

The Honorable Chairman Marvin Abney  
Honorable Members of the House Committee on Finance  
State House  
Providence, RI 02903

**RE: Support for H8180 – Children’s Mobile Response and Stabilization Services (MRSS)**

Chair Abney and Committee Members:

Thank you for the opportunity to provide testimony in **support of H8180** which establishes a statewide Mobile Response and Stabilization Services (MRSS) program for children and youth in Rhode Island.

RIPIN is a peer-led organization that is comprised of nearly 100 employees, many of which have loved ones with special healthcare needs. Our staff serve families who face challenges every day to ensure that their children are safe and healthy. Mobile response and stabilization services are a lifeline for children and families during moments of acute mental health distress. These services provide rapid response, assessment, and early intervention for children and youth experiencing severe behavioral health challenges, such as aggression, self-injury, trauma, severe depression, anxiety, suicidal or homicidal thoughts, and extreme parent-child conflict.

This legislation represents a critical step forward in building a comprehensive, community-based behavioral health crisis system for children and families. At its core, H8180 advances a braided funding model that strategically aligns Medicaid, commercial insurance, and state general revenue into a unified financing structure. This approach is essential to ensure that MRSS services are delivered based on clinical need rather than payer source, eliminating fragmentation that too often delays care or limits access. By coordinating multiple funding streams, the model promotes equitable access for all children—regardless of insurance status—while strengthening continuity of care and supporting the role of experienced, community-based providers.

The importance of this approach cannot be overstated. Children’s behavioral health crisis services are inherently unpredictable, resource-intensive, and must be available 24/7 without barriers, including prior authorization or cost-sharing. A braided funding structure allows the state to maximize federal financial participation, stabilize provider revenue, and ensure that uninsured and underinsured youth are not excluded from care. Without this model, Rhode Island risks continued system fragmentation, chronic underfunding, and provider instability—conditions that ultimately lead to increased emergency department utilization, unnecessary hospitalizations, and poorer outcomes for children and families.

H8180 also aligns Rhode Island with national best practices by supporting a “no wrong door” response system, where families can access timely, appropriate care in their homes and communities. By investing in a sustainable financing structure, the state can ensure that MRSS remains a reliable front door to the children’s behavioral health system, reducing reliance on higher-cost, institutional levels of care and improving long-term outcomes.



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.

When a child is in crisis, families are often left with nowhere to turn. Many parents are told to call 911, leading to traumatic experiences for their child, fear and distress for their family, and unnecessary strain on emergency responders. We hear time and time again from parents that they need someone to help them in the moment—in their home, school, or community—not hours or days later.

For these reasons, I respectfully urge the Committee to support H8180 and advance a funding and service delivery model that meets the needs of Rhode Island’s children and families 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,

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