



3/30/2026

The Honorable Susan R. Donovan
Chair, House Committee on Health and Human Services
State of Rhode Island General Assembly
82 Smith Street
Providence, RI 02903

Re: Support for H7994

Chair Donovan and Members of the Committee,

I am writing in support of H7994, which appropriately reaffirms the Department of Children, Youth and Families' (DCYF) central role in leading and overseeing Rhode Island's children's behavioral health system.

FSRI is a behavioral health and social service organization with the mission "to advance hope and opportunity in our communities." We have been serving Rhode Island children, families and communities for over a century, including programming to support healthy child development, to provide essential behavioral health services, and to coordinate crisis intervention programs that help children and families thrive. FSRI is a provider of residential, foster care, and community-based services under contract with DCYF, and is also one of the state's five Family Care Community Partnerships (FCCPs).

Rhode Island law clearly assigns responsibility for children's behavioral health services to DCYF, and H7994 strengthens and reinforces that statutory framework. We are at a pivotal moment for children's behavioral health - continuing to meet the obligations of the federal consent decree while preparing for significant Medicaid transformation ahead. At this critical juncture, it is essential that DCYF is fully empowered to carry out its oversight and leadership responsibilities to strengthen and sustain a child-centered behavioral health system.

As I previously stated in my testimony on the Governor's Budget, specifically Article 8 (Sections 1 and 2) and Article 10 (Section 2), I have serious concerns that the language in those sections further consolidates behavioral health authority within the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) without clearly preserving DCYF's authority over children's services. While coordination across systems is important and necessary, it must not come at the expense of DCYF's statutory role.

Rhode Island remains subject to a federal consent decree that mandates a separate, child-centered behavioral health system designed to prevent unnecessary institutionalization. Children's behavioral health services cannot simply be treated as a subset of adult services. Children have developmentally distinct needs that require specialized, age-appropriate care models.



Centralizing authority within an adult-focused framework risks undermining both statutory requirements and consent decree obligations.

I have a few recommendations to further strengthen this bill, including the following:

1. Revise the terminology throughout the bill by replacing “behavioral health” with “mental health” to avoid confusion with BHDDH’s authority over adolescent substance use and recovery services.
2. Amend the language related to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) and children with developmental disabilities. We would be happy to work collaboratively with the bill sponsor to address these revisions.

Thank you for the opportunity to submit this testimony in support of H7994. With the above recommendations, this legislation is essential to ensuring that DCYF retains the authority and responsibility necessary to lead Rhode Island’s children’s behavioral health system at this critical time.

Sincerely,

A handwritten signature in black ink, appearing to read 'Margaret Holland McDuff', written in a cursive style.

Margaret Holland McDuff
CEO