



401.235.7000  
CommunityCareRI.org  
PO Box 1700 Woonsocket, RI 02895

March 6, 2025

House Committee on State Government and Elections  
Testimony in Support of H5718

Dear Committee Members,

I am writing on behalf of Community Care Alliance, a comprehensive social services and behavioral health organization based in Woonsocket, RI in support of H5718. CCA is also a member of the Rhode Island Coalition for Children and Families, and I serve as the co-chair of the Children's Behavioral Health committee of RICCF.

There are three critical points that underscore my rationale for support of this bill:

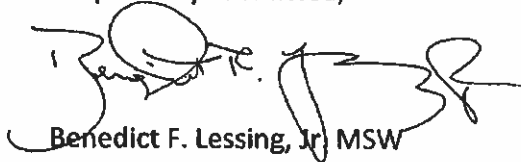
1. DCYF under Director Ashley Deckert's leadership is making significant progress in the evolution of developing a comprehensive array of community based services for children and families. Absent consistent leadership and expertise in previous years, the Department has struggled relative to its vision and ability to partner with families, communities and non-profit organizations. After many years, DCYF in my opinion is in the process of shifting its efforts to address the needs of children and families in both a positive and proactive manner. I also see evidence that the Department is engaging local communities such as Woonsocket in a deliberate manner.
2. H5718 also underscores the importance of expanding the Department's scope of operations. This means that DCYF will require the necessary clinical, administrative and data resources to develop and lead Children's Behavioral Health services throughout the State. As such, the Department will need to establish a Children's Behavioral Health division that serves children and families whether they are under the supervision of DCYF and the Family Court or not. It is imperative that a Children's Behavioral Health Division have the capacity to work in support of other divisions (i.e. Child Welfare, Juvenile Justice), BHDDH, DHS, RIDOH, School Systems and community based organizations across the service spectrum.
3. The Bill provides the Department with a specific mandate to develop, lead and assess children's behavioral health needs beginning with preventative services across a full spectrum of resources that will impact the well-being of children and families.

H5718 comes at a point in time when there has been an ongoing debate around shifting children's behavioral health back to BHDDH or EOHHS. The argument against this approach include the following:

- BHDDH has had a 40+ year history of practice primarily focused on persons with severe and persistent mental illness and individuals with substance use addiction or co-occurring disorders.
- BHDDH has neither the content expertise in working with children and families nor the system's capacity required.
- EOHHS should play an instrumental role in supporting the development of children's behavioral health, assuring that DCYF has the necessary resources and reducing the multiple silos that inhibit quality care for children and families and contribute to unnecessary expenses.

The objective of State Government should be to assist vulnerable populations, provide programming that is based on best practice and empirical data and organize its resources in a manner that are accessible, equitable and support the well-being for all of its citizens. It is my belief that H5718 meets this objective for children and families.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Benedict F. Lessing, Jr.", is written over the printed name.

Benedict F. Lessing, Jr. MSW  
President/CEO  
Community Care Alliance