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Rhode Island KIDS COUNT Releases New *Issue Brief*

***Children's Behavioral Health:
Psychiatric Hospitalizations and the Continuum of Care***

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EAST PROVIDENCE, RI, January 21, 201 – Rhode Island KIDS COUNT released its latest *Issue Brief* entitled *Children's Behavioral Health: Psychiatric Hospitalizations and the Continuum of Care*, at a policy roundtable with state agency and hospital leaders, mental health professionals, policymakers, parent and family advocates, and community leaders. The event was held on **Thursday, January 21, 2010 from 9:00 a.m. to 10:30 a.m.** at **Bradley Hospital, 1011 Veterans Memorial Parkway, East Providence, RI** (parking for the media will be reserved in parking lot A. After parking, please proceed to the main entrance of the hospital for an escort to the event).

One in five children ages nine to 17 in Rhode Island and in the United States has a diagnosable mental health disorder. Despite the high rates of mental health disorders among children, many children in Rhode Island and nationally do not receive needed treatment and those that do often receive services in a setting that is not appropriate for their needs. The *Issue Brief* provides an overview of the continuum of behavioral health services needed to ensure that all children have access to a broad array of effective, evidence-based treatment services and supports at home, at school and in the community.

“Many states, including Rhode Island, are working to build a system of care for children’s behavioral health that invests in prevention and early intervention, increases access to home- and community services, and reduces unnecessary hospitalizations and residential treatment placements,” stated Elizabeth Burke Bryant, Executive Director of Rhode Island KIDS COUNT. Research shows that when there is an inadequate supply of home-based and community-based services, children may be hospitalized unnecessarily, unable to find a bed in a psychiatric hospital when this level of care is needed, “stuck” in psychiatric hospitals when this level of care is no longer needed, or readmitted because the follow-up care that they need is not available.

Highlights from the *Issue Brief* include:

- In 2008, there were 1,535 children and youth under age 19 who were hospitalized at a psychiatric hospital (Bradley or Butler Hospitals). There were 219 children who were boarded at a medical hospital because there were not appropriate mental health services available to meet their needs.
- In 2008, there were a total of 1,696 hospitalizations of children under age 18 with a primary diagnosis of a mental disorder at Rhode Island hospitals. Of these, 58% (977) had private health insurance coverage, while 42% (719) had public health insurance coverage, such as Rlte Care or fee-for-service Medicaid.
- Between July 1, 2008 to June 30, 2009, there were 136 children and youth voluntarily placed in the care of the Rhode Island Department of Children, Youth and Families in order to access services needed for a developmental, behavioral or mental health problem, particularly when the family could not afford to pay the costs of such care and it was not covered by private insurance.
- In 2008, the average length of stay for children and adolescents on the General Psychiatric Services unit at Bradley Hospital was 17 days, down from 19 days in 2006. The average length of stay for children and adolescents on the General Psychiatric Services unit at Butler Hospital also decreased from 17.5 days in 2006, to 11 days in 2008.
- Between 2005 and 2008, the number of Rhode Island children in foster care/substitute care who experienced a psychiatric hospitalization decreased by 23% (from 131 to 101) and the number of admissions decreased by 16% (172 to 144).
- Between 2006 and 2009 in Rhode Island, spending on psychiatric hospitalizations for children with health insurance through Rlte Care or Medical Assistance decreased by 22%, from \$22.6M to \$17.5M. Spending per child hospitalized decreased by 32%, from \$34,298 per children to \$23,465, largely due to reductions in length of stay.

“Rhode Island’s efforts to increase access to a broader array of mental health services in the community has led to reductions in public spending on psychiatric hospitalizations,” stated Bryant. “Psychiatric hospitalizations are a critically important part of the continuum of mental health care for children and youth. It is important that Rhode Island continues to work toward a system that includes the appropriate balance of high-end crisis intervention services (such as psychiatric hospitalizations) while also providing increased access to short-term interventions that divert children from the hospital when appropriate. Children also benefit when there are adequate resources devoted to intensive home-based and outpatient treatment services that enable families to maintain their children at home with appropriate therapeutic support.”

The *Issue Brief* provides a set of recommendations to achieve a system of care for children’s behavioral health that is comprehensive and provides children and families with the full range of treatment services to meet their needs. Recommendations are grouped into five areas designed to achieve the following: Reduce unnecessary psychiatric hospitalizations and boarding on medical units, reduce length of stay and readmissions, address insurance barriers that limit access to the full continuum of mental health services, expand access to home- and community-based mental health services, and involve primary care providers, schools and early childhood programs in promoting children’s mental health.