BHD2 Division of Behavioral Healthcare Services

The Division of Behavioral Healthcare Services (DBH) is responsible for planning, coordinating, and administering comprehensive statewide systems of clinical treatment services for substance use disorders, addiction and mental illness, and prevention initiatives, and promotion of mental health activities through contracts with community-based providers.

BHD2.1 Centers of Excellence Application Files

BHDDH's establishment of Centers of Excellence (COEs) came out of Governor Gina Raimondo's Overdose Prevention and Intervention Task force in 2015. The Centers are part of a state plan to cut opioid deaths. Any properly licensed, operating health care facility and approved Medicaid provider in good standing can apply to become certified as a Center of Excellence in the treatment of opioid use disorders. They are intended to provide assessments and medication-assisted treatment for opioid dependence, and to offer expedited access to care, and to serve as a resource of expertise for community-based providers. The Centers of Excellence support providers by providing a place for patients to be initiated on medication-assisted treatment and then to be stabilized if ever necessary. Centers of Excellence may also offer peer recovery coaches and behavioral health services. To become COEs, providers are required to meet COE standards and certification requirements for which they must apply to BHDDH.

The records consist of completed application forms as well as supporting attachments, which may include but are not limited to, descriptions of organizational functions, financial audits, policies and procedures, knowledge of opioid epidemic, program approach/service delivery models, resumés of proposed executive staff, written service/practice guidelines and protocols, quality assurance plans, decision documentation and related correspondence.

Retention: Retain twenty (20) years.

BHD2.2 Substance Abuse Prevention Provider Application Records

BHDDH utilizes a prevention platform to track the performance of substance abuse treatment providers and participants involved in publicly funded prevention activities. It is part of a program in which states each select priority target populations for the provision of federally funded prevention services.

This series consists of data related to BHDDH's focus on prevention of substance abuse services among the state's population. BHDDH collaborates with contractors[1], who may engage providers who deliver substance use prevention interventions within communities and student assistance services within the state's high schools and junior high/middle schools. BHDDH-funded student assistance prevention provider agencies place trained counselors in each school. The counselors perform assessments and conduct individual and group educational sessions for students not abusing, but who are determined to be at risk for alcohol, drug, school, family, peer or other personal problems.

[1] BHDDH currently collaborates with three contractors (R.I. Employee Assistance, Codac, and Child & Family Services of Newport County) to provide student assistance services within approximately twenty-six Rhode Island high school and junior high/middle schools.

Provider data submissions are required under state law RIGL § 16-21.2-4 (2013). Providers regularly enter data into BHDDH's web-based prevention system, a database tracking software package. The purpose of collecting this data is to measure effectiveness of prevention efforts implemented by entities funded by BHDDH by tracking levels of Student Assistance Program participation over time. The use of the web-based prevention platform enables BHDDH to assess the providers' adherence to the federal Substance Abuse and Mental Health Services Administration's (SAMSHA) best practice strategies and resulting environmental changes.

The prevention platform collects provider population-level data rather than individual client level data. For each reporting period, the data input into the prevention platform may include, but is not limited to, the following categories of information: target population's primary risk/protective factors; provider program objectives information, which includes data about the objectives as they relate to the identified risk/protective factors; program information, which includes data about the program's single and recurring services, evidence based policies, procedures, and practices, environmental factors, and funding sources and levels; aggregate data about the participant participation (number of individuals served, race, school, sexual orientation, gender, marital status, and location information), and information about provider membership in community coalitions and cooperative arrangements established in support of the provider program.

Finally, the prevention platform is capable of generating a wide variety of reports for various provider monitoring and analysis purposes.

a) Successful Application Files
Retention: Retain seven (7) years, or until no longer providing services, or until application is superseded, whichever is longer.

b) Denied Application Files
Retention: Retain three (3) years.

c) Records of contracts retained by agency
Retention: Retain ten (10) years.

d) Records of contracts transmitted to financial authority
Retention: Retain seven (7) years.

e) Records of small purchases (established legal/regulatory maximum)
Retention: Retain three (3) years.

BHD2.3 Substance Abuse Prevention Provider Data Reports
This series consists of records and data aggregated from sub-agencies of awarded contractors that provide substance abuse services and that document the application process.

The record series includes data collected through web-based surveys.[2] This survey collects data from BHOs about a variety of topics, including organizational capacity to build effective local prevention collaborations and coalitions; monitoring and evaluation processes; ability to offer evidence based policies, programs, and practices, strategic plans, including measurable goals and objectives, programs and activities; lists of participants and groups, logic models[3]; work plans, number of students served, re-occurring services, and funding sources (sources, amounts received)and budget information.

Retention: Retain ten (10) years.

BDH2.4 Substance Abuse Prevention Provider Program Data

BHDDH's Performance Based Prevention System (PBPS) is used to track the performance of substance abuse treatment providers and participants involved in publicly funded prevention activities. It is part of a program in which states each select priority target populations for the provision of federally funded prevention services**.**

This series consists of data related to BHDDH's focus on substance abuse among the state's student population. BHDDH collaborates with contractors[4], who may engage providers to provide student assistance services within the state's high schools and junior high/middle schools. BHDDH-funded student assistance prevention provider agencies place trained counselors in each school. The counselors perform assessments and conduct individual and group educational sessions for students not abusing but who are determined to be at risk for alcohol, drug, school, family, peer or other personal problems.

Provider data submissions are required under state law RIGL § 16-21.2-4 (2013). Providers regularly enter data into BHDDH's web-based PBPS system, a database tracking software package. The purpose of collecting this data is to measure the effectiveness of prevention efforts by tracking levels of Student Assistance Program participation over time. The use of the PBPS enables BHDDH to assess the providers' adherence to the federal Substance Abuse and Mental Health Services Administration's (SAMHSA) best practice strategies and resulting environmental changes.

The PBPS collects provider population-level data rather than individual client level data. For each reporting period, the data input into PBPS may include, but is not limited to, the following categories of information: target population's primary risk/protective factors; provider program objectives information, which includes data about the objectives as they relate to the identified risk/protective factors; program information, which includes data about the program's single and recurring services, evidence-based policies, procedures, and

[2] BHDDH currently uses a contracted data collection and management software system called IMPACT, a product of Mosaix Software.
[3] The primary purpose of a logic model is to identify evaluation tools; enhance community involvement; determine appropriate staffing patterns; connect goals, strategies and outcomes.
[4] BHDDH currently collaborates with three contractors (R.I. Employee Assistance, Codac, and Child & Family Services of Newport County) to provide student assistance services within approximately twenty-six Rhode Island high school and junior high/middle schools.

practices, environmental factors, and funding sources and levels; aggregate data about the participant population (number of individuals served, race, school, sexual orientation, gender, marital status, and location information), and information about provider membership in community coalitions and cooperative arrangements established in support of the provider program.

Finally, the PBPS application is capable of producing a wide variety of reports for various provider monitoring and analysis purposes.

a) Completed survey/questionnaire forms
Retention: Retain one (1) year.

b) Compiled data
(Includes compilations of survey data that were created from surveys/questionnaires.)
Retention: Retain until reports are compiled and issued. Before disposal of compiled data, consult State Archives to review for historical value

c) Survey Data
Retention: Retain three (3) years.

d) Reports
Retention: Retain seven (7) years.

BHD2.5 Treatment Alternatives - Street Crime (TASC) Records

Rhode Island promulgated legislation requiring the establishment of a program for diverting individuals stopped for driving under the influence, or who refuse breathalyzer tests, to be considered for substance abuse treatment programs rather than processing them through the justice system. BHDDH is no longer involved in this program. Individuals under a certain age (currently 18) convicted of Drunk While Driving violations and who met certain criteria of eligibility could undergo a clinical assessment at a facility approved by the Department of Health. When this clinical assessment identified problems of alcohol, drug abuse, or psychological problems associated with alcoholic or drug abuse, state required that they be referred to the T.A.S.C. (treatment alternatives to street crime) program for treatment placement, case management, and monitoring. These individuals were directed by the courts to undergo treatment and directed to BHDDH, which was responsible for assessing their suitability for treatment alternatives, evaluating them and assigning them to a treatment program.

The records include court letters of referral to BHDDH, records that document the monitoring and assessment of progress, reports on success, discharge summary documents and letters of explanation in the case of individuals who fail to successfully complete a treatment program.

Retention: Retain seven (7) years from case closure.

BHD2.6 Transition from Prison to Community Files

This series concerns BHDDH's responsibility to provide assessments and recommendations for the Parole Board on the appropriate level of substance abuse treatment for eligible

incarcerated clients should receive their release from prison**.** BHHDH must provide diagnoses that specify treatment requirements on the outside. The files may also be periodically updated to document individuals' violation of the terms of their parole.

The records include assessments, release forms authorizing the release of client information, and emails between BHDDH and parole offices; police records, court records, and Department of Corrections information.

Retention: Retain seven (7) years.

BHD2.7 Access to Recovery (ATR) Records/Data

ATR was series of federal grant programs to help different cohorts with substance abuse disorders to develop more personalized recovery plans than are typically available through traditional programs, and to allow access to a wider range of treatment and recovery support services that best fit their needs and goals. The program provided funding for services through a voucher system for care coordination, coaching and recovery housing.

The implementation of ATR in Rhode Island started in 2007 and ran to 2014. The program targeted individuals being released from RI's Adult Correctional Institution and from the RI Training School for Youth, as well as parents/guardians involved with the Department of Children, Youth, and Families. ATR has three primary goals: 1) expanding consumer choice, 2) tracking and improving outcomes, and 3) increasing capacity. The priority populations included the criminal justice population, specifically people leaving prison, those on state or federal probation /or parole, or involved with the RI Attorney General's Diversion Program; parents and caretakers involved with or at risk of being involved with DCYF due to a substance use disorder; National Guard members returning from Iraq and Afghanistan, and their immediate adult family members. Individuals successfully completing or graduating from residential treatment program, and all women statewide.

Access to Recovery grant includes a requirement for the collection and reporting of data. The data relates to reports of the client services provided and utilization data through the ATR program from initial screening, assessment, intake, and treatment to discharge and follow-up information. The data also includes encounter, cost, and voucher information.

a) Grant Program Application and Report Records

Retention: See GRS 1.18

b) ATR data

Retention: Retain seven (7) years.

BHD2.8 Adult Drug Court Case Files

This program seeks to integrate substance abuse treatment services within the criminal justice system and to divert eligible drug-court defendants from the traditional criminal-court process to a therapeutic program in order to modify behavior, improve individuals' overall quality of life, and reduce recidivism. The program is aimed at first-time offenders found to have been using illicit drugs. Those individuals that the court deems eligible for treatment must remain clean and sober for one year. Under guidance from BHDDH, individuals are

evaluated diagnostically for abuse and dependence issues in order to determine the level of care required from providers to which individuals are referred.

The records in this series document BHDDH's role in these cases. Included are drug screens, notes from clinicians treating clients, and from the Drug Court clinician coordinator as well as adult drug court biosocial assessments and documents of determination if the drug court is appropriate for the individual. The files also include documentation of the treatment process, including notes recording communications with clients and documents recording a client's missed appointments; directives to clients; invoices for drug screening services; and finally, reports to the courts about client compliance with the terms of the treatment and the success of the treatment.

Retention: Retain records for adolescents for seven (7) years post age twenty-one (21) and adults (seven) 7 years after file closure.

BHD2.9 Alcohol Server Training Curricula Certification Records

BHDDH is responsible for administering an alcohol server training program. It maintains a list of programs that are authorized to provide server training. BHDDH also maintains documents submitted by the training programs as a basis for certification in the event the program deviates from the materials it submits to qualify for certification. The records may include, but are not limited to, applications and review sheets as well as supporting materials, which may include the proposed curriculum; audio, video, and instructional materials; copies of all printed materials that will be disseminated to program participants; copies of the written examination materials to be administered in the program with answer key; and written description of testing and grading procedures and methods for safeguarding test integrity. Individual certification is valid for a period of three (3) years, unless it is revoked.

Retention: Retain six (6) years.

BHD2.10 Synar Tobacco Compliance Program Files

In July 1992, Congress enacted the Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act (P.L. 102-321), which includes the Synar Amendment (section 1926.) This amendment aimed at decreasing youth access to tobacco. Compliance with the Synar Amendment and related federal rules and regulations is a condition of funding for states receiving the Substance Abuse Prevention and Treatment block grant. The state is required to conduct an annual statewide survey of a random sample of tobacco retailers to determine their compliance with state laws prohibiting the sale or distribution of tobacco products to underage individuals. BHDDH contracts with municipal police departments and the State Police to assist in conducting the annual survey and engage in on-going enforcement efforts.

The records in this series include contracts with police departments and survey forms. The survey forms provide the data BHDDH uses to produce annual reports it is required to submit to the federal government. The files may also include data extracts from the survey forms, police incident reports, and consent forms from parents.

Retention: Retain ten (10) years.

Annual Reports
Retention: Retain three (3) years.

Survey Records
Retention: Retain ten (10) years.

Contracts
Retention: Retain ten (10) years after contract closure.

BDH2.11 FDA Tobacco Inspection Program Files

The Food and Drug Administration's (FDA) Tobacco Compliance Inspection Program is performed through a contract between the FDA and the State of RI (represented by BHDDH.) Its purpose is to enforce certain provisions of the federal 2009 Family Smoking Prevention and Tobacco Control Act ("TCA"). BHDDH contracts with municipal police departments to provide officers to conduct undercover buy attempts at licensed retail tobacco outlets by utilizing trained minors. BHDDH staff conduct random inspections to determine retailer compliance with the TCA advertising and labeling restrictions on regulated tobacco products. This data is used for enforcement of the provisions of the TCA Act.

The records include data resulting from tobacco vendor inspections, which are held in the Tobacco Information System (TIMS), files on commissioned FDA officers, files on minors who are recruited to participate in the program, and evidence, including actual tobacco products such as cigarettes. Files also include licenses, consent forms from parents for their children to participate in the program, documentation of proper training, certificates of trainers, correspondence, invoices for reimbursements of contracts with police to conduct undercover operations.

The TIMS system includes data about school policy, student behavior, and cigarette outlet conduct and compliance, and other sources of tobacco supply to youth. The TIMS data is updated locally but managed by the federal government.

Retention: Retain five (5) years after vendor leaves program.

BHD2.12 DBH Health Homes and RI Systems of Care Encounter Data

The Medicaid Health Homes State Plan Option, authorized under the federal Affordable Care Act (Section 2703), allows states to create Medicaid health homes. The homes' main role is to coordinate the full range of medical, behavioral health, and long-term services and supports needed by individuals with chronic conditions. The target population for this program are individuals with Serious Mental Illness (SMI) and evidence of a need for support in order to remain in the community; individuals with mental health conditions, with a history of intensive psychiatric treatment, no or limited employment, and poor social functioning.

The data relates to the services provided by CHMOs, various forms of encounter data (face-to-face care management, telephone contact with the client or collateral contacts, or face-to-face meetings with collateral providers), and billing data submitted by providers.

Retention: Retain twenty (20) years.

BHD2.13 Adult Correctional Institute (ACI) Data

This series consists of an ACI intake data file BHDDH downloads every day from the Department of Corrections. The data is cross-matched with current Division of Behavioral Healthcare client data in order to identify any current CMHC clients who may have been arrested or "intaked." Information about these clients is then forwarded to their CMHOs and methadone treatment providers to allow them to assist them.

Retention: Retain until no longer required for administrative purposes.

BHD2.14 Outcome Evaluation Records

The outcome evaluation program serves to enable BHDDH to focus on the measurement of Community Mental Health Care Center (CMHC) client outcomes. Under this program, service providers and their clients are required to provide BHDDH with annual data related to client satisfaction. The main method of collection of data is an Outcome Evaluation Instrument, which is a form that collects information about each client's rating of the various services provided by the CMHC. In this way, BHDDH is able to collect standardized mental health outcome data for analysis. Each CMHC uploads the data collected electronically.

The records consist of satisfaction survey data. The data includes, but is not limited to, the client's report of current physical health and rating of degree of satisfaction in such areas as general satisfaction with the CMHC, the location of services, client relations with the BHO staff, staff supportiveness, timeliness of services, degree of client improvement as a direct result of services provided, and social relationships in the CMHC community. This data may be used during BHDDH audits of CMHCs. (See **BHD2.16)**

Retention: Retain ten (10) years.

BHD2.15 Behavioral Health Online Data (BHOLD)

All licensed behavioral healthcare organizations (BHOs) are required to submit all their behavioral healthcare clients' admission, discharge, and event data into BHDDH's Behavioral Health On-Line Database (BHOLD). The data must be submitted at least monthly. CMHCs are required to submit data about their individual clients on an annual basis.

The BHOLD system is used to track individual client demographic and service information. The data encompasses client identification information, admission information (mental health program, substance abuse treatments, court referrals, recent arrests), "current client information" (residence arrangements, family size, employment status, income sources); current diagnoses and co-occurring conditions; current substance abuse, type of substance, method of administration, and frequency of use. The system also includes discharge information (reason for discharge, referrals at discharge, residential arrangements at discharge and employment status and type, and substance of abuse at discharge.) This data may be used during BHDDH audits of CMHCs. (See **BHD2.16**)

This system is used to generate a wide variety of reports for different stakeholders, and to populate other BHDDH applications.

Retention: Permanent

BHD2.16 Community Mental Health Center (CMHC) Audit/Compliance Records

BHDDH is responsible for periodically auditing BHOs/CMHCs. BHDDH uses data submitted by providers about their clients on an annual basis during audit visits to verify the accuracy of the submitted data. BHOLD data (**BHD2.15)** and the Outcome Evaluation Instrument (**BHD2.14)** provide input into the BHDDH audit process. Based on this and other data, Behavioral Healthcare then selects a randomized sample of client records for review during audit inspection visits to CMHCs**.** The inspections are comprised of comparisons between the submitted BHOLD data and the information about clients during onsite reviews of CMHC programs and clients during onsite visits. The audits also include check-offs for regulatory compliance; areas of improvement, program evaluations and related correspondence.

The audits and inspections result in findings and recommendations provided to the CMHC in a final audit report. When audits find a CMHC has risen to a certain level of non-compliance, CMHCs are required to develop Corrective Action Plans to address each deficiency identified in an audit report. The records are organized by CMHC.

This series may include but is not limited to, BHOLD data, OIS data, BHDDH audit notes, as well as spreadsheet data, findings and recommendations, final audit reports, CMHC corrective action plans, follow-up documentation, and related correspondence.

Retention: Retain ten (10) years.

BHD2.17 Human Resource Data Entry System (Provider Employee Data)

All providers of mental health services under contract with BHDDH are required to submit information about their complement of personnel on an annual basis. For each individual, the BHO provides personal identification information, education, experience, licensing and certification information, languages, employment history, the discipline for which the person was hired, work schedules, and major job function.

Retention: Retain three (3) years.

BHD2.18 Service Provider Lists

BHDDH maintains lists of service providers available for providing placement options.

Retention: Retain until updated or superseded

BHD2.19 Certificates of Records Destruction

Certification of Records Destructions forms (PRA 003) signed by the authorized agency official and submitted to, and signed by, the State Archivist/Public Records Administrator. Certificates authorize the disposal of records listed in this and other applicable records retention schedules. (RIGL §38-1-10, §38-3-6(j), and §42-8.1.10)

Retention: Permanent.