

September 2, 2014

To: Senate Task Force on DCYF and The Family Care Networks

From: Brother Michael Reis, CEO Tides Family Services, Vice Chair of NASW Board, RI Chapter of NASW

Having listened to the Governor's Resource Team report and listened to their report on 8/19/14 before the Senate, I want to congratulate the Team on their insight into the initial development of the new System of Care Phase I and Phase II. I found the report and the Senators' questions to be very insightful and realistic in an attempt to help understand where we are in developing Phase I and Phase II of RI new System of Care. I will attempt to highlight some of the key issues as I see them.

1. There was strong support for the principles involved in the implementation of Phase I and II of the System of Care. All the previous studies over the past several years [**OUR CHILDREN OUR RESPONSIBILITY, RIPEC STUDY, LEGISLATIVE TASKFORCE TO IMPLEMENT A NEW SYSTEM OF CARE, ETC.**] emphasized the need to shift from congregate care **to include an array of community-based programs to stabilize families vs** 80% of money going to less than 20% of the kids. (**RIPEC Report**). The professional literature is clear that after 90 days in congregate care, caregivers begin to disengage. The budgets for the first 2 years of Phase II have been mainly driven by congregate care factors.
2. As the Resource Team noted in their report, there were concerns as to how to effectively measure outcomes relative to the efficient delivery of services in the new system of care. At the implementation point of Phase II, it was very unclear what the lines of authority were and how the new system would operate.

Traditionally, the Family Court and DCYF were the legal entities responsible for the youth and families. It was never clear how the two lead agencies were to relate with DCYF and Family Court. Who was making the all-important critical decisions on case management? It was also not clear what the relationship between the provider community was with DCYF. Please remember that the contracts were signed with a lead agency and not a network. It was not clear what the relationship between the provider community was with DCYF.

3. From the beginning, it was difficult to determine where community-based programs fit into the new system of care. Although the goal was to utilize community-based care, the majority of network money seemed to be invested in congregate care. In a system of care presumably founded on community-based services, this was a concern. How could the shift to an array of community-based service occur when the majority of money was still in beds?
4. I strongly support a focus on evidenced base practice programs when they are the right match with the needs of the youth/families. One of the limitations for some of those models is that they require at least one stable caretaker. DCYF services the most difficult families in the State, some of whom have a long history of involvement with the Department. The reality is that in some cases there is no stable caretaker. In addition to evidence based programs, the Department needs promising practice programs that have been able to effectively deal with these families by providing intensive community based services.
5. Another major issue appears to be the limited access to adequate mental health services for youth, siblings and parent(s). The Senate should be aware that there were significant financial cuts to DCYF, but also to mental health services. If families are to stabilize and the

youth remain at home, youth frequently need follow up mental health services and other family members may also have been in need of these services. Without these supports, the probability of the family/youth stabilizing is low and the need for more expensive residential services will be required.

6. The Family Court and the Child Advocate have frequently expressed concerns for the level of mental health services available to the youth and family. Mental health services are crucial to the success of these families if we are to maintain a functional community-based system of care. Please remember that there also is a need for more child psychiatric services. Cuts in the various human services frequently affect the stability of DCYF families.
7. Two other key factors in maintaining youth in the community are the connections to school and job training. The professional literature is very clear that these two areas are major factors in youth remaining trouble free. It has been our experience that when these supports are available the family/youth are more successful. Unfortunately, schools are very prone to exclude many of the behaviorally challenged and since there are very few job/vocational-training opportunities for teenagers especially in the core cities, they turn to negative activities.
8. Four years ago Tides Family Services partnered with AS220, The Institute for the Study & Practice of Non-Violence who received federal stimulus money for summer jobs, used for 70 youth coming out of the RI Training School. During that summer, only **one** youth returned to the Training School.
9. As I hope you realize this undertaking was a complicated process involving many ancillary systems that are involved at various levels. Clearly a major factor was the massive financial cuts to all of these systems. Public and private children services have been devastated

by recent cuts and it is important to understand the impact of these cuts.

10. I would once again encourage the consideration in maximizing existing community based programming in conjunction with local mental health services as a means of maintaining an intact family based system of care. It is not only cost effective it is a more positive and effective method of service delivery.
11. As we are talking about an array of community based services, the DCYF cuts have impacted the delivery of services by limiting their ability in various communities. The opportunity to assess and monitor cases has become more difficult. Many of us believed that one of the strengths of DCYF was the regional offices. That is where community based services begin. There were several wonderful projects done on a regional level that were clearly consistent with the goals of the New System of Care.
12. Finally, I would strongly recommend to the Senate and The Governor's Resource Team to look at the significant cuts over the past 4 years to the DCYF budget. As a provider, there is no place left to absorb any further cuts. Many of the providers are in the same situation.