



DCYF Mission: Partner with Families and Communities to Raise Healthy Children in a Safe and Caring Environment

Children and youth live in families *Continued Improvement in Phase I and Phase II of SOC* *Staff are confident, competent and empowered to provide the highest quality of service to children, youth and families*

BEST PRACTICE

Goal

Diligent Foster Care Trauma-Informed Recruitment

Strategies:

- Create a coordinated, community-wide message for resource family recruitment and retention
- Partner with new and diverse community agencies and members to identify new families and resources.
- Ensure that *all* resource family settings are therapeutic, trauma-informed and are enhanced with evidenced-based programs
- Improve the overall well-being of children and families through the implementation of a trauma-informed, adoption-competent approaches to well-being and permanency outcomes

Objectives:

- Create a collaborative, statewide virtual Resource Family Center to ensure standardized training and practice, as well as maximizing financial and human resources by June 30, 2014.
- Identify and implement the community-based supports needed to ensure that families have the appropriate resources to support the children in their care by June 30, 2014.
- Increase the knowledge and practice of kinship placements with internal and external staff by June 30, 2014.

Goal

Right-sizing and Improving Congregate Care

Strategies:

- Implement intensive, evidence-based practices in the agency and community to increase the accessibility and availability of services to children and their families
- Expand the use of wraparound services to ensure that all families and youth are supported through this approach
- Expand the use of youth "voice and choice" to identify more appropriate and permanent placements.
- Enhance the quality of group care settings.
- Create a "best practice" for all internal and external providers that limit the use of congregate care as a placement.
- Increase the level of knowledge around the impact of trauma on children and youth
- Incorporate universal screening and assessment for trauma and behavioral health so that youth are matched to appropriate services
- Expand the trauma-informed, adoption competent workforce through training and collaboration

Objectives:

- An evidence-based coaching visitation model will be identified to standardize practice by June 30, 2014
- Psychotropic medication monitoring will be prioritized to ensure that youth are receiving the needed and appropriate medications by December 31, 2013.
- Introduce the Building Bridges Framework in two congregate care settings (one in each network) by February 28, 2014.
- Identify brief, evidence-based interventions that can be utilized in congregate care settings by December 30, 2013.
- Introduce crisis mobilization team to support youth in community settings by June 30, 2014.
- Expand the number of evidenced-based programs in the community by June 30, 2014.
- Incorporate the NCTSN Child Welfare Trauma Training Toolkit into the CWI Training Curriculum for child welfare workers and community providers
- Identify implementation plan for universal screening and assessment by December 2014

Goal

Wellness: Workforce Development and Support

Strategies:

- Support Wellness Committee work groups to provide a multileveled response that addresses the physical, emotional, spiritual and psychological well-being of staff.
- 1-Communication Workgroup (internal and external)
- 2-Crisis /Education and Prevention Workgroup
- 3-Physical Activity Workgroup
- On-going training on staff supervision

Objectives:

- Educate staff through training on the existence of secondary trauma and how to deal with it
- Provide a team of qualified trained certified individuals to help staff deal with the trauma associated with major events such as a client or staff death
- Create a climate that is understanding and supportive for staff
- Educate supervisors on supervision techniques or specific supervision model (re: reflective supervision)

Action Steps:

- Engage in a cost/benefit analysis to identify gaps in community and financial resources that are inconsistent with child well-being
- Create a diverse Coordinating Council to serve as the leadership for diligent recruitment efforts
- Identify and address any policy/regulatory barriers that hinder resource family recruitment/retention.
- Create a logistical and financial assessment of a virtual Resource Family Center by October 31, 2013
- Train staff on policy and permanency practices, such as kinship placement, child-specific permanency strategies, concurrent planning, etc. by December 31, 2014

Action Steps:

- Invite the Annie E. Casey Foundation Child Welfare Strategy Group to engage in a "Right-Sizing" assessment by October 31, 2014.
- Re-allocate funds from Title IV-E waiver to support community-based services and programs.
- Hire a kinship investigator who will work specifically with youth in congregate care settings to identify potential placements.
- Assess child and youth well-being in congregate care verses family-based settings
- Accurate outcome and satisfaction data is gathered for each child, youth and family, and it is used to improve individual services and programs
- Chadwick Center to conduct *Train the Trainer* on the Child Welfare Trauma Training Toolkit by January 30, 2015
- CWI to offer Toolkit training 3 times per year
- Get technical assistance from Chadwick Center and NYU Langone Medical Center around screening and assessment tools.

Action Steps:**Communication Workgroup**

- Enhanced activities that bring staff together for social time.
- Staff recognition activities organized
- Speakers bureau established
- Contacts with media and advertising group

Crisis/Education & Prevention Workgroup

- Establish critical incident team to support department staff
- Provide training to staff on secondary trauma
- Research feasibility of having staff "floaters"
- Create safe & supporting physical space

Physical Activity Workgroup

- Respond to staff identification of repairs/enhancements related to physical sites
- Organize or encourage physical activity to reduce stress
- Pursue outside resources to link staff to areas of interest

Staff Supervision Workgroup

- Identify staff supervision model
- Train supervisors on supervision model
- Provide support in supervision model
- Increase collaboration and cross-training around trauma-informed, adoption competent practice

Why the Need for change:

- RI is challenged with an insufficient number of resource families to address the needs of children in care. Data demonstrates the following children are least likely to reside in families: 1) children with behavioral and/or mental health needs; 2) children of color; 3) older children (ages 12 and up) and 4) children who are part of sibling groups.

Why the Need for change:

- Children living in RI are more likely to be placed in group care than those in many other states. According to FY12 data, RI has the third highest percentage of youth in congregate care (over 30%)
- Research shows congregate care may have a negative impact on the overall development of children. Children fare better in family care settings rather than in congregate facilities

Why the Need for change:

- Staff who experience secondary trauma associated with their work have a lower level of well-being, experience more illness and less effectiveness on the job. This then results in poorer outcomes for the children and families
- Staff who are overwhelmed with the complexity and stress of their jobs tend to bring the job home with them and have it permeate all aspects of their life. There is a need to help support staff in achieving a healthy balance between work and home life.
- Need a climate of awareness, understanding, support, respect and compassion toward each other