



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

March 30, 2026

Thank you, Chairwoman Donovan and members of the Committee, for the opportunity to provide testimony today **in support** of House Bill 7994 which would clearly define the scope and power for the Department of Children, Youth, and Families (DCYF) to oversee and administer comprehensive behavioral health services for children with serious emotional disturbances and children with developmental or functional disabilities and require DCYF to create a framework for children's behavioral health that adheres to Medicaid requirements. Thank you to Representatives Casimiro, Shallcross Smith, Alzate, Tanzi, Stewart, Dawson, Fogarty, Caldwell, Donovan, and Potter for sponsoring this legislation.

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 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.

DCYF is the state agency responsible for serving children and families who are involved with the child welfare, juvenile justice, and children's behavioral health systems. As such, DCYF has various divisions across child services including Child Protective Services, Community Services and Behavioral Health, Division of Youth Development, Division of Family Services, Licensing and Resource Families among others. Each division is responsible for a specific role in delivering services and providing support to children and families related to children's behavioral health.

Child specific service delivery requires a specialized level of expertise, different from the skills needed to serve adults. DCYF oversees nearly all of children's behavioral health, except for youth specific substance use treatment which is overseen by the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities & Hospitals (BHDDH). Given DCYF's mission and oversight of children's behavioral health services, the OCA supports outlining the scope and activities under Rhode Island General Law (R.I.G.L.) to clearly define DCYF's roles and responsibilities as the single authority on children's behavioral health.

While DCYF presently oversees children's behavioral health, the law does not clearly define this role, nor does it outline a framework to ensure the infrastructure and resources necessary to deliver these services effectively. The OCA acknowledges that there is a lot of work to be done for DCYF to be truly successful in this work. The OCA continues to elevate concerns around the current service array, allocated resources, and infrastructure in place to meet the needs of our children and youth. We are still faced with challenges such as an inability to access the right level of care timely and extended use of institutional settings. However, rather than dismantling our current system, we are at a pivotal moment where all stakeholders are engaged in conversations about building and developing a system that can be responsive to the needs of all children and youth. This is an opportunity for inter-agency collaboration and coordination to ensure effective

provision of children's behavioral health services delivered by DCYF. This is a time to devote energy and resources into developing a robust continuum of care and an infrastructure that can meet the needs of children and families, in real time.

The Department of Justice entered into a consent decree on January 7, 2025, with three signatories, DCYF, BHDDH, and the Executive Office of the Health and Human Services, 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 is in process and overseen by the Federal Monitor. The OCA serves 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. House Bill 7994 aligns with and supports the critical work underway to make meaningful change to the children's behavioral health system and DCYF is leading this work as the authority for children's behavioral health.

R.I.G.L. §§ 42-72-5 and 42-72-5.2 clearly establish DCYF as the authority on children's behavioral health in Rhode Island, and this bill would further clarify and affirm that role. During this session, amendments to Articles 8 and 10 were introduced that could be interpreted as designating BHDDH as the state's single mental health authority. Such a shift could directly affect DCYF's responsibilities and authority over children's behavioral health. The OCA submitted testimony opposing this change, underscoring the importance of clearly defining and preserving DCYF's role as the authority for children's behavioral health. The one exception is for adolescent substance use services which is under the authority of BHDDH pursuant to R.I.G.L. § 21-28.11-27.2. In accordance with the law, 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.

However, as outlined in the OCA's last child fatality report, we believe that the authority for adolescent SUD treatment and services should be transitioned to DCYF as this would provide a more streamlined approach to behavioral health treatment. Often, youth with a substance use disorder diagnosis or youth who are utilizing substances as a coping mechanism, also have a co-occurring mental health diagnosis requiring treatment. As a result, youth requiring substance use treatment and treatment for co-occurring disorders, must navigate two separate systems causing fragmentation and inefficiency in treatment planning, which negatively impacts our youth. Authority for children's behavioral health should incorporate authority over all behavioral health needs, including treatment and services for adolescent SUD. While adolescent SUD treatment and services remain the responsibility of BHDDH, proactive and collaborative efforts between BHDDH and DCYF are needed to identify a continuum of supports and services tailored to adolescents with SUD and to develop a more streamlined approach to accessing necessary care.

Maintaining and formalizing the authority for children's behavioral health within DCYF will also secure the OCA's oversight authority of this function. If the authority for children's behavioral health were to be moved from DCYF, the OCA would be unable to oversee the provision of such services without additional statutory change, expanding the scope of our authority.

The OCA supports House Bill 7994 to provide that DCYF be the state agency responsible for all matters related to children's behavioral health and formalize a comprehensive structure to meet the needs to children and families



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

requiring behavioral health services and supports. We have a critical opportunity to approach this system transformation with care, keeping children and families in need of support at the center of our efforts. This bill will provide clear structure to the system and help advance this important work.

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

Sincerely,

Katelyn Medeiros, Esq.
Child Advocate