RI Children's Behavioral Health System of Care Public Meeting Minutes - Draft

Meeting Date, Time, and Location: April 8, 2021, 4:30 p.m. to 6:00 p.m., Zoom Conference

Meeting Facilitators/Presenters: EOHHS Secretary Womazetta Jones, EOHHS Assistant Secretary Ana Novais, Marti Rosenberg (EOHHS), Susan Lindberg (DCYF), Rosemary Reilly-Chammat (RIDE), Chris Strnad (DCYF), Jason Lyon (EOHHS), Ryan Erickson (BHDDH), Blythe Berger (RIDOH),

Attendees: Melissa Ross (Ocean State Behavioral), Cindy Gordon (Newport Mental Health), Kevin Savage (BHDDH), Jamie DiNunzio (NHP of RI), Aimee Mitchell (DCYF), Seena Franklin (CCAP), Craig Gordon (C4P), Sarah Kelly Palmer (FSRI), Alexis McHugh (Looking Upwards), Sandy, Peltier (Trudeau Center), Joe Carr (RI DCYF), Demi Caris (Groden), Susan Dickstein (RIAIMH), Linda Cabral (CTC-RI), Roberta Hazen Aaronson, Ryan Erickson (BHDDH), Carolyn Souza (Looking Upwards), John J. Tassoni Jr., Larome Myrick (DCYF), Naiommy Baret (PSN RI), Marie Palumbo-Hayes (FSRI), Denise Achin (BHDDH), Joe Robitaille (Trudeau Center), Daniel Barbosa (CCA), Zach Nieder (RI Foundation), Robert Archer (Child & Family), Becky Almeida (Parent/Board member PSN), Rick Brooks (EOHHS), Susan Orban (Washington County Coalition for Children), Louise Kiessling MD (FAAP WCCC), Brenda Amodei (BHDDH), Barbara Lamoureux (Thrive Behavioral Health), Margaret Holland McDuff (FSRI), Lisa Conlan (PSN), Andrea Chait (Momentum), Sarah Sparhawk (DCYF), Ann Gigliotti (The Fogarty Center), Tara Hayes (RIPIN), Amie Ashegh (Perspectives), Belinda Taylor (Lifespan), Jennifer Levy (RIDOH), Carlene Casciano-McCann (SMHFC), Nicole Saunders (TPC), Wendy Plante (Hasbro Children's Hospital & RI Psychological Association), Brenda Judge (RI Student Assistance Services), Kelci Conti (CCAP), Shea Hitzfield (Momentum, Inc.), Christine Emond (BHDDH), Sarah Dinklage (RI Student Assistance Services), Danielle Cyprien (PSN), Veronica Bourget (Child & Family Statewide, PSN), Bob Hicks (WCCC) Tanja Kubas-Meyer (RI Coalition for Children and Families), Louis Cerbo (BHDDH), Marea Tumber (OHIC), Charlotte Kreger (EOHHS), Karyn Horowitz, MD (MD/Bradley, CMO/PediPRN), Debbi McInteer MD (Psychiatrist), Jeffrey Hill, Joanne Quinn (The Autism Project), Melissa Ross, Sam Salganik (RIPIN), Beth Bixby (Tides), Tina Spears, Susan Duffy, James Simon, Benedict Lessing (CCA),

Agenda Item	*Speaker/Facilitator*	*Meeting Notes*
Welcome & Introductions	EOHHS Secretary Womazetta Jones	• Mission: Strengthening and supporting families • 3 guiding principles in approaching the work we do: 1. Families must always be given a choice 2. Race equity lens – all policies, procedures, and implementations – what role does race play? Is it fair and equitable? 3. Community Engagement – we need to authentically and meaningfully engage the community from start to finish. • Government, stakeholders and community – we need to do this do this together? Must utilize our resources including the American Rescue Plan. • There must be action and collaboration in order for this to work – and we look forward to working together.
Children's Behavioral	EOHHS Assistant Secretary Ana Novais	• How do we together as a state, providers, community, and all state agencies dream of a system and implement a system that serves our most vulnerable population? • Reviewed agenda for today's meeting.

Health in Rhode Island Today		• Children's Behavioral Health in RI Today:
		  ○ 1. Lack of clarity for parents
		  ○ 2. Lack of alignment within the system
		  ○ 3. Need for a more organized system
		• A fragmented system/authority across at the state level makes it difficult to plan for and meet key behavioral health system goals for RI's children.

Presentation: System of Care (General description and overview of proposed draft Rhode Island System of Care for Children's Behavioral Health)	Rosemary Reilly-Chammat, RI Department of Education	• A System of Care is not a prescriptive model but rather an organizational framework • History of system of care in RI: Been working on the SOC for decades. • 2009 FCCP Family Care Community Partnership created – 5 regional FCCP's utilizing the wraparound model of care

Discussion: Rhode Island System of Care Planning & Development	Susan Lindberg, RI Department of Children, Youth, and Families	• Core Elements of Proposed System of Care for Children
		  ○ Single Point of Access
		  ○ Care Authorization and Monitoring: Care Authorization (decentralized), care monitoring and review
		  ○ Community: broad array of home, school, and community-based services, culturally relevant intervention programs, linguistic and culturally competent workers, Pedi-PRN, Peds, Psych, FQHCs, Telehealth
		  ○ Care Coordination: FCCPs with wraparound, Traditional case mgmt., MCO care coordination, Health homes, and Family Home Visiting
		  ○ Mobile Crisis: Two (of 8) CMHCs received recent grants for children's mobile crisis response, intensive in-home services, respite (not in place currently)
		  ○ Residential: Psychiatric Hospitals, acute residential treatment services, PRTF, group home, specialized foster care and adolescent substance (not in place currently)

Discussion: Rhode Island	Susan Lindberg and Chris Strnad, RI	• Example of Current Point(s) of Access: Kids Link RI, FCCP, Medicaid MCOs, Commercial Insurance, Pediatrics, Community: Schools, Hospitals and CBOs

System of Care Planning & Development	Department of Children, Youth, and Families; Jason Lyons, RI Medicaid, and Ryan Erickson, Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals	• First Year Priorities:
		  ○ Must be accomplished logically to lay a solid foundation for development
		  ○ Likely to have biggest impact
		  ○ High probability of success
		  ○ Likely to provide data that document positive outcomes
		• First Year System Priorities
		  ○ Establish clear focal point of management and accountability
		  ○ Establish core state interagency leadership group for planning and implementation
		  ○ Establish public/private stakeholder engagement
		  ○ Plan for and begin implementation of culturally and linguistically appropriate services
		  ○ Single point of access
		  ○ Statewide 24/7 mobile response and stability services (MRSS)
		• Single Point of Access:
		  ○ A single virtual way (phone/web) to access services (not a physical location)
		  ○ As we plan, we'll engage with the new "988" phone number for behavioral health emergencies available 24/7/365
		  ○ Provide more organized pathway and streamline access to services for families
		• Mobile Response and Stabilization Services (MRSS)
		  ○ Absence of MRSS is a significant gap within RI. It is happening in various cities and towns in RI but is not statewide
		  ○ Aim is to avoid unnecessary hospitalizations, ED visits, Out of Home Placements
		• Care Authorization and Monitoring
		  ○ Complete a deeper analysis with recommendations from the range of options available and on the workforce needed to implement the system.
		• Care Coordination
		  ○ Ability to identify less complex and high-end needs and quickly be directly referred to service providers.
		  ○ High Fidelity wraparound is a care management model considered best practice for Systems of Care. (Family Care Community Partnerships (FCCPs) provide this service.)
		• Broad Array of Home, School and Community Based Services

		○ Comprehensive System of Care will have a wide array of community services. All must be culturally and linguistically competent, focusing on reducing current disparities in the system. ○ Allow for the least restrictive setting appropriate, increase capacity and expand service array including school-based services. • Residential ○ Appropriate array of residential services, including culturally and linguistically competent services meeting the needs of youth ○ Increase residential treatment for adolescent females with acute behavioral health needs, reduce out of state placements. ○ RI does not currently have residential treatment capacity for youth presenting with serious substance use disorders.
Descriptions of and recruitment for small teams	Blythe Berger, RIDOH, and Marti Rosenberg, EOHHS	• Here are the small group workgroups that the team has developed for which we are recruiting participation. These are meant to be public/private working groups, to continue the planning and discussion: ○ Crisis continuum, development and access, screening, and assessment ○ Care authorization, care coordination and care monitoring ○ Service array ○ Ensuring equity: race equity, family members, with IDD, and LGBTQ+ Families ○ Workforce transformation ○ Data systems for outcomes measurement and evaluation ○ Community outreach and education
Next Steps	Marti Rosenberg	• Each of these workgroups will meet for one-hour sessions on a regular basis starting by May. • Each workgroup will be charged with developing and implementing an actionable strategic plan specific to the workgroup topic. • We ask you to reach out to colleagues in your sphere of influence and families you work with and encourage them to participate in this Children's Behavioral Health System of Care strategic planning process. • Click here to sign up for a Work Group.
Public Comment	**All**	**Public Comment**:

		• Jamie DeNunzio – Need to focus on prevention, once youth are ready to enter the system it's too late. Needs handoffs and education around Mental Health • Deb Hurwitz – Supports pediatricians/primary care as an entry point • Different systems in place over the years, funding in place to help support development. Long term sustainability? • Marti Rosenberg – Yes, this will be part of the long-term process, need to work on that together • Louise Kiessling – Working on Positive Parenting programs from 0-8; How many sites of entry? One entry point statewide? Need local access. Medicaid – South County has very few Medicaid youth, most have some form of private insurance. • Ana Novais/Susan Lindberg – We want access to be fair. Looking at Massachusetts as an example, regional points of access. We will need to do landscape survey on resources and build up insufficient areas. • Marti Rosenberg – We will continue to work in smaller groups to collaborate. • Bob Hicks – Prevention component is important. Key part is building resilience in youth and families. RI lacks statewide unified efforts in schools and all services for youth and families. Coalition adopted policy paper they can share. • Seena Franklin – Concerned about single point of entry and prevention • John Tassoni – Phoenix House $180/day in-state vs. out of state in the range of $800/day. Would like to look at this. Legalization of marijuana will create need for additional services. • Lisa Conlan – Must include family/youth leadership and support. Family Support Partner model, small funding amount for this position and does provide the capacity. To become truly family driven, we will need a stronger partnership. • Becky (Parent) – Becky shared her family's story about the services her children need and how they have been unable to receive them – even when they have been authorized. It has been impossible for her to find the services themselves, because of the low rate of pay available to staff. Other meeting attendees thanked Becky for telling her story in the chat and verbally. She also noted that families are affected and impacted by all decisions. Children need various services to avoid residential services/hospitalizations. Team designed program to make home model a residential to fit her youths' needs but the program was denied funding and now they are without services. We need to think outside of the box. Another issue: need providers to fill hours approved for, staff not compensated for the difficult work they do.

		• Ben Lessing – Service considerations 1. Certified community behavioral health clinics (CCBHC) as a policy, would like to see this move forward. Where does the state stand on this? 2. We do not have intense enough behavioral health/home based services. We need models that are extended over periods, not for example EOS/IOP that seems to be more funding focused. ACT model would be great for youth as well. 3. Funding: History of gravitation to Medicaid/3rd Party. Unable to carry intensive crisis services/stabilization. 4. Rates: We have to annually factor in a deficit. Underpaid clinicians and workers. • Ana Novais - Rates need to be part of the conversation, and we understand that the critical items need to be addressed with sense of urgency. • Tanja Kubas-Meyer – Intensive behavioral services needed, based on CT model proposed 3 years ago. • Tina Spears – From provider's perspective, level of commitment from the state so far has not been good. Workforce crisis is unprecedented, without them the system would fail – support is very much needed. • Karyn Horowitz – High end eating disorder treatment not available. Access to care – support telemedicine as families find it more convenient/increased compliance. Echo workforce development – recruitment and development. Need capacity to treat children with providers who are culturally and linguistically competent. Covid escalated shortage of treatment. • Rob LaRocco – When will state talk to MCOs/insurance companies? Can't have them denying needed services. MA came up with a way to make it work. Law for medically mandated? • Danielle Cyprien – Not only look at race equity but also people/communities of color need to be a larger percentage of this group/type of work. • Marti Rosenberg – Yes, we have a strong commitment to address structural racism. • Nidhi Turner – Providers don't understand system/not equipped to handle. Look at during contract negotiation before renewing. • Ana Novais – If there are any areas we didn't cover, please send to us. • Becky – Is there any way to address the issues that I was talking about? • Jason Lyon – Yes, we are working on them at Medicaid. I will reach out to you. • Gerald Tarnoff – Funding an issue, need to think out of the box and thinking long term. State needs to be involved. Coordination non-psychiatric and psychiatrics needs.

		• Ana – Yes, we will work together, we share the frustration, Governor McKee onboard as well as Secretary Jones. **Notes from the Zoom Chat:** • 17:03:14 From Jeffrey Hill to All panelists: Important to recognize that full implementation of 988 is not until July 2022. • 17:04:19 From John j Tassoni, Jr to Everyone: The biggest problem is the rates for the providers • 17:05:47 From Debra Hurwitz to All panelists : Can you put in the chat the link to the website and place where we can find the slides? • 17:07:47 From Marti Rosenberg, EOHHS (she/her) to Everyone : We will post the slides and send a link to everyone who RSVPd. • 17:20:20 From Susan Dickstein to Everyone : That was my question as well • 17:20:52 From Susan Orban to All panelists : I had a very similar thought. PREVENTION is KEY! • 17:21:23 From Susan Dickstein to Everyone : We might also want to intentionally discuss promotion of mental health • 17:22:32 From seena franklin to All panelists: Prevention could be strengthened under community-based services. I agree that we would want to intervene PRIOR to major issues • 17:22:41 From Susan Orban to All panelists: Not only linkages but integrated pediatric behavioral health care. Project LAUNCH proved how well this works if we had sustainable funding streams to make it happen and sustain it. • 17:23:09 From Sarah Dinklage, RI Student Assistance Services to Everyone: RISAS provides school-based substance use prevention for grades 7-12 but prevention needs to begin earlier and be trauma informed. • 17:24:31 From Susan Orban to All panelists: Point well taken. BH Link does not serve us for adults. • 17:24:56 From Craig Gordon to Everyone: Is a single point of access an actual physical location? • 17:25:26 From seena franklin to Everyone: Single point of entry scares me. CCAP has children/youth services and we've yet to receive a referral from the current SPOC.....we receive referrals statewide though our community relationships.

		• 17:25:44 From Darlene Allen to All panelists: I am sorry i was not on the call at the beginning so I may have missed this… I wonder how specialty type behavioral health services link/be part of this system can. For instance, we provide children's behavioral health and family support for pre and post adoption population. There are some specialized needs. Thank you. • 17:26:07 From Debra Hurwitz to All panelists: Pediatric IBH integrated with Primary Care setting and Child and Family servicing Community Health Teams serving as an extension of primary care could be a valuable resource in this model. • 17:26:24 From Marie Palumbo-Hayes to All panelists: Community Health Teams can complement providers and be both prevention and intervention that addresses equity and access for all. Similar to Project LAUNCH it is proven and needs sustainability • 17:27:01 From Debra Hurwitz to All panelists: Multi-payer models can help practices to serve all children regardless of payer. • 17:27:23 From Sarah Dinklage, RI Student Assistance Services to Everyone: I have to hop on another meeting. I am interested in being part of a work group and assist with this long overdue effort!! Thank you. • 17:27:39 From Carlene Casciano-McCann to All panelists: What impact, if any does FFPSA have on the development of the SOC? • 17:27:54 From Craig Gordon to Everyone: How will system ensure that MCO's incentives to contain/constrain costs and services be managed to ensure the state gets the outcomes families need and state wants? What is system to balance competing demands? • 17:28:05 From Sarah Kelly Palmer to All panelists : I have to leave at 5:30 for a board meeting but wanted to share the importance of having 1) reimbursement rates that support a quality and diverse workforce- we cannot have a robust system of care if we lose all of our clinicians to Mass and CT, 2) a trauma-informed approach and training in evidence-based treatments 3) Increased participation in the design of a SOC from families and youth 4) Intensive community-based treatment services for families who are not involved with DCYF 5) a centralized data system that is accessible to providers and families (with families consenting and understanding the data collection process)

		• 17:28:10 From Debbi McInteer to All panelists: I agree that single point of access is concerning. considering that single point of access is making it hard to get a shelter bed for homeless discharging patients • 17:28:44 From Sarah Kelly Palmer to All panelists: I agree Bob!!!!!!!!!!!!!!!!!! • 17:28:50 From Cindy M. Gordon (she/her/hers) to All panelists : Good afternoon, I am from MA and was part of the leadership team for the Emergency Services (mobile crisis) for the Boston Emergency Services Program and the Southeastern part of the state. I can answer some questions or provide contact people. • 17:29:04 From Debra Hurwitz to All panelists: Big opportunity to connect pediatricians with Schools- remove barriers to coordination for complex children. I • 17:36:56 From Darlene Allen to All panelists: Thank you, Becki! • 17:36:58 From Debra Hurwitz to All panelists: Becky thank you for sharing this real-life situation! • 17:37:08 From Aimee Mitchell- DCYF - Chief of Staff to Everyone: Thank you Becky.... • 17:37:09 From Danielle Cyprien to All panelists: Thank you Becky! • 17:37:10 From Tina Spears to Everyone: Thank you Becky. • 17:37:13 From Sam Salganik - RIPIN to All panelists: Thank you, Becky. So well said. • 17:37:27 From Melissa Ross to All panelists: Thanks Becky, very good points • 17:37:30 From Melissa Melvin to All panelists: THANK YOU BECKY! • 17:37:39 From nicole saunders to All panelists: Thank you Becky • 17:37:41 From Lisa Conlan to Everyone: Thank you Becky • 17:38:18 From Sam Salganik - RIPIN to All panelists: As Becky highlighted, I fear that success will be very difficult without building a stronger workforce for community-based services, which is really about wages. Not an "easy" solution, but not rocket science. • 17:40:32 From Beth Bixby to All panelists: Workforce is a critical issue. If workforce challenges continue to erode the private sector's capacity to serve vulnerable families, we will have to turn to higher institutional costs and out-of-state alternatives.

		• 17:42:42 From Margaret Holland McDuff (her, she) to All panelists: Thank you Becky! I agree flexible programs and systems are key to meet the needs from prevention to intensive residential! • 17:42:44 From Joanne Quinn to All panelists: Thank you Becky! I'd like to see a workgroup that looks at the process organizations need to follow to get reimbursed for patient care. The authorization process is too frequent and unstable for a lot of families. The single-entry worries me because it looks like the original CEDARR model that didn't work. It limited family choice, too much revenue went to support the programs • 17:43:31 From Margaret Holland McDuff (her, she) to All panelists: Bob Hicks- SO good to hear from you and the importance of Trauma informed systems • 17:43:51 From Joanne Quinn to All panelists: Programs' admin costs. There is also a need to look at Katie Beckett eligibility. Too many children are denied and this limits access to RI's system of care built on the Medicaid system. • 17:44:13 From Beth Bixby to All panelists: Well said Ben • 17:44:52 From Lisa Conlan to Everyone: Wraparound model is based on blended and braided funding and has a cost for each family so that there is flexibility for paying for the services and supports needed - realistic cost for per child with complex behavioral health needs • 17:45:00 From Daniel Barbosa to All panelists: Rates, Rates, Rates • 17:45:10 From Margaret Holland McDuff (her, she) to All panelists : Agree Ben on the SDOH - we screen all FSRI clients for SDOH and it often changes how we work with the families and how to tackle of them not just the reason why they came in the door… move the work upstream • 17:45:13 From Susan Duffy to Everyone: many children who land in the ED do have services but the services do not meet their diverse social and cultural and language needs of the children and their families. Quality and culturally appropriate workforce are key. Must expect to have to pay for that. • 17:47:04 From James Simon to All panelists: Services delivered in a "culturally and linguistically competent manner" is critical on every level. The Deaf & Hard of Hearing community is significantly underserved. The RI Commission on the Deaf and Hard of Hearing has a Healthcare System

		Transformation Project currently underway that would tie in nicely to this conversation. • 17:49:16 From Robert Archer to All panelists: I agree that the managed care model of EOS does not work for our families. We have to allow funding for evidence-based models that includes other than direct contact. Planning, training, etc. Also, Wraparound existed to address the needs of children with severe behavioral health needs. There is also an issue with workforce - we need to be able to support families based on needs and not soley based on the credentials of providers. • 17:52:18 From Sam Salganik - RIPIN to Everyone: Medicaid can do a LOT more to enforce federal parity laws. Won't solve everything, but won't hurt. (And federal parity laws DO require parity in how reimbursement rates are structured. It's never been enforced to my knowledge.) • 17:53:54 From Susan Orban to All panelists: Parity is a major issue in behavioral health. We need to stop cutting off the head from the rest of the body. Integration, Integration, integration!!!!! This decreases stigma and addresses transportation issues. • 17:53:57 From Charlotte Kreger (she/her/hers) to Everyone: To sign up to participate in the workgroups, please use this form: https://forms.office.com/Pages/ResponsePage.aspx?id=VGrKUmVENUa_82XQqEEiiHvE7b19C-5LvqqlRcdVNrhURjJDMkdINUE0UFQ1NlRONDlZQU9NSk5NUy4u • 17:54:23 From Margaret Holland McDuff (her, she) to All panelists: Number 4 should be in the mission of each of the other teams • 17:54:54 From Margaret Holland McDuff (her, she) to All panelists: Thank you • 17:56:44 From Lisa Conlan to Everyone: Danielle Cyprien, Statewide Youth Coordinator, Parent Support Network • 17:57:53 From Lisa Conlan to Everyone: Thank you Danielle • 17:58:18 From Danielle Cyprien to All panelists: I have signed up! • 17:58:19 From Debra Hurwitz to All panelists: Great point on transition of care from Pedi to adult provider • 17:59:15 From Tara Hayes ~ RIPIN to Everyone: This was a great conversation. I look forward to future opportunities to connect. Thank you

		to Becky and Danielle for sharing your Peer perspective - it's key to making the System of Care work! • 17:59:54 From Benedict.Lessing to All panelists: Absolutely critical point on MCO contracting. EOHHS needs to exert much more leadership informed by the experience of families and community providers. • 18:00:36 From Sam Salganik - RIPIN to Everyone: Particularly with regard to how MCOs (and their subcontractors) deal with the BH system... • 18:00:40 From Susan Duffy to Everyone: Great point about transition of care particularly focusing of emerging adults and focus on adolescents with developmental issues • 18:00:57 From becky to All panelists: I signed up • 18:01:52 From Carolyn Souza to All panelists: Perfect Becky - recruit others! Thanks for sharing
Next Steps	**All**	• Each of these workgroups will meet for one-hour sessions on a regular basis starting by May. • Each workgroup will be charged with developing and implementing an actionable strategic plan specific to the workgroup topic. • We ask you to reach out to colleagues in your sphere of influence and families you work with and encourage them to participate in this Children's Behavioral Health SOC strategic planning process. • Visit here to sign up for a Work Group (on PowerPoint) and we will post the meeting times soon: https://forms.office.com/Pages/ResponsePage.aspx?id=VGrKUmVENUa_82XQqEEiiHvE7b19C-5LvqqlRcdVNrhURjJDMkdINUE0UFQ1NlRONDlZQU9NSk5NUy4u
Adjourn		Meeting adjourned at 6:00p.m.