

Children and Youth Subcommittee of The Governor's Transition Committee Report and Recommendations

Executive Summary

The need for a strong system of care for children has never been greater. The past fifteen months have been challenging for Rhode Island children, youth and their families. There was enormous interruption, isolation, grief and loss in so many of their lives. For many, meeting daily basic needs was a challenge. For our most vulnerable, it was very traumatic. Although the state agencies, hospitals, community-based organizations and philanthropic community all stepped up and responded to many urgent needs, the impact of the pandemic continues to create challenges for our state's children. We experienced a loss of child care facilities, and many enrichment programs and camps were closed. There were disproportionate impacts on our BIPOC communities. Foster children experienced significant isolation. Far too many children were, and continue to be, in need of intensive psychiatric care (and instead many are unfortunately boarded in medical hospitals awaiting psychiatric hospital beds). All of this is taking a profound toll on our children—and we do not know what the long-term impacts will be.

In order to help address the needs of all of Rhode Island's children, including our most vulnerable, we recommend the Governor focus on three areas over the next year: child welfare, children's behavioral health and child care. There were common themes raised by our presenters and our specific recommendations primarily focus on the need for more investments, the need to adjust rates associated with care, and the need to expand workforce capacity and competencies.

Committee Participants and Process

The community members who served on this subcommittee stand ready to assist the Governor in achieving the best outcomes for Rhode Island's children. They include: Hugo Adames, Owner, The Talent Factory; Darlene Allen, CEO, Adoption Rhode Island; Heather Croteau, Secretary C.O.P.E.; Jennifer Griffith, Rhode Island Child Advocate; Mathew Gunnip, President of SEIU 580; and Hilary Levey Friedman, President of the Rhode Island chapter of the National Organization for Women.

Representatives from the Governor's Office include: Cheyenne Cezeault, Kayla Rosen, Elizabeth Winangun.

The committee welcomed the following experts to share their expertise: Kevin Aucoin, Interim Executive Director, Rhode Island DCYF; Elizabeth Burke-Bryant, Executive Director, Rhode Island KidsCount; Mandy Comte, Social Worker, Burrillville School Department; Amy Goldberg, Pediatrician, Aubin Child Protection Center; Courtney Hawkins, (Former) Director of DHS; Patricia Hessler, Chief Legal Council, Rhode Island DCYF; Ben Lessing, CEO, Community Care Alliance; Elizabeth Lowenhaupt, Medical and psychiatric director at the Rhode Island Training School; Tanja Kubas-Meyer, Executive Director, Rhode Island Coalition for Children and Families; Caitlin Molina, Deputy Director, Rhode Island Department of Human Services; Henry Sachs, President, Bradley Hospital; Hilary Salmons, Executive Director, Providence After School Alliance; and Susan Reilly, Senior Director, Casey Family Programs.

We make our fifteen recommendations based on a summary of themes and suggestions by the presenters and members following discussion. This is not a complete analysis, which experts can provide, but rather a

list of priorities on which we believe the Governor can have a serious impact. We understand that some of these issues are systemic and multifactorial—for example, the housing crisis and unequal access to resources in our state—and we flag those along with other specific recommendations.

Children's Behavioral Health

The children's behavioral health system was struggling to meet the needs of Rhode Island's children prior to COVID. Overdose and suicidal ideation and suicidal attempts have dramatically increased during the pandemic. Nationally, 10% of children under age five experience a significant mental health issue. In Rhode Island, one in five (19.0%) children ages six to 17 has a diagnosable mental health problem; one in ten (9.8%) has significant functional impairment (2020 RI KIDS COUNT Fact Book, pg. 58). That was pre-pandemic so the need is greater than ever now. The DCYF has statutory responsibility, but many of the services offered crisscross state agencies, private insurance and Medicaid. This has contributed to challenges regarding access, coordination and availability of a full array of services for children and families.

Adolescents, in particular are really struggling. Not being in school has reduced the amount of adults able to watch for mental/behavioral health flags, like eating disorders. Many of the patients recently admitted for eating disorders are close to the point of death when they are seen at Bradley. Our children's psychiatric hospital stays and board days have increased. There are gaps in service for adolescent girls, particularly those with traumatic histories. They are often placed out of state for treatment. When they return, they are frequently right back in the hospital due to lack of in-state appropriate level of care.

Pediatric child abuse specialists are seeing significant trauma. The priorities to address this include increasing the availability and accessibility of evidenced-based trauma behavioral health treatment for vulnerable children and creating opportunities for all children to heal, experience normalcy, and not over-focus on the pressures from the lost year of school or new concerns about sense of safety and perception of danger in every day life. We should shift our thinking to understand the pandemic as a community based childhood trauma, so mental health support is "medicine" for healing the impacts on children. Social workers in rural and urban communities, including school social workers, need more support within the schools and within the community to help address the growing mental health needs of the children they serve.

Gaps in children's behavioral health service include the need for mobile crisis response teams, more in-state residential treatment program for girls, and additional intensive community-based services for youth and families. A major gap in Intensive Community-Based Treatment (ICBT) is believed to be driving children and youth to inpatient care in greater numbers than before and/or lengthening in-patient stays.

A contributor to gaps in both community based mental health and child psychiatry treatment are the rates. Community agencies need to fundraise to fill the gaps of insufficient rates while Brown University-trained child psychiatrists (in programs that are exceptional nationwide) leave the state for positions that pay better via reimbursement rates. The inadequate rates to community-based organizations that provide mental health treatment to children threaten the viability of programs and exacerbate workforce challenges. Private community-based organizations cannot continue to subsidize the base costs of services, as that system clearly has not been sustainable up to now.

Recommendations

1. Utilize mental health and educational stimulus dollars to expand, enhance, and increase school and community-based children's behavioral health services.

2. Address gaps in acute service needs by developing statewide mobile crisis response capacity and specialized residential programming for girls.
3. Increase rates and consider incentives to behavioral health providers in order to attract and retain pediatric psychiatrists, psychologists and mental health clinicians and to support non-profit organizations that offer children's behavioral health services.
4. Invest in EBP trauma training for the workforce in order to build up advanced competencies that better meet the current emotional and behavioral health needs of children.

Child Welfare

DCYF has made gains in reducing the overuse of congregate care, increasing kinship care and standardizing their child abuse investigation processes. Prior to the pandemic, 64.9% of foster care families were relative caregivers compared to 71% of current foster care population. In February, 2020 there were 420 children and youth who resided in a congregate care setting. Today, that number has decreased to 313. DCYF's strategic plan outlines their vision to move the organization to focus on promoting child and well-being outcomes and integrating an equity lens throughout all aspects of their plan. In part, their strategy has included overhauling their practice model by implementing a standardized family engagement tool. Additionally they have strategies that address workforce competencies and expanding prevention programs. They have been intentional in their approach to reduce entry into foster care.

While we have seen progress in a number of areas of child welfare, there are still multiple areas that need immediate attention in order to meet the needs of the children, youth, and families—especially by recruiting and retaining a qualified workforce. Without attention, the safety, permanency and well-being of children in DCYF care will be negatively impacted.

Caseloads at DCYF, although improved over the last year, remain one of the top concerns of the front line staff. Just like caseload issues exist with the Family Service Workers, they also apply to the legal staff. They have high caseloads, many lack specialized training, and the Department lacks sufficient paralegal support. Some attorneys are carrying more than 300 cases. These conditions contribute to challenges in court and can delay reunification, adoption, and guardianship arrangements for children and families.

Addressing the educational needs of foster children is another significant area of concern. Less than half of youth finish high school by age 19 and very few graduate with a college degree or other post high school training or apprenticeship credential. One area in need of further analysis is the Educational Advocate program to determine if it is effective in its mission, management, and impact. Another is whether the school funding formula works well for DCYF-involved children.

Community-based providers report decrease in referrals to prevention, support, and foster care services that could further reduce the need for acute mental health care and higher end residential treatment services. Ensuring that all children leave foster care with a family, all families have the services and supports needed to safely care for children and prevent re-entry into foster care and that youth are provided with the tools to achieve successful transition to adulthood are all critical components to a functioning system of care for children and families. In order to do this, the community-based service array must be robust and the public/private partnership must be strong, clearly articulated and effectively coordinated.

Finally, we repeatedly heard that housing insecurity is one of the biggest challenges for families involved with DCYF. It impacts reunification timelines and the ability for older youth to successfully transition out of foster care to adulthood.

Recommendations:

1. Adequately resource the child welfare system in order to ensure that DCYF case workers and attorneys have reasonable caseloads and that the DCYF can fund sufficient community-based services in order to better serve the needs of vulnerable children and families, meet federal benchmarks, and achieve lawsuit agreement requirements regarding child safety, permanency and well-being.
2. Utilize infrastructure stimulus dollars to invest in public and private agency workforce development.
3. Create a workgroup that includes Governors office, RIDE, DCYF, OCA, key stakeholders (such as Adoption RI), and young people with lived foster care experience to examine and create a state plan to address and significantly improve the educational outcomes of foster youth.
4. Ensure that statewide housing investments include a plan to focus on and dedicate funding for meeting the needs of the child welfare population.
5. Ask DCYF to create actionable steps to address the racial disparities that exist in our child welfare population.
6. Evaluate the effectiveness of our current systems in meeting the needs of youth transitioning out of foster care. More specifically, review the implementation and service array associated with the Voluntary Extension of Care program.

Child Care/Out of School Care

Child care is a multi-generational workforce issue. Parents rely on child care to enter, re-enter or remain in the workforce. We have all heard how women, and especially women of color, have been impacted by the pandemic more than men when it comes to employment.

RI reopened 88% of its child care system in June of 2020. This significantly outpaced other states who have seen mass closures and delays in reopening due to the COVID-19 pandemic. RI has operationalized millions in federal relief to child care programs to compensate for the increased costs associated with delivering in-person care. We must continue to support their work by funding new facilities, increasing eligibility, and making the field more stable for employees.

Afterschool programs and summer camps connect to these themes as well. In Rhode Island we have the Providence Afterschool Alliance, which is a state-of-the-art program that leads nationally, particularly when it comes to social and emotional learning and program evaluation. These spaces should be used to think about learning loss, yes, but also about healing, playing, growing, and (re)connecting.

Recommendations

1. Increasing and expanding family eligibility to access subsidized childcare along with reimbursements.
2. Growing care options and capacity by building 100 new centers.
3. Increase funding to a variety of afterschool programs in cities and towns.
4. Continue to support the educational and workforce development of early childhood and out of school time teachers.
5. Publish a resource directory so families and providers know what resources are available, and publicize it both online and through schools and centers directly.