



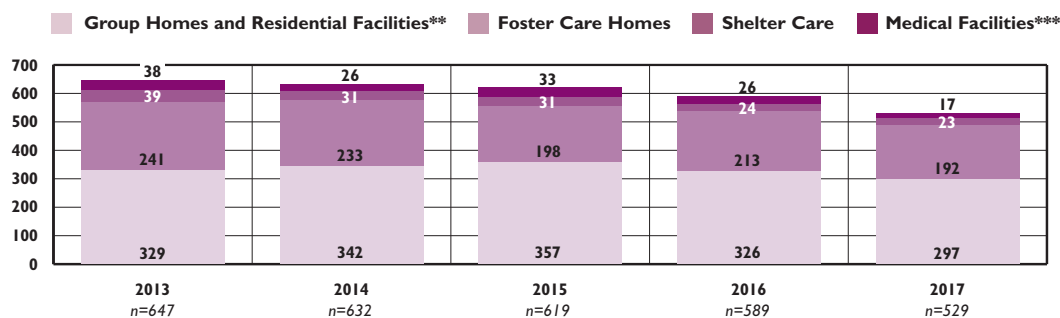
# Issue Brief

## Adolescents in the Child Welfare System in Rhode Island

Every child deserves a family and a permanent place to call home. Stable, safe, supportive relationships with parents and/or caring adults are critical to adolescent development and healthy transitions into adulthood. All teens need safety and consistency in their physical, emotional, and social environments, and require stable and nurturing relationships with adults and/or caregivers to help them navigate life and grow into thriving and productive young adults.<sup>1,2</sup>

Teens in the child welfare system often have complex trauma histories and have experienced physical, emotional or sexual abuse, family violence, incarceration of a parent, systemic trauma, and/or neglect. Efforts should be made to keep teens safely at home with supports for the young person and their family. When out of home placements are necessary, it is critical for teens to be placed in stable, safe, supportive foster families with tailored supports to meet their needs. Group or congregate care placements should only be used to provide short-term, intensive therapeutic services that cannot be provided in a family setting and not as long-term living arrangements.<sup>3,4,5</sup>

### Teens in Out-of-Home Placement by Type of Setting, RI, 2013-2017\*



Source: Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), January, 2013-2017. \*Chart shows data for a single point-in-time, January 2013, 2014, 2015, 2016, and 2017. \*\*Residential facilities do not include psychiatric hospitals, medical hospitals or the RI Training School. \*\*\*Medical facilities data includes medical hospitals, psychiatric hospitals, and substance abuse treatment facilities.

Of the 171 children assessed by RI Department of Children, Youth and Families (DCYF) from January 1, 2017 to August 31, 2017, who were deemed appropriate for foster care but then placed into congregate care, 85% (145) were teens. To ensure healthy development for teens in child welfare, Rhode Island needs to expedite and expand efforts to identify more foster families and support them in opening their homes to teens.<sup>6</sup>

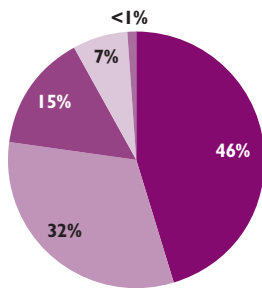
In the U.S., children of color are overrepresented at all decision points in the child welfare system. In Rhode Island, Black, Multiracial, and Hispanic children ages 10-17 were overrepresented in entering out-of-home placement in FY 2017, compared to their Rhode Island census population. In FY 2017, 45.2% of Black Non-Hispanic children and 39.7% of Hispanic children who experienced out-of-home-placement were placed in congregate care as their first placement compared to 27.8% of their White peers.<sup>7,8,9</sup>

## Adolescents Experiencing Maltreatment and Trauma

- ◆ Nationally, the most common forms of maltreatment among children of all ages are physical abuse, sexual abuse, emotional abuse, and neglect. In 2015 in the U.S., there were 683,000 victims of child abuse and neglect reported to child protective services. In Rhode Island in 2016, there were 2,976 child victims of child abuse and neglect.<sup>10,11</sup>
- ◆ Of Rhode Island children of all ages who experienced child abuse and neglect in 2016, the breakdown by type of abuse was: neglect (79%), physical abuse (13%), sexual abuse (4%), medical neglect (1%), emotional abuse (1%), and other (2%).<sup>12</sup>
- ◆ Youth in foster care often experience traumatic events prior to and during foster care, including removal from home, separation from their social environment, and constant transitions to different homes and schools.<sup>13</sup>
- ◆ Youth who experience prolonged or multiple forms of trauma and adverse childhood experiences, are at increased risk of negative long-term physical health, mental health, and economic outcomes.<sup>14,15</sup>
- ◆ In the United States, domestic minor sex trafficking (DMST) is one of the most concealed forms of child abuse. Conservatively, approximately 100,000 children and youth are victims of DMST each year, and research shows a connection between victims of DMST and the child welfare system. In Rhode Island, medical providers have observed an increase in the number of children and youth referred for DMST evaluation.<sup>16,17</sup>

**Child Abuse and Neglect by Age of Victim, RI, 2016**

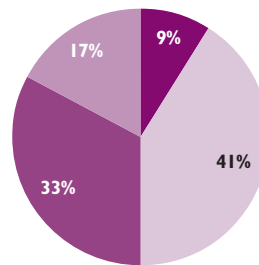
46% (1,357) ■ Ages 5 and under  
 32% (957) ■ Ages 6 to 11  
 15% (438) ■ Ages 12 to 15  
 7% (222) ■ Ages 16 and Older  
 <1% (2) ■ Unknown



*n*=2,976\*

**Child Sexual Abuse by Age, RI, 2016**

9% (14) ■ Ages 5 and under  
 41% (62) ■ Ages 6 to 11  
 33% (50) ■ Ages 12 to 15  
 17% (26) ■ Ages 16 and Older



*n*=152

*Notes on Pie Charts*

\*These data reflect an unduplicated count of child victims. The number of victims is higher than the number of indicated investigations. One indicated investigation can involve more than one child victim.

Source: Rhode Island DCYF, Rhode Island Children's Information System (RICHIST), 2016. Percentages may not sum to 100% due to rounding.

- ◆ In Rhode Island during calendar year 2016, 22% (660) of the victims of child abuse and neglect were age 12 and older.<sup>18</sup>
- ◆ Among the 152 indicated allegations of child sexual abuse in Rhode Island in 2016, 45% (68) of victims were females age 12 and older, while 5% (8) of victims were males age 12 and older.<sup>19</sup>

## Adolescents in Out-of-Home Placement

- ◆ In Rhode Island in FY 2017, of the 1142 children entering out-of-home placements, 422 (36.9%) were between the ages of 12 and 17. Out-of-home placements include foster care homes, group homes, shelter care, residential facilities, and medical facilities.<sup>20</sup>
- ◆ In Rhode Island, ‘child behavior problem’ (62.1%) was the most common reason youth age 12 and older entered out-of-home placement in FY 2017 followed by neglect (23.7%), and caretaker inability to cope (17.1%).<sup>21</sup>
- ◆ In Rhode Island in FY 2017, Black, Multiracial, and Hispanic youth ages 10 to 17 were overrepresented in entering into an out-of-home placement compared to their RI census population.<sup>22</sup>
- ◆ LGBTQ youth are overrepresented in the child welfare system due to rejection from their biological or foster families. LGBTQ youth in the child welfare system experience negative outcomes including homelessness, substance use and abuse, suicide attempts, and are less likely to achieve permanency.<sup>23</sup>

### Children in Out-of-Home Placement, by Race and Ethnicity, RI

|   | WHITE | HISPANIC | BLACK | ASIAN | NATIVE AMERICAN | ALL RACES |
|---|-------|----------|-------|-------|-----------------|-----------|
| <b>Children in Out-of-Home Placement (per 1,000 children)</b> | 6.1   | 11.8     | 17.7  | 1.2   | 12.9            | 8.6       |

Source: Data are from the Rhode Island Department of Children, Youth and Families, RICHIST Database, December 31, 2016. Population denominators are the populations under age 18 by race from the U.S. Census Bureau, Census 2010, SF1.

## Teens in Congregate Care

- ◆ Nationally and in Rhode Island, adolescents are placed in congregate care settings, including group homes, residential facilities, and emergency shelters, at a much higher rate than young children. Group care placements, also known as congregate care, should only be used for time-limited, intensive therapeutic mental health services, and not as a long-term living arrangements.<sup>24,25</sup>
- ◆ Nationally, there has been a decrease in the percentage of children placed in congregate care over the past decade. However, in the U.S., children age 13 and older, encompass over two thirds (69%) of all children in congregate care placements.<sup>26</sup>
- ◆ In Rhode Island, of the 422 adolescents age 12 and older who entered out-of-home placement for the first time in FY 2017, 67.1% (283) entered congregate care as their first placement. Nationally, Rhode Island remains in the quartile with the highest percentage of teens initially placed in a congregate care setting, despite a decrease from FY 2015 (74.1%).<sup>27,28</sup>
- ◆ In Rhode Island, of the 171 children assessed by DCYF from January 1, 2017 to August 31, 2017, who were deemed appropriate for foster care but then placed into congregate care, 85% (145) were teens.<sup>29</sup>
- ◆ In Rhode Island in FY 2017, 45.2% of Black Non-Hispanic children and 39.7% of Hispanic children who experienced out-of-home-placement were placed in congregate care as their first placement compared to 27.8% of their White peers.<sup>30</sup>
- ◆ DCYF is currently developing a work plan for recruitment, development, and support of foster families with a key focus on increasing the number of foster families for teens.<sup>31</sup>

## Foster Families Caring for Teens

- ◆ Individuals who are interested in becoming a foster parent in Rhode Island must be age 21 or older, be physically and emotionally able to care for a child or teen, be economically stable without reliance on a foster care payment, pass a child abuse/neglect and criminal background check, have reliable transportation, live in a home that can pass fire and lead inspections, and participate in a 10-week, 30-hour training program called Trauma Informed Partnering for Safety and Permanence - Model Approach to Partnerships in Parenting (TIPS-MAPP).<sup>32,33</sup>
- ◆ All foster families need appropriate supports, including mental health services for teens and respite services.<sup>34</sup>
- ◆ Many more foster families are needed to provide care for all children, especially teens, in the care of DCYF. Identifying adult family members to serve as relative kinship foster families can help reduce trauma and allow a child or teen to maintain family connections.<sup>35</sup>

### Foster Families Providing Care for Children Age 12 and Older in RI, September 22, 2017

|   |            |
|---|------------|
| Relative kinship foster families caring for children age 12+  | 129        |
| Non-relative kinship foster families caring for children age 12+  | 53         |
| Non-kinship foster families caring for children age 12+   | 83         |
| Foster families caring for more than one child 12+ where children are both non-relative kinship and non-kinship | 4          |
| <i>Total</i>  | <i>269</i> |

Source: Rhode Island DCYF, Rhode Island Children's Information System (RICHIST) September 22, 2017.

*Note: A relative kinship foster family may be an aunt, grandparent, cousin, or adult sibling. A non-relative kinship foster family may be a stepparent, family friend, or adult who has a bond with the child. A non-kinship foster family is not known to the child.*

### Resources to Support Foster Families Caring for Adolescents

|                                      |  |
|--------------------------------------|--|
| <b>Financial</b>                     | DCYF provides financial support in the form of daily board rate to foster parents caring for children, and offers guardianship and adoption subsidies to support permanency.<br><a href="http://www.dcyf.ri.gov">www.dcyf.ri.gov</a>   |
| <b>Health Insurance</b>              | The <i>Patient Protection and Affordable Care Act (ACA)</i> allows youth who age out of foster care to stay on Medicaid until age 26, ensuring access and continuity for health and mental health care.<br><a href="http://www.dhs.ri.gov">www.dhs.ri.gov</a>  |
| <b>Temporary Caregiver Insurance</b> | Temporary Caregiver Insurance (TCI) provides partial wage replacement for up to four weeks and offers job protection while taking time off from work to bond with a foster or adopted child.<br><a href="http://www.dlt.ri.gov">www.dlt.ri.gov</a>   |
| <b>Mentoring</b>                     | Mentors can play an important role in providing positive supports to meet the needs of teens living in foster care and their foster families. Foster Forward's Real Connections Mentor Program matches foster youth, age 8 to 21, to mentors in the community. The Village for RI Adoptive & Foster Families offers support groups, peer mentoring, family activities and help accessing needed resources to foster and adoptive families. |
| <b>Services for Parenting Teens</b>  | Parenting teens in foster care are able to access a variety of health and developmental services for their young children, including RIte Care, WIC, Early Head Start, Head Start, Home Visiting, Youth Success, and Child Care (CCAP).  |

## Adolescents Pursuing Permanency

- ◆ The federal *Fostering Connections to Success and Increasing Adoptions Act* promotes permanency for youth in foster care through relative guardianship and adoption, improves educational stability and healthcare coordination, and extends federal funding for youth to remain in foster care through age 21.<sup>36</sup>
- ◆ On September 29, 2014, the federal *Preventing Sex Trafficking and Strengthening Families Act* was signed into law. It reauthorized and amended the Family Connections Grants and the Adoption Incentives Program, required transition planning and annual credit checks beginning at age 14, amended the title IV-E foster care program to include trafficking, and limited Another Planned Permanent Living Arrangement/Other Planned Permanent Living Arrangement (APPLA/OPPLA) as a permanency goal only for youth over age 16.<sup>37,38</sup>
- ◆ In June, 2017, the Rhode Island Family Court convened a special calendar to review permanency and transition plans for youth aging out of foster care with an APPLA goal.<sup>39</sup>
- ◆ In Rhode Island on October 23, 2017, there were 194 adolescents in out-of-home placements who had a goal of Other Planned Permanent Living Arrangement (OPPLA/APPLA). This number excludes youth with a pending OPPLA goal and youth who are in a permanent placement with a relative.<sup>40,41</sup>
- ◆ In 2016, Adoption Rhode Island helped to facilitate the legal adoption of 15 youth who were age 12 and over. On September 30, 2017, 63% (78) of the children and youth registered for recruitment services at Adoption Rhode Island were age 12 and older.<sup>42</sup>
- ◆ While adoption is a permanency goal for some children in child welfare, there are occasions where the child may come back into care due to an adoption dissolution. In Rhode Island between FY 2008 and FY 2015, there were 52 dissolutions and the median age at which adoption dissolution occurred was age 13.<sup>43</sup>

## Ensuring Educational Stability

- ◆ In June of 2016, the U.S. Department of Education and the U.S. Department of Health and Human Services released guidance for states, school districts, and child welfare agencies on supporting youth in foster care as part of the *Every Student Succeeds Act (ESSA)*. ESSA includes provisions to protect youth in foster care.<sup>44</sup>
- ◆ Rhode Island's ESSA State Plan was submitted to the U.S. Department of Education on September 14, 2017. The ESSA State Plan includes a memorandum of agreement between Rhode Island Department of Education (RIDE) and DCYF with provisions outlined to protect students in foster care which include maintaining students in their school of origin, transportation, identification of points of contact at state and local educational agencies, best interest determination protocols, data sharing agreements, coordination with support programs for students, and affording students in foster care the opportunity to access all programs and services offered by the school.<sup>45</sup>
- ◆ In 2016, RIDE implemented the Guidance for Rhode Island Schools on Transgender and Gender Nonconforming Students to ensure students are in educational environments free from discrimination and stigmatization based on sexual orientation, sex, gender identity, or gender expression.<sup>46</sup>
- ◆ In Rhode Island, the Higher Education Opportunity Incentive Grant supplements what youth in state care receive to pay for higher education at Community College of Rhode Island, University of Rhode Island, and Rhode Island College.<sup>47</sup>

## Programs and Initiatives Supporting Teens in Child Welfare

### Teen Focus

- ◆ As part of Adoption Rhode Island's Teen Focus Program, youth age 16 and older with a permanency goal of APPLA engage in permanency and educational supports to strengthen family connections, build meaningful adult supports, and receive educational advocacy and academic support in preparation for the transition into adulthood. On September 30, 2017, there were 51 teens enrolled in Teen Focus.<sup>48</sup>

### Consolidated Youth Services

- ◆ The Consolidated Youth Services (CYS) contract is an integrated array of services and supports funded by DCYF with federal Chafee and state general revenue funds. CYF actively serves over 1,500 unduplicated participants annually, providing Life Skills, Real Connections, Teen Grant, ASPIRE (The Jim Casey Youth Opportunities Initiative financial literacy and Opportunity Passport™) and YESS Aftercare Services. YESS provides voluntary individualized, youth-driven services and supports to some young adults, age 18 to 21, who have been closed to the state's Family Court and DCYF.<sup>49</sup>

### Works Wonders™

- ◆ Works Wonders™ began in 2011 as a five-year research project through the Administration of Children and Families to test interventions to help Rhode Island teens who have aged out of foster care succeed in the workplace. The Works Wonders™ initiative enhanced participants' career preparation, connected them with jobs, and supported a sense of self-determination. In the year since completion of the research project, Works Wonders™ has served a total of 133 youth between the ages of 14 and 21, and generated 68 jobs and 23 work experiences, including informational interviews, internships and externships.<sup>50</sup>

### First Star URI Academy

- ◆ The First Star URI Academy is a public-private partnership that provides educational advocacy and support to high school-aged students in foster care allowing them to earn both high school and college credits, experience a college lifestyle, and work on academic, psychosocial, and life skill goals. Since 2012, 26 students in state foster care have participated in the First Star URI Academy. Eighty-one percent of these students graduated from high school on time, 13 were accepted to and 11 are attending college, four are in high school/GED prep, and six are employed. Ten students have been adopted, and two reunited with their families.<sup>51</sup>

### Lawrence A. Aubin, Sr. Child Protection Center

- ◆ The Lawrence A. Aubin, Sr. Child Protection Center at Hasbro Children's Hospital is the only child protection program in Rhode Island lead by board-certified child abuse pediatricians. Aubin Center physicians collaborate with social workers and medical support staff to evaluate and refer for appropriate services children and youth who may have been victims of sexual, physical, or emotional abuse, neglect, or domestic minor sex trafficking.<sup>52,53</sup>

### Mental Health Clinic

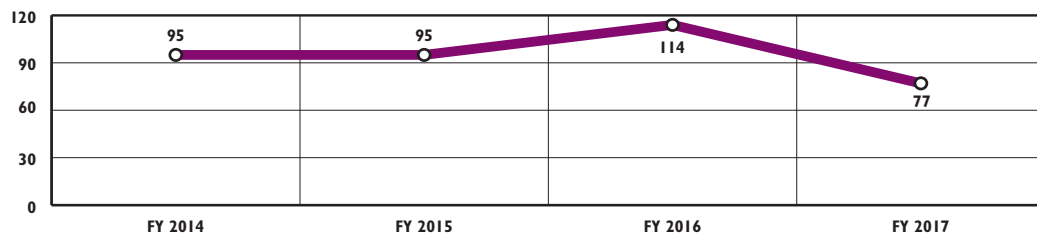
- ◆ The Rhode Island Family Court houses the Mental Health Clinic (MHC) which has provided evidence-based forensic mental health assessment and consultation to judges and magistrates for over 1,553 court-involved non-incarcerated (CINI) juveniles since 2006 ranging from age 8 to age 18. Each year, 150 CINI juveniles receive in-house mental health and/or substance use assessments, consultation, and/or service referrals through the MHC.<sup>54</sup>



## Teens Exiting Foster Care Without Permanency

- ◆ RI DCYF is required to start permanency planning for youth at age 14. Six months before a teen ages out of foster care, DCYF must submit to the Rhode Island Family Court a description of transition services provided to the young person in placement, including information about education, employment, health insurance, housing, and mentor supports. In addition, federal law requires a personalized discharge plan be developed in consultation with the youth within 90 days prior to aging out. As part of their discharge plan, the young person must be provided documentation, including their birth certificate, social security card, state issued identification card or driver's license, medical records, and information about health insurance.<sup>55,56</sup>

### Youth Aging Out of Foster Care in RI FY 2013 - FY 2017



Source: Rhode Island Department of Children, Youth and Families, RICHIST 2013-2017. Note: numbers reflect State Fiscal Year.

- ◆ Compared to their peers in the general population, youth who age out of foster care at age 18 face poor outcomes in employment, educational attainment, access to health care, safe and stable housing, and criminal justice involvement. Without permanency or stable adult connections, they often have to navigate the transition to adulthood on their own.<sup>57,58</sup>

### Extending Foster Care Services to Age 21

In the U.S., many young adults age 18 and older continue to receive financial, housing, and transportation supports from their parents. The amount of support parents provide to their adult children has increased in recent years.<sup>59</sup>

Rhode Island provided foster care services for youth in the care of DCYF up until age 21 until July 1, 2007 when the age limit was lowered to age 18. Youth with serious emotional disturbances, autism, or functional developmental disabilities remain legally entitled to services until age 21. Youth who age out of foster care at age 18 are able to access some aftercare services voluntarily through the Youth Establishing Self-Sufficiency (YESS) Program upon referral from DCYF.<sup>60,61</sup>

- ◆ Youth who receive tailored, age-appropriate foster care services (housing, education, career training, etc.) beyond age 18 have better outcomes, including higher earned wages and delayed early pregnancy, than youth who age out of foster care at age 18. Currently, 25 states and DC provide foster care services to youth until age 21.<sup>62,63</sup>
- ◆ On June 9, 2017, DCYF instituted a memorandum to all staff stating that children in DCYF care working on a GED or enrolled in high school can only be terminated from foster care at the age of 18 with approval from the Director of DCYF or a designee. The expectation is that every youth in the care of DCYF can finish their education prior to exiting foster care.<sup>64</sup>
- ◆ The Young Adult Voluntary Extension of Care Act, introduced during the 2017 legislative session, that would have restored the age to 21 with tailored services and supports, did not pass.<sup>65</sup>

## Recommendations

- ◆ Eliminate inappropriate placement of teens in congregate care.
- ◆ Accelerate high profile efforts to increase and retain the pool of foster families, including foster families of color, for teens and provide them with the training and services needed to be successful.
- ◆ Ensure teens who must be removed from their families are placed in family foster homes that provide a safe and developmentally appropriate level of care.
- ◆ Ensure consistent implementation of the reasonable and prudent parenting standards for teens in care including reducing barriers to obtaining driver's permits and licenses.
- ◆ Pass legislation to extend comprehensive, age-appropriate services to young people in the care of DCYF up to age 21.
- ◆ Pass legislation that requires teens remain in their school of origin when in their best interest and invest in efforts to support teens in the care of DCYF to complete high school and access college.
- ◆ Strengthen data collection systems to capture comprehensive educational outcomes of teens involved in child welfare.
- ◆ Recruit staff that is representative of children and youth currently in the child welfare system. Ensure all staff working in foster care receive ongoing training in cultural competence.
- ◆ Use evidence-based practices to meet the unique needs of LGBTQ youth and youth with medical or physical disabilities in the care of DCYF.
- ◆ Restore state funding to DCYF to previous levels, in order to expand preventive programming and support for teens and young adults to stay in their families or transition into foster family placements with a focus on permanency.



## References

- <sup>1</sup> *Applying the Science of Child Development in Child Welfare Systems*. (2016) Cambridge, MA: Center on the Developing Child, Harvard University.
- <sup>2</sup> Dozier, M., et. al. (2014). Consensus statement of group care for children and adolescents: A statement of policy of the American Orthopsychiatric Association. *American Journal of Orthopsychiatry*, (84)3, 219-225.
- <sup>3</sup> Belseth, T. (n.d.) *ACE's in foster care: Rethinking trauma-informed care*. Austin, TX: Texas Institute for Child & Family Wellbeing, The University of Texas at Austin.
- <sup>4,14</sup> *Trauma-Informed Practice with Young People in Foster Care*. (n.d.) St. Louis, MO: Jim Casey Youth Opportunities Initiative, Issue Brief #5.
- <sup>5,13</sup> Hazen, E. K. (2014). *Youth in foster care: An examination of social, mental, and physical risks*. Retrieved on August 22, 2017 from www.steinhardt.nyu.edu
- <sup>6,29</sup> Rhode Island Department of Children, Youth & Families. (2017) *Level of Need Overview: Rhode Island Department of Children, Youth and Families*. [PowerPoint]
- <sup>7,31</sup> *Safety Report, October 1, 2014 – September 30, 2016 (FFY15-FFY16)*. (2017). Providence, RI: Rhode Island Department of Children, Youth and Families.
- <sup>8</sup> Child Welfare Information Gateway. (2016). *Racial disproportionality and disparity in child welfare*. Washington, DC: Department of Health and Human Services, Children's Bureau.
- <sup>9,20,21,22,24,27,28,30</sup> *Permanency Report entry cohort of children in foster care FY13-FY17 (July 1, 2012 – June 30, 2017)*. (2017). Providence, RI: Rhode Island Department of Children, Youth and Families.
- <sup>10,12,18,19,40</sup> Rhode Island Department of Children, Youth and Families. (2016). Providence, RI: Rhode Island Department of Children, Youth and Families.
- <sup>15</sup> Kerns, Suzanne E.U., et. al. (2014). Child welfare and mental health: Facilitators of and barriers to connecting children and youths in out-of-home care with effective mental health treatment. *Children and Youth Services Review*, 46, 315-324.
- <sup>16</sup> O'Brien, J. E., White, K., Rizo, C. F. (2017). Domestic minor sex trafficking among child welfare-involved youth: An exploratory study of correlates. *Child Maltreatment* 22(3), 265-274.
- <sup>17,53</sup> Barron, C. E., Moore, J. L., Baird, G., Goldberg, A.P. (2016). *Sex trafficking assessment and resources (STAR) for pediatric attendings in Rhode Island*. Providence, RI: Rhode Island Medical Journal.
- <sup>25</sup> *LGBTQ in child welfare*. (n.d.) Baltimore, MD: Annie E. Casey Foundation.
- <sup>25,26</sup> U.S. Department of Health and Human Services, Administration for Children and Families. (2015). *A national look at the use of congregate care in child welfare*. Washington D.C.: Children's Bureau.
- <sup>31</sup> Rhode Island Department of Children, Youth & Families. (2017) *Resource Family recruitment, Development and Support Strategy Session*. [PowerPoint]
- <sup>32</sup> Foster care and adoption regulations for licensure. (2016). Providence, RI: Rhode Island Department of Children, Youth and Families.
- <sup>33</sup> *Description of the TIPS-MAPP (Trauma Informed Partnering for Safety and Permanence – Model Approach to Partnerships in Parenting) Foster/Adoptive Parent Program – 30 hours*. (n.d.) Providence, RI: Rhode Island Department of Children, Youth and Families.
- <sup>34</sup> Tips for working with children and teens in foster care. (n.d.) Elk Grove Village, IL: Healthy Foster Care America, American Academy of Pediatrics.
- <sup>35</sup> *User's guide to essential kinship data*. (2013). Baltimore, MD: The Annie E. Casey Foundation.
- <sup>36</sup> *Fostering Connections to Success and Increasing Adoption Act will improve outcomes for children and youth in foster care*. (n.d.) Washington D.C.: Children's Defense Fund.
- <sup>37</sup> Davidson, Howard. *Congress Passes New Federal Child Welfare Law, How Can it Be Used by Legal Advocates?* Retrieved September 25, 2017, from www.americanbar.org
- <sup>38</sup> U.S. Department of Health and Human Services, Administration on Children, Youth and Families. (2015). *Information Memorandum*. Log Number ACYF-CB-IM-14-03.
- <sup>39,54</sup> Rhode Island Family Court Correspondence (2017).
- <sup>41,56</sup> Rhode Island Department of Children, Youth & Families. (2017) *Effective Transition Planning for Older Youth in Foster Care*. (2017). Rhode Island Department of Children, Youth and Families. [PowerPoint]
- <sup>42,48</sup> Adoption Rhode Island Correspondence. (2017).
- <sup>43</sup> *Adoption Surveillance Report*. (2016). Providence, RI: Rhode Island Department of Children, Youth and Families.
- <sup>44</sup> U.S. Department of Education. (2016). *Non-regulatory guidance ensuring educational stability for children in foster care*. Washington, DC: U.S. Department of Education.
- <sup>45</sup> *Rhode Island's Every Student Succeeds Act State Plan*. (2017). Providence, RI: Rhode Island Department of Education.
- <sup>46</sup> *Guidance for Rhode Island schools on transgender and gender nonconforming students*. (2016). Providence, RI: Rhode Island Department of Education.
- <sup>47</sup> *Higher education opportunities initiative program policy*. (2001). Providence, RI: Rhode Island Department of Children, Youth and Families.
- <sup>49,50,61</sup> Foster Forward Correspondence (2017).
- <sup>51</sup> First Star Correspondence (2017).
- <sup>52</sup> *Child Protection Center at Hasbro Children's Hospital*. (n.d.) Retrieved on September 29, 2017 from www.lifespan.org.
- <sup>55</sup> *Preventing Sex Trafficking and Strengthening Families Act*. (2016). Washington DC: National Conference of State Legislators.
- <sup>56</sup> Peters, C.M., et.al. (2009) *Extending foster care to age 21: Weighing the costs to government against the benefits to youth*. Chicago, IL: Chapin Hall at the University of Chicago.
- <sup>58</sup> *The road to adulthood: Aligning child welfare practice with adolescent brain development*. (2017). St. Louis, MO: Jim Casey Youth Opportunities Initiative.
- <sup>57,62</sup> *Supporting Youth in Foster Care: Research-Based Policy Recommendations for Executive and Legislative Officials in 2017*. (2017). Washington, D.C.: Child Trends.
- <sup>59</sup> Hartnett, C.S., Furstenberg, F., Birditt, K., & Fingerma, K. (2014). Parental support during young adulthood: Why does assistance decline with age? *Journal of Family Issues*, 34(7), 975-1007.
- <sup>60</sup> *Services to you ages 18-21*. (2008) Providence, RI: Rhode Island Department of Children, Youth and Families.
- <sup>63</sup> Juvenile Law Center Correspondence (2017).
- <sup>64</sup> Piccola, Trista D. (2017). *Extended Care for Youth Memorandum*. Rhode Island Department of Children, Youth and Families.
- <sup>65</sup> Rhode Island General Assembly. S-0669. Regular Session. (2017).

## Acknowledgements

Brother Michael Reis, TIDES Family Service; Craig Gordon, Communities for People; Melissa Rivard, Child and Family; Darlene Allen, Beth Capron, Kat Tavares, Adoption Rhode Island; Merry Caswell, First Star; Maureen Philbin, Day One; Lisa Tomasso, The Providence Center; Nicole Hebert, Rhode Island Parent Information Network; Lisa Guillette, Caitlin Diver, Foster Forward; Kathleen Kemp, Angela Paulhus, Kevin Richard, Sharon O'Keefe, Rhode Island Family Court; Colleen Caron, Veronica Davis, Leon Saunders, DCYF; Sarah Morris-Compton, Tim Wildfire, Consultants, Child Welfare Strategy Group, Annie E. Casey Foundation.

Rhode Island KIDS COUNT is a children's policy organization that provides information on child well-being, stimulates dialogue on children's issues, and promotes accountability and action.

Primary funding for Rhode Island KIDS COUNT is provided by The Rhode Island Foundation, United Way of Rhode Island, The Annie E. Casey Foundation, Prince Charitable Trusts, Alliance for Early Success, DentaQuest Foundation, Nellie Mae Education Foundation, Hasbro Children's Fund, Neighborhood Health Plan of Rhode Island, Blue Cross & Blue Shield of Rhode Island, Delta Dental of Rhode Island, UnitedHealthcare Community Plan, van Beuren Charitable Foundation, CVS Health and other corporate, foundation and individual sponsors.

### Rhode Island KIDS COUNT Staff

**Elizabeth Burke Bryant**, Executive Director  
**Jessy Donaldson**, Deputy Director  
**Leanne Barrett**, Senior Policy Analyst  
**Jim Beasley**, Policy Analyst  
**Dorene Bloomer**, Finance Director  
**Jennifer Capaldo**, Program Assistant  
**Katy Chu**, Communications Manager  
**Kara Foley**, Policy Analyst  
**W. Galarza**, Executive Assistant/  
Office Manager  
**Stephanie Geller**, Senior Policy Analyst  
**Angela Sullivan**, Research Assistant  
**Alyssa Fatal**, Intern, Brown University

### Rhode Island KIDS COUNT

One Union Station  
Providence, RI 02903  
401-351-9400  
rikids@rikidscount.org  
www.rikidscount.org



We are very grateful to Hasbro Children's Fund for its support of this Issue Brief.