



April 14, 2026

The Honorable Louis P. DiPalma, Chairman
Honorable Members of the Senate Finance Committee on Human Services
Room 211-State House
Providence, RI 02903

Re: Governor's Budget Amendment #6 – Rural Health Transformation Program (RHTP)

Good afternoon Chairman DiPalma and members of the Committee:

My name is Beth Bixby, and I am the President & CEO of Tides Family Services. Tides serves Rhode Island's most vulnerable children and families across the child welfare, juvenile justice, and behavioral health systems through community-based, family-centered care.

I appreciate the opportunity to provide testimony on the Governor's Budget Amendment #6 and the Rural Health Transformation Program (RHTP).

First, I want to acknowledge the significance of this federal investment. The RHTP represents a rare and substantial opportunity—over \$150 million in the first year alone—to strengthen Rhode Island's healthcare infrastructure, workforce, and access to care.

The focus on workforce development, health IT modernization, and expanding behavioral health services is both necessary and timely.

While the proposal includes behavioral health investments, it largely frames them through adult-oriented systems—primary care, hospital systems, and integrated outpatient models.

Children—particularly those involved in child welfare and juvenile justice—have fundamentally different needs.

If Rhode Island is serious about:

- Reducing emergency department utilization
- Preventing unnecessary hospitalization
- Stabilizing families in their homes

The RHTP is heavily oriented toward value-based care and “billable” service structures.

However, children's community-based services rely on:

- Readiness and availability
- Missed visits and re-engagement
- Care coordination across systems
- “No wrong door” access



These are not easily captured in traditional billing models. Without flexibility in funding design, providers will face:

- Financial instability
- Workforce strain
- Reduced access for the highest-need children

We strongly support the \$28 million investment in workforce.

But the current framing does not adequately reflect:

- The shortage of child- and family-specialized clinicians
- The need for non-licensed roles critical to engagement (mentors, behavioral health workers, credible messengers)
- The reality that children's services cannot rely solely on licensed clinical staff

A workforce strategy that focuses primarily on licensed, clinic-based roles will not solve access issues for children in community settings.

The inclusion of Hospital-at-Home and hospital system investments reflects an important shift in care delivery.

However, for children:

- Hospital-based care should be the last resort.
- Over-investment in institutional models risks reinforcing the very system we are trying to move away from

Rhode Island has already seen progress in reducing inpatient utilization for children. This transformation should accelerate that progress—not unintentionally reverse it.

To ensure the success of RHTP for children and families, we respectfully recommend:

1. Explicitly define children's behavioral health as a priority population within RHTP investments
2. Ensure cross-agency alignment with DCYF, recognizing its statutory authority over children's behavioral health services
3. Avoid over-reliance on adult-oriented models in designing children's care systems

If designed intentionally, RHTP can be transformative.

If not, we risk reinforcing fragmentation and leaving our most vulnerable children without the support they need.



TIDES FAMILY SERVICES

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Thank you for your time and consideration. I would welcome the opportunity to provide additional data or recommendations.

Sincerely,

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Chief Executive Officer
Tides Family Services