



**Rhode Island Behavioral Health, Development Disabilities and Hospitals (BHDDH)
 Certified Community Behavioral Health Clinics (CCBHC) Advisory Group
 Public Meeting Minutes**

Meeting Date & Start Time: July 6, 2016 – 2:00 PM

End Time: 3:30 PM

Location: HP Conference Room, Metro Center Blvd, Warwick, RI

MEETING INFORMATION
<p>Meeting Purpose/Objective:</p> <ul style="list-style-type: none"> Advise the Rhode Island Department of Behavioral Health, Development Disabilities and Hospitals regarding mental health and substance use needs, interventions and tools for support of completion of the CCBHC application for the two-year demonstration program due October 31, 2016. Attachments/Handouts: Meeting Agenda, Updated PPS2 Tiers, EBP Benefit Summary, Certification Process and Timeline
   
<p>Advisory Group CCBHC - Updated EBP - Benefit Certprocessppt.pptx Agenda - CCBHC 201Summary of PPS2 TierSummary for CMHCs</p>

ATTENDEES	
Facilitator - Ann Detrick, BHDDH	Scribe – Seth Peters, UMass
Megan Clingham, Mental Health Advocate	Pamela Messoro, Community Care Alliance
Robert Cole, Horizon Healthcare Partners	Wendy Phillips, FSRI
Jason Lyon, OHHS	Lauren Flynn, Brown
Rich Leclerc, Gateway	Judy Fox, BHDDH
Jamie Lehane, Newport MHC	Michelle Brophy, BHDDH
Dennis Roy, East Bay	Richard Sabo, BHDDH
Lisa Tomasso, ProvCtr	Joanne Kalp, UMASS Medical School
Sarah Smith, DCYF	Charles Higgins, CSM
Liz Koinbree, Kent Ctr	Ira Hammer, CSM
Louis Cerbo, DOC	Jeff Walter, TAC
Susan Bruce, Optum Health	

Statement/Owner	Comments
Ann Detrick, BHDDH Facilitator	<p>Welcome & Introductions</p> <p>Ann asked the members present if there were any comments to the June 22, 2016 minutes. There were none. The minutes from June 22, 2016 were accepted by all present.</p> <p>Ann then gave an update on the CCBHC Needs Assessment. Now closed, there have been over 650 responses to the survey. The qualitative portion of the needs assessment, the catchment area specific focus groups, are</p>

		<p>ongoing , with varying numbers, audiences and thoughtful input.</p> <p>Ann then framed the discussion of Adult Evidence Based Practices by reviewing the work done to date:</p> <ul style="list-style-type: none"> • Solicited Community Mental Health Centers (Centers)input on what EBPs they thought should be included as CCBHC services • Held discussions in previous Advisory Group meeting to identify desired EBPs for adults and children <p>She introduced a document, sent out earlier in the day to Centers’ Executive Directors, summarizing BHDDH’s recommended Adult EBP Benefit Package. This will continue to be refined by Center feedback and the results of the Needs Assessment.</p> <p>Then she turned the meeting over to Richard Sabo who took the group through a review of the document.</p>	
	Richard Sabo, BHDDH	<p>Richard began his review of the EBPs by saying the document describes a system of services for persons with mild to severe substance abuse and mental health issues. He noted that many of the Centers are already offering many of the services described in the document. New recommendations include adding case management as a function within Mental Health and Addictions General Outpatient Teams and creating a new team-based service, Integrated Dual Disorder Treatment (IDDT), for persons with co-occurring severe mental illness and substance use disorders who have complex needs. Persons to be served would include individuals who have, or are at risk of, involvement with the criminal justice system.</p> <p>While reviewing page 2 of the document, a question was raised by Lisa Tomasso regarding the Integrated Health Home/Coordinated Care Model . The Centers need to understand what specific actions would be considered Case Management and billable vs. Coordination of Services and not billable. Ann will get clarification and provide a response. Another question came up with respect to the regulations around Medication Assisted Treatment (MAT). Jeff Walter explained that Level 1 mild withdrawal therapy capacity is required and can be managed in office settings. At a higher level, MAT must be accomplished at some basic level – but the regulations are not prescriptive as to what treatment must be offered. Centers have choice, and can chose to offer this service via a referral to a methadone clinic, for example.</p> <p>Jamie Lehane asked about the omission of Health Homes (HH) in the summary about Intensive Case Management Team (ITT). Ann explained that it is not expected that Centers will be able to receive federal funds for both Health Homes and CCBHCs. Richard Leclerc added that for Centers with elements of Health Homes, they could revise the HH design to fit the CCBHC concept, and where it does not fit, they will need to find alternate reimbursement. Lisa Tomasso suggested it would be helpful to have representation by MCOs in the discussion and future Advisory Group meetings.</p> <p>Pages 4 and 5 of the document were a review of competencies required for every service, and Richard asked the group to please provide any suggestions.</p> <p>The discussion progressed to page 6, Evidence-Based Disorder Specific therapies that can help persons to manage symptoms. Lou Cerbo noted that Neuropsychology could be centralized as it is not necessary for each CCBHC. He also asked for more guidance around training standards, noting specifically his desire to feel comfortable that,</p>	

		<p>where needed, clinicians have appropriate forensic and criminological training. Finally, there was a discussion around meeting the specific needs of Veterans and their families. Jeff noted that there was a requirement in the Certification regulations covering this and that the State was in the process of drafting a role description.</p> <p>Richard closed the discussion by asking the group to review and provide feedback to Ann Detrick on the suggested EBPs and treatments.</p>	
	Jeff Walter, TAC	<p>Jeff presented an overview of the Certification process and timeline for Rhode Island. He advised that the State team is working on Certification guidance for the Centers and that it would be available for distribution on July 11. They can use this to prepare for the trial certification beginning July 25. Rich Leclerc asked: In the event that the trial certification identified changes necessary for certification and which will add cost, can they continue to make changes to the cost report? The State recognizes that certainly changes of that nature will come up and are supportive of making changes to the cost report.</p> <p>He also asked about crisis services and how that will affect the cost report. Jeff answered that the State will be formulating a plan based on the answers to the crisis services survey sent to the Centers last week.</p>	
	Ann Detrick	<ul style="list-style-type: none"> • Members were encouraged to attend the next meeting of the group in person, and Ann thanked them for their participation. • Next Meeting Date: July 20, 2016 at HP Conference Room, 301 Metro Center Blvd, Warrick RI from 2-3:30pm. 	