



April 28, 2026

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)**

Good Afternoon Chairman 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. As the former National Director of the National Institute on Drug Abuse’s Clinical Research to Practice Initiative, the importance of implementing a research-based and evidence-informed crisis intervention model designed to address the immediate behavioral health needs of children, youth, and families cannot be overstated.

The State of Rhode Island is at a critical juncture as evidenced by numerous documents, reports, and established commissions recommending an all-inclusive approach to the care of children, youth and families, across the system of care. To truly redesign children’s behavioral health, the current structure of service delivery as well as its financial sustainability needs to be addressed. This legislation represents an effort to do just that. 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 ensuring that MRSS services are delivered based on clinical need rather than payer source, eliminating fragmentation that too often delays care or limits access.

As we know, 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 approach, Rhode Island risks continued system fragmentation, chronic underfunding, and provider instability all contributing 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.

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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