

SAFETY, PERMANENCY AND WELL-BEING FOR CHILDREN IN THE CARE OF DCYF

Over the past decade, child welfare agencies throughout the United States and in Rhode Island have recognized that they can better serve most children at risk of abuse and neglect through prevention, early intervention and stabilization services that give parents the skills and resources they need to raise their children safely. Enhanced family support services and improved practices for assessing safety within the home can enable many children who might have been placed in foster care in the past to remain at home, often with supports and services provided to the family.¹ When children need to be removed for their safety, the shift has been to placement with relatives and family foster care homes rather than placement in institutional settings, such as group homes and residential facilities.

In order to ensure the safety, permanency and well-being of children, the continuum of child welfare service must include an adequate array of customized supports and services for families and children. These supports and services can help to resolve problems before they escalate and can decrease the need for removal and out-of-home placement. They can also help to ensure that reunified families, kinship caregivers, foster families, legal guardians and adoptive parents have access to and receive the assistance they need to provide a safe and loving home for children.² Child welfare systems are accountable for services and practices that support the overall physical, social and developmental health of children affected by maltreatment.³

On August 31, 2011, the total caseload of the Rhode Island Department of Children, Youth and Families was 6,989 children including:

- ◆ 2,230 children living at home under DCYF supervision
- ◆ 2,086 children in out-of-home placements
- ◆ 35 children in out-of-state placements
- ◆ 20 children in other placements
- ◆ 2,618 children living in subsidized adoption placements

Source: Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), August 31, 2011



CHILD WELFARE SYSTEM OVERVIEW

The child welfare system is a group of services designed to promote the well-being of children by ensuring safety, achieving permanency and strengthening families to care for their children successfully.⁴ The child welfare system is not a single agency, but rather many organizations that work together to provide children with stable and nurturing environments.⁵ Public child welfare agencies, such as DCYF, contract and collaborate with private organizations to provide services to families such as foster care, residential treatment, mental health care, substance abuse treatment, parenting skills classes, domestic violence, employment assistance and housing assistance.⁶

PUBLIC CHILD WELFARE AGENCIES ARE TYPICALLY RESPONSIBLE FOR:

- ◆ Responding to reports from people in the community who think that children are being abused or neglected
- ◆ Helping families solve the problems that cause abuse or neglect
- ◆ Ensuring children's safety and security
- ◆ Preventing separation of children from their families
- ◆ Working with families so their children can return home (when the children have been separated from their families to be safe)
- ◆ Ensuring that children receive adequate care while they are away from their families
- ◆ Finding another suitable permanent home for children who cannot return home⁷

RHODE ISLAND DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES

- ◆ The Rhode Island Department of Children, Youth and Families (DCYF) is the state agency responsible for safeguarding the overall well-being of children and families, intervening on behalf of children who have been abused or neglected and working with children and families to assure that every child lives in a permanent, safe and nurturing environment. Rhode Island law identifies DCYF as being the “principal agency of the state to mobilize the human, physical and financial resources available to plan, develop, and evaluate a comprehensive and integrated statewide program of services designed to ensure the opportunity for children to reach their full potential.”⁸
- ◆ DCYF is implementing a system of care redesign that reduces the number of children in out-of-home placement by diverting families from the system through risk and safety assessments, offering community-based supports for families, decreasing the length of time children are in care, and ensuring that whenever possible children are placed in the least restrictive setting.

RHODE ISLAND FAMILY COURT

- ◆ The Rhode Island Family Court has jurisdiction over matters related to children under the supervision of DCYF. The Family Court hears and determines all petitions involving alleged child abuse and neglect and is authorized to take any action necessary for the protection of a child including removing the child from the custody of his or her parents.⁹ The Family Court plays a pivotal role in helping achieve permanence for children and youth in foster care by reviewing DCYF case plans, ensuring the appropriate provision of services and making placement and custody decisions.¹⁰



HOW DOES A CHILD ENTER OUT-OF-HOME PLACEMENT?

Rhode Island is one of a small group of states that integrate services for children's behavioral health, juvenile justice and child welfare needs into one state agency.¹¹ Because of this, there are several ways that a child can enter DCYF care and be placed outside his or her home.

CHILD MALTREATMENT

◆ DCYF has the authority to remove a child from his or her home if it is determined that the child has experienced maltreatment resulting in “serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act that represents an imminent risk of serious harm.”¹² The department can place the child in a 48 hour “protective custody hold” to further investigate the allegation of maltreatment, consult with the DCYF legal counsel and prepare a petition to present in Family Court.¹³ DCYF is obligated, under state and federal law, to investigate the possibility of placing the child with a fit and willing relative who does not reside with the accused caretaker.^{14,15} In addition, any physician or nurse practitioner who treats a child who has suffered an injury that appears to be related to abuse or neglect has the right to keep a child in a hospital or licensed care facility for 72 hours pending the filing of a petition to Family Court.¹⁶ Once a petition has been filed, state law requires Family Court to take any action it deems appropriate to protect the child including removing the child from the custody of his or her caretaker pending a trial.¹⁷ In order to claim federal reimbursement of the state's cost for foster care, the Family Court judge must also find that: 1) It is contrary to the welfare of the child for the child to remain in the home and 2) Reasonable efforts have been made to prevent the need for removal.¹⁸

DEPENDENCY

◆ A child may also enter DCYF care if he or she is determined by the Family Court to be dependent. According to state law, a child is considered dependent when his or her “physical or mental health or welfare is harmed or threatened with harm due to the inability of the parent or guardian, through no fault of the parent or guardian, to provide the child with a minimum degree of care or proper supervision.”¹⁹ These circumstances include the death or illness of a parent or when the child has special medical, educational, or social service needs that the parent is unable to provide.²⁰ Just as in cases of child maltreatment, in order to claim federal reimbursement for the cost of placement, the Family Court judge must find that it is contrary to the welfare of the child for the child to remain in the home and that reasonable efforts have been made to prevent the need for removal.^{21,22}

VOLUNTARY REMOVAL

◆ When a child has an emotional, behavioral, mental, physical or developmental disability, the parent may request that DCYF place the child out of the home to access needed services. State law allows DCYF to accept a request for voluntary placement of a child if the child could benefit from foster care or residential treatment services. The Family Court must determine if it is in the child's best interest to reside in DCYF care.^{23,24,25} In addition, the Family Court can order the parent to reimburse DCYF for the cost of supporting the child. The reimbursement amount is based upon several factors including the financial resources of the parent.²⁶

JUVENILE JUSTICE SYSTEM INVOLVEMENT

◆ A child can also enter DCYF care if a petition is filed with Family Court alleging that the youth is wayward or delinquent. A youth is considered wayward when he or she is chronically disobedient, truant or has run away from home. A youth is delinquent when he or she commits a criminal offense that, if committed by an adult, would constitute a felony.²⁷ A judge may detain a youth at the Training School pending his or her adjudication when the youth is alleged to have committed a criminal act or is in violation of a valid court order.²⁸ If, after a hearing, the Family Court finds that there is sufficient evidence to support the allegations, the judge may order that the youth be committed to the Training School or residential facility for a sentence no longer than the youth's nineteenth birthday.²⁹

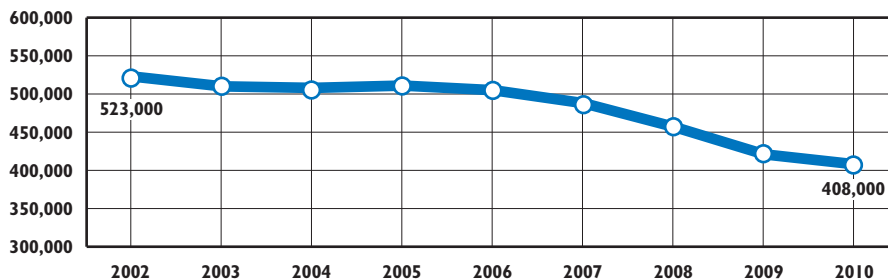
FOSTERING CONNECTIONS TO SUCCESS AND INCREASING ADOPTIONS ACT OF 2008

The Fostering Connections Act is the most significant and far-reaching reform to federal child welfare policy in more than ten years. The new law aims to promote permanency and improved outcomes for children in foster care through policy changes in six key areas: 1) support for kinship care and family connections, 2) support for older youth, 3) coordinated health services, 4) improved educational stability and outcomes, 5) adoption incentives and assistance, and 6) direct access to federal resources for Indian Tribes. Key provisions follow.

- ◆ **Kinship and relative care:** A state option for federal reimbursement for guardianship assistance payments; requirements for state to provide relatives with notice of the placement of a related child in foster care; flexibility in foster care licensing for relatives; requirements for states to make reasonable efforts to keep siblings together in foster care; and grants to support family connections.
- ◆ **Permanency and improved well-being for older youth in foster care:** A state option to continue providing federally reimbursable foster care, adoption, or guardianship assistance payments to children after the age of 18; a requirement that personal transition plans for youth aging out are developed within 90 days prior to youth exiting foster care; extending eligibility for Independent Living Program services and education and training vouchers.
- ◆ **Improved education and health outcomes for foster youth:** New requirements that case plans ensure the educational stability of the child in foster care and that states develop a plan for the ongoing oversight and coordination of health services for children in foster care.
- ◆ **Adoption incentives and assistance:** Expanding eligibility for adoption assistance payments; extending and expanding the Adoption Incentives program; and requiring states to inform prospective adoptive parents of the federal adoption tax credit available to support the adoption of special needs children.

Source: www.fosteringconnections.org.

CHILDREN IN FOSTER CARE IN THE UNITED STATES* ON SEPTEMBER 30TH

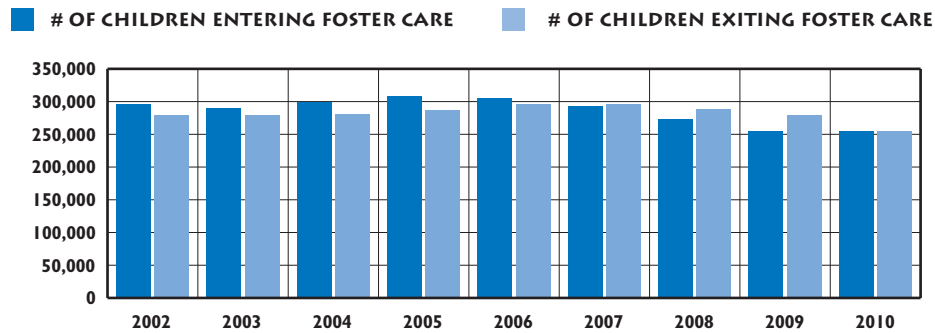


- ◆ In 2002, approximately 523,000 children were living in foster care in the U.S. Foster care includes all types of out-of-home placements. In 2010, the number declined to 408,000, a 22% reduction.
- ◆ The total number of children served by the child welfare system across the U.S. fell from 800,000 in 2006 to 662,000 in 2010, a 17% reduction.
- ◆ The number of parents in the U.S. who have had their parental rights terminated as a result of child maltreatment declined 22%, from 82,000 in 2007 to 64,000 in 2010.

Source: United States Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2011) *Trends in foster care and adoption 2002-2010*. * Includes Puerto Rico.

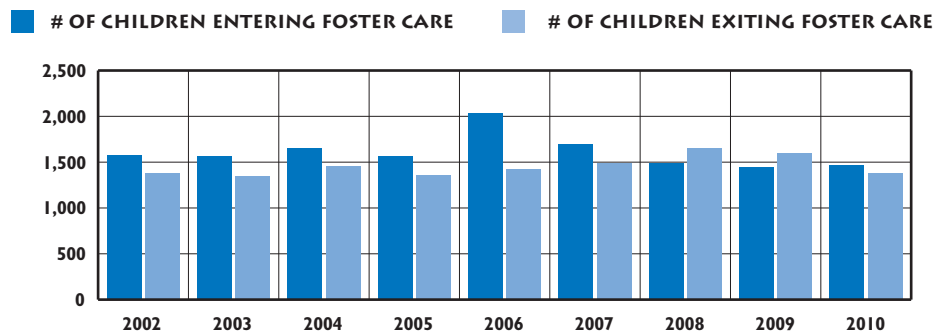
CHILDREN ENTERING AND EXITING FOSTER CARE

CHILDREN ENTERING AND EXITING FOSTER CARE, UNITED STATES*, 2002 TO 2010



* Includes Puerto Rico.

CHILDREN ENTERING AND EXITING FOSTER CARE, RHODE ISLAND, 2002 TO 2010



Source: United States Department of Health and Human Services (2011) *Foster care FY2002-FY2010 entries, exits, and numbers of children in care on the last day of each federal fiscal year.*

- ◆ Nationally, the number of children who entered foster care decreased 17% between 2006 and 2010, from 304,872 to 254,375. In Rhode Island, the number of children entering foster care fell by 28% during the same period, from 2,032 in 2006 to 1,465 in 2010.³⁰
- ◆ Nationally, since 2002, the numbers of infants and young children entering foster care each year has stayed the same or increased slightly. During the same time there has been a one-third reduction in the number of children ages 6 to 15 entering foster care. This suggests that child welfare agencies are cautious when deciding how to protect infants and young children and are more willing to utilize safe alternatives to out-of-home placement for school age children.³¹

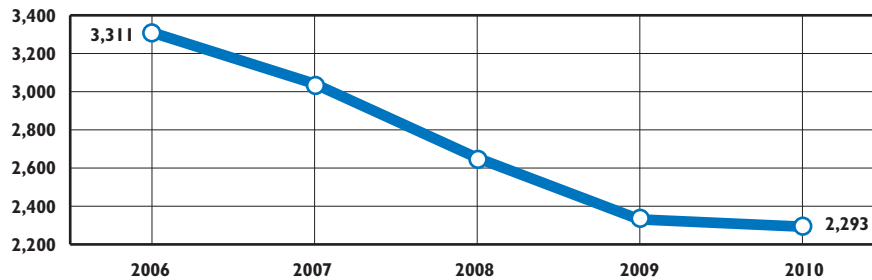
IMPROVING OUTCOMES FOR CHILDREN IN OUT-OF-HOME PLACEMENT

- ◆ Children in out-of-home care frequently experience multiple placements, lose contact with family members, and often have overlooked educational, physical and mental health needs.³² Children in out-of-home care suffer more frequent and more serious medical, developmental, and mental health problems than their peers.^{33,34} Long-term stays in care can cause emotional, behavioral or educational problems that can negatively impact children's long-term well-being and success.³⁵ Children in foster care are more likely than their peers to change schools, be suspended, qualify for special education, repeat a grade and drop out of school.³⁶ Appropriate supports and services can ensure that all youth maximize their potential, and are prepared for higher education and work.³⁷

FOSTER CARE: OUT-OF-HOME PLACEMENT

The federal definition of “foster care” includes many types of out-of-home placements, including foster care homes (referred to as kinship care when the child is placed in a home with relatives or people that are known to the child), non-relative foster care homes, group homes, residential facilities, shelter care and medical facilities. Out-of-home placement is meant to be a temporary situation, used for as short a time as possible when children have been removed from their families and are in the care of DCYF while awaiting permanent placement. Permanent placements include reunification with the family of origin, adoption or guardianship.

NUMBER OF CHILDREN IN OUT-OF-HOME PLACEMENT IN RHODE ISLAND ON DECEMBER 31ST



Source: Rhode Island Department of Children, Youth and Families, Rhode Island Children’s Information System (RICHIST), December 31, 2006, December 31, 2007, December 31, 2008, December 31, 2009, December 31, 2010.

◆ As of August 31, 2011, there were 2,086 children under age 21 in the care of DCYF who were in out-of-home placements, a 37% decrease from December 31, 2006.^{38,39}

CHILDREN IN OUT-OF-HOME PLACEMENT , RHODE ISLAND, 2006 TO 2011

	12/31/06	12/31/07	12/31/08	12/31/09	12/31/10	8/31/11
Foster Care Home (non-relative, private agency)	881	885	840	723	714	699
Foster Care Home (relative)	768	700	540	478	527	479
Group Home	355	348	301	323	292	251
Residential Facility	383	392	344	288	270	212
Rhode Island Training School for Youth	202	156	162	108	125	128
Independent Living/Supervised Apartment	203	132	113	93	92	71
Relatives Caring for Children	167	124	106	95	73	70
DCYF Shelter Care	116	106	83	68	63	44
Psychiatric or Medical Hospital/ Substance Abuse Facility	102	82	66	68	55	51
Other	134	117	99	87	82	81

◆ Between December 31, 2010 and August 31, 2011, the number of children in out-of-home placement fell 9% from 2,293 to 2,086. During the same period, there was a 21% decrease in the number of children in residential facilities.

◆ On August 31, 2011, there were 71 Rhode Island youth in an independent living arrangement or supervised apartment setting, a decline of 65% from 203 youth on December 31, 2006.

Source: Rhode Island Department of Children, Youth and Families, Rhode Island Children’s Information System (RICHIST), December 31, 2006, December 31, 2007, December 31, 2008, December 31, 2009, December 31, 2010 and August 31, 2011.



PLACEMENT STABILITY

- ◆ Placement stability increases the likelihood that children in foster care will establish stronger networks of social supports and enduring relationships with caring adults.⁴⁰ A large study of foster care alumni found that lower placement change was associated with improved mental health, education and employment outcomes.⁴¹ Fewer placement disruptions are also associated with decreased mental health care and administrative costs.^{42,43}
- ◆ In Federal Fiscal Year (FFY) 2010 in Rhode Island, 14.1% of the 1,694 children who had been in out-of-home care for less than one year had experienced three or more placements, up from 11.6% in FFY 2009. The national standard is 13.3%. Three or more placements were experienced by 35.4% of the 731 children who were in care between 12 and 24 months, down from 38.0% in FFY 2009. Almost two-thirds (65.6%) of the 1,022 children who had been in care for 24 months or more experienced three or more placements, compared to 65.3% in FFY 2009.⁴⁴



EDUCATIONAL STABILITY

- ◆ Children in foster care experience higher rates of school changes than their non-foster care peers.⁴⁵ Students who change schools frequently are more likely to have lower math and reading skills, are more likely to repeat a grade, are more likely to be suspended than their less-mobile peers, and are less likely to graduate from high school than their non-mobile peers.^{46,47}
- ◆ The federal *Fostering Connections to Success and Increasing Adoptions Act of 2008* requires state child welfare agencies to coordinate with local educational agencies to ensure that children in out-of-home placement remain in the school where they were enrolled at the time of placement. The Act also amends Title IV-E foster care maintenance payments to include the cost of “reasonable travel” related to keeping a child in his or her school of origin.⁴⁸



MINORITY OVERREPRESENTATION IN THE CHILD WELFARE SYSTEM

- ◆ Research shows that children of color are overrepresented at all decision points in the child welfare system, including reporting, investigation, substantiation, placement and exit from care. Minority children in child welfare systems experience significantly worse outcomes, have more placement changes, receive fewer supports, stay in the child welfare system longer, are less likely to be adopted or reunited with their families, have fewer contacts with caseworkers, less access to mental health and substance abuse services and are placed in detention or correctional facilities at higher rates than White children.⁴⁹

RACE AND ETHNICITY IN RHODE ISLAND'S FOSTER CARE SYSTEM

	% OF TOTAL CHILD POPULATION	% OF CHILDREN IN FOSTER CARE, RHODE ISLAND, SEPTEMBER 30, 2010
White	64%	47%
Hispanic	21%	26%
Black	6%	17%
Multiracial	5%	7%
Asian	3%	2%
Native American	<1%	<1%
Other	1%	2%

Sources: *Safety, permanency, and well-being in Rhode Island: Child welfare outcomes annual report for FY 2010*. (2011). New Haven, CT: Prepared by the Consultation Center, Yale University School of Medicine for the Data Analytic Center of the Rhode Island Department of Children, Youth & Families; U.S. Census Bureau, Census 2010. Percentages may not sum to 100% due to rounding.

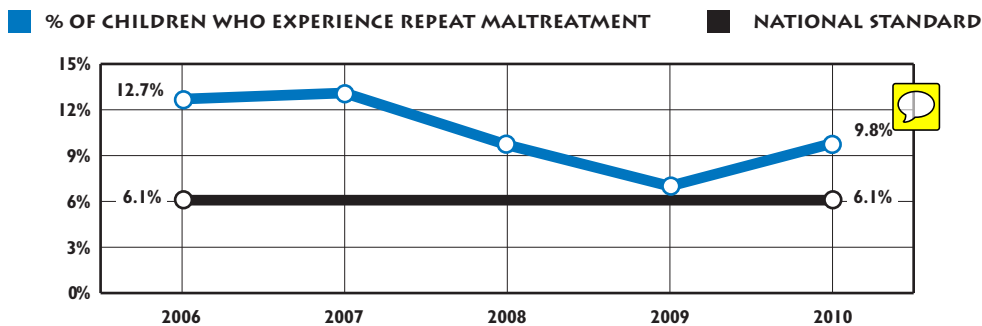


SAFETY

As the rates of out-of-home placement decline both nationally and in Rhode Island, it is important to monitor indicators of child well-being to ensure that children are being safely cared for at home. The federal Administration for Children and Families uses two measures that are widely regarded as the primary child safety indicators in child welfare:⁵⁰

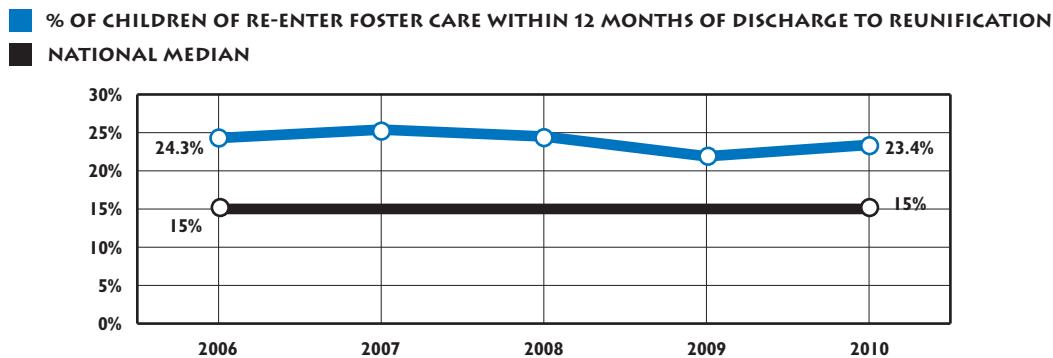
- ◆ **Repeat Maltreatment:** The substantiation of another report of child abuse or neglect within six months of an initial substantiated report.⁵¹
- ◆ **Re-entries to Foster Care:** Of all children who exit foster care to reunification, the percentage that re-enter foster care in less than 12 months from the date of discharge.⁵²

REPEAT MALTREATMENT



Sources: *Safety, permanency, and well-being in Rhode Island: Child welfare outcomes annual report for FY 2010*. (2011). New Haven, CT: Prepared by the Consultation Center, Yale University School of Medicine for the Data Analytic Center of the Rhode Island Department of Children, Youth & Families; U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, *National Child Abuse and Neglect Data System (NCANDS)*.

RE-ENTRIES TO FOSTER CARE



Sources: Rhode Island Department of Children, Youth and Families (2011, March 30) *Rhode Island child and family service review data profile*; U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, *Adoption and Foster Care Analysis and Reporting System (AFCARS)*.

HEALTH CARE FOR CHILDREN AND YOUTH IN OUT-OF-HOME PLACEMENT

- ◆ Children and youth in out-of-home placement suffer more frequent and more serious medical, developmental and mental health problems than children who are not in state custody.⁵³
- ◆ Despite the need for coordinated and high quality medical services, multiple barriers exist that often prevent optimal health care treatment for children in foster care. Among these barriers are placement instability and a lack of information regarding children's medical histories, including immunizations and screening.⁵⁴



PERMANENCY

- ◆ Permanency is achieved when a child exits out-of-home care to a legally permanent, nurturing family. This can be achieved through reunification with the child’s birth family or placement with another permanent family. Other permanent families may include adoptive families, guardians, or relatives who obtain legal custody.⁵⁵
- ◆ Particular attention must be paid to populations of children for whom permanency may be more difficult to achieve, including older children, males, children with disabilities and minority children.^{56, 57, 58} Planning for permanency requires a mix of family-centered and legal strategies designed to ensure that children and youth have safe, stable and lifelong connections with caring adults.^{59,60,61}

EXITS FROM FOSTER CARE, RHODE ISLAND, FFY 2010

	ALL EXITS	WITH DISABILITY	OVER AGE 12 AT ENTRY
Reunification	63%	56%	70%
Guardianship	8%	5%	3%
Adoption	15%	17%	<1%
Aged Out	9%	NA*	15%
Other	6%	22%	12%
<i>Total Number</i>	<i>1,241</i>	<i>410</i>	<i>539</i>

Source: *Safety, permanency, and well-being in Rhode Island: Child welfare outcomes annual report for FY 2010*. (2011). New Haven, CT: Prepared by the Consultation Center, Yale University School of Medicine for the Data Analytic Center of the Rhode Island Department of Children, Youth & Families. Percentages may not sum to 100% due to rounding.

*Children with a disability who age out are included in the “other” category.

REUNIFICATION

- ◆ The percentage of children in the Rhode Island child welfare system who were reunified with their family of origin in less than 12 months from the time of removal from the home increased from 68% in FFY 2009 to 71% of children in FFY 2010. The national standard is 76% of reunifications occurring within 12 months of the child’s removal.⁶²

GUARDIANSHIP

- ◆ Guardianship is a permanency option when neither reunification nor termination of parental rights and adoption are in the child’s best interest. In FFY 2010, 8% of children in foster care exited care to guardianship, up from 2% in FFY 2006.⁶³

ADOPTION

- ◆ During calendar year 2010, 206 children in the care of DCYF were adopted in Rhode Island. Of these children, 69% are White, 14% are Black, and 17% are of another race or are multiracial. Twenty-eight percent of children adopted in 2010 are Hispanic (belonging to any race category).⁶⁴
- ◆ Of the children adopted, 65% were under age six, 30% were ages six to 13 and 6% were ages 14 to 17.⁶⁵

YOUTH AGING OUT OF FOSTER CARE

- ◆ In FFY 2010, 108 Rhode Island youth exited out-of-home placement to emancipation, never having gained permanent placement through reunification, adoption or guardianship.⁶⁶ Youth who age out of foster care experience high rates of economic hardship (inability to pay rent, utilities, etc.), low educational attainment, hunger, homelessness, unemployment, and poor physical and mental health. These youth are more likely to enter the criminal justice system, become teen parents and enroll in public assistance programs.⁶⁷



RECOMMENDATIONS

PREVENTION AND FAMILY PRESERVATION

- ◆ Reduce the need for out-of-home placements by providing evidence-based, intensive family support programs to strengthen and stabilize at-risk families. A continued reduction in residential placements must be accompanied by increased investments in high-quality community-based services. Many parents at risk of child abuse and neglect lack essential parenting skills and are struggling with a combination of social and economic issues. Evidence-based services and supports are crucial to keep these families stable and prevent abuse and neglect.
- ◆ Improve access to high quality childhood education, parenting education, education and training programs to help families increase economic security, and provide treatment services for substance abuse and mental health problems. These family support systems can help to prevent the occurrence and recurrence of child abuse and neglect.

IMPROVED OUTCOMES FOR CHILDREN IN OUT-OF-HOME PLACEMENT

- ◆ Improve placement stability for children in care by supporting foster parents, relative caregivers, agency providers and others who provide care for youth in out-of-home placement settings.
- ◆ Improve educational stability for children by implementing the education provisions of the federal *Fostering Connections to Success and Increasing Adoptions Act of 2008*. Ensure that the placement of a child in foster care takes into account the appropriateness of the current educational setting and the proximity of the school in which the child is enrolled at the time of placement.⁶⁸

PERMANENCY

- ◆ Ensure that DCYF has the resources and supports it needs to recruit, license, train and support an adequate supply of foster care homes – both relative and non-relative – to provide safe and nurturing care in the least restrictive setting for children who cannot live safely with their parents.
- ◆ Provide pre- and post-adoption services that are based on feedback from adoptive families and provide adoptive families with information about state and community resources. Provide adoptive families with access to respite services, support networks and treatment services that support the physical and behavioral health of children and families.
- ◆ Ensure that all child welfare professionals, members of the judiciary, and birth/foster/ and adoptive parents are provided initial and ongoing training to better understand and work towards supporting children in the least restrictive setting and towards more timely permanency. This includes appropriately using concurrent planning methods to ensure that if reunification is not possible, children and youth can be more quickly placed in permanent families.

DATA FOR CONTINUOUS QUALITY IMPROVEMENT

- ◆ Establish and implement a mechanism to regularly collect and review data that allows for continuous quality improvement and effective implementation of the Family Care Community Partnerships and System of Care Phase II Networks. Use qualitative and quantitative data from the system of care implementation to ensure that there is an adequate array of high-quality child welfare services that improve child and family outcomes.
- ◆ Identify a set of child safety, permanency and well-being indicators to monitor the System of Care Phase II and publicly report on these indicators in order to inform child welfare policy and financing decisions.

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Rhode Island Family Court

Chief Judge Haiganush R. Bedrosian
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Office of the Child Advocate

Regina Gibb, *Child Advocate*
401-462-4300

Adoption Rhode Island

Darlene Allen, *Executive Director*
401-865-6000

Casey Family Services

James Gannaway, *Executive Director*
401-781-3669

Children's Policy Coalition

Vivian Weisman, *Co-Chair*,
401-726-2285

Aimee Mitchell, *Co-Chair*,
401-752-7575

Child Welfare Advisory Committee

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Parent Support Network of Rhode Island

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Prevent Child Abuse Rhode Island

Katherine Begin, *Executive Director*
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Rhode Island Child Welfare Institute

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Family Care Community

Partnership Agencies:

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Child and Family Services of Newport*
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West Bay:

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Chief Executive Officer
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Northern Rhode Island:

Family Resources Community Action
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Urban Core:

Family Service of Rhode Island*
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System of Care Phase II

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, Hasbro Children's Fund, Birth to Five Policy Alliance, Neighborhood Health Plan of Rhode Island, UnitedHealthcare, Blue Cross & Blue Shield of Rhode Island, The Pew Charitable Trusts, Nellie Mae Education Foundation, America's Promise Alliance, First Focus, Robert Wood Johnson Foundation, DentaQuest Foundation, and other corporate and foundation sponsors and individual contributors.

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ACKNOWLEDGMENTS

Janice DeFrances, Kevin Aucoin, David Allenson, Janet Anderson, Mike Burk, Colleen Caron, Debra DiScuillo, Leon Saunders, Kevin Savage, Rhode Island Department of Children, Youth and Families; Regina Gibb, Office of the Child Advocate; Tonya Glantz, Child Welfare Institute; Sue Pearlmutter, Rhode Island College School of Social Work; Darlene Allen, Adoption Rhode Island; Aimee Mitchell, Children's Friend and Service; Patti Corbet, Family Resources Community Action; John Farley, Family Services of Rhode Island; Maureen Donnelly, Gateway Healthcare; Bridget Bennett, Northern Rhode Island Community Services; Cathy Ciano, Parent Support Network of Rhode Island; Jordan Cook, Jessica Nievera, Kimberly Rose, Rhode Island Council of Resource Providers for Children, Youth and Families; Kathleen Keenan, Rhode Island Foster Parents Association

Production of the Issue Brief Series
is made possible through the generous
support of Hasbro Children's Fund