

March 6, 2025

Dear House Committee on State Government & Elections:

Thank you for this opportunity to address the House to urge you to support bill 2025 -H 5718 relating to the state of affairs and government, Department of Children, Youth and Families (DCYF), the power and scope of activities. Pertaining specifically to the importance of DCYF continuing to serve as the lead children's behavioral health authority, with an emphasis to strengthen RI's system of care infrastructure, workforce, and comprehensive service array network to address the needs of children with serious emotional disturbance (federal definition) and youth transitioning to adulthood with DSM V diagnosis.

I believe that moving children's behavioral health to another state agency would be a mistake as DCYF interacts the most with children with behavioral health due to their responsibilities for child welfare and juvenile justice involvement. DCYF understands family systems and has a provider network dedicated to this population. DCYF works closely with birth, kinship, foster, and adoptive parents who are caring for children with behavioral health challenges and many experiencing intergenerational complex trauma.

I was the child who experienced trauma at an early age due to child sexual abuse and I come from a family who has generations of mental health and substance use challenges. I have many years of experience as a parent and grandparent caring for children and youth with SED, mental health and substance use challenges and working within children's behavioral health as family advocate and directing a statewide family run nonprofit organization, Parent Support Network. For my family we were able to navigate and access community-based mental health services though due to my son's intensive behavioral health needs and unsafe behaviors resulting in multiple acute hospitalizations and periods of time where my son needed more restrictive care, we became involved with DCYF. I accessed home based treatment services with DHS, was involved with family court for his acting out behaviors and needed to continually work with the schools to meet his educational needs and deal with his behaviors in the classroom. I learned how important it is that there is no wrong door for accessing treatment and services and the problem is not moving children's behavioral health to another state agency, and instead there is a need to strengthen state level interagency investment and collaboration utilizing evidence-based system of care and wraparound practices. This requires multi-agency collaboration and investment in a comprehensive array of services and support that cut across behavioral health, child welfare, juvenile justice, early childhood, special education, social services, etc. DCYF and their contracted provider network do have the most experience implementing these

practices for the behavioral health population, though they continually lack financial resources and workforce specialty training to sustain best and effective practice.

Children with serious emotional disturbance who are involved with multiple agencies are often at risk or formally involved with child welfare and the justice system. Their needs are very complex and require coordination and individualized plans of care. These children need to be carved out when addressing their care as they can utilize over 85% of financial resources, while only representing under 10% of the children's behavioral health population. As the system of care continues to serve the most in need population this can expand knowledge towards prevention and early intervening, this again requires all state agencies and good leadership working together in a system of care and wraparound framework.

I am concerned about a move to children's behavioral health to another state agency at such a critical time of uncertainty of Medicaid and federal funds allocated towards children's behavioral health will additionally cause more harm to children and youth. There is a movement towards strengthening behavioral health treatment within certified behavioral health clinics though they continue from national to state level to be very adult driven focused on the most severe and persistently mentally ill and children are not prioritized at this time, and it may take years for these CBHCs to meet the child priority population need. They will learn to serve as strong treatment partners though they will need to learn to work in an integrated manner with child welfare and the justice system who most urgently cares for this population.

I urge you to continue to have DCYF to serve as the children's behavioral health authority, and have the state legislator more closely monitor system of care interagency governance structure and continuous improvements needed to have a stronger children's behavioral health system of care and comprehensive home and community based and specialty service array needed for this population.

Respectfully,

A handwritten signature in cursive script that reads "Lisa Conlan". The signature is written in dark ink and is positioned above the printed name.

Lisa Conlan Lewis