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HOUSE COMMITTEE ON FINANCE

SUBCOMMITTEE ON HUMAN SERVICES

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Thank you, Chair Tanzi and members of the Committee, for the opportunity to provide testimony today in related to the FY 2027 Budget for the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH).

My name is Katelyn Medeiros, and I am the Child Advocate for the State of Rhode Island. I am the Director of the agency which serves as the oversight agency to the Department of Children, Youth & Families (DCYF). As the oversight agency, we monitor the case of each child and young adult open to DCYF to protect their legal rights and to promote policies and practices which ensure that youth are safe, and that their physical, mental, medical, educational, emotional, and behavioral health needs are met.

The OCA supports the work of BHDDH as the sole authority of adult mental and behavioral health services. Additionally, BHDDH is responsible for adolescent substance use services and supports, however additional statutory clarity is required to codify this role in state law. Currently, there are various legislative and regulatory proposals related to and may impact BHDDH's statutory authority and budget that must be elevated.

Article 10 in Governor's Recommended Budget

As written, Article 10 in the Governor's recommended budget establishes BHDDH as the single mental health authority in Rhode Island and outlines that "the director shall consult with the director of the department of children, youth, and families prior to promulgating rules and regulations specific to RI 9-8-8 services for children, youth, and their families." DCYF is the single authority statutorily responsible for children's behavioral health. As such, clarifying language must be added to establish DCYF as the sole authority for children's behavioral health and any language related to consultation on regulations would need to be amended. Until additional bills are introduced to clearly define BHDDH's authority on adult mental and behavioral health and DCYF's authority on children's behavioral health, the OCA does not support language establishing BHDDH as the single authority on mental health in Rhode Island.

The OCA supports the critical work of a crisis and lifeline through the national 988 network as a key component to comprehensive mental health supports for adults. It is the understanding of the OCA that the Substance Abuse and Mental Health Services Administration did not proactively consider children as a special population when developing the 988 Suicide and Crisis Prevention Hotline. As such, 988 should not be the single point of access for children's behavioral health in Rhode Island in accordance with the U.S. Department of Justice (DOJ) Consent Decree. DCYF's statutory authority over children's behavioral health means DCYF should not simply be consulted by BHDDH on regulatory considerations for children and families, rather, crisis services and supports specific to children's behavioral health would

be better served through an alternative platform with the specific clinical and specialized expertise needed to work with young children and families in crisis, separate and apart from adult service provision and protocols.

U.S. Department of Justice Consent Decree

The DOJ entered into a consent decree on January 7, 2025, with three signatories, DCYF, BHDDH, and the Executive Office of the Health and Human Services (EOHHS), after violations to civil laws related to psychiatric hospitalizations of youth involved in state care were found as part of a federal investigation. The Consent Decree requires an implementation plan aimed at strengthening services for children and youth who are involved with DCYF, strengthening community-based services for behavioral health needs, preventing unnecessary prolonged hospitalization in psychiatric settings, and ensuring timely transitions out of hospitals to least restrictive, family-like settings.

Planning and implementation for the Consent Decree are in process and overseen by the Federal Monitor. The OCA services as a member on the Consent Decree Advisory Committee along with DCYF, community-based providers, and other state officials to provide feedback and recommendations to the Federal Monitor. Given this ongoing work, the OCA does not support making changes to state agency authority, regulations, or public policy prior to completion of the Implementation plan.

The recommendations outlined in the implementation plan will impact BHDDH directly and may require more financial investments because BHDDH shares the work of the DOJ Consent Decree. The Federal Monitor outlined the need for more planning and intentional investments specific to youth with co-occurring diagnoses requiring services from DCYF and BHDDH.

Residential Substance Use Treatment and Services for Adolescents

Rhode Island General Laws (R.I.G.L.) § 42-72-5 and § 42-72-5.2 clearly name DCYF as the authority on children's behavioral health in Rhode Island, with the exception of adolescent substance use services which is the authority of BHDDH according to R.I.G.L § 21-28.11-27.2. Therefore, DCYF should oversee systemic capacity planning for supports, services, and placements related to children's behavioral health, with input from BHDDH related to substance use disorder (SUD) treatment and services.

Proactive collaborative efforts are needed between BHDDH and DCYF to identify supports and services specific to adolescents with SUD requiring residential treatment and capacity for such treatment. BHDDH's residential capacity for youth with SUD should be incorporated as part of DCYF's overall children's behavioral health capacity and not simply seen as placements singular to SUD. BHDDH must make investments in programming that are informed by the needs of the entire population, ensure consistency in care, and align with best practice, with licensing and payment structures that do not dictate service delivery.

Mental Health Emergency Service Interventions for Children, Youth and Families Regulations

A proposed amendment to Mental Health Emergency Service Interventions for Children, Youth and Families Regulations for Certification (214-RICR-40-00-6) was under public comment until March 18, 2026. The proposed amendment would effectively establish BHDDH oversight of DCYF with respect to Mobile Response and Stabilization Services (MRSS), a 24/7/365 in-person crisis intervention within one hour children in need of mental and behavioral health crisis supports. The OCA submitted a letter to DCYF within the public comment period and attended the public hearing where several professionals provided testimony raising concerns about the amendment proposal including references to best practice for child-specific crisis service delivery, clarifying governance structures involving DCYF and

BHDDH, inconsistences and inaccuracies of defined roles referenced in the proposed amendment, and most notably, the added confusion of authority between DCYF and BHDDH that will negatively impact children and their families in need of critical emergency behavioral health interventions.

MRSS staff are trained in child-specific competencies and tailor services to the specific needs of the family, supporting caregivers in effective methods to support their child's well-being. As described in the *Best Practices Expectations for MRSS in Rhode Island* guidance document, "MRSS adopts a family systems approach to address distress in children and youth and their families or caregivers, recognizing the developmental needs of children and youth, including those with developmental disabilities, the critical role of families or caregivers, and the importance of preventing out-of-home placements or the removal of children and youth from their school and community." The importance of staff having child-specific training and expertise when mobilizing around families with children in crisis cannot be understated.

MRSS has a proven track record as a prevention strategy keeping children and youth out of the hospital because of efficient response time and expertise with children and families. Currently, DCYF serves as the authority for children's behavioral health in Rhode Island, apart from adolescent substance use services which is overseen by BHDDH. The OCA wants to highlight the importance of immediate, in-person intervention for children experiencing a behavioral health crisis to properly assess the child or youth directly. In addition to being more efficient for children's behavioral health crisis intervention, MRSS providers and staff have extensive expertise with service delivery for children which is critical to the model's fidelity and cannot be replicated through an adult system.

Children's behavioral health has been central in conversations across various state systems. While these conversations represent a positive step forward, the OCA will continue to highlight the need for a unified vision to thoughtfully plan, collaborate, and intentionally invest to support our children and youth with critical behavioral health needs. Thank you for your continued support of children and families impacted by children's behavioral health in Rhode Island.

Sincerely,

Katelyn Medeiros

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