

MHARI and the Brown Initiative For Policy Release Report, “*The State of Behavioral Healthcare in RI*”

The Mental Health Association of Rhode Island (MHARI) released a report, ‘*The State of Behavioral Healthcare in Rhode Island*’, completed in partnership with the Brown Initiative for Policy, a non-partisan think tank run by undergraduates at Brown University.

Speaking to the intent of the report, Laurie-Marie Pisciotta, MHARI’s Executive Director, states, “This report shines a light into the gaping holes in Rhode Island’s continuum of care. Our hope is that by compiling existing but disparate data from across many agencies, we gain a more comprehensive, holistic understanding of our behavioral health system today so that we can focus attention where needed to build a better system for tomorrow.”

The report compiles available data from several sources, outlining indicators related to mental health outcomes, utilization of services, access barriers to services, prevalence of mental illness in the state’s corrections system, demographics and disparities in behavioral healthcare, and financing.

Evan Mizerak, Brown ’22, President of the Brown Initiative for Policy, notes, “We were excited to collaborate with MHARI for this first of its kind report here in Rhode Island that, with updates over time, will help measure improvements or declines in behavioral health outcomes, access, and prevalence to identify where state investments and reforms have had an impact.”

The most tangible benchmarks of success in delivering behavioral healthcare are patient **outcomes** and **self-reporting of mental distress**. Indicators included in the report highlight concrete measurements such as suicide rates, but also more qualitative assessments of patient satisfaction and perceptions of care. One dataset from which the group drew to gain a better sense of these metrics was America’s Health Rankings, published by the United Health Foundation, which tracks mental health based on self-reporting of measures including “frequent mental distress” at the state and national levels. Of note, between 2012 and 2019, anywhere from one in ten to one in seven Rhode Islanders reported spending over half of the past month in mental distress. Among adolescents, the group drew from data published by the Rhode Island Department of Health’s Youth Risk Behavior Survey (YRBS) that show that in each survey dating back to 2005, over *one-quarter* of high school respondents reported experiencing sadness and hopelessness that impaired social functioning.

To build a better understanding of **utilization** of behavioral health services in the state, the MHARI and Brown Initiative for Policy team analyzed data from Rhode Island's All-Payer Claims Database (RI APCD) to assess access to care for any mental illness (AMI), as well as specific conditions including depression, anxiety, and post-traumatic stress disorder.

The group also used APCD data to track where people accessed care. For example, one indicator measures the rate of general outpatient care against emergency room utilization. The good news is that general outpatient care outpaced emergency room utilization, but the data also show that emergency room use predominated over inpatient care, partial hospitalization programs, and intensive outpatient programs. Moreover, emergency room 'readmissions' are common: an average of 55.43% of individuals accessing care at emergency rooms between 2016 and 2020 were discharged from the emergency room less than a year prior.

Pisciotta comments that "Despite the limitations of data from the APCD, it contains important measures we can now track over time and collate and compare with data collected from elsewhere. In this case, helping demonstrate the need to invest more in intensive outpatient programs and partial hospitalization to reduce emergency room use and readmissions as well as the need to invest in better treatment options for children and adolescents."

The report includes indicators to track **barriers to care** experienced by patients. One indicator examines the ratio of public-school students to school counselors -- defined as psychologists, therapists, or guidance counselors. There were 358 students per counselor in Rhode Island's public schools in 2019, far exceeding the American School Counselor Association's recommended standard of no more than 250 students per counselor. Indicators to track available patient beds and wait times for treatment of mental illness and substance use disorders pull from data collected by the Rhode Island Behavioral Health Open Beds (BHOB) system, maintained jointly by the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) and the Rhode Island Quality Institute (RIQI). Between May and December of 2020, an average of nearly 24 individuals per day found themselves waiting at an emergency department for inpatient behavioral health services. While further reports should include a larger sample size, it is notable that many of the wait times for those in emergency departments are long, averaging more than 12 hours.

The **criminal justice system** is the largest provider of mental health care in the United States. The report includes data requested from the Rhode Island Department of Corrections (RIDOC) to track prevalence among people incarcerated in the state. Indicators featured in the report include monthly expenditures for incarcerated adults prescribed psychiatric medications, broken down by facility type. Importantly, the

research team found that data regarding the prevalence of serious and persistent mental illness (SPMI) across correctional facilities in Rhode Island were extremely limited and variable.

In her opening letter to the report, Pisciotta writes, “We learned that some of the data we were seeking does not currently exist and that we will need to advocate for expanded data collection by state agencies and the delivery system. Our hope is that future iterations of this report will include an even more quantifiable assessment and add topics such as the needs of homeless individuals with mental illness, and a deeper dive into the unmet needs of children and adolescents.”

Access the full report at: https://mhari.org/wp-content/uploads/2022/09/SoS-Report_Final-9.01.22.pdf

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