



# **Executive Office of Health & Human Services**

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**HHS Commission Presentation  
December 16, 2021**

**RHODE  
ISLAND**

# EOHHS's Priorities

Our mission: Ensure access to high quality and cost-effective services that foster the health, safety, and independence of all Rhode Islanders. We accomplish our mission by:

## ONE

Preserving and improving **access** to quality, cost-effective healthcare

## TWO

Shifting systems and investments to prevention, value, choice, and **equity**

## THREE

Curbing the opioid epidemic, addressing addiction, and **improving** mental health services

## FOUR

Promoting efficient, effective and **fair** delivery of services

# Rhode Island Vision of a Behavioral Health Continuum of Care

**Equity and Inclusion, Quality and Capacity Management, and Social Determinants of Health**

**Care Coordination, Physical/Behavioral Health Integration, and Workforce Development**

**Infant &  
Child**

**Transition-  
Aged Youth**

**Adult**

**Older Adult**

**Prevention  
Services and  
Universal  
Screening**

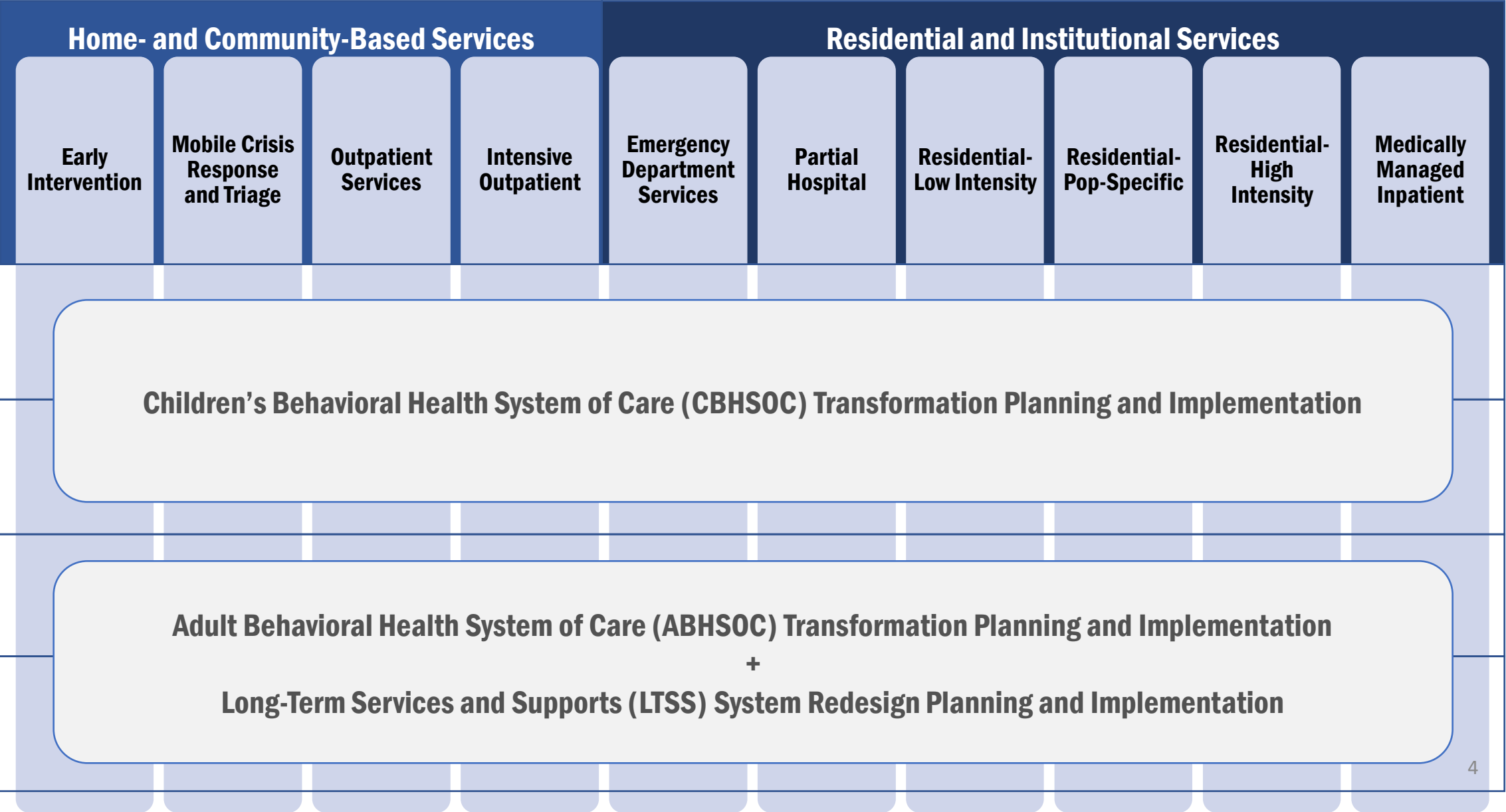
**Single Point-of-  
Access and  
988 Service**

**Crisis Response  
and Triage/  
Evaluation  
Services**

**Home- and  
Community-  
Based Services**

**Institutional  
and Residential  
Services**

# Comprehensive Behavioral Health Treatment Service Array



# EOHHS's Overarching Vision for Behavioral Health System Transformation

We aim to create a structure that works for true continuums of care, which should create a seamless transition from infants to children and youth, to adults, and to geri/psych. This structure must ensure equitable provision of services and includes:

- A focus across the lifespan, from prenatal care, to infant mental health, all the way to geri/psych
- Rebalancing toward community services, and away from more restrictive services – the right services from the right entities at the right time, when they need it, including the integration of physical and behavioral health
- Investing in our workforce, which is in a particular crisis due to COVID
- Services that are culturally, linguistically, and developmentally appropriate – answering the question: what is the service that will help this particular person at this particular time.
- A reliance on data-based decision-making
- Investments in prevention
- A focus on peer services



# System of Care Planning

## Plan for Children and Youth

- Interagency Team planning since Fall of 2020
- Eight public/private workgroups since May 2021, resulting in the draft [RI BH System of Care Plan for Children & Youth](#):
- Aligned this planning as much as possible with the BH System Review work
- Implementation Planning beginning in Winter 2021/22.

## Adult BH System Transformation

- [Behavioral Health System Review](#) begun in Winter 2020, through contract with Faulkner Consulting Group and Health Management Associates.
- Planning included 35 Focus Groups or Interviews with key Rhode Island community leaders
- Implementation Planning on Certified Community BH Clinics and Mobile Crisis starting Summer 2021

## Context

- COVID's impact on the system has been undeniable.
- The impact has been disparate, with more challenges for people of color and low-income people.
- Our data show the need for significant attention to and investments in the BH Systems across the lifespan, based on our principles and theories of change

# Existing Children's Behavioral Health Structure in RI

There are multiple children/youth behavioral health program and funding responsibilities across State government.

- **DCYF** has statutory authority over children's behavioral health for all Rhode Island children (not only those legally involved with the Department).
- **EOHHS/Medicaid** serves as a large State funding source of behavioral health services for children in the state, serving 1/3 of Rhode Island's children.
- **BHDDH** has authority over substance abuse services for youth and transitional services for youth with behavioral health conditions entering adulthood.
- **RIDOH** also is engaged in prevention services for children and young parents, including suicide prevention and a range of Family Home Visiting services.
- **RIDE** has Early Childhood Services and behavioral health services in three school districts through the Project AWARE grant.
- **OHIC** has oversight of commercial insurance's array of children's behavioral health services.



**Presentations:**  
**Department of Children, Youth, and Families**  
**&**  
**Department of Behavioral Healthcare,**  
**Developmental Disabilities, and Hospitals**

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# Department of Children, Youth, and Families

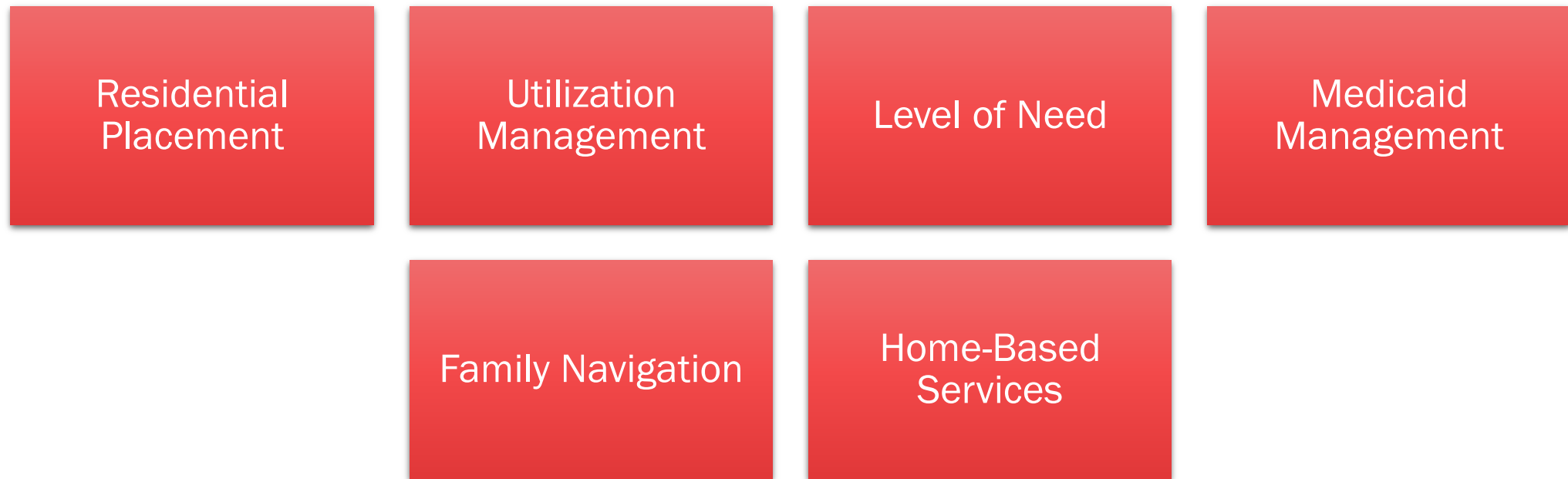
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# Division of Community Services & Behavioral Health

DCYF's Division of Community Services & Behavioral Health is responsible for developing a continuum of care for children's behavioral health services that supports children to live in family settings.

## OPERATIONAL FUNCTIONS



# Strengths and Recent Activities

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- **Family First Prevention Planning.** The Family Prevention Services Act of 2018 is landmark federal legislation that offers a major opportunity for jurisdictions to strengthen prevention services by allowing IV-E reimbursement for mental health services, substance use treatment, and in-home parenting skill training for children and youth determined to be at imminent risk of foster care and their parents and/or kin caregivers. DCYF collaborated with stakeholders to design and finalize its 5-year Family First Prevention Plan, submitted in September 2021.
- **Establishment of a robust home-based services array and greatly expanded Medicaid claiming to pay for it.** This has greatly contributed to far more families remaining together safely and fewer children needing congregate care.
- **Expansion of Family Care Community Partnerships.** These community-based programs serve as primary resources for families across the state who need access to housing assistance, family counseling, child care, early development programs, and other family support services.
- **Providing access to DCYF behavioral health services for families without relinquishing parental custody.**

# Children's BH Challenges and Opportunities

## CHALLENGES

1. Higher behavioral health acuity for children
2. Too many children in psychiatric hospitals
3. Confusion among families on how to access effective behavioral health services
4. Difficulty in accessing intensive, family-focused home-based interventions
5. Difficulty in connecting with culturally and linguistically appropriate services
6. Rate structure for behavioral health services



## OPPORTUNITY: Children's BH System of Care

Led by EOHHS, State agencies are working to design and implement a System of Care that includes:

- Mobile crisis response to prevent hospitalizations and serious incidents
- A streamlined access point to BH services for any child, regardless of health insurance
- Expanded access to FCCP services as an evidence-based wraparound service
- Expanded access to DCYF's robust array of evidence-based and evidence-informed, family-focused children's BH services.
- Expanded residential treatment options through Psychiatric Residential Treatment Facilities (PRTFs)

# Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals

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# Behavioral Health Division at BHDDH - Overview

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## What does the Behavioral Health Division at BHDDH do?

- The BH Division is responsible for administering key federal grants that support behavioral healthcare services, facilitating timely access to behavioral healthcare by working directly with individuals and their families, providers, and other state agencies, and planning with other state agencies for the future provision of behavioral health services. The Division works closely with other BHDDH Divisions to support these key functions.

## How is the division organized?

The Division has a Director and four teams that cover its main operational functions

- Tom Martin: Acting Director of the Behavioral Health Division
- Four teams: Treatment, Prevention & Recovery, Program Development, and Grants, Contracts & Operations
- BHDDH also supports behavioral healthcare activities through its other divisions (Central Mgmt., DDD, ESH)

# Touchpoints from BHDDH to other State agencies

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- BHDDH and EOHHS support each other in several areas of behavioral health planning and services:
  - Coordinating behavioral healthcare services between individuals with service needs, providers, managed care/Medicaid, and BHDDH Quality Management/Licensing
  - Planning for service expansions or improvements that cut across multiple departments/authorities
  - Sustaining programs funded initially with BHDDH grants from the federal government
- BHDDH also works closely with RIDOH and EOHHS on the development and implementation of programs and services to end Rhode Island's overdose crisis. These three agencies work closely to manage the Governor's Overdose Task Force and the implementation of the Task Force's strategic plan
- Through Eleanor Slater Hospital, BHDDH works closely with RIDOC to treat patients experiencing behavioral health challenges through forensic admissions to the State hospital

# Strategies and Recent Activities

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- Focus on behavioral health crisis services: alternatives to the criminal justice system and diversion into treatment, funded through federal grants
- Reducing barriers to treatment: expanding access to medication assisted treatment, expanding substance use residential services, working with Medicaid to build more services that expand and strengthen the BH continuum of care
- Emphasis on recovery in programming: through cooperation with providers, focus on the outcomes that support recovery, like housing, employment, and community, understanding that all individuals will have different treatment journeys and explore different recovery pathways
- Continuing to integrate data into our analysis of the behavioral health system and using data to drive improvements: at the end of the day, we need to know that our services are working and helping the people we are charged to protect



# Current Challenges

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## CHALLENGES

- Limited service availability exacerbated by pandemic—too many people skewing to high-acuity settings and getting stuck in EDs
- Workforce challenges—all levels of BH system: rates of pay may be lower in RI than in neighboring states
- Complicated system that is historically underfunded
- Racial and ethnic disparities in accessing care
- Lack of clinicians with cultural/linguistic competency for diverse populations
- Limited access to actionable data

## HOW WE'RE ADDRESSING THE CHALLENGES

1. BHDDH is working with EOHHS and DCYF to develop the largest community mental health system investment in recent memory
  - Proposing to create a CCBHC model for Rhode Island that will significantly expand who can get community mental health services
  - Developing a statewide mobile crisis system that will seamlessly connect people experiencing behavioral health crisis with needed ongoing care while diverting from hospitals and the criminal justice system
2. Using federal funding to give money to providers for recruitment/retention bonuses and student loan forgiveness

# Questions & Answers

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