



**TIDES FAMILY SERVICES**

**WE NEVER GIVE UP ON A KID... NEVER!**

215 Washington St.  
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March 6, 2025

**To:** The Honorable Chairman Evan P. Shanley and Honorable Members of the House State and Government Elections Committee

**From:** Beth Bixby, MSW, LICSW, CEO Tides Family Services

**RE:** HB 5718 Support

Dear Chairman Shanley and Members of the House State and Government Elections Committee:

As the CEO of Tides Family Services, I respectfully submit the following written testimony:

I am writing to you today in **support of H5718- Strengthening Children's Behavioral Health** which will ensure the continuation of children's behavioral health services within the Department of Children, Youth, and Families (DCYF).

For over 40 years, Tides Family Services has been dedicated to serving at-risk youth and families across Rhode Island. Each year, we provide community-based services to approximately 1,500 children and families, supported by a dedicated staff of 190 professionals. Our roots are deeply embedded in a commitment to meeting youth where they are—whether at home, in school, or within their communities. Through our expertise in juvenile justice, child welfare, and children's behavioral health, we have developed innovative, evidence-based interventions that prioritize prevention, crisis stabilization, and long-term success.

Without a sustainable and integrated service delivery model, children in crisis are being funneled into emergency rooms, psychiatric hospitals, and even the juvenile justice system. Families desperate for services are met with long waitlists, a lack of in-network providers, and inconsistent eligibility criteria, forcing them into crisis situations that could have been prevented with earlier intervention.

Turnover at a leadership level in DCYF has prevented an overall system design for Children's Behavioral Health.

DCYF completed an RFP process in 2024, expanding the service array available to support all of Rhode Island's youth, regardless of their address or insurance.

Referrals to this network of care have increased by over 50% since August 2024.

Historically, DCYF has funded residential treatment programs for youth experiencing a substance use disorder.



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Rhode Island must ensure that the Department of Children, Youth, and Families (DCYF) has the proper authority to coordinate and expand behavioral health services, rather than fragmenting responsibility across multiple agencies. As such, oversight should not reside solely with the Executive Office of Health and Human Services (EOHHS) or the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH). While these agencies play critical roles related to funding, regulatory oversight, and supporting other populations, neither has the structure nor the child-centered family-focused necessary to effectively manage a comprehensive behavioral health system for youth.

H 5718 presents a critical opportunity to strengthen DCYF's ability to lead this work and ensure a cohesive, child-focused system of care. By reinforcing DCYF's authority, we can move beyond siloed approaches and create a seamless network of services that prioritize early intervention, family involvement, and long-term sustainability.

Rhode Island is not alone in facing these challenges, but other states have taken proactive steps to build comprehensive, sustainable systems of care. For example, New Jersey successfully integrated behavioral health services for children under a single, coordinated System of Care.

Research indicates that approximately 50% of all lifetime mental health conditions develop before age 18, and 63% by age 25. Addressing these issues early allows individuals to develop coping strategies, resilience, and support networks—leading to better lifelong outcomes.

Rhode Island stands at a pivotal moment. We know what needs to be done. We have spent decades developing reports and recommendations, yet meaningful implementation remains inconsistent. Without decisive action, our children will continue to suffer the consequences of an underfunded, disjointed system.

Medicaid, as the primary funder and regulatory entity, must ensure that funding structures support a comprehensive, evidence-based service array that prioritizes prevention and stabilization and does not drive policy decisions. Ultimately, while fiscal responsibility is important in ensuring sustainability, it should never drive clinical decisions or the development of policy that is in the best interests of children, youth and families in our state. The priority must always be to provide the right interventions, at the right time, based on the needs of the families we serve, with the goal of improving their lives in measurable, sustainable ways. This requires both a commitment to understanding the data and a willingness to advocate for what is best for families, regardless of short-term financial considerations.

### **Understanding the Importance of Behavioral Health for Children**

- H 5718 offers a critical opportunity to break down silos between state agencies by establishing a more cohesive, child-centered system of care. Rather than continuing to



rely on different agencies within the state to address children's mental health, we need a system that recognizes the distinct developmental needs of children and delivers services that are integrated and comprehensive.

- The bill's focus on improving coordination and ensuring that agencies work together to meet the unique needs of children and families will directly address the challenges posed by these silos. Behavioral health is not just about managing mental health disorders- it encompasses a child's emotional, psychological, and social well-being, all of which profoundly affect how they think, feel, and act.
- The CDC emphasizes the importance of early intervention in addressing behavioral health concerns for children, as identifying issues early can prevent more serious mental health problems later in life. Children's behavioral health is distinct from that of adults because it is intertwined with their developmental stages, emotional regulation, and social interactions during formative years.

Rhode Island must move beyond short-term fixes and invest in sustainable, long-term solutions such as:

- High Fidelity Wraparound services that provide individualized, family-centered care.
- Intensive Care Coordination (ICC) to ensure seamless service delivery across providers and systems.
- Mobile Response & Stabilization Services (MRSS) to offer immediate crisis intervention and prevent unnecessary hospitalizations.

### **Why Children's Behavioral Health Must Be Addressed Separately Than Adults**

- Children are not simply "little adults." Their developmental stages influence how they experience and express behavioral health challenges. Unlike the adult behavioral health system, which often only treats individuals once they meet higher thresholds for severe symptoms, the children's system must "screen in." This means we must recognize early signs of mental health challenges, as children's behaviors are often reflective of underlying emotional or psychological issues.
- A child-centered behavioral health system must incorporate specialized competencies. This includes the ability to address the developmental and cognitive stages of children, provide early interventions, and work closely with families, schools, and communities to deliver holistic, wraparound care. These specialized competencies are critical to ensure that the services provided are developmentally appropriate, trauma-informed, and culturally responsive.



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- EOHHS, as the single state Medicaid agency, is legally responsible for the program/fiscal management and administration of the Medicaid program. Federal law requires each state to designate a single state agency to administer or supervise the administration of its Medicaid program. The Medicaid agency is the single State agency administering or supervising the administration of a State Medicaid plan. Medicaid's regulatory framework is primarily designed around eligibility, reimbursement, and cost-containment rather than a comprehensive, child-centered model of care.
- Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH) department is responsible for the delivery of behavioral health services, specifically for adults with severe and persistent mental illness and substance use disorders. BHDDH's service mandate does not extend to the comprehensive behavioral health needs of children and youth, further complicating efforts to establish a unified system of care that prioritizes early intervention and stabilization.

### The Critical Role of Families

- One of the key pillars of a successful children's behavioral health system is family involvement. Children's mental health cannot be addressed in isolation from their family dynamics. Families are often the first to notice behavioral health challenges in their children, making them crucial partners in early identification and intervention. Research has shown that outcomes improve significantly when families are actively involved in their child's treatment.
- Continuity of care is essential for children. Behavioral health interventions must extend beyond clinical settings and be supported in the home. Family involvement ensures that therapeutic strategies are reinforced at home, leading to better long-term outcomes and preventing relapses.

### The State of Children's Behavioral Health in Rhode Island

- Rhode Island has made strides in addressing the behavioral health needs of its children, but we are still facing significant challenges:
  - **Hospitalizations:** In 2022, Rhode Island hospitals reported 1,500 emergency department visits and 500 inpatient admissions for children under 18 with primary mental health diagnoses.
  - **Medicaid Enrollees:** In State Fiscal Year 2023, 25% (32,597) of children under 19 enrolled in Medicaid/Rite Care had a mental health diagnosis.



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- **Waiting Lists:** As of 2023, 733 children were on waiting lists for behavioral health services in Rhode Island, some waiting up to a year.
- **Treatment Gaps:** A 2023 report indicated that 62.1% of Rhode Island youth who experienced a major depressive episode received no mental health services, and only 13.9% received consistent treatment, both figures significantly below national averages.

One of the most significant challenges facing children's behavioral health in Rhode Island is the fragmentation of services across multiple state departments. Despite the tremendous need, the system is still under-resourced and unable to fully meet the demand for services.

### **The Essential Role of DCYF**

- The Department of Children, Youth, and Families (DCYF) plays a critical role in supporting children's behavioral health. Currently the statute describes DCYF's powers and scope of activities for DCYF to be the principal agency of the state to mobilize the human, physical, and financial resources available to plan, develop, and evaluate a comprehensive and integrated statewide program of services designed to ensure the opportunity for children to reach their full potential. In addition, the current law mandates DCYF to maintain a continuum of care and provide all services necessary for children, youth, and families.
- DCYF recently completed a major procurement for services for children, youth and families, including residential, home and community-based based and foster care services. DCYF can procure, through RI procurement rules, the best and most qualified Vendors for services procured. Critical new services were established, and the overall number of services increased.
- DCYF has demonstrated success in improving outcomes for children. In 2023, DCYF supported over 2,500 children through its Children's Behavioral Health Services, and the number of children served by DCYF's community-based programs has increased significantly, from 900 to 1,400 children per month since August 2024. These services are effective and should be expanded, not fragmented.
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### **The Role of Home-Based Services**

- At Tides Family Services, we have seen firsthand the positive impact of home-based behavioral health services. Home-based services offer a uniquely individualized approach to treatment, allowing children to receive care in the safety and comfort of their own homes. These services have been shown to improve behavioral outcomes and prevent more costly institutionalization. They also provide significant cost savings for the state by reducing the need for residential treatment placements.
- For example, a 10-year-old girl with anxiety and behavioral issues received therapy at home through Tides. The intervention not only improved her emotional regulation but also enhanced her relationships with peers and her school performance. This approach proved more effective than traditional institutional care and saved the state thousands of dollars.

### **Investment in Behavioral Health: A Critical Need**

- Rhode Island has made substantial investments in children's behavioral health, investing \$20 million this last budget cycle. However, this investment must continue and grow to meet the increasing demand for services. We must prioritize early intervention, home-based services, and the strengthening of DCYF's capacity to manage and expand its services.
- Rhode Island's Medicaid program allocated \$111 million to children's mental health in FY23, and it is crucial that we continue to expand these resources. Strengthening DCYF's ability to provide comprehensive, coordinated, and culturally responsive care will ensure that children in Rhode Island get the services they need when they need them.
- Specific to substance use disorder (SUD) treatment, little to no funding has been made available to DCYF for child and youth-specific services through the Substance Abuse Block Grant. DCYF is able to access other sources of funds to offset this gap.

### **Rebranding for Better Access and Perception:**

Rebranding is more than just changing a name—it's about reshaping the narrative, aligning the organization's goals with the community's values, and creating a more positive perception that resonates with families, service providers, and stakeholders. By rebranding, we can address the stigma associated with services funded through DCYF and make these essential supports more accessible and accepted by families who might otherwise avoid them.





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I would like to share a personal example from a family in Barrington, who has been deeply grateful for the services they received through DCYF funding. This particular family initially struggled to access the support their child needed, but after being connected to TIDES Family Services, they began to see meaningful progress. The family has expressed their sincere appreciation for the care and expertise provided, which ultimately led to significant improvements for their child. The youth has submitted testimony- See attached.

H 5718 provides a solution by establishing a system of care framework that ensures:

- Services are coordinated and streamlined, reducing delays in care.
- Children receive early intervention and wraparound supports to prevent crises.
- Behavioral health services are delivered in the least restrictive setting, prioritizing community-based care over institutional placements.

However, a strong framework is meaningless without clear leadership. That is why passing H 5718 alone is not enough—it must be paired with H 5452, which ensures that DCYF has the formal authority to implement and oversee these improvements. Without both bills, we risk maintaining the status quo, where gaps in care persist, and children do not receive the support they need when they need it.

By passing H 5718 alongside H 5452, Rhode Island can take a critical step forward in creating a behavioral health system that is accessible, responsive, and effective for all children.

I urge the committee to support H 5718 in tandem with H 5452. Thank you for your time and consideration. I welcome any questions.

Respectfully submitted,

Beth A. Bixby, MSW, LICSW

CEO, Tides Family Services