advocate. That investigation resulted in a series of recommendations, including: lowering the caseloads of FSU social caseworkers to ensure at least monthly visitations with every child in care; and quickly eliminating a backlog of unlicensed foster families who were caring for children.

One year after the 2005 Child Advocate's report was issued; a follow-up assessment was conducted to track the department's progress toward implementing these recommendations. The 2006 Child Advocate's follow-up report was a cry for help. That cry was heard by the Senate Committee on Health and Human Services who held a hearing on the findings of the report on December 12, 2006. Those who testified at that hearing communicated frustration: from DCYF administrators attempting to improve and reform a department struggling with an overwhelming mission, a restricted budget, and an environment that resists change; from overworked and over-stressed DCYF staff who are torn between child visits, court appointments and returning phone calls; from foster parents who require assistance in meeting the needs of the children they care for; and from advocates who fear for the safety, welfare, and healthy development of our children.

In response to the information gathered at that hearing in 2006, the Senate passed a resolution that requested regular reporting to the Health and Human Services Committee by the Department. The three major areas of reporting are: (1) Family Service Worker caseloads, vacancies and overtime; (2) Foster family licensure activities, including the numbers of homes awaiting licensure; and (3) Child outcome measurements, based on national standards. These reports have been received and reviewed monthly, beginning in March of 2007. As of the October report, which has been reformatted for that purpose, the SHHS Committee will be adding the DCYF monthly reports to the RI General Assembly's website for public access.

On April 27, 2007, a Financial Review Team appointed by the Governor to conduct an analysis of the Department of Children, Youth and Families submitted a "Review Team Report." The report included recommendations to: increase the diversion of teens from the juvenile corrections programs by utilizing alternative community programs; reduce the current over-reliance on residential placements of youth in the state's care; and implement previously-endorsed system reform plans. The Financial Review Team Report findings also included the following findings: "Caseworkers are overburdened with paperwork and valuable hours are wasted carrying out very low-value-added tasks, like transporting individual children to and from school.... Rigid collective bargaining contracts make the system inefficient and limit children and families access to caseworkers during standard hours of work and school...Overtime expenses and transportation provided by social workers need to be actively managed by the Department to stay within budget."

In June of 2007, the State FY 2008 budget passed, making significant policy changes to the operations and scope of the Department of Children, Youth and Families. Included among them was Budget Article #22, which impacts the role of the department in the lives of older adolescents who have been victims of maltreatment, found to be delinquent, or otherwise in need of state care. The Senate Committee on Health and Human Services added the implementation of these policy changes to the list of issues about which they sought further information.

*The Committee recognizes that there are many diverse opinions, expectations, and concerns regarding the role, policies and priorities of the RI Department of Children, Youth and Families. This report does not reflect a comprehensive review of the department and its systems of care for child welfare, juvenile justice and children's behavioral health. It is the result of focused legislative oversight, data gathering, and public discussion regarding the specific topics of caseload growth, foster home licensure, certain measurable outcomes for children, and recent revisions in the care and treatment of older adolescents.*

#### **IV. Findings and Recommendations for Major Issues of Concern:**

##### **A. Caseloads:**

According to the 2007 RI Kids Count Factbook:

- In 2006 in RI, there were 2,862 indicated investigations of child abuse and neglect involving 3,959 children.
- 78% of all instances of abuse and neglect were a result of neglect (which may include inadequate housing and child care); 11% for physical abuse; 5% for sexual abuse; 2% for medical neglect; 4% other.
- Between 2003 and 2005 the number of unduplicated child maltreatment reports was consistently around 13,500 reports. In 2006, the number of reports increased to nearly 15,000.
- Total number of DCYF Family Service Unit active cases rose from 7,886 in 2005 to 9,414 in 2006 (a 19% increase).

Monthly reports submitted to the Senate Committee on Health and Human Services between March of 2007 and January of 2008 are available on the committee's website ([www.rilin.state.ri.us/SenateHHS/](http://www.rilin.state.ri.us/SenateHHS/)). These reports provide data for each region which includes: the number of caseworkers; the median caseload per worker; and overtime hours and dollars expended. Whereas nationally accepted caseload standards seek 14 family-cases per social worker, as of July 2007, 43% of workers in the Providence region; 71% of workers in the East Bay region; and 85% of the workers in the Pawtucket/Northern RI region, were responsible for 19 or more families each. Adding 17 new workers (beginning on September 4, 2007) will bring caseloads to a median of 16-17 cases per worker, when these workers pick up full caseloads, and if no new vacancies occur.

Incorporated in the August 16, 2007 testimony of Adoption RI was the following statement: "Unmanageable child welfare caseloads lead to worker turnover, which contributes to disruptions in casework practice and increased risk of harm to children." Additional testimony confirmed that in many cases children are not being visited monthly, phone calls for information or assistance from foster parents are not being returned, referrals to community services are not being made, supervisors are covering court appearances or actual cases instead of supervising, and morale is low at all levels of the department.

The Committee Findings and Recommendations regarding caseloads of Family Service Unit (FSU) workers are:

- **FINDING A1:**

*Ideally, the number of family-cases should be the major determinant of the staffing pattern in a well-run and efficient family service unit. The number of families in need of services should dictate the number of family service workers. The number of family service workers determines the number of supervisors, who provide guidance and support to the workers and must be familiar with every case for which they are responsible. Each unit warrants sufficient case aide and clerical staff to ensure the most efficient use of personnel. In actual practice, however, state budget constraints and the cap on state FTE's (full-time equivalent positions) that may be filled, contribute to a disconnect between cases and staffing-- between children in need of protection and the state's ability to respond.*

*As has been recommended in the DCYF Financial Review Team Final Report of April 2007, DCYF family service unit cases could be incorporated into the state's caseload estimating fiscal planning process. In anticipation of this budgeting mechanism, DCYF should document adherence to strict policies to: (a) prevent the opening of FSU cases that can be more appropriately served through other interventions; (b) transfer/close cases that no longer need the level of attention provided by the FSU; and (c) guarantee compliance with the requirement that workers visit children in care at least once per month.*

**RECOMMENDATION A1: Legislation on Caseload Estimating**

Maintain FSU staffing at an appropriate level to realize caseloads that compare favorably to national guidelines through the state's caseload estimating process. Twice each year, the fiscal offices of the state's administration and legislature meet to project the caseloads of certain state entitlement programs. These projections are based on program policy and practice at the time. Increases or decreases in need/demand lead to recommended adjustments in the state budget to meet that need/demand.

The recommendation that projected need for child welfare services be included in the state's caseload estimating process is not a new one. The

SHHS believes that our commitment to children who are victims of abuse or neglect IS an entitlement. As such, essential protective services should be estimated and funded in a planned fashion through the state’s caseload estimating or similar process.

**ALTERNATIVE RECOMMENDATION A1: Legislation on Caseload Advisory Committee**

If the previous recommendation is not adopted in the 2008 legislative session, an alternative or interim step would be the creation of a caseload advisory committee in statute. The committee would include advocates and state officials that would convene in public and report to the legislature at least quarterly. Included in their charge would be to make recommendations regarding: (1) current status versus best-practice maximum FSU caseloads; (2) current versus desirable FSU staff (including supervisor) training and retention; and (3) a process to “weight” or “rank” cases based on the severity of each case. These recommendations should be made public and available on an appropriate website.

• **FINDING A2:**

*The RI Family Court and the RI DCYF have long been at odds over policy and budgetary concerns. Both entities are involved in planning for children in need of safety and services, with the Court ultimately making the decisions regarding child placement for children in the care of the state. When the Court orders a more restrictive or expensive placement than the DCYF has recommended, there is an impact on the DCYF budget—an unplanned and sometimes unfunded impact. There needs to be a new methodology and relationship to address this policy and budgetary dissonance.*

*In addition, caseworkers are required to appear before judicial proceedings in the Family Court, truancy court, and the drug court in various locations throughout the state. FSU Social Caseworkers report spending considerable hours involved in truancy cases. Court appearances and transporting youth to school take time away from child visitation, family case planning, foster family support, and meetings with supervisors. (Some jurisdictions utilize juvenile hearing boards in dealing with youth involved in minor infractions.)*

*Truancy is an issue of concern for local schools and school systems, and should be treated as such. In this time of diminished state resources, children who are not in the care or custody of the state, and who have solely violated school attendance rules, do not belong in our child welfare or juvenile justice settings. There are reportedly about 300 “truancy cases” in the workloads of the social caseworkers, with approximately 100 of these cases open for truancy issues alone. These cases are often time-consuming, with the caseworkers ordered to transport the children to school.*

**RECOMMENDATION A2: Work with Family Court to Establish the Link between Court Decisions and the State Budget and to Eliminate “Truancy-only” Cases**

The Senate will recommend a form of mediation between the Family Court and the DCYF to establish guidelines for the funding of Court-ordered placement decisions. Additionally, the Family Court and DCYF should narrowly define and articulate the involvement of FSU workers in cases before the truancy court. Consideration should be given to discontinuing the practice of involving the department in truancy-only cases. DCYF involvement is both inappropriate and costly. DCYF workers, in both the FSU and RITSY, must be allowed to focus their time and attention on those youth for whom their level of intervention is most appropriate.

Introduce a resolution to promote an agreement between the court and the department to address placement and budget concerns. If an agreement is not forthcoming by July of 2008, the committee will begin to collect data from both parties regarding placement decisions and related costs.

• **FINDING A3:**

*FSU Social Caseworkers are often ordered to transport children and supervise visits with family members. While there may be times when this level of interaction is essential to case-planning, for the most part these activities are more appropriately conducted by para-professional “child support technicians.” The department is reportedly revising its policies, in accordance with the federal Safe and Timely Interstate Placement Act of 2006, to allow for an expanded role for child support technicians with the families served. However, with ceilings on both the number of positions that can be filled and the budget of the department, these support positions have often gone unfilled.*

**RECOMMENDATION A3: Budget for Sufficient Child Support Technician Staffing**

As articulated in recommendation #1, sufficient support staff must be in place to increase efficiency within family service units. Child support technician positions should be included in the determination of appropriate staffing in the caseload estimating or recommendation process recommended in A1, above.

- **FINDING A4:**

*Of critical concern is the fact that Family Service Unit Social Caseworkers work roughly the same hours and days that children attend school and many parents work. The department and social workers' union have agreed to allow flex-time for existing workers, and require it for new workers if deemed appropriate by the supervisors. As long as worker caseload burdens remain high (particularly with the truancy court, transportation, and visit supervision requirements) it is unlikely that many workers will elect this flex-time option. They will continue to utilize overtime to accomplish all of their tasks and see families when the children and parents are home.*

**RECOMMENDATION A4: Negotiate a Family-Centered Work Schedule**

The department and the social workers' union should make it a priority to negotiate a work schedule for FSU social caseworkers and their supervisors that is family-centered. If the practical requirements of court appearances interfere with this schedule revision, the Family Court should be engaged in the process of resolving this issue.

- **Finding A5**

*Legislative oversight hearings held by the Senate Committee on Health and Human Services has led to increased public awareness of the priority placed on the work of the FSU social caseworkers and on the current burdensome caseloads. This heightened awareness may have contributed to the recent filling of 17 social caseworker vacancies during a time when hiring of state employees is extremely restricted.*

**RECOMMENDATION A5: Legislate Continued DCYF Reporting**

Continued Senate Oversight and public reporting on caseloads and worker vacancies is recommended. The committee will submit a new Senate resolution, revising the requirement for monthly reporting from DCYF on specific trends, and seeking quarterly reports to add the tracking of: (a) new worker retention levels; (b) use of flex-time and overtime; and (c) caseloads of the new group of workers. Hearings with departmental testimony should be held to continue the public attention to these important matters.

- **FINDING A6:**

*There is little evidence that the department seeks to manage or balance the workloads of social caseworkers according to the difficulty or staff-intensity required of individual cases. As important as caseload is in determining the level and quality of the workers' interventions—and in the speed of worker “burn-out”—so is the distribution of cases among workers.*

**RECOMMENDATION A6: Request a Departmental Case Ranking Process to Manage Workload**

The Senate will prepare a resolution to request that the DCYF establish the means to rank the severity of cases and to distribute cases to workers in accordance with this ranking process.

- **FINDING A7:**

*The data reported to the Senate on caseloads, revealed that DCYF's Northern RI Region (“Region IV”) chronically has the highest: median number of caseloads and children in cases per worker; rates of overtime used per month; and social caseworker vacancies. Clearly these indicators are related, and may be partially explained by the complexities and challenges associated with the urban areas within that Region. However, this data, combined with testimony submitted by DCYF employees, gave rise to questions regarding: (a) the management of that region; (b) the policy of placing any and all new caseworkers in that Region; and (c) the role of that region in the downward spiral of DCYF staff morale.*

## **RECOMMENDATION A7: Monitor Region IV**

The ongoing periodic reports submitted by DCYF and testimony submitted to the Senate will be monitored for any improvement in the indicators of staff retention in Region IV.

### **B. Foster Parent Support and Licensure:**

According to the 2007 RI Kids Count Factbook:

- In 2006 in RI, 3311 children and youth in the care and custody of DCYF were in out-of-home placement, an increase of 16% from the last year when there were 2865 children and youth in out-of-home placement.
- Half of all out-of-home placements were in foster care homes, both relative and generic. Of the 1649 children in foster homes, 47% (768) were living in a relative foster care home that was licensed or pending a license.

The US Census Bureau's foster care statistics reveal that the national average for children in foster care under the age of 18 is 10 per 1000 children. In 2004, 14 out of every 1000 children in Rhode Island were in foster care. The Department currently reports that there has been a shift toward in-home care and foster care, and less toward residential service provision, in the cases opened during 2006, compared to the status of cases in 2005.

It is clear to the committee that new foster homes need training and licensure as quickly as possible from the time they either volunteer to become foster parents or the time a child is placed with them. Reports received by the committee show that 537 homes are "pending licensure." There continue to be homes, with foster children residing in them, which are unlicensed for more than six months. Testimony from the department indicated that the "backlog" of unlicensed homes is due to numerous factors, including: court-designated placements in homes that cannot or will not become licensed; increased applications to become foster families; increased placements with relatives; and delays in entering information into their licensure database.

Testimony revealed that existing foster homes need ongoing departmental support to improve outcomes for children in their care. The recommendations above regarding caseloads should help to ensure adequate foster home support and supervision. According to one foster parent: A child was placed in August, the “paperwork packet” to begin payment of the family for the placement was completed in October, and in February the case worker had not yet “processed” the papers to begin financial support of the placement. “There were other issues to communicate and many times e-mail was the only way to eventually get a message through, as most of the time you could not even leave a voice message due to the voice mail being full.”

The Committee Findings and Recommendations regarding Foster Parent Support and Licensure are:

- **FINDING B1:**

*Testimony received by Tides Family Services 8/16/07, pointed to the child welfare reform successes in New York City. The New York model demonstrates that increasing in-home supports to keep families intact reduces the need to “place” children. When children are placed, services and supports provided to the foster families reduce the need to place the children in more costly institutions.*

*The New York model was implemented according to a reinvestment strategy that recycles money from the most costly services back into supportive services--- preventive, quality foster care and aftercare—that help reduce admissions and lengths of stay in placements. This further drives down costs by keeping more children out of placements. In the New York model, a “continuous cycle of reinvestment” from placement to family support creates “momentum that over time realigns” core services, placing family support in the center, supplemented by foster homes, relative caregivers, and specialized treatment services. “It changes the first line of help and the sequence of actions that follow—from removal followed by reunification efforts, to in-home support bolstered by targeted services.(NYC Report, February 2005).”*

**RECOMMENDATION B1: Observe Models in Other States and Legislate a budget reinvestment strategy**

With the assistance of the DCYF, Committee members have been invited to participate in a one-day visit to New York City to observe that city's model of child welfare program management and service delivery in operation. The Senators will also develop legislation to require a reinvestment strategy in the state budget that will recycle DCYF funding from costly residential programs to more cost-efficient family supports. Simultaneously, the legislation should support the department's efforts to seek efficiencies that will provide funds for redirection into services that limit or deter out-of-home care.

- **FINDING B2:**

*Data indicate that the placement of children in the care of a relative (also called "kinship care") can produce better outcomes for children than other placement alternatives, if the placement is a good fit and the resources are there to support the relative caregiver.*

*Testimony of the foster parents' association indicated that often these family homes need greater support than other foster homes. When this support is not provided, failed placements and repeated maltreatment occurs.*

*According to the 2006 RI Kids Count Factbook:*

- *Relative caregivers are usually less emotionally prepared than other foster parents to become caregivers or accommodate a child into their home.*
- *Relative foster care involves children who live with relatives as a result of being removed from their parent's home by the DCYF and taken into state custody. State and federal regulations require DCYF give priority to relatives when placing a child in out of home care. As with all foster care cases, an explicit plan for safety and permanency is developed that can include return to family, legal guardianship or adoption.*
- *Relative foster care may also include children who have been placed in the care of a relative voluntarily by the parents, but have come to the attention of DCYF. When the case is opened the relative is required to go through the licensing process.*

- *Similar to non-relative foster parents, relative foster parents are required to obtain training and a license from the state. As a result of the often last minute notification before a placement, relative foster parents receive a provisional license following a DCYF and criminal background check and home visit. After placement, relative foster parents receive abbreviated training and are subject to the full home study required of all foster care homes.*

**RECOMMENDATION B2: Monitor support to foster families**

DCYF Family Service Unit worker caseloads and the application of family-centered best practices are key determinants of the level of “support” that foster families will receive. Caseload relief and ongoing worker/supervisor training are essential to full implementation of these best-practice guidelines.

- **FINDING B3:**

*DCYF monthly reports show a delay in licensing family caregivers, even after a child has been placed in an unlicensed home. As of November 1, 2007, there were 535 foster home license applications pending and 1018 active licenses in place. The delay in licensure impacts the ability of the foster home to receive needed funding and support services. The estimated loss of federal funding to the state due to the delay in licensing homes is estimated to be \$600,000 in state fiscal year 2008.*

**RECOMMENDATION B3: Monitor Foster Home Licensure Backlog**

DCYF should set a goal of eliminating the backlog of foster homes awaiting licensure within 3 months. The Committee requests a full reporting on progress toward this goal in April of 2008.

### **C. Child Outcomes:**

Congress authorized reviews of all state child welfare systems administered by the US Department of Health and Human Services, Administration for Children and Families, beginning in 2000. The reviews focus on 3 goals:

- (1) Safety: Children are protected from abuse and neglect and are safely maintained in their homes whenever possible and appropriate;
- (2) Permanency: children have permanency and stability in their living situations and continuity in their family relationships and connections;
- (3) Child and family well-being: Families are better able to provide for their children's needs, and children are provided services that meet their educational, physical health and mental health needs (Source: NCSL, May 2005).

The USDHHS conducted reviews in each state to measure progress toward these goals of safety, permanency and well-being and to compare each state's achievements to national standards. Rhode Island's review was completed in 2004. None of the states achieved all desired outcome measures and all submitted Program Improvement Plans (PIP) to improve.

RI DCYF reported to the committee that the absence of maltreatment recurrence within a six months timeframe decreased from 2005 (91%) to FY2006 (87%). At least three-fourths of the recurrent maltreatment is due to neglect. The national Resource Center reviewed a random sampling of the cases indicated for recurrent maltreatment and disagreed with the findings in 35% of the cases, finding no evidence of neglect. This indicates a challenge and needed reform in DCYF processes and policies.

The Committee Findings and Recommendations regarding Child Outcomes are:

- **FINDING C1:**

*Of special concern to the committee were the safety outcomes – particularly that of repeat maltreatment. The current national standard for the “absence of child maltreatment recurrent” is 94.6 percent of cases. For 2004-2005, RI ranged from 92.2% to 91.1% of cases with the absence of recurrent*

*maltreatment. In 2005, Vermont was the only New England state to meet or exceed the national standard.*

*The department testified that RI's statutory definition of neglect is broad, leading to more interventions that may not be considered repeated maltreatment in other states. In addition, they submitted testimony that departmental policies toward investigating concerns in ongoing cases involving child neglect would not be classified as recurrent maltreatment in other states.*

**RECOMMENDATION C1: Monitor DCYF use of predictors to target service delivery**

Factors associated with increased risk of recurrence of maltreatment include: brief lengths of out-of-home placement, younger children, parents with substance abuse, and those referred for neglect. DCYF should use these predictors of subsequent protective services contact as a means to target certain cases for more intensive or specialized services to avoid that return to DCYF care.

If there is validity to the testimony that our policies of investigating recurrent maltreatment are not consistent with good practice, the department should revise its policies, provide staff training on the policy revision, and monitor the corresponding changes in practice.

- **FINDING C2:**

*RI DCYF exceeds the National Child Welfare standard in achieving the permanency goal of adoption within 24 months from removal in 48.8% of cases, compared with the national guideline of 32%.*

*DCYF achieved its permanency goal of reunification within 12 months from time of entry, without an increase in reentry, in 75.9% of cases-- an increase from 71% in 2004. The department achieved the goal of permanency of placing children age 12 or older at time of entry into a permanent home to 78%, from 71.3% in 2004.*

## **RECOMMENDATION C2: Monitor Permanency Outcomes**

The committee recognizes that in cases where reunification is not recommended or feasible, timely termination of parental rights is critical for child long-term stability and improved outcomes. While some of the department's permanency outcomes are improving—and the department deserves congratulations on the progress made during a tumultuous time—the committee would like to receive annual reports regarding department's progress toward meeting or exceeding all permanency standards.

- **FINDING C3:**

*Testimony received by the Committee included the need for the department to enhance its ability to improve the functioning of families without removing the child(ren) from the home.*

*“Psychological Centers” submitted testimony indicating that criterion for out of home placement should only be for: (a) children who cannot be maintained safely in home with supervision and support that include parental training and clinical intervention; or where (b) proven effective treatments cannot be provided successfully in the home.*

## **RECOMMENDATION C3: Monitor professional development**

The department should report to the Committee on the professional development provided to the FSU social caseworkers and supervisors. Of particular interest would be the emphasis on identification of families for certain interventions, and the use of intensive in-home services, to improve child and family well-being and avoid subsequent involvement with the department.

- **FINDING C4:**

*It was reported that children who may be eligible for Social Security Income benefits are not being identified and processed, reducing the federal funds available for care and treatment for them. It was also suggested that families who voluntarily place their children into the care of the department maintain a financial obligation for their children.*

**RECOMMENDATION C4: Monitor DCYF efforts to maximize SSI and Private Sources of Funding**

Ensure that all SSI children are identified and applications processed to maximize federal funding for services for children. The department shall report to the committee on changes in policy and practice to meet this goal.

DCYF should also report to the Committee by April 2008 with recommendations on the feasibility and desirability of charging families some of the costs of care in cases of voluntary placement.

**D. Care and Treatment of Older Youth:**

“Article 22” of the State’s FY 2008 Budget contained significant implications for older youth who have been under the jurisdiction of the RI Family Court and under the care and monitoring of the Department of Children, Youth and Families. Specifically, this article changed the age when a youth is considered an adult for criminal matters. Previously, youth who first came before the court prior to turning age 18 and for those who needed continuing monitoring up to age 21, were under the jurisdiction of the Family Court. Those two maximum ages were lowered to 17 for initial contact and 19 for continued monitoring, resulting in younger individuals appearing in the adult criminal courts and prison.

One of the first of the 500 youth impacted by this change in court jurisdiction testified at the committee’s September 2007 hearing. He stated: “I was arrested (for drug possession) and then spent three days at the ACI, in the high security facility. Being in there wasn’t a good experience for a 17-year-old who’s just starting to live life... We all make mistakes, but I’m always going to try to make smart choices and be a better person. Having a felony case follow me throughout my years because of this law isn’t good, and it isn’t fair.”

Testimony on this provision of law also came from the leaders of organizations representing most of the state’s mental health professionals, including the physician members of the RI Psychiatric Society who said: “As many as 65 to 75% of youthful offenders have one or more psychiatric condition.” This would be aggravated by adult imprisonment, leading to

increased risk of suicide and violence. And the Brown University Medical School physicians who explained that teen brains and behaviors are negatively impacted by adult correctional institutions, explaining that peer interactions are powerful influences on future behavior. They noted that youth are better candidates for rehabilitation than adults. Finally, studies submitted indicated significantly higher rates of recidivism (34% higher), assault (300% higher), and suicide (800% higher) experienced by youth in adult corrections as compared to youth in juvenile correctional systems (Campaign for Youth Justice, March 2007).

Another aspect of the “Article 22” section of the state budget reduced the maximum age for youth to remain in the care of the Department of Children, Youth and Families, from age 21 to age 18. Funds were allocated to the department to offer some transitional assistance to these youth. The testimony received on this policy change included this reference to a study on the issue: “Youth who age out of foster care experience high rates of poverty, homelessness, unemployment, incarceration and poor health. Research indicates that specialized mental health services and transition systems that extend beyond the age of discharge are crucial for the success of these youth” (Reilly, T. Transition from care: Status and outcomes of youth who are out of foster care. *Child Welfare* 82:6, Nov/Dec 2003). Another study quoted in testimony was a February 2007 report that found 40% of homeless individuals in California are former state foster youth.

Additional testimony included numerous personal stories, the results of academic studies, experiences in other states, and specific case examples as to the adverse impact of these new provisions in state law.

The Committee Findings and Recommendations regarding Care and Treatment of Older Youth are:

- **FINDING D1:**

*2007 DCYF Financial Management study finding: “Many children sentenced to the Training School could be cared for in less restrictive environments. The Chief Judge of the Family Courts estimates this number to be as high as 50%.”*

*The General Assembly reversed the age of initial Family Court jurisdiction on October 30, 2007 and included a provision that would seal the records of any impacted youth at the point of the end of their sentence. However, there was no action taken to address the jurisdiction of the roughly 500 youth that were treated in the adult system during the “gap” period between July and when this law was repealed. The American Civil Liberties Union of RI testified to the committee that unless the status of these “gap” youth is addressed they will be ineligible for federal and state college financial aid and certain forms of employment, due to the “criminal records” that they would not have if they had been treated as juveniles.*

**RECOMMENDATION D1: Legislate addressing “gap youth”**

Prepare legislation to address the youth who are in the adult system as a result of the change made on July 1, 2007, so that their convictions and records receive equal treatment to those of youth who did not fall into this gap.

• **FINDING D2:**

*October 9, 2007, testimony from the RI Foster Parents Association: Older youth “are uninformed of their rights and services. They are left to wonder what the future holds for them.” The caseworkers are “battling the same question mark.”*

*Testimony from RI KIDS COUNT included: “It is important that the state ensure that this transition is as simple as possible for the young person...A major concern for the youth who are “aging out of care” at the age of 18, is threefold:*

- 1. What type of planning is DCYF doing for these youth?*
- 2. What forms of communication with the youth and foster families?*
- 3. Are connections being made to facilitate permanency before these children get to this age?*

*“Our failure as a state to provide permanency for children in the foster care system is evidenced by the fact that at the end of last year there were 600 youth who were ages 18 to 21 in the foster care system. We need to be doing more at the front end of the system to keep children in their homes safely by providing wrap-around support to families. For those children and youth entering the foster care system, we need to have strong practices in place to establish a permanent connection with a caring adult of family member at the time the child enters care. This will help to ensure that if a child is not ultimately adopted that will have an ongoing permanent*

*connection to a family. This is especially important for the youth who enter care after the age of 12, who comprise three-quarters of all youth who age out of the system at age 18.”*

**RECOMMENDATION D2: *Monitor Continuity of Care for Older Youth***

The committee would prefer to reverse this new policy, but given budgetary restraints that may not be feasible at this time nor possible to achieve in one year. A gradual movement back to offering comprehensive services to youth up to age 21 is an issue that the committee will continue to work toward. Within this policy of transitioning 18-year-olds out of state care, DCYF is responsible for the important task of assisting youth in applying for continued services to avoid lapses in education and health care.

The department’s “Aftercare Plan” requires that youth apply to participate in continued services. However, DCYF staff, foster families and the youth themselves are not certain as to the impact of the transition on them, their eligibility for services, or the application process. A procedure is needed *immediately* to provide this information and guidance to all involved.

In addition, each youth being transitioned from care should receive specific assistance obtaining housing and other independent living necessities. No youth should be released from care without a safe place to live. A communication and tracking system is needed to determine which youth do not accept aftercare services and what attempts were made to engage them. The department should submit quarterly reports to the committee on the flow of information, counseling, and services to the youth impacted by this policy change.

**Conclusion:**

The Department of Children, Youth and Families is charged with arguably the most valuable and difficult functions of state government—protecting our children. It is the confluence of characteristically inflexible public bureaucracies and complex personal family dynamics that presents the greatest challenge to fulfilling the department’s mission. During this oversight process, the Senate Committee on Health and Human Services has intended to learn, inform, and focus public attention on the importance of this department and its role. Each member of the committee is committed to improved outcomes for children and youth served through the department.

Committee members recognize that all branches of government share a responsibility for our state’s children. This oversight process has proven, however, that governmental agencies are mere partners with the broader community in this effort. The attendance and testimony at each of the oversight hearings revealed the scope of need, support and concern for the state’s interventions with troubled children and families. The Committee would like to thank the many concerned stakeholders, advocates, parents and youth who have testified of their dedication, frustration, fears, hope, and personal hardship. Only by working together, respectfully and selflessly, will a successful system of care of children become a reality in Rhode Island.