



**Psychological Centers, Inc.**

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*Providing a broad spectrum of  
behavioral expertise to help  
communities solve their problems*

**Outpatient offices:**

- Psychological Centers  
Middletown, Providence,  
Warren (Riverwood Mental  
Health Services)

**Consultation and evaluation**

- Citizens for Citizens,  
Head Start/Early Head Start
- Trudeau Center & Homestead  
Group, Early Intervention
- Crossroads Rhode Island
- Program evaluation

**Center for ADHD and  
Disruptive Behavior Disorders**

- Multisystemic Therapy (MST)
- Nickerson House Community  
Center, Delaine House

**Center for Broad-Spectrum  
School-Based Services:**

- RYSE School, Autism  
Spectrum Disorder, and At-  
Risk Youth Programs, Chariho  
School District
- Jump Start program, Central  
Falls Schools
- Met School, Newport

**Center for Community-Based  
Services:**

- Intensive Outpatient Services
- Enhanced Community-Based  
Services for Youth with  
Severely Disruptive Behavior
- Developmental Disabilities  
Program

**Infant and Early Intervention  
behavioral health services:**

- Growing Families Project:  
maternal mental health
- Homestead Group
- Trudeau Center, Early  
Intervention

**Center for Integrated  
Behavioral-Medical Care:**

- Hillside Avenue Family and  
Community Medicine  
(Pawtucket and Scituate)
- Mount Hope Medical Center
- Northwest Health Center
- OB-Gyn Associates (various)
- Pediatric Associates
- Portsmouth Medical Center
- Thundermist Health Center
- University Family Medicine
- University Medical Foundation
- Valley Road Primary Care
- Wood River Health Services

**Psychological Centers/  
URI Counseling Center  
Professional Continuing  
Education Program**

**Center for Behavioral Science  
and Public Policy**

***DCYF FINANCIAL REVIEW TEAM RECOMMENDS REFORMING  
SYSTEM OF CARE TO REDUCE COSTS & MEET CARE GOALS:***

**Opportunity for immediate savings this fiscal year**

Press release, 5/1/2007

- In 1978, the “McMillan Report” expressed the need to reduce spending on residential care in favor of funding community based services.
- In 1991, a Special Legislative Task Force Report “Our Children, Our Responsibility” called for increased capacity in intensive community based services as an alternative to the “over reliance” on residential placement and hospitalization.
- In 2001, the Rhode Island Public Expenditure Council (RIPEC) report, “A Review of the Department of Children, Youth and Families,” commissioned by the Rhode Island Children’s Policy Coalition, called for reduced spending on residential care and increased use of community based services for DCYF-involved children.
- Now, 6 years after the RIPEC report, 16 years after the legislative Task Force report, and 29 years after the McMillan Report, the financial review team once again identified the need to reduce current overuse of residential options.

We recommend:

Removal of a child to an out-of-home placement (whether hospital or residential facility) should require determination that the following criterion is met.

Criterion for out-of-home placement:

Given the available supervision and supports, even with clinical intervention, training for family/caregivers, and clinical support,

The youth

- Cannot be maintained safely in the home environment, or
- Proven effective treatments required to stabilize functioning or remove risk to self or others cannot be provided successfully in the home environment

“None of [the] justifications [offered in the past for admission to **residential treatment centers**] have stood up to research scrutiny.... It is premature to endorse the effectiveness of residential treatment for adolescents. Moreover, research is needed to identify those groups of children and adolescents for whom the benefits of residential care outweigh the potential risks.”

- Mental Health: A Report of the Surgeon General (1999).

<http://www.surgeongeneral.gov/library/mentalhealth/chapter3/sec7.html>

“**Residential programs**, interventions that take place in psychiatric or correctional institutions... show little promise of reducing subsequent crime and violence in delinquent youths. While some residential programs appear to have positive effects on youths as long as they remain in the institutional setting, research demonstrates consistently that these effects diminish once young people leave.”

- Youth Violence: A Report of the Surgeon General (2000).

<http://www.surgeongeneral.gov/library/youthviolence/chapter5/sec3.html>

There is national consensus about the ineffectiveness, financial wastefulness, and potential destructiveness of residential care for treatment of mental health problems and reduction of antisocial behavior in youth. We were therefore pleased to read the results of Stephen McAllister, Lee Grossi, and Tom Hogg’s fiscal review of the Department of Children, Youth and Families (DCYF). Their review once again noted the need to reduce over-reliance on out-of-home placements, most likely through increased use of proven effective community based alternatives and diversionary services.

There are now nationally proven community-based programs that have repeatedly been shown in both controlled scientific research and real world evaluations around the country to have better outcomes for the same children who are being disserved by residential programs. Unfortunately, community-based services in common use are too often chosen because of their apparent helpfulness and reasonableness, in disregard for evidence that they do not work as well as proven effective alternatives or, worse, may actually cause long term harm.

The Surgeon General’s report points out that social casework, for example, combining individual therapy with close supervision of youths and coordination of social services “failed to demonstrate any positive effects... even when implemented carefully and comprehensively,” and has been found to cause significant harm in one longitudinal evaluation. Review of the effectiveness of “treatment as usual” in community settings has found an average effect of “0” (as summarized by Weisz of UCLA and, separately, by Bahr Weiss of Vanderbilt). In particular, the Surgeon General’s report dismisses the usefulness of pre-post follow up studies, especially those without evaluation of adequately long term aftercare outcomes, but including any that fail to compare the results to some alternative condition. The report described one 7-year follow up of children in publicly funded residential treatment centers (RTCs): “75 percent of youth treated at an RTC had been either readmitted to a mental health facility (about 45 percent) or incarcerated in a correctional setting (about 30 percent)....” It is time that Rhode Island dramatically reduced its use of such ineffective and potentially destructive services.

There are intervention options serving youth in their own homes and communities with proven, socially important effects such as keeping them at home with their families, out of the hospital and out of residential placements, in school, and out of trouble with the law. Specific home and community-based interventions have repeatedly been shown to decrease behavior problems including substance abuse, crime, violence, and disruptiveness, increase long-term pro-social adjustment, and save money for the child services system (as identified by the Casey Family Foundation, the Rand Corporation and Colorado Foundation in the promising practices network, the National Institute on Drug Abuse, and the Dept. of Justice, Office of Juvenile Justice and Delinquency Prevention, among others). These findings are not merely academic, or even the self-evaluations of service providers: the publicly created and funded Washington State Institute for Public Policy found specific community based approaches to be the most appropriate options for solving their state's real policy problems in serving seriously disordered youth.

The Governor, Department, and legislature have a choice: the Surgeon General's report describes residential treatment centers as "the second most restrictive form of care (next to inpatient hospitalization) for children with severe mental disorders" for which "there is only weak evidence... [of] effectiveness," but it also identifies the availability of less expensive and more effective alternatives that allow us to keep children at home or in their communities. We hope that DCYF director Martinez and the state's network of strong child and family advocates will join with the Governor and legislative leaders to finally act on the years of multiple proposals to ensure wiser, more humane, and more effective use of state dollars for serving children with serious behavioral problems.

Signed,

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