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Testimony Re: Senate Bill 0591 Related to Coverage for Mental Illness and Substance Abuse
Senate Health & Human Services Committee
April 15, 2021
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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 strong support for Senate Bill 0591 which would increase reimbursement rates for behavioral health providers over a five-year period. The minimum increase per year would be 4% resulting in a total increase of 23.4%.

Children's Mental Health in Rhode Island:

Mental health influences children's health and behavior at home, in school, and in the community.

- **In Rhode Island, an estimated 36% of children ages three to 17 who needed mental health treatment or counseling had a problem obtaining needed care.**
- In Federal Fiscal Year (FFY) 2019, there were 437 children and youth awaiting psychiatric inpatient admission. The average wait time for admission was 3.3 days. In FFY 2019, an average of five children per day were ready to leave the psychiatric hospital but were unable due to a lack of step-down availability or there being no other safe placement (including at home).
- In 2018, there were 2,865 emergency department visits and 1,864 hospitalizations of Rhode Island children with a primary diagnosis of mental disorder.

Children with Medicaid and Rlte Care with a Mental Health Diagnosis

- In State Fiscal Year (SFY) 2019, 26% (31,394) of children under age 19 enrolled in Medicaid/Rlte Care had a mental health diagnosis. Of those children with a mental health diagnosis, 23% were ages six and under, 38% were ages seven to 12, and 39% were ages 13 to 18. In addition, 42% were females and 58% were males.
- In SFY 2019, 1,096 children under age 19 enrolled in Medicaid/Rlte Care were hospitalized due a mental health related condition (up from 983 in SFY 2016), and 2,246 children had a mental health related emergency department visit (up from 1,690 in SFY 2016, a 33% increase). Ninety percent of those mental health-related emergency department visits did not result in a hospitalization.
- Sixty-two percent of all emergency department visits for children with a mental health primary diagnosis were enrolled in Rlte Care/Medicaid and 33% had commercial insurance.

Currently, children and families experience difficulty finding in-network providers who are taking new patients. In the event that a provider is taking new patients, they are often put onto a waitlist. This can cause

increased hardship for children involved in child welfare because they often need timely behavioral health services to help them deal with trauma and for families who are providing foster care who know how behavioral health services help the children in their care. Additionally, People of Color and immigrant families often experience difficulty finding a behavioral health provider who looks like them and shares their culture and/or language. Increasing reimbursement rates for behavioral health care providers is a key strategy to increasing access to these much-needed services for children and families. We strongly urge you to support this critical piece of legislation. Thank you for the opportunity to provide testimony today.