COMPREHENSIVE EXPLANATORY STATEMENT

Proposed Amendment to 214-RICR-40-00-6
Mental Health Emergency Service Interventions for Children, Youth and Families Regulations for Licensure

I. Introduction

Pursuant to R.I. Gen. Laws § 42-35-2.8, the Department of Children, Youth and Families (DCYF) issues this Comprehensive Explanatory Statement in response to public comment received regarding the proposed amendment to 214-RICR-40-00-6, Mental Health Emergency Service Interventions for Children, Youth and Families Regulations for Licensure.

The proposed rule updates and modernizes the Emergency Services (ES) licensure regulations and establishes Mobile Response and Stabilization Services (MRSS) as a licensed children's behavioral health crisis response service under DCYF oversight. The amendments are intended to preserve core Emergency Services requirements while adding MRSS-specific standards governing access, staffing, service delivery, stabilization, coordination, fidelity, and licensure expectations.

The Department reviewed 206 comment entries reflected in the Public Comment Matrix, including written comments, oral testimony presented at the March 3, 2026 public hearing, and written comments embedded in draft regulatory materials. The comments reflected substantial engagement from providers, advocacy organizations, schools, parent and family voices, public officials, and other stakeholders.

The Public Comment Matrix, which includes each comment received, the Department's response, and the disposition of each comment, is attached to this Comprehensive Explanatory Statement as part of the rulemaking record.

II. Overview of Major Comment Themes

The most common themes raised during the public comment process included the following:

1. Whether the regulations sufficiently clarify DCYF's authority and avoid blurring MRSS into an adult-system BHDDH or CCBHC framework.
2. Whether MRSS licensure should be independent of a DCO agreement, letter of intent, or other approval from a CCBHC.
3. Whether and how the regulations should identify primary service areas for MRSS providers and whether those service areas should be tied to the existing CCBHC service-area structure.
4. Whether every two-person MRSS team should include a QMHP.
5. Whether the regulations should more directly incorporate System of Care principles, family-defined crisis, and fidelity expectations.

6. Whether the rule adequately distinguishes MRSS from ES while preserving appropriate shared standards.

III. Summary of Comments Resulting in Revisions to the Rule

A. Sections 6.1.A, 6.1.B, and 6.1.D: Clarification of DCYF authority, statutory authority, and the role of BHDDH

Multiple commenters asserted that the proposed regulations could be read to diffuse responsibility for children's crisis services across agencies or to import adult behavioral health structures into a child-serving rule. In response, the Department revised the opening and coordination language to clarify that MRSS is licensed and overseen by DCYF under these regulations as a child-, youth-, and young adult-focused crisis response service. The revised language also recognizes coordination with BHDDH, BHDDH-licensed Behavioral Healthcare Organizations (BHOs), Certified Community Behavioral Health Clinics (CCBHCs), and, as clinically appropriate and consistent with applicable law, DCYF-licensed or contracted providers.

The Department also revised the Authority section to replace the broader reference to the Mental Health Law with more specific citations to the provisions relevant to these regulations, including R.I. Gen. Laws §§ 40.1-5-2, 40.1-5-5, 40.1-5-6, and 40.1-5-8. This revision was made to further clarify that the rule does not incorporate the full adult mental health statutory framework into the MRSS licensure standards.

In addition, DCYF clarified in response to comments regarding statutory authority that DCYF currently has the legislatively delegated authority to promulgate regulations licensing MRSS providers for services to children ages 2-21 (pursuant to 2025-H 5076 Substitute A as amended and all other statutes referenced in the Authority section of the proposed regulation). The pending legislation, [S2883] is proposed by DCYF for clarifying purposes only.

These revisions were responsive to comments concerning statutory authority, governance, accountability, child-specific oversight, and the need to preserve MRSS as a distinct children's behavioral health service under DCYF.

B. Sections 6.3.C and 6.4.D: Removal of DCO and LOI requirements as conditions of MRSS licensure and revision of service-area language

A major theme across comments from providers, advocates, and public officials was that MRSS licensure should not depend on obtaining a DCO agreement, letter of intent, or other approval from a CCBHC. Commenters also raised concerns about requiring MRSS primary service areas to align with the existing CCBHC service-area structure. Commenters raised concerns about unlawful delegation, gatekeeping, conflict of interest, statutory authority, and lack of clear support for conditioning licensure or service-area designation on CCBHC structures.

In response, the Department revised the regulations to remove DCO and LOI requirements as conditions of MRSS licensure and to revise the service-area provisions. Under the

revised language, an MRSS provider may propose one or more primary service areas for Department approval. Those service areas may overlap with CCBHC geographic areas, but are not required to align with them. The revised regulations preserve DCYF's independent licensure authority and no longer require an MRSS provider to obtain a DCO agreement, LOI, or other CCBHC approval in order to be licensed.

The Department further clarified that MRSS remains linked to the CCBHC service-delivery framework because federal SAMHSA criteria require CCBHCs to ensure the availability of all required core services, including mobile crisis services, for both children and adults. Rhode Island has designated MRSS as the required mobile crisis response model for children and youth. Accordingly, where a CCBHC does not provide MRSS directly, it must ensure access to that service through a DCO arrangement with a licensed MRSS provider. For that reason, DCO expectations applicable to CCBHCs will continue to be addressed through the CCBHC framework rather than through MRSS licensure requirements.

C. Sections 6.3.B and 6.3.D: QMHP staffing requirement

Several commenters objected to requiring every two-person mobile crisis team to include a QMHP, noting that the QMHP designation is associated with adult emergency-certification law and historically tied to hospital or community mental health center structures. Commenters urged the Department to preserve flexibility for a multidisciplinary MRSS workforce while retaining clinical support for the rare circumstances in which higher-level mental health law authorities may become relevant.

In response, the Department revised the staffing requirement to remove the requirement that every two-person MRSS team include a QMHP. The revised language continues to strongly encourage QMHP-certified clinicians on responding teams and requires timely and ready access to a QMHP for consultation and clinical support when a QMHP is not part of the team.

The Department determined that this revision better reflects the intended MRSS model while preserving access to appropriate consultation and support.

D. Sections 6.1.C, 6.3.A, and 6.3.B.1.a: Family-defined crisis and System of Care principles

The Department received comments requesting that the regulations more clearly reflect the core MRSS principle that crisis is defined by the family and that requests for MRSS should not be denied merely because the presenting concern does not appear to fit a traditional clinical definition of acute crisis. Commenters also urged restoration of System of Care principles emphasizing family-driven, youth-guided, community-based, culturally and linguistically responsive, least restrictive care.

In response, the Department revised the MRSS section to reflect family-defined crisis and to clarify that MRSS requests shall not be denied or screened out solely because the presenting concern does not appear to meet a traditional clinical definition of acute behavioral health crisis. The regulations were also revised to incorporate System of Care principles in a more direct regulatory format, clarifying that MRSS must be delivered in a manner that is family-driven, youth-guided, community-based, culturally and linguistically

responsive, and provided in the least restrictive environment appropriate to the needs of the child or youth and family.

E. Sections 6.1.A and 6.3.A: Clarification of the relationship between ES and MRSS

A number of commenters requested clearer explanation of how MRSS relates to Emergency Services and objected to language suggesting that the two services are interchangeable. Commenters also requested clearer differentiation of the two licensure tiers.

In response, the Department revised the licensure overview language to clarify that MRSS is a distinct service model from ES, while continuing to require MRSS providers to meet applicable ES standards together with MRSS-specific requirements. The Department also made clarifying revisions confirming that MRSS and ES are related but distinct components of the broader crisis response system.

F. Sections 6.2, 6.3, and related technical provisions: Fidelity, Consent Decree alignment, accessibility, outreach, and technical revisions

The Department received comments requesting clearer incorporation of MRSS fidelity concepts. In response, the regulations were revised to state that MRSS providers shall deliver services in a manner consistent with nationally recognized MRSS fidelity standards. The Department believes the regulations, as written, reflect the core components of the MRSS model. To the extent stakeholders have identified the need for further detail regarding fidelity tools, operational expectations, or implementation issues, those topics may be considered through future stakeholder engagement and possible future revisions through the advance notice of proposed rulemaking process.

The Department also received comments regarding alignment with the Children's Behavioral Health Consent Decree. The Department believes that, as written, the regulations meet the core mobile crisis requirements reflected in the Consent Decree, including statewide access, timely mobile response, community-based stabilization, and delivery of services in the least restrictive appropriate setting. The Department did, however, make a minor clarifying revision to the law enforcement language to better reflect MRSS best practice and the expectation that law enforcement involvement should occur only when necessary for safety, with MRSS providers remaining engaged to support coordination when such involvement is required.

The Department further recognizes that some comments referenced additional Consent Decree requirements that apply to the narrower "Focus Population" identified in the Decree for purposes of certain intensive service obligations. MRSS, however, is established in these regulations as a statewide crisis response service for eligible children and youth more broadly and is not limited to children and youth within the Consent Decree's "Focus Population." Accordingly, while the regulations are intended to align with the Decree's core mobile crisis requirements, they are not written to import every requirement applicable only to that narrower "Focus Population" into the general statewide MRSS licensure framework.

The Department also made additional targeted revisions in response to public comment, including revisions restoring Emergency Services interpretation-response language, restoring outreach and publicization requirements, revising accessibility language for Deaf and hard-of-hearing children and families, revising certain overdose-response provisions, clarifying behavioral health scope language, and addressing other technical issues identified through public comment.

IV. Summary of Comments Not Resulting in Additional Regulatory Change and Issues for Possible Future Consideration Through Advance Notice of Proposed Rulemaking

A. Broader structural, implementation, and future policy questions identified for possible future rulemaking

Many commenters raised broader questions regarding statewide design, long-term service configuration, implementation structure, and other policy choices extending beyond the targeted revisions reflected in the updated draft. The Department carefully considered those comments and, in this updated rulemaking draft, has focused on the revisions described in Section III.

The Department recognizes that additional stakeholder input would be valuable on a number of broader issues raised during public comment, including issues concerning statewide service design, implementation structure, operational expectations, and other possible refinements to the regulatory framework. At this time, the Department is not making additional revisions on those broader issues within this rulemaking record beyond the targeted revisions already reflected in the updated draft.

Concurrent with this filing, the Department is issuing an advance notice of proposed rulemaking to gather additional stakeholder feedback on potential future revisions to the regulations. That process is expected to provide a more visible and appropriate opportunity for stakeholders to comment on broader structural, operational, and policy questions that were raised during the public comment period but are not being resolved through the targeted revisions made in this filing.

B. Provider qualifications, workforce competencies, and child-specific expertise

A number of commenters requested additional or different regulatory language regarding child-family competent clinician definitions, unified competency frameworks, family partner roles, staffing mix, infant and early childhood standards, and other provider qualification issues.

The Department agrees that child-specific expertise, training, and team-based response are critical to effective MRSS delivery. However, the Department determined that no additional regulatory revisions are warranted at this time beyond the changes already reflected in the updated draft. To the extent further refinement may be warranted, those issues may be appropriate for additional stakeholder input and possible future revisions through the advance notice of proposed rulemaking process.

C. Screening tools, billing, training detail, and other implementation-specific questions

Several commenters requested more detailed clarification regarding required screening tools, biopsychosocial assessment scope, frequency of training completion, billing and reimbursement interactions, rate structure, coordination expectations with Emergency Services, standards for transition-age youth, services for children under age six, and other operational issues.

The Department determined that these topics do not require additional revisions in this rulemaking at this time. The Department recognizes, however, that stakeholders raised important questions in these areas, and additional stakeholder input on those issues may be appropriate through the advance notice of proposed rulemaking process.

D. Supportive comments and broader policy concerns

The Department also received supportive comments emphasizing the value of the current MRSS model, the importance of child-specific expertise, and the need to preserve rapid, relationship-based, child-centered crisis response. These comments did not request specific regulatory changes, but they were reviewed and appreciated.

Other comments raised broader policy or systems-design concerns regarding statewide hub design, funding structures, implementation choices, and other future directions for the MRSS system. The Department appreciates those perspectives and recognizes that those broader issues may be appropriate subjects for additional stakeholder input through the advance notice of proposed rulemaking process.

V. Determination

After review of the full record of oral and written public comment, the Department determined that targeted revisions to the proposed regulations were warranted in several areas and that certain broader issues may be more appropriately considered through additional stakeholder engagement in a future advance notice of proposed rulemaking.

Those revisions included, among other things, clarifying that MRSS is licensed and overseen by DCYF under these regulations; clarifying the statutory basis for DCYF's authority to license MRSS providers serving children and youth ages two (2) to twenty-one (21); narrowing the Mental Health Law citations in the Authority section to the specific provisions relevant to these regulations; removing DCO and LOI requirements as conditions of MRSS licensure; revising the primary service-area language so that alignment with CCBHC geographic service areas is no longer required; revising the QMHP staffing requirement; incorporating family-defined crisis and System of Care principles more directly into the MRSS section; clarifying the relationship between ES and MRSS; revising certain fidelity, Consent Decree-alignment, law-enforcement, accessibility, outreach, overdose-response, and technical provisions; and correcting certain statutory and cross-reference issues identified through public comment.

The Department also determined that other requested changes should not be adopted in the regulations at this time because the regulations, as revised, already address the

underlying concern, because the issue is better suited for possible future consideration through additional stakeholder engagement and the advance notice of proposed rulemaking process, or because the comment addressed matters outside the scope of the targeted revisions being made in this filing.

Accordingly, the Department will finalize the amendments to 214-RICR-40-00-6 as revised through the rulemaking process.

This Comprehensive Explanatory Statement constitutes the Department's response to public comment in accordance with R.I. Gen. Laws § 42-35-2.8.

Respectfully submitted,

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On behalf of the Rhode Island Department of Children, Youth and Families
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