

# Health Care System Planning Behavioral Health Workgroup Meeting #2

October 8, 2024

10:00am EDT

Virtual

[Meeting Slide Deck](#)

## Co-Facilitators:

Director Rich Leclerc (BHDDH), Deputy Director Brandi DiDino (DCYF), Sandra Victorino (Care New England)

**Work Group Members, State Staff, Consultant Staff, and Members of the Public:** Susan Orban (WCCC), Megan Clingham (DOA), Alec McKinney (JSI), Lizzy Jones (JSI), Erin Boles Welsh (Health Community Roadmaps), Laurie-Marie Pisciotta (MHARI), Beth Lemme-Bixby (TIDES), Tyrone Jackson (PSN), Don Laliberte (Bradley Hospital), John Tassoni (SUMHLC), Margaret Holland McDuff (FSRI), Angelique Croce (JSI), Brenda Amodei (BHDDH), Christopher Strnad (DCYF), Thomas Martin (BHDDH), Ellie Rosen (EOHHS), Marti Rosenberg (EOHHS), Rachael Clemons (EOHHS/Freedman), Susan Lindberg (DCYF), Susannah Slocum (EOHHS), Anne Doyle (Spark Living and Learning), Chris Gadbois (CareLink), Tanja Kubas-Meyer (CCF), Kathleen Kemp, PhD (Family Court), Susan Dickstein, PhD (RIAIMH), Amy Hulberg (EOHHS), Chantele Rotolo (EOHHS), Blythe Berger (RIDOH), Domenic Delmonico (Point32Health), Kara Foley (Office of Child Advocate), Michelle Brophy (BHDDH), Carrie Miranda (Looking Upwards), Cathy Schultz (EOHHS), Angela Lello (UHC), Emily Teixeira (EOHHS), Dr. Elizabeth Lowenhaupt (LifeSpan)

## Notes:

Agenda Item	Notes
<p>Welcome, Introductions, and Meeting Goals</p> <p><i>Director LeClerc</i> <i>Slides 1-3</i></p>	<ul style="list-style-type: none"><li>● At 10:03 am EDT, Director LeClerc welcomed the group to the second Rhode Island Health Care System Planning (HCSP) Behavioral Health (BH) Workgroup meeting and thanked participants for their continued participation in the workgroup.</li><li>● Director LeClerc reviewed the agenda and meeting goals. The goals for this meeting are as follows:<ul style="list-style-type: none"><li>○ Review leading Behavioral Health priorities</li><li>○ Discuss range of possible strategic actions for each priority</li><li>○ Discuss areas of overlap, collaboration, or collective action across workgroups</li></ul></li></ul>
<p>Review Purpose, Goals, Key Areas of Inquiry, and Expectations of the Rhode Island Health Care System Planning (HCSP) Initiative</p> <p><i>Marti Rosenberg,</i></p>	<ul style="list-style-type: none"><li>● Marti Rosenberg reviewed the primary goals and objectives of the HCSP process and shared the initiative timeline. See slides 4-6 of the <a href="#">accompanying slide deck</a>.<ul style="list-style-type: none"><li>○ Marti reminded the group that they should be keeping these primary goals and objectives in mind throughout their discussions today.</li></ul></li></ul>

<p><i>Slides 4-6</i></p>	
<p>Review Health Care System Planning (HCSP) Structure &amp; Key Deliverables/Timeline</p> <p><i>Marti Rosenberg, Slides 6-8</i></p>	<ul style="list-style-type: none"> <li>● Marti Rosenberg reviewed the structure of the HCSP which includes five different sectors: Long-Term Care and Healthy Aging, Hospitals, Behavioral Health, Primary Care, and Health-Related Social Needs. <ul style="list-style-type: none"> <li>○ Marti added that in an effort to avoid these five sectors being silos, there are five cross-cutting strategies that have been identified to help draw connections between the sectors. These cross-cutting strategies are: workforce, value-based payment, data systems/ structures for analysis, decision making, and transparency, health information exchange, and healthy equity.</li> </ul> </li> <li>● Marti also reviewed the key deliverables and timeline of the HCSP. She noted that it will be important for workgroups to meet after the retreat to flesh out the final recommendations that will go into the December report. She added that the deadline for the December report is to be determined but will take place in early December.</li> </ul>
<p>Review Leading Behavioral Health Priorities and Identified Strategic Action Steps to Date</p> <p><i>Alec McKinney, Slide 9</i></p>	<ul style="list-style-type: none"> <li>● Prior to allowing participants to choose which breakout group they would like to join, either Adult Behavioral Health or Children’s Behavioral Health, Alec McKinney discussed the framework that both breakout groups will be using to organize the priorities and action steps. See slide 9 of the accompanying slide deck. <ul style="list-style-type: none"> <li>○ Alec noted to the group to keep in mind that this framework is not necessarily a comprehensive of how people flow through services and interact with the health system. Rather, it is a way for each breakout group to think through how recommendations are segmented and structured.</li> <li>○ Alec also noted that this framework broadly looks at the types of services and programs that need to be in place to ensure that behavioral health issues are being identified and addressed.</li> </ul> </li> </ul>
<p><b>Work Group Feedback &amp; Discussion - Adult Behavioral Health</b></p>	
<p>Review leading Adult Behavioral Health Priorities</p>	<ul style="list-style-type: none"> <li>● Alec reviewed the draft of leading <b>HRSN-related BH action steps for adults</b> on slides 30-31, including housing programs; employment and training supports for those in recovery; addressing impacts of structural racism, classism, and ableism; programs that enhance screening, assessment, and referrals for HRSN; and training programs and resources to reinforce linguistic and cultural responsiveness and cultural humility. <ul style="list-style-type: none"> <li>○ The group highlighted that in order for referrals to be successful, there must be a robust resource landscape (i.e., capacity among organizations receiving referrals).</li> <li>○ The group also highlighted insufficient full-time employees (FTEs) among support systems, such as state agencies.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>● Alec reviewed the draft of <b>prevention and early connection to care-related BH action steps for adults</b> on slides 32-33, including prevention and education campaigns; universal behavioral health screening activities in clinical and non-clinical settings’ sustainable funding streams to support preventive services; expanding activities in community-based organizations that provide behavioral health education, resilience-building programs, and early intervention; and providing supports that help families, caregivers, and those in the community to recognize early signs of behavioral health issues.</li> <li>● Alec reviewed the draft of <b>crisis assessment, treatment, &amp; linkages to care-related leading BH action steps for adults</b> on slides 34-35, including supporting, tracking, and evaluating the implementation of RI’s Certified Community Behavioral Health Clinics (CCBHCs); expanding and enhancing the State’s Behavioral Health Response Team (BHRT) and Crisis Intervention Teams (CIT); enhancing existing capacity, training activities, and triage protocols in hospital EDs including efforts to support law enforcement with pre-arrest diversion; low-barrier, respite housing programs available to those in crisis; and universal screening across medical, mental health, substance use, social, and long-term care settings. <ul style="list-style-type: none"> <li>○ Director LeClerc raised that if the BHRT and CIT refer to police response, it should be clarified in the statement.</li> </ul> </li> </ul>
<p>Discuss range of possible Strategic Actions for each Priority</p>	<ul style="list-style-type: none"> <li>● Across the board, a priority action identified by community participants is to ensure political will and create accountability mechanisms.</li> <li>● The group discussed several possibilities for strategic actions related to <b>HRSN-related BH action steps for adults</b>, including: <ul style="list-style-type: none"> <li>○ Amy Hulberg highlighted the need to ensure a robust resource landscape with fortified organizations.</li> <li>○ Sandra Victorino suggested replicating the “bilingual seal” in high school diplomas within the behavioral health workforce.</li> </ul> </li> <li>● The group discussed several possibilities for strategic actions related to <b>prevention and early connection to care-related BH action steps for adults</b>, including: <ul style="list-style-type: none"> <li>○ Chris Gadbois highlighted the need for sustainable funding streams to address social isolation and loneliness in the older adult population</li> </ul> </li> <li>● The group discussed several possibilities for strategic actions related to <b>crisis assessment, treatment, &amp; linkages to care-related leading BH action steps for adults</b>, including: <ul style="list-style-type: none"> <li>○ Chris Gadbois emphasized the need to address the challenge of accessing crisis response when people live in congregate settings, which can sometimes result in unnecessary emergency department settings.</li> <li>○ Sandra Victorino raised the need for Infrastructure support to</li> </ul> </li> </ul>

	<p>help keep people at home.</p> <ul style="list-style-type: none"> <li>○ Director LeClerc, Sandra Victorino, and Cathy Schultz emphasized the need for sustainability for law enforcement ride-along programs. <ul style="list-style-type: none"> <li>■ Cathy Schultz encouraged the group to look at the municipal level, where there are several successful and sustainable instances of behavioral health navigators supporting law enforcement.</li> </ul> </li> <li>○ Cathy Schultz suggested a policy crosswalk could be helpful.</li> </ul>
<p>Discuss Areas of Overlap, Collaboration, or Collective Action Across Workgroups</p>	<ul style="list-style-type: none"> <li>● Linda Hurley discussed the importance of compensating for skilled staff at points of entry to care, such as check-in</li> <li>● Cathy Schultz emphasized the importance of having a workforce that is trauma-informed and approaching conversations about workforce through a trauma-informed lens.</li> <li>● Cathy also highlighted the impact on the relationship between a provider and a client as a result of being under-resourced.</li> <li>● Cathy discussed the need to ensure efforts are not duplicated and that there is collaboration rather than competition in the behavioral healthcare landscape.</li> <li>● Sandra Victorino emphasized the need to think of this work with a structural racism, classism, and ableism lens.</li> <li>● Cathy Schultz identified that there is some overlap with the overdose task force strategic plan.</li> </ul>
<p><b>Work Group Feedback &amp; Discussion - Child Behavioral Health</b></p>	
<p>Review leading Children’s Behavioral Health Priorities</p>	<ul style="list-style-type: none"> <li>● Marti noted to the group that the goal is to create short term, mid term, and long-term recommendations. She added that the recommendations aim to collect all of the ideas that members of this group have shared through key informant interviews, former plans, etc. Lastly, Marti informed the group that this breakout session will not be their only opportunity to share their thoughts regarding the recommendations, but that continued discussion and conversation can and will occur via email and other times (i.e. the November 7th retreat).</li> <li>● Marti highlighted that this group was tasked by the Secretary and Assistant Secretary to address the question within the Senate Resolution regarding the authority of children’s behavioral health. <ul style="list-style-type: none"> <li>○ The Senate Resolution states that the Executive Office of Health and Human Services (EOHHS) will make a plan for moving the authority of children’s behavioral health from the Department of Children, Youth, and Families (DCYF) to the Behavioral Health and Developmental Disabilities Division (BHDD).</li> </ul> </li> </ul>

- Marti emphasized to the group that there are two deadlines that they are working towards - the December report and the Senate Resolution deadline in April.
- Marti also noted that moving forward there will be regular meetings for this subgroup that occur separately from the adult behavioral health group as a result of the December report and the April Senate Resolution. The next meeting for this subgroup will likely take place in the week of October 28th. A doodle poll will be sent out shortly to find the best date and time.
- Marti reviewed the draft of leading **HRSN-related BH action steps for children/youth** on slides 12-13, including enhanced screening, assessment, and referrals related to addressing HRSNs, investing in and supporting the development of a comprehensive continuum of housing programs, addressing the high prevalence of food insecurity in low-income families with children, introducing and promoting policies that reduce children's exposure to toxic stress, addressing delays in care and lack of early connection to care leading to greater involvement with the Criminal Justice/ACI system, and increasing wraparound care that addresses HRSNs and navigating the BH system for children/families before they are at risk for DCYF involvement.
  - Domenic Delmonico raised a question regarding the level of detail and specificity required for the December report. Marti responded that the December report will be at the level of the current draft recommendations, but the actual plan will be at a different level with measurable outcomes.
  - Beth Lemme-Bixby mentioned that we need to think about what “increased wraparound” means. She asked about the vision for the system of care in the state and if there was going to be high fidelity wraparound.
  - Domenic Delmonico noted that it will be important for this group to think about how we will measure success. He suggested days that children spend in the community versus institutionalized could be one way to do this.
  - Tanja Kubas-Meyer suggested giving each sub-recommendation a heading. She called out the fact that housing is being addressed in these recommendations, but not poverty, and that discussing poverty should take place first.
  - Margaret Holland-McDuff echoed Domenic’s earlier statement regarding measurements. She added that being clear regarding measurements will not only allow us to access our “wins” but also to be on the same page.

- Dr. Kathleen Kemp raised a question about the overall structure and model that the group is aiming for in order to deliver the services outlined in these draft recommendations.
- Beth Lemme-Bixby seconded Dr. Kemp’s question. Beth added that it will be important to consider the structure and model to ensure that initiatives are working in alignment to avoid service gaps.
- Marti noted that the system of care framework may be more appropriate for the children subgroup.
- Marti reviewed the next set of slides:
  - **Prevention and early connection to care-related BH action steps for children/youth** on slides 14-15, including developing and beginning to implement a comprehensive awareness and outreach plan to educate, train, and reduce stigma on mental health and wellness, increasing visibility of and no-barrier access to existing community-based recreational activities, expanding substance use prevention efforts for pregnant persons, youth, parents, and schools, determining and providing the most appropriate services to address the needs and issues of the large number of children living with their grandparents, implementing strategies to sustain, expand, and coordinate prevention services, resources, and opportunities for systematically marginalized populations, developing a sustainable funding plan to continue and/or scale up community-level interventions and critical substance use prevention activities, and scaling up investments in social emotional learning, peer support, school-based therapeutic groups.
  - **Crisis assessment, treatment, & linkages to care-related leading BH action steps for children/youth** on slide 16, including ensuring the continuation of Mobile Response and Stabilization Services (MRSS) to fidelity (with a focus on stabilization services) and developing and outreach and engagement plan around the unique needs of transition-aged youth, services available, and resources.
    - Susan Orban noted that she is concerned about moving MRSS into CCBHCs because of how long it may take them to get up and running and to provide the service with fidelity.
    - Mart responded that MRSS is up and running through CCBHCs.
  - **Care, treatment, on-going support, and recovery leading BH action steps for children/youth** on slides 17-18, including

supporting and expanding treatment and programmatic family-centered, trauma-informed, age-/developmentally-/culturally-appropriate services in schools and the community, ensuring that there is a range of funding (federal, state, and private) for services, focusing on communication that services exist and their tiers, developing flexible access to services, ensuring adequate access to higher level care, and honoring patient choice when determining facility or home-based services.

- **Community engagement, collaboration, and partnership leading BH action steps for children/ youth** on slides 19-20, including being intentional about who is invited into decision-making bodies, matching peers with youth and families who share cultural and language backgrounds, placing greater emphasis on lived experience as a qualification for professional roles within the CBHSOC, creating partnerships with non-traditional behavioral health support systems, increasing access to non-clinical supports, aligning community needs and advocacy, and engaging youth in planning, education, and communications activities.
- Dr. Susan Dickstein suggested not only engaging youth but also families in planning.
- **Data and evaluation leading BH action steps for children/youth** on slides 21-22, including starting evaluation planning when systems planning begins, using data to understand which initiatives are creating more equity and achieving the highest quality outcomes, engaging in collecting ongoing feedback from families, mapping out which data sources exist and creating sustainable policies and processes for overlaying data, facilitating agreements between state and federal agencies that will enable data sharing between platforms, holding community focus groups to better understand behavioral health needs, and developing and distributing data, information, and personal testimony to policy makers.
- **Equity leading BH action steps for children/youth** on slides 23-25, including developing the cultural competencies of behavioral health and pediatric providers, implementing provider education to ensure safe spaces in health care offices, engaging diverse community in behavioral health planning conversations, increasing the diversity of the overall provider population, reducing inappropriate criminalization of behaviors and social groups, outlining equity gaps in foster care/adoption, working to reduce bias against youth and family members with a criminal

	<p>background, and ensuring behavioral health, disability services, and pediatric healthcare providers are effectively able to navigate and normalize trauma-informed conversations</p> <ul style="list-style-type: none"> <li>○ <b>Workforce leading BH action steps for children/youth</b> on slides 26-27, including strengthening the children’s behavioral health workforce, teaching principles of equity rooted in anti-racism to behavioral healthcare and pediatric providers, increasing the diversity (linguistically as well) of the provider population, equipping state agencies responsible for children’s behavioral health oversight with a child psychologist or psychiatrist FTE, strengthening family-friendly workplace policies, assessing, evaluating, and recommending changes to the vocational, career, and technical programs, and training peers in leadership processes. <ul style="list-style-type: none"> <li>■ Dr. Dickstein suggested adding the following language to the first draft recommendation, “strengthen mental health promoting workforce policies...”</li> </ul> </li> </ul>
<p>Discuss range of possible Strategic Actions for each Priority</p>	<ul style="list-style-type: none"> <li>● The group agreed that a priority action is to ensure that there is accountability through measurable outcomes.</li> <li>● The group discussed several possibilities for strategic actions related to <b>HRSN-related BH action steps for children/youth</b>, including: <ul style="list-style-type: none"> <li>○ Susan Orban pointed out that there is information missing regarding homeless teens, transition age youth, substance abuse, and recovery supports.</li> <li>○ Tyrone Jackson noted that schools are missing in the current draft recommendations. He added that schools are a vital part of the system of care especially since children spend so much time there. By not looking at the school environment, then some of the other items listed in these draft recommendations, such as toxic stress, will not be appropriately addressed.</li> <li>○ Carrie Miranda highlighted that families run into roadblocks with clinicians and medical facilities not being equipped to provide behavioral health services to children with intellectual and developmental disabilities (I/DD).</li> <li>○ Margaret Holland-McDuff noted that it will be important for there to be clear pathways for all children and families at any developmental stage or need for behavioral health. She added that children and families should know where they can get help outside of the emergency room.</li> </ul> </li> </ul>

- Dr. Susan Dickstein called out the unique needs of infants/toddlers in the behavioral health system.
- The group discussed several possibilities for strategic actions related to **prevention and early connection to care-related BH action steps for children/youth**, including:
  - Susan Orban noted that these recommendations focus heavily on early-connection, but do not focus on prevention or healthy development. She added that there are not enough youth centers in Rhode Island for youth to get support and guidance.
    - Domenic Delmonico added that it will be important to think about how to engage the current youth centers (i.e. Boys and Girls Club) in order to meet the children where they are with social services.
  - Tyrone Jackson noted that it would be interesting to add social media into the recommendations as a preventative tool. He discussed the importance of youth knowing how to fact-check and being well-informed while using social media.
- The group discussed several possibilities for strategic actions related to **crisis assessment, treatment, & linkages to care-related leading BH action steps for children/youth**, including:
  - Susan Orban emphasized that all initiatives should not consistently be built on Medicaid reimbursement models, instead there should be focus on ensuring private insurers are paying for services and are engaged in this system.
- The group discussed several possibilities for strategic actions related to **care, treatment, on-going support, and recovery leading BH action steps for children/youth**, including:
  - Dr. Kathleen Kemp noted that providers are communicating to parents that they should file petitions for disobedient children in order to access behavioral health treatment and services. She added that it will be important to address this incorrect messaging.
  - John Tassoni noted that alcohol is rising above the opioid issue and is an area that this subgroup should keep in mind.
- The group discussed several possibilities for strategic actions related to **community engagement, collaboration, and partnership leading BH action steps for children/youth**, including:
  - Domenic Delmonico discussed participatory budgeting as a potential activity for engaging youth.
- The group discussed several possibilities for strategic actions related to **data and evaluation leading BH action steps for children/youth**, including:

	<ul style="list-style-type: none"> <li>○ Tanja Kubas-Meyer discussed the need for a data hub that is transparent.</li> <li>● The group discussed several possibilities for strategic actions related to <b>equity leading BH action steps for children/youth</b>, including: <ul style="list-style-type: none"> <li>○ Susannah Slocum highlighted a training that she and other individuals are working on designed for people with lived behavioral health experience in order to train them to become evaluators.</li> </ul> </li> <li>● The group discussed several possibilities for strategic actions related to <b>workforce leading BH action steps for children/youth</b>, including: <ul style="list-style-type: none"> <li>○ Tanja Kubas-Meyer noted that we need to talk about ladders so that peers are not indefinitely peers, but rather have the ability to grow into positions such as evaluators.</li> <li>○ Susan Orban noted that everyone needs to have basic knowledge of behavioral health issues. She added that youth mental health first aid should be required for all individuals working with youth in order to reduce stigma and increase comfort in early identification of children in need of help.</li> </ul> </li> </ul>
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**Meeting Close**

<p>Review Next Steps</p> <p><i>DCYF Deputy Director DiDino &amp; Alec McKinney</i></p> <p><i>Slide 39</i></p>	<ul style="list-style-type: none"> <li>● Deputy Director DiDino reviewed next steps, including that the next meeting of this workgroup will be in the afternoon at the <b>RI Health Care System Planning Retreat on November 7th</b>. The retreat will be held at the Nursing Education Center from 8:30 AM to 3:00PM. The focus of this workgroup’s next meeting will be to reach an agreement on priorities and strategic action steps. Materials will be circulated in advance.</li> <li>● Alec McKinney noted that JSI will be sending out a survey to the workgroup to help prioritize the draft recommendations discussed today as well as give members the opportunity to provide additional feedback. <ul style="list-style-type: none"> <li>○ He added that there will likely be another meeting of this workgroup following the retreat to finalize the content, recommendations, and action steps.</li> </ul> </li> </ul>
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