



STATE OF RHODE ISLAND  
Department of Children, Youth and Families  
Director's Office  
101 Friendship St.  
Providence, RI 02903

March 6, 2025

The Honorable Evan P. Shanley, Chairman  
House Committee on State Government and Elections  
State House, Room 101  
Providence, Rhode Island 02903

**RE: 2025 H-5452 – Relating to State Affairs and Government – Department of Children, Youth and Families**

Dear Chairman Shanley:

Please accept this letter from the Department of Children, Youth and Families (DCYF or “the Department”) regarding H 5452 and H 5718, which will be heard in the Committee on State Government and Elections.

These bills would declare DCYF to be the state agency chiefly responsible for children’s behavioral health. Separately, H 5718 would require DCYF to establish a governance structure to coordinate the delivery of children’s behavioral health services across other state agencies.

**Regarding both H 5452 and H 5718**

Under current law, DCYF is already responsible for children’s behavioral health. Its enabling statute provides that DCYF is “responsible for the delivery of appropriate mental health services to seriously emotionally disturbed children...”<sup>1</sup> regardless of whether the child is in state care. A “seriously emotionally disturbed child” is one “who has been diagnosed as having an emotional, *behavioral*, or *mental* disorder.”<sup>2</sup> While the statute uses the term “mental health services,” it specifically gives DCYF authority to deliver appropriate services to children with “behavioral disorders.” Necessarily, those would be considered behavioral health services.

The Department recognizes that the terms “mental health” and “behavioral health” can cause confusion and would like to offer clarity. Whereas “mental health” was traditionally used by itself – DCYF’s enabling statute is an example of this – the term “behavioral health” has been incorporated more due to the recognition that the two are linked. In some ways, one could view behavioral health as a subset of mental health in that someone’s mental health can be the “why” behind certain behaviors.<sup>3</sup>

For example, if someone is diagnosed with substance use disorder (a behavioral disorder), the root cause of that behavior may be post-traumatic stress disorder (a mental disorder) from a past trauma. Proper treatment would keep both conditions in mind, not separate them. The state has shown that it understands this linkage by giving

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<sup>1</sup> § 42-72-5(b)(24)

<sup>2</sup> § 42-72-5(b)(24)(v); emphasis added. For transparency, the statute does limit the population of children DCYF is responsible for to those whose emotional/behavioral/mental disability has been going on, or has the potential to go on, for at least a year; who are also currently in, or in danger of being placed in, an out-of-home setting because of the disability.

<sup>3</sup> Of course, this is not a hard and fast rule. Individuals can have a mental health disorder without also having a behavioral disorder.

DCYF the responsibility in statute to deliver services related to mental disorders (like PTSD) *and* behavioral disorders (like substance use disorder) when they affect children.

**H 5718**

Some of this bill updates portions of the statute to reflect modern policy and terminology related to children's behavioral health. However, it also requires DCYF to establish a governance structure to coordinate the delivery of children's behavioral health services across state agencies. This appears to conflict with § 42-7.2-2, which establishes a governance structure at the Executive Office of Health and Human Services (EOHHS) to manage the state's human service agencies. Requiring DCYF to create a separate governance structure just for the area of children's behavioral health could create confusion when one is already in place to facilitate coordination among the agencies in their entirety.

DCYF is dedicated to helping children with behavioral health needs. While the Department is always evaluating different strategies to strengthen the system of care, it will continue to provide services to this especially vulnerable population in accordance with the authority it has already been granted in statute.

Thank you for allowing the Department to submit testimony regarding this legislation.

Sincerely,

A handwritten signature in blue ink that reads "Ashley Deckert". The signature is fluid and cursive, with the first name "Ashley" and last name "Deckert" clearly distinguishable.

Ashley Deckert, MSW, MA  
Director

cc: Honorable Members of the House Committee on State Government and Elections  
The Honorable Julie A. Casimiro  
Nicole McCarty, Esquire, Chief Legal Counsel to the Speaker of the House  
Lynne Urbani, Director of House Policy