



*Together for Children. Families. Communities.*

March 24, 2026

The Honorable Melissa Murray and members of the  
Senate Committee on Health and Human Services  
State House  
Providence, RI 02903

**RE: In support of S3058 – An Act Relating to Behavioral Healthcare, Developmental Disabilities, and Hospital- 988 Call Center and BH Link Operations Act**

Dear Chairwoman Murray, Vice Chair Lauria, Secretary Urso and Members of the Senate Committee on Health and Human Services:

We submit this letter in support of S3058 in support of establishing and funding the 988 Call Center and BH Link as critical behavioral health resources for the adults of our state. We do, however, need to be sure that the establishment and funding of 988 and BH Link does not replace the development of a children's access and crisis intervention system.

To be clear: RICCF supports 988 and BH Link.

Our concern is not the existence of an essential crisis lifeline. Our concern is governance for "all persons" as that phrase is repeatedly used throughout the bill.

Crisis access points determine downstream service pathways. 988 and BH link were designed as adult programs. When 988 authority is centralized within an adult behavioral health agency without statutory child-specific guardrails, crisis routing decisions may default to adult-oriented protocols that are misaligned with:

- Child welfare case planning
- Mobile Response and Stabilization Services (MRSS) fidelity
- Family-driven care models
- Consent decree compliance

Rhode Island remains subject to a federal consent decree requiring a distinct, child-centered, community-based behavioral health system designed to prevent unnecessary institutionalization. Compliance is measured not by topline spending, but by:

- Service availability
- Mobile crisis response fidelity
- Individualized planning
- Accountability of DCYF as system steward

Structural consolidation under adult-oriented governance increases the likelihood of noncompliance, exposing the State to:

- Continued DOJ oversight
- Adverse monitor findings
- Potential enforcement action

This is not a theoretical concern. It is a foreseeable outcome of statutory design choices.

### **What RICCF Is Asking**

RICCF respectfully urges the Committee to:

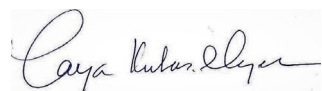
1. Consider the addition of 18 and older in the language regarding the authority of the director of BHDDH over development of crisis receiving and stabilization centers.
2. Preserve DCYF's clear system stewardship authority over children's behavioral health.
3. Require shared governance mechanisms for crisis systems involving children.

This is not opposition to 988 It is opposition to structural changes that, by design, place Rhode Island's children's behavioral health system at risk of assimilation into adult infrastructure.

Children are not a subpopulation of adult behavioral health. They require - and federal consent decree commands - a distinct, developmentally appropriate system of care.

We respectfully urge you to consider our concerns as you go forward in support of S3058- of the establishment and funding of 988 and BH Link.

Sincerely,



Tanja Kubas-Meyer  
Executive Director