

Senate Finance Committee

State of Rhode Island General Assembly

Room 211

April 7, 2026

Re: Testimony Regarding the Governor's Budget — FY2027 DCYF Appropriations (H7127)

Good afternoon Chair and members of the committee. My name is Heather Croteau.

I have spent more than twenty-one years working in Rhode Island's child welfare system. Before becoming a supervisor at DCYF, I worked as group home staff, a case manager, and a clinician serving children and families involved with the system. I have spent my entire career here in Rhode Island working directly with the children this system is responsible for protecting.

Today I am speaking in my capacity as the Committee on Political Education Secretary for SEIU Local 580, representing supervisors, case workers, and child protective investigators who work every day with Rhode Island's most vulnerable children and families. In that role, I see these challenges firsthand and hear consistently from staff across the system about the growing gap between available services and the needs of the youth and families we serve.

One issue we continue to see is Rhode Island's reliance on out-of-state placements for youth with the most complex needs. These are Rhode Island children — many of whom have already experienced significant trauma — being placed hours away from their families, their schools, and the communities that support them because the level of care they need is not consistently available here at home.

When that happens, we are not just moving a placement — we are moving a child away from the relationships and supports that help them recover from trauma.

In 2024, DCYF released its PACE Strategic Plan, which set a measurable goal of reducing out-of-state placements. That goal reflects something many of us working in the system strongly believe: Rhode Island children should receive the care they need here in Rhode Island whenever possible.

The scale of this challenge is reflected clearly in the state budget. The Board and Care line that funds residential placements — including many out-of-state programs — is projected to reach nearly \$191 million in FY2027, an increase of roughly \$44 million in just two years.

I want to acknowledge that the General Assembly has made significant investments in services for children and families in recent years. Those investments matter, and the workforce in this system recognizes that commitment.

When public funding at this level is invested in services for vulnerable children, it is reasonable to expect that those investments translate into measurable improvements for youth.

From the frontline perspective, one of the clearest challenges we see is that services that exist on paper do not consistently translate into real access or measurable change for the youth we serve — whether due to eligibility barriers, waitlists, or limitations in service capacity.

When that happens, DCYF often becomes the constant emergency room for children in crisis. And emergency rooms were never meant to be the entire healthcare system.

For the workforce I represent, these system gaps show up in very real ways. Caseworkers and supervisors are often managing extremely complex cases where the services needed to stabilize a child or family either do not exist, are not accessible when needed, or are not producing the outcomes required to safely move a case forward. When that happens, the responsibility falls back on the DCYF workforce to manage the crisis, often with limited options.

The complexity and volume of these cases also carry a real cost for the workforce. We continue to see experienced staff transfer out of FSU and CPS — not because they stop caring, but because the system does not give them what they need to do the job safely and effectively.

Rhode Island has developed a robust array of services over the years, and many providers do important work. At the same time, the needs of the youth we serve — particularly those with the most complex behavioral health challenges — require services that can produce real, measurable changes that allow children to remain safe in their homes and communities.

One of the most significant gaps we continue to see is in adolescent substance use treatment.

As a DCYF supervisor, I see the day-to-day consequences of limited in-state substance use treatment capacity. We do not have inpatient beds for youth who need them. These are not abstract numbers — these are children.

When a youth reaches that level of crisis and there is no in-state bed available, the options are limited and none of them are good. We send that child out of state — often to a program their family cannot easily visit. And when that happens, coverage can become another obstacle: many youth rely on Rhode Island managed care plans such as Neighborhood Health Plan, and when they are placed out of state, that coverage often ends. They remain Medicaid eligible, but Rhode Island reimbursement rates are often too low for out-of-state providers to accept — making consistent medical and behavioral health care difficult to access while they are away from home.

Or we wait. And waiting for a youth in active substance use crisis carries its own consequences.

I have supervised cases where a youth was moved multiple times across placements because the right level of care was not available consistently in one place. Each move disrupts treatment progress, weakens family connections, and resets relationships with the staff trying to help them.

We are asking the most vulnerable adolescents in our system to do the hardest work of their lives under the least stable conditions.

And when those are the options — sending a child out of state or waiting in crisis — we are not operating a system of care. We are managing risk in the absence of it.

And the longer a child remains out of state, the harder it becomes to bring them home successfully. Family connections weaken. Supports shift. Continuity of care is disrupted.

I have testified before this committee on these issues before. The fact that I am here again — with the same concerns and the numbers larger — is itself part of the story.

We have the data, we have the funding trajectory, and we have identified the problem.

These are our children, and it should not be normal for Rhode Island to send them hours away to receive the care they need.

As you consider this budget, I respectfully ask the committee to ensure the resources support building the in-state capacity, coordination, and accountability needed to deliver on that expectation — so Rhode Island children can receive the care they need closer to home.

Thank you for your time and consideration.