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Testimony Re: Governor's FY 2027, FY 2026 Revised and Capital Budgets – Department of Behavioral Healthcare, Developmental Disabilities and Hospitals House Finance Committee – Subcommittee on Human Services March 19, 2026

Good afternoon members of the Subcommittee. My name is Jocelyn Antonio. I'm the Director of Program Implementation and Policy at the Hassenfeld Child Health Innovation Institute at Brown University School of Public Health. I am providing this testimony in my personal capacity.

I urge your **favorable consideration and support** for key elements of the Governor's FY 2027, FY 2026 Revised and Capital Budgets for the **Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH)**. This department is essential in providing services to Rhode Islanders living with mental illness and substance use conditions, and in supporting mental health prevention and promotion work across the state.

I would like to first thank the Governor and the General Assembly for investing in the supports needed to address mental health conditions in Rhode Island.

Support for the 9-8-8 Suicide and Crisis Lifeline

I am **strong support** of the recommended **\$1.0 million in general revenue** and **\$4.6 million all funds**, a total of almost \$5 million across all funding sources, for the continuation of the **9-8-8 National Suicide Prevention Lifeline** in the Governor's proposed FY 2027 Budget. I also **support** the recommendation for **\$2.4 million in State Fiscal Recovery Funds** in the proposed FY 2026 Budget Revisions.

Seeking for mental health support is challenging due to a multitude of reasons, including societal stigma. **A rapid answer rate is critical.** When a person is in crisis and they face delays, they are significantly more likely to hang up before speaking with a counselor. According to KFF, improving the average answer speed results in a **direct increase in total calls answered** [1]. For individuals with immediate intent to self-harm, every second of delay increases the **risk of a suicide attempt**. Research indicates that establishing a connection with a **counselor significantly decreases suicidality, psychological pain, and hopelessness** during the telephone conversation [2].

Furthermore, a **fast answer rate often resolves a crisis without "invasive" physical intervention**. A SAMHSA report found that 80% of crisis line calls were resolved over the phone requiring a mobile crisis team, law enforcement or emergency medical services [3]. In **2025, 96% of Rhode Island's 988 calls were resolved** over the phone, representing a **significant cost saving** for our state in avoiding 911 dispatches, emergency department visits, and hospitalizations [4].

Support for Social and Human Services Provider Rates

Finally, I would also like to express my strong support for the Governor's recommendation of an increase of **\$23.2 million general revenue** (\$58.8 million all funds) to increase social and human services provider rates following the **OHIC rate review**. Capping the gross rate increase to the lower of either the OHIC recommendation or the equivalent Medicare rate is a fiscally responsible way to ensure our providers remain viable.

Rhode Island has been facing a significant healthcare crisis with a severe shortage of primary care providers [5]. **This rate review is designed to support primary care in three critical ways**. First, it will mandate **spending increase** which will require commercial insurers to increase the share of medical spending directed to primary care each year with at least 10% by 2029. Additionally, **enhanced core services** meaning new investment must be made to help primary care practices by increasing support core services like care coordination, integrated behavioral health and team-based care. Finally, the **reduction of prior authorization** services managed by primary care services to provide administrative relief.

I urge your support for the Governor's FY 2027 and FY 2026 Revised and Capital Budgets for BHDDH.

Thank you for your time and consideration.

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Reference:

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