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Dear Chairman Abney and members of the House Finance Committee,

My name is Dayna Gladstein, LICSW, and I am the President and CEO of Newport Mental Health. I am submitting written testimony in support of House Bill 8180 regarding children's Mobile Response and Stabilization Services (MRSS).

As you consider this legislation, I urge you to view the growing need for MRSS through the unique circumstances faced by children and families in Newport County.

While Newport is often perceived as a community of wealth and opportunity, the reality for many children and families is vastly different. Rhode Island KIDS COUNT 2026 data show that Newport now has the second highest child poverty rate in the state, just under Central Falls with nearly one in three children living in poverty.

We also continue to see increasing levels of chronic absenteeism, family instability, housing insecurity, and youth behavioral health needs, all demonstrated by the data in this report. These stressors do not occur in isolation; they directly affect a child's emotional wellbeing and long-term health outcomes. Families on Aquidneck Island can often experience additional barriers to care due to geography, transportation limitations, and workforce shortages.

At Newport Mental Health, we see firsthand how MRSS changes outcomes for children and families. As Newport County's Certified Community Behavioral Health Clinic (CCBHC), and one of the states MRSS providers, we are already building a more coordinated, community-based system that connects crisis response, outpatient treatment, family support, school partnerships, and care coordination.

In the past year alone, our MRSS teams conducted 119 emergency assessments for children under 18 years old. MRSS is a critical component of the behavioral health continuum of care. It allows us to intervene earlier, stabilize youth safely in the community, reduce unnecessary emergency department utilization and hospitalization, and connect families to ongoing support before crises escalate further. Across Rhode Island's CCBHC's, 80 percent of MRSS cases were successfully stabilized in the community and connected to ongoing behavioral health care.

When a child experiences a behavioral health crisis, time matters. Families need immediate support from clinicians who know the community, understand the local systems, and can respond quickly in the child's natural environment, whether at home, in school, or elsewhere in the community. Just as we expect an ambulance or fire response to be available locally, we must ensure the same level of rapid response exists for children experiencing mental health crises.

Importantly, the legislation before you not only strengthen access to care but also creates the sustainable funding structure necessary to preserve and expand these services statewide. By establishing MRSS as a statewide, 24/7 behavioral health crisis response system without prior authorization or insurance barriers, and by requiring braided funding across Medicaid, commercial insurance, and state general revenue, House Bill 8180 ensures that no child is turned away because of insurance status or ability to pay.



Rhode Island's General Assembly made an important commitment last year by requiring commercial insurance coverage for MRSS services. The legislation before you is the next critical step, ensuring the long-term stability and sustainability of this lifesaving program. All children, regardless of where they live or what insurance they have, deserve access to timely, high-quality behavioral health crisis care in their own communities.

For these reasons, I respectfully urge you to support House Bill 8180 and its companion legislation in the Senate, Senate Bill 3066.

Thank you for your consideration.

Respectfully submitted,

Dayna Gladstein

LICSW, President and CEO



Newport Mental Health