



NAFI Rhode Island

Creating diverse and innovative services for people

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March 6, 2025

The Honorable Evan P. Shanley

Chair, House Committee on State Government and Elections
State of Rhode Island General Assembly
82 Smith Street
Providence, RI 02903

Re: Support for H5718

Dear Chair Shanley, Vice Chairs Messier and Corvese, and Members of the House Committee on State Government and Elections,

NAFI RI is a nonprofit, human service organization that supports children, adolescents and their families throughout Rhode Island. We offer services in various ways through congregate care services, intensive in-home clinical programs, evidence-based services, and foster care. We are writing to offer our support of H5718.

The following points outlined provide a strong argument for keeping children's behavioral health services under the Department of Children, Youth, and Families (DCYF). Here's a concise summary of the key points, highlighting why DCYF is the right agency to manage children's behavioral health:

1. Integrated Care Model:

- DCYF integrates behavioral health with family support services, ensuring a holistic and family-focused approach. This reduces fragmentation and ensures children and families get the comprehensive support they need.

2. Existing Expertise:

- DCYF has extensive experience working with transition-age youth (16-21) and collaborating with state and nonprofit agencies to address this population's unique needs. The agency can leverage federal funding through programs like Title IV-E, Medicaid, and TANF to enhance prevention and early intervention efforts.

3. Systemic Challenges:

- DCYF's behavioral health services face systemic challenges like underfunding and policy constraints. However, with adequate resources, DCYF is well-positioned to address these issues and enhance its services.

Why Keeping Children's Behavioral Health Under DCYF Matters

1. **EOHHS & BHDDH Are Adult-Focused:**

- Shifting children's behavioral health services to adult-focused agencies like EOHHS or BHDDH would undermine the specialized expertise required to address children's mental health. Children's care needs an understanding of child development, family dynamics, and trauma-informed practices that these agencies lack.

2. **Lack of Case-Level Expertise in EOHHS/BHDDH:**

- EOHHS and BHDDH are not equipped with the hands-on skills needed for in-depth case involvement with children and families facing mental health challenges. This highlights the need for a dedicated Division of Children's Behavioral Health with additional clinical and medical expertise.

3. **Cost & Disruption:**

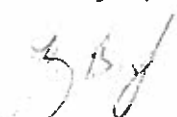
- Moving children's behavioral health services to another agency would incur significant costs, take time, and could duplicate efforts. This shift would distract from improving existing services and exacerbate gaps in care.

4. **Continuity of Care:**

- Transferring children's behavioral health services to agencies not focused on child well-being could create silos, leading to delays in service access and disruptions in care. DCYF's integrated approach ensures continuity, which is vital for children's development and safety.

These points underscore why it is crucial to keep children's behavioral health services under DCYF, ensuring they receive the focused, specialized care they need.

Thank you,



Lynn Bishop, M. Ed
Executive Director
NAFI Rhode Island