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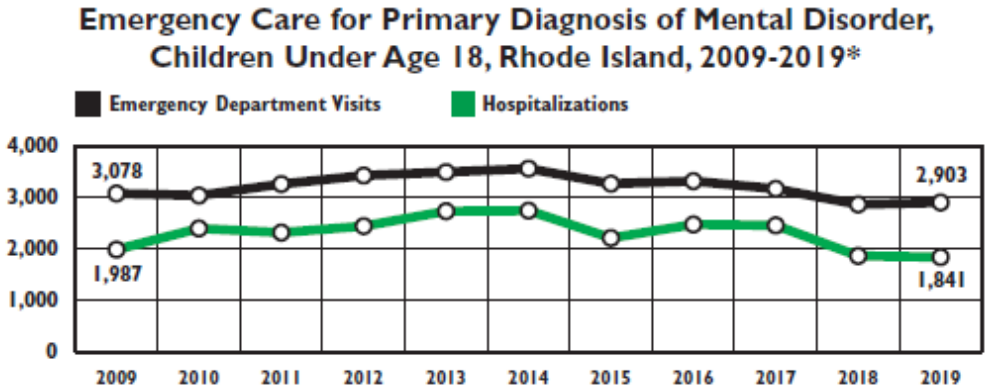
Testimony Re: Senate Bill 2467- Behavioral Health Crisis Services System
Senate Health and Human Services Committee
March 10, 2022
Elizabeth Burke Bryant, Executive Director

Mr. Chairman and members of the Committee, thank you for the opportunity to provide testimony today. Rhode Island KIDS COUNT would like to voice its support for Senate Bill 2467. This bill would implement a state behavioral health crisis service system including implementing the national 9-8-8 behavioral health hotline and the mobile crisis response team. Rhode Island KIDS COUNT would like to thank Senator Cano for sponsoring this bill and thank the cosponsors Senators Seveney, Lawson, DiPalma, Quezada, Acosta, Kallman, Burke, Valverde, and Zurier.



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.

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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 2020, there were 4,849 calls to Kids Link RI, up 22% from 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).

Importance of Behavioral Health System of Care for Children and Adolescents:

- **9-8-8:** Implementing the 9-8-8, 3-digit hotline, would help destigmatize mental health and make sure the correct response and resources are provided to youth and families. Implementation would likely increase usage of service because 9-8-8 is an easier number to remember, especially during a crisis. This would follow the Substance Abuse and Mental Health Services Administration (SAMSHA) federal rules. The current national suicide prevention hotline (1-800-273-TALK) answered more than 2.1 million calls and over 234,000 chats in 2020. 9-8-8 would mean more effective triage as well so youth get the right resources and are directed to the correct care.

- **Mobile Crisis Response Team:** A mobile crisis response team that is tailored and trained to care for youth is an important part of a seamless and coordinated system of care. These responders should include pediatric specialists, that are trained in various pediatric behavioral health disorders and know how to respond to children's mental health conditions, since mental health conditions in youth can look different than in adults. It is also important that teams respond in an appropriate manner for a variety of youth, such as youth who are nonverbal, racial/ethnic marginalized youth, and LGBTQ+ youth so they can be supported properly during events of behavioral health crises. It is

important to include resources for family support during crises, so they know what the next steps are to help their child and to have interpretation available.

- **Certified Community Behavioral Health Clinics:** This RI-specific program model would be designed to provide comprehensive mental health and substance use disorder services to vulnerable individuals throughout the life cycle. CCBHCs should align with the existing behavioral health care resources for youth (e.g., Kids Link and Community Mental Health Organizations) and strengthen resources, including addressing the current behavioral health workforce crisis. We respectfully urge this Committee to develop a permanent funding stream for CCBHCs in our State Budget and increase funding in this year's Budget. Without adequate funding, the CCBHC model cannot be fully and successfully implemented.

- **We urge the expansion of the PCMH Kids** model of integrating behavioral health capacity into pediatric practices. This model has shown promising outcomes.

Conclusion:
Due to the pressing youth behavioral health care needs in Rhode Island, it is important to create and invest in a behavioral health crisis 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. 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, the Behavioral Health Crisis Services System will be swamped with calls that could have been prevented if a full continuous, seamless system of children's behavioral health has been in place. Thank you for the leadership that the General Assembly has shown on this important issue and for the opportunity to testify today.