



TIDES FAMILY SERVICES

"WE NEVER GIVE UP ON A KID... NEVER!"
-Brother Michael Reis

215 Washington St.
West Warwick Rhode
Island, 02893

Main Office - 401-822-1360

Fax - 401-823-4694

Tidesfs.org

To: Members of the House Health & Human Services Committee & House Leadership

From: Jenna Chaplin, LICSW
Assistant Vice President of Treatment Programs
Tides Family Services

Date: March 19, 2024

Re: Support for H7874

I respectfully submit the following written testimony supporting H7874 which requires private insurers to cover the costs of youth mobile crisis response and stabilization services.

I have been part of Tides Family Services for the past 13 years. A large part of my role at Tides has been to implement children's Mobile Response and Stabilization Services (MRSS) throughout the state of RI. This program started in September 2020 and has supported over 700 youth with crisis stabilization services. Eighty-six percent of Tides MRSS youth avoided hospitalization and closed while living at home. The youth accessing MRSS are experiencing suicidal ideation and aggressive behaviors as the primary reasons for needing services. Youth as young as 5 years old have been referred to our program. The average age of youth served is just 12 years old.

Our program has been funded through grants since implementation. This has allowed any youth the opportunity to access our services, regardless of insurance. Tides MRSS staff utilize a "just go" model. This means that MRSS staff are focused on stabilizing the crisis at hand and not on collecting insurance information to see if they are eligible. The team's priority is to support youth in need and prevent more costly out of home placements or hospitalizations.

Over 100 youth, (approximately 32%) served over the past year in MRSS have private insurance. We often find that youth with private insurance either have lower levels of care that do not meet their needs, or they don't have mental health services at all. They may also be on long waitlists, putting them at risk of hospitalization. They end up in crisis at home, school, or in the community which leads to a MRSS referral.

The rapid response provided within the MRSS model is one that is not seen in other programs. This unique model allows youth to access services within 1 hour. The length of the program is set at a maximum of 30 days. Services within that 30 days include multiple weekly visits from a clinician, behavioral assistant, and Peer Support to help not only the referred youth but the family as a whole.

As the state moves to a CCBHC model of care, the youth with private insurance are at risk of not being able to access MRSS. Grant funding is not sustainable long-term. Tides Family Services is also faced with the challenge of taking on youth with private insurance without getting payment for services received.

It is imperative that private insurers cover the cost of youth mobile crisis response and stabilization services as this program provides a model not seen with other home-based services. Youth in crisis need immediate access to support without insurance barriers.

Respectfully Submitted,

Jenna Chaplin, LICSW

Assistant Vice President of Treatment Programs

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