

Notes: CCBHC Community Engagement Meeting

July 26, 2022

Information about the Upcoming RFP Release:

EOHHS shared that it was going to post an RFP grant application by August 1, 2022 for Certified Community Behavioral Health Clinics (CCBHC) Infrastructure Grants.

More information is found here: <https://eohhs.ri.gov/Certified-Community-Behavioral-Health-Clinics-Infrastructure-Grant-Program>, including the opportunity to ask questions about the RFP. The deadline for questions is August 15 by 5:00pm EST, and the deadline for the RFP Submission is September 7 by 5:00pm.

Discussion on CCBHC Implementation: Key Takeaways

- The Rhode Island CCBHC Interagency Planning team sought feedback and input regarding CCBHC certification and PPS rate implementation.
- Participants noted that with the Bipartisan Safer Communities Act being passed, they recommended that the State apply with the intent of being in the first tranche of 10 additional states that HHS may select to participate in the CCBHC demonstration program. State staff noted that they do intend to apply at the first opportunity.
- Participants recommended that the state consider adding the Zero Suicide model as a required added service component of CCBHC Certification, noting that it is integrated with MCT, 988, and the CCBHC model.
- With regards to CCBHC and DCO relationships/partnerships, meeting participants noted that there should be a mechanism for how organizations can share specialties of every provider to facilitate further collaboration. In particular, participants noted that this could be beneficial for CCBHCs identifying DCOs who can address unmet service needs.
- Regarding Mobile Crisis Teams (MCT), participants noted that it will be critical to ensure that any mobile crisis program is a true firehouse model so that agencies have access to funding that allows for clinicians to be immediately available when needed.
- Participants highlighted that SUD is a critical part of behavioral healthcare in Rhode Island and asked that, throughout this process, the state pay attention to the epidemic that is affecting Rhode Island and ensure that it is not peripheral.

Comments and Questions on CCBHC Implementation:

- Regarding MCT, participants also recommended that the state consider clarifying how to address situations where two organizations are in close proximity to determine who designated responsible party is and how 988 will know whom to contact.
- What factors was the state considering when deciding to move forward with PPS 2?

- Some of the factors that the state considered were related to the separate rates for different populations as well as the quality component which ensures quality of care and provides a quality incentive for providers.
- Regarding health equity, can the state clarify how this will address mental health parity?
 - The model emphasizes equity and incorporates a requirement for an equity checklist and incorporation into the proposed workplan. The state will continue to expand its focus on equity throughout its planning

There were a number of questions that the state could not answer immediately. The state will provide more information as it continues its planning and welcomes suggestions:

- Can you clarify how PPS 2 would apply to outreach work – i.e. when a patient is not receiving services but providers are conducting outreach to the patient?
- Regarding the differential rates for different populations, has the state defined those population groups beyond veterans, children, IHH/ACT? Will OTP Health Home be included?
- How many differential rates is the state anticipating?

Meeting Participants:

- Susan Stevenson, Director - Gateway Healthcare Child & Family Services
- Danielle Stewart, LMHC - Team Leader Behavioral Health & Community Outreach, South County Health
- Tanja Kubas-Meyer, MSW, MA - Executive Director, RI Coalition for Children and Families
- Rachel Yoder – Tides
- Jamie Lehane - NMH
- Dayna Gladstein - NMH
- Richard Leclerc - NMH
- Edward McPherson – NMH
- Megan N. Clingham, Esq. - Office of the Mental Health Advocate
- Dawn Allen – Thrive
- Seena S. Franklin, LICSW - Comprehensive Community Action Program (CCAP)
- Lisa P. Tomasso - Hospital Association of Rhode Island
- John Tassoni – SUMHLC
- Teresa Paiva Weed - Hospital Association of Rhode Island
- Yajaira Almonte – Coastal Medical
- Deidre Graustein – EBCAP
- James DiNunzio – NHPRI
- Kate Noveau, LICSW - Prospect/CharterCARE Health Partners
- Rebecca Plonsky, LICSW – CEO Integrated Healthcare Partners
- Thomas F. Joyce LCDP, CPRS - East Bay Recovery Center
- Amy Lagasse - EBCAP
- Andrew Kirkman – YAP New England Regional Director

- Craig Gordon – Communities for People
- Brenda Dowlatsahi - Tri-County Community Action Agency + FQHC team + Primary Care Integrated Behavioral Health and Outpatient Behavioral Health
- Paula M. Firth - East Bay Community Action Program
- Robert Crossley – EBCAP
- Joan Salhany – Gateway
- Carlene Casciano-McCann - St. Mary's Home for Children
- Kelly Henry - Sojourner House
- Melissa Campbell, MPH - RI Health Center Association
- Edward Curis – NHPRI
- John Colburn, Ph.D. - J R Colburn and Associates, LLC (EBCAP SAMHSA grant consultant)
- Karen Penza Rathbun – CCA
- Sandra Victorino – CareNE
- Dennis Roy – EBCAP
- Laurie-Marie Pisciotto – MHARI
- Tara Murphy – RI Homeless
- Vanessa Volz – Sojourner
- Sharon Vanderhoff – Optum
- Julie Iannitti - Harmony Hill School
- Benjamin R. Isaiah – The Providence Center
- Jessica Clow – NAFI CT
- Dorn Marcella – National Council
- Nate Griffin – Mirah
- Thomas Carroll - Alert Ambulance Service, Inc.
- Robert Araujo - Alert Ambulance Service
- Gary Bliss – Prospect Health Services RI
- Marie Palumbo-Hayes – FSRI
- Dee Tavares – NMH
- Kaitlyn Rabb – Kids Count