

**Meeting Minutes of
The Governor's Council on Behavioral Health
8:30 A.M., Thursday, April 14, 2005**

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

Members Present: Richard Leclerc, Chair; Cynthia Barry, Noreen Mattis, Sandra DelSesto, Diane Dwyer, Peter Mendoza, Ron Platt, Elizabeth Earls, and Representative Bruce Long.

Ex-Officio Members Present: Kathleen Spangler, MHRH Acting Director; Marie Strauss, Elderly Affairs; Craig Stenning and Katharine Lyon, Ph.D., MHRH; George McCahey, Chris Counihan, and Nancy Herrington, DCYF; Frank Spinelli, DHS; and Frederic Friedman, DOC.

Staff: Mary Ann Nassa and Corinna Roy.

Once a quorum was established, the Chair, Richard Leclerc, called the meeting to order at 8:35 am.

After introductions were conducted, the Chair entertained a motion to accept the Minutes of March 8, 2005. Liz Earls motioned to approve the minutes, and Bruce Long seconded the motion. All were in favor, and the minutes were approved as written.

COUNCIL SUBCOMMITTEES

Emerging Population Report

Richard Leclerc stated that a red-line copy of the Report on Emerging Populations had been distributed with the minutes, and subsequent to that a final copy was e-mailed. Richard asked that the council focus on the five recommendations illustrated on Page 12. Richard introduced Liz Earls who reported that Nicki Sahlin, PhD was unable to attend the meeting and added that Dr. Sahlin has been incredibly patient with the process that lead to the final report.

Liz brought attention to recommendation number 2 and number 3 within the report, which were related to the service design recommendations introduced at the January 11th meeting of the Governor's Council entitled RICCMHO Community Support Services Committee Response to the Governor's Council Subcommittee Report on Emerging Populations. This report described modifications or additions to some of the services within the system that would help behavioral health workers treat individuals similar to those described in the Emerging Populations report for whom the services are just not quite right. The recommended service addition would be a mobile treatment team somewhat like what is in place, but with greater flexibility for those individuals who are truly hard to engage in services, who need extra amounts of time and the most skilled staff to conduct outreach. Liz added that right now there are also complications with the billing.

Liz stated that with regards to recommendation number 3, they are looking at a forensic mobile treatment team, which is not unusual in other states, for those individuals in the system who are also within the correctional system and potentially in receiving other state services. This type of team would have expertise in parole, probation—such as retired police officers who have the familiarity with the criminal justice system and are then trained to work on a mental health team.

Liz stated that those were the two major additions to the report taken from the service design report. Other recommendations were redefined around data collection with emphasis on the issue of general outpatient funding, which was somewhat lost in the earlier report. These dollars are earmarked for uninsured individuals, which is a growing need within the community mental health system as resources are harder to come by.

Finally, Liz stated that the other recommendations are self-explanatory. She welcomed questions.

Richard asked if there were any questions, objections, or additional recommendations. There were none, and Richard requested a motion to accept the report as submitted and to move on the recommendations and to communicate them to Governor's Office. Sandra DelSesto made the motion and Cynthia Barry seconded the motion. There was no further discussion, all were in favor. Richard stated that the recommendations of the report are passed, and moved forward and accepted by the Governor's Council.

Richard thanked the committee chairs and its members for working a number years and coming together on some tough recommendations.

UPDATES FOR MHRH

Craig Stenning reported that a Behavioral Health disaster exercise, which included over 120 participants, had been successfully conducted on March 31. The volunteers included members of the regional behavioral healthcare disaster teams, which have been trained over the past couple of years in disaster response; members of MHRH staff; the Department of Health; and with major participation and assistance from the Rhode Island Red Cross, which established the family center. They are in the process of writing up the lessons learned from the exercise.

Craig reported that in response to the President's New Freedom Commission report, SAMHSA has released the Transformation Grant, which is a highly competitive grant. It is due June 1, and an outside consultant will be needed to assist in writing the grant. They are exploring that right now, along with the structural process of what the application includes because it requires a large statewide survey of existing resources and services across all departments that have anything to do with mental health. This plays into the establishment of the managing director's office, and they have been in communication with Jane Hayward around the role that her office would play in coordinating across state departments. It also requires the establishment of some kind of coordinating body. Craig signified that it reads fairly close to the Governor's Council and therefore, he asked that the Council may want to reserve one of the activities for focus in the upcoming year for this application.

Craig reported that a hearing will be conducted on Friday, May 13 at 12 noon at the Regan Conference Center which will be advertised in the Providence Journal for the promulgation of the Certification Standards for Prevention Programs. Under the new process the Department is using a CD to distribute the standards, which are presently being mailed out.

Craig reported that they are completing interviews this week for a position within the Planning and Prevention Unit that will focus specifically on the development of grants. This individual would assist in writing many of the grants from Washington. Over the last decade there was a period of time when all the federal grants that were released were designed for community-based agencies, local cities and towns and non-profits to apply. Most new grants coming out of SAMHSA are called state incentive grants, which require that the Governor be the applicant and that there be major statewide support for the applications. Craig stated that this position would provide grant writing assistance to community partners.

Craig announced that they have received approval to post and advertising the supervisory position overseeing the recently merged Planning and Prevention Unit. They will e-mail an alert that it will be posted, and if council members are aware of individuals that might be interested, please be aware of this posting.

Craig reported that they are in the second year of a technical assistance approach to work between MHRH and the Department of Corrections around the overlapping issues concerning mental health,

substance abuse and corrections. They range from diverting individuals from going into the correctional system to what happens to them when they come out. Particularly the availability of housing, supportive services, treatment and residential services and identifying the characteristics of the high-end users who frequently end up in Butler or hospital emergency rooms and/or end up at the ACI. Craig reported that Rhode Island was one of four out of sixty-five states that were successful in being approved for the second year of technical assistance. Craig stated that in a couple of weeks the directors of MHRH and DOC and four people within those departments will be attending a technical assistance conference to develop the next level of the plan.

Craig stated that community focus groups are continuing longer than anticipated and asked that the review of the outpatient system be postponed to next month's meeting.

Kathleen Spangler, Acting Director of MHRH, stated that she is grateful to Craig Stenning for his skillful management of these processes. She reported that there are two other issues that she would like to add.

Kathleen reported that scheduled budget hearings for 2005-2006 have been concluded, which includes both the Department's Senate Finance Committee Hearing and the House Hearing. The Department has not received any indication based on those hearings that there will be substantial changes. There are clearly some areas of concern and controversy specifically around splitting a plan or two.

The other piece that Kathleen brought to the Council's attention is individuals who are incarcerated within the Forensic Unit, which has been running at capacity for some time. Ms. Spangler expressed that it is a troublesome area, and there will be further conversation about it. She explained that there are three groups of individual housed in the Forensic Unit. The first group is of individuals who are arrested and determined not competent to stand trial. While these individuals are in the Forensic Unit the goal is to restore that person to competency so that they can stand trial; and depending on the outcome of the trial, they may or may not see them in that unit again. The second group consists of those persons who have been tried and found not guilty by reason of insanity. The third group is made up of persons who have been tried, found guilty, and are serving their sentence at the ACI where they were determined to be in need of psychiatric service not capable of being provided within the ACI. Additionally, if an individual comes into the prison system that has need for psychiatric hospitalization, then they are sent by order to the Forensic Unit. She anticipates more discussion in the future about this.

Craig Stenning added that the remaining tension within the budget, in addition to supportive employment, is a reduction in funding for community-based prevention task forces. Craig reported that there was a series of reductions across the system of care from treatment through prevention from mental health to substance abuse.

Craig reported that over the course of two years there have been substantial budget funding restoration by the Governor's Office to the extent that of the \$2.8 million that was originally targeted for reduction, \$2.5 has been restored, leaving a \$300,000 reduction. Craig explained that part of the tension around the Prevention cut is that in the past three years there has been an initial infusion of \$9 million and now a second grant of \$6 million into the prevention field (the two SIG grants). Therefore, the field of prevention has benefited, but this particular segment of the budget designed for community task forces did not benefit despite the fact that eight of the task forces were major partners in one of the SIG projects and were successful.

Richard Leclerc asked what that impact the cut would have on service delivery systems in the task forces. Craig stated that it is approximately a seven percent cut to programs that do not receive a lot of state money. Some of the grants are as small as \$30,000 or \$40,000 at a community level. Richard clarified that it would be implemented as a general reduction rather than totally eliminating some of the grants.

After discussion around the prevention task forces, it was suggested that a report studying the important issues of how to fund them may be pursued by the Council.

UPDATES FROM DCYF

George McCahey stated that he would defer Agenda Items 5 and 6 for a special presentation by Chris Counihan that was requested by the Council. These items covered issues described in the DCYF Position Paper entitled *Towards a Statewide Policy on Emergency Psychiatric Interventions for Children and Youth in Rhode Island*, which was distributed with the minutes of March 8.

In addition, George stated that Nancy Herrington, who is active in the prevention activities at DCYF, would present a proposal put forth to utilize some un-obligated block grant money that the Department has from the previous fiscal year. George explained that every year the Department of MHRH receives approximately \$1.5 million, and DCYF gets approximately 10 percent of that amount which they use to develop a work plan, and that work plan always includes a contract for a specific agency dealing with an underserved population. Subsequently, they set aside a certain amount of the money to deal with moving the system of care task force forward which encompasses statewide planning with major stake holders or state agencies, vendors and families to move the themes and goals of that task force and jump start some of the activities. DCYF has a proposal that Nancy is going to present to the Council.

George announced that there is a new Acting Interim Director of DCYF, Patricia Martinez, who recently came from the Governor's Office and prior to that, has a twelve-year history with Progreso Latino. Ms. Martinez has implemented some minor internal reorganization and if the Council would like her to attend a future meeting and discuss her vision and values that could be arranged.

George reported that the construction of the new training school is moving forward although there is a cost overrun issue. It is focusing on the idea of best practices about placing kids safely into the community with the support of community-based transitional activities. George reported that their ex-director, Jay Lindgren, has been transferred to the Department of Administration to spearhead that project.

George introduced Nancy Herrington. Nancy reported that DCYF has conducted a family service review and looked at families that were involved with the Department and they came up with a program improvement plan that was submitted to the federal government.

Nancy reported that when looking at environmental indicators, behavioral health and child welfare issues are very similar. They are looking at developing a statewide child abuse and neglect prevention plan that is inclusive of all state departments with a focus on infrastructure to pull it all together. The most familiar plan is the New Jersey plan that created a common shared vision of what prevention is. Nancy stated that we need to have a coordinated effort with similar goals. New Jersey developed standards that everyone could buy into. The proposal is basically to convene a group to look at

developing a statewide prevention plan, and to bring in some consultants to reframe the concept of child abuse and neglect prevention within a 15-month time frame.

Richard Leclerc introduced Chris Counihan to talk about the needs assessment for children's emergency psychiatric services and its recommendations. Chris distributed a brief outline to highlight his presentation (*See Attachment I*). Chris reported that the Department of DCYF has been looking at emergency services for a period of time.

Chris reported that last summer he assessed the current state of emergency services for children by visiting the mental health centers, hospital emergency rooms and parents. He looked at other models from Vermont, Connecticut and Illinois. He assessed the current practice and reported on what was found and recommended, how to improve the service and enhance the current system and also to identify larger policy issues around the system of care and how children move from less restrictive settings into more restrictive settings.

Chris summarized that the findings in short are that there are many variations in how children receive emergency services, what an emergency service is, whether it is picking up the phone, whether it is going into a center, or whether it's working with their community stakeholder in their school across the state. There are variations in resources that are available. The volume varies by population, but half of these psychiatric emergency services take place at Hasbro Hospital Emergency Room. It is estimated that about nine crisis interventions occur each day. Families' feedback was that there was not a lot of responsiveness on the telephone or that they were being blamed for the child's behavior and told to go to the emergency room. Others felt that there was a connection, especially with existing folks that they were working with. Chris stated that while there is a system of care that has evolved in Rhode Island for children using the local coordinating council. Most of the services for children were previously funded by DCYF, but were not really used. Now with the establishment of RITECare through the mental health benefit, more alternatives are being developed but they are still not used evenly.

Chris stated that one of the more important issues that he learned as he went through the process of assessing the scope of what DCYF can and cannot do was the recommendation around where services starts. It starts with the family themselves, within a daycare center or school whereby a child-competent mental health professional is accessed to inform the family that they are having trouble. That telephone conversation constitutes the first stage of a crisis intervention and then the decision to have a face-to-face intervention is the second step and the third step is making sure the family is safe for follow-up services and matching the services to the needs that have been identified. Those are the components that DCYF wants to focus on. One of the necessary improvements to the system is to recognize crisis intervention as a value to focus on the family, to have some standards around timeliness. A family should know that if they pick up the phone, they can get a return phone call or have someone speak to them right away; and if there is a face-to-face evaluation, it will be with someone who has child competency and has back up by a supervisor and doctor who can help them make, sometimes difficult, medical decisions. It was also determined that collecting data is important and to manage and evaluate the quality of what is going on with an advisory group composed of a varied group of stakeholders.

Richard Leclerc raised the question of to whom would this proposed system apply? Chris stated that it is his understanding, because they are doing the licensing, that they would be service-based standards so that anyone providing emergency service would be required to meet these standards. Ideally, the statewide phone number would be made available to any parent, daycare worker or school teacher.

Chris stated that he was looking not only at best practice, but also at how a plan would interface with the realities of the current Rhode Island system. Richard then asked if Chris sees these standards as being required of private insurance companies such as Neighborhood, United or Blue Cross. Chris stated that they would like to have the credentialing that they do reflect these standards in terms of their staffing, but that is up to DHS and that is why they need to go to DHS and make it part of the RITECare contract, and then they will have some influence.

Richard then suggested that this will only be incorporated and affect subscribers to the extent that payers/insurers buy into this. If they don't buy into it, then it only affects a portion of the state children; therefore, if RITCare, United or Blue Cross is not part of this, then it really is a service that only affects uninsured children in the state. Chris agreed.

Discussion revolved around clinical credentials and best practices.

Richard Leclerc stated that an implied purpose of this was to make sure that children are appropriately assessed and not hospitalized if other services are available; therefore, an implied outcome is that there will be a decreased use of hospitalization. Richard asked if the current utilization review statutes limit how effective this team would be in diverting hospitalization. Chris stated that he thinks the value of the ideal of crisis intervention as a service should include follow up that matches services to the needs that in and of itself does not restrict or violate the U.R. law.

Richard stated that currently there is \$1.2 million in the system that supports the children's emergency program. Richard asked if fully or partially funding this new system meant that there would be an extraction of up to \$1.2 million from current services. If so, had the Department assessed the impact this extraction of funds would have on the current system? Chris stated that he does not expect it to be a black and white transition. The volume for children is approximately 75 to 80 percent of the volume of emergency service teams as with adults. The question is "is there more value in consolidating some of that for some of the places that do one or two evaluations a week," and also the family support person who could assist the crisis intervention. Chris stated that they want to enhance what is already there as opposed to discarding it and adding something else. Chris thinks that there are more discussions that need to be held for thoughtful feedback and to review how similar programs are working in Massachusetts and Illinois. Chris stated that they will be returning to talk with the parent support network and continue their discussions with DHS within the next month or so and before the summer have a larger public meeting to refine their ideas.

Richard Leclerc indicated that at some point he would like Chris to return and share the results. Richard asked if DCYF has a position on the proposed legislation requiring this that is in the House Finance Committee. Chris stated that they are talking about a single point of entry and the elements in their bill relate to some of the standards that DCYF has put in about family focus. In that regard it speaks to a best practice, although the single point of entry raises a lot of issues that have been raised here, and is that within the mission of DCYF or is that within the mission of DHS and the RITECare folks? That is what is clear. He stated that he could not speak for the Department beyond that.

OLD/NEW BUSINESS

Richard Leclerc distributed *Issue for Council Focus in Upcoming Year (See Attachment II)*. Richard stated that this summarizes ideas mentioned during the course of the year as to what are some of the things that the Council should be looking at. Richard stated that he would like members to add to that as much as possible, and it will be placed on the agenda for the next meeting to try to narrow it down.

Sandra DelSesto stated that she would like to add to the list the whole Prevention Task Force Issue. Richard asked that members submit additions by e-mail to Corinna Roy.

Sandra DelSesto suggested that because these meetings contain so much content that she made a motion to extend the meeting a half an hour and have it be a two-hour meeting. Liz Earls seconded the motion. All were in favor; motion carried. It was stated that meetings scheduled at 1:30 p.m. would be moved to 1:00 p.m. and the 8:30 a.m. meeting would meet until 10:30 a.m. providing two hours of time.

Sandra DelSesto made a motion to send a letter to the House and Senate Finance Committees that the Prevention Task Force and supported employment reductions of \$300,000 be restored. Liz Earls seconded the motion. All were in favor; motioned carried.

Liz Earls announced that on May 11, 2005 DATA and the RICCMHO were cosponsoring a training at Brown University to welcome Vets back from Iraq, which includes behavioral healthcare issues affecting these families.

Richard requested a volunteer to attend a joint national conference on the Block Grant program and data along with Corinna and George. If there was any interest people should contact Corinna at 462-0455.

ADJOURNMENT AND NEXT MEETING

There was no further business. Upon motion made and seconded, the meeting adjourned at 10:20 a.m. The next meeting of the Council is scheduled for **Tuesday, May 10, 2005 at 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, MHRH

Attachment I – Presentation to Governor's Advisory Council on Mental Health on DCYF Development of Children's Emergency Psychiatric Services April 14, 2005

Attachment II- Issue for Council Focus in Upcoming Year