



3/4/2026

The Honorable Marvin Abney  
Chair, House Finance Committee  
State of Rhode Island General Assembly  
82 Smith Street  
Providence, RI 02903

**Re: Support for H7127 –AN ACT MAKING APPROPRIATIONS FOR THE SUPPORT OF THE STATE FOR THE FISCAL YEAR ENDING JUNE 30, 2027 – ARTICLES 8 AND 10**

Chair Abney and Members of the House Finance Committee,

Thank you for the opportunity to comment on Article 8 (sections 4 and 5) and Article 10 (section 2) of H7121, the Governor’s FY27 proposed budget. While we support the Governor’s budget, we are concerned that these sections centralize all crisis services under the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH), without recognizing that Rhode Island law assigns authority for children’s behavioral health services to the Department of Children, Youth and Families (DCYF). Any statewide crisis system, including 988, must preserve clear, child-specific governance and meaningful authority for DCYF to ensure children’s services are not absorbed into an adult-focused system with different needs, requirements, and oversight.

FSRI is a behavioral health and social service organization with the mission “to advance hope and opportunity in our communities.” As a state leader in children’s behavioral health, FSRI has been serving Rhode Island communities for decades, including programming to support healthy child development, to provide essential behavioral health services, and to coordinate crisis intervention programs that help children and families thrive. FSRI’s is a state Certified Community Behavioral Health Clinic (CCBHC) and a provider of children’s Mobile Response and Stabilization Services (MRSS). Additionally, we provide several services under contract with DCYF, including residential, foster care, and community-based programming.

Rhode Island law assigns responsibility for children’s behavioral health services to DCYF, yet Article 10, section 2 shifts governance of a primary crisis access point, 988, to BHDDH without clearly preserving DCYF’s authority for children’s services. Any statewide crisis system must explicitly include governance and accountability for children’s services to avoid delays, misrouting, or inappropriate responses. Children’s crisis response also requires distinct clinical standards, response timelines, and service pathways.

Rhode Island remains under a federal consent decree mandating a separate, child-centered behavioral health system to prevent unnecessary institutionalization. Children’s behavioral health cannot be treated as a subset of adult services. The needs of children in crisis are



developmentally distinct and require specialized response models. Centralizing crisis authority within an adult-focused framework risks conflicting with statutory and consent decree obligations.

Thank you for the opportunity to comment on Article 8 and 10 of the Governor's FY27 Budget and the importance of maintaining and protecting a child-focused system. Please feel free to contact me with any questions or follow-up.

Thank you,

A handwritten signature in black ink, reading 'Margaret Holland McDuff'.

Margaret Holland McDuff  
CEO