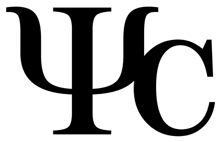

Psychological Centers, Inc.
765 Allens Avenue, Suite 102
Providence, Rhode Island 02905
(401) 490-8900 Fax: 490-2619

Centers of psychological expertise addressing behaviors involved in mental, physical health, and development, school success, effective parenting, and other important community concerns

Behavioral health evaluation and intervention
- Outpatient offices: Providence, Warren (Riverwood Mental Health Services)
- Consultation and psychological evaluation: Central Falls Schools; Chariho Regional School District; Crossroads Rhode Island; Meeting Street School; Program evaluation services; Trudeau Center & Looking Upwards Early Intervention

Center for Disruptive Behavior Disorders
- Multisystemic Therapy (MST)
- Preserving Families Network

Center for Broad-Spectrum School-Based Services:
- RYSE School, Autism Spectrum Disorder, and At-Risk Programs, Chariho Regional School District
- Johnson and Wales University Counseling Center

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:
- Head Start/Early Head Start, Citizens for Citizens
- Looking Upwards Early Intervention
- Trudeau Center Early Intervention

Center for Integrated Behavioral-Medical Care:
- Hillside Avenue Family and Community Medicine (Pawtucket and Scituate)
- Mount Hope Medical Center
- OB-Gyn Associates (various)
- Pediatric Associates
- Portsmouth Medical Center
- Thundermist Health Center
- University Family Medicine
- University Medicine Foundation (Providence sites)
- Wood River Health Services

Psychological Centers/ URI Counseling Center Professional Continuing Education Program

Center for Behavioral Science and Public Policy

November 20, 2008

Are financially-driven state cutbacks going to hurt children?
No- quite the opposite!

Nationally, we know that replacing residential (out-of-home) services with effective community based services is *better* care:

"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).

"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).

Locally, we have known for decades that we needed to replace residential (out-of-home) services with effective community based services to improve care:

- In 1978, the "McMillan Report" expressed the need to reduce overuse of residential care in favor of 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 use of residential care and increased use of community based services for DCYF-involved children.
- Now, 7 years after the RIPEC report, 17 years after the legislative Task Force report, and 30 years after the McMillan Report, the Governor's DCYF financial review team once again identified the need to reduce current overuse of residential options.

In fact, hospitalization increases the likelihood of future hospitalization, has "iatrogenic effects of making problems worse in many cases, and is less effective than at least some community based interventions when compared head to head (e.g., MST[1]).

Residential placements have no evidence of effectiveness for bringing about sustained changes, but have been shown to cause iatrogenic harm in many cases[2]. The Surgeon General's report described one example of a 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)…." Effective community based interventions have been shown to decrease subsequent residential placements (e.g., MST[3]).

Community Based Services are only known to produce sustained improvements, however, if based on proven effective approaches (e.g., average effects have been found to be "0"[4]). Further organization of services into systems of care, even systems with single points of entry, have not been found to improve outcomes unless each service is designed according to the scientific evidence for effectiveness[5]. 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.

Specific intervention options serving youth in their own homes and communities (e.g., MST) have been proven to have 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.

Conclusions:

Sometimes a fiscal crisis is required to take steps that should have been taken years ago.

Effective community based services for youth are more effective, and thus more humane, than alternatives upon which Rhode Islanders have been relying for far too long. Some of those effective community based services are already available in Rhode Island (e.g., MST is offered by Psychological Centers and the Providence Center; Intensive Juvenile Supervision is offered by Tides Family Services). It is time that we use them.

Sincerely,

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