

CHILDREN'S CHOICE PEDIATRICS

Tel: (401) 381-0066
Fax: (401) 381-0068

Karim Khanbhai, M.D., F.A.A.P.

37 Washington Street
West Warwick, RI 02893

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House Finance Committee

Rhode Island General Assembly

State House

Providence, RI

RE: Support for H5527 – Mobile Response and Stabilization Services (MRSS) for Children and Youth

Dear Members of the House Finance Committee,

As a pediatrician serving Rhode Island's children and families, I urge you to support H5527, which would establish a sustainable, statewide Mobile Response and Stabilization Services (MRSS) program. Behavioral health crises among children and adolescents are at an all-time high, and as frontline medical professionals, we are seeing the devastating consequences of a system that does not provide timely, community-based intervention.

From a medical and clinical perspective, a rapid response and "just go" model—where crisis teams are deployed immediately upon a call—aligns with best practices in crisis stabilization. In behavioral health emergencies, every minute matters. Delays in care increase distress, escalate

behaviors, and raise the likelihood that children will require hospitalization, out-of-home placement, or law enforcement intervention. The MRSS model interrupts this cycle by providing immediate, developmentally appropriate de-escalation and crisis stabilization in the child's natural environment, where they feel safest.

Why Rapid Response Matters in a Crisis:

- When children experience acute stress or crisis, their brain shifts into a state of hyperarousal—activating the “fight, flight, or freeze” response. Prolonged distress without intervention can reinforce maladaptive coping mechanisms and contribute to long-term emotional dysregulation. Immediate, in-home stabilization mitigates these effects by providing real-time therapeutic intervention, which helps regulate the nervous system and prevent further escalation.
- Emergency departments and inpatient psychiatric hospitals are not designed for early crisis intervention. They are often loud, overstimulating, and can be traumatizing for children, especially those with sensory processing challenges, autism spectrum disorders, or prior trauma histories. MRSS prevents unnecessary exposure to these settings by stabilizing children at home or school.
- When schools and families have no other option, they often turn to law enforcement to manage behavioral health crises. Police involvement can escalate situations, leading to unnecessary restraints, arrests, or even juvenile justice involvement.

Unlike traditional crisis response systems, which often require extensive intake processes before deploying support, MRSS operates on a “just go” model—meaning providers are immediately dispatched to the child's location upon receiving a call. This is critical for several

reasons:

- Requiring families to navigate multiple layers of approval before receiving help leads to worsening symptoms and increased safety risks. The “just go” model ensures that a child in distress receives rapid, face-to-face intervention from trained professionals who can assess, de-escalate, and stabilize the situation.
- Research consistently shows that children respond better to crisis intervention when it is delivered in a familiar, non-clinical setting. MRSS teams meet children where they are—whether at home, school, or in the community—rather than forcing them into unfamiliar, institutional environments.
- Unlike emergency departments, which focus on immediate risk reduction and discharge, MRSS includes follow-up stabilization services to ensure that children and families are connected to ongoing support. This prevents repeated crises and reduces reliance on emergency care.

Since October 2022, Family Service of Rhode Island and Tides Family Services have demonstrated the success of this model. Their MRSS teams have served over 1,300 children and youth statewide, diverting more than 90% from hospitalization. This has prevented unnecessary trauma for families while also generating significant cost savings for the state and healthcare system.

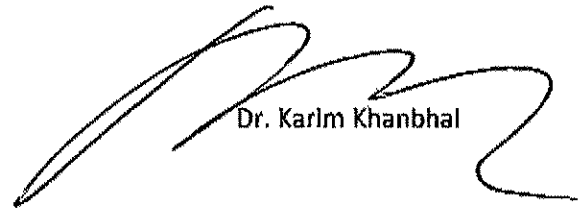
Despite its effectiveness, MRSS lacks permanent funding and statewide coordination. As a pediatrician, I frequently encounter families in crisis who struggle to access timely mental health care. Without legislative action, children will continue to fall through the cracks, leading to worse health outcomes, increased reliance on emergency services, and long-term system costs.

I strongly urge the passage of H5527 to ensure that every child in Rhode Island has access to

immediate, expert crisis intervention—regardless of geography or financial barriers. Investing in MRSS is not only the right thing to do for our children's well-being, but it is also the most clinically sound and cost-effective solution for Rhode Island's behavioral health system.

Thank you for your time and consideration.

Sincerely,



Dr. Karim Khanbhai

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37 WASHINGTON STREET
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