An Assessment of the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals

A REPORT TO GOVERNOR DANIEL MCKEE

June 30, 2021

Governor McKee,

On April 9, 2021 you directed me to lead a 60-day review and assessment of the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH) and to make recommendations on issues including, but not limited to, departmental policy, operations, staffing and quality standards of care. As part of this review, I also assessed and re-evaluated the departmental plans and proposals that were developed during the prior Administration.

On June 30, 2021 I completed my review of the entire Department and issued my first report on Eleanor Slater Hospital due to immediate challenges. Now that there has been some time to reflect on that report, I am submitting this second report, my final, which focuses on BHDDH's Behavioral Healthcare and Developmental Disabilities divisions – as well as overall recommendations for stakeholder engagement.

The following pages of this report will outline my findings, which include short-term and intermediate recommendations on issues including leadership, contract management, equity considerations and the need to build a more robust continuum of care that provides the right services at the right time.

The Behavioral Healthcare and Developmental Disability divisions at BHDDH are responsible for some of our state's most critical current needs, including:

- Addressing the opioid crisis, substance use prevention, recovery services and an array of mental health care in Rhode Island – areas where we have seen a marked increase in the need for services due to the COVID-19 public health emergency; and
- Building upon years of work to strengthen the state's opportunities for competitive, integrated employment and day services to individuals with I/DD by creating systems and infrastructure needed to successfully exit the Developmental Disability Consent Decree.

I greatly appreciate your commitment to working together with BHDDH Director Charest and I to address longstanding issues at BHDDH and building a better system for those who rely on the Department's work.

Womazetta Jones
Secretary
Rhode Island Executive Office of Health and Human Services

KEY FINDINGS & DIVISION OF BEHAVIORAL HEALTHCARE OVERVIEW

Division of Behavioral Healthcare (BH)

EOHHS will work to support the BHDDH Director to address the following high-level key findings of this review, along with the more detailed short and intermediate term recommendations included in this summary report:

- Direct service and management staff are dedicated and committed to ensuring the health and well-being of their clients
- Leadership assignment needs to be defined
- Lack of diversity throughout the organization
- Limited activity to educate and support communities of color; services not provided proportionately to all communities
- Processes and policies require clarity and alignment with key responsibilities and accountability
- Insular organizational culture
- Contract management and oversight could benefit from more structure
- Development of a continuum of care

Division of Behavioral Healthcare Overview

The Division of Behavioral Healthcare acts as the "authority" for all adult behavioral healthcare in RI.

- Generally, the Division of Behavioral Health exercises the Department's designation as an "authority" for the behavioral healthcare system in the following ways:
    - Funds behavioral healthcare pilot programs with federal funding it receives.
    - Administers a limited set of BH benefits, provides some high-level, critical case management, and intercedes when there are major barriers that block some people from getting BH treatment at their level of need.
    - Licenses large behavioral health treatment providers—including community mental health centers and opioid treatment providers—and investigates instances of abuse, neglect, and mistreatment.
- This designation as "authority" is reinforced both in federal and state laws.
    - BHDDH is designated as both the mental health and substance use authority by the federal Substance Abuse and Mental Health Services Administration (SAMHSA).
- The Division is also empowered to set strategic plans for BH services, which it does to limited extent.
- BH is the third-largest division within BHDDH by budget size.

Behavioral Healthcare Services (BH) is comprised of two program areas: Integrated Mental Health Services and Substance Abuse Treatment and Prevention Services.

The Unit maintains the overall responsibility for planning, coordinating and administering a comprehensive State-wide system of mental health and substance abuse prevention, intervention, treatment activities and recovery supports. Its overarching goal is to promote wellness and recovery while assuring quality treatment and prevention throughout the State.

BH Services monitors mental health treatment, substance abuse treatment, prevention and recovery services across Rhode Island. The Director of BHDDH is empowered as both the State Mental Health Authority and the Single State Authority for Substance Abuse Treatment and Prevention.

FINDINGS

Division of Behavioral Healthcare (BH)

The following list includes general findings of my review of Division of Behavioral Healthcare:

- Direct service and management staff are dedicated and committed to ensuring the health and well being of all Rhode Islanders
- Leadership not defined and as such there is inconsistent observation of hierarchy and management authority
- Organizational structure, roles and expectations for all layers need to be defined
- Undefined or unclear processes for key responsibilities and determining accountability for key tasks
- Processes and policies need to be reviewed and revised to be consistent, clear and aligned with best practices
- Insular organizational culture
- Relationship between staff, labor and leadership can be strengthened and improved
- Lack of diversity at all levels of the organization
- Limited activity to educate and support communities of color; services not provided proportionately to all communities
- Lack of utilization of a race equity lens
- Planning and grant spending strategies splintered
- Oversight of grant funded programs can be strengthened
- Contract management and oversight needs to be reconciled and aligned
- Prevention, treatment, recovery, and health system planning need to be led by data, current best practices and science

- Comprehensive continuum of care for both our mental health and substance use system not fully developed
- Possible gaps in services
- Substance abuse needs and services significantly focused on opioids and not all drugs and alcohol
- Clear, effective, consistent and transparent communication can improve

SHORT TERM RECOMMENDATIONS

Division of Behavioral Healthcare (BH)

Based on my findings, I recommend the following short term actions to be taken in approximately the next 6 months:

- Return to a divisional based structural design. Define and organize the BH division to clearly ensure a centralized and a coordinated approach
- Recruit, select and retain an individual to lead the BH division
- Activate a diverse leadership team that understand their roles, duties, responsibilities and authority.
- Ensure that the leadership structure is communicated to and understood by direct service staff, stakeholders and all our communities
- Reaffirm with the leadership team their roles, duties, responsibilities and authority.
- Creation of role charters for leadership
- Clearly define the responsibilities of the division and its relationship to other state agencies
- Eliminate, to the extent possible, the profound number of silos in Behavioral Health by bringing in a strong and focused leader and creating a solid and understood chain of command.
- Secure a comprehensive operational assessment to develop a definitive roadmap for improvement. This review must be extensive.
- Ensure compliance with federal grants management and monitoring requirements; ensure grants adequately support cross functionality needed (administrative, operations, data analytics and communication)
- Establish weekly grants monitoring team meetings

- Create grant tracking tool to include critical tasks, critical due dates, budget balance, expenses to date
- Create a tool for contracts and deliverables tracking and oversight
- Require more interagency cooperation and develop more strategies for interagency cooperation
- Better align BHDDH block grant work plan and activities with Drug Overdose Strategic Plan
- Ensure that Staff, Union Leadership, Community and Stakeholders are authentically engaged and at the table throughout projects and policy development
- Develop and implement a process for ongoing education, support and engagement with our communities of color, indigneous communities, and marginalized communities
- Develop a plan to recruit, retain and promote diverse staffing and leadership

INTERMEDIATE RECOMMENDATIONS

Division of Behavioral Healthcare (BH)

Based on my findings, I recommend the following intermediate term actions to be taken in approximately the next 12 months:

- Engage in a public-private collaborative process to develop a comprehensive continuum of care for both our mental health and substance use system
- Detox and Residential Services Expansion
- Consider moving towards a Performance-Based Contracting model
- Creation of a Transparency Portal
- Review all Substance Use and Addiction grants, allocations, and contracts to better align dollars with needs and service gaps.
- Review all Mental Health grants, allocations, and contracts to better align dollars with needs and service gaps.
- Assess the outcomes of current BH providers and upcoming amendments/extensions to best determine future procurement needs.

KEY FINDINGS & DIVISION OF DEVELOPMENT DISABILITIES OVERVIEW

Division of Developmental Disabilities (DDD)

EOHHS will work to support the BHDDH Director to address the following high-level key findings of this review, along with the more detailed short and intermediate term recommendations included in this summary report:

- Direct service and management staff are dedicated and committed to ensuring the health and well-being of its clients
- Commitment to transformational change
- Insular organizational culture
- Lack of diversity
- Limited activity to educate and support communities of color; services not provided proportionately to all communities

Division of Developmental Disabilities Overview

DD is responsible for the provision of Home and Community Based Services (HCBS) to more than 3,900 Rhode Islanders with intellectual and/or developmental disabilities. This work relies on strategies and supports to ensure outreach, access, eligibility, assessment, case management, Long Term Services & Supports (LTSS) provision through a licensed provider network and quality assurance. Aligned with the CMS Home and Community Based Setting Final Rule issued in 2014 and to ensure compliance with the Department of Justice Consent Decree, the system remains focused on transformative efforts to move from a system center design that relied on traditional center-based day and shelter work for employment to a person-centered design that promotes self-determination, integrated day and employment to promote increased autonomy, independence and self-sufficiency.

Summary of The I/DD Consent Decree

The State of Rhode Island entered into an Interim Settlement Agreement (ISA) and Consent Decree (CD) with the United States of America on June 12, 2013, and April 9, 2014, respectively. The agreements resolve findings that the State violated the Americans with Disabilities Act by failing to serve individuals with intellectual and developmental disabilities (I/DD) in the most integrated service setting appropriate and by placing youth with I/DD at serious risk of segregation. The State has pledged a sustained commitment to transform its service system over 10 years, providing opportunities for competitive integrated employment and day services to individuals with I/DD.

Summary of Rhode Island Community & Living Supports (RICLAS)

DD Services has oversight responsibility for the Rhode Island DD system and the Rhode Island Community and Living Supports (RICLAS) operations, which is a state-run Group Home Provider. There are currently 115 residents living in 22 group homes.

- The Division is responsible for authorizing and reimbursing developmental disabilities benefits to the approximately 3,900 individuals receiving services through private I/DD providers.

- Benefits are authorized based on an individual's "tier" level: Tiers A, B, C, D, and E indicate an individual's service need, with Tier A being the least intensive and Tier E being the most intensive. Benefits may be supplemented through other processes the Division oversees.
- I/DD home and community- based benefits are matched with federal funds through Medicaid claiming.

- Through the Department's licensing unit, the Division also investigates instances of neglect, abuse, and mistreatment in the I/DD system.
- DD is the largest division within BHDDH by budget size

FINDINGS

Division of Developmental Disabilities (DDD)

The following list includes general findings of my review of Division of Developmental Disabilities:

- There is a commitment to transformational change and compliance
- Direct service staff are dedicated and committed to ensuring the health and well being of its clients
- There continues to be an investment by the state in maintaining RICLAS residences at the level needed to provide home-like environments for our residents
- Processes and policies need to be reviewed and revised to be consistent, clear and aligned with best practices
- Relationship between staff, labor and leadership can be strengthened and improved
- Lack of diversity
- Limited activity to educate and support communities of color, indingenous communities, and marginalized communities; services not provided proportionately to all communities
- Lack of utilization of a race equity lens

SHORT TERM RECOMMENDATIONS

Division of Developmental Disabilities (DDD)

Based on my findings, I recommend the following short term actions to be taken in approximately the next 6 months:

- Remain committed to transformational change and compliance
- Reaffirm with the leadership team their roles, duties, responsibilities and authority.
- Ensure that the leadership team continues to engage direct service staff, labor, stakeholders and all our communities

- Creation of role charters for leadership team
- Ensure that staff, union leadership, community and stakeholders are authentically engaged and at the table throughout all projects and policy development
- Develop and implement a process for ongoing education, support, and engagement with our communities of color and marginalized communities
- Develop a plan to recruit, retain and promote diverse staffing and leadership
- Consent Decree
    - In line with Governor McKee's three-year plan included in the FY2022 budget and recent negotiations, create the systems and infrastructure needed to successfully exit the DD Consent Decree
    - Properly staff to allow for proper Caseload Conferencing activities to ensure compliance

STAFF, STAKEHOLDER, COMMUNITY ENGAGEMENT – RECOMMENDATIONS

The key element for success for BH as it moves forward is to engage with staff, community and stakeholders throughout each process, and proposed changes.

- **Staff**
    - Conduct bi-annual divisional survey. Themes to be shared with all staff and together to create an action plan
    - Listening Sessions with staff that includes the Director, Deputy Director and Division Directors. For at least a period of 6-9 months commencing initially as bi-weekly, and then reduce to monthly. Union to arrange and facilitate. EOHHS and GO to be invited as needed.
    - Weekly high level email updates from the Director to all staff
- **Community**
    - Monthly Listening Sessions for each division. Director, Deputy Director and Division Director to attend. EOHHS and GO to be invited as needed. Themes and action plans from each meeting to be shared on the BHDDH website. Ensure that the community represents all Rhode Islanders.
- **Stakeholders**
    - Monthly Listening Sessions for each division. Director, Deputy Director and Division Director to attend. EOHHS and GO to be invited as needed.

NEXT STEPS

Upon review of the Governor and his direction, the BHDDH Director will develop an action plan in consultation with the Governor and Secretary of EOHHS, to ensure progress of the determined action steps to make the recommended improvements within both Divisions of Behavioral Healthcare and Developmental Disabilities.