



Office of the Child Advocate

State of Rhode Island

Katelyn Medeiros, Esq. - Child Advocate

childadvocate.ri.gov

35 Howard Avenue, 3rd Fl. - Cranston, RI 02920

tel: 401.462.4300

HOUSE COMMITTEE ON HEALTH & HUMAN SERVICES

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Thank you, Chair Donovan and members of the Committee, for the opportunity to provide testimony today in opposition of House Bill 7919 which would require the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) to publish a statewide guide to the youth behavioral health system.

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 the Department 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.

Presently, 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, it is the position of the OCA that resource guides developed for the various aspects of children's behavioral health including, pre- and post-diagnosis information, support strategies, practitioner roles, how to discuss behavioral health with children, descriptions of care levels including inpatient, outpatient, partial hospitalization, crisis stabilization, and community-based resources, etc. should remain the responsibility of DCYF as the child-serving, statutory authority for children's behavioral health, in consultation with BHDDH specifically on adolescent substance use programming and services.

Caregivers of children who require behavioral health services through DCYF and substance use services through BHDDH are already required to navigate two distinct agencies and systems—an experience that can be complex, time-consuming, and confusing. For this reason, clarity and transparency regarding the respective roles and responsibilities of DCYF and BHDDH must be reinforced wherever possible. The development of a children's behavioral health resource document by BHDDH, an agency whose primary mandate is to serve adults, risks introducing additional confusion for caregivers seeking guidance. To promote consistency, accountability, and alignment with statutory authority, informational resources related to children's behavioral health should be developed and disseminated by DCYF. BHDDH and other relevant agencies may provide consultation where appropriate—particularly regarding adolescent substance use services—but DCYF should remain the lead entity responsible for producing guidance for this population.

The OCA would like to elevate concerns around a related budget proposal included in House Bill 7127, Article 10, sections 1 and 2. As written, Article 10 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.” 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. DCYF's statutory authority over children's behavioral health means that crisis services and supports specific to children's behavioral health may 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.

Thank you for your continued support of children and families impacted by children's behavioral health in Rhode Island.

Sincerely,

A handwritten signature in blue ink that reads "Katelyn Medeiros". The signature is written in a cursive, flowing style.

Katelyn Medeiros, Esq.
Child Advocate