



March 4, 2026

The Honorable Marvin Abney, Chairman  
Rhode Island House Committee on Finance  
Room 212  
State House  
Providence, RI 02903  
RE: Opposed H7127 - Article 8 sections 4 and 5; Article 10 Section 2

Dear Chair and Members of the House Finance Committee:

My name is Beth Bixby, and I serve as the Chief Executive Officer of Tides Family Services. I write today in opposition to Article 8, Sections 4 and 5, and Article 10, Section 2 of the Governor's FY27 Budget. These provisions, as drafted, materially weaken Rhode Island's ability to sustain a distinct, child-centered behavioral health system consistent with federal EPSDT requirements and the existing federal court consent decree, and they do so without embedding any child-specific guardrails or shared governance requirements.

Tides Family Services works every day with Rhode Island's most vulnerable children and families — youth in crisis, youth involved with DCYF, and families who are doing everything they can to keep their children safely at home. We see firsthand what happens when systems work well — and what happens when they do not.

Taken together, these budget articles represent a continued and accelerating governance shift away from a child-centered behavioral health system and toward an adult-oriented, consolidated structure that does not meaningfully contain a distinct children's behavioral health component.

Over the past several years, we have watched this shift unfold:

- The expansion of the CCBHC model without clear structural separation for children's services;
- The erosion of fidelity to the SAMHSA Mobile Response and Stabilization Services (MRSS) model — a model specifically designed for rapid, family-driven, community-based intervention;
- The growing centralization of authority within EOHHS;
- The implementation of AHEAD, built around population-based accountability and system consolidation;
- The codification of exclusive FCCP regions;
- And now, the centralization of 988 crisis governance under BHDDH.

Individually, each of these changes may appear administrative. Together, they form a pattern: children's behavioral health is being absorbed into adult behavioral health infrastructure.



Article 8, Section 4 expands EOHHS’s authority to restructure Medicaid in furtherance of AHEAD. Article 8, Section 5 locks in regional exclusivity for FCCPs. Article 10, Section 2 centralizes full 988 crisis authority under BHDDH, leaving DCYF in a consultative role.

This is not coordination. It is a shift in control.

And control of crisis access points, financing mechanisms, and regulatory authority ultimately determines how services are delivered — and whether children’s needs remain primary.

Our concern is not philosophical. It is practical.

The federal court consent decree requires Rhode Island to operate a distinct, child-centered, community-based behavioral health system designed to prevent unnecessary institutionalization and to provide services in the least restrictive setting appropriate to a child’s needs.

That system must be developmentally appropriate. It must be family-driven. It must be mobile. It must be integrated with child welfare responsibilities.

It cannot simply be a subcategory within an adult behavioral health framework.

Our children and families deserve a system of care that puts their needs first.

They deserve the system of care spelled out in the federal court consent decree — not a consolidated structure optimized for administrative scalability.

We are also deeply concerned by recent governance developments that further illustrate this trajectory. On March 3rd, DCYF held a public hearing on proposed regulations that reflect yet another example of authority and operational control shifting away from DCYF and toward BHDDH-aligned systems. This is not an isolated event. It is part of a broader pattern of centralization.

Each incremental shift may appear modest. But together, they are reshaping the structure of children’s behavioral health in Rhode Island.

When governance shifts, system priorities shift.

When system priorities shift, service design shifts.

And when service design shifts, children feel the consequences.

Children in crisis do not experience “administrative realignment.”

They experience delayed response.

They experience placement disruption.

They experience hospitalization.



Rhode Island has already been found out of compliance once. We should not move further in a direction that risks repeating that history.

Tides Family Services respectfully urges the Committee to reject Article 8, Sections 4 and 5, and Article 10, Section 2 unless explicit, enforceable protections are added to preserve a distinct, child-centered behavioral health system under clear DCYF stewardship and shared governance for crisis services affecting children.

Reform is not the problem. Consolidation without child-specific guardrails is.

Our children and families deserve better.

Thank you for your consideration.

Sincerely,

Beth Bixby

Chief Executive Officer