



**Comments Regarding Proposed Changes to Mental Health
Emergency Service Interventions for Children, Youth and
Families Regulations for Certification (214-RICR-40-00-6)**

March 18, 2026

Rhode Island KIDS COUNT

Thank you for the opportunity to review and provide comments on the proposed revisions to Mental Health Emergency Service Interventions for Children, Youth and Families. We are concerned that the proposed revisions do not support a strong system of care for children's behavioral health and that the proposed rule exceeds statutory authority in some areas.

Mobile response and stabilization services (MRSS) are a lifeline for children and families experiencing acute mental health distress. They provide rapid response, urgent assessment, and early intervention for children and youth experiencing severe behavioral health challenges, such as aggression, self-injury, trauma, acute depression and anxiety, suicidal or homicidal thoughts, and extreme parent-child conflict. Mobile response and stabilization services work. Between November 2022 and February 2024, 92% of children referred to MRSS were deferred from emergency departments and stabilized. Services are available 24/7, 365 days per year, and respond within one hour. Stabilization services and connections to additional resources and support are available for up to six to eight weeks following the intervention.

The MRSS workforce is specifically trained to respond to the unique needs of children and youth and their caregivers. These teams provide an immediate risk assessment with the goal of diverting children and youth from emergency departments and youth justice system involvement and preventing unnecessary and costly hospitalizations and out-of-home placements.

We are concerned that the proposed regulation shifts responsibility and oversight from the Department of Children, Youth, and Families (DCYF) to the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH). The mental and behavioral health needs of children and youth are different from those of adults and must be treated appropriately.

Mobile response and stabilization services that are available to support Rhode Island's children and youth must be provided by

and overseen by the organizations and agencies that are best equipped to meet the specific needs of children and youth.

Proposed Section Revisions

Implementing the proposed regulations may result in fragmentation of mobile response and stabilization services. There is nothing in existing statute that conditions MRSS licensure or service delivery on affiliation with a Certified Community Behavioral Health Clinic (CCBHC), nor is there anything that authorizes geographic exclusivity based on CCBHC catchment areas. We are concerned that incorporating these services into the CCBHCs would result in challenges in meeting the needs of all children and youth statewide. Instead, we recommend that these services continue to be provided by child-serving agencies and that DCYF maintains oversight over these services.

Section 6.3.D.1.c states that the Department "will review and approve all staffing schedules." This provision appears burdensome to both DCYF and to MRSS providers to have to wait to get approval of the staffing schedules. There is nothing in statute that requires or enables this approval structure.

Rhode Island KIDS COUNT also strongly recommends that the MRSS certification standards establish standards for MRSS services provided to young children under age six following national best practices for infant and early childhood mental health. The RI Association for Infant Mental Health, local early childhood mental health specialists, and national experts in developing standards for young children could all support this effort.

In 2025, 22% of young children under age six in RI with Medicaid insurance are reported as having significant emotional disturbance. Young children are sometimes exposed to significant trauma and toxic levels of stress which can present as chronic sleeping and/or eating issues, inconsolable crying, extreme distress when separated from caregivers, inability to adapt to new situations, and aggression. Early, relationship-based intervention is essential for improving babies' and young children's mental well-being and promoting positive development. These challenges and symptoms present differently than similar diagnoses in adults.

Rhode Island is legally and morally required to maintain a child-centered behavioral health system. These proposed regulations risk fragmenting that continuum of care and fall short of providing the

timely and coordinated support children and families need. Structural barriers, such as approval requirements and geographic exclusivity, risk limiting access instead of expanding it. We have the responsibility to finalize regulations that reflect national best practice, that retain DCYF's statutory requirement and fulfill the intent of the Children's Behavioral Health Consent Decree by ensuring children receive the support they need. DCYF has the authority and context to ensure that children's mental health- in all cases- is treated appropriately, and children's needs should not be fit into an adult system like a square peg into a round hole. For these reasons, we urge reconsideration of these proposed regulatory changes and encourage alignment with the framework established in R.I. Gen. Laws §§ 27-18-95, 42-72-5, and 42-72-5.2.

At Rhode Island KIDS COUNT, we advocate for the best interest of children using data and research. It is our job to review proposed regulations and legislation and advocate to prevent changes that could harm children and to encourage changes that would support children's health, safety, and development.

Thank you for your commitment to updating and improving this regulation. Please do not hesitate to contact us with any questions.