



RI Department of Behavioral Healthcare,
Developmental Disabilities and Hospitals

BHDDH Today

2015-2016

What We Do and How We Do It

BHDDH serves more than 50,000 Rhode Islanders – and their families – who are living with mental illness, struggling with substance use disorders, have developmental disabilities, or need Long Term Acute Care (LTAC) in the state hospital system, known as the Eleanor Slater Hospital.

We use the acronym REACH for the values we strive for: Respect, Excellence, Accountability, Clinical Innovation, and Hope. We do this through the development of innovative, evidence-based programs that improve care delivery, strengthen the service delivery network and best serve those who use the system.



We have been meeting the needs of the most vulnerable populations while directing a system of care that promotes an independent life, recovery, and care for those who cannot help themselves. In order to provide access to high quality, coordinated services that will allow successful outcomes, it is essential that our services are robust, highly responsive and person-centered, incorporating the principles of recovery, self-determination, choice and planning. We work to do this in a timely, efficient and effective manner.

Governor's Overdose Prevention and Intervention Task Force

More than 220 Rhode Islanders were lost to overdose in 2015 and Rhode Island has the nation's 6th highest overdose fatality rate. Just months after taking office, Governor Gina M. Raimondo recognized the overdose and opioid crisis in RI and quickly established a comprehensive taskforce. She gave them a clear mission: save lives. The Co-Chairs are BHDDH Director Montanaro and Director of the Department of Health, Dr. Alexander-Scott. The Task Force includes 35 members and a number of expert advisors who submitted a strategic plan to the Governor in November which laid out four complementary strategies -Treatment, Rescue, Prevention and Recovery. Workgroups were formed for each strategy as the Task Force looks to cut the number of overdose deaths by one-third in the next three years.

BHDDH Medical Director, Dr. Elinore McCance-Katz, has created a program in which the department has been very involved. The **Centers of Excellence (COE)** are designed to be multidisciplinary clinical environments. Medical, psychiatric, nursing, counseling, and social work staff, along with peer professionals, will work together to provide patient-centered care that addresses all of the individual's treatment needs. Individualized care will include a range of treatment options, including physical examinations and mental status examinations. They will conduct toxicology screenings, provide access to laboratories, and undertake procedures related to the treatment of substance use disorders. The treatment of opioid addiction requires FDA approved medications (e.g., methadone, buprenorphine products and injectable naltrexone) which the COEs will provide onsite.



Qualified physicians who are waived to prescribe FDA-approved medications for the treatment of opioid use disorders will staff the centers and patient-focused programs and services will be available. These ancillary services are known to assist patients in recovery with individual and group therapy included. Assistance obtaining other needed health services, social services, and recovery supports will be available.

COE standards are close to being finished, along with finalizing rate development and commitments from insurers. The application process is currently being developed. The goal is to have at least one COE operational this summer.

Developmental Disabilities

The Developmental Disabilities Division has gone through many positive changes this past year. In 2015, Governor Raimondo recommended, and the General Assembly approved, an additional \$4 million in the Division to enhance our service delivery to the people for whom we coordinate care. New leadership and personnel changes have greatly helped strengthen the division. We also took a hard look at the department's policies, procedures and regulations. In the past year, we have cleared a backlog of eligibility determinations while working in earnest with our providers to meet the needs of both clients and families we serve, and addressing serious budgetary constraints. Additionally, the Director holds twice-yearly open forums for individuals living with a developmental disability and their families. Although the department is moving forward, there is still a need to invest more resources in community inclusion and employment for our clients.

We reached out to experts in the developmental disabilities field to identify areas in which we can reinvest in the services we need to expand. After reviewing our programs and financials, they all came to the same conclusion: an area we can reduce expenses is in the group home model. Across the country, programs such as Shared Living Arrangements (SLA) have demonstrated their effectiveness at helping those with a developmental disability live happily and safely in the community.



SLAs will play an important role in BHDDH's continuing efforts to strengthen the service delivery network for individuals with developmental disabilities (DD) and will best serve those who use our system. SLAs are not new—we have been using them in Rhode Island for more than 15 years. An individual may choose a SLA when moving from the family home or group home into an integrated setting. Currently there are 284 individuals in SLAs (20% of our residential population) and nearly all of them moved from a group home. As the individuals will attest, they are very happy with their new lifestyle and living a more independent life. This feedback is consistent with the experiences of the vast majority of SLA residents across the nation, whose satisfaction has been well documented.

Matching a client to a SLA home is an extensive process, conducted by the DD provider and overseen by the Department. This comprehensive matching process between an individual and an SLA host family can include family members, friends, advocates, and BHDDH social case workers. Requirements for host families include extensive personal interviews, character references, a BCI/NCIC check on each adult household member, DMV license status, home inspection report, personal preferences, cultural and religious values, compatibility with animals and children, and smoking preference.

After being selected, SLA families must meet numerous safety standards which BHDDH oversees and enforces, including inspections of the home environment, fire safety, health care, and behavior management and hours of education on the roles and responsibilities of the shared living arrangement host family, as well as the Rights of Adults with Developmental Disabilities. There is mandatory training regarding the reporting of abuse, community integration, the Individual Service Plan, access to medical and psychiatric supports, self-determination, CPR and first aid, confidentiality, and education on the neglect and mistreatment of adults with developmental disabilities. The reporting of any incident is mandatory to the Department and all appropriate law enforcement agencies. With all these safeguards in place, our incident reporting shows less adverse incidents in SLAs than in group homes.

The move to SLAs for clients currently residing in a group home is **voluntary**, and those who live in SLAs will continue to receive day services. SLA's are not foster homes, nor do they replace a family. They are a supportive home environment for individuals once they need to move from the family home.



While they were the state-of-the-art practice 35 years ago, group homes are no longer the most integrated place an individual can live safely and successfully. SLAs are more integrated and stable, providing interaction in the home along with friends and neighbors. The individual living with a developmental disability becomes a member of the SLA host family's extended family. Relationships and commitments are the foundation of SLAs. As a result, a connection to the community, and a more integrated life, occur more naturally and frequently than in a traditional group home.

Eleanor Slater Hospital

The findings from a 2015 independent review of Eleanor Slater Hospital outlined a number of significant challenges with the hospital's management, including a lack of key managerial positions typically found within a hospital organization. Applied Management Systems (AMS) also found underqualified leaders in key positions and long-term vacancies in clinical positions, including risk management, challenges associated with high costs of care, outdated technology and weak physical infrastructure which could run the risk of lowering the quality of care which Eleanor Slater Hospital can provide.

Since November, BHDDH Chief Medical Officer Elinore McCance-Katz, MD, PhD and an AMS Advising Management Team have been providing temporary management services while an executive search is in process to identify permanent leadership for the state-run hospital, including a search for a new Chief Executive Officer. Seasoned hospital leadership is bringing about needed change at Eleanor Slater Hospital. The goal is better quality, coordination, and value for all Rhode Islanders, especially our most vulnerable community members.

Here are a few accomplishments AMS has completed to date:

- *Initiated daily safety huddles with participation by all department heads. This 15 minute meeting has been successful in identifying safety issues through the hospital on both campuses and moving corrective action to expedite quick resolutions*
- *Implemented a new plan for lunchroom coverage in the AM Building that resulted in savings of 40 hours of RN overtime per week (which equates to \$180,000 in savings per year)*
- *Created the future state organizational structure for the Eleanor Slater Hospital*
- *Developed a new organizational staffing model for patient care*
 - Revised current and future state staffing patterns for patient care*
 - Negotiating with the nursing unions to allow part-time staff positions in order to reduce overtime*
 - Worked with HR to maintain nursing positions on continuous recruitment.*
- *Implemented a Nursing Professional Council which is the gold standard in the industry*
- *Implemented a new patient restraint policy to ease the on-call burden of the psychiatrists*
- *Created a Position Control Report that assigns all hospital staff to cost centers*
- *Conducted patient care safety fairs to re-train staff; achieved 100% participation of all staff except those on leave*
- *Revised job descriptions for all medical staff*
- *Created and implemented the Patient Safety Committee to address patient safety issues*
- *Created and implemented the Just Do It Team to improve life for the patients*
- *Initiated a staff recognition program*
- *Formalized procedures for requesting time off*
- *Completed a Forensics Unit and Security Risk Assessment for ESH that will serve as the basis for the RFP for Security Service*
- *Completed an Assessment of Central Sterile that resulted in significant cost avoidance for the Cranston campus*
- *Completed a Pharmacy Controlled Substance Distribution Review*
- *Created a task force to address worker's compensation*
- *Completed a review of medical records in February 2016. An action plan identifying fifteen opportunities for improvement was provided and these opportunities are being addressed.*
- *Reviewed and revised the mental health worker job description to include appropriate minimum qualifications for the position; presented to Human Resources in March.*

Dr McCance-Katz Joins BHDDH as Department's First Medical Director

Dr. Elinore McCance-Katz joined the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals as Chief Medical Officer in November, 2015. A graduate of Eastern Connecticut State University, she received her medical degree from the University of Connecticut and advanced degrees from Yale. Before her arrival at BHDDH, she served as the Chief Medical Officer for the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA). Prior to serving as SAMHSA's CMO, she was the State Medical Director for the California Department of Alcohol and Drug Programs.

With more than two decades of experience working in addiction medicine, Dr. McCance-Katz has authored/ co-authored more than 100 papers on addiction and substance abuse. She directs Eleanor Slater Hospital's medical and psychiatric needs and holds a joint appointment with Brown University. In addition to receiving numerous honors and awards, she has an international reputation in psychiatry and addiction medicine.



Grants Update

The Division of Behavioral Healthcare administers over \$18 million in a Federal Block Grant and discretionary grants. Mandated by Congress, Block Grants from the Substance Abuse and Mental Health Services Administration (SAMHSA) are non-competitive grants awarded to states that provide funding for substance use disorder and mental health services. Block Grant priorities include providing training and technical assistance to community-based providers and licensed agencies who are increasing services for individuals with serious mental health, substance use, and co-occurring disorders.

Among the competitive grants the Division of Behavioral Healthcare received are:



- Healthy Transitions Grant (\$1,000,000 year for 5 years)
- Cooperative Agreement to Benefit Homeless Individuals (CABHI) grant (\$5.4 million over 5 years)
- State Youth Treatment Planning Grant - with an opportunity to apply for an implementation grant (\$500,000)
- Certified Behavioral Health Clinic (CCBHC) Planning Grant (\$982,000). The CCBHC grant requires that BHDDH submits an application for a Center for Medicare and Medicaid and Medicaid Services (CMS) demonstration grant that could bring \$100 million to the State.

Healthy Transitions targets 16-to-25 year olds with, or at risk for, serious mental health conditions. The goal is to improve access to an array of developmentally and culturally appropriate services and supports.

The **Cooperative Agreement to Benefit Homeless Individuals** grant will help us serve chronically homeless veterans and individuals who have substance use disorders and/or mental illness. The funds will ensure these individuals have access to treatment, permanent supportive housing, recovery supports and other services.

The **Youth Treatment Planning Grant** provides funds to develop a comprehensive strategic plan that will strengthen the existing treatment infrastructure for youth, ages 12 through 25, with substance use disorders and/or co-occurring mental health and substance use disorders. The plan will assure that this population has access to evidence-based assessment and treatment models, as well as recovery support services.

The **Certified Behavioral Health Clinic Planning Grant** funds the planning for improving the quality of treatment and outcomes for individuals with mental health and substance use disorders. The funding also includes a requirement to develop a certification process for Community Behavioral Health Clinics.

This year, the Division of Behavioral Healthcare plans to apply for grants to address the opioid epidemic and prevention grants focusing on the use of prescription drugs and opioids.



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