

Health Care System Planning Behavioral Health Workgroup Meeting #1

September 5, 2024

9:00am EDT

Virtual

Co-Facilitators:

Director Ashley Deckert (DCYF), Director Rich Leclerc (BHDDH), Sandra Victorino (Care New England)

Work Group Members, State Staff, Consultant Staff, and Members of the Public: Director Kasim Yarn (VETS), Sandy Valentine (RICARES), Susan Orban (WCCC), Megan Clingham (DOA), Tammy Calise (JSI), Alec McKinney (JSI), Lizzy Jones (JSI), Laurie-Marie Pisciotta (MHARI), Beth Lemme-Bixby (TIDES), Dr. Kathleen Donise (Lifespan), Tyrone Jackson (PSN), Don Laliberte (Bradley Hospital), John Tassoni (SUMHLC), Margaret Holland McDuff (FSRI), Angelique Croce (JSI), Brenda Amodei (BHDDH), Christopher Strnad (DCYF), Colleen Daley Ndoye (Project Weber/RENEW), Thomas Martin (BHDDH), Zach Gross (CHJT), Ellie Rosen (EOHHS), Marti Rosenberg (EOHHS), Rachael Clemons (Freedman), Susan Lindberg (DCYF), Susannah Slocum (EOHHS),

Notes:

Agenda Item	Notes
<p>Welcome & Introductions</p> <p><i>Director LeClerc & Marti Rosenberg, Slides 1-3</i></p>	<ul style="list-style-type: none">• At 9:03 am EDT, Director LeClerc welcomed the group to the first Rhode Island Health Care System Planning (HCSP) Behavioral Health (BH) Workgroup meeting and thanked participants for agreeing to be part of the workgroup.• Director LeClerc discussed the importance of the public-private sector collaboration and encouraged all participants to provide their perspectives in order to develop a strong, comprehensive, well-coordinated, equitable BH system capable of meeting the current and future needs of those who live in the State. See slides 1-3 of the accompanying slide deck.• Marti Rosenberg spoke on behalf of Assistant Secretary Novais, who could not be in attendance. Ms. Rosenberg invited the group to reflect on the recent Senate Resolution requesting that EOHHS conduct an objective assessment and explore if or how best to consolidate oversight of behavioral health services across the state with a single agency. She described the current landscape which distributes responsibility across multiple state agencies and shared that Secretary Charest is committed to including this assessment in the HCSP initiative.<ul style="list-style-type: none">○ She noted that the current meeting is for long-term planning for behavioral health system strength and while the issues of consolidation will be an important aspect, this is not ready to be discussed in depth. There will be a special meeting in late September or early October to discuss these issues specifically

	and weaving it into the December plan.
<p>Clarify Purpose, Goals, Key Areas of Inquiry, and Expectations of the Rhode Island Health Care System Planning (HCSP) Initiative</p> <p><i>Alec McKinney, Slides 4-10</i></p>	<ul style="list-style-type: none"> ● Alec McKinney reviewed the primary goals and objectives of the HCSP process and shared the initiative timeline. See slides 4-10 of the accompanying slide deck.
<p>Clarify Role of the Work Group, Key Deliverables/Timeline, and Content of the December 2024 RI HCSP Report</p> <p><i>Alec McKinney, Slides 4-10</i></p>	<ul style="list-style-type: none"> ● Alec reviewed the workgroup charge and meeting schedule. See slides 4-10 of the accompanying slide deck.
<p>Baseline Understanding of the Behavioral Health Sector’s Strengths and Challenges</p> <p><i>Alec McKinney, Slides 12-21</i></p>	<ul style="list-style-type: none"> ● Alec discussed the information compiled so far regarding the strengths and challenges of the BH sector. See slides 12-21 of the accompanying slide deck.
Work Group Feedback & Discussion - Adult Behavioral Health	
Discuss National and State Baseline Assessment	<ul style="list-style-type: none"> ● There was a general sense of acceptance of the baseline assessment.
Identify Current and Future Service Gaps	<ul style="list-style-type: none"> ● Laurie noted that there are no psychiatric nursing homes in the state. ● Brenda highlighted that transitions in care are a huge gap and offered that this might warrant focus going forward.
Clarify Service System Needs and Challenges	<ul style="list-style-type: none"> ● Megan highlighted people living with SPMI, the need for more long-term residential treatment options, Eleanor Slater Hospital being closed to most admissions, people being “stuck” in hospitals, and the criminal-legal entry into care. <ul style="list-style-type: none"> ○ Megan highlighted the utilization of psychiatric beds for people with non-psychiatric conditions (like dementia) and the need for services for co-occurring mental health challenges and intellectual or developmental disabilities (IDD). ● Laurie discussed that people living with serious and persistent mental illness (SPMI) make up about 5% of the population, but 15% of inmates. ● Sandra reinforced Megan’s point and emphasized the impact on systems

	<p>and people that are having to support care that would better be provided in a different setting. She also stressed that pay is lower in behavioral health occupations, making it difficult to attract a workforce. She gave the example of bilingual/bicultural individuals who work elsewhere, where they can receive better pay.</p> <ul style="list-style-type: none"> ● Colleen highlighted that while much of the behavioral health system focuses on outpatient services, many people who would benefit from behavioral health services are unhoused. Many people need residential treatment and longer-term services that offer continuity rather than a revolving door of services. ● Sandy discussed challenges with the recovery housing model, namely that they are ill-equipped to manage their tenants; they are landlords, not behavioral healthcare providers. They are also generally for-profit entities. ● Colleen discussed the lack of capacity in the system, noting that even if there was increased funding, the system is stretched to a breaking point. ● Colleen discussed the intersectional nature of healthcare challenges, especially the impact of housing. She explained that people who might otherwise need less intensive services, could require more intensive services due to trauma experienced while unhoused.
<p>Identify Additional Initiatives to Highlight</p>	<ul style="list-style-type: none"> ● Sandy highlighted the recent Ladders to Licensure initiative. However, these grant-funded initiatives require resources to apply and are not focused on sustainability.
<p>Discuss Potential Strategies to Strengthen the Behavioral Health System</p>	<ul style="list-style-type: none"> ● Sandra noted the need for pipelines and pathways for people with lived experience, such as supporting peers and community health workers (CHWs) who want to become case managers. ● Zach emphasized the challenge of retaining CHWs due to the position being underpaid. He spoke to the importance of CHWs, and the need to create career pathways, especially for people with histories of incarceration. ● Sandra also noted the need for better reimbursement and increased pay. ● Thomas suggested that we consider legislative mandates to ensure that those working in behavioral health do continue to be underpaid. ● Colleen highlighted that most improvements save money, but they do not save money in the same system, so potential saving may go unrecognized. It is important to message that any healthcare costs saved are good for the state, even if that savings is experienced in an adjacent system. <ul style="list-style-type: none"> ○ Laurie Marie agreed and requested that dynamic budgeting be explored. ● Brenda discussed the need for physical space - new and updated facilities in impactful locations. <ul style="list-style-type: none"> ○ Sandy reflected on the many vacant buildings in the state, how expensive the locations are, and the lack of parking associated with the locations. ○ Thomas suggested that reimbursement should include physical space maintenance and updates.

	<ul style="list-style-type: none"> ● Sandy discussed the importance of low-barrier entry points to healthcare.
Work Group Feedback & Discussion - Child Behavioral Health	
Discuss National and State Baseline Assessment	<ul style="list-style-type: none"> ● There was a general sense of acceptance of the baseline assessment.
Identify Current and Future Service Gaps	<ul style="list-style-type: none"> ● Margaret and Tyrone noted that the role and inclusion of parents and teachers in children’s behavioral health is missing which leads to children being in potentially harmful situations and cycles. <ul style="list-style-type: none"> ○ For instance, teachers who are not prepared to deal with children with behavioral health issues sending them home where there is also no support. ○ Director Deckert added that the inclusion of parents is significant especially in the children’s behavioral health system because children are not their own caretakers. ● Susan stated that there is a lack of federal funding to children’s behavioral health issues. She also added that as a result of lack of federal funding, there is little sustainability of programming and initiatives addressing children’s behavioral health. ● Susan noted that providing services to children in clinics and offices poses transportation barriers.
Clarify Service System Needs and Challenges	<ul style="list-style-type: none"> ● Tyrone emphasized sustainability and noted that the reality of the current behavioral health system for children is that once grant money goes away so do programs. Unfortunately, this reality leaves many families struggling to find the support that they need for their children. ● John Tassoni stated that 18,000 children are currently living with their grandparents due to their parents being deceased, separated, or incarcerated. As a result of this, there are a lot of elders between the ages 65 and 80 years old who are raising their grandchildren. ● Beth noted that there needs to be both mobile response and stabilization. She added that a mobile response without stabilization can result in children dropping out of care. ● Beth also noted that a comprehensive approach is needed when thinking about addressing children’s behavioral health. <ul style="list-style-type: none"> ○ A school-based approach may not prove to be as effective considering the high rates of absenteeism. ● Susan highlighted that it will be important to think about what is needed post-pandemic. ● Margaret spoke about the challenges of funding evidence-based practices. She stated that currently evidence-based practices are being funded privately, but having federal funding would be more ideal. ● Chris discussed the importance of the state having flexible spending to support prevention and holistic care. ● A workgroup member noted that according to SAMHSA 70% of system

	<p>involved kids have behavioral health issues.</p> <ul style="list-style-type: none"> ● John noted that there is a large amount of medication waste.
<p>Discuss Potential Strategies to Strengthen the Behavioral Health System</p>	<ul style="list-style-type: none"> ● Susan noted that private and federal collaboration is needed to build the children's behavioral health system. ● Margaret stated that a total transformation of how children's behavioral health is funded in Rhode Island is needed. <ul style="list-style-type: none"> ○ She added that at the federal level, there needs to be a commitment to an ongoing process that addresses changes (i.e. increase in funding, services, etc). ● Susan suggested the utilization of spaces children are required to be in (i.e. school) versus creating a new environment (i.e. clinic) for behavioral health support. <ul style="list-style-type: none"> ○ She added that particularly in the post-pandemic era, it would be beneficial to offer tele-therapy options for children to access care. ○ She also added that schools are a great place to start and think about school and community partnerships to address children's behavioral health issues. ● Beth suggested that a universal approach over a school-based approach is needed to ensure that all populations are targeted.
<p>Meeting Close</p>	
<p>Review Next Steps</p> <p><i>Director Deckert</i> <i>Slide 29</i></p>	<ul style="list-style-type: none"> ● Director Deckert reviewed next steps, including that the next meeting will be scheduled for the week of October 7th and will focus on recommendations for action and strategic opportunities. Materials will be circulated in advance.
<p>Public Comment</p> <p><i>Director Deckert</i> <i>Slide 30</i></p>	<ul style="list-style-type: none"> ● Director Deckert opened the floor for public comment. There was none. ● The meeting was called to a close at 10:31 am EDT.