

April 14, 2026

The Honorable Louis P. DiPalma, Chair
Senate Finance Committee
Rhode Island State House
Providence, RI 02903

Re: Concerns with Article 10, Section 2 of the proposed FY27 Budget

Dear Chairman DiPalma and Honorable Members of the Finance Committee,

On behalf of the Rhode Island Coalition for Children and Families (RICCF), we respectfully submit testimony regarding Article 10, Section 2 of the Governor's FY27 budget, which centralizes governance of Rhode Island's 988 Suicide & Crisis Lifeline within the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH).

RICCF does not oppose 988. We support the continued development and long-term sustainability of a statewide 24/7 crisis response system. Our concern is not whether Rhode Island has a crisis lifeline. Our concern is how it is governed, particularly for children and families.

Governance Structure and Children's System Alignment

Article 10, Section 2 authorizes BHDDH to establish, operate, and oversee the 988 system statewide. Under this structure:

- DCYF's role is limited to consultation prior to child-specific regulations
- There is no statutory requirement for alignment between 988 and DCYF's court-supervised continuum of care
- There is no shared governance model for youth crisis response across systems

Consultation is not shared authority. Administrative coordination is not system stewardship.

For children and adolescents, crisis response is not a standalone intervention. It is the entry point into a broader system that includes:

- Child welfare case planning
- Mobile Response and Stabilization Services (MRSS)
- Family-driven and youth-guided care models
- Educational and community-based supports

When governance for 988 is centralized within an adult behavioral health agency without explicit child-specific statutory guardrails, there is a risk that crisis routing defaults to adult-oriented protocols that are not fully aligned with children’s developmental, clinical, and legal needs.

Crisis systems determine downstream service pathways. For children, the first point of contact often shapes whether a family receives:

- A community-based response in the home
- A referral to MRSS or other diversion services
- Or escalation into emergency department or inpatient settings

Without a clearly defined, child-specific governance structure, Rhode Island risks creating a system where:

- Entry points are unified, but responses are not developmentally aligned
- Decision-making authority is centralized, but accountability for child outcomes is diffused
- Coordination exists in practice, but not in statute

A unified number is not the same as a unified system of care. Rhode Island remains subject to a federal consent decree requiring a robust, community-based children’s behavioral health system designed to prevent unnecessary institutionalization.

Compliance is not measured by the existence of a crisis line. It is measured by:

- Timely access to community-based services
- Fidelity of mobile crisis response (MRSS)
- Individualized, family-centered care planning
- Clear system accountability for children’s services

A 988 system that is not explicitly aligned with DCYF’s children’s continuum risks creating parallel crisis pathways that are inconsistent with the intent of the consent decree.

This creates avoidable implementation risk for the State, including continued federal monitoring and corrective findings.

RICCF respectfully urges the Committee to amend Article 10, Section 2 to ensure:

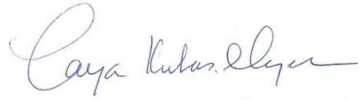
1. A formal shared governance structure between BHDDH and DCYF for youth crisis response within 988.
2. Statutory requirements that 988 crisis responses for children align with DCYF’s continuum of care and MRSS system design.
3. Clear guardrails ensuring child and family crisis protocols are developmentally appropriate and distinct from adult behavioral health pathways.

These are not administrative preferences. They are structural requirements to ensure that crisis reform strengthens, rather than fragments, Rhode Island’s children’s system of care.

Children and adolescents require a system designed specifically for their developmental, clinical, and family context. Crisis access is the front door to that system, and governance of that front door matters.

We respectfully urge the Committee to ensure Article 10 reflects that principle

Sincerely,

A handwritten signature in cursive script, reading "Tanja Kubas Meyer".

Tanja Kubas Meyer
Executive Director
Rhode Island Coalition for Children and Families