

The Designated Protection and Advocacy System for Rhode Island

MEMORANDUM

TO: K. Joseph Shekarchi, Speaker of the House

Christopher R. Blazejewski, Majority Leader

Marvin L. Abney, Chair, House Committee on Finance

House Committee on Finance

FROM: Morna Murray, Executive Director, Disability Rights Rhode Island

Steven Brown, Executive Director, ACLU of Rhode Island

DATE: May 24, 2024

RE: **Proposed DCYF Budget**

As the Finance Committee works to complete the proposed FY 2024-2025 budget for the State, our organizations write with urgency in light of the U.S. Departments of Justice and Health and Human Services report issued last week on the serious deficiencies in DCYF's behavioral health system.

Multiple investigations – previously conducted by the Office of the Child Advocate, Disability Rights Rhode Island, the RI Attorney General, and now joined by the U.S. DOJ – have exposed a longstanding pattern of abuse and neglect of children with behavioral health disabilities in the state of Rhode Island. As these practices come to increasing public scrutiny, Disability Rights Rhode Island and the ACLU of Rhode Island strongly encourage the committee, in consultation with other decision-makers, to effectively utilize this necessary opportunity for righting the current course and establishing a long-term solution for children rather than continuing on its apparent present course of spending tens of millions of dollars on residential treatment facilities.

To quote U.S. Attorney Zachary Cunha, "It's not an issue of not enough beds." Rather, the longterm solution is robust funding and utilization of comprehensive community-based services, provided in homes and schools, that prevent crisis and support children where they live; services and supports that are inexcusably insufficient in our state.

Study after study shows that care in settings like hospitals, psychiatric residential treatment facilities like St. Mary's Home for Children, and other residential settings harms children who are already in crisis. Children treated in these settings, particularly when they experience extended stays instead of being timely discharged to a community setting, experience physical and emotional abuse, overmedication, trauma, and rehospitalization at higher rates. Their long-term success, in school and in life, is diminished. Unfortunately, the state budget focuses on spending for more space for psychiatric residential treatment facilities and programs and intensive residential treatment facilities. As the U.S. DOJ findings emphasize, this is the wrong approach, and such a spending spree will not solve the extraordinarily serious violations of federal law documented by that agency's investigation.

Moreover, the financial burden of these residential settings is astronomical compared to the costs of serving children in the community. The state is paying tens of millions of dollars for purported remedies that have exacerbated harm to children, while not funding, or underfunding, proven community-based and family-focused interventions that will help children.

We urge the committee to take the U.S. DOJ findings – and those that have preceded it on this issue – to heart, and to redirect into community-based efforts the proposed funding that would place more of the state's abused, neglected and otherwise vulnerable children in residential treatment facilities that cannot solve the problem.

We thank you in advance for your consideration of our views and hope that the committee can take steps to address this crisis in an effective and timely manner.