

## Senate Testimony

### Family Care Networks

September 2, 2014

#### Risk and Safety

- In nearby Massachusetts, 95 children have died that were involved with DCF either directly or indirectly. Nationally, more than 4 children die every day as a result of child abuse and neglect; 70% are under the age of 4. The context in Mass. Has been progressive budget cuts over the last decade which has rolled back the Department's direct service and administrative capacity thereby creating the conditions for enhanced risk to children.
- The combination of the level of unemployment in RI and the number of people living in poverty creates conditions whereby children are more apt to be physically injured and/or their basic needs not to be adequately met. The Senate and House need to be mindful of this in ongoing budget planning. Nearly 78% of families that enter the child welfare system do so due to neglect.

#### Family Care Networks

- The current networks were funded inadequately from the beginning; the system has not progressed much beyond its historic focus on residential and placement services.
- A separate allocation for community based services must be funded at a sufficient level in the initial years of system development. Community based services must be developed and implemented systematically; without an adequate dedicated funding foundation the system will not achieve the transformation envisioned.
- Provider networks and services must be regionalized in order to provide DCYF with the resources it needs in local communities where other formal and informal services can be leveraged. A top down "lead agency" is not effective in serving families where they live.
- DCYF should be responsible for implemented an equitable rate setting process for services delivered by all providers.

## Systems Issues

- Utilizing Family Care Networks represents a major departure relative to how services are referred, coordinated, planned and evaluated for DCYF personnel and providers. Much greater attention and leadership is required systemically in orienting DCYF and provider staff through an evolving and inclusive process.
- Over the last year a substantial number of children have been removed from their families due to parental addiction and mental health concerns. Historically, little service and resource coordination has occurred between DCYF and BHDDH.
- DCYF deals with the most at-risk families in the state; budget cuts in other Departments that impact mental health and addiction services, housing, child care etc. has a detrimental effect on this population thereby increasing the risk for children; Rhode Island must do a much better job in connecting these dots and understanding the implications for vulnerable families.

Respectfully Submitted,

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