TIDES FAMILY SERVICES
WE NEVER GIVE UP ON A KID... NEVER!

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March 24, 2026

The Honorable Melissa Murray, Chair
Senate Health and Human Services Committee
Rhode Island State House
Providence, RI 02903
RE: S3058 - Concerns

Dear Chairwoman Murray and members of the Committee:

I am writing to share a perspective as you and the Committee continue your review of S3058, which we appreciate and view as an important effort to strengthen Rhode Island's behavioral health crisis system.

At Tides Family Services, we have seen firsthand the value of the 988 system and BH Link, and we are supportive of efforts to ensure their long-term stability and effectiveness. We also appreciate your leadership in advancing thoughtful policy in this space.

As we have spent more time reviewing S3058, particularly alongside Article 10, Sections 1 and 2 of the Governor's budget, we wanted to share a concern that we believe is worth considering as the legislation moves forward.

Individually, both proposals are understandable. Taken together, however, they create a framework that could reshape how crisis services are delivered—particularly for children and families—without clearly accounting for all components of the current system.

For children and families, this shift raises a more fundamental concern. Rhode Island has already established—through both policy direction and the Children's Behavioral Health Consent Decree—a crisis response model grounded in "no wrong door" access and immediate, community-based response.

That model is distinct from a centralized, single point of access system. It is designed so that families define when a crisis exists, and mobile response teams are deployed directly to the child and family—without delay, gatekeeping, or redirection into facility-based or call-center-driven pathways.

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Nearby states like Connecticut have implemented mobile crisis response as the primary intervention for youth and have seen reductions in emergency department visits and hospitalizations, the most expensive parts of the system. Their model is now recognized nationally as a best practice, demonstrating that in-person mobile response is not only more clinically effective for children, but more cost-efficient at a system level. Connecticut didn't build a system that decides whether to respond; they built one that can respond when needed, and that's what reduces downstream costs.

In particular, while the legislation establishes and strengthens the 988 call center and crisis stabilization services such as BH Link, it does not explicitly reference or incorporate Mobile Response and Stabilization Services (MRSS), which today serve as the primary in-community response for youth and families in crisis.

In the absence of that clarity, we are concerned that the combined structure—particularly the expanded role of 988 in care coordination and the flexibility around crisis outreach—could, over time, shift how individuals are routed through the system in ways that reduce reliance on community-based response. As written, the bill positions 988 and BH Link as the primary access and response infrastructure, with crisis outreach and stabilization functions flowing from that system. Without explicit inclusion of MRSS, this creates a dynamic where mobile response becomes secondary or downstream, rather than the first-line intervention for children and families.

As you know, the strength of Rhode Island's system has been its ability to respond in the least restrictive, most appropriate setting. MRSS teams are often able to stabilize situations in homes, schools, and communities—helping families avoid emergency room visits, law enforcement involvement, or more disruptive interventions.

This also raises a governance concern. The structure contemplated in S3058 places significant authority within the 988 and BH Link operational framework, which is anchored in the adult behavioral health system and overseen through BHDDH-aligned infrastructure.

Given the broader authority contemplated in Article 10 for "crisis care coordination," and the flexibility within S3058 around crisis outreach and related services, we just want to ensure that the role of community-based mobile response remains clear and preserved within the overall system.

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With that in mind, we would respectfully suggest a few areas where additional clarity in S3058 could be helpful:

- Acknowledging mobile response services, such as MRSS, as a core component of the crisis response continuum;
- Ensuring that the 988 system maintains strong, consistent pathways for referring individuals—particularly children and families—to community-based responders where appropriate; and
- Clarifying that crisis stabilization services are intended to complement, rather than replace, in-community response.

We believe these are modest clarifications that would reinforce what Rhode Island is already doing well, while helping to avoid any unintended shifts over time in how care is delivered.

Our goal in raising this is simply to ensure that, as the system evolves, it continues to reflect a balanced approach—one that includes not only call centers and stabilization facilities, but also the community-based services that families rely on every day.

We would welcome the opportunity to connect with you or your staff to talk this through further, and to be a constructive partner as the legislation moves ahead.

Thank you again for your leadership and for your thoughtful consideration of these issues.

Warm regards,

Beth A. Bixby

Beth A. Bixby, LICSW
Chief Executive Officer
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Proposed Amendments to S3058 (988 Call Center and BH Link Operations Act)
Summary of Intent (for staff use, not part of statute)

These amendments:

- Codify MRSS as a required component of Rhode Island's crisis system
- Ensure 988 routes appropriately to community-based responders
- Prevent functional replacement of MRSS by BH Link or state-directed models
- Protect funding and capacity for MRSS providers
- Maintain alignment with SAMHSA's crisis continuum (call → respond → stabilize)

SECTION 1 – Definitions (Amend § 40.1-30-1)
Add new subsection:

(9) "Mobile Response and Stabilization Services (MRSS)" means community-based, mobile crisis intervention services providing rapid, in-person response to individuals experiencing behavioral health crises, including de-escalation, clinical assessment, stabilization, and coordination of ongoing care, consistent with state Medicaid requirements and Substance Abuse and Mental Health Services Administration (SAMHSA) national guidelines for crisis care.

SECTION 2 – Crisis Services System (Amend § 40.1-30-2(a))
Current (delete):

"…designate and fully fund the 988 call center, BH Link, and other similar crisis receiving and stabilization centers…"

Amend to read:

"…designate and fully fund the 988 call center, BH Link, mobile response and stabilization services (MRSS), and other similar crisis receiving and stabilization centers, with MRSS serving as a required and integrated component of the statewide behavioral health crisis response system…"

SECTION 3 – Coordination with MRSS (Add § 40.1-30-2(d))
Add new subsection (d):

(d) The 988 call center shall coordinate with and, where clinically appropriate, refer individuals in crisis to certified mobile response and stabilization services (MRSS) providers as the preferred first-line community-based response. Such coordination shall be consistent with SAMHSA national guidelines for crisis care and ensure timely, in-person intervention when appropriate.

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SECTION 4 – Protection Against Supplanting (Add § 40.1-30-2(e))
Add new subsection (e):

(e) Funds appropriated pursuant to this chapter shall not be used to supplant, replace, duplicate, or functionally replicate the role of mobile response and stabilization services (MRSS) provided by certified community-based providers. Crisis receiving and stabilization centers, including BH Link, shall not serve as a substitute for mobile crisis response except where clinically appropriate following initial mobile intervention or where mobile response is not feasible.

SECTION 5 – Preservation of Community-Based Model (Add § 40.1-30-2(f))
Add new subsection (f):

(f) Nothing in this chapter shall be construed to authorize the department or any designated entity to centralize, internalize, or otherwise assume the functions of community-based mobile response and stabilization services (MRSS) currently provided by certified providers.

SECTION 6 – Funding Protections (Add § 40.1-30-2(g))
Add new subsection (g)):

(g) The department shall ensure that funding allocations for the statewide behavioral health crisis response system include adequate and sustainable support for mobile response and stabilization services (MRSS) providers, including maintaining sufficient capacity to meet statewide demand and established response time standards.

SECTION 7 – Clarification on "Similar Centers" (Amend § 40.1-30-2(a))
Add at end of subsection (a):
"…provided that such crisis receiving and stabilization centers shall not duplicate, replace, or functionally replicate the role of certified mobile response and stabilization services (MRSS) providers."