

RHODE ISLAND KIDS COUNT
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Testimony Re: H-7874-Youth Mobile Crisis and Response Stabilization Services

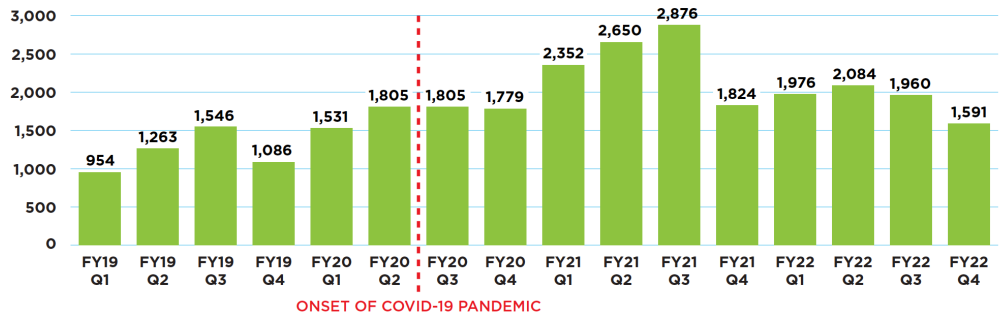
House Health and Human Services Committee

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Madam Chair 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 House Bill 7874. This bill would require coverage for acute mental health crisis mobile response and stabilization services to any individual enrolled as a plan beneficiary. Rhode Island KIDS COUNT would like to thank Representative Tanzi for her leadership in sponsoring this bill and would like to thank Representatives Donovan, Henries, Morales, Potter, Alzate, Felix, Fogarty, Diaz, and J. Lombardi for co-sponsoring.

KIDS' LINK CALLS, RHODE ISLAND, FY 2019 THROUGH FY 2022



Source: Lifespan, FY 2019 through FY 2022. Note: Q1 October–December, Q2 January–March, Q3 April–June, Q4 July–September.

- In FY 2021, there were 9,702 calls to Kids' Link RI, twice the number of calls received in FY 2019 (4,849), prior to the onset of the COVID-19 pandemic. The number of calls peaked in FY 2021, but remain higher in FY 2022 than prior to the onset of the COVID-19 pandemic.¹²



Current Youth Mental Health Crisis

While mental health challenges for youth existed before the COVID-19 pandemic, there has been a significant increase in anxiety and depression among youth of all ages since 2020. An already inadequate and struggling system of care for children's behavioral health has been further stressed and overwhelmed by the pandemic. The number of calls to Kids' Link RI, our state's behavioral health triage service and referral network, doubled during the pandemic.

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Nationally, even before the COVID-19 pandemic, suicide attempts among adolescents had increased with sharper increases among girls and young women than among males.

- **In 2021 in Rhode Island, 521 teens ages 13 to 19 were admitted to the emergency department after a suicide attempt and 325 teens ages 13 to 19 were hospitalized after a suicide attempt.**

Importance of Mobile Crisis and Response Stabilization Services

A pilot Children's Mobile Crisis and Response Stabilization Services started in August of 2020 that was designed to stabilize mental health crises for children/youth in Rhode Island during the COVID-19 pandemic. Youth could be referred by a hospital, school, the Department of Children, Youth, and Families (DCYF) or initiate a self-referral. Once a referral was made, the crisis response team met the youth in the community or at home for an assessment and crisis evaluation. Once services were initiated, 24/7 clinical support was available.

From August 2020 to April 2022, 202 youth with an average age of 13 were served by MRSS and the most common diagnosis was an anxiety or depressive disorder. Three-quarters (74%) of youth that completed their mobile crisis response team care plan did not need to be hospitalized and were placed on an aftercare plan. Due to the success of the program, the state has continued providing the MRSS services until the pilot sunsets in September of 2024, and it continues to improve the lives of children in Rhode Island.

- 92% of children closed successfully, meaning they did not require evaluation at the ER or end up hospitalized
- 77% of children who closed were connected to an aftercare resource which includes outpatient, home-based counseling, psychiatry, substance abuse treatment, family counseling, etc.
- Average length of stay in the program was 42 days
- Average age of children served was 12 years old

Mental health is an important part of physical health, and the continuum of care should focus on prevention and promotion of mental health and wellness strategies as well as the treatment of mental health diagnoses. Rhode Island needs a comprehensive continuum of mental health care for children and adolescents in Rhode Island that goes beyond high-end crisis/emergency room treatment and offers the right care at the right time in the right place. Systems connected to youth mental health needs include primary care/pediatrician offices, schools, community organizations, child welfare programs, and child care centers. Collaboration across these sectors is crucial to ensuring that children and adolescents have access to mental health care services and support when they need it. Predictable and continuous funding through health insurance or another funding mechanism is needed to keep this important and successful program going for all children.

Thank you for the leadership that the General Assembly has shown on children's behavioral health. Thank you for the opportunity to testify today.