

# Children's Cabinet

## February 20, 2020

# Agenda

- Welcome, Introductions, Approval of Minutes (5 min)
- YRBS Update (15 min)
- RI Youth Suicide Prevention Project (15 min)
- Project AWARE Update (15 min)
- Update on FY21 Proposed Budget (10 min)
- Public Comment (15 min)



# 2019 Rhode Island Youth Risk Behavior Survey (YRBS) Survey Findings

**Thursday February 20, 2020**

**Rhode Island Children's Cabinet**

# OVERARCHING GOAL

Positively Demonstrate for Rhode Islanders  
the Purpose and Importance of Public Health

## LEADING PRIORITIES

Address the Social  
and Environmental  
Determinants  
of Health in  
Rhode Island

Eliminate the  
Disparities of Health  
in Rhode Island  
and Promote Health  
Equity

Ensure Access to  
Quality Health  
Services for  
Rhode Islanders,  
Including Our  
Vulnerable  
Populations

## CROSS-CUTTING STRATEGIES

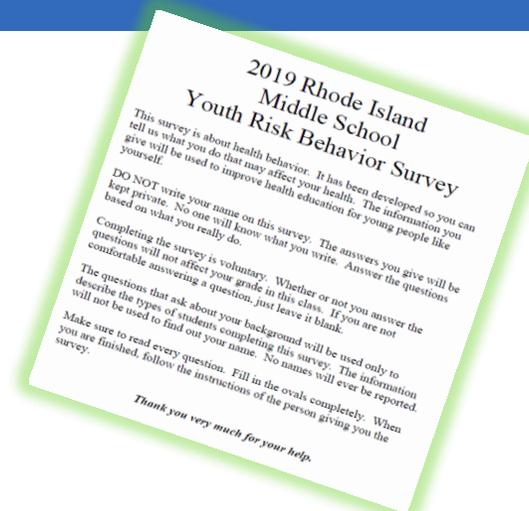
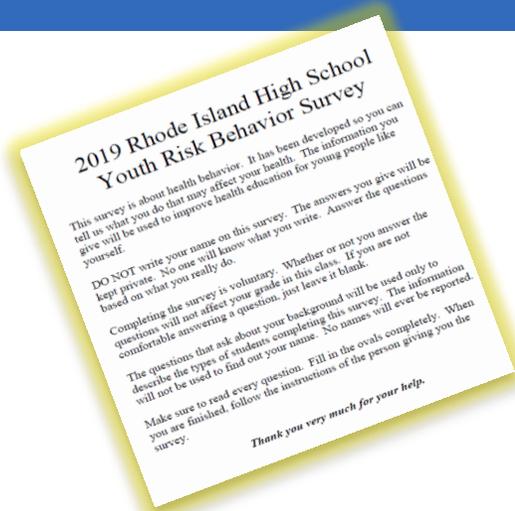
*RIDOH Academic Center:* Strengthen the integration of scholarly activities with public health  
*RIDOH Health Equity Institute:* Promote collective action to achieve the full potential of all RIsers

# Rhode Island School Surveys



- School surveys offer an opportunity to hear directly from young people about their experiences.
- RI conducts two surveys every year: SurveyWorks and either the Youth Risk Behavior Survey (YRBS) OR the Rhode Island Student Survey.
- While surveys are voluntary, they provide the state and stakeholders with important data, help reduce the number of requests from outside research organizations, and allow key education stakeholders to better understand school communities.
- These surveys allow students to share their experience and their voice so we can craft policy that is responsive to their needs.

# RI Youth Risk Behavior Survey



- The Youth Risk Behavior Survey (YRBS) is a biannual (in odd years) survey of student health and behaviors.<sup>1</sup>
- Two surveys are conducted – one among high school students and one among middle school students.
- The YRBS allows us to examine emerging concerns and study trends.
- Survey data are weighted using statistical methods to provide estimates that are representative of the statewide public high school and middle school populations.

# YRBS Survey Topics



- Alcohol and other drug use
- Behaviors that contribute to unintentional injuries and violence, including bullying
- Tobacco use
- Sexual behaviors
- Unhealthy dietary behaviors
- Inadequate physical activity
- Obesity
- Oral health



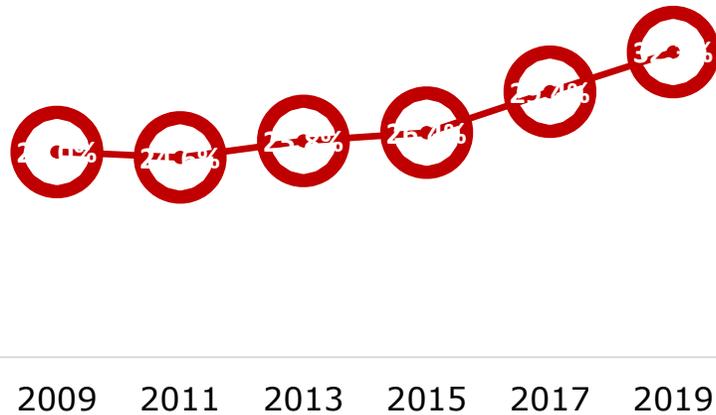
# HIGH SCHOOL RESULTS

# Mental and Behavioral Health

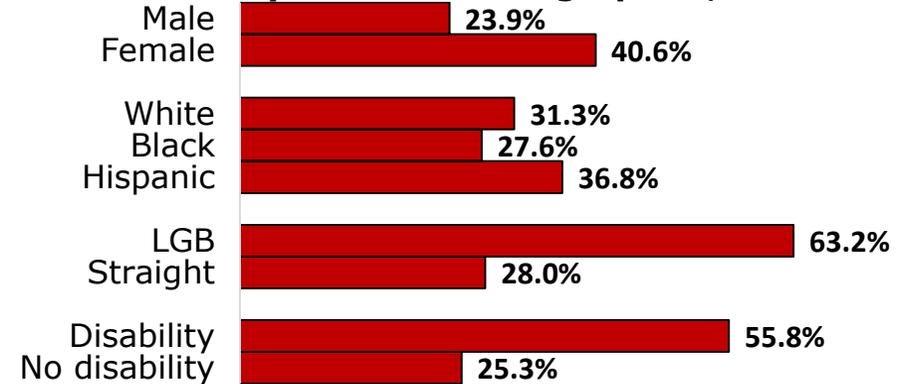


## Felt sad or hopeless for 2 or more weeks in the past year

Overall prevalence 2009-2019

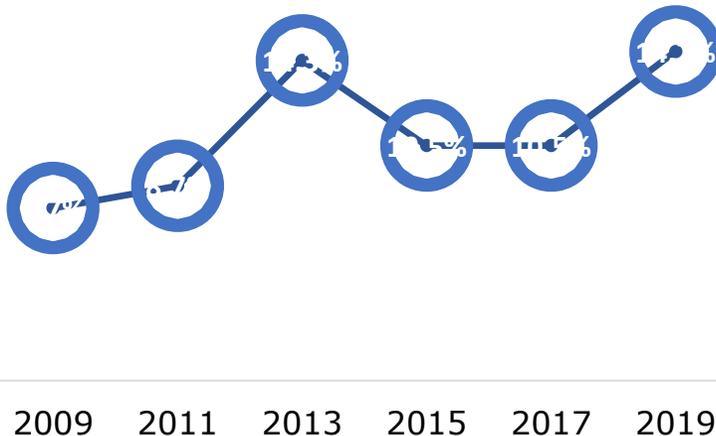


Prevalence by selected demographics, 2019

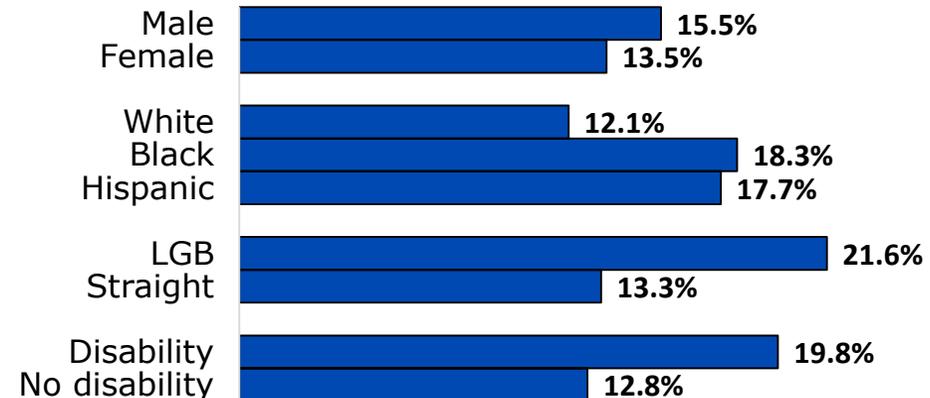


## Attempted suicide in the past year

Overall prevalence 2009-2019



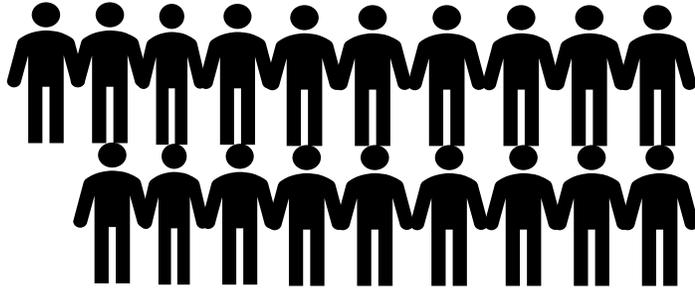
Prevalence by selected demographics, 2019



# Mental Health



**In an average class of 25 high school students...**



**19** had at least one day in the past month where their mental health was not good (**76.1%**)



**8** felt sad or hopeless for 2 or more weeks in the past year (**32.3%**)

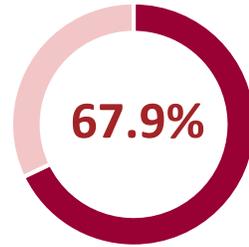


**3** have seriously considered suicide in the past year (**13.3%**)

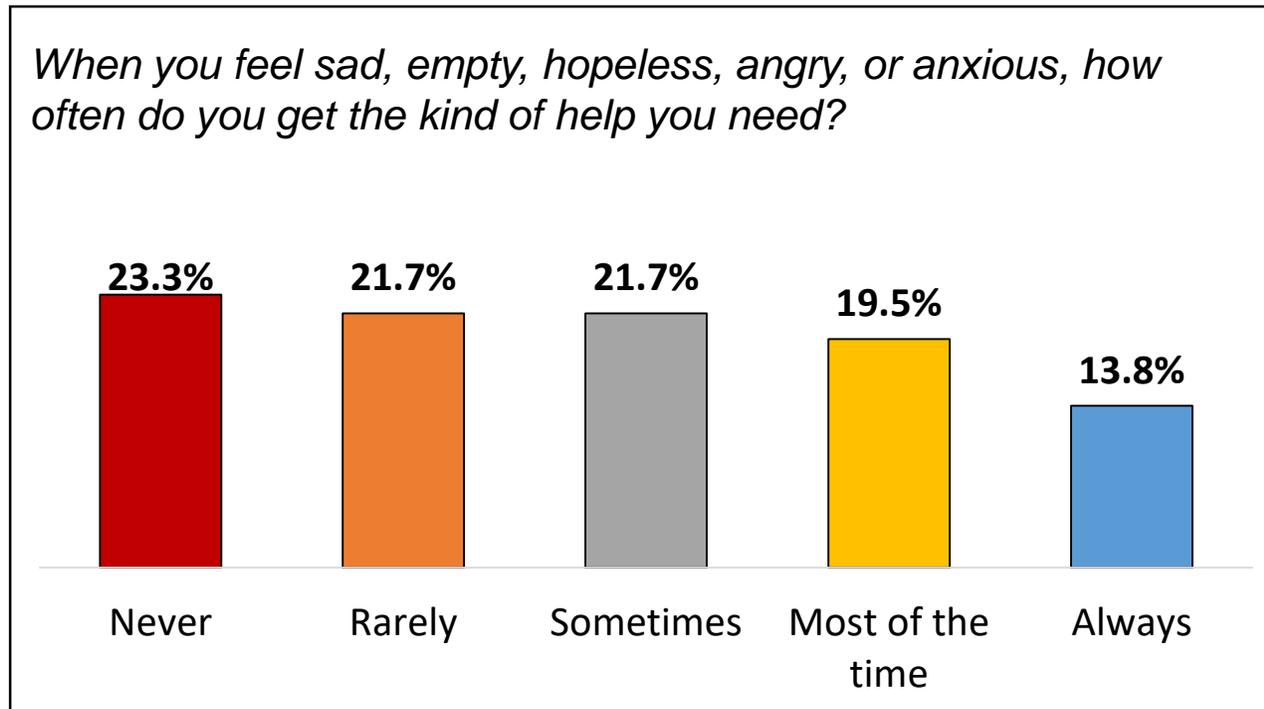


**3** have attempted suicide in the past year (**14.7%**)

# Mental and Behavioral Health

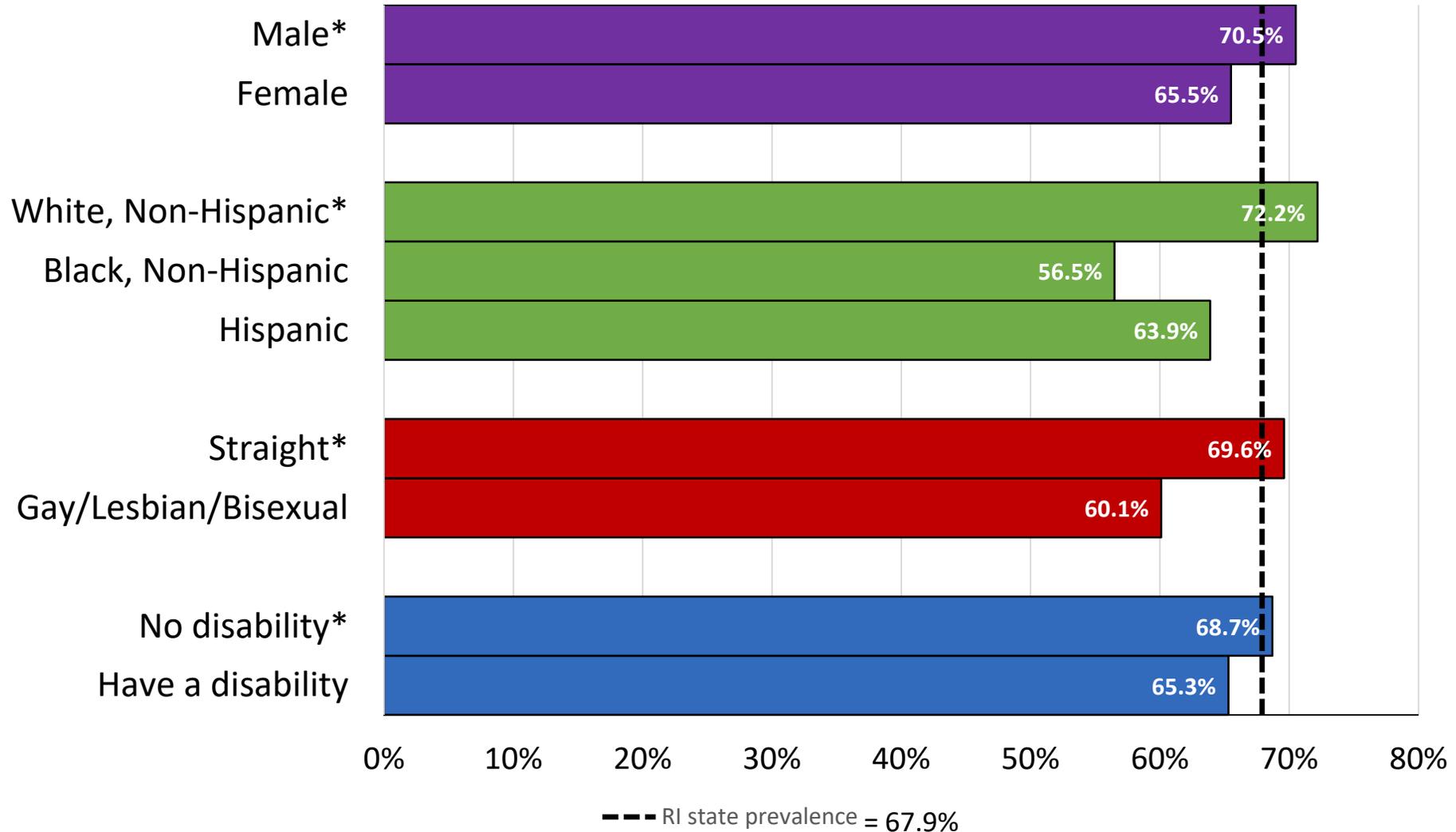


Have at least one teacher or adult at school they can talk to when they have a problem





# Percent of high school students who have an adult at school they can talk to if they have a problem



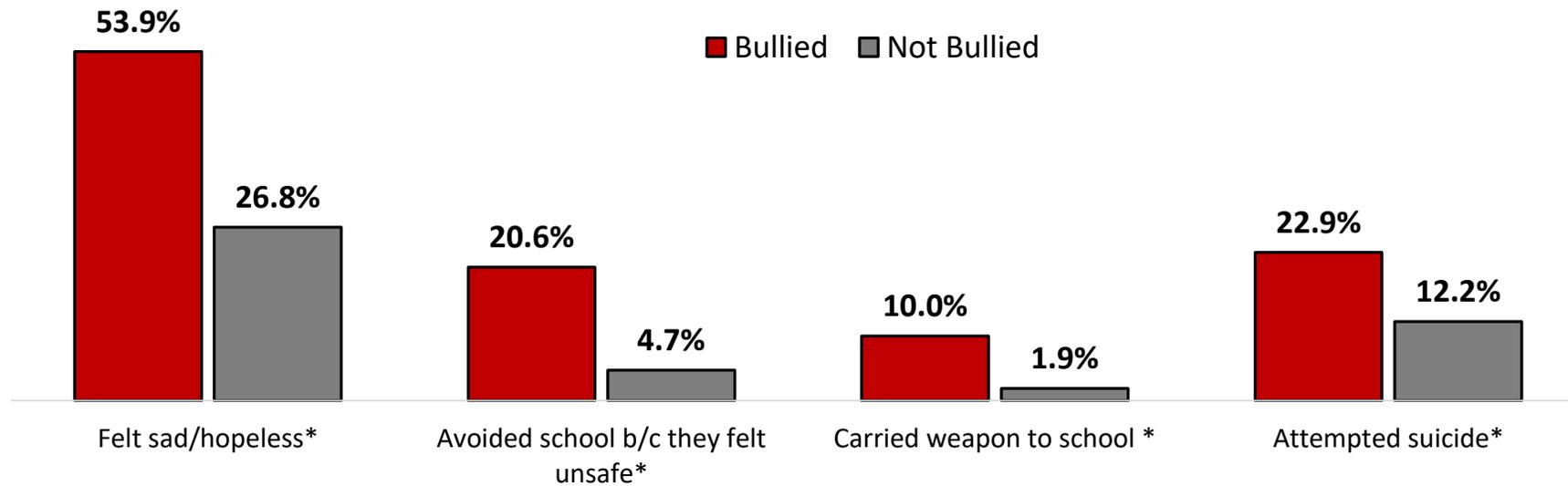
\*statistical difference,  $p < .05$ ;

Data source: 2019 Rhode Island Youth Risk Behavior Survey, RIDOH CHDA

# Bullying



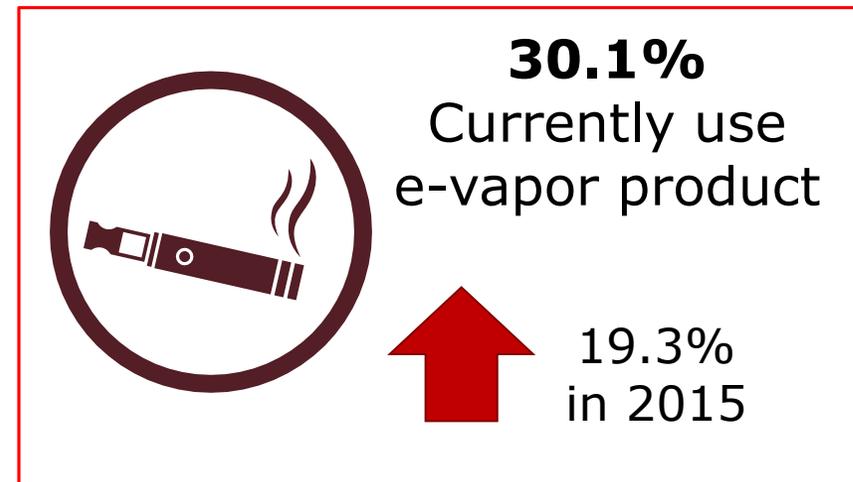
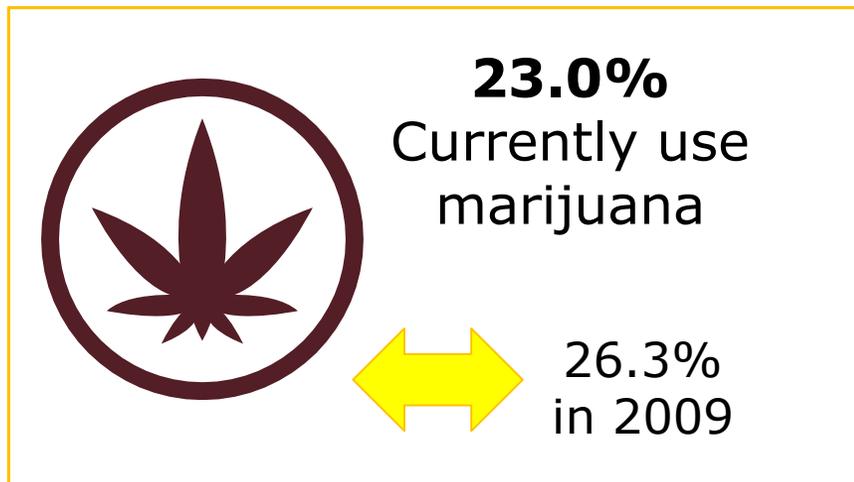
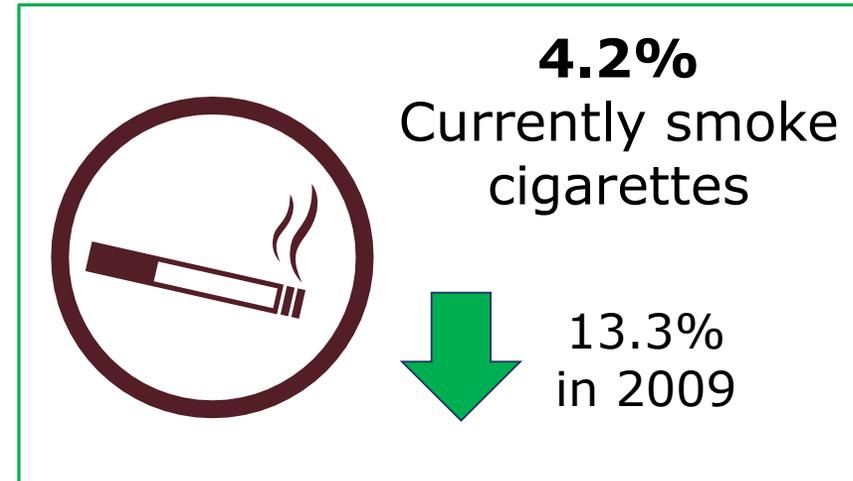
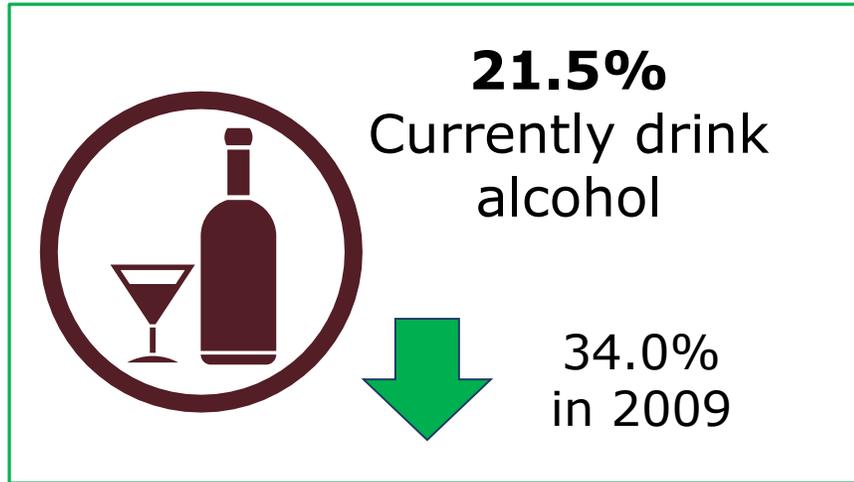
- **21.0%** were bullied either in school or electronically in the past year
  - **16.4%** of students were bullied on school property
  - **13.0%** were electronically bullied
  - **8.5%** experienced both types of bullying



\*statistical difference,  $p < .05$ ;

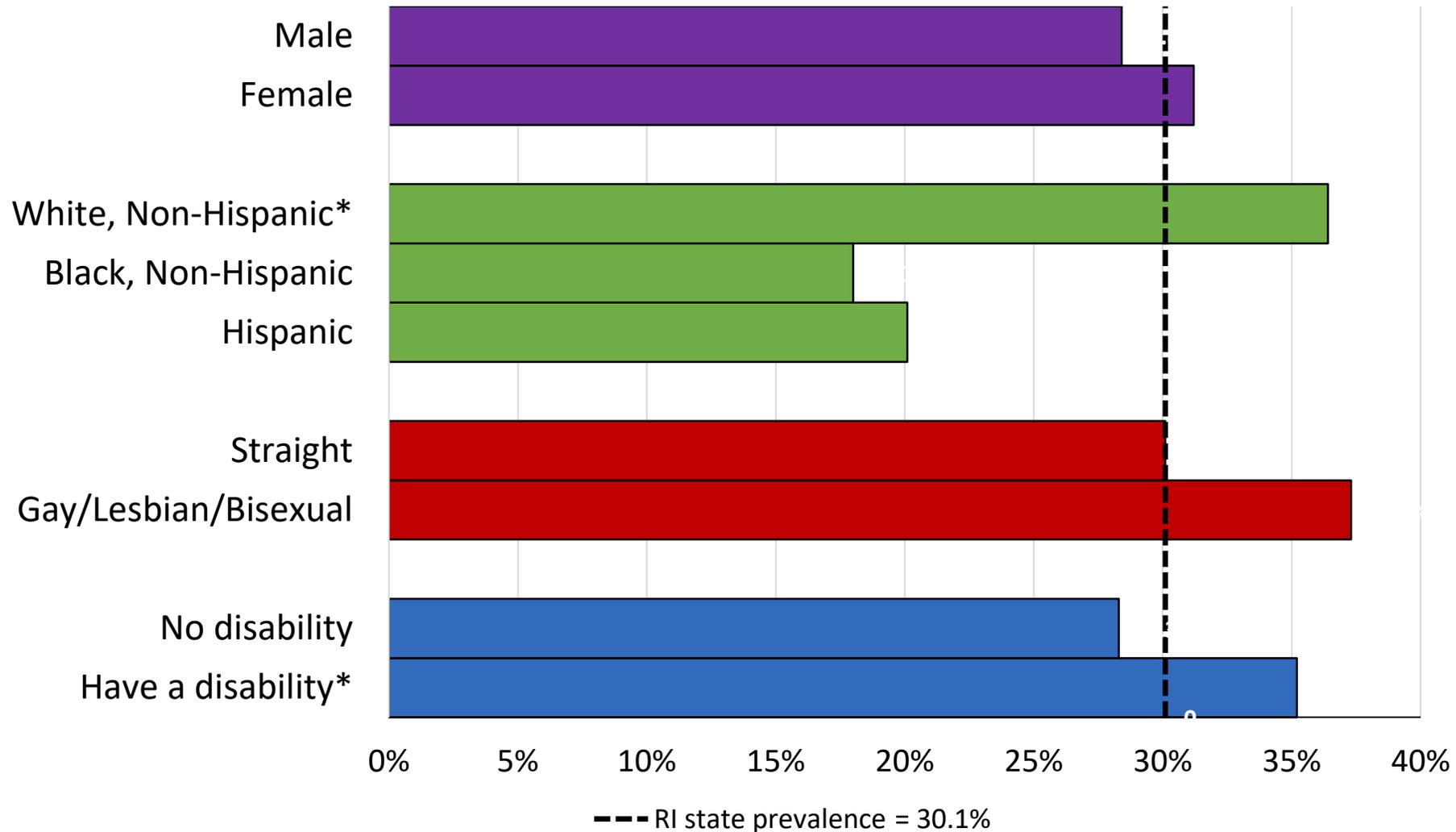
Data source: 2019 Rhode Island Youth Risk Behavior Survey, RIDOH CHDA

# Comparison of substance use over time





# Percent of RI high school students who currently use e-vapor products



\*statistical difference,  $p < .05$ ;

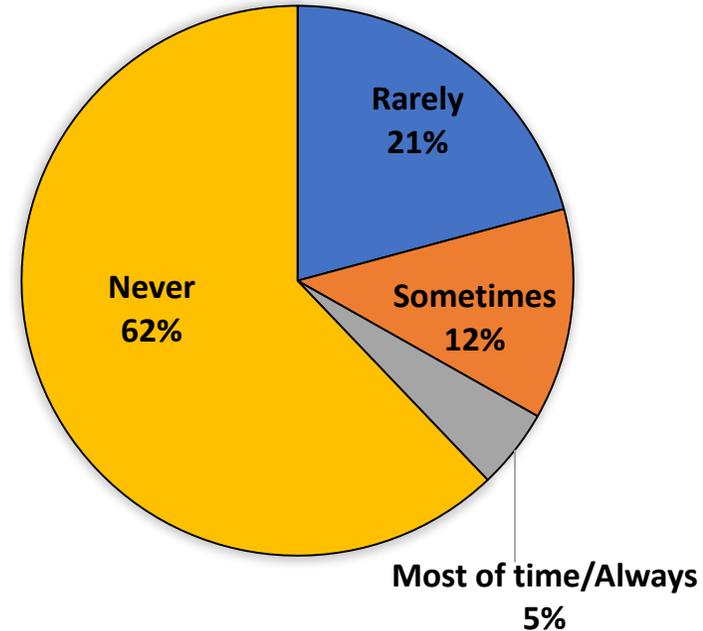
Data source: 2019 Rhode Island Youth Risk Behavior Survey, RIDOH CHDA

# Socioeconomic and Family Environment



- **37.9%** of students went hungry because there was not enough food in their home.
- **18.6%** do not usually feel safe in their neighborhood.
- **7.5%** slept away from their parents home at least one day in the last 30 because they were kicked out, ran away or were abandoned.

Food insecurity: Hunger at Home



- **5.4%** did not usually sleep in their parent's or guardian's home.



# MIDDLE SCHOOL RESULTS

# Mental Health



**In an average class of 25 middle school students...**



**6** felt sad or hopeless for 2 or more weeks in the past year (**25.8%**)



**4** have ever seriously considered suicide (**16.9%**)



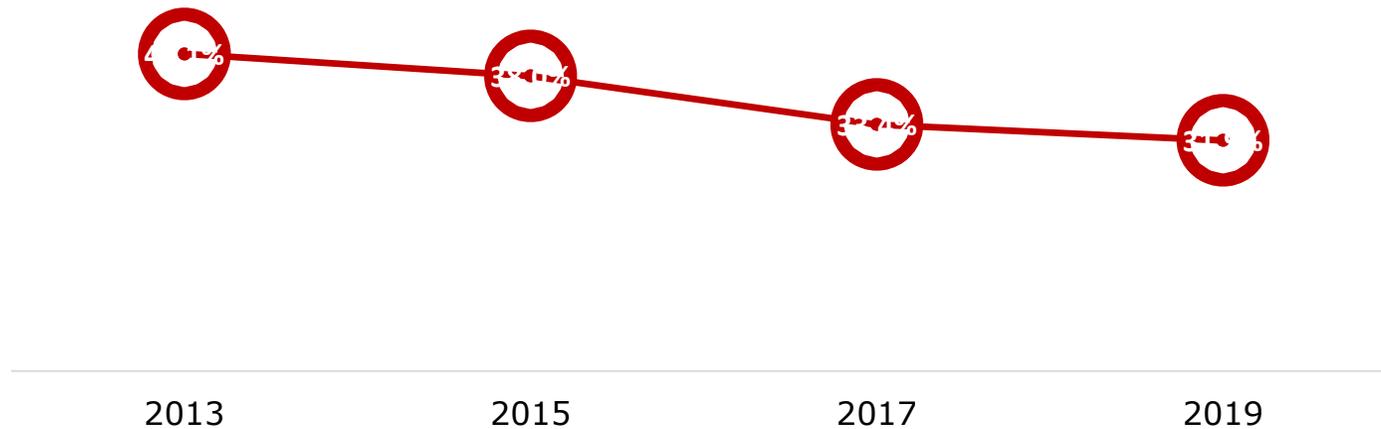
**2** have ever attempted suicide (**6.1%**)

# Bullying

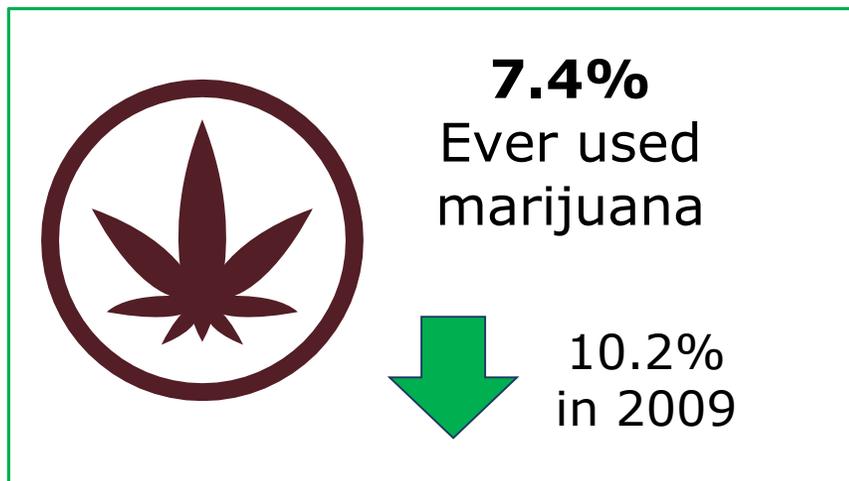
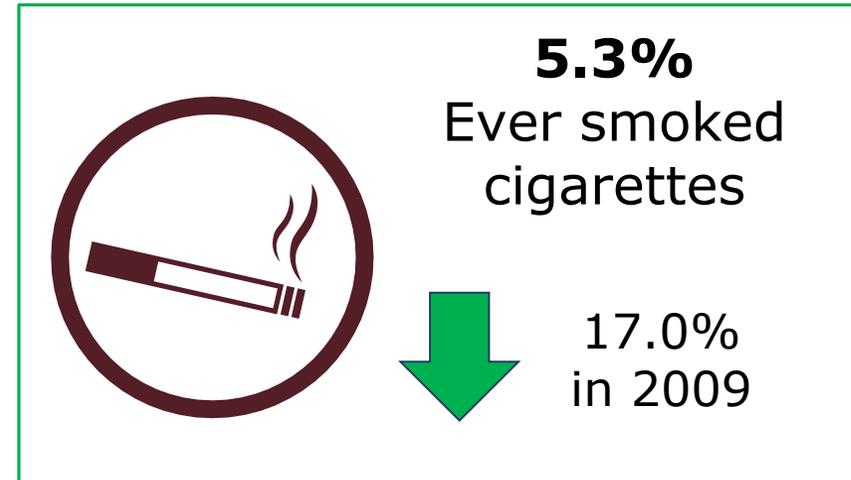
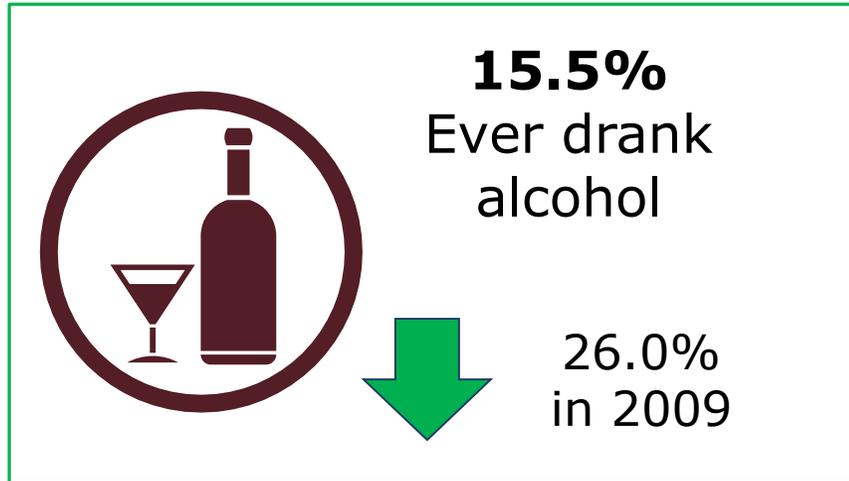


- **38.5%** were ever bullied either in school or electronically
  - **31.9%** of students were ever bullied on school property
  - **20.4%** were ever electronically bullied
  - **14.0%** experienced both types of bullying

Percent of Rhode Island Middle School who were ever bullied on school property



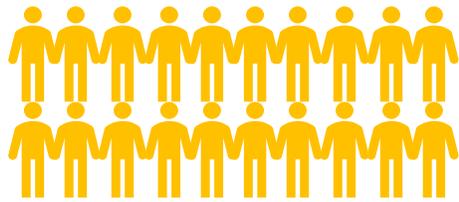
# Comparison of substance use over time



# School and Home Environment



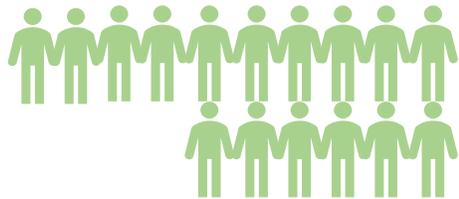
## In an average class of 25 students.....



**20** have at least one adult they can talk to if they have a problem (**80.5%**)



2013 2015 2017 2019



**16** feel like they belong at school (**63.0%**)

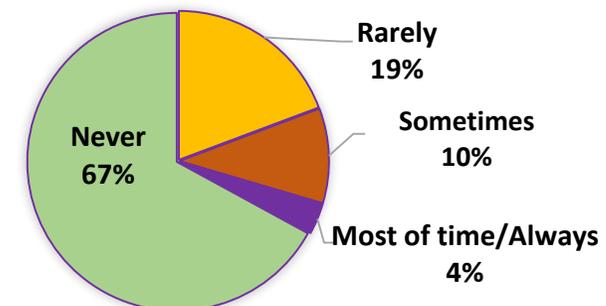


2013 2015 2017 2019



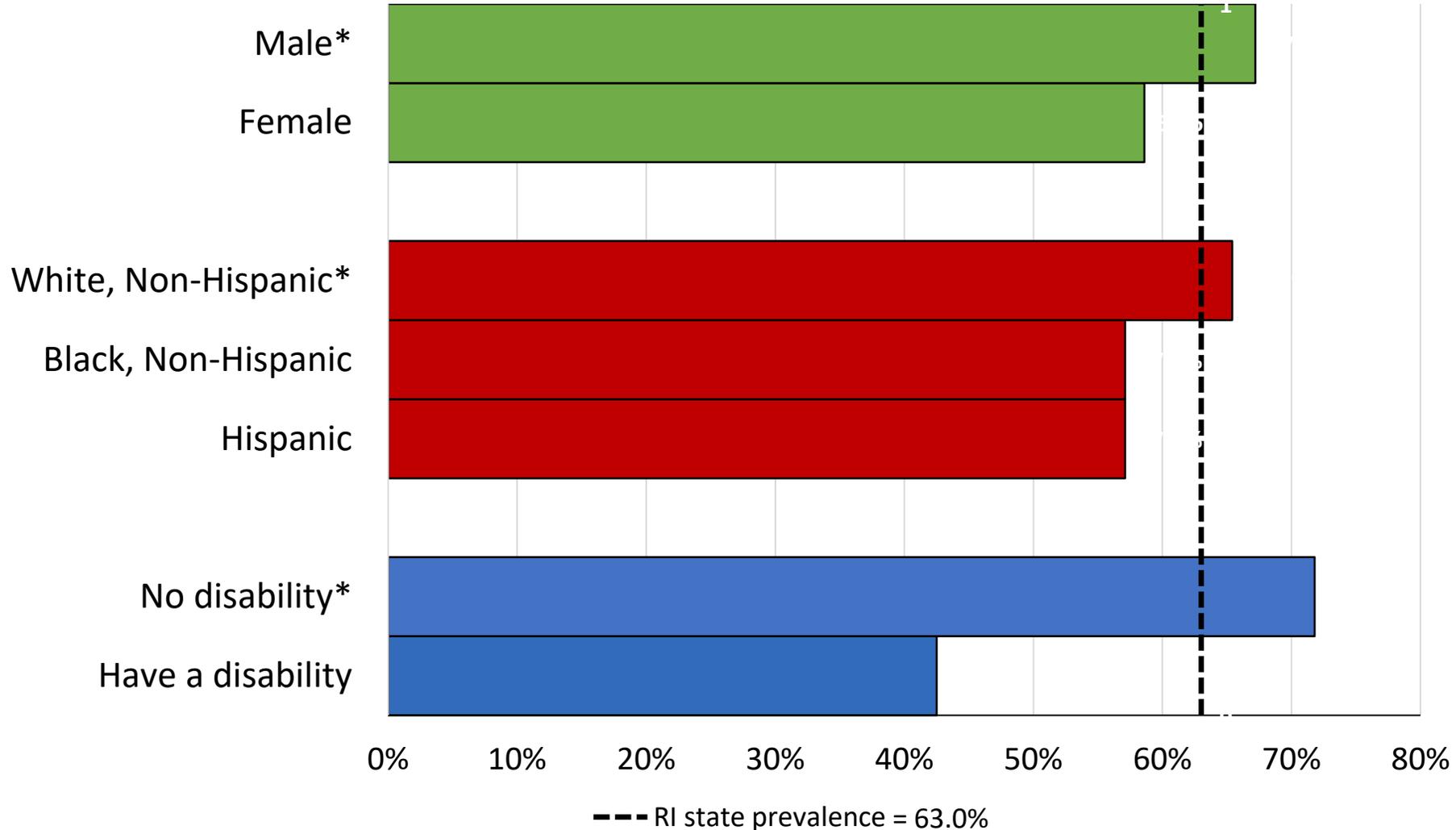
**8** have gone hungry in the past month because there was not enough food in their home (**33.0%**)

Food insecurity: Hunger at Home





# Percent of RI middle school students who feel like they belong at school



\*statistical difference,  $p < .05$ ;

Data source: 2019 Rhode Island Youth Risk Behavior Survey, RIDOH CHDA



# SUMMARY OF FINDINGS

# Key findings: Encouraging news



## **ALCOHOL USE**

**21% or 1 in 5** high school students currently drink alcohol down from **34%** in 2009;  
**15%** of middle school students ever tried alcohol, a significant decline (**26%**) from 2009.



## **CIGARETTE USE**

The percent of high school and middle school youth that smoked cigarettes remained low and continues to decrease.



## **BULLYING ON SCHOOL PROPERTY**

**32%** middle school students were bullied on school property down from **40%** in 2013.

# Key findings: Opportunities for increased focus



## MENTAL HEALTH

**32.3% or almost 1 in 3** high school students and **1 in 4 (25.3%)** middle school students felt ***so sad or hopeless*** for 2 or more weeks that they stopped doing some normal activities. About **1 in 7** high school students reported ***attempting suicide*** in the past year.



## USE OF E-VAPOR PRODUCTS

**48.9%** of high school students and **16.4%** of middle school students have ***ever used e-vapor products***. **30.1%** of high school ***students currently use e-vapor products***.



## DISPARITIES

Students who identify as LGB, and students with disabilities are at higher risk for several of the health risk behaviors examined.

# How can the YRBS data help us with policy and program decision-making?



- Describe risk behaviors
- Inform professional development
- Plan and monitor programs
  - RI Boys and Girls Club uses RI YRBS data to plan after school programs
- Consider health-related policies and legislation
  - Vaping, recreational marijuana, district wellness councils
- Seek funding
  - Youth Suicide Prevention
- Increase public awareness
  - "It's OK Not to be OK" campaign

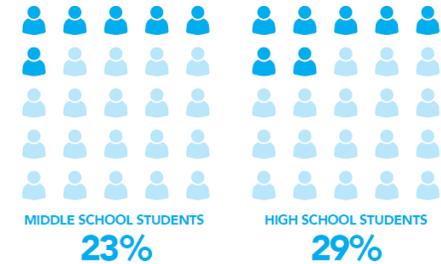
# YRBS Data Products



## WHAT YRBS DATA TELL US ABOUT RI TEEN SOCIAL AND EMOTIONAL COMPETENCIES: SELF MANAGEMENT

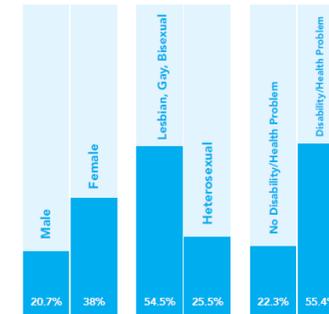
The ability to manage stress, regulate emotions, and motivate oneself can have a significant impact on day-to-day life and health among teens. The Youth Risk Behavior Survey (YRBS) provides an opportunity for us to measure these issues from the students' perspective.

Reporting feelings of sadness/hopelessness:



In an average class of 25:

**6 middle school students (23%) and 7 high school students (29%) reported feeling so sad/hopeless for 2 or more consecutive weeks that they stopped doing some normal activities.**



Female students, gay/lesbian/bisexual students, and students with long-term health problems or physical/emotional/learning disabilities were most likely to report feelings of sadness/hopelessness.

**18% of middle schoolers have ever seriously considered suicide.**

**16% of high school students seriously considered suicide within the last year.**

## WHAT YRBS DATA TELL US ABOUT RI TEEN SOCIAL AND EMOTIONAL COMPETENCIES: RESPONSIBLE BEHAVIOR

The ability to make decisions about personal behavior and social interactions, and evaluate the consequences of actions for the well-being of oneself and others is an important aspect of teenage development. The Youth Risk Behavior Survey (YRBS) provides us with an opportunity to measure these issues with data straight from the students' voice.

| Behavior                   | In a class of 25 RI Middle School students |                      | In a class of 25 RI High School students |                       |
|----------------------------|--|----------------------|--|-----------------------|
|                            | 6th grade                                  | 8th grade            | 9th grade                                | 12th grade            |
| Ever drank alcohol         | 3 students;<br>12.8%                       | 7 students;<br>27.3% | 10 students;<br>38.8%                    | 16 students;<br>64.1% |
| Ever smoked marijuana      | 1 student;<br>3.1%                         | 4 students;<br>14.7% | 6 students;<br>22.8%                     | 12 students;<br>49.4% |
| Ever smoked an e-cigarette | 3 students;<br>10.1%                       | 6 students;<br>23.7% | 9 students;<br>35.0%                     | 12 students;<br>46.1% |
| Ever smoked a cigarette    | 1 student;<br>2.7%                         | 2 students;<br>7.3%  | 4 students;<br>16.2%                     | 7 students;<br>26.5%  |

**Emerging Behavior:** 9% of high school students currently use flavored tobacco.

# YRBS Data Products



## Check out what students said about **relationships**.



▶ **75% are not sexually active** (have not had sex in the last 3 months).

▶ YOU DON'T H

▶ **58% used a** they had se

#ProtectYourse  
Download the  
find free condo

▶ **11% have e**

LOVE SHOULD

▶ **22% of stud**

SEE SOMETHI

Healthy relatio  
honestly, respo  
backgrounds,  
being support  
staff member  
unhealthy rela

## Check out what students said about **managing emotions**.

▶ **Nearly 30% felt depressed** in the last year.

IT'S OK TO BE SAD, BUT DEPRESSION REQUIRES HELP.

▶ students who feel sad report drugs/alcohol.

▶ ARE HEALTHIER WAYS

▶ st 3 out of 4 students have a  
er or other adult at school they  
alk to for advice.

▶ S ALWAYS SOMEONE TO TURN TO.

▶ he five healthy habits of emotional  
ng and five signs of emotional  
s at: [changedirection.org/](http://changedirection.org/).

▶ or a friend are experiencing a  
health crisis, please contact the  
ext line (741741) or the National  
(1-800-273-8255) for help.

## Check out what students said about making **smart choices**.

▶ **74% of students don't use any** tobacco products.

#BeTheFirst tobacco-free generation.  
#RIEndGame

▶ **93% of students have never misused** prescription medication.

Prescription meds require a prescription for a reason. Take as prescribed.  
#NeverShare

▶ **77% of students don't drink alcohol** and **77% don't smoke marijuana**.

NOT EVERYONE IS DOING IT.

No one "plans" to become addicted, and students with a drug or alcohol dependency started out thinking they had it "under control."

Know the facts and decide for yourself.  
Live above the influence.

[abovetheinfluence.com/drugs-2/](http://abovetheinfluence.com/drugs-2/)  
[opioids.thetruth.com/o/articles/rhode-island](http://opioids.thetruth.com/o/articles/rhode-island)



# YRBS Data Products





## Rhode Island Data Brief

Supporting and Caring for Gender-Expansive Youth

April 2018

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**Background**

Every Rhode Islander deserves the opportunity to live a safe and healthy life and achieve their full potential. Yet individuals who do not fit conventional ideas about gender often face a variety of challenges to healthy living, including social stigma, discrimination, and difficulties accessing healthcare providers who are knowledgeable about their health risks and behaviors and who provide culturally affirming care.

To further understanding of the health risks faced by gender-expansive (androgynous and/or gender-nonconforming) Rhode Islanders, the Rhode Island Department of Health (RIDOH) began including questions about gender identity in two population-based surveys in recent years. This includes the addition of a question on gender expression in the 2017 Rhode Island high school Youth Risk Behavior Survey (YRBS).

This data brief presents preliminary findings from the 2017 YRBS. RIDOH continues to analyze survey findings related to sexual orientation and gender identity, with the goal of releasing additional data for youth and adults later this year. RIDOH is also working with its partners to identify ways to better support gender-expansive youth in school and community settings.

**Methods**

Beginning in 2017, respondents to Rhode Island's high school YRBS were asked: "A person's appearance, style, dress, or the way they walk or talk may affect how people describe them. How do you think other people at school would describe you?" The question looks at socially assigned gender expression (how others perceive a person's gender). Response options ranged from "very feminine" to "very masculine".

This data brief discusses the prevalence of health risks among gender-expansive youth, compared to cisgender youth. For the purposes of this brief, the term "gender-expansive" refers to students who responded that others would perceive them as androgynous ("equally feminine and masculine") and/or gender-nonconforming ("very feminine," "mostly feminine," or "somewhat feminine" for male students; "very masculine," "mostly masculine," or "somewhat masculine" for female students). The term "cisgender" refers to students who responded that others perceive them as gender conforming.

**More Information**

For more information about these data or the SOGI Equity Workgroup, contact [CKelly.Smith@health.ri.gov](mailto:CKelly.Smith@health.ri.gov). For more information about YRBS data, contact [Tara.Cooper@health.ri.gov](mailto:Tara.Cooper@health.ri.gov).

Prepared by the Sexual Orientation and Gender Identity (SOGI) Equity Workgroup, Rhode Island Department of Health

**Health Risks Among Gender-Expansive Youth**

**19%** of Rhode Island high school students are gender expansive.

Approximately 12% identify as androgynous, and 7% are non-conforming.

**44%** of Rhode Island gender-expansive high school students felt sad or hopeless almost every day\*.

Compared to cisgender youth, gender-expansive youth are:

- 3x** more likely to miss school because they felt unsafe.
- 2.5x** more likely to attempt suicide.
- 2x** more likely to be bullied.

Gender-expansive youth are also:

- more likely to get poor grades,
- ever use a cigarette,
- ever try marijuana, or
- to have taken prescription pain medication without a doctor's permission.

\* for at least two weeks in the past year

Notes: Based on self-reported data. Because only one year of data was available, sample size for analysis was small. This could impact precision of some estimates.



HEALTH BY NUMBERS  
NICOLE E. ALEXANDER-SCOTT, MD, MPH  
DIRECTOR, RHODE ISLAND DEPARTMENT OF HEALTH  
EDITED BY SAMARA VINER-BROWN, MS

PUBLIC HEALTH

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## Risky Motor Vehicle Behaviors among Rhode Island High School Students

TRACY L. JACKSON, PhD, MPH, TARA COOPER, MPH

Motor vehicle crashes are the leading cause of death and injury among United States adolescents. According to data from the Centers for Disease Control and Prevention (CDC), 2,333 adolescents ages 16-19 were killed and 235,845 were treated in emergency departments due to injuries sustained in crashes in 2015.<sup>1</sup> Per mile driven, teen drivers are nearly three times more likely than those aged 20 and older to be involved in a fatal crash.<sup>1</sup> Driver inexperience and engagement in risky behaviors are primary reasons for the increased number of crashes among teens. Substance use, distracted driving, and lack of seat belt use significantly increase the risk of crashes and/or subsequent injury or death. The purpose of the current analysis was to measure the prevalence of risky transportation-related behavior among Rhode Island high school students.

**METHODS**

Data are from the 2017 Rhode Island High School Youth Risk Behavior Survey (YRBS). The YRBS is a biennial national survey of public high school students designed to monitor health risk behaviors related to leading causes of morbidity and mortality among youth. YRBS employs a two-stage, cluster sample design to produce a representative sample of students.<sup>2</sup> First, schools in the state are selected with probability proportional to school enrollment size. Next, classes from a required subject or period within each school are randomly selected. All students in sampled classes are eligible to participate. A weight is applied to each record to adjust for student non-response and to obtain a distribution of students by grade, sex, and race/ethnicity that approximates that of the state public high school population. The overall response rate, which is determined by the response rates of the selected schools and students, was 67% in 2017. In total there were 2,221 high school students from 19 public high schools who completed the YRBS. This sample is representative of 41,114 students statewide.

Six questions on the YRBS addressed motor vehicle safety – three regarding passenger behavior and three regarding driver behavior. Passenger safety questions included topics of seat belt use: "How often do you wear a seat belt when riding in a car driven by someone else? (never, rarely, sometimes, most of the time, always)" and riding with a potentially impaired driver asking how often in the last 30 days respondents rode with a driver who had been (1) drinking alcohol, or (2) using marijuana. Questions regarding driver safety focused on cell phone use and asked respondents whether driving in the last 30 days how often did they (1) talk on the cell phone (2) text or email, and (3) use the internet or apps (excluding those for directions). For purposes of data analyses, seat belt use responses were condensed into "always" or "not always" and items assessing riding with an impaired driver and using a cell phone while driving were condensed into "yes" (1 or more times) or "no" (0 times). Respondents younger than 16 years of age or who reported they did not drive in the last 30 days were excluded from analyses of driving behavior.

Descriptive analyses were conducted to obtain estimates for the frequency of all transportation-related behaviors. Additionally, chi square tests were used to examine differences in risky transportation-related behavior across demographic groups and to test whether transportation behavior was associated with mental health and other behaviors. Other risk measures assessed included current alcohol use (drank any alcohol in the last 30 days), binge drinking (>4 drinks in one sitting for girls or >5 drinks in one sitting for boys in the last 30 days), current marijuana use, having felt sad/hopeless for 2 or more consecutive weeks in the last year, and having been bullied in school or electronically in the last year.

**RESULTS**

**Passenger Behavior**

Overall, within the last month, an estimated 12,593 high school students statewide (or about 30% of students) rode in the car with a driver who had been drinking alcohol or smoking marijuana (Figure 1). An examination of demographic factors found older students and lesbian/gay/bisexual students were more likely to ride in a car with a driver who used marijuana/alcohol than younger students and heterosexual students, respectively (Table 1). Riding in a car with a driver who had been smoking marijuana was more common (25%) than riding in a car with a driver who had been drinking alcohol (14%). Additionally, 36% of students report they do not always wear a seat belt when riding in a car driven by someone else (Figure 1).

## Rhode Island KIDS COUNT HEALTH FACT SHEET

November 2018

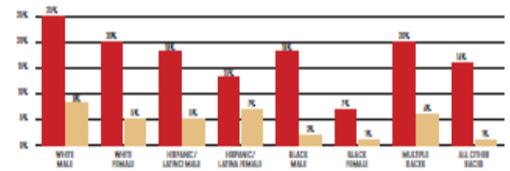
TRENDS IN YOUTH TOBACCO USE:  
FACTORS INFLUENCING  
YOUTH USE

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### TRENDS AND FACTORS RELATED TO YOUTH TOBACCO USE

Nationally and in Rhode Island, tobacco use rates vary by race, ethnicity, and gender and higher rates of tobacco use are found among youth who experience certain influencing factors.<sup>1</sup> These factors include historic and emerging advertising trends, community acceptance, and social factors and stressors that influence initiation and continuation.<sup>1,2,3,4</sup>

**AMONG HIGH SCHOOL STUDENTS IN 2017, WHITE MALES REPORT HIGHEST USE, BLACK FEMALES REPORT LOWEST USE OF BOTH CIGARETTES AND E-CIGARETTES**



Source: Rhode Island Department of Health, Youth Risk Behavior Survey 2017.  
Note: \*Use is defined as currently smoking cigarettes or using electronic vapor products at least one day during the 30 days before the survey.

- In Rhode Island high schools in 2017, male students reported smoking cigarettes or cigars or using smoked tobacco (16%) and using electronic vapor products (22%) at higher rates than female students (7% and 17%).<sup>4</sup>
- Despite tobacco industry marketing efforts targeting Black communities to initiate and continue smoking menthol tobacco products, Black high school students have historically and currently report smoking cigarettes or cigars or using smoked tobacco (9%) and e-cigarettes (12%) at lower rates than Hispanic/Latino high school students (10% smoking cigarettes or cigars or using smoked tobacco and 16% using e-cigarettes) and White high school students (13% smoking cigarettes or cigars or using smoked tobacco and 23% using e-cigarettes).<sup>2</sup>
- Black female high school students report the lowest rates of smoking cigarettes or cigars or using smoked tobacco (1%) and using e-cigarettes (7%).<sup>1</sup>
- Survey data of Rhode Island Native American youth is not available due to insufficient sampling, however, a national survey released in 2017, found that American Indian or Alaskan Native high school students reported higher rates of using any tobacco product including e-cigarettes (35%) than their Asian (6%), Black (15%), Hispanic (17%), and White (22%) peers.<sup>3</sup> In some Native American communities, tobacco is used in ceremonial practices to protect and heal sick individuals and can be used as an educational tool linked to storytelling.<sup>5</sup> Some tobacco companies target American Indian/Alaska Native communities through advertising campaigns featuring symbols or names with special meaning to this group or promote tobacco products as "natural" cigarettes.<sup>3</sup>

# Summary



- School surveys are a way to hear directly from young people.
- The Rhode Island YRBS is a critical school-based survey administration effort that provides rich, actionable data to improve student health and well-being.
- 2019 YRBS data reveal a number of encouraging improvements, but also highlight trends that require greater focus.
- YRBS data aid in developing and reinforcing policies and practices that help those students who are at highest risk.

# References and RI YRBS Resources



<sup>1</sup>Kann L, McManus T, Harris W et al. Youth Risk Behavior Surveillance-United States, 2017. MMWR Surveill Summ 2018;67(No. SS-8).

- <https://www.cdc.gov/healthyouth/data/yrbs/pdf/2017/ss6708.pdf>.

Rhode Island Youth Risk Behavior Survey Webpage

- <http://www.health.ri.gov/data/adolescenthealth/>

Rhode Island Youth Risk Behavior Survey Results, 2017

- <http://www.health.ri.gov/flipbook/YRBSResults2017.php#book/>

Rhode Island Youth Risk Behavior Survey Student Posters, 2017

- [What Students said about Managing Emotions](#)
- [What Students said about Relationships](#)
- [What Students said about Making Smart Choices](#)



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Acknowledgements: Tracy Jackson PhD MPH and Tim McGrath

# Demographics: RI Public High School Students



|                           | # of students | % of students |
|---------------------------|---------------|---------------|
| <b>Sex</b>                |               |               |
| Male                      | 22,301        | 51.0%         |
| Female                    | 21,409        | 49.0%         |
| <b>Race/ethnicity</b>     |               |               |
| White                     | 24,965        | 58.5%         |
| Black                     | 3,641         | 8.5%          |
| Hispanic                  | 10,923        | 25.6%         |
| Other                     | 3,151         | 7.4%          |
| <b>Sexual Orientation</b> |               |               |
| Straight                  | 36,381        | 88.1%         |
| Lesbian/Gay/Bisexual      | 4,893         | 11.9%         |
| <b>Grade</b>              |               |               |
| 9 <sup>th</sup>           | 11,541        | 26.5%         |
| 10 <sup>th</sup>          | 11,021        | 25.3%         |
| 11 <sup>th</sup>          | 10,535        | 24.1%         |
| 12 <sup>th</sup>          | 10,371        | 23.8%         |

# Demographics: RI Public Middle School Students



|                       | # of students | % of students |
|-----------------------|---------------|---------------|
| <b>Sex</b>            |               |               |
| Male                  | 16,688        | 51.4%         |
| Female                | 15,755        | 48.6%         |
| <b>Race/ethnicity</b> |               |               |
| White                 | 17,825        | 57.1%         |
| Black                 | 2,642         | 8.5%          |
| Hispanic              | 8,154         | 26.1%         |
| Other                 | 2,587         | 8.3%          |
| <b>Grade</b>          |               |               |
| 6 <sup>th</sup>       | 10,502        | 32.3%         |
| 7 <sup>th</sup>       | 10,923        | 33.6%         |
| 8 <sup>th</sup>       | 10,814        | 33.3%         |





# *Addressing Youth Suicide in Rhode Island*

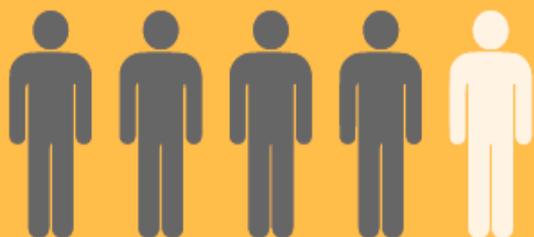
Jeffrey Hill, MS

**February 20, 2020**  
**Children's Cabinet**

# Burden



## THE BURDEN OF SUICIDE IN RHODE ISLAND



More than four times as many people die by suicide in Rhode Island than by homicide annually.

On average, one person dies by suicide every **3 days** in the state.

In 2016, suicide was the **11th** leading cause of death in Rhode Island.

In 2010, each suicide death in RI created approximately **\$1,307,717** in combined medical and work-loss costs.

**2nd** leading cause of death for ages 15-34  
**4th** leading cause of death for ages 35-54  
**8th** leading cause of death for ages 55-64

## 2017 YRBS RI HIGH SCHOOL SURVEY

**62.1%** Percentage of high school students who reported their mental health was not good



**29.4%** of high school students felt sad or hopeless  
**15.9%** of high school students seriously considered attempting suicide  
**13.6%** of high school students made a plan  
**10.5%** of high school students attempted suicide

## 2017 YRBS RI MIDDLE SCHOOL SURVEY

**23.3%** Percentage of middle school students who reported feeling sad or hopeless



**18.0%** of middle school students seriously considered attempting suicide  
**11.6%** of middle school students made a suicide plan  
**6.5%** of middle school students attempted suicide

Source: Rhode Island Department of Health, 2017 Youth Risk Behavior Survey

## Suicide Risk In RI Adults

- In 2016, 17.86% of young adult Rhode Islanders (ages 18-25) reported having a substance abuse disorder in the past year.
- 16.48% of young adult Rhode Islanders (ages 18-25) indicated they needed but were not receiving treatment for substance abuse issues.
- 11.17% of young adult Rhode Islanders (ages 18-25) reported a major depressive episode lasting at least two weeks.
- 9.55% of young adult Rhode Islanders (ages 18-25) reported having serious thoughts of suicide in the past year.
- 19.23 % of adult Rhode Islanders (ages 18+) reported being diagnosed with a mental illness of any kind.

Source: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015 and 2016.

## 10 Leading Causes of Death, Rhode Island 2017, All Races, Both Sexes

| Rank | Age Groups                        |                             |   |                             |   |                             |                              |                              |  |   | All Ages                                |
|------|-----------------------------------|-----------------------------|---|-----------------------------|---|-----------------------------|------------------------------|------------------------------|--|---|---|
|      | <1                                | 1-4                         | 5-9                                     | 10-14                       | 15-24                                   | 25-34                       | 35-44                        | 45-54                        | 55-64                                  | 65+                                     |   |
| 1    | Short Gestation<br>13             | Congenital Anomalies<br>--- | Chronic Low. Respiratory Disease<br>--- | Anemias<br>---              | Unintentional Injury<br>37              | Unintentional Injury<br>92  | Unintentional Injury<br>92   | Malignant Neoplasms<br>118   | Malignant Neoplasms<br>397             | Heart Disease<br>2,016                  | Heart Disease<br>2,339                  |
| 2    | Congenital Anomalies<br>10        | Malignant Neoplasms<br>---  | Influenza & Pneumonia<br>---            | Cerebro-vascular<br>---     | Suicide<br>17                           | Suicide<br>19               | Malignant Neoplasms<br>43    | Unintentional Injury<br>106  | Heart Disease<br>214                   | Malignant Neoplasms<br>1,577            | Malignant Neoplasms<br>2,154            |
| 3    | Maternal Pregnancy Comp.<br>---   |                             | Unintentional Injury<br>---             | Malignant Neoplasms<br>---  | Homicide<br>---                         | Malignant Neoplasms<br>14   | Suicide<br>22                | Heart Disease<br>79          | Unintentional Injury<br>86             | Chronic Low. Respiratory Disease<br>456 | Unintentional Injury<br>718             |
| 4    | Placenta Cord Membranes<br>---    |                             |   | Suicide<br>---              | Malignant Neoplasms<br>---              | Heart Disease<br>---        | Heart Disease<br>18          | Suicide<br>30                | Chronic Low. Respiratory Disease<br>58 | Alzheimer's Disease<br>425              | Chronic Low. Respiratory Disease<br>521 |
| 5    | SIDS<br>---                       |                             |   | Unintentional Injury<br>--- | Cerebro-vascular<br>---                 | Homicide<br>---             | Liver Disease<br>---         | Liver Disease<br>29          | Diabetes Mellitus<br>44                | Cerebro-vascular<br>375                 | Alzheimer's Disease<br>435              |
| 6    | Diarrhea<br>---                   |                             |   |                             | Chronic Low. Respiratory Disease<br>--- | Cerebro-vascular<br>---     | Cerebro-vascular<br>---      | Diabetes Mellitus<br>11      | Liver Disease<br>43                    | Unintentional Injury<br>301             | Cerebro-vascular<br>425                 |
| 7    | Bacterial Sepsis<br>---           |                             |   |                             | Diabetes Mellitus<br>---                | Liver Disease<br>---        | Homicide<br>---              | Influenza & Pneumonia<br>--- | Cerebro-vascular<br>33                 | Diabetes Mellitus<br>216                | Diabetes Mellitus<br>275                |
| 8    | Circulatory System Disease<br>--- |                             |   |                             | Heart Disease<br>---                    | Congenital Anomalies<br>--- | Diabetes Mellitus<br>---     | Cerebro-vascular<br>---      | Suicide<br>23                          | Influenza & Pneumonia<br>181            | Influenza & Pneumonia<br>206            |
| 9    | Othr Maternal Conditions<br>---   |                             |   |                             | Pneumonitis<br>---                      | <u>Three Tied</u><br>---    | Influenza & Pneumonia<br>--- | Septicemia<br>---            | Influenza & Pneumonia<br>13            | Nephritis<br>164                        | Nephritis<br>176                        |
| 10   | Unintentional Injury<br>---       |                             |   |                             | Septicemia<br>---                       | <u>Three Tied</u><br>---    | <u>Two Tied</u><br>---       | <u>Three Tied</u><br>---     | Septicemia<br>13                       | Parkinson's Disease<br>107              | Liver Disease<br>148                    |

Note: For leading cause categories in this State-level chart, counts of less than 10 deaths have been suppressed (---).

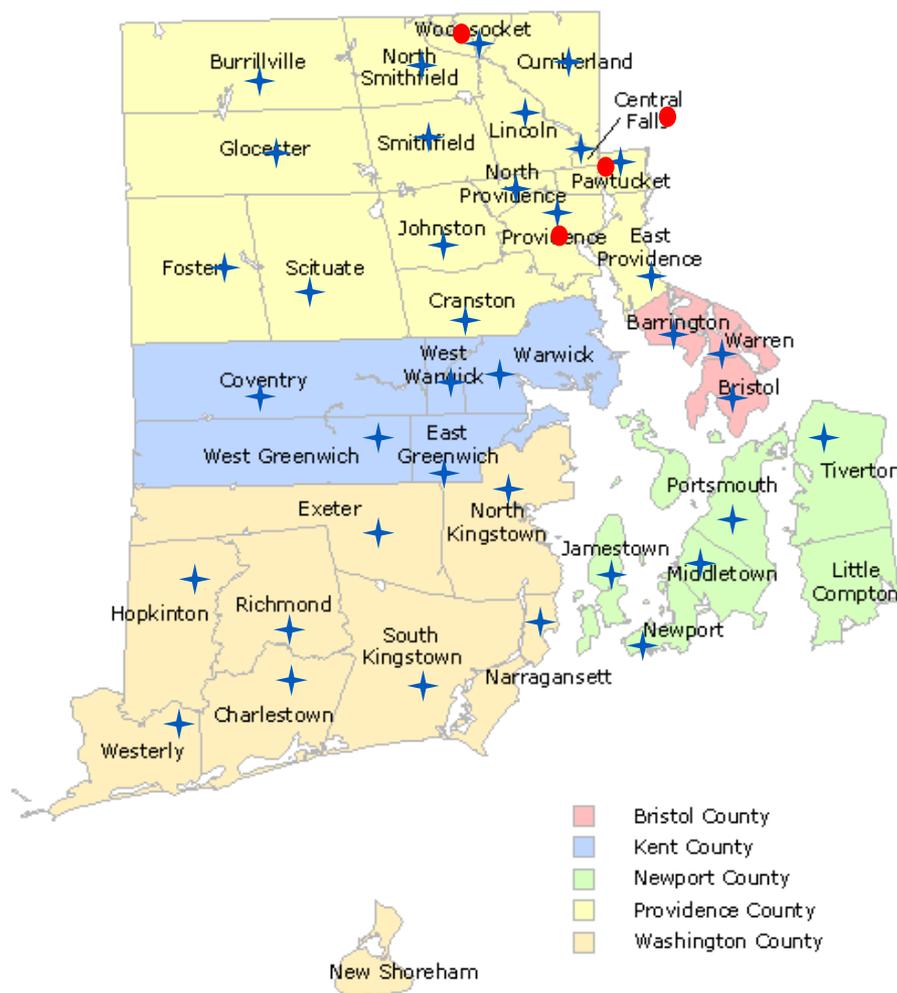
Produced By: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention

Data Source: National Center for Health Statistics (NCHS), National Vital Statistics System

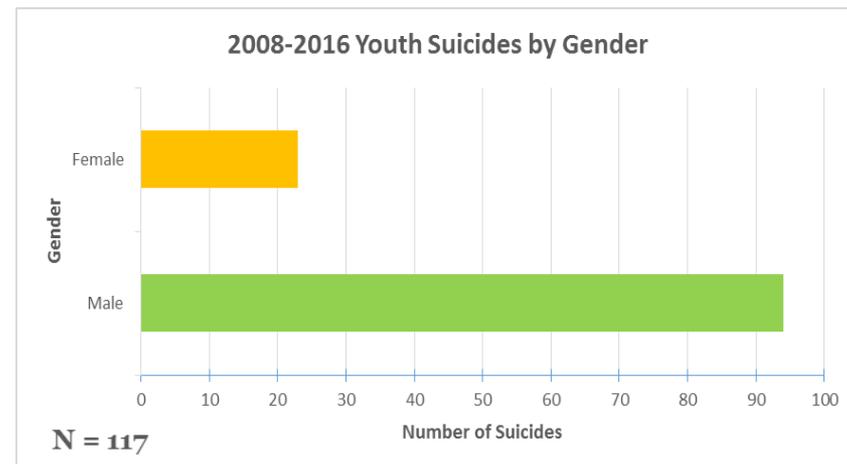
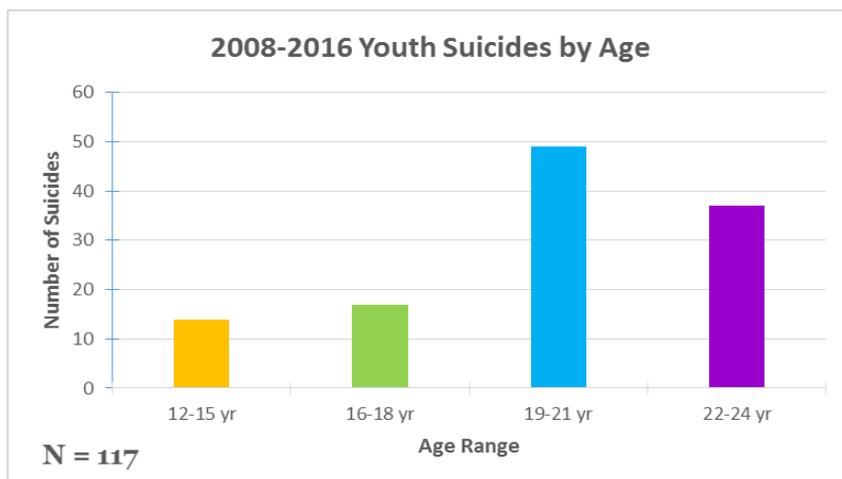
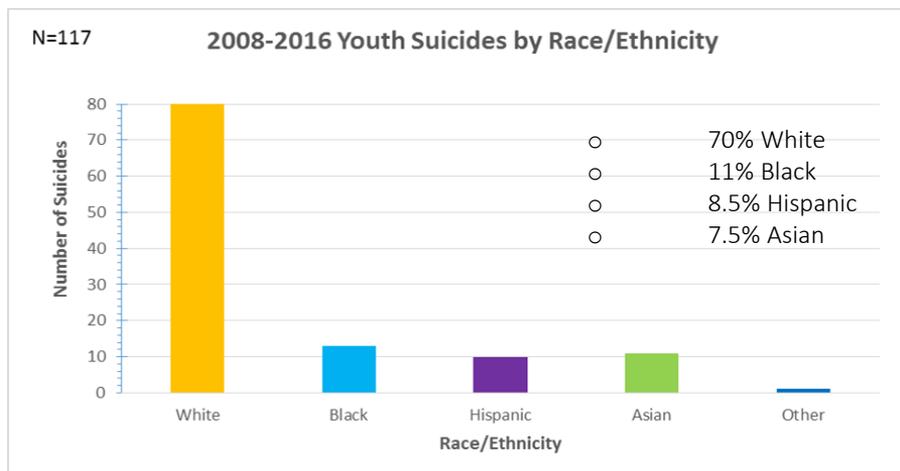
WISQARS™

# What have we learned?

- 148 Youth Suicides ages 0-24 years were reported in Rhode Island between January 1, 2008 and December 31, 2019.
- Youth suicides were reported in 37 of 39 cities and towns. 
- RI core cities represent 35% of the youth suicides. 
- Providence County represented 67% of all of the youth suicides. 



# Age, Gender, Race



# Training and Kids' Link RI



## From 2014-2018

6,771 school staff faculty have received QPR training

2,811 middle and high school students have received Signs of Suicide training

Annual call volume to the Kids' Link RI™ hotline increased from 307 calls in 2015 (prior to the implementation of SPI) to 3796 calls in 2018, and 3360 through May 2019.

This remarkable increase in calls is attributed to several factors, including the adoption of SPI by several RI school districts.



**Bradley Hospital**  
*A Lifespan Partner*



**BROWN**  
School of Public Health



# Columbia Suicide Severity Rating Scale (C-SSRS)



The Columbia-Suicide Severity Rating Scale (C-SSRS) supports suicide risk assessment through a series of simple, plain-language questions that anyone can ask. The answers help users identify whether someone is at risk for suicide, assess the severity and immediacy of that risk, and gauge the level of support that the person needs. Users of the C-SSRS tool ask people:

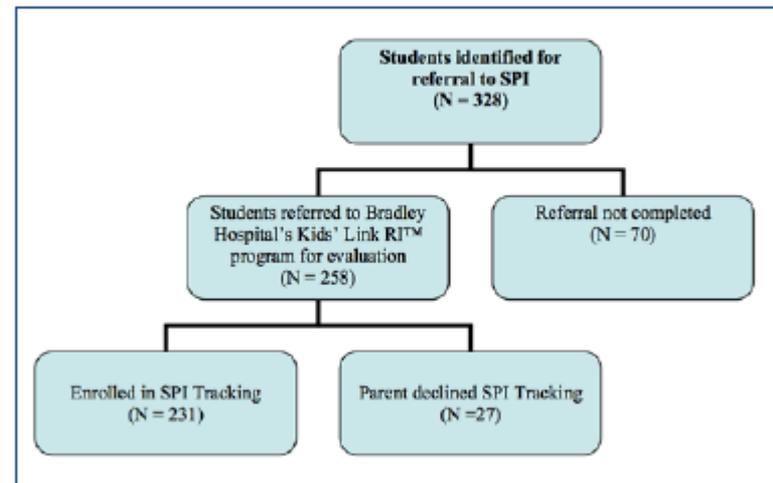
- Whether and when they have thought about suicide (ideation)
- What actions they have taken — and when — to prepare for suicide
- Whether and when they attempted suicide or began a suicide attempt that was either interrupted by another person or stopped of their own volition

# RI Suicide Prevention Initiative 2015-2018



- Over three years, 328 students from elementary, middle and high schools participating in SPI were identified as needing mental health services by a School Support Team member. The referral process to Kids' Link was completed on behalf of 258 students for a 78.7% referral rate. The average age was 13.
- Reasons for incomplete referrals to Kids' Link cases
  - the parent could not be reached, despite repeated phone calls from the school or a Kids' Link clinician.
  - Other parents declined services.

Figure 1. Student Referrals from School Districts Participating in the Rhode Island Suicide Prevention Initiative



Data source: RI Suicide Prevention Initiative Referral Database, March 2015 – February 2018.

# Program Results 2015 - 2018



- 62.0% of referred students were girls. Referred students ranged in age from five to 19 with a mean age of 13 years. Most parents agreed to a mental health assessment for their child with telephone follow-up at 2 weeks, 3 months and 12 months (89.5%), and to have information shared with the child's school (74.0%).
- Most parents reported that their child was now engaged in therapy and doing better ( $\approx 75\%$ ) when reached at two weeks after the child was first valuated for suicide (n = 164).

**Table 1.** Characteristics of students referred to Bradley Hospital Kids' Link RI Program through the Suicide Prevention Initiative (n = 258)

| Suicide Prevention Initiative School Protocol <sup>1</sup> | N   | Percent |
|--|-----|---------|
| <b>Rhode Island Suicide Prevention Screener</b>            |     |         |
| <i>Completed</i>   |     |         |
| Yes  | 221 | 85.7    |
| Self-referred  | 3   | 1.1     |
| No /Unknown  | 34  | 13.2    |
| <b>Parental Consent</b>                                    |     |         |
| <i>Refer to Kids' Link RI with follow-up</i>               |     |         |
| Yes  | 231 | 89.5    |
| No / Declined  | 27  | 10.5    |
| <i>Share information with school</i>                       |     |         |
| Yes  | 194 | 74.0    |
| Partial information  | 29  | 11.2    |
| No / Declined  | 35  | 13.6    |
| Unknown  | 3   | 1.2     |
| <b>Students Referred</b>                                   |     |         |
| <i>Girls</i>   |     |         |
| 5 to 10 years of age                                       | 26  | 16.2    |
| 11 to 14 years of age                                      | 80  | 50.0    |
| 15 to 18 years of age                                      | 54  | 33.8    |
| <i>Boys</i>  |     |         |
| 5 to 10 years of age                                       | 31  | 31.6    |
| 11 to 14 years of age                                      | 37  | 37.8    |
| 15 to 18 years of age                                      | 30  | 30.6    |

<sup>1</sup>The protocol includes a screener, demographic referral form, and parental consent forms to refer the child for a mental health evaluation, for telephone follow-up at 2 weeks, 3 months and 12 months, and for communication with the child's school. Data source: 2015-2018 Suicide Prevention Initiative Referral Database.

# School District(s)



Table 2. RI Suicide Prevention Initiative (SPI) Intervention Training by School District

| School District                        | Dates of training (school year) <sup>1</sup>  |
|--|---|
|  | 2015 (spring) 2016 (fall)                     |
| Providence School District             | 3/17/2015; 3/19/2015; 3/24/2015               |
| Central Falls School District          | 4/9/2015; 4/10/2015                           |
| Barrington School District             | 4/7/2015; 4/14/2015                           |
| Woonsocket School District             | 6/23/2015; 6/25/2015                          |
| South Kingstown School District        | 9/28/2015                                     |
| East Providence School District        | 4/6/2016                                      |
|  | <b>2016-2017 Initial Trainings</b>            |
| Westerly School District               | 11/7/2016                                     |
| The MET School Providence              | 1/5/2017                                      |
| Exeter- West Greenwich                 | 2/13/2017                                     |
| North Kingston School District         | 2/17/2017                                     |
|  | <b>2016-2017 Refresher Trainings</b>          |
| East Providence School District        | 9/22/2016                                     |
| Woonsocket School District             | 9/23/2016, 11/28/2016                         |
| South Kingstown School District        | 9/26/2016                                     |
| Providence School District             | 9/30/2016, 11/4/2016                          |
| Providence School District             | 11/4/2016                                     |
| Barrington School District             | 12/9/2016                                     |
| Central Falls School District          | 12/21/2016; 1/18/2017                         |
|  | <b>2017-2018 Initial Trainings</b>            |
| Pawtucket School District              | 12/7/2017                                     |
| Narragansett School District           | 9/20/2017                                     |
|  | <b>2017-2018 Refresher Trainings</b>          |
| Exeter- West Greenwich School District | 9/14/2017                                     |
| Providence School District             | 9/27/2017, 9/28/2017, 11/7/2017, 11/13/2017   |
| East Providence School District        | 10/23/2017                                    |
| Central Falls School District          | 11/1/2017                                     |
| North Kingston School District         | 11/15/2017                                    |
| The MET School Providence              | 12/1/2017                                     |
|  | <b>2018 (summer/fall) Refresher Trainings</b> |
| Pawtucket School District              | 8/27/2018                                     |
| Exeter- West Greenwich School District | 8/29/2018                                     |
| Providence School District             | 7/30/2018, 9/13/2018                          |
| North Kingston School District         | 9/12/18                                       |
| East Providence School District        | 9/26/2018                                     |
| South Kingston School District         | 11/27/2018                                    |

<sup>1</sup> All school districts participating in SPI receive an initial training and annual refresher trainings.  
Data: Suicide Prevention Initiative School Trainings

## 2015-2018

Providence  
 Central Falls  
 Barrington  
 Woonsocket  
 South Kingstown  
 East Providence  
 Westerly  
 MET Schools  
 Exeter-West Greenwich  
 North Kingstown  
 Pawtucket  
 Narragansett

## 2019 (SIM expansion funding)

Newport  
 Middletown  
 Portsmouth



# Rhode Island Suicide Injury Deaths and Rates per 100,000

2013 - 2017, Rhode Island Suicide Injury Deaths and Rates per 100,000  
 All Races, Both Sexes, All Ages  
 ICD-10 Codes: X60-X84, Y87.0,\*U03

| Year  | Rhode Island     |               |            |                     | National   |
|-------|------------------|---------------|------------|---------------------|------------|
|       | Number of Deaths | Population*** | Crude Rate | Age-Adjusted Rate** | Crude Rate |
| 2013  | 132              | 1,052,784     | 12.54      | 12.10               | 13.0       |
| 2014  | 113              | 1,054,782     | 10.71      | 10.01               | 13.40      |
| 2015  | 127              | 1,055,916     | 12.03      | 11.25               | 13.80      |
| 2016  | 126              | 1,057,566     | 11.91      | 11.08               | 13.90      |
| 2017  | 129              | 1,059,639     | 12.17      | 11.79               | 14.50      |
| Total | 627              | 5,280,687     | 11.87      | 11.24               | 13.72      |

Reports for All Ages include those of unknown age.

\* Rates based on 20 or fewer deaths may be unstable. Use with caution.

\*\* Standard Population is 2000, all races, both sexes.

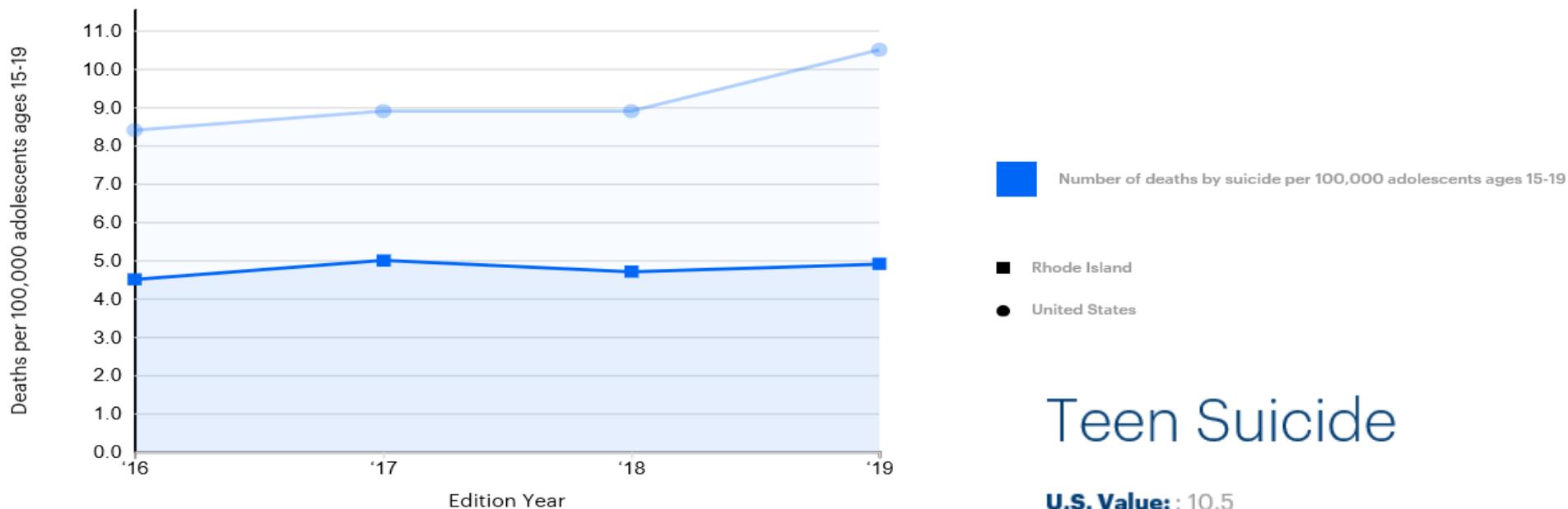
Produced by: National Center for Injury Prevention and Control, CDC

Data Source: NCHS Vital Statistics System for numbers of death's. Bureau of Census for population estimates.

Source: CDC WISQARS

# Where did RI stand 2019?

Trend: Teen Suicide, Rhode Island, United States



## Teen Suicide

**U.S. Value:** 10.5

**Healthiest State:** Rhode Island: 4.9

**Least-healthy State:** Alaska: 35.7

**Source:**

- CDC WONDER Online Database, Underlying Cause of Death, Multiple Cause of Death files



# RIVDRS and YRBS

## Addressing Youth Marijuana Use and Suicide Risk

In 2017, Rhode Island Youth Suicide toxicology reports showed 50% of decedents\* had a positive screen for marijuana. A total of 65% had a history of marijuana use noted.

Current marijuana use among RI high school students, RI YRBS 2017

|                         | %     |
|-------------------------|-------|
| Currently use marijuana | 23.3% |

Current marijuana users is defined as those reporting any use in the last 30 days

\*N=<20, information suppressed

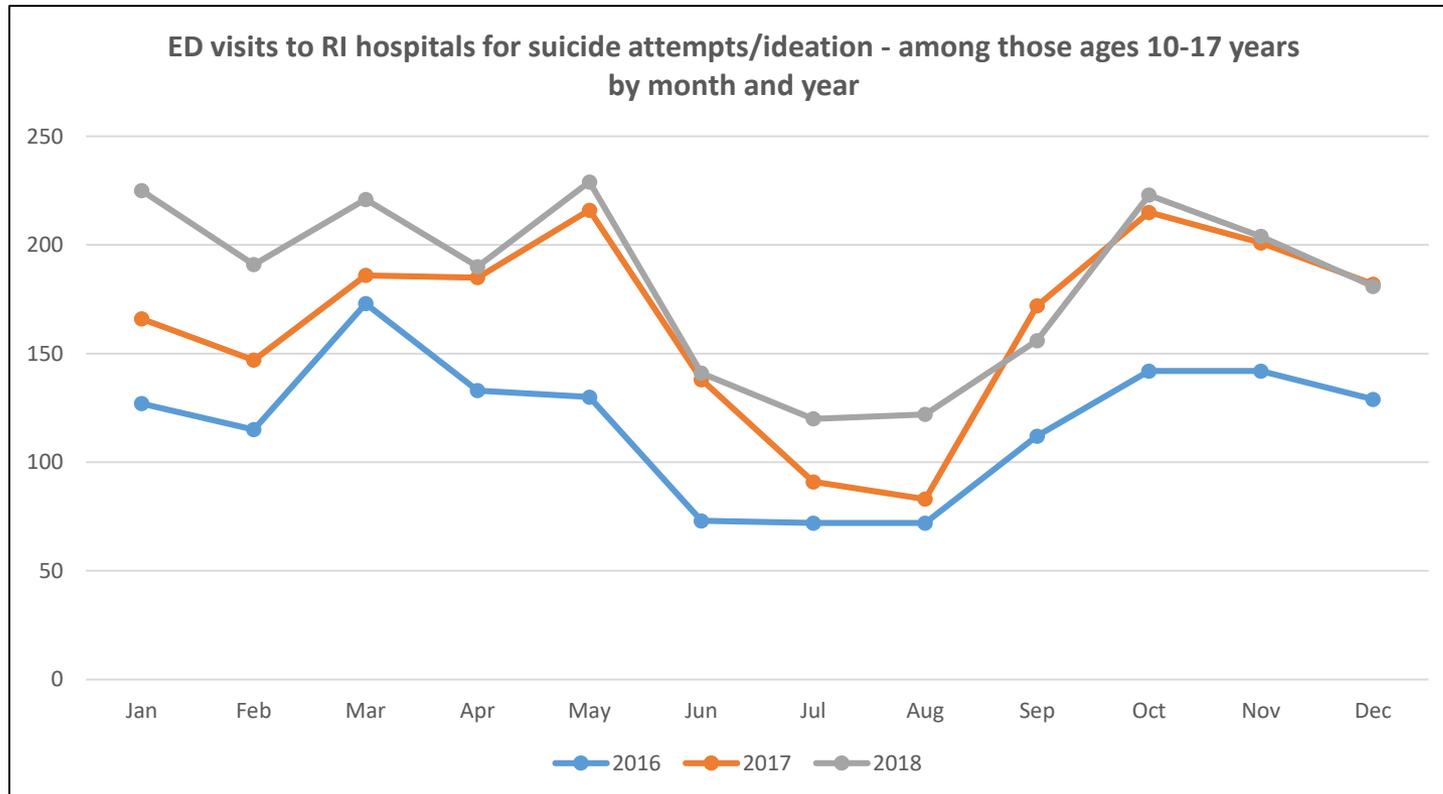
| Mental health among high school students who currently use and do not currently use marijuana, 2017 RI Youth Risk Behavior Survey |  |   |                                   |                                  |                                  |
|---|--|---|-----------------------------------|----------------------------------|----------------------------------|
|   | % Felt sad/hopeless for 2 weeks or more <sup>a</sup> | % Frequent mental distress <sup>b</sup> | % Considered suicide <sup>c</sup> | % Made suicide plan <sup>c</sup> | % Attempted suicide <sup>c</sup> |
| Current marijuana user  | 44.0%  | 23.0%                                   | 26.0%                             | 20.0%                            | 14.3%                            |
| Not current marijuana user  | 24.2%  | 17.1%                                   | 12.3%                             | 10.4%                            | 8.0%                             |
| <b>p*</b>   | <.0001   | 0.002                                   | <.0001                            | <.0001                           | 0.001                            |

<sup>a</sup> Felt so sad/hopeless for two weeks or more in the last year that stopped doing some usual activities  
<sup>b</sup> had 14 or more days in the last 30 where mental health was not good  
<sup>c</sup> in the last 12 months  
 \*differences considered significant if P<.05  
 Current marijuana users is defined as those reporting any use in the last 30 days  
 Note: table displays mental health outcomes among those who do and do not use marijuana - i.e. 44% of current marijuana users report feeling sad or hopeless

# Other Initiatives



- CDC 18-1806 Emergency Department Surveillance of Nonfatal Suicide Related Outcomes – grant recently awarded to RIDOH for syndromic surveillance of ED suicide attempt data. RIDOH was one of 10 grantees.



All data from RI Hospital Discharge Dataset

Suicide-related visit defined based on guidance from ED-SNSRO

# Other Initiatives



- SAMHSA Governor's Challenge to Prevent Veteran Suicide Service Members, Veterans, and their Families Technical Assistance (SMVF-TA) Center will work with RIDOH, RI Office of Veterans Affairs, Providence VA Medical Center, and Warwick Vet Center.
- SAMHSA Mental Health Awareness Training – RIDOH grant partnering with the Bradley Learning Exchange, South County Health Bodies, Health Minds HEZ, CCRI, Rhode Island National Guard, and the Warwick Vet Center to deliver MHFA training for EMS, Veterans and Military Families.

# New - 2020 SAMHSA GLS Award



## New SAMHSA Garret Lee Smith Youth Suicide Prevention grant awarded January 15, 2020 – 5 years

- Continued focus on schools and school district training for students and staff including the SPI Screening, QPR, and Signs of Suicide.
- Planned expansion to new districts over 5 years.
- Expansion of programmatic reach to the Mental Health Clinic through the Family Court.
- Continued support of Health Equity Zones who focus on prevention
- Continued support for Providence College's campus GLS grant and the University of Rhode Island's new campus GLS grant.
- Continued collaboration with the New England Mental Health Technology Transfer Center's work on Zero Suicide
- Continued collaboration with the Consortium for Research Innovation in Suicide Prevention at Brown University.

# Data Publications



Linking public schools and community mental health services: A model for youth suicide prevention

<http://www.rimed.org/rimedicaljournal/2018/05/2018-05-36-health-pearlman.pdf>

Characteristics of Suicide Attempts and Deaths Among those Aged 60 Years and Older in Rhode Island

<http://www.rimed.org/rimedicaljournal/2016/09/2016-09-42-health-jiang.pdf>

Suicide deaths among Rhode Island adults aged 25 years and older:  
An epidemiologic and spatial analysis

<http://www.rimed.org/rimedicaljournal/2017/09/2017-09-37-health-jiang.pdf>

Surveillance of Suicide and Suicide Attempts Among Rhode Island Youth  
Using Multiple Data Sources

<http://www.rimed.org/rimedicaljournal/2016/12/2016-12-53-health-jiang.pdf>



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Violence and Injury Prevention Program Manager

CDC Core Violence and Injury Prevention

CDC Rape Prevention and Education

CDC ED SNSRO

SAMHSA GLS Youth Suicide Prevention

SAMHSA Mental Health Awareness Training

ACL TBI State Partnership Program

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# Children's Cabinet SAMHSA Project AWARE

RI Department of Education

Kristen Petrarca, B.S.

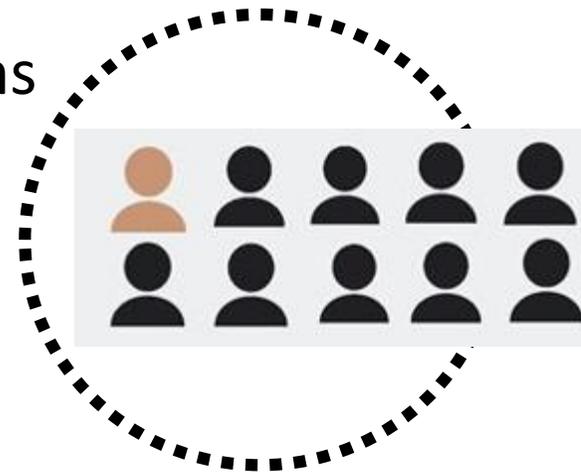
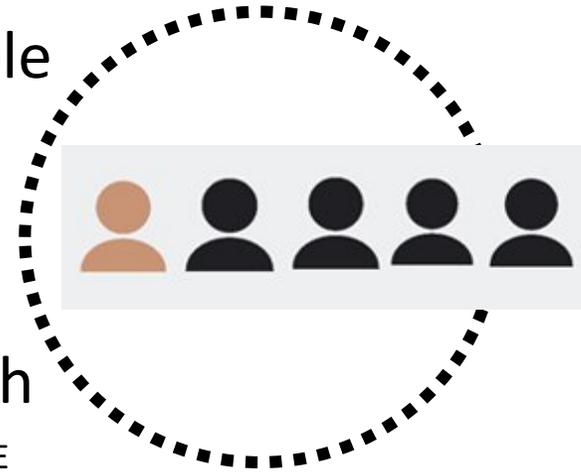
Rosemary Reilly-Chammat, Ed.D

Woonsocket School District

Kevin Lamoureux, LCSW

# What Do the Data Tell Us?

- One in five children have a diagnosable mental health concern.
- 100% of school and district leaders struggle to meet the behavioral health needs of children and families. (RIASP/RIDE survey 2016)
- Children and youth with BH conditions are at increased risk for suicide.
- 2019 RI YRBS: 14.7% of Rhode Island high school students reported attempting suicide.



# What Do the Data Tell Us?

- In 2017, 1,168 children under age 19 enrolled in Medicaid were hospitalized due to a MH related condition.
- 2,401 children had a MH related emergency department visit. 91% not hospitalized.



- Data underscore the critical need to build capacity for MH services at the school and community level.

**Schools can't do it alone!**



# History and context

- 2015-RIDE - mental health and social/emotional learning in strategic plan
- 2015 – Federal-ESSA links school climate and student learning
- 2017- State School Mental Health Technical Assistance Opportunity
- 2018-Governor Gina Raimondo’s Ex Order on Mental Health
- 2018 – RIDE is awarded SAMHSA Project AWARE and USDOE School Climate Transformation Grant
- 2019 – National Quality Initiative School Health Services CoIIN

# Current Opportunities

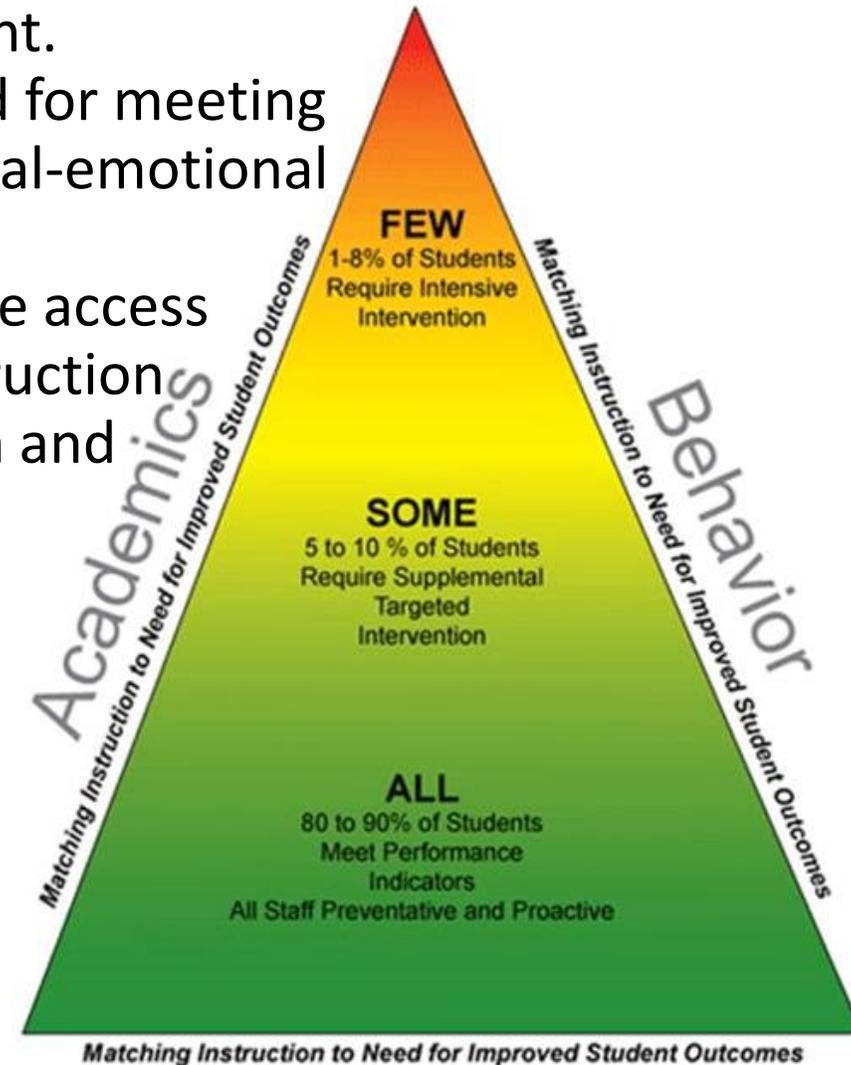
- SAMHSA Project AWARE (\$9M)
- School Climate Transformation (\$2.5M)
- CoIN Project (Free National Assistance)

Use a MTSS framework to influence statewide educational re-design and re-engineering of the system of care for children.



# Multi-tiered Systems of Support

- Framework for school improvement.
- Ensures **all** students are supported for meeting academic, behavioral, and social-emotional outcomes.
- Tier 1 -- All students have equitable access to strong, effective core instruction using high quality curriculum and differentiated instructional practices.
- Tier 2 -- evidence-based group interventions.
- Tier 3 -- intensive evidence based interventions.



# How this Work Addresses the Opioid Epidemic

- Students need access to comprehensive health education to support and inform healthful choices.

Additionally,

- Students may bring trauma from home.
- Families need support from schools.
- Projects support school wide prevention and supports for students at risk.



# SAMHSA Project AWARE Objectives

## Advancing **W**ellness **A**nd **R**esiliency in **E**ducation

- Expand the capacity of RIDE to:
  - Increase mental health literacy.
  - Provide training to school personnel.
  - Connect schools to needed services.
- Facilitate relationships to support development of integrated systems.



# Project AWARE Partners

## **Local Education Agencies (LEAs)**

- Pawtucket School District
- Providence Public School District
- Woonsocket School District

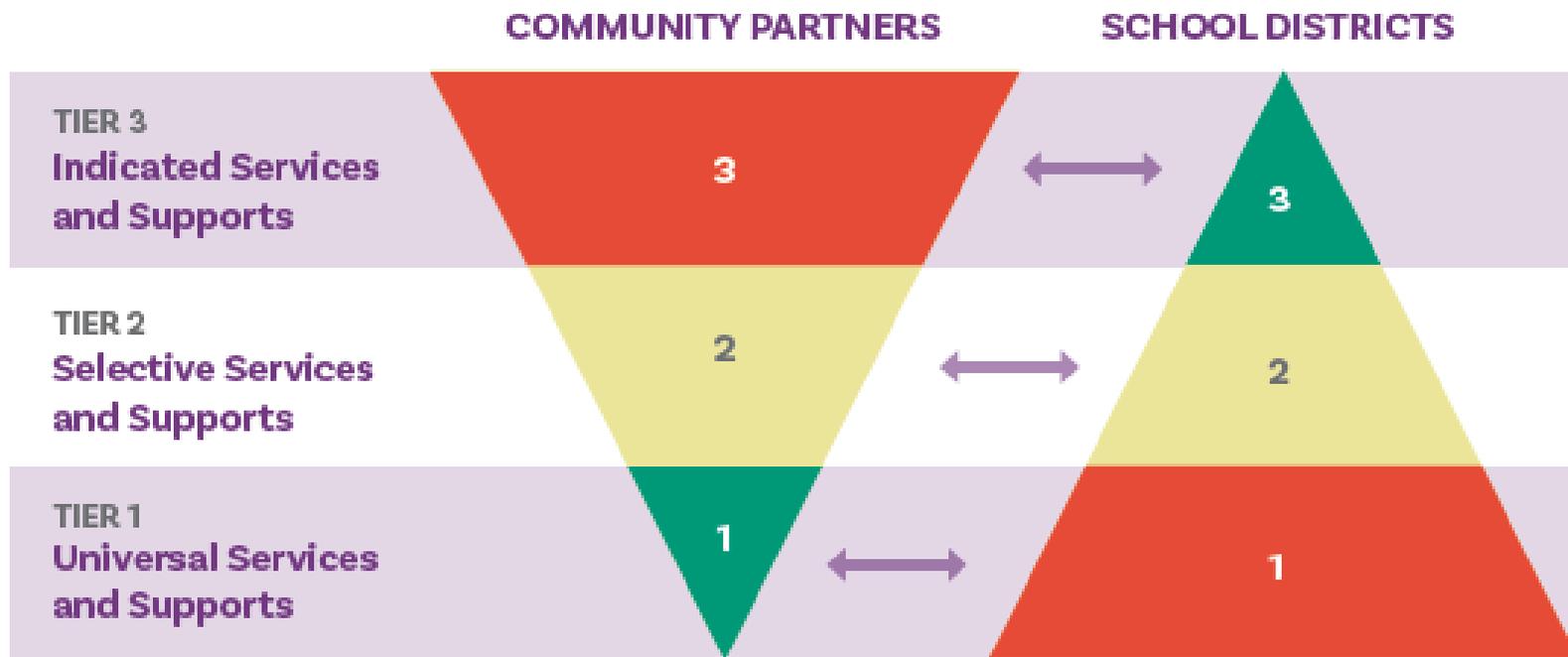
## **Community Mental Health Centers**

- Bradley
- Providence Center
- Community Care Alliance

## **State Agencies**

- Rhode Island Department of Education
- Department of Children, Youth & Families





Hoover, S., Lever, N., Sachdev, N., Bravo, N., Schlitt, J., Acosta Price, O., Sheriff, L. & Cashman, J. (2019). *Advancing Comprehensive School Mental Health: Guidance From the Field*. Baltimore, MD: National Center for School Mental Health. University of Maryland School of Medicine.

## SCHOOL HEALTH ADVISORY COUNCIL

RIDE

DCYF

BHDDH

Blue Aid Counseling

Bradley Hospital

Community Care RI

Dunn Consulting

EOHHS

Family Services

HEZ

RI College

Interfaith RI Center

JSI/RI Prevention Resource

Mental Health Association

NAMI

Neighborhood Health Plan  
of RI

Nonviolence Institute

Office of the Health  
Insurance Commissioner

Pawtucket School Dept

Providence Center

Providence School Dept

Restorative Justice

RI Association of Social  
Workers

RI NAMI

RI PIN

RI Student Assistance

RIASP

RIDOH

RISCA

RISSA

SEL COP

Washington County  
Coalition for Children

Woonsocket School Dept

Youth Pride



## Mission

The purpose of this program is to build the capacity of SEAs, along with the State Mental Health Agency to:

- Increase awareness of mental health issues among school aged youth
- Provide training to school personnel to detect and respond to mental health issues
  - Connect school aged youth and their families to needed services

### If we...

- Increase access to culturally competent school and community based behavioral health services
- Provide Mental Health Specialists in schools to screen and provide services
- Increase awareness and identification of mental health concerns
- Increase professional development around identifying and supporting student mental health
- Connect families, schools, and communities to increase engagement and involvement
- Help youth develop skills that promote resilience and pro-social behavior

### We will see...

- Improved academic performance
- Increased positive behaviors (decreased negative behaviors)
- Improved school climate and engagement
- Increased capacity to provide services
- Improved access to and coordination of services
- Increased attendance



# Woonsocket School District

WSD has made Mental Health a priority, for both students and staff.

- Newly adopted Health & Wellness Policy
- Youth Mental Health First Aid (YMHFA)
  - 123 trained
  - 25 of which are community members
  - 5 District Personnel trained as trainers in YMHFA
- Restorative Practices
  - 5 out of 7 elementary schools and 1 middle school have been trained.
  - All schools in the district will be fully trained by next year making Woonsocket a fully Restorative School District.



# Woonsocket Partnerships

Bradley/Lifespan is Woonsocket's Mental Health Partner. Together they have worked to:

- Train faculty and staff in:
  - Student Mental Health.
  - Working with Struggling Students.
  - Self Care.
- Since January 2019, 579 faculty and staff have attended a training offered by Bradley
  - Includes TAs, teachers, administrators, and administrative staff.



# What Faculty and Staff are Saying

- “I found this course to be very informative and helpful.”
- “This is so important for our teachers.”
- “This course has been so helpful with giving me practical ways to deal with crisis.”
- “All was very useful, even for at home knowledge with my own children.”
- “I’m glad that this presentation focused on the importance of building individual relationships with students.”



# There's Still Work to be Done

This work has brought additional opportunities to the forefront.

- Begun the work of integrating Mental Health with MTSS process to identify students in need as early as possible.
- Begun to collect data on referral process to enhance and streamline the process and to better track the progress of students.
- How can WSD have a whole school approach?

# Statewide Accomplishments in Year 1

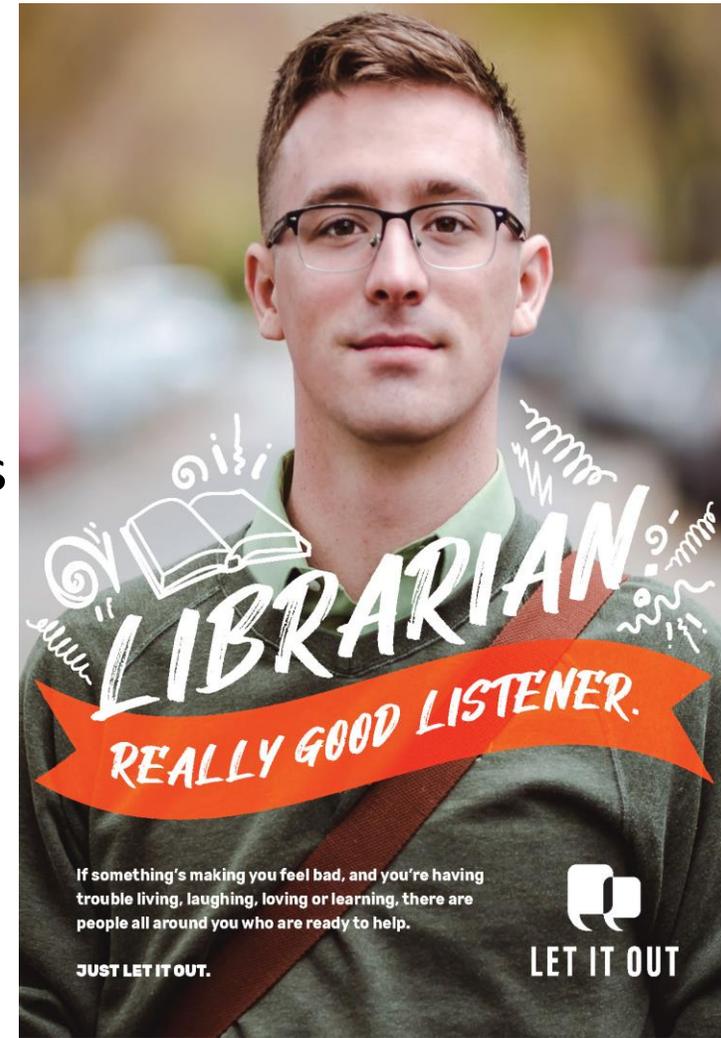


- Engaged 18 schools across 12 districts in this work.
- Established MTSS as the foundation for data driven decision making and adult behavior change.
- Engaged state and local partners to SPARS Indicators.
  - 7 District Policy Changes to support mental health in schools.
  - Over 1,600 faculty, staff and community partners trained in mental health literacy.
  - Nearly 20 MOUs finalized for joint work in supporting students and families.
- Informed policy recommendations for Governor Raimondo.
- Developed School Climate Transformation Network
  - Over 100 SCT participants trained in improvement and implementation science methodology.
  - 8 Learning Network & Data Support Convenings and 38 individual school SCT coaching visits.
  - Collaboration with OSEP National Technical Assistance Centers.



# What's Next

- Data Driven Decisions for Next Steps
  - SHAPE Assessment
  - Evaluation Plan
  - Fidelity and School Climate Measures
- School Climate Exhibition
- Project AWARE Media Campaign



# FY21 Proposed Budget

# Public Comment