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Testimony on H-5718, DCYF – Scope and Power
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-5178 – An Act Relating to State Affairs and Government – Department of Children, Youth and Families – The Powers and Scope of Activities**, sponsored by Representative Casimiro and co-sponsored by Representatives Cruz, Shallcross Smith, Noret, Donovan, Cotter, Roberts, Read, Serpa, and Chippendale.

This piece of legislation would expand the Department of Children, Youth, and Families' (DCYF) authority to oversee and administer comprehensive behavioral health services for children with serious emotional disturbances and developmental or functional disabilities. This legislation represents a pivotal step toward improving public health outcomes for our state's most vulnerable youth.

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.

Expanding DCYF's authority to oversee behavioral health services closes a critical gap in our healthcare system. Children with serious emotional disturbances and developmental disabilities often require integrated, specialized care, yet Rhode Island is not meeting this need.

- 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.

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[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."

- Just last year, DCYF reported 7 child fatalities and 6 near fatalities – a devastating reality that underscore the urgency of this legislation. As recently as 3 days ago, another 15-year-old nearly lost their life due to system failures.[3]

By centralizing oversight within DCYF, we can improve coordination of care, and ensure that children receive timely and appropriate care.

Implementing a Child-Centered, Trauma-Informed Framework

House Bill 5718 reinforces a child-centered, trauma-informed, and culturally responsive model for service delivery. This approach recognizes the unique experiences and needs of each child, particularly those who have experienced trauma. Often, children in DCYF's care have experienced adverse childhood experiences (ACEs), including abuse, neglect, and exposure to violence. A trauma-informed framework ensures that services are not only reactive but proactive, focusing on long-term resilience and healing.[4]

By adopting this framework, Rhode Island would be following evidence-based best practices used in other states that have successfully integrated behavioral health within child welfare systems.[5]

Addressing Public Health Concerns and Community Well-Being

Unaddressed behavioral health challenges in childhood are directly linked with negative long-term outcomes, including:

- Lower academic achievement and higher dropout rates.[6]
- Increased involvement in the juvenile justice system.[7]
- Higher rates of chronic health conditions in adulthood, including substance use disorders and mental illness.[8]

By expanding and enhancing behavioral health services through DCYF, Rhode Island can break these cycles and foster healthier individuals – ultimately strengthening our communities and reducing long-term public health costs.

Conclusion

H-5718 presents a critical opportunity to strengthen Rhode Island's public health infrastructure by ensuring that behavioral health services for children are coordinated, accessible, and effective. However,

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[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."
[4] ACES Aware, "Trauma-Informed Care."
[5] Guyer et al., "How States Are Responding to the Behavioral Health Crisis Among Children and Youth."
[6] Schuurmans et al., "Child Mental Health Problems as a Risk Factor for Academic Underachievement"; Strauss, "Study."
[7] Keys, "When They Need Us Most"; Bentley, "Unlocking Young Minds."
[8] Biel, Tang, and Zuckerman, "Pediatric Mental Health Care Must Be Family Mental Health Care"; Keys, "When They Need Us Most."

this effort must be paired with H-5452, which would formally establish DCYF as the lead agency for children's behavioral health. Together, these bills create a necessary foundation for a more equitable and efficient system.

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

Thank you for your time and consideration.

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