

ELIZABETH BURKE BRYANT, JD

Testimony in support of S-3066

Senate Health and Human Services Committee

March 24, 2026

Good evening, Chairwoman Murray and members of the Senate Health and Human Services Committee. **My name is Elizabeth Burke Bryant, and I am a Professor of the Practice of Health Services, Policy and Practice at Brown University School of Public Health where I am based at the Hassenfeld Child Health Innovation Institute.** I am providing this testimony in my individual capacity.

I am testifying in strong support of S-3066, the Children's Mobile Response and Stabilization Services Act (MRSS), sponsored by Senate President Valerie Lawson, and co-sponsored by Senator Senators Murray, Ciccone, Tikoian, and LaMountain. It is a life-saving bill because it permanently puts in place a successful children's mobile crisis system that responds to children and youth in crisis.

This important bill would establish Children's MRSS as the state's permanent, statewide, stand-alone 24/7/365 Children's MRSS program for children and youth under age 21. It is a critical part of the RI children's behavioral health system of care that is under the purview of the RI Department for Children, Youth and Families as the State's statutory authority for children's behavioral health. It is a resounding success story, with a 92% success rate, has kept over 2,000 children and youth out of the psychiatric hospital and it should, through passage of this bill, be constituted in law as the state's independent, stand-alone MRSS program.

A key provision of this bill is that it provides that while designated children's MRSS providers shall coordinate with CCBHC's and other behavioral health providers for purposes of referral, information-sharing, care transitions, coordination shall not require MRSS to be operated by, embedded within, subcontracted to, or financially dependent upon a CCBHC in order to operate, nor shall it limit DCYF's authority to certify or contract directly with community-based, designated MRSS providers.

This bill provides that MRSS shall remain a distinct, independent, statewide children's mobile crisis, response, and stabilization service with independent clinical decision-making authority. It further provides that MRSS shall be delivered by MRSS providers with demonstrated expertise in child and adolescent behavioral health and family systems.

DCYF recently set forth emergency regulations related to MRSS licensing requirements that would require MRSS providers to operate through individual CCBHC's. In a state Rhode Island's size, it would be a major setback if MRSS were required to go from its current, nimble, statewide approach to being divided into 7 or 8 CCBHC geographic

areas. The current MRSS program is one of the bright spots in RI's children's behavioral health system. It is a national, evidence-based, best-practice model and should continue.

The RI federal Consent Decree specifically points to children's MRSS as a vital service that has resulted in keeping children and youth out of the hospital and should continue as a critical part of the RI system of care.

This bill provides that the statewide MRSS program shall be funded through a braided funding through the coordinated use of Medicaid funds, commercial insurance and state general revenue to finance services through a unified payment structure.

How the Program Operates

The MRSS program serves children wherever a behavioral health crisis occurs, whether at home, in school or in another community setting. For example, every time a school principal calls the RI MRSS line operated by Tides Family Service and Family Service of Rhode Island (who have operated the RI MRSS program since the start) when a student is having a behavioral health crisis at school, a children's behavioral health team arrives at the school within an hour to stabilize the student, connect with their family, provide initial mental health services, and within 30 to 45 days the child is enrolled in behavioral health services in their community.

Before this program launched in fall 2022, school principals handling a student behavioral health crisis at school had two choices – either call 911 and have the student taken to the psychiatric hospital or call the police and have the student taken to the police station. This program works and should continue.

RI Children's MRSS provides behavioral health care for children and youth that is responsive, effective, and provides compassionate, intensive community care. Continuing this program as a statewide stand-alone program is cost effective and will significantly improve outcomes for young people facing mental health challenges and support their families during critical times while avoiding unnecessary hospitalizations and placements.

I strongly urge the Senate Health and Human Services committee to pass S-3066 to put in law that the RI MRSS Program is designated as the state's stand-alone, statewide MRSS program with the braided funding from Medicaid, commercial insurance, and \$900,000 in state general revenue that it needs to successfully operate. Passage of this bill will finally result in a solid, sustainable, equitable statewide Children's MRSS Program.

Thank you to Senate President Lawson and the co-sponsors for providing outstanding leadership to ensure that one of our state's most successful children's behavioral health programs – MRSS – that saves lives and provides child-trained mobile response, stabilization, and connection to families and tailored services - continues its positive track record and saves the state significant money in the short and long run by preventing the escalation of behavioral health episodes.

Additional testimonials are below

Last year, the Senate received many letters in support of a similar bill. I would like to highlight a few of them.

The Chief of Police of Newport, Chief wrote, “I write in support of this bill which would establish a sustainable, statewide, children’s Mobile Response and Stabilization Services Program (MRSS). When emergency personnel are dispatched to a child in crisis, the presence of uniformed officers and emergency vehicles can escalate fear and distress- both for the child and their family... This can lead to increased justice system involvement for youth who would be better served by mental health professionals. Since implementation (of the program), Family Service of RI and Tides Family Services have successfully diverted over 90% of the children the program serves from hospitalizations and other high-intensity interventions, This means fewer 911 calls, fewer police-involved incidents, and a more appropriate crisis response for youth in need. MRSS allows law enforcement to focus on public safety, while ensuring children receive the right care at the right time. We urge you to make MRSS a permanent resource for RI families.”

City of East Providence Mayor Roberto DaSilva wrote, “As local leaders, we witness firsthand the strain placed on our emergency services and public safety resources when children experience behavioral health crises...The Family Service of RI and Tides Family Services MRSS program provides a much-needed alternative, offering timely, community-based interventions that prevent children from being unnecessarily shuffled into emergency rooms or law enforcement systems. By sending trained children’s behavioral health professionals directly to the location of the child in crisis, MRSS avoids costly emergency responses. The cost savings realized from reduced emergency room visits, avoided hospitalizations, and minimized law enforcement involvement would allow cities and towns to better allocate resources to other urgent needs. We urge the General Assembly to support the permanent establishment of children’s MRSS Services across the state.”

Courtney Milburn, School Based Mental Health Coordinator and School-based Mental Health Coordinator at Coventry Public Schools wrote, “As advocates for Rhode Island families, we know firsthand the urgent need for immediate, community-based crisis support to help children and caregivers navigate behavioral health challenges – without unnecessary emergency room visits or law enforcement involvement...Without permanent funding and statewide coordination, this essential service (MRSS) is at risk... We need to ensure that every RI child, no matter where they live or what insurance they have, can get immediate help when they need it... We urge you to support this bill to give RI families the right support at the right time – before a crisis turns into a tragedy.”