



**RHODE ISLAND KIDS COUNT**  
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**Testimony Re: Senate Bill 2639, An Act Relating to Domestic Relations—  
Adoption of Children  
Senate Judiciary Committee  
April 7, 2022  
Kelsey Bala, Policy Analyst**

Madam Chair and members of the Committee, thank you for the opportunity to provide testimony today. We would also like to thank Senator Kallman for sponsoring this important bill and Senators Archambault, DiMario, DiPalma, Cano, Miller, Acosta, Coyne, Quezada, and Zurier for co-sponsoring. Rhode Island KIDS COUNT would like to voice its support for elements of Senate Bill 2639, which would require the Family Court and/or the Department of Children, Youth, and Families (DCYF) to provide any child who is the subject of a DCYF neglect or abuse petition, or a petition for termination of parental rights, with a mental health referral within 48 hours of the child's removal from their home based on the individual needs of the child and would add the right to a mental health referral in these instances to the Children's Bill of Rights.

In instances of child neglect and abuse, removal from the home may be necessary for the child's safety and well-being. It is also true however, that removal is disruptive and often compromises a child's developmental progress. The experience of neglect and/or abuse as well as the trauma of removal from home can have lifelong consequences on a child's health, well-being, and their relationships with others. It can also place them at increased risk for mental health problems. Mental health conditions can impair daily functioning, prevent, or affect academic achievement, increase involvement with the juvenile justice system, result in high treatment costs, and increase the risk for suicide. Between 2015 and 2019, there were 1,165 emergency department visits and 794 hospitalizations of youth ages 13-19 due to suicide attempts in Rhode Island. Twenty children under age 20 died due to suicide in Rhode Island between 2015-2019.

The Children's Bureau reports that experiencing abuse or neglect during childhood is a risk factor for depression, anxiety, and other psychiatric disorders during adulthood. Additionally, research supports that adults who experienced adverse childhood experiences (ACEs) including neglect, abuse, and/or household dysfunction had a higher prevalence of suicide attempts compared to adults who did not experience ACEs.

**Rhode Island KIDS COUNT believes that timely access to mental health services based on the individual needs of a child who has experienced neglect, abuse, and removal from their home is an important effort in ensuring the immediate and future well-being of that child's mental health.** Currently, the bill states that a child will be provided with a mental health referral within 48 hours of the child's removal from their home or the filing of a petition alleging neglect or abuse against the parents/guardians/caretakers of the child. We propose modifying this timeline to allow the Family Court and/or DCYF to give a proper assessment for the referral to ensure the individual needs of the

child are indeed properly assessed so they are referred to the appropriate services.

**Additionally, the current programs that provide community-based behavioral and mental health services to children in the care of DCYF are facing significant staffing shortages.** The DCYF provider workforce is in crisis due to underfunding caused by a failure to ensure rates paid to community providers keep pace with the cost of providing services. For the first time in decades, community providers have vulnerable children on waitlists delaying services due to staffing issues and turnover. Although we support an expedited referral to mental health services, we fear that the workforce crisis where it currently stands is a roadblock to this very important effort.

Senate Bill 2639 is a practical step to ensure that all children in Rhode Island who have experienced neglect, abuse and/or removal from their home are provided with the appropriate tools to address their mental health needs even before symptoms and long-term consequences present. We urge you to pass Senate Bill 2639, however, **we encourage modification of the 48-hour window and encourage you to bear in mind that current referrals remain unfulfilled as a direct result of the workforce crisis.** Thank you for the opportunity to testify.

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