



# Office of the Child Advocate

State of Rhode Island

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## **HOUSE COMMITTEE ON FINANCE SUBCOMMITTEE ON HUMAN SERVICES**

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Thank you, Chairwoman Tanzi and members of the Committee, for the opportunity to provide testimony today regarding the Rhode Island Department of Children, Youth and Families' (DCYF) FY 2027 budget.

The Office of the Child Advocate (OCA) would like to recognize DCYF's frontline staff and the entire provider community providing direct service to youth and families. Serving children and families experiencing the child welfare, behavioral health, and juvenile justice systems is extraordinarily demanding. It requires meeting families at a difficult time in their lives and assisting them with navigating complicated systems, with limited resources. Despite these challenges, staff at DCYF and in the provider community demonstrate a deep commitment to the well-being of Rhode Island's children. Their dedication, compassion, and perseverance deserve recognition and appreciation. The OCA supports investment by DCYF into training and resources to continue building a strong frontline workforce and retain staff who are committed to this critical work.

Our testimony today will highlight several needs that are not currently reflected in DCYF's FY 2027 budget proposal, and we recognize that this is a challenging fiscal year for the State, compounded by uncertainty regarding federal funding streams. However, fiscal constraints do not lessen the urgency of the needs facing Rhode Island's children and families.

Children involved in the child welfare, children's behavioral health, and juvenile justice systems represent our state's most vulnerable population. Their needs are complex and evolving, and the systems designed to support them must be coordinated, timely, and effective. This requires thoughtful planning, strategic investment, and strong oversight to ensure that public resources are producing meaningful outcomes.

### **Children's Behavioral Health and the DOJ Consent Decree**

On May 13, 2024, the Department of Justice (DOJ) sent a letter to the Governor McKee and Director Deckert outlining findings made regarding youth at Bradley Hospital who were languishing due to lack of appropriate placements. Rhode Island entered into a Consent Decree with the DOJ on December 19, 2024. The goal of the Consent Decree is to ensure that the State of Rhode Island is in compliance with the Americans with Disabilities Act and Section 504 through a remedial plan. Specifically, this Consent Decree is to "transition children who have been hospitalized at Bradley Hospital to family settings with needed community-based services, and to

prevent children with behavioral health disabilities from experiencing avoidable or unnecessarily prolonged psychiatric hospitalization.” The OCA serves on the Consent Decree Advisory Board which is required by the Consent Decree. In accordance with the Consent Decree, “the State and the United States will meet with the Child Advocate’s Office and RI Coalition for Children & Families to provide information about the goals and requirements of the Consent Decree and seek input into development of the Implementation Plan. The State will consider input from these stakeholders in developing the proposed and final versions of the Implementation Plan”. In this capacity, the OCA serves with the Rhode Island Coalition of Children & Families (RICCF) on the Executive Board for the Advisory Committee and will provide direct feedback on the implementation plan. The OCA also meets consistently with the Federal Monitor to provide observations of the office and updates regarding systemic issues.

The OCA supports investments in the work to develop and adequately resource the children’s behavioral health system within DCYF. To date, DCYF has not had the appropriate organizational structure in place to effectively manage their role as the entity responsible for children’s behavioral health. The funding allocated in the Governor’s Recommended Budget will add six (6.0) new full-time equivalent (FTE) positions to provide continued consultant support, additional in-home supports for individuals with intellectual and developmental disabilities, independent care management services for youth at risk of hospitalization, and other community-based supports. The funding will also support the work of Federal Court monitor overseeing the DOJ Consent Decree.

Ongoing discussions have highlighted the need for administrators with the right expertise, specifically an Executive Director and a Medical Director, to oversee the care of our children and youth in need of behavioral health services. While the OCA supports the establishment of this expertise, reassessing the existing administrative positions within the children’s behavioral health framework will be required to prevent overinvestment in duplicative administrative positions; there should be a focus on reinvestment in necessary expertise, frontline support and essential services.

Youth who have experienced hospitalizations or multiple visits to the emergency department encompass the target population of the Consent Decree. The OCA continues to advocate that any youth requiring care due to their mental or behavioral health needs or diagnosed with a functional developmental disability should be able to access care coordination and any solutions identified in the implementation plan. Implementation must address the needs of all populations for long-lasting systemic improvements. Rhode Island has the opportunity for complete systemic reform of children’s behavioral health beginning with a single point of access to services, intensive care coordination, continued support of Mobile Response and Stabilization Services (MRSS), timely access to appropriate mental and behavioral health treatment, including substance use treatment, and when necessary, time-limited and targeted residential intervention. Intensive care coordination is a family-centered team approach that utilizes wraparound services to stabilize the child and family. Youth and family voice are the focus of this process to ensure the services and supports in place are appropriate and effective.

The OCA fully supports the work underway by the Consent Decree Advisory Committee and the collaboration of key stakeholders and lived experts who continue to provide vital feedback to the approach Rhode Island takes to ensure that the Consent Decree is adhered to. Full cooperation and transparency from all signatories of the Consent Decree is required along

with a coordinated, integrated approach to the planning and resourcing of children's behavioral health services. Without a clear vision for our system of care, we risk further destabilizing an already strained system. Children and their families deserve consistent, transparent, and unified leadership to move this reform forward, and feedback from lived experts about what they need must be intentionally incorporated.

Overhauling the system will not only prevent hospitalizations, removals, and lengthy stays in congregate care, but it will reduce the cost of care. The OCA is advocating for a multi-year, step-by-step plan to demonstrate not only the costs associated with implementation, but also the cost savings year-over-year that could be reinvested to further support the system. [The Rhode Island Children's Behavioral Health Consent Decree: System Review](#) prepared by the University of Connecticut School of Social Work Innovations Institute provides an overview of the current framework that provides valuable insight into the work that needs to be done.

The OCA has observed and spoken to leaders that implemented the system of care in New Jersey, including a single point of access and intensive care coordination. The OCA connected Rhode Island state government leaders, community providers, members of the General Assembly and the Rhode Island Family Court with leaders in New Jersey to hear about how their system was established and succeeded in reducing the number of youth in congregate care, out-of-state placements, and involved with the juvenile justice system.

According to a [report](#) published by the National Technical Assistance Center for Children's Mental Health, New Jersey developed a plan to implement systems of care statewide in 2000. The goals for this plan were to reduce institutional care, increase system coordination, provide care management service, increase the use of evidence-based practices, and reduce costs. Between 2007-2010, New Jersey reported savings of \$40 million dollars by reducing the use of acute patient services alone. Additionally, the residential treatment budget was reduced by 15% and the length of stay in residential treatment centers decreased by 25%. New Jersey reduced their reliance on detention centers reducing them from 17 centers with an average population of 676 youth to 7 detention centers with an average population of 271 youth as of July 2024. New Jersey no longer has any youth in out-of-state placements, has seen a decrease in the number of youth open to New Jersey's Child Protection & Permanency (CP&P), and has reduced the overall use of out-of-home placements for youth. The number of youth served by CP&P decreased from 48,371 in 2017 to 31,203 in 2024 which can be attributed to the single point of access, intensive care coordination, and investment in children's behavioral health diverting youth from entering the child welfare system. The number of youth in out-of-home placement reduced from 6,191 youth in 2017 to 2,937 youth in 2024, a reduction from 12.8% to 9.4% of all children serviced by CP&P. On December 13, 2025, there were 2,087 youth open to DCYF and 1,248 youth were placed outside of the home, which is about 59% of all youth open to the child welfare, children's behavioral health, and juvenile justice systems in Rhode Island.

In addition, there can be anticipated improvements in other areas of our system including outcomes with our transition age youth and youth experiencing co-occurring substance use and behavioral health disorders. Additionally, New Jersey saw an improvement in educational outcomes for their youth. Transition age youth continue to exit foster care without obtaining a high school diploma, sustaining employment, or safe and stable housing. Developing a system of care that will address the needs of youth early and effectively will prevent long-term involvement

in the child-welfare system and ideally develop a network of supportive adults to support youth success when they exit foster care.

The OCA continues to advocate for youth who are experiencing co-occurring behavioral health and substance use disorders. The OCA made recommendations in our [2025 Child Fatality Review Report](#) and continue to meet with state agencies responsible for this work. System reform will ensure that appropriate substance use treatment and services are available and accessible to youth and families requiring them in Rhode Island.

DCYF reported last year that there one of their main priorities was reducing out-of-state placements to sixty (60) youth. While efforts continue to be made by DCYF to utilize foster homes and in-state placements, we continue to see the number of youth in out-of-state placement increase. On March 3, 2026, there were eighty-one (81) youth in out-of-state residential placement, increased from seventy-seven (77) youth on June 2, 2025 and sixty-five (65) youth on March 18, 2025 respectively. Of the eighty-one (81) youth in out-of-state placement on March 3, 2026, fifty (50) were male and thirty-one (31) were female.

The development of Rhode Island based programming has focused largely on the female population with the opening of the Exeter facility, however, there has been a shift in the number of youth out-of-state with more males requiring out-of-home placement. The completion of the needs assessment will assist DCYF and the State of Rhode Island with identifying what the true needs are for the populations that DCYF is responsible for. Of the eighty-one (81) youth out-of-state on March 3, 2026, twelve (12) were between ages ten (10) and twelve (12), forty-eight (48) youth are between ages thirteen (13) and seventeen (17), twenty-one (21) youth were between ages eighteen (18) and twenty (20). DCYF is currently utilizing out-of-state programming for thirty-one (31) youth who have an intellectual developmental disability.

Presently, DCYF is not utilizing any placements outside of New England, with three (3) youth in Connecticut, fifty-nine (59) youth in Massachusetts, thirteen (13) youth in New Hampshire, and six (6) youth in Vermont. However, the OCA continues to receive notice of all residential placement referrals made for youth and DCYF continues to send referrals to placements outside of New England. In some cases referred to the OCA by the Rhode Island Family Court, youth were placed in out-of-state residential placement and were unsuccessful. Due to the lack of resources and an inability to meet their needs in Rhode Island, these youth have current pending referrals for another out-of-state placement to residential placements in New England and nationwide. DCYF continues to conduct site reviews of placements outside of New England to determine whether they will be used to place Rhode Island youth. Accessing treatment close to home and in their community of origin is best practice for youth. Youth in need of behavioral health services continue to be negatively impacted when our systems cannot provide the right service, at the right time, for the right duration. Without meaningful and system-wide reform, we will continue to see negative outcomes among our most vulnerable populations.

The OCA will continue to participate in all implementation planning and conversations regarding the Consent Decree and advocate that all changes impact every youth, not just the target population. While this work is underway, the OCA will continue to advocate for the youth who are experiencing these systems right now. There are youth who require time-limited residential intervention, substance use treatment, and home- and community-based services to prevent removal and support them in the community. Rhode Island needs to ensure that we are continuing to address the immediate needs of our youth and families, while focusing on long-

term planning and implementation of intensive care coordination and developing a single point of access.

During 2025, DCYF lost additional residential capacity when Boystown New England closed, and all residents returned home with family or transitioned to foster care or another residential placement. DCYF is rebuilding lost capacity after the closure of St. Mary's Home for Children (St. Mary's) and the girl's residential facility in Exeter is expected to open later this year. The OCA continues to advocate intentional capacity rebuilding that addresses the needs of youth presently open to DCYF. Investing in home-based services and intensive care coordination will enable youth to promptly step-down when they are ready, with appropriate services in place, while preventing overreliance on residential placement.

### **Residential Monitoring and Licensing**

In 2023, the OCA released a public report outlining sixty-five (65) recommendations for both DCYF and St. Mary's following an extensive investigation. The recommendations addressed effective residential monitoring, in-depth licensing follow-up, coordinated responses across all divisions including Licensing, Child Protective Services, Contract Management and Children's Behavioral Health, detailed and thorough documentation by DCYF, and additional changes to policy and procedure. The OCA continues to advocate for recommendations to be implemented, residential best practice standards to be implemented, and for a comprehensive and thorough approach by DCYF in monitoring facilities both in- and out-of-state.

During 2025, the OCA continued observing patterns and issues among the licensing and monitoring practices at DCYF that have been highlighted in previous public reports from this office. The OCA has also continued to address these concerns in individual cases when complaints are received. The OCA pursued legal action in 2025 to require DCYF to respond appropriately and be held accountable with regards to their statutory obligation to license and monitor congregate care facilities.

In some instances, the OCA and DCYF have reviewed the same placements simultaneously and reached markedly different conclusions. DCYF is the designated enforcement authority of licensing standards under R.I.G.L. That responsibility requires independent, thorough, and child-centered oversight. One of the most concerning deficiencies is the failure to directly engage youth when concerns are raised about their placements. Follow-up too often consists of conversations with program staff or administrators rather than direct engagement with the youth, which is not aligned with best practice. When a child raises a concern, the child must be spoken to directly and their voice must be central, not peripheral, to any review. While DCYF policies and procedures outline that front line social caseworkers are to visit their youth one (1) time per month, the staff assessing complaints pertaining to potential violations of federal and state law, licensing regulations, and contractual provisions, should also connect with youth directly to ensure a thorough assessment.

The OCA continues to advocate for the development of a Residential Monitoring Unit (RMU) within DCYF. The RMU would provide oversight related to compliance with licensing regulations, federal and state law, policies, and procedures. Monitoring adherence to licensing regulations should be reviewed and monitored by DCYF as a part of standard practice. In addition, the RMU should monitor treatment, transition, and discharge planning to ensure youth are properly moving through programs and accessing appropriate services to support their transition.

Residential programming should be a time-limited intervention, and without appropriate oversight of treatment and discharge planning, youth remain in placements longer than clinically necessary. The OCA has observed youth struggle when returning to Rhode Island following long stays in residential facilities out-of-state. Oversight by the RMU will allow DCYF to evaluate performance outcomes and interventions that are funded by DCYF. Currently, DCYF has no method of evaluating outcomes across all congregate care providers. It prevents the system from identifying what is working and what requires strengthening. Prior to closure, DCYF began the process of identifying these measures specifically for St. Mary's with the goal of expanding to all congregate care facilities. The OCA is not clear on the status of this work.

In 2025, DCYF hired an administrator to oversee a Residential Monitoring Unit, and additional staffing is reportedly underway. DCYF's budget requests for FY 2025 and FY 2026 did not include requests to adequately staff a Residential Monitoring Unit, therefore, the OCA felt it was essential to outline this continued need. We urge DCYF to provide any information to the Committee regarding the need for additional resources to support the establishment and function of this unit. The OCA would support any request made by DCYF to staff and resource a unit dedicated to residential monitoring.

In addition to a RMU, DCYF needs to overhaul monitoring policies, enforcement practices, cross-divisional coordination, and accountability mechanisms. While the RMU is a critical component of this, it is just one piece of the reform required to ensure the safety and well-being of youth experiencing placement in congregate care facilities.

This important work will take investment and intentional, decisive change to ensure that children who require residential treatment are healthy, safe, and receive appropriate clinical interventions. DCYF has discussed residential monitoring for three (3) years, including providing information to the OCA about a model used in Illinois that would require further investment. DCYF did not adopt this model but continued to discuss the need for residential monitoring. Aside from DCYF hiring one (1) administrator to lead the Residential Monitoring Unit, the OCA is unaware of any other concrete steps that have been taken to implement this work. While this work is underway, DCYF's fully staffed Licensing Unit is statutorily responsible for ensuring that residential facilities are in compliance with regulations, policies, procedures, and all relevant laws. The OCA continues to highlight deficiencies with the policies and procedures in DCYF Licensing leading to ineffective oversight and monitoring of residential placements. While Residential Monitoring is the ultimate goal and will provide additional support to this work, this does not negate DCYF's current mandate to monitor and evaluate placements providing care to youth and young adults. Guaranteeing the health, safety, and well-being of youth experiencing residential placement should be a top priority of DCYF through effective licensing practices and intentional oversight.

While the St. Mary's investigation, released in 2023, outlines the OCA's concerns in great detail, it is important to note that concerns related to residential oversight predate this report. Prior OCA reports, including child fatality reviews, identified similar deficiencies within the same units responsible for licensing, monitoring, and oversight. These issues are therefore not new; they persist beyond the three years since the release of the St. Mary's report.

We would encourage DCYF to review the full scope of need, including an assessment of whether DCYF has the capacity, resources and expertise internally to effectively manage and

expand this work. This would include the work dedicated to the development of residential best practice for our state.

Expecting to produce different results with same strategies and professional capacity will not be effective; it is time for a new approach. Accountability must extend beyond frontline practice, including honest evaluation, performance review, and, where necessary, immediate change. We should not have to consistently identify the same deficiencies, in multiple public reports, to effectuate the critical changes our system requires to keep children safe. The time for incremental adjustment has passed. What is required now is decisive, systemic reform.

### **Educational Outcomes for Children in State Care**

Pursuant to R.I.G.L. § 42-72-5(22), DCYF is “...responsible for the education of all children who are placed, assigned, or otherwise accommodated for residence by the Department in a state-operated or state-supported community residence licensed by a Rhode Island state agency. In fulfilling this responsibility, the Department is authorized to enroll and pay for the education of students in public schools or, when necessary and appropriate, to provide education directly or through contract in accordance with regulations of the Council on Elementary and Secondary Education.”

While Rhode Island General Law clearly outlines DCYF’s responsibility for the education of children in its care, this responsibility is shared with other entities, including the Rhode Island Department of Education (RIDE) and Local Education Authorities (LEAs). Ensuring positive educational outcomes for youth involved in the child welfare, children’s behavioral health, and juvenile justice systems require a coordinated and integrated approach across agencies.

The OCA continues to raise the need for reform to address the educational outcomes of youth in state care and have addressed them directly with DCYF. The OCA is committed to collaborating with DCYF, to identify concrete actions steps to address the disparity in outcomes for students involved with DCYF.

Our office remains focused on elevating issues of educational equity for youth experiencing the child welfare, children’s behavioral health, and juvenile justice systems. Data on educational outcomes for youth in state care starkly illustrate the significant challenges that youth and young adults have faced over the past twenty years. The data provides strong evidence of the need for systemic change. Since the last legislative session, the four-year high school graduation rate for students in foster care has dropped eight percentage points from **51% to 43%**, compared with **84% of all students**. Youth in state care continue to underperform educationally relative to their peers. These disparities demand a thoughtful and comprehensive response. Experiencing the child welfare, children’s behavioral health, and juvenile justice systems should not have negative long-term impacts on educational success.

Improving outcomes requires a comprehensive strategy that includes:

- **Dedicated expertise within DCYF** focused specifically on education policy and practice, including professionals with a strong background in education and a deep understanding of how child welfare, behavioral health, and juvenile justice involvement can disrupt a child’s academic trajectory. DCYF presently has two staff dedicated to work pertaining to education. The need for appropriate resources to meaningfully engage in this work should be explored.

- **Robust monitoring of educational progress and outcomes** for youth in DCYF care, including consistent tracking of attendance, school stability, academic progress, disciplinary actions, chronic absence, and graduation outcomes.
- **A clear interagency framework** between DCYF, RIDE, LEAs and educational advocates to ensure that responsibilities are clearly defined and that educational barriers are addressed quickly and effectively.
- **Policy and procedural reform within DCYF**, ensuring that education is treated as a core component of case planning.
- **Innovative and evidence-based approaches** to support school stability, credit recovery, transition planning, and postsecondary preparation for youth involved in the system.
- **Increased educational service array**, offering supplementary educational support services similar to the clinical services DCYF currently provides to children and youth, such as tutoring, structured literacy coaching, after school enrichment, and academic remediation opportunities.

Despite the longstanding nature of these concerns, DCYF's FY 2027 budget proposal contains no specific investments, structural reforms, or resource requests aimed at improving educational outcomes for youth in DCYF care.

The OCA strongly urges the Committee to support efforts that strengthen DCYF's capacity to monitor, support, and improve educational outcomes for the children in DCYF care. Without meaningful structural reform and dedicated resources, the disparities we see today will continue to persist. We encourage DCYF to provide information regarding the needs of DCYF to support this work. A well-rounded education, and the option for vocational training or higher education paves the way to stability, independence, and long-term well-being. When the system fails to adequately support and prioritize the education of our most vulnerable population, the consequences extend far beyond the classroom.

### Transition Age Youth

DCYF's transition age youth population includes youth between ages 14 to 21 who are open to the Family Services Unit (FSU). Under the federal *John H. Chafee Foster Care Program for Successful Transition to Adulthood*, States are provided with flexible funding that will enable programs to be designed and conducted to begin transition planning at age 14, with a focus on obtaining a high school diploma and post-secondary education, career exploration, vocational training, job placement and retention, training and opportunities to practice daily living skills, substance use prevention and preventative health activities. In addition, this funding helps children who have experienced foster care at age 14 or older to achieve meaningful, permanent connections with a caring adult, to help children engage in age or developmentally appropriate activities, to provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21.

Since its inception, the OCA has consistently engaged with the Voluntary Extension of Care (VEC) program and continues to attend all court hearings for VEC youth. Youth and young adults who do not achieve permanency are entitled to enter VEC program if they are in placement at age 18 and have an open child welfare petition. Often, when turning 18, youth do not have all the necessary skills and knowledge to transition to the VEC program. While the transition to independence involves a learning curve, the OCA contends that it need not be nearly as steep as

it is currently for youth. The OCA is advocating for DCYF to explore all the programs and available resources that are currently able to assist youth in preparing for adulthood to determine if these are the right services and if they are effective. The needs assessment will provide critical information about these services and every youth should be provided every opportunity to prepare for this transition.

To truly identify what supports could be beneficial to young people is to ask them directly. The OCA supports any mechanisms to collect as much information as possible from lived experts. Young people with lived experience in the system are uniquely positioned to offer insight into what was helpful, what was not, and what support would have better served them as they transitioned into the VEC program and young adulthood. Data collection about youth experiences is critical to inform decisions about what resources we may need more of. It is important to consider the full scope of each young person's experience when examining outcomes specific to VEC participants, including the services they began receiving at age 14, whether they had access to natural supports, and whether they graduated from high school or obtained a GED on time. Connecting the lived experience of youth in VEC with outcomes upon exiting the program could inform what young people needed to be successful.

The OCA is aware that there are young adults who are experiencing homelessness after exiting the foster care system. While it is difficult for DCYF to collect data directly from young adults who are closed to the system, it is critical to assess root causes of homelessness among young adults after exiting care and ways that we can work together to strengthen long-term outcomes for young adults.

Additional funding to support these critical needs were not outlined in DCYF's budget, however, the OCA requests that DCYF provide insight on additional resources necessary to provide comprehensive supports to youth beginning at age 14 to their 21<sup>st</sup> birthday.

### **Protecting Federal Benefits for Youth in Foster Care in Rhode Island**

The OCA is prioritizing advocacy in support of proposed legislation to protect the federal benefits of youth in state care. The OCA respectfully requests the support of the House Finance Committee in reforming the practice of using federal Social Security benefits, specifically Social Security Income (SSI) and survivor benefits, belonging to children in foster care, to reimburse the DCYF for care costs. When state agencies act as representative payees, they often divert funds intended for this vulnerable population to cover state maintenance costs, leaving youth with little to no financial resources when they exit the system. The Annie E. Casey Foundation reported in November 2025 that "among former foster youth who age out of care, approximately 22% to 30% become homeless during their transition to adulthood." Further, by their mid-20s, "an estimated 69% to 85% of young adults with foster care experience obtain high school degrees, compared to the national average of 95%." Lastly, they report that by age 26, "youth who age out of foster care have 50% lower earnings and 20% lower employment rates compared to other young adults with comparable education levels."

The Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services has sent a letter to thirty-nine (39) Governors and child welfare agencies, including Rhode Island, calling for immediate action to cease the process of child welfare agencies intercepting federal benefits to reimburse their own costs. The OCA fully supports the nationwide advocacy to cease this practice in every state, including Rhode Island, to ensure that youth

experiencing state care are protected when they exit state care by having access to the federal benefits to which they are entitled. Currently, ten (10) states, including Massachusetts, have enacted reforms conserving all social security benefits of foster youth. Eighteen (18) states have enacted partial reforms, including Connecticut and New Hampshire. Lastly, fifteen (15) states have pending legislation, including [House Bill 7051](#) introduced on January 9, 2026, in Rhode Island by Chairwoman Casimiro. This will be the third time this bill has been introduced.

The OCA will testify in support of [House Bill 7051](#) to ensure that Rhode Island takes the most comprehensive approach to conserving federal benefits for foster youth, similar to the approach adopted in Massachusetts. As currently written, the bill language preserves these benefits for youth beginning at age fourteen (14). The protections afforded by this legislation should not be limited based on the age of the child.

Ongoing litigation raises questions about whether this practice violates the constitutional rights of children in state care. Specifically, arguments have been made that this practice violates the Equal Protection Clause and the Due Process Clause. Regarding the Equal Protection Clause, these practices single out children in foster care who are disabled or those who have a deceased parent and require just that subset of children to pay for their own care. Appropriating the benefits for children in foster care confers inferior status due to their disability and constitutes discrimination that should be assessed rigorously and with heightened scrutiny.

Pursuant to the Due Process Clause, children have a right to notice and opportunity to be heard when a government entity seeks appointment as a child's fiduciary to control their federal benefits, is so appointed, and then spends those benefits. Notice, and the opportunity to be heard, are fundamental components of due process, however, very few states are engaging in either when using a child's benefits to offset the cost of care for the child.

The OCA is firmly committed to protecting the legal rights of children and youth involved with DCYF. We believe these concerns can best be addressed through a collaborative and forward-looking approach. Taking proactive steps to address this issue would not only strengthen protections for vulnerable children, but also align our practices with emerging legal standards, reduce the risk of potential litigation in the future, and conform with the current recommendations from the ACF.

The OCA wants to ensure that the voices and lived experiences of the children and youth most directly affected by this practice are considered as this advocacy moves forward. The financial obligation of care falls solely on the child welfare agency and should never be a burden to youth involved in the child welfare system through no fault of their own. Ensuring that youth have access to these funds upon their exit from state care is not merely a corrective measure; it is an essential investment in their stability, opportunity, and long-term success. We have the opportunity to join neighboring states in making meaningful, lifelong change for young people. Youth experiencing the foster care system are more likely to be homeless, incarcerated, or re-enter the child welfare system as parents than their peers who have not experienced the foster care system. Ensuring that their entitled federal benefits are available to them as a resource when they exit care will change the trajectory of their life.

Currently, the projected fiscal impact for this change is approximately \$1.2 million dollars per year, approximately \$12,000.00 per year, per child who is eligible for federal benefits, to implement the comprehensive approach, as reported by DCYF. DCYF has indicated a need for several FTEs to support the work of this bill. The OCA is seeking clarification from DCYF regarding

the need for these FTEs, especially since some of the work outlined is work DCYF is already federally mandated to do. Given the magnitude of the fiscal challenges before the legislature this session, the OCA strongly encourages DCYF to explore the use of federal Title IV-E funding to support the fiscal impact of this change as other states have done. There have been many discussions with DCYF regarding the need to reform this practice, however the fiscal impact was not accounted for in the Governor's Recommended Budget. It is the responsibility of DCYF to fund the care of children served - never the responsibility of the child.

### **Conclusion**

Advocating for the success of youth involved in the child welfare, juvenile justice, and children's behavioral health systems is central to the mission of the OCA. The OCA remains committed to identifying and advancing solutions that address systemic gaps and reduce the risk of negative long-term outcomes associated with system involvement. In partnership with state government, the Judiciary, the General Assembly, community providers, advocates, and individuals with lived experience, the OCA stands ready to drive meaningful and lasting systemic reform through proactive collaboration. Achieving a responsive, youth- and family-centered system will require sustained commitment and a shared vision across all stakeholders. Children, youth, and young adults deserve nothing less than our strongest collective effort to ensure they are equipped with the opportunities and support necessary to succeed.

Sincerely,

A handwritten signature in blue ink that reads "Katelyn Medeiros". The signature is written in a cursive, flowing style.

Katelyn Medeiros, Esq.  
Child Advocate