

**Meeting Minutes of  
The Governor's Council on Behavioral Health  
8:30 A.M., Thursday, July 13, 2006**

The Governor's Council on Behavioral Health met at 8:45 a.m. on Thursday, July 13, 2006, in Barry Hall's Conference Room 126, 14 Harrington Road, Cranston, Rhode Island.

Members Present: Richard Leclerc, Chair; Linda Bryan; Peter Mendoza

Ex-Officio            Craig Stenning, MHRH; Carol Fox, DCYF; Fred Friedman, DOC; Denise  
Members Present: Achin, Department of Education; and Franklin Spinelli, Department of  
Human Services

Staff:                    Corinna Roy, Charles Williams, Kristen Quinlan, and Mary Ann Nassa.

Before a quorum was established, the Chair, Richard Leclerc, called the meeting to order at 8:50 a.m. The Chair entertained a motion to accept the Minutes of June 13, 2006. Peter Mendoza motioned to accept the minutes and Linda Bryan seconded the motion. All were in favor, and the minutes were accepted as written. Richard stated that because there was a lack of a quorum, the Minutes would be ratified at the next meeting.

**UPDATE ON ALLIED ADVOCACY GROUP**

Corinna Roy distributed the mission statement and workgroup outline for the *Allied Advocacy Group (AAG) for Collaborative and Integrative Care* (See Attachment I). Corinna reported that Don Galamaga chairs the group, and the intent of the group is to develop a way to improve integrated care with behavioral health and primary health care. Corinna highlighted the second page of *Attachment I*, under *Policy and Administration*, which indicates the group's concentration. Funding and financing are restricted, but they emphasize that all concerned with health care in Rhode Island adopt the June 7, 2002 mission statement of AAG. Corinna reviewed the seven recommendations listed under *Policy and Administration*. She reported that AAG has received a SAMHSA grant in the amount of \$24,500 to focus on older adults and to gather information to help further integrated care. The desired information would identify existing collaborative care initiatives in Rhode Island and all the laws and regulations and procedures that currently effect integrative care efforts. Focus groups would be conducted with physicians and senior consumers to determine the barriers or issues related to integrative care, and two medical practices would be identified that would be willing to move towards integration and provide consultation. Corinna stated that they have completed the inventory of the co-located practices in Rhode Island and a report will be available in about three months. In addition, Corinna stated that an inventory of the rules and regulations affecting integrative care has been completed, and two focus groups have been conducted. Corinna conducted the focus group with senior consumers, and two physicians from Brown University conducted the focus groups with the physicians. Those Brown physicians are presently involved with doing the analyses of their focus groups and are expected to report some time in August. They have identified one medical practice that is interested in going into integrated care, but they are in need of a second one. Corinna asked that if anyone knew of a medical practitioner who may be interested in integrative care, to please contact her so that she can forward the information to Paul Block who has been coordinating those efforts.

### **UPDATES ON CO-OCCURRING ACTION PLAN**

Charles Williams recalled that in December the State Action Plan was presented as a follow up to the Policy Academy. At that presentation the plan that was being submitted to the Center for Substance Abuse Treatment was distributed. After pending for some time, the plan is back and active and Charles distributed the **RI State Action Plan for an Integrated COD System of Care – Revision 2 (See Attachment II)**. Charles stated that the revised copy of the plan incorporates the comments and feedback that were received from CSAT and their technical assistance coordinator, as well as some changes in managers and implementers. Charles stated that it has been submitted to Craig Stenning for briefing Dr. Nelson. Charles stated that a new co-occurring planning team will be convened, and the Center for Co-Occurring Excellence has committed to providing on-site technical assistance for the new team to become oriented and receive the necessary training and education. Charles stated that he will update the Council as things move along.

### **UPDATES ON STRATEGIC PLAN**

Charles Williams reported that they are waiting to hear from the Rhode Island Foundation regarding whether they will provide funding to support the development of the plan. Charles added that the work currently being done will contribute to what will eventually be the Behavioral Health component of a departmental plan. Charles also stated that periodic updates will be provided on the development of the plan. Charles introduced Kristen Quinlan, the leader of the project. Kristen recalled the distribution of the ***Task List/Timeline for Strategic Plan*** at the June 13<sup>th</sup> meeting of the Council outlining where the project is headed. Kristen stated that one of the first steps is to look at recommendations from prior strategic plans both from the substance abuse and the mental health sides. Kristen distributed the **Behavioral Healthcare Services Planning: A Starting Point (See Attachment III)**. Kristen reviewed Attachment III which lists the previous plans and their dates of dissemination: ***Into the Millennium, June 1999; Behavioral Healthcare Services Plan, August 2002; The Substance Abuse Treatment Needs Assessment, 2002; and State Incentive Grant (SIG) Sate Prevention Plan, 2004.*** Kristen reported after reviewing those previous plans, a report entitled **Behavioral Healthcare Services Planning: A Starting Point** was drafted. The report summarizes the progress of the previous plans and set a baseline for going forward.

Richard asked if there was a corresponding person at DCYF to accomplish the same outcome with the DCYF Plan. Kristen stated that they have contacts with DCYF. Richard stated that DCYF has a few existing plans and suggested they could be incorporated into the final document.

Charles added that the document is not strictly an operational plan for the department, but that it is a much broader strategic plan for the whole field of behavioral health.

### **UPDATES FROM MHRH**

Craig Stenning reported that Trish Leddy was recently appointed Chief of Staff at MHRH. She has been assigned to conduct a quality review of the entire department broken down into the three major operating service systems: Behavioral Health, Developmental Disabilities and the Eleanor Slater Hospital. Craig reported that MHRH Director, Dr. Ellen Nelson, intends to look at those service systems as part of a continuum rather than as silos that have existed in the past. Craig stated that as mentioned earlier the Strategic Plan will support the review. Dr. Nelson anticipates the review to be completed some time in October.

Craig reported that the Department is in the process of implementing major changes that were incorporated in the recently approved budget. One of those changes is implementation of Rhode Island Assertive Community Treatment II (RIAct II), which is the second delivery system known as mobile treatment teams (MTT) in Rhode Island. The new design incorporates a form of MMTs which will be somewhat less intensive than the current ones by decreasing the number of contact hours from the present minimum of eight hours per month which has been reported to be too much and not necessary. In addition there was a level of individuals who did not qualify for MTTs that can be moved up, creating two levels. Craig stated that the one disadvantage with the new system is that it was incorporated into a budget reduction exercise, making it necessary to modify some of the rates of the RIAct I in order to accomplish the reduction. Craig explained that the new rates will mean that they can incorporate two individuals for the price of one at the RIAct I rate.

Craig also reported that there is a Request for Information (RFI) available in regard to the combined purchase of psychiatric inpatient services and substance abuse detoxification services. He reported that the question period ends Tuesday, July 18, and responses to the RFI are due in late July. He added that they are on schedule for an RFP for later this year.

Craig reported that the guidelines for the 2008 Fiscal Year Budget are available and they suggest further reductions. Craig announced that John Murray, the Chief Financial Officer for the Division of Behavioral Health, is retiring next week. Craig stated that Mr. Murray is one of the most significant losses the State has experienced since he has been here. Craig also stated that Mr. Murray, who is behind the scenes, has always presented options and has always thought about the bigger picture. Craig suggested that a letter from the Governor's Council congratulating Mr. Murray on his retirement would be in order.

Craig expressed how busy Behavioral Health staffs are during the summer months with the Mental Health Block Grant due September 1 and the Substance Abuse Block Grant due October 1, 2006; and other than the lead person in each area, the same staff is responsible for both.

Craig stated that one of the biggest crises the Department is presently facing is the number of individuals in hospitals throughout the state with much extended lengths-of-stays due to the shortage of residential treatment in both Behavioral Health and Developmental Disabilities. Craig conveyed that the state is seeking ways to save money if the funding could be shifted from where it is being spent now across departments and systems of care. Part of the review of the Eleanor Slater Hospital is to look at the future of that institution in 2008 through 2010.

Craig reported that on July 24 the Talbot Short-Term Residential also known as the Plain Street Program which is operated by The Providence Center will move to the Manual Mathias wing of the Eleanor Slater Hospital. Craig added that there will be no loss in bed capacity.

Craig also reported that senior staff will be involved with an upcoming Core Review of treatment services funded through the Substance Abuse Prevention and Treatment Block Grant. The review will consist of daily meetings and two site visits: one to the SStarbirth Program, which is the program for women and children; and the other to CODAC East, which is an opioid treatment program.

## **UPDATES FROM DCYF**

Carol Fox reported that there were no official updates from DCYF.

## **OLD/NEW BUSINESS**

Fred Friedman stated that he was notified that the money that Roger Williams has to pay for their settlement will be used for substance abuse treatment alternatives in the community as opposed to incarceration. Fred will update at the next meeting.

Craig Stenning announced that he was recently notified that under new funding that a position funded by the Adult Drug Court, which is occupied by David Lema, who reviews the individuals that are going before the Drug Court to find treatment placements for those individuals, will no longer be funded through those dollars. All the drug courts have been tremendous assets. Craig is composing a document explaining to the judge the extent of the loss in numbers and hopes that it can influence a change in their decision.

Craig reviewed the PATH Grant, which is a grant to reduce homelessness among the mentally ill in Rhode Island. In the past, the bulk of those dollars were allocated to two programs, The Providence Center and Newport County Mental Health Center. Craig stated that when data from Butler and SStar were reviewed while preparing the RFP, the data showed the recidivism in those two programs seemed to center on individuals who were homeless. Craig stated that using data to drive system changes, they implemented a condition in the allocation of PATH funding that they give a priority to those individuals. Craig expressed that he was pleased to hear that the providers were in agreement with this idea.

Corinna Roy announced that the Block Grant is now under a new review process. She will be sending out an e-mail describing the process. The Block Grant will be submitted electronically which will make it available for review online.

Richard Leclerc announced that there are presently five (5) vacancies on the Governor's Council. He stated that two names are being submitted to the Governor and requested members to contact Corinna at 462-0455 or e-mail her at [croy@mhrh.ri.gov](mailto:croy@mhrh.ri.gov) with recommendations for either a consumer or a family member who might be interested in serving on the Council. Craig suggested that a public notice be placed in the classified section of the *Providence Journal* advertising the various categories for new members on the Governor's Council.

## **ADJOURNMENT AND NEXT MEETING**

There was no further business. Upon motion made and seconded, the meeting adjourned at 2:45 p.m. The next meeting of the Council is scheduled for **Tuesday, September 12, 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: Allied Advocacy Group for Collaborative and Integrative Care***

***Attachment II: RI State Action Plan for an Integrated COD System of Care – Revision 2***

***Attachment III: Behavioral Healthcare Services Planning: A Starting Point***