

Children's Behavioral Health Consent Decree

United States v. State of Rhode Island
Civil Action No. 24-cv-00531

Informational Presentation



Meeting Objectives

- Clarify consent decree requirements
- Present Rhode Island's strategic approach
- Explore opportunities for partnership and input
- Describe immediate next steps
- Answer questions and take feedback

Consent Decree

On January 7, 2025, the State of Rhode Island entered into a formal agreement (consent decree) in the United States District Court after a Federal investigation found violations to federal civil rights laws concerning psychiatric hospitalizations of youth from 2017 to 2022.

What were the results of the investigation?

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

What does the decree do?

Creates a shared vision

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

Requires a remedial plan

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

Key Actors in the Consent Decree



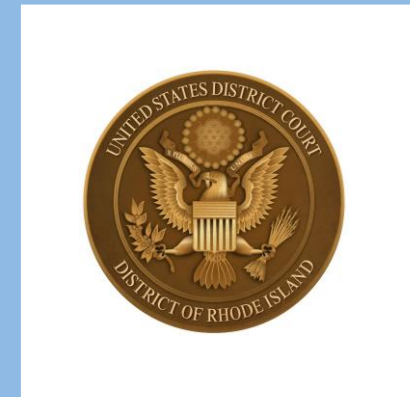
**State of Rhode
Island**



United States



**Consultant
and Monitor**



District Court

Consent Decree Focus Population

The focus population includes any child who has an “Open Case” to DCYF and meets one of the following criteria:

- The child is/was admitted to Bradley Hospital for acute inpatient treatment at any point from 1/7/24 through the duration of the consent decree; OR
- The child is deemed at serious risk of admission to Bradley Hospital for acute inpatient treatment because the child has had three or more emergency room visits within a 12-month period because of a current or subsequent diagnosed behavioral health disability.



Consent Decree Phases



The Consent Decree describes in detail the core elements of the work that will be executed over an estimated five-year period. The core elements can be roughly divided into three phases: planning, implementation and monitoring.

Planning
Phase
(2025-26)

Key Requirements

- Selection of Monitor and Consultant (Innovations Institute)
- Establishment of an Advisory Board
- Baseline data report
- Consultant-led review of children's behavioral health services system
- Development of an implementation plan for each section of implementation

Other key activities expected in the planning phase:

- Establishment of Steering Committee and Workgroups/Subcommittees
- Operational changes as needed (Staffing, Data Collection, etc.)

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Monitor



Elizabeth Manley, LSW

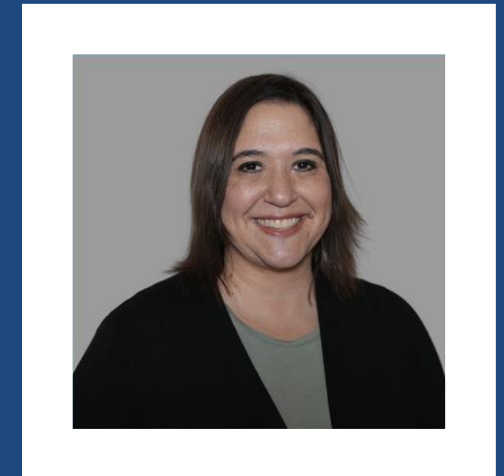
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Innovations Institute

Our Vision: We believe we can achieve a world where all families thrive in their communities and the work of child-, youth-, and family-serving public systems is grounded in research and implementation science and driven by principles of anti-racism, social justice, equity, inclusion, and authentic partnerships with youth and their families and communities.

Our Expertise: Innovations Institute provides training, technical assistance, facilitation, analysis, consulting, implementation support, and research and evaluation to strengthen workforce development, systems design and financing, data-driven strategic planning, and quality improvement. Our work is grounded in research, experience and expertise from the field, adult and technology learning theories, and implementation science.

Our faculty and staff have nationally recognized expertise, education, and leadership in health and human services systems; crisis response systems; federal and state policy and financing; systems design and implementation; parent, infant, and early childhood; research, evaluation, and CQI; workforce development; and instructional technology and media.

Related Experience: Now in our 20th year, Innovations has experience working in and with all 50 states and D.C., as well as with several tribes and territories. We are currently working with four other states/ jurisdictions specifically related to their settlement agreement, consent decree, or lawsuit.



<https://innovations.socialwork.uconn.edu/>

Planning
Phase
(2025-26)

Establishment of an Advisory Board

Consent decree requires a board consisting of (but not limited to):

- Child Advocate's Office and RI Coalition for Children & Families
- Representative cross-section of community-based service providers
- Children and parents or caregivers of children in the focus population
- Advocates for children in the focus population
- Representatives from limited English populations

Advisory topics will include:

- Proposed policy, regulatory, and procedural changes relevant to the consent decree
- Development of and modifications to the implementation plan

Implementation
Phase
(2026-27)

Implementation Areas Described in the Decree

- Section V (Identification and Assessment) ▶▶
- Section VI (Discharge and Transition) ▶▶
- Section VII (Service Planning and Care Coordination) ▶▶
- Section VIII (Community-Based Services) ▶▶
- Section IX (Stakeholder Outreach and Public Education) ▶▶
- Section X (Community Provider Development) ▶▶
- Section XI (Quality Assurance and Performance Improvement) ▶▶

Implementation of remedial plans must be completed by 1/7/28, except Section VIII, which must be completed by 1/7/29.

Monitoring
Phase
(Through
2029)

Section XII Requirements

A court-approved Monitor will:

- Be involved throughout the process, including input on the implementation plan.
- Contribute guidance on developing the baseline report and quarterly data reports thereafter.
- Produce reports every six months to ensure compliance with core elements of the decree and the implementation plan.

Exiting of sections

The State can file a motion to exit an individual section of the decree if it demonstrates substantial compliance with the requirements of that section, and maintained its compliance with the requirements of that section, for at least two consecutive monitoring periods.

Opportunities for Engagement

- Existing committees and subcommittees (RI will strive to align and integrate activities)
- Consent Decree Advisory Board with subcommittees (to be developed)
- Topic-specific interviews, focus groups, surveys, and calls for public comment
- Intentional, transparent dissemination of information, materials, and frequently asked questions posted online with an email address to contact for more information or to get involved

Near-Team Activities

Foundation

- DCYF & consultant team finalize contract
- State establishes formal Consent Decree Advisory Board and committees
- Monitor creates Monitoring Plan (due 4/30/25)

Data collection

- Baseline Data Report (due 7/6/25)

Thank you

We want your feedback!

DCYF.ConsentDecree@dcyf.ri.gov

News and updates:

www.dcyf.ri.gov/programsinitiatives/consent-decree

Appendix

Implementation
Phase
(2026-27)

Section V Highlights (Identification and Assessment) ◀◀

State must be able to:

- Effectively identify children within the Focus Population.
- Ensure that a timely, person-centered behavioral health assessment, using a recognized Clinical Assessment Tool, is conducted for all members of the Focus Population.
- Track all instances when a child has: (a) been admitted for inpatient psychiatric care at Bradley Hospital; or (b) been evaluated for a potential in-patient hospitalization by a hospital emergency department as the result of a psychiatric crisis.
- Ensure prompt delivery of services necessary to address any behavioral health crisis or other urgent need for stabilization or intervention.

Implementation
Phase
(2026-27)

Section VI Highlights

(Discharge and Transition) ◀◀

The State will:

- Ensure child is discharged to the most integrated setting appropriate to their needs, with needed services and supports, when ready for discharge by Bradley Hospital
- Assign transition coordinators within 5 days of admission to Bradley who:
 - Support the development of a timely, written transition plan
 - Monitor the child's stay and progress toward goals
 - Help to identify and remove barriers to discharge
- Identify potential funding mechanisms for providers supporting service planning activities for children preparing to transition out of Bradley

Implementation
Phase
(2026-27)

Section VII Highlights

(Service Planning and Care Coordination) ◀◀

- State will convene a Child and Family Team to manage develop and manage a service plan.
 - **Child and Family Team** = Child, family, primary service worker and other relevant DCYF staff, other care coordinators involved, service providers, educators, and, where desired by the child or family, peer support specialists, legal advocates, extended family members, friends, or other natural supports.
- State will ensure access to care coordination.
 - **Care coordination** = proactive and assertive engagement of the child and family to take an active role in treatment and treatment planning; will be provided by a trained Primary Service Worker.
- State will request budget for a “flex fund” to address barriers to returning child/youth to the most integrated setting appropriate to their needs that cannot otherwise be addressed through community-based services.

Implementation
Phase
(2026-27)

Section VIII Highlights

(Community-Based Services) ◀◀

- **General:** Ensure that child/youth and their families receive, in a timely manner, access to the services that they need.
- **IDD:** Provide children in the Focus Population with intellectual developmental disabilities (IDD) with services from providers who have personnel qualified and trained in working with children with IDD.
- **Intensive In-home services:** Ensure access, as needed, to individual and family therapy, behavioral services, and therapeutic mentoring.
- **Therapeutic foster care:** Ensure children who need therapeutic foster care are provided with placement in a therapeutic foster care home.
- **Mobile Crisis Response and Crisis Prevention, Intervention & Stabilization Services:** Continue to provide and align with focus population needs.

Implementation
Phase
(2026-27)

Section IX Highlights

(Stakeholder Outreach and Public Education) ◀

- Requires input from Child Advocate's Office and RI Coalition for Children & Families around the implementation plan.
- Requires establishment of an Advisory Board.
- Requires ongoing outreach to stakeholders (including children and their families, schools, hospitals, residential treatment facilities, judges, child welfare staff, juvenile justice staff, and service providers) to seek feedback regarding the community-based services provided under the Consent Decree and implementation plan.

Implementation
Phase
(2026-27)

Section X Highlights

(Community Provider Development) ◀◀

The State must:

- Address any current or future workforce shortages of community-based services providers and therapeutic foster care homes.
 - Workforce shortages may refer to the overall number of service providers, by specialty, and providers' skill level and quality.
- Develop a workforce development plan that may include:
 - Financial and non-monetary incentives
 - Initiatives to recruit out-of-state service providers
 - Partnership opportunities for career pathways and improving recruitment and retention strategies within the service provider sector
- Ensure targeted training of service provider personnel to address the particular needs of the Focus Population

Implementation
Phase
(2026-27)

Section XI Highlights

(Quality Assurance and Performance Improvement) ◀◀

Collection and Analysis Requirements

- A baseline data report developed in the first six months
- Quarterly data reports that measure the degree to which children are being diverted from and transitioned out of Bradley Hospital.
- Tracking of all services described identified in a completed service plan but not initiated within 45 days.
- Convening of a Quality Assurance Committee

Quality Service Reviews

Random samples of cases in the focus population will gather information from records and people involved so that the Monitor is able to draw systemic conclusions, determine the success of the identification and assessment process, evaluate the effectiveness of service planning, etc.