RI State Innovation Model Test Grant (SIM) Funded initiatives

Updated January 2019

Impacts:	☐ Patients ☐ PCPs ☐ Payers	☐ Specialists ☐ State Government ☐ Community Mental Health Center Staff	☐ Hospital & Long-Term Care Staff ☐ Community Based Organizations

SIM Project & Vendor	Brief Project Description
SIM FOCUS: Physical and Behavioral Health Practice Transformation	
Community Health Teams/Screening, Brief Intervention and Referral to Treatment (SBIRT) **Vendor:** Care Transformation Collaborative Rhode Island (CTC-RI) Linda Cabral **State Contact(s):** Catherine Hunter, BHDDH James Rajotte, RIDOH/SIM ☐☐☐☐	Aimed at reducing substance, opioid, and alcohol use, and reducing costly health care utilization, the State Innovation Model Test Grant (SIM) and the Department of Behavioral Health, Developmental Disabilities and Hospitals (BHDDH) have funded CTC-RI to **launch new Community Health Teams (CHTs) in targeted regions of the state, and to implement Screening, Brief Intervention, Referral and Treatment (SBIRT) to address substance use and mental health disorders throughout Rhode Island.** Working with primary care providers, CHTs assess high-risk patient's health needs and coordinate community-based support services. In addition to the existing CHTs in Washington County and Pawtucket/Central Falls, SIM is funding new CHTs that will operate in Providence, West Warwick, Woonsocket, and Aquidneck Island. The network is carrying out SBIRT screenings throughout the state in primary care, hospital emergency departments, in the community, and in the Department of Corrections. The joint project has braided funding from both BHDDH (through SAMHSA) and SIM (through CMS) to better support Rhode Islanders, and improve the state's population health, by increasing access to community services and resources to address social, behavioral, environmental, or complex medical needs.
SBIRT Training and Resource Center **Vendor:** Rhode Island College School of Social Work Jayashree Nimmagadda Chris Donovan-Dorval **State Contact(s):** Catherine Hunter, BHDDH James Rajotte, RIDOH/SIM ☐☐☐	The Rhode Island College School of Social Work serves as **the SBIRT Training and Resource Center (the Center), providing centralized, statewide training and professional development for SBIRT in Rhode Island.** The Center provides training for all CHT/SBIRT staff, plus any other interested providers in the community. The trainings focus on ensuring these providers are proficient in screening for and identifying substance use disorders, and referring patients for additional services when necessary. The trainings use model design criteria, including visual/audio aids, adult learning styles, simulations, and mixed-method delivery.
SBIRT State Evaluation **Vendor:** University of Rhode Island Lynda Stein **State Contact(s):** Catherine Hunter, BHDDH ☐☐☐	The University of Rhode Island (URI) leads **the SAMHSA-funded evaluation of the SBIRT project.** Key partners include various academic institutions, community health/mental health centers and others. The evaluation plan examines training outcomes, reach across the state, fidelity to the model, and impact on health outcomes, including substance use. Particular attention is given to health disparities in services use, screening outcomes and substance outcomes. Mixed methods are used to evaluate SBIRT implementation and outcomes.

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Integrated Behavioral Health (IBH) Initiative **Vendor:** Care Transformation Collaborative Rhode Island (CTC-RI) Debra Hurwitz **State Contact(s):** Marea Tumber, OHIC/SIM ☐ ☐	CTC-RI is leading **an adult Integrated Behavioral Health (IBH) PCMH project with ten adult primary care practices** through joint funding from the Rhode Island Foundation, Tufts Health Plan and SIM to: • conduct universal screening for depression, anxiety and SUD; • improve access to brief behavioral health intervention for patients with moderate depression, anxiety, SUD and co-occurring chronic conditions; • employ a behavioral health staff person (e.g., MSW) to lead interdisciplinary care coordination for patients with mental health and/or SUD conditions; and, • test a proposed financial model for long term sustainability with particular attention to ED and inpatient use/total cost of care. A fundamental component of this project is the provision of training and consultation services by a subject matter expert in the integration of behavioral and physical health care. The subject matter expert is engaging and coaching all the practices, including physician leaders.
Primary Care Medical Home (PCMH) - Kids **Vendor:** Care Transformation Collaborative Rhode Island (CTC-RI) Debra Hurwitz **State Contact(s):** Marea Tumber, OHIC/SIM ☐ ☐	The PCMH-Kids initiative is extending the transformation of primary care in Rhode Island to children. **SIM funding is enabling 9 primary care practices to develop high quality, family and patient-centered medical homes for children and youth.** Practices are receiving on-site and distance collaborative learning and coaching to support practice transformation and quality improvement. Practices are employing staff to support care coordination and build team-based care; achieving Level 3 NCQA PCMH recognition; and increasing access by offering care beyond Monday-Friday business hours. The practices are using the EHR to identify high risk, high need patients and monitor population health, including developmental screening and body mass index (BMI). Through a Learning Collaborative effort, many of the practices have been screening for ADHD/ADD as well as postpartum depression and will have the opportunity to screen adolescents for substance use disorders.
PediPRN - Child Psychiatry Access Project/Suicide Prevention **Vendor:** Bradley Hospital Sachs, Henry T. MD **State Contact(s):** Liv King, BHDDH/SIM ☐ ☐	Pedi-PRN, the Child Psychiatric Access Program, is **a pediatric mental health consultation team that supports pediatricians and other pediatric primary care practitioners serving children and adolescents with mental health conditions.** Pedi-PRN is designed to assist these practitioners in treating children and adolescents with mental health needs in a way that is preventive and responsive to patients' immediate circumstances. The program's psychiatrist provides telephonic consultation with a physician or practitioner in response to their diagnostic or therapeutic questions, with calls returned within 30 minutes. The psychiatrist may recommend that the practitioner prescribe a particular medication and dosage to address the needs of the child or adolescent. The program provides face-to-face assessment, short-term treatment and referral to ongoing community mental health services and psychiatrists as needed. The program also carries out provider training and education activities. In 2017, SIM added funding for Bradley's youth suicide prevention and mental health first aid programs.

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SIM Project & Vendor	Brief Project Description
Workforce Development: Behavioral Health Providers **Vendor:** JSI Research and Training Institute, Inc. Shannon Spurlock **State Contact(s):** Liv King, BHDDH/SIM ☐ ☐ ☐	This project is led by JSI in partnership with the Rhode Island Substance Use and Mental Health Leadership Council (SUMHLC) and Rhode Island College. The goal is to improve service quality and outcomes for consumers and family members who rely on publicly funded behavioral healthcare by **designing and implementing training programs to build the skills and effectiveness of BHDDH licensed provider organizations and their staff in the delivery of Evidence-Based Practices (EBPs) and core competencies.** Staff includes administrators, psychiatrists, nurses, social workers, substance use counselors, case managers, residential workers and agency support personnel. Examples of strategies to be deployed are: leadership development; more effective recruitment and on-boarding approaches for all new employees; and increased use of flexible, sustainable learning methods, such as E-Learning and web-based approaches. The project will also support behavioral healthcare undergraduate and graduate programs to increase their focus on EBPs and core competencies in student course work as well as internships and field placements.
Community Preceptor Program **Vendor:** Rhode Island College Lynn Blanchette Lisa Smolski **State Contact(s):** Rick Brooks, EOHHS ☐ ☐ ☐ ☐ ☐	This initiative, led by Rhode Island College in partnership with University of RI, CCRI, and the Warren Albert Medical School is **implementing a community preceptor program to train health professional students in community settings.** This program will train and support staff from community-based health and social service agencies to provide students with hands-on learning opportunities to recognize and address social determinants and population health challenges, while working in interprofessional teams to support integrated behavioral health, home and community-based care, and other Rhode Island system transformation objectives.
SIM FOCUS: Patient Engagement	
Advance Care Planning (ACP) Training **Vendor:** Healthcentric Advisors Russell Cooney **State Contact(s):** Betsy Kerr, HealthSource RI/SIM ☐ ☐ ☐ ☐	SIM End of Life Project 1: As part of three End of Life Projects funded in SIM's Patient Engagement focus area, Healthcentric Advisors is implementing **a multifaceted project centered around Advance Care Planning (ACP) Training for Consumers and Providers**. The project has three main components: • Consumer education and outreach, with specific targeted engagement of the Latino community through a partnership with Progreso Latino and faith communities • Cross-cutting provider education and outreach, and • Implementation of an ACP group medical visit pilot project for Medicare beneficiaries within primary care practices.

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End of life Training in Complex Care Conversations **Vendor:** Hope Hospice & Palliative Care of Rhode Island Cindy Hassett **State Contact(s):** Betsy Kerr, HealthSource RI/SIM ☐☐☐☐	SIM End of Life Project 2: Hope Hospice and Palliative Care Rhode Island provides an opportunity to effectively increase patient engagement in their own healthcare, specifically with respect to their end-of-life wishes, by **training the providers who care for them on how to have effective goals of care conversations and establish advance care plans in alignment with patient/family wishes**. Hope Hospice offers a proven Complex Care Conversations curriculum for small groups of participants in a single intensive 8-hour session. The training program incorporates tools and communication strategies to train providers in how to have advance care planning conversations with patients and effectively engage with their patients around end-of-life decision-making. They will also work on developing a larger curriculum for End of Life provider training.
Consumer Engagement Platform **Vendor:** Rhode Island Quality Institute Scott Young **State Contact(s):** Melissa Lauer, EOHHS/SIM ☐☐☐☐☐	SIM End of Life Project 3: Rhode Island Quality Institute (RIQI) is building **a web-based consumer engagement platform that allows providers' question and answer sets to be asked and gathered centrally for uses such as Social Determinants of Health (SDOH) data and also accommodate upload, storage, and sharing of documents like Advance Directives**. The first version of the system will allow for multiple question/answer sets to be uploaded, will collect the information centrally, will send data to other registries or organizations if needed, and will be able to receive information in various formats.
Conscious Discipline® Program **Vendor:** The Autism Project Joanne Quinn **State Contact(s) (interim):** Jill Glickman, SIM ☐☐	The Autism Project (TAP) has developed **a pilot project to address children's social and emotional needs through Conscious Discipline® (CD), an evidence-based, classroom program, developed by a national leader in childhood education and developmental psychology, Dr. Becky Bailey**. TAP is introducing CD into elementary schools in Providence, East Providence and Burrillville. CD offers a comprehensive curriculum integrating emotional intelligence and educational learning in multiple domains: social, emotional, physical, cultural and cognitive. The strengths-based program helps both teachers and students respond to everyday events, including conflict, as learning opportunities. Both adults and children learn constructive approaches to regulating their emotions and using better decision-making strategies, laying a positive foundation for children's futures. TAP's project in Rhode Island is partnering with school personnel as well as special education teams and also engaging with parents.

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SIM Project & Vendor	Brief Project Description
SIM FOCUS: Increasing Data Capability & Expertise	
Community Mental Health Organization (CMHO) Care Management Dashboards **Vendor:** Rhode Island Quality Institute Elaine Fontaine **State Contact(s):** Melissa Lauer, EOHHS/SIM ☐ ☐	Care Management Dashboards **deliver real-time, encrypted data to providers when patients under their care visit a hospital emergency department or have an inpatient encounter**. SIM supported the implementation of this product in the 7 Community Mental Health Centers. These dashboards put critical health information in the hands of the appropriate providers at the right time.
Provider Directory **Vendor:** Rhode Island Quality Institute Elaine Fontaine **State Contact(s):** Melissa Lauer, EOHHS/SIM ☐ ☐ ☐ ☐ ☐ ☐ ☐	The Provider Directory **was intended to use data from multiple sources and combines them to create an aggregated provider record that would provide payers, providers, and consumers alike with accurate provider information.** This information ranges from current name, address, and contact information, to specific health plan network information or direct e-mail addresses. The data was intended to be accessible through data export files and through a public website. Due to lack of viable sustainability plan, this project has not launched.
All Payer Claims Database (APCD) – HealthFacts RI **Vendor:** Freedman Healthcare Alyssa Harrington **State Contact(s):** Melissa Lauer, EOHHS/SIM ☐ ☐	HealthFacts RI **aggregates claims data from all major payers for use in state analytics efforts and research to ensure transparency of information about the quality, cost, efficiency, and access of Rhode Island's healthcare delivery system.** It provides state agencies, policy makers, and data requestors in the community with the information needed to improve the value of healthcare for Rhode Island residents, illuminating how Rhode Islanders use the healthcare system, the effectiveness of policy interventions, and the health of our communities.
EOHHS Data Ecosystem **Vendor:** Freedman Healthcare Jessica Hole **State Contact(s):** Kim Paull, EOHHS ☐	The state Data Ecosystem **integrates data across multiple state agencies for analysis by state staff in a user-friendly, self-service way, to tie the data to operational purposes**. The state owns, operates and is optimizing this data ecosystem, to nimbly respond to changing policy and operational needs while controlling total costs. Specifically, the ecosystem takes available data about those using state services (i.e. taking information about Rhode Islanders using programs like Medicaid, SNAP, or child care services) and matches it up with other available data (like school records or immunizations, etc.) so that we can analyze the data for policy and operational decision-making. (Please note that the ecosystem is not a case management system.)

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Healthcare Quality Measurement Reporting and Feedback System **Vendor:** IMAT Solutions Mark Coetzer **State Contact(s):** Melissa Lauer, EOHHS/SIM ☐ ☐ ☐ ☐ ☐	SIM has contracted with IMAT Solutions to build the Healthcare Quality Measurement Reporting and Feedback System. The IMAT platform will **support the collection, validation, normalization, indexing, codifying and sharing of data for participating healthcare entities within the State of Rhode Island to support quality measurement and reporting**. It will allow healthcare providers to share their data once into the system - and aggregate it with data from patients, hospitals, and provider groups, Accountable Care Organizations (ACOs), Patient-Centered Medical Homes (PCMH), and insurance payers to support the calculation of more accurate clinical quality measures. Once the data is aggregated, it can be reported to whichever entities need to receive it.
SIM Evaluation **Vendor:** University of Rhode Island Bryan Blissmer **State Contact(s):** James Rajotte, RIDOH/SIM ☐	The University of Rhode Island (URI) is conducting **SIM's State-based evaluation, studying the effectiveness of our overall initiative, as well as a select set of interventions.** URI is conducting the evaluation in accordance with the SIM Overarching Mixed-Methods Evaluation Plan (both qualitative and quantitative) and aims to ensure that our State-led evaluation efforts complement the Federally-led evaluation.
SIM FOCUS: Improving Population Health	
Health Equity Zones (HEZ) **Partner:** RI Department of Health Christopher Ausura Mia Patriarca **State Contact(s):** James Rajotte, RIDOH/SIM Jill Glickman, SIM ☐ ☐ ☐ ☐	The Rhode Island Department of Health (RIDOH) staff working on the Health Equity Zone (HEZ) initiative will provide support to the State Innovation Model (SIM), SIM vendors/partners, and local HEZ collaborative members to foster a culture of collaboration that results in measurable progress towards the integration and alignment of mutually beneficial efforts. This work aims to address SIM's theory of change by addressing the social determinants of health within Rhode Island's transition from volume-based health to a value-based health system. **This project aims to further facilitate systems change on the local level that complements the work of Accountable Care Organizations, Accountable Entities, and Accountable Health Communities, resulting in improved community-clinical connections addressing system-wide factors that affect health outcomes across SIM (and other) health focus areas.**
Unified Social Service Directory **Vendor:** United Way of Rhode Island Cristina Amedeo **State Contact(s):** Marea Tumber, OHIC/SIM ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	The Unified Social Service Directory will **serve as the single source of truth for social service resources in the state, and establish a centralized location and process for data validation.** As the most comprehensive repository of social service resources in the state, United Way 211 has been contracted to implement this project, and will leverage its 211 database as a starting point. We will then connect the directory to existing referral/case management systems, such that centralized data can be fed into providers' systems to facilitate social determinants of health (SDOH) referrals.