

Janet Spinelli, Rhode Island Elder Mental Health and Addiction Coalition (RIEMHAC) Co-Chair rejects the EOHHS/BHDDH redesign proposal to replace the State Long Term Care Hospital (LTCH) Adult Psychiatric Units currently served by the AM Building.

Without more information on the budgeted structural bed capacity and redesign plans, I believe that this proposal does not clearly designate a budget to meet the industry standards for acute and long term care psychiatric hospital for Rhode Islanders with complex behavioral health needs and/or service reimbursement challenges.

I have concerns that the projected demand for these renovations are more than what is allotted for through the addition of a new Regan psychiatric unit. In addition, the Zambarano carves out NF proposal would make Cranston campus an IMD. This would eliminate substantial opportunity for ESH Medicaid reimbursement; which is currently taken advantage of other RI Nursing Facilities and Community Hospitals.

Similarly, without more information on the new psychiatric level of care and targeted admission population, it is difficult to appreciate the projected population to be served. This is concerning as, it is common for individuals to wait days in emergency departments awaiting hospital beds. Beds are at or near current capacity, resulting in discharges to nursing facilities which are not currently designed nor capable of providing the intensive psychiatric services for individuals with the most intensive psychiatric service needs.

Many of these individuals are in constant transition, moving back and forth across the continuum. The elimination of beds for both the LTCH Adult Psychiatric Unit may lead to increased Forensic and Prison populations of individuals with behavioral health conditions. Are we assured that there will be enough space for potential Forensic overflow to meet projected need for increased Forensic and Civil Commitment beds?

Emphasis on the individual's understanding of admission and discharge criteria is equally important. Posting ESH level of care and transition protocol policies on the state's website will support person's choice, better understanding of their right to appeal, and provide them with the due process they deserve.

It is critical that the public has input in developing policies, regulations, trainings, credentialing and outcome monitoring pertaining to behavioral health redesign in the proposed Governor's Budget. A public commission for individuals with disabilities is essential in service redesign to prevent services gaps and support the RI BH continuum of care.

I strongly suggest that the General Assembly reject this proposal and establish a study commission to review data establishing RI psychiatric LTCH projected bed need, today's industry standard LTCH psychiatric unit design, report on post ESH discharge incidents and transition outcomes, and make recommendations on what alternatives can be implemented to ensure a continuum of behavioral health care.

We read concerning issues in recent Providence Journal articles about situations that are growing in Rhode Island and across the nation. This is not just an ESH issue, this is an issue that effects all Rhode Islanders. As a society we must strive to ensure that those who have special and complex behavioral health needs have access to a continuum of services that support the consumer's voice and provide essential options. You may contact me at janetspin@aol.com.