



TIDES FAMILY SERVICES

WE NEVER GIVE UP ON A KID... NEVER!

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March 19, 2024

The Honorable Susan Donovan, Chairwoman

The Honorable Members of the House Health & Human Services Committee

Room 101

State House

Providence, RI 02903

Re: H7874 - SUPPORT

Chairwoman Donovan and Members of the Committee:

I am writing to you today on behalf of Tides Family Services in support of **House Bill No. 7874 An Act Relating to Insurance- Accident and Sickness Insurance Policies** which addresses a pressing need within our community and represents a significant step forward in ensuring the well-being of our children and families.

As we navigate the complexities of mental health care, particularly in times of crisis, it has become increasingly evident that traditional emergency response mechanisms are often ill-equipped to meet the unique needs of children and adolescents. All too often, families are left grappling with limited options, unsure of where to turn for support when their child is experiencing a mental health emergency.

The implementation of children's mobile response and stabilization services ("MRSS") in Rhode Island represents a proactive and innovative, nationally recognized approach to addressing this critical gap in care. SAMHSA recognizes MRSS as a "best practice". By deploying child specific trained mental health professionals directly to the location of a crisis coupled with 30 days of stabilization services, these services offer immediate support and intervention tailored to the unique needs of children and families.

Tides Family Services launched MRSS as a pilot program in 2020 and was able to significantly expand the model under the EOHHS Children's Behavioral Health System of Care Grant in November 2022. Through the System of Care Grant, **Tides Family Services and Family Service of Rhode Island have provided MRSS to 700 youth with a 92% success rate.** This child specific program consistently demonstrates the effectiveness of mobile response and stabilization services in de-escalating crises, providing timely intervention, and reducing the need for costly emergency



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department visits. By diverting children away from emergency rooms and towards more appropriate mental health services, we can not only improve outcomes for children and families, but we can do so in a more cost-effective manner. MRSS, when implemented with fidelity, will demonstrate a return on investment. Examples from other states include:

- Connecticut: Over the course of four years in CT (FY 2016-2019), 2,212 children served by MRSS were diverted from inpatient hospitalizations -61% (1,359) of those children were Medicaid enrolled. The averted costs for Medicaid only children on just this one data point were \$15,720,154.
- New Jersey: Over \$68 million return on investment was reinvested into services for young people and their families and 98% of young people who received a mobile response remained in their home.
- Oklahoma: 2023 data shows that 83% of children, youth, and young adults receiving MRSS were diverted from a change in living environment.

The impending termination of System of Care Grant funding for the MRSS pilot program in September 2024 threatens the sustainability of this critical program going forward. Rhode Island cannot afford to relegate the youth not covered by Medicaid to the uncertainty of grants for this critical service. Just as we cover the costs of physical injuries, we must ensure that crisis services are integral to the continuum of care and covered by all insurance carriers.

Youth who are enrolled in Medicaid will have access to this lifeline once CCBHC is commenced. According to RI Kids Count data, 49% of RI's children under the age of 19 were covered by private health insurance, most of which was obtained through their parent's employers. By requiring commercial insurance providers to fund children's mobile response and stabilization services as a bundled service with a rate that is at least equal to Medicaid, we can ensure that all families, regardless of what health plan they are covered by, have access to the care and support they need during times of crisis. This legislation not only promotes equity in access to mental health services but also aligns with the broader goal of fostering healthier, more resilient communities.

Tides Family Services respectfully request a suggested amendment to Section 1 Line 5, Section 2 Line 2, Section 3 Line 18 and Section 4 Line 34 of the bill changing the word "individual" to "children". This minor amendment to the language removes any doubt about the application of this law to the population of children.



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We must take concrete steps to ensure the sustainability and accessibility of this vital resource for all of Rhode Island's youth. Thank you for your attention to this critical issue.

Sincerely,

Beth A. Bixby, LICSW

Beth A. Bixby, MSW, LICSW Chief Executive Officer
Tides Family Services