



Office of the Child Advocate

State of Rhode Island

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HOUSE COMMITTEE ON STATE GOVERNMENT & ELECTIONS

March 6, 2025

Thank you, Chair Shanley and members of the Committee, for the opportunity to provide testimony today in support of House Bill 5452 which would designate the Department of Children, Youth, and Families (DCYF) as the chief agency responsible for all matters related to children's behavioral health and House Bill 5718 which would expand the scope and power of the Department of Children, Youth & Families (DCYF) to oversee and administer comprehensive behavioral health services for children and require DCYF to create a framework for the children's behavioral health services that adheres to Medicaid requirements. On behalf of the Office of the Child Advocate (OCA), I would like to thank Representative Casimiro for introducing both bills to ensure children with behavioral health needs are prioritized.

My name is Katelyn Medeiros, and I am the Child Advocate for the State of Rhode Island. I am the Director of the agency which serves as the oversight agency to DCYF. As the oversight agency, we monitor the case of each child and young adult open to the Department to protect their legal rights and to promote policies and practices which ensure that youth are safe, and that their physical, mental, medical, educational, emotional, and behavioral health needs are met. When concerns about a specific out-of-home placement are brought to the attention of the OCA, our staff determine the type of advocacy that may be needed and take appropriate steps to protect the child's safety and overall well-being.

DCYF is the state agency responsible for serving children and families who are involved with the child welfare, juvenile justice, and children's behavioral health systems. As such, DCYF has various divisions across child services including Child Protective Services, Community Services and Behavioral Health, Division of Youth Development, Division of Family Services, Licensing and Resource Families among others. Each division is responsible for a specific role in delivering services and providing support to children and families related to children's behavioral health.

Child specific service delivery requires a specialized level of expertise, different from the skills needed to serve adults. DCYF oversees nearly all of children's behavioral health, except for youth specific substance use treatment which is overseen by the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities & Hospitals (BHDDH). Currently, BHDDH administers outpatient substance use programming such as the Seven Challenges Program, through a Substance Abuse and Mental Health Services Administration grant. Seven Challenges can be delivered to young adults ages 12 to 25 in a variety of settings, such as school, home, outpatient, community health, or residential settings, however, BHDDH does not currently provide in-patient substance use treatment for children in-state. Unfortunately, young people who require substance use treatment, often in combination with co-occurring diagnoses, are referred to in-patient treatment in out-of-state placements, which disconnects youth from their support system, school of origin,

and community connections. In the alternative, youth who remain in-state requiring specialized and individualized substance use treatment may be unable to access these services. Relocating the responsibility of substance use treatment for youth under the authority of DCYF will ensure streamlined service delivery for young people requiring substance use and co-occurring diagnosis treatment, and when appropriately resourced, should lead to DCYF establishing appropriate service delivery in-state, reducing the number of young people requiring out-of-state placements.

Given DCYF's mission and oversight of children's behavioral health services, the OCA agrees that the Department should maintain the full spectrum of children's behavioral health services and expand this authority to include substance use treatment for youth.

While DCYF presently oversees children's behavioral health, the law does not clearly define this role, nor does it outline a framework to ensure the infrastructure and resources necessary to deliver these services effectively. The OCA acknowledges that there is a lot of work to be done for DCYF to be truly successful in this work. The OCA continues to elevate concerns around the current service array, allocated resources, and infrastructure in place to meet the needs of our children and youth. We are still faced with challenges such as unnecessary or prolonged hospitalizations, an inability to access the right level of care timely, and extended use of institutional settings. However, rather than dismantling our current system, we are at a pivotal moment where all stakeholders are engaged in conversations about building and developing a system that can be responsive to the needs of all children and youth. This is an opportunity for inter-agency collaboration and coordination to ensure effective provision of children's behavioral health services delivered by DCYF. This is a time to devote energy and resources into developing a robust continuum of care and an infrastructure that can meet the needs of children and families, in real time.

Also, following an investigation by the Department of Justice and the U.S. Department of Health and Human Services, the State of Rhode Island recently entered a consent decree. This consent decree specifically focuses on those youth who have experienced a hospitalization and did not receive timely services in the least restrictive setting, as required by law. The Federal Monitor has just started their work and under the terms of the agreement, their work will result in contributions in furthering our work in this State for children's behavioral health. Shifting the authority of children's behavioral health while this work is ongoing would be completely disruptive to the process and would not align with the terms of this agreement.

DCYF should prioritize ongoing input from the community, particularly from children and families with lived experience, and will require fiscal, workforce, contract management, legal, and other systemic financial supports to be successful. House Bills 5452 and 5718 aim to create a structured framework to achieve the level of clinical expertise required for administration of trauma-informed, evidence-based services all under the umbrella of DCYF.

Maintaining and formalizing the authority for children's behavioral health within DCYF will also secure the OCA's oversight authority of this function. If the authority for children's behavioral health were to be moved from DCYF, the OCA would be unable to oversee the provision of such services without additional statutory change, expanding the scope of our authority.

The OCA supports House Bills 5452 and 5718 to provide that DCYF be the state agency responsible for all matters related to children's behavioral health and formalize a comprehensive structure to meet the needs to children and families requiring behavioral health services and supports.

We thank you for your continued support of children and families involved with DCYF in Rhode Island.

Sincerely,



Katelyn Medeiros, Esq.
Child Advocate