

Department of Children, Youth and Families (DCYF)

Steering Committee Presentation:
Monitor's Report

December 16, 2025

**RHODE
ISLAND**

Purpose of the Monitor's Report

- First formal Monitoring Report under the Children's Behavioral Health Consent Decree
- Establishes baseline, assesses early progress, and identifies system gaps
- Uses a problem-solving, collaborative approach (not punitive)
- Serves as a roadmap for the next phase of implementation

Consent Decree: Shared State Responsibility

- Consent Decree entered January 7, 2025
- Addresses ADA and Section 504 violations related to avoidable psychiatric hospitalization
- Applies to children with open DCYF cases admitted to or at risk of admission to Bradley Hospital
- Signatories: EOHHS, DCYF, BHDDH
- Success depends on cross-agency coordination

Areas of Progress Recognized by the Monitor

- [Monitoring Plan](#) approved and operational
- [Baseline Data Report](#) completed and publicly posted
- Advisory Committee convened and meeting regularly
- Transition Coordinator supervisor hired
- Transition Coordinators scheduled to begin January 2026
- Peer learning underway (NJ Intensive Care Coordination)

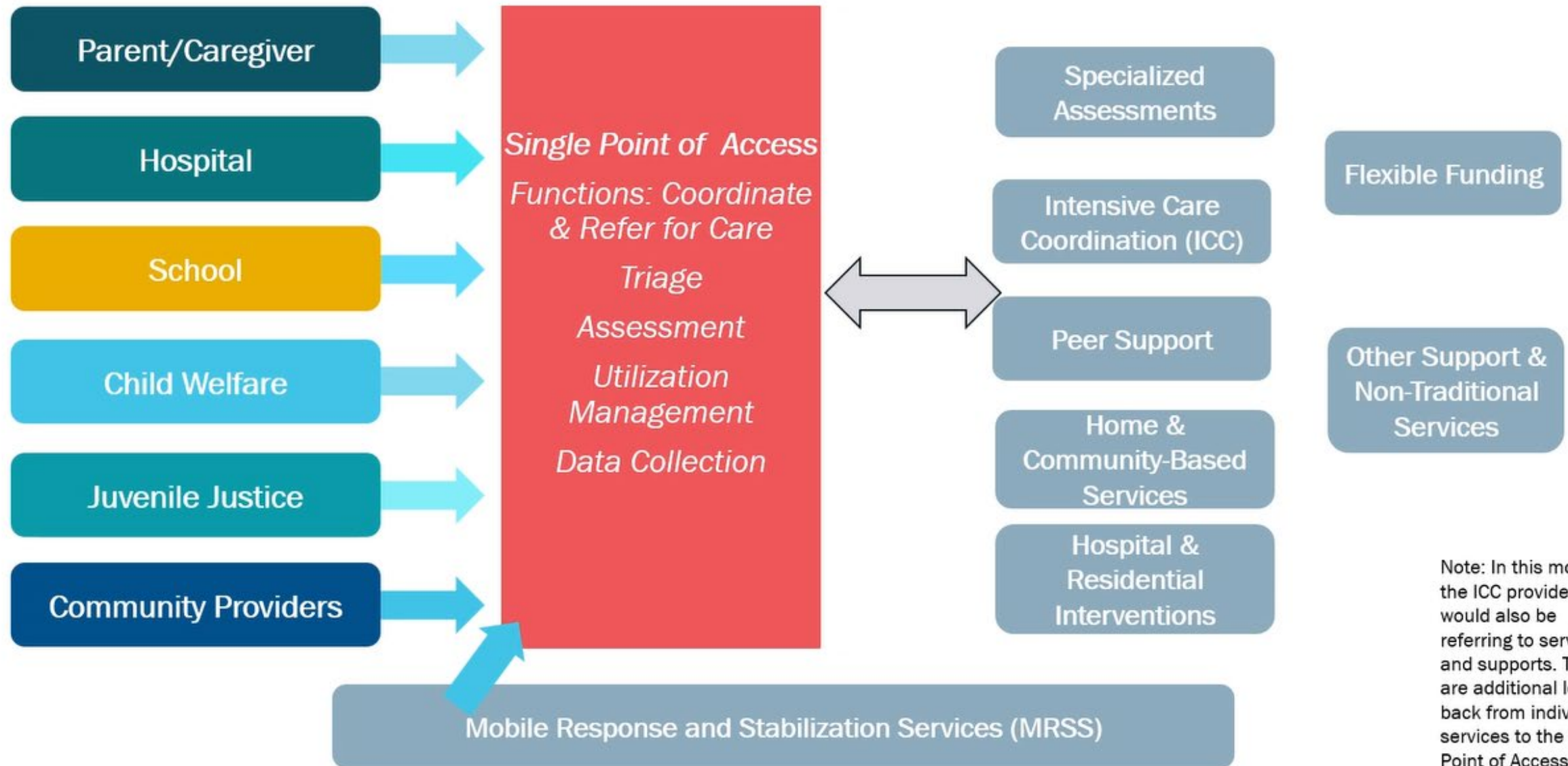
Focus Population: What the Data Shows

- 149 children admitted to Bradley Hospital during reporting period
- 45 children identified as “at-risk” (3+ ED visits)
- Majority ages 11–21; geographically concentrated in Providence County
- Average inpatient length of stay: 38 days (some exceeding 300 days)
- 31% discharged to residential settings

Key System Challenge: Entry & Access

- Behavioral health access still routed through child protection
- Monitor identifies this as a **barrier to timely care**
- Recommends exploring a **single point of access** separate from child protection
- Requires **EOHHS-level system design decisions**

EXAMPLE OF HOW TO LEVERAGE A SINGLE POINT OF ENTRY/ACCESS TO SUPPORT IMPROVED CARE PATHWAYS



Note: In this model, the ICC provider would also be referring to services and supports. There are additional loops back from individual services to the Single Point of Access.

Service Array Gaps Identified

- Overreliance on residential placement post-hospitalization
- **Gaps in:**
 - Intensive Care Coordination
 - Co-occurring MH/SUD services
 - Therapeutic Foster Care
 - Step-down and transition supports
- Coordination challenges between DCYF and BHDDH persist

Intensive Care Coordination (ICC): A Critical Gap

- ICC is **required by the Consent Decree**
- State does not currently provide ICC for the Focus Population
- Monitor strongly endorses **High-Fidelity Wraparound**
- Planning and learning underway — implementation needed next

WHY EFFECTIVE CARE COORDINATION IS NEEDED

FAMILY NEEDS ARE COMPLEX

- Youth with complex behavioral health challenges have multiple & overlapping areas of need
- Families often have unmet basic needs
- Traditional services do not attend to health, mental health, substance use, & basic needs holistically
- Prioritization of what to work on is hard to figure out

FAMILIES OFTEN ARE NOT FULLY ENGAGED

- Child-serving systems are complex & difficult to navigate, & families often do not know how or where to access services.
- Families & youth often feel that the system is not working for them
- Limited engagement leads to treatment dropouts & missed opportunities

SYSTEMS ARE IN SILOS

- Systems do not work together well for individual families unless there is a way to bring them together
- Youth get passed from one system to another as problems get worse
- Families relinquish custody to get help
- Youth are placed out of home

Workforce & Service Investments Noted

- Statewide Mobile Response & Stabilization Services (MRSS) recognized as a strength
- Legislation expanding MRSS to commercial insurance effective January 2026
- CCBHCs identified as important infrastructure — **but child-specific customization is inconsistent**
- Workforce development remains a system-wide challenge

Data, CQI, and Accountability Gaps

- **Data exists but is not yet:**
 - fully integrated across agencies
 - automated or consistently actionable
- Quality Assurance Committee not yet convened
- Quarterly reporting and QSR processes still under development
- Need to move from **reporting to learning and course correction**

What the Monitor Expects Next (By May 2026)

- Transition Coordinators fully operational and identifying barriers
- Clear plan and timeline for ICC implementation
- Strengthened behavioral health leadership within DCYF
- Functioning CQI structure using data to drive decisions
- Progress on Implementation Plan development and stakeholder engagement

Why the Steering Committee Is Essential

- Core challenges sit **between agencies**, not within one
- DCYF alone cannot solve:
 - Medicaid structure
 - service integration
 - SUD/MH coordination
 - workforce capacity alone
- Steering Committee is the **cross-agency decision and accountability table**

Steering Committee Role: System Design

- **Align on:**
 - Single point of access strategy
 - ICC governance and funding model
 - DCYF/BHDDH role clarity
- Resolve Medicaid policy and reimbursement barriers
- Support Implementation Plan as a **shared State plan**

Steering Committee Role: Service Array & Workforce

- **Joint planning for:**
 - co-occurring residential capacity
 - step-down and transition services
 - Therapeutic Foster Care supports
- Align workforce development strategies
- Support provider readiness and sustainability

Steering Committee Role: Data & CQI

- Support execution of interagency data-sharing agreements
- Launch and sustain Quality Assurance Committee
- **Use data to:**
 - identify system bottlenecks
 - monitor outcomes
 - course-correct in real time
- Serve as escalation point for barriers identified by Transition Coordinators

Near-Term Next Steps

- Schedule Steering Committee deep-dive on ICC and system design
- Establish standing agenda item for barrier escalation
- Assign agency leads for:
 - data integration
 - service array development
 - Implementation Plan sections
- Align timelines with next Monitor Report (May 2026)

Summary

- The Monitor confirms meaningful progress **and** urgent gaps
- Incremental change is not sufficient — structural change is required
- The Steering Committee is central to success
- This is a shared opportunity to build a **durable, integrated children's behavioral health system**