Children's Cabinet

September 28, 2021

RHODE ISLAND
Children's Cabinet

Agenda – 4-5pm

- Welcome, Introductions, and adoption of minutes (3 min)
- RIDE Presentation on SurveyWorks Results
- EOHHS Presentation on Draft Children's Behavioral Health System of Care Plan
- Public Comment
- Adjournment

RIDE Rhode Island Department of Education

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SurveyWorks

Rhode Island's Annual School Survey

Results Briefing

September 28th, 2021

Survey Overview

Survey Content

The surveys are focused on important topics that students, teachers, staff, and families are equipped to provide feedback about, including:

Students	Teachers/Support Professionals	Building Administrators	Families
● Sense of Belonging ● School Climate ● School Engagement ● Rigorous Expectations ● Teacher-Student Relationships ● SEL ● Cultural Awareness & Action	● Educating All Students ● Professional Learning ● School Climate ● Resources ● School Leadership ● Cultural Awareness & Action ● SEL ● Professional Learning about Equity	● Professional Learning ● School Climate ● Leadership ● School Resources ● Cultural Awareness & Actions ● Professional Learning about Equity	● School Safety ● School Climate ● Family Support ● Family Engagement ● Cultural Awareness & Action ● SEL

*The full suite of included cor iewed here.

Changes in 2021

To support a survey administration during the pandemic, we made three key changes to support the program this year:

New Content

- The RIDE project team aligned around a few new items for inclusion, namely a topic for students, staff, and families titled *Cultural Awareness and Action*.

Family Survey Accessibility

- Previously, all families accessed surveys by entering a custom code at ***surveys.panoramaed.com/ride***.
- This year, we placed all family surveys behind one link (***bit.ly/ridefamilysurvey***) which ensured ease of access, portability of survey links, and streamlined communications.

COVID-19 Context

- Each survey included a question "*How have you participated/attended in school this year?"* to help assess the impact of learning online vs. in school across various topics.

SurveyWorks Response Counts

	Spring 2017	Spring 2018	Spring 2019	Spring 2020	Spring 2021
Student (3-12)	85,965	86,736	89,630	83,713*	73,078**
Teacher/Staff	10,486	11,206	11,596	11,435*	10,972
Family	19,214	21,559	24,688	25,489*	28,027

**School shutdowns began about three weeks before the originally planned close of the Spring 2020 survey window.*

***Nationally, we have seen student survey response rates decline during the pandemic and RIDE's trend matches that in 2021.*

Results Summary

Student Survey Results

RIDE Rhode Island Department of Education

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Grades 3-5 - Student Survey

22,746 responses | show breakdown

Save as PDF

Topic	Percent Favorable	Compared to others nationally	Change since Spring 2020
Risk / Protective Outcome	79%		▲ 3
School Teacher-Student Relationships	79%	80th–99th percentile	▲ 3
School Rigorous Expectations	78%	60th–79th percentile	▼ 1
School Safety	74%	80th–99th percentile	▲ 12 Greatest increase
School Climate	72%	60th–79th percentile	▲ 8
Social-Emotional Learning (SEL)	69%		0
Valuing of School	69%	60th–79th percentile	0
School Belonging	63%		▲ 3
School Engagement	57%	60th–79th percentile	▲ 2
State Initiatives	38%		▲ 10

Grades 6-12 - Student Survey

50,328 responses | show breakdown

Save as PDF

Topic	Percent Favorable	Compared to others nationally	Change since Spring 2020
Risk / Protective Outcome	76%		▲ 3
School Safety	69%	80th–99th percentile	▲ 15 Greatest increase
School Rigorous Expectations	63%	0th–19th percentile	▲ 3
Social-Emotional Learning (SEL)	55%		▲ 2
School Teacher-Student Relationships	52%	0th–19th percentile	▲ 7
State Initiatives	51%		▲ 4
School Climate	50%	0th–19th percentile	▲ 9
Valuing of School	46%	0th–19th percentile	▼ 1
Background Questions	37%		0
School Belonging	34%		▲ 2
Cultural Awareness and Action	30%		
School Engagement	25%	0th–19th percentile	0

Teacher & Support Professional Results

RIDE Rhode Island Department of Education

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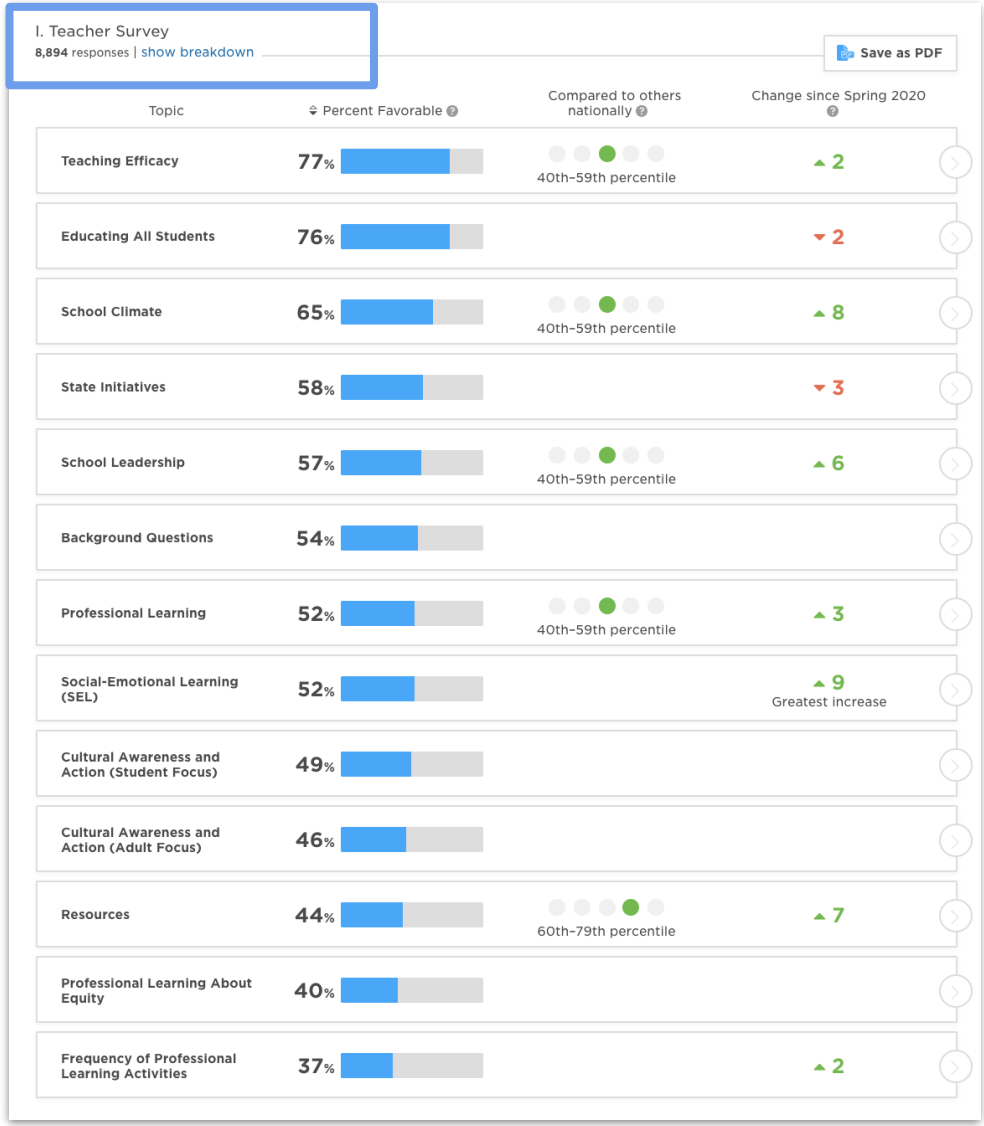
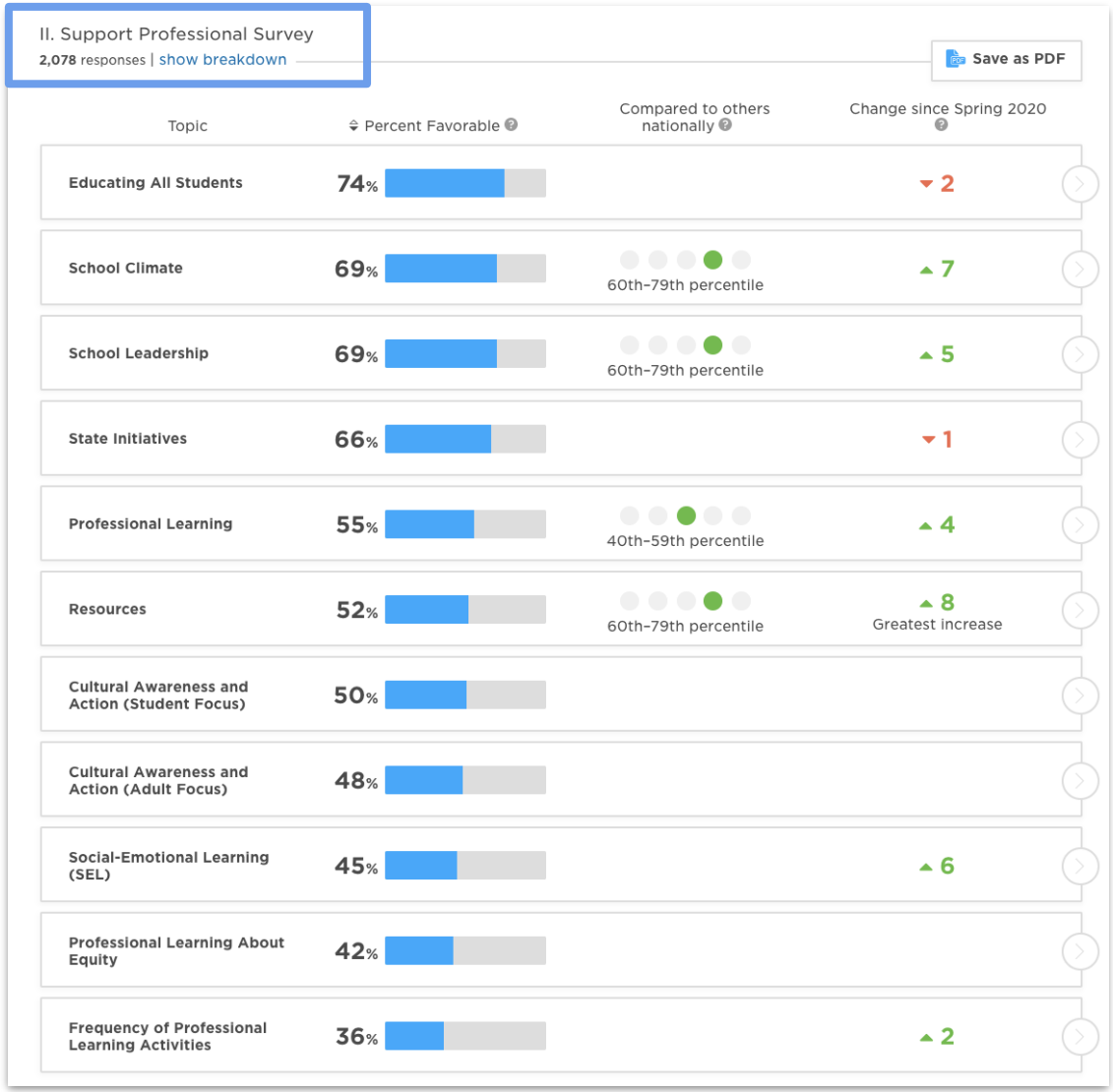


I. Teacher Survey

8,894 responses | show breakdown

Save as PDF

Topic	Percent Favorable	Compared to others nationally	Change since Spring 2020
Teaching Efficacy	77%	40th–59th percentile	▲ 2
Educating All Students	76%		▼ 2
School Climate	65%	40th–59th percentile	▲ 8
State Initiatives	58%		▼ 3
School Leadership	57%	40th–59th percentile	▲ 6
Background Questions	54%		
Professional Learning	52%	40th–59th percentile	▲ 3
Social-Emotional Learning (SEL)	52%		▲ 9 Greatest increase
Cultural Awareness and Action (Student Focus)	49%		
Cultural Awareness and Action (Adult Focus)	46%		
Resources	44%	60th–79th percentile	▲ 7
Professional Learning About Equity	40%		
Frequency of Professional Learning Activities	37%		▲ 2



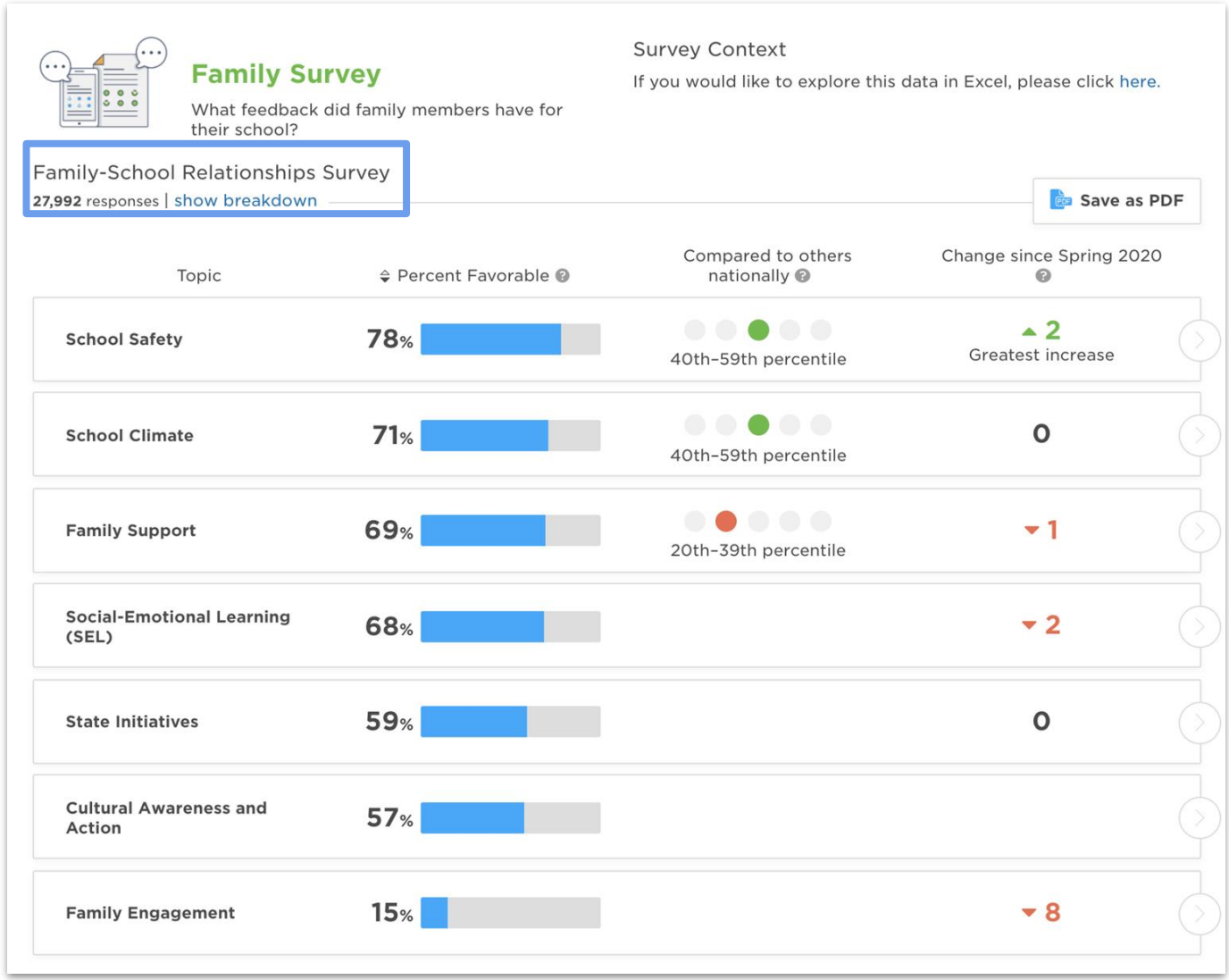
II. Support Professional Survey

2,078 responses | show breakdown

Save as PDF

Topic	Percent Favorable	Compared to others nationally	Change since Spring 2020
Educating All Students	74%		▼ 2
School Climate	69%	60th–79th percentile	▲ 7
School Leadership	69%	60th–79th percentile	▲ 5
State Initiatives	66%		▼ 1
Professional Learning	55%	40th–59th percentile	▲ 4
Resources	52%	60th–79th percentile	▲ 8 Greatest increase
Cultural Awareness and Action (Student Focus)	50%		
Cultural Awareness and Action (Adult Focus)	48%		
Social-Emotional Learning (SEL)	45%		▲ 6
Professional Learning About Equity	42%		
Frequency of Professional Learning Activities	36%		▲ 2

Family Survey Results



Family Survey

What feedback did family members have for their school?

Survey Context

If you would like to explore this data in Excel, please click here.

Family-School Relationships Survey

27,992 responses | show breakdown

Save as PDF

Topic	Percent Favorable	Compared to others nationally	Change since Spring 2020
School Safety	78%	40th–59th percentile	▲ 2 Greatest increase
School Climate	71%	40th–59th percentile	0
Family Support	69%	20th–39th percentile	▼ 1
Social-Emotional Learning (SEL)	68%		▼ 2
State Initiatives	59%		0
Cultural Awareness and Action	57%		
Family Engagement	15%		▼ 8

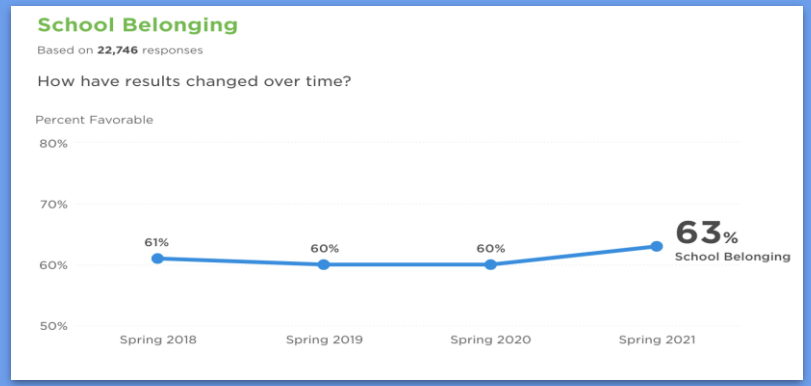
Family Survey Results

What is one thing that is going well that you would like to see continued with how your child is learning right now?

Insight #1
Belonging | Students

Students in grades 3-12 reported an increased sense of belonging and respect

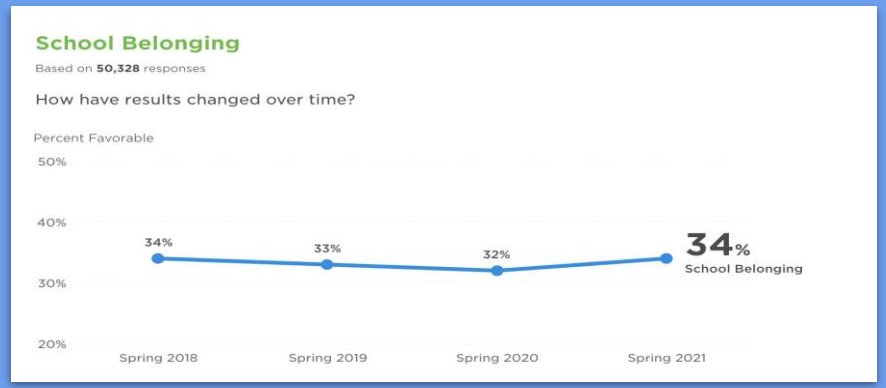
Grades 3-5



QUESTION
Overall, how much do you feel like you belong at your school?
72% responded favorably
▲ 4 from Spring 2020

QUESTION
How much respect do students at your school show you?
65% responded favorably
▲ 9 from Spring 2020

Grades 6-12



QUESTION
How much respect do students in your school show each other?
45% responded favorably
▲ 16 from Spring 2020

QUESTION
Overall, how much do you feel like you belong at your school?
43% responded favorably
0 from Spring 2020

How much students feel that they are valued members of the school community

Insight #2
Engagement | Students

Students in grades 3-12 reported an increase in engagement in school

Grades 3-5

How did students respond to each question?

Sorted by Survey order First to last

QUESTION	% responded favorably	from Spring 2020
How excited are you about going to your classes?	56%	▲ 4
In your classes, how excited are you to participate?	57%	0
When you are not in school, how often do you talk about ideas from your classes?	32%	▲ 1
How focused are you on the activities in your classes?	74%	▲ 3
How interested are you in your classes?	64%	▲ 1
How often do your teachers seem excited to be teaching your classes?	83%	▲ 9

Grades 6-12

How did students respond to each question?

Sorted by Survey order First to last

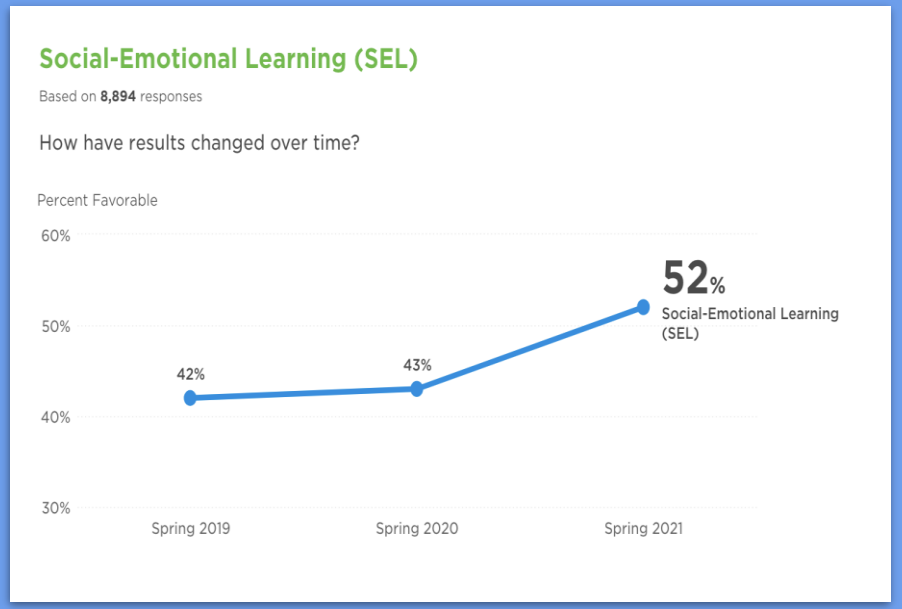
QUESTION	% responded favorably	from Spring 2020
How excited are you about going to your classes?	22%	▲ 3
In your classes, how eager are you to participate?	27%	▼ 2
How often do you get so focused on activities in your classes that you lose track of time?	25%	▼ 2
When you are not in school, how often do you talk about ideas from your classes?	18%	▲ 1
Overall, how interested are you in your classes?	35%	▲ 2
How often do your teachers seem excited to be teaching your classes?	56%	▲ 14

How attentive and invested students are in school

Insight #3
SEL | Teachers

More than half of teachers reported favorable perceptions about their students' SEL

Teachers



How did teachers & staff respond to each question?

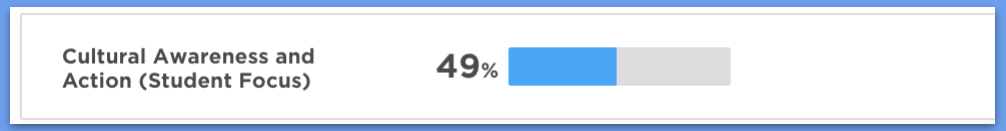
Sorted by Survey order First to last

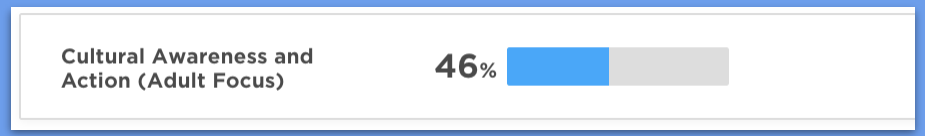
QUESTION	% responded favorably	from Spring 2020
If your students fail to reach an important goal, how likely are they to try again?	44%	▲ 4
When your students are working on a project that matters a lot to them, how focused can they stay when there are lots of distractions?	48%	▲ 3
If your students have a problem while working towards an important goal, how well can they keep working?	34%	▲ 5
How often do your students come prepared to class?	61%	▲ 6
How often do your students remain calm, even if someone is bothering them or saying something bad?	51%	▲ 12
How much respect do students in your school show each other?	74%	▲ 25

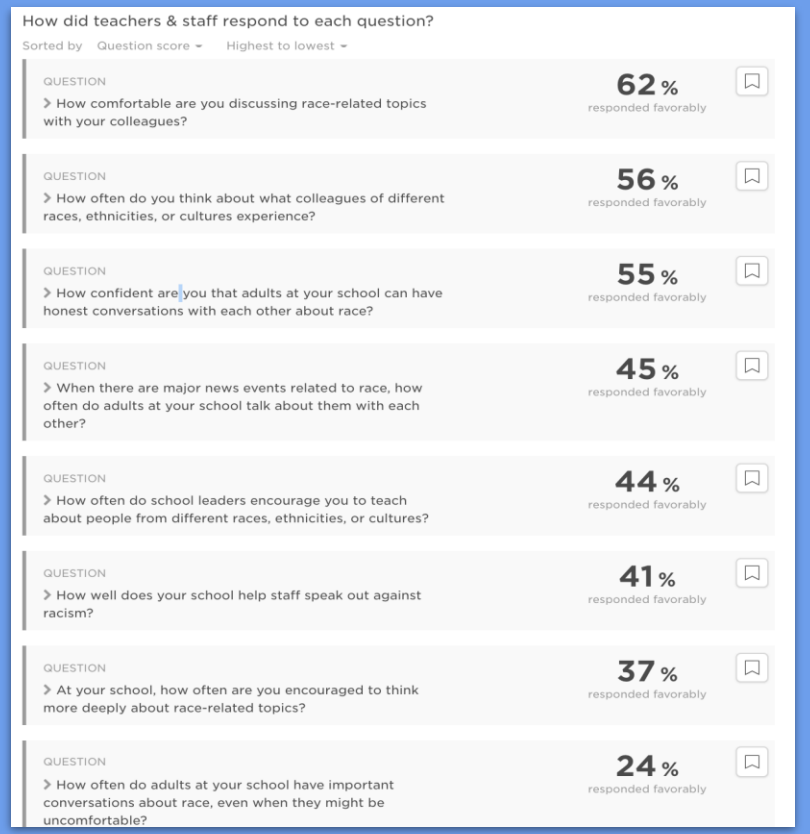
Teachers perceptions about their students' social and emotional habits and behaviors

Insight #4
Cultural Awareness | Teachers

Nearly 50% of teachers responded favorably to questions about race, ethnicity, and culture



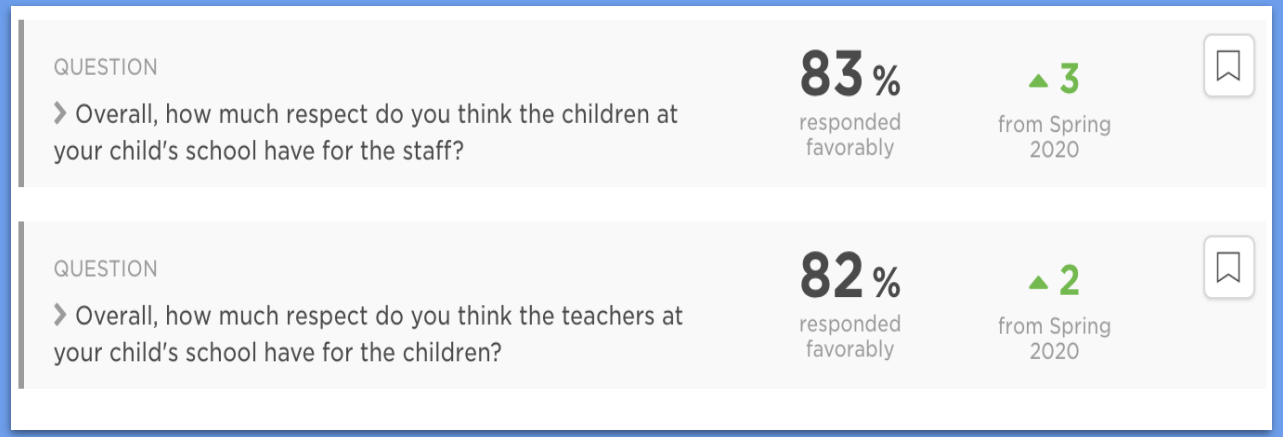


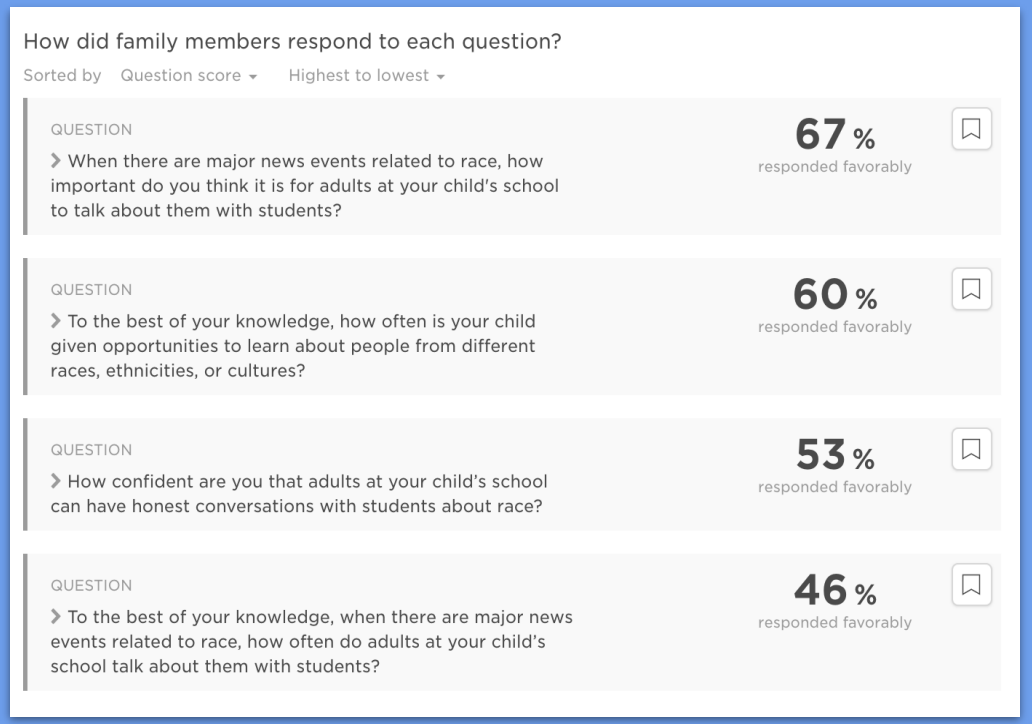


How well a school supports students and staff in learning about, discussing, and confronting issues of race, ethnicity, and culture

Insight #5
Respect & Awareness| Families

A majority of parents feel that student and teachers are respected and culturally aware at school





Perceptions of the overall social and learning climate of the school

Insight #6

Learning Mode | Students & Families

Students and parents reported more favorable experiences with in-person learning than with online learning

Students 6-12

Spring 2021 Student Survey
Grades 6-12 - Student Survey

Group Name	Group Size	Background Questions	Cultural Awareness and Action	Risk / Protective Outcome	School Belonging	School Climate	School Engagement	School Rigorous Expectations	School Safety	School Teacher-Student Relationships	Social-Emotional Learning (SEL)	State Initiatives	Valuing of School
All respondents	50,328	37%	30%	76%	34%	50%	25%	63%	69%	52%	55%	51%	46%

How did you participate in school this year?

All online	13,560	-1	+1	0	-5	-5	-3	-1	-3	-1	-2	0	-3
Mostly online	7,812	-3	+1	-2	-5	-4	-4	-4	0	-4	-4	-1	-4
About half online and half in...	18,294	-3	-1	0	0	+1	+1	0	+2	+1	0	0	0
Mostly in-person	6,870	+5	-1	+1	+6	+6	+6	+6	+3	+4	+4	+1	+4
All in-person	3,162	+11	+2	+3	+14	+9	+11	+8	+3	+9	+9	+3	+9

Families

Group Name	Group Size	Cultural Awareness and Action	Family Engagement	Family Support	School Climate	School Safety	Social-Emotional Learning (SEL)	State Initiatives
All respondents	27,992	57%	15%	69%	71%	78%	68%	59%

How has your student attended school this year?

All online	6,465	0	-2	0	-5	-4	-3	-2
Mostly online	4,336	0	-1	-2	-6	-3	-6	-4
About half online and half in...	7,777	0	+1	-1	-1	-1	-1	0
Mostly in-person	5,798	-1	0	+2	+7	+6	+4	+4
All in-person	3,208	0	+3	+4	+10	+7	+8	+6

How did you participate in school this year?

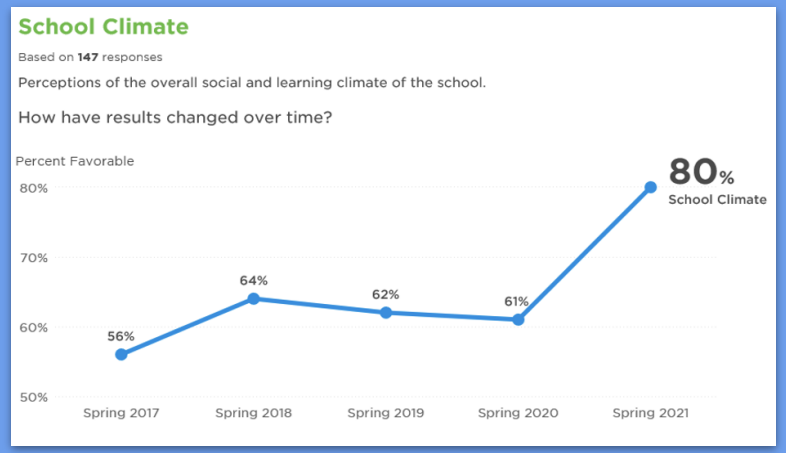
School Spotlight #1

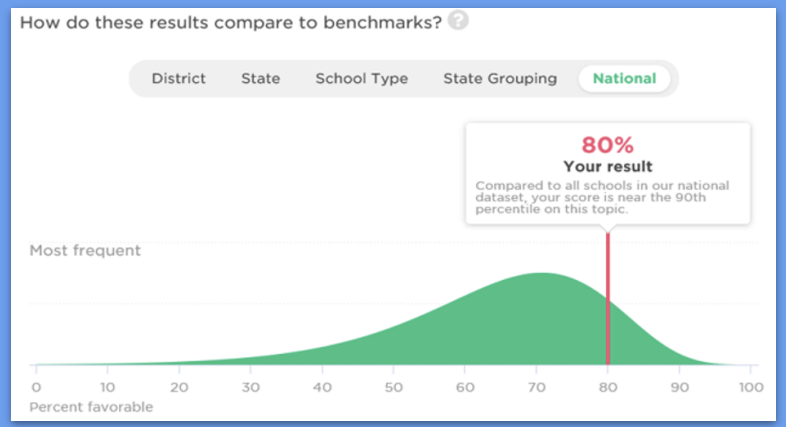
Mary E. Fogarty Elementary School

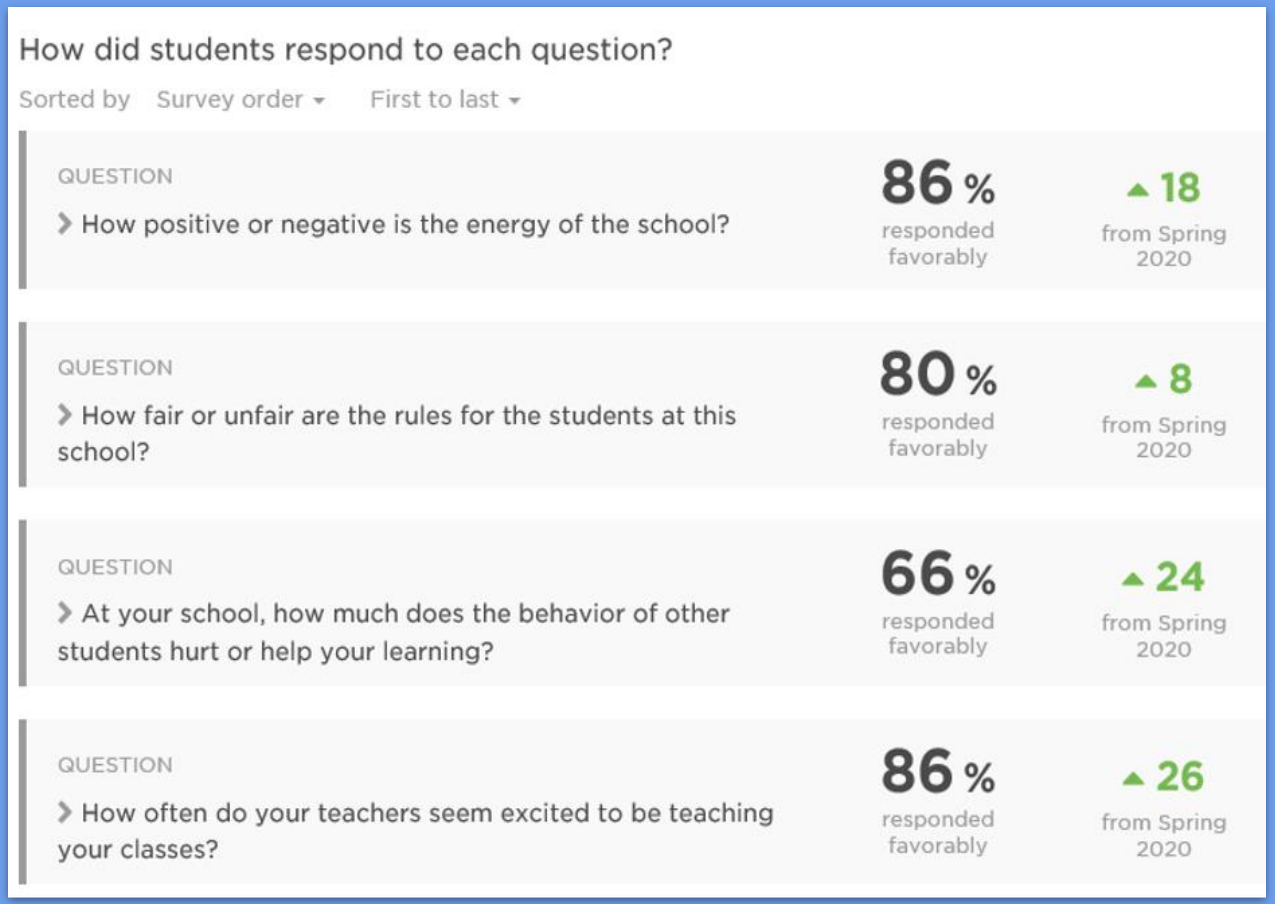
Providence

Economically Disadvantaged Students: 92.1%
Classification 2017: Priority
Classification 2019: 2 Stars
Student Rate: 62

Students







School Climate - Perceptions of the overall social and learning climate of the school

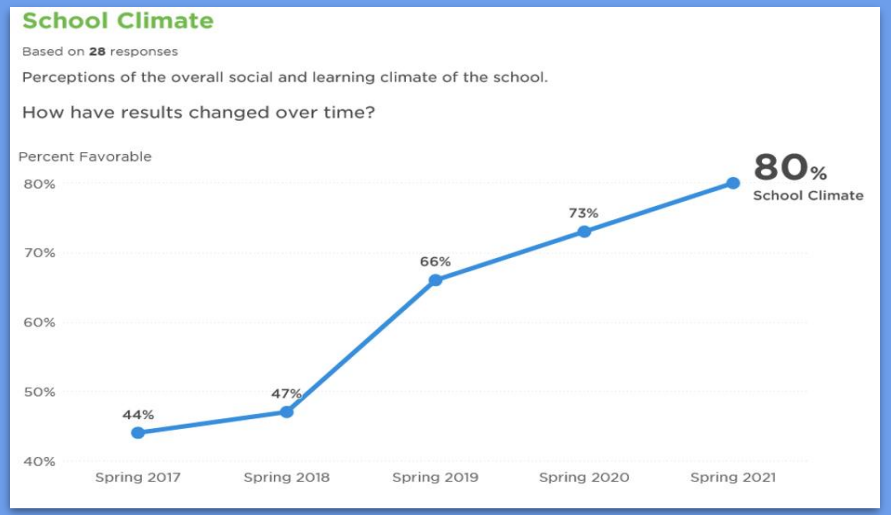
School Spotlight #1

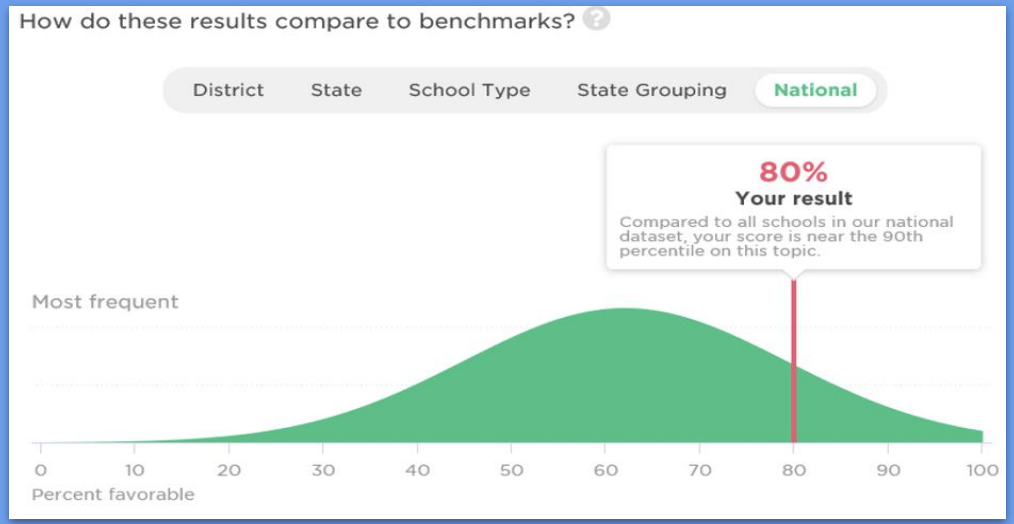
Mary E. Fogarty Elementary School

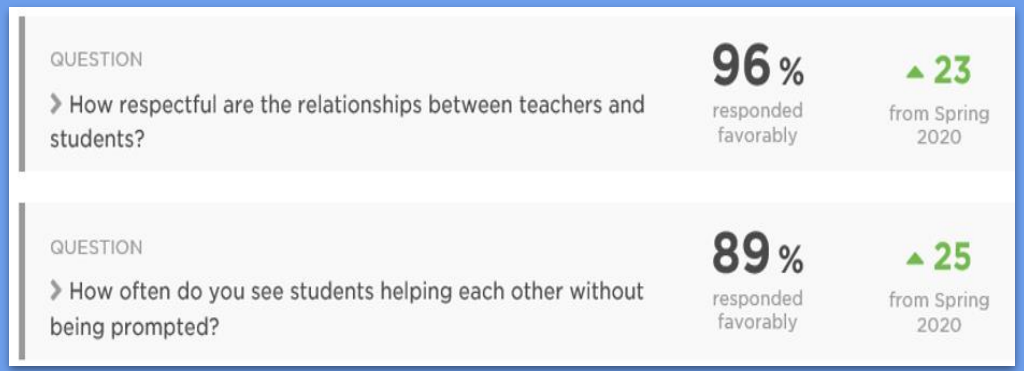
Providence

Economically Disadvantaged Students: 92.1%
Classification 2017: Priority
Classification 2019: 2 Stars
Teacher Rate: 100

Teachers







School Climate - Perceptions of the overall social and learning climate of the school

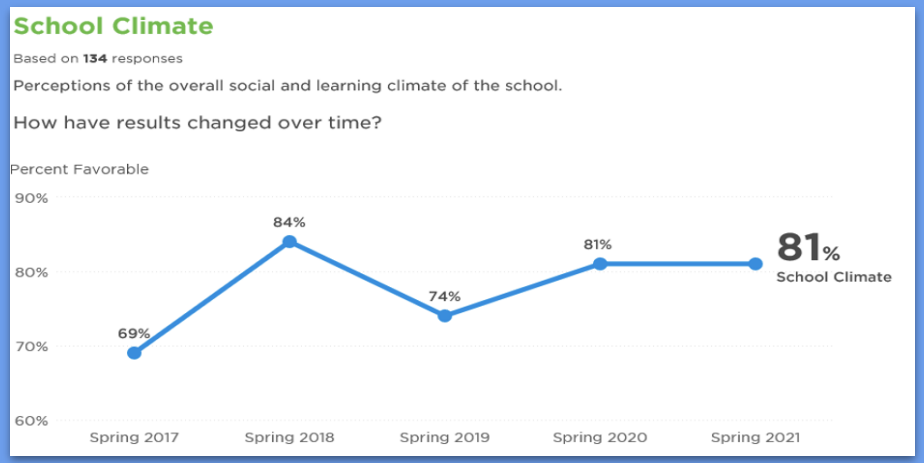
School Spotlight #1

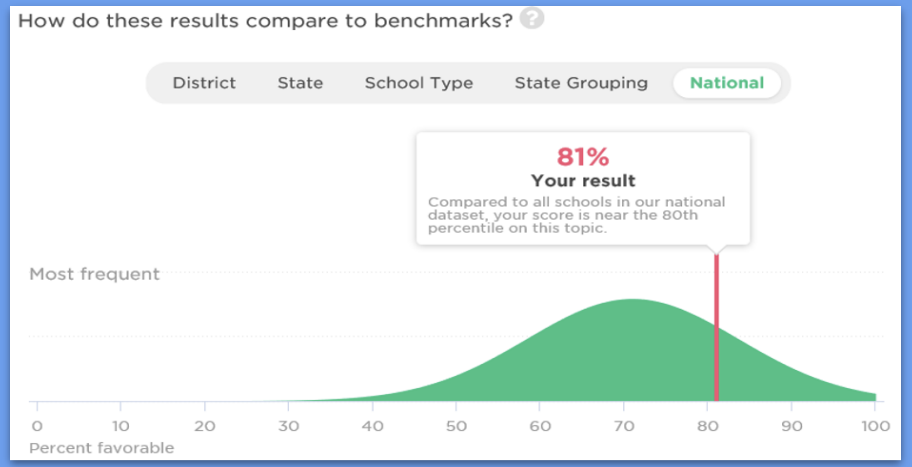
Mary E. Fogarty Elementary School

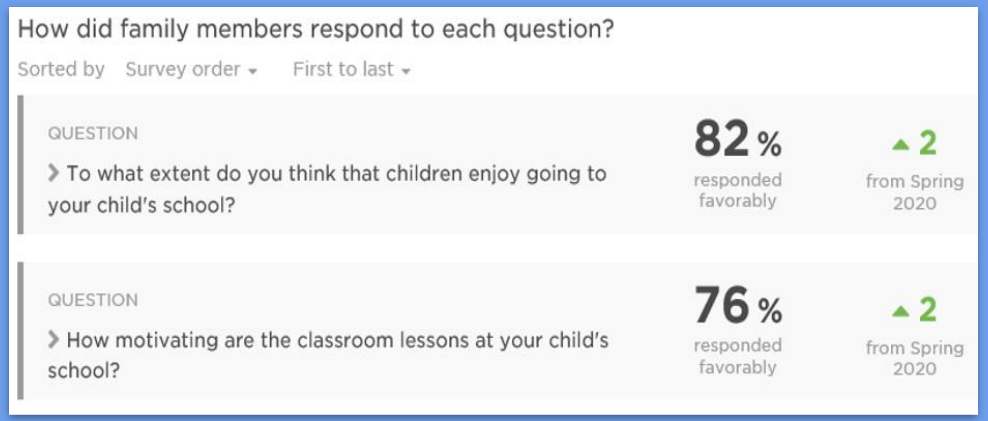
Providence

Economically Disadvantaged Students: 92.1%
Classification 2017: Priority
Classification 2019: 2 Stars
Family Rate: 42

Families







School Climate - Perceptions of the overall social and learning climate of the school

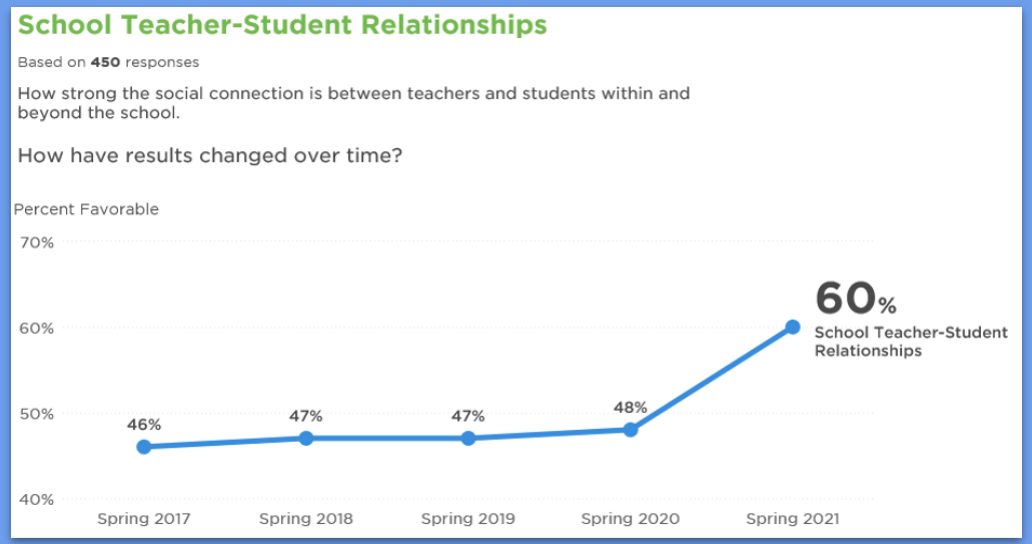
School Spotlight #2

Central Falls Senior High School

Central Falls

Economically Disadvantaged Students: 86.9%
Classification 2017: Priority
Classification 2019: 2 Stars
Student Rate: 55

Students



How did students respond to each question?

Sorted by Survey order First to last

QUESTION		
How respectful are your teachers towards you?	84% responded favorably	▲ 13 from Spring 2020
If you walked into class upset, how concerned would your teachers be?	51% responded favorably	▲ 10 from Spring 2020
When your teachers ask, "How are you?", how often do you feel that your teachers really want to know your answer?	51% responded favorably	▲ 11 from Spring 2020
How excited would you be to have your teachers again?	53% responded favorably	▲ 12 from Spring 2020

Teacher-Student Relationships - How strong the social connection is between teachers and students

School Spotlight #2

Central Falls Senior High School

Central Falls

Economically Disadvantaged Students: 86.9%
Classification 2017: Priority
Classification 2019: 2 Stars
Teacher Rate: 91

Teachers

Cultural Awareness and Action (Student Focus)

Based on **44** responses

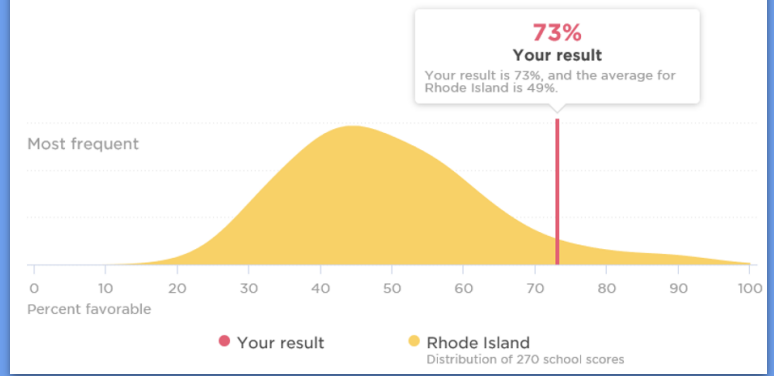
What are the results for this topic?

73 %

responded favorably

How do these results compare to benchmarks?

District | State | School Type | State Grouping



How did teachers & staff respond to each question?

Sorted by Survey order | First to last

QUESTION	
How often are students given opportunities to learn about people from different races, ethnicities, or cultures?	**80 %** responded favorably
How often do you think about what students of different races, ethnicities, or cultures experience?	**91 %** responded favorably
How confident are you that adults at your school can have honest conversations with students about race?	**66 %** responded favorably
At your school, how often are students encouraged to think more deeply about race-related topics?	**70 %** responded favorably

Cultural Awareness & Action

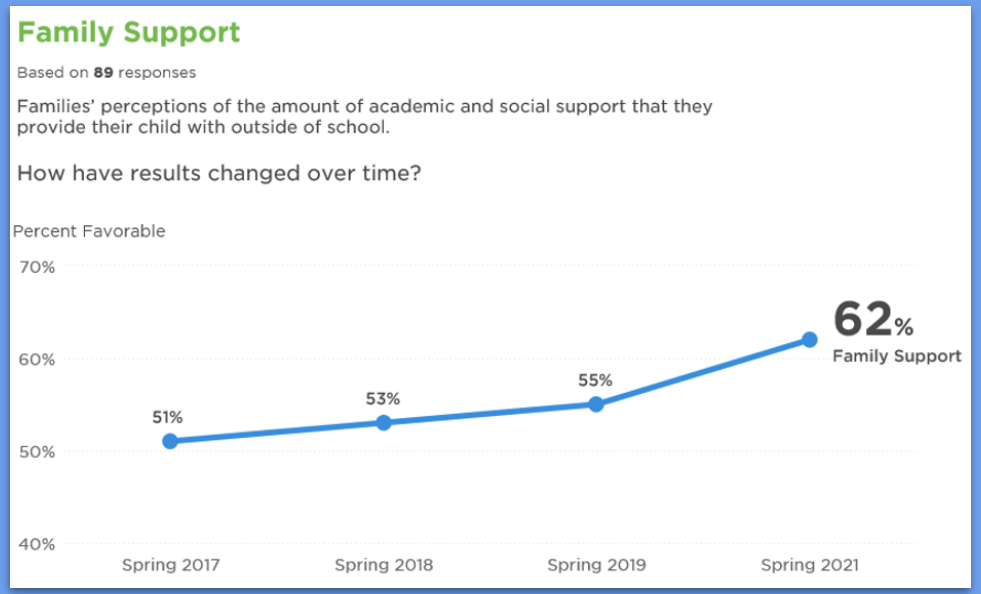
School Spotlight #2

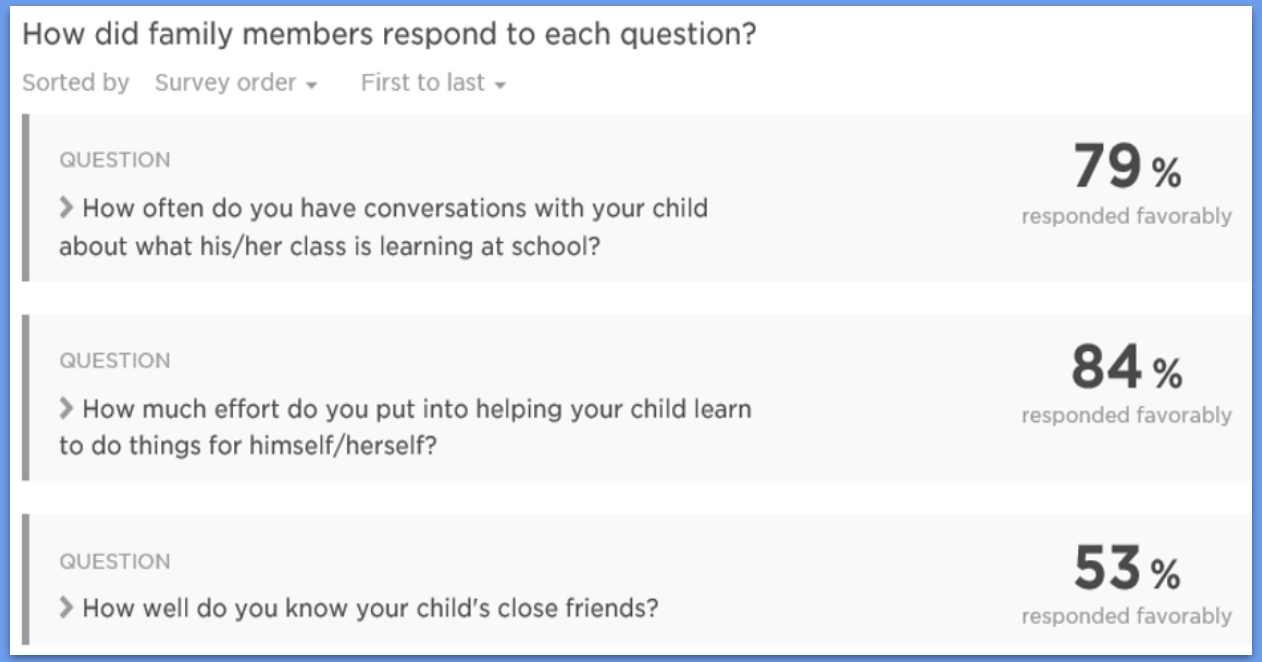
Central Falls Senior High School

Central Falls

Economically Disadvantaged Students: 86.9%
Classification 2017: Priority
Classification 2019: 2 Stars
Family Rate: 14

Families





Family Support - Perceptions of the amount of academic and social support provided to students

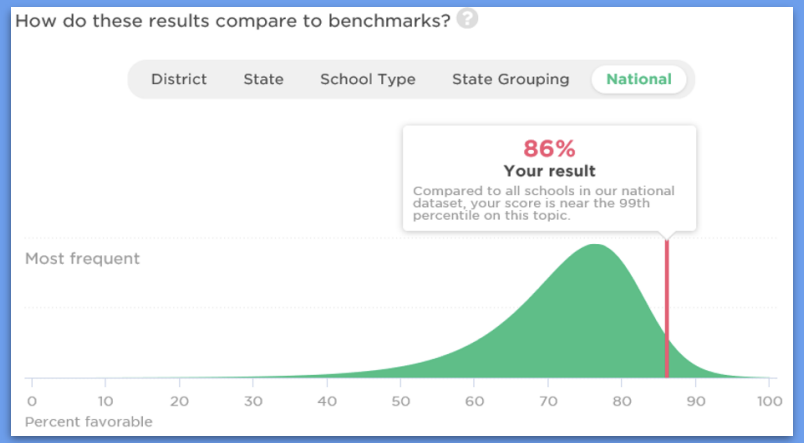
School Spotlight #3

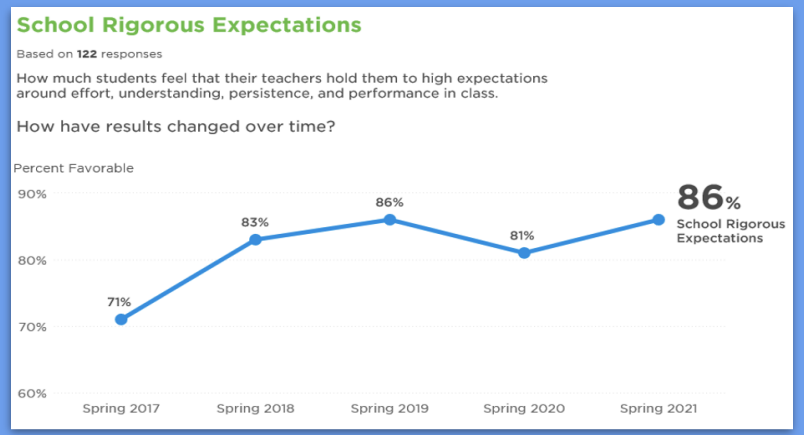
Agnes B Hennessey Elementary

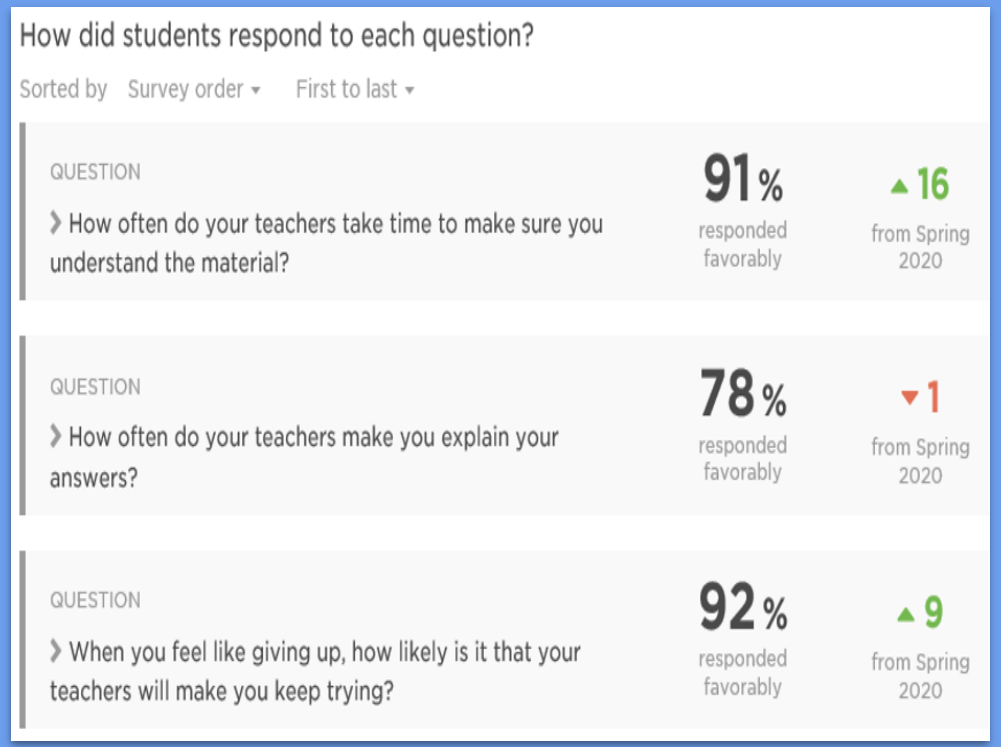
East Providence

Economically Disadvantaged Students: 62.9%
Classification 2017: Priority
Classification 2019: 3 Stars
Student Rate: 98

Students







Rigorous Expectations - How much students feel their teachers hold them to high expectations

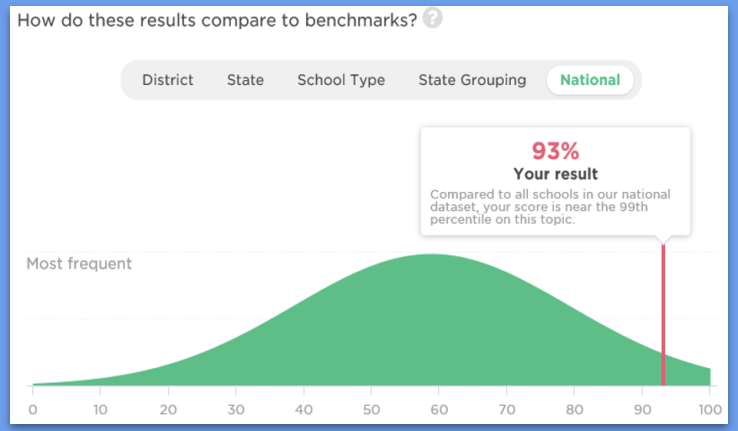
School Spotlight #3

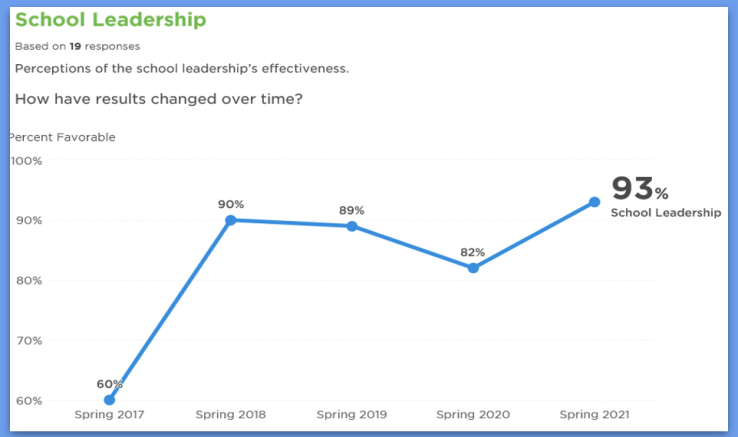
Agnes B Hennessey Elementary

East Providence

Economically Disadvantaged Students: 62.9%
Classification 2017: Priority
Classification 2019: 3 Stars
Teacher Rate: 100

Teachers





School Leadership - Perceptions of the school leadership's effectiveness

School Spotlight #3

Agnes B Hennessey Elementary

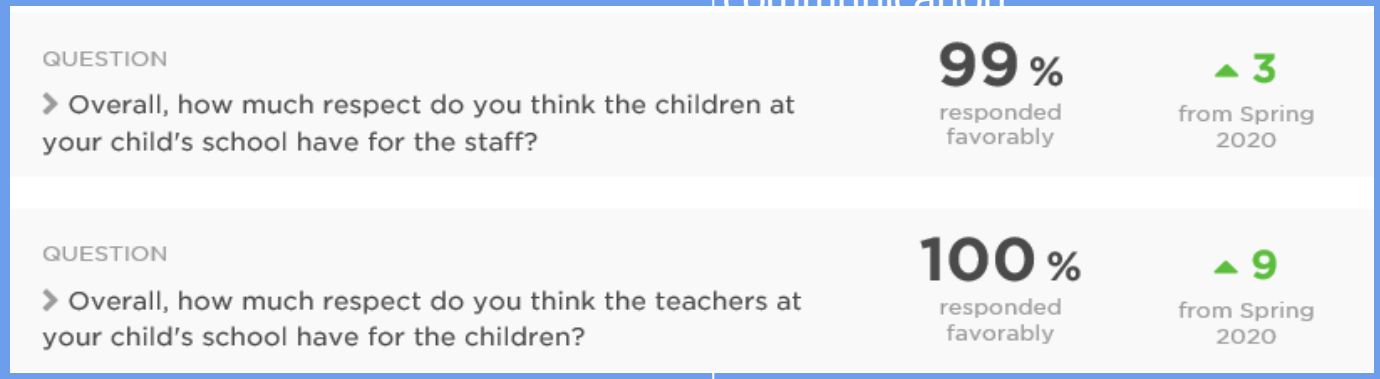
East Providence

Economically Disadvantaged Students: 62.9%
Classification 2017: Priority
Classification 2019: 3 Stars
Family Rate: 36

Families

What is one thing that is going well that you would like to see continued with how your child is learning right now?

Learning new things with the staff	I do believe her teachers are doing a great job.
The teacher makes the lessons engaging and interesting for the students.	Teacher's are communication more with the parents regarding schools work and participation.
Inclusivity, safety, challenging academic curriculum	Growing as an individual
Staying focused with all the disruption over the least year is a big win	Communication between parents and faculty
My child has had great teachers at the school.	As long as Principal Riley is there I know my children will be taught what is needed along with respect and no fair of communication



QUESTION		
Overall, how much respect do you think the children at your child's school have for the staff?	99% responded favorably	▲ 3 from Spring 2020
Overall, how much respect do you think the teachers at your child's school have for the children?	100% responded favorably	▲ 9 from Spring 2020

Questions

Thank You!

Rhode Island Behavioral Health System of Care for Children, Youth, and Families

Children's Cabinet Presentation

September 28, 2021

RHODE ISLAND

Today's Agenda

1. Framing the Plan

2. Presentation of the Plan

3. Getting Your Feedback
    1. Comments/Questions Today
    2. Plan for Community Partner Written and Oral Comments, Suggestions, and Edits

System of Care Plan Table of Contents

1. Introduction
2. Vision & Theory of Change
3. Problem Diagnosis
    a) Underlying Drivers
    b) Quantitative Data
    c) Qualitative Data: Community Partner Commentary
4. Draft System of Care Plan:
    a) Foundational Components
    b) Program Components
    c) Connector Components
5. Governance, Timeline, and Budget

A Public/Private Planning Partnership: System of Care Work Groups

Since their launch in May 2021, each work group has met an average of four times with a range of 15-25 participants at every meeting.

Public/private workgroups, each co-led by a state and community representative:

1. Prevention (begun in July)
2. Crisis Continuum - Mobile Response and Stabilization Services/Single Point of Access
3. Service Array
4. Care Coordination
5. Ensuring Equity: Race Equity, Families Members with IDD, and LGBTQ+ Families
6. Workforce Transformation
7. Community Outreach and Education
8. Data Systems for Outcome Measurement & Evaluation

Rhode Island Children's Behavioral Health System of Care
System Components & Connectors

Ensuring Racial Equity & Eliminating Disparities

Sustainable & Braided Funding

Universal Screening and Prevention Activities, with a Focus on the Social Determinants of Health

Single Point of Access for the system, with No Wrong Door

Data Systems for Outcome Measurement and Evaluation

System of Care Key:
Program Components
Foundational Components
Connector Components

Mobile Crisis

Care Coordination

HCBS, incl. Intensive

Residential

Significant Investment in Workforce Transformation

Strong Community Outreach & Family Engagement

System of Care Vision & Theory of Change

Vision

Families deserve a true System of Care for mental health and substance use conditions that that is easy to navigate, that provides high quality care, that recognizes and addresses historical structural racism and other disparities, and that the state sustains financially and administratively.

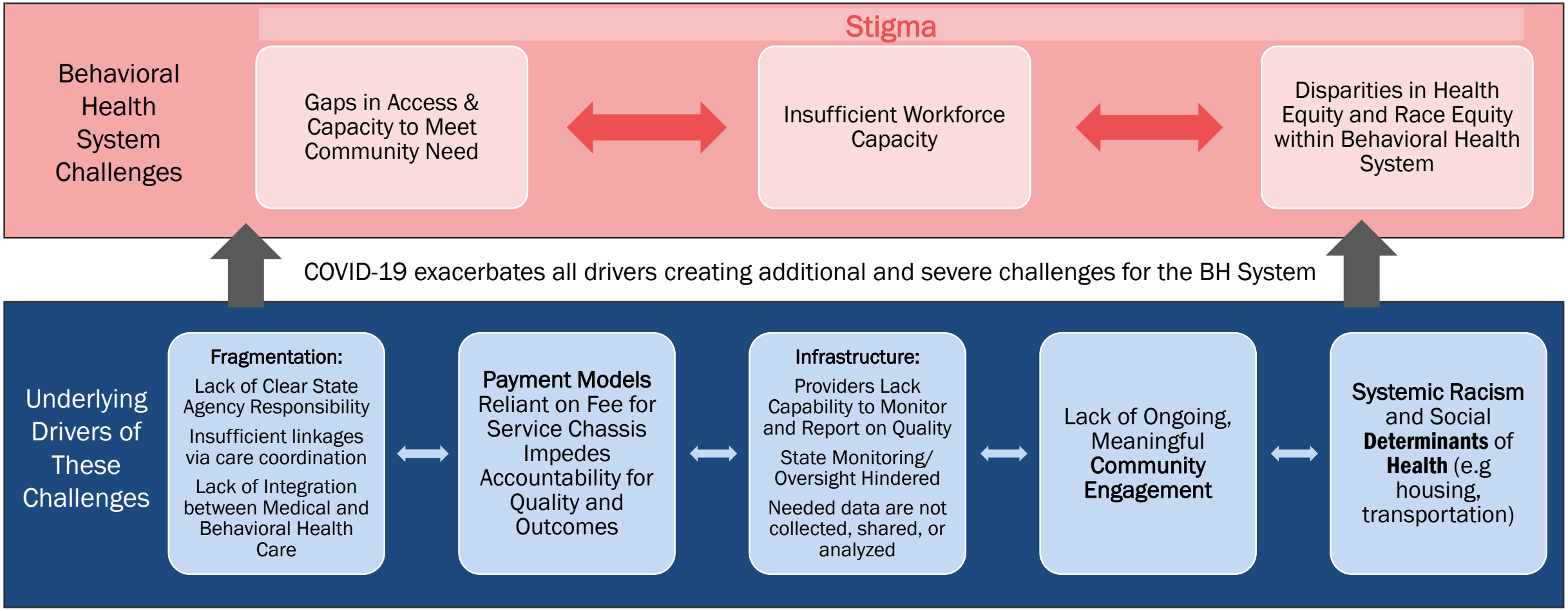
We envision a partnership among communities, youth, families, schools, government, and provider agencies that improves outcomes, increases access to services and supports, and promotes positive change in the lives of children and their families.

Theory of Change

If Rhode Island creates an integrated, culturally and linguistically competent continuum of behavioral health care for all children in the state that begins with prevention and provides an organized pathway to both ongoing care and crisis services and supports, families will be able to move away from the multiple, typically confusing paths they must deal with today and into a true System of Care that works for them. Then, our children and families will become healthier, more resilient, and ready to make plans for their futures, including participation in the state's education system and our economy.

Problem Diagnosis: Underlying Drivers, from the RI Behavioral Health System Review

Key themes have emerged from quantitative and qualitative research include challenges in the current behavioral health system, and underlying drivers of those challenges. Any policy solutions must address the underlying drivers, otherwise the challenges will persist.



Children's Behavioral Health in Rhode Island Today

Lack of Clarity for Parents

Navigating the children's behavioral healthcare system in Rhode Island can be daunting, particularly when a child experiences a behavioral health crisis, especially for families of color. Parents may not know what to do, or who is available to help meet their child's needs in a culturally and linguistically competent manner.

Lack of Alignment within the System

Our current system is siloed. Responsibility for children's behavioral health services is fragmented across different state agencies. This makes it difficult for the system to deliver effective behavioral healthcare to all of our children and families in Rhode Island.

Need for a More Organized System

Rhode Island needs an integrated, culturally and linguistically competent continuum of behavioral health care for **all** children in the state that will provide an organized pathway to services and supports, in contrast to the multiple, typically confusing paths that are in existence today.

Quantitative Data

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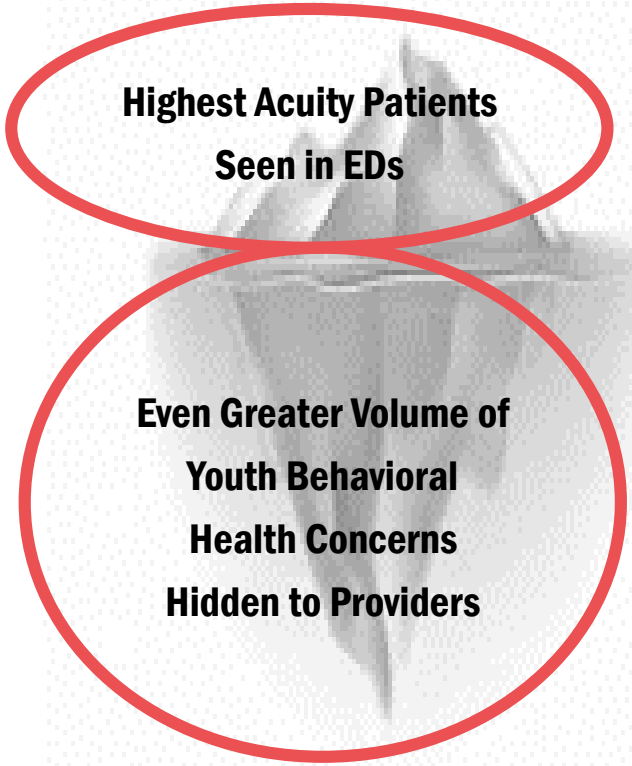
Higher Acuity and Severity of Concerns—Locally

- In late May 2021, the Rhode Island Department of Health (RIDOH) and community partners (i.e., Bradley and Hasbro hospitals) informed EOHHS that Rhode Island appears to be having an increase in suicide-related emergency department visits.
  - An increase in both the number and severity of attempts among youth and adolescents under the age of 18 was identified.
  - Recent severe ingestions of over-the-counter medications have resulted in brain injury, liver failure, and high levels of care (e.g., Pediatric Intensive Care Unit).
  - The concerns are likely due to unintended consequences of COVID-19 and remain a concern as we recover into the fall and winter.



Rising Youth Behavioral Health Concerns—Nationally

- **According to the National Institute for Health Care Management, there has been a 74% increase in depression for children ages 12-17 when comparing 2004 and 2019 data:**
  - Adolescent girls are over 2x as likely to have an episode of major depression
  - Mental health emergency department visits increased 24% for children ages 5-11 and 31% for adolescents ages 12-17 between mid-March and October 2020 compared to the same time period during 2019
- **The Centers for Disease Control and Prevention released a *Morbidity and Mortality Weekly Report* on June 11 that confirmed an increase in emergency visits for suspected suicide attempts among youth.**
  - By May 2020, Emergency Department visits for suspected suicide attempts began increasing among adolescents aged 12-17 years—particularly among females.
  - The weekly mean number of these visits in this population of females from February through March 2021 was 50.6% higher than during the same period a year earlier.
  - Further, the proportional of mental health-related emergency visits among adolescents aged 12-17 years increased 31% in 2020 compared to the same time period in 2019.

Provider and Partner Concerns from the Field

Our partners, including the Pediatric Advisory Council, psychiatric hospitals, Primary Care Physician Advisory Committee, Regional Prevention Coalition event attendees, and Child Wellbeing Group have noted the following concerns related to youth behavioral health as we recovery from the pandemic:

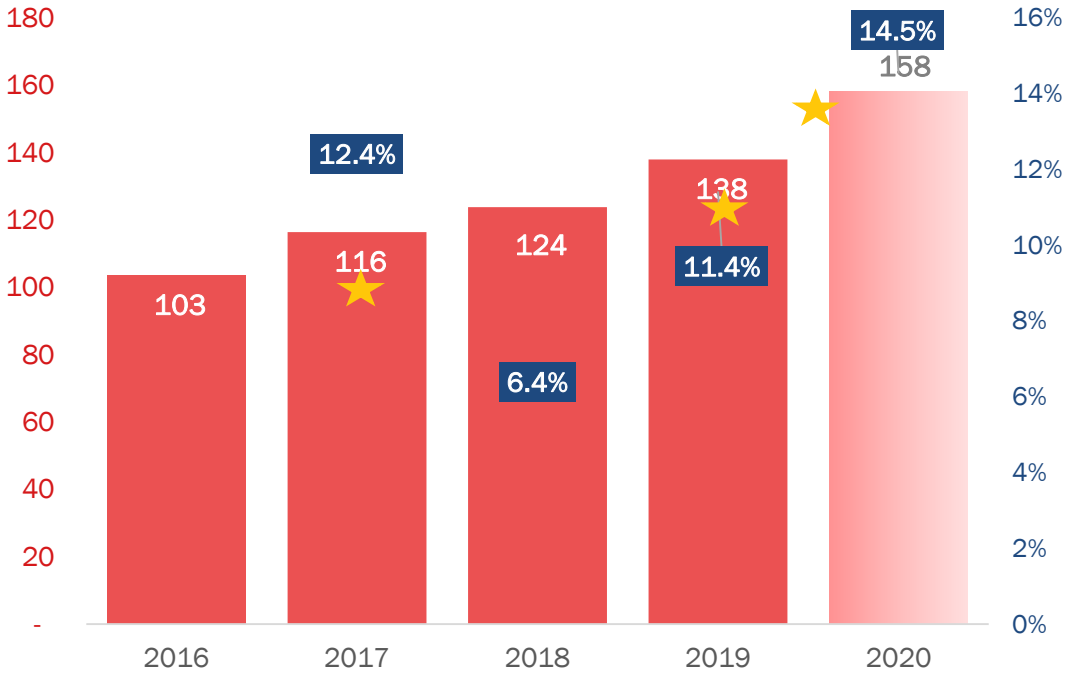
- "…the severity of suicide attempts appear to be increasing, with ingestions leading to liver damage and brain injury in youth."
- "…youth behavioral health needs are what is driving increases in many of our pediatric office visits."
- "…youth anxiety, depression, social isolation, disengagement, and poor sleep remain as specific issues identified recently with our pediatric patient visits."
- "…concerned about social media addiction, lack of mealtime structure, parental distress, significant weight gain, eating disorders, and use of THC/hallucinogens in our youth."

Spikes in common diagnoses: Depression, Anxiety

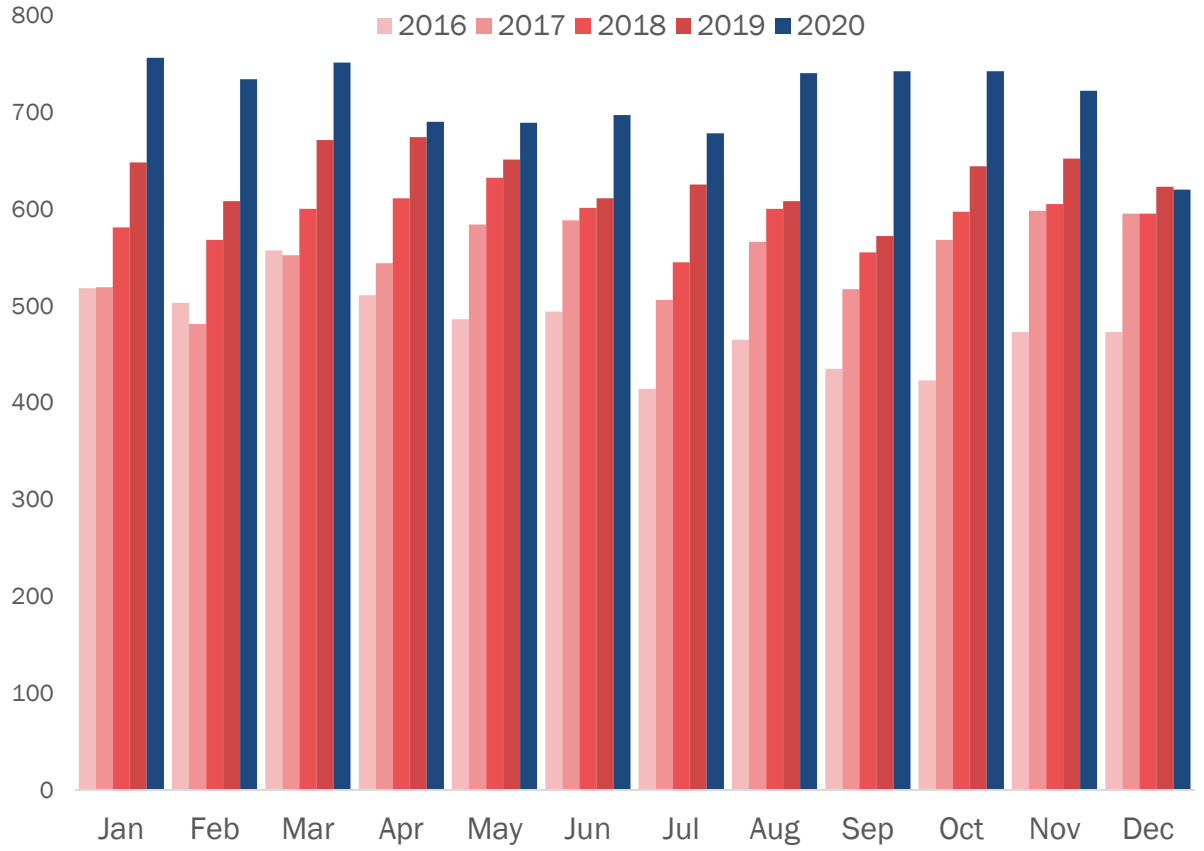
Anxiety for Adolescent females, Commercial insurance shown | Similar trends for Medicaid and for Depression

★ *Statistically significant change from prior year ($p < 0.05$)*

Rate for Selected Diagnosis per 1,000 Kids in Selected Population
Diag: Anxiety | Age: 12-18 | Gender: Female | Payer: Commercial



Counts of Kids with Selected Diagnosis
Diag: Anxiety | Age: 12-18 | Gender: Female | Payer: Commercial



Sampling of Qualitative Data

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Additional Problem Diagnoses/Gaps from Community Partners

WORKFORCE Recruitment and Retention - Here are quotes from Work Group participants:

- Need to incentivize people to stay in Rhode Island – bonuses, or loan forgiveness? Need to raise rates so that wages can increase over time to incentivize consistency – and the workforce needs recognition and professional development
- Need to set goals to increase race equity and diversity of staff
- Need to think about part-time employees, especially for disability services for children
- Important that employees get more credentials as time goes by – stay in the field and then get licensed (because someone can get better paid at Target stocking shelves). Employees need to be valued and honored, with a respectful job title and rate of pay.

The Plan Components

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Rhode Island Children's Behavioral Health System of Care
System Components & Connectors

Ensuring Racial Equity & Eliminating Disparities

Sustainable & Braided Funding

Universal Screening and Prevention Activities, with a Focus on the Social Determinants of Health

Data Systems for Outcome Measurement and Evaluation

Single Point of Access for the system, with No Wrong Door

System of Care Key:
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Foundational Components
Connector Components

Mobile Crisis

Care Coordination

HCBS, incl. Intensive

Residential

Significant Investment in Workforce Transformation

Strong Community Outreach & Family Engagement

Plan Details

The Plan includes the following sections for each of the Plan Components.

- Goals/Objectives
- Current System Descriptions
- Major Activities & Primary Audiences
- Services
- Outcomes/Metrics/Milestones
- Data Sources
- Flags: Most Important Alignments
- Barriers and Challenges
- Policy Changes Required
- Timeline Considerations
- Recommended Alignments with Other Planning Processes

Example, excerpted from the Mobile Crisis Plan

Goal: The goal for a Mobile Response and Stabilization Services (MRSS) is to have services that can intercede before urgent behavioral situations become unmanageable and costly emergencies.

Current System Description: Today, there is one mobile crisis service provided through a CCBHC expansion grant received by Thrive and Community Care Alliance, with Tides Family Services as the subcontracted vendor to provide this service. This grant only allows for 75 families to be served per year. There are other providers who provide mental health professionals in police ride-along services, but these are not stand-alone mobile crisis services staffed only with mental health professionals. BH Link has some mobile crisis capacity for individuals ages 18 and older, however this is not a 24-hour service. To fully implement MRSS statewide will require significant capacity building.

Example, excerpted from the Mobile Crisis Plan

Major Activities:

- The crisis is defined by the caller.
- Services are available 24 hours a day, 7 days a week.
- Rapid response. (e.g., Connecticut by phone or face-to-face within 45 minutes, Massachusetts face-to-face within 1 hour)
- Serve children and families in their natural environments, for example, at home or in school.
- Immediate de-escalation/stabilization of the crisis along with development of an individualized, strengths-based safety/crisis plan with the child and family.
- Can serve as gatekeepers for admission to higher levels of care, such as inpatient care.
- Include specialized child and adolescent trained staff and do not rely on predominantly adult-oriented crisis response workers.
- Standardized screening and assessment.
- MRSS teams have immediate access to psychiatric consultation for clinical support and medication review.
- Provide stabilization services after the initial acute intervention. These services may include in-home supports, respite care, and short-term care coordination.
- This stabilization component of MRSS may be provided over the span of a few days or over several weeks (e.g., MA up to 1 week, CT up to 6 weeks).
- Coordinate care with existing providers.
- Build on natural support structures and reduce reliance on hospitals and formal crisis response systems.
- Connect families to follow-up services and supports, including transition to needed treatment services.
- Standardized core training curriculum with a race equity lens.
- Have specialized teams and/or training for serving I/DD children and youth, LGBTQ+ Populations, Children and youth in foster care
- Is accessible to all children in the state, regardless of system involvement, insurance status, or geographic location.

Example, excerpted from the Mobile Crisis Plan

Outcomes/Metrics/Milestones:

- Reduction in use of restrictive forms of care (e.g., psychiatric hospitalizations, residential treatment centers and repeat hospitalizations)
- Reduction in # of ED visits and repeat visits
- Reduction in overall system costs
- Reduction health disparities in race, language, and physical ability
- Family satisfaction with the services.

Data Sources:

- Map current points of access (emergency rooms, Kids Link, urgent care, child psychology/psychotherapy) against incidence of behavioral health crisis need by zip code
- Behavioral health-related ED visits, urgent care, and IP admissions
- DCYF and 911 calls for children's behavioral health reasons
- Mobile Crisis vendor data

Example, excerpted from the Mobile Crisis Plan

Barrier & Challenges:

- A core component of MRSS is to assist youth and families in accessing and linking to ongoing support and services, including intensive clinical and in-home services. At present, there is insufficient capacity of services to implement after MRSS, most critically intensive in-home services.
- The development and implementation of MRSS for children needs to be aligned with other state and federal initiatives including the EOHHS Mobile Crisis Services Task Force that is responsible for the development of recommendations and standards for mobile crisis for both adults and children throughout the state, and the 988 Federal initiative.
- Workforce issues are a critical area that needs to be addressed. Rhode Island is currently experiencing a severe shortage of mental health professionals. There are many workforce challenges, such as consistent underfunding and difficulties attracting and retaining a stable, highly trained, workforce. For mobile crisis services, CMS is recommending that states enhance crisis provider reimbursement rates to reflect cost of making 24/7 “on call” mobile crisis services available to Medicaid enrollees through the 85% enhanced federal match on these services for three years (beginning in April 2022). In addition, there is a significant need to identify and recruit professionals into the workforce to enhance its representativeness relative to the population served, with respect to race, ethnicity, culture, and language.

Next Steps: Providing Feedback and Staying Engaged

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Next Steps: Feedback and Continued Community Engagement

- Seeking input and feedback from community partners: Children's Cabinet membership, parents & youth, providers, and advocates.
  - EOHHS will send out the plan this week for comment.
- Moving toward implementation, continuing our public/private Work Groups and seeking Champions to help promote the plan throughout the state.
  - Contact Ellie Rosen to get involved: Ellie.Rosen.CTR@ohhs.ri.gov

Appendix:
Additional Data Slides – Quantitative and Qualitative

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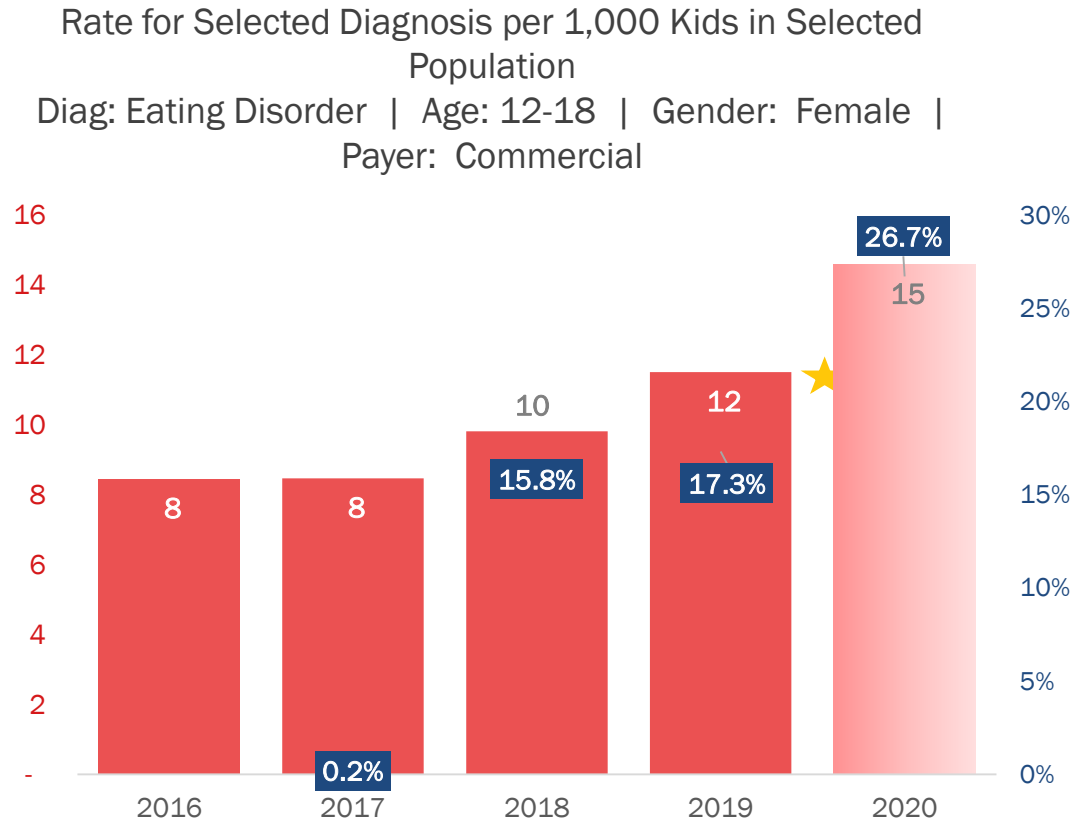
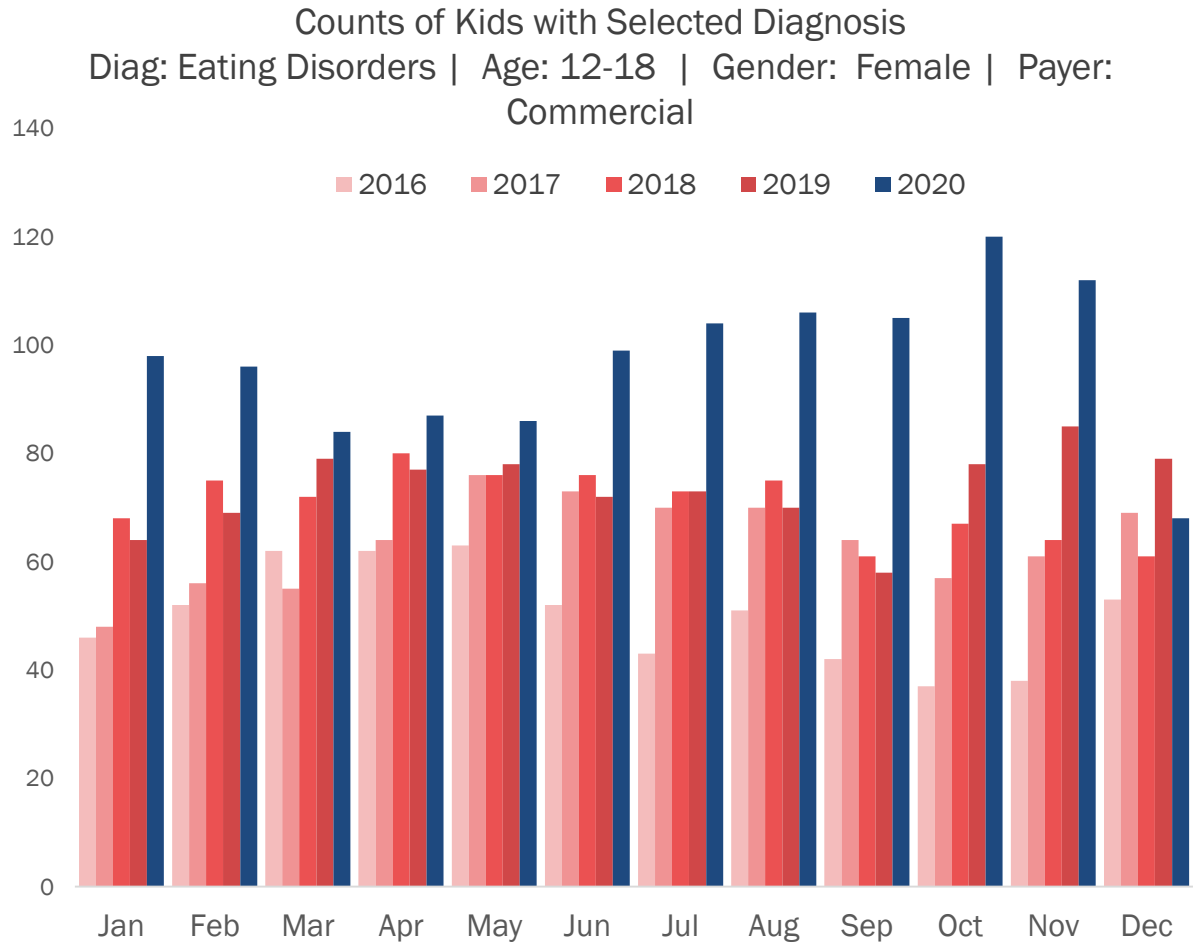
Spikes in less common diagnoses: eating disorders, insomnia

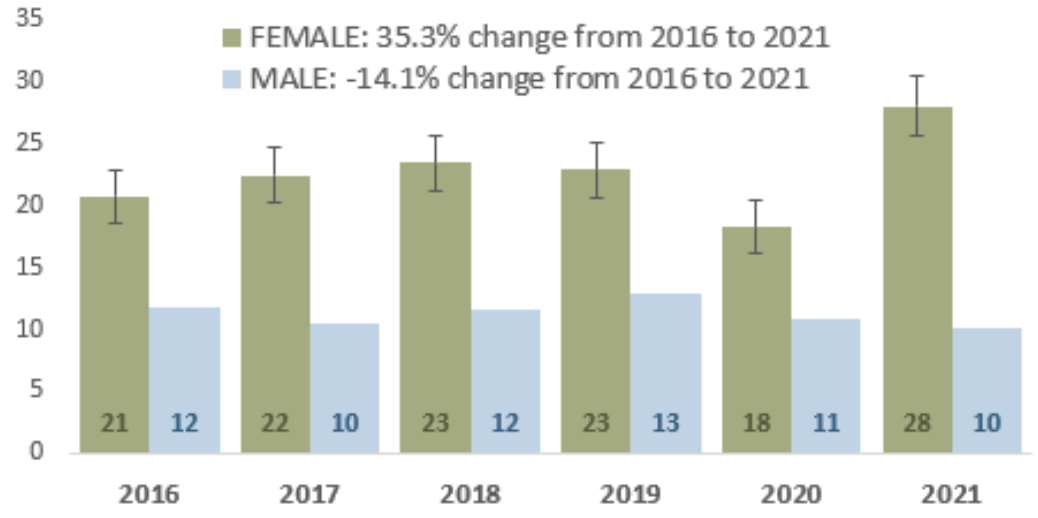
★ *Statistically significant change from prior year ($p < 0.05$)*



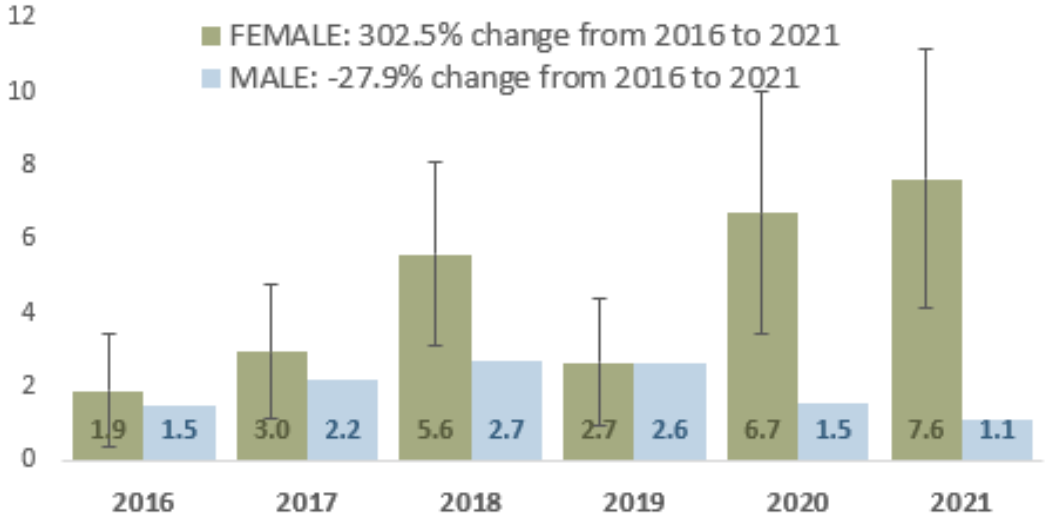


We see differences in care and diagnosis by gender at the highest acuity levels (suicidality)

Rate per 1k adolescents in Medicaid diagnosed with **suicidal ideation** in first six months of each year



Rate per 1k adolescents in Medicaid diagnosed with **suicide attempt** in first six months of each year



Source: Medicaid claims data, January 2016 – July 2021. Note that claims for April, May, June and July are between 25% and 75% complete, with completion rates declining in more recent months.

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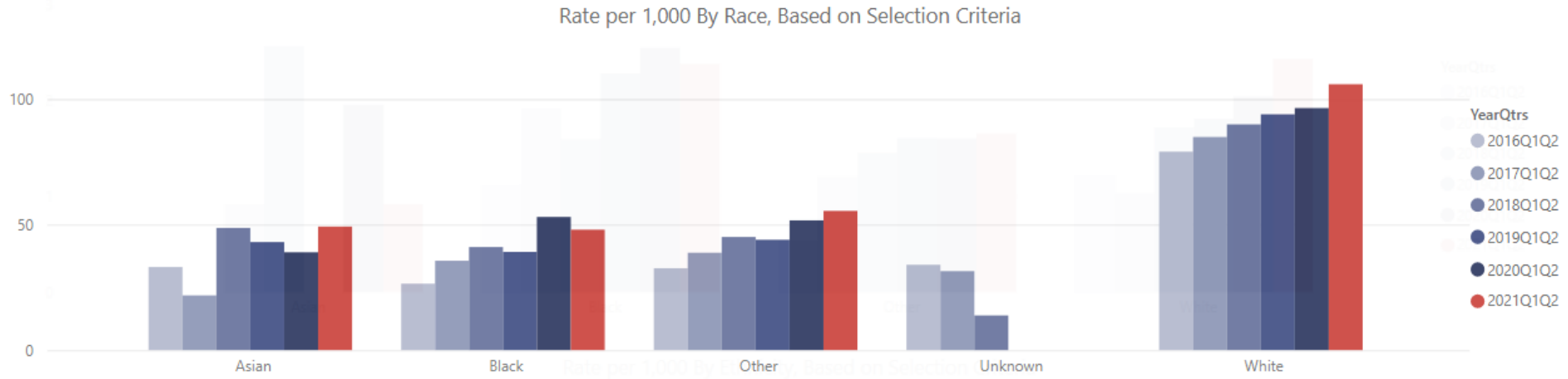
White and Non-Hispanic children are diagnosed with anxiety at twice the rate of children of color, likely indicating access and engagement concerns

Adolescents with **anxiety diagnosis**, by race (top) and ethnicity (bottom) – first six months of each year



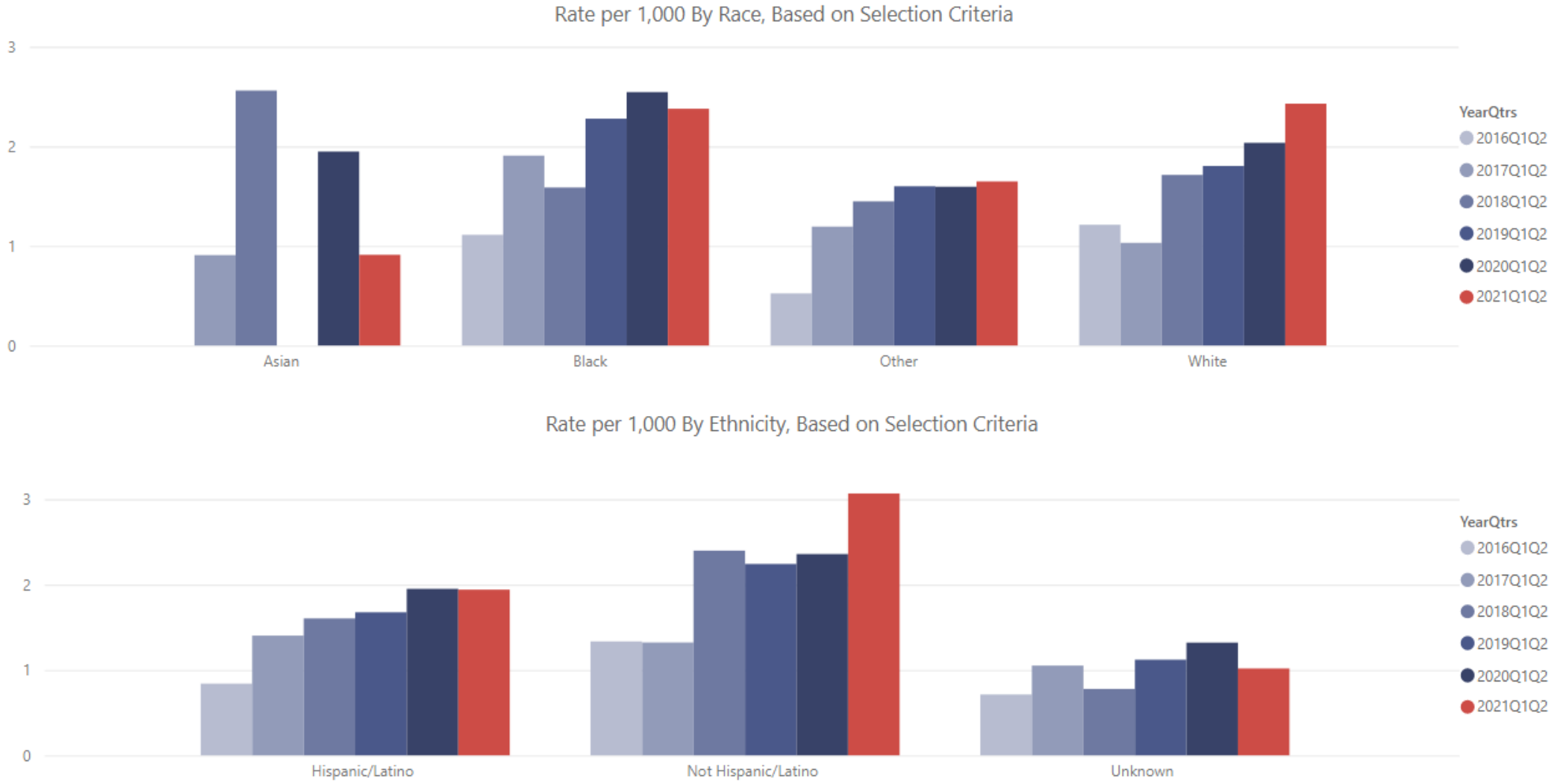
The gap between children and youth of color and white children and youth for anxiety is one of the largest (2x-3x) and affects the most kids because prevalence is so high.

Timely treatment for anxiety may alleviate more advanced expressions of mental health challenges.

Source: Medicaid claims data, January 2016 – July 2021. Note that claims for April, May, June and July are between 25% and 75% complete, with completion rates declining in more recent months.

Suicide attempt rates are similar for white children and Black children, though a significant gap persists for Hispanic and non-Hispanic children.

Adolescents with **suicide attempts**, by race (top) and ethnicity (bottom) – first six months of each year



Source: Medicaid claims data, January 2016 – July 2021. Note that claims for April, May, June and July are between 25% and 75% complete, with completion rates declining in more recent months.

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Additional Problem Diagnoses/Gaps from Community Partners

Participants in our public/private Work Groups added critical problem statements to the plan.

CAPACITY & ACCESS - Here are quotes from Work Group participants:

- There are significant access and capacity issues in HBTS and other services. Need a more robust clinical continuum, with increased attention to geographic capacity.
- Lack of availability of adequate workforce (licensed staff) is a crisis. Not enough training. If staff aren't trained to do a robust assessment, it might turn into more ED visits.
- We have made multiple proposals to the administration about the need for intensive community-based treatment, and thoughts about capacity of therapeutic foster care to serve children in least restrictive environment.
- Lack of mobile treatment capacity
- Many silos in care coordination

Additional Problem Diagnoses/Gaps from Community Partners

EQUITY - Here are quotes from Work Group participants:

- Some of the injustices that need to be focused on are the criminalization of BH on communities of color, as well as destigmatizing BH needs within communities of color, which also includes changing the narrative of what getting MH help looks like. It's not one route to therapy but looking at holistic approaches and normalizing that.
- There's not enough of an individualized approach to what children need—whether they're more concrete services, or home-based services. There are few options of choice. There is a shortage of services, but we haven't placed enough value on the cultural alignment of services – and we have a lack of a diverse provider population.

Public Comment

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