

# Children's Mental Health in Rhode Island



Rhode Island KIDS COUNT  
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#MentalHealthRI





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Rhode Island KIDS COUNT

# CHILDREN'S MENTAL HEALTH IN RHODE ISLAND

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## Children's Mental Health in Rhode Island



- Mental health in childhood and adolescence is defined as reaching expected developmental, cognitive, social, and emotional milestones and the ability to use effective coping skills.
- In Rhode Island, one in five (19%) children ages 6-17 has a diagnosable mental health problem and one in ten (10%) has significant functional impairment.
- In 2021, only about one in five (22%) of Rhode Island high school students reported receiving the help they needed when feeling anxious or depressed, down from 33% in 2019.

## State of Emergency in Children's Mental Health

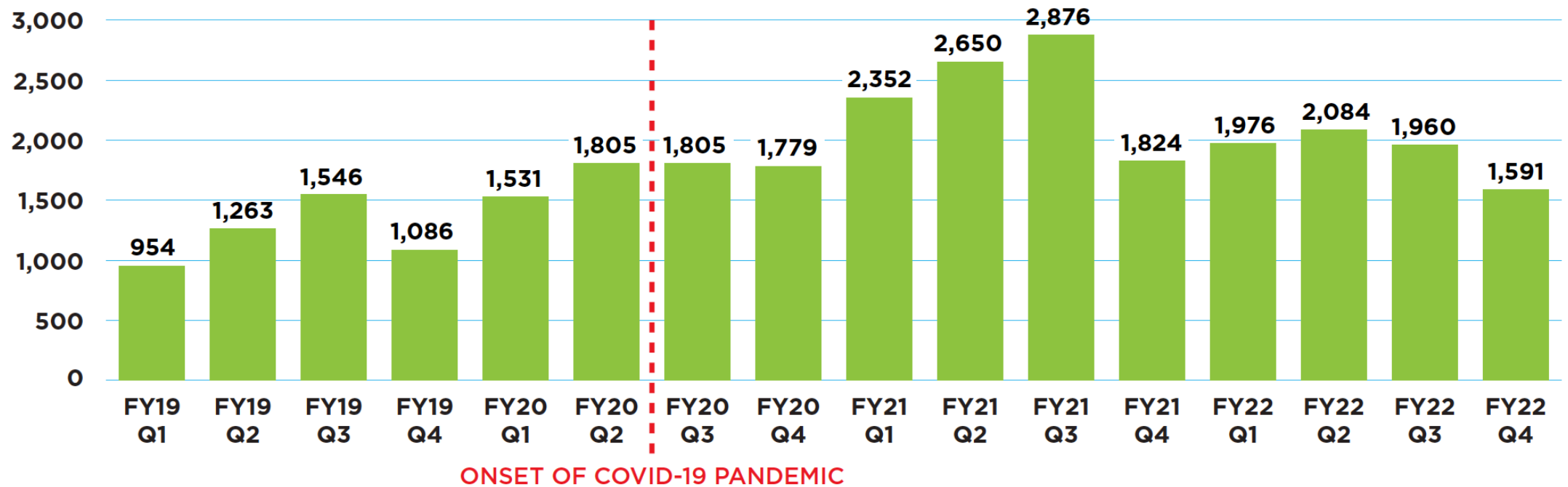
In April 2022, the Rhode Island Chapter of the American Academy of Pediatrics, the Rhode Island Council of Child and Adolescent Psychiatry, Hasbro Children's Hospital, and Bradley Hospital declared a Rhode Island State of Emergency in Child and Adolescent Mental Health and provided recommendations for how to address this emergency in Rhode Island.

- Increase state funding, including Medicaid rates, for evidence-based mental health screening, diagnosis and treatment.
- Fully fund and prioritize comprehensive, community-based systems of care.
- Accelerate strategies to address longstanding workforce challenges.
- Support effective models of combining school-based mental health care with clinical strategies.
- Support models of integrating mental health care into primary pediatric care settings.
- Address the acute care mental health needs of children and youth.

**Source:** Declaration of a Rhode Island State of Emergency in Child and Adolescent Mental Health. (2022). *Rhode Island Medical Journal* (2013), 105(4), 74.



## 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.<sup>12</sup>



## Crisis Intervention Services

**Children's Mobile Crisis Response (CMCR)** is a pilot program started in August of 2020 that was designed to stabilize mental health crises for children/youth in Rhode Island.

Youth can be referred to CMCR by a hospital, school, DCYF or initiate a self-referral. Once a referral is made, the crisis response team meets the youth where they are in the community or at home for an assessment and crisis evaluation. Once services are initiated, 24/7 clinical support is available.

From August 2020 to April 2022, **202 youth with an average age of 13 were served by CMCR.** 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. CMCR was not able to serve all referred youth due to ongoing workforce challenges.



## National Suicide Prevention Lifeline

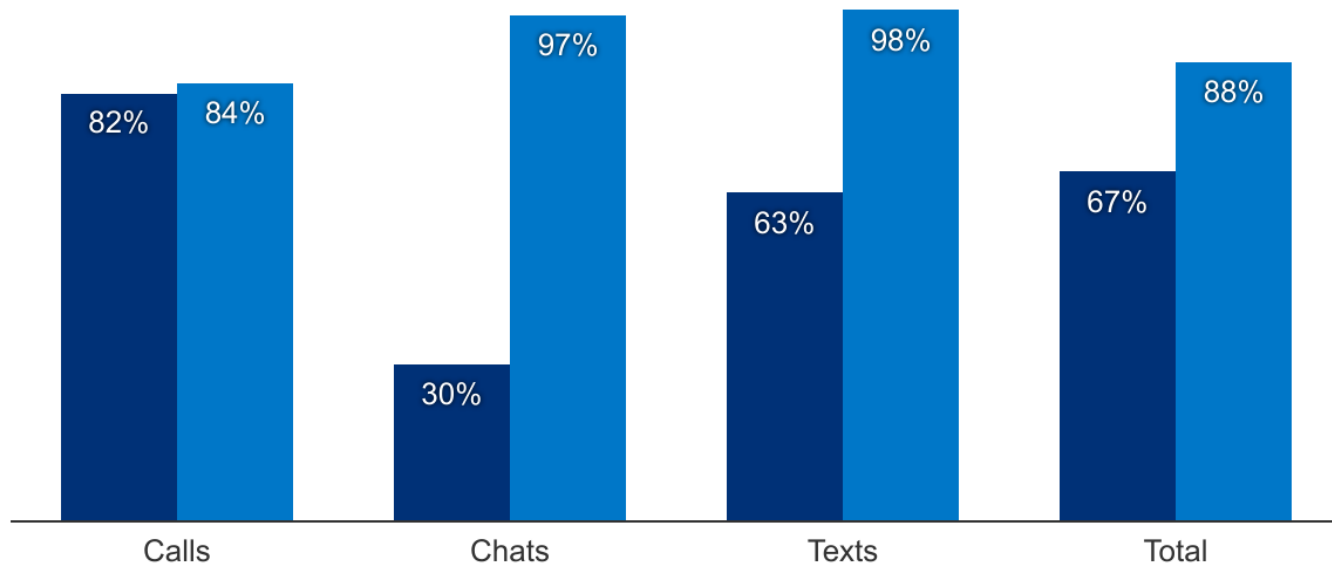
### Answer Rate for 988 Calls, Texts, and Chats

National Answer Rates

In-State Answer Rates

■ August 2021

■ August 2022



NOTE: Total is the national average for all calls, texts, and chats. Lifeline's answer rate is defined as the number of answered calls ("contacts connected to a center and then engaged by a counselor") divided by the number of routed calls ("contacts that are routed to a center after a person listens to the greeting (calls) or sent to a counselor after answering a pre-chat or pre-text survey").

SOURCE: KFF Analysis of Lifeline Performance Metrics (Vibrant Emotional Health's 988 Lifeline Data)

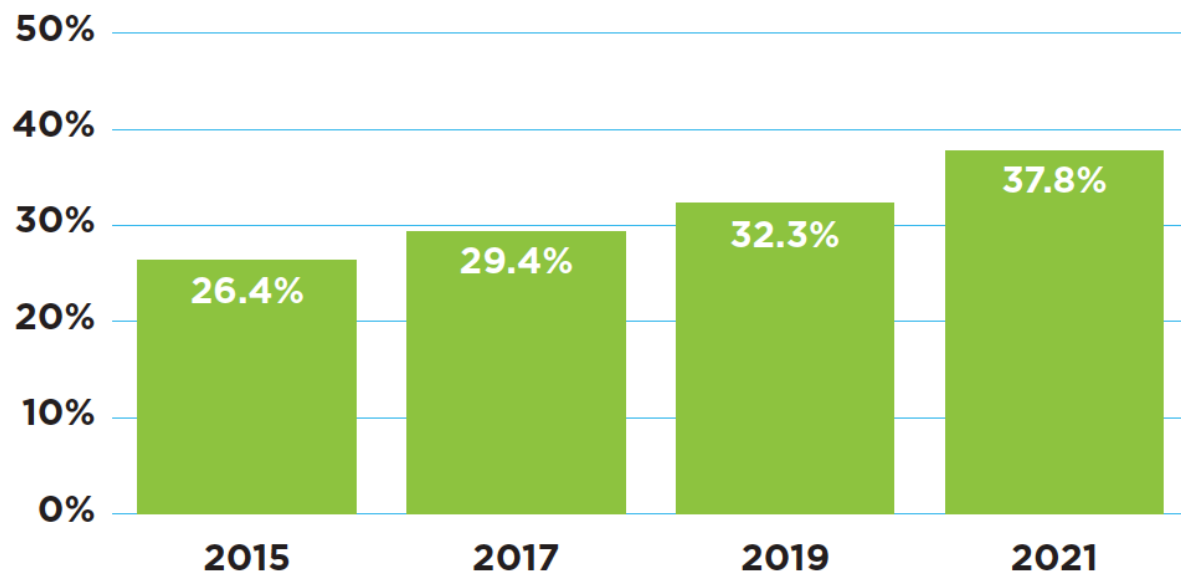
**KFF**

- The new **9-8-8** dialing code was created to provide a more efficient way to access crisis call centers and strengthen and expand their network.
- On July 16, 2022, 9-8-8 became available nationwide in **multiple languages for calls and by texting for English language users**.
- **9-8-8 is a free, 24/7, confidential service designed to meet the growing need for mental health crisis service and suicide prevention.**

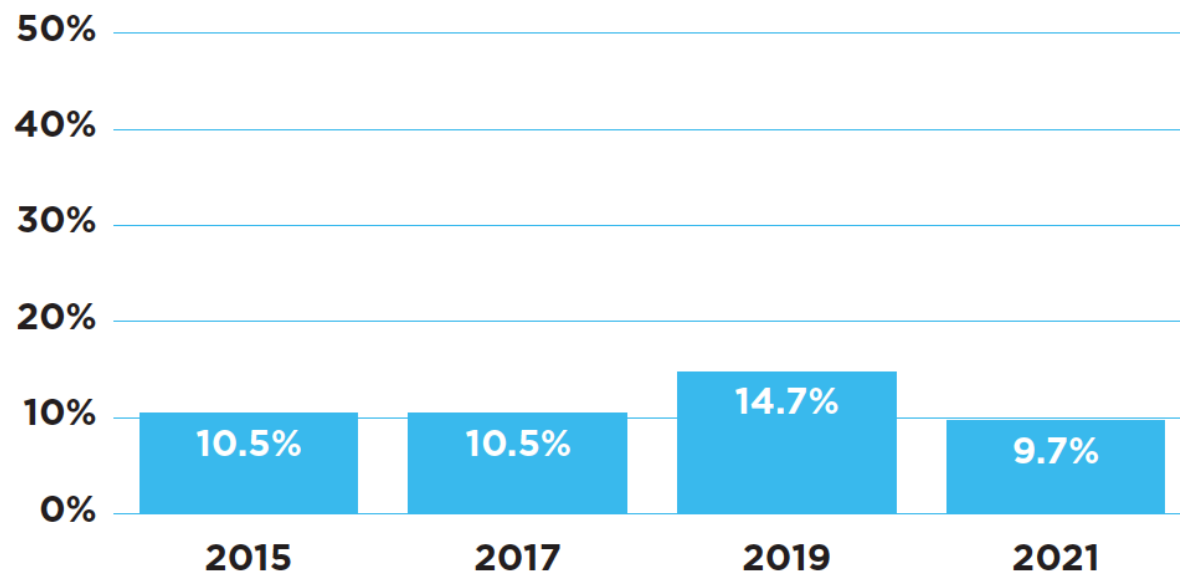


# Suicidality Among Rhode Island High School Students, 2015-2021

% Feeling Sad or Hopeless



% Attempted Suicide



Source: Rhode Island Youth Risk Behavior Survey, 2015-2021.

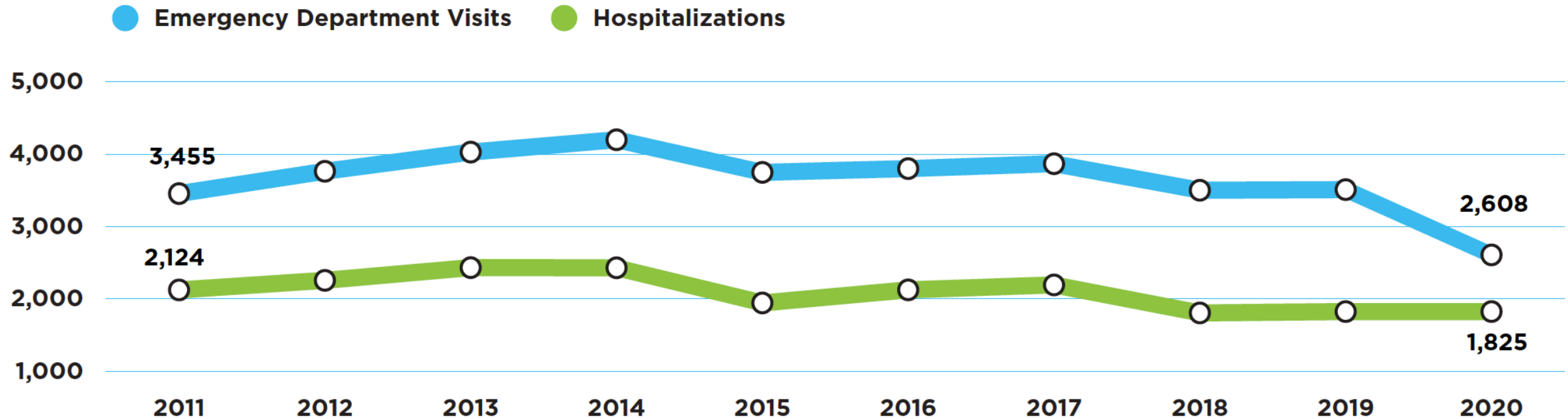
- In 2021, **38% of Rhode Island high school students reported feeling sad or hopeless** for more than two weeks during the past year, continuing an upward trend. Girls were twice as likely as boys to report these feelings, and LGBTQ students reported higher rates of sadness and hopelessness than their peers. **Almost 10% of Rhode Island high school students reported attempting suicide one or more times during the past year.**

## Suicide Among Rhode Island Children and Youth

- In 2020 in Rhode Island, 467 teens ages 13 to 19 were admitted to the emergency department after a suicide attempt (75% were girls and 25% boys) and 334 teens ages 13 to 19 were hospitalized after a suicide attempt (79% were girls and 21% boys).
- Of the 13 youth ages 15 to 19 who died from suicide between 2016 and 2020 in Rhode Island, 92% were male.




## EMERGENCY CARE FOR PRIMARY DIAGNOSIS OF MENTAL DISORDER, CHILDREN UNDER AGE 18, RHODE ISLAND, 2011-2020\*



**Source:** Rhode Island Department of Health, Hospital Discharge Database, 2011-2020. \*Data are for emergency department visits and hospitalizations, not children. Children may visit emergency department or be hospitalized more than once. \*Emergency department counts include all visits regardless of outcome and are not comparable to previous Factbooks. Note: Effective October 1, 2015, the International Classification of Disease (ICD) codes changed from the 9<sup>th</sup> classification to the 10<sup>th</sup> classification, which may impact comparability across the years.

## Rhode Island's Mental Health Care System: Fragmented and Crisis-Driven

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- Mental health treatment systems tend to be fragmented and crisis-driven with disproportionate spending on high-end care and often lack adequate investments in prevention and community-based services.
  - **In FFY 2021, there were 837 children and youth awaiting psychiatric inpatient admission (psychiatric boarding), almost double (a 92% increase) the number in FFY 2019 when there were 437 boarders.** The average wait time for psychiatric admission in FFY 2021 was 3.7 days, compared to 3.2 days in FFY 2020.
  - In FFY 2021, an average of two children per day were ready to leave the psychiatric hospital but were unable due to a lack of step-down availability or no other safe placement (including at home).



## Psychiatric Hospitals

### Children Under Age 18 Treated at Rhode Island Psychiatric Hospitals, October 1, 2020 – September 30, 2021 (FFY 2021)

	BRADLEY HOSPITAL GENERAL PSYCHIATRIC SERVICES		BRADLEY HOSPITAL DEVELOPMENTAL DISABILITIES PROGRAM		BUTLER HOSPITAL ADOLESCENT PSYCHIATRIC SERVICES	
	# TREATED	AVERAGE LENGTH OF STAY	# TREATED	AVERAGE LENGTH OF STAY	# TREATED	AVERAGE LENGTH OF STAY
Inpatient	607	27 days	100	55 days	606	9 days
Residential	225	49 days**	36	4.7 years	--	--
Partial Hospitalization	600	36 visits	140	36 visits	758	6 visits
Home-Based	0	NA	21	15 visits	--	--
Outpatient	1,156	**	29	**	251	NA

**Source:** Lifespan, 2020-2021 and Butler Hospital, 2020-2021. Programs can have overlapping enrollment. Number treated is based on the hospital census (i.e., the number of patients seen in any program during FFY 2021). The average length of stay is based on discharges. \*\* Only total number treated with outpatient services by the Lifespan Physician Group is available.

-- = Service not offered. NA = Data not available for this service.

- In FFY 2021, the most common diagnoses for youth treated in an inpatient setting at Bradley and Butler Hospitals were depressive disorders, anxiety disorders, adjustment disorders, schizophrenia, and bipolar disorders.

# Challenges in Rhode Island Mental Health System



- There is **limited mental health care capacity for children and youth**. Youth that need and want mental health services struggle to get adequate, timely, and affordable care. Inaccessibility is caused by insurance-related barriers, lack of clinicians, and extremely long waitlists.
- An even more critical issue is the severity of the **ongoing workforce crisis** that has left low levels of staffing across service agencies. Key reasons for this shortage include chronic underfunding, low reimbursement rates for mental health services (especially through Medicaid), low wages, and high demand of workers, which can lead to worker burnout and high turnover rates.
- An already inadequate and struggling system of care for children's mental health has been further overwhelmed by the **impact of the COVID-19 pandemic**.

# Continuum of Children's Mental Health Care

## Promotion of Mental Health and Wellness

- Healthy school climate
- Destigmatization of mental health in schools and communities
- Primary care physician knowledge of mental health
- Address social determinants of health and promote protective factors

## Prevention and Early Intervention

- Mental health screenings in schools
- Mental health screenings in primary care settings
- Address social determinants of health and risk factors

## Services for Mild/Moderate Cases of Mental Illness

- School-based services (counselors, psychologists, social workers)
- Independent and small group providers
- CCBHCS
- Primary care/mental health integration services (medication management)
- Family Care and Community Partnerships (FCCPs)
- Home-based services
- Telehealth

## Intensive Treatment Services for Complex Mental Illness

- Residential treatment centers
- Psychiatric hospitals

## Emergency/Crisis Care

- Kids' Link RI
- 9-8-8 hotline
- Mobile crisis
- Emergency room care

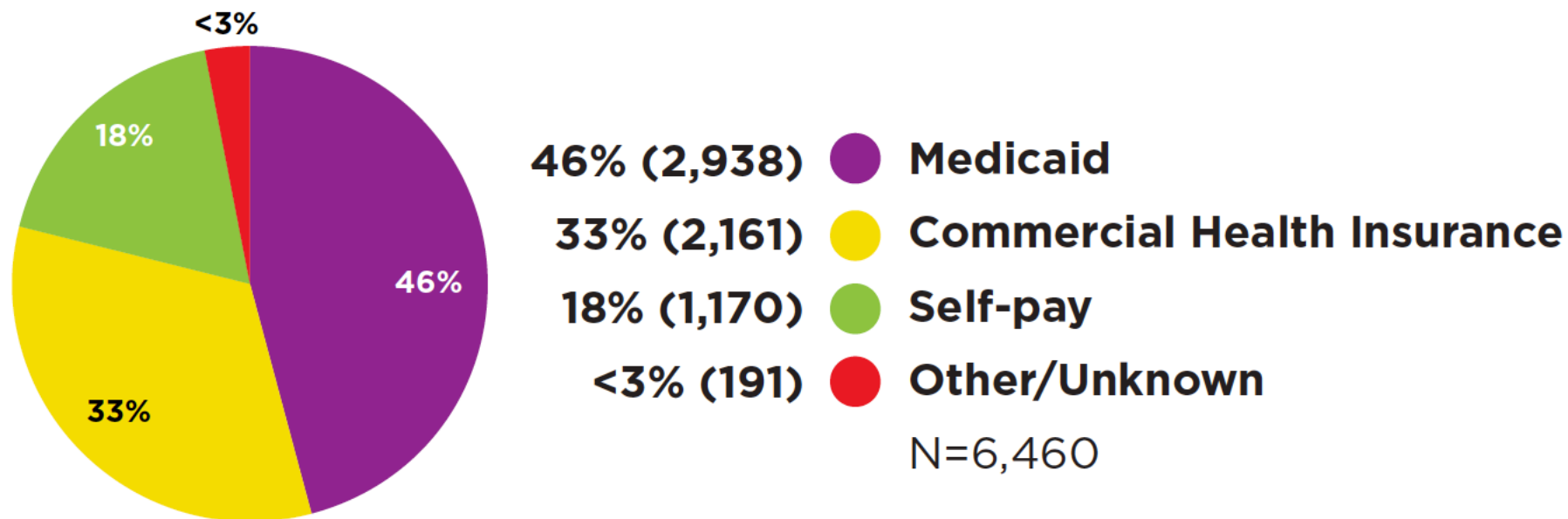
## Primary Care: Integrating Mental Health Support

- Improving pediatric provider mental health competency is key to supporting and directing families to proper mental health promotion, prevention, and treatment.
- **PCMH-Kids** makes it a priority to address the mental health needs of children and their families and promotes screening for social-emotional challenges and healthy competencies.
- **PediPRN** provides same-day clinical teleconsultation services and mental health referrals for primary care providers of children and youth.
  - **In FY 21, 359 providers in 68 practices were enrolled in PediPRN. Ninety-two providers utilized the teleconsultation service 312 times for 259 pediatric patients.**





## CHILDREN TREATED AT COMMUNITY MENTAL HEALTH ORGANIZATIONS BY INSURANCE STATUS, RHODE ISLAND, 2021



Source: Rhode Island Department of Behavioral Health, Developmental Disabilities and Hospitals, Division of Behavioral Healthcare, 2021.

- Rhode Island has six community mental health organizations (CMHOs) that are the primary source of public mental health treatment services available in the state for children and adults.
  - During 2021, 6,460 children under age 18 were treated at CMHOs.

# Certified Community Behavioral Health Clinics (CCBHCs)

**CCBHCs are required to provide nine core services**, which they can provide directly or via formal relationships with Designated Collaborating Organizations (DCOs):

1. Crisis Services
2. Treatment Planning
3. Screening, Assessment, Diagnosis & Risk Assessment
4. Outpatient Mental Health & Substance Use Services
5. Targeted Case Management
6. Outpatient Primary Care Screening and Monitoring
7. Community-Based Mental Health Care for Veterans
8. Peer, Family Support & Counselor Services
9. Psychiatric Rehabilitation Services



## Children and Adolescents with Rlte Care

- In State Fiscal Year (SFY) 2021, **29% (31,394)** of children under age **19** enrolled in **Rlte Care/Medicaid** had a mental health diagnosis.
- In SFY 2021, **1,096** children under age **19** enrolled in **Rlte Care/Medicaid** were **hospitalized due to a mental health related condition** (up from 1,030 in SFY 2020), and **2,246** children had a **mental health-related emergency department visit** (down from 2,288 in SFY 2020).
- **90%** of mental health-related emergency department visits for children with Rlte Care/Medicaid did not result in a hospitalization.



## School-Based Mental Health Support

- Because children and youth spend a large part of their days in schools, their experiences during the school day can greatly impact their mental health.
- A healthy school climate helps promote and protect youth mental wellbeing and school-based mental health resources, including school-based mental health professionals, play a vital role in creating and sustaining positive school experiences and can improve health outcomes for youth.





## School-Based Mental Health Support

- **Project AWARE** focuses on increasing the capacity of participating schools to create safe and secure environments that promote the mental health of school-aged youth. Project AWARE provides training for school personnel and other adults who interact with school-aged youth so they can better detect and respond to mental health issues and works to promote positive mental health among all students and connect students with severe emotional disturbance or serious mental illness to needed services.



- **Universal Social, Emotional, Behavioral (SEB) Screening:** Universal screening is an evidence-based, proactive method for identifying the presence of protective factors and indicators of well-being and identifying and better serving students at risk of developing mental and behavioral health challenges and those exhibiting early signs of mental illness.

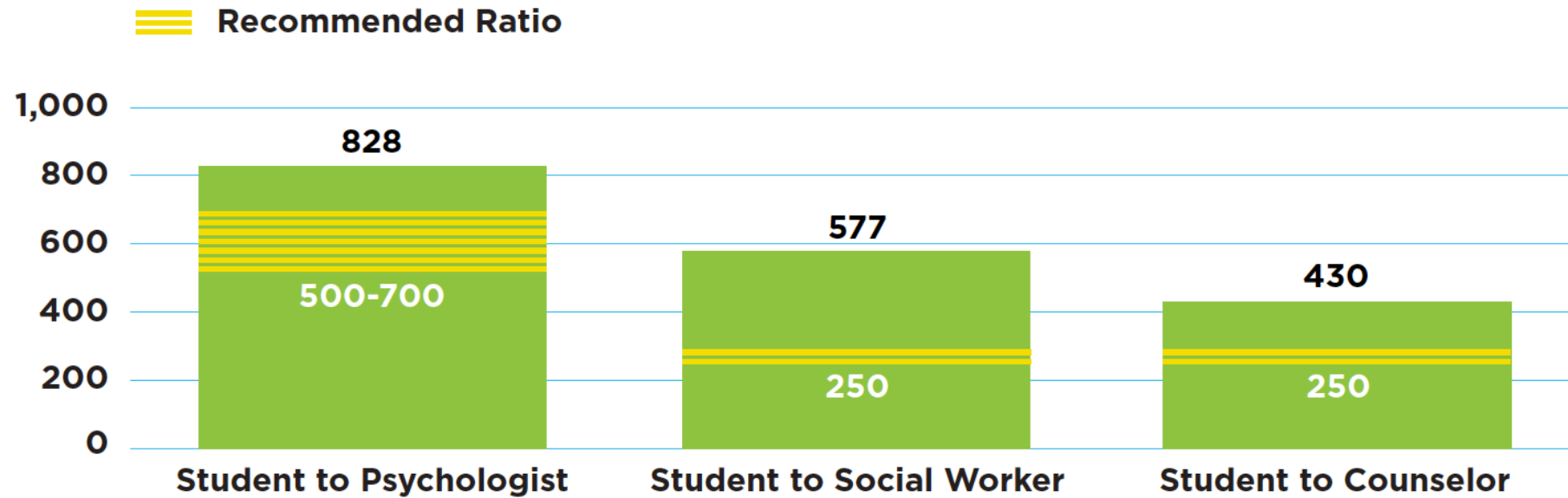




## *Trauma Informed Schools Act*

- The ***Trauma-Informed Schools Act*** passed in the 2022 legislative session and creates a holistic approach to learning.
- It is designed to help students who have experienced trauma, but the strategies and practices will benefit all children by creating positive school climates.
- This legislation includes restorative practices, social-emotional learning, and positive disciplinary practices -- effective approaches for addressing student trauma and helping to create positive student-teacher relationships, improve students' sense of belonging, build safe schools, and increase academic outcomes.

## STUDENT-TO-MENTAL HEALTH PROFESSIONAL RATIO IN SCHOOLS, RHODE ISLAND, 2017-2018



Source: U.S. Department of Education 2017-2018 Civil Rights Data Collection. Rhode Island Department of Education, Public school enrollment in preschool through grade 12 as of October 1, 2018.

- Providing mental health services in schools removes access barriers for students (e.g., transportation, scheduling conflicts, and stigma).
- Schools can provide school-based services and refer youth to more intensive resources in the community when needed.
- Rhode Is well above the recommended ratio for all types of mental health professionals.

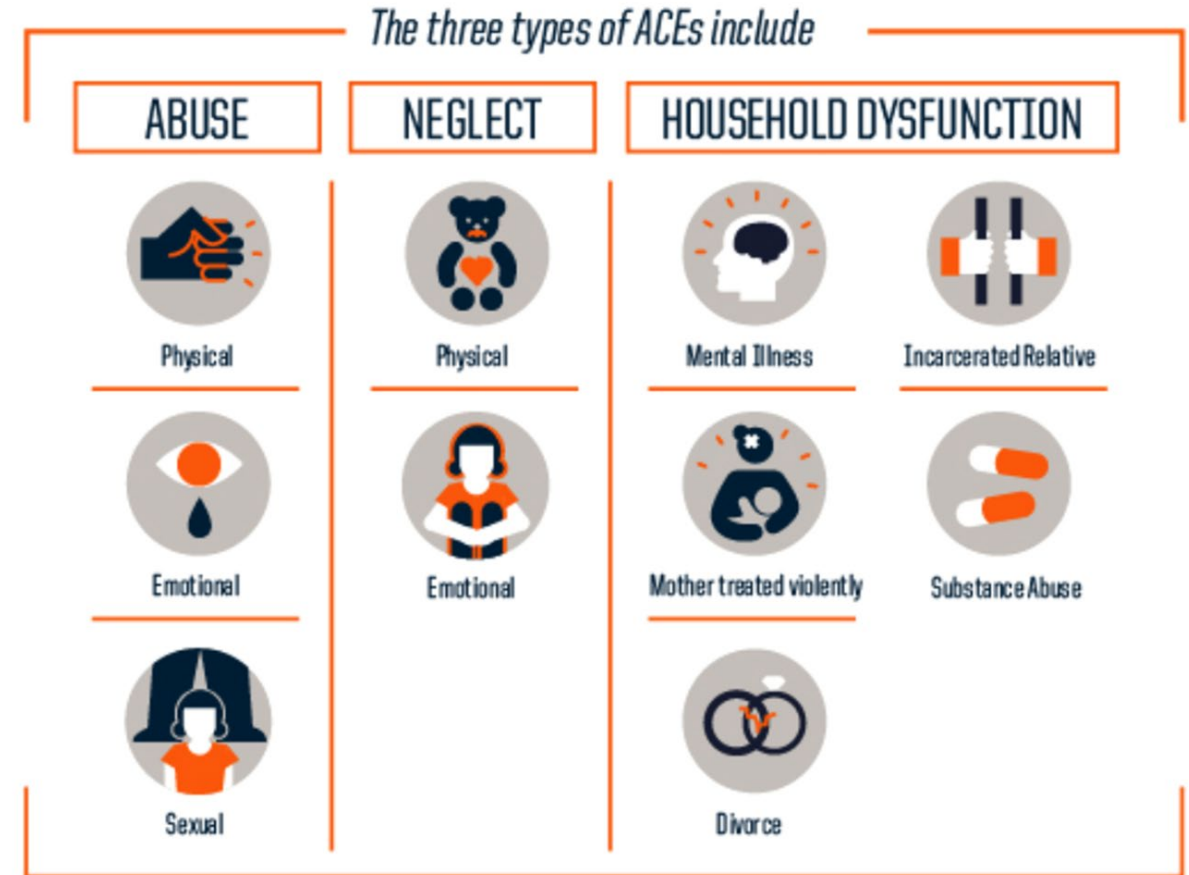


# Risk Factors for Mental Health Challenges in Childhood

**Risk factors** for childhood mental health conditions include environmental factors like prenatal exposure to toxins (including alcohol), physical or sexual abuse, adverse childhood experiences, toxic stress, genetic factors or a family history of mental health issues, involvement with juvenile justice and child welfare systems, and living in poverty.

## Adverse Childhood Experiences (ACEs)

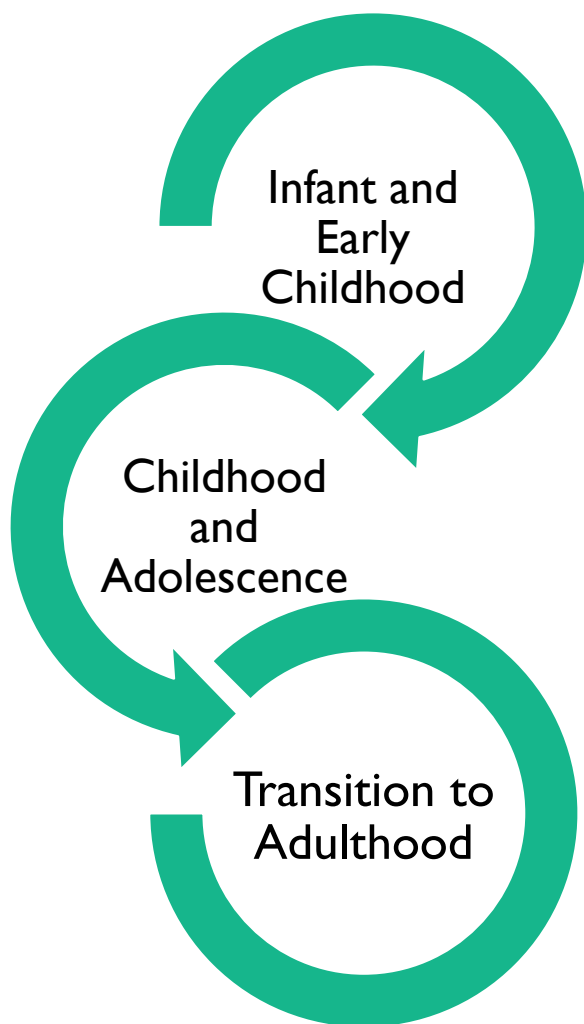
Maltreatment -- child neglect or abuse -- is one example of adverse childhood experiences (ACEs). Other ACEs include poverty, domestic violence, neighborhood violence, parental mental illness, homelessness, parental substance use disorders, and other forms of trauma that occur in childhood.



Source: The Robert Wood Johnson Foundation. *The Truth About ACEs Infographic* (2013).



# Mental Wellness from Early Childhood to Adulthood



**Infant and Early Childhood Mental Wellness** is the foundation for all future development and is necessary for the development of curiosity, persistence, motivation, and trust. It includes the capacity of infants and young children to experience, express and regulate emotions; form close, secure interpersonal relationships; and explore their environment and learn, in the context of family, community, and culture. Infants need to form secure attachments with at least one caregiver.

## **Adolescence and transition to Adult Mental Health System**

-- Children with mental health diagnoses often continue to have mental health needs as adults and require a transition into the adult behavioral health system. Ineffective transitions between the two systems can lead to poor outcomes during adolescence, an already vulnerable and sensitive time period.

# *Infant and Early Childhood Mental Wellness Act*

- In Rhode Island, approximately 50% of infants and young children have Medicaid health coverage which covers screening, evaluation, diagnosis, and treatment for children's mental health needs starting at birth. **In 2018, less than 8% of the Medicaid population under age six received any mental health services.**
- Infant and early childhood **mental health challenges can be identified** using developmentally appropriate tools and **can be treated effectively** through relationship-based therapies.
- In 2022, legislation was enacted that requires EOHHS to form a task force to develop a plan by June 30, 2023 to **promote best practices** for screening, assessment, diagnosis, and treatment of mental health conditions **for children from birth through age 5 with Rite Care/Medicaid insurance.**
- Task force will include RIAMH and representatives from pediatric health care, mental health care, child psychiatry, child welfare, EI, Family Home Visiting, early care and education, advocacy organizations, Medicaid Managed Care Organizations, Medicaid Accountable Entities, families with young children, and other stakeholders as needed.

## Racial and Ethnic Disparities in Mental Health

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While rates of mental health treatment are low for all youth with mental health needs, Youth of Color are significantly less likely to receive treatment. When they do receive treatment, it is more likely to be inadequate due to the lack of a diverse and culturally and linguistically competent workforce.

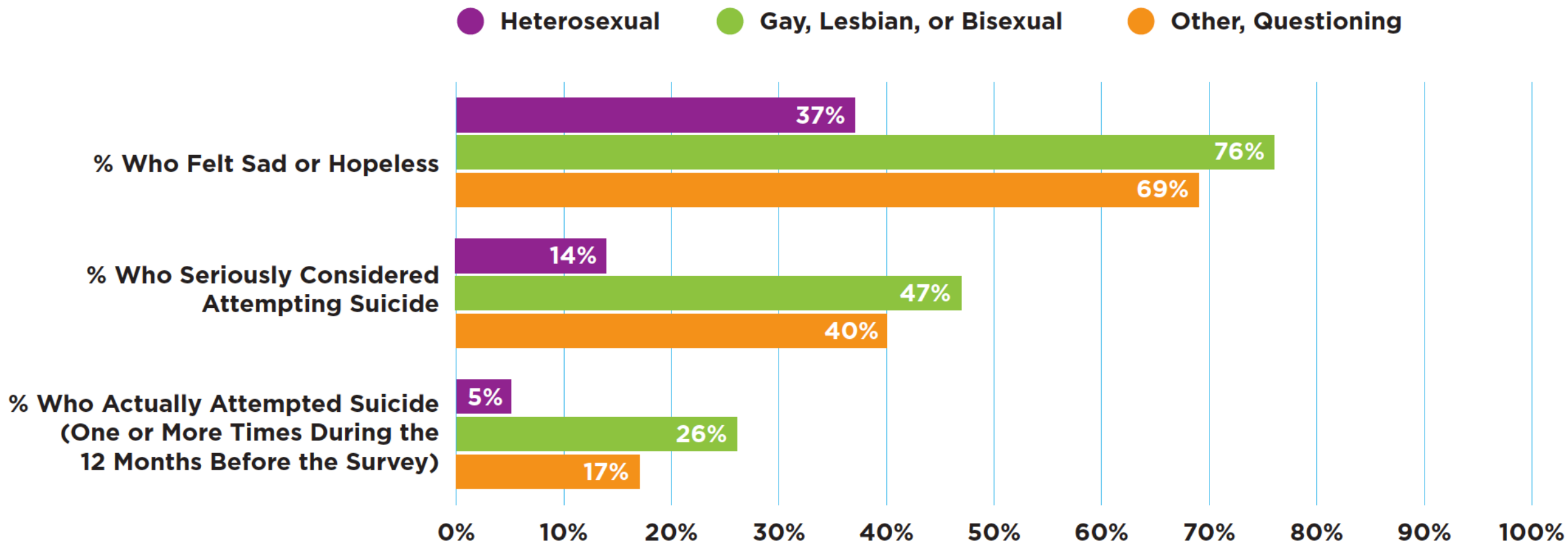
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Disparities in mental health treatment can be attributed to underlying determinants of mental health including poverty, ACEs, chronic stress, racism, and discrimination.

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Youth of Color were also more likely to have their mental health impacted by the pandemic. These youth were more likely to face COVID-19 related stressors, such as household unemployment, loss of a loved one, and increased isolation.

## MENTAL HEALTH STATUS OF YOUTH, BY SEXUAL ORIENTATION, 2021



Source: Adolescent Behaviors and Experiences Survey, 2021.



## LGBTQ+ Youth

**Nationally, more than half (53%) of transgender and nonbinary youth seriously considered suicide in the past year compared to 33% of cisgender LGBTQ+ youth.** Among transgender and nonbinary youth 93% report that they are worried about anti-trans legislation that would deny them access to gender affirming medical care.

LGBTQ+ youth who lost access to school-based services during the COVID-19 pandemic may have had increased youth mental health needs, due to lockdowns in environments where they might not have been supported or accepted.

## Youth in the Juvenile Justice System

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Youth with mental health needs that go unaddressed often end up in the juvenile justice system due to lack of access to preventive community-based services and historic criminalization of mental health needs. The juvenile justice system is not always designed to meet mental health needs.

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Fifty-eight percent (84) of the 144 youth who were at the Training School at some point during 2021 received mental health services for psychiatric diagnoses other than conduct and adjustment disorders, including 47% (9) of female youth and 60% (75) of male youth.

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Since 2006, the Rhode Island Family Court has integrated the Mental Health Clinic (MHC) into the Family Court to better meet the needs of court-involved youth who are not at the Training School.

# Children and Youth in the Child Welfare System

Children and youth in the child welfare system have very specific behavioral and mental health needs.

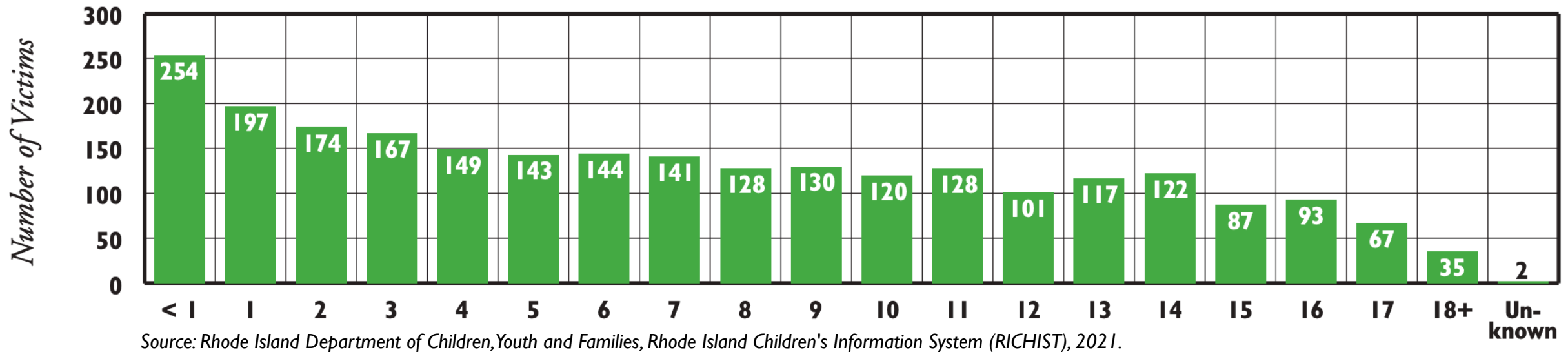
Treatment /  
Therapeutic Foster  
Care

All foster families need appropriate supports, including mental health services for children and teens, and respite services.



# Children and Youth in the Child Welfare System

- Infants under age one are the most likely age group to experience maltreatment, which can disrupt a child's ability to form positive attachments that are essential for the development of emotional security.





# Children and Youth in the Child Welfare System

- In 2017, the Rhode Island Family Court instituted the **Safe and Secure Baby Court (SSBC)** which was designed to support new biological parents who may have been in the child welfare system themselves and/or have a history of mental health conditions, domestic violence exposure, or substance use.
- SSBC improves collaboration between the RI Family Court, the child welfare system (including the infant's foster parents), pediatric and infant mental health providers, and other community resources to increase access to services designed to help parents build and maintain healthy relationships with their babies.



# Children and Youth in the Child Welfare System

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In 2018, Rhode Island established the **Voluntary Extension of Care (VEC)** program, allowing youth ages 18 to 21 who were in foster care the option of continuing to receive services from the DCYF.

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The **Community Services and Behavioral Health division** of DCYF offers parents and legal guardians access to residential treatment for children diagnosed with an intellectual developmental disability or serious emotional disturbance without having to relinquish custody to the Department.

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**Family Care Community Partnerships (FCCPs)** are DCYF's primary prevention resource for the state. FCCPs provide wraparound services at home and in the community to serve families at risk of involvement with DCYF. Children can be referred to FCCPs, and families can access services without being involved with DCYF



## Recommendations

- Focus on mental health **promotion and prevention** in schools and communities.
- Provide families with the **economic and community supports** they need to thrive, so children do not face homelessness, poverty, child neglect and abuse, community violence, and toxic stress that are often precursors to mental health problems.
- Advocate for **policies that support the secure attachment of infants and young children** to parents and caregivers including paid family leave, increased access to high-quality child care (by increasing rates and compensation for early educators), increased access to Early Intervention, and identify and treat parental mental health and/or physical health challenges, including maternal depression.

## Recommendations

- Create and invest in a **seamless and coordinated system of behavioral health** care that provides the right care, at the right time, in the right place and supports children as they grow and transition to adults.
- Fully fund and **prioritize comprehensive, community-based systems of care** that connect families in need of outpatient behavioral health services and supports for their children with evidence-based interventions in their home, community or school as well as follow-up with families to overcome any barriers to care.
- **Increase state funding, including Medicaid rates**, dedicated to ensuring that all families and children, from infancy through adolescence, can access evidence-based mental health screening, diagnosis, and treatment to appropriately address their mental health needs, with particular emphasis on meeting the needs of under resourced populations.



## Recommendations

- Address longstanding **workforce challenges** in child mental health, including innovative training programs developed collaboratively by Rhode Island's existing health care professional programs.
  - loan repayment and reduced/free tuition consistent with Rhode Island Promise grants
  - intensified efforts to recruit and retain underrepresented populations into mental health professions
  - training for workforce and others involved in children's lives
- Advance policies that **ensure compliance with and enforcement of mental health parity laws.**

## Recommendations

- Continue to **track the implementation of recently passed legislation** and policies to improve the mental health of children in Rhode Island (*Nathan Bruno Act, Trauma Informed Schools Act, Infant and Early Childhood Mental Wellness Act*).
- Improve the **oversight and administrative coordination** of children's behavioral health and coordination with the adult behavioral health system and transition.
- **Increase data collection efforts to track mental health needs** for children and youth (for example requiring ACEs screenings in primary care offices, including screening data to track if children and youth seen in the emergency room for mental health needs have had any prior mental health care/interventions and in what settings).

## Recommendations

- Increase implementation and sustainable funding of effective models of **school-based mental health care** with clinical strategies, including a mental health “warmline” for school staff to access care comparable with the existing PediPRN model for pediatricians, and models for payment, such as PCMH-Kids (which co-locates mental health providers in pediatric practices).
- Incentivize adoption of effective and financially sustainable models of **integrated mental health care in primary care pediatrics**, including clinical strategies and models for payment.

## Recommendations

- **Address the ongoing challenges of the acute care needs** of children and adolescents, including shortage of beds and emergency room boarding, by expanding access to short-stay stabilization units and community-based response teams.
- Address regulatory challenges and **improve access and availability of telemedicine** to provide mental health care to all populations.

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## Panel Discussion

**#MentalHealthRI**

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