

STATE OF RHODE ISLAND



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May 14, 2026

The Honorable Marvin L. Abney, Chair
House Committee on Finance
State House
Providence, RI 02903

RE: 2026— H 8180 — An Act Relating to State Affairs and Government – Children’s Mobile Response and Stabilization

Dear Chair Abney:

Please accept this letter of concern regarding H 8180, which establishes a statewide Mobile Response and Stabilization Services (MRSS) program to provide rapid crisis response and short-term stabilization for children and youth in their natural environments.

BHDDH supports the overarching goal of this legislation, which is to ensure that all children and youth in Rhode Island have 24/7 access to timely, mobile, and community-based crisis response and stabilization services, which can prevent unnecessary emergency room visits, inpatient hospitalizations, and out-of-home placements. The Department considers Children’s MRSS to be a crucial component of a comprehensive, recovery oriented, behavioral health system that is faithful to both the intent of this bill and federal requirements for Certified Community Behavioral Health Clinics (CCBHCs).

However, under federal CCBHC criteria, CCBHCs must engage in a contract with a Designated Collaborating Organization (DCO) to provide 24/7 mobile crisis services or they must provide these services themselves. If a CCBHC fails to meet this requirement, it risks losing its CCBHC designation and associated Medicaid funding. Rhode Island has required the adoption of MRSS as its mobile crisis service model for children and youth. In practice, this means that CCBHCs must provide MRSS for the populations they serve through duplicative services or have a non-financial DCO arrangement with such providers.

H 8180 does not preserve the federal link between CCBHCs and MRSS. Instead, it treats MRSS as a standalone service pathway without explicit recognition of CCBHCs existing responsibility to meet federal crisis-service requirements, regardless of which entity delivers MRSS. This would create misalignment between Rhode Island’s MRSS structure and federal CCBHC conditions.

We appreciate the efforts of the sponsors towards substantively supporting Children’s MRSS and the behavioral health of Rhode Island’s youth. We look forward to working with the members of this Committee and our agency partners to address these concerns.

Thank you for the opportunity to comment on this important legislation.

Sincerely,



Richard Leclerc
Director

cc: The Honorable Members of the House Committee on Finance
The Honorable Julie A. Casimiro
Danica Iacoi, Esquire, Chief of Staff to the Speaker of the House
Nicole McCarty, Esquire, Chief Legal Counsel to the Speaker of the House
Lynne Urbani, Director of House Policy