2022 Annual Report

MHA RI
Mental Health Association of Rhode Island
Dear Friends, Supporters, and Colleagues,

Greetings from the Mental Health Association of Rhode Island (MHARI). We hope 2022 was good to you and that 2023 will be even better. I am excited to share our Annual Report with you. MHARI’s advocacy efforts have yielded notable achievements over the past year, thanks to your support and partnership.

MHARI’s mission is to promote and nourish mental health through policy development, advocacy and education. Our work is guided by the belief that every Rhode Islander is entitled to behavioral healthcare – regardless of income, insurance, race, ethnicity, religion, gender identity, or sexual orientation. MHARI is often the convener of the mental health community, bringing together community and state partners to find solutions to statewide challenges. We increase access to treatment through coalition-building, lobbying, non-clinical research, and hosting educational workshops.

2022 was a productive year for MHARI. We were appointed to the Governor’s Council on Behavioral Health and are now a voting member. We were invited to participate in the Office of the Health Insurance Commissioner’s Health and Human Service Rate Review Advisory Council and its Prior Authorization Simplification Task Force. We led a successful fight to pass legislation updating counselors’ licensing requirements, which will help increase the number of providers available to help Rhode Islanders. We were one of several organizations that helped ensure that Rhode Island’s legislation for Certified Community Behavioral Health Centers has fidelity to the evidence-backed federal model. We awarded two $10,000 scholarships to social work and counseling graduate students from diverse backgrounds to build a pipeline of diverse future providers.
Perhaps our most exciting accomplishment is that Governor McKee will establish an Olmstead Plan. The U.S. Supreme Court ruling, Olmstead v. L.C., was decided in 1999 – over 20 years ago. It affirmed that states have a legal obligation to ensure that people can live, work, and receive services in the least restrictive setting of their choosing. Unfortunately, Rhode Island remains one of six states that does not have a plan for addressing the unmet needs of people with disabilities, youth, and older adults, who are at risk of unnecessary institutionalization. For the past three years, MHARI has led a community coalition and collaborated with state employees to persuade leaders to establish a plan. In 2022, Governor McKee made the historic decision to establish a plan.

While MHARI may only achieve a decisive victory on some issues we fight for, we inch closer and closer to the goal. Effective and wise advocacy requires patience and grit. As my therapist frequently reminds me, practice makes progress.

Please consider making a gift to support MHARI. We will continue to bring passion, conviction, and energy to our work in 2023.

Thank you. We wish you a happy and healthy 2023.

Sincerely,

Laurie-Marie Pisciotta
Executive Director
SPECIAL THANKS TO:

Rhode Island Foundation
United Way of Rhode Island
RI Dept. of Behavioral Health, Developmental Disabilities, and Hospitals
Brown Institute for Policy
Coastal1 Credit Union
Blue Cross Blue Shield of Rhode Island
Rhode Island College
Butler Hospital
The Providence Center
Navigant Credit Union
RI Parent Information Network (RIPIN)
Parent Support Network
Alkermes
Horizon Healthcare Partners
TGC
East Bay Community Action Program
Community Care Alliance
Newport Mental Health
Substance Use Mental Health Leadership Council
Thrive Behavioral Health
SPECIAL THANKS TO:

**MHARI Board of Directors**
- H. Reed Cosper, Esq. (Chair)
- Sandra Victorino, LMHC (Vice Chair)
- Robert Siminski, Ed.D. (Treasurer)
- Maureen Apperson, RN, LCSW
- Terrence Charles
- Peter Chung
- David Dove, Ph.D.
- Judy Fox, Esq.
- Ernestine Jennings, Ph.D.
- Genevieve Martin, Esq.
- Anthony Parente, LMHC

**Consultants**
- Judy Lecuivre
- Jennifer Raxter
- Stacy Couto
- Lindsey Bond
- Keri Ambrosino

**MHARI Staff**
- Eunice David - Diversity, Equity, and Inclusion Project Manager
- Karen Malcolm - Parity Initiative Project Manager
- Laurie-Marie Pisciotta - Executive Director
The 2022 legislative session is over, and the mental health community has several important wins to show for it. Below are bills that MHARI supported, and in some cases, initiated. Some of them passed into law, and others did not make it over the finish line this year.

**BILLS SIGNED INTO LAW**

**Increasing Access to Treatment**

- **H-7872 Sub A and S-2616 Sub A** create a two-tiered licensure for Mental Health Counselors and Marriage & Family Therapists. This allows LMHCs and LMFTs working under supervision toward their license to take patients with commercial insurance. This helps move patients off waitlists for services and brings Rhode Island in alignment with over 40 states who have two-tiered licensure. Psychologists and licensed clinical social workers already have two-tier licensure in Rhode Island. MHARI collaborated with the RI Mental Health Counselors Association and RIC on the development of this legislation.

- **H-7396 Sub A and 2617 Sub A** eliminate the first entry level licensure exam for social workers. This exam is being examined by schools of social work across the country for racial/cultural bias. As a compromise with the Association of Social Work Boards (which profits from administering these expensive standardized tests and selling practice exams), the law has a sunset clause so the effects of this law can be studied before making it permanent. Illinois passed a similar law already, and California never required this entry level standardized test.

- **H-7501 and S-2605** allow Rhode Island to enter the interjurisdictional psychology compact, also known as PsyPact. PsyPact is an agreement allowing psychologists in participating jurisdictions to practice across state lines, whether via telepsychology or temporary in-person practice.

- **Budget Article for Rate Review:** Funds the Office of the Health Insurance Commissioner to conduct a health and human services rate review. The aim is to see how Rhode Island’s Medicaid and commercial insurance rates compare regionally and across the country and what is needed to sustain Rhode Island’s behavioral health providers. The study’s results will inform rate increases in 2024.
2022

LEGISLATIVE OUTCOMES

- **H-7858 and S-2469 Sub A** establish Certified Community Behavioral Health Centers (CCBHC) in Rhode Island. CCBHCs are based on a federally developed model to deliver comprehensive and coordinated behavioral healthcare. Research shows CCBHCs increase access to mental health and substance use disorder treatment.

**Child and Adolescents’ Mental Health**

- **H-6667 and S-2556** create the Trauma Informed Schools Act, which establishes the implementation of trauma-informed practices in schools throughout the state.

- **S-2614** Establishes a plan to improve the promotion of social and emotional well-being of young children as well as screening, assessment, diagnosis and treatment of mental health challenges of infants and young children under the age of six.

**Criminal Justice**

- **H-7886 and S-2795** permit the RI Department of Corrections to release a sentenced inmate up to 3 days early directly to a community partner for residential treatment or stable housing when completion of sentence is incompatible with the community partner’s staffing or scheduling capabilities.

**Persons With Disabilities**

- **H-7244 and S-2194** allow Medicare-eligible individuals with disabilities under age 65 to be eligible for Medicare supplemental policies.
BILLS THAT DID NOT PASS INTO LAW

Increasing Access to Treatment

- **H-8157, H7861 and S-2471** raise health insurers' outpatient behavioral health provider reimbursement rates. Low rates cause providers to move their practices out of state or not accept insurance. This results in a smaller provider pool, and patients are forced to go on waitlists for services. This was MHARI's legislation, and we will introduce similar legislation next year.

- **H-8169** prohibits insurers from requiring prior authorization or step therapy protocols for prescription medication for serious mental illness.

Suicide Prevention

- **H-7383** mandates the RI Transportation and Bridge Authority (RITBA) to design a safety barrier or netting system on the Mount Hope Bridge, the Claiborne Pell Bridge, and the Jamestown Verrazzano Bridge.

Criminal Justice Reform

- **H-7085** establishes the Rhode Island First Step program requiring the RI Dept. of Corrections (RI DOC) to assist offenders with reintegration into society, counseling, medical care, education, early sentence termination or pre-release confinement for elderly and terminally ill offenders.

- **H-7760 and S-2631** establish conditions, policies, and procedures for the use of restrictive housing (i.e., solitary confinement) in prison. Requires an annual report on the RI DOC website.

Join the fight to increase access to care and end discrimination against people with mental illness. Voters have power. Email riparity@mhari.org to get involved.
STATE OF THE MENTAL HEALTHCARE SYSTEM ANNUAL REPORT


The Mental Health Association of Rhode Island (MHARI) released a report, “The State of Behavioral Healthcare in Rhode Island,” completed in partnership with the Brown Initiative for Policy, a non-partisan think tank run by undergraduates at Brown University. The report shines a light into the gaping holes in Rhode Island’s continuum of care, through which people are slipping and getting stuck. Our hope is that by compiling existing but disparate data from across many agencies, we gain a more comprehensive, holistic understanding of our behavioral health system today so that we can focus attention where needed to build a better system for tomorrow.

The report compiles available data from a number of sources, outlining indicators related to mental health outcomes, utilization of services, access barriers to services, prevalence of mental illness in the state’s corrections system, demographics and disparities in behavioral healthcare, and financing.

Access the full report here.
MHARI was one of several organizations that advocated for legislation to establish Certified Community Behavioral Health Centers (CCBHC) in Rhode Island. More than 40 states are operating more than 430 CCBHCs across the country. The federal CCBHC model offers many benefits to a state’s behavioral healthcare system. First, CCBHCs are required to serve anyone who walks in the door, regardless of acuity or hometown. Second, CCBHCs integrate primary care and behavioral healthcare, thus making treatment seamless. Additionally, “medicalizing” behavioral health treatment helps to eliminate stigma, as does the privacy afforded by receiving treatment in a multipurpose facility not exclusively focused on behavioral health. Third, the federal CCBHC model provides a full range of mental health and addiction services, including 24/7 emergency care. CCBHCs partner with local police to ensure that people with mental illness are getting the help they need, instead of being arrested. This is one important step toward the decriminalization of mental illness. Lastly, CCBHCs leverage their special status and payment model to sustain their facilities for the long term, rather than relying on one-time grants. Rhode Island is applying for federal funding to support a planning grant, and MHARI was honored to write a letter supporting their application.
MAY IS MENTAL HEALTH MONTH

MHARI led a coalition of community and state partners to plan the annual May Is Mental Health Month kick-off event. More than 250 people, including legislators, attended. We broke our previous record for attendance. Typically, we have about 100 attendees when we hold this event in person at the State House. Judge Stephen Erickson, BHDDH Director Richard Charest, and persons with lived experience spoke at the event. Barbara Morse from Channel 10 News shared her family’s personal story. We also presented awards to Lt. Commander Kasim Yarn, Senator Alana DiMario and Representative Teresa Tanzi.

Watch News Coverage of the Event Here.

Watch the Full Kick-off Event Here.
BRIDGING THE DIVIDE: DIVERSITY, EQUITY, AND INCLUSION IN BEHAVIORAL HEALTHCARE

Seeking mental healthcare is a courageous decision. Research shows that consumers of mental health services report positive experiences when they share language and culture with their provider. We also know that people from diverse backgrounds are under-represented in Rhode Island’s behavioral health provider pool, and we want to change that. MHARI awarded two $10,000 scholarships and two $7,500 internship stipends to graduate students from diverse backgrounds in Rhode Island College’s social work and mental health counseling programs. Supporting today’s students will diversify tomorrow’s mental health professionals, thus increasing access to treatment and services for under-represented groups.

The awards support people who come from minority racial or ethnic groups; speakers of English as a second language; LGBQT individuals and persons with a disability. We plan to award several more awards in 2023.

For more information, contact eunice.david@mhari.org.
GOVERNOR McKEE APPOINTS MHARI TO THE GOVERNOR'S COUNCIL ON BEHAVIORAL HEALTH

Executive Director Laurie Pisciotta was appointed to the Governor’s Council on Behavioral Health. The Council serves as Rhode Island’s behavioral health planning council. According to the Department of Behavioral Health, Developmental Disabilities and Hospitals, the Council was established by federal and State law and meets monthly to “review and evaluate the needs and problems associated with Rhode Island's services for individuals with mental health and substance use disorders.” It’s an honor to serve, and MHARI will represent the needs, perspectives, and experiences of mental health consumers to the best of our ability.
Governor McKee formed an interagency committee to lay the groundwork for his forthcoming Olmstead Planning Committee. *Olmstead v. L.C* (1999), known as the Olmstead decision, was a landmark Supreme Court case. It decided in favor of two plaintiffs who wanted to improve their lives by seeking the necessary support to live outside an institution. The court ruled that states have a legal obligation to ensure that individuals with disabilities have the opportunity to live, work, and receive services in the community in the least restrictive setting of their choosing. All but six states have developed plans to demonstrate their intention to comply with the Olmstead ruling. Plans include a statewide needs assessment of affordable and supportive housing and other resources, a plan to address unmet needs, and funding sources. Until now, Rhode Island was one of those six states without a plan.

This victory was a long time in the making. Community organizations and state employees have been asking for an Olmstead Plan for many years. Additionally, over the past three years, the Mental Health Association of Rhode Island led a coalition calling for a Plan in Rhode Island. Our coalition held virtual town hall meetings, drafted a policy proposal, collected endorsements, published three editorials, and surveyed over 600 health and human service professionals.
WE ARE ALL OLMS TED: GOVERNOR MCKEE WILL ESTABLISH AN OLMS TED PLANNING COMMITTEE

Every Rhode Islander will be affected by our Olmstead Plan. Everyone stands at the precipice of potential disability because of accidents, health crises, or advancing age. The Olmstead decision’s emphasis on personal choice and individualization of support allows each of us to live rich and full lives.

*We are all Olmstead.*
MHARI APPOINTED TO OHIC'S SOCIAL AND HUMAN SERVICE PROGRAMS REVIEW ADVISORY COUNCIL

There are waitlists for every level of behavioral healthcare in Rhode Island. Our system is in crisis due partly to staffing shortages created by low reimbursement rates. This summer, the legislature and Governor McKee statutorily authorized the Office of the Health Insurance Commissioner (OHIC) to conduct a review of social and human service rates. It’s charged with examining Medicaid and commercial insurance rates and regional comparisons. The Mental Health Association is honored to have been appointed to the Social and Human Service Programs Review Advisory Council to help represent the interests of patients and consumers.