

ELIZABETH BURKE BRYANT, JD

Testimony in support of H-8180

House Finance Committee

May 14, 2026

Good evening, Chairman Abney and members of the House Finance Committee. My name is Elizabeth Burke Bryant, and I am a Professor of the Practice of Health Services, Policy and Practice at Brown University School of Public Health where I am based at the Hassenfeld Child Health Innovation Institute. I am providing this testimony in my individual capacity.

I am testifying in very strong support of H-8180, the Children's Mobile Response and Stabilization Services Act (MRSS), sponsored by Representative Casimiro and co-sponsored by Representatives Tanzi, Donovan, Spears, Potter, Alzate, Stewart, McGaw, and Shallcross Smith. It is a life-saving bill because it permanently puts in place a successful children's mobile crisis system that immediately responds to children and youth in crisis.

This important bill would establish Children's MRSS as the state's permanent, statewide, stand-alone 24/7/365 Children's MRSS program for children and youth under age 21. It is a critical part of the RI children's behavioral health system of care that is under the purview of the RI Department for Children, Youth and Families as the State's statutory authority for children's behavioral health. It is a resounding success story, with a 92% success rate, has kept over 3,000 children and youth out of the psychiatric hospital and it should, through passage of this bill, be constituted in law as the state's independent, stand-alone MRSS program.

The RI MRSS program is one of the bright spots in RI's children's behavioral health system. It is a national, evidence-based, best-practice model and should continue. This program is also highlighted in the federal Children's Behavioral Health Consent Decree as a critical, essential, preventative service that RI should continue to use to reduce the number of children and adolescents going to the psychiatric hospital.

This bill provides that MRSS shall remain a distinct, independent, statewide children's mobile crisis, response, and stabilization service with independent clinical decision-making authority. It further provides that MRSS shall be delivered by MRSS providers with demonstrated expertise in child and adolescent behavioral health and family systems.

This bill provides that the statewide MRSS program shall be funded through braided funding through the coordinated use of Medicaid funds, commercial insurance and state general revenue to finance services through a unified payment structure.

How the MRSS Program Operates:

The MRSS program serves children wherever a behavioral health crisis occurs, whether at home, in school or in another community setting. For example, every time a school principal calls the RI MRSS line operated by Tides Family Service and Family Service of Rhode Island (who have operated the RI MRSS program since the start) when a student is having a behavioral health crisis at school, a children's behavioral health team arrives at the school within an hour to stabilize the student, connect with their family, provide initial mental health services, and within 30 to 45 days the child is enrolled in behavioral health services in their community.

Before this program launched in fall 2022, school principals handling a student behavioral health crisis at school had two choices – either call 911 and have the student taken by ambulance to the psychiatric hospital or call the police and have the student taken to the police station, which involves them in the juvenile justice system.

RI Children's MRSS provides behavioral health care for children and youth that is responsive, effective, cost effective, and provides compassionate, intensive community care. Continuing this program as a statewide stand-alone program will significantly improve outcomes for young people facing mental health challenges and support their families during critical times while avoiding unnecessary, much higher cost hospitalizations and placements.

I strongly urge the House Finance Committee to pass H-8180 to put in law that the RI MRSS Program is designated as the state's stand-alone, statewide MRSS program with braided funding from Medicaid, commercial insurance, and \$900,000 in state general revenue for uninsured and underinsured children and youth (note – the Governor's proposed FY 2027 budget includes \$900,000 for this program). Passage of this bill will finally result in a solid, sustainable, equitable statewide Children's MRSS Program.

I have been testifying before you for many years, and I can say with certainty that passing this bill is one of the most important, long-lasting things you can do as policymakers to ensure that children and youth in crisis benefit from life-changing, life-saving care delivered to them within an hour wherever the behavioral health crisis has occurred.

I strongly and enthusiastically urge passage of H-8180. Thank you for the opportunity to testify and for all you do for Rhode Island's children and families.

Additional testimonials are below

Last year, the House received many letters in support of a similar bill. I would like to highlight a few of them.

The Chief of Police of Newport, Chief wrote, “I write in support of this bill which would establish a sustainable, statewide, children’s Mobile Response and Stabilization Services Program (MRSS). 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 justice system involvement for youth who would be better served by mental health professionals. Since implementation (of the program), Family Service of RI and Tides Family Services have successfully diverted over 90% of the children the program serves from hospitalizations and 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 make MRSS a permanent resource for RI families.”

City of East Providence Mayor Roberto DaSilva wrote, “As local leaders, we witness firsthand the strain placed on our emergency services and public safety resources when children experience behavioral health crises...The Family Service of RI and Tides Family Services MRSS program provides a much-needed alternative, offering timely, community-based interventions that prevent children from being unnecessarily shuffled into emergency rooms or law enforcement systems. By sending trained children’s behavioral health professionals directly to the location of the child in crisis, MRSS avoids costly emergency responses. 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. We urge the General Assembly to support the permanent establishment of children’s MRSS Services across the state.”

Courtney Milburn, School Based Mental Health Coordinator and School-based Mental Health Coordinator at Coventry Public Schools wrote, “As advocates for Rhode Island families, 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...Without permanent funding and statewide coordination, this essential service (MRSS) is at risk... We need to ensure that every RI child, no matter where they live or what insurance they have, can get immediate help when they need it... We urge you to support this bill to give RI families the right support at the right time – before a crisis turns into a tragedy.