



## RI Children’s Behavioral Health System of Care Workgroup Meeting Minutes

**Meeting Date, Time and Location:** May 12, 2021, 3:00 p.m. to 4:00 p.m., Zoom Conference

**Meeting Facilitators/Presenters:** Susan Lindberg (DCYF)

**Attendees:** Margaret H McDuff’s (CEO FSRI), Shannon Ciccone (Clinical Director of the ABA EIBI Program at Perspectives Corporation), Kyle Edward, (NHPRI Neighborhood Health Plan Behavioral Health Department), Joe Robitaille - Trudeau Center (Trudeau Center VP of Children's Services), Barbara Lamoureux (Vice President of Youth and Family Services Thrive Behavioral Health), Ashlee Gray (Northeast Family Services), Sarah Kelly-Palmer (Family Service of Rhode Island), Susan Jewel (The Autism Project), Jenna Chaplin (Tides Family Services), Kayla David (LMFT Clinical Director Family Service of Rhode Island), Jessica Waugh (Groden CHTS Clinical Director), Rena Sheehan (Vice President Clinical Integration BCBSRI) Kathleen Donise, MD (Director for Lifespan's pedi behavioral health emergency service), Jessica Walsh (LICSW Manager of Integrated Care Management at NHPRI), Carolyn Souza (Clinical Director - Looking Upwards), Marcia Tryon (Newport Mental Health- Manager of Children and Adolescent Services), Laura Scussel (Thrive Behavioral Health), Colleen Judge (Director, School Based Services, RI Student Assistance Services), James Simon (LICSW Senior Director of Deaf & Hard of Hearing Services with Perspectives Corporation), Cindy M. Gordon (LICSW Newport Mental Health-Chief Clinical Officer), Fred Barbosa (LICSW; Administrative Director C&F), Catherine Hunter (BHDDH Admin of Program Mgmt Newly appointed BH Link contract manager), James DiNunzio (NHPRI), Naiommy Baret (Statewide Family Leadership Coordinator and Behavioral health Education Coordinator), Beth Bixby (Tides Family Services), Sarah Sparhawk (Chief Implementation Aide, Children's Services and Behavioral Health, DCYF).

<b>Meeting Notes</b>		
<b>Agenda Item</b>	<b>Facilitator(s)</b>	<b>Meeting Notes</b>
<b>Welcome &amp; Introductions</b>	<b>Susan Lindberg</b>	Challenges, best practice, breakout sessions Discussed Co-Chair opportunity Add name, role and agency/affiliation to the chat Add all questions to the chat
	Group 1	GAPS: 1. Major Access and capacity issues stemming from the workforce, can’t be sustained in the emergency room. Don’t have capacity within the home-based model (HBTS per say, maybe only 10 hour or staff shortage and you have no one in the home – capacity issues). 2. Training – If you aren’t trained to do a robust assessment, might be sent to the ER unnecessarily. 3. Not enough family work – not enough enviro change can happen within the home, left without staffing and warm hand off to ensure there isn’t a gap within the higher level of care handing off to lower level of care.



		<p>Priorities: 1. Workforce – everything can sound great on paper but if no workforce to implement creates an issue. Answer to many of the issues in addition to crisis management team 2. Care coordination, many silos currently. 3. Schools tend to call the ambulance.</p>
	Group 2	<p>GAPS: Workforce capacity outpatient – reimbursement for flexibility – capacity and availability needed., Not enough clinicians. 2. Types of services, more robust and less prescriptive. EOS/IOS/HBTS – getting folks access, not being prescribed by insurance company so we can implement to the need. 3. Access to treatment – having single access point and mobile components.</p> <p>Priorities: Same as Gaps.</p>
	Group 3	<p>GAPS: 1. Sharing of communication and medical history. Special need to enroll and register with the state police in case of emergency. (very rarely accesses or tapped into). Proactive – have this info availability in case 988 number is used, this information can be shared. 2. Discrepancy between funding – Medicaid, state and commercial – need standardized level of care and funding for all during crisis. 3. Parent education, CEDARR use to have a case manager who assisted in educating parents. This was a nice liaison for resources, without them less parent advocacy.</p> <p>Priorities: 1. Same as gaps.</p>
	Group 4	<p>GAPS: lack of appropriate services .2. lack of workforce 3. Lack of communication and understanding of what's out there. All using different EMR's, might get different information, duplicative services.</p> <p>Priorities: 1. Appropriate use of programs - Pilot program (mobile crisis) – lots of calls from hospital to crisis programs, they don't know where to discharge 2. Workforce 3. Single point of access</p>
	Group 5	<p>GAPS: 1. Lack of staffing, remote work is more convenient so less applying to jobs. 2. Finding Licensed workers 3. Having a good relationship with insurance company, current billing codes and how to continue billing when needed after initial call.</p> <p>Priorities: Same as above.</p>



Chat questions		From Cindy M Gordon (she/her/hers) to Everyone: You may have stated this but can we get the slides?
<b>Adjourn</b>		Meeting adjourned at 4:05pm