



May 20, 2025

The Honorable Marvin L. Abney
Chair, House Finance Committee
Rhode Island General Assembly
82 Smith Street, Providence, RI 02903

Re: Support for H5527 – Children’s Mobile Response and Stabilization Services Act

Dear Chairman Abney and Members of the House Finance Committee,

As a provider of Children’s Mobile Response and Stabilization Services (MRSS) and a key partner in its implementation, Family Service of Rhode Island (FSRI) is in strong support of **H5527**, which will establish Children’s MRSS as a permanent, statewide program dedicated to providing 24/7 crisis response and stabilization services for children and youth ages 2 to 21. This legislation is critical as it establishes a smart, braided financing strategy for MRSS:

- Federal Medicaid will be the primary payer as this bill requires the State Medicaid Director to submit a state plan amendment (SPA) to the Centers for Medicare & Medicaid Services (CMS) to establish MRSS as a Medicaid-reimbursable service under the EPSDT mandate.
- Commercial insurance will contribute significantly starting in FY2026, following the passage of H6118.
- Federal grants, like the SAMHSA System of Care grant, will support targeted capacity.
- General revenue will cover uninsured or underinsured youth not covered by Medicaid or traditional commercial insurance.

Together, these sources will form an MRSS annual budget plan that will require under \$1 million of new general revenue funding for FY2026 to fully implement a sustainable, statewide system.

MRSS is one of the most effective and fiscally responsible interventions in our behavioral health system. MRSS ensures that families across Rhode Island have access to immediate, developmentally appropriate behavioral health intervention when they need it most. Too often, families in crisis have no choice but to turn to emergency departments or law enforcement—systems that are not designed to provide the long-term care and stability children need. MRSS fills this gap by sending trained professionals directly to the child’s home, school, or community setting to de-escalate the crisis and connect families with ongoing support. The impact of MRSS is undeniable. Since October 2022, FSRI and Tides have served over 1,300 children and youth, and diverted over 90% of them from hospitalization.

Beyond the numbers, I have spoken with families, schools, pediatric practices, police departments, and community providers who tell me that MRSS has been transformative in how they handle a crisis. School Principals no longer have to call the police when a youth is having



an emotional outburst. Police and rescue now have a resource when they can call to help deescalate and support a youth when they are called for a behavioral health crisis. Most important, parents and caregivers of children who are struggling with mental health symptoms have someone to call to and help them to support their child at home.

A father in westerly called me and shared in tears ***“your team saved my daughter’s life.”***

A mother in East Providence wrote me a letter expressing that ***“your team transformed how their family functions and is the reason their son happy for the first time in years and is attending school every day.”***

I want to highlight the importance of the SPA submission timeline. The success of this model—and our ability to draw down federal funds—depends on timely execution. We support adding a clear 90-day deadline for SPA submission to the statutory language, as well as other clear timelines regarding provider certification and implementation. We are working closely with Representative Casimiro, the sponsor of this bill, on this and other technical amendments to strengthen the bill and reduce the general revenue request for FY2026.

MRSS has been successful so far in Rhode Island and the continued success of this specific, proven model depends on your support for H5527, as well as the full House’s support of H6118,

Sincerely,

A handwritten signature in black ink, reading 'Margaret Holland McDuff'.

Margaret Holland McDuff
CEO

See attached Letters of Support

One Friday morning, I received a call from my son's middle school—a call no parent ever wants to receive. His school counselor told me I needed to come pick him up because he was experiencing suicidal thoughts and was very depressed.

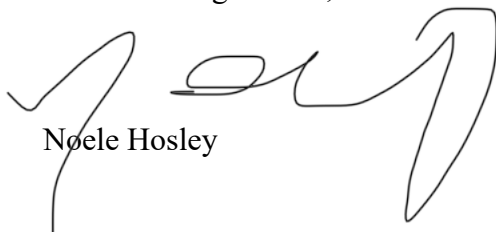
Scared, hurt, and confused, I rushed to be by his side. When I arrived, his counselor suggested I contact the mobile crisis unit for help. On my way to get him, I went into full panic mode and called the crisis line. They collected my information and said someone would be in touch soon.

My son was feeling overwhelmed, scared, and confused—wishing he didn't exist, and at the same time, wishing he hadn't spoken up. I remember driving home, feeling completely helpless, terrified that I wouldn't have the right words to comfort my child through such a dark time. I had no idea what to say or do.

As I pulled into the driveway and turned the key to open the door, Mike and Nicole were already walking up behind me. They immediately got to work, helping my son through this incredibly difficult moment. They were compassionate, calm, and reassuring. Not only did they spend most of the afternoon with him, guiding him through the crisis, but they also followed up with us weekly in the weeks that followed. We never felt alone.

Today, my son is thriving. He feels confident, safe, and supported. I cannot express enough how grateful we are to have had Family Service of Rhode Island's Children's Mobile Crisis Unit come to his rescue. They were a lifeline when we needed it most and made all the difference.

With sincere gratitude,

A handwritten signature in black ink, appearing to read 'Noele Hosley'. The signature is stylized with a large, sweeping 'N' and a long, curved tail that extends to the right.

Noele Hosley

4/12/2024

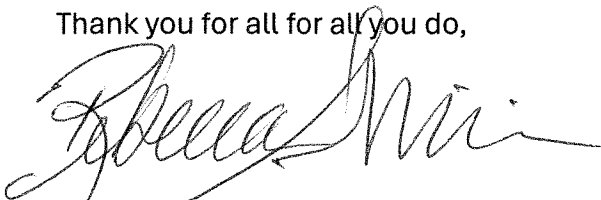
To whom this may concern,

I am a mom of a 13 yr old Middle School girl who is currently and has been struggling with her mental health. We have utilized the Children's Mobile Crisis team a bit this year to assist in ensuring my daughter is safe and has all the support she needs to navigate this challenging time for her and her family. The team has been fantastic! We have had the pleasure of meeting 3 of the field staff members. Nicole, Jalixa and Tom (Jalixa happened to be on vacation at a time of need). Both clinicians were great and interacted well with my child, she felt comfortable communicating what was going on with them and how she was feeling. Tom even suggested a new therapist to us that is working out really really well. However, Nicole who handles all my anxiety and stress around this deserves 5 gold stars, she is literally a lifesaver to me!

Nicole helps to get me resources, schedules meeting us at home if needed and communicates with her team members and my daughter's school. Nicole checks in on us frequently and is always accessible no matter the time of day. She adds zero stress to my life that is already full and for that I am forever grateful!

The Children's Mobile Crisis team is a wonderful resource that is unfortunately so necessary at this time. Although I have lots of support in place for my child, I can assure you that other families don't have access to or the knowledge I have so I am very sure there are so many other families who feel as I do about this organization. Keep doing what you are doing and make sure you find more Nicole's who not only are invested in helping the child but also help the child's caregivers who are undoubtedly overwhelmed!

Thank you for all for all you do,

A handwritten signature in black ink, appearing to read 'Rebecca Vieira', with a stylized, flowing script.

Rebecca Vieira



City of East Providence
Office of the Mayor
Roberto L. DaSilva
Mayor

May 20, 2025

House Finance Committee
Rhode Island General Assembly
82 Smith Street
Providence, RI 02903

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

Dear Members of the House Finance Committee,

On behalf of East Providence, I am writing to express our strong support for the proposed Mobile Response and Stabilization Services (MRSS) program, as outlined H5527. This program is crucial in addressing the growing behavioral health needs of children and youth in our community and across the state.

As local leaders, we witness firsthand the strain placed on our emergency services and public safety resources when children experience behavioral health crises. Currently, in the absence of alternative resources, families often must rely on emergency responders, including law enforcement and EMTs, to manage behavioral health crises, which can be costly and traumatic for both the child and their family. Additionally, these interventions often do not address the underlying needs of the child, further perpetuating the cycle of crisis.

The Family Service of Rhode Island and Tides Family Services MRSS program provides a much-needed alternative, offering timely, community-based interventions that prevent children from being unnecessarily funneled into emergency rooms or law enforcement systems. By sending trained behavioral health professionals directly to the location of the child in crisis (such as their home, school, or community), MRSS avoids costly emergency responses and reduces the need for emergency personnel deployment. This not only alleviates pressure on local police and EMT resources but also allows public safety personnel to focus on higher-priority situations, resulting in cost savings for municipalities.

The cost savings realized from reduced emergency room visits, avoided hospitalizations, and minimized law enforcement involvement would allow cities and towns to better allocate resources to other urgent needs, improving both the financial efficiency and the overall well-being of our communities.

We urge the General Assembly to support the permanent establishment of MRSS services across the state. This program is not only an investment in the well-being of our children and families, but also a cost-effective solution that can help municipalities reduce unnecessary resource deployments while ensuring children in crisis receive the appropriate care and support.

Thank you for your consideration of this important issue.

Sincerely,



Roberto L. DaSilva
Mayor



NEWPORT POLICE DEPARTMENT

"Police and Community - Partners in Excellence"

OFFICE OF THE CHIEF OF POLICE
DIRECTOR OF PUBLIC SAFETY



May 19, 2025

House Finance Committee
Rhode Island General Assembly
State House
Providence, RI

RE: Support for H5527 and S0429 – Mobile Response and Stabilization Services (MRSS) for Children and Youth

Dear Members of the House Finance Committee,

I write in support of H5527, which would establish a sustainable, statewide Mobile Response and Stabilization Services (MRSS) program. Law enforcement officers are frequently called to respond to youth experiencing behavioral health crises, yet we recognize that police intervention is not always the best solution. MRSS provides an effective, trauma-informed alternative that ensures children receive immediate behavioral health support without unnecessary law enforcement involvement.

When emergency personnel are dispatched to a child in crisis, the presence of uniformed officers and emergency vehicles can escalate fear and distress—both for the child and their family. This can lead to increased resistance, the use of restraints, or, in some cases, justice system involvement for youth who would be better served by mental health professionals. MRSS reduces these risks by deploying trained behavioral health responders who can de-escalate situations safely and provide follow-up care, preventing repeated crises.

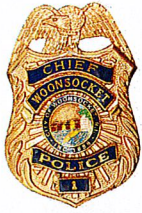
Since its implementation, Family Service of Rhode Island and Tides Family Services, providers of MRSS since 2022, have successfully diverted over 90% of the children the program serves from hospitalization or other high-intensity interventions. This means fewer 911 calls, fewer police-involved incidents, and a more appropriate crisis response for youth in need. MRSS allows law enforcement to focus on public safety while ensuring children receive the right care at the right time.

We urge you to support H5527 to make MRSS a permanent resource for Rhode Island families. This legislation will reduce traumatic interventions, decrease unnecessary law enforcement involvement, and ensure that children receive compassionate, community-based care.

Respectfully,

Ryan G. Duffy

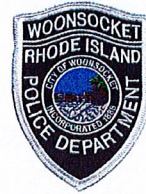
120 Broadway Newport, RI 02840
Office Number: 401-845-5776
Email: chiefofpolice@cityofnewport.com



Thomas F. Oates III
Chief of Police

Woonsocket Police Department

242 Clinton Street, Woonsocket, Rhode Island 02895-3276
Telephone (401) 766-1212 • Fax (401) 765-4922 • Emergencies 911
Email TOates@WoonsocketRI.org



May 19, 2025

House Finance Committee
Rhode Island General Assembly
State House
Providence, RI

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Sincerely,

A handwritten signature in blue ink that reads "Chief Thomas F. Oates III". The signature is written in a cursive, flowing style.

Thomas F. Oates III
Chief of Police



East Providence School Department

1998 PAWTUCKET AVENUE
EAST PROVIDENCE, RHODE ISLAND 02914



SANDRA J. FORAND, Ed.D.
Superintendent of Schools

LISA BENEDETTI-RAMZI
Assistant Superintendent of Schools

May 19, 2025

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,

On behalf of The East Providence School Department, I am pleased to submit this letter in support of H5527, which would establish a sustainable, statewide Mobile Response and Stabilization Services (MRSS) program for children and youth experiencing behavioral health crises. As a district, we know firsthand the urgent need for immediate, community-based crisis support to help children and caregivers navigate behavioral health challenges—without unnecessary emergency room visits or law enforcement involvement.

Our schools across the district have been able to turn to Family Service of Rhode Island and their MRSS team in times of need, ensuring the safety and well-being of our children and youth. We hear from our staff and families that they need someone to help them in the moment—in their home, school, or community—not hours or days later.

MRSS provides exactly that:

- A trained behavioral health team responds immediately to help the child and family, preventing escalation.
- No need to call police or rush to the ER, avoiding unnecessary trauma for the child, family, and school staff.
- Services are available 24/7, ensuring that families aren't left alone in their most difficult moments.
- Follow-up support is provided for up to six weeks to stabilize the family and connect them to ongoing care.

This program works. Since October 2022, Tides Family Services and Family Service of Rhode Island MRSS teams have served over 1,300 children across Rhode Island, successfully diverting more than 90% from hospitalization—keeping kids safe at home and in their communities while saving the state millions in avoidable emergency care costs.

Without permanent funding and statewide coordination, this essential service is at risk. Families should not have to fight for access to care when they are already in crisis. We need to ensure that every Rhode Island child, no matter where they live or what insurance they have, can get immediate help when they need it.

We strongly urge you to support H5527 to protect and expand MRSS, giving Rhode Island families the right support at the right time—before a crisis turns into a tragedy.

Sincerely,

Sandra J. Forand

Superintendent

The East Providence School Department, in partnership with families and the community, is committed to provide a comprehensive, inclusive program of academic excellence in a safe, nurturing environment preparing all students to become responsible, life-long learners able to meet the challenges of the 21st century.

Telephone 401-383-2224 x 30002 • Fax 401-435-7854 • E-mail: sforand@epschoolsri.com • TTY 800-745-5555 • Voice 800-745-6575

The East Providence School Department does not discriminate on the basis of age, sex, sexual orientation, race, religion, national origin, color or handicap in accordance with applicable laws and regulations.

East Providence High School

2000 PAWTUCKET AVENUE
EAST PROVIDENCE, RI 02914

DR SANDRA FORAND
SUPERINTENDENT

WILLIAM F. BLACK
PRINCIPAL

ALEX BUTLER
ATHLETIC DIRECTOR



SHANE MESSIER
ASSISTANT PRINCIPAL

JILL USENIA
ASSISTANT PRINCIPAL

ROBERT HANLON
CTC DIRECTOR

To Whom It May Concern,

I am writing to express my sincere appreciation for the outstanding mental health services provided by Family Services of Rhode Island (FSRI) mobile crisis unit. Over the course of our collaboration, FSRI has consistently demonstrated a high standard of care, professionalism, and dedication to the well-being of the students and families they serve.

One of the most notable aspects of the mobile crisis team is their prompt response time. Whether addressing a crisis situation or responding to a referral, their team acts quickly and efficiently, ensuring that support is accessible when it is most needed. This responsiveness is vital in promoting stability and trust for students and families alike.

FSRI demonstrates respect for the school schedule and they are able to integrate services in a way that minimizes disruption to learning. Their clinicians are flexible, reliable, and sensitive to the demands of the school environment, making them valuable partners in supporting student success.

FSRI also offers comprehensive, individualized services that are thoughtfully tailored to meet the diverse needs of students and their families. From assessment and counseling to coordination of care, they provide a holistic approach that reflects a deep understanding of the unique challenges each client may face.

Above all, FSRI brings a genuine sense of care and compassion to their work. Their staff consistently build strong, trusting relationships with students, creating safe spaces where healing and growth can take place. Their commitment to the mental and emotional health of the children they support is both evident and deeply impactful.

It is with great confidence and appreciation that I recommend Family Services of Rhode Island for their exceptional mental health services. They are a vital resource to our community and a model of excellence in the field.

Sincerely,
Lorna Swearingen LICSW
School Social Worker

East Providence High School

2000 PAWTUCKET AVENUE
EAST PROVIDENCE, RI 02914

DR SANDRA FORAND
SUPERINTENDENT

WILLIAM F. BLACK
PRINCIPAL

ALEX BUTLER
ATHLETIC DIRECTOR



SHANE MESSIER
ASSISTANT PRINCIPAL

JILL USENIA
ASSISTANT PRINCIPAL

ROBERT HANLON
CTC DIRECTOR

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Telephone 401 435-7806 • TTY 800 745-5555 • Voice 800 745-6575

East Providence High School does not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status. Celeste Bowler, Title IX Coordinator, 1998 Pawtucket Ave, East Providence, RI 02914 401-383-2224

Dr. Edward A. Ricci Middle School

Responsible, Mindful, Safe



51 Intervale Avenue, North Providence, Rhode Island 02911 (401) 233-1170 ~ Fax (401) 232-5421

Kevin Lamoureux
Principal

Melissa Magiera
Assistant Principal

May 19, 2025

Dear Members of the House Finance Committee,

As an educator who works with children on a daily basis, I am writing to 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, working in the field, we are seeing the devastating consequences of a system that does not provide timely, community-based intervention.

MRSS is a rapid response and “just go” model—where crisis teams are deployed immediately upon a call—this has been a game-changer for our students and families. In behavioral health emergencies, every minute matters. Delays in care increase stress, 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 often feel safest.

Why Rapid Response Matters in a Crisis:

- When a student is having a crisis at school, it can quickly impact the environment around them and disrupt not only their educational experience, but the experience of other students around them.
- Responding quickly, at school, often means that we do not have to call police or the rescue, and the crisis can be resolved without involvement of outside systems.
- 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, and juvenile justice involvement.
- When students receive on-scene support immediately, they can often re-engage with their education a lot sooner than if the crisis had escalated into a hospitalization.

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. For us at a school, that means the MRSS team comes directly to the student.

The mission of the Dr. Edward A. Ricci Middle School is to create a safe, nurturing, and academically challenging community that addresses the unique emotional and social needs of its students while developing responsible, respectful, well-rounded individuals who use creative, critical thinking, and problem solving skills for lifelong success in today’s diverse society.

This is critical for several reasons:

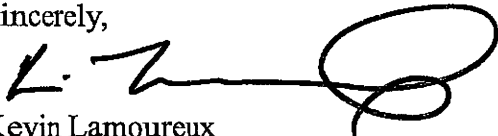
- Requiring families to navigate multiple layers of approval before receiving help leads to worsening symptoms and increased safety risks. The "just go" model ensures that a child in distress receives rapid, face-to-face intervention from trained professionals who can assess, de-escalate, and stabilize 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.

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,



Kevin Lamoureux

Principal

Ricci Middle School

401-233-1170

kevin.lamoureux@npsd.k12.ri.us



Old County Road School
200 Old County Road
Smithfield, RI 02917
401-231-6613
<http://oldcounty.smithfield-ps.org>

Dr. Amanda Confreda
Principal
aconfreda@smithfield-ps.org

May 6, 2025

To Whom It May Concern:

As a school social worker with the Smithfield Public Schools, I have had the opportunity to work with the Children's Mobile Crisis Program through Family Service of RI on multiple occasions over the last few years. This program has been a vital resource to our families when a child is in crisis. Not only does it feel much more supportive and comfortable for a child and family to be seen in a familiar environment, it also takes pressure off our hospital emergency departments which are often functioning beyond their capacity. As a school social worker, I have found this partnership to be incredibly helpful as we try to help stabilize challenging situations.

It has been my experience that the Children's Mobile Crisis team has been consistently responsive from first contact. From those screening the calls to the clinicians and case managers responding to the crisis, I have appreciated their professionalism and eagerness to collaborate. Additionally, I have been a witness to their engagement skills during some really difficult moments with families. They present with sincere compassion, empathy and an eagerness to assist without putting pressure on a parent.

The families that we have referred to the program seem to really appreciate the quick response time and the follow up after the initial meeting. Being able to utilize the support of the Children's Mobile Crisis Program during the thirty days following the first contact has been a tremendous help in navigating through a challenging mental health system.

I cannot say enough about how valuable this program is to the youth and families of Rhode Island. I am so appreciative to have this resource available to share with families during times of crisis and I wholeheartedly support and recommend their work in the community. I look forward to our continued collaboration.

Sincerely,

Michaella Costa, LICSW



Andree Heint, MD, FAAP
Kimberley Townsend, MD, FAAP
Robert T Griffith, Jr, MD, FAAP
William Turtle, MD, FAAP
Gregory Fox, MD, FAAP
Alexandra Labovitz, MD, FAAP

May 19, 2025

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.
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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,



Jessica Farrell, MD



Andree Heint, MD, FAAP
Kimberley Townsend, MD, FAAP
Robert T Griffith, Jr, MD, FAAP
William Turtle, MD, FAAP
Gregory Fox, MD, FAAP
Alexandra Labovitz, MD, FAAP

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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,



Alexandra E. Labovitz, M.D.