

**Meeting Minutes of
The Governor's Council on Behavioral Health
8:30 A.M., Thursday, March 9, 2006**

The Governor's Council on Behavioral Health met at 8:30 a.m. on Thursday, March 9, 2006, in Barry Hall's Conference Room 126, 14 Harrington Road, Cranston, Rhode Island.

Members Richard Leclerc, Chair; Carrie Blake; Sandra DelSesto; Noreen Mattis; Chaz Gross; and

Present: Heather Fish.

Ex-Officio Sandy Woods, DCYF; Fred Friedman, Department of Corrections; John Young, Acting Director, MHRH; Gene Nadeau, MHRH; and Marie Strauss, Department of Elderly Affairs.

Guests: Jill Beckwith, Rhode Island Kids Count;

Staff: Jim McNulty, Corinna Roy and Charles Williams.

Once a quorum was established, the Chair, Richard Leclerc, called the meeting to order at 8:45 a.m. After introductions were conducted, the Chair entertained a motion to accept the Minutes of February 14, 2006. Gene Nadeau motioned to accept and Sandra DelSesto seconded the motion. All were in favor, and the minutes were approved as written.

Richard Leclerc announced that John Young, newly appointed Acting Director of MHRH, would be addressing the Council, and prior to his arrival Richard distributed Agenda Item 3, *NAMI Scorecard (See Attachment 1)*.

Richard introduced John Young to the Council. John stated that his position at MHRH is for a short time and talked about Ellen Nelson, the Governor's nominee for the permanent directorship of MHRH. He gave a brief overview of his work with Ellen Nelson who has deep experience with the three operating sectors of the Department: Behavioral Health, Developmental Disabilities and Public Hospitals.

There are a number of initiatives proposed in the Governor's budget that effect MHRH. John stated that after talking to people throughout the Department about what is in the Governor's budget and what it means; he sees opportunities to reduce "siloeing" and better coordinate the system within the Division of Behavioral Health. John reported that he and Craig met with substance abuse providers who are troubled that the Department is looking at combining the procurement of detoxification and psychiatric hospitalization services through one provider. These providers were asked to think creatively to help move people from having to use the highest cost services such as psychiatric hospitalization and detoxification to more appropriate and less intensive services.

The Department is concerned about a proposal to establish a supplemental rebate on pharmaceuticals. John stated that most states if not all states that have done that have not included psychotropics. He also stated that there has been a very intensive electronic surveillance of pharmaceuticals that has saved approximately 25 million dollars over a two-year period. It is transparent to the consumer, and it is largely transparent to the public, which means it is successful. If you combine that with some efforts to bring the drug companies to the table, more money can be saved and get everybody's needs met.

John stated that this budget is complicated by the following factors: The first being Medicare Part D. Also, there is a steady erosion of Federal matching funds with the State losing 1.8 percent in its Federal matching formula between this year and next year. That costs the State about 34 million dollars with the substitution of the State General Revenue. Finally, the Governor's proposal for personnel and pension reform will dramatically increase eligibility for retirement which will impact the system. About 300 people at DHS will be eligible for retirement by June and 500 people in MHRH.

Richard Leclerc asked about the provision in the Governor's budget that rolls back the a 2.2 percent increase to the providers approved last year. Richard asked if that had been put into effect. John stated no and that it is part of the 2006 Supplemental Budget and the General Assembly has to pass the supplemental bill for that to take place. John stated that based on national numbers there should be an inflationary increase in rates. He stated that the current rates are not particularly rational. There are providers who have not had increases since 1992 and they will be first. But even for providers who have had incidental increases, the way the Department pays providers in a lot of the system does not make sense. There are some providers that are overpaid for certain services and there are an equal number of providers who are underpaid for certain services. John stated that on the other hand, if he had to choose between the provider rate increase and reducing the number served by RiteCare, there is no question that decision would be to keep services.

Jim McNulty asked John about the abuse of the rehabilitation option in Rhode Island. John stated that over a five or six year history, Rhode Island has never been guilty of pursuing the financial leveraging schemes which the Federal government approved back in the early 90's , of which they no longer approve. This year they have a Federal audit on services authorized under the rehab option of the State Plan administered by state departments other than the single-state agency responsible for Medicare. That would largely be Behavioral Health Services at MHRH and about 100 million dollars worth of services at DCYF including residential. John stated that when they come in to do those reviews, they will be looking at oversight of the program.

NAMI SCORECARD

Richard Leclerc explained that the National Alliance on Mental Illness (NAMI) has scored every state on 39 specific criteria. Rhode Island's overall score was a C. The national average grade is D. Five states received grades in the B range, eight received Fs and none received As. Discussion revolved around the results of the grading and the process followed to determine grades. Corinna Roy made the point that achieving a high score can backfire when States look for additional funding, because the Governor or legislature can make the point that the system is working fine without the additional funds.

STATEWIDE NEEDS ASSESSMENT FOR STRATEGIC PLAN

Richard reported that the National Association of Mental Health Planning Advisory Councils (NAMHPAC) has offered Rhode Island technical assistance to conduct a needs assessment. Richard stated that they are limited to how much support they can give, and that it would not be financial. Richard recalled that *Into the Millennium*, the last State Plan, was finalized in June 1999. He stated that he does not believe that it is necessary to do another State Plan because the goals described in *Into the Millennium* have been fulfilled. Many of the needs indicated in the Plan may still be present today because the resources were not available. This would require work on the part of the Council and may dominate a major part of the agenda for a portion of the year. Richard spoke with NAMHPAC regarding grand funds to help cover staffing costs. Richard foresees the need of \$80,000 to \$300,000 to cover staffing costs and obtain technical assistance. The Council would be part of that

in terms of attending meetings of focus groups and potentially other data collection endeavors, as well as steering the way the plan is going. He also suggested the need for a lot of buy in from several organizations. Richard opened discussion for comments.

Sandra DelSesto stated that she thinks that the Council should go forth if funding is available. Noreen Mattis agreed with Sandra and stated that it might be a matter of pulling together small studies that have already been done into a cohesive document. Noreen volunteered to work with Corinna Roy to move forward to assess the existence of resources. Richard stated that the planning process is what is important—it promotes system change by asking questions about the system. Richard stated that they will attempt to locate funding to move the process forward.

STATUS OF BLOCK GRANT AND TRANSFORMATION SIG

Richard introduced Corinna Roy, and Corinna distributed a description of how the Federal Department of Health and Human Services wants to change the implementation of the Community Mental Health Services Block Grant (*See Attachment II – Department of Health and Human Services Fiscal Year 2007*). These changes will not be approved until November 2006, but the block grant needs to be written and submitted by September 1, 2006. As Corinna stated this puts State Planners in an awkward position because as of yet, there are no instructions to follow. SAMHSA staff has suggested that we operate under the assumption that the changes to the application will pass. Therefore, it looks like the instructions for the Federal Block Grant are going to require us to dedicate all funds above the 1998 level to transformation activities. Corinna referred to the backside of the last page of the document for the Rhode Island figures.

Corinna pointed out the description of transformation activities on Page Overview-9. They are described as “mental health transformation activities such as the expansion of access; advancement of evidence-based practices; promotion of early assessment and treatment; and promotion of consumer and family driven mental health care.”

Richard Leclerc suggested that we list a number of activities that are transformative to meet the criteria. Craig Stenning stated that all of the Division’s activities within the last three or four years, the establishment of the two peer centers, the change over in looking at RIACTII all fit into those categories. Craig stated that he thinks that it is really going to be a question of format.

UPDATES FROM DCYF

Sandy Woods had previously spoken about the drastic cut in funds at the Training School for the residential substance abuse treatment unit and reported that DCYF is now looking to have the adolescent unit funded with state dollars to replace declining Federal dollars.

UPDATES FROM MHRH

Craig Stenning reported that the Department is preparing for its upcoming budget hearings. The House Finance Committee hearing is on Monday, March 13; and the Senate hearing is on Thursday, March 16.

Craig spoke about the major projects that affect Behavioral Health, including the combining of the contract for inpatient psychiatric services and the one for detoxification services into a single procurement, which presents opportunities for improving the system Craig cited the difficulty of writing the RFP. Another project affecting Behavioral Health is the implementation of RIACTII. RIACTII is an additional level of service with a lower degree of intensity of mobile treatment teams. Craig stated that all the other changes are either administrative or to the consumer index. Craig stated

that both he and John Young have been meeting with providers and advocates to discuss these changes.

Richard Leclerc asked if there was any sentiment on the part of the Council to direct a letter to the Governor regarding his proposed budget for Behavioral Healthcare. Sandra DelSesto made a motion to communicate to the Governor the concerns of the Council about his proposed budget specifically as it affects the cuts in mobile treatment teams, substance abuse treatment services, and independent living programs for children, asking that he reverse his decision. Craig stated that the Governor stated that he was no longer advocating the 5.8 million dollar cut. Carrie Blake seconded the motion. Copies of the letter will be sent to the chairs of Senate and House Finance Committees. All were in favor, so moved.

Richard Leclerc reported that Kent Hospital has chosen not to reapply for facility status.

Sandra DelSesto asked if there was any update on the SIG extension. Charles Williams stated that a request with a number of questions that will be formally responded to was received from SAMHSA which is the last step of the process for requesting a no-cost extension of the grant. Charles stated that the specific information requested by SAMHSA is being prepared and will go out to them within the next week or so and then Program and Grants at SAMHSA will decide.

Sandra DelSesto also asked about the Prevention Standards. Charles stated that they were posted at the Secretary of State's Office in January 2006, they have been promulgated, and they are being reviewed and anticipate some amendments that may precipitate another round of public hearings. Sandra asked where the amendments are coming from and in what area. Charles stated that the standards are being reviewed to insure that they align with the substance abuse behavior health prevention programming and plans of the Division that exist now, many of which were not in place when the standards were originally drafted. Sandra asked how people will hear about the amendments. Charles stated that there will be a notice that they are out, and a notice of a public hearing from the Secretary of State's Office. Craig Stenning stated that he thought that a letter had gone out to the providers and will make sure that a letter goes out regarding Prevention Standards being in effect.

OLD/NEW BUSINESS

Fred Friedman stated that the Department of Corrections had its first budget hearing this week and rehab programs are under attack.

Richard stated that he will not be able to attend at the next meeting, so the meeting will be chaired by Neil Corkery.

ADJOURNMENT AND NEXT MEETING

There was no further business. Upon motion made and seconded, the meeting adjourned at 10:00 a.m. The next meeting of the Council is scheduled for **Tuesday, April 11, at 1:00 p.m. in the first floor Conference Room 126 at the Barry Hall Building.**

Minutes respectfully recorded and written by:
Mary Ann Nassa
Secretary, Governor's Council on Behavioral Health

Attachment I: NAMI Scorecard

Attachment II: Department of Health and Human Services Fiscal Year 2007