



April 9, 2026

The Honorable Chairman Louis P. DiPalma
Honorable Members of the Senate Finance Committee
Senate Lounge- State House
Providence, RI 02903

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

Chair DiPalma and members of the Committee:

My name is Beth Bixby, and I am the President & CEO of Tides Family Services, a Rhode Island-based organization serving children and families across the juvenile justice, child welfare, and children's behavioral health systems.

Thank you for the opportunity to provide written testimony in support of the Governor's FY 2027 proposed budget for the Executive Office of Health and Human Services (EOHHS). I would also like to recognize Secretary Charest and the EOHHS team for their continued efforts to support the health and well-being of Rhode Island families.

At the same time, there are several critical areas within this budget that require targeted legislative attention to ensure successful implementation, system stability, and compliance with federal obligations.

Adolescent Substance Use Disorder (SUD) Rate

As Tides Family Services, in partnership with BHDDH, advances planning for a residential substance use program for adolescent females ages 12–17, several foundational gaps must be addressed:

- The General Assembly must authorize the Medicaid Director to establish an adolescent-specific SUD rate and include it in a State Plan Amendment for submission to CMS.
- Medicaid must be appropriately funded to support the rate development process.
- The FY27 budget must include General Revenue funding for non-Medicaid reimbursable services such as food, transportation, recreation, and other essential supports.

Without these actions, we risk delaying—or preventing entirely—the launch of critically needed treatment capacity for youth.

In addition to treatment capacity, Rhode Island must address the lack of a clear, funded pathway for educational services for youth placed in residential SUD programs.

Currently, there is no consistent mechanism to ensure that:

- Youth maintain access to appropriate educational placement while in treatment
- School districts, state agencies, and providers have clear responsibility for funding and coordination
- Educational disruption—which is a key driver of poor outcomes—is minimized



Without a defined structure, providers are left navigating fragmented systems, and youth risk falling further behind academically while receiving care.

We strongly recommend:

- Establishing a formalized funding and governance structure for school placement during SUD treatment
- Clarifying cross-agency responsibility between RIDE, EOHHS, DCYF, and local education agencies
- Ensuring that educational services are treated as a core component of treatment, not an optional add-on

If we do not address this alongside treatment capacity, we are building programs without the full continuum needed for long-term success.

Consent Decree

Rhode Island remains under a federal Consent Decree requiring the development of a comprehensive, community-based children's behavioral health system.

To meet these obligations:

- The FY27 budget must fully fund the implementation of the Consent Decree.
- EOHHS should lead a coordinated, cross-departmental review to ensure alignment across DCYF, BHDDH, Medicaid, and other systems.

From a provider perspective, we continue to see fragmentation in decision-making. Clear leadership and aligned investment are essential to building the child-centered system envisioned in the Consent Decree.

Mobile Response and Stabilization Services (MRSS)

At Tides Family Services, we provide Mobile Response and Stabilization Services (MRSS) as part of Rhode Island's crisis response system. We see firsthand how this model stabilizes youth in their homes and communities and diverts unnecessary hospitalizations and law enforcement involvement.

To ensure fidelity and sustainability:

- Passage of S3066 is critical to codify MRSS as a standalone, statewide service, ensuring families can access crisis response without being required to enroll in another system.
- The budget must include adequate General Revenue funding to support non-Medicaid billable components, including 24/7 on-call coverage, rapid in-person response, and system readiness.

MRSS is both a clinical best practice and a fiscally responsible investment. It reduces reliance on emergency departments, inpatient care, and out-of-home placements—and it is a required component of the Consent Decree.



Medicaid Transformation

The proposed Medicaid Transformation represents a fundamental shift in how children's services are financed and delivered. While modernization is important, the current timeline and lack of **state and provider** infrastructure present significant risks to providers, workforce stability, and families.

We respectfully recommend:

- Convening stakeholders regarding the critical preparatory work has not yet occurred across DCYF staff at all levels, community providers, or Family Court. **The shift in how delivery and reimbursement will be a culture change within the system.**
- Allocating a minimum of \$3 million in the Medicaid Office budget to support provider infrastructure, including workforce, technology, billing systems, and compliance capacity.
- Providing funding for the Medicaid Director to secure qualified consultants to deliver meaningful training and technical assistance.
- Requiring legislative review of the Faulkner Group provider readiness assessment to fully understand system risks.

The transition must include:

- A minimum of two months of parallel systems, allowing providers to operate both the current DCYF billing structure and the new Gainwell system simultaneously to identify and correct issues prior to full implementation.

Without a phased and adequately funded approach, this transition could unintentionally reduce service capacity, destabilize providers, and increase risks to children and families.

Rhode Island is at a critical juncture in the design of its children's behavioral health system.

With thoughtful alignment of funding, governance, and implementation, we have the opportunity to build a system that meets the needs of children and families while complying with federal requirements.

Without it, we risk further fragmentation and unintended harm.

Thank you for your leadership and your continued commitment to Rhode Island's children and families.

Respectfully submitted,

Beth A. Bixby, LICSW
Chief Executive Officer
Tides Family Services