



Bradley Hospital

A Lifespan Partner

Community Health Needs Assessment

EMMA PENDLETON BRADLEY HOSPITAL

SEPTEMBER 2016



Bradley Hospital
A Lifespan Partner

Table of Contents

PAGE 3	Introduction Description of CHNA Purpose & Goals History and Mission of Emma Pendleton Bradley Hospital Commitment to the Community Emma Pendleton Bradley Hospital – What it Does
PAGE 6	Emma Pendleton Bradley Hospital- Defining the Community it Serves
PAGE 7	Update on 2013 CHNA Implementation Strategy
PAGE 10	Assessment of Health Needs of the Bradley Hospital Community
PAGE 13	Identification of Bradley Hospital Community Significant Needs
PAGE 15	Implementation Strategy
PAGE 17	Conclusion Acknowledgements Contact Information
PAGE 19	Appendices
PAGE 24	References

Introduction

Description of CHNA Purpose & Goals

Lifespan, Rhode Island's first health system, was founded in 1994 by Rhode Island Hospital and The Miriam Hospital. A comprehensive, integrated, academic health system affiliated with The Warren Alpert Medical School of Brown University, Lifespan's present partners also include Rhode Island Hospital's pediatric division, Hasbro Children's Hospital; Emma Pendleton Bradley Hospital (EPBH); Newport Hospital; and Gateway Healthcare, Inc, a community behavioral health provider.

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 period from October 2010 through September 30, 2013, in order 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 including interviews with members of the community and surveys of more than 100 internal and external stakeholders, including hospital-based physicians, nurses, social workers, administrators and 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 a resulting implementation strategy to address significant needs specific to the community served by EPBH. Progress on these strategies 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 this CHNA are to: (1) provide a review of what EPBH has accomplished in addressing the significant needs identified in its implementation strategy included in the Hospital's initial CHNA, dated September 30, 2013; (2) to define the community that EPBH is currently serving; (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 EPBH intends to execute which details how EPBH will address those significant needs. The implementation strategy presented in this CHNA will be used organizationally to guide future hospital strategic planning over the next three years (October 1, 2016 through September 30, 2019).

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. A Lifespan partner 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. The hospital 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 after she had been left with neurological conditions after contracting encephalitis at the age of seven. Today, EPBH is a 60-bed, nonprofit teaching hospital that provides acute inpatient care, outpatient care, and partial hospitalization for children and adolescents – including treatment of severe developmental disabilities – at its primary location in East Providence, Rhode Island. The hospital offers residential services at a number of sites.

A core belief 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 for fiscal year (FY) 2015.

TABLE 1
EPBH Statistics, FY 2015⁵

Year Founded	1931
Employees	731
Affiliated Physicians	105
Licensed beds	60
Patient Care	
Patient discharges	1,417
Outpatient visits	11,807
Home health care visits	3,687
Financials	
	\$ in thousands
Total assets	\$121,576
Net patient service revenue	\$54,518
Research funding revenue	\$4,807

EPBH is the sole corporate member of Lifespan School Solutions, Inc. (“LSS”). LSS provides special education services, clinical coordination, technical assistance, and administrative support for special education classrooms within Rhode Island and Connecticut schools.

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, 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:

- In conjunction with Hasbro Children’s Hospital, 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. The hospital also provides many other services – including patient advocacy and foreign language translation, and many educational events and support services – at no charge.

TABLE 2
Charity Care and Other Community Benefits, FY 2015⁷

	\$ in thousands
Charity care	\$78
Medical education, net	\$977
Research	\$929
Subsidized health services	\$3,446
Community health improvement services and community benefit operations	\$100
Total cost of charity care and other community benefits	\$5,530

During the fiscal year ended September 30, 2015 (FY 2015), EPBH provided more than \$5,530 million in charity care and other community benefits for its patients, which accounted for approximately 8.4% of total operating expenses. EPBH provides full charity care for individuals at or below twice the federal poverty level, with a sliding scale for individuals up to three times the poverty level. Uninsured patients receive an automatic 25% discount on hospital charges.⁷

Lifespan Community Health Services was rebranded to the Lifespan Community Health Institute (LCHI) in 2016, with a mission to ensure that all people have the opportunity to achieve their optimal state of health through healthy behaviors, healthy relationships, and healthy environments. A department within Lifespan, the LCHI works with all of the Lifespan affiliates to achieve population health goals.

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. In partnership with community-based agencies, LCHI led the design and development of the 2016 CHNA.⁸

Community and patient engagement is a critical piece of quality improvement and strategic planning for Lifespan and its affiliated hospitals. Lifespan launched a website, <lifespan.org/OurCommunity> in the spring of 2016 to describe and publicize the CHNA process. This site, accessible from the Lifespan homepage, will be maintained and house each hospital's CHNA report and implementation strategy. This site will also serve as a conduit to link community residents and organizations to health-promoting initiatives of each hospital.

Emma Pendleton Bradley Hospital – What it Does

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. For the third time, EPBH earned the distinction of “*Top Performer on Key Quality Measures*” from The Joint Commission, the leading accreditor of health organizations in the United States. One of only four facilities in New England to receive distinction for psychiatric services in FY 2015, EPBH was recognized for attaining and sustaining excellence in accountability measure performance for inpatient psychiatric services.⁹

EPBH has expanded a number of its existing programs in the past year to be able to serve more children and families in the region. As part of this expansion, EPBH's Center for Autism and Developmental Disabilities (CADD) opened a partial hospitalization program. The first of its kind in the nation, the highly specialized day treatment program is for children and adolescents aged 5 to 18 who have autism or developmental disabilities with a co-existing emotional or behavioral disorder.¹⁰ The primary goal of the CADD partial hospitalization program is to help children and adolescents

remain safely at home while they and their families work on clinical, emotional, and behavioral problems.

The Bradley Hasbro Children's Research Center received a \$2 million grant in FY 2014 to study the efficacy of drug abuse interventions for court-involved, non-incarcerated girls who use illicit substances. The study, called VOICES, is funded by the National Institute on Drug Abuse and compares the effects of reducing drug use and sexual risk behaviors relative to other community-based services that girls are typically referred to by the court.¹¹ Researchers expect that the findings from the study can immediately affect the way that practitioners help girls in the court system and girls who have a history of or are at risk for substance abuse.

The Medical Pediatric Psychiatric Program, a collaboration between EPBH and Hasbro Children's Hospital (HCH), expanded both its inpatient unit at HCH and its partial hospitalization program in FY 2015 to accommodate an increased demand for integrated medical and psychiatric care for children and adolescents. The newly renovated and expanded inpatient unit provides optimal treatment for children and adolescents with both psychiatric and medical illnesses and provides staff and families a greater opportunity to collaborate.¹²

Bradley Hospital Foundation, a philanthropic organization which helps support EPBH, raised more than \$1.3 million to help create additional space for EPBH's outpatient services and the Pediatric Anxiety Research Center (PARC). The expansion of the Arthur H. Ruggles Building, located in Providence, has transformed the facility into a colorful, open, and inviting space that features additional private rooms, an improved waiting area, outpatient therapy rooms, and space to accommodate PARC.¹³ The children and families served by EPBH's outpatient services now have access to a safe and comfortable space for care.

The Bradley Hasbro Children's Research Center (BHCRC) partnered with Adoption Rhode Island to develop a mental health clinic, serving adolescents in the child welfare system. Funded through a \$64,665 pilot grant from the Rhode Island Foundation in June 2015, the COMPASS Clinic offers integrated clinical care that addresses the behavioral health needs of youth in foster care in Rhode Island. The project aims to develop a model that can be sustained as an ongoing treatment clinic for youth in the child welfare system by cross-training clinicians to deliver adoption-competent and trauma-informed treatment.¹⁴

EPBH and the LCHI presented the 25th annual *Parenting Matters* conference in FY 2015. Over the past quarter

century, more than 16,000 professionals and community members have attended the annual conference that offers parents, childcare providers, social workers, and teachers a unique opportunity to learn from top child development and behavior professionals.¹⁵

Gateway Healthcare Inc. (Gateway) is Rhode Island's largest nonprofit behavioral health organization providing treatment, intervention and prevention services Gateway officially affiliated with Lifespan in FY 2013 to better integrate behavioral healthcare for Rhode Islanders. Gateway's scope of behavioral, substance abuse, and social services complements Lifespan's array of health care services.¹⁶ Gateway has provided the Mental Health First Aid (MHFA) program to community members, mental health first responders, teachers, social service providers, primary care workers, and even businesses to train them on how to help someone in a mental health crisis.¹⁷ Over the past three years (2014-2016) 30 courses have been conducted in the community, training a total of 676 individuals.

Emma Pendleton Bradley Hospital— Defining the Community it Serves

EPBH is located in the city of East Providence, in Providence County. However, because of its unique services, EPBH serves patients from all over Rhode Island and New England. Families from across the region seek consultation and treatment from EPBH because of its national reputation,

and in FY 2015, one family from Canada and one from the Philippines even sought EPBH services. The largest concentration of the 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.¹⁸

In 2014, 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.¹⁹ Children in poverty are defined as the percentage of children under age 18 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.²⁰ Mental and physical health of children and youth is greatly influenced by environmental and socioeconomic factors, including family household income.

EPBH utilizes two main approaches for treating its patients. The first is through general psychiatric services and the second is through its Developmental Disabilities Program (DDP). The DDP provides clinical services for children and adolescents who have a developmental disability such as autism, Asperger's, or intellectual disability, and who are experiencing serious behavioral or emotional issues.²² During the fiscal year ended September 30, 2015, EPBH treated a total of 1,417 inpatients, 73 residential patients, 842 partial-hospitalization patients, and 24 home-based patients. Eighty-six percent of all inpatients in FY 2015 were residents of Rhode Island, while 11% were residents of Massachusetts. Of those who lived in Rhode Island, 46% lived in the urban core (17% from Providence, 8% from Cranston, 6% from Pawtucket and 6% from Warwick).²³

EPBH's outpatient encounters are divided among its partial-hospitalization program, residential program, home-based care, general outpatient care, and school-based programs.

TABLE 3

Children Under Age 19 Treated at EPBH October 1, 2014 – September 30, 2015 (FFY 2015)²¹

	# Treated	Avg. Length of Stay	# Treated	Avg. Length of Stay
	General Psychiatric Services		Developmental Disabilities Program	
Inpatient	941	15 days	143	38 days
Residential	43	217 days	30	198 days
Partial-Hospitalization	824	18 days	18	18 days
Home-Based	0	0 days	24	23 days
Outpatient	1,644	61 visits	86	61 visits

In FY 2015, 87% of the partial-hospitalization patients were residents of Rhode Island, 45% of which resided in the urban core. In that same year, 98% of the residential program patients were from Rhode Island with 60% residing in the urban core. All of the home-based patients in FY 2015 were Rhode Island residents, 45% being from the urban core. Eighty-three percent of the general outpatient visits were from Rhode Island, 36% of whom came from the urban core and 20% of whom were from the Route 195 Corridor Region, including East Providence, Lincoln, Cumberland, and Attleboro, Massachusetts. The Bradley School population was largely from Rhode Island as well (85%), however most students (35%) resided in the East Bay Region, which includes Fall River and Westport, Massachusetts, as well as Newport, Middletown and Portsmouth, Rhode Island.²⁴

In FY 2015, 18% of inpatients identified as Hispanic or Latino. Of inpatients who did not identify as Hispanic or Latino, 65% identified their race as White and 9% identified their race as Black or African American. Approximately 11% of all outpatients identified as Hispanic or Latino. Of the non-Hispanic or Latino outpatients, approximately 72% identified as White.²⁵

Update on 2013 CHNA Implementation Strategy

EPBH conducted a CHNA, dated September 30, 2013, which covered the period from September 2010 through September 30, 2013, in order 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 in the forms 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, and other professionals, and community-based stakeholders representing constituencies served by EPBH and Lifespan's three other hospitals.

The 2013 report and implementation strategy was distributed widely among Lifespan stakeholders, community partners and the general public. Quantitative and qualitative data collected between 2011-2013 produced significant needs specific to the community served by EPBH. Provided below is an update on progress made addressing each of these significant needs identified in the September 30, 2013 EPBH CHNA. This information is vital to provide context for the significant needs identified in EPBH's CHNA as of September 30, 2016 and the methods used to create an effective implementation strategy to address these needs.

Access to Care

Community stakeholders in Providence County and statewide cited aspects of access to care as major challenges facing their communities, particularly among minority populations. Access to more integrated mental and physical health programs were cited as a priority, along with more options for outpatient and emergency mental and behavioral health services.

Kids' Link

Kids' Link RI is a hotline for children in emotional crisis. An EPBH and Gateway program, Kids' Link RI is 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 confidential hotline, parents and caregivers can dial a toll-free number, and be connected with emergency service clinicians or receive direction about the appropriate next step for managing their crisis.²⁶ A Kids' Link program had been funded through Rhode Island's Department of Children, Youth and Families (DCYF) until 2013, when EPBH and Gateway revived the program and provided funding to support this crucial service.

Child and Adolescent Partial Hospitalization Program

EPBH's partial hospitalization programs offer practical alternatives to hospitalization and traditional outpatient services for kids with serious emotional, behavioral, or relationship issues. The programs preserve the child's home placement while offering children and their families the opportunity to work on emotional and social difficulties. Not all patients require intensive inpatient care, but may need more treatment than what is offered through outpatient services.²⁷ Development of the following programs aims to fill this gap, and as of the 2013 CHNA report, many of the partial hospital programs were often at capacity, highlighting the need for access to this type of service.²⁸

- **The Adolescent Partial Hospital Program:** a specialized program that provides comprehensive evaluation and intensive treatment for adolescents from age 13 through 18.
- **The Center for Autism and Developmental Disabilities (CADD) Partial Hospital Program:** a highly specialized day treatment program for children and adolescents aged 5 to 18 who have autism or developmental disabilities with a co-existing emotional or behavioral disorder.
- **The Children's Partial Hospital Program:** a specialized program that provides comprehensive evaluation and intensive treatment for children ages 7 through 12 and their families.
- **The Intensive Program for Obsessive-Compulsive Disorders:** provides treatment to children and adolescents, ages 5 to 18, who experience significant impairment in their daily lives due to OCD and obsessive-compulsive spectrum disorders.
- **The Pediatric Partial Hospital Program:** a highly specialized family-based day treatment and comprehensive evaluation program for very young children from infancy through age six who have serious emotional, behavioral, feeding, sleeping, or relationship problems.
- **The SafeQuest Program:** an intensive after-school program for adolescents who are at risk for self-harm and/or who are suffering from significant mood or anxiety disorders.²⁹
- **iFriend:** a social skills group for children age 8 to 11. The program helps children develop friendship skills, learn how to communicate with peers, and cope with frustration. Parents learn strategies to help children with social skills in daily life at home, school, and play.
- **Child and Adolescent Behavioral Health Program with Newport Hospital:** launched in partnership with Newport Hospital to serve children ages 3-17 in the Newport County area in response to need for additional child psychiatry services on Aquidneck Island, the location of Newport Hospital.³⁰
- **The Pediatric Referral Consultation Clinic (PRCC):** established to provide psychiatric consults and care plans for children with various diagnoses and complex presentations. Once assessed, treatment is initiated and the child is stabilized, at which point the referring clinician provides ongoing management while the PRCC clinician is available for further consultation and guidance. This model is especially helpful for families who are unable to access a child psychiatrist or pediatric providers who want to coordinate their patients' care.
- **The Pediatric Anxiety Research Center (PARC):** the only outpatient program in Rhode Island that treats pediatric OCD and anxiety. In July 2016, PARC was relocated to the EPBH main campus in East Providence in response to increased need. Prior to the move, PARC had a waiting list months long. This relocation will allow PARC to serve more youth. PARC will expand the capacity of its intensive program from 12 to 21 children, increase its staff from six to eight psychologists, and add a fourth child psychiatrist.³¹

Expansion of Outpatient Services

Several new initiatives have been launched or expanded since the 2013 CHNA as part of EPBH's response to the need for increased outpatient services in the community. These initiatives include:

- **The Mindful Teen Program:** launched in April 2016, a specialized program of dialectical behavior therapy providing six months of outpatient treatment for children aged 13-18 with suicidality, life threatening, and destructive behaviors. The program helps adolescents manage emotional experiences constructively, based on an evidence-based model. Available in Providence and Middletown, treatment is provided in person with 24/7 access to coaching by phone.
- **Incredible Years:** launched at EPBH in October 2011, an evidence-based program for parents and early childhood providers, was expanded with additional instructors and classes available in 2015.

Mental Health

Mental health status influences a child's health and behavior at home, in childcare or school, and in the community. A variety of factors including biological, individual skills, family resources, quality of education, and community-level characteristic can influence the risk that a young person will develop a behavioral health condition.³²

Mental health service systems can be fragmented with disproportionate spending on tertiary and residential care, and often lack adequate investments in prevention and community-based services that allow children to receive care in their own communities.³³ According to the *Rhode Island Behavioral Health Project*, a report created by Truven Analytics in 2015 for the Rhode Island Department of Health (RIDOH) and other state agencies that oversee mental health services, Rhode Island has worked to build a preventive and

treatment system of care that is based in multiple settings, including the home, schools, and community, but more progress is still needed.³⁴ EPBH is committed to expanding access to mental and behavioral health services for Rhode Island Children, with a focus on patient-centered, community-based, recovery-oriented, and coordinated care.

Foundations for infant/toddler social emotional health and development: Provider Modules

In 2016 the Bradley Learning Exchange, a department of EPBH, launched Bradley Online Learning as a pilot program. The goal of the program is to develop online learning modules for providers on a variety of relevant topics. Bradley's Online Learning offers high quality professional development for front-line providers across various community sectors serving infants, toddlers and their families. Bradley Early Childhood Clinical Research Center, in collaboration with EPBH's Department of Behavioral Education and the Rhode Island Association for Infant Mental Health, developed a course titled "Foundations for Infant/Toddler Social Emotional Health and Development: Provider Modules" as part of the pilot program. The course enrolled 985 participants across the United States and Canada who completed a total of 15,760 modules.³⁵

Parenting Matters and Temas Familiares Workshops and Conference

LCHI works with EPBH to host *Parenting Matters* (formerly *Speaking of Kids*) and *Temas Familiares* (*Parenting Matters* in Spanish) workshops and conferences each year. LCHI staff conduct outreach to EPBH patients and families for these programs each year. The conferences are free, half-day programs presented in English and Spanish that teach parenting topics through keynote speakers, discussion panels, and workshops. From 2013-2015, a total of 552 parents and professionals attended conferences. LCHI also arranges for guest speakers to speak on other topics related to mental health at community programs upon request.³⁶

Patient-centered Medical Home Pilot Program for CADD program

CADD offers unique and highly specialized clinical services for children and adolescents between the ages of 2 and 21 who show signs of serious emotional and behavioral problems in addition to a developmental disability, such as autism, Asperger's, or intellectual disability. At the time of the 2013 CHNA, EPBH intended to pilot a patient-centered medical home model of care in the CADD residential treatment programs.³⁷ Insufficient state funding was received to initiate this pilot, however if funding becomes available, EPBH plans to pursue the pilot program.

Leverage the value of Gateway Healthcare, Inc. as a Lifespan member

EPBH and Gateway have continued their natural partnership by co-developing programs to support pediatric mental health. EPBH and Gateway reinstated Kids' Link, a hotline for children in emotional crisis that serves children and families across Rhode Island. These two organizations have also capitalized on their partnership by developing the Caritas ARTS (Acute Residential Treatment Service) Program. The Caritas ARTS program is a 16-bed residential facility located in Cranston, Rhode Island that provides short-term intensive treatment to adolescents aged 12 to 17. The program is comprised of three separate tracks which include mental health, substance abuse, and co-occurring disorders. Teens and caregivers participating in the program receive a comprehensive assessment and treatment aimed at stabilizing acute symptoms and promoting engagement in less intensive levels of care. All tracks receive evidence-based care that includes motivation enhancement, cognitive behavioral therapy skills, and prevention planning.³⁸

Expand Mental Health First Aid, initially offered by Gateway

Mental Health First Aid (MHFA) was brought to EPBH as part of the Bradley Learning Exchange initiative. MHFA is an eight-hour, award-winning training program designed to educate individuals on how to help someone in a mental health crisis. This program has proven to increase knowledge, reduce stigma, and most importantly, increase supportive actions. Trainings are for mental health first responders, law enforcement, teachers, social service providers, primary care workers, and even businesses. Gateway has provided 30 courses in the community, training a total of 676 individuals in the past three years (145 in FY 2014, 348 in FY 2015, 183 in FY 2016 to date). Bradley Hospital is now offering trainings to diverse populations on a regular basis, including clergy and faith-based leaders and community support organizations.

Collaboration with Providence School District

EPBH has partnered with the Providence Public School District in a variety of ways over the years. In 2015 the institutions developed the Rhode Island Youth Suicide Prevention Project, a program funded by the Substance Abuse and Mental Health Services Administration to address youth suicide in Rhode Island. The project provides a safety net for at risk youth by instituting screening, identification, referral protocols, training gatekeepers, and a media campaign about who is at risk and how to respond.³⁹ By the culmination of the grant in 2019, it is anticipated that 42 public schools will be designated as gatekeepers in

the suicide prevention protocol “Question, Persuade, and Refer”, and four middle schools and four high schools will have trained students in Signs of Suicide where they will learn to acknowledge, care, and tell a trusted adult if they are concerned about a peer who may be expressing signs that they are in distress.

Family and Community Liaison Program

EPBH is dedicated to patient-and family-centered mental health care. When a child or adolescent suffers from mental health problems it impacts the entire family. The family liaison advocates for families for the benefit of their children. It can be a frightening and overwhelming experience. The family liaison works with families to better understand the care their child is receiving, explains the roles of the caregivers, and helps the family benefit from all relevant services offered at the hospital and in the community.⁴⁰ The family liaison also promotes and helps coordinate EPBH’s Family Advisory Council. The Council’s mission is to actively engage families as partners with EPBH. The main goal of the Council is to continuously improve understanding and communication between the hospital, Bradley Schools staff, and the family members served. Parents in the group have found friendship and support from each other as well as with hospital leaders.⁴¹

The family liaison actively collaborates with community advocacy and provider coalitions, promoting teamwork and inter-organizational communication. As examples, EPBH was a co-sponsor with the Parent Support Network of Rhode Island for its annual conference on Children’s Behavioral Health in 2014, 2015, and 2016. In 2016, EPBH and the Mental Health Association of Rhode Island co-sponsored a community forum with the Honorable Patrick Kennedy on Mental Health and Substance Treatment and Parity. EPBH has also partnered with the Roger Williams Law School to create the EPBH Pro Bono Collaborative Guardianship Project to assist low-income families to obtain legal services at no cost.

Assessment of Health Needs of the EPBH Community

In order to gather all relevant information necessary to assess the current health needs of the Hospital’s community, EPBH gathered primary and secondary data, conducted interviews, and facilitated community forums. Described below are details of each type of actions taken to compile all information used in assessing the community’s health needs.

Community Health Forms

Qualitative data was collected using Community Health Forums (CHF’s). 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.”⁴² True action research takes into account the population of interest’s history, culture and emotional lives, and seeks to collaborate with, instead of impose upon, the study population for best results.

Five CHF’s were held between April 27 and May 17, 2016 in the EPBH service area, with 47 participants. Participants were recruited using social media, posted flyers, email, and word of mouth. Locations were selected to be easily accessible to hospital patient populations, and forums were held in the evenings. Childcare, dinner, and beverages were provided and translation services were available upon request. LCHI staff accommodated participants to the best of their ability to ensure that the forums were accessible and suitable for a diverse audience. EPBH forums were held in the Rhode Island towns and cities of Cranston, Lincoln, South Kingstown, and East Providence at schools, libraries, and community centers. All forums were open to the public. See *Appendix A*.

One of the most important and unique components of the LCHI’s CHF’s was the co-facilitation by Community Liaisons. Six diverse Liaisons were hired by the LCHI to plan and

co-facilitate the RIH CHF, Appendix C, included with this CHNA, contains background information related to each of the Community Liaisons who were selected to facilitate a CHF. All liaisons underwent a competitive selection process and an intensive training prior to leading the CHF's. The trainings included role-playing activities, conflict management strategies, and evaluation concepts. Liaisons were responsible for identifying an accessible community venue for each forum, selecting a food vendor and menu that would be acceptable for anticipated participants at the forum, and co-facilitating the discussion at CHF with a hospital liaison. The Community Liaisons worked closely with a hospital liaison to plan and co-facilitate the community forums. The hospital liaison served as a critical link between the expertise within the hospital, the expertise of the Community Liaison, and the overarching coordination from the LCHI. Community Liaisons also met with the LCHI and the hospital liaison to debrief the forums and offer their reflections of the process and interpretation of the findings.

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 RIH to build relationships with communities that might not otherwise have become aware of or engaged in the needs assessment process.

Rhode Island State Strategic Plan and Health Equity Zones CHNAs

In 2015, Dr. Nicole Alexander-Scott, Director of the Rhode Island Health Department (RIDOH), issued the state's strategic priorities around population health.⁴³ The EPBH CHNA incorporated the state's goals as they pertain to the communities served by the hospital. The RIDOH Strategic Plan 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.⁴⁴ The Centers for Disease Control, in partnership with RIDOH, has funded ten HEZ regions across Rhode Island. LCHI leadership has convened with RIDOH stakeholders to ensure that statewide HEZ activities are coordinated with Lifespan affiliate strategies. The EPBH implementation strategy incorporates findings from the HEZ CHNA's conducted in 2015 that overlap with EPBH's primary service areas and patient populations. A full list of HEZ locations and priority areas can be found in Appendix C.⁴⁵

EPBH patient data, 2013-2015

EPBH analyzed patient data through FY 2015. This inpatient

and outpatient data is important for understanding changing trends in utilization of hospital services.

Key Informant Interviews

From October 1, 2013 through September 30, 2016, LCHI leadership identified Key Stakeholders to inform the 2016 CHNA process. Unstructured discussions were summarized in an effort to bolster and contextualize data from secondary sources and the Community Health Forums. Key themes from these conversations are reflected in the 2016 implementation strategy section.

Secondary Data Sources

EPBH collected findings from a number of secondary sources to inform the community health needs assessment and create an updated implementation strategy. The most recently available statewide and local data; trends in access to care, health behaviors and perceptions, and health outcomes are presented.

Secondary data includes findings from the following national and state-specific sources. These sources vary widely in sample size, method of collection, and target audience, but all are publically available and validated sources.

The Youth Behavioral Risk Factor Surveillance System – Rhode Island, 2015

The Youth Behavioral Risk Factor Surveillance System (YBRFSS) is a state-based computer-assisted telephone interview survey. The purpose of the survey is to identify emerging health problems, establish and track public health goals specific to youth aged 6-12. The YBRFSS collects information on youth risk behavior including: depression and violence, tobacco, alcohol, and other drug use, sexual behaviors, and obesity and its risk factors among Rhode Island youths. The results are designed to help policy makers, school administrators, social service workers, and health personnel monitor risk behaviors of middle and high school students that are linked with major causes of mortality and morbidity among youth and adults in the United States. The 2015 Rhode Island Middle School YBRSS was completed by 2,479 students and the 2015 Rhode Island High School YBRSS was completed by 3,462 students.

Kaiser Family Foundation State Health Facts – Rhode Island, 2014

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 and the District of Columbia.

State Health Facts is comprised of more than 800 health indicators that come from a variety of public and private sources, including Kaiser Family Foundation reports, public websites, government surveys and reports, and private organizations.

County Health Rankings – Providence County and RI, 2015

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* measure vital health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income, and teen births in nearly every county in America. The annual *Rankings* provide a revealing snapshot of how health is influenced by where we live, learn, work, and play.

Commonwealth Fund Report Card – Rhode Island, 2016

The Commonwealth Fund is a private foundation that aims to promote a high performing health care system that achieves better access, improved quality, and greater efficiency, particularly for society's most vulnerable which include low-income people, uninsured, minorities, young children, and elderly adults. The scorecard series provides performance benchmarks and improvement targets for states, communities, and the nation. This 2016 edition of The Commonwealth Fund's Scorecard on Local Health System Performance assesses the state of health care in more than 300 U.S. communities from 2011 through 2014, a period when the Affordable Care Act was being implemented across the country.

Rhode Island Kids Count Factbook, 2016

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, including each city and town, and an aggregate of the four core cities, Central Falls, Pawtucket, Providence, and Woonsocket. The Factbook tracks the progress of 71 indicators across five areas of child wellbeing: Family & Community, Economic Wellbeing, Health, Safety, and Education.

Rhode Island Department of Health Statewide Health Inventory, 2015

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 "National Hospital Care Survey Facility Questionnaire" and the American Hospital Association "AHA Annual Survey of Hospitals."

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

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

Rhode Island State Innovation Model (SIM) Test Grant, 2016

Rhode Island was selected to participate in a multi-year 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 – and for all residents of participating states. Rhode Island has received a \$20 million award to test its health care payment and service delivery reform model over the next four years. The ultimate goal of the project is to achieve the "triple aim" of better care, healthier people, and smarter spending through a value-based care lens. The SIM is governed by an interagency team and a steering committee and produced a statewide population health plan in 2016.

Identification of Emma Pendleton Bradley Hospital Community Significant Needs

These significant needs reflect community feedback, key stakeholder interviews, and national, local and hospital-level data from a range of selected sources. Current state frameworks being used to improve population health and health equity, including the RIDOH Strategic Plan and the State Innovation Model, were used to inform these needs. Needs are prioritized in their order of significance to the community.

1.) Access to services in clinical and community settings

Access to mental and behavioral health services was a major theme in the CHF forums, key informant interview discussions, and data that emerged during the CHNA process. EPBH CHF participants stated that access to health insurance, transportation, and other structural barriers prevents families from accessing the care they need, which in turn influence child mental health outcomes. CHF participants also cited the lack of continuity of care among behavioral health services, providers and programs.

In 2015, Truven Analytics conducted an assessment of behavioral health in Rhode Island. The report concluded that because children in Rhode Island often face greater economic, social, and familial risks for developing mental health and substance use disorders than children in other states, Rhode Island needs to place greater emphasis on investments in proven, effective, preventive services and support for children and families.⁴⁶ The report cited socioeconomic factors such as high unemployment rates, more children living in single parent households, and more children with inconsistent insurance coverage as risks associated with a poorer mental health status faced by children in Rhode Island.⁴⁷

As noted by the *2015 Rhode Island Kids Count Fact Book*, children most at risk of not achieving their full potential are children in poverty. Approximately one in five children in Rhode Island is poor.⁴⁸

Problems that can increase the risk of behavioral health conditions in the future include infants exposed to severe maternal depression or abuse or neglect, low birth-weight, preterm birth, birth complication, and poor infant health. In 2013, 8% of births in Rhode Island were considered low-birth-weight, 9.7% mothers smoked during last 3 months of pregnancy, 10.5% reported alcohol use during last 3 months of pregnancy, and 5.4% of Rhode Island's children under age 18 were uninsured. Among women with private health insurance coverage in Rhode Island between 2009 and 2013, 9.6% of births were preterm compared with 11.7% of those with public insurance and 21.4% of births to women with no health insurance.⁴⁹

Children and adolescents aged 5–17 years in Rhode Island had higher rates of attention deficit hyperactivity disorder than most other New England states and national averages. Adolescents aged 12 – 17 were more likely to have major depressive episodes than other New England states and the national average. These higher rates of social, emotional, and cognitive impairments can subsequently lead to adoption of health risk behaviors. Adolescents in Rhode Island had higher rates of illicit drug use than the other New England states and the national average.⁵⁰

Mental health problems, whether arising from biological, environmental, social causes, affect the physical functioning of the brain and can be prevented or treated in many cases. An estimated 34% of Rhode Island children requiring mental health treatment or counseling in the past 12 months did not receive it. Often, mental health services are provided across many settings, agencies, and payers, which makes navigating the system extremely difficult for caregivers and families, and makes accountability and evaluation difficult for health systems.⁵¹

The 2015 report from Truven Analytics cited recommendations for how to address Rhode Island's most pressing adult and child mental and behavioral health services.⁵² Recommendations included investing in preventive services and supports for children and families, and utilizing programs that are evidence-driven, coordinated, and community based, to avoid high-cost utilization.⁵³

The Rhode Island Statewide Health Inventory, conducted in 2015, assessed utilization and capacity of the State's health care system. Recommendations from the report included:

(1) to increase the number of primary care physicians, particularly for vulnerable populations, (2) to encourage integration between primary care and behavioral health, and (3) to improve behavioral health parity by improving access to psychiatry and psychology services for Medicare and Medicaid patients.⁵⁴ EPBH and the other Lifespan affiliated hospitals will be key players in the effort to improve coordination of care to improve outcomes and reduce costs.

2.) Emergency Department Evaluation

In 2015 there were 61,490 pediatric emergency department visits statewide.⁵⁵ EPBH provides remote and in-person emergency department evaluation services through the Access Center program. The Access Center at EPBH fields hundreds of calls per week from physicians, parents, schools, and community providers. The staff of clinicians is specially trained to perform emergency evaluations for children and adolescents in need of inpatient and partial hospitalization and will direct each child to the most appropriate and effective services for their needs.

In 2014, there were 2,744 hospitalizations of children with a primary diagnosis of mental disorder at Bradley, Butler, Hasbro Children's Hospital (HCH), Newport, and Memorial Hospitals, representing a 53% increase from 2005.⁵⁶ Typically, when a child or adolescent requires inpatient behavioral health treatment but there is no appropriate placement available, they may be placed on medical floors at acute care hospitals or in emergency departments. There is a need for services that provide immediate psychiatric evaluation specific to children and youth in emergency department settings.⁵⁷ In FY 2015, 251 children and youth under age 18 with a psychiatric diagnosis were admitted to medical floors at Rhode Island Hospital or its pediatric division, HCH, until a psychiatric bed became available.⁵⁸

Since the 2013 CHNA, EPBH has worked with emergency departments in other hospitals, including HCH, to improve the coordination of emergency department evaluations. HCH has expanded its Medical Psychiatric Program, which provides both inpatient and partial hospitalization care to children with complex mental and medical health conditions who seek treatment through the emergency department or a medical provider. Prior to this program there was no mechanism in place for pediatric patients who no longer required intensive inpatient care but who were not ready to be discharged home. EPBH reported having an average of eight patients per day in this situation in FY 2015, up from four per day in FY 2014.⁵⁹ EPBH is committed to continuing to work with other facilities who admit children and youth

with psychiatric issues to ensure that they have the support they need to not only address the immediate diagnosis, but to have a coordinated care plan upon discharge.

Suicide is the third leading cause of death in youth aged 10-24, both in Rhode Island and nationally.⁶⁰ In 2015, 11% of Rhode Island high school students reported attempting suicide one or more times during the past year, down from 14% in 2013.⁶¹ In Rhode Island between 2010 and 2014, there were 873 emergency department visits and 442 hospitalizations of youth ages 13-19 due to suicide attempts. Twenty-four children and youth under age 20 died due to suicide in Rhode Island between 2010 and 2014.⁶² According to the Youth Suicide Issue Brief, about 500 youth were seen in the emergency department every year (2005-2010) for a suicide attempt.⁶³ Emergency Medicine Department (ED) practitioners are responsible for risk assessment, discharge, and referral of high-risk suicidal individuals, yet few standards exist for these practices.⁶⁴ Rhode Island Hospital has a 24-hour service for adult patients in psychiatric crisis through Lifespan Behavioral Health Services, however children who are admitted to the ED for suicide attempts require tailored support.

3.) Transition services for children who age out of pediatric care

The transition from pediatric to adult health care can be difficult for any teen. However, the process is especially challenging for youth with chronic illness or mental health needs. Community members cited a need for better services for families who are transitioning youth with behavioral and mental health needs to adult care.⁶⁵ Although there are many resources available for health care providers, particularly for primary care providers, there is a perception that there are not enough resources for caregivers and families to effectively make this important transition. The teen years are tumultuous and are a time when children are already making adjustments in their school and home settings. Behavioral health care should be incorporated into this process.

In Rhode Island, the agency that oversees adult developmental disabilities is the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH). Currently, the department is undergoing staffing changes and budgetary restrictions.

The Truven report and the Statewide Health Inventory cite care coordination as an essential component of access to care and services, particularly in behavioral health settings. EPBH is committed to assist with the transition from pediatric to adult care. EPBH offers a number of services, programs

and publications, including the Rhode Island Parents' Guide to Children's Mental Health,⁶⁶ which provides a wealth of information on transition considerations for caregivers and families.

Implementation Strategy

In order to address the significant health needs identified for EPBH's service area, the hospital will work to implement the following strategies during FY 2017-2019 (October 1, 2016 – September 30, 2019).

1.) Access to services in clinical and community settings

EPBH plans to expand access to clinical and community based services to meet demand. This includes creating new collaborations to better serve the community, allocating resources to high-need services, and coordinating care across existing programs and settings where needed. EPBH will institute a number of strategies to improve access to care, including:

- A.** Expanding 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. The PERC clinic accepts referrals from pediatricians and family practitioners. In FY 2016, 128 referrals were made, which was a 51% increase from the previous year. The number of referring providers grew from 6 to 35 practices in the same time period. These data demonstrate the growing demand and justify the clinic's desire to seek resources to expand in FY 2017-2019, to work with even more practices and serve more children & adolescents to provide real-time referrals to services;
- B.** Effective FY 2017, EPBH will oversee Caritas' ARTS Program, a 16-bed residential facility that provides short-term intensive treatment for adolescents ages 12 to 17. Caritas was formerly operated under Gateway. In February 2017, EPBH will be opening an intensive outpatient program at Caritas ARTS for youth with co-occurring disorders. The expansion will provide intensive programming to patients for a few hours each day;
- C.** Offer a co-occurring substance abuse and psychiatric disorders clinic at the Adolescent Healthcare Center, located in the Coro Center in Providence. The Adolescent Healthcare Center will provide primary and specialty care for young people ages 10 to 25;
- D.** Consider expanding the CADD Outpatient Clinic to serve children aged 5-21. The CADD treats over 600 new patients each year. The new site is expected to launch in fall of 2016. The CADD is a unique specialty program in that it cares for children and youth with developmental disabilities who have co-morbid psychiatric problems or behaviors. This potential for a new outpatient clinic is significant to EPBH because it would provide the missing link of effective outpatient care to the 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. EPBH will provide clinical supervision and quality oversight under doctorate-level clinicians. This represents an effort to streamline care coordination and improve quality across the continuum of Lifespan services and systems. The program serves 500 children annually;
- 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 with managing the multitude of stressors associated with the disorder. This program serves 15 families per year who have young children with autism by providing intensive services for 10-20 hours per week. If sufficient philanthropic dollars are raised, the program will expand in FY 2017 to serve 30 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 in FY 2017. Combined, the two programs have 16 beds. EPBH is interested in managing these programs to keep patients in-state to receive services who otherwise will have to go out of state for treatment;
- H.** The Autism Project (TAP), a program 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 for children and adults with an ASD. TAP was awarded a \$1.26 million grant from the Health Resources and Service Administration to launch Project IDENTIFY in partnership with EPBH. TAP and EPBH will collaborate on evaluation and outcome reporting for Project IDENTIFY. 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 to include trainings, 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; and
- J. The Bradley Learning Exchange is expanding and will continue to provide increasing numbers of training opportunities for caregivers and families, health professionals, and community members, including:
 - EPBH began offering the Mental Health First Aid (MHFA) program to be public in FY2016;
 - The Center for Evidence-Based Practice has provided over 50 trainings to 650 providers and caregivers since 2013;
 - Bradley Online Learning was piloted successfully in 2016, when it served 985 participants across the United States and Canada; and
 - EPBH has held 46 “Bradley Conference” presentations since 2013, with over 2,000 clinicians from across 10 disciplines participating. This ongoing series provides education for psychologists, social workers, physicians, nurses, certified counselors, speech/language and occupational therapists, and teachers.

2.) Emergency Department Evaluation

EPBH’s psychiatric outpatient services for children are available at Rhode Island Hospital and Newport Hospital through a multidisciplinary group of board-certified psychiatrists, psychologists, clinical nurse specialists, and social workers. EPBH outpatient services have grown to accommodate increased requests for services which now surpass 45,000 per year. Since the 2013 CHNA, EPBH has worked with emergency departments to improve the coordination of ED evaluations and better manage mental and behavioral care for pediatric ED patients. It will continue its emergency department effort through the following:

- A. Continue to offer Crisis Service at EPBH to evaluate children within 48 hours of contacting the hospital. This service helps to stabilize crises and refers children and their families to 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;
- B. Continue to provide the Kids’ Link RI hotline. Kids’ Link RI is a hotline for children in emotional crisis. 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 confidential hotline, parents and caregivers can dial a toll-free number, and be connected with emergency service clinicians or receive direction about the appropriate next step for managing their crisis. The service is free and available to all families. Evaluations for children are offered at EPBH and Gateway locations. Improvements to the Kids’ Link RI service will increase the accessibility of real-time psychiatric consultation for caregivers, families, and medical professionals, reducing unnecessary wait times and improving continuity of care;
- C. Provide Psychiatric Emergency Services (PES) at HCH. EPBH, with HCH, will provide emergency psychiatric evaluation and crisis management for adolescents and children with linkages to treatment programs for needed follow-up care. 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. There have been many recent improvements to the PES in recent years to streamline care and improve wait times;
- D. Offer the SafeQuest program as a practical alternative to hospitalization and traditional outpatient services. The purpose of this intensive after school program is 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 to prepare adolescents for long-term outpatient services; and
- E. Explore the potential to provide services to rural communities in Rhode Island through telemedicine. EPBH will convene a work group to explore telemedicine op-

opportunities in Washington County, Rhode Island to provide emergency department psychiatric evaluations. Because of its remote location, Westerly, Rhode Island has also been cited as a possible location.

3.) Transition services for children who age out of pediatric care

In partnership with state agencies, EPBH will explore other strategies to provide the necessary infrastructure to help families in years ahead. EPBH will continue to advise and collaborate with state and health care agencies that manage transition services to improve continuity of care for patients and families.

- 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. This includes the Parent's Guide to Mental Health;
- B.** EPBH will promote services such as Project Hope, which provides coordination of services for children with mental health issues returning to the community from the Rhode Island Training School;
- C.** EPBH will also sponsor the Disability and Health Program, which monitors the transition of healthcare from adolescence to adulthood for people with disabilities; and
- D.** EPBH will promote resources from state agencies such as the Office of Special Healthcare Needs at the Rhode Island Department of Health, and the Governor's Council on Behavioral Health, Youth Transition Subcommittee.

Conclusion

EPBH will document progress on the implementation strategies presented as part of its commitment to the community it serves. EPBH appreciates the continued support of its partners, recognized below, which help it meet the health care needs of Rhode Islanders.

Acknowledgements

Data and Information Contributors

Nicole Alexander-Scott
MD, MD, Director of Health, Rhode Island Department of Health

Jenna Anders, Student
Brown University

Monica Anderson
Director of Community Relations and Corporate Citizenship, Lifespan

Brianna Archambault
Intern, Lifespan Community Health Institute

Rachel Bishop
Program Manager, Connect for Health at Hasbro Children's Hospital

Carmen Boucher
Office of Special Needs, Rhode Island Department of Health

Christine F. Brown
MHA, Family and Community Liaison Program, Bradley Hospital

Cancer Oversight Committee
The Comprehensive Cancer Center at Rhode Island Hospital, The Miriam Hospital, and Newport Hospital

Jennifer Clarke
MD MPH FACP, Medical Program Director, Rhode Island Department of Corrections

Data Spark
The Providence Plan

Holly Fitting
LMHC, LCDP, Associate Vice President of Clinical Services, The Providence Center

Deborah Garneau
MA, Co-Director, Health Equity Institute and Special Needs Director, Rhode Island Department of Health

Richard J. Goldberg
MD, MS, Rhode Island Hospital and The Miriam Hospital Psychiatrist-in-Chief

Russell B. Gross, Jr.
Senior Director, Lifespan Strategic Planning

Susan Lamkins
Programming Services Officer, Office of the Director, Rhode Island Department of Corrections

Lifespan Community Health Institute

Lifespan Marketing and Communications

Thomas Marshall
Director, Strategic Relations, Newport Hospital

Sarah Martino
Project Director, The Center for Prisoner Health and Human Rights, The Miriam Hospital

Tony Mendez
Poder 1110

Newport Partnership for Families

Rhode Island KIDS COUNT

Josiah Rich
MD, The Immunology Center, The Miriam Hospital

Tamara A. Sequeira
RN, BSN, Clinical Research Nurse, Women's Medicine Collaborative

Caitlin Towey
Consultant

Community Forum Host Sites

Abundant Blessing Church

Adult Correctional Institute, Rhode Island Department of Corrections

Bradley School South County

Common Fence Point Hall

Community College of Rhode Island, Newport Campus

Direct Action for Rights and Equality

Edward King House

Elmwood Community Center

Empowerment Temple of the International Central Gospel Church

John Hope Settlement House

Laurelmead

Lincoln Public Library

Met School/College Unbound

Middletown Fire Department

New Dimension Apostolic Church

Newport County YMCA

Olney Street Baptist Church

Pell Elementary School

Refugee Dream Center

Renaissance Adult Day Health Care Center

Rhode Island Parent Information Network

Riverside Public Library

Rochambeau Library, Providence Community Library

St. Michael's Church

Contact Information

For information regarding the 2016 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
www.lifespan.org

Appendix A

Bradley Hospital Community Health Forum Schedule

Wednesday, April 27

5:30 p.m. - 7:30 p.m.

Lincoln Public Library

145 Old River Rd, Lincoln, RI 02865

Tuesday, May 3

5:30 p.m. – 7:30 p.m.

Bradley School South County

4781 Tower Hill Road, South Kingstown, RI 02879

Thursday, May 5

5:30 p.m. - 7:30 p.m.

The Met School/College Unbound

325 Public Street, Providence, RI 02905

Tuesday, May 10

5:30 p.m. - 7:30 p.m.

Riverside Public Library

475 Bullocks Point Avenue, Riverside, RI 02915

Tuesday, May 17

5:30 p.m. – 7:30 p.m.

Rhode Island Parent Information Network

1210 Pontiac Avenue, Cranston, RI 02920

Appendix B

Bradley Hospital CHNA Community Liaison Profiles

Geraldine McPhee was encouraged to become a Community Liaison after learning about the Community Health Needs Assessment in Lifespan's PULSE newsletter. Lifespan's community newsletter has been a welcome resource that supports the work Geraldine does with families and professionals at Rhode Island Parent Information Network. Motivated by how community connections can encourage family partnerships that support children and youth in health and education, Geraldine looks forward to meeting with and learning from the families who will join the Bradley Hospital community forums.

Shawn Judge is a full time student with College Unbound, graduating in May 2016 with a degree in Organizational and Community Studies. Shawn heard about the opportunity of the Community Liaison position through her network at College Unbound and felt it would be very exciting and important work. Serving as a liaison for Bradley Hospital is a perfect fit for her skill set, her program of study, and complements her project work with College Unbound, which was to start a support group for parents who have children struggling with substance abuse. Shawn's hope for this work will be to better target resources to best serve the needs of this community.

Community Liaison Position Description

Position Summary

The Lifespan Community Health Institute (LCHI), formerly Lifespan Community Health Services, recognizes that good health begins in our homes, schools, workplaces and communities, and that, as a health care system, we must focus on safeguarding health and preventing disease, as well on providing medical care. The LCHI mission is 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 works to expand Lifespan's role in our community by facilitating cooperative efforts with community partners to address the full spectrum of conditions that affect health. One of our major activities in 2016 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 address the identified needs over the next several years. As such, the LCHI is recruiting 20-30 individuals who will serve as Community Liaisons, helping to gather community input in the needs assessment process.

The Community Liaison is a temporary, part-time position through June 2016. An estimated 30-50 hours will be distributed over the course of 2-3 months. The Community Liaison reports to the Director of the Community Health Institute at Lifespan. This position is not open to current Lifespan employees.

Responsibilities

The Community Liaison will assist Lifespan staff with identifying local organizations/institutions (e.g. neighborhood associations, non-profits, churches, etc.) that will be willing to host a community forum to inform the community health needs assessment process for Rhode Island Hospital/Hasbro Children's Hospital, The Miriam Hospital, Bradley Hospital, and/or Newport Hospital. Further, the Community Liaison will assist with recruitment, logistics, facilitation, and interpretation of each forum. The goal of each forum is to identify and prioritize local community health needs. The Community Liaison will be trained on expected tasks and relevant data.

- Generate outreach leads and recruit strategic partners
- Develop and maintain productive relationships with various stakeholders, to create buy-in for the community health needs assessment process
- Assist with the development and execution of presentations for small groups and community organizations, including logistics and follow-up

Appendix B *continued*

Community Liaison Position Description

- Coordinate and support other outreach activities, including presentations or tabling at large public events, listening sessions or neighborhood meetings
- Team with Lifespan staff and other Community Liaisons to complete tasks
- Deliver effective communication and consistent follow-up with contacts and community partners
- Manage and communicate details of information, supplies, or other resources needed to complete tasks

Qualifications and Competencies

- Trusted community broker with demonstrated success organizing community efforts
- A commitment to and interest in community health
- Willingness to work in a team environment – and the ability to work independently
- Excellent oral communication skills
- Comfort with public speaking
- Very good 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 good time-management skills
- Access to reliable transportation
- Ability to work evening or weekend hours
- A working knowledge of Microsoft Office software, including, Word, Excel and PowerPoint

Desired Skills

- Personal or professional experience in a public health or related field (community outreach or organizing, health care, public policy, community development).
- Some experience interpreting and explaining data
- Spanish language or other additional language capacity

Appendix C

Health Equity Zones Description

Health Equity Zones are geographic areas designed to achieve health equity by eliminating health disparities using place-based strategies to promote healthy communities.

Healthy Communities are places where people live, work, play, and learn. These are neighborhoods consisting of social and physical environments that support healthy choices and safe living.

The Centers for Disease Control and Prevention and the Rhode Island Department of Health are collaborating with 10 Health Equity Zones (HEZs) throughout Rhode Island to support innovative approaches to prevent chronic diseases, improve birth outcomes, and improve the social and environmental conditions of neighborhoods across five counties statewide.

Each Health Equity Zone (HEZ) organization's work plan will be implemented over a three or four year period that began in 2015. All HEZs grantees conducted community needs assessments in year one. HEZ work plans, based on the needs identified and prioritized in year one, focus on the residents in neighborhoods that each Health Equity Zone serves. The HEZ work plans present ideas and approaches to invest in local communities and improve population health. Community engagement is a priority in reaching these public health goals. Building and expanding local collaborative will help to create healthier equitable communities.

Health Equity Zones and Backbone agencies

Bristol HEZ: Citywide

Backbone agency: Town of Bristol

The Bristol HEZ focuses on improving nutrition and access to healthy food, promoting physical activity, facilitating community public health events, adopting Complete Streets policies, facilitating health literacy classes and health screenings, and offering the Diabetes Prevention Program (DPP). Bristol is also working with community providers to implement interventions that will improve local healthcare systems.

Newport HEZ: Citywide

Backbone agency: Women's Resource Center

The Newport HEZ focuses on mobilizing residents and resources of the Broadway and North End neighborhoods; improving transportation; increasing healthy food access; creating economic opportunity; securing open space, parks and trails; embracing arts and culture; and developing physical and emotional health through two new neighborhood Wellness Hubs that will house evidence-based, lifestyle-change diabetes prevention and self-management programs.

North Providence HEZ: Neighborhood

Backbone agency: North Providence School Department

The North Providence HEZ focuses on the Marieville Elementary School and Birchwood Middle School neighborhoods and the identified health needs of students and their families. Focus areas include: the environment, safe routes to school, recreational facilities, greener school yards, affordable fruits and vegetables, asthma, connecting residents to diabetes prevention and self-management programs, obesity, mental and behavioral health, tobacco use and exposure, substance abuse, and violence.

Pawtucket and Central Falls HEZ: Citywide

Backbone agency: Local Initiatives Support Corporation (LISC)

The Pawtucket and Central Falls HEZ focuses on adolescent and behavioral health while supporting culturally competent health services. LISC engages residents around increasing access to healthy affordable food, connecting residents to diabetes prevention and self-management programs, adopting nutrition guidelines where food is sold, supporting healthy housing, empowering tenants, and increasing landlord accountability, building a community kitchen, improving transportation efficiency, creating linkages to job training, supporting small and micro businesses, establishing youth coalitions, and facilitating positive relationships across diverse neighborhood populations.

Providence HEZ: Citywide

Backbone agency: Healthy Communities Office

The Providence HEZ - Healthy Communities Office focuses on improving community health around the city's recreation centers, improving nutrition, developing community gar-

Appendix C *continued*

Health Equity Zones and Backbone agencies

dens, offering the Providence Summer Food Service Program, developing healthy food policies for public facilities, increasing access to physical fitness programs for adults and youth in public places, conducting activities to increase health and safety in parks and rec centers, offering diabetes prevention and self-management programs, and improving environmental health by implementing green infrastructure projects.

Providence HEZ: Olneyville Neighborhood;
Backbone agency: ONE Neighborhood Builders

The Olneyville HEZ focuses on increasing and promoting physical activity, access to healthy affordable foods, farmers markets and community gardening, redevelopment of distressed and vacant properties, addressing public safety issues, improving public transportation, providing access to diabetes prevention and self-management programs, opportunities for resident financial stability, and community engagement through community pride events and initiatives in efforts to build a more collective and cohesive community.

Providence HZ:
Neighborhoods Southside, Elmwood, West End
Backbone agency: Providence Children and Youth Cabinet

The Providence HEZ focuses on increasing enrollment and implementation of the Incredible Years Parent Program (promoting young children’s social, emotional, and academic lives); creating solutions for greater resident engagement, community organization, and neighborhood ecosystem support; reducing violence; and improving distressed and vacant properties.

Washington County HEZ: Countywide
Backbone agency: South County Health

The Washington County HEZ promotes programs related to childhood obesity and mental health. Programs include: 5-2-1-0, an evidence-based program, encouraging families to keep a healthy weight, Reach Out and Read, promoting reading aloud to children daily, and Youth Mental Health First Aid, for those interacting with adolescents. The HEZ also focuses on connecting residents to local farmers markets accepting SNAP and WIC benefits for access to healthy food.

West Warwick HEZ: Citywide
Backbone agency: Thundermist Health Center

The West Warwick HEZ focuses on improving access to healthy, affordable, fresh food by sponsoring “pop-up” farmers markets, addressing high rates of substance use and overdose through Peer Recovery Services; promoting teen health workgroups; and working with trauma workgroups. The HEZ also uses information from ten Community Health Living Assessments (CHLI) based on 255 engaged residents who offered ideas related to healthy environment initiatives, planning for more citywide recreation programs, and solutions for improving public transportation.

Woonsocket HEZ: Citywide
Backbone agency: Thundermist Health Center

The Woonsocket HEZ focuses on providing access to healthy, affordable, fresh food by creating six new food access points in Woonsocket including “pop-up” markets; addressing high rates of substance use and overdose through The Serenity Center (a free community drop-in center for adults in recovery), providing teen education and outreach at the Woonsocket school-based health center, addressing trauma awareness through Community Care Alliance training, and designing a pedestrian walking plan “Woonsocket Walks - A City on the Move.

References

- 1 Additional Requirements for Charitable Hospitals; Community Health Needs Assessments for Charitable Hospitals; Requirement of a Section 4959 Excise Tax Return and Time for Filing the Return. Internal Revenue Service. U. S. Department of the Treasury. 2014.
- 2 Ibid.
- 3 Ibid.
- 4 Rhode Island Hospital 2013 Community Needs Assessment. Lifespan Community Health Services. 2016.
- 5 Lifespan Annual Report 2015. Lifespan Corporation Newsroom. 2016.
- 6 Ibid.
- 7 Ibid.
- 8 Lifespan in the Community. Lifespan, Delivering Health with Care. Lifespan Corporation. 2016. <http://www.lifespan.org/about/delivering-health-with-care/Lifespan-in-the-community.html>.
- 9 EPBH Named “Top Performer on Key Quality Measures” by The Joint Commission. Lifespan Corporation Newsroom. 17 Nov 2016.
- 10 EPBH’s Center for Autism and Developmental Disabilities Opens Partial Hospitalization Program – The First of its Kind in the Nation. Lifespan Corporation Newsroom. 23 Nov 2015.
- 11 Bradley Hasbro Children’s Research Center Receives \$2 Million Grant to Study Efficacy of Drug Treatment Program Targeted at Girls in the Court System. Lifespan Corporation Newsroom. 4 Dec 2014.
- 12 Hasbro Children’s Hospital Expands Pediatric Medical-Psychiatric Programs in Collaboration with EPBH. Lifespan Corporation Newsroom. 7 Oct 2015.
- 13 Pediatric Anxiety Research Center Moves to EPBH Campus, Expands Treatment Options for Children and Teens with Anxiety Disorders. Lifespan Corporation Newsroom. 22 Jun 2016.
- 14 Hasbro Children’s Research Center and Adoption Rhode Island Collaborate to Launch COMPASS Clinic. Lifespan Corporation Newsroom. 17 Jun 2015.
- 15 EPBH Announces Parenting Matters 2015. Lifespan Corporation Newsroom. 2 Mar 2015.
- 16 History of Gateway Healthcare. Gateway Healthcare Inc. - Lifespan Corporation. 2016. <http://www.gatewayhealth.org/about-us/history.html>.
- 17 What is Mental Health First Aid? Mental Health First Aid. National Council for Behavioral Health. 2013. <http://www.mentalhealthfirstaid.org/>.
- 18 EPBH Utilization Data 2013-2015, City & Town Cluster. Lifespan Strategic Planning Department. Lifespan Corporation. Accessed 16 Aug. 2016.
- 19 Children in Poverty. 2016 Rhode Island KIDS COUNT Factbook/ Economic Wellbeing. Rhode Island KIDS COUNT. P36-39. 2016.
- 20 Ibid.
- 21 Children’s Mental Health. 2016 Rhode Island KIDS COUNT Factbook/ Economic Wellbeing. Rhode Island KIDS COUNT. P58-59. 2016.
- 22 Center for Autism and Developmental Disabilities. EPBH Programs and Services. Lifespan Corporation. 2016. <http://www.bradleyhospital.org/services/center-for-autism-developmental-disabilities/>
- 23 EPBH Utilization Data 2013-2015, City & Town Cluster. Lifespan Strategic Planning Department. Lifespan Corporation. Accessed 16 Aug. 2016.
- 24 Ibid.
- 25 EPBH Utilization Data 2013-2015, Race & Ethnicity. Lifespan Strategic Planning Department. Lifespan Corporation. Accessed 16 Aug. 2016.
- 26 Kids’ Link RI. EPBH Programs and Services. Lifespan Corporation. 2016. http://www.bradleyhospital.org/Kids_Link_RI/.
- 27 Partial Hospital Programs. EPBH Programs and Services. Lifespan Corporation. 2016. <http://www.bradleyhospital.org/partial-hospital-programs.html>.
- 28 2013 EPBH Community Health Needs Assessment. Lifespan Corporation. 2013.
- 29 Partial Hospital Programs. EPBH Programs and Services. Lifespan Corporation. 2016. <http://www.bradleyhospital.org/partial-hospital-programs.html>.
- 30 Child and Adolescent Behavioral Health. Newport Hospital Centers and Services. Lifespan Corporation. 2016. <http://www.newporthospital.org/Child-and-Adolescent-Behavioral-Health.html>.
- 31 Pediatric Anxiety Research Center Moves to EPBH Campus, Expands Treatment Options for Children and Teens with Anxiety Disorders. Lifespan Corporation Newsroom. 22 Jun 2016.
- 32 Children’s Mental Health. 2016 Rhode Island KIDS COUNT Factbook / Health. Rhode Island KIDS COUNT. P58-59. 2016.
- 33 Rhode Island Behavioral Health Project: Final Report. Truven Health Analytics. Submitted to Rhode Island Executive Office of Health and Human Services Department of Health Department of Behavioral Health, Developmental Disabilities, and Hospitals Office of the Health Insurance Commissioner. Submitted Sept 2015.
- 34 Ibid.
- 35 Bradley Learning Exchange. EPBH. Lifespan Corporation. 2016. <http://www.bradleyhospital.org/Bradley-Learning-Exchange.html>.
- 36 Lifespan Community Health Institute Annual Report, 2015. Lifespan Corporation.
- 37 2013 EPBH Community Health Needs Assessment. Lifespan Corporation. 2013.
- 38 Caritas ARTS Program. Gateway Healthcare Inc. – Lifespan Corporation. 2016. <http://www.gatewayhealth.org/caritas-arts-program.html>.
- 39 The Rhode Island Youth Suicide Prevention Project (RIYSPP). 2016. <http://riyouthsuicidepreventionproject.org/>.
- 40 Family Liaison Program. EPBH – For Parents. Lifespan Corporation. 2016. <http://www.bradleyhospital.org/Family-Liaison-Program.html>.
- 41 Family Advisory Council. EPBH – For Parents. Lifespan Corporation. 2016. <http://www.bradleyhospital.org/Family-Advisory-Council.html>.
- 42 Berg B., Lune H. Qualitative research methods for the social sciences. Pearson; 8 edition (November 25, 2011).
- 43 Alexander-Scott, N. RIDOH’s Leading Priorities, Strategies, and Population Health Goals. Rhode Island Department of Health, Office of the Director of Health. Updated April 5, 2016.
- 44 Health Equity Zones. Rhode Island Department of Health, Division of Health Equity. 2016. <http://www.health.ri.gov/projects/healthequity-zones/>.

- 45 Ibid.
- 46 Ibid.
- 47 Ibid.
- 48 Children in Poverty. 2016 Rhode Island KIDS COUNT Factbook/ Economic Wellbeing. Rhode Island KIDS COUNT. P36-39. 2016.
- 49 Ibid.
- 50 Rhode Island Behavioral Health Project: Final Report. Truven Health Analytics. Submitted to Rhode Island Executive Office of Health and Human Services Department of Health Department of Behavioral Health, Developmental Disabilities, and Hospitals Office of the Health Insurance Commissioner. Submitted Sept 2015.
- 51 Children's Mental Health. 2016 Rhode Island KIDS COUNT Factbook/ Economic Wellbeing. Rhode Island KIDS COUNT. P58-59. 2016.
- 52 Ibid.
- 53 Ibid.
- 54 RIDOH 2015 Statewide Health Inventory: Utilization and Capacity Study. Rhode Island Department of Health. Oct 2015.
- 55 Ibid.
- 56 Children's Mental Health. 2016 Rhode Island KIDS COUNT Factbook/ Economic Wellbeing. Rhode Island KIDS COUNT. P58-59. 2016.
- 57 Ibid.
- 58 Ibid.
- 59 Ibid.
- 60 Rhode Island Child Death Review Team Youth Suicide Issue Brief (2005-2010). Rhode Island Department of Health. 2011.
- 61 Rhode Island Middle School Survey Results. 2015 Youth Risk Behavior Survey (YBRFSS). Rhode Island Department of Health. P6. 2015.
- 62 Children's Mental Health. 2016 Rhode Island KIDS COUNT Factbook/ Economic Wellbeing. Rhode Island KIDS COUNT. P58-59. 2016.
- 63 Rhode Island Child Death Review Team Youth Suicide Issue Brief (2005-2010). Rhode Island Department of Health. 2011.
- 64 Ibid.
- 65 2013 EPBH Community Health Needs Assessment. Lifespan Corporation. 2013.
- 66 Rhode Island Parents' Guide to Children's Mental Health. EPBH. Lifespan Corporation. 2008. <http://www.bradleyhospital.org/rhode-island-parents-guide-to-childrens-mental-health.html>.