



March 24, 2026

Chairwoman Mellissa Murray
Senate Committee on Health and Human Services

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

Chairwoman Murray and members of the Committee:

One of the most critical enhancements our state has made in years to advance the children’s behavioral health system has been the development of mobile, crisis and rapid response to children and families experiencing a behavioral health incident or crisis. This need has been met with the advent of a statewide Mobile Response and Stabilization Services (MRSS) program for children and youth in Rhode Island. This service brings trained professionals to the family, in their home at a time of urgent need or crisis—preventing the need to go to a hospital or treatment facility.

This legislation is critical to building a comprehensive, community-based behavioral health crisis system for children and families.

S3066 helps create a braided funding mechanism that strategically aligns Medicaid, commercial insurance, and state general revenue into a single unified financing structure. **This mechanism is essential, so MRSS services are delivered based on clinical need rather than payer source. It prevents the fragmentation that all too often creates delay or gaps in care and support to families in immediate crisis.** By coordinating multiple funding streams, this legislation will promote equitable access for all children—regardless of insurance status—while strengthening continuity of care and enhancing our community-based system of supports.

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 authorizations or cost-sharing bureaucracies. This mechanism maximizes federal financial participation, provides a stable funding base to community providers of the service, and, most importantly, ensures that no youth, including uninsured and underinsured youth are 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. This bill, and this Committee now have the opportunity to make a systemic improvement that will bring life changing benefits to families in immediate need and crisis.

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.

I respectfully urge the Committee to support S3066 and act favorably upon the bill. Our children’s behavioral health system needs this vital component as do many vulnerable families in our community.

Thank you,

Craig D Gordon

Craig Gordon
President and CEO