



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– Mobile Response and Stabilization Services (MRSS) for Children and Youth**

Dear Chair Murray and Members of the Senate Health and Human Services Committee,

I am writing to you on behalf of the Rhode Island Council of Child and Adolescent Psychiatry, the state division of the American Academy of Child and Adolescent Psychiatry. RICCAP represents over 100 child and adolescent psychiatrists working and training in the state of Rhode Island. We see firsthand the growing crisis in pediatric behavioral health and treat children and adolescents in all existing levels of care, from outpatient clinics to inpatient units. Each day, children and adolescents in severe emotional distress come to us for help—many of whom do not need hospitalization, but rather immediate, community-based support. When there is a lack of alternative options, families often have no choice but to bring their child to the emergency room, even when it may not be the best setting for them.

The consequences of this are severe:

- Emergency rooms are overwhelmed with behavioral health cases, forcing long wait times for all patients, not only those presenting for treatment of psychiatric illness.
- Children in crisis often wait days or even weeks for appropriate placement, away from their families, friends, classmates and communities; this leads to further emotional distress and can, in and of itself, constitute trauma which will need treatment.
- Hospitals struggle with limited psychiatric beds, meaning that children who could have been stabilized at home end up boarding in the ER for prolonged periods,

sometimes without receiving the care they truly need.


Fortunately, S3065 and S3066 offers a proven solution through a statewide Mobile Response and Stabilization Services (MRSS) program, which ensure that trained behavioral health professionals are available to respond directly to children in crisis—where they are, when they need it. Instead of coming to the emergency room, these children receive immediate de-escalation, crisis stabilization, and follow-up care in their home, school, or community. This includes overnight, on weekends and holidays, when a child’s regular treatment team might be hard to contact, ensuring continuous and reliable access to care.

Since October 2022, MRSS teams have served over 1,300 Rhode Island children and successfully diverted more than 90% from hospitalization. This has significantly reduced unnecessary ER visits, improved outcomes for families, and freed up hospital resources for those who truly need acute medical care.

S3066 is critical because it establishes MRSS as a statewide, accessible service for all children and youth, regardless of insurance status, and supports a coordinated funding structure that allows care to be delivered based on clinical need. Without this type of braided funding model, access to care remains inconsistent and fragmented—leaving some families without timely support. S3065 ensures that providers delivering MRSS are reimbursed at rates that reflect the intensity and availability required for this level of care. As physicians, we rely on having a stable and responsive behavioral health system to refer families to. Without adequate reimbursement and sustainable funding, these services cannot be maintained, and families will continue to face gaps in care.

We strongly urge the Senate Health and Human Service Committee to support S3065 and S3066 to ensure that every Rhode Island child in crisis has access to the right care at the right time—before an emergency room visit becomes their only option.

Sincerely,



Daisy Bassen, MD DFAACAP

President, Rhode Island Council of Child and Adolescent Psychiatry