



**TIDES FAMILY SERVICES**

**WE NEVER GIVE UP ON A KID... NEVER!**

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March 6, 2025

**To:** The Honorable Chairman Evan P. Shanley and Honorable Members of the House State Government and Elections Committee,

**From:** Beth Bixby, MSW, LICSW, CEO, Tides Family Services

**RE:** Support and Recommendations for HB 5377 – Child Advocate, Child Fatality Review

Dear Chairman Shanley and Members of the House State Government and Elections Committee,

As the CEO of Tides Family Services, I respectfully submit this written testimony in support of **H5377 – Child Advocate, Child Fatality Review**, which would require DCYF to implement recommendations made by the Child Advocate and Child Fatality Review Panel within six months and provide a report detailing the actions taken.

For over 40 years, Tides Family Services has been dedicated to serving at-risk youth and families across Rhode Island. Each year, we provide community-based services to approximately 1,500 children and families, supported by a dedicated staff of 190 professionals. Our roots are deeply embedded in a commitment to meeting youth where they are—whether at home, in school, or within their communities. Through our expertise in juvenile justice, child welfare, and children's behavioral health, we have developed innovative, evidence-based interventions that prioritize prevention, crisis stabilization, and long-term success.

**Some areas to consider:**

- **BHDDH Oversight of Adolescent Substance Abuse:** RI lacks a comprehensive service array for adolescents struggling with substance use, despite an increase in substance-related deaths and near fatalities. Excluding BHDDH from child fatality reviews could miss critical gaps in behavioral health support.
- **DOH and Infant/Early Childhood Supports:** The Department of Health administers home visiting programs and other essential early childhood supports, many of which no longer exist or operate at reduced capacity. Their exclusion from the review process limits opportunities for prevention.
- **Implementation Burden on DCYF:** The bill places sole responsibility on DCYF, even when other agencies were involved, without addressing the resources needed for implementation.



- **Narrow Scope of Review:** Restricting reviews to children with prior DCYF involvement excludes fatalities linked to other state systems, such as law enforcement, education, behavioral health, or public health.
- **Timeline:** Requiring implementation of all recommendations within six months may not allow for thorough policy development, especially if systemic changes or additional resources are needed.
- **Lack of Systemic Focus:** The bill does not address broader systemic factors like workforce shortages, funding gaps, or the lack of preventive services that contribute to child fatalities.

### **Comparative Review of CT, MA & RI**

- A review of Rhode Island's proposed bill compared to Massachusetts and Connecticut highlights key differences in how child fatality reviews are conducted. Unlike Massachusetts and Connecticut, where multiple agencies share responsibility for implementing recommendations, Rhode Island's bill places the full burden on DCYF, excluding other relevant state agencies from the process. Additionally, Massachusetts and Connecticut have a broader scope for reviewing fatalities, allowing them to assess cases involving public health, education, and law enforcement. These states also avoid rigid implementation deadlines, focusing instead on systemic improvements through collaboration. Rhode Island would benefit from adopting a similar multidisciplinary approach to ensure comprehensive oversight and effective systemic change.

### **Suggested amendment areas:**

- Require other state departments to collaborate in implementing recommendations.
- Expand fatality reviews to include all state agencies involved in child welfare or family services, not just DCYF.
- Ensure agencies receive adequate resources and staffing to implement necessary changes effectively.

### **Some thoughts on Language:**

- State agencies responsible for children and families, including but not limited to DCYF, the Department of Health (DOH), the Department of Behavioral Healthcare, Developmental Disabilities & Hospitals (BHDDH), the Department of Education, law enforcement agencies, and other relevant state entities, shall collaborate in implementing recommendations issued by the Child Fatality Review Panel. Each agency shall identify specific steps within its jurisdiction to address systemic issues



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uncovered during the review process. A coordinated response plan shall be submitted to the Office of the Child Advocate (OCA) within six (6) months, with progress updates provided annually.

- The Child Fatality Review Panel shall review fatalities and near fatalities of children who had contact with any state agency involved in child or family services, including DCYF, DOH, BHDDH, law enforcement, juvenile justice, or publicly funded healthcare providers. The panel shall have the authority to examine cases where no prior DCYF involvement existed but where systemic failures in other agencies (such as public health, education, or behavioral health) may have contributed to the fatality.
- The Child Fatality Review Panel shall issue an annual public report summarizing its findings and systemic recommendations, while maintaining necessary confidentiality protections in accordance with state and federal laws. Identifiable details, including the child's name, specific medical history, or family information, shall not be disclosed in public records. The report shall provide transparency about systemic issues without compromising family privacy.
- The General Assembly shall ensure that state agencies tasked with implementing recommendations from the Child Fatality Review Panel receive adequate resources, staffing, and technical assistance to carry out required changes. Policy changes that require significant system adjustments shall be contingent on funding availability and legislative approval.

I urge the committee to consider these recommendations for HB5377. Thank you for your time and consideration. I welcome any questions.

Respectfully submitted,

Beth A. Bixby, MSW, LICSW

CEO, Tides Family Services