



Together for Children. Families. Communities.

March 19, 2026

The Honorable Marvin Abney, Chairman
RI House Committee on Finance
Room 212
State House
Providence, RI 02903

RE: Concerns regarding FY 2027 Proposed BHDDH Budget

Dear Chair Tanzi and members of the House Finance Subcommittee on Human Services,

On behalf of the Rhode Island Coalition for Children and Families (RICCF), we respectfully submit this letter in general support of the BHDDH budget but with two significant concerns:

- **Added authority in the FY 2027 budget and H7127, Article 10, Section 2, of BHDDH is the State Mental Health Authority¹.**
- **Lack of investment or a known plan for a full continuum of SUD services for adolescents.**

State Mental Health Authority

Statutorily, DCYF has authority for children and adolescents in Rhode Island with Serious Emotional Disturbance. RICCF supports permanent funding for the 988 24/7/365 hotline but calls for joint oversight of crisis intervention response in support of the DCYF statute and the DOJ Consent Decree. **Governance over the Children's Behavioral Health crisis intervention system must be driven by the voices and needs of children and their families as well as children's behavioral health experts not the adult behavioral health system.**

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.

¹ https://omb.ri.gov/sites/g/files/xkgbur751/files/2026-01/FY%202027_Volume%20II_BHDDH.pdf, p.162

To be clear: **RICCF supports permanent funding for 988**. Our concern is not the existence of the important 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. Crisis response for children also needs to be effectively coordinated with and/or diverted from other emergency response systems: fire, police, etc.

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

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 access and availability, MRSS fidelity, individuals planning, accountability of DCYF as a shared 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 should be a serious concern for the General Assembly.

Lack of Funding for a Full Continuum of Children's SUD services

In addition, RICCF is concerned about the continued lack of a full continuum of services for adolescent substance use treatment. Substance Use in adolescence is most often intertwined with broader mental health concerns and family challenges.² A full continuum includes not only current prevention programming but also:

- Peer supports and recovery models
- Outpatient Services
- Intensive Outpatient services and Home-based Services
- Residential treatment with educational and clinical supports.
- Supportive community models such as sober educational environments.

² <https://childmind.org/article/mental-health-disorders-and-substance-use/>

For BHDDH to comprehensively serve the needs of adolescents, they need to plan for and contract for the full continuum of care. The budget does not reflect an investment in programming to meet their statutory obligations.

We respectfully urge the House Finance Subcommittee to address these issues in their hearings and negotiations regarding the BHDDH budget.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Tanja Kubas-Meyer", is written over a light gray rectangular background.

Tanja Kubas-Meyer
Executive Director