

Community Health Needs Assessment

EMMA PENDLETON BRADLEY HOSPITAL

SEPTEMBER 30, 2019

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I. Introduction

A. Description of CHNA Purpose & Goals

Emma Pendleton Bradley Hospital (EPBH), whose primary location is in East Providence, Rhode Island, is a seventy-bed non-profit teaching hospital with university affiliation providing for the psychiatric treatment of adolescents and children, including some with severe developmental disabilities. EPBH operates several major programs including acute, partial hospitalization, residential, and outpatient, as well as The Bradley School through its non-profit subsidiary, Lifespan School Solutions, Inc. (LSS), which provides special education services to children from preschool through high school. LSS also operates ten other secondary sites which furnish residential and special education services. As a complement to its role in service and education, EPBH actively supports research. EPBH is accredited by the Joint Commission on Accreditation of Healthcare Organizations. EPBH participates as a provider in Rhode Island Medicaid, various out-of-state Medicaid programs, and the State of Rhode Island's Department of Children, Youth and Families programs, as well as providing care for patients covered by private health insurers and municipal school departments. EPBH is also a member of Voluntary Hospitals of America, Inc.

Effective March 12, 1996, EPBH entered into an affiliation with Lifespan Corporation, a Rhode Island nonprofit corporation. EPBH continues to maintain its own identity, as well as its own campus and its own name. Lifespan, the sole member of EPBH, has the responsibility for strategic planning initiatives, capital and operating budgets, and overall governance of the consolidated organization.

In addition to EPBH, Lifespan's affiliated organizations also include Rhode Island Hospital (RIH) and its pediatric division, Hasbro Children's Hospital (HCH), The Miriam Hospital (TMH), Newport Hospital (NH), Gateway Healthcare, Inc. (Gateway), and Lifespan Physician Group, Inc. (LPG), as well as other organizations in support of Lifespan and its hospitals.

Gateway is one of Rhode Island's largest non-profit behavioral health organization's providing behavioral health and substance abuse treatment as well as intervention and prevention services. Gateway's primary purpose is to provide or arrange high quality, comprehensive mental health and substance abuse services. Gateway provides a wide array of integrated behavioral health care treatments as well as intervention and prevention services to adults, children, and families through its residential, outpatient, and community-based programs that reach more than 25,000 residents annually in thirty-eight locations.

In 2010, the Patient Protection and Affordable Care Act (PPACA) specified requirements for hospitals to maintain recognition as Internal Revenue Code Section (IRC) 501(c)(3) non-profit hospital organizations.¹ Among many financial requirements, these regulations include a requirement to conduct a Community Health Needs Assessment (CHNA) at least every three years and to adopt an implementation strategy to meet the community needs identified in the CHNA.² CHNAs must solicit feedback from certain members of the community to determine the most pressing health needs of the community the hospital

serves. This includes, among others, members of medically underserved, low-income, and minority populations in the community served by the hospital facility. CHNA regulations specify that a CHNA should address not only financial barriers to care but also “the need to prevent illness, to ensure adequate nutrition, or to address social, behavioral, and environmental factors that influence health in the community.”³

EPBH conducted its first CHNA, dated September 30, 2013, which covered the fiscal period from October 1, 2010 through September 30, 2013, to better understand the individual and community-level health concerns of the population it serves. This process and the resultant findings were achieved through an effort to involve the community in determining the significant needs within the community of EPBH. The CHNA encompassed intensive data collection and analysis, as well as qualitative research. This process consisted of interviews with members of the community and surveys of more than 100 internal and external stakeholders, including hospital-based physicians, nurses, social workers, administrators, other professionals, and community-based stakeholders representing constituencies served by EPBH.⁴ The 2013 report and implementation strategy was distributed widely among Lifespan stakeholders, community partners, and the general public. Data collected produced an implementation strategy to address significant needs specific to the community served by EPBH. Progress on the implementation is reported in the 2016 CHNA.

Lifespan, on behalf of EPBH, conducted its second CHNA, covering the three-year fiscal period from October 1, 2013 through September 30, 2016. The goals of that CHNA were to: (1) provide a review of what EPBH had accomplished in addressing the significant needs identified in its implementation strategy included in EPBH’s initial CHNA, dated September 30, 2013; (2) to define the community that EPBH serves; (3) to assess the health needs of that community through various forms of research, community solicitation, and feedback; (4) to identify which of those needs assessed are of most significance to the community; (5) and to provide an implementation strategy that detailed how EPBH would address those significant needs.

This report represents the third CHNA conducted by Lifespan on behalf of EPBH, covering the fiscal period from October 1, 2016 through September 30, 2019. The goals of this CHNA are the same as those outlined above for 2016. The implementation strategy to be presented as a result of this CHNA will be used organizationally to guide hospital strategic planning over the next three years (October 1, 2019 through September 30, 2022).

B. History and Mission of Emma Pendleton Bradley Hospital

As a member of the Lifespan health system, EPBH is committed to its mission: *Delivering health with care*. EPBH is the nation’s first psychiatric hospital devoted exclusively to children and adolescents. As a Lifespan affiliate and a teaching hospital for The Warren Alpert Medical School of Brown University, EPBH has established itself as the national center for training and research in child and adolescent psychiatry. EPBH participates in the Brown Residency Program in Psychiatry and in the Child and Adolescent Psychiatry Fellowship. EPBH was founded in 1931 by George and Helen Bradley, who had desperately searched for mental health services for their daughter, Emma Pendleton Bradley as she had been left with

neurological conditions after contracting encephalitis at the age of seven. Today, EPBH is a seventy-bed, nonprofit teaching hospital that provides acute inpatient care, outpatient care, and partial hospitalization for infants, children and adolescents – including treatment of severe developmental disabilities – at its primary location in East Providence, Rhode Island. EPBH also offers residential services at seven facilities within Rhode Island.

A core principle of EPBH is to provide a range of family-focused, high quality mental health care to infants, children, adolescents and young adults with emotional disorders and/or developmental disabilities. EPBH is committed to excellence in training and research and to improving the health status of the community as part of a comprehensive, integrated, and accessible health care system. Table 1 describes EPBH statistics during the fiscal year ending September 30, 2018.

Year founded	1931
Employees	814
Affiliated physicians	121
Licensed beds	70
Patient care	
Patient discharges	1,137
Outpatient visits	3,104
Home health care visits	2,495
Financials <i>(\$ in thousands)</i>	
Total assets	\$126,967
Net patient service revenue	\$64,882
Research funding revenue	\$6,309

EPBH is the sole corporate member of LSS. LSS provides special education services, clinical coordination, technical assistance, and administrative support for special education classrooms within Rhode Island and Connecticut schools.

In 2017, Lifespan launched its new shared values that define how services are provided across all affiliates – **compassion, accountability, respect, and excellence** – four

words that form the acronym C.A.R.E. and succinctly capture the substance of its mission, *Delivering health with care*. This acronym serves as EPBH’s “true-north” guide, helping Lifespan become the best place to obtain care and the best place to work.

Furthermore, Lifespan identified eight core priorities that help focus its efforts on strategies that advance its commitment to improving the health and well-being of the people of Rhode Island and southeastern Massachusetts.

- ❖ **ADVANCING ACADEMICS & RESEARCH:** Advance clinical operations to train the next generation of clinicians, as well as advance research and the science of medicine.
- ❖ **COMMITMENT TO THE COMMUNITY:** Enhance corporate visibility; improve the health and wellness of the communities Lifespan serves.
- ❖ **COST:** Continue to work to reduce overall cost of care.
- ❖ **PHILANTHROPY:** Cultivate community relationships to enhance charitable contributions made to Lifespan to advance the mission and vision of the organization.
- ❖ **PHYSICIAN PARTNERSHIP:** Achieve outstanding collaboration with the system’s aligned physician partners.
- ❖ **QUALITY AND SAFETY:** Achieve and maintain top decile performance in quality, safety, and patient experience.
- ❖ **VALUE-BASED CARE:** Continually improve quality and control cost to drive the value imperative.
- ❖ **WORKFORCE:** Recruit, retain, and engage top talent that is aligned with Lifespan’s shared values to provide an extraordinary patient experience.

C. Commitment to the Community

As a national leader in child psychiatric services with deep Rhode Island roots, EPBH is well positioned to identify emerging trends and needs that affect its community. The community's needs are reflected in the experiences of the young people in EPBH's care and revealed through the clinical insights and research of the academic physicians and other staff who fuel the hospital's work.

EPBH continuously works with community health centers, the Rhode Island Department of Health (RIDOH), Rhode Island Department of Children, Youth and Families (DCYF), Rhode Island Department of Behavioral Health, Developmental Disabilities and Hospitals (BHDDH), Rhode Island Department of Education, schools, and the research and advocacy group Rhode Island Kids Count to deepen its understanding of emerging and existing needs.

EPBH offers numerous services to the community, including:

- 24-hour emergency evaluations;
- Support groups for parents and siblings;
- Parent, teacher, and child care provider training;
- Consulting services to school special education departments;
- Training for professionals from across the country in child psychiatry, psychology, social work, nursing and related fields;
- Collaboration and support to community advocacy and resource organizations;
- Extensive research programs and projects in children's mental health; and
- Advocacy for children with public representatives and agencies.

Several clinical services have been launched or expanded in direct response to community need in recent years – from the transfer of six beds from EPBH's developmental disabilities unit (DDU) to its adolescent unit, in response to increased demand for adolescent services and concomitant reduction in length of stay for DDU services, to increasing the number of physicians on staff in response to heightened demand for outpatient services.

EPBH is deeply committed to ensuring that all children and families in need have access to lifesaving and life-enhancing mental health services, and substantially subsidizes and supports comprehensive mental health evaluation and treatment in outpatient, day treatment, home-based, school-based, and residential programs. EPBH also provides many other services – including patient advocacy and foreign language translation, and many educational events and support services – at no charge.

During the fiscal year ended September 30, 2018, EPBH provided more than \$8.2 million in charity care and other community benefits for its patients, which accounted for approximately 8.6% of total operating expenses. EPBH bills uninsured and underinsured patients using the prospective method, whereby patients eligible for financial assistance under EPBH’s Financial Assistance Policy are not billed more than “amounts generally billed”, defined by the Internal Revenue Code Section §501(r) as the amount Medicaid would reimburse EPBH for billed care (including both the amount that would be reimbursed by Medicaid, and the amount the beneficiary would be personally responsible for paying in the form of co-payments, co-insurance, and deductibles) if the patient was a Medicaid beneficiary.⁷

The Lifespan Community Health Institute (LCHI), with a mission to ensure that all people can achieve their optimal state of health through healthy behaviors, healthy relationships, and healthy environments, works with all Lifespan affiliates to achieve population health goals and partners extensively with EPBH. For instance, LCHI and EPBH partner to deliver conferences and workshops for parents and professionals on mental and behavioral health topics.

Lifespan, through the LCHI and affiliates, coordinates hundreds of programs, events, and community service activities that serve between 25,000 and 30,000 southern New Englanders annually. Programs are offered for free or at a reduced cost to the community and non-profit organizations.⁸ In partnership with community-based agencies, LCHI led the design and development of the 2019 CHNA.

Community and patient engagement are critical components of quality improvement and strategic planning for Lifespan Corporation and its affiliated hospitals. Lifespan launched a website, www.lifespan.org/centers-services/lifespan-community-health-institute/community-health-reports-and-resources in the spring of 2016 to describe and publicize the CHNA process. This site, accessible from the Lifespan homepage, is maintained and houses each hospital’s CHNA report and implementation strategy. This site also serves as a conduit to link community residents and organizations to EPBH’s health-promoting initiatives.⁹

Charity care	\$18
Medical education, net	\$1,011
Research	\$785
Subsidized health services	\$1,272
Community health improvement services and community benefit operations	\$219
Unreimbursed Medicaid Costs	\$4,896
Total cost of charity care and other community benefits	\$8,201

D. Emma Pendleton Bradley Hospital – Notable Achievements

EPBH offers unique expertise in psychological, developmental, and behavioral conditions of children and teens, with inpatient, outpatient, residential, partial hospital, in-home, and community-based programs.

Notable achievements in *clinical services* during the reporting periods representing the fiscal years ended September 30, 2017-2019 include^{10,11}:

- ❖ During the fiscal year ended September 30, 2017, EPBH established the Pediatric Psychiatry Resource Network (PediPRN), a free telephone consultation service for the State’s pediatric primary care providers.
- ❖ During the fiscal year ended September 30, 2018, EPBH expanded its residential program from five houses to seven, adding the Compass House for adolescent girls and The Bradley Center, which provides services for adolescents dealing with substance use.
- ❖ EPBH opened the Verrecchia Clinic for Autism and Developmental Disabilities during the fiscal year ended September 30, 2018 for children who have behavioral or emotional challenges along with a developmental condition such as autism or intellectual disability. In September 2019, the Verrecchia Clinic was expanded to offer services to adults, especially for individuals 18 to 21 years of age transitioning from youth services to adult.
- ❖ EPBH established the Co-occurring Disorders Program during the fiscal year ended September 30, 2018, an intensive outpatient service that provides care to adolescents who are struggling with a wide variety of mental health and substance use issues.

Notable achievements in *research* during the reporting periods representing the fiscal years ended September 30, 2017-2019 include¹²:

- ❖ The Pediatric Anxiety Research Center at the EPBH/HCH Research Center received a \$3.4 million award during the fiscal year ended September 30, 2018 from the Patient-Centered Outcomes Research Institute to compare patient-centered (in-home) and provider-centered (in-office) outpatient treatment for children with anxiety and obsessive-compulsive disorder.
- ❖ The EPBH/HCH Research Center bucked the trend of declining federal research funding. During the fiscal year ended September 30, 2018, the center saw a five percent year-over-year increase in federal funding, garnering \$25.4 million to support seventeen new multi-year projects.

Notable achievements in *safety, quality, and patient-centered care* during the reporting periods representing fiscal years ended September 30, 2017-2019 include^{13,14}:

- ❖ Gateway and EPBH merged their Mental Health First Aid education programs during the fiscal year ended September 30, 2017.
- ❖ For the second time, Lifespan's four hospitals: RIH, TMH, EPBH, and NH, achieved Top Performer status on the Healthcare Equality Index (HEI) during the fiscal year ended September 30, 2018, a national benchmark of hospitals' policies and practices related to equitable and inclusive treatment of their LGBTQ patients, visitors, and employees.

Notable *community investments* during the reporting periods representing fiscal years ended September 30, 2017-2019 include^{15,16}:

- ❖ The Autism Project, whose sole corporate member is Gateway, holds its "Imagine Walk & Family Fun Day for Autism" at Goddard Memorial State Park annually. The event drew more than 8,000 participants each year and raised almost \$500,000 combined between 2017 and 2018.
- ❖ During the annual Season of Giving, initiatives such as food and toy drives, collections of warm outerwear, and the gingerbread house kit sale were organized to brighten the holidays for our neighbors in need. A new collaboration with Ocean State Job Lot in November 2018 yielded 50,000 pounds of food to supply local food pantries.
- ❖ After months of planning, hard work, and an outpouring of community generosity, EPBH dedicated the Carol A. Peterson Welcome Center in February 2018, the result of a \$2 million renovation project. The purpose of the renovation was to modernize the hospital lobby area and help improve patient privacy.

II. Emma Pendleton Bradley Hospital– Defining the Community it Serves

EPBH is located in the city of East Providence, Rhode Island, in Providence County. However, because of its unique services, EPBH serves patients from all over the country. Families from across the region and the country seek consultation and treatment from EPBH because of its national reputation. The largest concentration of EPBH's patient population comes from Rhode Island's urban core cluster, which consists of Providence, Cranston, Warwick, Central Falls, Johnston, North Providence, and Pawtucket.¹⁷

Mental and physical health of children and youth is greatly influenced by environmental and socioeconomic factors, including family household income. In 2018, nearly 20% of all children in Rhode Island, and 24.8% of children under six, were living in poverty. In the city of Providence, 39.7% of children were living in poverty, and 18.8% were living in what is considered extreme poverty.¹⁸ Children in poverty is defined as the percentage of children under age eighteen who are living in households with incomes below the poverty threshold, as defined by the U.S. Census Bureau. In 2014 Rhode Island ranked the worst among other New England states in terms of children living in poverty.¹⁹

**Table 3- Children Under Age 19 Treated at EPBH
October 1, 2017 – September 30, 2018 (FY 2018)²⁰**

	# Treated	Avg. Length of Stay	# Treated	Avg. Length of Stay
	General Psychiatric Services		Developmental Disabilities Program	
Inpatient	773	23 days	141	42 days
Compass/EPBH Center Residential	188	48 days	35	69 days
Partial-Hospitalization	727	22 visits	106	22 visits
Home-Based	0	n/a	20	26 visits
Outpatient	1,363	Data not available	63	Data not available

EPBH utilizes two main approaches for treating its patients, the first is through general psychiatric services, and the other is through its Center for Autism and Developmental Disabilities Program (CADD). The CADD provides clinical services for children and adolescents who have a developmental disability such as autism, Asperger’s or intellectual disability, who are experiencing serious behavioral or emotional issues.²¹ EPBH’s outpatient encounters are divided among its partial-hospitalization program, residential program, home-based care, general outpatient care, and school-based programs. During the fiscal year ended September 30, 2018, EPBH had encounters totaling 1,133 inpatients, 719 partial-hospitalization, 2,139 outpatient (Access Center), 192 outpatient residential, and 190 home-based outpatient. 84% of all inpatients during the fiscal year ended September 30, 2018 were residents of Rhode Island, while 3% were residents of Massachusetts. Among Rhode Islanders, 37% lived in the urban core (19% from Providence, 9% from Cranston, 5% from Pawtucket and 4% from Warwick).²²

During the fiscal year ended September 30, 2018, 87% of the partial-hospitalization patients were residents of Rhode Island, 43% of which resided in the urban core. In that same year, 95% of the residential program patients were from Rhode Island, with 55% residing in the urban core. All home-based patients during the fiscal year ended September 30, 2018 were Rhode Island residents, 54% being from the urban core. Eighty-four percent of the general outpatient visits were from Rhode Island, 36% of whom came from the urban core and 19% of whom were from the Interstate 195 Corridor Region, including East Providence, Lincoln, and Cumberland, Rhode Island, as well as Attleboro Massachusetts. The Bradley School population was largely from Rhode Island as well (73%), with most students (32%) residing in the East Bay Region, which includes Fall River and Westport, Massachusetts as well as Newport, Middletown, and Portsmouth, Rhode Island.²³

During the fiscal year ended September 30, 2018, 21% of inpatients identified as Hispanic or Latino. Of inpatients who did not identify as Hispanic or Latino, 74% identified their race as White and 15% identified their race as Black or African American. Approximately 15% of all outpatients identified as Hispanic or Latino. Of the non-Hispanic or Latino outpatients, approximately 80% identified as White.²⁴

III. Update on 2016 CHNA Implementation Strategy

EPBH conducted a CHNA dated September 30, 2016 that resulted in an implementation plan for the period of October 1, 2016 through September 30, 2019. The community health needs assessment findings reflected significant community input garnered through community forums, surveys, and key informant interviews. In addition, EPBH reviewed hospital utilization data and public health trends to inform its selection of implementation priorities.²⁵

The 2016 report and implementation strategy covering the periods from October 1, 2016 through September 30, 2019 were distributed widely among Lifespan stakeholders, community partners, and the general public. Provided below is an update on progress made in addressing each of the significant needs identified in the September 30, 2016 EPBH CHNA.

Access to Services in Clinical and Community Settings

Community stakeholders in Providence County and statewide cited aspects of access to care as major challenges facing their communities, particularly among populations who reside outside of central Rhode Island. EPBH expanded access to clinical and community-based services to meet demand. This included creating new collaborations to better serve the community, allocating resources to high-need services, and coordinating care across existing programs and settings where needed.

Below are actions EPBH took between October 1, 2016 and September 30, 2019 to address the identified significant need of access to services in clinical and community settings:

- A. Expand EPBH's Pediatric Referral Consultation (PERC) clinic to provide additional psychiatric consultation and care plans for children with various psychiatric diagnoses and complex clinical presentations.
 - In response to the overwhelming demand for pediatric psychiatric consultation across the State, and in recognition of the limited pipeline of new providers, EPBH established the Pediatric Psychiatry Resources Network (PediPRN), a free telephone consultation services for the State's pediatric care providers, which created real time phone consultation service staffed by our child psychiatrists for all pediatric primary care providers in the State. During the fiscal year ended September 30, 2018, PediPRN responded to 398 requests for consultation.
- B. Effective June 2016, EPBH assumed operating responsibility for the Caritas ARTs Program from Gateway Healthcare. The program is a 16-bed residential facility that provides short-term intensive treatment for adolescents aged 12 to 17.
 - Clinically, EPBH expanded services in critical areas including co-occurring disorders (those suffering from substance use and psychiatric disorders) with the restructuring of Caritas ARTs and the continuation of the Co-Occurring Intensive Outpatient Program.

- In February 2017, EPBH opened an intensive outpatient program at Caritas ARTs for youth with co-occurring disorders. The expansion provides intensive programming to patients for a few hours each day. In June 2017, the Caritas ARTs program was renamed The Bradley Center.
- C. Offer a co-occurring substance abuse and psychiatric disorders clinic at the Adolescent Healthcare Center, located in the Coro Center in Providence, Rhode Island.
- EPBH began providing services through the Adolescent Healthcare Center in April 2018 and has since transitioned the services back to the EPBH campus as part of its outpatient clinics.
 - EPBH opened a co-occurring partial hospitalization program in October 2017 and has experienced steady growth in census. During the fiscal year ended September 30, 2018, EPBH served an average daily census of three children and through the first eleven months of the fiscal year ended September 30, 2019, that figure has increased to nearly seven children per day.
- D. Consider expanding the CADD Outpatient Clinic to serve children aged five through twenty-one.
- In November 2016, CADD launched a new clinic for children and young adults aged five to eighteen who have behavioral or emotional challenges, as well as a developmental condition such as autism or intellectual disability; the Verrecchia Clinic for Children with Autism and Developmental Disabilities. The Verrecchia Clinic opened in November 2016 and provides therapy to help solve problems related to behavioral health through individual and family therapy, parent training in behavior management, psychiatric evaluation, and medication management. Clinical staff includes psychologists, social workers, a psychiatric nurse specialist, and a psychiatrist. In September 2019, the Verrecchia Clinic's services were expanded to also include adults.
 - The CADD is a unique, specialty program that cares for children and youth with developmental disabilities who have co-morbid psychiatric problems or behaviors. The new Verrecchia Clinic is significant to EPBH because it adds a previously missing link of effective outpatient care within the existing continuum of services, which increases patients' likelihood of success and reduces dependence on inpatient services.
- E. EPBH will assure the quality of the Gateway Child and Family Therapeutic Outreach program, which provides education to families, schools, teachers, and nurses in best practices around therapeutic outreach.
- In collaboration with HCH and Gateway, EPBH continued to operate an Outpatient Clinic for children, including specialty services in Autism and Developmental Disabilities that launched during the fiscal year ended September 30, 2017.

- EPBH provides clinical supervision and quality oversight by doctorate-level clinicians including psychologists, a psychiatrist, and social workers. This represents an effort to streamline care coordination and improve quality across the continuum of Lifespan services and systems.
 - The Outpatient Program serves over 1,400 clients and provides over 7,200 outpatient visits annually. Services include individual and family therapy, parent training in behavior management, and medication management.
- F. Explore expansion of the home-based Intensive Behavioral Treatment (IBT) program.
- IBT provides innovative treatment services for children with autism, helping our young patients to learn and grow, and assisting their families in managing the multitude of stressors associated with the disorder.
 - This program previously served fifteen families per year with intensive services for ten-twenty hours per week. EPBH has doubled the capacity of the program to serve up to thirty families per year.
- G. EPBH has applied to manage two Gateway residential programs. If approved by the State of Rhode Island, EPBH will take over management of Blackstone Adolescent Counseling Center and Lincoln House during the fiscal year ended September 30, 2017.
- EPBH was approved to manage two Gateway residential programs-Blackstone Adolescent Counseling Center and Lincoln House. The Blackstone Adolescent Counseling Center subsequently closed and the Lincoln House was renamed The Compass Program-Lincoln. The Compass Program-Lincoln is a short-term, community-based residential treatment program with a census capacity of eight adolescent girls aged 13-18 struggling with serious emotional disorders, and also includes their families.
 - The Compass Program follows a Dialectical Behavior Therapy-Adolescent (DBT-A) empirically validated treatment model. The treatment has demonstrated efficacy in caring for a variety of challenging behaviors including self-harm as well as problems with mood and anxiety.
 - This residential program allows patients to receive services in-state that previously required going out-of-state for care.
- H. The Autism Project (TAP), an affiliate of Gateway, has launched Project IDENTIFY, a program designed to improve Rhode Island's system of care integration for children and youth who have an Autism Spectrum Disorder (ASD). TAP helps facilitate a collaboration of parents, providers, and community members who provide quality support, training, and programming that is accessible to children and adults with an ASD.
- TAP was awarded a three-year grant for \$1.26 million, covering the period from September 2016 through August 2019, from the Health Resources and Service Administration to launch Project IDENTIFY in partnership with EPBH. The name of the program has since changed to *Creating the Connections*, to be more welcoming to families. The goal of the program is to increase parent and

medical tracking of development; raise awareness of when a child is not demonstrating typical development; and teach providers how to refer and support a family to get screening, evaluation, diagnosis, and appropriate care.

- Through “Creating the Connections”, TAP’s Family Support Specialists and Community Engagement staff, with multilingual capacity, have been engaged by 1,151 parents, 154 grandparents/guardians and 449 professionals. TAP’s staff have provided support to families, met with families one-on-one, provided aid in navigating resources, and made over 2,000 support calls.
 - The Family Support Team has trained 3,170 parents, professionals, and caregivers, facilitated parent-to-parent training and performed community outreach and education to members of the early childhood community, including staff at Head Starts, pre-schools, daycare centers, in-home providers, and community members on what typical child development looks like using the materials from the “Learn the Signs, Act Early” developmental program.
 - TAP and EPBH collaborate on evaluation and outcome reporting for “Creating the Connections”. TAP also secured funding to establish a second location in the East Bay area, and to support increased outreach to families, children, and adults with autism, via training, support groups, educational programs, and a drop-in center.
- I. EPBH will continue to partner with LCHI to offer educational and training programs for families, including parent support groups, *Temas Familiares*, and *Parenting Matters* conferences and workshops.
- EPBH and LCHI offered a multitude of programs reaching more than 1,000 residents of the service area, including:
 - Parenting Matters Workshop on October 19, 2017, 123 participants
 - Temas Familiares Conference on November 4, 2017, 42 participants
 - Parenting Matters Workshop on November 9, 2017, 50 participants
 - “Understanding the Opioid Epidemic in RI: Treatment Challenges and Strategies” community lecture on February 3, 2018
 - Parenting Matters Conference on March 24, 2018, 240 participants
 - Parenting Matters Conference on March 23, 2019, 196 participants
 - Temas Familiares Workshop on May 4, 2019, 42 participants
 - “Working with Grieving Children, Teens, and Families” community lecture on June 11, 2019
 - “Cultural Considerations when Working with the Latino Population” community lecture on July 9, 2019

- J. The Bradley Learning Exchange will continue to provide increasing numbers of training opportunities for caregivers and families, health professionals, and community members.
- The Bradley Learning Exchange moved into an expanded 11,000 square foot training facility in the East Providence community in May 2018. This facility supported the hiring of additional behavioral health education staff, which has resulted in an increase in training opportunities for caregivers and families, professionals, and community members.
 - From January 2018 through August 2019, the Bradley Learning Exchange provided over 20,000 hours of educational experiences to clinicians, educators, care providers, first responders, and members of the community at large. The Bradley Learning Exchange offered the following programming:
 - Bradley Conference;
 - Department of Behavioral Education;
 - The Bradley/Gateway Mental-Health First Aid;
 - The Center for Evidence-Based Practice; and
 - Bradley Online Learning
 - “Bradley Conference” educational presentations for clinicians including psychologists, social workers, physicians, nurses, certified counselors, speech/language and occupational therapists, and teachers. During the fiscal year ended September 30, 2018, eight conferences were held, with 402 participants from Rhode Island and five other states.
 - Mental Health First Aid (MHFA) consistently expanded the courses offered and participants served during the reporting period. Classes increased from twenty-one (302 participants) during the fiscal year ended September 30, 2017, to thirty-three (511 participants) during the fiscal year ended September 30, 2018, and then doubled to sixty-six classes (1,062 participants) held during the fiscal year ended September 30, 2019.
 - The Center for Evidence-Based Practice continues to focus on training child providers and parents by making the various curricula of the evidence-based Incredible Years model available in the community.

Emergency Department Evaluation

Below are actions EPBH took between October 1, 2016 and September 30, 2019 to address the identified significant need of Emergency Department evaluation:

- A. Continue to offer Crisis Service at EPBH to evaluate children within forty-eight hours of contacting the hospital.
- EPBH continues to evaluate children within 48 hours of contacting the hospital through its Access Center. This service helps to stabilize crises and refers children and their families to appropriate, less intensive services. Children and their families are seen by a multidisciplinary team, which includes a child/adolescent psychiatrist, a senior clinical psychologist, and several trainees. Outpatient evaluation and treatment for youth are also available for

families who have transitioned from a more intensive service at EPBH. For the period between October 1, 2016 and September 30, 2019, the Access Center averaged 150 evaluations per month.

B. Continue to provide the Kids' Link RI hotline.

- In 2016, Kids' Link RI became available 24 hours a day, seven days a week, for children suffering from behavioral problems or psychiatric illness. The hotline connects parents and caregivers to children's mental health services in Rhode Island and helps families determine the best place to go for treatment. With this free, confidential hotline, parents and caregivers can dial a toll-free number, and connect with emergency service clinicians or receive direction about the appropriate next step for managing their crisis. Kids' Link RI increases the accessibility of real-time psychiatric consultation for caregivers, families, and medical professionals, reducing unnecessary wait times and improving continuity of care.
- EPBH continued to provide the Kids' Link RI hotline during the fiscal years ended September 30, 2017 through September 30, 2019 and promoted it within schools and pediatric practices, as well as using general marketing strategies.
- During the fiscal year ended September 30, 2018 observed a 100% increase from the previous year in Kids' Link urgent phone contacts to 5,574 calls.

C. Provide Psychiatric Emergency Services (PES) at HCH.

- Since the 2013 CHNA, EPBH has worked with emergency departments to improve the coordination of emergency department evaluations and better manage mental and behavioral care for pediatric emergency department patients. EPBH provides clinical staffing, including a psychiatrist who serves as the Medical Director of HCH's pediatric psychiatric emergency services. The EPBH Kids Link program has been working with the HCH Bridge Clinic to foster continuity of care. In early November 2019, EPBH will continue to work with HCH on the new PACE (Psychiatry, Access, Continuity, and Evaluation) Clinic at HCH, to divert children from higher levels of care while initiating timely and appropriate levels of treatment. The PACE Clinic will replace the Bridge Clinic and will expand services.
- EPBH continued to provide emergency psychiatric evaluations in the Access Center and at HCH, with linkages to treatment programs for needed follow-up care.
 - During the fiscal year ended September 30, 2017: 2,017 evaluations by the Access Center and 645 at HCH;
 - During the fiscal year ended September 30, 2018: 1,814 evaluations by the Access Center and 709 at HCH; and
 - Through August 31 of the fiscal year ending September 30, 2019: 1,431 evaluations by the Access Center and 648 at HCH;

- The HCH PES works closely with EPBH and Gateway to create linkages to community-based treatment, striving to provide efficient, quality care in the least restrictive environment possible.
- D. Offer the SafeQuest program as a practical alternative to hospitalization and traditional outpatient services.
- SafeQuest is an intensive afterschool program to prevent recurring suicide attempts and other unsafe behaviors among adolescents. The goals of the program are to provide an alternative to hospitalization, shorten the length of stay for hospitalized adolescents, and prepare adolescents for long-term outpatient services.
 - During the fiscal year ended September 30, 2018, 108 individuals received services through the SafeQuest program.
- E. Explore the potential to provide services to rural communities in Rhode Island through telemedicine.
- EPBH outpatient services have grown to accommodate increased requests for services, which now surpass 45,000 per year. EPBH's psychiatric outpatient services for children are available at RIH and NH from a multidisciplinary group of board-certified psychiatrists, psychologists, clinical nurse specialists, and social workers.
 - Despite EPBH's growth in capacity, there was still unmet demand for outpatient services, so Lifespan launched a telemedicine service for pediatric psychiatry in Charlestown and Washington County in April 2018. Psychiatrists based in Newport, Rhode Island are accessible through a Gateway outpatient building in Washington County.
 - EPBH intends to use telemedicine to provide access to child psychiatry to TMH and NH Emergency Departments, which currently do not have this resource available.

Transition Services for Children Who Age Out of Pediatric Care

Below are actions EPBH took between October 1, 2016 and September 30, 2019 to address the identified significant need of transition services for children who age out of pediatric care:

- A. EPBH will continue to increase community and patient outreach related to resources available to families who are transitioning from pediatric to adult care. EPBH will also ensure that available resources are current and accessible.
- In September 2016, EPBH established the Pediatric Psychiatry Resources Network (PediPRN), a free telephone consultation services for the state's pediatric care providers, creation of real-time phone consultation service staffed by our child psychiatrists for all the pediatric primary care providers in the State. During the fiscal year ended September 30, 2018, PediPRN responded to 398 requests for consultation.

- B. EPBH will continue to work with RIH and the Department of Child Psychiatry to provide clinical services to residents of the Rhode Island Training School.
- Clinical work to residents of the Rhode Island Training School is handled through RIH and the HCH Department of Child Psychiatry which includes some EPBH physicians.
- C. EPBH will promote resources from state agencies such as the Office of Special Healthcare Needs at the RIDOH, and the Governor’s Council on Behavioral Health, Youth Transition Subcommittee.
- EPBH maintains a resource library at the hospital and provides or promotes educational sessions through the bulletin board in lobby, parent support groups, parent advisory groups, and the parent resource room.
 - EPBH is represented on state agencies through the Olmstead Planning Committee (related to disability and restricted access to treatment), a subcommittee of Governor’s Council on Mental Health; Rhode Island Community Academic Partnership based at Brown SPH, Mental Health Association of RI (working on a public service campaign on educating the public on mental health parity and their rights), and the Substance Abuse and Behavioral Health Leadership Council (to pool advocacy efforts).

IV. Assessment of Health Needs of the EPBH Community

The CHNA process involved the integration of information from a range of data sources to identify the significant health needs of the community served by EPBH, prioritize those needs, and identify resources, facilities, and programs to address the prioritized needs. Both qualitative primary data and secondary quantitative data were gathered to identify the significant health needs of the community.

The primary data sources include community health forums, key informant interviews, and individual surveys. Secondary data sources include national and local publications of state-specific data. These sources vary in sample size, method of data collection, and measures reported but all are publicly available sources and in each case, the most recent publicly accessible data is presented. The data sources are described in more detail below.

Community Health Forums

Qualitative data was collected through Community Health Forums (CHFs) to solicit input from individuals representing the broad interests and perspectives of the community. Participants in the CHFs included members of the medically underserved, low-income, and minority populations in the EPBH service area.

Community forums are a standard qualitative social science data collection method, used in community-based or participatory action research. According to Berg, et al., this approach “endorses consensual, democratic and participatory strategies to encourage people to examine reflectively their problems or particular issues affecting them or their community.”²⁶

Six CHF were held between May 22 and June 14, 2019 across the EPBH service area, with 39 participants. Participants were recruited using social media, posted flyers, email, and word of mouth. Locations were selected to be easily accessible to the public and hospital patients, and forums were held on weekdays and weekends. EPBH forums were held at a community health center, a senior center, an elementary school, a parent support organization, a public library, and at EPBH. At each forum, a meal was provided, along with child care and interpreter services if requested in advance. All CHF were open to the public and participants were fully engaged throughout the 90-minute discussions. *See Appendix A.*

A representative of EPBH served as a hospital liaison to help plan and facilitate the CHF. The hospital liaison was a critical link between the LCHI as the coordinating body, the expertise and resources within the hospital, and the Community Liaisons described below.

An important and unique component of the CHF was the involvement of Community Liaisons. Three people representing the diverse populations served by EPBH were hired as consultants to assist with the CHNA. These Community Liaisons helped plan the CHF, recruited participants, and co-facilitated the forums. Appendix B contains a bio-sketch for each of the EPBH Community Liaisons. All Community Liaisons were chosen through a competitive selection process and completed a two-hour training prior to leading the CHF. The training included project planning tips, role-playing activities, conflict management tips, and logistical expectations. Community Liaisons were responsible for identifying an accessible community venue for each forum, selecting a food vendor and menu that would be appealing to the target audience, and co-facilitating the discussion at the CHF with their hospital liaison.

Each CHF was two hours in duration and followed a similar format that began with a meal followed by a 90-minute discussion co-facilitated by the hospital and the Community Liaison that generated consensus on the participants’ health concerns, their prioritization of those concerns, and their ideas on how EPBH could respond to those concerns. Discussion began with a brief presentation of EPBH’s 2016 CHNA priorities and examples of activities the hospital has performed in response. Participants were invited to share their reactions to what was presented as well as their current health concerns. See Appendix C for a sample CHF agenda. The input gathered during the CHF was assessed qualitatively to extract themes and quantitatively to determine the frequency with which those themes were cited. Community Liaisons also met with the LCHI and the hospital liaison to debrief the forums and offer their interpretation of the findings to ensure all input was captured and that priorities were appropriately aligned.

Hiring, training, and empowering community members to serve as Community Liaisons in the CHNA process enriched the quantity and quality of community input. It also allowed EPBH to build relationships with communities that might not otherwise have become aware of or engaged in the needs assessment process.

Individual Surveys

To broaden the reach of community input, surveys were distributed and collected by LCHI staff at events they attended in May and June 2019, such as the annual Pride Festival. The surveys addressed the same questions as the CHF's (See Appendix D for the survey). Two individual surveys were received for EPBH.

Key Informant Interviews

The director of the LCHI identified public health and health policy leaders who could inform the 2019 CHNA process and who had knowledge, information, or expertise about the community that EPBH serves. Key informant interviews were conducted with State leaders to supplement the other quantitative and qualitative data collected. Key informants include the:

- Acting Chief of Staff, Executive Office of Health and Human Services, State of Rhode Island, and Policy Director, Rhode Island Children's Cabinet
- Director of Policy, Planning, and Research, Executive Office of Health and Human Services, State of Rhode Island
- Director, Health Equity Institute and Special Needs Director, Rhode Island Department of Health
- Physician Lead, Health Equity Institute, Rhode Island Department of Health

When crafting the EPBH implementation strategy, EPBH reflected upon the key themes that emerged from these conversations. The statewide priorities and recommendations of the key informants included: incorporate health equity targets; generate and monitor data on health disparities, especially by race, ethnicity, and income; build strategies that incorporate the social determinants of health; go beyond individual interventions to family/household level interventions; make investments in early childhood; consider co-morbidities, especially between behavioral health and chronic diseases; confront racism and bias to improve care; provide personalized care; be sensitive to misalignments within healthcare; and continue to address substance misuse and behavioral health conditions.

EPBH Patient Data, 2016-2018

Lifespan's Planning Department analyzed EPBH data on patients, discharges, and encounters disaggregated by town of residence, age, race, ethnicity, and language spoken for the fiscal years ended September 30, 2016 through September 30, 2018. This inpatient, outpatient and Emergency Department data is important in understanding trends in utilization of hospital services.

The Commonwealth Fund 2019 Scorecard on State Health System Performance – Rhode Island, 2019²⁷

The Commonwealth Fund Scorecard on State Health System Performance identifies places where health care policies are on track and areas that need improvement. Using the Scorecard, states can compare how their performance stacks up against all others. In the most recent edition, released in June 2019, Rhode Island was the state that improved the most on the health system performance indicators tracked over time; Rhode Island improved on 21 indicators, worsened on seven, and had little or no change on 15. While children’s health indicators were mixed, Rhode Island particularly made strides in the areas of coverage and behavioral health. Rhode Island ranked #2 (lower is better) in the country for uninsured children at 2%. At the same time, Rhode Island ranked #32 for children without a medical home. Still, Rhode Island improved to #1 for children who did not receive needed mental health care at less than one-fifth of the national rate (4 vs. 22). At #41, Rhode Island was also among the bottom-ranked states for drug poisoning deaths.

Rhode Island Kids Count Factbook, 2019²⁸

Published annually since 1995, The Rhode Island Kids Count Factbook is the primary publication of Rhode Island Kids Count. The Factbook provides a statistical portrait of the status of Rhode Island's children and families, incorporating the best available research and data. Information is presented for the state of Rhode Island, each city and town, and an aggregate of the four core cities (cities in which more than 25% of the children live in poverty), Providence, Central Falls, Pawtucket and Woonsocket. Of note, three of the four core cities are in the EPBH primary service area. The Factbook tracks the progress of 71 indicators across five areas of child wellbeing: Family & Community, Economic Wellbeing, Health, Safety, and Education.

Governor Gina Raimondo’s Overdose Prevention Action Plan²⁹

In 2015, Rhode Island Governor Gina Raimondo issued Executive Order 15-14 to establish the Overdose Prevention and Intervention Task Force in response to the significant toll that the opioid epidemic was taking on Rhode Islanders. Initially, the task force’s goal was to reduce opioid overdose deaths by one-third within three years. The task force developed a strategic plan with four pillars: prevention, treatment, rescue, and recovery. In 2019, the task force issued an update to its strategic plan that retained the original four strategy pillars and added five new core principles that bridge the pillars while placing additional emphasis on prevention and recovery. The five cross-cutting pillars are: (1) Integrating Data to Inform Crisis Response; (2) Meeting, Engaging, and Serving Diverse Communities; (3) Changing Negative Public Attitudes on Addiction and Recovery; (4) Universal Incorporation of Harm-Reduction; and (5) Confronting the Social Determinants of Health.³⁰ Rhode Island experienced a decline in overall overdose deaths, from 336 in 2016 to 314 in 2018.³¹

Rhode Island State Innovation Model (SIM) Test Grant, 2015-2019³²

Rhode Island was selected to participate in a multi-year State Innovation Model (SIM) grant intended to “improve health system performance, increase quality of care, and decrease costs for Medicare, Medicaid, and Children’s Health Insurance Program (CHIP) beneficiaries...” Rhode Island received a \$20 million award in the fiscal year ended September 30, 2015 to test its health care payment and service delivery reform model over

four years. The ultimate goal of the project was to achieve the “triple aim” of better care, healthier people, and smarter spending, through a value-based care lens. Governed by an interagency team and a steering committee on which Lifespan was represented, the Rhode Island SIM project developed a theory of change that focuses more on value and less on volume. If Rhode Island SIM makes investments to support providers and empower patients to adapt to these changes, and we address the social and environmental determinants of health, then we will improve our population health and move toward our vision of the “Triple Aim”.

Rhode Island Department of Health Strategic Framework³³

In 2015, Dr. Nicole Alexander-Scott, Director of the Rhode Island Health Department (RIDOH), issued the RIDOH Strategic Framework, the Department’s blueprint for reducing health disparities and achieving health equity in Rhode Island. The three leading priorities in the framework are: (1) Address the social and environmental determinants of health in Rhode Island; (2) Eliminate the disparities of health in Rhode Island and promote health equity; and (3) Ensure access to quality health services for Rhode Islanders, including our vulnerable population. Twenty-three population health goals are distributed across five strategies. The third strategy relates to health care: “Promote a comprehensive health system that a person can navigate, access, and afford”. RIDOH’s population health goals for this strategy are to improve access to care, including physical, oral, and behavioral health systems; improve healthcare licensing and complaint investigations; expand models of care delivery and healthcare payment focused on improved outcomes; build a well-trained, culturally competent, and diverse health system workforce to meet Rhode Island’s needs; and increase patients’ and caregivers’ engagement within the care system.

RIDOH Health Equity Zones

The RIDOH Strategic Framework highlights the State’s *Health Equity Zones* (HEZ), which are geographic areas designed to achieve health equity by eliminating health disparities using place-based strategies to promote healthy communities.³⁴ The RIDOH selected a first cohort of 11 HEZ in April 2015 (two subsequently ceased the contract with the RIDOH before the first project period concluded) and a second cohort of three new HEZ in May 2019. The HEZ are charged with forming community-led collaboratives, conducting baseline needs assessments, creating plans of action, and implementing and evaluating those plans of action. The RIDOH expects hospitals and HEZ to partner on clinical-community linkages to improve population health at local levels.³⁵

Behavioral Risk Factor Surveillance System – Rhode Island, 2018

The Behavioral Risk Factor Surveillance System (BRFSS) is the nation’s premier system of health-related telephone surveys that collect state data about U.S. adult residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. A partnership between the Centers for Disease Control and Prevention and each state’s department of public health, the survey is conducted annually by phone to land lines and cell phones.³⁶ Rhode Island’s goal is to interview 5,830 respondents with 55% of those interviewed on a cell phone.³⁷ The BRFSS collects information from Rhode Island adults (18+ years) as part of an effort to address key national health indicators and state priorities.

Survey topics include self-reported health status, health care access, fruit and vegetable consumption, risk behaviors, chronic disease burden, and physical activity, among others.³⁸

Youth Risk Behavior Surveillance System – Rhode Island, 2017

In Rhode Island, the Youth Risk Behavior Surveillance System (YRBSS) assesses adolescent behavioral health risks of public school students in grades 6 through 12.³⁹ The bi-annual Youth Risk Behavior Survey (YRBS) monitors six categories of health-related behaviors that contribute to the leading causes of death and disability among youth and adults, including: (1) behaviors that contribute to unintentional injuries and violence; (2) sexual behaviors related to unintended pregnancy and sexually transmitted diseases including HIV infection; (3) alcohol and other drug use; (4) tobacco use; (5) unhealthy dietary behaviors; and (6) inadequate physical activity.⁴⁰ The YRBS also measures the prevalence of obesity and asthma and other health-related behaviors plus sexual identity and sexual contacts. The results are reported statewide, not by districts, towns, nor individual student. During the spring of 2017, the 98-question Rhode Island high school YRBS was completed by 2,221 students in 19 public, charter, special education, alternative, and vocational high schools. The 48-question middle school YRBS was completed by 1,484 students in 19 public, charter, special education, alternative, and vocational middle schools.⁴¹

Kaiser Family Foundation State Health Facts – Rhode Island, 2019⁴²

State Health Facts is a project of the Henry J. Kaiser Family Foundation and provides free, up-to-date, and easy-to-use health data for all 50 states, the District of Columbia, and the United States. *State Health Facts* is comprised of more than 800 health indicators from a variety of public and private sources, including Kaiser Family Foundation reports, public websites, government surveys and reports, and private organizations. Data presented on State Health Facts are updated or added as new data become available. The update schedule varies from indicator to indicator.

County Health Rankings – Providence County and RI, 2019⁴³

The *County Health Rankings & Roadmaps* program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The annual *County Health Rankings* provide a revealing snapshot of how health is influenced by where we live, learn, work and play. The rankings compare counties within each state on more than thirty health-influencing factors such as housing, education, jobs, and access to quality health care.

Rhode Island Department of Health Statewide Health Inventory, 2015⁴⁴

The Statewide Health Inventory study was designed to evaluate the access and barriers to medical services in the State. The *Hospital Survey* included information about patients' primary residence location, insurance sources for patients, census and visit data for fiscal year 2014, demographics about patients, interpreter services, staffing by specialty and service category, outpatient specialty clinics and services for calendar year 2014, and information technology, in addition to other data elements. The survey was informed by the Centers for Disease Control and Prevention's "National Hospital Care Survey Facility Questionnaire" and the American Hospital Association's "AHA Annual Survey of Hospitals." Findings were reported in the categories of Outpatient Care, Hospitals, Long-term Care,

Facilities & Centers, and Patients & Community. The RIDOH expects to complete an update to the inventory in 2020.

Rhode Island Behavioral Health Project Report, 2015 (Truven Analytics)⁴⁵

This report was prepared for the Rhode Island Executive Office of Health and Human Services, Department of Health, Department of Behavioral Health, Developmental Disabilities, and Hospitals, and the Office of the Health Insurance Commissioner by Truven Analytics which published findings and recommendations for improving behavioral health in Rhode Island through a public health approach.

Critical Need Identification and Priority Ranking

The CHNA process required EPBH to synthesize, interpret and prioritize the varied data collected. Existing EPBH and Lifespan-specific service line expertise also factored into the selection and prioritization process.

Interpreting and prioritizing all relevant data was the responsibility of a steering committee comprised of the Community Liaisons, EPBH Liaison, LCHI leadership, EPBH leadership, and Lifespan leadership. Representatives of these stakeholder groups met multiple times to analyze the data, prioritize the significant health needs, and craft responsive strategies in order for EPBH to effectively allocate its resources to improve the health status of the communities it serves. During the discussions, the needs were prioritized based on the importance identified by the community; the scope, severity, or urgency of the need as identified by the community and the data; and the estimated ability of EPBH to provide effective interventions.

Other health concerns identified during this process will continue to be considered and evaluated as opportunities to share with other organizations that are better equipped to respond to those needs or for future EPBH strategies.

The prioritized, significant health needs resulting from the EPBH 2019 CHNA process are:

- Priority 1: Access to Services
- Priority 2: Systems of Care
- Priority 3: Outreach and Education
- Priority 4: Substance Abuse Prevention

V. Identification of the Emma Pendleton Bradley Hospital Community's Significant Needs

Based on the extensive review, evaluation, and discussion of the qualitative and quantitative data collected through the CHNA process conducted on behalf of EPBH, four significant health needs facing the community served by EPBH have been identified. The methodology used to determine which health needs facing the community have been determined to be significant and the process of prioritizing by order of significance to the community is described in Section IV of this report. Section V focuses on EPBH's prioritized significant health needs in further detail and identifies specific resources, facilities, and programs within the community, including those at EPBH, that are potentially available to address these significant health needs.

1. Access to Services

EPBH is the only hospital in Rhode Island dedicated to children's mental health and is constantly exploring opportunities to expand services. Butler Hospital in Rhode Island has inpatient and some outpatient treatment programs for adolescents but none for children. The Providence Center and other community mental health centers in Rhode Island provide behavioral health services, including substance use disorder treatment, for children and families but they do not offer the depth of services provided by EPBH. In 2018 there were 465 Rhode Island children and youth awaiting psychiatric inpatient admission to EPBH, a figure similar to 2017. The average wait time in 2018 was 1.4 days, which has been greatly improved when compared to an average wait time of 3.6 days in 2017.⁴⁶

Obstacles of access to local mental health services for children and adolescents was a major theme during CHF discussions and key informant interviews. These obstacles are even more prevalent when specialized child and adolescent behavioral health services are involved. Overall, there are an insufficient number of providers in Rhode Island who specialize in these service areas and the practices that do operate within the State typically have long wait lists. CHF participants overwhelmingly praised the services provided by EPBH and expressed a desire to replicate the hospital's services in other parts of the state. Memorably, one participant summarized that sentiment in a CHF by saying, "I wish there could be a Bradley Hospital-South County". CHF participants specifically noted access limitations in the southern region of Rhode Island.

Together with EPBH, HCH provides inpatient and partial hospitalization medical psychiatric treatment to children and adolescents. A description of the various programs related to these issues that are offered by EPBH are highlighted in Section III. Despite these programs, CHF participants identified difficulty in accessing child psychiatric services on demand. CHF participants also identified difficulty in accessing adolescent partial hospitalization programs and substance use disorder treatment for adolescents.

Beyond a general shortage of child psychiatry providers, especially for providers who speak a language other than English, CHF participants identified the following additional barriers to access. EPBH will continue to focus on opportunities to diminish these barriers so that more patients and families are able to obtain the care they need.

- Limited understanding among patients and their families of services available and how to access them. EPBH's Access Center evaluates children within forty-eight hours and helps families determine optimal next steps. In 2018 the Access Center received patient referrals from across Rhode Island⁴⁷. Since this is still reported as a health concern, it could be that existing resources need to be better publicized. EPBH has a comprehensive Parent's Guide to Children's Mental Health Services available to help parents navigate child and adolescent behavioral health resources and maintains its KidsLink RI telephonic navigation service 24 hours a day, seven days a week to help respond to families in crisis.
- Families located in areas outside of the Providence metro area, especially those who rely on public transportation, reported that EPBH is not easily accessible. EPBH draws patients from across Rhode Island in its Inpatient, Partial, Residential, and Access Center programs, whereas its outpatient programs have more patients from towns closer to Providence.⁴⁸ In response, EPBH is assessing opportunities to provide parent and professional training services to the residents of those areas, as well as offering telemedicine alternatives and an increased promotion of the existing telephonic consultation services (Kids Link RI and PediPRN).
- CHF participants reported long wait times for patients seen in hospital emergency departments, combined with a perceived lack of compassion and sensitivity for mental illness and behavioral health challenges. During 2017, there were 3,168 emergency department visits and 2,458 hospitalizations of Rhode Island children with a primary diagnosis of mental disorder. Between 2007 and 2017, pediatric emergency department visits increased 18% and hospitalizations by 37%.⁴⁹ In an attempt to keep pace with the demand, EPBH now provides psychiatric consultation services at the HCH emergency department.
- Cultural and language barriers to appropriate treatment or understanding of treatment options. While there are several EPBH staff certified to provide care in a language other than English, CHF participants noted the lack of bilingual/bicultural clinicians, especially for Latinos, the largest minority community in the state. EPBH has an interpreter coordinator who works with Lifespan to coordinate system wide resources whenever possible. EPBH utilizes the "Interpreter on Wheels" video remote interpreting program and a contracted phone interpretation vendor. EPBH experienced 196 calls to its contracted phone interpreter service between March and June 2019 and 41 Video Remote Interpreting calls during that same time. The greatest need is for ASL (American Sign Language) and generally for extensive periods of time (8-10 hours per session). The ASL need is met primarily through outside contractors. EPBH does not leave any child unserved due to language barriers.
- Limitations to insurance coverage. CHF participants expressed frustration that there is not complete insurance parity between physical health and mental health services. They noted prior authorization requirements for mental health services that are not required for comparable physical health services, resulting in delayed and missed care. CHF

participants requested advocacy from EPBH to precipitate changes to State and other insurance programs to achieve full parity.

- Insufficient step-down services for children who are discharged home after an inpatient course of treatment. CHF participants reported that although discharge plans are in place for their children upon discharge from an inpatient treatment service, the families did not feel equipped to manage their children's care at home. Instead, they wanted a more gradual transition of support through additional home visits and outpatient care to reintegrate the child into the home/community while reinforcing the skills learned at the hospital, thereby reducing the likelihood of a subsequent hospitalization.

2. Systems of Care

The transition from pediatric to adult health care, while difficult for any teen, is especially challenging for teens with mental health challenges. CHF participants stressed the need for services that bridge this transition and improve coordination between pediatric and adult health care services. These individuals may be transitioning to independent living situations, employment, or other independent life experiences, and need support to do so in order to ensure success in their later years. The CHF participants also identified insufficient options for people aged eighteen to twenty-one with autism and developmental disabilities in congregated care settings. In Rhode Island, the agency that oversees adult developmental disabilities is the BHDDH. EPBH intends to share this health concern with the leadership of BHDDH. EPBH works closely with DCYF on transitioning youth to adult services. Additionally, the expansion of the Verrecchia Clinic to address the care gap for those aged eighteen to twenty-one years old was completed to assist in meeting this need.

Another critical transition point in behavioral health care is at the conclusion of an inpatient stay, when the patient needs to return to school and home. In 2018, an average of seven children per day were ready to leave EPBH but were unable to do so due to a lack of step-down availability or there being no other safe placement, even at their homes.⁵⁰ EPBH is working collaboratively with the State of Rhode Island to continue efforts to improve transitions back into the home and/or school setting.

CHF participants also indicated that there are not adequate resources for patients, families, and schools to ensure a smooth transition and promote healing. Suggestions included:

- Train school personnel, teachers, coaches, and other staff to work with children with special needs.
- Provide educational materials to schools to help reduce the stigma associated with mental health disorders among students and staff.
- Educate parents on the systems that need to be in place to support their children in the home; provide mentors or peer family support coaches.

The Truven report and the RIDOH *Statewide Health Inventory* both cite care coordination as an essential component of access to care, particularly in complicated behavioral health settings.⁵¹ One of the Population Health goals of the State (through the SIM) highlights the critical need to align physical and behavioral health in treatment.⁵² As a key informant from

the Rhode Island EOHHS noted, there is a disconnect between systems like hospital and community-based mental health care providers. EPBH may be able to provide leadership in designing a more coordinated system of care with the infrastructure needed to support transitions between settings or stages of care.

EPBH will continue to increase its ongoing community and patient outreach to transitioning families in an effort to optimize discharge planning for home and school-based services. As part of this effort, EPBH will provide education to parents on accessing needed behavioral health services and will train schools on effective strategies for working with children with special needs. In addition, EPBH will continue to collaborate with the RIDOH and BHDDH on developing policies and practices to facilitate smooth transitions from hospital to home and community-based care, as well as from pediatric to adult services.

3. Outreach and Education

Although strides have been made in recent years to reduce the stigma associated with mental health disorders, there is still more work to be done before mental health services are promoted and encouraged in the same manner as physical health care. This involves outreach and education to families, communities, health care providers, schools, and patients themselves. One of the RIDOH's population health goals is to promote behavioral health and wellness among all Rhode Islanders.⁵³

CHF participants identified the following resource needs to expand awareness of behavioral health care:

- Provide liaisons to assist school nurses who lack sufficient resources and training to help identify students with mental health disorders and refer them into appropriate treatment.
- Provide cultural competency training for schools on the treatment and language of mental health disease.
- Offer anti-bullying programs to schools. Exposure to bullying is a risk factor for behavioral health and substance misuse disease.
- Educate the full continuum of the medical community on best practices for working with patients with mental health disorders.
- Educate pediatricians on key factors contributing to mental health disorders and indicators for early detection.
- Train emergency department staff on best practices for working with patients with mental and behavioral health conditions.
- Increase health literacy among families on mental health care so that they understand what services are available as well as where and how to access them. EPBH should also increase awareness of its range of community-based services.
- Educate parents on topics such as anxiety, attention deficit hyperactivity disorder, self-injurious behavior, suicide prevention, autism, sex and gender diversity, and substance abuse prevention.
- Use peer mentors to teach parents how to talk with and support their children.

CHF participants requested that programs be held at places that youth and parents frequent such as community locations, sporting events, and schools, and that they be conducted during various times of day on weekdays and weekends.

EPBH currently offers evidence-based, highly enrolled educational and training programs for parents and professionals through its Bradley Learning Exchange and LCHI. EPBH will continue to raise awareness of those programs, while also developing programs for a youth and adolescent audience. The content of the educational programs for youth, parents, and professionals will be based on the feedback from CHF. These programs will look to expand outreach through web-based and distance learning options.

4. Substance Abuse Prevention

The rise of opioid and other substance abuse has been documented nationally. Substance abuse can be particularly harmful to the developing adolescent brain and body. Drug use impacts perception and can fracture developing neuro-pathways in the adolescent brain. If these pathways include addiction, the impact may lead to lifelong challenges.⁵⁴ CHF participants voiced concerns about the increasing prevalence of adolescent substance abuse. Participants also reported a lack of available options throughout Rhode Island to treat adolescent substance misuse and noted difficulty with accessing partial hospitalization programs.

The Truven report concluded that children in Rhode Island face greater economic, social, and familial risk for the development of mental health and substance use disorders than children in other New England states and the nation.⁵⁵ Rhode Island, therefore, needs to place greater emphasis on and resources in proven, effective services for children and their families.⁵⁶ The Truven report also noted a range of factors among Rhode Island children that can lead to adoption of risky behaviors.

- Since 2009, Rhode Island high school students continue to fare worse than the nation in attempted and injurious attempted suicide in the past year.
- In 2017, 23% of Rhode Island high school students reported alcohol use in the past month and 11% reported binge drinking, as defined by five or more drinks in a row within a couple of hours in the past month. These rates, while high, are lower than the US at 32% and 14%, respectively.⁵⁷
- Children and adolescents in Rhode Island had higher rates of attention deficit disorder than most other New England states and national averages.⁵⁸
- Adolescents in Rhode Island were more likely to have major depressive episodes.⁵⁹
- The number of children in families that receive public assistance is higher in Rhode Island (28%) compared to the US (25%).⁶⁰
- Rhode Island is 6th among New England states with children in single parent families (35%) and ranks 29th nationwide.⁶¹

These factors appear to be impacting Rhode Island adolescents, since a higher percentage of them (5%) reported illicit drug use or dependence compared to other New England states (3.3%-4.4%) and the nation (3.8%).⁶² SAMHSA data shows that, nationwide, approximately 4% of teens are not receiving treatment for their illicit drug use.⁶³

EPBH will enhance its existing array of initiatives by adding programs for youth and adolescents centered on increasing protective factors and reducing risk factors for substance use. This will include educational programs focused on reducing stigma associated with behavioral health, anti-bullying, and bullying reduction programs.

VI. Conclusion

The CHNA is a tool that EPBH will use to address the significant health needs identified in this report. The results of the CHNA will guide the development of EPBH's community benefit programs and implementation strategy. EPBH's leadership team, including its Board of Trustees, members of executive management, and other individuals critical to the organizational planning process are currently devising EPBH's implementation strategy which will detail action item plans to covering the period from October 1, 2019 through September 30, 2022. This implementation strategy will be completed and authorized by the EPBH Board of Trustees consistent with IRS rules and regulations.

A. Acknowledgements

Data and Information Contributors

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EPBH Community Liaisons

Eve Wartenberg Condon

Felicia Delgado

Shavon Freeman

EPBH Community Forum Host Sites

Blackstone Valley Neighborhood Health Station, Central Falls, Rhode Island

Park Holm Senior Center, Newport, Rhode Island

Bradley Hospital, Riverside, Rhode Island

Parent Support Network of RI, Warwick, Rhode Island

Woonsocket Harris Public Library, Woonsocket, Rhode Island

B. Contact Information

For information regarding the 2019 EPBH CHNA process or findings, or for information on any of the services or strategies mentioned, please contact the Lifespan Community Health Institute.

Lifespan Community Health Institute

335R Prairie Avenue, Suite 2B

Providence, RI 02905

Phone: 401-444-8009

<http://www.lifespan.org>

Appendix A

Emma Pendleton Bradley Hospital Community Health Forum Schedule

Wednesday, May 22, 2019

6:00 – 8:00 PM

Blackstone Valley Neighborhood Health Station

1000 Broad Street, Central Falls, RI 02863

Thursday, May 23, 2019

6:00 – 8:00 PM

Park Holm Senior Center

1 Park Holm, Newport, RI 02840

Monday, June 10, 2019

6:00 – 8:00 PM

Emma Pendleton Bradley Hospital

1011 Veterans Memorial Parkway, Riverside, RI 02915

Tuesday, June 11, 2019

6:00 – 8:00 PM

Parent Support Network of RI

535 Centerville Road, Suite 202, Warwick, RI 02886

Wednesday, June 12, 2019

6:00 – 8:00 PM

Bradley School South County

4781 Tower Hill Road, South Kingstown, RI 02879

Friday, June 14, 2019

9:00 – 11:00 AM

Woonsocket Harris Public Library

303 Clinton Street, Woonsocket, RI 02895

Appendix B

Emma Pendleton Bradley Hospital CHNA Community Liaison Profiles

Eve Wartenberg Condon is a mental health advocate working towards her Peer Recovery Specialist certification. She has created and taught classes and workshops on mental health and given presentations about her experience with mental illness to high school and college students. Ms. Condon facilitates support groups and teaches for the National Alliance on Mental Illness (NAMI) Rhode Island affiliate, which provides advocacy, education, and peer support services to people living with mental illness and their family members. She also works as a medical secretary in Butler Hospital's intensive outpatient programs for college students and LGBTQ young adults. Ms. Condon is passionate about behavioral healthcare and looks forward to facilitating community discussions that will inform Lifespan's development and delivery of these and other vital services.

Felicia Delgado is a Community Health Worker who was transformed by her previous experience in the sex-for-pay industry. To help women and men compelled by poverty to sell their bodies, Ms. Delgado founded Esther's Well in 2013, to direct them toward healthcare and community resources. Ms. Delgado's strategy to help her target population is different from most community health workers. She is a one-woman enterprise: seeking out, providing services for, and securing healthcare access for, individuals in the sex industry. She also battles health inequities at the systemic level including underemployment, lack of affordable apartment rentals in Rhode Island, poor wages, and a legal system that imposes more barriers than supports for people who sell sex. Also, functionally illiterate, Ms. Delgado states, "My dream as a survivor of sexual exploitation and functional illiteracy is to teach others how to overcome obstacles. Obstacles are only opportunities for greatness."

Shavon Freeman has been in the medical field for almost a decade as a Medical Assistant and CNA. In that time, she has developed a passion for maternal health and is pursuing further education in that area. Ms. Freeman enjoys patient advocacy and teaches others to champion for themselves. Her new position as EPBH Community Liaison is a perfect segue after many years of working with individuals with behavioral and intellectual disabilities. She is an active part of Sista Fire, a network that empowers women of color.

Appendix B (cont.)

Emma Pendleton Bradley Hospital CHNA Community Liaison Position Description

Lifespan Community Health Institute
Community Health Needs Assessment – Community Liaison
Position Description

Position Summary

While excellent care is our top priority, Lifespan also recognizes that health and well-being is more than the absence of disease. We promote a culture of well-being, in part achieved by extending our expertise and services into communities where people live, learn, work, play and pray. Put simply, we embrace our mission of *Delivering health with care*.

A demonstration of Lifespan's mission, the Lifespan Community Health Institute (LCHI) works to ensure that all people have the opportunities to achieve their optimal state of health through healthy behaviors, healthy relationships, and healthy environments. The LCHI, often in collaboration with Lifespan affiliates and/or community partners, addresses a spectrum of conditions that affect health. One of our major initiatives in 2019 is to assist each of the Lifespan hospitals: Rhode Island Hospital/Hasbro Children's Hospital, The Miriam Hospital, Emma Pendleton Bradley Hospital, and Newport Hospital, in performing a Community Health Needs Assessment and developing strategies to respond to the identified needs over the next several years.

The LCHI is recruiting 20-30 individuals who will serve as Community Liaisons, helping to infuse community input in the community health needs assessment process. The Community Liaison is a temporary, part-time position through June 2019. An estimated 30-50 hours will be distributed over the course of 3-4 months. The Community Liaison reports to the Director of the Community Health Institute at Lifespan. This position is not open to current Lifespan employees and does not confer benefits. Community Liaisons will be hired as consultants and paid upon completion of the project.

Responsibilities

The Community Liaison will assist Lifespan staff with planning and execution of at least two community forums as part of the community health needs assessment process for Rhode Island Hospital/Hasbro Children's Hospital, The Miriam Hospital, Bradley Hospital, and Newport Hospital. The goal of each forum is to identify and prioritize local community health needs. The Community Liaison will be responsible for identifying local organizations/institutions (e.g. neighborhood associations, non-profits, churches, etc.) that will be willing to host a community forum. Further, the Community Liaison will assist with

recruitment, logistics, facilitation, and interpretation of each forum. The Community Liaison will be trained on expected tasks and relevant data. Primary responsibilities include:

- Team with Lifespan staff and other Community Liaisons to complete tasks.
- Perform community outreach and recruit strategic partners to participate in the needs assessment process.
- Develop and maintain productive relationships with stakeholders, to create buy-in for the community health needs assessment process.
- Assist with the planning and execution of presentations for small groups and community organizations, including logistics and follow-up.
- Coordinate and support other outreach activities, including presentations or tabling at large public events, listening sessions or neighborhood meetings.
- Practice effective communication and reliable follow-up with Lifespan contacts and community partners.
- Track and communicate detailed information regarding supplies or other supports needed to complete tasks.
- Attend all required orientation and check-in meetings.

Qualifications and Competencies

The selected Community Liaison must demonstrate the following qualifications and competencies:

- Trusted community broker with demonstrated success organizing community efforts
- Commitment to and interest in community health
- Willingness to work in a team environment, as well as the ability to complete tasks independently
- Thorough, timely, and reliable communication skills
- Excellent oral communication as well as active listening skills
- Comfortable communicating by email as well as in person
- Experience in and confidence with public speaking
- Effective meeting facilitator
- Strong interpersonal skills and experience working with diverse audiences
- Ability to organize and lead groups
- Willingness to share and leverage personal and professional networks
- Detail-oriented, with excellent time-management skills
- Access to reliable transportation
- Ability to work evening or weekend hours
- Working knowledge of Microsoft Office software, especially Word and PowerPoint

Desired Skills

The following skills are preferred, but not required:

- Personal or professional experience in a public health or related field (e.g., community outreach or organizing, health care, public policy, or community development)
- Experience interpreting and explaining data
- Bilingual/Bicultural in Spanish or other languages spoken in Rhode Island

Appendix C

Emma Pendleton Bradley Hospital CHNA Sample Community Health Forum Agenda

**EMMA PENDLETON BRADLEY HOSPITAL - 2019 COMMUNITY
HEALTH NEEDS ASSESSMENT**

Community Forum

Thursday, May 16, 2019

Hosted by the United Way of Rhode Island

- **6:00 PM Eat & Visit Information Table**
- **6:30 PM Introductions**
- **6:40 PM Overview of CHNA and progress since 2016**
- **6:50 PM Current Health Data**
- **7:00 PM Question #1: Does this reflect your health concerns?
What's missing?**
- **7:20 PM Question #2: How would you prioritize among these
health concerns?**
- **7:40 PM Question #3: What would you like for the hospital to do
to help address these priorities?**
- **7:55 PM Wrap-Up & Evaluation**

-
- **Notes:**
-

Appendix D

Emma Pendleton Bradley Hospital CHNA Community Input Form



Lifespan

Delivering health with care.®

2019 Community Health Needs Assessment - Community Input Form

Lifespan seeks to understand your health concerns and how our hospitals can help respond to those concerns. The information you share will help us to complete a Community Health Needs Assessment and create an action plan. We value your input!

1. To which hospital service area should these comments be attributed?

Emma Pendleton Bradley Hospital

Newport Hospital

Rhode Island Hospital / Hasbro
Children's Hospital

The Miriam Hospital

2. Please describe your significant health concerns.

3. What would you like the hospital to do in response to your concerns?

4. Please comment on the progress made in addressing the 2016 priorities (details on reverse).

5. Any additional comments or suggestions?

6. Please share your contact information if you would like to provide additional information.

Name: _____

Email: _____ Telephone: _____

Please visit Lifespan's [Learning from our Community](http://lifespan.org/our-community) page (lifespan.org/our-community) to learn more about the 2019 Community Health Needs Assessments. Thank you for your input!

2016 Community Health Needs Assessment

The Patient Protection and Affordable Care Act (PPACA) requires non-profit hospitals to conduct a Community Health Needs Assessment (CHNA) every three years. CHNAs solicit feedback from members of the community to determine the most pressing health needs in the community the hospital serves. CHNAs aim to address barriers to care, the need to prevent illness, and the social, behavioral and environmental factors that influence health in the community. Based on the needs identified, each hospital develops implementation strategies that respond to the prioritized needs. In 2016, Lifespan completed its second CHNA for each of its hospitals.

The 2016 CHNA process for each hospital identified the following significant needs:

The Miriam Hospital

1. Access to Care and Health Literacy
2. Cardiac Health
3. Cancer
4. Healthy Food Access
5. Substance Use Disorders

Newport Hospital

1. Access to Care and Health Literacy
2. Mental and Behavioral Health
3. Substance Use Disorders
4. Cancer
5. Healthier Weight

Rhode Island Hospital

1. Access to Care and Health Literacy
2. Healthy Weight and Nutrition
3. Substance Use Disorders
4. Cardiac Health
5. Cancer

Bradley Hospital

1. Access to Services
2. Emergency Department Evaluation
3. Transition services for children who age out of pediatric care

For each hospital, and for each need, an implementation plan is included in the CHNA report. That implementation plan describes the action steps that each hospital will take to mitigate the stated need over the 2017 to 2020 fiscal years. Please refer to the reports for detailed implementation strategies.

For more information regarding the CHNA process or findings, please contact Carrie Bridges Feliz, Director of the Lifespan Community Health Institute, at cbridgesfeliz@lifespan.org or 401-444-8009.

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