

April 14, 2026

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

**Re: General Support with Significant Concerns Regarding the FY2027 BHDDH 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 this testimony in general support of the BHDDH budget, but with two significant concerns:

- Structural governance changes that risk shifting children's behavioral health oversight away from DCYF's statutory role
- Lack of investment and a defined plan for a full continuum of adolescent substance use disorder (SUD) services

**State Mental Health Authority and Children's System Governance**

Statutorily, DCYF holds responsibility for children and adolescents in Rhode Island with Serious Emotional Disturbance and oversees a court-supervised continuum of care designed to ensure appropriate, community-based services.

RICCF is concerned that recent structural changes within the FY27 budget concentrate behavioral health authority within adult-oriented systems without corresponding statutory protections for children's services.

While administrative coordination across agencies is appropriate and necessary, governance structure matters. When system authority is consolidated without explicit child-specific guardrails, decision-making for children's behavioral health risks becoming secondary to broader adult system priorities.

This is particularly significant because children's behavioral health is not simply a subset of adult services. It is a distinct system requiring:

- Developmentally appropriate clinical approaches
- Family-driven and youth-guided care models
- Coordination with education, child welfare, and juvenile justice systems

- Strong alignment with DCYF’s statutory obligations and court oversight requirements

In this context, consultation alone is not sufficient. Effective system stewardship requires clearly defined shared authority and accountability for child outcomes.

## **Consent Decree and System Risk**

Rhode Island remains subject to a federal consent decree requiring a distinct, community-based children’s behavioral health system designed to prevent unnecessary institutionalization.

Compliance is measured by:

- Timely access to appropriate levels of care
- Fidelity of Mobile Response and Stabilization Services (MRSS)
- Individualized, family-centered planning
- Clear system accountability and oversight for children’s services

Structural consolidation of behavioral health authority without explicit protections for children increases the risk that system design will drift away from these requirements.

This creates avoidable exposure to:

- Continued federal oversight
- Adverse monitor findings
- Potential enforcement action

These are not abstract concerns. They are operational and legal risks tied directly to system design.

RICCF is also deeply concerned about the continued absence of a fully developed and adequately funded continuum of care for adolescents with substance use disorders.

Adolescent substance use is rarely isolated. It is most often intertwined with mental health needs, trauma, and family system challenges. Effective response requires a full continuum of services, including:

- Peer supports and recovery-oriented services
- Outpatient treatment
- Intensive outpatient and home-based services
- Residential treatment with integrated clinical and educational supports
- Community-based recovery and supportive educational environments

While Rhode Island has made important investments in prevention and limited service expansion, the current budget does not reflect a comprehensive strategy to ensure access across the full continuum of care.

RICCF is particularly concerned that prior adolescent SUD programs were financially fragile and have since closed, leaving gaps that are currently being filled by emergency departments, inpatient settings, and juvenile justice involvement.

Planning efforts alone are not sufficient. A sustainable funding strategy is needed to ensure that adolescent-specific services are not dependent on adult reimbursement models that do not reflect the clinical or operational realities of youth care.

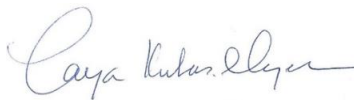
Without a defined continuum and stable financing structure, the State cannot meet its obligation to provide appropriate, timely, and developmentally tailored treatment for adolescents.

RICCF respectfully urges the Committee to:

- Preserve clear statutory and operational stewardship of children's behavioral health within DCYF
- Ensure that governance structures reflect the distinct needs of children and families
- Require a clearly defined, fully funded continuum of adolescent SUD services
- Align budget investments with the State's legal and clinical obligations to children

We appreciate the opportunity to provide testimony and would welcome further discussion with the Committee.

Sincerely,



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