

Steven Sepe

From: Benedict Lessing <BLessing@CommunityCareRI.org>
Sent: Monday, March 18, 2024 2:24 PM
To: House Health and Human Services Committee
Subject: H7874

Members of the House Health and Human Services Committee,

I am writing to urge you to support the passage of H7874 which will provide crisis stabilization services for children and youth. This bill **requires private insurers to cover the costs for youth mobile crisis response and stabilization services**. The federal National Suicide Hotline Designation Act of 2020 not only established 9-8-8 as the national suicide prevention hotline but set out the framework for a behavioral health crisis response system & the means to pay for it (through a fee on phone services like 9-1-1).

The vision of this new national crisis system is that throughout the U.S., people in crisis of all ages would have Someone to Call Someone to Respond A Safe Place to Be (24/7 Hotline via call, text, chat) (Mobile Crisis Services) (Crisis Stabilization Services) Emergency Depts. with their fast pace and focus on critically ill patients is not the place for children in emotional distress to obtain behavioral health care. The mere presence of police and fire/ambulance response can also be anxiety producing for children in crisis. Yet, these have become our 'de facto' responses in the U.S. Behavioral health crises require a behavioral health response and that means responses with behavioral health clinicians who can de-escalate crisis situations, conduct on-site assessments, provide crisis intervention counseling, and provide follow-up individual & family treatment and support for 6-8 weeks.

EOHHS has implemented a successful pilot of Youth Mobile Response & Stabilization Services with Tides Family Services and Family Service of RI. Since the program launched in northern RI in Nov. 2022, the program has served 701 youth between the ages of 3 and 20. **92% have been stabilized and diverted from local Emergency Depts.** Over the last 15 years, RI has seen significant increases in psychiatric hospitalizations for children and youth and boarding in hospital Emergency Departments resulting from a lack of community-based crisis stabilization services. As such, this increases healthcare expenditures overall, stresses vital Emergency Department resources and over emphasizes the expensive use of inpatient psychiatric care due to the absence of community-based crisis stabilization services.

State funding for this highly successful and cost-effective pilot ends Sept. 2024. Programs like this should not be reliant upon grants and Medicaid for sustainability. Crisis services should be part of the continuum of care covered by all insurance carriers (as with physical injuries). Eight states have passed similar legislation requiring private insurers to pay for mobile crisis services including: California, New Jersey, New York, Utah, Virginia, Washington, West Virginia, and Wyoming.

Respectfully,

Benedict F. Lessing, Jr. MSW
President/CEO
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“Overcoming poverty is not a gesture of charity. It is an act of justice. Like slavery and apartheid, poverty is man made and can be corrected by the actions of human beings. Every human being has a fundamental right to dignity and a decent life.” — [Nelson Mandela](#), former President of South Africa.

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