

March 6, 2025

RE: In Support of HB 5718- An Act Relating to State Affairs and Government - Department of Children, Youth and Families -Powers and Scope of Activities

Chairman Shanley, Vice Chairs Messier and Corvese, and members of the House Committee on State Government and Elections,

In 2023, 62.1% of Rhode Island youth who experienced a major depressive episode received no mental health services. This alarming figure highlights the need for improved access to behavioral health services. We write in strong support of H5718 which would codify and strengthen the powers and scope of activities of the Rhode Island Department of Children, Youth, and Families regarding Children's Behavioral Health. The Rhode Island Coalition for Children and Families is comprised of 44 organizations including all Certified Community Behavioral Health Clinics, the majority of DCYF providers of home and community-based and residential services, along with specialty organizations focused on family violence, children with I/DD issues, and more.

History of Call for a Children's Behavioral Health System of Care at DCYF

RICCF members have deep experience and expertise in serving the children and youth of our state and doing so in the full context of their families, schools, and communities. The call by community providers to strengthen the Children's System of Care based in DCYF goes back to at least 2017 when the Substance Use and Mental Health Leadership Council called to "Reestablish DCYF as the authority for Children's Behavioral Health, charging it with intradepartmental coordination of care planning,"ⁱ harkening back to when Rhode Island was a national leader in Children's Behavioral Health. RICCF joined in the call and providers have been consistent advocates to elevate a system of care, enhance service access, and address gaps to meet the growing behavioral health needs of children and youth in the context of their families.

As a member of the Senate Commission on Structure and Functioning of EOHHS, a participant in the NE Association for Children's Behavioral Health, and the state Health Systems Planning Council Advisory Committee, RICCF and I have been consistent in our call for an improved response to children, youth, and families with behavioral health crises. The crises have been so severe that they have culminated in both Department of Justice (settled) and ACLU-Children's Rights-and Disability Rights RI (pending) lawsuits against our state.

Research and Findings- "Children in Crisis Can't Wait" Report

In October, RICCF released the report "Children in Crisis Can't Wait: The Case for System Transformation."ⁱⁱ We noted that children of all ages are experiencing behavioral health crises, as evidenced by insurance claims and hospitalization data:

- 18% of Medicaid eligible toddlers aged 2-3 have a behavioral health claim.
- Youth aged 6-18 have 44,100 behavioral health claims.
- Youth ages 18-25 have a higher prevalence of serious mental illness compared to other age groups.ⁱⁱⁱ

The severity of issues children are facing is evidenced by the number of them who end up in the emergency department and the hospital, seen here in Figure 2.

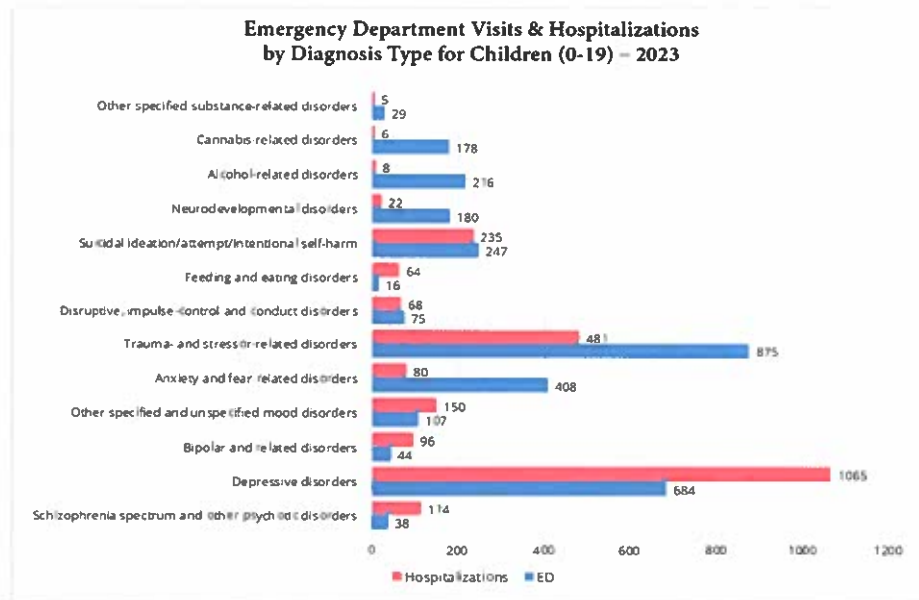


Figure 2. Source: Rhode Island Department of Health. Hospital discharge data. Retrieved from <https://health.ri.gov/data/hospitalization/discharge/> as compiled by the Brown Community Engaged Data initiative.

Age is an important factor, but treatment should be determined also by level of trauma, race, sexual orientation, gender identity, family situation, etc. Children heal in the context of families, schools, and communities. Children and youth who are Black, Indigenous, or People of Color, those who identify as LGBTQIA+, and other subpopulations require specialized knowledge and focus.

In addition to prevalence, we found that the state has:

- Fragmented administration with children's services spread across seven agencies.
- Complex and siloed funding
- No single point of access
- Limited and uncoordinated data and quality metrics.

To respond to these challenges, our report calls for elevation of a comprehensive System of Care within a Division of Children's Behavioral Health and we believe that DCYF provides the best and most expert agency within which to base our System of Care. A system of care includes:

- No wrong door to access care
- Mobile crisis response and stabilization capacity
- Comprehensive and standardized assessment and treatment for children with more straightforward needs
- Multi-System and family need informed service planning for those with more complex and greater challenges.

What matters to children and families with behavioral health challenges is they can get the help that they need and that their providers have the right practice knowledge and clinical expertise.

Arguments for a Children's System of Care within DCYF:

Holistic Approach and Capacity: DCYF is uniquely positioned to address children's behavioral health within a broader focus on child wellbeing, family support, childhood trauma, and youth development services. DCYF already has core competencies and established relationships with families, schools, courts, and systems that enable a seamless response to children's behavioral health needs. In 2023, DCYF supported over 2,500 children and their families through their Children's Behavioral Health Services spending tens of millions on these services.

We know that 70% to 80% of youth in the juvenile justice system have at least one diagnosable mental health disorder, and 50% of youth in the child welfare system face similar challenges. These statistics highlight the need for trauma-informed care, which DCYF has specialized in for decades. This expertise in addressing mental health within the child welfare and juvenile justice systems cannot be easily transferred to or replicated by agencies focused primarily on adult populations.

Least Restrictive Environment: A central goal of DCYF's work is to keep children in family settings and the least restrictive environment whenever possible. Since August 2023, DCYF has achieved a 52% increase in home-based service utilization, expanding its reach from 935 children and families daily to over 1,400. In Fiscal Year 2023, DCYF successfully reduced out-of-home placements from 1,569 to 1,420, reinforcing its success in keeping children within their homes and communities.

While stigma is a reasonable concern, the system no longer requires that children must be in the custody of DCYF to receive help for their needs. A Division of Children's Behavioral Health should be designed and marketed so that children, youth, and families get access to the services they need without having to think about government departments.

DCYF is positioned to leverage federal funding streams such as Title IV-E, Title IV-B, Medicaid, and TANF, which support prevention and early intervention efforts. Transitioning services to another agency could disrupt these funding streams and create administrative challenges, jeopardizing the financial support necessary to provide critical behavioral health services to Rhode Island's children.

Cost and potential duplication caused by transfer of services. Transition of services would introduce significant costs and disruptions. Shifting responsibility to a new agency would require restructuring established systems, diverting resources, and potentially duplicating efforts. This would divert focus away from improving existing gaps in care and risk creating new silos that could harm children's development and safety. DCYF's existing integrated care model, which combines behavioral health and family support services, avoids this fragmentation, providing seamless support for families.

Strengthen DCYF and Rebuild a Children's Behavioral Health System of Care

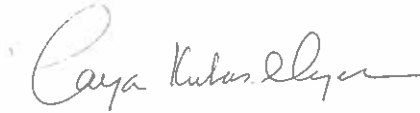
RI should focus on strengthening DCYF's existing framework and rebuilding a System of Care for children's Behavioral Health. By providing adequate funding and addressing policy constraints, Rhode Island can build on the agency's specialized expertise, strong community provider network, and broad relationships.

A well-supported DCYF is best equipped to ensure the safety, health, and wellbeing of Rhode Island's children. Rather than dispersing or transferring services, we must invest in the system that

is already transforming to improve outcomes for children. Together, we can build a stronger, more responsive system of care that prioritizes the needs of our youth and families.

We urge your support of HB5718 and thank you for your consideration.

Sincerely,

A handwritten signature in cursive script, appearing to read "Tanja Kubas-Meyer".

Tanja Kubas-Meyer
Executive Director

¹ Vision of Children's Behavioral Health System of Care, SUMHLC White Paper, March 2017

² Children in Crisis Can't Wait- The Case for System Transformation (<https://www.riccf.org/data-publications>)

³ Rhode Island Children's Cabinet. (2024). Children's Cabinet slide deck. Retrieved from [http://kids.ri.gov/cabinet/documents/presentations/02-29-](http://kids.ri.gov/cabinet/documents/presentations/02-29-2024%20Children's%20Cabinet%20Meeting%20Presentation.pdf)

[2024%20Children's%20Cabinet%20Meeting%20Presentation.pdf](http://kids.ri.gov/cabinet/documents/presentations/02-29-2024%20Children's%20Cabinet%20Meeting%20Presentation.pdf)

⁴ Children's Initiative Concept Paper, State of New Jersey