

Community Health Needs Assessment

EMMA PENDLETON BRADLEY HOSPITAL

SEPTEMBER 30, 2022

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I. Introduction

A. Description of CHNA Purpose and Goals

Emma Pendleton Bradley Hospital (EPBH), whose primary location is in East Providence, Rhode Island, is a seventy-bed non-profit teaching hospital with university affiliation providing for the psychiatric treatment of adolescents and children, including some with severe developmental disabilities. EPBH operates several major programs including acute, partial hospitalization, residential, and outpatient, as well as special education services to children from preschool through high school through its not-for-profit subsidiary, Lifespan School Solutions, Inc., d/b/a The Bradley School (LSS). EPBH is the sole corporate member of LSS. LSS operates five school sites in Rhode Island and Connecticut for children and adolescents whose psychiatric and behavioral needs cannot be met in a public-school setting. LSS also provides special education services, clinical coordination, technical assistance, and administrative support for several LSS-staffed special education classrooms embedded within public schools in Rhode Island. As a complement to its role in service and education, EPBH actively supports research. EPBH is licensed by the State of Rhode Island and accredited by the Joint Commission. EPBH participates as a provider in Rhode Island Medicaid, various out-of-state Medicaid programs, and the State of Rhode Island's Department of Children, Youth and Families programs, as well as providing care for patients covered by private health insurers and municipal school departments. EPBH is also a member of Voluntary Hospitals of America, Inc.

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

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

The Patient Protection and Affordable Care Act (ACA), enacted March 23, 2010, added new requirements codified under Internal Revenue Code (IRC) 501(r) for organizations that operate one or more hospital facilities described in IRC Section 501(c)(3).¹ Included in these new regulations is a requirement for hospital facilities 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 utilize qualitative and

quantitative data and feedback from key stakeholders and community members to determine significant health needs of the community the hospital serves. This group includes, among others, members of the medically underserved, low-income, and minority populations in the community cared for 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 1, 2010 through September 30, 2013, to better understand the individual and community-level health concerns of the population that it serves. This process and its resultant findings were achieved through an effort to involve the community in determining the significant health care needs. The CHNA encompassed intensive data collection and analysis, as well as qualitative research in the form of interviews with members of the community and surveys of more than 100 internal and external stakeholders, 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. Subsequent CHNA’s have been conducted every three years with implementation progress report triennially.

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

Lifespan conducted its third CHNA on behalf of EPBH in 2019, including a review of how EPBH addressed significant needs identified in its implementation strategy for the three-year fiscal period from October 1, 2016 through September 30, 2019.⁶

This report represents the fourth CHNA conducted by EPBH. The goals of this CHNA are to: (1) enhance the hospital’s perspective on the healthcare needs of its community; (2) establish a baseline upon which future work can build; (3) monitor progress toward health improvement goals; (4) provide a resource for individuals and organizations interested in

the health status of the community served by EPBH; (5) inform creative discussions and collaborations to improve the health status of Rhode Island residents; and (6) meet the requirements of the Patient Protection and Affordable Care Act, which calls for non-profit hospitals to periodically assess the health needs of people living in their service area. The implementation strategy to be presented as a result of this CHNA will be used organizationally to guide hospital strategic planning over the next three fiscal years covering the period of October 1, 2022 through September 30, 2025.

B. History and Mission of Emma Pendleton Bradley Hospital

As a member of the Lifespan health system, EPBH is committed to the Lifespan mission: *Delivering health with care*. EPBH is the nation's first psychiatric hospital devoted exclusively to children and adolescents. As a Lifespan affiliate and a teaching hospital for The Warren Alpert Medical School of Brown University, EPBH has established itself as the national center for training and research in child and adolescent psychiatry. EPBH provides training for fellows in child and adolescent psychiatry, combined residents in pediatrics, psychiatry, child psychiatry, and post-doctoral psychology residents and fellows who receive training in Bradley Hospital's programs every year. EPBH was founded in 1931 by George and Helen Bradley, who had desperately searched for mental health services for their daughter, Emma Pendleton Bradley as she had been left with neurological conditions after contracting encephalitis at the age of seven. Today, EPBH is a seventy-bed, nonprofit teaching hospital that provides acute inpatient care, outpatient care, and partial hospitalization for infants, children and adolescents – including treatment of severe developmental disabilities – at its primary location in East Providence, Rhode Island. EPBH also offers residential services in facilities in six cities and towns within Rhode Island.

A core principle of EPBH is to provide a range of family-focused, high quality mental health care to infants, children, adolescents and young adults with emotional disorders and/or developmental disabilities. EPBH is committed to excellence in training and research and to improving the health status of the community as part of a comprehensive, integrated, and accessible health care system. Table 1 describes EPBH statistics during the fiscal year ending September 30, 2021.

In 2017, Lifespan launched new shared values that define how services are provided across all affiliates – compassion, accountability, respect, and excellence – four words that form the acronym C.A.R.E. and tell Lifespan who we are when we are at our best. This acronym serves as EPBH’s “true-north” guide, helping Lifespan become the best place to obtain care and the

Table 1. EPBH Statistics, FY 2021⁷

Year founded	1931
Employees	844
Affiliated physicians	139
Licensed beds	70
Patient care	
Patient discharges	801
Outpatient visits	1,800
Home health care visits	3,116
Financials (<i>\$ in thousands</i>)	
Total assets	\$158,328
Net patient service revenue	\$78,286
Research funding revenue	\$6,544

best place to work.

In 2021, the Lifespan board of directors approved the Lifespan 2025: CREATE, a strategic plan to guide Lifespan’s priorities through 2025. Lifespan 2025 focuses on strategic priorities for a high-quality, high-value academic health system:

- **Care Transformation and Quality**
Advance patient-centric care that prioritizes quality and innovation
- **Research and Education**
Advance excellence and achieve distinction in research and education
- **Engagement and Culture**
Achieve an inclusive culture of workplace excellence for physicians and staff
- **Access, Growth and Population Health**
Improve access, advance population health, and achieve strategic growth
- **Teamwork and Patient Experience**
Work together to consistently deliver an exceptional patient and family experience
- **Excellence in Operations and Financial Health**
Achieve excellence in operations with resulting financial health

Further, two pillars support all the Lifespan 2025 priorities and initiatives:

- **Diversity, Equity, and Inclusion**
- **Innovative and Accountable Management Culture**

Also in 2021, Lifespan engaged stakeholders from across the system to co-create an organizational competency model. Competencies are the skills and behaviors that we need to demonstrate to be successful in our roles and to bring Lifespan’s 2025 goals to life. This model includes four core competencies for all Lifespan employees, plus four additional

leadership competencies for all Lifespan leaders. The competencies describe how we work together and how we get things done, and they work in concert with our CARE values.

C. Commitment to the Community

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

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

EPBH offers numerous services to the community, including:

- 24-hour emergency evaluations;
- Support groups for parents and siblings;
- Parent, teacher, and childcare 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 partial programs and physicians on staff in response to heightened demand for outpatient services.

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

During the fiscal year ended September 30, 2021, EPBH provided more than \$9.9 million in charity care and other community benefits for its patients, which accounted for approximately 9.3% of total operating expenses. EPBH bills uninsured and underinsured patients using the prospective method, whereby patients eligible for financial assistance under EPBH’s Financial Assistance Policy are not billed more than “amounts generally billed”, defined by the Internal Revenue Code Section §501(r) as the amount Medicaid would reimburse EPBH for billed care (including both the amount that would be reimbursed by Medicaid, and the amount the beneficiary would be personally responsible for paying in the form of co-payments, co-insurance, and deductibles) if the patient was a Medicaid beneficiary.⁸

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

Lifespan, through the LCHI and affiliates, coordinates hundreds of programs, events, and community service activities that serve between 25,000 and 30,000 southern New Englanders annually. Programs are offered for free or at a reduced cost to the community and non-profit organizations.⁹ In partnership with EPBH, LCHI led the design and development of the 2022 CHNA.

Charity care	\$103
Medical education, net	\$1,406
Research	\$1,000
Subsidized health services	\$1,772
Community health improvement services and community benefit operations	\$200
Unreimbursed Medicaid Costs	\$5,428
Total cost of charity care and other community benefits	\$9,909

Community and patient engagement are critical components of quality improvement and strategic planning for Lifespan Corporation and its affiliated hospitals. Lifespan launched a website, <https://www.lifespan.org/centers-services/lifespan-community-health-institute/reports-and-resources>, in the spring of 2016 to describe and publicize the CHNA process. This site, accessible from the Lifespan homepage, is maintained and houses each hospital’s CHNA report and implementation strategy. This site also serves as a conduit to link community residents and organizations to EPBH’s health-promoting initiatives.¹⁰

D. Emma Pendleton Bradley Hospital – Notable Achievements

On April 8, 2021, EPBH celebrated its 90th birthday and remains committed to providing evidence-based care for children and adolescents with mental and behavioral health disorders and developmental issues.

EPBH launched the Remote E-therapy for Adolescents and Children (REACH) program to decrease maladaptive behaviors and reduce mental health symptoms in youth. The REACH program partners EPBH with pediatric providers based across the United States, expanding access to psychiatric treatment for young people. REACH assists children and teens in building coping skills to eliminate self-harm behaviors and reduce overall anxiety and depression symptoms.

Responding to the mental health crisis in youth that was highlighted by the COVID-19 pandemic, EPBH featured a series related to suicide prevention. In 2021, EPBH held The Bradley Conference Fall series, a virtual conference with programming on the latest suicide risk assessments, screening, and response training for participants.

EPBH is on the frontline of research in children and adolescent sleep habits in relation to mental health. EPBH was awarded \$10 million by the National Institutes of Health to establish the Center for Sleep and Circadian Rhythms in Children and Adolescent Mental Health. This center is the first of its kind in the U.S. and will research the interactive relationships between mental illness, sleep, and circadian rhythm. Additionally, researchers at EPBH’s Sleep Research Laboratory studied the impact of COVID-19 on children’s sleep

schedules. This national research study gathered data from over 5,000 respondents from all 50 states. Pediatric anxiety disorders are another area of research at EPBH.

The Pediatric Anxiety Research Center was awarded \$1.15 million to study differences in provider-centered and patient-centered cognitive-behavioral therapy for the treatment of pediatric anxiety.

In 2020, EPBH partnered with HCH and Boston Children's hospitals for a conference dedicated to COVID and issues specific to the pediatric population.

EPBH again partnered with HCH and Boston Children's Hospital in 2021 for the second Pediatric Healthcare Summit. This virtual presentation featured the latest research on topics such as adolescent eating disorders, transgender medicine, feeding difficulties, and the COVID-19 vaccine. EPBH clinicians led educational trainings for Rhode Island educators on some of the mental health impacts of the COVID pandemic on pediatric patients through the Bradley Learning Exchange (BLE).

During the height of the COVID-19 pandemic, EPBH responded by creating a staffing pool to ensure that all the inpatient and partial-hospital units and group homes were safely staffed. EPBH staff went above and beyond by floating between all three settings, exemplifying Lifespan's CARE values. The "Wave Unit" was also opened to meet the mental health needs of pediatric patients impacted by COVID. EPBH employees working through the pandemic were offered free behavioral health consultations to support them in this time of added stress.

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

EPBH is located in the city of East Providence, Rhode Island, in Providence County. However, families from across the region and the country seek consultation and treatment from EPBH because of its unique services and national reputation. The largest concentration of EPBH's patient population comes from Rhode Island's urban core, which consists of Providence, Cranston, Warwick, Central Falls, Johnston, North Providence, and Pawtucket.¹³

Mental and physical health of children and youth is greatly influenced by environmental and socioeconomic factors, including family household income. In 2020 Rhode Island ranked 4th among the six New England states for the percentage of children living in poverty. That year, 11.5% of all children in Rhode Island, and 34.6% of children under six, were living in poverty. In the city of Providence between 2016 to 2020, 31.8% of children lived in poverty, and 13.9% lived in what is considered extreme poverty. Children in poverty is defined as the percentage of children under age eighteen who are living in households with incomes below

the poverty threshold, as defined by the U.S. Census Bureau. Children in extreme poverty refers to the number of children living in a household with a total cash income below 50 percent of its poverty threshold.¹⁴

**Table 3. Children Under Age 18 Treated at EPBH
October 1, 2020 – September 30, 2021 (FY 2021)¹⁵**

	# Treated	Avg. Length of Stay	# Treated	Avg. Length of Stay
	General Psychiatric Services		Developmental Disabilities Program	
Inpatient	607	27 days	100	55 days
Residential	225	49 days	36	4.7 years
Partial-Hospitalization	600	36 visits	140	36 visits
Home-Based	0	N/A	21	15 visits
Outpatient	1,156	N/A	29	N/A

EPBH utilizes two main approaches for treating its patients, the first is through general psychiatric services, and the other is through its Center for Autism and Developmental Disabilities Program (CADD). The CADD provides clinical services for children and adolescents who have a developmental disability such as autism spectrum disorder; or intellectual disability, who are experiencing serious behavioral or emotional issues.¹⁶ EPBH's outpatient encounters are divided among its partial-hospitalization program, residential program, home-based care, general outpatient care, and school-based programs. During calendar year 2021, EPBH had 16,705 general outpatient encounters, 615 inpatients admissions, 571 partial-hospitalization, 1,184 outpatient (Access Center), 182 outpatient residential, and 506 home-based outpatient encounters, all while managing service interruptions, safety protocols, and staffing challenges resulting from the COVID-19 pandemic.

The majority (78%) of all EPBH patients during calendar year 2021 were residents of Rhode Island, while 21% were residents of Massachusetts. Among Rhode Islanders, 13% resided in Providence, 7% in Cranston, 6% in Pawtucket and 5% in each of Barrington and Warwick. During the same period, 92% of inpatients were residents of Rhode Island, 90% of the partial-hospitalization patients were residents of Rhode Island, 98% of residential program patients were residents of Rhode Island, 100% home-based patients were residents of Rhode Island, 87% of the outpatient access center patients were residents of Rhode Island, and 70% of the general outpatients were residents of Rhode Island.¹⁷

During calendar year 2021, 14% of all EPBH patients identified as Hispanic or Latino, 82% identified as White, and 6% identified as Black or African American. Less than 1% of patients identified as Asian, American Indian/Alaskan Native, or Native Hawaiian/Pacific Islander. Race data was not provided by 10% of patients.¹⁸

III. Update on 2019 CHNA Implementation Strategy

EPBH conducted a CHNA dated September 30, 2019, that resulted in an implementation plan for the period of October 1, 2019 through September 30, 2022. The community health needs assessment findings reflected significant community input garnered through community forums, surveys, and key informant interviews. In addition, EPBH reviewed hospital utilization data and public health trends to inform its selection of implementation priorities.¹⁹

The 2019 Community Health Needs Assessments report and Implementation Strategy covering the period between October 1, 2019 through September 30, 2022 were distributed widely among Lifespan stakeholders, community partners, and posted for the public to view on the Lifespan website.²⁰ Provided below is an update on progress made in addressing each of the significant needs that were identified in the September 30, 2022 EPBH CHNA.

It should be noted that this implementation period coincided with the identification and rapid spread of COVID-19 which impacted every facet of life in the United States, as well as every facet of hospital operations including staffing- hiring and retention, financing, infection control, community trust, and more. As described below, EPBH's management and experience of the COVID-19 pandemic required that some planned implementation activities needed to be modified, canceled or postponed.

Access to Services

Below are actions that EPBH took between October 1, 2019 and September 30, 2022 to address the identified significant need of access to services:

1.1 Improve geographic access through telemedicine.

- In FY '21, EPBH launched Bradley REACH (Remote E-therapy for Adolescents and Children) Program), a groundbreaking program to expand virtual access to psychiatric programs for children and adolescents that allows EPBH to partner with other pediatric provider systems nationwide. Bradley REACH's group telehealth programs provide care for adolescents experiencing serious emotional, behavioral or relationship issues. EPBH expert clinicians provide intensive therapy to adolescents, virtually. Programs take place either during the school day (partial hospitalization) or after school (intensive outpatient). This model allows EPBH to reach teens in need, all over the country, while reducing the need for inpatient care and emergency admissions.

1.2 Improve access to language interpretation.

- To improve access to interpreter services and reduce barriers to care, EPBH utilizes Language Line over-the-phone interpreting and video remote interpreting.
 - FY '20 (Jan 2020 through September 2020): 1,151 encounters
 - FY '21: 2,616 encounters
 - FY '22 thru 7/31/22: 1,780 encounters
- In FY '20, EPBH began to explore a process to certify existing behavioral health providers as interpreters, to yield a more clinically sensitive approach to interpreter services. EPBH drafted a plan to create a job code for staff who were trained as interpreters and to have two different pay rates- one when they are working on the milieu and one when they are interpreting. This effort was paused to focus on mitigating staffing challenges that arose due to the COVID-19 pandemic.

1.3 Promote the Pediatric Psychiatry Resource Network (PediPRN) to family physicians and KIDS Link (a hotline for children in emotional crisis) to parents.

- EPBH has expanded the reach of PediPRN to support pediatric primary care providers' (PPCPs) care for patients with mild to moderate behavioral health conditions. EPBH is reaching more PPCPs through a new website which facilitates on-line sign-up for consultations and increased access to pediatric behavioral health resources. EPBH is also providing increased education and support to pediatricians and practices throughout the state of Rhode Island.

Systems of Care

2.1 Provide transition supports to adult care/services.

- The Verrecchia Clinic at EPBH is the comprehensive outpatient program for children, adolescents, and young adults with developmental conditions, such as autism spectrum disorder or intellectual disability, and behavioral or emotional challenges. The Verrecchia Clinic employs a licensed clinical social worker who performs transition planning and provides case management services to families whose children and adolescents are cared for by the clinic. The transition planning is designed to help adolescents successfully transition to adult health care providers and prepare for life after high school.

2.2 Optimize discharge planning to home and school-based services.

- EPBH expanded its partnerships with organizations to assist with discharge planning. Gateway provides weekly emails regarding the availability of home-based services. In addition, EPBH conducts weekly meetings between EPBH inpatient social work supervisors and DCYF to better coordinate referrals for home-based and residential treatment. Further, coordination has begun between EPBH inpatient social work supervisors, DCYF and the Rhode Island Coalition for Children and Families to work on identifying community wrap-around services for patients.

Outreach and Education

3.1 Develop a menu of web-based educational programs and distance learning topics.

- Bradley Online Learning offers 30 computer-based continuing education courses for professionals in a variety of disciplines, including psychologists, social workers, certified counselors, physicians, nurses, speech/language and occupational therapists, and teachers. Courses are available through our computer learning management system complete with self-registration, post-test function, evaluation, and certificate download.²¹
- In addition to Bradley Online Learning, PediPRN developed a library of ten videos targeting pediatric primary care providers, each with the “Top 5 in Child Psychiatry” topics that providers should know on issues like Treatment for ADHD, Anxiety, Gender Identity, and Neurodiverse Families. These videos provide the top five things that providers should know when meeting children who have these mental health conditions. The library will be expanded to address future topics as they develop.²²

3.2 Offer educational programs on behavioral health topics identified in EPBH’s CHNA for professionals who work with school age children, e.g., coaches, educators, and school associations.

- Through the BLE, EPBH clinicians and educators have provided professional development across disciplines to individuals who work with children, adolescents, and adults. EPBH has been integral in supporting community providers even as the national pediatric mental health crisis unfolded pre-pandemic and escalated during the pandemic to the current state in which EPBH and partner organizations issued a declaration of emergency in April 2022 regarding the state of child and adolescent mental health in Rhode Island²³. Behavioral education services totaling tens of thousands of learning hours were provided to primary care and other medical personnel; clergy and faith-based community leaders; day care and other child caring staff; first responders; elementary, secondary, and higher education personnel; state

workers including librarians, housing authority staff, RIDOH and DCYF personnel; corporations and staff of Chamber of Commerce members; and military members and their families.

- Upon the closing of schools in early 2020 due to the COVID-19 pandemic, the clinicians at EPBH created a popular educational resource for the children and families of Rhode Island. Rizzo Raccoon is the main character of the social emotional learning coloring book for elementary school- age children. Through the pages, Rizzo learns of the coronavirus, how to keep safe, develop a support system, and most importantly, how to talk about scary feelings. A resource section is included in the book. Over 45,000 print copies of the book in English and Spanish were distributed in Rhode Island as well as an unknown number of nationally downloaded e-copies. The book was written and printed within weeks of school closings in Rhode Island and distributed by EPBH staff in partnership with school districts, grab-and-go lunch sites, the Rhode Island Community Food Bank, Family Service of Rhode Island, Tri-County Community Action Agency, Providence Housing Authority, HCH, Gateway, LCHI, the Boys and Girls Club of Rhode Island, Adoption Rhode Island, Meeting Street, the Elisha Project and pediatricians and other primary care providers. Electronic copies were sent to kids and families in e-blasts by RIDE, school districts and charter schools, and other community partners including the Rhode Island Healthy Schools Coalition, St. Mary's Home for Children, and the Women's Resource Center.
- In FY '20, the BLE was awarded a Coronavirus Relief Fund Grant via the Governor's Office, RIDE and RIDOH to provide professional development to educators and school personnel. These trainings were presented on a remote platform to Rhode Island school districts, charter schools, state-run schools, and district-serving programs statewide. The most requested programs included The Effects of COVID-19 on Youth Mental Health, The Pandemic's Impact on Adult Mental Health & the Parallel Process, and It's All About You: Educator Take Care of Yourself. Certification in Youth Mental Health First Aid was also provided. The grant period ended on December 30, 2020.
- As the pandemic continued, Rhode Island families, schools, and communities were tasked with the challenge of creating a sense of normalcy for individuals during these high stress and uncertain times. Supported by a grant from The Rhode Island Foundation entitled Expanding Professional Development Opportunities in Behavioral Health for Educators and Other Providers Connected with School Districts during the COVID-19 Crisis, The BLE assisted educators and behavioral health professionals in this task via behavioral education professional development training. During the grant period of December 16, 2020 through December 30, 2021, EPBH clinical instructors provided over 50 educational experiences across eight school districts, servicing three out of the four core cities in Rhode Island and three charter schools. In addition, agencies including Mentor RI, Connecting for Children Families, and Generation Citizen received training. Training modules focused on topics such as

the effects of the pandemic on the physical, emotional, and mental wellbeing of individuals across the age span and topics specific to the needs of youth with special needs. Provider self-care was an often-requested module. Approximately 2,500 individuals received professional development training as a result of this initiative.

- Upon the reopening of schools in 2021, BLE staff were active in several school reopening task forces. EPBH clinicians were involved in supporting districts in the areas of social emotional supports and student and staff mental wellness. Integral to successful return to school is professional development for district educators. EPBH was active in providing educators and school staff with training such as: “The Effects of COVID-19 on Youth Mental Health”, “The Hidden Message: Understanding Challenging Behavior”, “It’s All About You: Self Care, Understanding Self-Injurious Behavior”, “What a World: Talking with Kids About Difficult Topics, and Autism Thinking”. Mental Health First Aid courses for school personnel were also provided. The clinical instructors of the BLE also provided a series of free, one-hour remote courses for parents and families entitled: COVID-19s Impact on Youth Mental Health.
- While EPBH has focused significant resources on COVID-19 responsive programming, they also designed and delivered new courses for adults who work with children and youth, including:
 - *The Art of De-escalation* – instruction and training in developmentally appropriate verbal de-escalation techniques
 - *Basics of Autism Spectrum Disorders* – designed to support emergency medical services (EMS) providers’ skills in interacting with this unique pediatric population
 - *Understanding Challenging Behavior* – designed to enhance EMS providers’ skills in situational assessments of acute behavioral crises and instruction on working with families to facilitate management of crises

3.3 Offer educational programs for parents on behavioral health topics identified in the EPBH CHNA.

- In FY ‘20, the BLE became active in the Substance Abuse and Mental Health Services Administration’s *Project Aware*, to raise awareness of mental health concerns among children. With RIDE and DCYF as partners, the BLE provided behavioral education and consultation services to the benefit of the children and families in three school districts- Pawtucket, Providence, and Woonsocket through FY ‘22. Planning is currently underway to implement these services in three additional school districts- Cranston, Westerly, and West Warwick.

- Since 2020, EPBH has expanded its Suicide Prevention Initiative (SPI), a program within Rhode Island schools. As of August 2022, 17 school districts have enrolled in the SPI. EPBH has continued to partner with a trainer from Rhode Island Student Assistance Services to train crisis management teams in enrolled school districts about the SPI. Training includes education about use of the Columbia Suicide Screening tool to assess suicide risk. Additionally, EPBH provides a description of EPBH's services and the SPI enrollment for students at risk for suicide, education about the Kids' Link call center including information on how acute cases are triaged to different evaluation sites, and guidance on how to access care using Kids' Link and other community resources. EPBH conducts annual training for each school district and has trained more than 180 school behavioral health and support staff during FY '20 and FY '21.
- When a family enrolls in the SPI, an EPBH Kids' Link call center staff follows up with the family both two weeks and two months after referral. During these calls, the Kids' Link staff member works with the family to overcome barriers to treatment. Kids' Link maintains an extensive list of community behavioral health providers to whom they can refer families who are having difficulty accessing care.
- During FY '21, the BLE provided multiple seminars, both in person and virtually, to educate and train members of the public regarding awareness, screening and interventions related to suicidal ideation and behaviors.
- The Fall 2021 Bradley Conference series focused on the critical area of suicide prevention. The BLE team provided eight free conferences entitled *Suicide: Prevention, Screening and Response Training for the General Public* and *Suicide Assessment Using the Columbia Suicide Severity Rating Scale (C-SSRS)* for Rhode Island clinicians. Medication lock bags and gun locks were made available to conference participants. Nearly 1,000 community members participated in the conference series.

3.4 Continue to offer Mental Health First Aid programs.

- Beginning in January 2020, the EPBH/Gateway Mental Health First Aid (MHFA) program, in partnership with Wheeler School, participated in the expanded teen Mental Health First Aid (tMHFA) pilot program, the first of its kind developed for high school students (grades 10-12) in the United States. The EPBH/Gateway MHFA program was among a select cohort nationwide chosen as an implementation site for tMHFA. As part of this pilot, approximately 100 sophomores at Wheeler School became the first students in Rhode Island to be trained in tMHFA by certified EPBH/Gateway MHFA instructors. Through August 2022, over 350 teen Mental Health First Aiders have been trained by the EPBH/Gateway MHFA team, including Woonsocket High School, the first public school in Rhode Island to implement tMHFA.

- For the entirety of this implementation period, EPBH and Gateway have been implementing a grant-funded project that was awarded during FY '19 to provide MHFA certification to anyone employed in Rhode Island as a first responder including EMS personnel, healthcare workers and members of the military. As of March 31, 2022, the EPBH and Gateway team conducted 78 MHFA classes, certifying 1,091 Mental Health First Aiders. 475 were EMS personnel, 600 participants were healthcare providers, and 16 participants were from the Rhode Island National Guard.
- Clinicians at the BLE developed three trainings and simulations to enhance EMS' response to pediatric behavioral emergencies. The trainings were designed for faculty from Pediatric Emergency Medicine/Brown Emergency Medicine, HCH, and the Rhode Island EMS for Children program at the RIDOH and were recorded for remote, anytime access.
- EPBH staff offered a course, *Understanding Challenging Behavior* - Designed to enhance EMS providers' skills in situational assessments of acute behavioral crises and instruction on working with families to facilitate management of crises.

Substance Use Prevention

4.1 Offer educational programs for youth focused on increasing protective factors and reducing risk factors for substance abuse.

- EPBH offers six different therapy groups on topics like social skills, teen anxiety, and Mindful Teen to address symptoms of suicidality, non-suicidal self-injury, or other self-destructive behaviors. These therapy groups teach youth skills to manage their mental health condition(s), reinforce protective factors, and mitigate risk factors.²⁴
- Kids' Link, a collaboration of EPBH and Gateway, is a 24/7 telephone triage and referral line for parents, schools, providers, and others seeking help for children experiencing a mental health crisis and/or needing access to mental health care. EPBH provides ongoing education to schools, providers, and parents to increase and maintain awareness of Kids' Link to improve access to mental health care while also avoiding inappropriate use of emergency department settings. Calls to Kids' Link have been steadily increasing with a spike in 2021:
 - FY '20: 6,920 calls
 - FY '21: 9,702 calls
 - FY '22 (through August): 6,956

IV. Assessment of Health Needs of the Bradley Hospital Community

The CHNA process involved the integration of information from a range of data sources to identify the significant health needs of the community served by EPBH, prioritize those needs, and identify the resources, facilities, and programs to address them. To identify the significant health needs of this community, primary quantitative and qualitative data and secondary quantitative data were collected. In addition, it is critical to highlight the context of the ongoing COVID-19 pandemic which has impacted the health concerns of the communities served by EPBH as well as the hospital's provision of health services.

A. Rhode Island COVID-19 Experience

On March 1, 2020, the first case of COVID-19 was confirmed in Rhode Island, moving the nation's smallest state onto the worldwide coronavirus map. After that date, cases began to increase quickly throughout the state. The first stay-at-home order was issued on March 20, 2020, requiring all Rhode Island residents to stay at home unless getting food, medicine, or other essentials.²⁵ Originally scheduled to remain in effect until April 13, the order also banned gatherings of more than five individuals and required out-of-state visitors to quarantine for 14 days. As cases increased, Governor Gina Raimondo announced on April 23 that schools would remain closed for the rest of the academic year.²⁶ Many hospitals also postponed elective and non-emergent procedures until a later date. By April 28, 2020 hospitalization rates were at their first all-time high at 373, with 88 of these patients in the ICU and 59 on ventilators.²⁷ Eventually, hospitalization rates and case numbers began to decrease, reaching a low on July 7, 2020 with only 58 Rhode Islanders hospitalized due to COVID.²⁸

During the month of July 2020 the state started to slowly re-open – allowing some beaches, restaurants, and entertainment businesses to resume operations (with minimum capacity), and hospitals to begin performing elective procedures again.²⁹ By fall, most schools were also able to open again. After an increase in COVID-19 cases in November 2020, Raimondo announced a statewide pause — reclosing many bars, gyms, and recreational venues.³⁰ By December 15, 2020, hospitalization rates reached a high of 514 in-patients.³¹

After this peak, rates slowed for a period, partly due to the distribution of vaccines that started in February 2021 with doses initially being offered to individuals aged 75 and older.³² After first distributing the vaccine to those most at risk, Rhode Island gradually allowed other groups of residents to register. As of the writing of this report (June 2022), 98.5% of the Rhode Island population is at least partially vaccinated; 83% have completed their primary series; and 41.2% have received boosters.³³ These statistics vary depending

on age, gender, and race. For example, 99% of residents between the ages of 70 and 79 have received their primary COVID-19 vaccine series while those between 19 and 24 have a lower primary vaccination rate of 62.2%.³⁴ As of April 10, 2021, approximately 68.5% of the state’s partially vaccinated population identified as white and less than 5% identified as Black.³⁵

On July 20, 2021, hospitalization rates hit another low when only 23 patients were inflicted with COVID. However, as the season changed to winter, rates spiked again with a new all-time high of 618 inpatients on January 17, 2022.³⁶ Despite this being the highest record of hospitalizations, the greatest number of COVID-related fatalities still occurred at the beginning of the pandemic.³⁷

Since the beginning of 2022, COVID-related rates have decreased, with a slight increase as of the drafting of this report (June 2022). Overall, the town of Central Falls has the highest rate of COVID cases in the state, ahead of Pawtucket, East Greenwich, and Providence (respectively at 2nd, 3rd, and 4th place).³⁸ In contrast, the towns of Little Compton and Jamestown have the lowest COVID rates and related hospitalizations.³⁹ Across the state of Rhode Island, over 8 million COVID tests have been administered; approximately 400,000 positive cases have been reported; and over 3,500 COVID-related deaths have occurred.⁴⁰

Figure 1. COVID-19 Hospitalizations in Rhode Island, February 27, 2020 – May 21, 2022

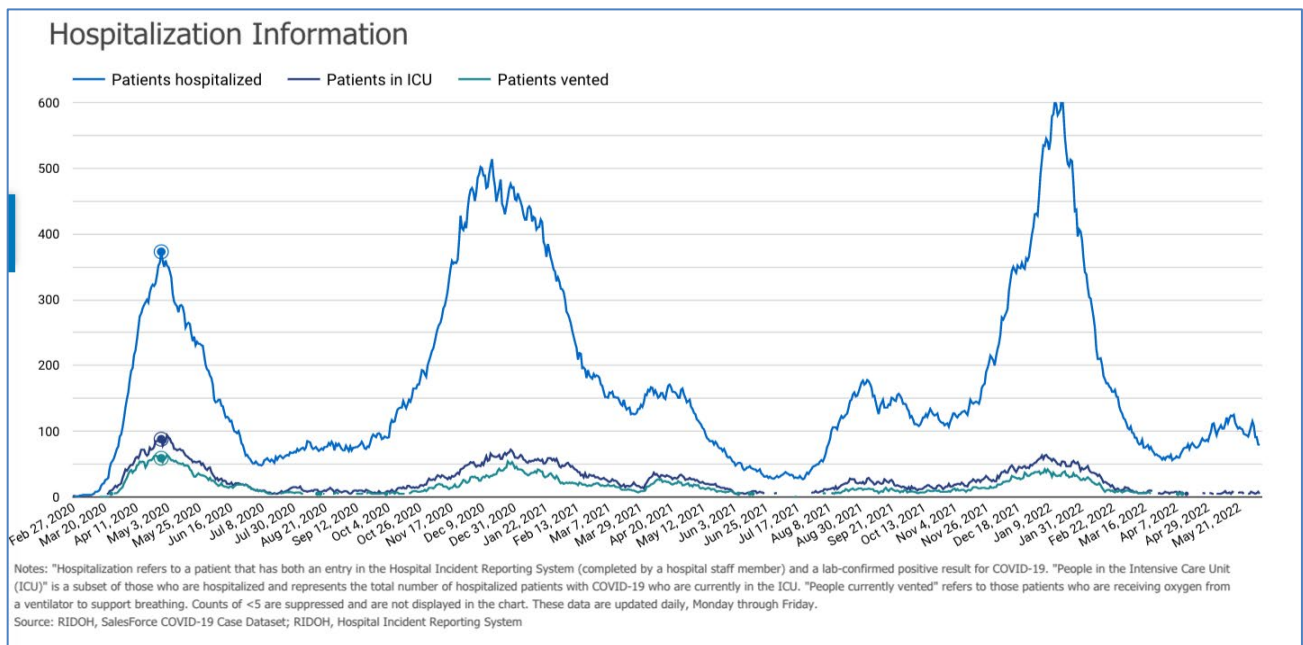
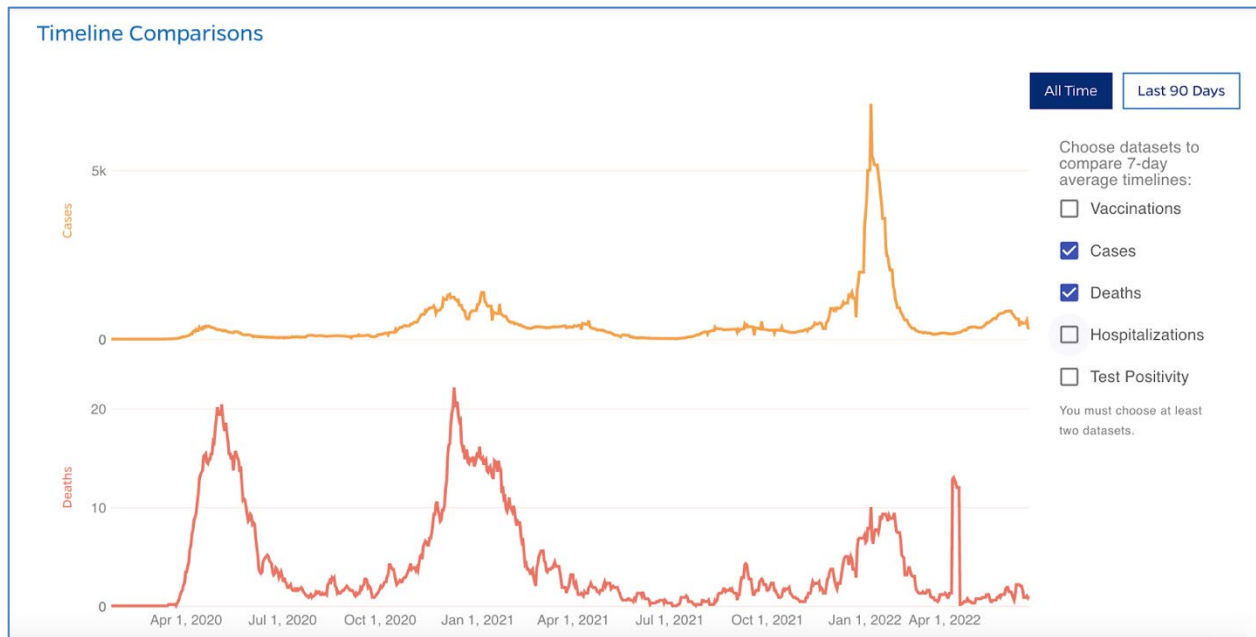


Figure 2. Comparison of COVID-19 Cases and Deaths in Rhode Island, April 1, 2020 – April 1, 2022



B. Primary Data Sources

Primary data sources used for this report include community health forums, individual surveys, and key informant interviews. Secondary data sources include national and local publications of data that is specific to the state of Rhode Island and the EPBH service area.

Community Health Forums

Qualitative data was collected through Community Health Forums (CHF) to solicit input from individuals representing the broad interests and perspectives of the community. Community forums are a standard qualitative social science data collection method, used in community-based or participatory action research. Participants in the CHF included members of the medically underserved, low-income, and minority populations in the EPBH service area.

Four CHF were held between May 3 and June 1, 2022, across the EPBH service area, with 71 participants. Participants were recruited using social media, electronic newsletter, email, and word of mouth. A mix of in-person and virtual (Zoom) forums were scheduled at easily accessible locations and at various times of the day. In-person EPBH forums were held at a public library and a substance use treatment and support center. At each in-person forum, a full meal was provided, along with childcare and interpretation if requested in advance. All CHF were open to the public and participants were engaged in a 90-minute discussion. In

lieu of the provision of a meal, five \$25 grocery store gift cards were raffled off as an appreciation of participation at each virtual forum. *See Appendix A.*

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

An important and unique component of the CHF was the involvement of Community Liaisons. Two people representing the diverse populations served by EPBH were hired as consultants to assist with the CHNA. These Community Liaisons helped plan the CHF, recruited participants, and co-facilitated the forums. Appendix B contains a bio-sketch for each of the EPBH Community Liaisons and Appendix C contains the Community Liaison position description. Community Liaisons were chosen through a competitive selection process and completed a 90-minute training prior to leading the CHF. The training included project planning tips, role-playing activities, conflict management tips, and logistical expectations. Community Liaisons were responsible for identifying an accessible community venue for each forum, selecting a food vendor and menu that would be appealing to the target audience, and co-facilitating the discussion at the CHF with their hospital liaison.

Each in-person CHF was two hours in duration and began with a meal, followed by a 90-minute discussion, co-facilitated by the hospital and Community Liaison, that generated consensus on the participants' health concerns, their prioritization of those concerns, and their ideas for how EPBH could respond to those concerns. Discussion began with a brief presentation of EPBH's 2019 CHNA priorities and examples of activities the hospital has performed in response. Participants were invited to share their reactions to what was presented as well as their current health concerns. Virtual forums were 90 minutes in duration and followed the same discussion format as the in-person CHF. See Appendix D for a sample CHF agenda. The input gathered during the CHF was assessed qualitatively to extract themes and quantitatively to determine the frequency with which those themes were cited. Community Liaisons also met with the LCHI and the hospital liaison to debrief the forums and offer their interpretation of the findings to ensure all input was captured and that priorities were appropriately aligned.

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

Individual Surveys

To broaden the reach of community input, an online survey was promoted, and paper surveys were distributed and collected by LCHI staff at community events they attended in June 2022. The surveys addressed the same questions as the CHF (See Appendix E for the survey). Eleven individual surveys were received for EPBH. Tables 5 and 6 below summarize the input received for EPBH from individual surveys.

Table 5. Health Concerns Selected by EPBH Respondents to Individual Surveys

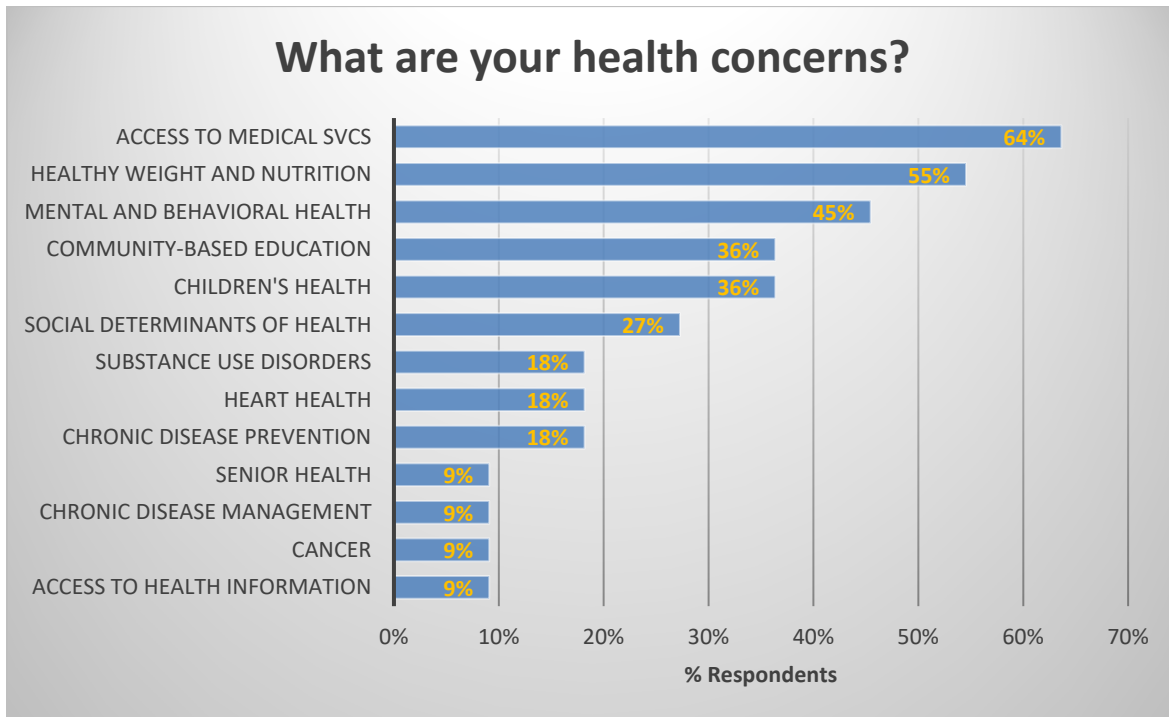
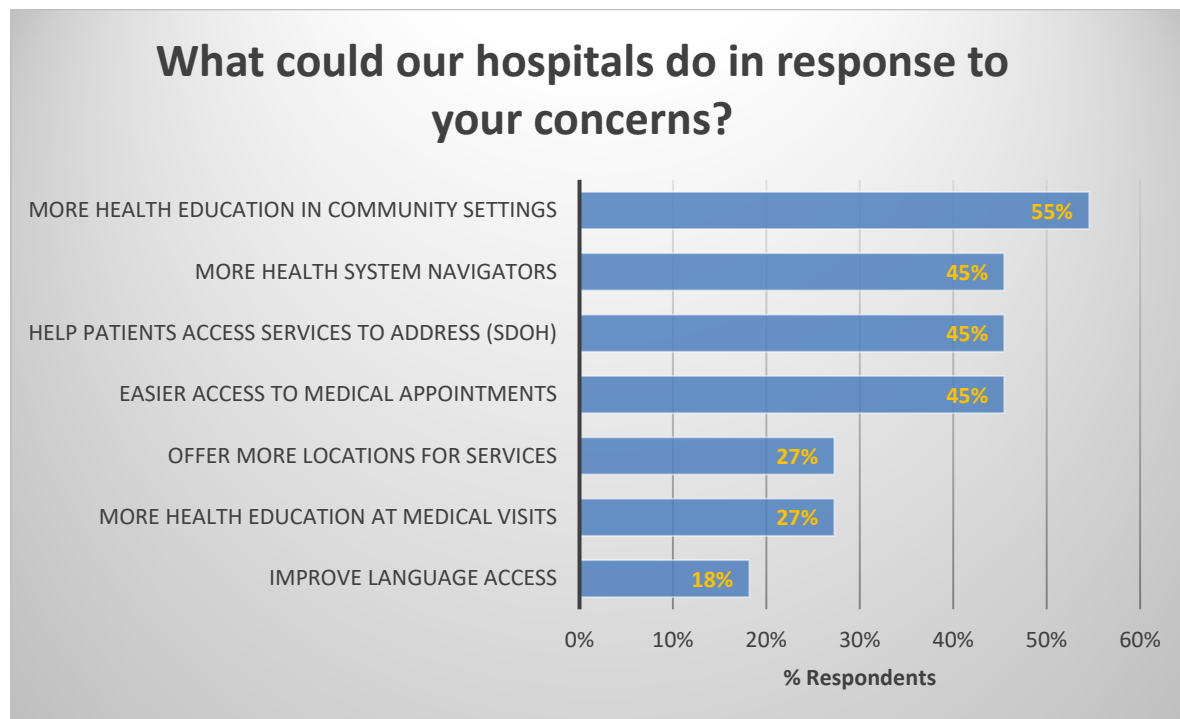


Table 6. Recommended Actions Selected by EPBH Respondents to Individual Surveys



Key Informant Interviews

Public health and health policy leaders who could inform the 2022 CHNA process and had knowledge, information, or expertise about the community that EPBH serves were invited to be interviewed as part of the CHNA. Key informant interviews were conducted with these leaders to supplement the other quantitative and qualitative data collected. Key informants included:

- Chief Strategy Officer, Executive Office of Health and Human Services, State of Rhode Island
- Director of Policy, Planning and Research, Executive Office of Health and Human Services, State of Rhode Island
- Director, Health Equity Institute and Maternal and Child Health, Rhode Island Department of Health
- Vice President and Chief Medical Officer, Providence Community Health Centers
- Executive Director, Rhode Island Parent Information Network
- Director, Community Health Worker Association of Rhode Island
- Executive Vice President and Chief Medical Officer, Blue Cross Blue Shield Rhode Island

The key informants identified the following statewide health priorities, with the first three named by multiple leaders:

- Apply hospital resources to address the social determinants of health, including housing, food, transportation, and employment, among other barriers to care.
- Improve access to behavioral health care for children and adults, especially noting access challenges for children and the burden of substance misuse among adults.
- Ensure the provision of equitable care with particular attention to ensuring equal access to high quality care for persons regardless of their race, ethnicity, language spoken or disability status. They noted that equitable care also required a workforce representative of the patients and implementation of the principles of anti-racism.
- Improve access to primary and specialty care locally.
- Grow the healthcare and behavioral health workforces through career pathways, higher reimbursement rates, and increased compensation.
- Improve access to community-based services including home-based therapeutic services for children with special needs.
- Reduce racial and ethnic disparities in maternal and child health.

The interviewed leaders noted several opportunities for hospitals to contribute to efforts to address these goals including: innovate around care delivery models for behavioral health services for adults; invest in systems and technology to facilitate improved care coordination between primary and specialty care, as well as hospital and community-based providers; partner with state and community-based agencies on workforce development pathways for high-demand roles- notably behavioral health providers and community health workers; provide assistance to patients to help them navigate the healthcare system; and sustain access to telemedicine that was made available during the peak of the COVID-19 pandemic.

EPBH Patient Data, Calendar Year 2021

Lifespan's Planning Department analyzed EPBH patient data on patients, admissions, and encounters was disaggregated by town of residence, age, race, ethnicity, language spoken, gender, and payor mix for calendar year 2021. This inpatient and outpatient data is important for understanding trends in utilization of hospital services.

C. Secondary Data Sources

Although they may vary in sample size, data collection methods, and measures reported, all secondary sources are publicly available. Also, in each case, the most current publicly accessible data is presented. Each data source is described in detail below.

HEALTH CARE QUALITY AND OUTCOMES

*United States Census Bureau – Advancing Equity with Data, 2015-2019*⁴¹

The United States Census Bureau's *Data for Equity* website assesses disparities and needs in various communities by offering data on public assistance programs, diversity measurement, data education, opportunity measurement, and more. The website's "Community Explorer" feature enables researchers to search data by state and county. The Census Bureau aggregates several data tools for this site including the American Community Survey (ACS), County Business Patterns (CBP), Nonemployee Statistics (NES), and Community Resilience Estimates (CRE). The CRE measures the level of risk for neighborhoods to the impacts of disaster. In Rhode Island, the CRE is 19.8%, compared to the national CRE of approximately 21.6%. Other facts about Rhode Islanders include:

- 344.7k have broadband service (84%)
- 106.5k have one or more disabilities (25.9%)
- 53.6k are below the poverty level (13.1%)
- 38.8k are without a vehicle (9.4%)

*City Health Dashboard – Providence, Warwick, Pawtucket, 2017-2020*⁴²

With support from the Robert Wood Johnson Foundation, the *City Health Dashboard* offers data on over 40 measures of health and drivers of health for the 500 largest US cities. This website also compares selected cities to averages across the country using the most current data available. The website compares data for three Rhode Island cities: Warwick, Pawtucket, and Providence. Of these cities, Providence shows the worst overall health, while Warwick shows the best. As for specific health outcomes:

- Lead is a significant health risk in both Providence and Pawtucket.
- Providence's third graders in public schools had an average reading test score of 1.6, compared to the national average of 3 (for 3rd grade level).
- Providence had 36.7 opioid overdose deaths per 100,000 population. Warwick had an average of 27.9 and Pawtucket had an average of 28.9. The stats in these three cities were all higher than the Dashboard's cities average of 15.
- The overall COVID-19 Local Risk Index rank is high in both Providence and Pawtucket.

*The Commonwealth Fund 2022 Scorecard on State Health System Performance – Rhode Island, 2022*⁴³

The *Commonwealth Fund Scorecard on State Health System Performance* identifies where health care policies are on track as well as areas that need improvement. Using the Scorecard, states can compare how their performance stacks up against all others. According to the June 2022 edition, Rhode Island ranks 6th overall (of 51 states and territories), 25th on avoidable hospital use, 2nd on access and affordability, 6th on prevention and treatment, 22nd on income disparities, and 2nd on racial and ethnic equity. The state's bottom-ranked indicators were all related to COVID-19: days of hospital staffing shortages during the COVID-19 pandemic, days of high ICU stress during the COVID-19 pandemic, and deaths from COVID-19 in nursing homes. Top-ranked indicators include: high out-of-pocket medical spending, adults without a dental visit, and adults with all recommended cancer screenings. Notably, the indicators that worsened the most since the 2020 report include: adults with any mental illness reporting unmet need, children who did not receive needed mental health care, and preventable hospitalizations ages 18-64. Indicators that improved the most include diabetic adults without an annual hemoglobin A1c test, central line-associated blood stream infection (CLABSI), and potentially avoidable emergency department visits age 65 and older.

*Behavioral Risk Factor Surveillance System – Rhode Island, 2020*⁴⁴

The Behavioral Risk Factor Surveillance System (BRFSS) is the nation's premier system of health-related telephone surveys that collect state data about US adult residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. The "Web Query System" can be used to compare different health areas, measures, and demographics to see where disparities exist. A partnership between the Centers for Disease Control and Prevention and each state's department of health, the survey is conducted annually by phone to landlines and cell phones. In 2020, the most concerning change in Rhode Island was the increase in obesity from 26% to 30%. In addition, 63.2% of Rhode Island adults had at least one Adverse Childhood Experience (ACE). According to the website, poor general health is experienced most frequently by low-income individuals, people of color, those who identify as LGBTQ+, and uninsured individuals or residents with public insurance. The most encouraging changes in the population included getting exercise, having medical checkups, and smoking cigarettes.

United Health Foundation – Rhode Island Summary, 2021⁴⁵

Published by the United Health Foundation, the *America's Health Rankings* database provides information on health statistics and behaviors for the US population in general, as well as state-to-state comparisons. Some challenges for the state include: a high percentage of housing with lead risk, high prevalence of high-risk HIV behaviors, and low volunteerism rate. The site also reported the following for Rhode Islanders:

- Chlamydia increased 31% from 2014 to 2019
- Adults who avoided care due to cost decreased by 31% between 2017 and 2020 (from 12% to 8.3%)
- Insufficient sleep decreased by 11% between 2018 and 2020 (from 36.5% to 32.5% of adults)

HealthFacts RI Public Reports⁴⁶

The *HealthFacts RI* database includes statistics on important healthcare payment information for individuals with health insurance but does not include information about uninsured residents. This site offers an interactive feature to compare differences in health services among patients with Medicare, Medicaid, and commercial insurance. The data aims to help healthcare providers and consumers improve healthcare use, quality, and spending. For the state's 2020 fiscal year:

- Adolescent well-visit rates are 27.2% for those on Medicare, 46.9% for Medicaid, and 60% for private/commercial health plans
- 38% of individuals with Medicare Advantage plans have a significant chronic disease in multiple organs, compared to 9% of individuals with private/commercial plans
- Medicaid has a 20.2% 30-day hospital readmission rate, compared to 15.5% for Medicare and 9.2% for private plans
- 26.4% of Medicaid patients have a 7-day follow up after hospitalization for mental illness, compared to 24% of Medicare patients and 47.4% of private plan patients

County Health Rankings – 2022 Rhode Island State Report⁴⁷

The *County Health Rankings & Roadmaps* program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. Their annual *County Health Rankings* provide a snapshot of how health is influenced by where people live, learn, work, and play. The rankings compare counties within each state on more than 30 health-influencing factors such as housing, education, jobs, and access to quality health care. For 2022, the report shows that the childcare cost burden among Rhode

Island counties ranges from 19% to 27%, hovering around the national average of 25%. Bristol county is ranked #1 in health factors and outcomes.

The United Way of Rhode Island's *Community Impact Report* provides a brief description of how money is being spent to advance communities and support equity throughout the state. According to the report, \$1.26 million was distributed to workforce development/basic needs; \$1.19 million to housing; and \$2.27 million to early childhood & youth development. For fiscal year 2021, the United Way of Rhode Island reported accomplishing an important victory by ending the discrimination by source of income in the rental market. During that year, 41% of the organization's resources were granted to Rhode Island nonprofits.

CHILDREN'S HEALTH

*Rhode Island KIDS COUNT Factbook, 2022*⁵⁰

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. Information is presented by city and town, in addition to an aggregate of the four core cities in which more than 25% of the children live in poverty. Those cities are Providence, Central Falls, Pawtucket, and Woonsocket. Of note, three of the four core cities are located in the EPBH primary service area. This Factbook tracks the progress of 70 indicators across five areas of child wellbeing: Family and Community, Economic Well-Being, Health, Safety, and Education.

- 39% of children do not eat enough because food is unaffordable;
- 6% of children have a parent with no health insurance;
- 55% of adults ages 18-24 have felt down, depressed, or hopeless nearly every day in the past two weeks;
- The workforce crisis affects access to many vital services for children, in large part due to inadequate reimbursements;
- Rhode Island's Temporary Caregivers Insurance (TCI) program only provides up to 5 weeks of wage replacement benefits for mothers; though mothers who take about 12 weeks off have been found to have less depressive symptoms and better health;
- 15% of Rhode Island children aged 2-17 are overweight and 20% are obese; and
- Rhode Island is one of 28 states that currently has no minimum age of jurisdiction for Family Court.

*Rhode Island Department of Health – Youth Risk Behavior Survey, 2019*⁵¹

The Youth Risk Behavior Survey is a collaboration among the CDC, RIDOH, Rhode Island Department of Education, and Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals. The survey is administered every two years to a sample of students at randomly selected Rhode Island high schools and middle schools. The survey asks questions in the domains of relationship skills, responsible behaviors, self-management, and school and home environment.

*Rhode Island Department of Health – Adolescent Sexual Health – 2020 Data Brief*⁵²

This *2020 Data Brief* from the State of Rhode Island Department of Health provides information about the sexual tendencies and health of adolescents in Rhode Island. The information can be used to attempt to increase sexual education and healthcare for the youth population. From 2017 to 2019, sexual activity among high school students increased from 26% to 32%. In addition, 55% of high school students reported condom use at last sexual intercourse, which represents a decrease from 61% in 2009. While pregnancy rates are decreasing, chlamydia cases are increasing.

MENTAL & BEHAVIORAL HEALTH

*Kaiser Family Foundation – Mental Health in Rhode Island, 2021*⁵³

This fact sheet on *Mental Health in Rhode Island* by the Kaiser Family Foundation offers an overview of mental health and substance use disorders in Rhode Island, including mental illness during the COVID-19 pandemic; the prevalence of common mental health and substance use disorders prior to the pandemic; and coverage and access issues. National level data are included whenever possible for comparison. Data from the 2021 state fact sheet for Rhode Island shows:

- 37.3% of adults in Rhode Island report having symptoms of anxiety or depression, compared to 31.6% of the US general population
- 59.1% of adults in Rhode Island with mild mental illness did not receive treatment, 45.7% of those with moderate illness did not, and 38.3% with severe illness did not
- Psychosocial Rehabilitation is not covered in fee-for-service Medicaid in Rhode Island.
- There are 37.5 drug overdose deaths per 100,000 people in Rhode Island, compared to a rate of 28.3 per 100,000 for the US

National Alliance on Mental Illness – Mental Health in Rhode Island⁵⁴

The National Alliance on Mental Illness produces this quick fact sheet about the basics of *Mental Health in Rhode Island*. Their goal is to highlight the pressing issue of the lack of accessible mental health care in each state.

- Individuals in Rhode Island are over four times more likely to be forced out-of-network for mental health care than for primary health care
- High school students with depression are more than two times more likely to drop out than their peers
- 1,104 people in Rhode Island are homeless and one in four residents live with serious mental illness
- Nationally, seven in 10 youths in the juvenile justice system have a mental health condition

Rhode Island 2020 Mental Health National Outcome Measures (NOMS): SAMHSA Uniform Reporting System

The Substance Abuse and Mental Health Services Administration produces this in-depth datasheet about the mental health of adults and children in Rhode Island. All Rhode Island data is compared to national data to see how Rhode Island is performing.

- 39.6% of Rhode Island children who meet the Federal definition for Serious Emotional Disturbances (SEDs) are served through State Mental Health Agencies (SMHAs) (national average = 71.1%);
- 5.6% of people served by SMHAs are homeless in Rhode Island;
- 88.4% of Rhode Island adults get admitted to a Coordinated Specialty Care-First Episode Psychosis (CSC-FEP) service during the year (national average = 62.7%)

Comparison of Characteristics of Deaths From Drug Overdose Before vs During the COVID-19 Pandemic in Rhode Island⁵⁵

This study was conducted to find how COVID-19 affected deaths from drug overdose. The article explains the study performed and the results found. The findings from the research are meant to address some of the issues caused by the pandemic and provide guidance for health professionals to work to solve these problems.

- During the pandemic, rates of death due to overdose during 2020 were higher among men, non-Hispanic White individuals, single individuals, deaths involving opioids, and deaths occurring in a personal residence
- There was a decrease in deaths from overdose involving heroine

- The rate of deaths from overdose in Rhode Island increased in the first 8 months of 2020 compared to 2019

*Trust for America's Health – Pain in the Nation: The Epidemics of Alcohol, Drug, and Suicide Deaths*⁵⁶

This report by the Trust for America's Health examines the set of epidemics the country is facing as drug overdose, alcohol-related, and suicide deaths are all increasing. The report includes evidence-based programs and policies to address these triple crises and is supported by a grant from the Well Being Trust. In 2020, 18 states had higher suicide death rates compared to 2019, and 47 states had higher drug-induced deaths. Every state had higher alcohol death rates. During COVID-19, 140,000 youth lost a caregiver with disparities by race and ethnicity. For instance, Black children were 2.4 times more likely to have lost a caregiver during COVID.

ACCESS AND COVERAGE

Statista's quick data page and graph on *Health Insurance Status Distribution of the Total Population of Rhode Island in 2020* displays information on the number of Rhode Island individuals who have insurance coverage with various insurance plans. In 2020, the largest portion of Rhode Island's residents were insured through employers. Other data for Rhode Island residents in 2020 shows:

- 3.1% are Uninsured or have coverage under the Indian Health Service only
- 16.1% are covered by Medicare plans
- 18.7% are covered by Medicaid plans
- 5.2% purchased or are covered as a dependent by non-group insurance
- 54.7% have employer-sponsored coverage either through their own job or as a dependent in the same household

*Open Data Network – Percent Without Health Insurance: Data for Rhode Island*⁵⁹

This short datasheet offers a basic understanding of the numbers of residents with and without insurance in the state using data from 2008 through 2019. The statistics show that 21.2% of the uninsured in Rhode Island are at or below 138% of poverty, and 20.8% are at or below 200% of poverty. In addition, 25.7% of uninsured residents in Rhode Island are Hispanic, 12.7% are Black, and 7.1% are White.

SOCIAL DETERMINANTS OF HEALTH

RIDOH Health Equity Zones⁶⁰

This report by the Rhode Island Department of Health (RIDOH) explains the importance of building health equity. The state's Health Equity Zones (HEZ) are geographic areas designed to achieve health equity by eliminating health disparities using place-based strategies to promote healthy communities. In April 2015, the RIDOH selected a first cohort of 11 HEZ (two subsequently ceased the contract with the RIDOH before the first project period concluded) and a second cohort of three new HEZ in May 2019. The HEZ are charged with forming community-led collaboratives, conducting baseline needs assessments, creating plans of action, and implementing and evaluating those plans of action. The RIDOH expects hospitals and HEZ to partner on clinical-community linkages to improve population health at local levels. Their 2022 report provides updates on the actions taken by specific counties and towns in their respective HEZ, including:

- The Washington County HEZ has provided evidence-based mental health first aid and suicide prevention training to more than 1,000 police officers, clergy, teachers, parents, and other professionals, and has received federal funding to provide high-quality, timely, and evidence-based care to patients at risk for suicide.
- The West Warwick Health Equity Zone embedded a behavioral health clinician within the local police department to divert patients with substance misuse from the criminal justice system and into treatment.
- The Pawtucket and Central Falls Health Equity Zone partnered with the City of Central Falls Planning Department to develop Rhode Island's first Complete and Green Streets ordinance, which is designed to ensure safe access to roadways for users of all ages and abilities and to protect the environment.
- The City of Providence Health Equity Zone trained staff of 11 City recreation centers in implementing a Healthy Eating policy, to ensure healthy options and role modeling for City youth in all recreation centers.
- Health Equity Zones in Providence, Newport, West Warwick, Pawtucket, and Central Falls partnered to train and deploy trusted community members as community health workers to conduct needs assessments, identify safe routes to schools to improve attendance, promote recovery services, and build community-clinical linkages.

OTHER

Responsibility.org – National Drunk Driving Statistics Map: Rhode Island, 2019⁶¹

The *National Drunk Driving Statistics Map for Rhode Island* displays data on the fatalities in each state that are attributed to drunk driving incidents and compares them to national statistics. State laws about drunk driving are also included. For 2019, standout data points for Rhode Island include:

- 43.9% of total Rhode Island fatalities are alcohol-impaired driving fatalities (the national average was 28.1%)
- The 10-year change in alcohol-impaired driving fatalities per 100K population was -7.8% (compared to the national average of -5.7)
- 16.3% of Rhode Island individuals aged 12-20 reported binge drinking in the past 30-days (the national average was 11.2%)

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

The qualitative and quantitative data collected for this CHNA, as described in Section IV, was presented to the leadership of EPBH, including the hospital President, Chief Medical Officer, Chief Nursing Officer, service line leaders, operations leaders, and safety and quality management. The leadership team engaged in robust discussion of the findings and reflected on the hospital’s prior experience, expertise, and current initiatives to reach consensus on which health concerns should be considered significant and their order of significance for the purpose of implementation planning.

Based on the review, evaluation, and discussion of the qualitative and quantitative data collected for this CHNA, four significant health needs have been identified for the community served by EPBH. Below, EPBH’s prioritized significant health needs are described in further detail.

The prioritized, significant health needs resulting from the EPBH 2022 CHNA are:

Priority 1: Community Education and Prevention

Priority 2: Access to Treatment Services

Priority 3: Navigation Assistance and Referrals to Community Services

Priority 4: Parent Training on Mental Health Topics

1. Community Education and Prevention

The EPBH CHF participants and survey respondents indicated that “community education” was their top health concern and requested “support groups and training on mental health topics.” They further identified the need for “prevention and treatment of drug use among youth.” Thirty-six percent of the EPBH community survey respondents selected “Community-Based Education” as a health concern. In addition, 9% of survey respondents chose “Access to Health Information” as a need. When asked what hospitals could do in response to these concerns, 55% of survey respondents requested “More health education in community settings” and 27% requested “More health education at medical visits.”

Key informants cited the need to improve access to community-based services including home-based therapeutic services for children with special needs. Additionally, three of the RIDOH’s population health goals focus on promoting behavioral health and the need for outreach and education:⁶²

- Promote behavioral health and wellness among all Rhode Islanders;
- Improve health literacy among Rhode Island residents; and
- Increase patients’ and caregivers’ engagement within care systems.

Access to mental and behavioral health services have not kept pace with the need in the population. There are 12 Mental Health Professional Shortage Areas in Rhode Island, with seven of those in Providence County.⁶³ In 2021, the Kaiser Family Foundation reported that 37.3% of adults in Rhode Island reported having symptoms of anxiety or depression, compared to 31.6% in the United States general population. Of concern, 59.1% of adults in Rhode Island with mild mental illness did not receive treatment, 45.7% of those with moderate illness did not, and 38.3% with severe illness did not receive treatment.⁶⁴ According to the 2022 Commonwealth Fund State Scorecard, the number of children in Rhode Island who did not receive needed mental health care worsened to 21%, more than the United States average (19%) and more than double the rate in the best performing state (10%).⁶⁵

Notably, nearly one in three (32.3%) high school youth in Rhode Island reported feeling sad or hopeless almost every day for at least two weeks in a row such that they stopped doing some usual activities during the 12 months before being surveyed. Alarming, the rate among high school girls was 40.6%, significantly higher than boys at 23.9%. Among middle school students, 25.8% students reported feeling sad or hopeless for at least two weeks, and again, the rate was significantly higher for females (34.2%) than males (17.5%).⁶⁶

Poor mental health coupled with inadequate access to mental health services can lead to increased rates of risk-taking behavior, suicide, and death. The United States is experiencing a triple epidemic of increasing deaths attributable to alcohol, drugs and suicide that have only been exacerbated by the COVID-19 pandemic.⁶⁷

- 10.7% high school students reported binge drinking at least once during the previous 30 days.⁶⁸
- In 2019, 17% middle school students had ever seriously considered suicide with 6% attempting suicide.
- At the high school level, 13% students had seriously considered suicide in the past year with an alarming 15% attempting suicide in the previous 12 months.⁶⁹

Patients need information they can understand and use to effectively make the best decisions for their own health and the health of their families. To accomplish this, they need to fully understand how, where, and when to access health services. Strong health literacy helps prevent and manage health challenges, resulting in improved outcomes. In helping to target programs, the findings of Rhode Island’s Special Legislative Commission to Study the Topic of Health Literacy (November 2017)⁷⁰ noted that:

- There is a lack of health literacy among the elderly, individuals with disabilities, and individuals suffering from mental illness;
- Certain populations, including Hispanics (14% of Rhode Island population), are impacted more acutely; and
- Improving health literacy at an early age has a direct impact on health literacy in later life.

CHF participants encouraged EPBH to develop outreach programs throughout the state that promote strategies to improve mental health, teach people to recognize symptoms of poor mental health, and guide the public to mental health service access points. EPBH will need to deliver education in accessible community locations, and in languages other than English, to be responsive to the diverse communities in the service area. EPBH may continue to partner with community-based providers, schools, and state agencies to create and deliver a wide array of outreach and education programs for children and families as well as professionals who work with youth.

2. Access to Treatment Services

During the 2022 CHNA, CHF participants repeatedly cited emotional wellbeing and mental and behavioral health among their top health concerns. Participants stated a desire to understand signs and symptoms of poor mental health for themselves and the people they care for (e.g., children, seniors). Amplifying the voices of community participants, most of the

key informants representing health policy, health care, and social service stakeholders also named behavioral health care as a top concern, and further still, emphasized the need to improve behavioral health care services for children.

In 2022, 64% of the EPBH survey respondents selected “Access to Medical Services” as a health concern. In addition, 45% of EPBH survey respondents indicated that mental and behavioral health was a top concern. To respond to this concern, 45% survey respondents recommended that EPBH provide “Easier access to medical appointments.” In addition, 27% chose “offer more locations for services.” In addition, CHF participants requested an easier process for obtaining insurance referrals.

Survey respondents offered comments that highlight the need to increase access to children’s mental health services. One respondent commented:

“It continues to be a struggle for patients to access mental and behavioral health services. The pandemic worsened the situation, but it also showed that virtual visits for mental and behavioral health can create greater access.”

Another offered:

“We need more mental healthcare for adults AND children. Waiting lists are too long and patients need treatment sooner.”

Respondents mentioned mental treatment as a concern for multiple demographics:

“Mental health remains a concern, especially now with a growing population of people on the autism spectrum who are also experiencing mental health challenges.”

“This is tragic that children/teens with mental health/developmental disabilities are housed at hospitals rather than in their homes.”

Access to treatment services is essential to improving health outcomes. Conversely, without adequate access, patients may not receive appropriate care in a timely manner.

EPBH is the only hospital in Rhode Island dedicated to children’s mental health and in 2022, sounded the alarm given the current state of emergency due to is constantly exploring opportunities to expand services.

In 2020, there were 2,608 ED visits and 1,825 hospitalizations of Rhode Island children with a primary diagnosis of mental disorder.⁷¹ This high volume of hospitalizations and ED encounters suggests that there is insufficient treatment capacity outside of hospital settings. The leadership of EPBH and other stakeholder agencies said as much when they issued a declaration of emergency in April 2022 regarding the state of child and adolescent mental

health in Rhode Island. That declaration made a compelling argument for policy and systems change that aligns with the input from CHF, survey respondents and key informants:

“As health professionals dedicated to the care of children and adolescents in Rhode Island, we have witnessed soaring rates of mental health challenges among children, adolescents, and their families over the course of the COVID-19 pandemic, exacerbating the situation that existed prior to the pandemic. Children and families across our state have experienced enormous adversity and disruption. The inequities that result from structural racism have contributed to disproportionate impacts on children from communities of color at the same time as racial and ethnic diversity has increased in Rhode Island and is projected to rise in the future. This worsening crisis in child and adolescent mental health is inextricably tied to the stress brought on by COVID-19 and the ongoing struggle for racial justice and represents an acceleration of trends observed prior to 2020... We are caring for young people with skyrocketing rates of depression, anxiety, trauma, and suicidality that will have lasting impacts on them, their families, and their communities. We must identify strategies to meet these challenges through innovation and action, focusing on state and local interventions designed to improve equitable access to care including mental health promotion, prevention, and treatment. Taking into account Rhode Island’s specific existing resources and our state’s unique strengths, we urge a particular focus and investment in community-based and community-responsive outpatient care designed to identify and treat youth earlier in their course of illness. This would reduce the burden on individual children and their families as well as the impact on our higher levels of care and schools by decreasing escalation to full-blown mental health crises.”⁷²

Even after accounting for the breadth and depth of EPBH and HCH services, there is still insufficient treatment capacity for children’s mental and behavioral health in Rhode Island, severely limited access for patients who speak a language other than English, and protracted wait times to access services, regardless of insurance status. EPBH will continue to focus on opportunities to increase access to treatment so that more patients and families are able to obtain the care they need.

3. Navigation Assistance and Referrals to Community Services

When asked what EPBH could do in response to their health concerns, 45% of survey respondents expressed a desire for “More health system navigators.” Key informants also named access to community-based services and equitable care as goals and suggested that assistance navigating the health care system was a prime opportunity for hospitals to address population health concerns.

Building a well-trained, culturally competent, and diverse health system workforce to meet Rhode Island's needs is one of the State's twenty-three population health goals.⁷³ Further investments in workforces like Community Health Workers is a promising strategy to assist patients by linking clinical and community supports while at the same time building a career pathway for residents who reflect the diversity of the service area.

A workforce to help patients navigate hospital and community services will also benefit from technology to facilitate service referrals. Lifespan contracts with Unite Us to send referrals for SDOH services that are key to addressing health equity. The Unite Us platform allows the care team to proactively screen for unmet needs, facilitate access to providers across health and social settings, track referral and outcome data to identify trends in SDOH needs, expand access to community-based resources, and analyze data to identify disparities and inequities among the service population. Lifespan is core to Unite Rhode Island's success, serving as a leading referral sender and receiver for the community. Since the launch of Lifespan users in the fall of 2021, users, including staff of EPBH, have sent over 1,000 referrals and have worked with over 850 clients. Through continued use, EPBH can expect to better understand inequities across gender, race, ethnicity, age, and other socio-demographic fields; gain visibility into trends impacting various populations, such as common service needs, service resolution, and service outcomes; and make informed decisions and take action to better serve clients and reduce disparities in access to care and health outcomes.

The transition from pediatric to adult health care presents an opportunity to provide navigation assistance. While difficult for any teen, transitions in care are especially challenging for teens with mental health challenges. As in 2019, CHF participants stressed the need for services that bridge this transition and improve coordination between pediatric and adult health care services. These individuals may be transitioning to independent living situations, employment, or other independent life experiences, and the support offered by EPBH's programs helps them accomplish this more easily. EPBH has expanded the capacity of its Verrecchia Clinic to provide case management for transition and works closely with DCYF, RIDE and school departments on transitioning youth to home, community, and school settings.

4. Parent Training on Mental Health Topics

EPBH's CHF participants suggested more supports for parents in helping with their children's mental health care. Survey respondents suggested that EPBH be "open to ideas from parents" and provide "structure in parent and caregiver time with children" during visits.

Now, more than ever, parents and caregivers have questions about their child's mental health. EPBH clinicians share their expertise on *Mindcast: Healthy Mind, Health Child* (Mindcast), a podcast hosted by two nationally recognized experts in children's mental health. Mindcast explores trends and topics relevant to pediatric mental healthcare through an informative and entertaining format. Each episode features a different EPBH clinician on topics ranging from teen depression, to processing grief and loss, to anxiety in kids and all things mental health in between. While EPBH staff provide a full continuum of care to patients daily, Mindcast amplifies their expertise and insight "on-demand." Each podcast can be downloaded and shared, which not only extends the reach of EPBH's knowledgeable and skilled staff but offers an innovative way to communicate to an audience of parents, families, caregivers, and peers, all of whom play a central role in a young person's treatment. Launched in April 2022, EPBH has released nine podcasts with more planned.⁷⁴

As described above in Section III, EPBH provides an extensive array of educational programming on mental health topics targeting parents and professionals and will continue to do so with additional emphasis on tailoring its outreach and trainings to optimize the offerings for parents and guardians. One such offering is MHFA. MHFA is an evidence-based curriculum that teaches participants how to identify, understand and respond to signs of mental illnesses and substance use disorders. The training gives participants the skills they need to reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis. MHFA has two primary modules: Adult, which is designed for individuals to intervene with adults; and Youth MHFA for adults who regularly interact with young people. MHFA was developed in Australia in 2001 and has been successfully implemented in the United States since 2008. Instructors from EPBH and Gateway are certified to offer Adult, Youth, Teen and MHFA, among other specialized audiences.

The annual Parenting Matters Conferences is Rhode Island's premier event for those who raise or work with children. 2022 marked the 21st year of Parenting Matters Conference and featured a keynote speaker and three breakout workshops on topics central to raising health children. Complementing the annual conference, EPBH offers semi-annual Parenting Matters Workshops that explore one topic in depth, giving parents the opportunity to learn from and dialogue with experts on mental health topics of interest.

Another resource dedicated to parents and caregivers is Kids' Link, a 24/7 hotline for parents and caregivers of children experiencing acute mental distress and is promoted across the service area. A collaboration between EPBH and Gateway, Kids' Link is extensively marketed to parents to facilitate their access to mental health care for their children while also diverting from unnecessary use of emergency department settings. As measured by the

year-over-year increases in calls to Kids' Link as described in Section III, this is a valuable service that parents are increasingly utilizing to navigate care options for their children.

EPBH will continue to build upon these strategies to offer training and education programs tailored for parents and caregivers.

VI. Conclusion

The CHNA is a tool that EPBH will use to address the significant health needs identified in this report. The results of the CHNA will guide the development of EPBH's community benefit programs and implementation strategy. EPBH's leadership team, including its executive management and other individuals critical to the organizational planning process will craft EPBH's implementation strategy which will detail action item plans covering the period from October 1, 2022 through September 30, 2025. This implementation strategy will be completed and authorized by the EPBH Board of Directors consistent with IRS rules and regulations.

A. Acknowledgements

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Community Liaisons

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Leah Germinara

Community Forum Host Sites

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East Providence Public Library, East Providence, RI

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Michelle Monti

B. Contact Information

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Appendix A. Emma Pendleton Bradley Hospital Community Health Forum Schedule

Tuesday, May 3, 2022

6:00 – 7:30 PM

Online forum – Held via Zoom

Saturday, May 7, 2022

1:00 – 3:30 PM

Anchor Recovery Center

310 Reservoir Avenue, Providence, RI 02907

Saturday, May 21, 2022

1:00 – 3:30 PM

East Providence Public Library / Weaver Library

41 Grove Avenue, East Providence, RI 02914

Wednesday, June 1, 2022

5:00 – 6:30 PM

Online forum – Held via Zoom

Appendix B. EPBH CHNA Community Liaison Profiles

Jazzmin Andrade is a Rhode Island resident and a community health worker at Rhode Island Hospital. She completed training through the Providence Center’s Anchor program and currently holds a position as a certified peer recovery specialist. Jazzmin also received certification as a case manager through Rhode Island College and previously worked as a residential counselor. She is currently enrolled in the Black Addiction Counseling Education program (BACE), and upon completion, Jazzmin will become a licensed drug and alcohol addiction counselor. She deems it a privilege to help others in the community who struggle with finding resources for addiction and mental health as she knows firsthand what it feels like to navigate these areas without support. By working in this field, Jazzmin hopes to give back all the knowledge and resources that she has obtained.

Leah Germinara was encouraged to become a community liaison for Emma Pendleton Bradley Hospital after discovering an open call in the Community Health Worker Association of Rhode Island’s (CHWARI) newsletter. Leah earned her bachelor’s degree in applied psychology from the University of Rhode Island. She is a certified peer recovery specialist as well as a certified community health worker whose professional accreditations include Harm Reduction: A Recovery Coaching Pathway; Wellness Recovery Action Plan (WRAP); Overdose Prevention Trainer of Trainers; Whole Health Action Planning (WHAM); NAMI Connection Recovery Support Group; and PeaceLOVE facilitation, among many others. Leah is currently pursuing her PhD in community psychology and is also employed by Allies in Recovery — an organization whose program is centered on the evidence-based method of Community Reinforcement and Family Training (CRAFT), that was created specifically to train families of loved ones struggling with addiction. Additionally, Leah is an active member of the recovery community and is proud to be in long-term recovery herself. She is excited to be a part of the Community Health Needs Assessment project team and looks forward to connecting with the community at the Emma Pendleton Bradley Hospital as well as performing qualitative analysis for Lifespan’s community forums.

Appendix C. CHNA Community Liaison Position Description

Position Summary

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

A demonstration of Lifespan's mission, the Lifespan Community Health Institute (LCHI) works to ensure that all people have the opportunities to achieve their optimal state of health through healthy behaviors, healthy relationships, and healthy environments. The LCHI, often in collaboration with Lifespan affiliates and/or community partners, addresses a spectrum of conditions that affect health. One of our major initiatives in 2022 is to assist each of the Lifespan hospitals- Rhode Island Hospital/Hasbro Children's Hospital, The Miriam Hospital, Emma Pendleton Bradley Hospital, and Newport Hospital, in performing a Community Health Needs Assessment and developing strategies to respond to the identified needs over the next several years.

The LCHI is recruiting 10 individuals who will serve as Community Liaisons, helping to infuse community input in the community health needs assessment process. The Community Liaison is a project-based consultant position spanning March-June 2022. An estimated 30-50 hours will be distributed over the course of four months. A diverse cadre of Community Liaisons will be selected who represent the diverse residents in the Lifespan hospitals' service areas. The Community Liaison reports to the Vice President of Community Health and Equity at Lifespan. This position is not open to current Lifespan employees and does not confer benefits. Community Liaisons will be hired as consultants and paid in two installments, at the midpoint and completion of the project.

Responsibilities

The Community Liaison will assist Lifespan staff with planning and execution of at least three community forums as part of the community health needs assessment process for Rhode Island Hospital/Hasbro Children's Hospital, The Miriam Hospital, Bradley Hospital, and/or Newport Hospital. The forums will either be conducted in person or virtually, depending on safety recommendations in place at the time. The goal of each forum is to identify and prioritize local community health needs. The Community Liaison will be responsible for identifying local organizations/institutions (e.g. neighborhood associations, non-profits, churches, etc.) that will partner with Lifespan to host a community forum. Further, the Community Liaison will assist with recruitment, logistics, facilitation, and debriefing each forum. The Community Liaison will be trained on expected tasks and relevant data. Primary responsibilities include:

- Team with Lifespan staff and other Community Liaisons to complete tasks.
- Perform community outreach and recruit strategic partners to participate in the needs assessment process.

- Develop and maintain productive relationships with stakeholders, to create buy-in for the community health needs assessment process.
- Assist with the planning and execution of in-person or virtual presentations for small groups and community organizations, including logistics and follow-up.
- Practice effective communication and reliable follow-up with Lifespan contacts and community partners.
- Track and communicate detailed information regarding supplies or other supports needed to complete tasks.
- Attend all required orientation and check-in meetings.

Qualifications and Competencies

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

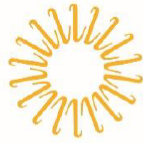
- Trusted community broker with demonstrated success organizing community efforts
- Commitment to and interest in community health
- Willingness to work in a team environment, as well as the ability to complete tasks independently
- Thorough, timely and reliable communication skills
- Excellent oral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

Desired Skills

The following skills are preferred, but not required:

- Personal or professional experience in a public health or related field (e.g. community outreach or organizing, community health work, health care, public policy, community development)
- Experience interpreting and explaining data
- Bilingual in English and another language commonly spoken in Rhode Island

Appendix D. EPBH Sample Community Health Forum Agenda



Bradley Hospital
Lifespan. Delivering health with care.®

BRADLEY HOSPITAL - 2022 COMMUNITY HEALTH NEEDS ASSESSMENT

Community Forum Agenda

Tuesday, May 3, 2022

- 6:00 PM Welcome & Introductions**

- 6:05 PM Overview of CHNA and progress since 2019**

- 6:10 PM Current Health Data**

- 6:20 PM Question #1: Does this reflect your health concerns? What's missing?**

- 6:40 PM Question #2: How would you prioritize among these health concerns?**

- 7:00 PM Question #3: What would you like for the hospital to do to help address these priorities?**

- 7:20 PM Wrap-Up & Evaluation**

Appendix E. EPBH CHNA Community Input Form



2022 Community Health Needs Assessment - Community Input Form

Lifespan seeks to understand your health concerns and how our hospitals can help respond to those concerns. The information you share will help us to complete a Community Health Needs Assessment and create an action plan. This survey should take 5 minutes or less to complete. We value your input!

1. What are your health concerns? You may choose more than one.
 - Access to Medical Services
 - Heart Health
 - Mental and Behavioral Health
 - Community-based Education
 - Social Determinants of Health (e.g. housing, food access, education)
 - Other _____
 - Access to Health Information
 - Healthy Weight & Nutrition
 - Senior Health
 - Chronic Disease Management
 - Cancer
 - Children’s Health
 - Substance Use Disorders
 - Chronic Disease Prevention
2. What could our hospitals do in response to your concerns? You may choose more than one.
 - More health education at medical visits
 - More health system navigators
 - Easier access to medical appointments
 - Help patients access services to address housing, employment, food security, etc.
 - Other _____
 - More health education in community settings
 - Improve language access
 - Offer more locations for service
3. Please comment on the progress made in addressing the 2019 priorities (details on reverse).
4. To which hospital service area should these comments be attributed? Choose one or more.
 - Emma Pendleton Bradley Hospital
 - Rhode Island Hospital / Hasbro Children’s Hospital
 - Newport Hospital
 - The Miriam Hospital
5. Any additional comments or suggestions?

The remaining questions are optional and we greatly appreciate you taking the time to respond. Answering these questions will help us determine to what degree the survey respondents reflect the diversity of residents in our service area.

6. What is your zip code? _____

7. How do you identify?

- Gender: Male Female Other
Race: American Indian/Alaska Native Asian Black/African American
 Native Hawaiian or Other Pacific Islander White
Ethnicity: Hispanic/Latinx Not Hispanic/Latinx
Age Range: 0-18 years 19-34 years 35-64 years 65+ years

8. Do you manage health care access for any children under the age of 18? Yes No

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

Name: _____

Email: _____ Telephone: _____

Please visit Lifespan's [Community Health Reports](#) page to learn more about the 2019 CHNAs. **Thank you!**

2019 Community Health Needs Assessment

The Patient Protection and Affordable Care Act ("Affordable Care Act") requires non-profit hospitals to conduct a Community Health Needs Assessment (CHNA) every three years. In 2019, Lifespan completed its third CHNA for each of its hospitals. CHNAs solicit feedback from members of the community to determine the most pressing health needs in the community served by the hospital. Based on the needs identified, each hospital develops implementation strategies that respond to the prioritized needs. That implementation plan describes the action steps that each hospital will take to mitigate the stated need over the 2020 to 2022 fiscal years. Please refer to the reports for detailed implementation strategies.

The 2019 CHNA for each hospital identified the following significant needs:

The Miriam Hospital

1. Access to Care
2. Healthy Weight and Nutrition
3. Cancer
4. Outreach and Education
5. Mental and Behavioral Health

Newport Hospital

1. Access to Primary Care and Specialty Services
2. Outreach and Education
3. Access to Mental and Behavioral Health Services
4. Wellness Programs
5. Aging in Place

Rhode Island Hospital

1. Access to Care
2. Mental and Behavioral Health
3. Community-based Outreach and Education
4. Disease Management

Bradley Hospital

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

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

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