



*Together for Children. Families. Communities.*

March 24, 2026

**The Honorable Melissa Murray, Chairwoman**

Senate Committee on Health and Human Services  
Rhode Island Senate  
82 Smith Street  
Providence, RI 02903

**Re: S3066 – Relating to State Affairs and Government- Mobile Response and Stabilization Services (MRSS)**

Dear Chairwoman Murray, Vice Chair Lauria, Secretary Urso and members of the Senate Health and Human Services Committee

On behalf of the Rhode Island Coalition for Children and Families (RICCF), I write to express our strong support for S3066, legislation that establishes a statewide Mobile Response and Stabilization Services (MRSS) for children and youth experiencing acute behavioral health crises.

RICCF members are community-based organizations that provide critical services to children, youth, and families, including behavioral health care, child welfare, shelter and housing, and family supports. Our members work on the front lines with families facing complex challenges, and we have seen the essential role MRSS plays in stabilizing children during moments of crisis.

S3066 strengthens Rhode Island’s existing MRSS framework by ensuring that the program is a statewide standalone program, funded through a coordinated Medicaid and state funding model. This provision is critical to ensuring consistency, fairness, and long-term sustainability across the system. We thank Senate President Lawson, and Senators Murray, Ciccone, Tikoian, and LaMountain for their sponsorship.

MRSS is a cornerstone of the children’s behavioral health system envisioned by the Department of Justice Decree for DCYF and the state. These services provide immediate, community-based crisis intervention, allowing trained clinicians to respond directly to homes, schools, and other settings where a child is experiencing a behavioral health emergency. This model helps de-escalate crises, stabilize youth, and connect families to ongoing care- while avoiding unnecessary emergency department visits, hospitalizations, and law enforcement involvement.

The evidence is clear- MRSS works. 92% of children are diverted from hospitalization and by intervening early and effectively, MRSS improves outcomes for children and families while also generating significant cost savings for both Medicaid and commercial insurers by reducing reliance on more expensive levels of care.

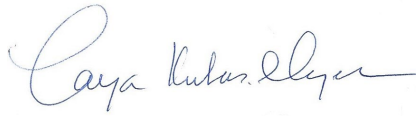
Creating a standalone program provides the opportunity for a small group of highly expert providers to achieve fidelity to the model and consistency across the state. The state’s initial methodology of intertwining MRSS with the Certified Community Behavioral Health Clinics simply caused confusion and conflated MRSS with Emergency Services which are not the same program. It is critical to guarantee that any youth, regardless of ability to pay or home address, be able to be served immediately. The best way

to guarantee this is to have a standalone MRSS program with sufficient funding from Medicaid and non-Medicaid sources. S3066 will stabilize Rhode Island's MRSS infrastructure and protect access to timely, community-based behavioral health care.

RICCF respectfully urges the committee to strongly support S3066.

Thank you for your leadership and your continued commitment to the well-being of Rhode Island's children and families.

Sincerely,

A handwritten signature in cursive script, reading "Tanja Kubas Meyer". The signature is written in black ink on a white background.

Tanja Kubas Meyer  
Executive Director  
Rhode Island Coalition for Children and Families