



BEHAVIORAL HEALTH WHITE PAPER

Identified Gaps in the Rhode Island Behavioral Health Landscape *Informing State and Federal Policy*

Background

Rhode Island has a high prevalence of mental illness. However, access to care is also high. Any unmet needs are not entirely due to the availability of services, but rather due to providers' level of awareness of what resources exist and how to access them.

Rhode Island ranks 48 out of 51 in prevalence of mental illness, suggesting a significant patient population that requires a range of treatment options. Yet ranking 6 out of 51 in access to care means that the state has some degree of capacity to provide for these patients (Mental Health America, 2018).

To maximize this capacity, it is crucial that the conduits between care settings and providers are transparent and that everyone has the same knowledge about patient resources.

Emergency Departments are used as a default for patients whose behavioral health needs are not met elsewhere in the health care system. An analysis of Greater Providence Area claims data between July 2015 and June 2016 shows that 3 of the top 10 reasons for hospital admissions and readmissions are behavioral health-related.

READMISSION CAUSES



Indeed, more patients are admitted and readmitted for these behavioral health issues than for non-hypertensive congestive heart failure (CMS Fee-For-Service Claims Data, 2016).

In response to these findings, Healthcentric Advisors partnered with Butler Hospital to expand the successful care transition community coalition model and create a Statewide Behavioral Health Coalition.



Stakeholder Assessments

Two stakeholder assessments conducted by Healthcentric Advisors confirmed the need for more coordination in addressing behavioral health needs.



- First, a 2017 assessment with nursing homes found that their facilities were caring for increasing numbers of individuals with behavioral health conditions. Yet, staff were not aware of the depth and breadth of existing resources or how to access them. They also indicated that they wanted more training in the skills needed to provide quality care to individuals with these conditions.



- Second, respondents from a separate assessment in a kickoff meeting of the first Statewide Behavioral Health Coalition in February 2017 further underscored the state-wide finding that hospital emergency departments were used to obtain care for behavioral health conditions that were likely better treated in a community setting.

Coalition Convened

To begin to address these findings, Healthcentric Advisors continued to convene quarterly meetings of the Statewide Behavioral Health Coalition to Improve Transitions of Care in February 2017.

The coalition established two foundational, guiding principles:

To be a place to hear and share information in order to understand initiatives across the state and to offer feedback that could inform these activities.

To move forward with a focus on improving transitions of care among each other's organizations. Use shared information about resources to identify opportunities to improve the exchange of information and thus promote continuity of care (Behavioral Health Coalition proceedings, 2017).

Together with stakeholders, Healthcentric Advisors planned and held the first Rhode Island Behavioral Health Summit to contribute to the achievement of the stated goals.

The Summit: In Review

The Behavioral Health Summit was convened by Healthcentric Advisors on December 4, 2018 in Warwick, RI with 300 attendees representing the professional and care continuum. Administrators, nurses, advanced practice nurses, community health workers, and physicians were in attendance. Presentations and a resource “fair” provided information and fostered connections to promote partnership and collaboration.



The Summit opened with introductions by Kathleen Calandra of Healthcentric Advisors, as well as a Call to Action by H. John Keimig, Healthcentric Advisors’ President and CEO. The keynote presentation was delivered by Dr. Susan Wehry, Chief of Geriatrics, Department of Primary Care, from the University of New England College of Osteopathic Medicine (UNECOM). Her presentation, “Ascend to New Heights: Achieving Excellence in Behavioral Health,” framed the discussion of behavioral health around reducing the stigma of individuals with behavioral health needs, emphasizing a “person-first” way of speaking about individuals.

This approach results in better patient outcomes, improved recovery, and more efficient use of health care dollars. Dr. Wehry also highlighted the importance of adequate and appropriate housing as well as the benefits of integrating behavioral health with primary care.

Other notable speakers at the Summit included Dr. Annette Kusmaul of Centers for Medicare & Medicaid Services (CMS) and Rebecca Boss, Director of the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH). Together, these leaders and a number of distinguished panelists provided insights into the work of Rhode Island’s key organizations supporting individuals with behavioral health needs, paying careful attention to care coordination across the continuum.



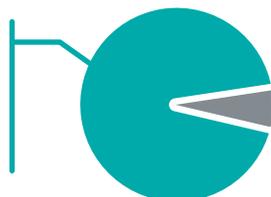
Drawing on existing programs and resources, breakout sessions included topics ranging from de-escalation techniques and legal considerations around patient privacy to training on delivering naloxone to stop an overdose. BH Link, Rhode Island’s first 24-hour triage center and call service for individuals with behavioral health needs, was featured in another breakout session. The Leadership Council presented the fifth and final breakout session on care of older adults with behavioral health needs.

Summit Themes

Responses from the participants were overwhelmingly positive. In answering a question from evaluations about whether participants could, as a result of the Summit, identify the services offered by an array of behavioral health organizations, 94% said yes, or 137 out of the 146 participants (Healthcentric Advisors, 2018).

94% of participants

Yes, I can, as a result of the Summit, identify the services offered by an array of behavioral health organizations.



6% of participants

Either did not respond or cannot identify services.

Feedback solicited throughout the day revealed the enormous number of programs, supports, and services currently available to address the behavioral health needs of patients.

The revelation was not that Rhode Island is lacking, but rather that services and supports are sometimes unknown to providers from other settings. Participants' input was gathered both during the event and in a post-event evaluation.

Key themes that emerged from the Summit were:



Education

Opportunity for provider education and trainings to serve their communities.



Coordination

Promotion of the connections among stakeholders.



Advocacy

Some of the identified gaps will require legislative advocacy from the coalition or its partners.

Conclusion

These three modes of actions — education, coordination, and advocacy — can inform policy to work towards a better behavioral health landscape.

Healthcentric Advisors' Behavioral Health Coalition, the Behavioral Health Summit, together with other organizations and government entities, endeavor to enhance the existing networks of communication and dissemination so that all care providers have the same information and behavioral health resources.

The Summit revealed a number of areas for improvement that have since been followed up on, as reported in the February 2019 meeting of the Behavioral Health Coalition. Age-Friendly Rhode Island is conducting an environmental scan to understand how other states are addressing housing issues as they relate to discharge environments. Several state-wide initiatives are working to provide education around person-centered care in behavioral health settings and raise awareness of these approaches. This forward momentum is encouraging and can serve as a platform for further work and coordination. Progress updates on this ongoing work have been disseminated to the Summit attendees as Healthcentric Advisors continues to serve as a conduit for this information.

Despite the significant strides made, some gaps remain. These issues were originally identified by the community members present at the Summit and leaders in attendance at the February 2019 Behavioral Health Coalition.

- Hospitals have difficulty discharging patients because of a lack of clinically-appropriate care environments.
- There is insufficient access to transportation, particularly in Washington County, which prevents patient access to the level of care that they seek.
- Challenges continue to exist with health insurance coverage that can be confusing, inadequate, or both.
- Many people working in particular care settings lack the training to deescalate interactions with patients that have become tense and heightened.

Given the large patient load with unmet behavioral health needs, the impact of such improvements would have widespread benefits among this substantial and growing population. Taken together, these unmet needs highlight the crucial role of dialogue, collaboration, and education, as well as coordination with the appropriate state and federal officials.

STATE-WIDE INITIATIVES SINCE DECEMBER 2018

Age-Friendly Rhode Island
Environmental scan on other states' housing solutions.

Several State-wide Initiatives
Person-centered care education in behavioral health settings.

HEALTHCENTRIC ADVISORS SERVES AS CONDUIT FOR INFORMATION

Recommendations

As the convener of these events, Healthcentric Advisors has taken upon itself to convey recommendations on behalf of the coalition and Summit attendees.

Recommendations for next steps include:



Discharge Environments

Initiatives to create sufficient and clinically-appropriate discharge environments, such as recovery housing, group homes, and safe housing. This would also include specialized nursing facilities with behavioral health and psychiatric expertise.



Alternative Transportation

Consideration of alternative transportation solutions for regions where patients' lack of access to transportation limits their access to quality health care.



Health Insurance

Although federal and state laws require many insurance carriers to treat behavioral health or substance use disorder benefits at “parity” with medical/surgical benefits, Medicare Fee-for-Service beneficiaries do not have access to the same outpatient support services compared to other insured patients. These services promote treatment and support in the community rather than inappropriate utilization of hospitals and long term care facilities.

Our Commitments

Given these recommendations, Healthcentric Advisors will:



Attend and work in collaboration with the Governor's Council on behavioral health.



Make information available at our Safe Transitions Coalitions around the state to support care coordination, which impacts the inappropriateness and overutilization of hospitals.

The Summit provided a forum for the state-level actors to gain knowledge of the existing gaps, and now the various stakeholders have expressed their desire for change to occur in Rhode Island based on this knowledge. As it currently stands, providers in one setting know of certain resources, and providers in another setting know of different ones. Whether their knowledge overlaps at all is a matter of chance rather than a baseline assumption.

We applaud the state's ongoing efforts to improve the behavioral health system of care. We remain committed to serving as a convener and a conduit between our coalitions and the state of Rhode Island.

For more information

Kathy Calandra, RN, BSN, CPHQ

Rhode Island Program Director

kcalandra@healthcentricadvisors.org