



4/9/2026

The Honorable Louis P. DiPalma
Chair, Senate Finance Committee
State of Rhode Island General Assembly
82 Smith Street
Providence, RI 02903

Re: Support for H7127 - Governor's FY 2027 Budget – EOHHS Budget

Chair DiPalma and members of the committee:

Thank you for the opportunity to comment in support of the Governor's FY27 proposed budget for the Executive Office of Health and Human Service (EOHHS). We would like to thank Secretary Charest and the entire EOHHS team for their work to support a healthy Rhode Island.

My name is Margaret Holland McDuff, and I am CEO of Family Service of Rhode Island (FSRI). 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 state Certified Community Behavioral Health Clinic (CCBHC).

I respectfully request the legislature to focus on the areas below regarding the EOHHS Budget:

Adolescent SUD Rate

As FSRI works with BHDDH to plan for a youth residential substance use program serving females ages 12 to 17, there are key areas that the legislature needs to address to ensure there are adequate resources to move forward. First, the legislature needs to authorize the Medicaid Director to establish an adolescent specific substance use rate and to include that rate in the state plan amendment for submittal to CMS. Second, Medicaid will need funding to do the work of establishing the rate. And third, BHDDH did not put General Revenue in the budget for services such as food, transportation, recreation, and other non-clinical services that are not covered by Medicaid. This funding needs to be included in the FY27 budget. These issues and funding gaps must be addressed or we risk delaying or preventing these critical programs from opening.

Ryan White/HIV Funding

I respectfully urge the legislature to restore \$2 million in funding for Ryan White/HIV services. Ryan White case management is essential to ensuring that people living with HIV can access medication, maintain viral suppression, and lead long, healthy lives. Consistent coverage is critical; even brief disruptions in care can result in serious health consequences and increase the risk of HIV transmission. Restoring this funding will protect both individual and public health across our state.



CCBHC

We appreciate the Governor's and Legislature's support of the CCBHCs. FSRI's CCBHC has grown significantly in the year and a half since state-certification. Additionally, FSRI's CCBHC was recently highlighted in SAMHSA's nationally published *2026 CCBHC Toolkit: Engaging Service Members, Veterans, and Families*, which showcased FSRI's clinical approach and community-based strategies for supporting military-connected populations. We request that EOHHS continue to fund the CCBHCs appropriately.

Consent Decree

Adequate funding to carry out the activities of the Consent Decree must be reflected in the budget and have the full support of EOHHS behind it. As part of the process, EOHHS should facilitate a process where all departments under its authority review how their services and supports can help in the implementation plan.

Cedar

FSRI is a provider of Cedar services under contract with the state. Cedar provides critical care coordination and management services to children with complex medical, behavioral, and developmental needs. We advise EOHHS to consider what role this program plays within the Consent Decree. Additionally, we request that EOHHS fund the full OHIC rate for Cedar and all other services that included in the Social and Human Service report.

Mobile Response and Stabilization Services (MRSS)

MRSS is an evidence-based crisis intervention model recognized as a best practice for responding to children and youth experiencing behavioral health crises. In addition to adequate resources for MRSS, passing bill S3066 is critical to the fidelity of the model. MRSS needs to be a standalone service so that families are not required to enroll in a CCBHC or other system in order to get crisis services.

General revenue needs to cover all non-Medicaid billable services, such as the cost of 24/7 on-call and response, which is an essential part of the model. Strengthening and sustaining MRSS is a sound and necessary investment- one that prevents crises, keeps families stable, and reduces far more costly downstream interventions. It is also a required part of the Consent Decree.

Medicaid Transformation

We need dedicated infrastructure funding to adequately prepare providers, and implementation must be delayed until July 1, 2027, as no work has yet been done to prepare the DCYF workforce, community providers, or Family Court for the magnitude of this shift. This transition fundamentally changes child welfare service delivery, moving from a holistic, needs-based approach to one centered on medical necessity and billable services, significantly reducing flexibility to address social determinants of health.

To support this transition, the state should allocate a **minimum** of \$3 million to the Medicaid Office budget specifically for DCYF provider infrastructure, as some providers will need significant capital resources to transition. Additional funding is also needed for the Medicaid Director to secure qualified consultants who can deliver meaningful training and technical



assistance. The legislature should review Faulkner Group's provider readiness assessment to understand that if this transformation is not done methodically, it could drastically decrease the services available to families and cause child abuse and neglect to rise

Additionally, as part of the transition timeline, there needs to be at least two months of parallel systems running – the current DCYF billing system and providers billing under the new Gainwell system. This will allow providers to learn where their weaknesses are and make corrections before it goes live only with Gainwell.

Thank you for the opportunity to comment in support of the EOHHS budget with the recommendations outlined above. Please feel free to contact me with any questions.

Thank you,

A handwritten signature in black ink, reading 'Margaret Holland McDuff'.

Margaret Holland McDuff
CEO