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[ThriveBHRI.org](http://ThriveBHRI.org)

March 19, 2026

Hon. Susan R. Donovan  
Chair, House Health & Human Services Committee  
State House  
Providence, RI 02903

**Re: H7142 – Certified Community Behavioral Health Clinics Accountability and Oversight Act**

Dear Chairperson Donovan:

As President & CEO of Thrive Behavioral Health (Thrive), a Certified Community Behavioral Health Clinic (CCBHC) serving Kent County that employs approximately 340 individuals and serves nearly 4,000 Rhode Islanders every year, I write to regarding H7142. Thrive supports what it believes to be the intent of this legislation. Strong oversight, transparency, and accountability are essential to ensuring high-quality behavioral health services and maintaining public trust, particularly as CCBHCs continue to expand their role in Rhode Island's system of care.

We respectfully suggest revisions to this legislation that we believe would better help advance these noble objectives and stand ready to work with its sponsor and relevant stakeholders in order to do so.

As drafted, H7142 places significant reporting obligations on individual providers. However, CCBHCs already submit extensive financial, clinical, and operational data to the Executive Office of Health and Human Services (EOHHS) on an ongoing basis. Accordingly, we recommend that: EOHHS be designated as the primary entity responsible for reporting to the General Assembly, rather than requiring duplicative submissions from individual agencies.

This approach will:

- Ensure consistent, centralized, standardized data;
- Reduce unnecessary administrative burden on providers; and
- Allow for meaningful statewide analysis, rather than fragmented reporting.

We believe the bill can be strengthened by aligning it with existing reporting frameworks. CCBHCs currently submit the following data to EOHHS and/or the federal government:

- Time to Initial Intake
- Time to Clinical Services
- Response Time for Crisis Services



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- Depression Remission at Six Months
- Preventive Care and Screening
  - Screening for Unhealthy Alcohol Use
  - Brief Counseling & Intervention for Unhealthy Alcohol Use
- Screening for Clinical Depression and Follow-Up Plan
- Screening for Social Drivers of Health
- Patient Experience of Care
- Mobile Crisis Services
- High Acuity Child Services
- Outreach
- Staffing
- Shadow Claims
- Third Party Liability
- CCBHC Quarterly Financial Report
- Yearly Cost Report

Additionally, the following data points are reported to EOHHS through claims data and reported quarterly:

- Adherence to Antipsychotic Medications for Individuals with Schizophrenia
- Follow-Up After Hospitalization for Mental Illness, ages 18+
- Follow-Up After Hospitalization for Mental Illness, ages 6 to 17
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
- Follow-Up After Emergency Department Visit for Mental Illness (Adult & Child)
- Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (Adult & Child)
- Plan All-Cause Readmissions Rate
- Follow-Up Care for Children Prescribed Attention-Deficit Hyperactivity Disorder (ADHD) Medication
- Use of Pharmacotherapy for Opioid Use Disorder
- Hemoglobin A1c Control for Patients with Diabetes

Thrive is committed to working with the bill sponsor, the Committee, and other stakeholders to refine this legislation. We believe there is a clear path to achieving greater transparency while leveraging existing systems and preserving provider capacity. Thank you for your consideration.

Sincerely,

Dawn Allen



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CC: Members of the House Health & Human Services Committee