

Susan Jacobsen  
President & CEO

Patricia Holliday  
Chair

Jess Kennedy  
Vice Chair

Leonard Ramos  
Treasurer

Kim Rohm  
Secretary

Andrew Galvin  
Adrienne Morotta  
Kerry Parent  
Kelly J. Powers  
Gardiner Reynolds  
Laura Yalanis

March 19, 2026

Representative Teresa Tanzi, Chair  
House Finance Subcommittee on Human Services  
Rhode Island House of Representatives

RE: H7127 - Department of Behavioral Healthcare, Developmental Disabilities,  
and Hospitals

Dear Chair Tanzi and Members of the Subcommittee,

Thank you for the opportunity to submit testimony on H7127: Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH).

We respectfully urge three priorities: **restore funding for Crisis Intervention Team (CIT), strengthen and coordinate the State's crisis response system, and preserve DCYF's statutory authority over children's behavioral health.** In addition, we urge the State to **address recent federal cuts to the LGBTQ+ specialized 988 lifeline by providing state-level funding to sustain these critical services.**

We also support the proposed \$250,000 allocation in Social Services Block Grant funding to The Providence Center to coordinate with Oasis Wellness and Recovery Center, which helps sustain peer-led, recovery-oriented supports that complement the broader crisis continuum.

#### **Sustain and Strengthen Crisis Infrastructure**

Rhode Island has made meaningful progress through CIT, BH Link, and 988. However, the elimination of CIT funding risks undermining a proven, evidence-based model that strengthens coordination between behavioral health and public safety systems. Restoring this funding is essential.

Equally important is ensuring strong, standardized linkages between 988 and 911, including consistent behavioral health dispatch protocols across municipalities.

#### **Align and Strengthen Children's Crisis Systems Under DCYF Authority**

As Rhode Island strengthens its crisis continuum, alignment across systems must

preserve DCYF's statutory authority over children's behavioral health. This authority ensures services are developmentally appropriate, family-centered, and accountable.

Maintaining DCYF oversight should be paired with sustained investment in Mobile Response and Stabilization Services (MRSS) to expand timely, community-based access to care. Continued underinvestment in prevention and community-based services increases reliance on higher-cost crisis settings—outcomes that can be mitigated through stronger investment in MRSS and mobile crisis response.

Expansion of mobile crisis services must also ensure that QMHP certification through BHDDH and Certified Community Behavioral Health Clinics (CCBHCs) are consistent with DCYF emergency services licensing regulations and ensure that crisis teams staffed with child and family emergency services professionals who can respond in person 24 hours per day.

**Support a Coordinated, Multigenerational Approach**

Behavioral health crises often affect entire families. Strengthening coordination across systems—while maintaining clear roles and accountability—will improve outcomes and support more effective, family-centered care.

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 at the end.

Susan Jacobsen, LMHC  
Chief Executive Officer  
Child & Family Rhode Island