



March 5, 2025

The Honorable Evan Shanley, Chair  
House State Government and Elections Committee  
Rhode Island State House  
Smith Street  
Providence, Rhode Island 02903

Re: H5178 and H5452

Dear Chairman, Shanley and members of the Committee:

I am writing in support of House bills 5178 and 5452 which together will provide that DCYF is the chief agency responsible for all matters related to children's behavioral health and ensure that DCYF has the tools and authority to oversee a comprehensive system of care for children. Our current system of care for children is filled with many well-meaning, caring and competent individuals and numerous programs, initiatives, and interventions. Unfortunately, there are also significant gaps in services, access challenges, minimal evaluation, coordination challenges, and confusion and frustration felt by parents who try to access child mental health and family support interventions. The challenges are systemic; therefore, we need to intervene systemically. By amending our law to clearly identify which state agency holds responsibility for children's behavioral health and expand the powers and scope of activities, Rhode Island will be better positioned to meet the unique, challenging, and growing children's mental health needs.

Adoption Rhode Island is a nonprofit organization dedicated to promoting safety, permanency, and a sense of belonging in foster and adopted children, vulnerable youth, and families through compassionate services, education, and advocacy. We have served many thousands of children and families impacted by trauma over the years in our various programs. Several months ago, we received our behavioral health license. We are dedicated to expanding our behavioral health services to assist the state in meeting the mental health needs of children, young adults and families impacted by child welfare and adoption. This strategic organizational goal was developed after listening to families express frustration with our consistent waitlist for behavioral health services with clinicians who possess integrated trauma and adoption and child welfare expertise. Additionally, in our adoption and guardianship programs, we were witnessing far too many children needing hospital level of care. These families requested that Adoption Rhode Island increase trauma treatment and child welfare and adoption-informed mental health interventions. While it has been difficult to navigate the expansion and development of services for our population across different state agencies, we continue to forge ahead with our goal of expanding our behavioral health offerings, including through a new contract with DCYF.

According to Rhode Island Kids Count, approximately 28.7% of Rhode Island children ages three to 17 had a mental, emotional, or behavioral health problem and more than half (59%) of these children had a

problem obtaining mental health counseling or treatment. For children who experience a major depressive episode, the lack of access to treatment is even more alarming. 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. Children and youth with mental health conditions are at increased risk for suicide. In 2023, 36% of Rhode Island high school students reported feeling sad or hopeless for more than two weeks and 9% of these students reported attempting suicide one or more times during the year. Unfortunately, the risk of suicide is even greater in adoptees than the general population. In fact, the odds of a reported suicide attempt are four times greater for adoptees than non-adoptees. These are alarming statistics.

Rhode Island Coalition for Children and Families released a report in October that highlighted the state's struggling children's behavioral health system and documented its fragmentation and lack of accountability. Because of the systemic challenges, some children do not access care at all, others wait for extended periods of time, while hundreds of children annually remain in inpatient care or out-of-state placement far too long. The needs of children must be prioritized. Structural changes are required, and investments and coordination of services need attention now. Children cannot wait.

Also, important to highlight, in December 2024, the Department of Justice (DOJ) entered a consent decree with the state of Rhode Island to resolve the DOJ's May 2024 findings that Rhode Island unnecessarily segregated children with behavioral health disabilities in psychiatric hospitals, violating federal civil rights. The consent decree requires the state to provide children with community-based services that will allow them to stay in their own homes while they receive services. A court appointed monitor has been adjudicated to oversee this decree.

DCYF's growing commitment to improving policies and practices to better meet the needs of Rhode Island's children, youth and families is evident and appreciated. I applaud DCYF for recently receiving accreditation. The Department of Children, Youth and Families currently has statutory responsibility for children with serious emotional disturbance. Within their statutory authority, DCYF has developed some limited children's behavioral health structures that can be expanded, enhanced, and improved with additional resources and authority. DCYF also has institutional knowledge about serving children in need, child, and family interventions, and convening children, youth, and families together to address unmet needs in the areas they currently are responsible. DCYF has strengthened its family centered approach and has made incredible gains in prioritizing kinship care as well as listening to those most impacted by its policies and programs. Our state must ensure a wholistic, family-centered approach to addressing the behavioral health needs of children. DCYF is most well-positioned to deliver on this approach.

DCYF is also uniquely positioned to leverage federal funding streams such as Title IV-E, Medicaid, and TANF, which support prevention and early intervention efforts. Transitioning existing services to another state 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. DCYF is also best positioned to understand some of the unique behavioral health needs of certain populations of children, such as children impacted by adoption and foster care, homeless children, children who have been sexually exploited and/or trafficked, and more. These populations of children and families are already served by DCYF.

H5718 would clarify and codify that DCYF will have responsibility and authority to ensure the development, oversight, and maintenance of a comprehensive, integrated, home and community-based

continuum of care tailored to meet the developmental, emotional, and behavioral needs of children and families. The DCYF shall ensure that all behavioral health services are delivered through a comprehensive system of care. The system will provide a continuum from prevention to intensive intervention and that the services are flexible, coordinated, child -centered, trauma -informed, and culturally responsive. DCYF has recently made progress in developing a home and community -based service array. 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. While there is more work to do, and children and families still in need, DCYF is laying the foundation for a more flexible and responsive child serving system in Rhode Island.

At this point in time in Rhode Island, when we know our state is experiencing a children's behavioral health crisis, fragmented system, and a federal consent decree that requires state action, we need to make critical structural decisions that will address these needs, deficits, and federal requirements. DCYF is the agency most well-positioned to take on this increased role and responsibility. And while some individuals may be wary of building a full continuum of children's behavioral health system under DCYF because they are most known as the child protection agency, this is a communication and branding challenge that can be overcome. State agencies can clearly communicate the different roles and responsibilities they have, particularly if the children's behavioral health division has strong leadership, increased authority and visibility, and effective communication tools at their disposal. I do not see this challenge as unsurmountable. A well-supported DCYF is best equipped to ensure the safety, health, and wellbeing of Rhode Island's children.

In summary, I support H5178 and H5452 which together would clarify and strengthen DCYF's role and responsibilities in addressing children's behavioral health needs in Rhode Island and will ensure that our state creates a more accessible, seamless, coordinated, and responsive system of prevention through high -end intervention services for children, youth, and their families. I am happy to answer any questions or gather more information to help assist in the creation of this system for children. I can be reached at [dallen@adoptionri.org](mailto:dallen@adoptionri.org) or 401-524-3456.

Respectfully submitted,



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