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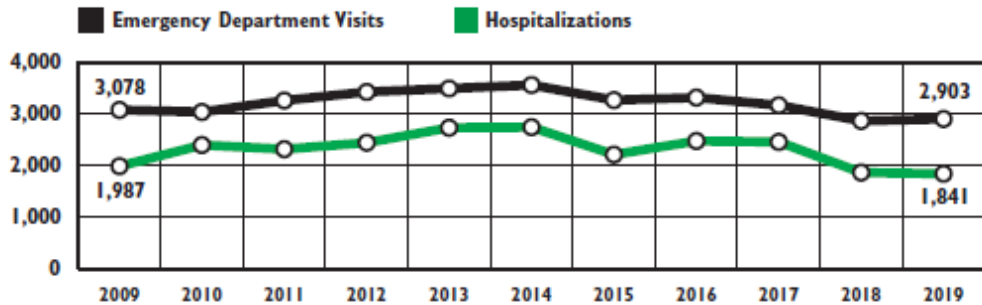
**Testimony Re: S2469- Certified Community Behavioral Health Clinics  
Senate Health and Human Services Committee**

**April 12, 2022**

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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 2469 which would require EOHHS to submit a State Plan Amendment (SPA) for the purpose of establishing Certified Community Behavioral Health Clinics (CCBHCs) in Rhode Island. Rhode Island KIDS COUNT would like to thank Senator Miller for sponsoring this bill and thank the cosponsors, Senators DiMario, DiPalma, and Valverde.

**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.
- The Substance Abuse and Mental Health Services Administration (SAMHSA) reports 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 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 Rhode Island are waiting for beds in psychiatric hospitals (psychiatric boarders).

### **Importance and Impacts of Certified Community Behavioral Health Clinics on Children and Adolescents**

- **Certified Community Behavioral Health Clinics (CCBHCs):** CCBHCs are designed to provide a comprehensive range of mental health and substance use disorder services to vulnerable individuals, especially meeting the needs of complex populations including children and adolescents. This Rhode Island-specific program model would be designed to provide comprehensive mental health and substance use disorder services to vulnerable individuals throughout the entire life cycle. There are currently five federally funded CCBHCs in the state (Horizon Health Partners, East Bay Community Action Program, and Family Service of Rhode Island).
- **CCBHC’s are required to provide the following nine services:**
  1. Crisis Behavioral Health Services: 24-hour mobile crisis teams; emergency crisis intervention services; crisis stabilization; suicide crisis response; and services for substance abuse crisis and intoxication, using ambulatory and medical detox services.
  2. Behavioral health screening, assessment, and diagnosis including risk assessment.
  3. Person centered and family centered treatment planning and care.
  4. Direct provision of outpatient mental health and substance use services.
  5. Outpatient primary care screening and monitoring of key health indicators and health risk.
  6. Targeted case management addressing social determinants of health.
  7. Psychiatric rehabilitation services.
  8. Peer supports, peer counseling and family/caregiver supports.
  9. Intensive community based mental health care for members of the Armed services and Veterans. (Also identify need and services for special populations to improve access and outcomes; communities of color; individuals and families who are homeless, justice involved and individuals with physical or intellectual disabilities. Addressing needs of under-resourced communities.)

- **Agreements with Designated Collaborating Organizations (DCOs) to provide services with the CCBHC being clinically responsible for care.**
  - Tides Family Services, a DCO for Horizon Health Partners CCBHCs, has been providing mobile crisis services.
  - Since October 2021 they have served 98 youth (median age 12 years) from a variety of referral sources and regions.
  - Case example: 10-year-old male referred by Hasbro for aggression towards grandmother. School called police to do a wellness check on the grandmother who had client transported to the hospital. Biological mother had died a few weeks prior due to overdose. Child has experienced domestic violence and has an awareness that his mother was using substances.
  
- **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 include the proposed \$28.1 million in *ARPA* funding in this year's budget and 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, including Certified Community Behavioral Health Clinics. 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 had 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.

