

R.I. Children's Cabinet

SEPTEMBER 26, 2016

10:00AM-11:30AM – DOA CONFERENCE ROOM A



Meeting Agenda

- Call to Order
 - Children's Behavioral Health Discussion, Part 2
 - Governor Raimondo's Goals for Kids
 - Public Comment
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Last Meeting:

- **Children's Behavioral Health Dashboard Indicators**

- **2,744** children under 18 hospitalized with primary diagnosis of mental disorder.
- **26.4%** of HS students reported feeling depressed, sad or hopeless in the last two months.
- **11%** of children under 18 report attempting suicide one or more times in the last year.
- **24%** of high school students report using marijuana in past 30 days.
- **26%** of high school students report current alcohol consumption.

- **Truven Report Findings**

- Children in RI face greater economic, social and familial risks for developing mental health and substance use disorders than children in other New England states and the nation.

- **Truven Report Recommendations**

- Reduce Risk
- Responsive Program Models
- Population Health Approach

- **Community Brainstorm:** Definitions, Outcomes and System Structure

Defining Terms

- **Population Health:**

- Physical and behavioral health of the population.

- **Children's Behavioral Health:**

- Mental health and substance abuse of children ages **0-21**.

- Pre-natal?
- 21 = Agency Transition Age
- 24 = CC Scope
- 26 = Coverage Transition Age

- **Children's Behavioral Health Services:**

- **Prevention, residential and community-based treatment, and other community-based, social-emotional supports.**

- Focus on Prevention
- Continuum of Responsive Services
- Multiple Points of Entry
- Serving Children, Adolescents & Families
- Publically and Privately Funded

Next Questions:

- Which Values?
- Which Objectives?
- Which Outcomes?
- Which Services?

System Values

Massachusetts

- Child-Centered and Family Driven
- Strengths-Based
- Culturally Responsive
- Collaborative and Integrated
- Continuously Improving

Connecticut

- Family-Driven and Youth-Guided
- Community-Based
- Culturally and Linguistically Appropriate
- Trauma-Informed

System Objectives

Massachusetts

- Increase Timely Access to Appropriate Services
- Expand Array of Community-based Services
- Reduce Health Disparities
- Promote Clinical Best Practice and Innovation
- Establish an Integrated Behavioral Health System across State Agencies
- Strengthen, Expand, and Diversify Workforce
- Mutual Accountability, Transparency and Continuous Quality Improvement

Connecticut

- System Organization, Financing and Accountability
- Health Promotion, Prevention and Early Identification
- Access to a Comprehensive Array of Services and Supports
- Pediatric Primary Care and Behavioral Health Care Integration
- Disparities in Access to Culturally Appropriate Care
- Family and Youth Engagement
- Workforce

New York

- Early intervention
- Evidence-based practices and accountability for outcomes
- Team based, family-centered approaches that addresses unique needs
- Family advocacy
- A continuum of care (via managed care)

Example Community-Driven Programming in RI

- Child Psychiatry Access Program
- Providence Children and Youth Cabinet - CBITS

Items for Consideration:

- Which Values?
- Which Objectives?
- Which Services?
- Which Outcomes?
- Which Access Points?

System Services

Children's Behavioral Health Services Scan:

To date, we have identified **76 distinct programs** that are administered through **5 state agencies** - BHDDH, DCYF, DOH, Medicaid, RIDE. ***Information gathering is still ongoing.***

Preliminary Findings:

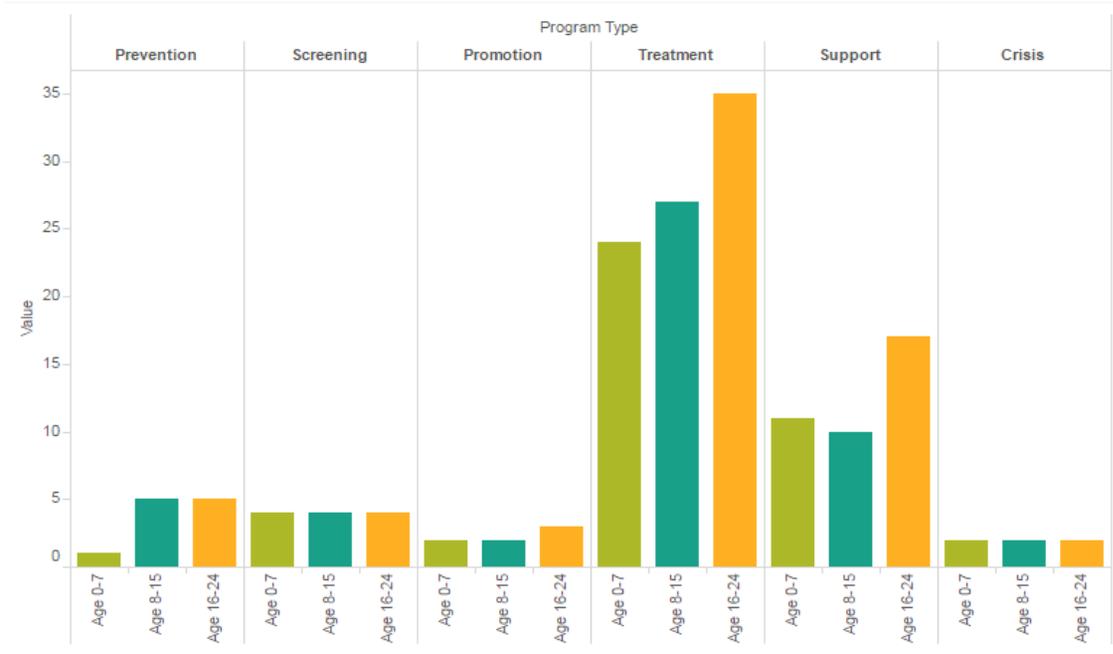
Program Types:

- The majority of programs provide **direct treatment (36)**, followed by support **services (20)**.

Access:

- While only **7 programs have specific geographic eligibility** requirements, the location of provider(s) may limit access to others.
 - **44** programs serve **0-7 year olds**
 - **50** programs serve **8-15 year olds**
 - **66** programs serve **16-24 year olds**
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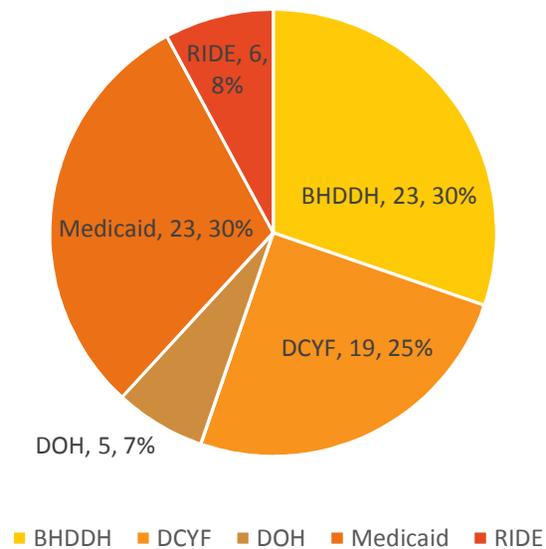
Preliminary Data



- Age ranges are not mutually exclusive; Some programs serve 2 or 3 age groups.
- Some programs have multiple programmatic approaches, like screening and clinical treatment. They are categorized by primary program type here.
- Total numbers of programs do not reflect total reach of programs.
- **Promotion** refers to programs that broadly promote positive health behaviors, as opposed to targeted or clinical interventions. For example, a community education program to reduce BH stigma would be categorized as promotion
- **Treatment** refers to targeted BH treatment in which a patient receives clinical interventions from a BH professional
- **Support** refers to supportive services for children or families with BH needs that address issues beyond clinical care. This includes connection to resources, educational services, and environmental supports.

Preliminary Data

Total Programs by Administering Agency



Program Types Include:

- Prevention
- Screening Promotion
- Treatment
- Support
- Crisis

Program Focuses Include:

- General Mental Health
- Substance Abuse
- Family Support
- Life Skills
- Emotional Disturbance
- Crisis Response
- Serious Mental Illness
- Suicide Trauma

Governor Raimondo's Goals for Kids

By 2025:

- Double the percentage of third graders reading at grade level by 2025.
 - Ensure that 7 out of 10 working-age Rhode Islanders have a degree and the skills they need to compete for job in the 21st Century.
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DCYF Director Search Forums

Monday, October 3, 2016, 5:30 - 7pm

Newport Public Library, 300 Spring Street, Newport

Wednesday, October 5, 2016, 4:30 - 6pm

Child and Family Service, 1268 Eddy Street, Providence



PUBLIC COMMENT

Please contact Dacia Read, with questions,
concerns or comments.

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