



Rhode Island Children's Behavioral Health Consent Decree Frequently Asked Questions

Q: What is the RI Children's Behavioral Health Consent Decree?

A: On January 7, 2025, the State of Rhode Island entered into a formal agreement (consent decree) in the United States District Court to resolve allegations made after a Federal investigation found violations to Federal civil rights laws concerning psychiatric hospitalizations of youth from 2017 to 2022. The State is referring to this agreement as the RI Children's Behavioral Health Consent Decree.

Q: What were the results of the Federal investigation?

A: 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.

Q: What does the consent decree do?

A: The consent decree creates a shared vision across the State to:

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

The consent decree also requires development of a remedial plan that will be monitored as the State works with a consultant to design and implement the agreed-upon plan.

Q: Who is the "focus population" of the consent decree?

A: The focus population refers to the sub-group of children that are the focus of the system changes that will occur through the work described in the consent decree. Specifically, the focus population for this consent decree 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.



- 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.

Q: Are children and youth placed in psychiatric settings other than Bradley Hospital excluded from the decree and monitoring?

A: For the purpose of the consent decree, the focus population is limited to those children who are admitted to Bradley Hospital for acute inpatient treatment or who are deemed at serious risk of admission to Bradley Hospital, as previously defined. However, the planned reforms may also be available to youth in other psychiatric hospitals who require access to the recommended services and supports.

Q: Will this work benefit other children outside of the focus population?

A: Yes, there will be system, program, policy, and practice improvements that may benefit a broader population and won't be limited to the focus population. Also, for youth who experience emergency room visits as a result of a current or subsequent diagnosed Behavioral Health Disability, the goal is to provide additional support to these youth even before they become part of the focus population.

Q: What does the State have to implement?

A: The State will develop an implementation plan, which must be approved by the Federal court, after receiving recommendations from the consultant team (University of Connecticut Innovations Institute). The implementation areas described in the consent decree include *Identification and Assessment, Discharge and Transition, Service Planning and Care Coordination, Community-Based Services, Stakeholder Outreach and Public Education, Community Provider Development, and Quality Assurance and Performance Improvement*.

Q: We can have all these services, but there is a need for staff! How do we keep these staff?

A: Part of the consent decree is a requirement to develop and implement a *Community Provider Development* plan that will address workforce challenges.

Q: The community-based services and the child and family teaming are very similar to what children have that are already in DCYF care. The Family Care Community Partnerships (prevention partners) have been doing child and family teaming/wraparound for years. What's different?

A: Wraparound and intensive care coordination are not new concepts. The consultant team and monitor have suggested already that you not only need to have the right services in place, but the timing and progression of those services are crucial to helping youth in the focus population to meet their goals. The systemwide review will help to uncover gaps in our service array and make recommendations for implementation, including the staging of interventions.



Q: The consent decree specifically states that DCYF should consider out-of-state providers. Should we assume that DCYF is heading in that direction?

A: The consent decree language encourages the State to engage with its current provider community to find solutions, but not to limit itself to what exists in state. With the help of the consultant team, the Department will explore best practices, services and supports used across the country and will work to develop any programs needed to fill gaps identified in the State's service array.

Q: What is the Baseline Data Report and when will it be initiated?

A: The Baseline Data Report is a foundational document required by the consent decree. It includes an overview of the focus population with Bradley Hospital admissions, the availability of community-based services and therapeutic foster parents statewide, and information about children involved with DCYF who experienced three or more emergency room visits within a 12-month period because of a current or subsequent diagnosed behavioral health disability. The State has initiated work to gather this data. The report will be publicly available and published on the [DCYF website](#) no later than July 20, 2025.

Q: How will the State be monitored on its progress toward meeting the requirements of the consent decree?

A: A court-approved monitor (Elizabeth Manley) will be involved throughout the process, including providing input on the implementation plan. She will contribute guidance on developing the baseline data report and quarterly data reports thereafter. She will also produce reports every six months on the State's compliance with the consent decree and the implementation plan.

Q: The University of Connecticut Innovations Institute is serving as both the consultant and monitor. Isn't it a conflict of interest to have your "independent monitor" also be your consultant?

A: The monitor was approved in federal court with the understanding that other Innovations Institute faculty and staff will be providing the State with technical assistance to assess the State's needs and support the development and execution of a comprehensive implementation plan. Similar efforts in other jurisdictions have shown that it is beneficial to have the State, consultants and monitor work closely together while maintaining their distinct roles.

Q: Will progress and compliance on the implementation plan be jeopardized by threats to Medicaid cuts or cuts to other forms of Federal dollars? Will the plan take into account the feasibility of constrained State funding?

A: The State continues to closely monitor executive orders and changes to Federal funding and infrastructure. The DCYF administration remains hopeful and ready to use innovation and creativity in these uncertain times. The Department will



continue to partner closely with the RI Department of Administration, other State agencies and its contracted provider community to identify and advocate for the services and supports needed to support the children, youth and families it serves.

Q: Are you looking for people to join the advisory group?

A: If you are interested in joining the Advisory Board, please email us at DCYF.ConsentDecree@dcyf.ri.gov, especially if you are a member of the community with lived experience, meaning you have a child who has experienced a long stay in a hospital or you have a unique passion for this work.

Q: How do I learn more about the consent decree?

A: The DCYF website contains a copy of the official consent decree language and other resources. The State delivered informational sessions to the community on March 12 and March 26, 2025—you can access a copy of the presentation and a recording on the website. Over time, the DCYF website will include all progress reports and other updates.

If you have any questions to which you cannot find the answer, please do not hesitate to email DCYF.ConsentDecree@dcyf.ri.gov.