



May 20, 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 Chair Abney and Members of the House Finance Committee,

I am writing to you on behalf of the Rhode Island Council of Child and Adolescent Psychiatry, the state division of the American Academy of Child and Adolescent Psychiatry. RICCAP represents over 100 child and adolescent psychiatrists working and training in the state of Rhode Island. We see firsthand the growing crisis in pediatric behavioral health and treat children and adolescents in all existing levels of care, from outpatient clinics to inpatient units. Each day, children and adolescents in severe emotional distress come to us for help—many of whom do not need hospitalization, but rather immediate, community-based support. When there is a lack of alternative options, families often have no choice but to bring their child to the emergency room, even when it may not be the best setting for them.

The consequences of this are severe:

- Emergency rooms are overwhelmed with behavioral health cases, forcing long wait times for all patients, not only those presenting for treatment of psychiatric illness.
- Children in crisis often wait days or even weeks for appropriate placement, away from their families, friends, classmates and communities; this leads to further emotional distress and can, in and of itself, constitute trauma which will need treatment.
- Hospitals struggle with limited psychiatric beds, meaning that children who could have been stabilized at home end up boarding in the ER for prolonged periods, sometimes without receiving the care they truly need.

Fortunately, H5527 offers a proven solution through a statewide Mobile Response and Stabilization Services (MRSS) program. Tides Family Services and Family Service of Rhode Island have trained behavioral health professionals to respond directly to children in crisis—where they are, when they need it. Instead of coming to the emergency room, these children receive immediate de-escalation, crisis stabilization, and follow-up care in their home, school, or

community. This includes overnight, on weekends and holidays, when a child's regular treatment team might be hard to contact, ensuring continuous and reliable access to care.

Since October 2022, MRSS teams have served over 1,300 Rhode Island children and successfully diverted more than 90% from hospitalization. This has significantly reduced unnecessary ER visits, improved outcomes for families, and freed up hospital resources for those who truly need acute medical care.

We strongly urge the General Assembly to support H5527 to ensure that every Rhode Island child in crisis has access to the right care at the right time—before an emergency room visit becomes their only option.

Sincerely,

Daisy Bassen, MD DFAACAP  
President, Rhode Island Council of Child and Adolescent Psychiatry