

**Meeting Minutes of
The Governor's Council on Behavioral Health
8:30 A.M., Thursday, October 13, 2005**

The Governor's Council on Behavioral Health met at 8:30 a.m. on Thursday, October 13, 2005 in Barry Hall's Conference Room 126, 14 Harrington Road, Cranston, Rhode Island.

Members Present: Richard Leclerc, Chair; Carrie Blake, Lynda Bryan, Kai Cameron, Diane Dwyer, Joseph Le, Noreen Mattis, Reed Cosper and Elizabeth Earls.

Ex-Officio Members Present: Kathleen Spangler, MHRH Acting Director; Craig Stenning and Gene Nadeau, MHRH; George McCahey and Brenda Almeida, DCYF; Collen Polsely, Department of Health; Frank Spinelli, Department of Human Services.

Guests: Jill Beckwith, Rhode Island Kids Count and Dawn O'Gorman, Fellowship Health Resources, Inc.

Staff: Mary Ann Nassa and Corinna Roy.

Once a quorum was established, the Chair, Richard Leclerc, called the meeting to order at 8:40 a.m.

After introductions were conducted, the Chair entertained a motion to accept the Minutes of July 12, 2005. Liz Earls motioned to approve the minutes, and Carrie Blake seconded the motion. All were in favor, and the minutes were approved as written.

BLOCK GRANT SUBMISSION RATIFICATION

The *letter dated August 29, 2005 addressed to Governor Carcieri* recommending that the block grant application be submitted to the Center of Mental Health Services was distributed (*See Attachment I*). Richard Leclerc recalled that the timing of the submission of the block grant was September 1, and since there was no meeting held in August, the Council was asked to review the application via e-mail. Richard stated that the application is similar in many ways to last year's although it includes updates with new goals. Richard requested that a motion be made to ratify his sending the letter to the Governor. Richard also welcomed any discussion or questions regarding the block grant application.

Liz Earls motioned to approve ratification of the advisory letter sent to the Governor. Noreen Mattis seconded the motion.

Discussion followed regarding the block grant amount and the intentions and the restraints that all states find themselves under to make application for this grant.

Corinna Roy stated that the Mental Health Block Grant funds amount to approximately 1.5 million dollars for Rhode Island. It is used as a contribution to fund community mental health services. Corinna explained that there are not specific earmarks for how the money is spent, but there is a general description of the range of services that must be provided by recipients of block grant funds. Ten percent of the funds are set aside for DCYF to provide children's services. Corinna reported that next week George McCahey (via conference call), Richard Leclerc and herself will attend a peer-review session in Baltimore where they will defend what has been written in the application.

Corinna reported that on December 1 a follow-up application called the implementation report will be filed to describe how well the goals set forth in the application were met. Corinna stated that the block grant application itself is moving more towards uniform reporting of statistics and looking at better outcome measures.

There was no further discussion. With a motion on the floor to approve ratification of the advisory letter sent to the Governor, all were in favor. Motion was carried.

UPDATE ON NATIONAL POLICY ACADEMY ON CO-OCCURRING DISORDERS SPONSORED BY SAMHSA

Noreen Mattis reported that she was one of five Rhode Islanders who made up the delegation who attended the National Policy Academy on Co-Occurring Disorders conference that was held in Philadelphia on September 13-15, 2005. There had been a preliminary site visit to Rhode Island in July of 2005 that was the kick off by the team that was coordinating this meeting. Noreen reported that the meeting was very structured, consisting of plenary sessions, presentations with an emphasis on evidence-based practice and promising practices, taking a scientific approach to the treatment of co-occurring disorders. Noreen reported an enormous amount of enthusiasm for organizing state efforts around a co-occurring model. The general mantra was that the future of the field is integrated co-occurring services. There were nine states in attendance, with a large portion of the meeting consisting of structured facilitated group work. State workgroups were formed with a professional facilitator that worked on developing what was the first part of their "State Plan." Rhode Island participants had the mission of putting together a skeleton of a "State Plan" by the end of the three-day meeting. On the last day of the meeting each state did a presentation on what their "State Plan" was. There were many commonalities among the states. Most states identified development of the workforce, working on reimbursement streams that would empower such a coordinated system, and prevention activities and what need to be accomplished in their plans. This meeting is a set-up for the states to go back and work on an application for a COSIG grant to get monies to get the system integration in place.

Noreen reported that Rhode Island has to put a draft plan together within 60 days. That draft plan needs to be fleshed out and approved by the administration within the state behavioral health system. The Rhode Island workgroup has met on several occasions and plans to bring a draft to Craig Stenning within about another month. Noreen reported that there is a Center of Excellence for Co-Occurring Disorders funded by SAMHSA that is available to do technical assistance.

Liz Earls announced that she had been contacted by the Addiction Technology Transfer Center regarding a breakfast that will update where the state is relative to co-occurring disorders. Liz suggested that someone from the Rhode Island planning group attend the meeting, which will be held on Friday, December 2, 2005 at Rhode Island College.

DISCHARGE PROGRAMMING

Richard Leclerc stated that one of the many items selected for Council priorities this year was to look at discharge planning issues and gaps and improvements in so far as discharge planning of adults with severe mental illness that are incarcerated. Richard introduced Dawn O’Gorman, Program Coordinator for Fellowship Health Resources, Inc. that has been operating a discharge-planning program, Fellowship Community Reintegration Services (CRS), for a number of years at the ACI and was in attendance to talk about it to the Council.

Dawn distributed *a list of the discharge planning agencies (See Attachment II)* available at the ACI. Each is targeted towards a specific group. This year the ACI has begun to do group discharge planning.

Dawn distributed a *brochure regarding the program that she coordinates, Fellowship CRS (See copy Attachment III)*. Dawn explained that Fellowship CRS is a part of Fellowship Health Resources, Inc., which is a mental health agency in Rhode Island and five other states. In Rhode Island they have two group homes, Westwick House and Fellowship House. They also have supported apartments (Hope Street Apartments), and a Mobile Treatment Team called Ocean State Outreach. Their newest program in Rhode Island is Fellowship Community Reintegration Services, which was started in November 2001.

Dawn stated that CRS is conducting diversion as well as discharge planning. They mainly work with inmates that are classified in Community Support Programs (CSP) or on a mobile treatment team. They also assist the inmates that do not meet the CSP criteria, but may possibly be able to or are in need of some kind of mental health follow up on the outside, and those are the inmates that do not have insurance and are hard to find placement for, being the most difficult population to find services for when they are released.

Dawn explained that each day she receives a list from the Department of MHRH indicating which inmates are CSP or on a mobile treatment team, along with the mental health agency they are working with. Dawn goes and sees them usually within a week or two, depending on their length of stay. There are only two coordinators that work for CRS. Dawn works with diversion, and they also have a discharge planner who completes the discharge planning. Dawn sees the inmates that are non-sentenced, coordinating with health services and assessing their needs, and after meeting with them she contacts their caseworker at the mental health center and collects their med sheets and mental health history in order to get them as close to the meds that they are presently on. The ACI does not carry all the meds that are available in the community. Dawn also offers each caseworker the opportunity to come into the ACI and meet with the client. Together with the caseworker, they try to plan to divert the client from being sentenced. Dawn stated that the judges have become more receptive to releasing them to a housing plan because of their previous homelessness, or to substance abuse counseling by referring clients to a residential substance abuse placement, or sometimes the client will be released right back to the mobile treatment team. Dawn tries collaborating communications between the court system, the inmates, and the community mental health centers.

Dawn stated that in the case that inmates do get sentenced, they follow them through discharge planning, connecting them with anything that they need to help keep them out of prison – for example, housing, structured residential care, etc. Once the inmate is released, they follow them for one year.

Dawn distributed *client statistics from January 1, 2005 to September 30, 2005 (See Attachment IV)*. Dawn stated that the diversion program started in February 2005.

Discussion revolved around homelessness and the placement of sex offenders. Dawn stressed the difficulties with this population. She stated that even with low-risk discharges, it is difficult to place these individuals and many are discharged to shelters.

The group discussed individuals with the need for a higher level of care and how the system's capacity to handle it needs to be examined. Additionally, the capacity of the system to take on people who are discharged and are eligible for services is not there, and many people end up receiving services from primary care physicians who are not trained appropriately in treatment creating a need for outreach to those groups, particularly those who return back to work and end up being primary insurance recipients.

Reed Cosper suggested that the “frequent flyers” and the clients for whom Dawn cannot find placement who are CSP need structured residential care, and lacking that care, the place for them to go is to the next level of structure, which would be the Eleanor Slater Hospital. If Eleanor Slater Hospital would facilitate that process, the “frequent flyer” problem would end, because once in Eleanor Slater Hospital, they will get a proper discharge. They will not be discharged to a homeless shelter. Richard Leclerc indicated that structured residential was identified as one of the gaps in the system.

Kathleen Spangler stated that there is agreement that the capacity of the system needs to be looked at carefully around a variety of levels of care. Ms. Spangler stated that there have been discussions around the appropriateness of hospital placement, but in many cases those discussions have been initiated because that is what is available rather than a discussion about what should be, and for many years the community has uniformly agreed that hospital-level care really should be restricted to folks within the hospital. Kathleen stated the need to see what has happened and then begin as a community to see some reasonable ways to move forward.

Richard Leclerc clarified that as a group, the Council wants to know more about this issue and identify gaps, but not necessarily come up with solutions within the same hour. Richard stated that the task at hand is to get some sense of the gaps, and then carry on that discussion at other types of meetings as to how to create the resources or change in the system or whatever needs to be done, and not necessarily focus on an immediate solution right now.

CHILDREN’S DISCHARGE PROGRAMMING

Richard Leclerc introduced Brenda Almeida of DCYF. Brenda stated that one of the main ways to discharge through the Juvenile Justice system is through Project Hope. Brenda distributed an *overview of Project Hope (See Attachment V)*. Brenda stated that Project Hope is located in the eight mental health centers around the state with the exception of Providence, where the site is located in the John Hope Settlement House, with access to all mental health services. Brenda distributed *recidivism rates gathered by the Yale Data Center (See Attachment VI)* which shows that Rhode Island youth have similar rates of recidivism to youth around the country. Project Hope is a 12-month program now state funded with a 1.8 million dollar budget. It is for adjudicated youth with serious emotional disturbances that are going back into their communities. The program has been expanded so that transition services are carried out for all youths coming out of the training school. All types of wrap-around services are provided – for example, educational services, tracking, mentoring, clothing vouchers, job placement, bus passes, etc. The recidivism data from Yale demonstrates that over the 12-month period there is success, but during the second year, the youth decline by 20 percent. Brenda stated that they are looking at expanding their services for a longer period of time to prevent this recidivism. Housing is recognized as a gap in service, especially for the 18-21 year old population. Lack of medical insurance is another area where there is a gap, especially for the 18-21 year old population, they no longer have access to RICare, although DHS is working to try to bridge that gap, especially for youth under the jurisdiction of the Department of DCYF. Another gap identified is remedial education. Brenda stated that youth are coming out of the training school at 17 or 18 years old and can only read at a second and third grade level. Brenda stated that they are working in conjunction with other state departments on the Children’s Cabinet to rectify these issues.

Brenda spoke about attendance at the 2005 Policy Academy held in Albuquerque, New Mexico, funded by SAMHSA and sponsored by the National Technical Assistance Center for Children’s Mental Health at Georgetown University. The conference focused on all youth transitioning to adulthood.

The goal of the Policy Academy was to bring together decision makers from within the five states attending to develop a policy around what would be provided for youths transitioning to adulthood, the 18 to 23 year population that is not receiving services. Brenda distributed a *report which was presented at the Children's Cabinet in September (See Attachment VII)*. Brenda reported that at the Policy Academy the Rhode Island team committed to work with the Rhode Island Children's Cabinet to initiate a Partnership for Youth in Transition.

Kathleen Spangler, Director of MHRH, who also attended the Policy Academy conference, spoke about some changes in language. She stated that the language had always transitioned children from DCYF to the adult mental health system. Kathleen emphasized the absence of the "growing up part" which would shift the language to transition from childhood to adulthood. Kathleen stated that they want to look at all children transitioning out and provide for them the services and/or skills that they need to transition to adulthood that would not be exclusive services for one department or another. Kathleen stated that because this has been such a difficult issue for so many years, this will be a focus area of the Children's Cabinet.

Brenda Almeida stated that the final new initiative that DCYF and the sister agencies have taken up is the 9 million dollar, 6-year School Wide Positive Interventions and Supports (PBIS) grant that they just received from SAMHSA. Brenda distributed an *overview of the PBIS grant (See Attachment VIII)*. Brenda Almeida is the interim director of the grant until someone is hired for the position. Brenda stated that their hopes are that this will serve as prevention via early identification of kids who have serious emotional disturbances and need intervention. The first group will be pre-school and middle school. Eighteen schools in different parts of the state will implement the model in fall, 2005. Brenda stated that an important factor is that all of their sister agencies in the state are a part of this. It proves that they have learned to work together.

Brenda announced that Project Hope is having an Appreciation Celebration on November 17 at 500 Prospect Street, Pawtucket at Independence Square from 1 p.m. to 4 p.m. The Governor will be in attendance along with Jane Hayward to thank everyone who worked so diligently to support Project Hope.

UPDATES FROM MHRH

Craig Stenning thanked the members of the team who attended the Policy Academy during the time that the State was dealing with the arrival of the guests/evacuees from New Orleans. The result of the arrival necessitated the activation of the Behavioral Health Disaster Planning Team. Craig reported that there was a team of people that were present when the first plane arrived at Quonset, and for the next three weeks the team provided counseling at the Family Center and Mental Health tent in Middletown. In addition to the 106 individuals who arrived by plane, there were another 180 individuals who arrived in Rhode Island through other means. Therefore, there were about 286 individuals and at least 230 utilized the Family Center for some level of services. Craig stated that it became evident after the first few days that only a segment of individuals who were actually living in the housing in Middletown were coming to the central Family Center, so they began to have teams of professionals, both mental health, medical and clergy, that went out to do door-to-door assessments. Some of the individuals who were in the most need of services were those who were more isolated and were not coming to the Family Center.

Craig publicly thanked all of the organizations that came through as well as the volunteers, staff, and regional teams, all of the mental health centers and organizations, and Butler Hospital for their quick and professional services during long hours and weekends.

Craig stated that the Family Center closed but the teams stayed on site in a house that was being used in conjunction with the Family Center for an additional two weeks. They have turned it over to the community partners, the Newport County Community Mental Health, CODAC and East Bay Community Action Program.

Craig stated that an application with every hour of service that had already been provided as well as what was thought to be needed to go forward was submitted to SAMHSA and has been partially approved. Craig stated that he was aware that they would not fund most of what had already taken place, but felt that they should know how labor intensive and expensive this kind of response was. Craig stated that they did fund the work that began when the Family Center closed. He added that they will not fund treatment, but they will fund crisis intervention and outreach and prevention. Therefore, the groups that Newport and CODAC are running will be funded.

On October 24, 2005 the Department of Corrections and MHRH are co-hosting a workshop as part of the continuing work that the two departments are doing to address the population of individuals both within the prison and especially those coming out the prison that overlap into the MHRH service delivery system. This is part of a technical assistance project with Rhode Island being one of four states in the country selected to receive this technical assistance to help us develop a plan to provide better services to these individuals. Craig stated that having run data for both departments and come up with an actual list of individuals that are currently part of the mental health system, but who are frequent users of inpatient hospitalization at Butler Hospital and have been frequent visitors to the ACI as well, the plan is to have probation and parole provide a more intensive level of forensic services through the existing mobile treatment teams. This would be accomplished by adding a forensic component to the existing mobile treatment teams. Craig stated that they are hoping to have this up and running shortly after the beginning of 2006.

There was discussion regarding Medicare Part D. Craig stated that there is an agreement with all the current pharmaceutical companies to provide any of the medications that may not be on one of the formularies that an individual may pick who is part of the system right now for at least a two-month period of time. Craig is hoping that once this process begins there will be some changes in the way the program actually gets implemented.

Craig stated that the budget for 2007 has been completed and has been submitted to the Governor. Craig stated that it is a budget reduction year with a ten percent target, which is a difficult task. He stated that it the fifth year in a row of reductions and that this year is the most difficult year and the largest size target.

OLD/NEW BUSINESS

Corinna Roy stated that a copy of Progress Report 4 of the Allied Advocacy Group (AAG) for Collaborative Care Contract with the US Center for Mental Health Services was distributed with the Minutes of July 12 and asked that it be reviewed for discussion at a later date.

Corinna Roy distributed a *proposed schedule of meetings for 2006 (See Attachment IX)*.

Richard Leclerc announced that Bill Hancur of Blue Cross/Blue Shield of Rhode Island will attend the next meeting to discuss Behavioral Healthcare benefits.

ADJOURNMENT AND NEXT MEETING

There was no further business. Upon motion made and seconded, the meeting adjourned at 10:25 a.m. The next meeting of the Council is scheduled for **Tuesday, November 8, 1:00 p.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

Attachment I - Letter dated August 29, 2005 addressed to Governor Carcieri

Attachment II - Discharge Planning Agencies available at the ACI

Attachment III – Copy of Brochure – Fellowship CRS

Attachment IV - Client statistics from January 1, 2005 to September 30, 2005

Attachment V – Project Hope

Attachment VI – Recidivism Rates

Attachment VII – 2005 Policy Academy Report to the Children's Cabinet

Attachment VIII – School Wide Positive Behavioral Interventions and Supports

Attachment IX- 2006 Schedule of Meetings for the Governor's Council on Behavioral Health