

**FACT SHEET ON DEFICIENCIES IN RHODE ISLAND’S PROVISION
OF MENTAL HEALTH CARE TO MEDICAID-ELIGIBLE CHILDREN
Taken from Complaint Filed in U.S. District Court in *J. “E.” L. v. Charest***

- ¶2. In May 2022, Rhode Island mental health professionals declared a “state of emergency” in child and adolescent mental health. Their declaration highlighted the “skyrocketing rates of depression, anxiety, trauma, and suicidality that will have lasting impacts on them, their families, and their communities.” They underscored the “dramatic increases” in emergency department visits for mental health emergencies, and urged a concentrated effort to “invest in community-based, responsive outpatient care to identify and treat youth earlier in their mental health journeys.”
- ¶17. In FY 2024, more than 20,000 Rhode Island children enrolled in Medicaid had a behavioral health disability.
- ¶18(a)(i). The R.I. Executive Office of Health and Human Services (EOHHS) has admitted that only 57% of children ages 6-17 received critical follow-up care after hospitalization for mental illness.
- ¶18(a)(ii). In 2023, 62.1% of R.I. youth who experienced a major depressive episode received no mental health services at all. Worse, only 13.9% received consistent treatment, far below the national average.
- ¶209. In 2022, EOHHS openly admitted that the state’s behavioral health crisis was “still not being adequately addressed,” and that “[i]n the majority of behavioral health metrics, Rhode Island ranks worse than the US average.”
- ¶211. In May 2024, the U.S. Department of Justice confirmed that “[c]urrent DCYF-contracted providers offering long-term, intensive, high-acuity, community-based care do not serve a sufficient number of children to avoid the unnecessary hospitalization of children.”
- ¶18(c)(iii). In October 2024, a report released by the Rhode Island Coalition for Children and Families indicated that 733 children were on waitlists for behavioral health services between January and June 2023, with wait times ranging from one week to one year. RICCF noted that even this figure is likely an undercount, as not all programs track waitlists.
- ¶240. DCYF recognizes its responsibility for “developing a continuum of care for children’s behavioral health services to support children within their family settings” and “in the least restrictive environment possible.”
- ¶242. EOHHS is aware that the “lack of capacity for outpatient care and services in the community [] can lead to unnecessary utilization of more restrictive and more expensive levels of care...and longer length of stay for inpatient care.”
- ¶243. As far back as 2010, Rhode Island’s institutionalization rate had been considered among the “worst in the nation and vastly above the national average.” As of 2022, Rhode Island’s rate of institutionalization is still 50% above the national average.
- ¶246. As of August 2024, around 80 Rhode Island children were placed in out-of-state residential psychiatric facilities—with some as far away as Idaho. Several of these facilities have been linked to abuse, understaffing, and even deaths.
- ¶246. The number of children placed in out-of-state facilities has grown by 30% between 2022 and 2024. The amount DCYF spends on out-of-state facilities has ballooned in that same period by over 2000%, from \$71,380 to \$1.98 million.