

**Meeting Minutes of
The Governor's Council on Behavioral Health
8:30 A.M., Thursday, December 9, 2004**

The Governor's Council on Behavioral Health met at 8:30 a.m. on Thursday, December 9, 2004 in Barry Hall's Conference Room 126, 14 Harrington Road, Cranston, Rhode Island.

Members Richard Leclerc, Chair, Carrie Blake, Sandra DelSesto, Diane Dwyer, Peter Mendoza,

Present: Liz Earls, and Reed Cosper.

Ex-Officio George McCahey, DCYF; Tom Martin, MHRH; Fred Friedman, DOC; Tom
Members DiPaola, Dept. of Ed.; and Frank Spinelli, Human Services

Present:

Guests: Mitch Henderson

Staff: Corinna Roy and Mary Ann Nassa.

Once a quorum was established, the Chair, Richard Leclerc, called the meeting to order at 8:45 a.m.

The Chair entertained a motion to accept the Minutes of November 9, 2004. Liz Earls motioned to approve the minutes and Peter Mendoza seconded the motion. All were in favor, and the minutes were approved as written.

COUNCIL SUBCOMMITTEES

Access to Services Subcommittee

Richard Leclerc stated that a copy of the final draft report had been distributed via e-mail along with a copy of the *Summary – Access to Services Subcommittee Report*, which had been presented at the last meeting and included in the mailing with the Minutes of November 9 as Attachment IV. Richard introduced Corinna Roy.

Corinna Roy stated that a council member at the last meeting asked if the report data related to criminal justice was realistic. Corinna introduced Mitch Henderson who met with Dr. Friedman of Corrections to discuss this issue. They determined that looking at a range was better than looking at a specific cost. Mitch distributed a graph entitled *Access to Services Report – Criminal Justice Costs and Potential Savings (see Attachment I)*. Mitch referred to the report distributed at the last meeting where they developed a cost for diversion and transition as \$5,500 per person. The new graph plots a range of \$5,500 to \$10,000 for diversion and transition against the recidivism rate. Mitch referred to studies indicating that recidivism rates could drop considerably from 50 percent down to 12 percent, depending on how effective a program is. In the report he indicated numbers like 50 million dollars worth of savings, which was based on the \$5,500 worth of cost and 12 percent recidivism, which is the most optimistic of all the points plotted on the graph. Mitch stated that it is a gray area as to exactly how much it would cost to implement diversion and transition, and it is also questionable how effective the program would be in reducing recidivism; therefore, the graph shows the range of possibilities from 50 million dollars down to zero depending on the program effectiveness. Corinna stated that they will add this figure to the report with an explanation to clarify some criminal justice issues. Corinna also stated that she did not receive any comments from anyone regarding the report.

Richard Leclerc referred to the recommendations and actions in the *Summary – Access to Services Subcommittee Report*, which was distributed at the last meeting as Attachment IV, Page 3. Corinna Roy reviewed the following recommendations and actions:

- Develop a detailed model of services needed including staffing requirements. Next, benefits need to be figured and a cost benefit analysis completed.
- Manage the timeliness in which clients are seen by defining clients' need for treatment on a scale of severity.
- Develop hospital diversion services.
- Promote an integrated approach to care in which both substance abuse and mental health needs are treated.
- Provide services to people before they enter prison and while they are in prison such as robust screening and diagnosis, then treatment.
- Increase outreach to the elderly via professional development within the entire network of elder care providers, conduct public awareness campaigns and implement suicide prevention programs for the elderly throughout Rhode Island.

Richard Leclerc raised a question regarding the fifth bullet mentioned above, "Provide services to people before they enter prison and while they are in prison such as robust screening and diagnosis, then treatment." Richard asked if the subcommittee had discussion regarding "Provide services before they enter prison," because essentially all of us are in that stage. Is it at the point of indictment, pre-arraignment, pretrial, etc.? Is it that kind of program that is being envisioned or are there other identifiers that we need to be aware of that this is pertaining to?

Corinna stated that it was a little more vague than that, stating that it was essentially looking at trying to give people access to services so that they don't find themselves in this situation and end up in the criminal justice system.

Richard asked if there would be a way to narrow it down because of its broad nature, ranging from primary prevention to prison diversion to anything and everything in between. Richard suggested that examples would be helpful in focusing the recommendations. Corinna suggested examples such as prison diversion and risk assessment for individuals with a criminal justice history.

Discussion revolved around focusing the recommendations that will go to the Governor and how the recommendations from the full report, which offer much more detail, will be included.

Richard Leclerc requested a motion to accept the recommendations and to have the text amended slightly to reflect the intent of the discussion to expand upon some of the recommendations and incorporate the more detailed recommendations in the full report. Liz Earls motioned to accept and Carrie Blake seconded the motion. All were in favor and the motion was carried. The Council accepted the recommendations as modified from the Access to Services Subcommittee. Richard thanked all members of the subcommittee for all there hard work.

Emerging Population Report

Richard asked that this report be tabled until the January meeting, because the authors of the report were not in attendance and during the last meeting, there were questions about the contents.

UPDATES FOR MHRH

Richard Leclerc introduced Tom Martin, reporting for Craig Stenning for MHRH. Tom reported that Janet Spinelli and Corinna Roy have applied for an NIMH planning grant. It is a grant to try to bring together Behavioral Healthcare providers and primary care providers to provide integrated care.

Corinna Roy stated that the application was submitted about a month ago. They are working with Donald Galamaga's group, the Allied Advocacy Group, who are working on a smaller grant from SAMHSA focusing primarily on bringing behavioral healthcare providers into primary care settings.

Corinna stated that the MHRH planning grant would look at working with behavioral health centers doing an integrated referral process or on-site primary care, as well as looking at expanding primary care settings, but not limited to one approach. It would build on the work of the Allied Advocacy Group. Corinna stated that the grant is for \$100,000, with a decision within approximately three months.

Frank Spinelli added that the SAMHSA grant is for only \$25,000, and it will only survey primary care providers on their relationships and collaborations with behavioral health providers; therefore, the planning grant would supplement it very well.

Liz Earls announced that the National Council of Community Mental Health Organizations will have some SAMHSA funding opportunities available as a result of the transformation and the implementation of the president's report, and one of the pieces that they are looking at is trying to get funding into some of the states for the purpose of bringing primary care into behavioral healthcare settings.

UPDATES FROM DCYF

George McCahey distributed copies of the *Mental Health Block Grant Peer Review Response Children's Section (See Attachment IV)* that DCYF submitted to CMHS. George stated that he had e-mailed the block grant to Corinna Roy; and if anyone is interested in reading that document, it is available electronically.

George reported that all of their goals were reached with the exception of the reduction of out-of-home placement. He stated that that is still an ongoing issue. Last year at the end of June 30, the actual figure was approximately 106 and the target rate for that last fiscal year was about 95, leaving an approximate 10 percent overage. The Department anticipates in 2005 from July 1 forward a more substantial reduction based on the fact that they have more hospital step-downs, and the CIS program which is up and running.

George spoke about the recent tragic death of the child in Woonsocket killed by his familial foster parents prior to them getting fully licensed and there is an investigation now ongoing through the child advocate of the Department along with the hospital which was involved. George stated that this incident touches on the issue of what is best practices about placement for children.

Tom DiPaola suggested that it might be worthwhile to ask DCYF for a more focused report at an upcoming meeting. Tom stated that there have been a number of changes in practice at DCYF

around children's behavioral health. A skeptic might say primarily driven by budget decisions, but there are many more children being placed in community-based residences of a variety of types including foster homes, specialized foster care, and group homes. Tom suggested that it might be good to hear some of this news from DCYF and some of the related planning. Tom does not feel that enough has been done with the school departments where residence options are available and often the children get placed residentially and there is really no structure established and the schools are scrambling to put something together educationally for the children.

Richard Leclerc stated that he would look into it for the next meeting. Richard recalled that this issue was on the agenda for the System of Care Task Force, and asked if anything was forthcoming from that group on this particular topic.

Tom reported that the Children's Cabinet has stated that it is a focal point, and the director has reported out a couple of times on pieces of implementation of the system of care; but other than that he is not aware of any other place where progress toward implementation is being reported out.

Richard asked George if DCYF would submit a written or verbal and more focused report on the efforts being made to bring children into the state, as well as what those arrangements are and its impact on other parts of the system, especially the educational system. George stated that there is an administrator responsible for the care management teams who would be able to come and speak at the next meeting.

Richard asked that George also give a summary report or a written report concerning the effectiveness of CIS at the next meeting.

Richard stated that he understands that the Department is ready to go out to solicit proposals for a 24-hour emergency service program and asked if that is something the Council should review and advise in terms of a forum to look at how it fits into the existing system of care before it is issued.

COUNCIL GOALS /PRIORITIES 2005

Richard stated that he would like to have some sense of the Council's direction going into the new calendar year in January. He pointed out that the agenda for today's meeting originally included a discussion of the Council's Goals for 2005. He anticipated that most of the discussion at this meeting would pertain to the subcommittee reports. There are recommendations within the Access to Care report that may need to be undertaken over the next year, and there are likely actionable items that the council would be interested in undertaking related to the Emerging Populations Report. Since the latter report was taken off the table, he suggested that the discussion of Council priorities should also be tabled.

The recommendations from both reports, as well as the Children's subcommittee report approved last year, will be included in a laundry list of things that need to be looked at either through a small work group, a subcommittee or an individual by doing some research and writing a report to present to the larger group. However, both subcommittee reports need to be discussed because it is unknown what additional work that could create. At the next meeting Richard is hoping to look at this laundry list of possible priorities that will be tackled during the next year and beyond.

OLD/NEW BUSINESS

Richard Leclerc distributed a copy of the *letter that was sent to the Governor on behalf of the Council regarding the motion passed at the last meeting to support Project Hope and its funding (See Attachment II)*.

Richard then distributed a copy of the *Butler Hospital Contract (See Attachment III)*. A copy was requested after discussions about it at a few points during the deliberation around access to care and continuity of care and there was reference made to the arrangement with Butler Hospital on diversion. This will be placed on the agenda for an upcoming meeting for discussion.

Richard stated that at the last meeting there was discussion regarding nominations to the Governor's Council. Three vacancies are anticipated, of which one has to be a family member or a consumer. The other two need to be public members, probably not providers. Therefore, Richard asked that anyone from the public that is interested in this particular cause, please submit their names within the next three weeks so that we can submit our recommendations to the Governor.

Richard stated that communication has been made with the Governor's office regarding appointing some of the existing vacancies. They have not heard anything back from the Governor's office and therefore will redouble their efforts by further indication to the Governor that there are new appointments to consider. In the bylaws it is suggested that every three years we renew and review our charge on this board so that if someone was not able to make it, that at least that three-year period would be a period of time where they could step down or we would not recommend their name to the Governor's office. The Governor's office has communicated that the statute does not provide for that so therefore our bylaws cannot contain that. Richard suggested that the Council might like to request an amendment to the state statute to allow for a term limit.

ADJOURNMENT AND NEXT MEETING

There was no further business. Upon motion made and seconded, the meeting adjourned at 9:30 a.m. The next meeting of the Council is scheduled for **Tuesday, January 11, 2005 at 1:30 p.m. in the first floor Conference Room 126 at the Barry Hall Building.**

Minutes respectfully recorded and submitted by:

Mary Ann Nassa

Attachments: I – *Access to Services Report – Criminal Justice Costs and Potential Savings*
II – *Letter to Governor Carcieri Supporting Project Hope*
III-- *Butler Hospital Contract*
IV-- *Mental Health Block Grant Peer Review Response Children's Section*