



Psychological Centers, Inc.

765 Allens Avenue, Suite 102
Providence, Rhode Island 02905
(401) 490-8900 Fax: 490-2619

Centers of psychological expertise offering proven methods to improve real world problems

Behavioral health evaluation and intervention

- Outpatient offices:
Providence, Warren (Riverwood Mental Health Services)
- Consultation and psychological evaluation:
Central Falls Schools; Chariho Regional School District; Crossroads Rhode Island; Meeting Street School; Program evaluation services; Trudeau Center & Looking Upwards Early Intervention

Center for Disruptive Behavior Disorders

- Multisystemic Therapy (MST)

Center for Broad-Spectrum School-Based Services:

- RYSE School, Autism Spectrum Disorder, and At-Risk Programs, Chariho Regional School District
- Johnson and Wales University Counseling Center
- The Learning Community

Center for Community-Based Services:

- Intensive Outpatient Services
- Enhanced Community-Based Services for Youth with Severely Disruptive Behavior
- Developmental Disabilities Program

Center for Infant and Early Intervention Behavioral Health Services:

- Head Start/Early Head Start, Citizens for Citizens
- Looking Upwards Early Intervention
- Trudeau Center Early Intervention

Center for Integrated Care:

- Hillside Avenue Family and Community Medicine (Pawtucket and Scituate)
- Mount Hope Medical Center
- OB-Gyn Associates (various)
- Pediatric Associates
- Portsmouth Medical Center
- Thundermist Health Center
- University Family Medicine
- University Medicine Foundation (Providence sites)
- Wood River Health Services

Center for Sexual Health

**Psychological Centers/
URI Counseling Center
Professional Continuing
Education Program**

Center for Behavioral Science and Public Policy

Center for Behavioral Science and Public Policy

January 12, 2009

Re: Why I am for the “Global Waiver” even though I am against it: Legislative Protections that will be needed

Dear Mr. Stenning:

The social policy underlying the Global Waiver is misguided. My organization’s ability to fulfill our social entrepreneurial purpose could be threatened by its implementation. Nonetheless, I support the waiver as the best chance Rhode Island has for necessary transformation of human services to effectively serve our population. However, it will only achieve this promise if it is accompanied by specific legislative controls and oversight.

Social policy

The Governor’s promotional materials (“Waiver facts”) assert that the global waiver is not a block grant. He is right, but it combines the worst elements of a block grant with the risks and problems of the current entitlement matching model. The decision to undertake this demonstration is driven entirely by financial considerations, not cost-effectiveness for achieving identified social goals. The waiver design was determined by a funding model based on past expenditures, financial considerations without reference to their programmatic implications. The result of such an approach is inevitably inefficient use of funds or cutbacks in services, since the resulting procedures are ultimately financial. Effective decision making must instead be driven by best use of available resources to achieve socially important goals.

Block grants offer defined commitments from funders. The global waiver requires a match. Despite the flexibility that gains in how to use the total available funds across years, there is no guarantee that the state will collect the full amount available. Unlike a block grant, then, this is a *cap* that limits how much of a match the state can achieve, not a grant that the state would get even if unable to afford its projected share. That seems like a financial give-away to the Federal budget.

Vital transformation of social services

Rhode Island has a long history of providing less effective, more restrictive, and more expensive services in specialty settings when community-based services have better outcomes for recipients and society at a lower cost. But the primary barriers to use of “appropriate services in the least restrictive and most appropriate setting” have included providers’, regulators’, and consumers’ readiness to tolerate care being provided while citizens remain at home. If the waiver process truly changes decision making to offer services in the least restrictive and most appropriate setting, i.e., very frequently in the community, it will have served a dramatically positive purpose. However, the success at achieving this relocation will depend on its implementation- if there is not an adequate process to overcome reluctance to use community based services when appropriate if higher level placements are available, then the waiver will only realize the flaws of its design.

Legislative Protections

- Decisions must be made on the basis of cost-effectiveness at reaching identified social goals, not limiting expenditures. The legislature should create an oversight mechanism to ensure that is the case.
- The most critical aspect of implementation of the demonstration will be the effectiveness and appropriateness of the Assessment and Coordination “Organization” activities. The legislature should define procedures for determining the level of expertise required and a mechanism for oversight of the criteria used to guide assessments and recommendations made about appropriate levels of care. In both cases, expertise and appropriateness should be defined to include sufficient foundations in the empirical scientific evidence, not merely experience doing things the way they have always been done.
- The legislature should require that the lowest appropriate level of care (offered in the least restrictive setting) be utilized even if a service recipient qualifies for a higher level of care. This is the only way to overcome the pervasive reluctance to use more cost-effective services.
- Selective contracting should be required to be based on appropriate, scientifically-informed criteria for effectiveness, including grounding for service design as well as data about service effectiveness. The history of selective contracting in Rhode Island is not promising for selections to be based more on cost-effectiveness than on political or social standing.

- Three details:
 - Counselors supporting the self-direction opportunity should be required to have sufficient expertise in recipients' specific clinical needs to be able to assist them appropriately in guiding decisions.
 - The Healthy Choice Accounts, when they come on-line, should fund professional guidance and support for behavior changes. Financial incentives for changes in health-related behaviors have had mixed results due to patients' difficulties making needed changes without help and the risk of misdirected prioritization (e.g., insufficient use of preventive care in order to reduce health spending).
 - The waiver should be used to permit a nominal fee (e.g., \$2-5) for patients who fail to cancel or attend scheduled appointments with providers of any Medicaid-funded service, to incentivize follow through and reduce the inefficiency caused by no shows. Current rules prevent charging for services not offered, which prevents incentives for effective participation other than denying care.

With these safeguards and priorities in place, the global waiver becomes a misguided risk that is worth taking. Without them, it is just a misguided risk.

Thank you for considering my input.

Sincerely,

A handwritten signature in black ink that reads "Paul Block, Ph.D." in a cursive, slightly slanted script.

Paul Block, Ph.D.
Co-Director, Psychological Centers