

RHODE ISLAND KIDS COUNT

ONE UNION STATION
PROVIDENCE, RHODE ISLAND 02903
401/351-9400 • 401/351-1758 (FAX)

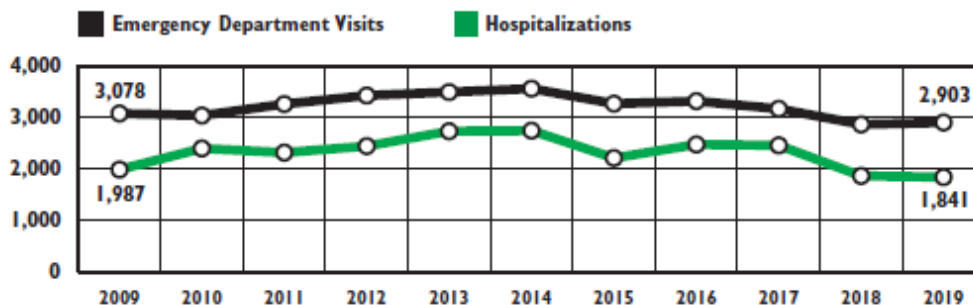
Testimony Re: State of the Behavioral Health System of Care House Oversight Committee

May 4, 2022

Elizabeth Burke Bryant, Executive Director

Madam Chair and members of the Committee, thank you for the opportunity to provide testimony today. Rhode Island KIDS COUNT would like to provide testimony on the state of Rhode Island's Behavioral Health System of Care and the importance of a seamless system of care that includes children and adolescents in its foundation. Just discussing an adult system of care without including families and children creates siloed systems that will struggle to meet the needs of all families in Rhode Island. Rhode Island KIDS COUNT stresses the importance of having a coordinated system for youth and families that has a seamless transition to the existing adult behavioral health system.

Emergency Care for Primary Diagnosis of Mental Disorder, Children Under Age 18, Rhode Island, 2009-2019*



Existing Behavioral Health Crisis for Youth and Adolescents in Rhode Island:

- Nationally, even before the COVID-19 pandemic, mental health issues and suicide among adolescents had increased. In 2019, there were 2,903 emergency department visits and 1,841 hospitalizations of Rhode Island children with a primary diagnosis of mental disorder.
- On the 2019 *Youth Risk Behavioral Survey*, 15% of RI high school students reported attempting suicide one or more times in the previous 12 months.
- In 2019, 174 teens were hospitalized after a suicide attempt, nearly double the number in 2014.
- Substance Abuse and Mental Health Services Administration (SAMHSA) report that in the U.S. every 50 seconds an adolescent (12-17) attempts suicide.

COVID-19 Impact on Behavioral Health Crisis on already struggling care system:

- An already inadequate and struggling system of care for children's behavioral health has been further exacerbated and overwhelmed by the pandemic. There has been a dramatic, continuing increase in the behavioral health needs of children and youth. Programs that provide community-based behavioral health services and services to children in the care of DCYF are facing significant staffing shortages.
- In FY 2021, there were 9,708 calls to Kids Link RI, which is double from 4,849 calls in FY 2019.
- In 2020, there were 467 emergency department visits and 334 hospitalizations due to suicide attempt or intentional self-harm in Rhode Island for teens ages 13-19.
- Between September 2020 and September 2021 there was a 60% increase in the number of children and youth waiting for space at Bradley and an 80% increase in the number of days children are spending in the hospital.
- Each day 24-30 adolescents in RI are waiting for beds in psychiatric hospitals (psychiatric boarders).

Conclusion:

Due to the pressing youth behavioral health care needs in Rhode Island, it is important to create and invest in a behavioral health system of care that supports youth and their families for youth-specific behavioral health problems. This system should align with and strengthen current systems to help create a seamless and coordinated system of care to support children as they grow and transition to adults. Children need the right care, at the right time, in the right place. There is an urgent need to address current gaps in the children's behavioral health system of care including,

1. Insufficient emphasis on prevention
2. Limited number of high-quality community and home-based programs due to low rates and workforce issues
3. Inadequate number of mental health professionals in schools
4. Insufficient attention to early childhood mental health
5. Children/youth boarding in hospital emergency rooms and non-psychiatric floors due to lack of capacity for inpatient treatment
6. Lack of adequate step-down placements after leaving the hospital

Until these gaps in the continuum of care are addressed for children, youth and families, the Behavioral Health System of care will be swamped with emergency calls (including calls to new 9-8-8 hotline starting in July) that could have been prevented if a full continuous, seamless system of children's behavioral health has been integrated into the broader system in place. Thank you for the leadership that the General Assembly has shown on this important issue and for the opportunity to testify today.