

Children's Cabinet

April 28, 2025

Agenda

- Welcome and Introductions
- Vote on adoption of March meeting minutes
- EOHHS Update on Children's Behavioral Health
- Public Comment
- Adjournment



EOHHS Update on Children's Behavioral Health Children's Cabinet

April 2025

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Agenda

Framing the Discussion: Assistant Secretary Ana Novais

Presentations:

1. DCYF – Director Ashley Deckert
 - DCYF In-Home Service Array and Alignment with System of Care
 - Rhode Island Children’s Behavioral Health Consent Decree
2. BHDDH - Director Richard LeClerc
 - Substance Use Disorder - Prevention & Treatment Service Array
3. EOHHS – Assistant Secretary Ana Novais
 - Senate Resolution Report
 - CCBHC/Mobile Response & Stabilization Services Program

DCYF Children's Behavioral Health Update

DCYF In-Home Service Array & Integration with the Children's System of Care

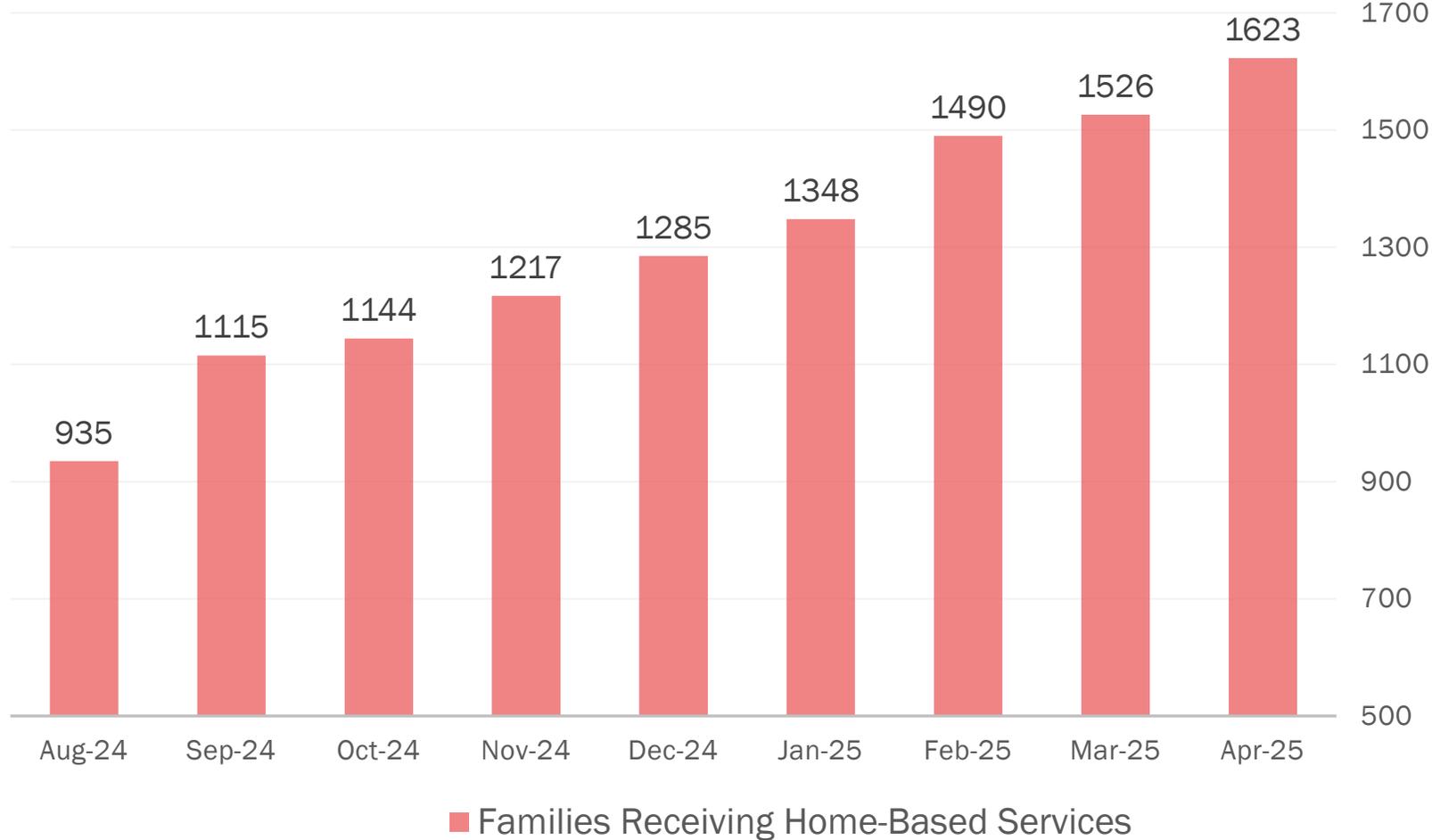
As part of the **P.A.C.E.** (Prevention, Accountability, Collaboration & Engagement) strategic vision, DCYF has been focusing on providing comprehensive, coordinated behavioral health services and supports as part of the System of Care (SOC) to promote child well-being and prevent child welfare involvement, hospitalization or other deeper system involvement.

DCYF has been doing this through:

- ✓ Reprocurring and expanding access to our intensive home-based service array
- ✓ Supporting children's services through the Certified Community Behavioral Health Clinics and Mobile Response and Stabilization Service (MRSS)
- ✓ Promoting wraparound planning through the Family Care Community Partnerships
- ✓ Assessing and connecting families to treatment through the DCYF Support and Response Unit



DCYF Home-Based Service Array Utilization, Aug. '24 to Apr. '25



Since new home-based services contracts took effect in August 2024, DCYF has increase daily home-based service utilization by 74%, from 935 in August to **1623 children/families daily** in April 2025.

DCYF Intensive Home-Based Service Array

DCYF comprehensive home-based behavioral health services go beyond traditional individual and group therapy, are family-focused and driven by family and youth voice and choice, and are usually delivered in the home, often afterhours. DCYF has 70 intensive home-based services that are evidence-based or evidence-informed and that can help with the following areas:

- Child and youth mental health and disruptive behavior
- Family stabilization and prevention of crises
- Parent skill building
- Kinship, foster home, and adoption support
- Visitation Services

For detailed information on all the intensive, home-based services available through DCYF without opening to the department, please visit ...

<https://dcyf.ri.gov/services/behavioral-health/central-referral-unit/service-provider-guide>

Accessing DCYF Home-Based Services

Families can access these services without opening to DCYF. The most common pathways to access DCYF services include going through:

- The DCYF Support and Response Unit (SRU Warmline 1-888-RI-FAMILY)
- The Family Care Community Partnerships (FCCPs)
- Mobile Response and Stabilization Services (MRSS)
- Certified Community Behavioral Health Clinics (CCBHCs)
- Schools (DCYF is working to expand this pathway)

DCYF has been actively working to expand access to our home-based services for families without them ever needing any DCYF involvement.

Family Care Community Partnerships (FCCPs)

- The Family Care Community Partnerships (FCCPs) represent DCYF's critical primary prevention effort for the state.
- The FCCPs provide evidence-based wraparound facilitation for families who are experiencing emotional or behavioral difficulty with their children, issues at school, stressful life experiences, lack of natural and community supports, and/or who are in need of parent skill training.
- The FCCP team uses a strength-based approach to wraparound the child and family to coordinate services, develop and reach attainable goals, and empower families to become their own advocate through voice and choice.

The FCCPs can submit referrals to the DCYF service array based upon assessments completed with a child and family. Family voice and choice is crucial to this process.

Contact Info for the Five FCCPs

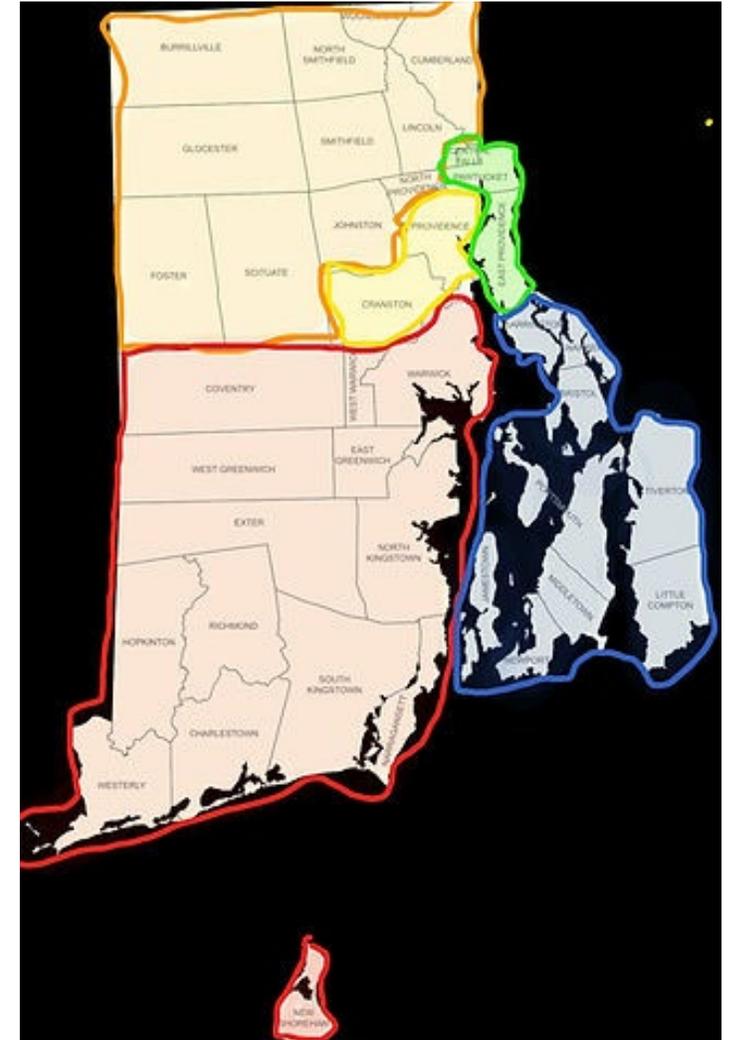
West Urban Core: [Family Service of RI](#)
Cities & Towns: Providence, Cranston
(401) 519-2280

East Urban Core: [Communities for People](#)
Cities & Towns: East Providence, Central Falls, Pawtucket
(833) 322-7123

East Bay: [Child & Family](#)
Cities & Towns: Barrington, Bristol, Jamestown, Little Compton, Middletown, Newport, Portsmouth, Tiverton, Warren
(401) 849-2300

Washington-Kent: [Tri County Community Action Agency](#)
Cities & Towns: Charlestown, Coventry, East Greenwich, Exeter, Hopkinton, Narragansett, New Shoreham, North Kingstown, Richmond, South Kingstown, Warwick, West Greenwich, West Warwick, Westerly
(866) 840-6532

Northern Rhode Island: [Community Care Alliance](#)
Cities & Towns: Burrillville, Cumberland, Foster, Glocester, Johnston, Lincoln, North Providence, North Smithfield, Scituate, Smithfield, Woonsocket
(401) 235-7252



DCYF Support and Response Unit (SRU)

DCYF recognizes that many families struggle sometimes or feel overwhelmed and could benefit from accessing services and supports that are traditionally only available to families with formal DCYF or Rhode Island Family Court involvement. The Support and Response Unit (SRU) provides assistance by identifying each family's needs and secures the necessary supports to help families thrive. The unit helps families navigate services in their own communities.

SRU staff are able to offer:

- Assessments for families using established screening and assessment tools;
- Short-term, home- and community-based services for families and children who need support;
- Assistance for families when their older youth are exhibiting wayward or disobedient behavior; and
- Local resources to better support families whose children have behavioral health needs.

Families are encouraged to call the SRU at 1-888-RI-FAMILY (1-888-743-2659)

RI Children's Behavioral Health Consent Decree

On 1/7/25, the State entered into a formal agreement in U.S. District Court after a Federal investigation found violations to civil rights laws concerning psychiatric hospitalizations of youth from 2017 to 2022.

- The investigation's findings allege that children with behavioral health disabilities in the care and custody of Rhode Island's child welfare agency are unnecessarily segregated in an acute-care psychiatric hospital.
- The State acknowledged the findings, although the State disputes aspects of those findings.
- Rhode Island worked with the U.S. Department of Health and Human Services and U.S. Attorney's Office to develop a consent decree to resolve the allegations.

RI Children's Behavioral Health Consent Decree

What does the Consent Decree do?

Creates a shared vision

- To foster and strengthen community-based services for those children with behavioral health disabilities in the care and custody of DCYF, so they are treated in the most integrated setting appropriate to their needs.
- To transition children who have been hospitalized at Bradley Hospital to family settings with needed community-based services.
- To prevent children with behavioral health disabilities from experiencing avoidable or unnecessarily prolonged psychiatric hospitalization.

Requires a remedial plan

The State will be monitored as it works with a consultant to design and implement an agreed-upon remedial plan.



RI Children's Behavioral Health Consent Decree



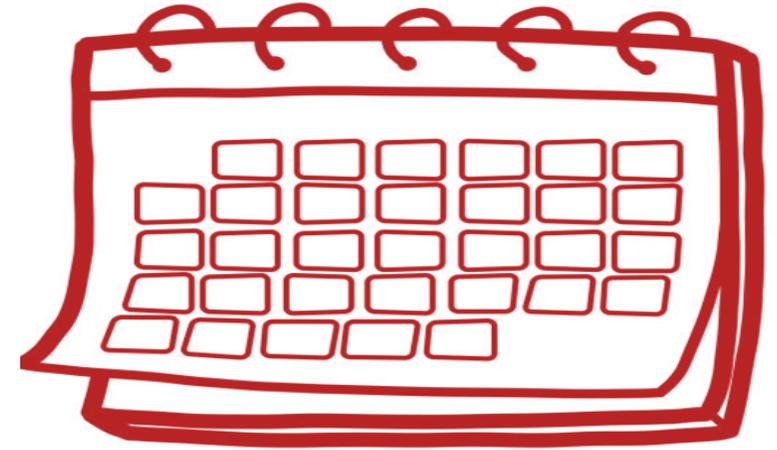
Focus Population

- The focus population includes any child who has an “Open Case” to DCYF and meets one of the following criteria:
 - The child is/was admitted to Bradley Hospital for acute inpatient treatment at any point from 1/7/24 through the duration of the consent decree; OR
 - The child is deemed at serious risk of admission to Bradley Hospital for acute inpatient treatment because the child has had three or more emergency room visits within a 12-month period because of a current or subsequent diagnosed behavioral health disability.

RI Children's Behavioral Health Consent Decree

2025 Required Foundational Work and Milestones

- **February:** Court to approve of a Monitor (Elizabeth Manley approved in Federal court on 2/17/25)
- **May:**
 - Parties to finalize of Monitor and consultant team contracts
 - Monitor to finalize monitoring plan (draft due no later than 4/30/25)
 - Establishment of a Consent Decree Advisory Board (1st meeting scheduled for 5/28/25)
- **July:** RI to produce Baseline Data Report (draft due no later than 7/7/25)
- **January 2026:** Consultant team to produce review of preliminary observations and recommendations, which will serve as the basis for developing a proposed implementation plan (due no later than 1/7/26)



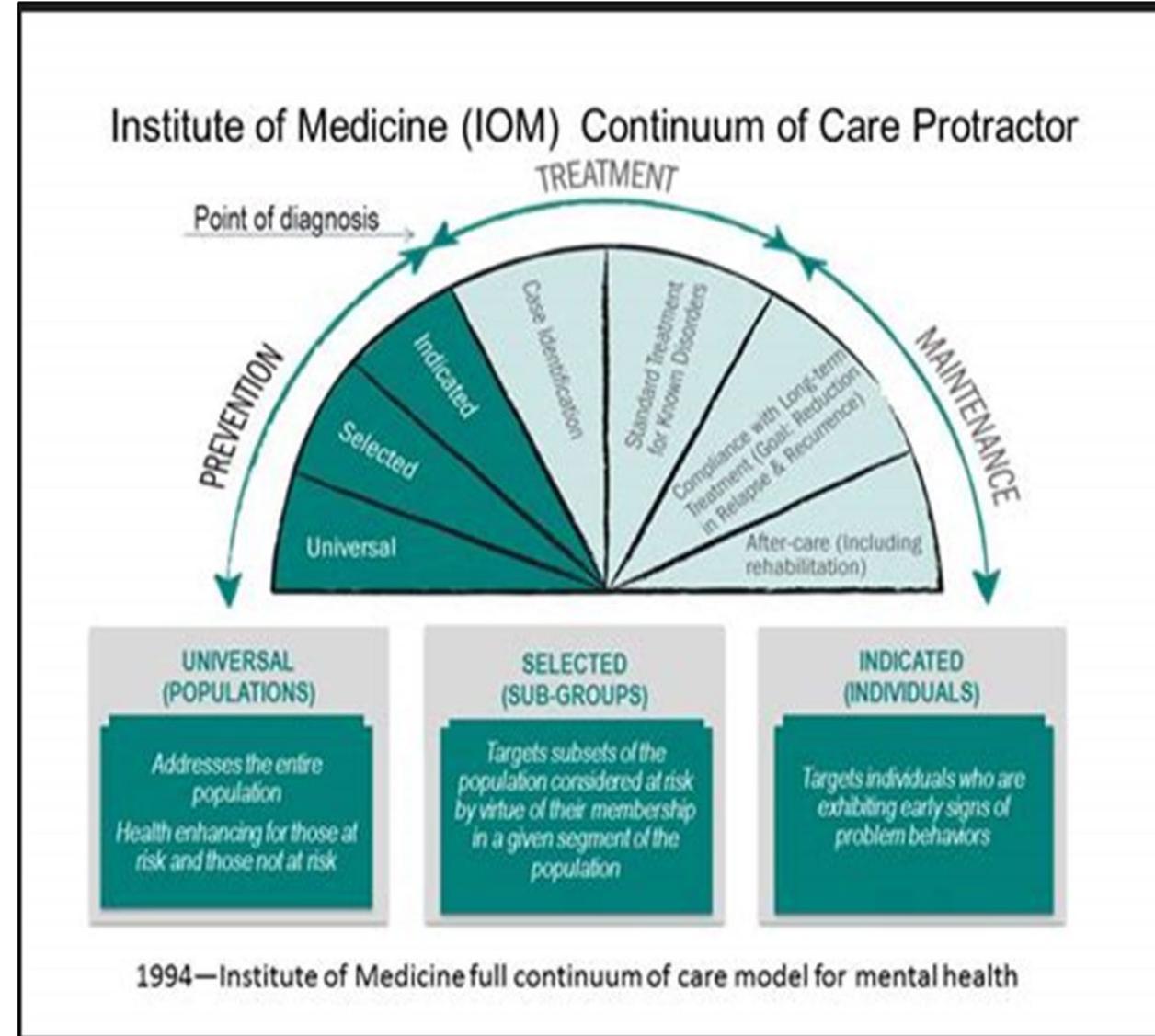
BHDDH Children's Behavioral Healthcare Update



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Title 40.1 BHDDH Powers and Duties of the Office

- Establishes BHDDH as the substance use authority for purposes of planning, policy development, program implementation, and collaboration
- Highlights the continuum of care from primary prevention, treatment, and through recovery maintenance



Primary Substance Use Prevention & Harm Reduction

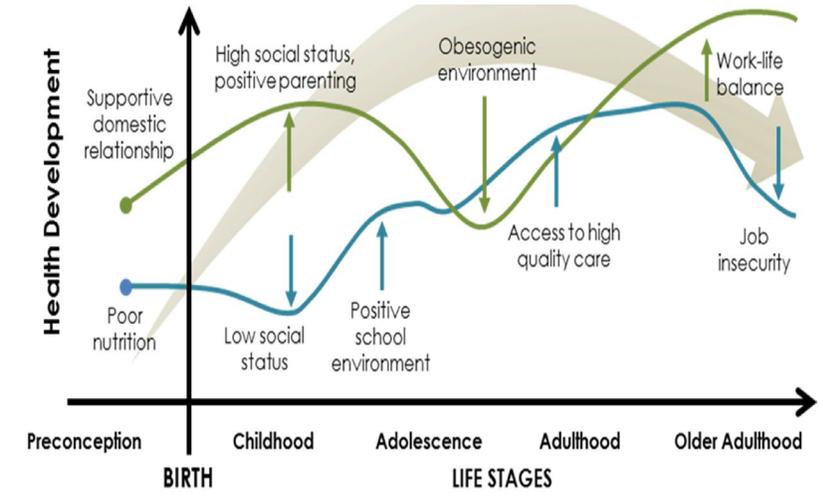
Current Work- \$9.8 million - 46 contracts

- Maintain a five-year prevention strategic plan for communication with the primary federal funder (SAMHSA)
- Utilize SAMHSA's Strategic Prevention Framework (SPF) for data-driven prevention program planning and implementation
- Emphasize two primary structures for prevention work established by law in 1987
 - School-based prevention: Rhode Island Student Assistance Services (RISAS)
 - Community-based prevention: Rhode Island municipal and regional prevention coalitions
- Conduct program-level evaluations, Rhode Island Student Survey (RISS) & Rhode Island Young Adult Survey (RI YAS) to measure impact

Future Direction

- Overlay Life Course Theory and the Social Ecological Model to use with SPF to maximize impact of interventions
- Work better with existing infrastructure, sister state agencies, and community partners to stretch resources further
- Invest in the RI Evidence-Based Practices Workgroup to allow for variation from prescriptive practices
- Decentralize services from the regional prevention coalitions to allow them to focus on community-based process and
- Work with RISAS on fidelity of evidence-based practice(s)
- Slim down the programs selected to improve evaluation efforts

Planning - SPF, Social Ecological Model, and Life Course Theory



What Could The Prevention Service Array Look Like?

- Upstream approaches for children before substance use begins or at early onset. BHDDH carries out work with and supports our sister agencies in the following ways:
 - Continued work with RI Department of Health on Substance-Exposed Newborns (**SEN**) program
 - Building new partnerships with RI Department of Human Services (**DHS**) and Bradley Hospital on Incredible Years teacher training and program evaluation for pre-school aged children experiencing ACEs
 - Partner with **DCYF** and Adoption RI to ensure family-based interventions like Strengthening Families and Strong African American Partnerships are utilized by new and changing families, like grandparent-led families
 - Work with **RIDE** on focusing the service array of universal substance use prevention curriculums in elementary school to better evaluate outcomes
- Focus **school-based interventions** through BHDDH contracts with RISAS and the RI Teen Institute for middle and high school students
 - RISAS is a multi-component intervention with a universal education curriculum, program identification and referral, group services, peer programs like Life of an Athlete, parent engagement, and teacher/administrator education
 - Rhode Island Teen Institute is a promising practice designated by the Rhode Island EBPW that is being expanded into a year-long program around youth leadership development and peer programming, resulting in youth-led statewide coalition

What Could The Prevention Service Array Look Like? cont.

- Keep regional and municipal prevention coalitions focused on their needs assessments, strategic planning, capacity building, prevention specialist mentoring, evidence-based practice training initiatives, community education, and environmental prevention strategies to continue to grow healthy communities for all ages with local coordination
 - Utilize high-visibility enforcement to minimize underage access to substances with compliance checks, party patrols, sticker shock
 - Develop policy academies and learning collaboratives to work towards safer communities
 - Continue their work with parents, adults and older adults on medication management, use of locked bags, prescription drug takeback, and other mechanisms to ensure youth don't have access to non-prescribed medications and illegal substances
- Consolidate media work to statewide messages coordinated through the BH Statewide Conversations Workgroup, an interagency and community collaborative Project Managed by EOHHS, and with specialized partners such as MADD
- Continue evaluation work expanding to understanding the impact of prevention on families, parents, and adults

Prevention: Looking Forward

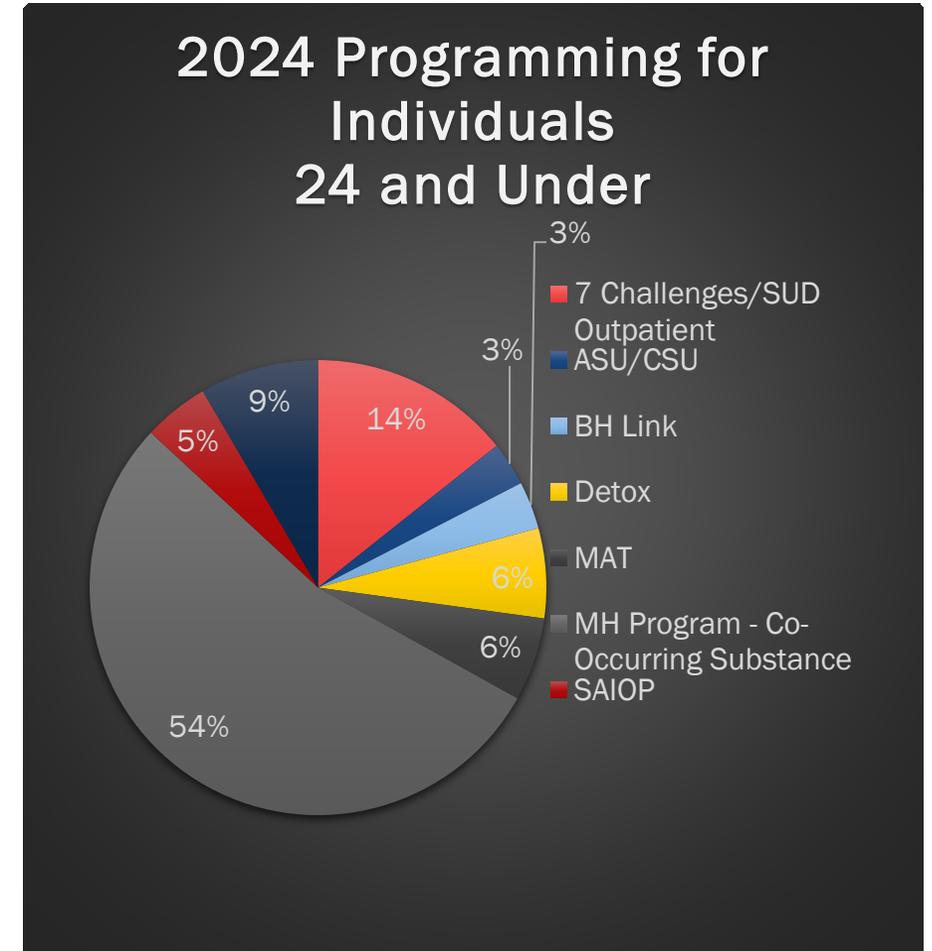


- Finalize the RI Teen Institute contract
- Continue work with the RI Certification Board on prevention specialist credentials
 - Required for SAMHSA-funded prevention work
- Re-bid out the regional prevention coalition structure by Fall 2026
- Re-bid out the Rhode Island Student Assistance Services vendor by Fall 2027 or 2028
- Keep building partnerships to stop duplication and show the impact of the work

Treatment - Levels of Care: FY 2025

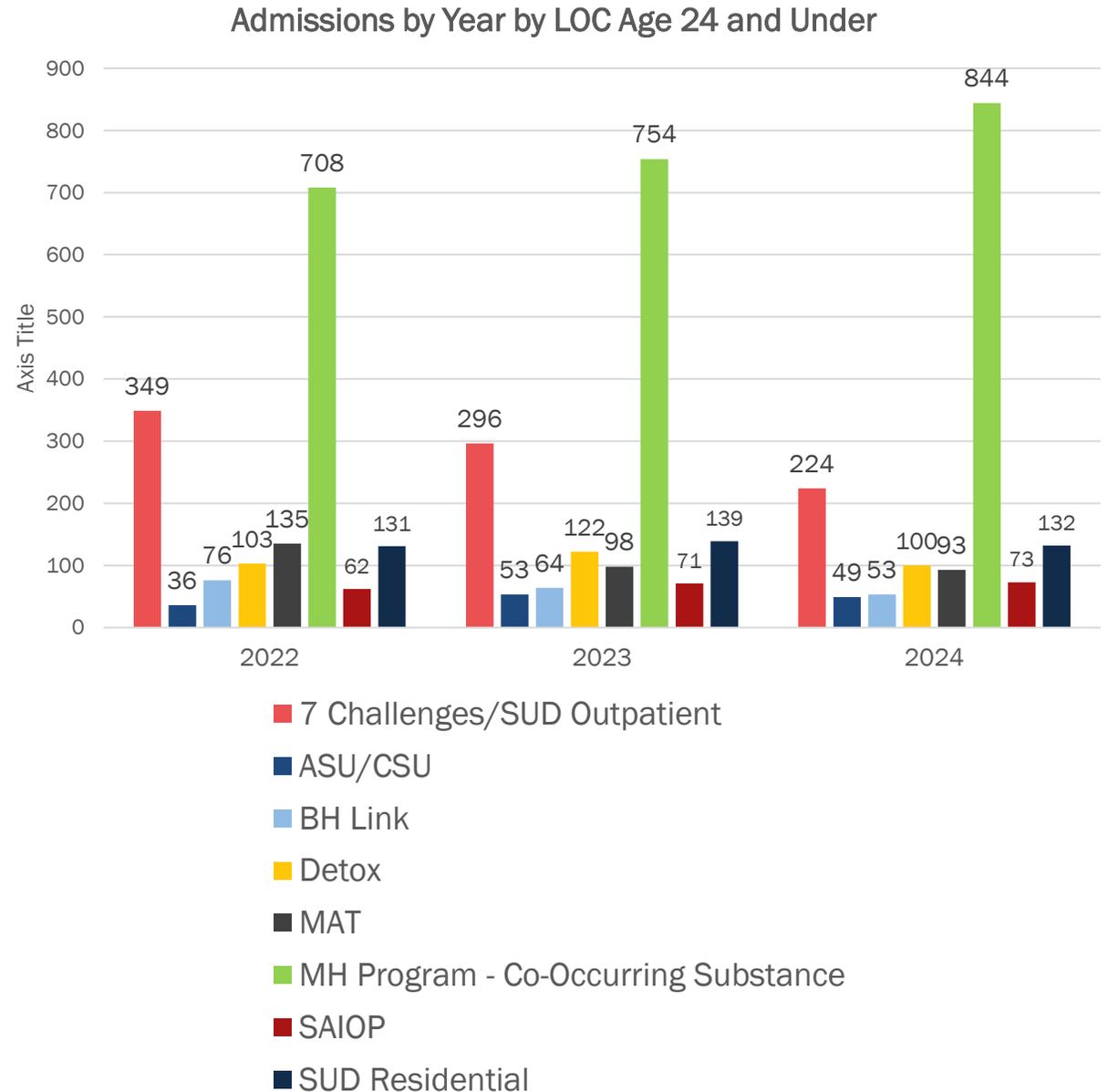
Treatment Options:

- 23 BHDDH Licensed Out-Patient
- Multiple School Based Contracts
- (4) Intensive Outpatient/Partial Hospitalization
- (1) Residential ASAM 3.5 Co-Occurring
- 17 Opioid Treatment Program locations
- Federally funded Healthy Transition programs
- (8) Licensed BHDDH-CCBHC's
- 7 Challenges- EBP (RITS)

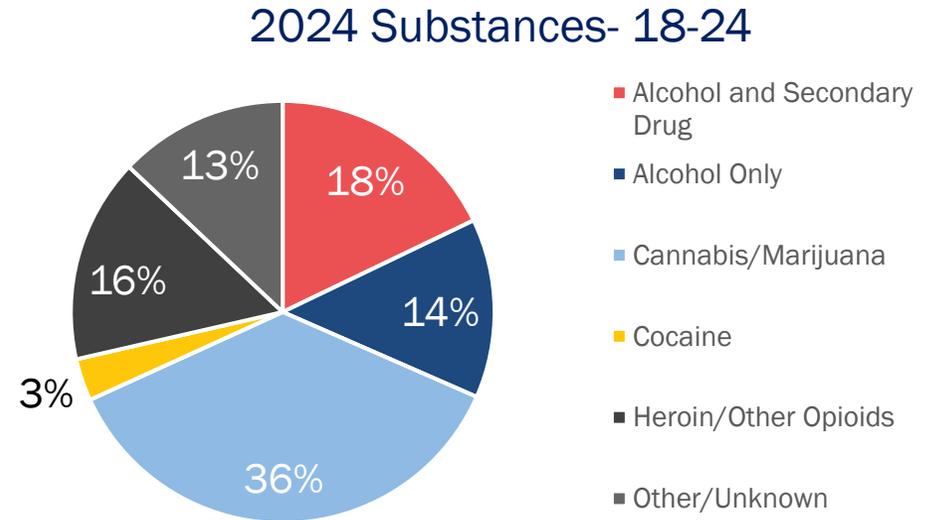
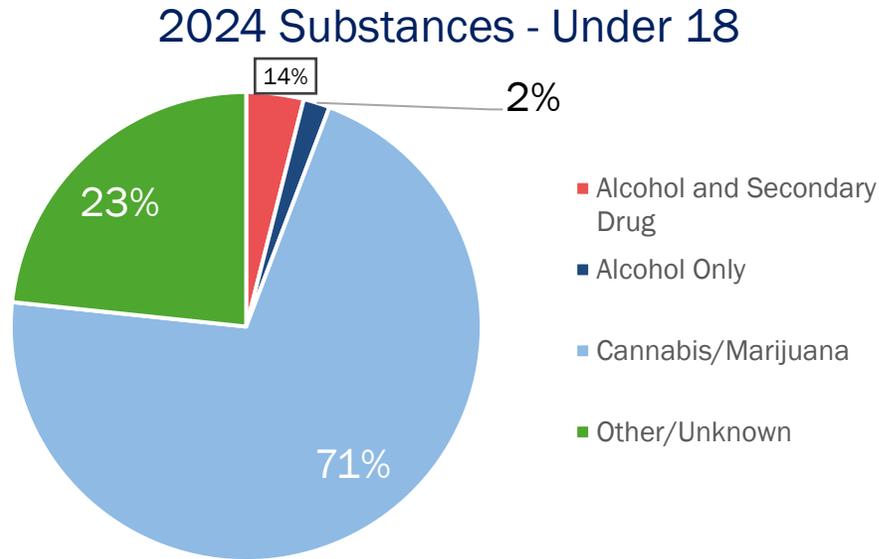


Levels of Care

- There are more individuals in mental health treatment with a co-occurring substance use disorder or substance of misuse than admissions to SUD specific programs, and this program type is rising rapidly
- Regular SUD outpatient appears to be declining
- SUD residential and Detox admissions have been consistent year to year



Substances of Misuse – 2024

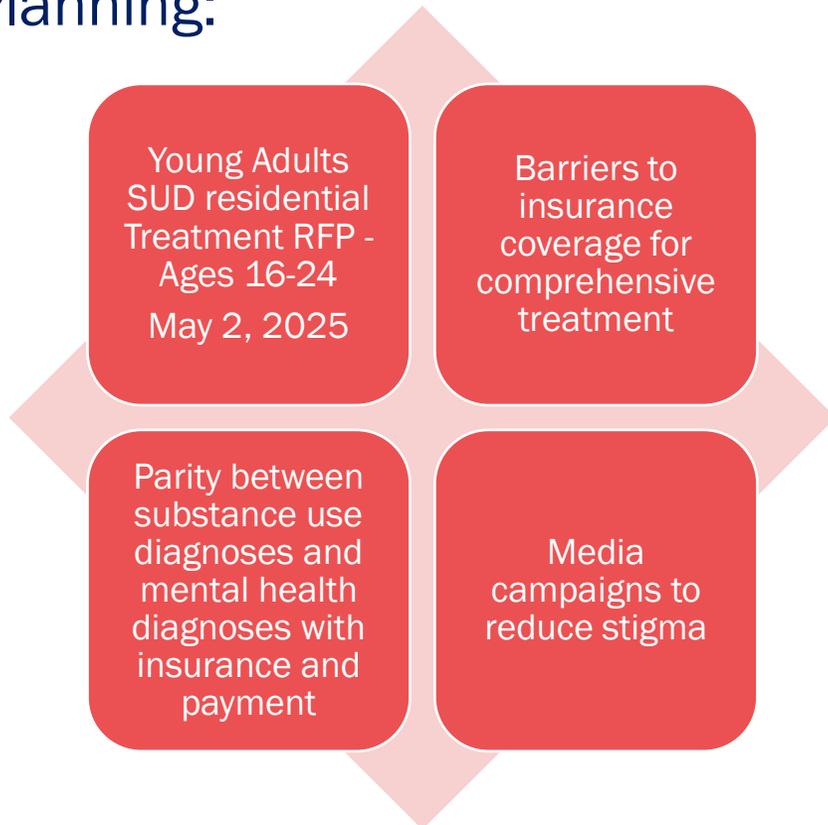


- Cannabis/Marijuana is the most common substance across both adolescent age groups and continues to increase, especially among 18–24-year-olds.
- Alcohol Only admissions among 18–24-year-olds have declined each year, with a notable drop between 2023 and 2024. At the same time, Alcohol with a Secondary Drug admissions have increased, suggesting a rise in polysubstance use involving alcohol.
- Opioid Use Disorder (OUD) admissions in the 18–24 group also decreased significantly, particularly from 294 in 2022 to 194 in 2024.

Behavioral Healthcare Division - Current SUD Work

Working across the Life Course with Medicaid, RIDOC, RIDOH, DCYF, DHS, OHA and DLT

Planning:



Developing: Need for more bilingual /culturally providers willing to work youth.

Implementing: 5-2-25 Adolescent SUD residential facility (RFP) - ages 13-17 (DCYF on the review committee)

- Increasing Family Therapist into SUD residential programs across life course
- Working with sister agencies as content experts on Complex BH Cases

Funding: Settlement dollars. Federal Mental Health and Substance Use Block Grants (mandated 10% youth set aside), State Opioid response Grants III and IV , Healthy Transition & other Discretionary Grants Total: \$10 million allocated.

Medicaid payments for CCBHC and SUD treatment not included.

EOHHS Children's Behavioral Health Update

Senate Resolution Report

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Senate Resolution Report

Children's Behavioral Health – Approaching Consensus

After discussions with both community partners/providers and state leadership and staff, here are a set of statements that seem to reflect consensus from participants.

- Clinical leadership is needed to support the children's mental health authority, including relevant specialists (developmental-behavioral pediatricians, child psychologists, child psychiatrists).
- Similarly, the authority requires formal participation and leadership from parents, caregivers, youth, and those with lived experience.
- Resources needed to sustain children's mental health authority must be in place to make the new structure successful, including but not limited to fiscal, clinical, overall workforce, legal, grant writing, data systems, evaluation, planning, contract management, and community input.
- Prevention needs to be prioritized through the System of Care.
- Consolidation and de-duplication of strategic plans, programs, and payments is necessary.
- Care needs to be integrated with social work, case management, and health-related social needs.
- Finally, the authority should be supported by a formal Governance structure and aligned state systems that ensure partnership and collaboration across agencies that serve children.

Senate Resolution Report

Children's Behavioral Health Authority Discussion

After discussions with both community partners/providers and state leadership and staff, here are four options to consider for the location of children's behavioral health authority in Rhode Island.

1) All Children's Behavioral Health Authority would exist at DCYF

Within this framework, DCYF would retain the authority over children's mental health and the authority over youth SUD would move from BHDDH to DCYF.

2) All Children's Behavioral Health Authority would exist at BHDDH

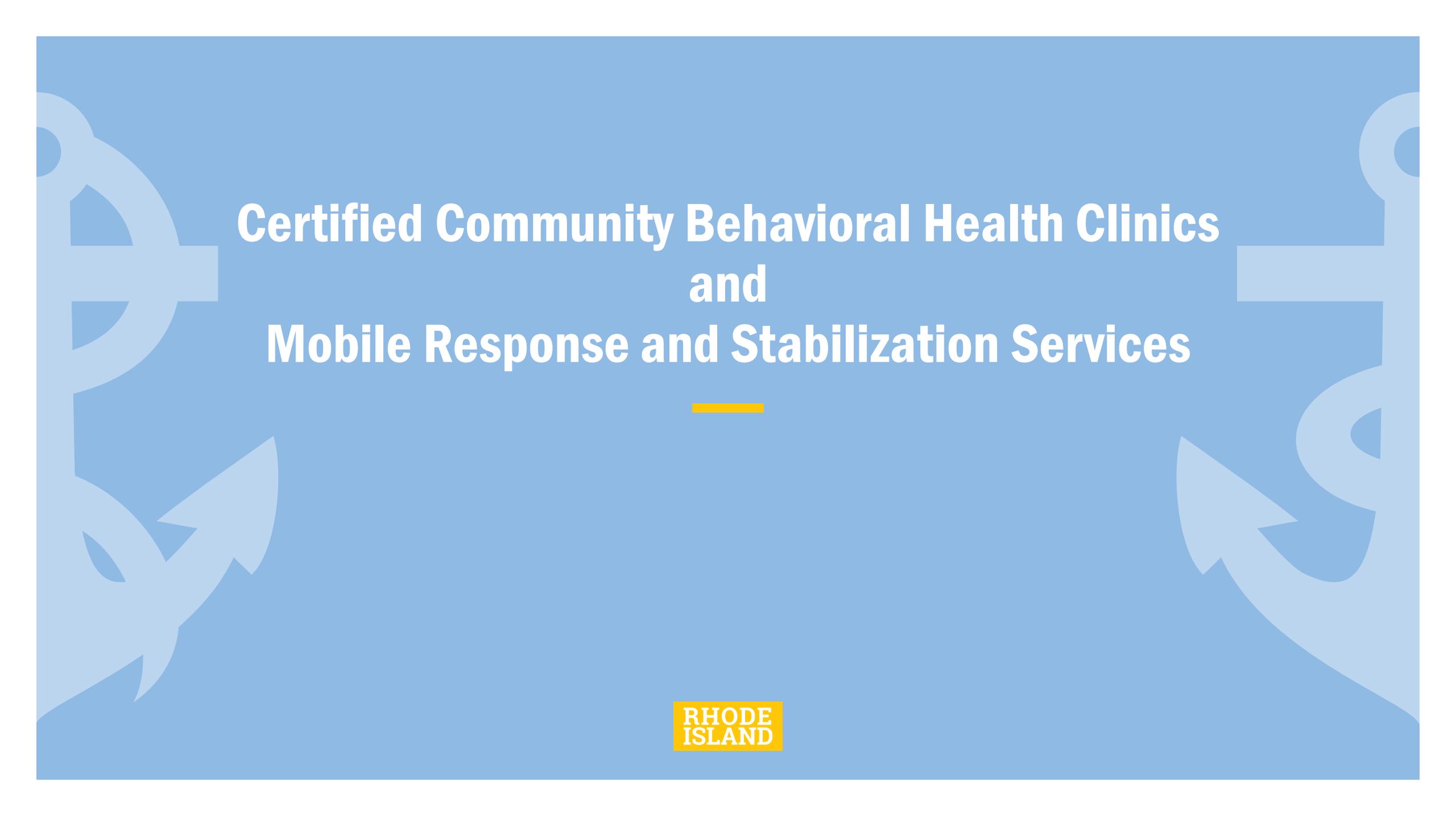
Within this framework, BHDDH would retain the authority over youth SUD and the authority over children's mental health would move from DCYF to BHDDH.

3) Children's Mental Health Authority would exist at DCYF, Youth SUD Authority would exist at BHDDH, with EOHHS Providing Coordination and Support

Within this framework, the authorities would remain where they are and EOHHS would use its statutory authority as the umbrella health and human services agency to play a formal coordinating and supporting role to increase alignment and ensure the highest quality care for Rhode Island children.

4) All Children's Behavioral Health Authority would exist at EOHHS

Within this framework, the authority for children's mental health and for youth SUD would move from DCYF and BHDDH to EOHHS.

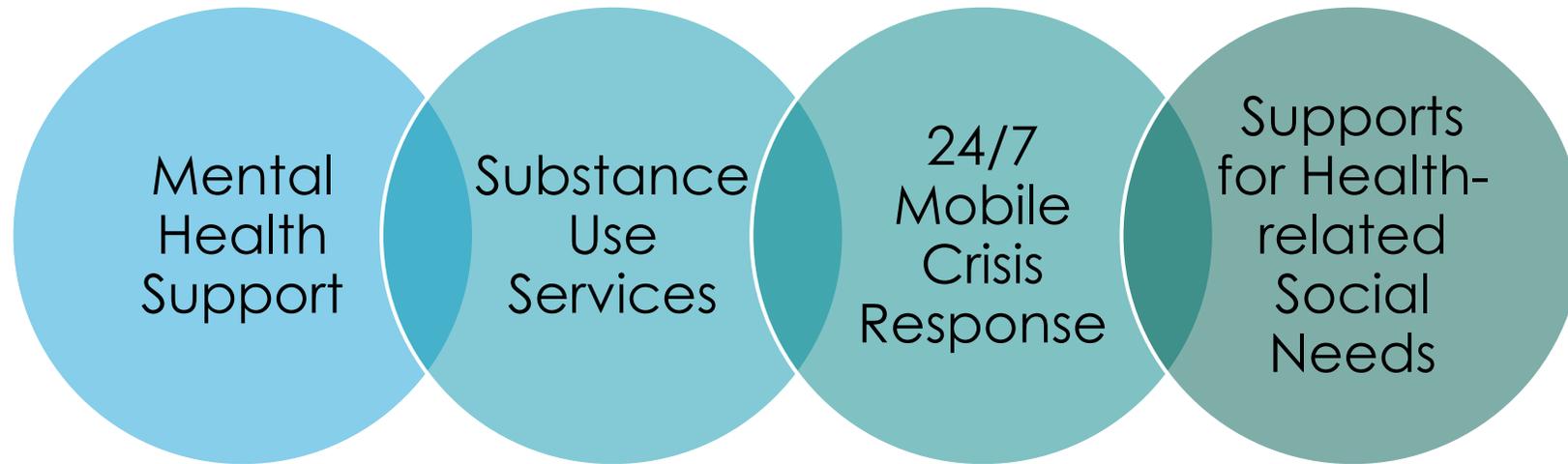


Certified Community Behavioral Health Clinics and Mobile Response and Stabilization Services

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CCBHC Program Overview

A Certified Community Behavioral Health Clinic (CCBHC) is a specially-designated outpatient clinic that provides a comprehensive range of services, including:

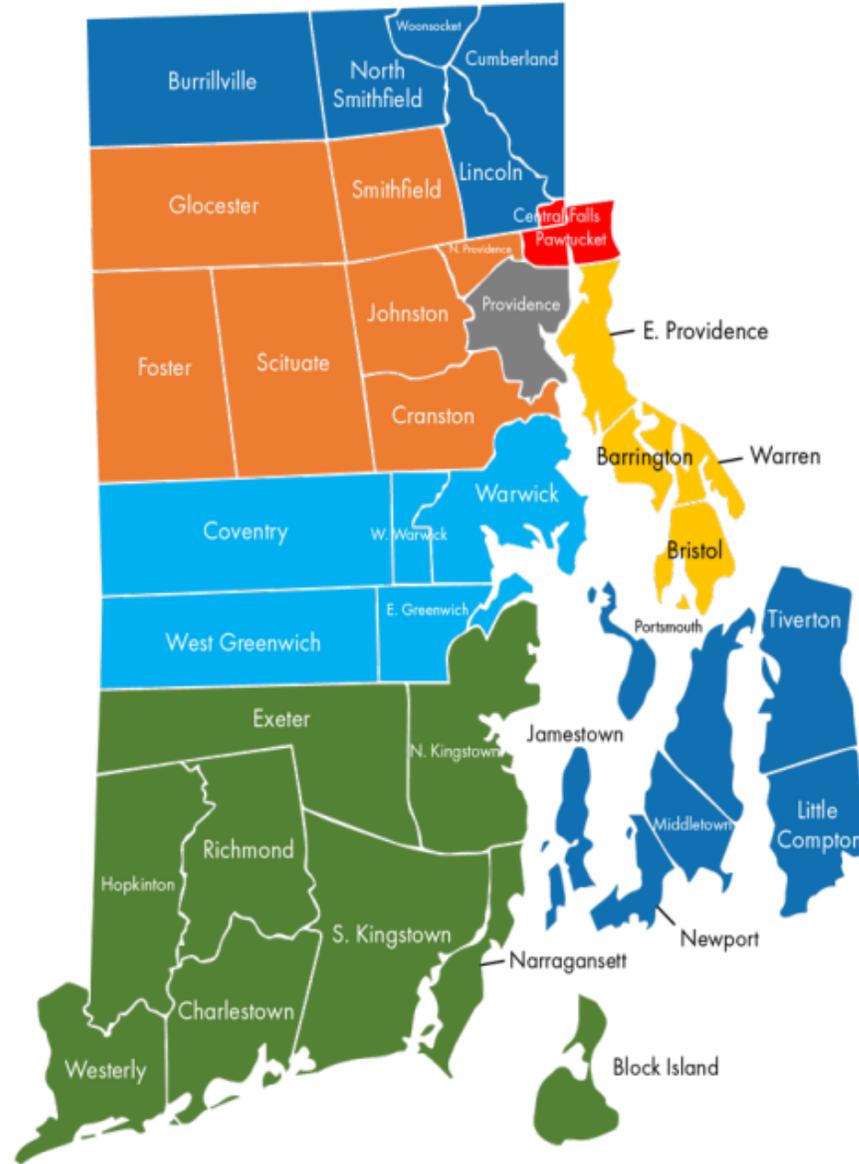


CCBHCs serve anyone who walks through the door, regardless of diagnosis, age, or insurance status.

*CCBHCs are regionally based as indicated on the map below. However, RI residents may access services at any CCBHC.

8 CCBHCs 'Live' since October 1, 2024

Anyone can get behavioral health care at any CCBHC regardless of their age, where they live, their insurance status, or their medical history.



Community Care Alliance (CCA)

- Burrillville
- Cumberland
- Lincoln
- North Smithfield
- Woonsocket

Gateway Pawtucket

- Pawtucket
- Central Falls

Gateway Johnston

- Cranston
- Foster
- Gloucester
- Johnston
- North Providence
- Scituate
- Smithfield

Family Service of RI (FSRI)

- Providence

The Providence Center (TPC)

- Providence

Thrive Behavioral Health

- Coventry
- East Greenwich
- West Greenwich
- Warwick
- West Warwick

Newport Mental Health (NMH)

- Jamestown
- Little Compton
- Middletown
- Newport
- Portsmouth
- Tiverton

Gateway South County

- Block Island
- Charlestown
- Exeter
- Hopkinton
- Narragansett
- North Kingstown
- South Kingstown
- Richmond
- Westerly

How to Get Connected

To make an appointment or learn more about walk-in services:

- 1-pager: [How to Connect with a CCBHC](#)
- Visit the website of a CCBHC near you or call them directly.
- Call 988 to find your closest CCBHC and learn about services or mobile crisis response.

Consumer-friendly resources for statewide distribution:

- <https://bhddh.ri.gov/CCBHC>
- Flyer
- Poster
- 988



Ways CCBHCs Are Transforming BH System in RI

1	2	3	4	5
Expanded access to services	Enhanced community partnerships	Investment in behavioral health infrastructure	Primary care integration	Improved quality of care

Adult & Child Mobile Crisis Response: Data Highlights

From October 2024 – February 2025:

- **91%** of *Immediate* Incidents were responded to **within 1 hour**
 - *Immediate* Incidents comprise 54% of Total Incidents
- **70%** of Total Incidents were resolved in the community

State's Current CCBHC Priorities

- **Outreach & Expanded Access:** Expanded outreach to increase appropriate use of services – get care to all in need; focus on prevention and quality care to prevent unnecessary hospitalizations
- **Payor Parity:** Working with OHIC to align CCBHC program with commercial insurers for non-Medicaid beneficiaries
- **Future Program Planning:**
 - Year 2: clinical/programmatic changes; rate setting.
 - Potential federal changes (e.g. potential reductions in Medicaid eligibility, federal match, state funding)
 - Use of data to inform future program planning for Year 2 and beyond (e.g. analysis of where there could be increased service access and efficiencies in service delivery).
- **Mobile Crisis System Planning:** We continue to review the current mobile crisis system for adults and the MRSS program for children, looking at the overall delivery system and service utilization, to determine the best organizational and funding structure for these vital services moving forward.

Thank you!

- Thank you for your attention. We welcome any questions, comments, or feedback you may have regarding the presentation.
- Reach out to Ellie Robinson with any questions: Ellie.Robinson.CTR@ohhs.ri.gov

APPENDIX SLIDES:

- 1) DCYF Service Array**
 - 2) Additional SUD Data**
 - 2) Community Based Intensive Care Program**
-

APPENDIX 1: Services available through the DCYF home-based service array

Mental Health and Disruptive Behavior Services

- Child & Family- Family Centered Treatment
- Child & Family- Family Centered Treatment - Recovery
- Child & Family- Functional Family Therapy
- Child & Family- Functional Family Therapy- Gang
- Communities for People- Family Centered Treatment
- FSRI- Intensive Care- Dialectical Behavior Therapy (IC-DBT)
- FSRI- Trauma Systems Therapy
- NAFI- Brief Strategic Family Therapy (BSFT)
- NAFI- Multi-Systemic Therapy-PSB
- NAFI- Parenting with Love & Limits
- NAFI- Rapid Crisis Stabilization
- Newport County Mental Health- IICAPS
- St. Mary's- STAAR
- The Providence Center- Multi-Systemic Therapy
- Tides- Functional Family Therapy
- Tides- Functional Family Therapy-Gang
- Tides- Preserving Families Network
- Youth Villages- Intercept

Family Stabilization and Prevention Services

- Bethany- Homebuilders
- Bethany- PACT
- Boys Town- Reunification Services
- Child & Family- Family Stabilization Program
- Children and Youth Cabinet- Familias Unidas
- Children and Youth Cabinet- SAAF
- Children's Friend- Project Connect
- Communities for People- Enhanced Family Support Services
- FSRI- Community Health Team (CHT)
- Groden- PFEP
- Key- Enhanced Family Support Services
- Tides- Believe in Making Results
- Tides- Credible Messenger
- Tides- Tides Outreach Program

Parent Skill Building

- Children's Friend- Caring Dads
- FSRI- Best Start
- FSRI- Caring Dads
- FSRI- Parent Child Intensive Therapy
- FSRI- SafeCare
- Key- Triple P
- PSN- Strengthening Families Together

Kinship, Foster Home & Adoption Support

- ARI- Thriving Together
- Boys Town- Care Coordination Kinship Services
- Child & Family- FSP Kinship
- Children's Friend- Supporting Kinship Foster Families
- Communities for People- Foster Care Support Services
- FSRI- Kinship CARES
- NAFI- FFT- Therapeutic Case Management
- St. Mary's- Safe Families
- Tides- Children's Mobile Crisis Response- Foster Care

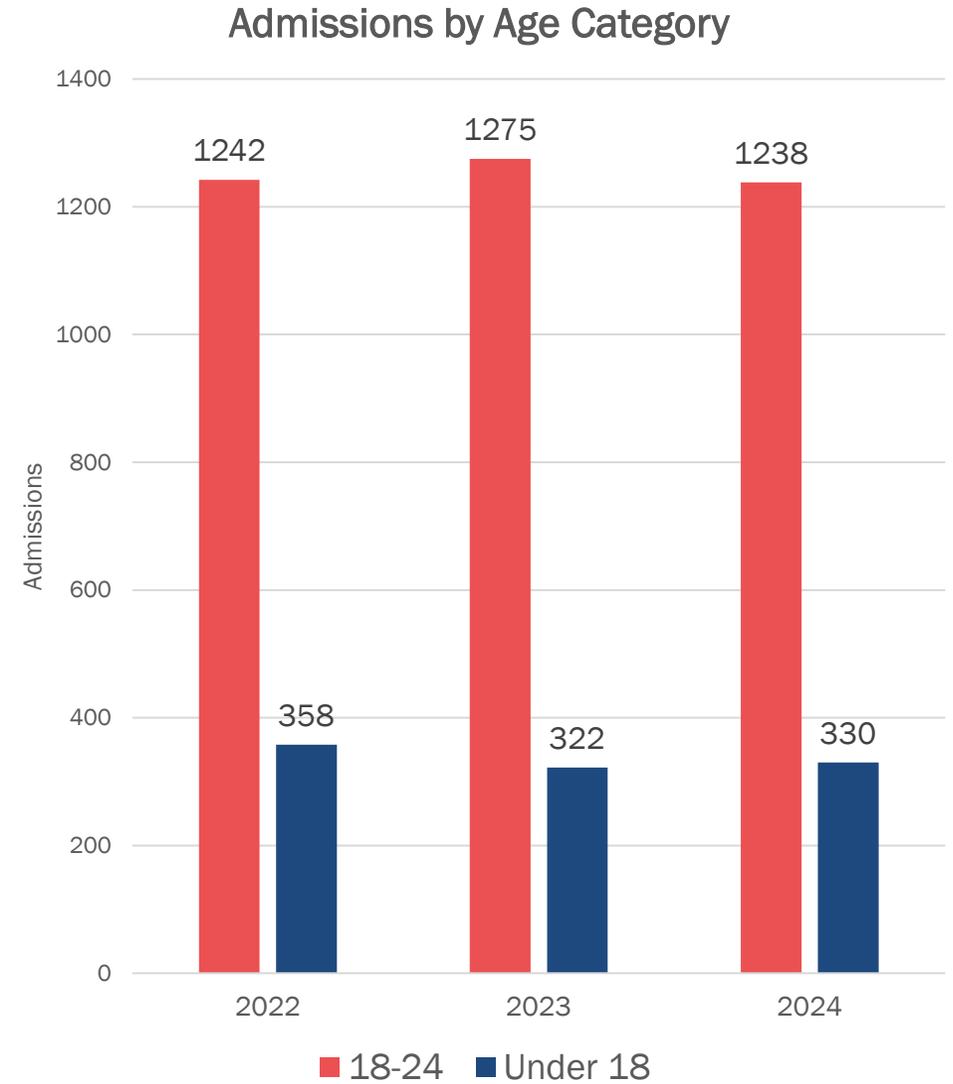
Visitation Services

- Communities for People- Family Time
- Community Care Alliance- Family Visitation Center
- Community Care Alliance- Family Visitation Center- DD
- Community Care Alliance- Nurturing Early Connections
- Community Care Alliance- Nurturing Early Connections- DD
- FSRI- Family Coaching and Visitation
- Groden- FPP
- Tides- Family Time

APPENDIX 2: Additional SUD Data from BHDDH

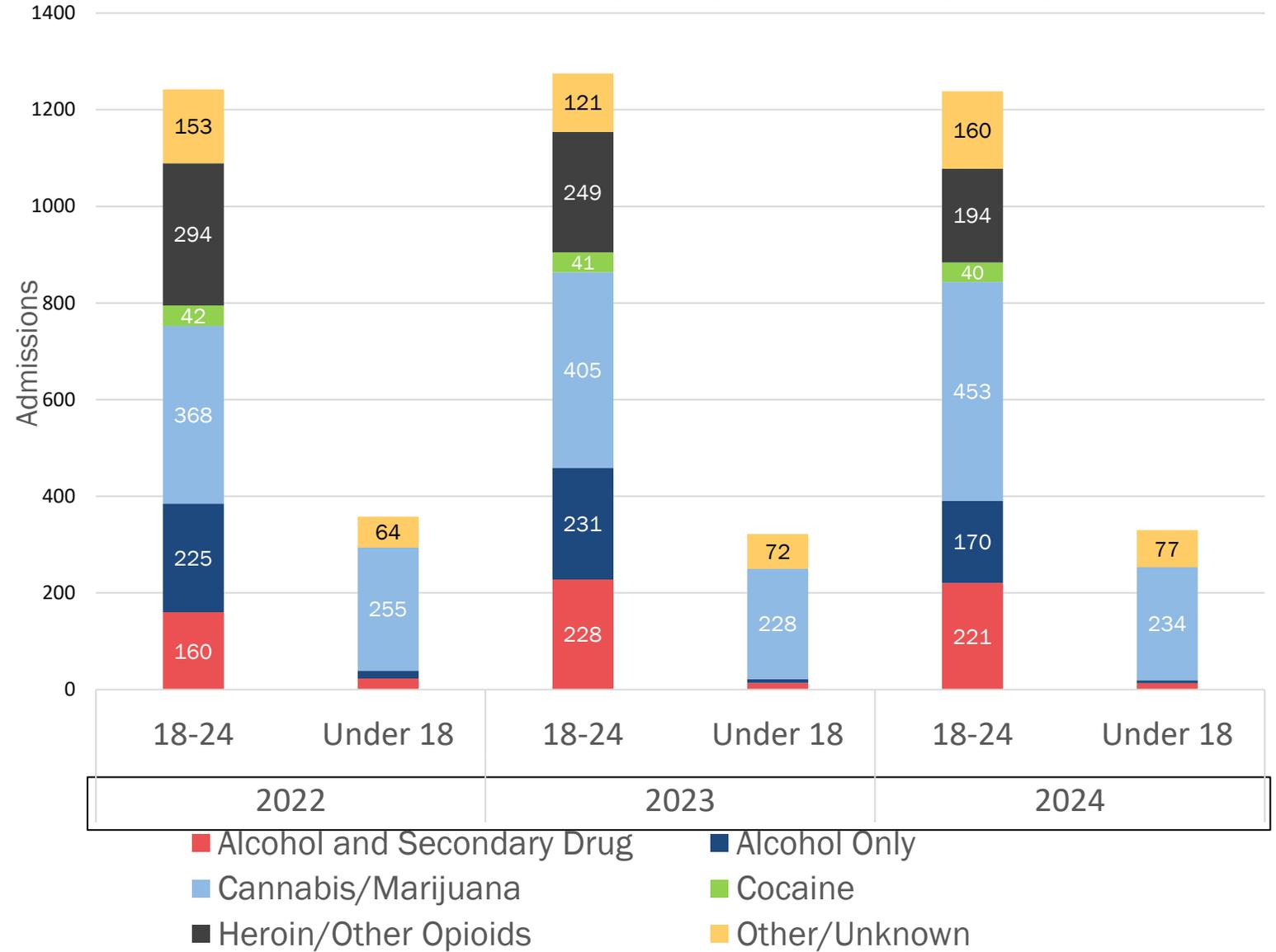
Total Overall Admissions FY 2022-FY 2024

- Admissions have been relatively stable across the years



Substances of Misuse

Admissions with Co-Occurring SUD by Substance and Age Group



APPENDIX 2: Community Based Intensive Care Program

CBIC: The First Twelve Months

(03/01/24- 04/01/25)

Total Number of Children Served: 33

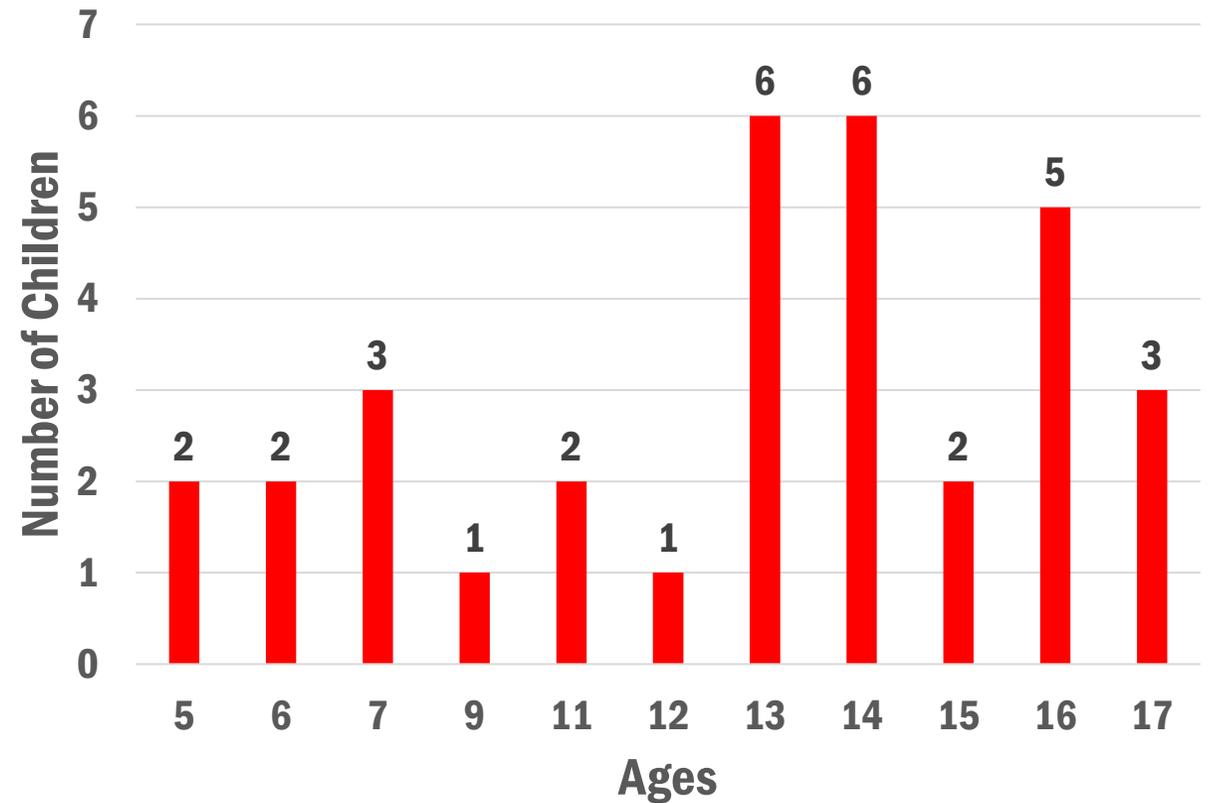
Total Number of Children Discharged: 22

Hospitalization History Prior to CBIC

Enrollment:

Out of a total of 33 children, 15 (45.5%) had previous inpatient hospitalization, while 10 (30.3%) had previous partial hospitalization.

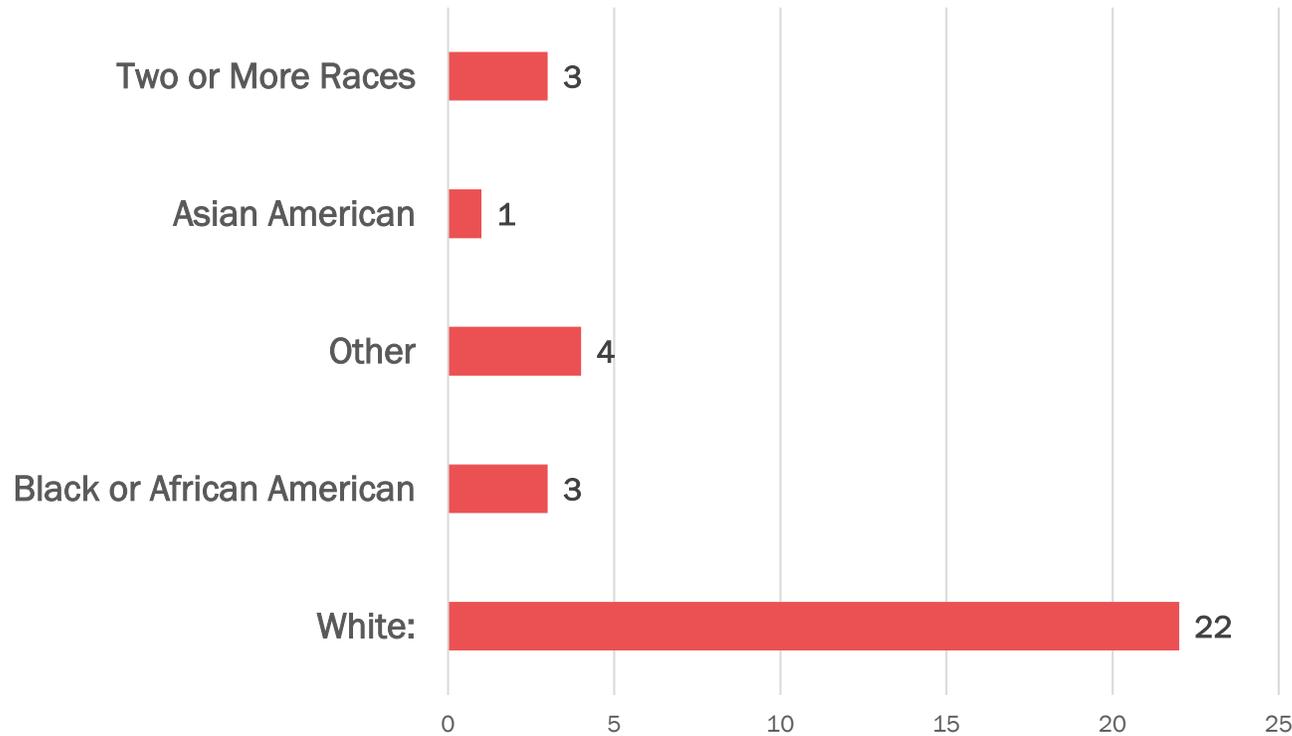
Number of Children Served at Each Age



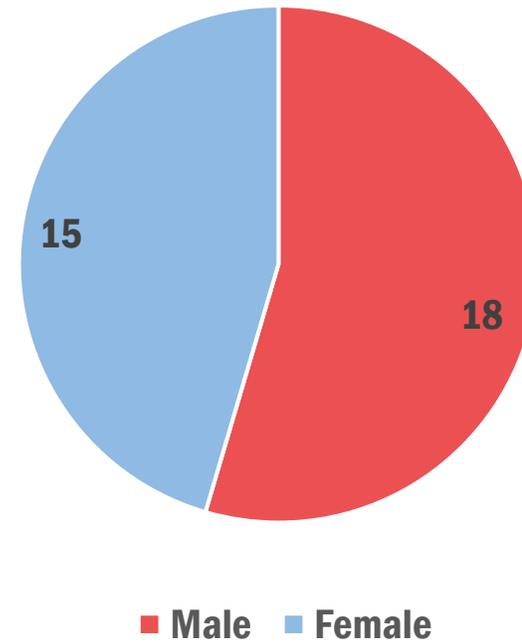
CBIC: The First Twelve Months:

(03/01/24- 04/01/25)

Client Race



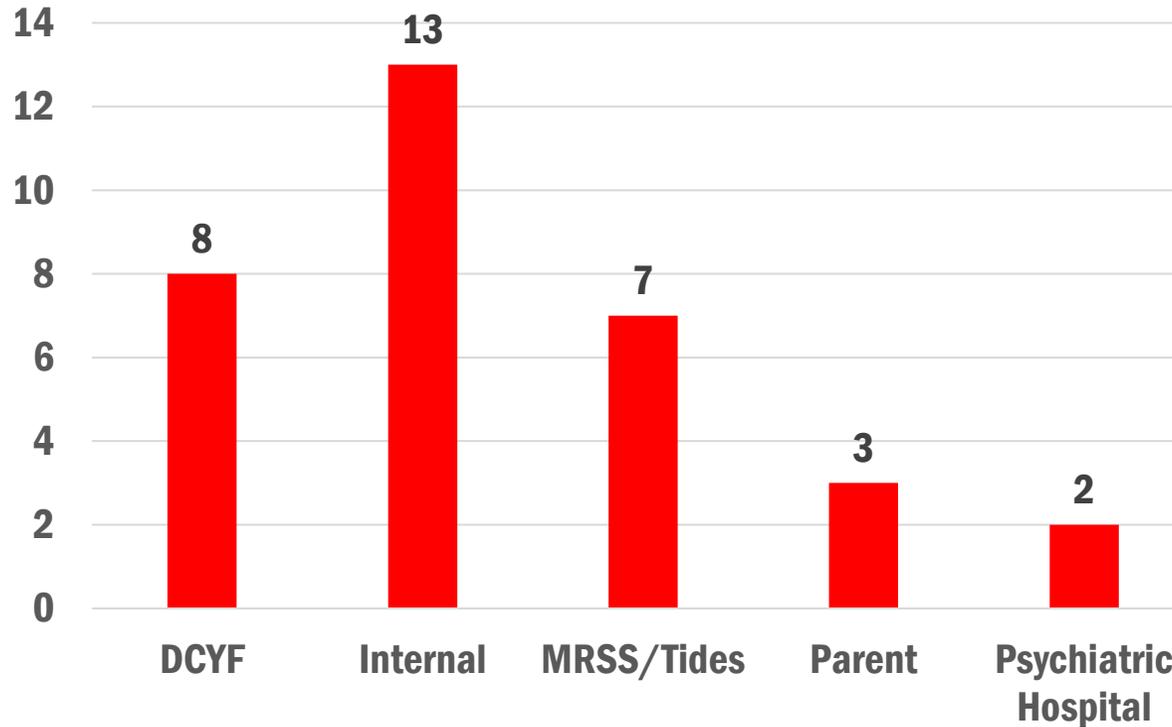
Client Gender



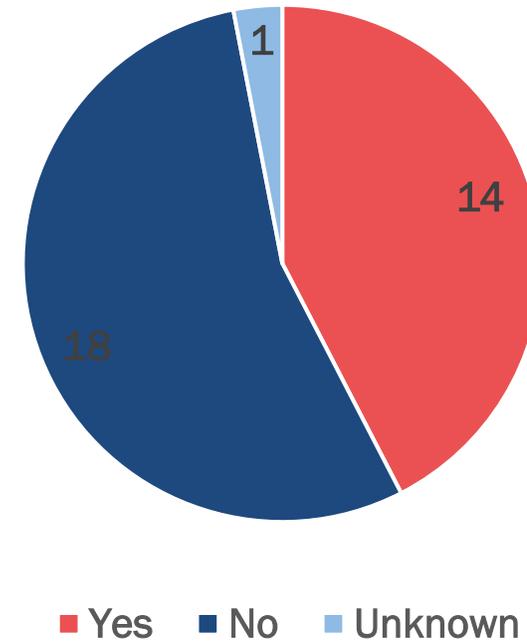
CBIC: The First Twelve Months

(03/01/24- 04/01/25)

Referral Source and Number of Referrals



Current DCYF Involvement



Public Comment

Nicole Chiello, Assistant Director

Office of Child Care, DHS

Nicole.Chiello@dhs.ri.gov

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