

May 13, 2026

The Honorable Marvibn Abney  
House Committee on Finance  
82 Smith Street, Providence, RI 02903

### **SUPPORT H8180 - Children's Mobile Response and Stabilization Services**

Dear Chairman Abney and Members of the House Committee on Finance,

On behalf of the Community Provider Network of Rhode Island (CPNRI), I am writing in strong support of H 8180, which would establish a statewide Children's Mobile Response and Stabilization Services (MRSS) program. CPNRI represents 35 community-based provider agencies that serve Rhode Islanders with intellectual and developmental disabilities (I/DD) and their families. Many of the children and youth we support live with co-occurring developmental disabilities and mental health conditions, and they and their families have long needed a true community-based crisis response designed to meet them where they are.

H 8180 represents a critical step forward in building a comprehensive, community-based behavioral health crisis system for children and families. The braided funding model at the heart of this bill is essential to ensuring that MRSS is delivered based on clinical need rather than payer source. By coordinating multiple funding streams and eliminating prior authorization, cost-sharing, and other access barriers, the bill advances equitable access for all children regardless of insurance status, stabilizes provider revenue, and supports the role of experienced, community-based providers in delivering 24/7 crisis response.

CPNRI's central message to the Committee is this: as Rhode Island stands up a statewide MRSS system, it is imperative that MRSS be explicitly equipped to support children and youth with developmental disabilities, not only those whose presenting needs are framed as mental health concerns.

Children with autism, intellectual disability, and other developmental disabilities experience behavioral health crises at significantly higher rates than their peers, and they are disproportionately likely to end up in emergency departments, psychiatric hospitalizations, out-of-home placements, or law enforcement encounters when community-based crisis



response is unavailable or not designed with them in mind. Too often, families of children with I/DD are told their child is “not a fit” for community crisis services, or are routed to responders without the training, time, or sensory-aware, communication-accessible approach that a safe, effective de-escalation requires. H 8180’s family-defined crisis definition, and prohibition on prior authorization are exactly the kinds of structural protections that prevent these exclusions, but they will only deliver on that promise if the system is intentionally built to serve children with developmental disabilities from day one.

A children’s crisis system that is responsive to mental health needs but unprepared for developmental disabilities is not a statewide system, it is a system with a gap that families living with I/DD will fall through. H 8180 gives Rhode Island the opportunity to close that gap by embedding I/DD capacity into MRSS from the outset.

For these reasons, CPNRI respectfully urges the Committee to support H 8180 and to advance a funding and service delivery model that meets the needs of all of Rhode Island’s children and families, including those with developmental disabilities, today and into the future.

Thank you for your consideration and for your continued commitment to improving behavioral health services for children and youth in our state.

Sincerely,



**Grace Duffy | Policy and Outreach Manager**

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