

Issue Brief

SAFETY, PERMANENCY AND WELL-BEING FOR CHILDREN IN STATE CARE

The Adoption and Safe Families Act of 1997 (ASFA) recognized that the goals of child protection systems are child safety, permanency and well-being. Child safety is critical to child development. Abuse and neglect are linked to poor school performance, juvenile delinquency, substance abuse, suicide, mental health problems and teenage pregnancy.^{1,2} Children who have been abused or neglected are particularly in need of safe, stable environments. The uncertainty of multiple or prolonged out-of-home placements has negative effects on children's emotional well-being, impacting behavior, academic achievement and long term self-sufficiency.^{3,4}

ASFA aims to ensure that children are safe, that they do not experience multiple placements and that they exit out-of-home placements to permanent placements as quickly as possible without jeopardizing children's safety. Increasing attention is also being paid to outcomes related to children's developmental, social, health, academic and economic well-being.^{5,6}

CHILD AND FAMILY SERVICES REVIEWS

Over a four-year period ending in 2004, the U.S. Department of Health and Human Services (HHS) conducted reviews, called Child and Family Services Reviews (CFSRs), in each of the 50 states, Puerto Rico and the District of Columbia, in order to measure improvement toward the safety, permanency and well-being goals articulated in ASFA. Rhode Island's review was completed in September 2004. This *Issue Brief* summarizes the outcome of Rhode Island's review and discusses some of the report's most salient recommendations for the Department of Children, Youth and Families (DCYF).⁷

The Child and Family Services Reviews are based on:

- 1) Self-assessment by the state agency.
- 2) State data for all children in the care of the child welfare agency for the most recent year, pertaining to 6 quantitative standards.
- 3) A site review including:
 - ◆ Review of 50 cases for 7 outcomes for safety, permanency and well-being and 7 systemic factors.
 - ◆ Stakeholder interviews and focus groups.



FEDERAL CHILD AND FAMILY SERVICES REVIEW: OUTCOMES FOR SAFETY, PERMANENCY AND WELL-BEING

The federal reviews measured state performance on 7 broad outcome measures for safety, permanency and well-being. These are:

SAFETY

Children are first and foremost protected from abuse and neglect.

Children are safely maintained in their homes when possible and appropriate.

PERMANENCY

Children have permanency and stability in their living situations.

The continuity of family relationships and connections is preserved.

WELL-BEING

Families have enhanced capacity to provide for children's needs.

Children receive services to meet their educational needs.

Children receive services to meet their physical and mental health needs.

RHODE ISLAND OUTCOMES AT A GLANCE: SAFETY, PERMANENCY AND WELL-BEING

The chart on the facing page indicates Rhode Island's performance on each outcome and item for safety, permanency and well-being. It also shows how many states achieved each of the outcome measures and items.

Rhode Island did not achieve substantial conformity on any of the seven qualitative outcomes for child safety, permanency or well-being.

Rhode Island did achieve the national standard for the percentage of children adopted within 24 months (one of six quantitative, full-caseload

measures), but did not achieve the national standard for the other five quantitative measures (two indicators of repeat maltreatment, rates of foster care re-entry, stability of foster care placements and timely reunification, guardianship, or relative placement).

Timeliness of investigations and proximity of out-of-home placement to the family were rated Strengths for Rhode Island. All other items were rated as Areas Needing Improvement.

EXPLANATION OF SAFETY, PERMANENCY AND WELL-BEING: OUTCOME AND ITEM RATINGS (See chart facing page)

*Substantial conformity with an outcome measure requires that 90% of applicable reviewed cases substantially achieve the broad outcome.

Outcomes are measured more specifically through items which can either be rated a **Strength or an **Area Needing Improvement (ANI)**, based on item-specific measures discussed in detail in the federal report. These measures vary for each item.

***In five instances items include quantitative

measures on which data is collected for the entire child welfare caseload in every state (in addition to the 50 cases reviewed on-site by the federal team). These full-caseload measures are rated against a national standard for that item. The graphs in this *Issue Brief* illustrate Rhode Island's performance over time on each of these full-caseload items and how it compares with the national standard. The italicized items on the chart on the facing page are those that include these quantitative measures.

SAFETY, PERMANENCY AND WELL-BEING OUTCOMES, RI AND OTHER STATES

OUTCOMES AND ITEMS	OUTCOME RATINGS		ITEM RATINGS			
	RI: % CASES SUBSTANTIALLY ACHIEVED OUTCOME*	NUMBER OF STATES ACHIEVING SUBSTANTIAL CONFORMITY* (90% OF CASES)	RI ITEM RATING**	NUMBER OF STATES WITH RATINGS OF STRENGTH	RI*** MET NATIONAL STANDARDS	NUMBER OF STATES MEETING NATIONAL STANDARDS
SAFETY OUTCOME 1: CHILDREN ARE FIRST AND FOREMOST PROTECTED FROM ABUSE AND NEGLECT	77.5	6				
Item 1: Timeliness of investigation			Strength	21		
Item 2: Repeat maltreatment			ANI	17	No	17
SAFETY OUTCOME 2: CHILDREN ARE SAFELY MAINTAINED IN THEIR OWN HOMES WHEN POSSIBLE AND APPROPRIATE	65.9	6				
Item 3: Services to prevent removal			ANI	21		
Item 4: Risk of harm			ANI	17		
PERMANENCY OUTCOME 1: CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATIONS	42.3	0				
Item 5: Foster care re-entry			ANI	26	No	26
Item 6: Stability of foster care placements			ANI	5	No	14
Item 7: Permanency goal for child			ANI	5		
Item 8: Reunification, guardianship and placement with relatives			ANI	12	No	19
Item 9: Adoption			ANI	6	Yes	15
Item 10: Other planned living arrangement			ANI	17		
PERMANENCY OUTCOME 2: THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS IS PRESERVED	57.7	7				
Item 11: Proximity of placement			Strength	49		
Item 12: Placement with siblings			ANI	36		
Item 13: Visiting with parents and siblings in foster care			ANI	16		
Item 14: Preserving connections			ANI	21		
Item 15: Relative placement			ANI	21		
Item 16: Relationship of child in care with parents			ANI	21		
WELL-BEING OUTCOME 1: FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR CHILDREN'S NEEDS	18.4	0				
Item 17: Needs/services of child, parents and foster parents			ANI	1		
Item 18: Child/family involvement in case planning			ANI	5		
Item 19: Worker visits with child			ANI	13		
Item 20: Worker visits with parents			ANI	7		
WELL-BEING OUTCOME 2: CHILDREN RECEIVE SERVICES TO MEET THEIR EDUCATIONAL NEEDS	73.3	16				
Item 21: Educational needs of child			ANI	16		
WELL-BEING OUTCOME 3: CHILDREN RECEIVE SERVICES TO MEET THEIR PHYSICAL AND MENTAL HEALTH NEEDS	60.4	1				
Item 22: Physical health of child			ANI	20		
Item 23: Mental health of child			ANI	4		

Source of data: U.S. Department of Health and Human Services, Administration for Children and Families. (2004). *Final report: Rhode Island Child and Family Services Review*. Washington, DC: U.S. Department of Health and Human Services; and U.S. Department of Health and Human Services. (2004). *General findings from the federal Child and Family Services Review*. Washington, DC: U.S. Department of Health and Human Services. See shaded box on page 2 for explanation of outcome/item ratings.



SYSTEMIC FACTORS: RHODE ISLAND AND OTHER STATES

SYSTEMIC FACTORS	RHODE ISLAND IN SUBSTANTIAL CONFORMITY*	NUMBER OF STATES IN SUBSTANTIAL CONFORMITY	RI ITEM RATING**	NUMBER OF STATES WITH STRENGTH RATINGS
IV. STATEWIDE INFORMATION SYSTEM	YES (4)	45		
Item 24: System can identify the status, demographic characteristics, location and goals of children in foster care			Strength	45
V. CASE REVIEW SYSTEM	NO (2)	13		
Item 25: Process for developing a case plan and for joint planning with parents			ANI	6
Item 26: Process for 6-month case reviews			ANI	42
Item 27: Process for 12-month permanency hearings			ANI	26
Item 28: Process for seeking TPR in accordance with ASFA			ANI	22
Item 29: Process for notifying caregivers of reviews and hearings and for opportunity for them to be heard			Strength	26
VI. QUALITY ASSURANCE SYSTEM	NO (2)	35		
Item 30: Standards to ensure quality services and ensure children's safety and health			Strength	44
Item 31: Identifiable QA system that evaluates the quality of services and improvements			ANI	31
VII. TRAINING	NO (2)	34		
Item 32: Provision of initial staff training			ANI	34
Item 33: Provision of ongoing staff training that addresses the necessary skills and knowledge			ANI	27
Item 34: Provision of training for caregivers and adoptive parents that addresses the necessary skills and knowledge			ANI	38
VIII. SERVICE ARRAY	NO (2)	23		
Item 35: Availability of array of critical services			ANI	25
Item 36: Accessibility of services across all jurisdictions			ANI	9
Item 37: Ability to individualize services to meet unique needs			ANI	30
IX. AGENCY RESPONSIVENESS TO THE COMMUNITY	NO (2)	49		
Item 38: Engages in ongoing consultation with critical stakeholders in developing the CFSP			ANI	46
Item 39: Develops annual progress reports in consultation with stakeholders			ANI	40
Item 40: Coordinates services with other Federal programs			ANI	45
X. FOSTER AND ADOPTIVE PARENT LICENSING, RECRUITMENT AND RETENTION	NO (2)	43		
Item 41: Standards for foster family and child care institutions			Strength	51
Item 42: Standards are applied equally to all foster family and child care institutions			Strength	43
Item 43: Conducts necessary criminal background checks			Strength	50
Item 44: Diligent recruitment of foster and adoptive families that reflect children's racial and ethnic diversity			ANI	21
Item 45: Uses cross-jurisdictional resources to find placements			ANI	47

Source of data: U.S. Department of Health and Human Services, Administration for Children and Families. (2004). *Final report: Rhode Island Child and Family Services Review*. Washington, DC: U.S. Department of Health and Human Services; and U.S. Department of Health and Human Services. (2004). *General findings from the federal Child and Family Services Review*. Washington, DC: U.S. Department of Health and Human Services. See shaded box on page 5 for explanation of systemic factor and item ratings.



FEDERAL CHILD AND FAMILY SERVICES REVIEW: OUTCOMES FOR SYSTEMIC FACTORS

In addition to outcomes for child safety, permanency and well-being, Child and Family Services Reviews rate 7 systemic factors (with 22 items under these factors) that examine how agency structure and processes support best practice. The 7 factors are:

Statewide Information System; Case Review System; Quality Assurance System; Training; Service Array; Agency Responsiveness to the Community; Foster and Adoptive Parent Licensing, Recruitment and Retention.

RHODE ISLAND OUTCOMES AT A GLANCE: SYSTEMIC FACTORS

The chart on the facing page indicates Rhode Island's performance on each systemic factor and item. It also shows how many states achieved each of the outcome measures and items.

Rhode Island achieved Substantial Conformity and a rating of 4 on one systemic factor, Statewide Information System, as well as a rating of Strength for the item relating to this systemic factor. Rhode Island was rated as Not in Substantial Conformity on all other systemic factors.

Five items under other systemic factors were also rated as Strengths:

- ◆ A process for caregivers to be notified of and heard at hearings and reviews.
- ◆ Standards to ensure quality services and ensure children's health and safety.
- ◆ Standards for foster family and child care institutions.
- ◆ Standards are applied equally to all foster family and child care institutions.

- ◆ Agency conducts necessary criminal background checks.

All other items were rated Areas Needing Improvement. Concerns include but are not limited to:

- ◆ Lack of comprehensive quality assurance.
- ◆ Lack of training for Juvenile Probation workers and supervisors.
- ◆ Lack of enforcement of ongoing training requirements for workers.
- ◆ Inadequate service array, especially foster homes, foster parent supports, substance abuse services, and in-home, post-reunification services.
- ◆ Waiting lists and geographic disparity in access to services.
- ◆ Inadequate collaboration with Family Courts and key stakeholders.
- ◆ Variations across the state in recruitment of foster and adoptive parents reflective of racial and cultural diversity of children.

SYSTEMIC FACTORS:

EXPLANATION OF SYSTEMIC FACTOR AND ITEM RATINGS *(See chart facing page)*

* **Systemic factors** are rated on a scale from 1 to 4. A rating of 1 or 2 indicates Not in Substantial Conformity. A rating of 3 or 4 indicates Substantial Conformity.

** Items are rated as **Strength** or an **Area Needing Improvement** based on criteria specific to each item.

SAFETY: SPECIFIC FINDINGS

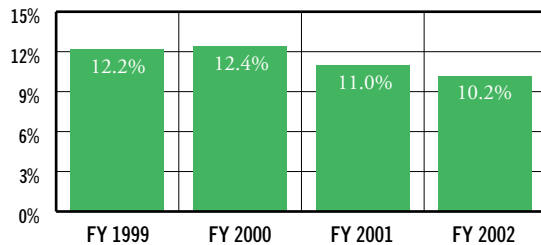
Safety Outcome 1: Children are first and foremost protected from abuse and neglect. With 77.5% of cases reviewed substantially achieving this outcome, Rhode Island fell short of the 90% required for substantial conformity.

Item 1: Timeliness of investigations. *Rated Strength.* Measures whether Rhode Island complies with its requirements of initiating investigations within 10 minutes of assignment, within the 8-hour shift in which call is received, or within 24 hours of assignment, depending on whether the case is rated “emergency”, “immediate” or “routine” respectively.

Item 2: Repeat maltreatment. *Rated Area Needing Improvement.* Measures recurrence of maltreatment through both case reviews and two quantitative measures of child safety for the entire DCYF caseload.

RECURRENCE OF MALTREATMENT WITHIN 6 MONTHS

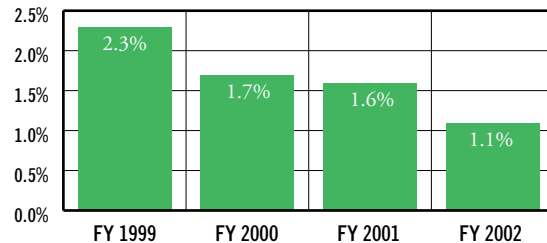
Of all children who were victims of a substantiated or indicated maltreatment report in the first 6 months of a year, what percent were victims of another substantiated or indicated report within 6 months of the first report?



National Standard: 6.1% or less

INCIDENCE OF ABUSE OR NEGLECT IN FOSTER CARE

Of all children who were in foster care in the first 9 months of a year, what percent experienced maltreatment from foster parents or facility staff members?



National Standard: .57% or less

- In Fiscal Year 2002, 10.2% of children abused or neglected in a six month period were again maltreated within 6 months, down from 12.2% in 1999 but above the national standard (6.1%).
- In Fiscal Year 2002, 1.1% of children in foster care during the first 9 months of the year experienced maltreatment, down from 2.3% in 1999 but above the national standard of .57% or less.

Source: The Consultation Center. (2004). *Safety, Permanency, and Well-Being in Rhode Island: Child Welfare Outcomes Annual Report for 2002.* New Haven, CT: The Consultation Center, Yale University School of Medicine, for DCYF.

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate. Rhode Island achieved this in 65.9% of cases reviewed, short of the 90% required for substantial conformity.

Item 3: Services to prevent removal. *Rated Area Needing Improvement.* Measures diligence and adequacy of services to maintain children safely in their homes. Stakeholders noted an inadequate supply and frequent waiting lists for necessary services.

Item 4: Risk of harm. *Rated Area Needing Improvement.* Measures whether there is sufficient assessment of harm and adequate services or prompt removal to prevent harm. Reviewers’ concerns include:

- ◆ Children remain in their homes with obvious risk of harm and no services.
- ◆ Failure to assess adequately for parental substance abuse, mental illness or domestic violence.



WELL-BEING: SPECIFIC FINDINGS

Well-Being Outcome 1: Families have enhanced capacity to provide for children's needs. Only 18.4% of reviewed cases attained this outcome, short of the 90% required for substantial conformity. All of the items under this outcome measure were rated Areas Needing Improvement. The reviewers noted particular concern in this area, indicating that DCYF did not make concerted efforts to meet the service needs of children, parents and foster parents; involve children and parents in case planning; or establish face-to-face contact with children and parents with sufficient frequency to ensure children's safety and well-being. High worker caseloads were among factors seen as contributing to these concerns.

Item 17: Needs/services of child, parents and foster parents. *Rated Area Needing Improvement.* Measures whether the agency diligently assessed the needs of children, parents and foster parents and provided services to meet these needs.

Item 18: Child/family involvement in case planning. *Rated Area Needing Improvement.* Measures whether parent(s) and child, whenever appropriate, were involved in case planning.

Item 19: Worker visits with child. *Rated Area Needing Improvement.* Measures whether visits were sufficient for safety, well-being and promoting case goals.

Item 20: Worker visits with parents. *Rated Area Needing Improvement.* Measures whether workers' visits were of sufficient frequency and quality to promote case goals and ensure the children's safety and well-being.

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs. With 73.3% of cases substantially achieving the outcome, Rhode Island fell short of the 90% required for substantial conformity.

Item 21: Educational needs of the child. *Rated Area Needing Improvement.* Measures whether educational needs were appropriately assessed and met. Stakeholders in interviews and focus groups expressed concerns with regard to: barriers to school enrollment; delays in timely transfer of school records; family language barriers; and overcrowded schools lacking sufficient space for children.

Well-Being Outcome 3: Children receive services to meet their physical and mental health needs. With 60.4% of cases reviewed substantially achieving the outcome, Rhode Island fell short of the 90% required for substantial conformity.

Item 22: Physical health. *Rated Area Needing Improvement.* Measures whether children's physical health needs were assessed and appropriate services were provided. Stakeholders cited RIte Care and the Neighborhood Health Plan as valuable resources in the health care delivery system. Concerns were expressed about inconsistent access to and provision of dental services and foster parent access to medical records of children in their care.

Item 23: Mental health. *Rated Area Needing Improvement.* Measures whether children's needs were assessed and appropriate services were offered or provided. The statewide assessment revealed a lack of mental health services and treatment options for children throughout the continuum of care, but particularly as they transition to less intensive services.



PERMANENCY: SPECIFIC FINDINGS

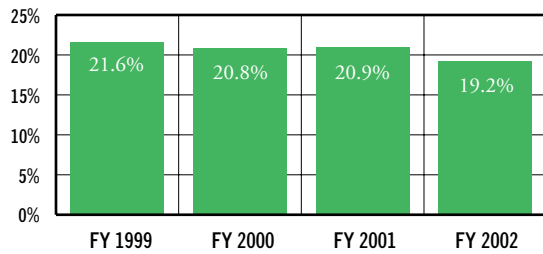
Permanency Outcome 1: Children have permanency and stability in their living situations. In Rhode Island, 42.3% of applicable cases reviewed were rated as achieving this outcome, short of the 90% required for substantial conformity.

Item 5: Foster care re-entry. *Rated Area Needing Improvement.* Measures percentage of foster care children re-entering within 12 months of a prior foster care episode.

Item 6: Stability of foster care placements. *Rated Area Needing Improvement.* Measures frequency of placement changes for children in care.

FOSTER CARE RE-ENTRY

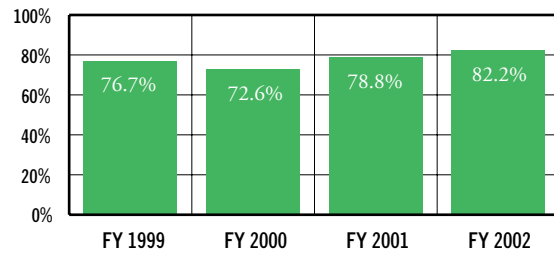
Of all children who entered foster care in a given year, what percent were re-entering care within 12 months of a prior episode?



National Standard: 8.6% or less

FOSTER CARE PLACEMENT STABILITY

Of all children in foster care during a given year for less than 12 months, what percent experienced no more than 2 placements?



National Standard: 86.7% or more

- In Fiscal Year 2002, 19.2% of children who entered foster care were re-entering within 12 months of a prior episode, down from 21.6% in 1999 but above the national standard of 8.6% or less.
- In Fiscal Year 2002, 82.2% of children in foster care for less than a year experienced no more than 2 placements, up from 76.7% in 1999 but below the national standard of 86.7% or more.

Source: The Consultation Center. (2004). *Safety, Permanency, and Well-Being in Rhode Island: Child Welfare Outcomes Annual Report for 2002.* New Haven, CT: The Consultation Center, Yale University School of Medicine, for DCYF.

Item 7: Permanency goal for child. *Rated Area Needing Improvement.* Measures establishment of appropriate permanency goal for child in a timely manner (within 30-60 days of a case being assigned to a worker). Reviewers noted concerns of stakeholders, including the following:

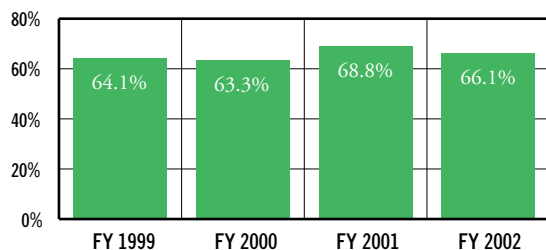
- ◆ For some children the goal of reunification is maintained for too long despite indications that it is unlikely to be achieved.
- ◆ Lack of collaboration between courts and DCYF.
- ◆ Failure in some instances to examine adoption or guardianship options in lieu of long-term foster care.
- ◆ Probation staff who serve children in the juvenile justice system tend not to view their role as pursuing permanency.
- ◆ Subsidy rates for guardianship with relatives is lower than foster care subsidies, creating disincentives for guardianships.

Item 8: Reunification, guardianship and placement with relatives. *Rated Area Needing Improvement.* Measures length of time to reunification.

Item 9: Adoption. *Rated Area Needing Improvement.* Measures length of time to adoption. While Rhode Island achieved this benchmark for its full caseload, it failed to achieve it for the on-site case reviews. Both measures must be met for a Strength rating.

TIME TO REUNIFICATION

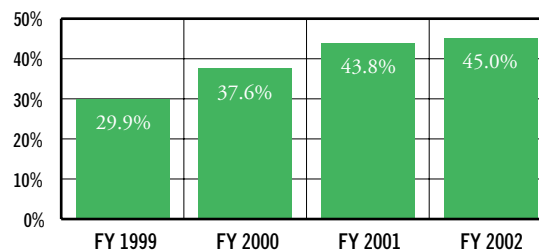
Of all children reunified from foster care in a given year, what percent were reunified within 12 months of entry into foster care?



National Standard: 76.2% or more

TIME TO ADOPTION

Of all children who were adopted from foster care in a given year, what percent were adopted within 24 months of their entry into foster care?



National Standard: 32.0% or more

- In Fiscal Year 2002, 66.1% of children reunified from foster care were reunified within 12 months of entry into foster care, up from 64.1% in 1999 but below the national standard of 76.2% or less.
- In Fiscal Year 2002, 45% of children who were adopted from foster care were adopted within 24 months of entry into foster care, up from 29.9% in 1999 and exceeding the national standard of 32% or more.

Source: The Consultation Center. (2004) *Safety, Permanency, and Well-Being in Rhode Island: Child Welfare Outcomes Annual Report for 2002.* New Haven, CT: The Consultation Center, Yale University School of Medicine, for DCYF.

Item 10: Other planned living arrangements. *Rated Area Needing Improvement.* Measures diligence of efforts to assist children in attaining other permanent living arrangements such as independent living.

Permanency Outcome 2: The continuity of family relationships and connections is preserved. Rhode Island did not achieve substantial conformity (90%) on this outcome because only 57.7% of reviewed cases were rated as achieving this goal.

Item 11: Proximity of foster care placements. *Rated Strength.* Result achieved in 96% of cases reviewed. Measures close proximity of placement to the child’s parents or relatives.

All the other items under this outcome are listed as *Areas Needing Improvement:*

Item 12: Placement with siblings. Measures whether siblings are placed together and, if not, whether separate placement necessary to meet needs of one or more children.

Item 13: Visiting with parents and siblings. Measures whether frequency of visits meets needs of children and parents or whether diligent efforts are made to improve frequency.

Item 14: Preserving connections. Measures diligence of efforts to preserve connections to neighborhood, community, heritage, family, faith and friends while the child is in foster care.

Item 15: Relative placement. Measures diligence of efforts to locate and assess potential relative placements.

Item 16: Relationship of child in care with parents. Measures diligence of efforts to encourage the parent-child relationship, primarily through visitation.



LESSONS FROM OTHER STATES ^{8,9}

As Rhode Island moves forward with its improvement plan, the federal analysis of relationships between the different performance measures across all states points to important lessons, including:

- ◆ Frequency of agency contact with the family is associated with improved safety, permanency and well-being outcomes for children.
- ◆ Adequate assessment of needs and service provision are associated with better safety, permanency and well-being outcomes.
- ◆ An adequate array of services throughout the state is associated with better well-being, permanency and stability outcomes.
- ◆ Better quality assurance systems are associated with higher rates of achievement of child safety and well-being outcomes.



RHODE ISLAND'S PROGRAM IMPROVEMENT PLAN¹⁰

None of the 52 jurisdictions reviewed achieved all desired outcome measures, and all must submit two-year Program Improvement Plans (PIP) targeting outcome measures that were not achieved. Rhode Island's Program Improvement Plan, submitted for federal agency approval on November 17, 2004, addresses each broad outcome measure or systemic factor and every item for which desired results were not achieved in Rhode Island. Over 200 staff and community members participated in designing Rhode Island's PIP, drawing on the findings of the Child and Family Services Review, federal reports comparing the reviews of all states, as well as Rhode Island's recent System of Care Task Force Report (which also provided an in-depth examination of DCYF services).

The top priorities for Rhode Island as articulated in its PIP are:

- ◆ Maintaining all children and youth at home safely or in close proximity to home.
- ◆ Strengthening family, government and community partnerships to ensure timely availability of appropriate services to all families.
- ◆ Achieving optimal staff workloads and internal processes to support these efforts.

Systemic and practice reforms emphasized in the PIP focus on three key areas:

- ◆ Family-centered practice.
- ◆ Prevention and community-based care and intervention.
- ◆ A system of continuous quality improvement.

Once the federal authorities approve the Program Improvement Plan, Rhode Island has 24 months to implement it. Both federal technical assistance and agency-community partnerships will be key in implementing reforms.



REFERENCES

¹ English, D. (1998). “The extent and consequences of child maltreatment.” *The Future of Children*. (Vol. 8, No. 1, pp. 39-53). Los Altos, CA: David and Lucille Packard Foundation.

² Chalk, R., Gibbons A., & Scarupa, H. (2002). *The multiple dimensions of child abuse and neglect: New insights into an old problem*. Washington, DC: Child Trends.

^{3,5} Lovejoy, A. (2000). *A place to call home: State efforts to increase adoptions and improve foster care placements*. Washington, DC: National Governors Association Center for Best Practices.

^{4,6} Mallar, G., & Leashore, B.(Eds). (2002). Preface to contemporary issues in permanency planning, *Child Welfare*, LXXXI (2), 95-99.

⁷ U.S. Department of Health and Human Services, Administration for Children and Families. (2004). *Final report: Rhode Island Child and Family Services Review*. Washington, DC: U.S. Department of Health and Human Services. Unless otherwise cited, all information in this *Issue Brief* is from this federal report.

⁸ U.S. Department of Health and Human Services. (2004). *General findings from the federal Child and Family Services Review*. Washington, DC: U.S. Department of Health and Human Services.

⁹ U.S. Department of Health and Human Services (2004). *Findings from the Initial Child and Family Services Reviews, 2001-2004*. Washington, DC: U.S. Department of Health and Human Services.

¹⁰ Rhode Island Program Improvement Plan Draft, November 2004, as summarized by DCYF.



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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 and The Annie E. Casey Foundation. Additional funding is provided by the United Way of Rhode Island, Prince Charitable Trusts, The Robert Wood Johnson Foundation, the David and Lucile Packard Foundation, the Ford Foundation, the Ewing Marion Kaufmann Foundation, CVS Charitable Trust, Ocean State Charities Trust, Hasbro Charitable Trust and other corporate, foundation and individual sponsors.

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