



# Office of the Child Advocate

State of Rhode Island

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## **HOUSE COMMITTEE ON FINANCE**

March 4, 2026

Thank you, Chairman Abney and members of the Committee, for the opportunity to provide testimony today regarding House Bill 7127 Article 10, sections 1 and 2, in the Governor's recommended budget, and to share our perspective and concerns. As written, Article 10 would establish the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) as the state agency with statutory mental health authority and oversight of the Rhode Island 988 Suicide and Crisis Prevention Lifeline.

My name is Katelyn Medeiros, and I am the Child Advocate for the State of Rhode Island. I am the Director of the agency which serves as the oversight agency to the Department of Children, Youth & Families (DCYF). As the oversight agency, we monitor the case of each child and young adult open to the Department to protect their legal rights and to promote policies and practices which ensure that youth are safe, and that their physical, mental, medical, educational, emotional, and behavioral health needs are met.

### **Mental Health Authority:**

As written, Article 10 establishes BHDDH as the single mental health authority in Rhode Island and outlines that "the director shall consult with the director of the department of children, youth, and families prior to promulgating rules and regulations specific to RI 9-8-8 services for children, youth, and their families." DCYF is the state agency statutorily responsible for children's behavioral health. As such, clarifying language must be added to establish DCYF as the sole authority for children's behavioral health and any language related to consultation on regulations would need to be reworked. Until additional bills are introduced to clearly define BHDDH's authority on adult mental health and DCYF's authority on children's behavioral health, the OCA does not support language establishing BHDDH as the single authority on mental health in Rhode Island.

### **988 Suicide and Crisis Prevention Lifeline:**

The OCA supports the critical work of a crisis and lifeline through the national 988 network as a key component to comprehensive mental health supports for adults. It is the understanding of the OCA that the Substance Abuse and Mental Health Services Administration did not proactively consider children as a special population when developing the 988 Suicide and Crisis Prevention Hotline. As such, 988 should not be the single point of access for children's behavioral health in Rhode Island. DCYF's statutory authority over children's behavioral health means the Department should not simply be consulted by BHDDH on regulatory considerations for children and families, rather, crisis services and supports specific to children's behavioral health may be better served through an alternative platform with the specific clinical and specialized expertise needed to work with young children and families in crisis, separate and apart from adult service provision and protocols. However, if the Article prevails, language must be included to clearly indicate protocols and

training specific to calls about children, including the most efficient way to ensure a warm hand off to Mobile Response and Stabilization Services (MRSS).

MRSS offers round the clock, in-person crisis intervention within one hour to families in need of mental and behavioral health crisis supports for their child. MRSS staff are trained in child-specific competencies and tailor services to the specific needs of the family, supporting caregivers in effective methods to support their child's well-being. As described in the *Best Practices Expectations for MRSS in Rhode Island* guidance document, "MRSS adopts a family systems approach to address distress in children and youth and their families or caregivers, recognizing the developmental needs of children and youth, including those with developmental disabilities, the critical role of families or caregivers, and the importance of preventing out-of-home placements or the removal of children and youth from their school and community." The importance of staff having child-specific training and expertise when mobilizing around families with children in crisis cannot be understated.

MRSS has a proven track record as a prevention strategy keeping children and youth out of the hospital given efficient response time and expertise with children and families. Currently, DCYF serves as the authority for children's behavioral health in Rhode Island, apart from adolescent substance use services which is overseen by BHDDH. The OCA wants to highlight the importance of immediate, in-person intervention for children experiencing a behavioral health crisis to properly assess the child or youth directly. In addition to being more efficient for children's behavioral health crisis intervention, MRSS providers and staff have extensive expertise with service delivery for children which is critical to the model's fidelity and cannot be replicated through an adult system.

Thank you for your continued support of children and families experiencing behavioral health crises in Rhode Island.

Sincerely,

A handwritten signature in blue ink that reads "Katelyn Medeiros". The signature is written in a cursive, flowing style.

Katelyn Medeiros, Esq.  
Child Advocate