214-RICR-40-00-6 Response to Public Comment Matrix

Total entries: 206

ID	Comment Type	Date	Commenter / Affiliation	Topic / Issue	Summary of Concern / Comment	Department Consideration/Response	Revision Made (if any)	Explanation if No Revision Was Made?
WC-001	Written comment	03/18/2026	ACLU of Rhode Island	Interpretation response time	Requested that the rule expressly keep a response-time standard for translation/interpretation services and either incorporate the one-hour standard described in the rulemaking materials or retain the existing two-hour language.	The Department agreed with this comment and restored the original language in the definition of “Cultural and linguistic competency” requiring interpretation services to be available within the two (2) hour time period for Emergency Services.	Yes	N/A
WC-002	Written comment	03/18/2026	ACLU of Rhode Island	Publicization/outreach requirement	Objected to removal of the requirement that providers publicize services, including in languages other than English, and asked for explanation or restoration of that language.	The Department agreed with this comment and restored original language requiring providers to publicize the service throughout the service delivery area, including in languages other than English in diverse communities. The language was updated to refer generally to applicable state agencies and payers rather than specific entities named in the original regulations.	Yes	N/A
WC-003	Written comment	03/18/2026	ACLU of Rhode Island	APA explanatory statement request	Asked that, if its recommendations are not adopted, the Department provide a written explanation of the reasons for rejecting them under R.I. Gen. Laws § 42-35-2.6(1).	The Department recognizes this comment as a procedural request under R.I. Gen. Laws § 42-35-2.6(1). The Department is providing written responses to all public comments through the Public Comment Matrix and the Concise Explanatory Statement filed as part of the final rulemaking record, which together constitute the Department's written explanation of revisions made or not made in response to public comment.	No	This comment requests written explanation of the Department's reasoning, which is provided through the Public Comment Matrix and Concise Explanatory Statement filed as part of the rulemaking record, rather than through a separate revision to the regulatory text.
WC-004	Written comment	03/17/2026	Darlene Allen / Adoption Rhode Island	Preserve child-focused MRSS model	Stated that MRSS works as a child- and family-centered crisis model and warned against changes that could alter the structure or effectiveness of that model.	The Department believes that MRSS should remain a child- and family-centered crisis service model and that the regulations, as written, reflect core child- and family-focused service expectations, provider competencies, and DCYF oversight of children’s behavioral health services.	No	The Department determined that no further revision was warranted because the regulations, as written, already reflect the core child- and family-centered service expectations raised in this comment.
WC-005	Written comment	03/17/2026	Darlene Allen / Adoption Rhode Island	CCBHC alignment / adult-system drift	Raised concern that aligning MRSS too closely with CCBHC infrastructure could make children’s crisis services operationally dependent on adult behavioral health structures.	The Department recognizes the concern that MRSS should remain a distinct child-centered crisis service and should not become operationally dependent on adult behavioral health structures. In response to public comment, the Department revised the regulations to remove DCO and LOI requirements as conditions of MRSS licensure and to revise the service-area language so that primary service areas may overlap with CCBHC geographic areas	Yes	N/A

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						but are not required to do so. The revised framework preserves DCYF's independent licensure authority and child-serving oversight of MRSS, while allowing the Department to approve provider-proposed service areas based on operational capacity and the need to support comprehensive statewide coverage through the mutual-aid system.		
WC-006	Written comment	03/17/2026	Darlene Allen / Adoption Rhode Island	18-21 coordination clarity	Requested greater clarity on what 'clinically appropriate' coordination means for transition-age youth ages 18-21 and how statewide fidelity would be maintained.	The Department recognizes the request for greater clarity regarding coordination and service expectations for youth ages eighteen (18) through twenty-one (21). The Department is not making additional regulatory changes in response to this comment at this time because the regulations establish MRSS as a child-, youth-, and young adult-focused crisis response service licensed and overseen by DCYF under these regulations, with 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. More detailed operational guidance regarding transition-age youth coordination and related implementation expectations may be addressed through future implementation materials, including the MRSS Provider Manual. To the extent further consideration of this issue is warranted, the Department may also seek additional stakeholder input through the advance notice of proposed rulemaking process.	No	The Department determined not to make additional revisions at this time. Further input on this issue may be considered through the advance notice of proposed rulemaking process, and any needed operational guidance can be addressed through future implementation materials outside generally applicable licensure regulations.
WC-007	Written comment	03/17/2026	Darlene Allen / Adoption Rhode Island	Provider experience	Recommended that licensure standards require demonstrated experience delivering child-focused crisis intervention.	The Department appreciates these comments. No additional regulatory revision is proposed at this time because the draft regulations already require providers to demonstrate child-specific crisis experience and MRSS-related expertise. The regulations require evidence of at least one year of experience providing MRSS, or prior experience delivering mobile crisis and stabilization services for children and youth combined with recognized MRSS training or technical assistance to ensure consistency with the MRSS model and fidelity to its core principles. Such experience must be verified by DCYF through provider documentation and other relevant information submitted during licensure. To the extent further consideration of this issue is warranted, it may be addressed through additional stakeholder engagement and possible future revisions through the advance notice of proposed rulemaking process.	No	The Department determined that no revision was warranted because the regulations already address provider experience, child-specific expertise, and MRSS-related training expectations, with compliance verified by DCYF through the licensure process. Further consideration of this issue may be addressed through the advance notice of proposed rulemaking process.
WC-008	Written comment	Submitted by email 03/18/2026	Sen. Alana DiMario	Statutory authority / CCBHC conflict	Questioned whether DCYF regulations are importing structural requirements from a separate statutory framework tied to CCBHCs and adult behavioral health.	The Department recognizes the concern that the regulations should not import structural requirements in a way that changes the child-centered nature of MRSS or creates confusion about its legal and operational framework. In response to public comment, the Department revised the regulations to remove DCO and LOI requirements as conditions of MRSS licensure and to revise the service-area provisions so that primary service areas may overlap with CCBHC geographic areas, but are not required to do so. The revised language preserves DCYF's authority to approve provider-	Yes	N/A

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						proposed service areas based on operational capacity, service accessibility, timely response, and the need to support comprehensive statewide coverage through the mutual-aid system.		
WC-009	Written comment	Submitted by email 03/18/2026	Sen. Alana DiMario	APA / legal vulnerability	Raised concern that requirements derived from Title 40.1 / CCBHC structures may be vulnerable under the Administrative Procedures Act if they are not clearly grounded in DCYF's delegated statutory authority.	The Department reviewed the concern that the proposed structure must remain clearly grounded in DCYF's delegated statutory authority under the Administrative Procedures Act, particularly where the regulations reference Title 40.1 and coordination with CCBHC structures. In response to public comment, the Department revised the regulations to clarify that MRSS is a child-, youth-, and young adult-focused crisis response service licensed and overseen by DCYF under these regulations, to remove DCO and LOI requirements as conditions of MRSS licensure, and to narrow the Mental Health Law citations to specific applicable provisions, R.I. Gen. Laws §§ 40.1-5-2, 40.1-5-5, 40.1-5-6, and 40.1-5-8. The Department believes these revisions better clarify the statutory basis for the regulations and strengthen the rule's alignment with DCYF's delegated authority.	Yes	N/A
WC-010	Written comment	Submitted by email 03/18/2026	Sen. Alana DiMario	DCO / LOI as licensure prerequisite	Objected to requiring a LOI or DCO agreement from a CCBHC as a condition of participation because it lets a private provider influence whether another provider may operate.	The Department revised the regulations to remove DCO and LOI requirements as conditions of MRSS licensure. The revised regulations preserve DCYF's independent licensure authority and no longer require an MRSS provider to obtain a DCO agreement, LOI, or other approval from a CCBHC as a condition of licensure.	Yes	N/A
WC-011	Written comment	Submitted by email 03/18/2026	Sen. Alana DiMario	Governance and accountability	Warned that the proposed structure diffuses governance across agencies and providers and weakens clear accountability for the children's system.	The Department revised the regulations to clarify that MRSS is a child-, youth-, and young adult-focused crisis response service licensed and overseen by DCYF under these regulations, while recognizing 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.	Yes	N/A
WC-012	Written comment	Submitted by email 03/18/2026	Sen. Alana DiMario	Preserve child-centered standalone MRSS model	Argued that MRSS is embedded in Rhode Island's children's behavioral health obligations and should remain a standalone, child-centered service.	The Department believes the regulations preserve MRSS as a distinct child-serving service model and reflect core child- and family-focused service expectations, provider competencies, and DCYF oversight of children's behavioral health services.	No	The Department determined that no further revision was warranted because the regulations, as written, already reflect the core child- and family-centered service expectations raised in this comment.
WC-013	Written comment	Submitted by email 03/18/2026	Sen. Alana DiMario	QMHP requirement	Raised concern that requiring each mobile team to include a QMHP derives from adult emergency-certification law and could push MRSS toward an adult-oriented model.	The Department revised the staffing requirement to remove the requirement that every two-person mobile crisis team include a QMHP, while continuing to strongly encourage QMHP certified clinicians on responding teams and requiring timely and ready access to a QMHP for consultation and clinical support when a QMHP is not part of the team for those rare instances when a child might need to be hospitalized involuntarily.	Yes	N/A

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WC-014	Written comment	Submitted by email 03/18/2026	Sen. Alana DiMario	Geographic access / sustainability	Warned that tying MRSS to CCBHC regions could restrict service areas, reduce provider participation, and delay response in a small state.	The Department recognizes the concern that rigid geographic structuring of MRSS in a small state could restrict access, reduce provider participation, or delay response. In response to public comment, the Department revised the regulations to remove the requirement that primary service areas align with CCBHC geographic service areas. Under the revised language, primary service areas may overlap with CCBHC areas or may consist of other service areas proposed by the provider and approved by the Department. In reviewing proposed service areas, the Department will consider the provider's operational capacity to ensure service availability, accessibility, and timely response, as well as the overall need to support comprehensive statewide coverage through the mutual-aid system. The regulations also clarify that MRSS licensure authorizes statewide service delivery and requires providers to participate in the statewide MRSS response network, including mutual aid outside approved primary service areas when needed.	Yes	N/A
WC-015	Written comment	Submitted at public hearing 03/03/2026	Benedict Lessing / Community Care Alliance	DCO / LOI as licensure prerequisite	Opposed requiring a DCO agreement or LOI from a CCBHC as a condition of MRSS licensure and recommended independent DCYF licensure instead.	The Department revised the regulations to remove DCO and LOI requirements as conditions of MRSS licensure. The revised regulations preserve DCYF's independent licensure authority and no longer require an MRSS provider to obtain a DCO agreement, LOI, or other approval from a CCBHC as a condition of licensure. MRSS will, however, remain a core service requirement for CCBHCs, and CCBHCs will still be required to either be a licensed MRSS provider or maintain a DCO contract with a licensed MRSS provider. DCO expectations will therefore be addressed through the CCBHC service-delivery framework rather than through MRSS licensure requirements.	Yes	N/A
WC-016	Written comment	Submitted at public hearing 03/03/2026	Benedict Lessing / Community Care Alliance	Care coordination versus dependency	Supported strong coordination with CCBHCs but said coordination should occur through referral relationships rather than licensing dependency.	The Department agrees that care coordination should not depend on private-entity gatekeeping. In response to public comment, the Department revised the regulations to remove the DCO requirement as a condition of MRSS licensure. CCBHCs must still meet their own service-delivery obligations, but MRSS licensure is now independent of a DCO relationship. The Department also revised the service-area language so that providers may propose one or more primary service areas for Department approval, rather than being required to align with CCBHC catchment areas. This approach preserves coordination across systems while avoiding unnecessary licensing dependency and supporting statewide coverage through mutual-aid arrangements. The Department also recognizes the comment's reference to BH Link as an example of coordination that does not depend on licensure control by another provider.	Yes	N/A
WC-017	Written comment	Submitted at public hearing 03/03/2026	Benedict Lessing / Community Care Alliance	Child-specific governance	Stated that MRSS should remain a child-specific crisis infrastructure under DCYF and not be structured as a subsidiary of the adult system.	The Department revised the regulations to clarify that DCYF retains primary responsibility for oversight, licensure, and administration of MRSS as a children's behavioral health crisis service, while recognizing coordination with BHDDH where applicable to support continuity of care and interagency alignment.	Yes	N/A
WC-018	Written comment	Submitted at public hearing 03/03/2026	Benedict Lessing / Community Care Alliance	Catchment areas / adult-system structuring	Objected to structuring MRSS around CCBHC catchment areas tied to adult behavioral health.	The Department recognizes the concern that structuring MRSS around CCBHC catchment areas could tie the service too closely to adult behavioral health structures. In response to public comment, the Department revised the regulations to remove the	Yes	N/A

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						requirement that primary service areas align with CCBHC geographic service areas. The revised language allows service areas to overlap with CCBHC areas, but also permits other provider-proposed service areas subject to Department approval. The Department will review those proposals based on operational capacity, service accessibility, timely response, and the need to support comprehensive statewide coverage through the mutual-aid system. The revised framework is intended to preserve MRSS as a distinct child-serving model under DCYF oversight while maintaining statewide coordination.		
WC-019	Written comment	Submitted at public hearing 03/03/2026	Benedict Lessing / Community Care Alliance	Conflict of interest	Raised concern that requiring CCBHC approval creates a conflict of interest by asking incumbent providers to approve potential competitors.	The Department revised the regulations to remove DCO and LOI requirements as conditions of MRSS licensure. The revised regulations preserve DCYF's independent licensure authority and no longer require an MRSS provider to obtain a DCO agreement, LOI, or other approval from a CCBHC as a condition of licensure.	Yes	N/A
WC-020	Written comment	03/16/2026	Don Cowart / Coventry Public Schools	Maintain child-focused model	Urged that the regulatory framework preserve MRSS as a child-centered crisis response program.	The Department believes that MRSS should remain a child- and family-centered crisis service model and that the regulations, as written, reflect core child- and family-focused service expectations, provider competencies, and DCYF oversight of children's behavioral health services.	No	The Department determined that no further revision was warranted because the regulations, as written, already reflect the core child- and family-centered service expectations raised in this comment.
WC-021	Written comment	03/16/2026	Don Cowart / Coventry Public Schools	Prioritize specialized youth expertise	Recommended that licensing continue to prioritize organizations with demonstrated expertise serving children, youth, and schools.	The Department appreciates these comments. No additional regulatory revision is proposed at this time because the draft regulations already require providers to demonstrate child-specific crisis experience and MRSS-related expertise. The regulations require evidence of at least one year of experience providing MRSS, or prior experience delivering mobile crisis and stabilization services for children and youth combined with recognized MRSS training or technical assistance to ensure consistency with the MRSS model and fidelity to its core principles. Such experience must be verified by DCYF through provider documentation and other relevant information submitted during licensure. To the extent further consideration of this issue is warranted, it may be addressed through additional stakeholder engagement and possible future revisions through the advance notice of proposed rulemaking process.	No	The Department determined that no revision was warranted because the regulations already address provider experience, child-specific expertise, and MRSS-related training expectations, with compliance verified by DCYF through the licensure process. Further consideration of this issue may be addressed through the advance notice of proposed rulemaking process.
WC-022	Written comment	03/18/2026	Elizabeth Burke Bryant / Brown University School of Public Health	Children are not small adults	Warned that children's crises require developmentally appropriate, relationship-based responses and should not be	The Department believes that MRSS should remain a child- and family-centered crisis service model and that the regulations, as written, reflect core child- and family-focused service expectations, provider competencies, and DCYF oversight of children's behavioral health services.	No	The Department determined that the regulations already reflect the core child- and family-centered

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					managed through adult-system assumptions.			service expectations raised in this comment.
WC-023	Written comment	03/18/2026	Elizabeth Burke Bryant / Brown University School of Public Health	Adult mental health constructs	Raised concern that the regulations rely on concepts drawn from adult Mental Health Law and emergency psychiatric frameworks.	The Department reviewed the concern that the regulations rely too heavily on concepts associated with adult Mental Health Law and emergency psychiatric frameworks. MRSS is established in these regulations as a distinct children's behavioral health crisis response service under DCYF oversight. The Department also revised the regulations to narrow the Mental Health Law citations from R.I. Gen. Laws Chapter 40.1-5, Mental Health Law, to the specific provisions applicable to MRSS, R.I. Gen. Laws §§ 40.1-5-2, 40.1-5-5, 40.1-5-6, and 40.1-5-8. References to those specific provisions are retained only where relevant to coordination or to the rare circumstances in which those provisions apply, and are not intended to define MRSS generally. The regulations, as revised, reflect those distinctions. To the extent further consideration of this issue is warranted, it may be addressed through the advance notice of proposed rulemaking process.	Yes	N/A
WC-024	Written comment	03/18/2026	Elizabeth Burke Bryant / Brown University School of Public Health	Structural barriers to access	Warned that participation conditions tied to entities or geographic constructs could reduce workforce flexibility, create delays, and limit access.	The Department recognizes the concern that participation conditions tied to geographic structure could reduce flexibility, create delays, or limit access. In response to public comment, the Department revised the regulations to remove the requirement that primary service areas align with CCBHC geographic areas. Under the revised language, providers may propose one or more primary service areas, which are subject to Department approval based on operational capacity to ensure service availability, accessibility, and timely response, as well as the need to support comprehensive statewide coverage through the mutual-aid system. The regulations also continue to authorize statewide service delivery and participation in the statewide MRSS response network.	Yes	N/A
WC-025	Written comment	03/18/2026	Elizabeth Burke Bryant / Brown University School of Public Health	Qualified-provider balance	Argued that the framework should prioritize providers with proven pediatric crisis expertise while avoiding unnecessary structural barriers.	The Department appreciates these comments. No additional regulatory revision is proposed at this time because the draft regulations already require providers to demonstrate child-specific crisis experience and MRSS-related expertise. The regulations require evidence of at least one year of experience providing MRSS, or prior experience delivering mobile crisis and stabilization services for children and youth combined with recognized MRSS training or technical assistance to ensure consistency with the MRSS model and fidelity to its core principles. Such experience must be verified by DCYF through provider documentation and other relevant information submitted during licensure. To the extent further consideration of this issue is warranted, it may be addressed through additional stakeholder engagement and possible future revisions through the advance notice of proposed rulemaking process.	No	The Department determined that no revision was warranted because the regulations already address provider experience, child-specific expertise, and MRSS-related training expectations, with compliance verified by DCYF through the licensure process. Further consideration of this issue may be addressed through the advance notice of proposed rulemaking process.

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WC-026	Written comment	03/18/2026	Elizabeth Burke Bryant / Brown University School of Public Health	Geographic division of MRSS	Objected to breaking MRSS into multiple CCBHC geographic areas in a state Rhode Island's size.	The Department recognizes the concern regarding dividing MRSS into multiple geographic areas in a state the size of Rhode Island. In response to public comment, the Department revised the regulations so that primary service areas are no longer required to align with CCBHC geographic service areas. Instead, providers may propose one or more primary service areas, which the Department will review based on operational capacity, accessibility, timely response, and the broader need to support comprehensive statewide coverage through mutual aid. The revised regulations also clarify that MRSS licensure authorizes statewide service delivery and requires participation in the statewide response network.	Yes	N/A
WC-027	Written comment	03/18/2026	Elizabeth Burke Bryant / Brown University School of Public Health	Consent Decree compliance / system performance	Warned that if the final regulations reduce provider participation, constrain workforce capacity, or delay services, that could harm children and families and undermine broader system performance and consent-decree compliance.	The Department reviewed the concern that the proposed framework could reduce provider participation, constrain workforce capacity, delay services, and negatively affect broader system performance. In response to public comment, the Department made targeted revisions that directly address those risks: removing DCO and LOI requirements as conditions of licensure, removing the requirement that service areas align with CCBHC geographic areas, modifying QMHP staffing requirements to allow greater workforce flexibility, and incorporating System of Care principles and family-defined crisis language. The Department believes the regulations, as revised, will support timely access, coordinated service delivery, and statewide MRSS capacity.	Yes	N/A
WC-028	Written comment	03/18/2026	Elizabeth Burke Bryant / Brown University School of Public Health	Restart / redraft request	Urged DCYF to stop and restart the current regulations process with greater engagement from experienced MRSS providers and stakeholders.	The Department reviewed the comment regarding whether the scope of revisions would warrant additional notice or restart of the rulemaking process. The Department determined the post-comment revisions were sufficiently targeted to proceed within the current rulemaking process.	No	The Department is not restarting or re-noticing the regulations at this time.
WC-029	Written comment	03/18/2026	Margaret Holland McDuff / Family Service of Rhode Island	Inconsistencies and unclear authority	Said the draft contains significant inconsistencies, unclear lines of authority, and internal contradictions.	The Department reviewed the concerns regarding governance, structural clarity, and overall coordination within the proposed framework. The Department made targeted revisions in response to public comment, including revisions intended to clarify certain requirements and preserve the Department's independent licensure authority. The Department is otherwise proceeding with targeted revisions within the current rulemaking process.	Yes	N/A
WC-030	Written comment	03/18/2026	Margaret Holland McDuff / Family Service of Rhode Island	Fidelity to evidence-based model	Argued that because MRSS is evidence-based and part of the Consent Decree, fidelity is fundamental and the regulations depart from established standards.	The Department agrees that fidelity to the MRSS model is fundamental. The regulations incorporate core MRSS fidelity expectations, including timely response, stabilization services, staffing and competency requirements, documentation standards, and fidelity tracking, and were revised to clarify that providers are expected to operate consistent with nationally recognized MRSS fidelity standards. More detailed fidelity tools and monitoring processes will be addressed through the MRSS Provider Manual. The Department believes the regulations reflect the core mobile crisis requirements of the Consent Decree. Further consideration of fidelity standards may be addressed through the advance notice of proposed rulemaking process.	Yes	N/A
WC-031	Written comment	03/18/2026	Margaret Holland McDuff / Family	Adult-system provisions	Objected to incorporating requirements from adult mental health statutes and structures that	The Department reviewed the concern that the regulations incorporate concepts drawn from adult mental health statutes and service structures not designed for children's community-based	Yes	N/A

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			Service of Rhode Island		were not designed for children's community-based crisis services.	crisis services. In response to public comment, the Department revised the regulations to narrow the Mental Health Law citations from the broad reference in R.I. Gen. Laws Chapter 40.1-5 to the specific applicable provisions, R.I. Gen. Laws §§ 40.1-5-2, 40.1-5-5, 40.1-5-6, and 40.1-5-8, and to clarify DCYF's primary oversight of MRSS as a distinct children's behavioral health crisis service reflecting a child- and family-centered, community-based model. Further consideration may be addressed through the advance notice of proposed rulemaking process.		
WC-032	Written comment	03/18/2026	Margaret Holland McDuff / Family Service of Rhode Island	Operational confusion	Stated that multiple drafting approaches were combined without adequate coordination, creating provisions that cannot be operationalized in practice.	The Department reviewed the concern that the proposed regulations combine multiple drafting approaches in a way that could create confusion or operational challenges in implementation. In response to public comment, the Department made targeted revisions to clarify key requirements and improve the overall clarity and consistency of the regulatory framework. Further consideration may be addressed through the advance notice of proposed rulemaking process.	Yes	N/A
WC-033	Written comment	03/18/2026	Margaret Holland McDuff / Family Service of Rhode Island	Restart process	Strongly recommended restarting the process and engaging MRSS providers, community stakeholders, and the legislature on a revised draft.	The Department reviewed the comment regarding whether the scope of revisions would warrant additional notice or restart of the rulemaking process and has determined to proceed with targeted revisions within the current rulemaking process.	No	The Department is not restarting or re-noticing the regulations at this time.
WC-034	Written comment	03/18/2026	Margaret Holland McDuff / Family Service of Rhode Island	Statutory authority / legislative intent / federal obligations	Said a revised draft is needed to ensure alignment with statutory authority, legislative intent, and federal obligations before the regulations move forward.	The Department reviewed the concern that the regulations should be aligned with statutory authority, legislative intent, and applicable federal requirements before moving forward. The Department made limited targeted revisions in response to public comment and believes the regulations, as revised, are appropriate to proceed within the current rulemaking process.	Yes	N/A
WC-035	Written comment	03/18/2026	Sarah Kelly-Palmer / Family Service of Rhode Island	Build on existing provider infrastructure	Asked the state to build on the infrastructure, training, and 24/7 capacity already developed by current MRSS providers rather than duplicating systems.	The concern regarding use of existing MRSS infrastructure and workforce is primarily an implementation issue rather than a regulatory one. The Department will take this concern into account as implementation planning moves forward. To the extent further consideration of this issue is warranted, it may be addressed through additional stakeholder engagement and possible future revisions through the advance notice of proposed rulemaking process.	No	The Department determined that this concern is better addressed through implementation planning rather than through additional regulatory text. Further consideration of this issue may be addressed through the advance notice of proposed rulemaking process.
WC-036	Written comment	03/18/2026	Sarah Kelly-Palmer / Family Service of Rhode Island	Agency authority clarity	Said the regulations are confusing about which state agency is in charge because they incorporate adult behavioral health language.	The Department revised the regulations to clarify that DCYF retains primary responsibility for oversight, licensure, and administration of MRSS as a children's behavioral health crisis service. References to BHDDH are retained only where applicable to reflect coordination, continuity of care, and interagency alignment, and not to create shared authority over MRSS.	Yes	N/A
WC-037	Written comment	03/18/2026		Family-defined crisis	Requested that the regulations expressly reflect the core MRSS	The Department revised the MRSS regulations to reflect family-defined crisis and clarify that MRSS requests shall not be denied	Yes	N/A

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			Sarah Kelly-Palmer / Family Service of Rhode Island		principle that the crisis is defined by the family.	or screened out solely because the presenting concern does not appear to meet a traditional clinical definition of acute behavioral health crisis.		
WC-038	Written comment	03/18/2026	Sarah Kelly-Palmer / Family Service of Rhode Island	Access regardless of insurance / ability to pay	Proposed language clarifying that MRSS providers shall serve all children and youth presenting with behavioral health crises, as defined by the youth or family, regardless of insurance status, coverage, or ability to pay.	The Department agrees that MRSS providers should serve all children and youth regardless of insurance status, coverage, or ability to pay. The regulations include language clarifying that MRSS services shall be provided regardless of insurance status, coverage, or ability to pay. In response to related public comments, the Department also revised the MRSS regulations to reflect family-defined crisis and 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.	Yes	N/A
WC-039	Written comment	03/18/2026	Sarah Kelly-Palmer / Family Service of Rhode Island	Age range 0-21	Recommended changing eligibility language from ages 2-21 to ages 0-21 to align with MRSS best practice.	The Department recognizes the comments recommending that MRSS eligibility begin at birth rather than age two. The regulations retain the age range of two (2) through twenty-one (21) because that age range aligns with the current Medicaid framework governing MRSS. Expanding the lower age limit would require changes to the State Plan Amendment and legislative changes.	No	The Department retained the current age range reflected in the proposed regulatory framework.
WC-040	Written comment	03/18/2026	Sarah Kelly-Palmer / Family Service of Rhode Island	Definitions of case managers / family partners	Asked for definitions recognizing case managers and family partners as integral members of MRSS teams.	The Department recognizes the important role that case managers, family partners, and other support roles may play in effective MRSS service delivery. While the regulations do not establish separate required definitions for these roles, they contemplate a team-based model that includes both clinical and paraprofessional staff and recognize peer support as part of the stabilization services that MRSS providers must be able to furnish. More detailed expectations regarding family-support and peer roles will be addressed through the MRSS Provider Manual. To the extent further consideration of this issue is warranted, it may be addressed through additional stakeholder engagement and possible future revisions through the advance notice of proposed rulemaking process.	No	The Department determined that more detailed role expectations of this kind are better addressed through the MRSS Provider Manual than through generally applicable licensure regulations. Further consideration of this issue may be addressed through the advance notice of proposed rulemaking process.
WC-041	Written comment	03/18/2026	Sarah Kelly-Palmer / Family Service of Rhode Island	988 / one-hour response	Requested clearer 24/7 hotline language integrated with 988 and a one-hour response standard for urgent face-to-face intervention.	No additional revision is proposed because the regulations already require MRSS providers to maintain coordination protocols with the RI Suicide & Crisis Lifeline (988), require a 24/7/365 live-voice telephone system, and provide that an Immediate response requires deployment of a mobile crisis team within 60 minutes, with telephonic support provided until in-person response arrives. The Department also notes that the two-hour face-to-face response language applies to Emergency Services (ES), while MRSS immediate response expectations continue to require deployment within one hour.	No	The Department determined that no revision was warranted because the regulations already address 24/7 hotline access, 988 coordination, and the applicable response-time standards for ES and MRSS.
WC-042	Written comment	03/18/2026	Sarah Kelly-Palmer / Family Service of Rhode Island	Multidisciplinary child-specific competencies	Asked for explicit expectations around child development, de-escalation, suicide-safer care, trauma-informed practice, and family/youth voice.	The Department agrees that MRSS requires strong child-specific competencies, including child development, de-escalation, trauma-informed practice, risk and safety assessment, family engagement, and youth- and family-centered care. No additional regulatory revision is proposed because the regulations already	No	The Department determined that no revision was warranted because the regulations

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						establish child- and family-specific competency and training expectations in these areas. To the extent the comment seeks more detailed specification of particular training models or curricula, those details are better addressed through the MRSS Provider Manual rather than in regulation. To the extent further consideration of this issue is warranted, it may be addressed through additional stakeholder engagement and possible future revisions through the advance notice of proposed rulemaking process.		already require child- and family-specific competency, training, and documentation standards. More detailed curriculum expectations are better addressed outside generally applicable licensure regulations. Further consideration of this issue may be addressed through the advance notice of proposed rulemaking process.
WC-043	Written comment	03/18/2026	Sarah Kelly-Palmer / Family Service of Rhode Island	Trauma-focused care training specificity	Requested separate training language on trauma-informed and trauma-focused care, beyond ACEs, including trauma's impact on child development and symptom presentation.	The Department reviewed the recommendation to include more specific training language addressing trauma-informed and trauma-focused care, including trauma's impact on child development and symptom presentation. The Department determined that this level of training detail is better addressed through the MRSS Provider Manual and related implementation guidance rather than through generally applicable licensure regulations. To the extent further consideration of this issue is warranted, it may be addressed through additional stakeholder engagement and possible future revisions through the advance notice of proposed rulemaking process.	No	The Department determined that no further revision was warranted because detailed training content of this kind is better addressed through the MRSS Provider Manual and related implementation guidance than through generally applicable licensure regulations. Further consideration of this issue may be addressed through the advance notice of proposed rulemaking process.
WC-044	Written comment	03/18/2026	Sarah Kelly-Palmer / Family Service of Rhode Island	QMHP on every two-person team	Objected to requiring a QMHP on each two-person team and proposed instead that each team have QMHP access when needed.	The Department revised the staffing requirement to remove the requirement that every two-person mobile crisis team include a QMHP, while continuing to strongly encourage QMHP certified clinicians on responding teams and requiring timely and ready access to a QMHP for consultation and clinical support when a QMHP is not part of the team for those rare instances when a child might need to be hospitalized involuntarily.	Yes	N/A
WC-045	Written comment	03/18/2026	Sarah Kelly-Palmer / Family Service of Rhode Island	Service areas / mutual aid / DCO	Asked for clarification on multiple providers per region, whether DCO agreements are needed for mutual aid, and language that does not disincentivize mutual aid.	The Department made several revisions responsive to this comment. The DCO agreement requirement was removed as a condition of MRSS licensure. DCO agreements are not required for mutual-aid arrangements; the regulations separately require all DCYF-licensed MRSS providers to maintain mutual-aid agreements with one another. CCBHCs will still be required to provide MRSS directly or through DCO relationships with licensed MRSS providers to satisfy their own service-delivery obligations. The Department also revised the service-area language so that	Yes	N/A

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						providers may propose one or more primary service areas, including areas that may overlap with those of other providers, subject to Department approval.		
WC-046	Written comment	03/18/2026	Sarah Kelly-Palmer / Family Service of Rhode Island	Infrastructure requirements	Requested added infrastructure expectations showing ability to deploy mobile teams in the community and provide effective stabilization services after initial intervention.	The Department agrees that the ability to deploy mobile teams in the community and provide effective stabilization services is important. Those capabilities will be assessed through the MRSS licensure application process, where applicants will be required to provide detailed information regarding staffing, response capacity, stabilization services, and related infrastructure. To the extent further consideration of this issue is warranted, it may be addressed through additional stakeholder engagement and possible future revisions through the advance notice of proposed rulemaking process.	No	The Department determined that these operational capabilities are better addressed through the licensure application process than through additional regulatory text. Further consideration of this issue may be addressed through the advance notice of proposed rulemaking process.
WC-047	Written comment	03/18/2026	James DiNunzio / Horizon Healthcare Partners	Statutory alignment and governance	Emphasized the need for clear alignment with DCYF's role over child-serving programs and BHDDH's role over adult mental health systems.	The Department revised the regulations to clarify that DCYF retains primary responsibility for oversight, licensure, and administration of MRSS as a children's behavioral health crisis service. The revised language also clarifies that references to BHDDH reflect coordination and continuity of care where applicable, and do not shift or share DCYF's authority over MRSS.	Yes	N/A
WC-048	Written comment	03/18/2026	James DiNunzio / Horizon Healthcare Partners	Care coordination versus structural dependency	Supported strong care coordination across providers but cautioned against regulations that move beyond coordination and create unnecessary structural dependency or rigidity.	The Department agrees that the regulations should support care coordination without creating unnecessary structural dependency. In response to public comment, the Department removed DCO and LOI requirements as conditions of MRSS licensure and revised the service-area provisions so that alignment with CCBHC geographic areas is no longer required. These revisions eliminate the structural dependency that was the primary concern raised here, while preserving clear provider roles and response expectations through the revised service-area and mutual-aid framework.	Yes	N/A
WC-049	Written comment	03/18/2026	James DiNunzio / Horizon Healthcare Partners	QMHP definition / adult-system history	Noted that the QMHP designation is defined under Chapter 40.1-5 and historically tied to CMHCs and hospitals providing emergency psychiatric evaluations, raising questions about fit within MRSS.	The Department revised the staffing requirement to remove the requirement that every two-person mobile crisis team include a QMHP, while continuing to strongly encourage QMHP certified clinicians on responding teams and requiring timely and ready access to a QMHP for consultation and clinical support when a QMHP is not part of the team for those rare instances when a child might need to be hospitalized involuntarily.	Yes	N/A
WC-050	Written comment	03/18/2026	James DiNunzio / Horizon Healthcare Partners	Clarify ambiguous positioning of MRSS	Said MRSS standards were developed in alignment with Mental Health Law but remain ambiguously positioned in existing regulations and should be clarified.	The Department revised the regulations to better clarify the positioning of MRSS as a distinct children's behavioral health crisis response service under DCYF oversight, while retaining limited references to BHDDH and to specific provisions of the Mental Health Law, R.I. Gen. Laws §§ 40.1-5-2, 40.1-5-5, 40.1-5-6, and 40.1-5-8, where relevant to coordination and continuity of care.	Yes	N/A
WC-051	Written	03/18/2026	James DiNunzio /	System of Care	Asked that the framework reinforce	The Department agrees that the MRSS framework should reflect	Yes	N/A

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	comment		Horizon Healthcare Partners	principles	Rhode Island's family-driven, youth-guided, community-based, culturally responsive System of Care approach.	Rhode Island's family-driven, youth-guided, community-based, and culturally responsive System of Care approach. In response to public comment, the regulations were revised to incorporate System of Care principles into the MRSS section 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.		
WC-052	Written comment	03/18/2026	James DiNunzio / Horizon Healthcare Partners	Need for clarifications	Requested thoughtful clarification around care coordination, workforce structure, and statutory alignment.	The Department reviewed the request for additional clarification regarding care coordination, workforce structure, and statutory alignment. In response to public comment, the Department made targeted revisions clarifying DCYF's primary responsibility for oversight, licensure, and administration of MRSS; and clarifying references to BHDDH as coordination rather than shared authority. The Department believes the regulations, as revised, provide sufficient clarity in these areas and appropriately reflect the intended MRSS framework.	Yes	N/A
WC-053	Written comment	03/2026	John Tassoni / Substance Use and Mental Health Leadership Council of RI	Affirm DCYF authority	Asked the regulations to clearly reinforce DCYF's primary statutory authority over the children's behavioral health continuum.	The Department revised the regulations to clarify that DCYF retains primary responsibility for oversight, licensure, and administration of MRSS as part of the children's behavioral health service continuum. The revised language also clarifies that references to BHDDH reflect coordination where applicable and do not create shared authority over MRSS.	Yes	N/A
WC-054	Written comment	03/2026	John Tassoni / Substance Use and Mental Health Leadership Council of RI	Avoid adult-system constructs	Objected to retrofitting MRSS into legacy adult mental health structures not designed for children's community-based crisis services.	The Department reviewed the concern that MRSS should not be structured around legacy adult mental health frameworks. The regulations establish MRSS as a distinct child- and family-centered crisis response service under DCYF oversight. The Department also revised the regulations to narrow the Mental Health Law citations from the broad reference in R.I. Gen. Laws Chapter 40.1-5 to the specific applicable provisions, R.I. Gen. Laws §§ 40.1-5-2, 40.1-5-5, 40.1-5-6, and 40.1-5-8. References to those specific provisions and BHDDH coordination are retained only where directly relevant to coordination or to the rare circumstances in which those provisions apply. The post-comment revisions removing DCO and LOI requirements and revising service-area provisions further reduce any structural dependency on adult-system frameworks.	Yes	N/A
WC-055	Written comment	03/2026	John Tassoni / Substance Use and Mental Health Leadership Council of RI	MRSS as distinct children's service model	Stated that MRSS is not an extension of the adult emergency psychiatric system but a distinct child-focused service designed to stabilize youth in homes and communities and reduce unnecessary hospitalization.	The Department agrees that MRSS is a distinct child-focused crisis response service, not an extension of the adult emergency psychiatric system. The regulations establish MRSS as a community-based service designed to stabilize children and youth in homes and communities and reduce unnecessary hospitalization or law enforcement involvement. The service-delivery requirements, response standards, staffing expectations, and System of Care principles incorporated into the regulations all reflect that child-focused model.	No	The Department determined that no further revision was warranted because the regulations already reflect MRSS as a distinct child-focused, community-based crisis response service with service-delivery standards consistent with the national MRSS model.

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WC-056	Written comment	03/2026	John Tassoni / Substance Use and Mental Health Leadership Council of RI	Preserve flexibility for modern system design	Urged the state to build a modern, child-focused system grounded in current best practice rather than adapting new services to old structures.	The Department agrees that the children's crisis system should reflect current best practice. MRSS is a nationally recognized best-practice model for children's mobile crisis response, and the regulations are designed to support its implementation as a distinct child- and family-centered service. The Department also recognizes that best practice continues to evolve, and additional stakeholder input on future refinements may be sought through the advance notice of proposed rulemaking process.	No	The Department determined that no further revision was warranted because the regulations support implementation of MRSS as a best-practice, child-focused crisis response model. Future refinements may be considered through the advance notice of proposed rulemaking process.
WC-057	Written comment	03/2026	John Tassoni / Substance Use and Mental Health Leadership Council of RI	Coherent governance structure	Encouraged revision to ensure coherent governance, clear statutory alignment, and modern system design.	The Department revised the regulations to clarify that DCYF retains primary responsibility for oversight, licensure, and administration of MRSS as a children's behavioral health crisis service. The revised language also better clarifies the statutory and agency roles applicable to MRSS.	Yes	N/A
WC-058	Written comment	03/18/2026	Kelsey Bala / Rhode Island KIDS COUNT	Shift from DCYF to BHDDH	Warned that the proposed revisions shift responsibility and oversight away from DCYF toward BHDDH despite the distinct needs of children and youth.	The Department revised the regulations to clarify that DCYF retains primary responsibility for oversight, licensure, and administration of MRSS as a children's behavioral health crisis service. The revised language also clarifies that references to BHDDH are included only where applicable to reflect coordination and continuity of care, and do not shift responsibility for MRSS away from DCYF.	Yes	N/A
WC-059	Written comment	03/18/2026	Kelsey Bala / Rhode Island KIDS COUNT	CCBHC affiliation / geographic exclusivity	Argued that statute does not condition MRSS licensure or delivery on CCBHC affiliation or catchment areas and recommended continued oversight by DCYF and child-serving agencies.	The Department recognizes the concern that MRSS should remain under DCYF oversight as a child-serving crisis service and should not be conditioned on CCBHC affiliation or catchment areas. In response to public comment, the Department revised the regulations to remove DCO and LOI requirements as conditions of MRSS licensure and to revise the service-area language so that primary service areas may overlap with CCBHC geographic areas, but are not required to do so. Providers may propose other service areas for Department approval, and the Department will consider operational capacity, accessibility, timely response, and the need for comprehensive statewide coverage through the mutual-aid system. The Department believes these revisions better preserve DCYF's primary oversight role while supporting coordinated statewide access and response planning.	Yes	N/A
WC-060	Written comment	03/18/2026	Rhode Island KIDS COUNT	Staffing schedule approval burden	Objected to a provision requiring DCYF to review and approve all staffing schedules as burdensome and unsupported by statute.	The Department reviewed the concern that requiring approval of staffing schedules would be burdensome and unsupported by statute. The Department is not making additional regulatory changes in response to this comment at this time. The Department may seek further stakeholder input on this issue through the advance notice of proposed rulemaking process.	No	The Department determined not to make additional revisions at this time. Further consideration of this issue may be addressed through the advance notice of proposed rulemaking process.

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WC-061	Written comment	03/18/2026	Kelsey Bala / Rhode Island KIDS COUNT	Standards for young children under six	Recommended infant and early childhood mental health standards for MRSS services provided to children under age six.	The Department agrees that standards for young children and families are important. No additional regulatory revision is proposed because more detailed expectations for services to young children are better addressed through the MRSS Provider Manual rather than through generally applicable licensure regulations. To the extent further consideration of this issue is warranted, it may be addressed through additional stakeholder engagement and possible future revisions through the advance notice of proposed rulemaking process.	No	The Department determined that more detailed expectations for services to young children are better addressed through the MRSS Provider Manual than through additional regulatory text. Further consideration of this issue may be addressed through the advance notice of proposed rulemaking process.
WC-062	Written comment	03/18/2026	Kelsey Bala / Rhode Island KIDS COUNT	Child-centered continuum / Consent Decree	Argued Rhode Island is legally and morally required to maintain a child-centered behavioral health system and that the draft risks fragmenting that continuum.	The Department agrees that Rhode Island should maintain a child-centered behavioral health system and does not believe that the regulations, as written, fragment that continuum. The Department believes the regulations preserve MRSS as a distinct child-serving crisis response model and support statewide access, coordination, stabilization, and continuity of care for children, youth, and families.	No	The Department determined that no further revision was warranted because the Department believes the regulations preserve MRSS as a distinct child-serving crisis response model within a child-centered behavioral health continuum.
WC-063	Written comment	03/18/2026	Kelsey Bala / Rhode Island KIDS COUNT	Structural barriers to access	Warned that approval requirements and geographic exclusivity could limit access instead of expanding it.	The Department recognizes the concern that approval requirements and geographic structure could limit access rather than expand it. In response to public comment, the Department revised the regulations to remove the requirement that primary service areas align with CCBHC geographic service areas. Under the revised language, providers may propose one or more primary service areas for Department approval, and those areas may overlap with CCBHC geographic areas or consist of other areas proposed by the provider. In reviewing proposed service areas, the Department will consider operational capacity, service availability, accessibility, timely response, and the need to support comprehensive statewide coverage through the mutual-aid system.	Yes	N/A
WC-064	Written comment	03/2026	Jennifer Gaviria / Latino Mental Health Network of Rhode Island	Support for current MRSS model	Stated that the current MRSS system works and provides rapid, child-centered support for students and families.	Comment noted and appreciated.	No	Supportive comment. No specific regulatory revision requested.
WC-065	Written comment	03/2026	Jennifer Gaviria / Latino Mental Health Network of Rhode Island	Child-specific expertise	Emphasized that responders must understand child development, school settings, and youth social-emotional needs.	The Department appreciates these comments. No additional regulatory revision is proposed because the regulations already identify child- and family-specific competencies required for the ES and MRSS workforce, including knowledge of child development, family systems, child-specific crisis and risk assessment, collaboration with schools and other child-serving systems, cultural	No	The Department determined that no further revision was warranted because the regulations, as written, already

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						and linguistic competence, and trauma-informed practice. The regulations also require providers to document these competencies through training, supervision, personnel records, and the licensure process.		establish child-specific competency, training, and documentation requirements for the workforce serving children and youth in crisis.
WC-066	Written comment	03/2026	Jennifer Gaviria / Latino Mental Health Network of Rhode Island	Avoid drift toward adult models	Urged caution so MRSS remains a children's crisis response system rather than shifting toward models designed primarily for adults.	The Department believes that MRSS should remain a child- and family-centered crisis response model for children, youth, and families. The regulations, as written, preserve MRSS as a distinct child-serving service and require providers to operate consistent with nationally recognized MRSS fidelity standards.	No	The Department determined that no further revision was warranted because the regulations, as written, preserve MRSS as a distinct child-serving service model and require operation consistent with nationally recognized MRSS fidelity standards.
WC-067	Written comment	03/17/2026	Dan Geraghty / North Smithfield High School	Child-centered school-based effectiveness	Described MRSS as highly effective in responding quickly and providing sustained, relationship-based support after a community shooting.	Comment noted and appreciated.	No	Supportive comment. No specific regulatory revision requested.
WC-068	Written comment	03/17/2026	Dan Geraghty / North Smithfield High School	Preserve providers with proven youth expertise	Asked that the licensing framework keep a child-centered focus and prioritize providers with demonstrated expertise serving kids and families.	The Department appreciates these comments. No additional regulatory revision is proposed because the regulations already require providers to demonstrate child-specific crisis experience and MRSS-related expertise. The regulations require evidence of at least one year of MRSS experience, or prior experience delivering mobile crisis and stabilization services for children and youth together with recognized MRSS training or technical assistance. Compliance with these requirements must be verified by DCYF through the licensure process.	No	The Department determined that no further revision was warranted because the regulations, as written, already address provider experience, child-specific expertise, and MRSS-related training expectations, with compliance verified by DCYF through the licensure process.
WC-069	Written comment	03/17/2026	Kimberly Rawson / North Smithfield High School	School-community crisis response	Described the value of MRSS in a school crisis and highlighted ongoing, relationship-based follow-up with students and families.	Comment noted and appreciated.	No	Supportive comment. No specific regulatory revision requested.
WC-070	Written comment	03/17/2026	Kimberly Rawson / North Smithfield High School	Protect child-centered qualities	Urged the Department to protect the qualities that make MRSS effective, especially provider expertise with children, families, and schools.	The Department appreciates these comments. No additional regulatory revision is proposed because the regulations already identify child- and family-specific competencies required for the MRSS workforce, including knowledge of child development, family systems, child-specific crisis and risk assessment, collaboration with schools and other child-serving systems, cultural	No	The Department determined that no further revision was warranted because the regulations, as written, already

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						and linguistic competence, and trauma-informed practice. The regulations also require providers to document these competencies through training, supervision, personnel records, and the licensure process.		establish child-specific competency, training, and documentation requirements for the MRSS workforce serving children and youth in crisis.
WC-071	Written comment	03/18/2026	Beth Bixby, Rachel Yoder, and Tides MRSS Staff	Statutory authority limitations	Argued the rule exceeds statutory authority by imposing structural conditions not found in the MRSS statute.	The Department reviewed the concern that the proposed regulations could exceed DCYF's statutory authority by imposing structural conditions not grounded in the MRSS statute. In response to public comment, the Department revised the regulations to remove DCO and LOI requirements as conditions of MRSS licensure and to clarify DCYF's independent licensure authority. The Department believes that, with these revisions, the regulations are appropriately grounded in DCYF's statutory authority.	Yes	N/A
WC-072	Written comment	03/18/2026	Beth Bixby, Rachel Yoder, and Tides MRSS Staff	Geographic exclusivity	Objected to geographic exclusivity tied to CCBHC service areas as unsupported by statute.	The Department recognizes the concern that geographic exclusivity tied to CCBHC service areas is not supported by statute and could unduly restrict access. In response to public comment, the Department revised the regulations to remove the requirement that primary service areas align with CCBHC geographic service areas. Under the revised language, providers may propose one or more primary service areas for Department approval, and those areas may overlap with CCBHC geographic areas or consist of other areas proposed by the provider. The Department will review proposed service areas based on operational capacity, service availability, accessibility, timely response, and the need to support comprehensive statewide coverage through the mutual-aid system. MRSS remains a distinct child-specific service under DCYF oversight.	Yes	N/A
WC-073	Written comment	03/18/2026	Beth Bixby, Rachel Yoder, and Tides MRSS Staff	DCO agreement as prerequisite	Objected to conditioning licensure or participation on execution of a DCO agreement or LOI.	The Department revised the regulations to remove DCO and LOI requirements as conditions of MRSS licensure. The revised regulations preserve DCYF's independent licensure authority and no longer require an MRSS provider to obtain a DCO agreement, LOI, or other approval from a CCBHC as a condition of licensure. MRSS will, however, remain a core service requirement for CCBHCs, and CCBHCs will still be required to either be a licensed MRSS provider or maintain a DCO contract with a licensed MRSS provider. Any DCO requirement will therefore be addressed through the CCBHC service-delivery framework rather than through MRSS licensure requirements.	Yes	N/A
WC-074	Written comment	03/18/2026	Beth Bixby, Rachel Yoder, and Tides MRSS Staff	BHDDH authority in DCYF regulations	Argued DCYF cannot require MRSS delivery only through CCBHCs and BHDDH cannot promulgate CCBHC requirements through DCYF regulations.	The Department recognizes the concern that the regulations should not place MRSS within a framework that blurs DCYF's authority or the child-specific nature of the service. In response to public comment, the Department revised the regulations to remove DCO and LOI requirements as conditions of MRSS licensure and to remove the requirement that primary service areas align with CCBHC geographic service areas. The revised language preserves DCYF's independent licensure authority and clarifies that DCYF retains primary responsibility for oversight, licensure, and administration of MRSS as a children's behavioral health	Yes	N/A

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						crisis service. Providers may propose one or more primary service areas for Department approval, which may overlap with CCBHC geographic areas or consist of other areas proposed by the provider.		
WC-075	Written comment	03/18/2026	Beth Bixby, Rachel Yoder, and Tides MRSS Staff	Unlawful delegation to private entities	Argued the framework gives private entities practical gatekeeping authority over licensure and creates conflict-of-interest problems.	The Department revised the regulations to remove DCO and LOI requirements as conditions of MRSS licensure. The revised regulations preserve DCYF's independent licensure authority and no longer require an MRSS provider to obtain a DCO agreement, LOI, or other approval from a CCBHC as a condition of licensure. MRSS will, however, remain a core service requirement for CCBHCs, and CCBHCs will still be required to either be a licensed MRSS provider or maintain a DCO contract with a licensed MRSS provider. DCO expectations will therefore be addressed through the CCBHC service-delivery framework rather than through MRSS licensure requirements.	Yes	N/A
WC-076	Written comment	03/18/2026	Beth Bixby, Rachel Yoder, and Tides MRSS Staff	Adult Mental Health Law in legal basis	Requested clarification that adult Mental Health Law is limited to emergency certification scenarios and should not define MRSS generally.	The Department does not intend for references to the Mental Health Law to define MRSS generally. MRSS is established in these regulations as a distinct children's behavioral health crisis response model. The Department revised the regulations to narrow the Mental Health Law citations from the broad reference in R.I. Gen. Laws Chapter 40.1-5 to the specific applicable provisions, R.I. Gen. Laws §§ 40.1-5-2, 40.1-5-5, 40.1-5-6, and 40.1-5-8. References to those specific provisions are retained only where relevant to the limited circumstances in which those provisions apply, and are not intended to define MRSS generally. To the extent further consideration of this issue is warranted, it may be addressed through additional stakeholder engagement and possible future revisions through the advance notice of proposed rulemaking process.	Yes	N/A
WC-077	Written comment	03/18/2026	Beth Bixby, Rachel Yoder, and Tides MRSS Staff	Coordination with BHDDH language	Requested clarification so coordination language does not imply shared or transferred regulatory authority over children's services.	The Department revised the regulations to clarify that DCYF retains primary responsibility for oversight, licensure, and administration of MRSS as a children's behavioral health crisis service, while recognizing coordination with BHDDH where applicable to support continuity of care and interagency alignment.	Yes	N/A
WC-078	Written comment	03/18/2026	Beth Bixby, Rachel Yoder, and Tides MRSS Staff	Due process protections	Raised concern about lack of objective standards and provider due-process protections in license review, restriction, and termination provisions.	The Department reviewed the concern regarding objective standards and provider due-process protections in licensing actions. No additional revision is proposed because the regulations already identify the bases for licensing actions and provide for written notice and appeal rights.	No	The Department determined that no further revision was warranted because the regulations already provide standards governing licensing actions, written notice, and appeal rights.

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WC-079	Written comment	03/18/2026	Beth Bixby, Rachel Yoder, and Tides MRSS Staff	MRSS fidelity / Consent Decree	Asked the regulations to anchor fidelity expectations to the national MRSS model and the state's Consent Decree obligations.	The regulations already incorporate core MRSS fidelity expectations, including timely response, stabilization services, staffing and competency requirements, documentation standards, and fidelity tracking. The regulations were revised to clarify that providers are expected to operate consistent with nationally recognized MRSS fidelity standards, while more detailed fidelity tools, measures, and monitoring processes will be addressed through the MRSS Provider Manual. The Department believes that the regulations, as revised, align with the core Consent Decree requirements applicable to statewide mobile crisis services. To the extent further consideration of fidelity standards is warranted, it may be addressed through the advance notice of proposed rulemaking process	Yes	N/A
WC-080	Written comment	03/18/2026	Beth Bixby, Rachel Yoder, and Tides MRSS Staff	Workforce definitions and competency standards	Requested clearer workforce definitions and competency standards to avoid statewide inconsistency.	The Department reviewed the request for clearer workforce definitions and competency standards. No additional revision is proposed because the regulations already define key clinical roles, establish required staffing elements for MRSS mobile crisis teams, and identify child- and family-specific competency and training expectations applicable to MRSS providers. To the extent further consideration of this issue is warranted, it may be addressed through additional stakeholder engagement and possible future revisions through the advance notice of proposed rulemaking process.	No	The Department determined that no further revision was warranted because the regulations already provide workforce and competency standards sufficient to support consistent implementation. Further consideration of this issue may be addressed through the advance notice of proposed rulemaking process.
WC-081	Written comment	03/18/2026	Beth Bixby, Rachel Yoder, and Tides MRSS Staff	Objective statewide capacity criteria	Asked for transparent criteria for evaluating statewide capacity and need rather than opaque gatekeeping.	The regulations support statewide MRSS access through statewide licensure, primary service areas, and mutual-aid requirements. The Department agrees that licensure decisions should be guided by transparent service-planning considerations, but does not believe it is necessary to prescribe a detailed statewide-need formula in regulation. Relevant service-planning factors, including geographic coverage, service demand, and response capacity, will be identified through the application and implementation process. Further input on statewide capacity criteria may be sought through the advance notice of proposed rulemaking process.	No	The Department determined that no further revision was warranted with respect to prescribing a statewide-need formula in regulation. Further input may be sought through the advance notice of proposed rulemaking process.
WC-082	Written comment	03/18/2026	Beth Bixby, Rachel Yoder, and Tides MRSS Staff	QMHP definition and requirement	Objected to requiring a QMHP on MRSS staffing teams except where services involve emergency certification or functions governed by Chapter 40.1-5, and proposed limiting QMHP requirements accordingly.	The Department revised the staffing requirement to remove the requirement that every two-person mobile crisis team include a QMHP, while continuing to strongly encourage QMHP certified clinicians on responding teams and requiring timely and ready access to a QMHP for consultation and clinical support when a QMHP is not part of the team for those rare instances when a child might need to be hospitalized involuntarily.	Yes	N/A
WC-083	Written comment	03/18/2026	Beth Bixby, Rachel Yoder, and Tides MRSS Staff	Behavioral health scope clarification	Proposed clarifying that references to mental health emergencies and services for children and youth	No additional revision is proposed because the regulations already clarify that behavioral health emergencies may include both mental health conditions and substance use, including overdose,	No	The Department determined that no revision was

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					include behavioral health conditions, including substance use disorders.	intoxication, or withdrawal. The regulations also provide that crisis evaluation includes screening for substance use disorder when indicated and recognize clinicians with substance use disorder expertise in the definition of child-family competent clinician.		warranted because the regulations already address the concern raised in this comment.
WC-084	Written comment	03/18/2026	Beth Bixby, Rachel Yoder, and Tides MRSS Staff	Family-defined crisis	Proposed adding definitions to clarify that a crisis may be identified by the child, youth, parent, caregiver, or other responsible adult and that MRSS requests should not be screened out solely because the situation does not fit a narrow clinical definition of crisis.	The Department revised the regulations to reflect family-defined crisis and 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.	Yes	N/A
WC-085	Written comment	03/18/2026	Beth Bixby, Rachel Yoder, and Tides MRSS Staff	Emergency response / parental consent clarification	Asked the regulations to clarify that screening, triage, and mobile response should not be delayed by inability to obtain parental consent when immediate assessment is necessary to prevent serious harm.	The Department agrees that the screening and triage provisions should more clearly reflect the operational need to proceed promptly when immediate assessment is necessary for safety. The regulations were revised to clarify that providers should not delay screening, triage, or dispatch of an immediate response solely because parental consent has not yet been obtained in those circumstances.	Yes	N/A
WC-086	Written comment	03/18/2026	Beth Bixby, Rachel Yoder, and Tides MRSS Staff	Dual licensure / distinct ES and MRSS model	Argued that requiring MRSS providers to meet full Emergency Services licensure standards creates structural duplication and asked the Department to clarify that MRSS is a distinct service model from ES with separate objectives, staffing, and operational standards.	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. The Department notes that ES standards remain core requirements for both ES and MRSS, while MRSS providers must also meet additional MRSS-specific licensing requirements.	Yes	N/A
WC-087	Written comment	03/18/2026	Beth Bixby, Rachel Yoder, and Tides MRSS Staff	Deletion of System of Care philosophy language	Objected to removal of the Department's System of Care philosophy language and proposed reinstating a section stating that MRSS must be implemented in accordance with family-driven, youth-guided, community-based, culturally and linguistically responsive, least restrictive System of Care principles.	The Department agrees that the MRSS model should reflect System of Care principles. Although the former philosophy section was removed because it was not framed as operative regulatory language, the Department revised the MRSS section to incorporate the substance of that language in a more direct regulatory format. The revised language clarifies 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.	Yes	N/A
WC-088	Written comment	03/18/2026	Beth Bixby, Rachel Yoder, and Tides MRSS Staff	System of Care language in staffing / service matching	Objected to removal of language requiring services to be matched to the assessed needs of the child and family based on System of Care principles and proposed restoring that concept in staffing and service-matching provisions.	The Department agrees that MRSS services should be matched to the assessed needs of the child or youth and family consistent with System of Care principles. In response to related public comments, the Department revised the regulations to restore System of Care principles in operative regulatory language and to require that MRSS be delivered in a manner that is family-driven, youth-guided, community-based, culturally and linguistically responsive, and provided in the least restrictive appropriate setting. Those revisions, together with the service-delivery requirements governing assessment, care planning, stabilization,	Yes	N/A

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						and coordination, sufficiently reflect the concept of individualized, needs-based service matching.		
WC-089	Written comment	03/18/2026	Beth Bixby, Rachel Yoder, and Tides MRSS Staff	Age-definition consolidation	Asked the Department to consolidate fragmented age categories and use a single "children and youth" definition covering ages 2 through 21.	The Department reviewed the request to consolidate age-based terminology into a single “children and youth” definition. The Department determined to retain the current terminology in order to preserve consistency with related regulatory terminology across state agencies and to reflect the differing age groupings addressed in the revised regulations, including the addition of terminology applicable to older youth ages eighteen (18) through twenty-one (21).	No	The Department determined that no further revision was warranted because the current terminology is intended to preserve consistency and clarity across the applicable regulatory framework while accommodating the revised MRSS age range.
WC-090	Written comment	03/18/2026	Beth Bixby, Rachel Yoder, and Tides MRSS Staff	Family support worker / lived-experience role	Objected to removal of the "Family Support Worker" definition and proposed requiring family support roles or other lived-experience positions as part of the MRSS service model.	The Department recognizes the importance of family-support and lived-experience roles in the MRSS model. Although the revised regulations do not retain the former “Family Support Worker” definition, they do recognize peer support as part of the stabilization services that MRSS providers must be able to furnish. More detailed expectations regarding family-support, peer-support, and other lived-experience roles will be addressed through the MRSS Provider Manual. To the extent further consideration of this issue is warranted, it may be addressed through additional stakeholder engagement and possible future revisions through the advance notice of proposed rulemaking process.	No	The Department determined that no further revision was warranted because the regulations already recognize peer support within MRSS stabilization services, and more detailed expectations regarding family-support and lived-experience roles are better addressed through the MRSS Provider Manual. Further consideration of this issue may be addressed through the advance notice of proposed rulemaking process.
WC-091	Written comment	03/18/2026	Newport Mental Health	Reporting duplication	Objected to redundant reporting requirements and recommended streamlining data collection to avoid duplicate manual submissions.	The Department will continue to seek to reduce redundant reporting and to rely on reporting streams that are already in place where feasible. No additional regulatory revision is proposed because detailed reporting mechanics and process improvements are better addressed through the MRSS Provider Manual and related implementation work. To the extent further consideration of this issue is warranted, it may be addressed through additional stakeholder engagement and possible future revisions through the advance notice of proposed rulemaking process.	No	The Department determined that detailed reporting mechanics and process refinements are better addressed outside generally applicable licensure regulations. Further consideration of this issue may be addressed through the advance notice of proposed rulemaking process.

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WC-092	Written comment	03/18/2026	Newport Mental Health	Detailed reporting in regulation	Recommended moving highly detailed reporting expectations out of regulation and into manuals or guidance.	The Department appreciates this comment and considered whether additional reporting detail should be moved from regulation into guidance. The Department determined that certain core reporting requirements should remain in the regulations to support oversight, accountability, and consistent monitoring across providers, while more detailed operational expectations may be addressed through the MRSS Provider Manual. To the extent further consideration of this issue is warranted, it may be addressed through additional stakeholder engagement and possible future revisions through the advance notice of proposed rulemaking process.	No	The Department determined that no revision was warranted because certain reporting requirements are appropriate for inclusion in regulation, while more detailed implementation expectations may be addressed outside the regulations through the MRSS Provider Manual. Further consideration of this issue may be addressed through the advance notice of proposed rulemaking process.
WC-093	Written comment	03/18/2026	Newport Mental Health	Age-range / coordination clarity	Requested clarification regarding coordination expectations across age groups, including whether ages 2–17 should also require coordination with CCBHCs when clinically appropriate and whether all 18–21-year-olds would be considered MRSS or would depend on clinical presentation.	The Department recognizes the need for additional clarity regarding coordination expectations across age groups. Not all youth ages eighteen (18) through twenty-one (21) will necessarily be appropriate for MRSS, and more detailed expectations regarding age-related coordination and eligibility will be addressed through the MRSS Provider Manual rather than through additional revisions to the regulations. To the extent further consideration of this issue is warranted, it may be addressed through additional stakeholder engagement and possible future revisions through the advance notice of proposed rulemaking process.	No	The Department determined that more detailed age-related coordination guidance is better addressed through the MRSS Provider Manual. Further consideration of this issue may be addressed through the advance notice of proposed rulemaking process.
WC-094	Written comment	03/18/2026	Newport Mental Health	RN qualifications / BSN requirement	Objected to requiring Registered Nurses to hold a BSN and recommended revising the rule to refer simply to "Registered Nurse."	The Department reviewed the comment recommending that the BSN requirement for Registered Nurses be removed and that the regulation refer simply to 'Registered Nurse.' The BSN requirement was added based on guidance received from Rhode Island Medicaid regarding qualifications for billable clinicians under the MRSS model. As this requirement reflects Rhode Island Medicaid guidance, no change has been made in response to this comment.	No	The Department determined that no revision was warranted because the BSN requirement reflects Rhode Island Medicaid guidance regarding qualifications for billable clinicians under the MRSS model.
WC-095	Written comment	03/18/2026	Newport Mental Health	Interpreter services / translated materials	Recommended requiring translated materials or interpreter services for all languages in a flexible manner rather than mandating written materials in every language.	No additional regulatory revision is proposed because the regulations already require interpretation services and publicization of services in languages other than English in diverse communities, but do not require all written materials to be translated into every language. The Department believes the	No	The Department determined that no further revision was warranted because the regulations already address

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						regulations, as revised, appropriately address language access in a flexible manner.		language access without requiring written materials in every language.
WC-096	Written comment	03/18/2026	Newport Mental Health	ES follow-up duration	Recommended that cases opened in emergency services remain available for follow-up contact for a minimum of 30 days after the initial crisis intervention rather than 72 hours.	The Department agrees that a child or youth who is initially evaluated through Emergency Services (ES) may be transitioned to MRSS for up to thirty (30) days of follow-up stabilization services following the initial crisis intervention. The regulations distinguish between ES and MRSS as separate service tracks, and the thirty (30) day stabilization period is available under MRSS. A child or youth who receives an initial ES evaluation may be transitioned to MRSS to access that stabilization period.	No	The Department determined that no further revision was warranted because the regulations already support a transition from ES to MRSS for up to thirty (30) days of stabilization services following an initial ES evaluation
WC-097	Written comment	03/18/2026	Newport Mental Health	Law enforcement language	Requested replacement of 'avoid law enforcement involvement' with language making law enforcement a last resort and including family input where possible.	The Department made a targeted clarifying revision to the MRSS law-enforcement provision to more closely align the regulations with the Consent Decree and MRSS best practice by clarifying that providers should remain engaged to support coordination if law enforcement involvement becomes necessary.	Yes	N/A
WC-098	Written comment	03/18/2026	Newport Mental Health	Biopsychosocial assessment scope	Requested clarification of the specific criteria and expectations for the biopsychosocial assessment and whether it is intended to be a "BPSA light" version or something else.	The Department will consider these more detailed operational, practice, and terminology issues as the state develops the MRSS Provider Manual rather than through additional revisions to the regulations. To the extent further consideration of this issue is warranted, it may be addressed through additional stakeholder engagement and possible future revisions through the advance notice of proposed rulemaking process.	No	The Department determined that these issues are better addressed through the MRSS Provider Manual rather than through generally applicable licensure regulations. Further consideration of this issue may be addressed through the advance notice of proposed rulemaking process.
WC-099	Written comment	03/18/2026	Newport Mental Health	Annual training / MRSS alignment	Stated that ten hours of annual child-specific emergency-services training is reasonable but asked for clarification on how that requirement aligns with MRSS training expectations.	The Department will address detailed MRSS training curriculum requirements in the MRSS Provider Manual rather than in regulation. To the extent further consideration of this issue is warranted, it may be addressed through additional stakeholder engagement and possible future revisions through the advance notice of proposed rulemaking process.	No	The Department determined that detailed curriculum content, course expectations, and related implementation guidance are better addressed in the MRSS Provider Manual than in generally applicable licensure regulations. Further consideration of this issue may be addressed through

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								the advance notice of proposed rulemaking process.
WC-100	Written comment	03/18/2026	Newport Mental Health	MRSS billing interactions / rates / program transitions	Requested clarification on MRSS billing interactions with CCBHC population billing, including shadow billing codes, same-month billing in year 3 of CCBHC, rate structure, and billing when clients move between programs.	The Department will address more detailed implementation questions regarding MRSS billing interactions, rate structure, and program transitions through billing guidance rather than through revisions to the licensure regulations. The Department also notes that MRSS will be removed from the CCBHC payment structure as of 10/1/2026 and paid directly through Medicaid or private insurance. Detailed billing and reimbursement guidance, including questions about shadow billing codes, same-month billing in year 3 of CCBHC, rate structure, and billing when clients move between programs, involves operational and payer-specific complexity that is not appropriate for inclusion in generally applicable licensure regulations and is better addressed through targeted billing guidance and implementation materials as the October 1, 2026 transition approaches.	No	The Department determined that detailed billing and reimbursement guidance is better addressed outside generally applicable licensure regulations. The regulations govern provider licensure standards and service delivery requirements; questions about billing codes, rate structure, shadow billing, and program-transition billing are operational matters that will be addressed through separate billing guidance as the October 1, 2026 payment transition approaches
WC-101	Written comment	03/18/2026	Newport Mental Health	24-hour coordination with Emergency Services	Requested clarification on the meaning of "coordinate with Emergency Services within 24 hours" and whether it refers to EMS, ES staff, or the hospital / emergency room.	The Department agrees that clarification is needed regarding the requirement to coordinate within 24 hours, including whether the reference is to EMS, Emergency Services staff, or a hospital or emergency room. More detailed operational expectations will be addressed through the MRSS Provider Manual rather than through additional revisions to the regulations. To the extent further consideration of this issue is warranted, it may be addressed through additional stakeholder engagement and possible future revisions through the advance notice of proposed rulemaking process.	No	The Department determined that this clarification is better addressed through the MRSS Provider Manual than through generally applicable licensure regulations. Further consideration of this issue may be addressed through the advance notice of proposed rulemaking process.
WC-102	Written comment	03/19/2026	Newport Mental Health	Fidelity-measure specificity in reporting	Said § 6.3.E.2 is too vague for implementation and should specify more than simply 'a set of fidelity measures.'	The Department appreciates this comment and agrees that providers will need additional detail regarding fidelity measures for implementation. The Department intends to address the specific fidelity measures, reporting expectations, and related implementation detail through the MRSS Provider Manual. To the extent further consideration of this issue is warranted, it may be addressed through additional stakeholder engagement and possible future revisions through the advance notice of proposed rulemaking process.	No	The Department determined that no revision was warranted because the specific fidelity measures and related implementation requirements are better addressed through the MRSS Provider Manual rather than through

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								additional regulatory text. Further consideration of this issue may be addressed through the advance notice of proposed rulemaking process.
WC-103	Written comment	03/18/2026	Newport Mental Health	LMHC / LMHCA inclusion	Requested adding Licensed Mental Health Counselors and Licensed Mental Health Counselor Associates to the definitional list of recognized mental health professionals.	No additional revision is proposed because the requested professional categories are already included in the regulations. The definition of “Child-family competent clinician” expressly includes both Licensed Mental Health Counselors (LMHCs) and Licensed Mental Health Counselor Associates (LMHCAs) among the recognized clinician types.	No	The Department determined that no revision was warranted because the regulations already include Licensed Mental Health Counselors and Licensed Mental Health Counselor Associates in the definitional list of recognized clinicians.
WC-104	Written comment	03/18/2026	Newport Mental Health	Child-trained psychiatrist as consulting resource	Asked for clarification that a child-trained psychiatrist serves as a consulting resource rather than mandatory back-up.	No additional revision is proposed because the regulations already clarify that a child-trained psychiatrist serves as a consultative resource rather than a mandatory back-up requirement. The regulations state that the clinician has back-up from a clinical supervisor or administrator, and separately provide that the clinician may consult with additional qualified treatment professionals, including a child-trained psychiatrist licensed to practice medicine in Rhode Island.	No	The Department determined that no revision was warranted because the regulations already distinguish between required back-up from a clinical supervisor or administrator and optional consultation with a child-trained psychiatrist. See § 6.2.D.1.
WC-105	Written comment	03/18/2026	Newport Mental Health	Clinical supervisor / administrator on call	Asked for clarification that "clinical supervisor" may include administrators on call.	No additional revision is proposed because the regulations already provide that the clinician has back-up from a clinical supervisor/administrator, which reflects that this role may include an administrator on call. The regulations also state that the clinical supervisor is available for telephone consultation on assessment and care planning.	No	The Department determined that no revision was warranted because the regulations already provide for back-up from a clinical supervisor or administrator. See § 6.2.D.1.
WC-106	Written comment	03/18/2026	Newport Mental Health	Deaf / hard-of-hearing accessibility options	Requested clarification on whether texting options would satisfy accessibility requirements for deaf or hearing-impaired clients.	The Department revised the definition of “Cultural and linguistic competency” to clarify expectations regarding effective communication for individuals with limited English proficiency and individuals who are deaf or hard of hearing. The regulations do not prescribe a single communication modality such as texting, and more detailed operational implementation may be addressed through the MRSS Provider Manual.	Yes	N/A

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WC-107	Written comment	03/18/2026	Newport Mental Health	Weekly meetings / telehealth flexibility	Asked that the regulations expressly permit documentation when families decline weekly meetings or request telehealth.	The Department appreciates the request for additional operational flexibility regarding documentation when families decline weekly meetings or request telehealth. No additional regulatory revision is proposed because these implementation and documentation details are better addressed through the MRSS Provider Manual and, where applicable, related billing guidance rather than through generally applicable licensure regulations. To the extent further consideration of this issue is warranted, it may be addressed through additional stakeholder engagement and possible future revisions through the advance notice of proposed rulemaking process.	No	The Department determined that detailed operational and documentation expectations of this kind are better addressed outside the regulations. Further consideration of this issue may be addressed through the advance notice of proposed rulemaking process.
WC-108	Written comment	03/18/2026	Newport Mental Health	Non-financial agreements / DCO designation	Said MRSS-CCBHC agreements should be treated as care-coordination agreements rather than DCO arrangements because they are non-financial agreements.	The Department did not adopt the suggestion to treat these arrangements as care-coordination agreements rather than DCO arrangements. Under applicable federal CCBHC/SAMHSA requirements, if a required core service is provided by another entity, that service must be provided through a DCO arrangement. The regulations remove DCO as a condition of MRSS licensure, but do not alter applicable CCBHC service-delivery requirements.	No	The Department determined that no further revision was warranted because applicable federal CCBHC/SAMHSA requirements continue to govern how required core services are provided when delivered through another entity.
WC-109	Written comment	03/18/2026	Newport Mental Health	ES versus MRSS licensure differentiation	Requested clearer differentiation between the two levels of licensure and how a provider is qualified as ES versus MRSS.	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.	Yes	N/A
WC-110	Written comment	03/18/2026	Newport Mental Health	Consistent ES / MRSS terminology	Asked that terminology be used consistently across the ES and MRSS sections.	The Department reviewed the comment regarding consistent terminology across the ES and MRSS sections. No additional revision is proposed at this time because the regulations, as revised, distinguish ES and MRSS as related but distinct service models and the Department does not believe further terminology changes are necessary in response to this comment.	No	The Department determined that no further revision was warranted because the comment did not identify specific terminology requiring correction, and the regulations already clarify the relationship between ES and MRSS.
WC-111	Written comment	03/18/2026	Newport Mental Health	Required screening tools	Requested clarification on which screening tools are required, including whether the CANS alone is sufficient or whether additional tools are expected.	The regulations do not prescribe a single required screening tool for MRSS at this time. More detailed expectations regarding assessment content, screening tools, and related implementation guidance will be addressed in the MRSS Provider Manual rather than in regulation. To the extent further consideration of this issue is warranted, it may be addressed through additional stakeholder engagement and possible future revisions through the advance notice of proposed rulemaking process.	No	The Department determined that detailed clinical tool selection and assessment implementation guidance are better addressed in the MRSS Provider

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								Manual than in generally applicable licensure regulations. Further consideration of this issue may be addressed through the advance notice of proposed rulemaking process.
WC-112	Written comment	03/18/2026	Newport Mental Health	Training-course completion frequency	Requested clarification on whether the courses listed in Section F.2.C must be completed once and documented in staff training records or repeated at another frequency.	The regulations do not specify in detail whether the listed courses must be completed once or repeated at a particular frequency. The Department will address detailed MRSS training curriculum requirements, including any ongoing training expectations, in the MRSS Provider Manual rather than in regulation. To the extent further consideration of this issue is warranted, it may be addressed through additional stakeholder engagement and possible future revisions through the advance notice of proposed rulemaking process.	No	The Department determined that detailed curriculum content, course expectations, and related implementation guidance are better addressed in the MRSS Provider Manual than in generally applicable licensure regulations. Further consideration of this issue may be addressed through the advance notice of proposed rulemaking process.
WC-113	Written Comment in Draft Regulations Document	02/13/2026	Diana Robbins / Office of the Child Advocate	Coordination with DCYF / BHDDH	Requested language clarifying coordination with DCYF as the authority for children's behavioral health and with DCYF-licensed/contracted behavioral health organizations.	The Department considered these comments and revised the opening coordination language to clarify that MRSS is a child-, youth-, and young adult-focused crisis response service licensed and overseen by DCYF under these regulations. The revised language further clarifies that 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 supports continuity of care and interagency alignment, but does not create shared licensing authority over MRSS.	Yes	N/A
WC-114	Written Comment in Draft Regulations Document	02/13/2026	Diana Robbins / Office of the Child Advocate	Collaborative authority statement	Asked whether the opening language should clarify that DCYF retains primary responsibility for MRSS oversight, licensure, and administration with coordination from BHDDH.	The Department considered these comments and revised the opening coordination language to clarify that MRSS is a child-, youth-, and young adult-focused crisis response service licensed and overseen by DCYF under these regulations. The revised language further clarifies that 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 supports continuity of care and interagency alignment, but does not create shared licensing authority over MRSS.	Yes	N/A
WC-115	Written Comment	02/13/2026			Asked whether substance use emergencies, such as overdose,	The Department reviewed this question, including consultation regarding the applicable legal standard, and clarifies that	No	The Department determined that no

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	in Draft Regulations Document		Diana Robbins / Office of the Child Advocate	Behavioral health emergency / substance use	fall within the Mental Health Law standard for serious harm and emergency admission.	substance use emergencies do not fall within the Mental Health Law standard for serious harm solely by virtue of involving substance use. The regulations do not alter the standards governing voluntary or involuntary admission under Rhode Island law.		revision was warranted because this comment seeks clarification regarding the legal standard governing admission, which is not changed by these regulations.
WC-116	Written Comment in Draft Regulations Document	02/13/2026	Diana Robbins / Office of the Child Advocate	Behavioral healthcare definition	Questioned the origin and effect of the 'behavioral healthcare' definition where substance use treatment and children's behavioral health are overseen by different agencies.	The definition of 'behavioral healthcare' is derived from BHDDH regulations and is used here to maintain consistency across agencies.	No	No revision was made because the Department retained the BHDDH-derived definition for consistency across agencies
WC-117	Written Comment in Draft Regulations Document	02/13/2026	Diana Robbins / Office of the Child Advocate	Crisis evaluation and SUD referral	Recommended that when SUD needs are identified during crisis evaluation, providers ensure timely referral for specialized SUD assessment and follow-up care.	The Department appreciates this comment. No additional regulatory revision is proposed at this time because children and youth may present in crisis with a wide range of behavioral health, substance use, family, school, and social service needs. A core function of MRSS is to assess the child or youth's needs and connect the family to the most appropriate services and supports based on that assessment.	No	The Department determined that no revision was warranted because the regulations already contemplate assessment, referral, and linkage to appropriate services and supports based on the individual needs identified during the crisis response, rather than specifying a single category of referral.
WC-118	Written Comment in Draft Regulations Document	02/13/2026	Diana Robbins / Office of the Child Advocate	Age-based terminology	Requested review and simplification of the terms child, youth, young adult, and adolescent, including replacing 'adolescent(s)' with 'youth'.	The Department reviewed the age-based terminology used in the draft, including the terms adolescent, youth, and young adult. The Department determined to retain the terms adolescent and youth, which cover the same age range in the regulations, in order to preserve consistency with related BHDDH terminology and regulations. The Department also notes that the revised regulations include terminology such as young adult to reflect the expansion of MRSS services to older youth ages eighteen (18) up to twenty-one (21).	No	The Department determined that no further revision was warranted because the current terminology is intended to preserve consistency and clarity across the applicable regulatory framework while accommodating the revised MRSS age range.
WC-119	Written Comment in Draft Regulations Document	02/13/2026	Diana Robbins / Office of the Child Advocate	DCYF jurisdiction to age 21	Requested clarification that DCYF responsibility can extend to age 21 in certain cases where services began before age 18.	The Department recognizes the request to clarify references to DCYF responsibility for children under age eighteen (18). No change was made because MRSS services are available to youth up to age twenty-one (21) regardless of whether they have been involved with DCYF or have a serious emotional disturbance or developmental disability.	No	The Department determined that no revision was necessary because the regulations already establish MRSS eligibility

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								through age twenty-one (21), and that eligibility is not limited to youth based on DCYF involvement or specific diagnostic status.
WC-120	Written Comment in Draft Regulations Document	02/13/2026	Diana Robbins / Office of the Child Advocate	BHDDH coordination language	Asked how BHDDH statutory authority language comports with DCYF's primary role and requested clarifying language that MRSS remains a child-focused service licensed and overseen by DCYF.	The Department considered these comments and revised the opening coordination language to clarify that MRSS is a child-, youth-, and young adult-focused crisis response service licensed and overseen by DCYF under these regulations. The revised language further clarifies that 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 supports continuity of care and interagency alignment, but does not create shared licensing authority over MRSS.	Yes	N/A
WC-121	Written Comment in Draft Regulations Document	02/13/2026	Diana Robbins / Office of the Child Advocate	Overdose response language	Asked whether overdose-response language should expressly include contacting emergency services such as 911 when immediate medical intervention is warranted.	The Department revised the overdose / suspected substance use crisis provision to clarify that the Clinician shall contact emergency services, including 911, when immediate medical intervention is warranted, and to ensure appropriate referral to substance use disorder services.	Yes	N/A
WC-122	Written Comment in Draft Regulations Document	02/13/2026	Diana Robbins / Office of the Child Advocate	Experience parameters for staff	Recommended clearer inclusion of experience parameters for emergency service staff working with this population.	The Department appreciates these comments. No additional regulatory revision is proposed at this time because the draft regulations already address staff experience parameters and how required knowledge and competencies are assessed and documented. Section 6.1 requires that child-family competent clinicians have at least one year of clinical experience with children and adolescents who have behavioral health problems. The regulations also require providers to verify and document competency through formal education, supervised experience, ongoing training, supervision, and personnel records, subject to DCYF review during licensure and monitoring.	No	The Department determined that no revision was warranted because the regulations already include experience requirements and documentation standards for staff serving this population, including provider verification and DCYF review during licensure and monitoring.
WC-123	Written Comment in Draft Regulations Document	02/13/2026	Diana Robbins / Office of the Child Advocate	Assessment of clinician knowledge	Requested clarification on how required clinician knowledge areas will be assessed and documented.	The Department appreciates these comments. No additional regulatory revision is proposed at this time because the draft regulations already address staff experience parameters and how required knowledge and competencies are assessed and documented. Section 6.1 requires that child-family competent clinicians have at least one year of clinical experience with children and adolescents who have behavioral health problems. The regulations also require providers to verify and document competency through formal education, supervised experience, ongoing training, supervision, and personnel records, subject to DCYF review during licensure and monitoring.	No	The Department determined that no revision was warranted because the regulations already include experience requirements and documentation standards for staff serving this population, including provider verification

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								and DCYF review during licensure and monitoring.
WC-124	Written Comment in Draft Regulations Document	02/13/2026	Diana Robbins / Office of the Child Advocate	Telephone metrics and outcomes	Recommended adding outcome measures to telephone performance data, such as home visit, ER visit, diversion, or other disposition.	No additional regulatory revision is proposed at this time because the draft regulations already require broader outcome and disposition tracking through monthly encounter data reporting and quality-improvement requirements. This includes information such as intervention location, type of disposition, stabilization outcomes, fidelity measures, and utilization data submitted to DCYF in the prescribed format. The telephone performance metrics section is intended to focus on access and timeliness indicators, while broader outcomes are captured elsewhere in the reporting framework to avoid redundancy while still measuring overall service impact.	No	The Department determined that no revision was warranted because broader outcomes and dispositions are already captured elsewhere in the reporting framework.
WC-125	Written Comment in Draft Regulations Document	02/13/2026	Diana Robbins / Office of the Child Advocate	Parallel overdose language in ES section	Recommended parallel overdose-response language in the Emergency Services section for consistency with MRSS emergency-transfer language.	The Department revised the overdose / suspected substance use crisis provision to clarify that the Clinician shall contact emergency services, including 911, when immediate medical intervention is warranted, and to ensure appropriate referral to substance use disorder services.	Yes	N/A
WC-126	Written comment	03/18/2026	Katelyn Medeiros / Office of the Child Advocate	Revisit regulations in their entirety	Objected to promulgation of a final rule through the current process and urged DCYF to revisit the regulations in their entirety with stronger stakeholder input.	The Department reviewed the comment regarding whether the scope of revisions would warrant additional notice or restart of the rulemaking process and has determined to proceed with targeted revisions within the current rulemaking process.	No	The Department is not restarting or re-noticing the regulations at this time.
WC-127	Written comment	03/18/2026	Katelyn Medeiros / Office of the Child Advocate	Fragmentation and family confusion	Warned that the regulations would add confusion and burden for families already navigating separate child behavioral health and substance use systems.	The Department does not believe the revised framework will increase fragmentation for families and believes the regulations support coordinated, child-centered access to crisis response and stabilization services across settings.	No	The Department determined that the regulations already address the core service expectations raised in these comments.
WC-128	Written comment	03/18/2026	Katelyn Medeiros / Office of the Child Advocate	Maintain DCYF licensing oversight / child-specific expertise	Recommended that DCYF maintain licensing and monitoring oversight of agencies delivering MRSS and ensure child-specific expertise and training.	The Department revised the regulations to clarify that DCYF retains primary responsibility for oversight, licensure, and administration of MRSS as a children's behavioral health crisis service, while recognizing coordination with BHDDH where applicable to support continuity of care and interagency alignment.	Yes	N/A
WC-129	Written comment	03/18/2026	Katelyn Medeiros / Office of the Child Advocate	MRSS separate from CCBHC structure	Argued that the pilot and enabling legislation establish MRSS separate from the CCBHC structure and that DCO/CCBHC requirements conflict with that approach.	The Department recognizes the concern that MRSS should remain a distinct, child-centered crisis service and not be subsumed within the CCBHC structure. In response to public comment, the Department revised the regulations to remove DCO and LOI requirements as conditions of MRSS licensure and to remove the requirement that primary service areas align with CCBHC geographic service areas. Under the revised language, providers may propose one or more primary service areas for Department approval, and those areas may overlap with CCBHC geographic areas or consist of other areas proposed by the provider. The revised regulations preserve DCYF's independent licensure authority and clarify that DCYF retains primary responsibility for oversight, licensure, and administration of MRSS as a children's behavioral health crisis service.	Yes	N/A

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WC-130	Written comment	03/18/2026	Katelyn Medeiros / Office of the Child Advocate	Child-specific crisis hub under DCYF	Supported consideration of a child-specific crisis hub, similar in infrastructure to BH Link, that would remain under DCYF rather than BHDDH and would coordinate with the broader children's System of Care rather than be tied solely to CCBHCs.	The Department appreciates the recommendation to consider a child-specific crisis hub under DCYF that is coordinated with the broader children's System of Care. The Department revised the regulations to clarify that DCYF retains primary responsibility for oversight, licensure, and administration of MRSS as a children's behavioral health crisis service, and separately revised the regulations to remove DCO and LOI requirements as conditions of MRSS licensure and to remove the requirement that primary service areas align with CCBHC geographic service areas. These revisions address the underlying concern that MRSS not be structurally tied to CCBHC frameworks under DCYF's oversight. These regulations address licensure standards for MRSS providers and do not establish a separate statewide crisis hub model, which is beyond the scope of these licensure regulations..	Yes	N/A
WC-131	Written comment	03/18/2026	Katelyn Medeiros / Office of the Child Advocate	Age range inconsistency	Raised concern that the regulations say ages 2-21 while testimony and practice indicate birth to 21, and statute references children/youth age 18 and under.	The Department recognizes the comments recommending that MRSS eligibility begin at birth rather than age two. The regulations retain the age range of two (2) through twenty-one (21) because that age range aligns with the current statutory and Medicaid framework governing MRSS, including the legislative direction that EOHHS establish Medicaid-covered MRSS services for children and youth ages two through twenty-one.	No	The Department determined that it is not appropriate to revise the regulatory age range at this time because the current age range of two (2) through twenty-one (21) reflects the State Plan Amendment framework for MRSS. Expanding the lower age limit would require changes outside the scope of these regulations.
WC-132	Written comment	03/18/2026	Katelyn Medeiros / Office of the Child Advocate	Incorrect legislative citation	Flagged that the regulations reference House Bill 5151 from the 2025 legislative session even though that bill was a House Resolution expressing condolences, and recommended correcting the citation.	Removed legal citations from regulations	Yes	N/A
WC-133	Written comment	03/18/2026	Katelyn Medeiros / Office of the Child Advocate	Mental Health Law references	Questioned relying on emergency-certification and voluntary-admission statutes as a legal basis for MRSS, which is intended as de-escalation and in-home/community stabilization.	The Department appreciates this comment and agrees that MRSS is intended primarily as a de-escalation and in-home or community-based stabilization service. At the same time, the Department recognizes that, in rare circumstances, a child or youth served through MRSS may require involuntary hospitalization. The Department revised the staffing requirement to remove the requirement that every two-person mobile crisis team include a QMHP, while continuing to strongly encourage QMHP certified clinicians on responding teams and requiring timely and ready access to a QMHP for consultation and clinical support when a QMHP is not part of the team	Yes	N/A
WC-134	Written comment	03/18/2026	Katelyn Medeiros / Office of the Child Advocate	QMHP not required by national guidance / current model	Requested clarification on the addition of a QMHP requirement because CMS guidance, SAMHSA guidance, and Rhode Island's	The Department revised the staffing requirement to remove the requirement that every two-person mobile crisis team include a QMHP, while continuing to strongly encourage QMHP certified clinicians on responding teams and requiring timely and ready	Yes	N/A

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					current MRSS model do not require QMHPs.	access to a QMHP for consultation and clinical support when a QMHP is not part of the team for those rare instances when a child might need to be hospitalized involuntarily.		
WC-135	Written comment	03/18/2026	Katelyn Medeiros / Office of the Child Advocate	Training and expertise standards informed by current providers	Urged DCYF to coordinate directly with current MRSS providers when setting training and expertise standards so licensure requirements align with national best practice expectations.	The Department agrees that detailed curriculum expectations should be informed by current providers and other knowledgeable sources. No additional regulatory revision is proposed because the regulations establish the core competency framework, while more detailed curriculum and training expectations will be addressed through the MRSS Provider Manual. To the extent further consideration of this issue is warranted, it may be addressed through additional stakeholder engagement and possible future revisions through the advance notice of proposed rulemaking process.	No	The Department determined that more detailed curriculum expectations are better addressed through the MRSS Provider Manual than through generally applicable licensure regulations. Further consideration of this issue may be addressed through the advance notice of proposed rulemaking process.
WC-136	Written comment	03/18/2026	Katelyn Medeiros / Office of the Child Advocate	Measurable outcomes / standardized data collection	Requested clear, measurable outcomes and standardized data collection so all providers collect the same information in the same manner to assess effectiveness and resource needs.	The Department agrees that measurable outcomes and standardized data collection are important to implementation and oversight of the MRSS model. No additional regulatory revision is proposed because more detailed reporting expectations, fidelity measures, and standardized data collection processes will be addressed through the MRSS Provider Manual and related Department processes rather than through generally applicable licensure regulations. To the extent further consideration of this issue is warranted, it may be addressed through additional stakeholder engagement and possible future revisions through the advance notice of proposed rulemaking process.	No	The Department determined that detailed reporting mechanics, measure specifications, and standardized data-collection processes are better addressed outside generally applicable licensure regulations. Further consideration of this issue may be addressed through the advance notice of proposed rulemaking process.
WC-137	Written comment	03/18/2026	Katelyn Medeiros / Office of the Child Advocate	Inconsistent definitions and roles	Said the draft contains inconsistencies and inaccuracies in definitions and requirements and specifically flagged differing definitions of “Adolescent,” “Child,” and “Children and youth.”	The Department reviewed the age-based terminology used in the draft, including the terms adolescent, youth, and young adult. The Department determined to retain the term adolescent and youth that cover the same age range in the regulations in order to preserve consistency with related BHDDH terminology and regulations. The Department also notes that the revised regulations include terminology such as young adult to reflect the expansion of MRSS services to older youth ages eighteen (18) up to twenty-one (21).	No	The Department determined that no further revision was warranted because the current terminology is intended to preserve consistency across related state regulatory frameworks while accommodating the revised MRSS age range.
WC-138	Written comment	03/18/2026			Warned that the regulations rely on pre-existing adult emergency-	The Department reviewed the concern that reliance on pre-existing adult emergency-service structures could add complexity	Yes	N/A

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			Katelyn Medeiros / Office of the Child Advocate	Adult emergency-service structures in child regulations	service structures and frameworks, adding complexity and negatively affecting delivery of a child-specific service.	and negatively affect delivery of a child-specific service. The Department believes the regulations, as written, preserve MRSS as a distinct child-specific crisis response model for children, youth, and families. The Department also revised the regulations to narrow the Mental Health Law citations from R.I. Gen. Laws Chapter § 40.1-5, Mental Health Law, to the specific provisions applicable to MRSS, R.I. Gen. Laws §§ 40.1-5-2, 40.1-5-5, 40.1-5-6, and 40.1-5-8. References to those specific provisions are retained only where relevant to coordination or to the limited circumstances in which those provisions apply, and are not intended to define MRSS generally.		
WC-139	Written comment	03/18/2026	Katelyn Medeiros / Office of the Child Advocate	Define and measure MRSS fidelity	Asked the Department to define fidelity to the MRSS model clearly and establish how fidelity will be measured on an ongoing basis in alignment with the national model.	The draft regulations already incorporate a number of core MRSS fidelity expectations, including timely response, stabilization services, staffing and competency requirements, documentation standards, and fidelity tracking. The regulations were revised to clarify that providers are expected to operate consistent with nationally recognized MRSS fidelity standards, while more detailed fidelity tools, measures, and monitoring processes will be addressed through the MRSS Provider Manual. To the extent further consideration of this issue is warranted, it may be addressed through additional stakeholder engagement and possible future revisions through the advance notice of proposed rulemaking process.	Yes	N/A
WC-140	Written comment	03/2026	Peggy / Parent	Value of in-home support	Described the importance of in-home, flexible-hour support to her family during her son's mental health crisis.	The Department appreciates the comments supporting preservation of the existing child-centered, community-based, 24/7 MRSS model. The Department believes the regulations already reflect core expectations regarding response, stabilization, continuity of support, and coordination.	No	The Department determined that the regulations already address the core service expectations raised in these comments.
WC-141	Written comment	03/2026	Peggy / Parent	Continue supporting current provider model	Urged continued support and funding for the current Tides model so other families can access similar care.	The Department appreciates the comments supporting preservation of the existing child-centered, community-based, 24/7 MRSS model. The Department believes the regulations already reflect core expectations regarding response, stabilization, continuity of support, and coordination.	No	The Department determined that the regulations already address the core service expectations raised in these comments.
WC-142	Written comment	03/2026	Sam Terrazas / Rhode Island College School of Social Work	Need for pediatric specialization / child-centered access	Argued that crisis response for children requires specialized expertise across the developmental life cycle and warned that generic emergency-service frameworks are not sufficient; also advocated for child-centered access systems, facilities, intake processes, and expertise specifically designed for minors.	MRSS is a best-practice model for pediatric crisis care. The Department believes the regulations, as revised, implement MRSS as a distinct child-serving crisis response model and already reflect core child-specific service expectations, response timelines, stabilization requirements, workforce competencies, and family-centered practice.	No	The Department determined that no further revision was warranted because the regulations already implement MRSS as a distinct child-serving model grounded in pediatric crisis-care principles.
WC-143	Written comment	03/2026	Sam Terrazas / Rhode Island College School of Social Work	Prevention and trajectory management	Emphasized a continuum that integrates prevention, stabilization, and long-term trajectory management for young people.	The Department appreciates this comment and agrees that children and youth benefit from a continuum that includes prevention, stabilization, and ongoing support. No additional regulatory revision is proposed at this time because these	No	The Department determined that no revision was warranted because

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						regulations are focused on licensure and standards for crisis response and stabilization services. The MRSS standards already require stabilization, linkage to ongoing services and supports, coordination with child-serving systems, and warm handoffs to promote continuity of care following the immediate crisis.		the broader prevention and long-term service continuum extends beyond the scope of these licensure regulations. The regulations already address the crisis-response, stabilization, and continuity-of-care functions of MRSS.
WC-144	Written comment	03/17/2026	Tanja Kubas-Meyer / Rhode Island Coalition for Children and Families	Consent Decree and statutory guarantees	Warned that the regulations do not guarantee core consent-decree and statutory MRSS provisions such as rapid in-person response, family-directed timing/location, and access to stabilization.	The Department notes that the cited Consent Decree provisions include both broader mobile crisis expectations and requirements that apply to the decree's much narrower "Focus Population". The regulations already establish core statewide MRSS standards, including service availability, response timelines, stabilization requirements, and limitations on law enforcement involvement. By contrast, Child and Family Team, Individualized Service Plan, Ongoing Family Functional Assessment and Service Plan, and related care coordination requirements under the Consent Decree apply to the much narrower "Focus Population" and are better addressed through Consent Decree implementation and related operational mechanisms, rather than through generally applicable MRSS licensure regulations. The Department also made a clarifying revision to the existing law enforcement language to further reflect continued provider engagement if law enforcement involvement becomes necessary. No revision is proposed in response to this comment.	No	The Department determined that the regulations already address the broader statewide MRSS standards implicated by this comment, while narrower "Focus Population" requirements are addressed through Consent Decree implementation.
WC-145	Written comment	03/17/2026	Tanja Kubas-Meyer / Rhode Island Coalition for Children and Families	ES and MRSS not interchangeable	Argued that MRSS and Emergency Services are distinct programs and the draft does not truly differentiate them.	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. The Department recognizes that MRSS and Emergency Services are not interchangeable, and the revised language is intended to better distinguish the two service models within the regulatory framework.	Yes	N/A
WC-146	Written comment	03/17/2026	Tanja Kubas-Meyer / Rhode Island Coalition for Children and Families	Mediation/coordination with BHDDH and CCBHCs	Raised concern that the regulations continue to require mediation and coordination with BHDDH and CCBHCs rather than a standalone children's behavioral health System of Care.	The Department recognizes the concern that the children's behavioral health system should remain child-centered and under DCYF oversight, even where coordination with BHDDH and CCBHCs is required. In response to public comment, the Department revised the regulations to clarify that DCYF retains primary responsibility for oversight, licensure, and administration of MRSS as a children's behavioral health crisis service. The Department also revised the service-area provisions to remove the requirement that primary service areas align with CCBHC geographic service areas. Under the revised language, providers may propose one or more primary service areas for Department approval, and those areas may overlap with CCBHC geographic areas or consist of other areas proposed by the provider. Where coordination with BHDDH is referenced, it is for purposes of continuity of care and interagency alignment and does not alter DCYF's primary oversight role or create shared licensing authority.	Yes	N/A

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WC-147	Written comment	03/17/2026	Tanja Kubas-Meyer / Rhode Island Coalition for Children and Families	Operational and fiscal implications	Said the new licensure, structural alignment, staffing, reporting, and statewide coordination requirements are complex and not yet fully defined.	The Department recognizes the importance of these operational and system-design concerns and will consider them as the state moves through implementation. To the extent further consideration of this issue is warranted, it may be addressed through additional stakeholder engagement and possible future revisions through the advance notice of proposed rulemaking process.	No	The Department determined that these issues are better addressed through the implementation process rather than through additional regulatory text. Further consideration of this issue may be addressed through the advance notice of proposed rulemaking process.
WC-148	Written comment	03/17/2026	Tanja Kubas-Meyer / Rhode Island Coalition for Children and Families	Significant reconsideration / rewriting	Strongly urged significant reconsideration and rewriting to comply with state law and the Consent Decree.	The Department reviewed the comment regarding whether the scope of revisions would warrant additional notice or restart of the rulemaking process and has determined to proceed with targeted revisions within the current rulemaking process.	No	The Department is not restarting or re-noticing the regulations at this time.
WC-149	Written comment	Undated - received by email 03/17/2026	Rep. Teresa Tanzi	Statutory authority / CCBHC structures	Raised concern that DCYF regulations may be incorporating requirements derived from Title 40.1 / CCBHC structures beyond what the General Assembly enacted.	The Department recognizes the concern that DCYF regulations should not import structural requirements from Title 40.1 or CCBHC frameworks beyond what is grounded in DCYF's delegated statutory authority. In response to public comment, the Department revised the regulations to remove DCO and LOI requirements as conditions of MRSS licensure and to remove the requirement that primary service areas align with CCBHC geographic service areas. Under the revised language, providers may propose one or more primary service areas for Department approval based on operational capacity, service availability, accessibility, timely response, and the need to support comprehensive statewide coverage through the mutual-aid system. The Department believes these revisions better clarify that the MRSS licensure framework is grounded in DCYF's own statutory authority and does not condition participation on CCBHC structural requirements.	Yes	N/A
WC-150	Written comment	Undated - received by email 03/17/2026	Rep. Teresa Tanzi	CCBHC catchment areas / geographic structuring	Raised concern that CCBHC-linked geographic structuring and related participation requirements could allow provider relationships or service-area structures to shape access and response.	The Department recognizes the concern that CCBHC-linked geographic structuring could allow provider relationships or structural requirements to shape access to MRSS in ways not supported by statute. In response to public comment, the Department revised the regulations to remove the requirement that primary service areas align with CCBHC geographic service areas. Under the revised language, providers may propose one or more primary service areas for Department approval, and those areas may overlap with CCBHC geographic areas or consist of other areas proposed by the provider. In reviewing proposed service areas, the Department will consider operational capacity, service availability, accessibility, timely response, and the need to support comprehensive statewide coverage through the mutual-aid system.	Yes	N/A
WC-151	Written comment	Undated - received by	Rep. Teresa Tanzi	Fiscal accountability and federal compliance	Warned that fragmented governance could expose the state to financial and legal risk under the	The Department revised the opening coordination language to clarify that DCYF retains primary responsibility for oversight, licensure, and administration of MRSS as a children's behavioral	Yes	N/A

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		email 03/17/2026			children's behavioral health Consent Decree.	health crisis service, while recognizing coordination with BHDDH where applicable to support continuity of care, interagency alignment, and access to appropriate services. The Department also believes the regulations already reflect the core statewide MRSS elements that align with the Consent Decree.		
WC-152	Written comment	Undated - received by email 03/17/2026	Rep. Teresa Tanzi	Clear accountability in DCYF	Argued that maintaining DCYF's central role is essential to preserving clear accountability for service quality, outcomes, and cost efficiency.	The Department revised the regulations to clarify that DCYF retains primary responsibility for oversight, licensure, and administration of MRSS as a children's behavioral health crisis service, while recognizing coordination with BHDDH where applicable to support continuity of care and interagency alignment.	Yes	N/A
WC-153	Written comment	Undated - received by email 03/17/2026	Rep. Teresa Tanzi	QMHP requirement / adult framework	Said the QMHP requirement appears derived from adult emergency-certification law and may constrain workforce capacity and shift the model toward adult-oriented clinical practice.	The Department revised the staffing requirement to remove the requirement that every two-person mobile crisis team include a QMHP, while continuing to strongly encourage QMHP certified clinicians on responding teams and requiring timely and ready access to a QMHP for consultation and clinical support when a QMHP is not part of the team for those rare instances when a child might need to be hospitalized involuntarily.	Yes	N/A
WC-154	Written comment	Undated - received by email 03/17/2026	Rep. Teresa Tanzi	Geographic constraints / statewide capacity and sustainability	Warned that alignment with CCBHC regions could restrict service areas, reduce provider participation, delay response, and undermine statewide capacity, accessibility, and a diverse provider network.	The Department recognizes the concern that mandatory alignment with CCBHC geographic regions could restrict service areas, reduce provider participation, delay response, and undermine statewide capacity and a diverse provider network. In response to public comment, the Department revised the regulations to remove the requirement that primary service areas align with CCBHC geographic service areas. Under the revised language, providers may propose one or more primary service areas for Department approval based on operational capacity, service availability, accessibility, and timely response, as well as the need to support comprehensive statewide coverage through the mutual-aid system. Those areas may overlap with CCBHC geographic areas, but providers are not required to align with them. The revised framework is intended to preserve DCYF's independent licensure authority and support a diverse, statewide provider network.	Yes	N/A
WC-155	Written comment	03/2026; Undated - received by email 03/17/2026	Rep. Teresa Tanzi	Statutory authority / APA grounding / sound fiscal stewardship	Asked that the final framework reflect statutory authority, Consent Decree obligations, nationally recognized best practice, and responsible use of public funds; also raised legal and structural concerns, including possible inconsistency with the APA and conditions not grounded in statute.	The Department revised the regulations to emphasize DCYF's statutory authority over MRSS as a children's behavioral health crisis service, to remove DCO and LOI requirements as conditions of MRSS licensure, and to require providers to operate consistent with nationally recognized MRSS fidelity standards. These revisions directly address the APA concerns raised: by grounding the regulations in DCYF's delegated authority under R.I. Gen. Laws § 42-72-5.2 and removing conditions not authorized by statute. The Department also believes the revised regulations align with the core statewide MRSS expectations reflected in the Consent Decree.	Yes	N/A
WC-156	Written comment	03/2026	Tides Family Services	Indirect delegation of licensing authority	Warned that the draft creates risk of indirect delegation of licensing authority to non-governmental entities.	The Department revised the regulations to remove DCO and LOI requirements as conditions of MRSS licensure. The revised regulations preserve DCYF's independent licensure authority and no longer require an MRSS provider to obtain a DCO agreement, LOI, or other approval from a CCBHC as a condition of licensure. This directly addresses the concern about indirect delegation of licensing authority: under the revised framework, no private entity's approval is required for an MRSS provider to obtain or	Yes	N/A

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						maintain licensure. DCYF retains sole authority over all licensure decisions. MRSS will remain a core service requirement for CCBHCs, and CCBHCs will still be required to either be a licensed MRSS provider or maintain a DCO contract with a licensed MRSS provider. Those DCO expectations will be addressed through the CCBHC service-delivery framework rather than through MRSS licensure requirements, which eliminates the gatekeeping concern identified in this comment.		
WC-157	Written comment	03/2026	Tides Family Services	Operational barriers to provider participation	Argued that some provisions may limit the number of qualified MRSS providers and reduce workforce flexibility.	The Department reviewed the concern that certain provisions could limit the number of qualified MRSS providers and reduce workforce flexibility. The Department believes the regulations, as revised, do not create operational barriers to provider participation. Specifically, the post-comment revisions removed DCO and LOI requirements as conditions of MRSS licensure, eliminating the requirement that an MRSS provider obtain approval from a CCBHC in order to be licensed. The revisions also removed the requirement that primary service areas align with CCBHC geographic service areas, allowing providers to propose their own service areas for Department approval. The staffing revisions removed the requirement that every two-person MRSS team include a QMHP, providing greater workforce flexibility for multidisciplinary team composition. Together, these revisions directly address the concern that structural requirements could limit the provider pool or reduce workforce flexibility.	Yes	N/A
WC-158	Written comment	03/2026	Tides Family Services	Statewide Medicaid service access shift	Said the draft restructures access to a statewide Medicaid crisis service by conditioning participation on alignment with specific entities and service areas not established in statute.	The Department revised the regulations to remove DCO and LOI requirements as conditions of MRSS licensure. The regulations continue to provide for statewide licensure while requiring providers to identify aligned primary service areas in order to support statewide access, clarify primary responsibility for response, define provider accountability, and support mutual-aid planning. The Department does not believe that the regulations, as revised, will negatively affect Medicaid access requirements and believes this approach preserves DCYF's independent licensure authority while maintaining a coordinated statewide access structure for MRSS.	Yes	N/A
WC-159	Written comment	03/2026	Tides Family Services	Preserve DCYF licensing authority	Asked that DCYF licensing authority remain independent and not be conditioned on private agreements.	The Department revised the regulations to remove DCO and LOI requirements as conditions of MRSS licensure. The revised regulations preserve DCYF's independent licensure authority and no longer require an MRSS provider to obtain a DCO agreement, LOI, or other approval from a CCBHC as a condition of licensure. MRSS will, however, remain a core service requirement for CCBHCs, and CCBHCs will still be required to either be a licensed MRSS provider or maintain a DCO contract with a licensed MRSS provider. DCO expectations will therefore be addressed through the CCBHC service-delivery framework rather than through MRSS licensure requirements.	Yes	N/A
WC-160	Written comment	03/2026	Tides Family Services	Transparent criteria for statewide need	Requested transparent criteria for statewide need and related service-planning/licensure considerations.	The Department agrees that licensure decisions should be guided by transparent service-planning considerations, but does not believe it is necessary to prescribe a detailed statewide-need formula in regulation. The Department has historical operational information regarding MRSS utilization, geographic coverage, and response patterns, including information developed through the	No	The Department determined that a more detailed statewide-need methodology is not necessary in the

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						existing service-delivery structure, and may consider factors such as geographic coverage, service demand, and response capacity through the application and implementation process. The Department may seek further stakeholder input on more detailed statewide need and service-planning criteria through the advance notice of proposed rulemaking process. To the extent further consideration of this issue is warranted, it may be addressed through additional stakeholder engagement and possible future revisions through the advance notice of proposed rulemaking process.		regulations and is better addressed through service planning, application review, and implementation. Further stakeholder input on statewide capacity and need criteria may be sought through the advance notice of proposed rulemaking process.
WC-161	Written comment	03/2026	Tides Family Services	Due process protections	Requested clearer due-process protections in licensing actions.	The Department reviewed the request for clearer due-process protections in licensing actions. No additional revision is proposed because the regulations already include standards governing licensing actions, written notice requirements, and appeal rights.	No	The Department determined that no revision was warranted because the regulations already provide for notice and appeal rights in connection with licensing actions.
WC-162	Written comment	03/2026	Tides Family Services	Adult mental health statutes in legal basis	Requested clearer distinction between limited emergency-certification authority and the broader child-serving MRSS framework.	The Department reviewed the request to more clearly distinguish the limited applicability of the Mental Health Law from the broader child-serving MRSS framework. The Department does not intend for references to the Mental Health Law to define MRSS generally. MRSS is established in these The Department revised the regulations to narrow the Mental Health Law citations from the broad reference in R.I. Gen. Laws Chapter 40.1-5 to the specific applicable provisions, R.I. Gen. Laws §§ 40.1-5-2, 40.1-5-5, 40.1-5-6, and 40.1-5-8.References to those specific provisions are retained only where relevant to the limited circumstances in which those provisions apply, and are not intended to define MRSS generally.	Yes	N/A
WC-163	Written comment	03/2026	Tides Family Services	BHDDH coordination language	Asked for clarification so BHDDH coordination language does not suggest shared licensing authority over children's behavioral health programs.	The Department considered these comments and revised the opening coordination language to clarify that DCYF retains primary responsibility for oversight, licensure, and administration of MRSS as a children's behavioral health crisis service. The revised language further clarifies that coordination with BHDDH supports continuity of care, interagency alignment, and access to appropriate behavioral health and substance use disorder services, but does not alter DCYF's primary role or create shared licensing authority over children's behavioral health programs.	Yes	N/A
WC-164	Written comment	03/2026	Tides Family Services	DCO / catchment-area structure	Opposed DCO and catchment-area requirements that could make CCBHCs gatekeepers for MRSS access and delivery.	The Department revised the regulations to remove DCO and LOI requirements as conditions of MRSS licensure and to remove the requirement that primary service areas align with CCBHC geographic service areas. The revised regulations preserve DCYF's independent licensure authority and no longer require an MRSS provider to obtain a DCO agreement, LOI, or other approval from a CCBHC as a condition of licensure. Under the revised service-area framework, providers may propose one or more primary service areas for Department approval, including	Yes	N/A

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						areas that may overlap with CCBHC geographic areas or consist of other provider-proposed service areas. MRSS will, however, remain a core service requirement for CCBHCs, and CCBHCs will still be required to either be a licensed MRSS provider or maintain a DCO contract with a licensed MRSS provider. DCO expectations will therefore be addressed through the CCBHC service-delivery framework rather than through MRSS licensure requirements.		
WC-165	Written comment	03/18/2026	Tides Family Services	Fidelity standards as public, defined quality-improvement tools	Supported fidelity measures but asked that MRSS fidelity standards be transparent, publicly defined, aligned with SAMHSA mobile crisis guidance, and used primarily as quality-improvement tools rather than undefined grounds for licensure action.	The Department revised the regulations to state that MRSS providers shall deliver services in a manner consistent with nationally recognized MRSS fidelity standards. More detailed fidelity tools, measures, and monitoring processes will be addressed through the MRSS Provider Manual. To the extent further consideration of this issue is warranted, it may be addressed through additional stakeholder engagement and possible future revisions through the advance notice of proposed rulemaking process.	Yes	N/A
WC-166	Written comment	03/18/2026	Tides Family Services	Family-defined crisis principles	Asked that the regulations expressly reflect core access principles, including responsiveness to family-defined crises.	The Department revised the MRSS regulations to reflect family-defined crisis and 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.	Yes	N/A
WC-167	Written comment	03/18/2026	Tides Family Services	Diversion from emergency departments / hospitalization / law enforcement	Asked that the regulations clearly state that a core objective of MRSS is diversion from unnecessary emergency department use, psychiatric hospitalization, and law-enforcement involvement whenever safe community-based alternatives are available.	Although the regulations do not expressly state this as a stand-alone objective, the Department agrees that MRSS is intended to support stabilization in the home, school, or community whenever safe and appropriate and to reduce reliance on more restrictive interventions when community-based alternatives are available. The Department believes those principles are reflected in the regulations' child-centered, community-based service framework and in the provisions addressing stabilization, least restrictive intervention, and avoidance of unnecessary law-enforcement involvement.	No	The Department determined that no revision was warranted because the regulations already reflect this concept in the MRSS service-delivery requirements.
WC-168	Written comment	03/18/2026	Tides Family Services	System of Care as governing framework	Argued that the regulations should preserve System of Care as the governing framework for children's services rather than embedding CCBHC structure as the operative system design for MRSS.	The Department considered these comments and recognizes the concern that embedding CCBHC structure as the operative system design for MRSS is inconsistent with preserving Rhode Island's System of Care as the governing framework for children's services. The Department agrees that MRSS should be delivered in a manner that is consistent with System of Care principles: 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. In response to public comment, the Department revised the regulations to incorporate System of Care principles directly into the MRSS section, and to remove DCO and LOI requirements as conditions of MRSS licensure and to remove the requirement that primary service areas align with CCBHC geographic service areas. Under the revised language, providers may propose one or more primary service areas for Department approval, and those areas may overlap with CCBHC geographic areas or consist of other provider-proposed areas. The Department believes these revisions better preserve MRSS as a child-centered service grounded in System of Care principles under DCYF oversigh	Yes	N/A

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WC-169	Written comment	03/18/2026	Tides Family Services	Independent licensing authority section	Proposed adding a stand-alone section stating that DCYF retains sole and exclusive authority to license, deny, restrict, suspend, or revoke ES and MRSS providers and that licensure may not be conditioned on private approval or agreement.	The Department revised the regulations to clarify that DCYF retains primary responsibility for oversight, licensure, and administration of MRSS as a children's behavioral health crisis service and to remove DCO and LOI requirements as conditions of MRSS licensure. Those revisions address the underlying concern raised in this comment. No additional stand-alone section on DCYF's sole and exclusive licensing authority is proposed because the Department believes the revised regulations already adequately preserve DCYF's independent licensing authority without requiring a separate subsection.	Yes	N/A.
WC-170	Written comment	03/18/2026	Tides Family Services	Youth ages 18-21 default MRSS response	Proposed language stating that for youth ages eighteen (18) through twenty-one (21), MRSS should remain the default crisis response unless a documented clinical determination establishes that adult behavioral health services are developmentally and clinically more appropriate.	The Department recognizes the importance of clear clinical expectations for older youth ages eighteen (18) through twenty-one (21). No additional regulatory revision is proposed because more detailed expectations regarding when MRSS or adult behavioral health crisis services are clinically appropriate for particular youth are better addressed through the MRSS Provider Manual. To the extent further consideration of this issue is warranted, it may be addressed through additional stakeholder engagement and possible future revisions through the advance notice of proposed rulemaking process.	No	The Department determined that more detailed age-related coordination and clinical-decision guidance is better addressed through the MRSS Provider Manual than through generally applicable licensure regulations. Further consideration of this issue may be addressed through the advance notice of proposed rulemaking process.
WC-171	Written comment	03/18/2026	Tides Family Services	Behavioral health scope clarification	Requested language clarifying that references to mental health emergencies and services for children and youth include broader behavioral health conditions, including substance use disorders.	The Department considered this comment and revised the regulations to clarify the meaning of behavioral healthcare and the relationship between children's behavioral health services and coordination with BHDDH-licensed substance use disorder services where applicable. No additional revision is proposed because the regulations, as revised, already recognize substance use-related crises and preserve agency jurisdictional distinctions.	Yes	N/A
WC-172	Written comment	03/18/2026	Tides Family Services	Child-family competent clinician definition	Objected to duplicative and inconsistent definitions of child-family competent clinician and proposed a single consolidated definition emphasizing independent licensure, child-development training, trauma-informed care, family-systems assessment, and supervised experience with children and adolescents.	The Department reviewed the request to further consolidate and revise the child-family competent clinician definition. No additional regulatory revision is proposed because the regulations already identify the required clinical roles and child- and family-specific competency expectations applicable to MRSS providers. The Department does not believe it is necessary to replace those provisions with a single new definition in order to support consistent implementation. To the extent further consideration of this issue is warranted, it may be addressed through additional stakeholder engagement and possible future revisions through the advance notice of proposed rulemaking process.	No	The Department determined that no further revision was warranted because the regulations already define the relevant clinical roles and competency requirements applicable to child- and family-serving crisis staff. Further consideration of this issue may be addressed through the advance notice of proposed rulemaking process.

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WC-173	Written comment	03/18/2026	Tides Family Services	Unified competency framework	Proposed replacing duplicative competency subsections with a single unified child-family competency framework covering child development, family systems, de-escalation, diagnostic and risk assessment, trauma-informed care, cultural responsiveness, collaboration with child-serving systems, and safety planning.	The Department reviewed the request to consolidate the competency provisions into a single unified framework. No additional revision is proposed because the regulations already establish child- and family-specific competency and training expectations in these subject areas. To the extent the comment seeks further streamlining or implementation detail, that can be addressed through the MRSS Provider Manual and related training materials rather than through additional revisions to the regulations. To the extent further consideration of this issue is warranted, it may be addressed through additional stakeholder engagement and possible future revisions through the advance notice of proposed rulemaking process.	No	The Department determined that no further revision was warranted because the regulations already address the substance of the competency areas identified in this comment. Further consideration of this issue may be addressed through the advance notice of proposed rulemaking process.
WC-174	Written comment	03/18/2026	Tides Family Services	MRSS-specific workforce model	Proposed deleting language that effectively carries all Emergency Services staffing standards into MRSS and instead establishing an MRSS-specific multidisciplinary workforce model with one licensed clinician and one additional team member such as a peer, family partner, recovery specialist, or paraprofessional responder, along with access to clinical supervision and psychiatric consultation.	The Department revised the regulations to clarify the relationship between ES and MRSS. No additional revision is proposed because the Department believes the staffing provisions, read together with the existing competency and service requirements, provide sufficient flexibility for multidisciplinary MRSS staffing without replacing the framework with the more detailed model proposed in this comment.	Yes	N/A
WC-175	Written comment	03/18/2026	Tides Family Services	Workforce credentialing clarification	Requested clarification that DCYF review of staffing schedules and credentials pertains to organizational capacity and compliance with the regulations and does not alter professional scope of practice, licensure, or certification requirements governed by licensing boards or BHDDH.	The Department appreciates the request for additional workforce-credentialing clarification. No additional regulatory revision is proposed because nothing in the regulations is intended to alter professional scope-of-practice requirements or the authority of state licensing boards. The Department believes the revised regulations, read as a whole, already preserve those existing legal frameworks.	No	The Department determined that no further revision was warranted because the regulations govern program licensure and staffing expectations and do not supersede other applicable professional licensure or scope-of-practice requirements.
WC-176	Written comment	03/18/2026	Tides Family Services	Telehealth flexibility	Proposed expressly authorizing use of telehealth for crisis assessment, stabilization, or follow-up when clinically appropriate or when in-person response is delayed by safety, weather, or workforce limitations.	The Department appreciates the request for additional telehealth flexibility. No additional regulatory revision is proposed because these operational and documentation expectations are better addressed through the MRSS Provider Manual, billing guidance, and implementation materials rather than through generally applicable licensure regulations. To the extent further consideration of this issue is warranted, it may be addressed through additional stakeholder engagement and possible future revisions through the advance notice of proposed rulemaking process.	No	The Department determined that detailed operational expectations regarding telehealth use are better addressed outside the regulations. Further consideration of this issue may be addressed through the advance notice of

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								proposed rulemaking process.
WC-177	Written comment	03/18/2026	Tides Family Services	Stabilization phase expectations	Proposed language stating that MRSS includes a stabilization phase following the initial crisis response, generally time-limited to six weeks unless extended based on documented clinical need, and distinct from ongoing outpatient treatment.	The Department agrees that MRSS includes a stabilization component following the initial crisis response. No additional regulatory revision is proposed because the revised regulations already establish stabilization expectations and permit follow-up support beyond thirty (30) days where necessary. The regulations provide that stabilization may be offered for up to 30 days, unless the child transitions to appropriate services sooner, or longer if necessary, such as when follow-up services are not yet available.	No	The Department determined that no further revision was warranted because the regulations already address MRSS stabilization services, including circumstances in which support may continue longer than thirty (30) days when necessary.
WC-178	Written comment	03/18/2026	Tides Family Services	Family engagement and warm handoffs	Proposed requiring documented family-centered engagement, incorporation of family strengths and cultural context, provision of information about services and follow-up options, and documented warm handoffs and referral coordination before case closure.	The Department agrees that family engagement and effective care coordination are important components of the MRSS model. No additional regulatory revision is proposed because the regulations already require family-centered service delivery, stabilization planning, documentation, and linkage to appropriate services and supports. More detailed expectations regarding warm handoffs, documentation, and referral coordination will be addressed through the MRSS Provider Manual. To the extent further consideration of this issue is warranted, it may be addressed through additional stakeholder engagement and possible future revisions through the advance notice of proposed rulemaking process.	No	The Department determined that no further revision was warranted because the regulations already address the core concepts raised in this comment, while more detailed operational expectations are better addressed through implementation guidance. Further consideration of this issue may be addressed through the advance notice of proposed rulemaking process.

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WC-179	Written comment	03/18/2026	Tides Family Services	Provider qualification standards / demonstrated experience	Proposed strengthening qualification standards for MRSS applicants by requiring at least two consecutive years of child- or youth-specific 24/7 mobile crisis experience and documentation of response times, diversion outcomes, supervision structure, and related performance measures rather than relying on one year of experience or training participation alone.	The Department appreciates these comments. No additional regulatory revision is proposed at this time because the revised regulations already require applicants to demonstrate child-specific crisis experience and MRSS-related expertise, including either prior MRSS experience or prior experience delivering mobile crisis and stabilization services for children and youth together with recognized MRSS training or technical assistance. The Department believes this approach preserves child-specific standards while allowing appropriate flexibility for provider participation and statewide capacity. To the extent further consideration of this issue is warranted, it may be addressed through additional stakeholder engagement and possible future revisions through the advance notice of proposed rulemaking process.	No	The Department determined that no further revision was warranted because the regulations already establish provider experience and expertise requirements that the Department will verify through the licensure process. Further consideration of this issue may be addressed through the advance notice of proposed rulemaking process.
WC-180	Written comment	03/18/2026	Tides Family Services	Licensure actions versus performance monitoring	Requested clarification that performance monitoring, fidelity review, and data-reporting requirements should function primarily as quality-improvement mechanisms and should not independently serve as licensure grounds absent material noncompliance with regulatory requirements.	The Department appreciates the request for additional clarification regarding the relationship between quality-improvement monitoring and licensure action. No additional regulatory revision is proposed because the regulations already identify the bases for licensing actions, while fidelity and reporting expectations are intended to support oversight, quality improvement, and accountability. More detailed monitoring tools and processes will be addressed through the MRSS Provider Manual. To the extent further consideration of this issue is warranted, it may be addressed through additional stakeholder engagement and possible future revisions through the advance notice of proposed rulemaking process.	No	The Department determined that no further revision was warranted because the regulations already establish the standards governing licensing actions and separately address quality-improvement and reporting expectations. Further consideration of this issue may be addressed through the advance notice of proposed rulemaking process.
WC-181	Written comment	03/18/2026	Tides Family Services	Terminology standardization	Requested that the regulations consistently use the term licensure when referring to DCYF regulatory authority unless a separate statutory certification process is expressly intended.	The Department reviewed the request for additional terminology standardization. No additional regulatory revision is proposed because the revised regulations already use licensure terminology in the provisions governing DCYF program oversight, and the Department does not believe further global terminology changes are necessary in order to clarify the regulatory framework.	No	The Department determined that no further revision was warranted because the revised regulations already provide sufficient clarity regarding DCYF's licensure authority and the terminology used in the applicable provisions.
OT-001	Oral testimony	03/03/2026	Sarah Kelly-Palmer / Family Service of Rhode Island	MRSS age range	Requested that MRSS cover children and youth from birth through age 21, rather than beginning at age 2.	The Department recognizes the comments recommending that MRSS eligibility begin at birth rather than age two. The regulations retain the age range of two (2) through twenty-one (21) because that age range aligns with the current statutory and Medicaid framework governing MRSS. Expanding the lower age limit would	No	The Department retained the current age range reflected in the proposed regulatory framework.

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						require changes to the State Plan Amendment and legislative changes.		
OT-002	Oral testimony	03/03/2026	Sarah Kelly-Palmer / Family Service of Rhode Island	Family-defined crisis	Requested express language stating that the crisis is defined by the family so services remain family-driven, trauma-informed, and culturally responsive.	The Department agrees that MRSS should reflect a child- and family-centered approach and reviewed this comment in light of MRSS best-practice principles. The Department revised the regulations 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 Department also incorporated language reinforcing the child- and family-centered nature of the service.	Yes	N/A
OT-003	Oral testimony	03/03/2026	Sarah Kelly-Palmer / Family Service of Rhode Island	Child-specific competencies	Requested clearer child-specific competency requirements, including MRSS model training, trauma-focused care, child development, and suicide-safer practices.	The regulations already include core child- and family-specific competency requirements, including child development, trauma-informed care, risk assessment, and crisis intervention. The Department determined that the regulations appropriately establish the required competency framework, while more detailed training expectations may be further addressed through the MRSS Provider Manual and related provider materials. To the extent further consideration of this issue is warranted, it may be addressed through additional stakeholder engagement and possible future revisions through the advance notice of proposed rulemaking process.	No	The regulations already include core competency standards; additional detail is better addressed through the MRSS Provider Manual. Further consideration of this issue may be addressed through the advance notice of proposed rulemaking process.
OT-004	Oral testimony	03/03/2026	Sarah Kelly-Palmer / Family Service of Rhode Island	24/7 capacity, stabilization, and outcomes	Requested stronger infrastructure language requiring licensed providers to demonstrate the ability to deploy mobile teams 24/7, provide effective community stabilization, and show outcomes.	The regulations already require a 24/7/365 live-answer telephone system, establish response expectations for mobile crisis intervention, address stabilization services, and include reporting and quality-monitoring requirements. The Department concluded that these provisions sufficiently address the core issues raised in this comment.	No	The Department determined that the regulations already address the core response, stabilization, and quality-monitoring issues raised in this comment.
OT-005	Oral testimony	03/03/2026	Sarah Kelly-Palmer / Family Service of Rhode Island	Build from existing MRSS infrastructure	Urged the State to build on the existing MRSS provider infrastructure and workforce rather than duplicating capacity in ways that increase administrative overhead and divert resources from direct care.	The Department recognizes the value of the experience, infrastructure, and workforce developed by current MRSS providers. The Department will take these operational considerations into account as implementation moves forward, but did not make a regulatory revision in response to this comment.	No	The Department determined that this concern is primarily an implementation issue rather than a regulatory one.
OT-006	Oral testimony	03/03/2026	Benedict Lessing / Community Care Alliance	DCO agreement should not be licensure prerequisite	Testified that Rhode Island should license MRSS providers independently and require coordination/referral relationships rather than DCO contracts.	The Department revised the regulations to remove DCO and LOI requirements as conditions of MRSS licensure. The revised regulations preserve DCYF's independent licensure authority and no longer require an MRSS provider to obtain a DCO agreement, LOI, or other approval from a CCBHC as a condition of licensure. MRSS will, however, remain a core service requirement for CCBHCs, and CCBHCs will still be required to either be a licensed MRSS provider or maintain a DCO contract with a licensed MRSS provider. DCO expectations will therefore be addressed through the CCBHC service-delivery framework rather than through MRSS licensure requirements.	Yes	N/A

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OT-007	Oral testimony	03/03/2026	Benedict Lessing / Community Care Alliance	BH Link model as example	Pointed to BH Link as an example of crisis coordination that works without making licensure dependent on another provider.	The Department agrees that coordination should not depend on a private-entity licensure gatekeeping role. In response to public comment, the Department revised the regulations to remove DCO and LOI requirements as conditions of MRSS licensure and to remove the requirement that primary service areas align with CCBHC geographic service areas. Providers may propose one or more primary service areas for Department approval based on operational capacity, service availability, accessibility, timely response, and the need to support comprehensive statewide coverage through the mutual-aid system.	Yes	N/A
OT-008	Oral testimony	03/03/2026	Benedict Lessing / Community Care Alliance	Preserve children's behavioral health framework	Stated that MRSS was established as a children's service under DCYF and that governance and accountability should not be blurred.	The Department reviewed the comment that MRSS should remain a child-specific crisis response service within the children's behavioral health framework. The Department revised the regulations to clarify that DCYF retains primary responsibility for oversight, licensure, and administration of MRSS as a children's behavioral health crisis service, while references to BHDDH reflect coordination where applicable and do not create shared authority over MRSS.	Yes	N/A
OT-009	Oral testimony	03/03/2026	Benedict Lessing / Community Care Alliance	Catchment areas / BHDDH gatekeeping	Objected to structuring MRSS around CCBHC catchment areas and said DCYF should not own services while BHDDH gatekeeps them.	The Department recognizes the concern that structuring MRSS around CCBHC catchment areas could create a gatekeeping role that undermines DCYF's independent oversight of children's behavioral health services. In response to public comment, the Department revised the regulations to remove the requirement that primary service areas align with CCBHC geographic service areas. Under the revised language, providers may propose one or more primary service areas for Department approval, and those areas may overlap with CCBHC geographic areas or consist of other areas proposed by the provider. The revised framework preserves DCYF's independent licensure authority and oversight of MRSS as a children's behavioral health crisis service.	Yes	N/A
OT-010	Oral testimony	03/03/2026	Beth Bixby / Tides Family Services	Preserve DCYF independent licensing authority	Testified that licensure should not be conditioned on private agreement and that the current language lets BHDDH effectively control matters within DCYF's authority.	The Department revised the regulations to remove DCO and LOI requirements as conditions of MRSS licensure. The revised regulations preserve DCYF's independent licensure authority and no longer require an MRSS provider to obtain a DCO agreement, LOI, or other approval from a CCBHC as a condition of licensure. MRSS will, however, remain a core service requirement for CCBHCs, and CCBHCs will still be required to either be a licensed MRSS provider or maintain a DCO contract with a licensed MRSS provider. DCO expectations will therefore be addressed through the CCBHC service-delivery framework rather than through MRSS licensure requirements.	Yes	N/A
OT-011	Oral testimony	03/03/2026	Beth Bixby / Tides Family Services	Remove DCO prerequisite	Asked that DCO agreements be removed as a prerequisite to MRSS participation and licensure.	The Department revised the regulations to remove DCO and LOI requirements as conditions of MRSS licensure. The revised regulations preserve DCYF's independent licensure authority and no longer require an MRSS provider to obtain a DCO agreement, LOI, or other approval from a CCBHC as a condition of licensure. MRSS will, however, remain a core service requirement for CCBHCs, and CCBHCs will still be required to either be a licensed MRSS provider or maintain a DCO contract with a licensed MRSS provider. DCO expectations will therefore be addressed through the CCBHC service-delivery framework rather than through MRSS licensure requirements.	Yes	N/A

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OT-012	Oral testimony	03/03/2026	Beth Bixby / Tides Family Services	Clarify workforce and fidelity standards	Requested clearer workforce definitions and fidelity expectations tied to the national MRSS model and Consent Decree.	The Department reviewed the request for clearer workforce definitions and fidelity expectations tied to the national MRSS model and the Consent Decree. With respect to workforce, the regulations define key clinical roles, establish required staffing elements for MRSS mobile crisis teams, and identify child- and family-specific competency and training expectations applicable to MRSS providers. With respect to fidelity, the regulations were revised to clarify that providers are expected to operate consistent with nationally recognized MRSS fidelity standards, while more detailed fidelity tools, measures, and monitoring processes will be addressed through the MRSS Provider Manual. The Department also determined that the draft regulations already reflect the core mobile-crisis elements of the Children's Behavioral Health Consent Decree, and made a targeted clarifying revision to the MRSS law-enforcement provision to more closely align the regulations with the Consent Decree and MRSS best practice by clarifying that providers should remain engaged to support coordination if law enforcement involvement becomes necessary. To the extent further consideration of workforce definitions or fidelity standards is warranted, it may be addressed through the advance notice of proposed rulemaking process.	Yes	N/A
OT-013	Oral testimony	03/03/2026	Beth Bixby / Tides Family Services	Objective statewide need criteria / family access	Asked for transparent statewide capacity criteria and noted that families and schools should not need to know CCBHC geographic boundaries to get help.	The Department recognizes the concern that families and schools should not need to know CCBHC geographic boundaries to access MRSS, and that statewide capacity criteria should be transparent. In response to public comment, the Department revised the regulations to remove the requirement that primary service areas align with CCBHC geographic service areas. Under the revised language, providers may propose one or more primary service areas for Department approval based on operational capacity, service availability, accessibility, and timely response, as well as the need to support comprehensive statewide coverage through the mutual-aid system. Those areas may overlap with CCBHC geographic areas or consist of other provider-proposed areas. The Department agrees that licensure decisions should be guided by transparent service-planning considerations, but does not believe it is necessary to prescribe a detailed statewide-need formula in regulation.	Yes	N/A
OT-014	Oral testimony	03/03/2026	Tanja Kubas-Meyer / Rhode Island Coalition for Children and Families	MRSS required by law / Consent Decree	Testified that MRSS is now explicitly referenced in law and the Consent Decree, making it a distinct and critical part of the children's system.	The Department determined that the draft regulations already reflect the core mobile-crisis elements of the Children's Behavioral Health Consent Decree. The Department made a targeted clarifying revision to the MRSS law-enforcement provision to more closely align the regulations with the Consent Decree and MRSS best practice by clarifying that providers should remain engaged to support coordination if law enforcement involvement becomes necessary.	Yes	N/A
OT-015	Oral testimony	03/03/2026	Tanja Kubas-Meyer / Rhode Island Coalition for Children and Families	ES and MRSS differentiation	Said the regulations do not truly differentiate Emergency Services and MRSS in capacity, requirements, and audience.	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. Not all children presenting in crisis will receive MRSS. Some children may present directly to a clinic or other provider setting and require an emergency service intervention as a prerequisite to inpatient psychiatric admission. In those circumstances, the provider must continue to be licensed to provide Emergency Services in accordance with existing statutory requirements.	Yes	N/A

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OT-016	Oral testimony	03/03/2026	Tanja Kubas-Meyer / Rhode Island Coalition for Children and Families	Children's System of Care versus BHDDH/CCBHC mediation	Raised concern that the regulations continue mediation and coordination with BHDDH and CCBHCs instead of a stand-alone children's System of Care.	The Department considered these comments and recognizes the concern that MRSS should not be structurally embedded within the CCBHC framework. In response to public comment, the Department revised the regulations to remove DCO and LOI requirements as conditions of MRSS licensure and to remove the requirement that primary service areas align with CCBHC geographic service areas. Under the revised language, providers may propose one or more primary service areas for Department approval, and those areas may overlap with CCBHC geographic areas or consist of other provider-proposed areas. Where coordination with BHDDH is referenced, it is for purposes of continuity of care and interagency alignment and does not alter DCYF's primary oversight role over MRSS.	Yes	N/A
OT-017	Oral testimony	03/03/2026	Tanja Kubas-Meyer / Rhode Island Coalition for Children and Families	Need for significant reconsideration	Asked for a clearer, more accurate framework before moving forward.	The Department reviewed the comment regarding whether the scope of revisions would warrant additional notice or restart of the rulemaking process and has determined to proceed with targeted revisions within the current rulemaking process.	No	The Department is not restarting or re-noticing the regulations at this time.
OT-018	Oral testimony	03/03/2026	Kelsey Bala / Rhode Island KIDS COUNT	Statutory authority / oversight	Testified that oversight should remain with child-serving organizations and agencies best equipped to meet youth needs.	The Department revised the regulations to clarify that DCYF retains primary responsibility for oversight, licensure, and administration of MRSS as a children's behavioral health crisis service, while recognizing coordination with BHDDH where applicable to support continuity of care and interagency alignment.	Yes	N/A
OT-019	Oral testimony	03/03/2026	Kelsey Bala / Rhode Island KIDS COUNT	CCBHC affiliation and statewide model	Objected to conditioning MRSS on CCBHC structures or geographic areas and argued for a statewide, child-centered service.	The Department recognizes the concern that MRSS should remain a statewide, child-centered service that is straightforward for families to access and should not be conditioned on CCBHC affiliation or geographic areas. In response to public comment, the Department revised the regulations to remove DCO and LOI requirements as conditions of MRSS licensure and to remove the requirement that primary service areas align with CCBHC geographic service areas. Under the revised language, providers may propose one or more primary service areas for Department approval, and those areas may overlap with CCBHC geographic areas or consist of other provider-proposed areas. In reviewing proposed service areas, the Department will consider operational capacity, service availability, accessibility, timely response, and the need to support comprehensive statewide coverage through the mutual-aid system.	Yes	N/A
OT-020	Oral testimony	03/03/2026	Kelsey Bala / Rhode Island KIDS COUNT	Child-trained teams	Emphasized that schools rely on the current model because they know a child-trained team will respond quickly and engage the family.	The Department appreciates these comments and agrees that child-trained teams, family engagement, and child-specific expertise are core features of the MRSS model. No additional regulatory revision is proposed at this time because the regulations already include child- and family-specific experience, training, and competency requirements for the workforce delivering MRSS.	No	The Department determined that no revision was warranted because the regulations already establish experience and competency requirements intended to support child-trained teams and family-centered crisis response.

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OT-021	Oral testimony	03/03/2026	Kelsey Bala / Rhode Island KIDS COUNT	Equity and school crisis response	Explained that MRSS offers an alternative to sending children to hospitals or police involvement, with particular importance for children of color.	The Department reviewed the concern that MRSS should remain a timely, child-centered alternative to more restrictive crisis responses and that access to appropriate school- and community-based crisis intervention is especially important for children and families who may otherwise experience unnecessary system involvement. The Department believes the regulations, as written, preserve MRSS as a distinct child-serving crisis response model and support community-based stabilization, coordination, and continuity of care for children, youth, and families.	No	The Department determined that no further revision was warranted because the regulations, as written, preserve MRSS as a child-serving, community-based crisis response model designed to support timely intervention and stabilization in the least restrictive appropriate setting.
OT-022	Oral testimony	03/03/2026	Elizabeth Burke Bryant / Brown University School of Public Health	Statewide high-quality children's mobile crisis system	Testified that Rhode Island is well-positioned to maintain a statewide, high-quality children's mobile crisis model.	The Department agrees that Rhode Island should maintain a statewide, high-quality children's mobile crisis model and believes the regulations, as revised, support that objective by establishing MRSS as a distinct child-serving crisis response model with statewide service expectations, fidelity requirements, and child-specific service standards.	No	The Department determined that no revision was warranted because the regulations already reflect the core child-specific and statewide elements raised in this comment.
OT-023	Oral testimony	03/03/2026	Elizabeth Burke Bryant / Brown University School of Public Health	Opposition to dividing state into CCBHC areas	Said dividing Rhode Island into multiple geographic areas does not make practical sense for a service like MRSS.	The Department recognizes the concern regarding dividing MRSS into multiple geographic service areas in a state Rhode Island's size. In response to public comment, the Department revised the regulations so that primary service areas are no longer required to align with CCBHC geographic service areas. Under the revised language, providers may propose one or more primary service areas for Department approval based on operational capacity, service availability, accessibility, timely response, and the need to support comprehensive statewide coverage through the mutual-aid system. Those areas may overlap with CCBHC geographic areas or may consist of other provider-proposed service areas. The revised regulations also clarify that MRSS licensure authorizes statewide service delivery and requires participation in the statewide MRSS response network.	Yes	N/A
OT-024	Oral testimony	03/03/2026	Elizabeth Burke Bryant / Brown University School of Public Health	Need for child-trained teams and family engagement	Emphasized that MRSS requires child-trained teams and family engagement as central parts of the model.	The Department appreciates these comments and agrees that child-trained teams, family engagement, and child-specific expertise are core features of the MRSS model. No additional regulatory revision is proposed at this time because the regulations already include child- and family-specific experience, training, and competency requirements for the workforce delivering MRSS.	No	The Department determined that no revision was warranted because the regulations already establish experience and competency requirements intended to support child-trained teams and family-centered crisis response.

ID	Comment Type	Date	Commenter / Affiliation	Topic / Issue	Summary of Concern / Comment	Department Consideration/Response	Revision Made (if any)	Explanation if No Revision Was Made?
OT-025	Oral testimony	03/03/2026	Elizabeth Burke Bryant / Brown University School of Public Health	Restart process / preserve child-centered design	Urged the state to preserve a child-centered design and move away from draft provisions that pull MRSS away from that model.	The Department reviewed the concern that the regulations should preserve a child-centered MRSS framework and that the current rulemaking process should be revisited if necessary to achieve that result. The Department believes the regulations preserve MRSS as a distinct child-serving crisis response service and has made targeted revisions in response to public comment to clarify key requirements and strengthen the child-specific framework of the regulations. The Department is proceeding with those targeted revisions within the current rulemaking process.	Yes	N/A