State of Rhode Island and Providence Plantations

Budget

Fiscal Year 2013

Volume II – Human Services

Lincoln D. Chafee, Governor

Agency

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals

Agency Mission

The mission of the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) is to administer and coordinate a comprehensive system of care for Rhode Island citizens with specific disabilities (i.e. mental illness, physical illness, developmental disability) and with substance use disorders or addiction; and to organize and administer a coordinated system of mental health promotion and substance abuse prevention.

Agency Description

BHDDH accomplishes it's mission under its statutory responsibilities to fund, plan, design, develop, administer, and coordinate within its legislated, annual budget. The mission is carried out through a contracted, community-based service delivery system with the exceptions of direct services provided through the Eleanor Slater Hospital and RI Community Living and Supports (RICLAS).

In the last fiscal year, BHDDH licensed 643 programs and delivered services to approximately 48,000 consumers within three priority populations: developmental disabilities; behavioral healthcare (mental illness and substance abuse); and hospital level of care for chronic illness. The bulk of these services are offered through contracted and BHDDH-licensed programs. Direct services to BHDDH consumers are offered through the Eleanor Slater Hospital, a Joint Commission of Accreditation of Healthcare Organizations (JCAHO) accredited hospital; and through RICLAS within Developmental Disabilities for approximately 217 consumers. Typical BHDDH programs and services include individualized support plans for day, residential or family support services for individuals with developmental disabilities, individualized treatment and recovery plans, housing, vocational programs, inpatient treatment for mental health, inpatient treatment for substance abuse, outpatient treatment for mental health, outpatient treatment for substance abuse, inpatient psychiatric forensic services, hospital level care for physical illness, and prevention services for substance abuse.

In order to fulfill its mission, the Department is organized to provide services to distinct priority populations of consumers who represent the most vulnerable citizens of Rhode Island. The Director of BHDDH provides leadership, overall policy direction, resource management, and guidance for the Department in pursuit of its mission.

Statutory History

R.I.G.L. 42-12.1-1 et.seq, established the organization and functions of the Department. The Department’s statutory functions are identified as Mental Health, Mental Retardation and Developmental Disabilities, Curative and Forensic Services, and Substance Abuse Services under R.I.G.L 40.1-1-1 et.seq. A number of other functions are also assigned by statute.

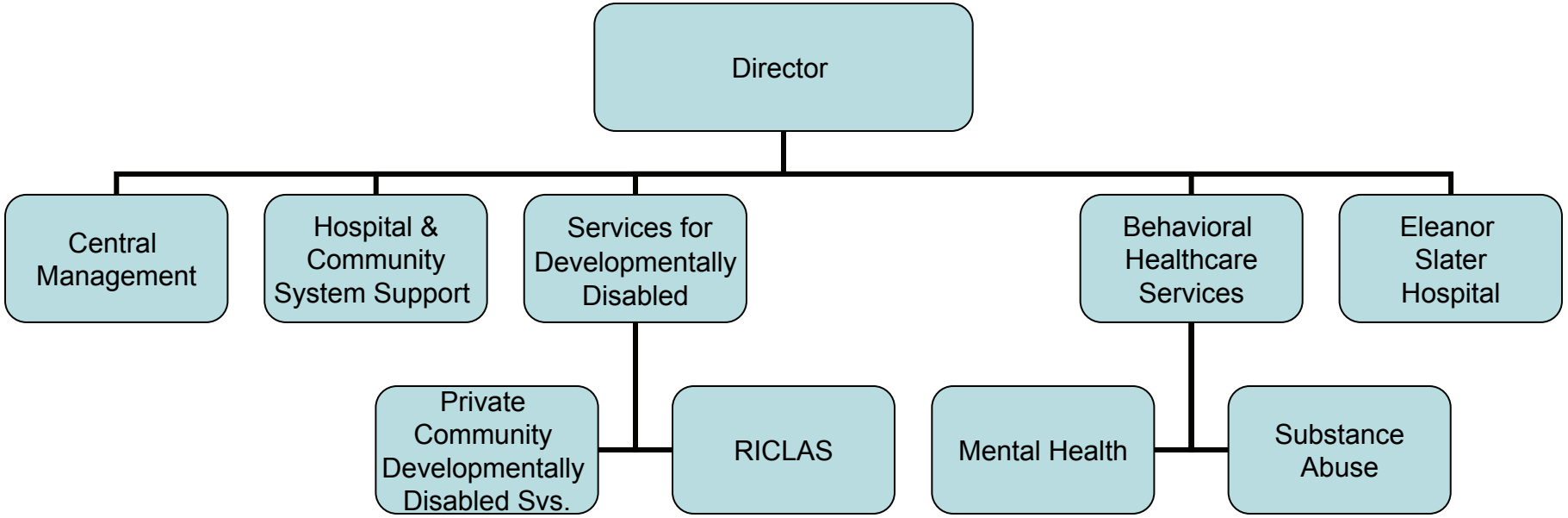
Budget

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals

	FY 2010 Audited	FY 2011 Audited	FY 2012 Enacted	FY 2012 Revised	FY 2013 Recommend
Expenditures By Program					
Central Management	801,112	810,306	1,149,644	1,097,171	1,159,154
Hospital & Community System Support	2,643,280	3,011,927	4,370,866	6,048,927	4,782,738
Service for the Developmentally Disabled	245,908,360	242,557,138	212,682,316	213,774,702	216,250,351
Behavioral Healthcare Services	79,964,888	102,085,765	108,742,469	108,871,508	111,024,517
Hospital & Community Rehabilitation Svcs	98,099,652	102,486,998	114,177,032	103,119,299	112,434,763
Substance Abuse	31,512,922	-	-	-	-
Total Expenditures	**$458,930,214**	**$450,952,134**	**$441,122,327**	**$432,911,607**	**$445,651,523**
Expenditures By Object					
Personnel	113,674,409	120,168,989	114,771,101	121,514,768	121,762,724
Operating Supplies and Expenses	12,931,668	12,240,261	12,106,275	12,265,085	16,660,310
Assistance and Grants	326,235,639	311,231,679	288,856,158	288,059,405	290,397,448
Subtotal: Operating Expenditures	**452,841,716**	**443,640,929**	**415,733,534**	**421,839,258**	**428,820,482**
Capital Purchases and Equipment	1,355,173	3,027,595	25,388,793	11,072,349	16,831,041
Operating Transfers	4,733,325	4,283,610	-	-	-
Total Expenditures	**$458,930,214**	**$450,952,134**	**$441,122,327**	**$432,911,607**	**$445,651,523**
Expenditures By Funds					
General Revenue	160,665,295	172,743,967	184,249,569	187,096,919	189,309,190
Federal Funds	287,059,335	267,384,605	225,489,947	228,999,437	233,935,148
Restricted Receipts	7,747,477	6,941,943	7,997,979	7,118,447	7,188,834
Operating Transfers from Other Funds	3,458,107	3,881,619	23,384,832	9,696,804	15,218,351
Total Expenditures	**$458,930,214**	**$450,952,134**	**$441,122,327**	**$432,911,607**	**$445,651,523**
FTE Authorization	**1,294.0**	**1,372.2**	**1,378.2**	**1,383.2**	**1,383.2**
Agency Measures					
Minorities as a Percentage of the Workforce	21.0%	25.2%	26.2%	26.2%	26.2%
Females as a Percentage of the Workforce	68.5%	69.8%	68.9%	68.9%	68.9%
Persons with Disabilities as a Percentage of the Workforce	3.0%	2.3%	1.8%	1.8%	1.8%

The Agency

Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals



Personnel

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals

Agency Summary

	FY 2012		FY 2013	
Distribution by Category				
Classified	1,377.2	70,770,111	1,377.2	71,260,421
Unclassified	6.0	617,988	6.0	617,988
Overtime	-	10,300,061	-	3,348,636
Turnover	-	(7,849,477)	-	(4,605,872)
Total Salaries	**1,383.2**	**$73,838,683**	**1,383.2**	**$70,621,173**
Benefits				
Defined Contribution Plan	-	-	-	672,723
FICA	-	5,875,965	-	5,658,889
Holiday Pay	-	1,820,600	-	1,819,692
Medical	-	14,927,112	-	17,569,259
Payroll Accrual	-	-	-	404,954
Retiree Health	-	4,351,924	-	4,633,770
Retirement	-	14,579,876	-	14,247,236
Total Salaries and Benefits	**1,383.2**	**$115,394,160**	**1,383.2**	**$115,627,696**
Cost Per FTE Position		$83,426		$83,594
Statewide Benefit Assessment	-	2,378,699	-	2,502,497
Temporary and Seasonal	-	2,157,461	-	2,508,274
Payroll Costs	**1,383.2**	**$119,930,320**	**1,383.2**	**$120,638,467**
Purchased Services				
Building and Grounds Maintenance	-	150,481	-	151,041
Clerical and Temporary Services	-	68,863	-	67,363
Information Technology	-	1,900	-	1,900
Legal Services	-	2,562	-	2,562
Management and Consultant Services	-	38,000	-	38,000
Medical Services	-	77,896	-	74,896
Other Contract Services	-	1,036,395	-	640,841
Training and Educational Services	-	79,553	-	68,856
University and College Services	-	128,798	-	78,798
Total Personnel	**1,383.2**	**$121,514,768**	**1,383.2**	**$121,762,724**
Distribution by Source of Funds				

Personnel

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals

Agency Summary

	FY 2012		FY 2013	
General Revenue	677.3	59,886,097	696.7	61,656,437
Federal Funds	675.6	58,750,223	657.5	57,329,193
Restricted Receipts	30.3	2,878,448	29.0	2,777,094
Total All Funds	**1,383.2**	**$121,514,768**	**1,383.2**	**$121,762,724**

The Program

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals
Central Management

Program Mission

Provide leadership, policy direction and management guidance to assure the department's mission meets the needs of Rhode Island citizens with disabilities and those with substance abuse or addiction problems.

Redesign critical and often cross-cutting functions so that they become more responsive, efficient and effective.

Identify priority population's trends and service needs so that new and emerging needs together with established programs share existing, budgeted resources.

Expand public awareness and knowledge of the mission of the department through community forums and through advocacy, emphasizing consumer choice, consumer relations and family involvement.

Provide Behavioral Health Disaster Emergency Response.

Program Description

The Director provides leadership, overall policy direction, resource management, and guidance for the Department in pursuit of its mission. BHDDH is organized into two major functional components-the administration of behavioral health and developmental disability services provided by privately-operated agencies and the administration of publicly-operated agencies and the administration of publicly-operated, 24/7 operations of Eleanor Slater Hospital and RICLAS. The administration of privately-operated agency services is organized in three functional components: Clinical Services, Program Services and Contracts and Logistics. These functional components manage, coordinate, and support services to individuals with developmental disabilities, those suffering from mental illness and substance use disorders; as well as support, the promotion of mental health and substance abuse prevention activities.

The Office of the Director performs the functions of Departmental administration, legislative affairs, constituent affairs, community and provider involvement, advocacy outreach, policy administration, hospital appeals, strategic planning, and promotion of the department's mission through public education and community forums. The Office of the Director supports the entire Department by providing: licensing of all programs, coordination and management of initiatives and projects that cross all Departmental program and operational units, emergency management, performance improvement, and funds development, and planning and overseeing of construction/renovation for buildings which support departmental functions.

Statutory History

Rhode Island General Laws 42-12.1-1 et seq. established the organization and functions of the Department. The Department's statutory functions are identified as Mental Health, Mental Retardation and Developmental Disabilities, Curative Services, Forensic Services, and Substance Abuse services under Rhode Island General Laws 40.1-1-1 et.seq. A number of other functions are also assigned by statute.

The Budget

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals
Central Management

	2010 Audited	2011 Audited	2012 Enacted	2012 Revised	2013 Recommend
Expenditures By Subprogram					
Operations	801,112	810,306	1,149,644	1,097,171	1,159,154
Total Expenditures	**$801,112**	**$810,306**	**$1,149,644**	**$1,097,171**	**$1,159,154**
Expenditures By Object					
Personnel	613,441	690,991	981,710	927,720	962,731
Operating Supplies and Expenses	128,955	108,820	136,036	137,553	164,525
Assistance and Grants	1,374	1,894	1,750	1,750	1,750
Subtotal: Operating Expenditures	**743,770**	**801,705**	**1,119,496**	**1,067,023**	**1,129,006**
Capital Purchases and Equipment	57,342	8,601	30,148	30,148	30,148
Total Expenditures	**$801,112**	**$810,306**	**$1,149,644**	**$1,097,171**	**$1,159,154**
Expenditures By Funds					
General Revenue	801,112	810,306	829,195	776,722	797,214
Federal Funds	-	-	320,449	320,449	361,940
Total Expenditures	**$801,112**	**$810,306**	**$1,149,644**	**$1,097,171**	**$1,159,154**
Program Measures					
Percentage of Providers Using Web-Based Complaint/Incident Reporting System	N/A	N/A	80.0%	80.0%	90.0%
Objective	N/A	N/A		80.0%	90.0%
Number of Serious Incidents Reported	N/A	N/A	N/A	N/A	N/A
Objective	N/A	N/A		N/A	N/A
Percentage of DD Clients with Physiclal Restraints Included in Their Behavioral Plan	N/A	N/A	N/A	N/A	N/A
Objective	N/A	N/A		N/A	N/A
Percentage of BH Providers Compliant with Staff Competency and Training Requirements	N/A	N/A	25.0%	25.0%	30.0%
Objective	100.0%	100.0%		100.0%	100.0%
Percentage of DD Providers Compliant with ISP Requirements	N/A	N/A	25.0%	25.0%	30.0%
Objective	100.0%	100.0%		100.0%	100.0%
Percentage of Community Residences Compliant with Fire Alarm and Sprinkler Code	N/A	N/A	17.0%	17.0%	25.0%
Objective	N/A	N/A		100.0%	100.0%
Licensed Services per Facility Surveyor	221	663	221	221	221
Objective	166	166		166	166

Percentage of ESH and RICLAS Clients who are Medicaid Eligible	N/A	N/A	N/A	N/A	N/A
Objective	N/A	N/A		96.0%	96.0%
Percentage of ESH and RICLAS Clients with Non-Medicaid Revenue	N/A	N/A	N/A	N/A	N/A
Objective	N/A	N/A		N/A	N/A
Total ESH and RICLAS Non-Medicaid Revenue (in millions)	$7.8	$6.8	$6.6	$6.6	$6.6
Objective	N/A	N/A		N/A	N/A
Percentage of ESH and RICLAS Claims Processed Successfully	N/A	N/A	90.0%	90.0%	95.0%
Objective	N/A	N/A		90.0%	95.0%
Percentage of Financial Reports Submitted On Time	N/A	N/A	85.0%	85.0%	90.0%
Objective	N/A	N/A		85.0%	90.0%

Personnel

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals
Central Management

		FY 2012		FY 2013	
Classified					
Executive Director (Envir Health)	0144A	1.0	110,372	1.0	110,372
Administrator II (MHRH)	0138A	1.0	88,092	1.0	92,793
Principal Health Facility Survey	0329A	3.0	207,272	3.0	207,272
Chief of Information and Public Relations	0129A	1.0	53,751	1.0	53,751
Chief Clerk	0B16A	1.0	49,184	1.0	49,184
Subtotal		**7.0**	**$508,671**	**7.0**	**$513,372**
Unclassified					
Director (BHDDH)	950KF	1.0	143,206	1.0	143,206
Subtotal		**1.0**	**$143,206**	**1.0**	**$143,206**
Turnover		-	(72,690)	-	(57,831)
Subtotal		**-**	**($72,690)**	**-**	**($57,831)**
Total Salaries		**8.0**	**$579,187**	**8.0**	**$598,747**
Benefits					
Defined Contribution Plan		-	-	-	5,987
FICA		-	41,826	-	43,321
Medical		-	66,610	-	75,267
Payroll Accrual		-	-	-	3,524
Retiree Health		-	39,730	-	41,071
Retirement		-	133,093	-	126,807
Subtotal		**-**	**$281,259**	**-**	**$295,977**
Total Salaries and Benefits		**8.0**	**$860,446**	**8.0**	**$894,724**
Cost Per FTE Position			$107,556		$111,841
Statewide Benefit Assessment		-	21,716	-	22,449
Subtotal		**-**	**$21,716**	**-**	**$22,449**
Payroll Costs		**8.0**	**$882,162**	**8.0**	**$917,173**
Purchased Services					
Building and Grounds Maintenance		-	2,318	-	2,318
Clerical and Temporary Services		-	363	-	363
Legal Services		-	2,562	-	2,562
Other Contract Services		-	40,315	-	40,315
Subtotal		**-**	**$45,558**	**-**	**$45,558**
Total Personnel		**8.0**	**$927,720**	**8.0**	**$962,731**

Personnel

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals
Central Management

	FY 2012		FY 2013	
Distribution By Source Of Funds				
General Revenue	5.4	637,647	6.7	658,139
Federal Funds	2.6	290,073	1.3	304,592
Total All Funds	**8.0**	**$927,720**	**8.0**	**$962,731**

The Program

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals
Hospital & Community System Support

Program Mission

Maintain numerous operational support functions to both the hospital and community patient care system for Financial Management.

Program Description

Through the Associate Director Financial Management, the Office of Operations (Hospital and Community System Support Program) provides operational support functions to both the hospital and community patient care system.

Financial Management provides the administrative and financial support to the entire department to insure its operational efficiency and fiscal integrity. The major functional areas include: Budget Development/Program Analysis; Business Services; Accounting and Financial Control; Federal Grants; Contract Management; Revenue Collection; Billing and Accounts Receivable; Patient Resources and Benefits; and Rate Setting and Cost/Financial Reporting.

Statutory History

Rhode Island General Laws Title 40.1 includes provisions relating to Hospitals and Community System Support.

The Budget

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals
Hospital & Community System Support

	2010 Audited	2011 Audited	2012 Enacted	2012 Revised	2013 Recommend
Expenditures By Subprogram					
Facilities & Maintenance	782,327	950,470	1,855,211	3,585,427	2,106,937
Financial Management	1,860,953	2,061,457	2,515,655	2,463,500	2,675,801
Total Expenditures	**$2,643,280**	**$3,011,927**	**$4,370,866**	**$6,048,927**	**$4,782,738**
Expenditures By Object					
Personnel	1,845,398	2,024,361	2,757,065	2,702,236	2,878,858
Operating Supplies and Expenses	59,131	216,454	112,554	113,590	152,633
Assistance and Grants	636,119	1,107	1,247	1,247	1,247
Subtotal: Operating Expenditures	**2,540,648**	**2,241,922**	**2,870,866**	**2,817,073**	**3,032,738**
Capital Purchases and Equipment	102,632	770,005	1,500,000	3,231,854	1,750,000
Total Expenditures	**$2,643,280**	**$3,011,927**	**$4,370,866**	**$6,048,927**	**$4,782,738**
Expenditures By Funds					
General Revenue	1,885,761	2,057,168	2,435,629	2,381,836	2,527,114
Federal Funds	635,016	-	-	-	-
Restricted Receipts	-	17,820	435,237	435,237	505,624
Operating Transfers from Other Funds	122,503	936,939	1,500,000	3,231,854	1,750,000
Total Expenditures	**$2,643,280**	**$3,011,927**	**$4,370,866**	**$6,048,927**	**$4,782,738**

Personnel

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals
Hospital & Community System Support

		FY 2012		FY 2013	
Classified					
Associate Director (Financial Mgmt.)	0144A	1.0	119,919	1.0	124,661
Admin. Financial Management	0137A	2.0	199,424	2.0	199,424
Administrator III	0140A	2.0	192,683	2.0	192,683
Deputy Chief Div of Facilities	0137A	1.0	93,899	1.0	93,899
Associate Administrator II	0134A	2.0	157,670	2.0	154,956
Chief Centr Power Plant Operations	0130A	1.0	75,804	1.0	75,804
Principal Rate Analyst (CBS)	0B28A	2.0	147,989	2.0	147,989
Assistant Administrator, Financial Mgmt.	0134A	1.0	73,242	1.0	77,168
Fiscal Management Officer	0B26A	1.0	72,263	1.0	72,263
Medical Care Specialist	0B25A	3.0	204,281	3.0	205,811
Supvr. of Patients' Res. & Ben.	0132A	1.0	63,415	1.0	66,156
Sr Rate Analyst (Comm Based Services)	0B25A	1.0	61,451	1.0	61,451
Administrator Officer	0124A	1.0	61,153	1.0	61,153
Coding Specialist/Abstractor	0326A	3.0	173,567	3.0	177,562
Fiscal Clerk	0314A	1.0	44,077	1.0	44,077
Senior Word Processing Typist	0312A	2.0	84,209	2.0	84,209
Accountant	0320A	1.0	38,536	1.0	38,536
Subtotal		**26.0**	**$1,863,582**	**26.0**	**$1,877,802**
Overtime		-	-	-	-
Turnover		-	(163,071)	-	(81,536)
Subtotal		**-**	**($163,071)**	**-**	**($81,536)**
Total Salaries		**26.0**	**$1,700,511**	**26.0**	**$1,796,266**
Benefits					
Defined Contribution Plan		-	-	-	17,963
FICA		-	128,931	-	135,961
Medical		-	255,184	-	300,654
Payroll Accrual		-	-	-	10,593
Retiree Health		-	116,645	-	123,211
Retirement		-	390,766	-	380,423
Subtotal		**-**	**$891,526**	**-**	**$968,805**
Total Salaries and Benefits		**26.0**	**$2,592,037**	**26.0**	**$2,765,071**
Cost Per FTE Position			$99,694		$106,349
Statewide Benefit Assessment		-	63,758	-	67,346
Subtotal		**-**	**$63,758**	**-**	**$67,346**
Payroll Costs		**26.0**	**$2,655,795**	**26.0**	**$2,832,417**

Personnel

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals

Hospital & Community System Support

	FY 2012		FY 2013	
Purchased Services				
Building and Grounds Maintenance	-	7,066	-	7,066
Management and Consultant Services	-	38,000	-	38,000
Other Contract Services	-	1,375	-	1,375
Subtotal	**-**	**$46,441**	**-**	**$46,441**
Total Personnel	**26.0**	**$2,702,236**	**26.0**	**$2,878,858**
Distribution By Source Of Funds				
General Revenue	21.7	2,269,030	21.7	2,414,308
Restricted Receipts	4.3	433,206	4.3	464,550
Total All Funds	**26.0**	**$2,702,236**	**26.0**	**$2,878,858**

The Program

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals
Service for the Developmentally Disabled

Program Mission

To implement project Sustainability as noted in the Subprogram narrative for DD-Privately Operated Services and to assess current reorganization of social services staff, including the addition of a SIS Unit, for effectiveness in implementing the objectives of Project Sustainability; to continue expansion of shared living arrangements (SLA) and other community settings as an alternative to residential and institutional placements; to continue development and expansion of services for individuals who require ongoing assistance but may function successfully outside of traditional residential settings.

To finalize and implement strategies to reduce the caseloads carried by the Division's social caseworkers and to develop enhanced screening and assessment procedures to ensure that individuals have a choice of appropriate, least restrictive supports and services and to develop improved data collection and analyses capabilities.

Program Description

The Division of Developmental Disabilities funds a statewide network of privately-operated and publicly-operated community supports for adults with development disabilities. The Division is responsible for planning, administering, and providing supports for adults with developmental disabilities by ensuring equitable access to, and allocation of, available resources; enhancing the quality of supports so that people can move toward personal futures of inclusion and participation in community life, and safeguarding them from abuse, neglect and mistreatment.

The Division's goals include: (a) providing more opportunities for individuals with developmental disabilities and their families to have more control over supports and services that they purchase within the funding available from the Division, (b) providing access to information that enables them to make informed decisions, (c) assisting providers in implementing innovative and flexible supports and services that address the individual needs of a person, (d) ensuring that individuals are provided services in the least restrictive environments, (e) insuring quality services that protect the rights of individuals with developmental disabilities, (f) providing the appropriate structure within the Division to respond to the changing needs of individuals and their families, and (g) providing a safe environment that assists individuals to meet their fullest potential and to become meaningful participants in their community; and (h) providing a competent, caring, stable workforce to provide needed supports and services for individuals with developmental disabilities.

The Division provides community day and residential services through Rhode Island Community Living and Supports (RICLAS), the state's publicly operated program. RICLAS supports approximately 221 people in various settings throughout Rhode Island.

Statutory History

Titles 40.1 and 43.1 of the Rhode Island General Laws. Over 15 years ago, the eligibility statute has changed and expanded to include individuals who meet the federal, functional definition of developmental disabilities in addition to mental retardation per se. In addition to meeting the federal criteria, this was also necessary since the individuals with developmental disabilities were entering the system who had never beer institutionalized at Ladd School.

The Budget

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals
Service for the Developmentally Disabled

	2010 Audited	2011 Audited	2012 Enacted	2012 Revised	2013 Recommend
Expenditures By Subprogram					
Facilities & Maintenance	358,517	149,171	909,832	862,337	761,351
Private Community D.D Services	208,054,982	206,533,388	180,816,694	180,087,700	180,812,205
State Operated Res & Comm Svcs	37,494,861	35,874,579	30,955,790	32,824,665	34,676,795
Total Expenditures	**$245,908,360**	**$242,557,138**	**$212,682,316**	**$213,774,702**	**$216,250,351**
Expenditures By Object					
Personnel	36,816,241	38,323,787	33,534,798	35,712,960	35,953,990
Operating Supplies and Expenses	3,933,278	2,675,274	3,227,461	2,513,114	4,010,124
Assistance and Grants	205,836,135	202,382,201	172,260,753	172,326,798	172,940,597
Subtotal: Operating Expenditures	**246,585,654**	**243,381,262**	**209,023,012**	**210,552,872**	**212,904,711**
Capital Purchases and Equipment	336,545	248,330	3,659,304	3,221,830	3,345,640
Operating Transfers	(1,013,839)	(1,072,454)	-	-	-
Total Expenditures	**$245,908,360**	**$242,557,138**	**$212,682,316**	**$213,774,702**	**$216,250,351**
Expenditures By Funds					
General Revenue	86,852,586	91,500,102	97,336,360	98,501,962	100,536,726
Federal Funds	155,282,676	148,272,023	110,679,602	110,838,454	111,426,257
Restricted Receipts	1,888,916	2,033,498	2,006,522	1,776,017	1,776,017
Operating Transfers from Other Funds	1,884,182	751,515	2,659,832	2,658,269	2,511,351
Total Expenditures	**$245,908,360**	**$242,557,138**	**$212,682,316**	**$213,774,702**	**$216,250,351**
Program Measures					
Penetration Rate of Clients Served	3,390	3,425	3,425	3,425	3,425
Objective	N/A	N/A		3,425	3,425
Percentage of Applications for Service Found Eligible	N/A	88.0%	88.0%	88.0%	88.0%
Objective	N/A	N/A		88.0%	88.0%
Percentage Newly Funded for DD Services who are Under 21 or over 50 years of Age	N/A	17.5%	17.5%	17.5%	17.5%
Objective	N/A	N/A		17.5%	17.5%
Number of SIS Administrations	N/A	N/A	1,000	1,000	1,000
Objective	N/A	N/A		1,000	1,000
Average Expenditures per Person	$57,751	$57,085	$50,000	$50,000	$50,000
Objective	N/A	N/A		$50,000	$50,000
Percentage of DD-Private Expenditures that are Medicaid	99.0%	99.0%	99.0%	99.0%	99.0%
Objective	N/A	N/A		99.0%	99.0%

Percentage Who Self-Direct Their Supports	5.3%	6.6%	7.0%	7.0%	8.0%
Objective	5.0%	6.0%		7.0%	8.0%
Percentage Receiving Supports Outside of Residential Services	58.0%	68.0%	68.0%	68.0%	70.0%
Objective	N/A	N/A		70.0%	70.0%
Percentage Authorized to Receive Transportation	N/A	N/A	93.0%	93.0%	93.0%
Objective	N/A	N/A		95.0%	95.0%
Percentage Who Regularly Participate in Community Activities	N/A	N/A	N/A	N/A	N/A
Objective	N/A	N/A		N/A	N/A
Percentage Supported in Community Integrated Employment	19.0%	19.0%	19.0%	19.0%	21.0%
Objective	20.0%	20.0%		20.0%	20.0%
Average Family Satisfaction Rating with Supports Received	4.03	4.01	4.05	4.05	4.05
Objective	4.00	4.00		4.00	4.00
Percentage of Clients Accessing Day Services	84.0%	84.0%	80.0%	80.0%	80.0%
Objective	80.0%	80.0%		80.0%	80.0%
Number of People Requiring Movement to a Higher Level of Care	9	1	1	1	1
Objective	0	0		0	0
Number of Reported Incidents	438	373	365	365	350
Objective	425	400		375	350
Percentage of Staff on Workers' Compensation	N/A	N/A	N/A	N/A	N/A
Objective	N/A	N/A		N/A	N/A

Personnel

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals
Service for the Developmentally Disabled

		FY 2012		FY 2013	
Classified					
Associate Director II (MHRH)	0144A	1.0	134,650	1.0	134,650
Consultant Public Health Nurse	0926A	1.0	97,730	1.0	98,836
Supv. Registered Nurse A	0924A	1.0	94,434	1.0	95,689
Administator of Program Management	0135A	2.0	172,520	2.0	172,520
Chief Reg Occupational Therapist	0135A	1.0	84,175	1.0	84,175
Professional Services Coordinator	0134A	3.0	251,031	3.0	252,510
Registered Nurse A	0920A	11.0	891,410	11.0	893,807
Asst Administrator, Financial Management	0134A	1.0	80,695	1.0	80,695
Registered Nurse B	0921A	6.0	467,109	6.0	469,576
Casework Supervisor II	0A28A	5.0	372,785	5.0	379,251
Clinical Psychologist	0A27A	3.0	222,504	3.0	222,504
Principal Rate Analyst (Comm. Based)	0B28A	2.0	147,664	2.0	147,664
Deputy Administrator (MHRH)	0136A	1.0	73,819	1.0	77,151
Administrator, Financial Management	0137A	1.0	72,506	1.0	72,506
Clinical Social Worker	0A27A	1.0	69,562	1.0	69,562
Audiologist	0327A	1.0	68,667	1.0	68,667
Licensed Practical Nurse	0517A	6.0	390,802	6.0	394,710
Human Services Program Planner	0327A	2.0	129,189	2.0	130,554
Social Caseworker II	0A24A	29.0	1,861,879	29.0	1,862,961
Coordinator of Comm Res Services	0324A	4.0	246,192	4.0	246,192
Workshop Manager	0324A	2.0	120,376	2.0	120,376
Social Caseworker	0A22A	1.0	59,935	1.0	59,935
Senior Dietitian	0322A	2.0	118,282	2.0	118,282
Supv of Billings & Acct Rec	0327A	1.0	58,537	1.0	58,537
Sr. Housing Specialist	0326A	1.0	54,980	1.0	59,419
Comm Facilities Compliance Officer	0324A	1.0	54,752	1.0	54,752
Supervisor of C & D Services	0321A	16.0	845,996	16.0	857,953
Assistant Business Management Officer	0319A	1.0	50,141	1.0	50,141
Senior Behavior Specialist	0320A	1.0	50,126	1.0	50,126
Assistant Adm Officer	0321A	1.0	49,658	1.0	51,295
Billing Specialist	0318A	1.0	48,930	1.0	48,930
Training Officer	0322A	1.0	48,544	1.0	48,544
Program Aide	0315A	7.0	315,549	7.0	316,232
Community Dietary Aide	0314A	10.0	441,243	10.0	443,509
Community Housekeeping Aide	0314A	6.0	263,681	6.0	264,383
Community Maintenance Tech Env	0314G	1.0	43,137	1.0	43,137
Dental Assistant	0312A	1.0	42,307	1.0	42,307
Clerk Secretary	0B16A	2.0	84,385	2.0	84,385
Community Prog. Liaison Worker	0319A	1.0	41,949	1.0	43,280
Community Living Aide	0314A	294.0	11,982,510	294.0	12,065,875
Information Aide	0315A	1.0	39,258	1.0	39,258
Principal Clerk Typist	0312A	2.0	76,133	2.0	76,857
Clerk	0307A	1.0	37,917	1.0	37,917
Fiscal Clerk	0314A	2.0	74,677	2.0	76,242

Personnel

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals
Service for the Developmentally Disabled

		FY 2012		FY 2013	
Clerk Typist	0307A	1.0	36,584	1.0	36,585
Data Control Clerk	0315A	1.0	36,351	1.0	37,313
Subtotal		**441.0**	**$21,005,261**	**441.0**	**$21,139,750**
Unclassified					
Act Treat Employment (Teacher)	0T002A	2.0	217,183	2.0	217,183
Subtotal		**2.0**	**$217,183**	**2.0**	**$217,183**
Overtime		-	2,394,173	-	1,460,278
Turnover		-	(2,788,369)	-	(2,276,283)
Subtotal		**-**	**($394,196)**	**-**	**($816,005)**
Total Salaries		**443.0**	**$20,828,248**	**443.0**	**$20,540,928**
Benefits					
Defined Contribution Plan		-	-	-	190,806
FICA		-	1,690,000	-	1,671,510
Holiday Pay		-	518,244	-	518,244
Medical		-	4,709,484	-	5,483,550
Payroll Accrual		-	-	-	115,069
Retiree Health		-	1,264,358	-	1,308,695
Retirement		-	4,235,962	-	4,040,958
Subtotal		**-**	**$12,418,048**	**-**	**$13,328,832**
Total Salaries and Benefits		**443.0**	**$33,246,296**	**443.0**	**$33,869,760**
Cost Per FTE Position			$75,048		$76,455
Statewide Benefit Assessment		-	691,087	-	715,320
Temporary and Seasonal		-	907,551	-	907,551
Subtotal		**-**	**$1,598,638**	**-**	**$1,622,871**
Payroll Costs		**443.0**	**$34,844,934**	**443.0**	**$35,492,631**
Purchased Services					
Building and Grounds Maintenance		-	110,717	-	110,717
Clerical and Temporary Services		-	2,500	-	1,000
Medical Services		-	72,896	-	69,896
Other Contract Services		-	607,360	-	215,890
Training and Educational Services		-	74,553	-	63,856
Subtotal		**-**	**$868,026**	**-**	**$461,359**
Total Personnel		**443.0**	**$35,712,960**	**443.0**	**$35,953,990**

Personnel

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals

Service for the Developmentally Disabled

	FY 2012		FY 2013	
Distribution By Source Of Funds				
General Revenue	199.5	16,161,022	203.9	16,596,311
Federal Funds	243.5	19,477,652	239.1	19,283,393
Restricted Receipts	-	74,286	-	74,286
Total All Funds	**443.0**	**$35,712,960**	**443.0**	**$35,953,990**

The Program

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals
Behavioral Healthcare Services

Program Mission

Continue to integrate and consolidate functions and activities to maximize efficiency and getter meet the needs of individuals with mental illness, substance abuse, and co-occurring disorders.

Continue to work on the development of programs for individuals with both a behavioral healthcare problem(s) and developmental disabilities, and developing a comprehensive assessment and utilization review process for behavioral health and developmental disabilities.

Develop strategies to sustain the innovations and practices resulting from the Access to Recovery and Strategic Prevention Framework State Incentive Grants.

Program Description

The Division of Behavioral Healthcare Services (DBH) is responsible for planning, coordinating, and administering comprehensive statewide systems of substance abuse prevention and the promotion of mental health; screening and brief intervention; early intervention and referral; substance abuse and mental illness clinical treatment services; and recovery support activities. Effective with the FY 2011 budget, the Division is consolidating the Substance Abuse program into the Integrated Mental Health Services program, and renaming the program Behavioral Healthcare Services.

The Department has conducted and completed functional analyses of its organization and operations. A result of these analyses is the finalization of efforts to consolidate substance abuse and mental health treatment services administration into a single behavioral healthcare program area. The Department also continues to ensure the provision of quality and accessible care to client populations within the two systems, especially those with co-occurring mental illness and substance use disorders. The consolidated division continues to work closely with the criminal justice system, the public health care system, child welfare, education, and other allied human service agencies and organization. The consolidated Division is supported by the Department's three functional components (Clinical Services, Program Services, and Operations) and Contracts and Logistics, which supports administration and monitoring of the Division's funded services, comprised of over 100 contracts.

Statutory History

Title 40.1, Chapter 1 of the Rhode Island General Laws established the Division of Behavioral Health Care within the Department, which includes the program areas of integrated mental health services and substance abuse treatment and prevention services. In the FY 2011 budget, the Governor recommends consolidating the Substance Abuse program into the Integrated Mental Health Services program, and renaming the program Behavioral Healthcare Services.

The Budget

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals
Behavioral Healthcare Services

	2010 Audited	2011 Audited	2012 Enacted	2012 Revised	2013 Recommend
Expenditures By Subprogram					
Integrated Mental Health Svcs	5,132,867	4,834,052	4,313,334	4,583,566	4,325,371
Mental Health	74,802,781	73,196,283	77,461,107	76,497,215	78,535,085
Substance Abuse	29,240	24,055,430	26,968,028	27,790,727	28,164,061
Total Expenditures	**$79,964,888**	**$102,085,765**	**$108,742,469**	**$108,871,508**	**$111,024,517**
Expenditures By Object					
Personnel	1,022,273	2,758,554	3,418,758	3,625,925	3,991,155
Operating Supplies and Expenses	146,436	252,189	99,652	135,265	238,858
Assistance and Grants	78,713,285	98,815,040	103,871,059	103,836,599	105,332,504
Subtotal: Operating Expenditures	**79,881,994**	**101,825,783**	**107,389,469**	**107,597,789**	**109,562,517**
Capital Purchases and Equipment	82,894	259,982	1,353,000	1,273,719	1,462,000
Total Expenditures	**$79,964,888**	**$102,085,765**	**$108,742,469**	**$108,871,508**	**$111,024,517**
Expenditures By Funds					
General Revenue	29,606,019	39,191,009	36,009,986	35,978,914	34,886,857
Federal Funds	49,676,726	61,988,216	71,517,483	71,528,875	74,580,660
Restricted Receipts	-	127,633	90,000	125,000	125,000
Operating Transfers from Other Funds	682,143	778,907	1,125,000	1,238,719	1,432,000
Total Expenditures	**$79,964,888**	**$102,085,765**	**$108,742,469**	**$108,871,508**	**$111,024,517**
Program Measures					
Unique Clients Served	13,368	13,670	13,600	13,600	13,600
Objective	N/A	N/A		13,600	13,600
Readmissions to Inpatient Detoxification	28.1%	26.2%	26.0%	26.0%	25.0%
Objective	31.5%	31.5%		31.5%	31.5%
Percentage with Identified Co-Occurring SA and MH Issues	55.5%	63.6%	60.0%	60.0%	60.0%
Objective	50.0%	50.0%		50.0%	50.0%
Change in Percentage Abstaining from Alcohol Abuse	52.3%	45.6%	45.0%	45.0%	45.0%
Objective	38.7%	38.1%		N/A	N/A
Change in Percentage Abstaining from Drug Abuse	44.8%	36.2%	40.0%	40.0%	40.0%
Objective	47.3%	47.1%		N/A	N/A
Change in Percentage Employed or Students	22.9%	23.8%	23.0%	23.0%	23.0%
Objective	13.8%	12.5%		N/A	N/A
Change in Percentage with Stable Housing	2.3%	3.3%	3.0%	3.0%	3.0%
Objective	2.5%	2.9%		N/A	N/A

Change in Percentage with Criminal Justice Involvement	2.5%	3.6%	3.0%	3.0%	3.0%
Objective	10.8%	12.8%		N/A	N/A
Change in Percentage Reporting Social Connectedness	N/A	126.2%	45.0%	45.0%	45.0%
Objective	N/A	46.1%		N/A	N/A
Percentage of Tobacco Sales to Minors	11.1%	11.0%	10.5%	10.5%	10.5%
Objective	20.0%	20.0%		20.0%	20.0%
Percentage of Tobacco Advertising/Labeling Violations	N/A	N/A	N/A	N/A	N/A
Objective	N/A	N/A		N/A	N/A
Percentage of Alcohol Sales to Minors	10.7%	11.0%	11.0%	11.0%	11.0%
Objective	15.0%`	15.0%		15.0%	15.0%
Number Involved in Student Assistance Program	10,648	10,339	10,000	10,000	9,750
Objective	N/A	N/A		10,000	9,750
Percentage of Youth Using Marijuana	N/A	N/A	24.0%	24.0%	23.0%
Objective	N/A	N/A		20.0%	20.0%
Penetration Rate of Clients Served	28.1	29.1	29.0	29.0	29.0
Objective	21.9	N/A		N/A	N/A
Readmissions to Acute Psychiatric Hospitalization	14.9%	16.7%	15.0%	15.0%	14.0%
Objective	14.4%	14.4%		14.4%	14.4%
Percentage Receiving an Annual Physical Exam	78.5%	77.2%	85.0%	85.0%	90.0%
Objective	100%	100%		100%	100%
Percentage with a Regular Physical Health Care Provider	92.8%	92.4%	93.0%	93.0%	95.0%
Objective	100%	100%		100%	100%
Percentage with Identified Co-Occurring SA and MH Issues	42.2%	43.0%	45.0%	45.0%	45.0%
Objective	20.3%	N/A		N/A	N/A
Percentage Employed	19.0%	18.6%	18.0%	18.0%	19.0%
Objective	19.0%	N/A		N/A	N/A
Percentage with Stable Housing	96.8%	96.2%	97.0%	97.0%	97.0%
Objective	97.3%	N/A		N/A	N/A
Change in Percentage with Criminal Justice Involvement	3.0%	3.0%	3.0%	3.0%	3.0%
Objective	1.0%	N/A		N/A	N/A
Percentage Reporting Social Connectedness	71.0%	71.0%	73.0%	73.0%	75.0%
Objective	71.0%	N/A		N/A	N/A

Personnel

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals
Behavioral Healthcare Services

		FY 2012			FY 2013		
Classified							
Consultant Public Health Nurse	0926A	1.0	107,891		1.0	107,891	
Administrator III (MHRH)	0140A	3.0	306,623		3.0	306,623	
Administrator II (MHRH)	0138A	1.0	89,286		1.0	89,286	
Supervising Accountant	0131A	1.0	79,647		1.0	79,647	
Assistant Admin. Financial Management	0134A	1.0	77,013		1.0	77,478	
Fiscal Management Officer	0B26A	1.0	72,618		1.0	72,618	
Administrator, Mental Health	0137A	1.0	72,506		1.0	72,506	
Habilitative Services Manager	0332A	2.0	144,199		2.0	144,717	
Senior Public Health Promotion Specialist	0331A	8.0	566,057		8.0	566,067	
Professional Services Coordinator	0134A	3.0	208,866	*(1)*	3.0	214,860	*(1)*
Programming Services Officer	0131A	1.0	64,558		1.0	65,726	
Administrative Officer	0124A	1.0	58,316	*(1)*	1.0	58,316	*(1)*
Assistant Admin., Substance Abuse	0128A	1.0	51,741	*(1)*	1.0	51,741	*(1)*
Program Planner	0325A	1.0	44,639	*(1)*	1.0	44,639	*(1)*
Chief Clerk	0B16A	1.0	43,794		1.0	44,652	
Data Control Clerk	0315A	3.0	125,772		3.0	125,772	
Asst. Admin Officer	0121A	1.0	40,325		1.0	41,355	
Principal Clerk Stenographer	0313A	1.0	39,271		1.0	39,271	
Community Program Liaison Worker	0319A	3.0	112,581	*(1)*	3.0	112,581	*(1)*
Senior Clerk Typist	0309A	1.0	37,224		1.0	38,450	
Subtotal		**36.0**	**$2,342,927**		**36.0**	**$2,354,196**	
Unclassified							
Project Manager	0128A	1.0	72,405		1.0	72,405	
Subtotal		**1.0**	**$72,405**		**1.0**	**$72,405**	
Turnover		-	(211,101)		-	-	
Subtotal		**-**	**($211,101)**		**-**	**-**	
Total Salaries		**37.0**	**$2,204,231**		**37.0**	**$2,426,601**	
Benefits							
Defined Contribution Plan		-	-		-	24,265	
FICA		-	168,184		-	185,195	
Medical		-	370,367		-	476,635	
Payroll Accrual		-	-		-	14,319	
Retiree Health		-	151,194		-	166,446	
Retirement		-	506,513		-	513,918	
Subtotal		**-**	**$1,196,258**		**-**	**$1,380,778**	
Total Salaries and Benefits		**37.0**	**$3,400,489**		**37.0**	**$3,807,379**	
Cost Per FTE Position			$91,905			$102,902	
Statewide Benefit Assessment		-	82,638		-	90,978	
Subtotal		**-**	**$82,638**		**-**	**$90,978**	

Personnel

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals
Behavioral Healthcare Services

	FY 2012		FY 2013	
Payroll Costs	**37.0**	**$3,483,127**	**37.0**	**$3,898,357**
Purchased Services				
Clerical and Temporary Services	-	14,000	-	14,000
University and College Services	-	128,798	-	78,798
Subtotal	**-**	**$142,798**	**-**	**$92,798**
Total Personnel	**37.0**	**$3,625,925**	**37.0**	**$3,991,155**
Distribution By Source Of Funds				
General Revenue	22.7	2,147,094	22.6	2,375,720
Federal Funds	14.3	1,478,831	14.4	1,615,435
Total All Funds	**37.0**	**$3,625,925**	**37.0**	**$3,991,155**

1 Federally funded FTE to administer new grant awards in the Substance Abuse subprogram.

The Program

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals
Hospital & Community Rehabilitation Svcs

Program Mission

Plan, coordinate, and manage programs and services associated with the Eleanor Slater Hospital.

Ensure that all associated programs and services meet Joint Commission, Centers for Medicaid and Medicare Services (CMS), and third party standards to achieve full accreditation status and to maximize reimbursement.

Develop a continuum of treatment and residential options for psychiatric and developmentally disabled, psycho geriatric and adult psychiatric clients.

Program Description

The Division of Hospitals and Community Rehabilitative Services provides hospital level care services that are licensed by the Department of Health (DOH) and accredited by the Joint Commission.

The Eleanor Slater Hospital's current census is two hundred and eighty one (281), across two (2) sites: The Cranston Campus, with one hundred and sixty seven (167) beds, and Zambarano Campus in Burriville, with one hundred and fourteen (114) beds. The Cranston Campus provides acute medical-surgical services, long term impatient psycho geriatric and adult psychiatric treatment. The Zambarano Campus is an important provider of long term and specialty rehabilitative care services. Hospital funding levels and full-time equivalent (FTE) position authorization dictate actual bed utilization and census.

As part of the capital Hospital Consolidation, the new Psychiatric Services Building will provide both staff and patient consolidation to the extent that it will yield maximum therapeutic and economic benefits through levels of efficiency currently not available due to the age of both physical plants located at the Cranston Campus. The patients currently serviced in the Adolph Mayer and Pinel Buildings will be moved into this new state on the art building. This effort will create for Eleanor Slater a single hospital zone which will provide its patients with all the life safety environmentally required and necessary assets which will protect the patients to the maximum extent in response to their unique psychological status and needs. In doing so it will better be able to support the community's efforts to provide both acute and long term care to those patients who are psychiatrically challenged. Lastly the patients will benefit from a therapeutic care environment which will enhance their treatment and capacity to respond more positively to their individualized needs resulting in improved positive outcomes. This addition will also aid in expanding the Forensic Unit capacity.

Statutory History

Title 40, Chapter 3 of the Rhode Island General Laws and the Public Laws of 1969, Chapter 134, Section 6a, includes provisions related to the General Hospital; Title 40.1, Chapter 3 includes provisions related to Zambarano; Titles 40.1, 5.19, 21.28, 21.30 and 21.31 include provisions relative to the Central Pharmacy.

The Budget

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals
Hospital & Community Rehabilitation Svcs

	2010 Audited	2011 Audited	2012 Enacted	2012 Revised	2013 Recommend
Expenditures By Subprogram					
Eleanor Slater Hospital	66,938,051	67,891,179	78,644,586	66,351,091	74,863,159
Zambrano Hospital	29,244,542	31,897,994	32,647,838	33,648,420	34,613,185
Central Pharmacy Services	1,917,059	2,697,825	2,884,608	3,119,788	2,958,419
Total Expenditures	**$98,099,652**	**$102,486,998**	**$114,177,032**	**$103,119,299**	**$112,434,763**
Expenditures By Object					
Personnel	71,923,626	76,371,296	74,078,770	78,545,927	77,975,990
Operating Supplies and Expenses	8,593,710	8,987,524	8,530,572	9,365,563	12,094,170
Assistance and Grants	11,080,445	10,031,437	12,721,349	11,893,011	12,121,350
Subtotal: Operating Expenditures	**91,597,781**	**95,390,257**	**95,330,691**	**99,804,501**	**102,191,510**
Capital Purchases and Equipment	754,707	1,740,677	18,846,341	3,314,798	10,243,253
Operating Transfers	5,747,164	5,356,064	-	-	-
Total Expenditures	**$98,099,652**	**$102,486,998**	**$114,177,032**	**$103,119,299**	**$112,434,763**
Expenditures By Funds					
General Revenue	28,998,799	39,185,382	47,638,399	49,457,485	50,561,279
Federal Funds	62,592,180	57,124,366	42,972,413	46,311,659	47,566,291
Restricted Receipts	5,770,043	4,762,992	5,466,220	4,782,193	4,782,193
Operating Transfers from Other Funds	738,630	1,414,258	18,100,000	2,567,962	9,525,000
Total Expenditures	**$98,099,652**	**$102,486,998**	**$114,177,032**	**$103,119,299**	**$112,434,763**
Program Measures					
Percent of Medical Admissions from Acute Community Hospitals or Nursing Homes	N/A	N/A	N/A	N/A	N/A
Objective	N/A	N/A		N/A	N/A
Psychiatric Admissions to Long Term Hospitalization from Community	N/A	N/A	N/A	N/A	N/A
Objective	N/A	N/A		N/A	N/A
Medical Patients Discharged to a Less Restrictive Setting	N/A	N/A	N/A	N/A	N/A
Objective	N/A	N/A		N/A	N/A
Psychiatric Patients Discharged to a Less Restrictive Setting	N/A	N/A	N/A	N/A	N/A
Objective	N/A	N/A		N/A	N/A
Percentage of Budget Spent on Specialized Care	N/A	N/A	N/A	N/A	N/A
Objective	N/A	N/A		N/A	N/A

Personnel

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals
Hospital & Community Rehabilitation Svcs

		FY 2012		FY 2013	
Classified					
Chief of Medical Staff & Clinical Services	0154A	1.0	183,520	1.0	184,005
Assistant Medical Program Director	0747A	1.0	175,442	1.0	175,442
Asst Chief of Psychiatric Services	0149A	1.0	148,802	1.0	149,371
Chief Executive Officer (Eleanor Slater)	0146A	1.0	141,718	1.0	144,408
Physician Administrator (Geriatric)	0741A	1.0	138,618	1.0	138,618
Physician Administrator (General)	0741A	3.0	410,481	3.0	412,105
Radiologist	0742A	1.0	127,398	1.0	127,398
Exec. Nurse/Eleanor Slater Hospital	0142A	1.0	122,411	1.0	122,411
Physician II (General)	0740A	12.0	1,417,235	12.0	1,423,546
Psychiatrist IV	0447A	3.0	347,322	3.0	351,072
Manager of Nursing Services	0140A	3.0	319,235	3.0	319,235
Chief, Clinical Laboratory Svcs.	0139A	1.0	101,097	1.0	106,415
Nursing Instructor	0924A	3.0	298,329	3.0	298,586
Supervisor Registered Nurse B	0925A	10.0	988,350	10.0	989,832
Supervising Registered Nurse A	0924A	8.0	764,583	8.0	766,607
Administrator II (MHRH)	0138A	4.0	380,338	4.0	385,167
Infection Control Nurse	0924A	2.0	188,992	2.0	189,747
Adm JCAHO Accrd Std Hosp Cnt Q	0135A	1.0	91,300	1.0	91,300
Asst Dir of Nursing Services	0334A	1.0	88,724	1.0	88,724
Supervisor Clinical Lab Scientist Gen.	0334A	3.0	261,624	3.0	261,789
Chief Case Work Supervisor	0134A	1.0	85,259	1.0	89,301
Registered Nurse A	0920A	54.1	4,488,472	54.1	4,526,228
Associate Administrator I (MHRH)	0132A	2.0	160,678	2.0	164,523
Clinical Psychologist (PH.D. Qual)	0332A	1.0	80,086	1.0	80,086
Professional Services Coordinator	0134A	1.0	77,539	1.0	81,011
Associate Administrator II	0134A	1.0	77,478	1.0	77,478
Registered Nurse B	0921A	77.2	5,649,824	77.2	5,721,677
Supervisor of Pharmacy Services	0B32A	3.0	217,581	3.0	217,581
Senior Clinical Lab Scientist (General)	3130A	2.0	143,383	2.0	143,383
Clinical Social Worker	0A27A	11.0	769,363	11.0	770,823
Business Management Officer	0B26A	1.0	68,484	1.0	70,946
Supervising Therapeutic Activities	0327A	2.0	135,010	2.0	135,010
Hospital Administrator Compliance Off.	0329A	5.0	330,435	5.0	336,029
Licensed Practical Nurse	0517A	4.0	262,802	4.0	262,802
Clinical Psychologist	0A27A	11.0	716,841	11.0	721,782
Senior Respiratory Therapist	3126A	1.0	63,950	1.0	64,164
Clinical Laboratory Scientist	0327A	3.0	188,463	3.0	189,132
Supervising Respiratory Therapy	0328A	3.0	186,483	3.0	187,580
Supt. of Property Control & Supply	0323A	1.0	59,716	1.0	59,716
Laundry Manager	0323A	1.0	59,551	1.0	59,551
Data Entry Unit Supervisor	0B21A	1.0	59,199	1.0	59,199
Senior Food Service Administrator	3126A	1.0	56,498	1.0	56,498
Supervisor of Housekeeping Services	0322A	2.0	104,219	2.0	105,546
Mental Health Worker	0320A	25.0	1,292,565	25.0	1,302,727

Personnel

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals
Hospital & Community Rehabilitation Svcs

		FY 2012		FY 2013	
Technical Staff Assistant	3120A	1.0	51,680	1.0	51,680
Senior Group Worker	0322A	15.0	766,523	15.0	773,483
Training Officer	0322A	1.0	48,881	1.0	48,881
Physical Therapy Assistant	0320A	1.0	48,839	1.0	48,839
Building Superintendent	0318A	3.0	145,589	3.0	145,589
Adaptive Equip Design & Fabricatr	0318A	3.0	144,015	3.0	144,015
Chief Clerk	0B16A	1.0	47,316	1.0	47,316
Property Control & Supply Officer	0317A	1.0	47,166	1.0	47,166
Principal Dietitian	0324A	1.5	69,453	1.5	69,453
Pharmacy Aide II	0318A	6.0	268,298	6.0	275,361
Executive Assistant (MHRH)	0118A	2.0	88,823	2.0	89,683
Clerk Secretary	0B16A	3.0	133,076	3.0	133,076
Sr. X-Ray Technologist	0318A	2.0	87,275	2.0	87,275
Clinical Laboratory Technician	0320A	5.0	217,932	5.0	220,797
Chief Transportation & Grounds (RIMC)	0321A	1.0	43,566	1.0	44,683
Institution Housekeeper	0315A	3.0	129,413	3.0	130,862
Laboratory Assistant	0314A	2.0	85,957	2.0	86,709
Public Properties Officer	3112G	1.0	42,582	1.0	42,582
Principal Clerk-Stenographer	0313A	1.0	42,203	1.0	42,203
Community Living Aide	0314A	31.0	1,307,582	31.0	1,311,583
Institution Attendant (Psychiatric)	0314A	98.0	4,105,301	98.0	4,122,346
Respiratory Therapist	0322A	3.0	125,283	3.0	126,419
Medical Records Technician	0320A	3.0	123,323	3.0	126,686
Sr. Laundry Worker	0312A	1.0	40,667	1.0	41,059
Med Records Clerk Supervisor	0315A	3.0	120,768	3.0	121,767
Fiscal Clerk	3114A	2.0	80,032	2.0	80,945
Sr. Telephone Operator	4113A	1.0	40,013	1.0	40,750
Senior Janitor	3112A	1.0	39,925	1.0	39,925
Data Control Clerk	0315A	1.0	39,330	1.0	41,128
Diesel Truck & Heavy Equipment Mech.	3118A	1.0	39,253	1.0	40,122
Food Service Supervisor	0314A	12.5	487,119	12.5	489,695
Laborer	0308A	2.0	77,410	2.0	77,932
Groundskeeper	3111G	2.0	77,328	2.0	77,328
Accountant	0320A	1.0	38,536	1.0	38,536
Clinical Laboratory Technician	0320A	2.0	77,072	2.0	77,072
Garment Worker	3111A	1.0	38,214	1.0	39,044
Dental Assistant	0312A	1.0	38,102	1.0	38,438
Certified Nursing Assistant	0313A	196.0	7,426,007	196.0	7,470,298
Medical Records Clerk	3111A	7.0	265,145	7.0	266,391
Senior Word Processing Typist	0312A	10.9	412,661	10.9	417,332
Motor Equipment Operator	3111G	9.0	336,186	9.0	336,186
Word Processing Typist	3110A	1.0	37,346	1.0	37,346
Senior Clerk Typist	3109A	1.0	37,250	1.0	37,250
Behavior Specialist	0316A	16.0	592,403	16.0	599,941
Sr. Cook	0315A	4.0	147,970	4.0	150,867

Personnel

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals
Hospital & Community Rehabilitation Svcs

		FY 2012		FY 2013	
Laundry Worker	0309A	14.0	509,941	14.0	513,003
Cook	0312A	10.0	362,006	10.0	364,722
Sr. Stores Clerk	3111A	2.0	68,553	2.0	69,731
Janitor	0309A	54.5	1,862,087	54.5	1,875,825
Telephone Operator	3110A	1.0	34,099	1.0	34,099
Cook's Helper	0309A	45.5	1,524,773	45.5	1,533,331
Subtotal		**867.2**	**$45,049,670**	**867.2**	**$45,375,301**
Unclassified					
Teacher (MR Spec Ed)	0T001A	2.0	185,194	2.0	185,194
Subtotal		**2.0**	**$185,194**	**2.0**	**$185,194**
Overtime		-	7,905,888	-	1,888,358
Turnover		-	(4,614,246)	-	(2,190,222)
Subtotal		**-**	**$3,291,642**	**-**	**($301,864)**
Total Salaries		**869.2**	**$48,526,506**	**869.2**	**$45,258,631**
Benefits					
Defined Contribution Plan		-	-	-	433,702
FICA		-	3,847,024	-	3,622,902
Holiday Pay		-	1,302,356	-	1,301,448
Medical		-	9,525,467	-	11,233,153
Payroll Accrual		-	-	-	261,449
Retiree Health		-	2,779,997	-	2,994,347
Retirement		-	9,313,542	-	9,185,130
Subtotal		**-**	**$26,768,386**	**-**	**$29,032,131**
Total Salaries and Benefits		**869.2**	**$75,294,892**	**869.2**	**$74,290,762**
Cost Per FTE Position			$86,626		$85,470
Statewide Benefit Assessment		-	1,519,500	-	1,606,404
Temporary and Seasonal		-	1,249,910	-	1,600,723
Subtotal		**-**	**$2,769,410**	**-**	**$3,207,127**
Payroll Costs		**869.2**	**$78,064,302**	**869.2**	**$77,497,889**

Personnel

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals
Hospital & Community Rehabilitation Svcs

	FY 2012		FY 2013	
Purchased Services				
Building and Grounds Maintenance	-	30,380	-	30,940
Clerical and Temporary Services	-	52,000	-	52,000
Information Technology	-	1,900	-	1,900
Medical Services	-	5,000	-	5,000
Other Contract Services	-	387,345	-	383,261
Training and Educational Services	-	5,000	-	5,000
Subtotal	**-**	**$481,625**	**-**	**$478,101**
Total Personnel	**869.2**	**$78,545,927**	**869.2**	**$77,975,990**
Distribution By Source Of Funds				
General Revenue	428.0	38,671,304	441.8	39,611,959
Federal Funds	415.2	37,503,667	402.7	36,125,773
Restricted Receipts	26.0	2,370,956	24.7	2,238,258
Total All Funds	**869.2**	**$78,545,927**	**869.2**	**$77,975,990**

The Program

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals
Substance Abuse

Program Mission

Continue to implement the integrated behavioral health licensing standards through community monitoring.

Implement Prevention Program Standards for all BHDDH funded and contracted prevention services.

Under direction from Executive Director of the Division of Behavioral Health, develop a statewide substance abuse plan that addresses treatment delivery systems for all Rhode Islanders.

Implement the Access to Recovery (STR) grant which will increase funding and resources for all levels of clinical care and recovery support services.

Monitor contract for combined acute psychiatric and medical detoxification which includes step-down and diversion levels of care.

Program Description

Substance Abuse is responsible for planning, coordinating, and administering a comprehensive statewide system of substance abuse treatment and prevention activities through contracts with community-based providers. Substance Abuse is comprised of the following units: a Prevention Unit which plans and provides technical assistance, contract oversight, program development and evaluation of primary prevention and intervention services; a Treatment Unit which is responsible for the provision, availability and monitoring of contract treatment services. Specific responsibilities include: developing comprehensive statewide policies, plans and programs; assessing treatment and prevention needs and capacity; evaluating and monitoring state grants and contracts; providing technical assistance and guidance to programs, chemical dependency professionals, and general public; and researching and recommending alternative funding and service delivery strategies to enhance system efficiency and effectiveness. The planning, finance and contracting, and data management functions, which previously existed both in Integrated Mental Health and Substance Abuse, have been merged and provide Division wide support in these functional areas.

In FY 2011, the Substance Abuse program merged with the Integrated Mental Health Services program and renamed Behavioral Healthcare Services.

Statutory History

Title 40.1-1-4 of the Rhode Island General Laws established the Division of Behavioral Healthcare within the Department of Mental Health, Retardation and Hospitals, which includes the Substance Abuse Program. In the FY 2011 budget, the Governor recommends consolidating the Substance Abuse program into the Integrated Mental Health Services program, and renaming the program Behavioral Healthcare Services.

The Budget

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals

Substance Abuse

	2010 Audited	2011 Audited	2012 Enacted	2012 Revised	2013 Recommend
Expenditures By Subprogram					
Substance Abuse	31,512,922	-	-	-	-
Total Expenditures	**$31,512,922**	**-**	**-**	**-**	**-**
Expenditures By Object					
Personnel	1,453,430	-	-	-	-
Operating Supplies and Expenses	70,158	-	-	-	-
Assistance and Grants	29,968,281	-	-	-	-
Subtotal: Operating Expenditures	**31,491,869**	**-**	**-**	**-**	**-**
Capital Purchases and Equipment	21,053	-	-	-	-
Total Expenditures	**$31,512,922**	**-**	**-**	**-**	**-**
Expenditures By Funds					
General Revenue	12,521,018	-	-	-	-
Federal Funds	18,872,737	-	-	-	-
Restricted Receipts	88,518	-	-	-	-
Operating Transfers from Other Funds	30,649	-	-	-	-
Total Expenditures	**$31,512,922**	**-**	**-**	**-**	**-**

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Performance Measure Narratives

Central Management

Percentage of Providers Using Web-Based Complaint/Incident Reporting System

BHDDH recently made an electronic reporting tool available to all providers. This web-based system is for all licensed BHDDH Providers to report serious incidents, including abuse, neglect and mistreatment of individuals receiving services through licensed BH and DD Providers and programs.

Providing and increasing the Provider's ability to utilize an electronic reporting system streamlines and simplifies the reporting process for the providers and Department staff. Such electronic reporting immediately creates a live electronic database and will enable the Department to gather, collect and analyze valid data in a more timely and relevant manner. Timely access to valid data and a streamlined reporting process will increase reporting and its relevance.

An increase in reporting to protection services through this new system will increase the Department's ability to address quality issues, program integrity, and improve the provision of behavioral health and DD community based services.

This measure is defined as the percentage of DD and BH providers using the Web-Based system to report Complaints/Incidents electronically to the Department

Numerator: Number of licensed DD and BH providers trained on and using the web-based complaint/incident database.
Denominator: Total number of licensed behavioral healthcare and developmental disability providers

Data Source: Complaint/Incident database.

Number of Serious Incidents Reported

The Office of Quality Assurance is statutorily authorized to investigate allegations of abuse, neglect and mistreatment of adults with developmental disabilities receiving services from agencies licensed to provide services to adults with developmental disabilities and severely disabled adults (over 18 and under 60) residing in the community who are victims of care giver abuse. There is a twenty-four hour hotline and electronic database established for citizens, families, health care professionals and providers to call in reports of serious incidents of abuse, neglect and mistreatment. The mission of this unit is to provide assistance to individuals, to work with agencies to provide protective services to severely disabled adults, enhance and promote individual rights, reduce the likelihood of certain events repeating and improving the quality of life and care to adults with developmental disabilities and severe disabilities living in the community. Increasing reporting to this unit will further the Department's mission to provide community based services to individuals in safe and healthy environments.

The QA database collects data on the number of reports and the reporting agency. Over the next three years the QA Unit will look to increase reporting by 10% annually. Increase reporting indicates that providers, first responders and health care professionals are aware of the available services of the Department and are working to improve increased health and safety for individuals with disabilities residing in the community.

This measure is defined as the number of serious incidents reported to the QI Unit of BHDDH

Data Source: QA Serious Reportable Incident database.

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Performance Measure Narratives

Percentage of DD Clients with Physiclal Restraints Included in Their Behavioral Plan

The policy of both the Department and Federal funders is that restraints should be used only after every other intervention has been exhausted and considered. Behavioral plans by regulation and state statutes are to include positive reinforcement and diversion techniques. Physical restraint should be utilized as a last resort only for the safety of the participant. By regulation the Department requires DD providers to provide the Department with restraint data and information. In addition, the department considers the use of restraints that result in physical injury to either staff or the participant to be a serious reportable incident.

With the implementation of the new Regulations the Department will be focusing on ISPS with behavioral plans and working with the Providers and Stakeholders on alternatives to physical restraints. By tracking this metric the Department will put focus on the reduction in the use of physical restraints and restraints that result in injury, thereby promoting the health and safety of DD individuals in the community receiving services from licensed DD Providers.

This measure is defined as the percentage of clients with physical restraints included in their behavioral plan, and is calculated as:

Numerator: Number of DD clients with physical restraints included in their behavioral plan
Denominator: Number of behavioral plans reviewed.

Data Source: Behavioral Plan Data

Percentage of BH Providers Compliant with Staff Competency and Training Requirements

Regulation of Behavioral Health Organizations involves the licensing of mental health and substance abuse services. The Department licenses all behavioral health (mental health and substance abuse) services. It ensures that providers meet and adhere to regulatory standards of health, safety, service provision, and individual rights by conducting bi-annual licensing surveys, investigating complaints and reports of serious injuries and deaths in licensed services, and initiates actions such as sanctions and license revocations, when it is deemed necessary.

Regulation by the Licensing Unit supports the mission of the Department to promote quality services that are safe and healthy, respect human rights, and are conducive to providing treatment to individuals that promote self-determination, empowerment, and recovery. As part of that oversight, the Licensing Unit ensures compliance with “Section 9.0 Staff Competency and Training” of the Rules and Regulations for the Licensing of Behavioral Healthcare Organizations (“BH Rules and Regulations”).

The objective is that one hundred percent of Behavioral Healthcare Providers demonstrate compliance with the prevailing standards of care by utilizing highly skilled and trained professionals to provide an array of quality services so that recovery plans may be effectively individualized and implemented. Providers are given the opportunity to follow-up on any noted deficiencies with corrective action plans.

This measure is defined as the percentage of behavioral healthcare providers compliant with staff competency and training requirements

Numerator: Number of behavioral healthcare providers not cited with deficiencies re staff competency and training during audit
Denominator: Number of behavioral healthcare providers audited

Data Source: Licensing Informix Database

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Performance Measure Narratives

Percentage of DD Providers Compliant with ISP Requirements

The Department licenses all developmental disability services. It ensures that providers meet and adhere to regulatory standards of health, safety, service provision, and individual rights by conducting bi-annual licensing surveys, investigating complaints and reports of serious injuries and deaths in licensed services, and initiating actions such as sanctions and license revocations, when it is deemed necessary.

Regulation by the Licensing Unit supports the mission of the Department to promote quality services that are safe and healthy, respect human rights, and are conducive to providing treatment to individuals that promote self-determination, empowerment, and recovery. As part of that oversight, the Licensing Unit ensures compliance with "Section 37.0 Development of an Individualized Service Plan" of the Rules and Regulations for Licensing Agencies Providing Services to Adults with Developmental Disabilities ("DD Rules and Regulations").

The objective is that one hundred percent of Developmental Disability Providers demonstrate compliance with the prevailing standards of care in developing individualized service plans to ensure that individual needs are identified and fulfilled by adequate and appropriate service delivery systems. Providers are given the opportunity to follow-up on any noted deficiencies with corrective action plans.

This measure is defined as the percentage of developmental disability providers compliant with Individualized Service Plan (ISP) requirements, and calculated as:

Numerator: Number of developmental disability providers not cited with deficiencies re ISPs during audit
Denominator: Number of developmental disability providers audited

Data Source: Licensing Informix Database

Percentage of Community Residences Compliant with Fire Alarm and Sprinkler Code

Regulation of Behavioral Health Organizations and Agencies Providing Services to Adults with Developmental Disabilities or Cognitive Disabilities involves the licensing of mental health, substance abuse, developmental disability, and cognitive disability services. The Department licenses all such services. It ensures that providers meet and adhere to regulatory standards of health, safety, service provision, and individual rights by conducting bi-annual licensing surveys, investigating complaints and reports of serious injuries and deaths in licensed services, and initiating actions such as sanctions and license revocations, when it is deemed necessary.

Regulation by the Licensing Unit supports the mission of the Department to promote quality services that are safe and healthy, respect human rights, and are conducive to providing treatment to individuals that promote self-determination, empowerment, and recovery. As part of that oversight, the Licensing Unit ensures compliance with minimum life safety requirements of all licensed residences, such as installation of mandatory fire detection and suppression systems.

This measure is defined as the percentage of licensed community residences that are in compliance with the installation of mandatory fire alarms and automatic sprinklers, and calculated as:

Numerator: Number of licensed community residences that complete installation of both fire alarms and automatic sprinkler systems
Denominator: Number of licensed community residences that require mandatory fire alarms and automatic sprinkler systems

Data Source: Office of the State Fire Marshal Inspection Reports.

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Performance Measure Narratives

Licensed Services per Facility Surveyor

The extent to which the Department is able to perform its licensing function in an efficient and effective manner helps determine whether Rhode Island will come to fully realizing desired standards of care.

Recognizing significant growth in the numbers and types of community providers and the increasing complexity of populations served in residential and community settings, coupled with current budget realities that constrain staff resources, the Department is examining how it performs its oversight activities. The Department is seeking opportunities to improve the ability of the program to perform its mandated responsibilities within existing resources and in a manner that promotes the vision of recovery.

To achieve both of these goals, the Department is working to identify program efficiencies to ensure inspections are made, complaints are investigated, licenses are issued within reasonable timeframes, and health and safety standards are maintained in all facilities/programs. One area of investigation is staffing and workload.

This measure is defined as the ratio of licensed services per principal health facility surveyor, and is calculated as:

Numerator: Number of licensed services
Denominator: Total number of filled Principal health Facility Surveyor positions

Data Source: Licensing Database and Human Resources

Percentage of ESH and RICLAS Clients who are Medicaid Eligible

The Department administers services to individuals in need of long-term care. Part of that administration includes the identification of funding for these services. Reliance on General Revenue decreases to the extent that staff can bill other resources for services provided at Eleanor Slater Hospital and RICLAS. Note that the population served is primarily Medicaid eligible, however some individuals are dual-eligible for Medicaid and Medicare, or may even have alternative funding streams.

This measure is defined as the percent of individuals who receive services from Eleanor Slater Hospital or RICLAS and are Medicaid eligible, and calculated as:

Numerator: # of individuals served who are Medicaid eligible
Denominator: Total number of active RICLAS and ESH clients

Data Source: BHDDH Informix Database

Percentage of ESH and RICLAS Clients with Non-Medicaid Revenue

The Department administers services to individuals in need of long-term care at ESH and through RICLAS. Part of that administration includes the identification of funding for these services. The population served is primarily Medicaid eligible, however some individuals are dual-eligible for both Medicaid and Medicare, and may have other potential sources for funding their long-term care. Reliance on General Revenue decreases to the extent that staff can bill other resources for services provided at Eleanor Slater Hospital and RICLAS.

This measure is defined as the percent of individuals who fund ESH or RICLAS services through non-Medicaid sources, and is calculated as:

Numerator: # of individuals served with a pay source other than Medicaid (e.g., self-pay, Medicare, United Health Care, Blue Cross, Neighborhood Health, and any other third party revenue source).
Denominator: Total number of active RICLAS and ESH clients

Data Source: BHDDH Informix Database

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Performance Measure Narratives

Total ESH and RICLAS Non-Medicaid Revenue (in millions)

The Department administers services to individuals in need of long-term care at ESH and through RICLAS. Part of that administration includes the identification of funding for these services. The population served is primarily Medicaid eligible, however some individuals are dual-eligible for both Medicaid and Medicare, and may have other potential sources for funding their long-term care. Reliance on General Revenue decreases to the extent that staff can bill other resources for services provided at Eleanor Slater Hospital and RICLAS.

This measure is defined as the dollar amount of non-Medicaid revenue (in millions) received for services provided at ESH and RICLAS. Non-Medicaid revenue includes all revenue from individuals who self-pay, or have Medicare, United Health Care, Blue Cross, Neighborhood health, and any other third party revenue source.

Data Source: BHDDH Informix Database

Percentage of ESH and RICLAS Claims Processed Successfully

The Department administers services to individuals in need of long-term care. Part of that administration includes the identification of funding for these services. Reliance on General Revenue decreases to the extent that staff can bill other resources for services provided at Eleanor Slater Hospital and RICLAS. Note that the population served is primarily Medicaid eligible; some individuals are dual-eligible for Medicaid and Medicare. In addition to identifying what other revenue sources available to an individual, it is critical that services are billed and paid in order to maintain cash flow for the State.

This measure is defined as the percent of claims processed successfully for services provided by Eleanor Slater Hospital or RICLAS, and calculated as:

Numerator: number of paid claims
Denominator: total number of claims submitted

Data Source: BHDDH Informix Database

Percentage of Financial Reports Submitted On Time

The Department is the fiduciary agent for State general revenues, federal revenues and other restricted revenues. It is the responsibility of fiscal staff to submit timely financial reports to the General Assembly, Department of Administration, and both federal and restricted funding sources.

This measure is defined as the percent of financial reports that are submitted on time, and calculated as:

Numerator: number of reports submitted on time this period
Denominator: Total number of reports due this period

Reports counted in this measure include those to the Department of Administration (both the Budget Office and Controller's Office), Legislative reports, as well as Federal and Grant-related reports.

Data Source: BHDDH Financial Database

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Performance Measure Narratives

Service for the Developmentally Disabled

Penetration Rate of Clients Served

The Department is responsible to administer the DD system of care. This administration includes providing clinically necessary supports to individuals in need while containing costs. Rhode Island and the northeastern part of the US have a relatively higher incidence than the rest of the country of individuals with developmental disabilities who require supports.

This measure is defined as the penetration rate of clients served per 100,000 populations, and calculated as:

Numerator: Unduplicated count of clients served * 100,000
Denominator: RI population

Data Source: Claims Data Warehouse, U.S. Census data

Percentage of Applications for Service Found Eligible

The eligibility determination can be used as an indicator to assess growth to the system and whether the system is able to continue to provide the same array and intensity of services with continued penetration and case growth. This measure will provide the Department with an understanding of continued case growth and further help evaluate the effect of the growth on the system and the impact on the overall budget to provide services to this population.

This measure is defined as the percentage of applications found eligible to receive DD services, and calculated as:

Numerator: Number of applications found eligible to received DD services
Denominator: Total number of applications received.

Data Source: BHDDH Informix database

Percentage Newly Funded for DD Services who are Under 21 or over 50 years of Age

The Department is responsible to administer the DD system of care. The administration includes determining eligibility for individuals who apply for DD services. The current system is intended to provide services to individuals who are 21 and older. When individuals are graduated early from LEA's it increases the overall cost of the system. In addition, individuals who are over 50 when they first receive services often are in need of a high cost services. For example, an individual who is over 50 may live with an aged parent. When the parent is hospitalized as a result of a health issue, the parent can no longer care for the child and enters the system in crisis at a higher cost.

This measure is defined as the percent of people who are first funded for DD services who are under 21 or over 50 years of age, and calculated as:

Numerator: Number of people newly funded for DD services who are under 21 or over 50 years of age
Denominator: Number of people newly funded for DD services

Data Source: BHDDH Informix database

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Performance Measure Narratives

Number of SIS Administrations

The Support Intensity Scale (SIS) will be used to establish our rate system for the future. The use of this instrument replaces a subjective Personal Capacity Inventory that was used to provide funding at four levels. This instrument was developed over a 5-year period in reaction to changes in how society views and relates to people with disabilities. It is used in several states and other countries.
The Department plans to complete 1000 SIS in FY2012 and will use this information to help agencies and organizations understand the support needs of those with developmental disabilities, as well as to establish funding levels based on the support needs that have been indicated by this representative sample.

This measure is defined as the number of SISs completed for clients in the DD system of care.

Data Source: SIS tracking system

Average Expenditures per Person

The Department is responsible to administer the DD Privately Operated system of care. The administration includes providing clinically necessary supports to individuals in need while containing costs. The system has moved from an average cost of $108,000 per person, to a current level of $58,000 per person. This has been accomplished through providing additional community supports in less restrictive settings, as well as through the updated rate models as a result of Project Sustainability.

This measure is defined as the average cost per person in the DD Privately Operated system, and calculated as:

Numerator: DD-Private Expenditures (in millions)
Denominator: Total number of clients served through DD-Private

Data Source: Claims Data Warehouse

Percentage of DD-Private Expenditures that are Medicaid

The Department is responsible to administer the DD system of care. Part of that administration includes the identification of funding for these services. Reliance on General Revenue decreases to the extent that services are billable through Medicaid.

This measure is defined as the percent of DD-private expenditures that are Medicaid-reimbursed, and calculated as:

Numerator: DD-Private Expenditures (in millions) that are Medicaid-reimbursable
Denominator: total DD-Private Expenditures (in millions)

Data Source: RIFANS

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Performance Measure Narratives

Percentage Who Self-Direct Their Supports

Self-directed supports have been available to individuals with developmental disabilities for a number of years. This option allows the individual to hire their own employee and direct their services. This is a Medicaid allowable option that must be administered through a fiscal intermediary. The state currently has three fiscal intermediaries. Both CMS and the State would like to promote this option because it is often less costly and there is increased consumer satisfaction.

This measure is defined as the percent of people served who self-direct their plans of care, and calculated as:

Numerator: number of people served in self-directed care
Denominator: total number of people who receive DD services

Data Source: BHDDH Informix database

Percentage Receiving Supports Outside of Residential Services

Individuals with developmental disabilities who are served in less restrictive environments have greater opportunities for community based supports, which are less costly than residential group home services.

This measure is defined as the percent of people served who receive non-residential group home services, and calculated as:

Numerator: number of people receiving services that are not residential group home services
Denominator: total number of people who receive DD services

Data Source: Claims Data Warehouse.

Percentage Authorized to Receive Transportation

The Department is responsible to administer the DD Privately Operated system of care. The administration includes providing clinically necessary supports to individuals in need while containing costs. This includes transportation to and from day activities. This service began to be separately authorized effective July 1, 2011.

This measure is defined as the percent of people served who are authorized to receive transportation to and from day activities, and calculated as:

Numerator: number of people served who are authorized to receive transportation to and from day activities
Denominator: total number of people who receive DD services

Data Source: BHDDH Informix database

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Performance Measure Narratives

Percentage Who Regularly Participate in Community Activities

It is both a State and national goal to provide community based services to individuals with developmental disabilities. There are better outcomes for both individuals and the State when individuals are engaged in community activities and not served through the old workshop model. This service began to be billed separately effective July 1, 2011 services.

This measure is defined as the percent of people served who regularly participate in community based day activities, and calculated as:

Numerator: number of people participating in community based day activities
Denominator: number of people who participate in any day activity

Data Source: Claims Data Warehouse.

Percentage Supported in Community Integrated Employment

The main goal of supported employment for the developmentally disabled is to promote integration into work and community settings so that these individuals are not separated or isolated from others. The review of this measure will provide the Department with a benchmark for promoting and expanding employment programs as opposed to traditional day program settings. A point in time survey was completed in 2011 and this information will be reviewed to help provide an understanding of the current time spent of individuals in either employment or day programs

It is the Department's philosophy to offer more employment programs, especially for those graduating high school at 21, as this will lead to community integration, the expansion and utilization of the Sherlock Plan/Medicaid Buy-In, and overall improved quality of independent living for these individuals.

This measure is defined as the percent of people receiving day services who are supported in community integrated employment, and calculated as:

Numerator: number of clients receiving employment and day services
Denominator: number of clients receiving days services only

Data Source: Claims Data Warehouse

Average Family Satisfaction Rating with Supports Received

Although many RICLAS individuals are not able to directly articulate their level of satisfaction with their service experience, we gather family feedback through a questionnaire. The survey elicits feedback regarding support services, activities, medical needs and effectiveness of communication. Categories ranging from Poor (1) to Excellent (5) are tabulated and an overall satisfaction rating is calculated.

This measure is defined as the average satisfaction rating of family members of people receiving RICLAS supports, and calculated as:

Numerator: Sum of satisfaction ratings across all survey respondents.
Denominator: Total number of survey respondents.

Data Source: RICLAS Satisfaction Survey

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Performance Measure Narratives

Percentage of Clients Accessing Day Services

The overall purpose and significance of day programs/activities is to provide opportunities for mental stimulation, physical activity, and community participation. It allows for socialization with peers and individuals in the community that lead to the development of friendships. Growth is fostered when individuals are offered the ability to learn new skills or hone existing ones.

Retirement is generally the result of the normal aging process. Individuals may experience declining physical health or diminished mental capacity that precludes participation in day program activities. The RICLAS population is aging and we predict that the percentages will decrease over time. Our goal is to strive to maintain individuals' capabilities and abilities to attend day programs/activities.

This measure is defined as the percentage of clients accessing day services, and calculated as:

Numerator: Number of clients attending day programs
Denominator: Total RICLAS population served

Data Source: RICLAS Census and Billing data

Number of People Requiring Movement to a Higher Level of Care

The RICLAS mission is to provide an inclusive community experience for our supported population. One related goal is to provide and maintain optimal levels of healthcare and prevention of illness and injury, thereby preventing people supported from moving to a higher level of care. Healthcare assessments and provision of comprehensive healthcare through primary care physicians, specialist and nursing services are critical to reaching these goals. To the extent that clients do not need to be moved to a higher level of care, this goal is met.

This measure is defined as the number of RICLAS clients discharged to a higher level of care who are not able to return to RICLAS service.

Data Source: RICLAS Census

Number of Reported Incidents

The Incident Management system was developed to document significant reportable events in an individual's life, and to ensure communication and follow-up to those events. We identify and manage trends related to appropriate supports and staff effectiveness. Of critical importance in this system is the tracking of injuries and potential injuries to ensure health and safety of individuals supported and the appropriateness of placements and supports. Although incidents cannot be completely prevented, through diligent quality improvement processes we expect to continue to bring the level of incidents down.

This measure is defined as the number of reportable incidents.

Data Source: RICLAS Incident Management System

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Performance Measure Narratives

Percentage of Staff on Workers' Compensation

Due to the age and disabilities of many individuals receiving support from RICLAS, staff is involved in situations that involve lifting, assistance with stability and mobility, and other actions to assure individual safety and prevent accidents. Though all staff is thoroughly trained in procedures to reduce injury to self and others, injuries do occur – often as a result of the unavailability of other staff to assist with the action.

Tracking work-related injuries is important for assessing adequacy of staffing and needs for additional staff training.

This measure is defined as the percentage of RICLAS employees on Worker's Compensation, and calculated as:

Numerator: Number of RICLAS employees receiving Worker's Compensation Insurance.
Denominator: Total number of RICLAS employees.

Data Source: Disability Management, OHHS HR Service Center

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Performance Measure Narratives

Behavioral Healthcare Services

Unique Clients Served

Treatment is effective and recovery is possible. This statement is the core belief of the Division of Behavioral Healthcare. The data shows however, both in Rhode Island and nationwide, that many individuals identified as having a substance use disorder don't receive the treatment that they need. By measuring the number of individuals accessing treatment in Rhode Island, we can determine the effectiveness of our efforts to outreach, educate, screen and facilitate entry into the behavioral healthcare system. The Department anticipates that several mechanisms currently in place or in development should lead to a continued access to treatment. These efforts include: education on screening, brief intervention and referral to treatment (sbirt); Access to Recovery; a new Unified Psychiatric Hospitalization/Detoxification contract; and Health Homes.

This measure is defined as the unduplicated count of clients served.

Data Source: BH client data system (RIBHOLD)

Readmissions to Inpatient Detoxification

Inpatient detoxification is the first step for many in the continuum of substance use disorder treatment. Alone, impatient detoxification is not an effective treatment that leads to long term recovery. Efforts to successfully treat substance use disorders require use of evidence-based clinical interventions and recovery support services that meet the needs of the individual. Providing connections to these services post-detoxification is critical in promoting abstinence and community reintegration. Failure to provide these supports often results in readmissions to inpatient care, cycling through the system without making any substantial changes that lead to recovery. By measuring readmission to detoxification, we can determine the effectiveness of connection to treatment and recovery support services and identify gaps that indicate need for system change or enhancement. The Department would anticipate that with increased efforts, including use of Access to Recovery and a new Unified Inpatient Psychiatric Hospitalization/Detoxification contract, these numbers would decrease annually.

This measure is defined as the readmission rate to inpatient detoxification, and calculated as:

Numerator: Number of DBH-funded inpatient detoxification admissions that are readmission within 90 days of discharge
Denominator: Total number of DBH-funded inpatient detoxification admissions

Data Source: BH client data system (RIBHOLD)

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Performance Measure Narratives

Percentage with Identified Co-Occurring SA and MH Issues

Mental and substance use conditions often co-occur. In other words, individuals with substance use conditions often have a mental health condition at the same time and visa versus. Nationally approximately 8.9 million adults have co-occurring disorders; that is they have both a mental and substance use disorder. Only 7.4% of individuals receive treatment for both conditions, with 55.8% receiving no treatment at all. Integrated treatment that addresses mental and substance use conditions at the same time is associated with lower costs and better outcomes. Identification of co-occurring diagnoses is the first step in the provision of effective treatment. The Department continues to work with providers to improve the understanding of co-occurring disorders and promote use of evidence based practice with this population. BHDDH recently established a unified training contract for behavioral health as opposed to separate contracts for mental health and substance abuse. The Department also has established a new contract for the provision of psychiatric hospitalization and detoxification services, emphasizing the need to recognize and address co-occurring issues. The Access to Recovery grant has provided a new source of funding to provide integrated treatment for eligible participants, primarily uninsured Rhode Island residents involved in the criminal justice system. BHDDH has also placed an emphasis on the review of treatment records of co-occurring clients in its' current licensing/treatment unit audits for licensed behavioral healthcare organizations.

This measure is defined as the % of clients with identified co-occurring SA and MH issues, and calculated as:

Numerator: Number of clients in SA treatment with a MH diagnosis or reporting they also have a mental health issue.
Denominator: Total number of clients with non-missing values in the associated data fields.

Data Source: BH client data system (RIBHOLD)

Change in Percentage Abstaining from Alcohol Abuse

The Substance Abuse, Mental Health Service Administration (SAMHSA) provides the following definition for recovery from substance use disorders: A process of change through which individuals work to improve their own health and well-being, live a self-directed life, and strive to achieve their full potential. Abstinence is an important choice for individuals with addictions. For most of the individuals diagnosed with substance use disorders receiving treatment at BHDDH licensed Behavioral Healthcare Organizations, abstinence is a requirement to obtain recovery. Measuring abstinence from alcohol is critical in determining the effectiveness of our treatment system in promoting recovery. Alcohol continues to be the primary abused substance by individuals in our treatment system. Costs of alcohol dependence affect all Rhode Islanders and include, but are not limited to: multiple Emergency Room visits; multiple detoxifications; criminal justice involvement; increased health related costs; DUI offenses and alcohol related accidents.

This measure is defined as the relative change in % of clients abstaining from alcohol abuse at admission vs. discharge, and calculated as:

Numerator: % of clients abstaining from alcohol abuse at discharge - % of clients abstaining from alcohol abuse at admission.
Denominator: % of clients abstaining from alcohol abuse at admission.
A positive % indicates an increase in alcohol abstinence from admission to discharge. E.g., In FY2011, 59.5% of clients abstained from alcohol at admission, increasing to 86.7% at discharge. This is a relative increase of 45.6%.

Data Source: BH client data system (RIBHOLD)

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Performance Measure Narratives

Change in Percentage Abstaining from Drug Abuse

The Substance Abuse, Mental Health Service Administration (SAMHSA) provides the following definition for recovery from substance use disorders: A process of change through which individuals work to improve their own health and wellbeing, live a self-directed life, and strive to achieve their full potential. Abstinence is an important choice for individuals with addictions. For most of the individuals diagnosed with substance use disorders receiving treatment at BHDDH licensed Behavioral Healthcare Organizations, abstinence is a requirement to obtain recovery. Measuring abstinence from illicit drugs is critical in determining the effectiveness of our treatment system in promoting recovery.

This measure is defined as the relative change in % of clients abstaining from drug abuse at admission vs. discharge, and calculated as:

Numerator: % of clients abstaining from drug abuse at discharge - % of clients abstaining from drug abuse at admission.
Denominator: % of clients abstaining from drug abuse at admission.
A positive % indicates an increase in drug abstinence from admission to discharge. E.g., In FY2011, 57.8% of clients were drug abstinent at admission, increasing to 78.7% at discharge. This is a relative increase of 36.2%.

Data Source: BH client data system (RIBHOLD)

Change in Percentage Employed or Students

SAMHSA has delineated four major dimensions that are essential to a life in recovery. Purpose is identified as one of those dimensions and defined as: meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society. BHDDH in collaboration with the Governor's Council on Behavioral Healthcare has created a Recovery Oriented Systems of Care (ROSC) Subcommittee to guide the work of the Department in implementing a true ROSC in Rhode Island. Consistent with the definition of recovery, BHDDH seeks to provide opportunity for individuals with substance use disorders to find purpose through employment and education involvement. Measuring employment and school enrollment provides us with an indication of the success of these efforts and helps to identify gaps and areas for improvement.

This measure is defined as the relative change in % of clients employed or students at admission vs. discharge, and calculated as:

Numerator: % of clients employed (full or part-time) or students at discharge - % of clients employed (full or part-time) or students at admission.
Denominator: % of clients employed or students at admission.
A positive % indicates an increase in employment/school attendance from admission to discharge. E.g., In FY2011, 36.6% of clients were employed/in school at admission, increasing to 45.3% at discharge. This is a relative increase of 23.8%.

Data Source: BH client data system (RIBHOLD)

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Performance Measure Narratives

Change in Percentage with Stable Housing

Another major dimension identified by SAMHSA as crucial to living a life in recovery is: Home – defined as a safe and stable place to live. In its mission to support recovery, BHDDH must address the issue of safe housing. Without safe housing, the odds of individuals obtaining and sustaining meaningful recovery are significantly reduced. BHDDH continues to support recovery housing with federal funding through the Substance Abuse Treatment and Prevention Block Grant and the Access to Recovery grant. Coordination with recovery housing and other recovery support services has become an important component of contracts for providers of substance use disorder treatment. Measuring stability in housing provides the Department with information on system effectiveness and gaps as we move toward a recovery oriented system of care.

This measure is defined as the relative change in % of clients with stable housing at admission vs. discharge, and calculated as:

Numerator: % of clients with stable housing (not homeless) at discharge - % of clients with stable housing (not homeless) at admission.
Denominator: % of clients with stable housing (not homeless) at admission.
A positive % indicates an increase in housing stability from admission to discharge. E.g., In FY2011, 89.7% of clients were in stable housing at admission, increasing to 92.6% at discharge. This is a relative increase of 3.3%.

Data Source: BH client data system (RIBHOLD)

Change in Percentage with Criminal Justice Involvement

Individuals with substance use disorders represent the majority of persons involved with the criminal justice system. Statistics may vary, but all clearly demonstrate a significant correlation between addiction and incarceration. Effective treatment that enables individuals to embark on the journey of recovery should support lifestyle changes that will decrease involvement with the criminal justice system. Community corrections relies on a partnership with BHDDH and its licensed providers to provide the needed treatment to reduce recidivism and continued criminal offenses. Measuring the rates of those with no arrests post discharge from substance abuse treatment provides us with a means to determine the success of those efforts.

This measure is defined as the relative change in % of clients who were not arrested in the 30 days prior to admission vs. discharge, and calculated as:

Numerator: % of clients not arrested in the 30 days prior to discharge - % of clients not arrested in the 30 days prior to admission.
Denominator: % of clients not arrested in the 30 days prior to admission
A positive % indicates a decrease in clients arrested from admission to discharge. E.g., In FY2011, 92.9% of clients were arrest-free in the 30 days prior to admission, increasing to 96.2% at discharge. This is a relative increase of 3.6%.

Of note: as the percentage of clients for any type of measure approaches 100%, the ability to effect a substantial change from year to year (reflected as an increase) diminishes. RI's relative increase on this measure is smaller than the national average each year because nationally, only 82% of clients were arrest-free at admission (vs. RI's 92.9%). Thus, nationally there was greater room for improvement from admission to discharge.

Data Source: BH client data system (RIBHOLD)

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Performance Measure Narratives

Change in Percentage Reporting Social Connectedness

An important factor in the recovery process is the presence and involvement of people who believe in the person's ability to recover; who offer hope, support, and encouragement; and who also suggest strategies and resources for change. Peers, family members, providers, faith groups, community members, and other allies form vital support networks. Through these relationships, people leave unhealthy and/or unfulfilling life roles behind and engage in new roles (e.g., partner, caregiver, friend, student, employee) that lead to a greater sense of belonging, personhood, empowerment, autonomy, social inclusion, and community participation. Measuring social connectedness provides a gauge for success on this crucial component of recovery.

This measure is defined as the relative change in % of clients attending self-help programs in the 30 days prior to admission vs. discharge, and calculated as:

Numerator: % of clients attending self-help programs (e.g., AA, NA, etc.) in the 30 days prior to discharge - % of clients attending self-help programs in the 30 days prior to admission.
Denominator: % of clients attending self-help programs in the 30 days prior to admission
A positive % indicates an increase in clients attending self-help programs from admission to discharge. E.g., In FY2011, 18.1% of clients attended self-help programs in the 30 days prior to admission, increasing to 40.9% at discharge. This is a relative increase of 126.2%.

Of note: Collection of this measure began in Rhode Island in 2011. Figures may reflect initial data collection start-up issues and should stabilize over time.

Data Source: BH client data system (RIBHOLD)

Percentage of Tobacco Sales to Minors

The Division of Behavioral Healthcare Services collaborates with police, municipal task forces, youth groups and tobacco vendors to reduce youth access to tobacco products. The division contracts with municipal police departments for ongoing enforcement and provides training to police departments. Reducing youth access to tobacco products is a federal mandate and carries penalties of the loss of federal funds for non-compliance.

This measure is defined as the percentage of surveyed sites selling tobacco to youth under age 18, and calculated as:

Numerator: Number of surveyed tobacco retail sales outlets selling tobacco products to youth under age 18
Denominator: Total number of tobacco retail sales outlets surveyed, based on random sample

Data Source: Synar Survey, FDA tobacco contract data

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Performance Measure Narratives

Percentage of Tobacco Advertising/Labeling Violations

The Department recently received a contract from the federal Food and Drug Administration (FDA) to enforce certain provisions of the 2009 Tobacco Control Act which prohibits the sale of cigarettes and smokeless tobacco to individuals under the age of eighteen and places restrictions on the advertising and labeling of these products. The Department will utilize existing contracts with municipal police departments to conduct ongoing compliance inspections of all retail tobacco outlets in the State to reduce youth access to tobacco products and will directly conduct the advertising and labeling inspections.

This measure is defined as the percentage of retail sales outlets surveyed with tobacco advertising and labeling violations, and calculated as:

Numerator: Number of advertising/labeling violations at retail sales outlets
Denominator: Total number of retail sales outlets surveyed, based on random sample

Data Source: FDA tobacco contract data

Percentage of Alcohol Sales to Minors

This indicator measures violations regarding the sale of alcohol to youth under age 21. A primary objective of the Division of Behavioral Healthcare (DHS) is the reduction of underage drinking in Rhode Island. Through targeted federal funding, DBH will mobilize and train police departments in the best practices of enforcing alcohol beverage sales laws. These practices are aimed at reducing both retail and social availability of alcohol to youth. Training is conducted annually to provide police officers with methods for conducting compliance checks of licensed liquor establishments. With the assistance of municipal and state police officers, random compliance checks using underage buyers are conducted on licensed liquor establishments throughout the state. It is expected that with ongoing compliance checks and responsible beverage service training, alcohol sales to minors will remain low or decrease over time.

This measure is defined as the percentage of surveyed sites selling alcohol to youth under age 21, and calculated as:

Numerator: Number of surveyed alcohol retail sales outlets selling alcohol to minors
Denominator: Total number of alcohol retail sales outlets surveyed, based on random sample

Data Source: Alcohol Survey

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Performance Measure Narratives

Number Involved in Student Assistance Program

The Department of Behavioral Healthcare, Developmental Disabilities and Hospitals collaborates with three contractors (R.I. Employee Assistance, Codac, and Child & Family Services of Newport County) to provide student assistance services within approximately 26 Rhode Island high school and junior high/middle schools. The student assistance provider agencies place a trained, Master's level Student Assistance Counselor in each school 2 ½ to 5 days per week. Student Assistance Counselors perform assessments and conduct individual and group educational sessions for students determined to be at-risk for alcohol, drug, school, family, peer or other personal problems. The Student Assistance Program's (SAP) primary focus is early identification and referral. Students that are identified as 'at-risk' are referred for further treatment. Each contractor is required to enter data into our web-based prevention management information system (PBPS).

Through early identification, intervention, and referral, we hope to decrease or prevent youth substance abuse. Our goal is to measure the effectiveness of prevention efforts by tracking Student Assistance Program participation over time. We are assuming that as we offer earlier interventions, the number of students needing assistance will decrease over time.

This measure is defined as the number of students participating in the Student Assistance Program.

Data Source: Performance Based Prevention System (PBPS)

Percentage of Youth Using Marijuana

The Department of Behavioral Healthcare, Developmental Disabilities and Hospitals collaborates with municipal task forces to reduce substance abuse in student populations. Data from the 2009 State Epidemiologic Profile indicate that 25 percent of Rhode Island students reported recent marijuana use. This prevalence rate was higher than the national average, as determined by the National Survey on Drug Use and Health (NSDUH). The Department contracts with nine communities to address issues of drug use. The primary focus of these contracts is to reduce the percent of students in grades 9-12 youth reporting current (past 30 day) use of marijuana and other drugs and to increase the percent of students in those same grades expressing disapproval of the use of marijuana and other drugs. Funding for this initiative began November 1, 2011. The grant period is three base years with two additional option years. The contracted communities will survey all students in their high school in the Spring 2012 and each subsequent year afterwards to ascertain marijuana use.

This measure is defined as the percentage of youth in grades 9-12 reporting marijuana use in the past 30 days, and calculated as:

Numerator: Number of students reporting marijuana use in the past 30 days
Denominator: Number of students surveyed

Data Source: Communities that Care and MO survey

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Performance Measure Narratives

Penetration Rate of Clients Served

Penetration rate of clients served through the State mental health system can be used as an indicator to assess growth in the system and whether the system is able to continue to provide the same array and intensity of services with continued penetration into the general population. This measure provides the Department with an understanding of continued case growth and the impact on the overall budget required to provide services to this population. This measure also can be used as a benchmark to compare RI's penetration relative to other states in the region and the country, as well as a comparison to the need for MH services in the general population as measured by the household survey and SAMHSA's estimated proportion of SMI adults in the RI population.

This measure is defined as the penetration rate of clients served per 1,000 population, and calculated as:

Numerator: Unduplicated count of clients served * 1000
Denominator: RI population

Data Source: BH client data system (RIBHOLD), U.S Census data

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Readmissions to Acute Psychiatric Hospitalization

The recidivism rate of inpatient care is an indicator that can be used to review the effectiveness of the coordination of care between the hospital inpatient setting and the subsequent outpatient provider. High recidivism rates can indicate a lack of coordinated care and/or the efficacy of outpatient services. With the addition of Health Homes, the reemergence of the role of the Community Mental Health Center liaison to hospitals, and a new unified Inpatient Psychiatric Hospitalization/Detoxification contract, it is expected that these rates should improve over the next few years and reduce utilization of the more costly inpatient setting.

This measure is defined as the readmission rate to acute psychiatric hospitalization, and calculated as:

Numerator: Number of DBH-funded psychiatric hospitalization admissions that are readmission within 90 days of discharge
Denominator: Total number of DBH-funded psychiatric hospitalization admissions

Data Source: BH client data system (RIBHOLD)

Percentage Receiving an Annual Physical Exam

Improving access to physical care will include obtaining an annual physical exam. Coordination of care efforts by a Health Home team will improve the connection to a primary care physician or agency for an annual physical. As a result of this preventive intervention, medical issues ideally will be detected earlier and potentially treated in the least intensive (and most cost effective) setting possible.

This measure is defined as the % of CSP clients receiving an annual physical exam, and calculated as:

Numerator: Number of clients reporting they had a complete physical exam (including annual screening tests) in the past 12 months.
Denominator: Total number of clients with a non-missing value on that survey item.

Data Source: RI Consumer Survey

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Performance Measure Narratives

Percentage with a Regular Physical Health Care Provider

Limited access to physical health care is a major contributor to the poor health care received by individuals with serious mental illness. This indicator is vital to improving the quality of life for individuals and is the focus of the Health Homes initiative. Regular coordination of physical health care with behavioral health care for these individuals should result in reduced utilization of emergency rooms, decreased inpatient hospitalizations, and longer life expectancy.

This measure is defined as the % of CSP clients with a regular source of physical health care, and calculated as:

Numerator: Number of clients reporting they have a usual health care provider, other than a hospital emergency department.
Denominator: Total number of clients with a non-missing value on that survey item.

Data Source: RI Consumer Survey

Percentage with Identified Co-Occurring SA and MH Issues

Failure to identify individuals with co-occurring mental health and substance abuse diagnosis often leads to inappropriate placement and/or treatment in criminal justice and inpatient settings. With appropriate screening and referrals for treatment, less intensive services can be accessed. Each Community Mental Health Center has professionals with substance abuse and mental health expertise that are expected to work to assess, refer, and most importantly integrate care at the entry point into the system to ensure that the most appropriate and integrated treatment settings are available to the individual.

This measure is defined as the % of clients with identified co-occurring SA and MH issues, and calculated as:

Numerator: Number of adult clients in MH treatment with a SA diagnosis or reporting they also have a substance abuse issue.
Denominator: Total number of adult clients with non-missing values in the associated data fields.

Data Source: BH client data system (RIBHOLD)

Percentage Employed

Consumer groups in Rhode Island, including the statewide consumer organization MHCA, report that their members' rate of employment is one of their top priorities. Having something meaningful to do, while also earning some money to help relieve the effects of extreme poverty that most mental health consumers experience in their lives, is extremely high on the list of parts of their lives that consumers want to change.

As part of recovery and the Department's focus on a recovery oriented system of care, a review of this indicator will help shape and identify goals and policies for benchmarking employment. As individuals become employed, they become educated on the Sherlock Plan/Medicaid Buy-In Plan, resulting in a reduction of 100% fiscal reliance on Medicaid.

This measure is defined as the percentage of adult clients employed (full or part time)

Numerator: Number of clients who were employed (full or part-time)
Denominator: Total number of clients with a non-missing value on employment status

Data Source: BH client data system (RIBHOLD)

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Performance Measure Narratives

Percentage with Stable Housing

Most consumers report that employment and stable housing are the cornerstones to obtaining recovery and physical well-being. The review of this indicator will help generate further use of Thresholds funds to promote the expansion of housing opportunities statewide.

This measure is defined as the percentage of clients with stable housing (not homeless), and calculated as:

Numerator: Number of clients reporting they were not homeless or living in a shelter
Denominator: Total number of clients with a non-missing value on residential arrangement

Data Source: BH client data system (RIBHOLD)

Change in Percentage with Criminal Justice Involvement

Mental illness is a significant causative factor in criminal behavior. Improving the diagnosis and treatment of mental illness for those patients involved with the criminal justice system should reduce the numbers of individuals who become incarcerated or re-incarcerated due to untreated mental illness.

Two court diversion programs continue to report a positive impact in their interaction between the judicial system and the presence of a Community Mental health clinician offering treatment alternatives to incarceration prior to a court room proceeding. A trauma informed grant has also had a similar positive impact for returning veterans and other individuals with trauma histories.

The involvement with law enforcement has also expanded to an annual Police training where law enforcement officials are trained to recognize signs and symptoms of mental illness, thereby directing clients to the treatment provider system as opposed the criminal justice system. The savings for all of these programs are not only in the costs, but also in the quality of the life as individuals are provided the opportunity for recovery as opposed to incarceration, which can lead to additional traumatization and negative mental and physical health experiences.

This measure is defined as the relative change in percentage of clients not intaked into the ACI in the past year vs. the current year, and calculated as:

Numerator: % of the adult clients with no intake into the ACI in the current year - % of those clients with no intake into the ACI in the past year.

Denominator: % of adult clients intaked into the ACI in the past year.
A positive change in % means intakes went down from the past to the present year. E.g., In FY2010, 95% of clients were not intaked into the ACI in the past year, increasing to 98% in the current year. This is a relative increase of 3%.

Data Source: BH client data system (RIBHOLD), DOC intake data

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Performance Measure Narratives

Percentage Reporting Social Connectedness

The more social connectedness an individual feels translates into a greater sense of community integration, meaningful activity, and self determination. Attention to this quality of care indicator promotes a recovery oriented system of care that goes beyond just the individual, and provides a connection to and acceptance within the community. The connection to the community supports gains made in clinical treatment and provides for life beyond treatment at a Community Mental Health Center.

This measure is defined as the percentage of clients who report positive social connectedness, and calculated as:

Numerator: Number of clients who agree or strongly agree, on average, with the following items;
--I am happy with the friendships I have.
--I have people with whom I can do enjoyable things.
--I feel I belong in my community.
--In a crisis, I would have the support I need from my family or friends.
Denominator: Total number of clients with a non-missing value on those survey items

Data Source: RI Consumer Survey

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Performance Measure Narratives

Hospital & Community Rehabilitation Svcs

Percent of Medical Admissions from Acute Community Hospitals or Nursing Homes

This indicator measures the percentage of medical patients admitted who require long term hospitalization either permanently or temporarily. Eleanor Slater Hospital provides the community healthcare delivery system with a clinical and financial resource to help with patient flow. The movement of patients in the community is essential to the maintenance of a dynamic, cost-effective service system. Admission to Eleanor Slater hospital patients languishing in costly beds, and frees those community hospital beds to accommodate those who need them most. While facilitating patient flow is an essential component of Eleanor Slater, it also provides care to those who may require its services permanently due to the lack of access to the level of care they require in the community.

The objective is to admit only those patients who are hospital level of care and for whom no other services exist to meet their unique long term medical needs.

This measure is defined as the percentage of medical patients requiring long-term hospital care who were admitted from acute community hospitals and nursing homes, and calculated as:

Numerator: number of medical patient admissions from acute community hospitals and nursing homes
Denominator: total number of medical patients

Data Source: ESH Data

Psychiatric Admissions to Long Term Hospitalization from Community

This indicator measures the percentage of psychiatric patients admitted who require long term hospitalization either permanently or temporarily. The hospital provides the community mental health system with a clinical and financial resource to help with patient flow as well as clinical and financial resource allocation and savings. The movement of patients in the community is essential to the maintenance of a dynamic service system that minimizes patients underserved and accommodates those who need it most. While facilitating patient flow is an essential component of Eleanor Slater, the hospital also provides care to those who may require its services permanently due to the lack of the level of care they require in the community.

The objective is to admit only those patients who are hospital level of care and for whom no other services exist to meet their unique long term psychiatric needs.

This measure is defined as the % of psychiatric patients who require long-term hospital care and who were admitted from community mental health providers, and calculated as:

Numerator: number of psychiatric admissions to long-term hospital care from community mental health providers
Denominator: total number of psychiatric patients

Data Source: ESH data system

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Performance Measure Narratives

Medical Patients Discharged to a Less Restrictive Setting

This indicator measures the percentage of medical patients discharged who no longer require long term hospitalization either permanently or temporarily. The hospital provides the community healthcare delivery system with a clinical and financial resource to help with patient flow as well as clinical and financial resource allocation and savings. The movement of patients in the community is essential to the maintenance of a dynamic service system which minimizes patients languishing in beds designed to accommodate those who need them most. While facilitating patient flow is an essential component of Eleanor Slater it also provides care to those who may require its services permanently due to the lack of the level of care they require in the community.

The objective is to discharge only those patients who no longer are hospital level of care and for whom a community least restrictive setting is available, and calculated as:

This measure is defined as the percentage of medical patients discharged to community least restrictive settings.

Numerator: Patients discharged to community hospital or other less restrictive settings
Denominator: Total number of active medical patients.

Data Source: ESH Data

Psychiatric Patients Discharged to a Less Restrictive Setting

This indicator measures the percentage of psychiatric patients discharged who no longer require long term hospitalization either permanently or temporarily. The hospital provides the community mental health system with a clinical and financial resource to help with patient flow as well as clinical and financial resource allocation and savings. The movement of patients back to the community is essential to the maintenance of a dynamic service system which minimizes patients underserved to accommodate those who need it most. While facilitating patient flow is an essential component of Eleanor Slater it also provides care to those who may require its services permanently due to the lack of the level of care they require in the community.

The objective is to discharge only those patients who are hospital level of care and for whom no other services exist to meet their unique long term psychiatric needs.

This measure is defined as the percentage of psychiatric patients discharged to community least restrictive settings, and calculated as:

Numerator: Patients discharged to group home or other less restrictive settings
Denominator: Total number of active psychiatric patients

Data Source: ESH Data

Department Of Behavioral Healthcare, Developmental Disabilities And Hospitals Performance Measure Narratives

Percentage of Budget Spent on Specialized Care

This indicator measures the percentage of dollars spent on one-to-one care for patients as part of their individualized care. Patients who exhibit the need to be protected from self harm and/or require the highest level of safety are placed on this level of supervision by policy and a doctor's order. This necessary and essential level of treatment is primarily financed through overtime, as it is in addition to the current facility staffing.

The objective is to minimize the expenditure through sound clinical practice recognizing the unpredictability of certain patient behaviors based upon their significant psychiatric diagnosis.

This measure is defined as the percentage of the operating budget spent on overtime for the provision of one-to-one care, and calculated as:

Numerator: $ spent on overtime for provision of one-on-one care.
Denominator: Hospital's operating budget.

Data Source: ESH Financial Data