Rhode Island

In 2006, Rhode Island's mental health care system received a grade of C. Three years later, the grade remains the same.

More than a decade ago, Rhode Island had one of the best mental health systems in the country. Its Department of Mental Health, Retardation and Hospitals (MHRH) was a leader in providing evidence-based community mental health services. In the face of severe economic distress, however, the state is moving to cut social services.

Yet, even as the dire budget situation drives policy, the state has created an additional program called "RIACT II," which is a less intensive service delivery model based on Assertive Community Treatment (ACT) principles, for individuals who do not need the level of traditional ACT services. MHRH also has increased the number of "step down" beds which serve as an intermediate level of 24-hour care between inpatient hospital care and outpatient community programs.

An innovative, Web-based Rhode Island Network of Care provides information for individuals, families, and other agencies on mental health services, laws, and related topics, and a "211" telephone system has been developed to help the public access mental health resources. Even though the mental health system is under stress, the state continues to provide an impressive array of evidence-based practices (EBPs), including ACT, supported employment, integrated dual diagnosis treatment, and illness management and recovery, as well as reentry programs for jail inmates with serious mental illnesses and an expansion of certified clubhouses.

Nonetheless, cracks are emerging in Rhode Island's system. After uninsured individuals in psychiatric crisis are assessed in emergency rooms, they face long waits for admission. Meanwhile, the state is reducing the capacity of its one state psychiatric hospital, relying instead on general hospitals for inpatient beds on psychiatric units. As the state hospital census declines, it remains to be seen whether adequate services will exist in the community. Pressing issues include shortages of mental health services for transition age youth, older adults, people without health insurance, and individuals reentering the community from jails and prison. In a time of funding crisis, consumers and families are seeking additional opportunities to provide input on policies, services, and monitoring of the mental health system.

Social service advocates are alarmed by a proposed Medicaid waiver that will cap funding and the state's responsibility for providing care. The waiver will change Medicaid-funded mental health care from an entitlement to a limited, defined benefit that no longer guarantees access to care.

To keep its core of EBPs intact during a time of diminishing resources, MHRH will need to be creative and collaborative. It also will require political commitment and leadership from the governor and legislature.

By taking such steps, potential will still exist for Rhode Island—once a national leader in mental health services—to rise again to a high level of achievement.

Innovations

- Expansion of ACT and certified clubhouses
- Web-based information "network of care"
- "211" telephone access to mental heath care

Urgent Needs

- Increased training for police
- Mental health services for people without insurance
- Access to a continuum of supportive housing and treatment options
- Adequate inpatient capacity

Consumer and Family Comments

- *"The best thing about the public mental health system in RI is the people . . . they care. They want to figure out how they can give the best care to Rhode Islanders despite hard economic times."*
- *"Very difficult to get into the system . . . Waiting periods are long."*
- *"Few hospital beds, few doctors, no housing, no central location for services, no dollars."*