Rhode Island Coalition for Children and Families

Together for Children. Families. Communities.

March 4, 2026

The Honorable Marvin Abney, Chairman
RI 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 Abney, Vice Chairs Slater and Marszalkowski and Members of the House Finance Committee:

On behalf of the Rhode Island Coalition for Children and Families (RICCF), we respectfully submit this letter in opposition to Article 8, Sections 4 and 5, and Article 10, Section 2 of the Governor's FY27 Budget when considered together.

Our concern is not based on a claim of line-item defunding of children's behavioral health services. The issue is structural, not nominal. Taken together, the provisions of Article 8 sections 4 and 5 and Article 10 section 2 materially alter the governance, financing, and operational control of children's behavioral health services in a manner that places the State's child-centered system at risk of structural assimilation into adult-oriented behavioral health infrastructure.

This risk is foreseeable, preventable, and incompatible with Rhode Island's legal and policy obligations to children and families.

Article 8, Section 4 – Expansion of EOHHS Authority Under AHEAD

Article 8, Section 4 expands and codifies the Secretary of EOHHS's authority to coordinate, review, and implement Medicaid reforms, including the Achieving Healthcare Efficiency through Accountable Design (AHEAD) Model.

The AHEAD model is designed around:

- Population-based accountability
- Aggregate cost containment
- Administrative consolidation
- Alternative payment methodologies

These tools may be appropriate in adult healthcare systems. However, children's behavioral health operates under different statutory and clinical imperatives, including EPSDT

requirements, federal consent decree obligations, and developmentally appropriate service standards.

Absent explicit statutory guardrails preserving DCYF's independent stewardship of children's behavioral health, expanded consolidation authority within EOHHS increases the likelihood that children's services will be restructured to align with adult-oriented financing and delivery systems.

This is not coordination. It is a governance shift.

Article 8, Section 5 – Codification and Regional Exclusivity of FCCPs

Article 8, Section 5 establishes five fixed FCCP regions and permits exactly one FCCP to operate in each region.

While framed as clarification, this provision:

- Hard-codes regional exclusivity into statute
- Limits service diversity and innovation
- Centralizes prevention infrastructure
- Creates structural consolidation at the community level

The FY27 budget simultaneously reduces flexible FCCP funding (as detailed in our analysis) , without establishing statutory protections to preserve the FCCP model's preventive, family-driven character.

When exclusive regional designation is combined with Medicaid restructuring authority under Article 8, Section 4, FCCPs risk becoming administratively convenient feeder systems into consolidated adult-oriented platforms rather than community-based prevention partnerships.

Article 10, Section 2 – Centralization of 988 Governance Under BHDDH

Article 10, Section 2 amends the section of RIGL that creates the Rhode Island 9-8-8 Suicide & Crisis Lifeline and centralizes authority in the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH).

Under this section:

- The BHDDH Director is authorized to establish, operate, and oversee 988 service.
- DCYF's role is limited to consultation prior to promulgating regulations specific to children.
- There is no shared governance structure or statutory requirement that 988 crisis responses for children align with DCYF's court-supervised continuum of care.

To be clear: RICCF does not oppose 988. Our concern is not the existence of a crisis lifeline.

Our concern is governance.

Crisis access points determine downstream service pathways. When 988 authority is centralized within an adult behavioral health agency without statutory child-specific guardrails, crisis routing decisions may default to adult-oriented protocols that are misaligned with:

- Child welfare case planning
- Mobile Response and Stabilization Services (MRSS) fidelity
- Family-driven care models
- Consent decree compliance

Consultation is not shared authority. Data sharing is not system stewardship.

The Structural Effect of These Provisions Taken Together

Individually, each provision may appear administrative. Taken together, they complete a structural shift:

1. Article 8, Section 4 consolidates Medicaid reform authority under EOHHS in furtherance of AHEAD.
2. Article 8, Section 5 codifies regional exclusivity in prevention services.
3. Article 10, Section 2 centralizes crisis system governance under BHDDH.

This combination:

- Weakens DCYF's independent system stewardship
- Embeds children's behavioral health inside adult-oriented governance structures
- Removes structural separateness necessary for consent decree compliance
- Increases reliance on scalable, institutional, or clinic-based responses
- Reduces enforceable child-specific guardrails

As detailed in our FY27 Budget Analysis, this constitutes a structural tipping point for Rhode Island's children's behavioral health system.

Consent Decree and Legal Risk

Rhode Island remains subject to a federal consent decree requiring a distinct, child-centered, community-based behavioral health system designed to prevent unnecessary institutionalization. Compliance is measured not by topline spending, but by:

- Service availability
- Mobile crisis response fidelity
- Individualized planning
- Accountability of DCYF as system steward

Structural consolidation under adult-oriented governance increases the likelihood of noncompliance, exposing the State to:

- Continued DOJ oversight
- Adverse monitor findings
- Potential enforcement action

This is not a theoretical concern. It is a foreseeable outcome of statutory design choices.

What RICCF Is Asking

RICCF respectfully urges the Committee to:

1. Reject Article 8, Sections 4 and 5 and Article 10, Section 2 unless amended to include explicit child-specific statutory guardrails.
2. Preserve DCYF's clear system stewardship authority over children's behavioral health.
3. Require shared governance mechanisms for crisis systems involving children.
4. Ensure that any Medicaid restructuring explicitly protects child-centered, community-based services.

This is not opposition to reform. It is opposition to structural changes that, by design, place Rhode Island's children's behavioral health system at risk of assimilation into adult infrastructure.

Children are not a subpopulation of adult behavioral health. They require — and federal law demands — a distinct, developmentally appropriate system of care.

We respectfully urge you to protect that system.

Thank you for your consideration.

Sincerely,

Tanja Kubas-Meyer
Executive Director