Testimony Re: House Bill 7127, Article 10, Sections 1 and 2, Governor's Budget
House Finance Committee
March 4, 2026
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Mr. Chairman and members of the Committee, thank you for the opportunity to provide testimony today. Rhode Island KIDS COUNT would like to voice its concerns about House Bill 7127 Article 10, Sections 1 and 2. These sections would amend the governance and structure of 9-8-8 services.

The proposed language of Article 10 centralizes the authority for all mental health services, including child and youth mental and behavioral health, within the Department of Behavioral Health, Developmental Disabilities, and Hospitals (BHDDH), which is an adult-centered department. The Department of Children, Youth, and Families (DCYF) is statutorily responsible for children's mental and behavioral health, and we are concerned that the language of Article 10 will create confusion and lead to delays and difficulties in the operation of children's behavioral health services.

Additionally, Article 10 Section 2 further establishes the governance and structure of the 9-8-8 Suicide and Crisis Hotline. We support legislation to fund and operate 9-8-8, but are concerned with the lack of specific consideration for children and youth. While Article 10 indicates that the BHDDH "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," we are concerned that the specific needs of children are not prioritized in this program.

The 9-8-8 Lifeline should not be the single point of access for children's behavioral health in Rhode Island, and we recommend including language to indicate protocols and training for calls related to children, including protocols to ensure a warm hand-off to Mobile Response and Stabilization Services (MRSS). MRSS offer child-specific, 24/7 in-person crisis intervention for families in need of behavioral health crisis supports for their child. The expertise of MRSS providers is tailored to the needs of children and youth. When the point of access to behavioral health care is centralized in an adult behavioral health agency that does not have child-specific training and protocols, decisions may default to adult-oriented protocols that fail to account for the differing needs of children and youth.

Rhode Island is currently in a consent decree with the federal government that requires us to operate a *distinct, child-centered, community based behavioral health system designed to prevent unnecessary institutionalization and to provide services in the least restrictive setting appropriate to a child's needs*. When the point of access during a mental health crisis is within an adult-centered system like BHDDH, we risk not only failing to comply with the consent decree, we also risk failing children and families in behavioral health crises.

Thank you for the opportunity to testify today.