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**Testimony on H-5452, DCYF – Children’s Behavioral Health
House State Government & Elections Committee
March 6, 2025**

Good afternoon, Chairperson Shanley and members of the House State Government & Elections Committee. My name is Jocelyn Antonio, and I serve as the Director of Program Implementation and Policy at the Hassenfeld Child Health Innovation Institute at the Brown University School of Public Health. I am providing this testimony in my personal capacity.

I strongly urge your support for **H-5452 – An Act Relating to State Affairs and Government – Department of Children, Youth and Families**, sponsored by Representative Casimiro and co-sponsored by Representatives Noret, Read, Place, Serpa, Alzate, Cotter, Kislak, Shallcross Smith, and Tanzi.

This legislation designates the Department of Children, Youth, and Families (DCYF) as the chief agency responsible for all matters related to children’s behavioral health. This legislation addresses the urgent need for a coordinated, accountable system that ensures the children of Rhode Island are receiving the appropriate care.

Strengthening Behavioral Health Services for Children

The Rhode Island Coalition for Children and Families released a report in October 2024 that highlighted that fragmentation of Rhode Island’s children’s behavioral health system across multiple state agencies.¹ This lack of a centralized system results in funding inefficiencies, reduced accountability, and delays in access to critical services – failures that ultimately harm the children most in need.

Currently, Rhode Island is not meeting the needs of children’s behavioral health:

- According to America’s Health Rankings, Rhode Island ranks 39th in the nation for mental health service access, with only 78.1% of adolescents ages 12-17 receiving needed treatment or counseling.²
- According to RI Kids Count, among children ages 3-17, nearly 60% of children who experience mental, emotional or behavioral health challenges struggle to access care.
- In 2024, DCYF reported 7 child fatalities and 6 near fatalities – a devastating reality that underscores the urgency of this legislation. As recently as 3 days ago, another 15-year-old nearly lost their life due to system failures.³

¹ Rachel Flum Consulting and Rhode Island Coalition for Children and Families, “Children in Crisis Can’t Wait: The Case for System Transformation.”

² America’s Health Rankings, “Explore Mental Health Treatment - Children in Rhode Island | AHR.”

³ Torres-Perez, “DCYF Focusing on Preventative Measures as Child Fatalities, near Fatalities Rise”; NEWS, “Rhode Island Child Welfare Agency Reports near Death of Teenager.”

Centralizing Behavioral Health Oversight

Designating DCYF as the primary agency for children's behavioral health ensures a unified, coordinated approach to service delivery. Centralizing responsibility would:

- Improve accountability by establishing clear leadership and oversight.
- Streamline funding and service coordination, reducing gaps in care.
- Develop a statewide vision and strategy to address the ongoing mental health crisis.⁴

A clear, centralized structure allows Rhode Island to proactively build a system that is responsive to the needs of children and families rather than reacting to crises as they arise.

Integrating Services for Holistic Care

H-5452 promotes an integrated approach to behavioral health that connects with other child welfare programs, recognizing the interconnectedness of mental health, physical health, and social well-being.

A robust continuum of care should include:

- Outpatient services and intensive home-based care.
- Child- and youth-specific crisis services.
- Flexible services such as respite care, peer-to-peer family support, and funding for individualized needs (e.g., art therapy or traditional tribal activities).
- Preventative programs, including screening, early intervention, and support for social determinants of health, such as food and housing assistance.

A comprehensive and proactive system would ensure that children receive appropriate care early on, rather than waiting until crises escalate.⁵

Addressing Workforce Challenges

A centralized system under DCYF would also help address workforce shortages by:

- Standardizing training and professional development for behavioral health providers.
- Increasing recruitment and retention efforts to build a sustainable workforce.
- Ensuring equitable access to high-quality care across the state.

By investing in training, recruitment, and retention, we can strengthen the behavioral health workforce and ensure that children receive consistent, high-quality care from skilled professionals.

Conclusion

House Bill 5452 presents a critical opportunity to build a coordinated, effective, and equitable behavioral health system for Rhode Island's children. However, this effort must go hand-in-hand with H-5718, which expands DCYF's authority to oversee and administer comprehensive

⁴ Guyer et al., "How States Are Responding to the Behavioral Health Crisis Among Children and Youth."

⁵ Guyer et al.

behavioral health services for children with serious emotional disturbances and developmental disabilities.

Together, H-5452 and H-5718 create the necessary framework to strengthen oversight, streamline services, and ensure children receive timely, appropriate, and trauma-informed care. These bills are essential to Rhode Island's commitment to building a more responsive and effective behavioral health system for children and families.

I strongly urge the committee to support H-5452 and H-5718, recognizing their combined potential to transform children's behavioral health services in Rhode Island.

Thank you for your time and consideration.

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