Department of Mental Health, Retardation and Hospitals (MHRH)

Populations, Services, Eligibility and Funding

Community Based System

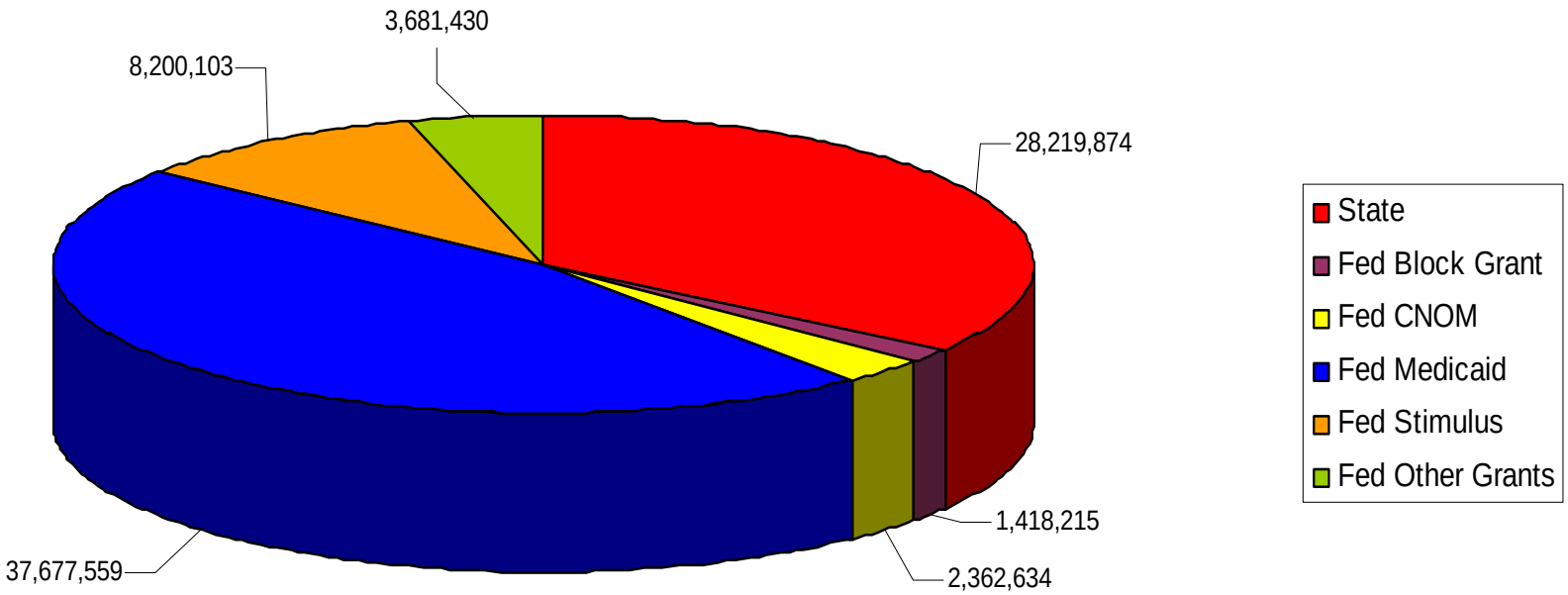
- Only direct service functions are RICLAS and ESH
- No large institutions – IMH and Ladd both closed in favor of a community system
- Privately run, publically funded and monitored community based system of care for individuals with developmental disabilities, mental illness and substance abuse problems.

Mental Health Services

Total of 22,573 adults serviced Served July 2007-June 2008

- 14, 300 General Outpatient Services (Non Priority Population)
- 8,300 Community Support Population (Priority Population)
- Within the Community Support Population a total of 435 residential group home and supervised apartment beds funded at the Medicaid MHPRR rate of $125 per day

Integrated Mental Health by Funding Source



FY 10 Working Total $81.6 M

- Rhode mental health system has a clear visible structure system of care with clearly defined and accessible entry points and identification of responsibility.

- The mental health system is divided into seven catchment areas and one Community Mental Health Organization (CMHO) is directly responsible for the entry of consumers into the system and for referral of consumers within the system. Each CMHO provides emergency, general outpatient, and community support services.

- Also two smaller specialty licensed Behavioral Healthcare Organizations provide intensive Assertive Community and Residential Treatment to a total of approximately 275 consumers.

Emergency Services- is an immediate response by mental health professionals 24 hours per day, 7 days per week, for anyone experiencing a psychiatric emergency.

- Services include, psychiatric assessment, crisis intervention, medication, short-term counseling, referral, face-to-face assessment by a qualified mental health professional, case management and admission to an inpatient unit when necessary.

- Many CMHC emergency services have become more visible by negotiating contracts with local hospitals to provide on-site emergency assessments. This enables consumers to be referred to local CMHC after being evaluated.

- **General Outpatient (GOP) Services** are provided for consumers suffering from a degree of mental illness or emotional distress adversely affecting their level of functioning but not severe or long lasting enough to be disabling
- **Community Support Service (CSP)** is the provision of care to seriously mentally ill adults residing in the community. The provision of services to severely mentally ill adults is a federally mandated, state mental health priority.

CSP Eligibility Criteria (Priority Population)

- **Age**: Person is 18 years or older

- **Qualifying Diagnosis**: Severe and persistent mental illness in accordance with the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR):
  - Schizophrenia and other psychotic disorders (Schizophrenia, Delusional, Psychotic Disorder, etc.)
  - Mood Disorders (Bipolar, Major Depression, etc,)
  - Personality Disorders (e.g. Schizoid, Borderline, Schizotypal)

- **Service History**: Person has undergone psychiatric treatment, more intensive than outpatient care (e.g. acute alternative, emergency services. day treatment, residential care, inpatient hospitalization) at least once in a lifetime.

CSP Eligibility Criteria (Priority Population)

- **Functional Impairment:** The client has exhibited on a continuing or intermittent basis for at least two years at least two of the following criteria for impaired functioning.
  - Person works in a sheltered setting or has markedly limited vocational skills or poor work history
  - The client requires public financial assistance for out-of-hospital maintenance an may be unable to procure such assistance without help
  - The client shows an inability to establish or maintain a personal social support system
  - The client requires help in basic living skills
  - The client exhibits inappropriate social behavior that results in a demand for intervention by the mental health and/or criminal justice system

"*The organization shall ensure that individuals who meet the eligibility criteria for CSP are afforded access to services without a waiting period for those services*" Section 40.6 Rules and Regulations for the Licensing of Behavioral Healthcare Organizations.

- If the person meets the CSP criteria, the person undergoes a comprehensive assessment for the type/frequency of services that will facilitate the person's recovery in the community.

Services are mostly developed through multidisciplinary team and they include the following:

- Individual, family, and group counseling and psychotherapy;
- Case management/CPST
- Supportive Employment/CPST
- Psychiatric evaluation and medication prescription, education, and management;
- Integrated Dual Diagnosis Treatment (Substance Abuse/Mental Health)
- Assertive Community Treatment and/or Intensive Outpatient Treatment;
- Family Psychoeducation Services;
- Community Integration Services;
- Supported Housing;
- Residential Services;
- Crisis intervention and stabilization;
- Peer Support.

RI Consumer System of Care:

- Initiated in April 2009 the model focuses on allowing CSP consumers to receive and have access to the menu of services provided by a licensed RI Behavioral Healthcare Provider. Three Community Mental Health Centers were selected to initiate this model and two more are being phased in for September 1, 2009. By January 2010, all of the providers will transition to this system of care.

- This model directly correlates to the level of care language in the Global Waiver. It has three levels of care, Recovery and Prevention Services (lowest level), High Level of Care and Highest Intensity Community Specialty Services. 15-20% of the consumers in the Recovery and Prevention level, 45-50% in the High Level of Care and 35% are in the Highest Intensity Community Specialty Services.

The levels of care replace the existing ACT teams, the fidelity to ACT, and care based on number of hours served to obtain a per diem.

- The basic principle of the model is that consumers can receive the care they need without changing teams or providers.

- The model implements principles of several evidence based practices of Assertive Community Treatment, Individual Placement and Support, Co-Ocurring Integrated Treatment, Illness Management and Recovery and Family Psychoeducation.

- The provider has the autonomy to provide treatment based on the services the consumer needs and not on the number of hours needed to obtain a per diem rate.

- The model is driven by consumer need and not financial reimbursement

- Specialty services such as employment and substance abuse counseling have specific outcome measures that are being monitored. For example, 60% of the CSP consumers are to be active with an employment specialist consistent with competency and training described in the RI Rules and Regulations for the Licensing of Behavioral Health Organizations.

Lowest Level of Care: Recovery and Prevention

Services-

- Consumers for this level of service consist of consumers who may live independently or with minimal supports in the community. Services include supportive psychotherapy/counseling and or psychiatric medication review.
- Consumers in this level of care can be assessed for transition to primary care providers for follow up services.
- Services include the following:
  - Brief counseling
  - Medication services
  - Supported employment and education services
  - Minimal Case management of approximately 3-4x's per year.
  - Peer support services

High Level of Care-

- Population with moderate impairments resulting in a course trajectory that manifests the following:
  - Difficulty securing basic needs
  - Difficulty in carrying out home management tasks
  - Difficulty with employment
  - Difficulty in self-care, grooming, procurement of medical, legal and housing assistance.
- Within this level of care consumers can be of moderate risk and maintain the same primary staff member(s) as their needs change. The type and intensity of the service needed will vary pending the consumers needs.

Services include the following:

- Symptom assessment, illness management and individual supportive therapy to help consumers cope with and gain mastery over symptoms and impairments. (i.e, CBT)
- Counseling
- Crisis assessment and intervention
- Crisis diversion/stabilization programs
- Medication prescription administration
- Substance Abuse Services
- Activities of Daily Living
- Supported employment and work related
- Education supported services.
- Social, interpersonal relationships
- Structuring time and leisure
- Family psychoeducation
- Case management to access legal, financial, money management, housing, transportation, etc.
- Peer Support Services

Highest Intensity Community Specialty Services-

- Population defined as having persistent and severe impairments resulting in extreme/marked limited abilities that require brief intermittent or long term interventions to keep behaviors/symptoms from having negative consequences. The following also more specifically defines this population.
  - Inability to consistently perform routine of daily activities i.e. maintain personal hygiene, meeting nutritional needs, or caring for personal business affairs.
  - Inability to consistently maintain a safe living situation (repeated evictions, loss of hosing or no housing) or recognize and avoid common dangers or hazards to self or possessions.
  - Inability to consistently manage self with others (extreme isolation or destructive behavior to self and others).
  - Inability to consistently be employed or carry out the homemaker role (e.g. household meals, washing clothes, budgeting or childcare tasks and responsibilities)
  - Co-Occurring substance use disorder of significant duration or coexisting mental retardation.
  - High risk or recent history of criminal justice involvement (arrest or incarceration)
  - Require daily contacts for assessment, crisis intervention and medication management.

Additionally, the person may have one of the following:

- Demonstrate a high risk for hospital admission or readmission.
- Have prolong inpatient days (more than 90 days within on calendar year)
- Have repeated (more than three (3) episodes per calendar year) local criminal justice involvement.
- Referred from an inpatient detoxification unit and documented history of co-occurring treatment
- Have repeated crisis stabilization.

This level of care may also specialize in engagement and hospital diversion/step down for consumers. The type and intensity of the service will vary pending the consumers' needs.

Services include the following:

- Symptom assessment, illness management and individual supportive therapy to help consumers cope with and gain mastery over symptoms and impairments. (i.e, CBT)
- Crisis diversion/stabilization programs
- Medication prescription administration
- Substance Abuse Services
- Activities of Daily Living
- Supported employment and work related
- Education supported services.
- Social, interpersonal relationships
- Structuring time and leisure
- Family psychoeducation
- Case management to access legal, financial, money management, housing, transportation, etc.
- Peer Support Services

Substance Abuse Treatment Services

Department of MHRH, Division of Behavioral Health licenses, monitors, and/or contracts with providers for these services:

- Inpatient and Outpatient Detox
- General outpatient
- Intensive outpatient
- Partial Hospitalization
- Short-term residential
- Long-term residential
- Adolescent residential
- Opioid Treatment
- Continuing Care

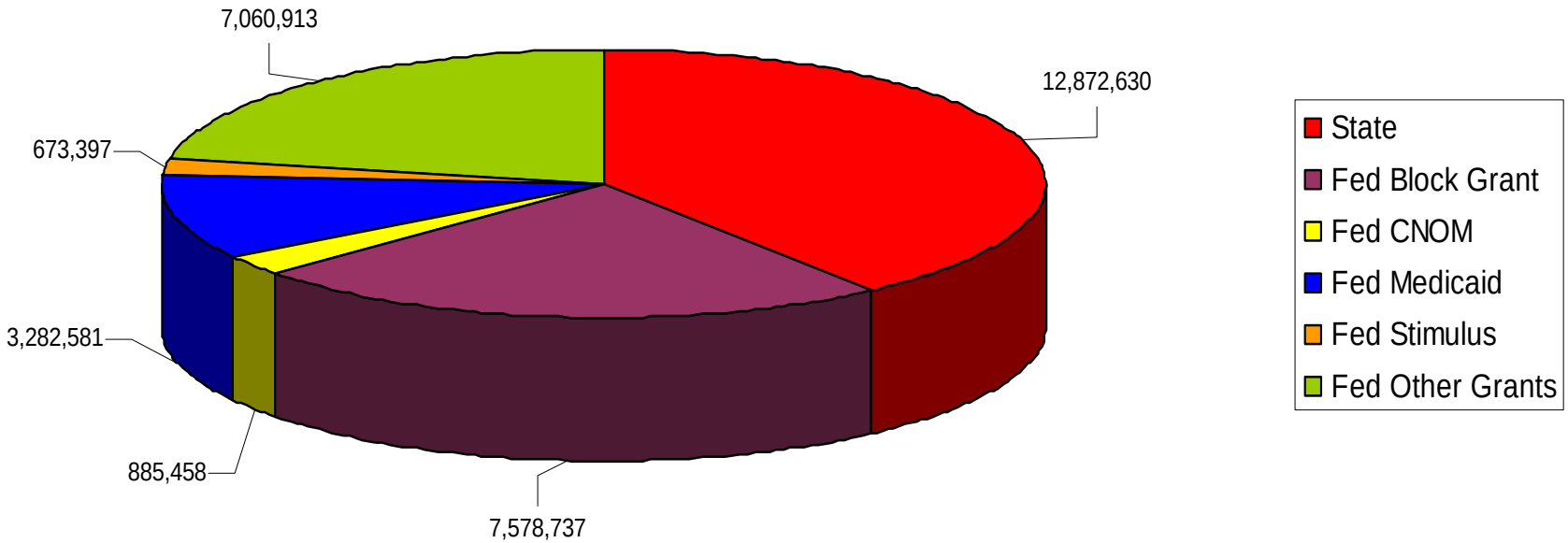
Eligibility for Substance Abuse Treatment Services is Determined at the Provider Level

- Clients may be self-referred, referred by other Departments (DOC, DCYF, Courts), other health care providers (doctors, hospitals), family members, or other providers
- Providers are required to use the American Society of Addiction Medicine, Patient Placement Criteria (ASAM PPC-2) to determine level of care indicated

Funding Mechanisms for Substance Abuse Treatment

- State funding for the uninsured (slots)
- Medicaid
- RiteCare
- Private Insurance
- State and Federal grants (SAPT block grant, ATR, TPCP)
- Self-Pay

Substance Abuse by Funding Source



FY 10 Working Total $32.4M

Authorization required for continued treatment beyond anticipated lengths of stay for the following services funded by DBH and CNOMS:

- **General outpatient > 6 months**
- **Intensive outpatient > 3 months**
- **Partial Hospitalization > 1 month**
- **Short Term residential treatment > 6 months**
- **Long Term residential treatment > 12 months**
- **Continuing Care > 24 months**