TIDES FAMILY SERVICES
WE NEVER GIVE UP ON A KID... NEVER!

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April 10, 2025

The Honorable Chairwoman Representative Susan Donovan
Honorable Members of the House Committee on Health and Human Services
Room 135
State House
Providence, RI 02903

RE: In support of H6118

Dear Chairwoman Donovan and Members of the Committee,

I come to you not just as a nonprofit leader, but as someone who has witnessed firsthand the trauma, delays, and systemic gaps families experience when help doesn't arrive—or arrives too late. As the CEO of a statewide community-based agency and a licensed clinician, I've walked alongside families in their darkest moments—on living room floors, in crowded ERs, and in the backseats of police cruisers—trying to hold things together until help came. Sometimes it never did. Other times, it came too late.

That's why I'm urging you to pass **H6118**, which would require commercial insurance coverage for Mobile Response and Stabilization Services (MRSS). This isn't just about insurance parity—it's about survival. It's a lifeline for children in crisis, and a cost-effective, trauma-informed, and forward-thinking strategy Rhode Island must adopt.

Mobile Response and Stabilization Services deliver immediate, on-site intervention for children and youth in behavioral health crisis—whether that's suicidal ideation, family conflict, self-injury, or acute trauma. Since launching the MRSS pilot in October 2022 with Family Service of Rhode Island, we've served over **1,300 children**—with over **90% diverted from psychiatric hospitalization**. Through the pilot, we estimate **$2.2 million in cost avoidance**, largely by preventing ER visits and inpatient stays. That doesn't even account for long-term savings—preventing school dropout, juvenile justice involvement, or child welfare placements.

These aren't just numbers. They represent real children who stayed in school, avoided handcuffs or unnecessary ER restraints, and remained safely in their homes. Families who were spared months-long residential placements or costly hospitalizations because someone showed up—quickly—with compassion and clinical expertise.

- A 13-year-old girl, spiraling after disclosing a history of sexual assault—MRSS arrived in 45 minutes and prevented an unnecessary hospital admission.

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- A foster mom told us: "I've called every number before. But your team was the first one that showed up. You saved my placement, and honestly, maybe my foster daughter's life."
- Years ago, before MRSS existed, I responded to a call in Warwick. A 10-year-old boy was threatening to jump from a second-story window. Four police officers were trying to calm him down while his mother sobbed downstairs. That night ended without tragedy—but only because we patched together support in a system not built for children in crisis. It shouldn't take luck, connections, or a badge to get help.

Today, **35% of the youth we serve have commercial insurance**, and too often, that coverage is a barrier to care due to:

- Pre-authorization delays
- Billing code misalignment
- Lack of defined MRSS coverage

One parent said:

"My child was suicidal, and my insurer said they didn't cover that service. What are we supposed to do—wait until she tries again?"

This is not just unjust—it's dangerous.

The Fiscal Case for MRSS

MRSS is both the clinically appropriate and fiscally responsible front line of care:

Service	Cost per day	Length of stay	Total Cost
MRSS	$135	35 days	$4,725
Congregate Care	$750-$1200	6 months	$135,000 to $216,000
ER Visit	$1700 per assessment	varies	Not a treatment Solution

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Psychiatric Hospitalization	$2500 (does not include additional consults)	2 weeks to one month (varies)	$35,000-$75000

Note: These are estimated lengths of stays and costs

MRSS = A Public Utility

MRSS operates on a **"just go" model**—payer-blind in design and urgent in execution. But maintaining that model means ensuring universal commercial coverage—just as we do for fire, EMS, and police.

When families call for help, they should never wonder: Will someone come? Or worse—Can I afford it?

Other States Are Leading

Rhode Island is not alone in facing a children's behavioral health crisis—but we are at risk of falling behind:

- **Massachusetts** passed S3097 requiring commercial coverage for community-based crisis services.
- **New York** mandates mobile crisis reimbursement across commercial plans.
- **Virginia** created a legislative workgroup to fully integrate mobile crisis services across all payers.
- **Connecticut, New Jersey, Washington, and Illinois** have all invested in statewide MRSS as a public health mandate—not just a Medicaid service.

Rhode Island must follow suit.

And yet, Rhode Island is the only state where the Certified Community Behavioral Health Clinic (CCBHC) model is currently implemented exclusively as a Medicaid benefit—with no requirement for commercial plans to reimburse these essential services.

This leaves a significant portion of families—those with commercial insurance—without access to the same crisis interventions, and directly undermines the equity this system is intended to provide.

Equity and Access for Underserved Areas

This is especially true in underserved regions like Washington County, where more constituents carry commercial insurance. These families are already long waitlists and

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travel burdens for care. The lack of commercial coverage for MRSS further exacerbates these access issues and leaves vulnerable children at risk.

For the last several years we have been in the middle of a behavioral health emergency. Emergency rooms are overflowing. Community providers are under-resourced. Families are calling 911 for mental health.

But the solution is here. It's tested. It's working. H6118 isn't about building a new program. It's about removing the barriers that prevent existing services from working equitably. It ensures that when a child is in crisis, help will come—no matter their zip code or insurance status.

We would never deny ambulance service to a child in physical distress because of insurance. We shouldn't deny crisis mental health care either.

Thank you for your time and for your commitment to Rhode Island's children.

Respectfully submitted,

Beth A. Bixby, LICSW

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Chief Executive Officer