

**Meeting Minutes of
The Governor's Council on Behavioral Health
1:30 P.M., Tuesday, March 8, 2005**

The Governor's Council on Behavioral Health met at 1:30 p.m. on Tuesday, March 8, 2005 in Barry Hall's Conference Room 126, 14 Harrington Road, Cranston, Rhode Island.

Members Richard Leclerc, Chair; Carrie Blake; Linda Bryan; Joseph Le; Noreen Mattis;
Present: Nicki Sahlin, Ph.D.; Ron Platt, Executive Director, Drug & Alcohol Treatment Association of Rhode Island; Heather Fish, Assistant Mental Health Advocate; Representative Bruce Long.

Ex-Officio Kathleen Spangler, MHRH Director; Marie Strauss, Elderly Affairs; Tom DiPaola,
Members Dept. of Education; Craig Stenning and Katharine Lyon, Ph.D., MHRH; and
Present: Frederic Friedman, DOC.

Staff: Mary Ann Nassa and Kim Harris.

Once a quorum was established, the Chair, Richard Leclerc, called the meeting to order at 1:35 p.m.

After introductions were conducted, the Chair welcomed new members. The Chair entertained a motion to accept the Minutes of January 11, 2005. Carrie Blake motioned to approve the minutes, Joseph Le seconded the motion, and Representative Long abstained. All others were in favor, and the minutes were approved as written.

COUNCIL SUBCOMMITTEES

Emerging Population Report

Nicki Sahlin reported that she and Liz Earls met with staff for the subcommittee and came to a resolution on the **Emerging Population Report**. She stated that it is a process and resolution about the form that the report needs to take; and therefore, since it is a research report, it should not contain speculative material. They will maintain statistical information as they have it; and at the end of the report where there is some material that is lengthy, they will incorporate specific targets they hope to achieve in terms of outcomes. Part of the recommendations are to go on to further targeted research, and some will be outcomes they want, but none of the recommendations will be long descriptions containing clinical details. Additionally, Nicki reported that this meeting concluded that some of the omissions such as praising the writers and what the insurers should do in terms of reimbursement were deemed appropriate.

The report will be redrafted and distributed before the next meeting for review and be voted on at the next meeting. Nicki pointed out that the report was submitted November 9, 2004, and since then there has been a great deal of discussion and reflection about it regarding edits.

UPDATES FROM DCYF

Tom DiPaola reported given that both George McCahey and Janet Andersen were unable to attend. Tom stated that a meeting was held on March 7 at Rhode Island College regarding the development of a concept which has existed nationally for a statewide center on what is referred to as Positive Behavior, Intervention and Supports. Tom reported that Sandra Keenan, who was formerly the local director of special education in Narragansett, was hired by the National Technical Assistance Center to assist states in developing these statewide hubs; and Rhode Island is one of a few states that do not have one. Sandra had approached DCYF about convening a group to begin thinking about it. Tom reported that the group has been convening since the end of November 2004. Two pieces of work have been established: 1) a statewide kickoff in May 2005, with the national center

for this work which is presently based at the University of Oregon and directed by George Sueguy who is moving to the University of Connecticut along with the national center which has expressed an interest in working with Rhode Island. 2) SAMHSA has funding available and Susan Bowler, as the DCYF representative, has been disseminating some sample projects – i.e., the City of Chicago has been funded to do this kind of work linking children’s behavioral health and the schools as well as the State of New Hampshire.

The Interdepartmental Work Group was created consisting of Dr. Kate Lyon of the Department of MHRH, Tom DiPaola and Jennifer Wood, from the Department of Education, John Young from DHS and Bill Hollinshead from the Department of Health. This group is to converse about some of the things that they are doing separately that may bring the opportunity for greater collaboration and focus on some of the areas where they are doing work that is creating problems in other areas and try to remove some of those obstacles.

UPDATES FOR MHRH

Craig Stenning reported that the first six-month review of the new Substance Abuse Outpatient System that was put into place through the RFP process has been concluded. Observations, suggestions and recommendations are in the process of being completed and will be shared at the next meeting of the Governor’s Council. Craig stated that they are pleased and encouraged by what they have witnessed. Each region of the state is a little different in the way in which they have implemented the spirit and mission of the RFP, but in all cases progress has been observed towards the establishment of some new capacity in the areas of intensive outpatient in particular, as well as partial hospitalization. Tremendous progress was noted in the area of co-occurring disorders and the establishment of linkages between the primary substance abuse agencies, whether they are a mental health center or substance abuse agency, and some type of physical review of the individual and the availability of medications when appropriate. They were asked if trainings were conducted with DCYF, Probation Pro, although some training was done with Corrections, and in all cases there was an increase in referrals and capacity. At this point Craig stated that things look good. When the first one-year review is completed, they will be able to look at some best practices that will either be suggested or written into the contracts during the second year.

Craig reported that MHRH is also in the middle of doing a series of focus groups which ties into the Behavioral Health Strategic Plan which was adopted five years ago as a blueprint, and they are revisiting that document since the five years are up. An invitation was sent to a number of different groups to invite MHRH to return and do a smaller version of the original focus groups in terms of time and number of the groups, and these visits are scheduled to be completed through the middle of April with ten already finished to date. Craig stated that they are going well with several themes concerning housing, employment, access, emergency room referral into in-patient and the uninsured. They will be drafting the next strategic plan and plan to present it at a future meeting of the Governor’s Council.

Craig reported that they were out in the field with an RFP for a portion of the gambling treatment monies that had been reassigned from a previous vendor. Those reviews have been completed, and the next step is for them to be returned to the purchasing office that will do the official notification. Craig anticipates that to be complete within the next month.

Craig announced that the Department’s budget hearings are scheduled for Tuesday, March 9 at 1:00 p.m. which is the Senate hearing, and on March 23 at 1:00 p.m. is the House hearing which is usually the longer of the two. They are both public hearings with the House hearings televised.

Craig reported that the new monitoring system under the new Behavioral Healthcare Licensing Standards has begun which is a combination of Division of Behavioral Health staff and staff from the Licensing Unit, and fulfills the promise that was made to providers that eliminates the process creating requests for overlapping information. They are now being performed as a joint visit which covers Licensing and Program standards, and Medicaid standards. The visit will be a little longer than any one of the visits in the past, but it will not be three separate visits asking for the same information. A new tool was developed to perform the monitoring, and it has been promised to revisit the tool after three or four of the visits to see if they should make modifications in it. This is also in conjunction with the new deeming process. Craig reported that comments have been received through the focus groups that agencies have been pleased with the results of the deeming process.

Craig stated that they are about to conclude the work of two different workgroups that have been looking at the way in which they deliver Mobile Treatment Team services to see if there is a way in which they can enhance services for individuals who don't necessarily need the level of service currently provided in Mobile Treatment Team I, and also look at some of the costs and rates associated with not only Mobile Treatment Teams but also with a number of housing residential-type services. Craig stated that those two workgroups have come together because they are tied into each other. They are out in the field right now with some questions around some of the various combinations of housing services from group homes to independent apartments. Once that data has been received, Craig hopes to develop recommendations to submit to the Director.

Lastly, in the area of grants Craig reported that three new grants have been announced by SAMHSA. The major one is the Mental Health Transformation grant which was promised as a result of the President's new Freedom Commission. These grants are from one to three million dollar grants per year over a series of years designed to provide infrastructure to states to transform their mental health delivery systems, including a complete definition of what transforms means. Craig stated that they are working closely with the Office of Health and Human Services because one of the requirements of the grant is that you have some type of high-level human service type body that adopts the design of the transformation, which ties into the establishment of the Secretariat.

Additionally, there are RFPs out from SAMHSA for children's transition and elder mental health issues. Craig looks forward to sharing those with their partners.

Richard Leclerc opened the meeting to questions and discussion.

Heather Fish, Assistant Mental Health Advocate, asked Craig for an update on the Behavioral Health Investigation Unit. Craig stated that an initiative was begun by the Department to establish an investigations unit and process which was piloted within the Division of Developmental Disabilities and is currently being written up and described in order for it to be adopted throughout the Department.

Craig introduced MHRH Director, Kathleen Spangler who stated that the intent has always been that the capacity of the Department to respond to investigation in the way in which they are currently responding to investigation, and any change in that should be transcribed to the provider community. Ms. Spangler stated that at this point they are not looking for folks to change anything

about the way in which they are currently reporting to the Department. Those reporting requirements are set either in statute or in the Department's regulations. If they were looking at any adjustment to the way in which individuals or agencies reported to the Department, there would be a conversation with the community before they went forward with that. Therefore, it is an internal management issue, not an external revision.

Craig stated that in the past six months or so a revision of the required reporting form was sent to the community. Up until then there was one system for substance abuse agencies and one system for the mental health centers, and in order to establish a behavioral health approach to everything that is being done, a workgroup that involved community agencies redesigned the form which did not change what has to be reported, but included a three-page attachment of definitions for clarity and consistency. It serves as a reminder to what the actual requirements are and what the time frames are, because there were some agencies that were better at it than others. Craig added that an internal database was created to track the forms.

Craig stated with regard to facilities status that under a different law hospitals that are awarded deemed facility status by the Director are required to submit serious incidents to the Department. It was discovered that in years past it was handle in a variety of different ways and in many cases hospitals were reporting incidents to the Health Department but did not differentiate between incidents that happened within the psychiatric units for which they have received facility status. In some cases copies were not received by the Department of MHRH, and a reminder letter was sent out to the hospitals stating the law, with the form that need to be utilized. Meetings were held with Lifespan legal officers to clarify the procedure regarding reporting to MHRH.

Carrie Blake asked Craig if he had heard any complaints on the outpatient system from the lead agencies about administrative burden. Craig responded that there was some concern expressed over the paperwork required to transfer someone from outpatient to intensive outpatient or to partial hospitalization or back again as people's diagnosis changed. Craig stated that in the past a decision was made that clients had to be discharged rather than being transferred and that necessitated all the paperwork. This has been changed and the ITP personnel are printing new CDs now so that when someone's status changes, rather than having to do the full discharge, a box can now be checked off that states "transferred to "intensive," "partial," "outpatient," or whatever level" and will automatically take all the data and switch it into a new admission form. Craig stated that the reason why they went to a full discharge is so that they could track a person in the various levels or modalities.

ANNUAL REPORT TO THE GOVERNOR

Richard Leclerc reported that the 2005 Annual Report to the Governor had been distributed with the Minutes of January 11, 2005. Richard stated that there will be an appropriate change made on the Emerging Populations Subcommittee section to say that that report is going to be issued later on because it cannot be included.

Richard stated that the report summarizes the work of the two other subcommittees and other activities of the Council. Richard added that an approval was necessary to submit the report to the Governor for the Council's activity for the past year.

After review and discussion by the Council the following changes were made to the report:

1. The final version of the report date changed to March 8, 2005.

2. Under Emerging Populations Subcommittee homelessness was added to mental health service users.
3. Dr. Frederic Friedman requested a correction to the spelling of his name on Page 3.
4. Noreen Mattis requested that the second bullet on Page 3 be reworded as an “in-depth look or study.”
5. Marie Strauss suggested that the language in Number 7 on Page 2 be edited or modified to a more diverse population. Marie will contact Corinna Roy with her edits.
6. Joseph Le requested that language be added to the report under Access to Services Subcommittee regarding cultural diversity. Craig suggested that it be placed under Number 6 by modifying to read more diverse populations.
7. On Page 2 under Access to Services Subcommittee Vice Chair “replaced by Carrie Blake” was removed. Carrie stated that she did not replace Betsey on that subcommittee.

Ron Platt made a motion to accept the 2005 Annual Report as amended. Carrie Blake seconded the motion. All were in favor and motion the carried.

CMHS UNIFORM REPORTING SYSTEMS INFORMATION

Richard Leclerc reported that the report was sent to Council members with the notice of this meeting for their review. Richard stated that it indicates clearly that Rhode Island stands out in a number of categories and tends to indicate some particular issues in Rhode Island for the better and also for worst.

There was some discussion around the various results demonstrated in the report.

NEW BUSINESS

Noreen Mattis stated that she was disturbed while attending the Mental Health Forum on March 7 with the lack of the presence of United Health Plan. Noreen suggested that the Council pursue why United Health Plan failed to have the opportunity to be represented in this forum. Noreen reported that Kate McCoy, one of its organizers, indicated that numerous attempts to reach them had been made with no return calls. Noreen suggested that it was unacceptable.

Richard Leclerc suggested that if the Council were to approach United Health, it might be better to ask them certain questions that would have been asked at the forum, rather than try and justify why they did not attend a meeting sponsored by someone else that the Council was not involved in. Richard suggested that if United Health were invited to a Council meeting, that an agenda be prepared raising questions about their Behavioral Healthcare services, reimbursement rates, and access issues.

Noreen Mattis stated that if United Health were invited to attend a Council meeting to talk about their behavioral health benefits, the other insurers would need to be invited as well.

Representative Bruce Long suggested not to dwell on why United was not in attendance at the forum, because as the Governor’s Council member he would be interested to know what behavioral services are reimbursable by insurance companies giving a global picture of what is available and how they differ. Representative Long suggested that is the kind of information the general public is interested in. Richard Leclerc stated that he would pursue this and try to organize it for a future Council meeting.

Richard Leclerc stated that there were two other items that he would like on the agenda: 1) Goals for the future; and 2) Review and have some discussion with DCYF on the Position Paper they issued on Crisis Intervention Emergency Services Standards in the State. Richard would like to use this as the basis for request for proposal and suggests this item be presented at the next meeting. Richard will get that information and mail it to the Council members prior to the next meeting. Richard stated that it is time sensitive because if delayed three or four months for review, the RFP could be issued and it may be moved. DCYF did indicate that they wanted to have some forums to talk about this, and Richard suggested that the Council provide them with that opportunity.

Linda Bryan voiced her concern about the serious predicament in Rhode Island for children and the lack of psychiatric professionals. Richard Leclerc stated that workforce issues fall into the top five issues about health care, and suggested that this be one of the items to be reviewed within the goals for the next year.

Heather Fish, Assistant Mental Health Advocate, stated that a focus in their office is on nursing homes regarding lack of response from the system, and the Mental Health Advocate Office is trying to figure out a way to get the system to look into complaints of consumers from their inpatients at facilities and what department needs to take a responsibility for it and how responsibility is taken for that issue. Richard requested that this be noted for a future agenda.

ADJOURNMENT AND NEXT MEETING

There was no further business. Upon motion made and seconded, the meeting adjourned at 3:10 p.m. The next meeting of the Council is scheduled for **Thursday, April 14, 2005 at 8:30 a.m. in the first floor Conference Room 126 at the Barry Hall Building.**

Minutes respectfully recorded and submitted by:

Mary Ann Nassa
Governor's Council Secretary, MHRH