

March 23, 2026

The Honorable Chairwoman Murray
Honorable Members of the Senate Health and Human Services Committee
Senate Lounge
State House
Providence, RI 02903

RE: Support for S3065 and S3066 – Children’s Mobile Response and Stabilization Services (MRSS)

Good afternoon Chairwoman Murray and members of the Committee:
Thank you for the opportunity to provide testimony in support of S3065 and S3066, which establishes a statewide Mobile Response and Stabilization Services (MRSS) program for children and youth in Rhode Island.

This legislation represents a critical step forward in building a comprehensive, community-based behavioral health crisis system for children and families. At its core, S3066 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. 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.

S3066 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 S3066 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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