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March 10, 2026

Senator Melissa Murray, Chair  
Senate Health and Human Services Committee  
Rhode Island Senate

RE: Testimony in Support of Senate Bill No. 2886  
An Act Relating to Human Services – Joint Commission to Study Ways to  
Maximize Revenue for Child Welfare and Children’s Behavioral Health Services

Dear Chair Murray and Members of the Senate Health and Human Services  
Committee,

I am writing to express our strong support for Senate Bill No. 2886, sponsored by  
Senators DiPalma, Murray, and DiMario, which would establish a joint  
commission to study ways to maximize revenue for child welfare and children’s  
behavioral health services in Rhode Island.

Rhode Island’s children and families depend on a strong, well-coordinated  
system of behavioral health and child welfare services. However, the current  
financing structure relies heavily on Medicaid to fund a wide range of services  
that extend beyond clinical behavioral health treatment. While Medicaid is a  
critical funding source for medically necessary services, it was not designed to  
support the full continuum of prevention, family stabilization, and child welfare  
interventions that children and families often require.

As a result, our system frequently conflates medically necessary behavioral  
health treatment with services that are fundamentally preventive or supportive  
in nature. This dynamic can create limitations in how services are structured,  
funded, and delivered, and can reduce the flexibility that community-based  
providers and state agencies need to respond effectively to the complex needs  
of children and families involved with the child welfare system.

Across the country, many states utilize a more diversified funding approach to  
support these services. Federal funding streams such as Title IV-E, Title IV-B,  
Temporary Assistance for Needy Families (TANF), and the Social Services Block  
Grant (SSBG), along with dedicated prevention funding mechanisms such as  
Children’s Trust Funds, are commonly used to support family strengthening,

early intervention, and community-based prevention services. These funding sources allow states to invest in upstream supports that help families stabilize before crises escalate and before children enter more intensive systems of care.

The establishment of a joint legislative commission as proposed in Senate Bill No. 2886 is an important step toward examining how Rhode Island can better align its financing structure with the needs of children and families. A thoughtful review of available federal and state funding streams, as well as the strategies used by other states, could help Rhode Island maximize available resources while ensuring that Medicaid remains focused on the clinical services it is designed to support.

Rhode Island benefits from a strong network of community-based providers working every day to support children, youth, and families. Ensuring that the funding structure supporting this work reflects the full continuum of needs—from prevention and early intervention to treatment and recovery—is essential to maintaining a stable and effective system.

Thank you for your leadership and for your consideration of Senate Bill No. 2886.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Susan C. Jacobsen". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Susan Jacobsen, LMHC  
President & CEO