



# Children's Cabinet Meeting

AUGUST 20, 2018

# Agenda

- ▶ **Welcome**
- ▶ **Adoption of minutes**
- ▶ **Presentation: Keeping Rhode Island Children Safe**
- ▶ **Public Comment**

#RIKidsCabinet

# Keeping Rhode Island Children Safe

Eric Beane, Secretary, Executive Office of Health and Human Services

Trista Piccola, Director, Rhode Island Department of Children, Youth & Families

Dr. Nicole Alexander-Scott, Director, Rhode Island Department of Health



Keeping children safe is all of our responsibility.



# Cross-agency & Partner Collaboration

**EOHHS** coordinates with state agencies and partners to ensure core principles are used to drive policy and change:

- Put Rhode Islanders at the center of our work
- Set shared strategic vision and priorities
- Identify opportunities for collaboration and coordination of resources
- Explore policies to directly address the needs of Rhode Islanders

Together with the **Children's Cabinet**, **DCYF** and **RIDOH**, EOHHS and the State's team have developed a **data-driven approach** to keeping kids safe, which includes:

- Developing the EOHHS "data ecosystem" and identifying when children interacted with the State before an instance of maltreatment
- RI Innovative Policy Lab study on factors that predict child maltreatment
- Implementing active contract management to achieve stated goals with our community partners
- Engaging with the Harvard Government Performance Lab

# The Analysis

Building on EOHHS' focus on collaboration and outcomes, DCYF and RIDOH partnered to jointly analyze maltreatment child fatalities and near-fatalities between January 2016 and December 2017 to identify additional prevention opportunities. The **Harvard Government Performance Lab** provided technical assistance.

## **The final analysis included two components:**

- 1 Analyzed the family's involvement with DCYF or RIDOH before the critical incident:
  1. Did the state identify at-risk families?
  2. Were families referred to and connected with appropriate services?
  3. Where might there be opportunities to intervene earlier or improve service effectiveness?
- 2 Considered recommendations from other reviews:
  - Medical Examiner's Rhode Island Child Death Review, 2012
  - Internal DCYF Critical Incident reviews, 2016-2017
  - Office of Child Advocate Reports published in March 2017 and December 2017
  - Citizens Review Commission completed in June 2017

# Child-Focused Screening & Supports

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- Newborn Developmental Risk Screening (NDRS)
- First Connections family home visiting
- Long-term family home visiting
- Family Care Community Partnerships (FCCPs)

# Understanding the Data

## Demographics

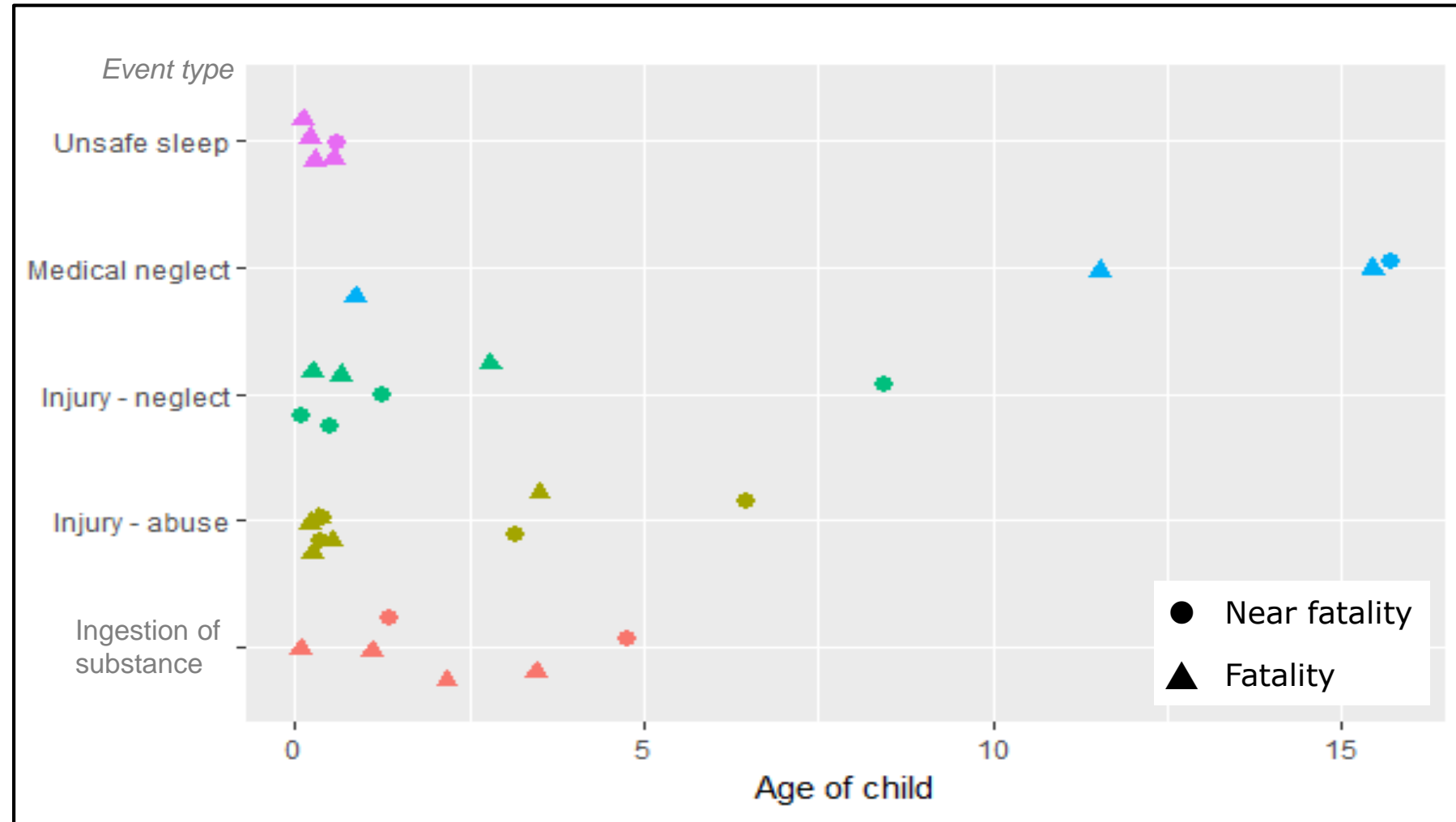
8 fatalities

23 near-fatalities

26 of 31 children  
under age 5

17 of 31 children  
under age 1

13 of 31 children had a  
parent with childhood  
involvement in the child  
welfare system





# Understanding the Data (Cont.)

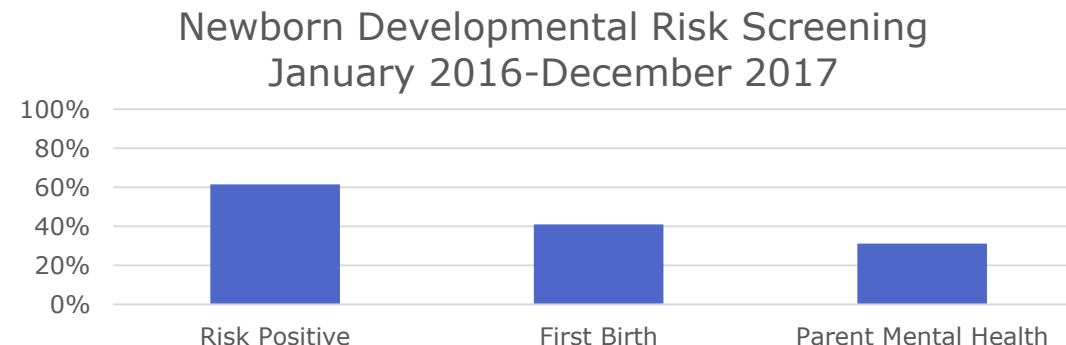
Additionally, other sources of information related to at-risk children was examined including the RIDOH Newborn Developmental Risk Screening.

19 children had a Newborn Developmental Risk Screening

- 16 (84%) of these births were risk positive

Reviews of individual cases also revealed:

- Parental mental health was involved for 13 (68%) of the births
- 7 (37%) of these births were to first time mothers



# Findings

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**The analysis pinpointed strengths in our work to identify, refer, and serve at-risk families.**

- **DCYF hotline identified families at risk:** 83% of families known to DCYF in the year before a fatality or near fatality had been screened in at the last call
- **Newborn Developmental Risk Screening correctly identified families at risk:** Among families who later suffered a fatality or near fatality, 84% of families with a Newborn Developmental Risk Screening were risk positive at birth
- **First Connections identified high-risk families:** Among families who later suffered a fatality or near fatality, 66% of families seen by First Connections after the Newborn Developmental Risk Screening were referred to long-term family home visiting programs
- **Referrals from CPS to home visiting and FCCPs had a high success rate:** All referrals to FCCPs and family home visiting programs, following CPS involvement, received face-to-face contact within a week

# Additional Findings, Actions & Strategies

## Findings

- During the year before the child was born, **12/31 of families had not met in-person** with DCYF or a family home visiting program.
- Compared to all risk-positive children, those who suffered a fatality or near fatality were **less likely to receive a First Connections visit** following a risk-positive NDRS.
- DCYF had interacted with 5 pregnant mothers whose child later suffered a fatality or near fatality, but **only 1 mother received pre-natal family home visiting services.**
- Of the 12 families reported to DCYF in the year before the incident who did not open to FSU, **only half were referred to preventative services before the incident.**

## Actions

Identifying and engaging at-risk families not reported to DCYF or engaged with FHV prior to critical incidents

Connecting pregnant mothers known to be at-risk to preventative services earlier

Connecting families reported to DCYF to preventative services

## Strategies

**A:** Develop additional risk tiers for Newborn Developmental Risk Screening at birth to identify families for persistent outreach, ongoing support, and follow up for RIDOH's family home visiting services

**B:** Strengthen engagement with pregnant moms open to DCYF

**C:** Introduce clear referral criteria and process for CPS to quickly make appropriate referrals to preventative services

**D:** Strengthen routine and timely DCYF/RIDOH data sharing and monitoring to track referrals from CPS to preventative services

# Prevention: Priority Strategy A

Develop additional risk tiers for Newborn Developmental Risk Screening at birth to identify families for persistent outreach, ongoing support, and follow up for RIDOH's family home visiting services.

## Upcoming activities:

- Designating types of responses for distinct levels of need
- Defining criteria for tracking families to different types of responses
- Piloting persistent outreach and follow-up strategies through active contract management

## Related recommendations from other reviews:

- Identify communities with high risk for SIDS/SUID and provide intensive interventions (CDRT)
- Treat medical marijuana by primary caretaker as a risk factor, regardless of legality (OCA)
- Educate pediatricians and ED staff around mandatory reporting laws (DCYF Critical Event Reviews)
- Work with RIDOH to develop statewide healthcare system wherein patients' physical and mental health needs can be met at the same office (DCYF Critical Event Reviews)

# Prevention: Priority Strategy B

Strengthen engagement with pregnant moms open to DCYF.

## Upcoming activities:

- Conducting caseworker focus group on needs of pregnant moms involved with DCYF
- Examining service trends for moms identified through hospital alert
- Exploring opportunities to incorporate family planning education into caseworker trainings

## Related recommendations from other reviews:

- Assess, identify and address gaps in the service array for families affected by parental SUD and other risk factors (OCA)
- Issue immediate hospital alert upon report of drug use during pregnancy (OCA)
- Support healthcare coverage for all, particularly pregnant women, mothers, and infants (CDRT)

# Prevention: Priority Strategies C & D

Introduce clear referral criteria and process for CPS to quickly make appropriate referrals to preventative services.

## **Upcoming activities: Priority Strategy C**

- Cataloguing prevention services available outside of DCYF for investigated families
- Developing guidance to help CPS workers determine which services can best address family needs
- Refining mechanisms for enabling warm handoffs to prevention programming

## **Related recommendations from other reviews:**

- Introduce clear referral criteria and process from CPS to prevention services (OCA, Citizen's Review)
- Develop set of standard evidence-based risk assessment tools, potent including SDM and ACES and shift CPS from an incident-based system to a risk-based system (OCA)
- Replace use of "Information/Referral" as a catch-all in RICHIST with more specific categories (OCA)
- Require increased oversight of high-risk cases by regional directors (OCA)
- Identify communities with high risk for SIDS/SUID and provide intensive interventions (CDRT)

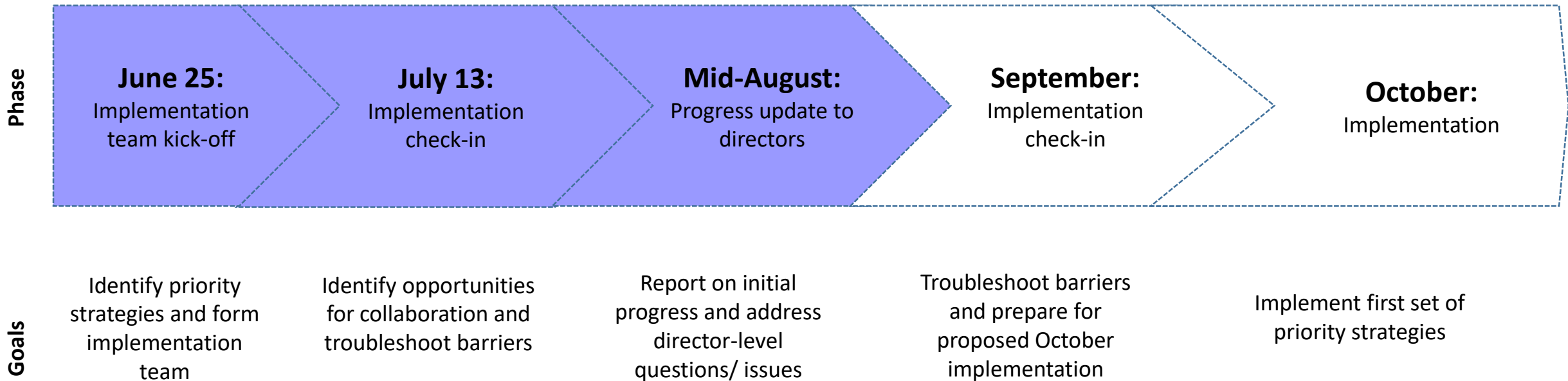
Strengthen routine and timely DCYF/RIDOH data sharing and monitoring to track referrals from CPS to preventative services.

## **Upcoming activities: Priority Strategy D**

- Mapping referral processes from DCYF to prevention programming
- Reviewing existing data systems to develop matching strategy
- Developing real-time case tracker
- Meeting frequently with partners to use data to actively improve approach

# Implementation Timeline

**DCYF and RIDOH have assembled a cross-agency team responsible for the timely implementation of the four priority strategies.**



# Additional Strategies

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## **Continue ongoing work:**

- Active contract management with FCCPs and family home visiting programs
- Regular cross-agency training focused on safe-sleep practices
- Piloting teaming for families involved in FCCP and FHV in South County

## **Strategies for further consideration:**

- Ecosystem child maltreatment prevention project wrapping up later this fall with white paper of recommendations that will incorporate these and other findings
- Partner with BHDDH to develop education and services for parents with substance-use issues, including recovery coaches and residential treatment
- Introduce specialized programming for moms who have had previous children removed
- Refer at-risk pregnant moms to pre-natal family home visiting following a hotline call



# Discussion & Questions

