

May 14, 2026

The Honorable Marvin Abney, Chair
House Committee on Finance
Rhode Island State House
Providence, RI 02903

Re: Support for H8180 – Children’s Mobile Response and Stabilization Services Act

Dear Chairman Abney and Members of the House Finance Committee:

On behalf of the 44 member organizations of the Rhode Island Coalition for Children and Families (RICCF), I write in strong support of H8180, legislation establishing a statewide Children’s Mobile Response and Stabilization Services (MRSS) system in Rhode Island.

RICCF represents community-based organizations across the state that provide behavioral health treatment, crisis services, child welfare programs, residential care, foster care supports, and family stabilization services for children and youth. Our members work every day with children and families experiencing behavioral health crises and understand firsthand the urgent need for a comprehensive, accessible, and sustainable mobile crisis response system for youth.

Children and adolescents experiencing behavioral health crises require immediate, trauma-informed interventions delivered in the least restrictive setting whenever possible. Too often, families facing a behavioral health crisis have limited options beyond unnecessary inpatient placements and emergency services including hospitalization or law enforcement involvement. These outcomes can further traumatize children and place additional strain on families and public systems.

H8180 appropriately recognizes Mobile Response and Stabilization Services as a national best practice and an essential component of a modern children’s behavioral health system. The legislation establishes a clear statewide framework for delivering rapid crisis response and short-term stabilization services in children’s natural environments while emphasizing family engagement, coordination of care, and continuity of services.

RICCF strongly supports several key provisions of the legislation, including:

- Establishing MRSS as a distinct statewide children’s behavioral health service;
- Ensuring statewide 24/7 access regardless of insurance status;
- Prohibiting barriers such as prior authorization or utilization controls that delay crisis response;
- Requiring child- and family-centered, trauma-informed service delivery;
- Recognizing the importance of experienced community-based children’s providers;
- Establishing a braided funding model utilizing Medicaid, commercial insurance, and state general revenue; and

- Aligning Rhode Island’s crisis response infrastructure with the Children’s Behavioral Health Consent Decree.

The legislation understands that children’s behavioral health crisis services require specialized expertise in child development, trauma, family systems, and coordination with schools and child-serving agencies. Children in crisis are not best served through systems designed primarily around adult behavioral health care.

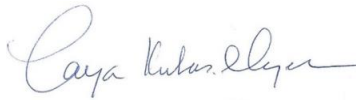
Most importantly, the bill identifies sustainable financing. A statewide MRSS system cannot function successfully without reliable reimbursement structures that reflect the true cost of delivering 24-hour mobile crisis response and stabilization services.

As Rhode Island continues implementing reforms required under the federal consent decree, establishing a strong statutory framework for MRSS is both timely and necessary. H8180 moves Rhode Island toward a more coordinated, prevention-oriented, and family-centered behavioral health system that can reduce unnecessary hospitalization, emergency department utilization, and deeper system involvement for children and youth.

For these reasons, the Rhode Island Coalition for Children and Families respectfully urges the Committee to support H8180.

Thank you for your consideration and for your continued commitment to Rhode Island’s children and families.

Sincerely,



Tanja Kubas Meyer
Executive Director
RI Coalition for Children and Families