



3/12/2026

The Honorable Susan R. Donovan  
Chair, House Committee on Health and Human Services  
State of Rhode Island General Assembly  
82 Smith Street  
Providence, RI 02903

Re: Support for H7630

Chair Donovan and Members of the Committee,

I am writing in strong support of H7630, which would require that reimbursement rates for certified mobile response and stabilization services be equal to or greater than the prevailing integrated state Medicaid rate for mobile response and stabilizations services as established by the RI Executive Office of Health and Human Services (EOHHS). This bill would ensure that all children and youth continue to have access to mobile response and stabilizations services, a proven model for diverting children and youth from emergency departments, law enforcement involvement, and/or psychiatric hospitalization. Recognizing that H7939, sponsored by Representative Donovan, is a very similar bill to this one, FSRI would suggest that we and other stakeholders work with the sponsors to make one streamlined bill.

FSRI is a behavioral health and social service organization with the mission “to advance hope and opportunity in our communities.” We have been serving Rhode Island children, families and communities for over a century, including programming to support healthy child development, to provide essential behavioral health services, and to coordinate crisis intervention programs that help children and families thrive. FSRI is a state Certified Community Behavioral Health Clinic (CCBHC) and an EOHHS certified provider of children’s mobile response and stabilization services (MRSS). FSRI has been providing MRSS in Rhode Island since November 2022.

MRSS is an evidence-based crisis intervention model of care that is considered best practice in our field in responding to children and youth who are experiencing a behavioral health crisis. We offer face-to-face crisis assessments in the home, community, school, or wherever the family is comfortable, 24/7/365. The MRSS model is designed to deploy both a clinician as well as a case manager or peer specialist in an effort to ensure the child and family receive as much support as possible during and after the crisis. What is unique about the MRSS model is that in addition to the crisis assessment, all children and families who access our program are offered up to 30 days of follow-up clinical services. These follow-up services act as a bridge for the youth until they can be enrolled in an appropriate clinical service.

Ultimately, strengthening and sustaining MRSS is a sound and necessary investment- one that prevents crises, keeps families stable, and reduces far more costly downstream interventions. To



ensure this system remains viable, commercial insurance rates must be set no lower than the Medicaid rate, and the bill should be amended so that MRSS is treated as an urgent service exempt from deductibles that families simply cannot afford. As the Medicaid rate is finalized, it is essential that it fully reflects the true cost of delivering MRSS so that providers can continue meeting community needs without risking system collapse. With these adjustments, we can protect a service that saves money, saves resources, and, most importantly, supports children and families when they need it most.

Sincerely,

A handwritten signature in black ink, appearing to read 'Margaret Holland McDuff', written over a white background.

Margaret Holland McDuff  
CEO