

**Meeting Minutes of
The Governor's Council on Behavioral Health
8:30 A.M., Thursday, June 14, 2007**

The Governor's Council on Behavioral Health met at 8:30 a.m. on Thursday, June 14, 2007, in Barry Hall's Conference Room 126, 14 Harrington Road, Cranston, Rhode Island.

Members Present: Richard Leclerc, Chair; Kai Cameron; Stephanie Culhane; Elizabeth Earls; Mark Fields; James Gillen; Richard Hill; Joseph Le; Peter Mendoza; Noreen Shawcross.

Ex-Officio

Members Present: Craig Stenning and Gene Nadeau, Department of Mental Health, Retardation and Hospitals (MHRH); Jeanne Smith, Sandy Woods, Ginnie Stack, and Frank Pace, Department of Children, Youth and Families (DCYF); Elizabeth Gilheeney, Department of Justice; Michele Palermo, Department of Education.

Staff: Corinna Roy, Charles Williams, Kristen Quinlan, Mary Ann Nassa, Janet Spinelli, Elena Nicolella, and Melinda Thomas.

Guests: Melissa Siple

Once a quorum was established, the Chair, Richard Leclerc, called the meeting to order at 8:40 a.m. After introductions were conducted, Richard entertained a motion to accept the Minutes of May 8, 2007. Elizabeth Earls motioned to approve the minutes and Joseph Le seconded the motion. All were in favor, and the minutes were approved as written and submitted.

EVIDENCE BASED PRACTICES FOR CO-OCCURRING MEDICAL AND BEHAVIORAL HEALTH

Richard introduced Janet Spinelli, Consultant Public Health Nurse for the Department of MHRH. Janet attended the conference *Behavioral Health – Health & Wellness & Older Adults*, and distributed a copy of her presentation outlining the conference (*See Attachment I*) and *Living a Healthy Life with Chronic Conditions (See Attachment II)*.

The conference was held for all advisory councils across the country, and Janet attended as a representative of the Governor's Council on Behavioral Health in Rhode Island. Janet reviewed and highlighted the following areas focused at the conference illustrated in Attachment I:

- Changes in the Older Americans Act which requires that the AAA agencies be required to have some assurance concerning mental health. The Act reads as follows: AAA shall coordinate with the State Agency on Aging and the State agency responsible for mental health services and work to increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the AAA for Part B with the mental health services provided by community health centers and by other public agencies and non-profit organizations (*See Page 2 of Attachment I*).
- Coalitions have been successful with: Relationship building, cross training and education, connecting resources/integrate practice, outreach to other community providers, instate and national networking, identify and address barriers, identifying agency older adult contact persons (*See Page 2 of Attachment I*).
- Georgia presented on their collaborative initiatives (*See Page 3 of Attachment I*):
 - Language barriers
 - Utilizing the Medicaid Waiver Programs
 - Health promotion case management

- Medication management models.
- Increased emphasis on models to enhance health and wellness and primary care.
- Health Screens and Samples of Health Screens (*See page 5 of Attachment I*).
- Workforce Development (*See Page 5 of Attachment I for online information*).
- Online Resources (*See Page 6 of Attachment I*).
- Resources for Implementation Strategies (*See Page 6 of Attachment I*).
- References for other EBPS (*See Page 7 of Attachment I*).

Janet referred to *Living a Healthy Life with Chronic Conditions (See Attachment II)* which describes the Stanford model of self-care management. She stated that Rhode Island has invested in this 6-week training by sending several individuals to learn to teach this self-management training program. Attachment II is a copy of the cover and Table of Contents of the book provided at the training which highlights its objective. Janet reported that there are 22 states utilizing this model. A minimum of 10 to 15 participants is required to run the training. She indicated that if anyone is interested in offering one of the trainings, they can contact her to make the arrangements at 462-1717 or by e-mail at jspinelli@mhrh.ri.gov.

The following questions were raised:

Frank Pace referred to Page 5 of Attachment I, Older Adult Workforce Training, Brief Therapies, and asked what IP represented. Janet stated that IP represents inter-personal.

Noreen Shawcross asked if there were any discussions at the conference regarding homelessness or housing and stability. Janet stated that gate-keeper models working with engagement strategies through efforts by means of police departments.

Melinda Thomas questioned how success is measured within these programs. Janet stated that it is measured depending on what they are focusing on. Therefore, if it were specifically for health then they would focus on the health outcomes; and when looking at treatment, they measure how much treatment the individual is receiving compared to the normal population. Janet pointed out a study from Rhode Island data of individuals with serious mental illness comparing Rhode Island to other states with a focus on medication and how many individuals with mental illness receive standard treatment. The study revealed that those with mental illness are not receiving standard treatment for cancer, heart and blood pressure problems, and several other illnesses.

Gene Nadeau asked if there is a link to health in primary care screening in recognition that there is non-compliance and ability to comply. Janet was not sure and will give Gene the article in order to answer that question.

There were no further questions, and Richard thanked Janet for her presentation.

UPDATES FROM MHRH

Craig Stenning reported that the House version of the budget was released. He reported that an additional one million dollars has been added to the Behavioral Health Division's budget for the provision of substance abuse residential treatment services for individuals coming out of the Adult Correctional Institution (ACI). Craig has had preliminary discussions with the Director of the ACI, A.T. Wall; and they will be organizing an implementation team in order to actuate this initiative. The initiative was created from a report that was done for the Department of Corrections (DOC) on how to

reduce their population, and is now a major project for the Substance Abuse Treatment section of the Division.

Liz Earls stated that when the Chairman made that announcement at the hearing, he stated that it was money that was going to MHRH, but was tied to the parole board. Liz asked if that meant that only the parole board can refer individuals into the residential expense. Craig stated that he believes that it was tied into the parole board because of the number of people who have been delayed in getting out of prison and cannot go before the parole board because of the lack of treatment or housing availability. Craig stated that there may be a need to go back for a legislative intent to clarify that issue.

Craig also reported a 10 percent cut for all legislative grants across all departments. He stated that the Division of Behavioral Health has five legislative grants which are: Cookie Place, The New Leaf, Problem Gambling, Hillsgrove House, and the Fogarty Center which is a Developmental Disability (DD) agency. Sixty thousand dollars was added into the Division of Behavioral Health's legislative grant account for the Fogarty Center. Craig has had no contact regarding what that money is designed for and why it is in the Behavioral Health account. He believes that it may have been put there because there is no legislative account in DD. Craig stated that the 10 percent cut is a significant cut to these agencies because they are small agencies and receive a significant portion of their funding through those grants. He is not sure how this will overlap with the BuyRite initiative.

Craig referred to Article 22A regarding the 18-21 year old transfer from DCYF to MHRH, and read an excerpt of the article: "for those individuals between the ages of 18-21 who have been previously receiving continuous services from DCYF and who have a substantial emotional disability or a functional developmental disability, those services to those individuals will continue to be provided and supervised by DCYF." Craig interpreted that to say that the fifty or so kids that had been identified as eligible for DD services will remain at DCYF. Additional language was added which reads: "in addition to the functional limitations, any youngster who is on the autism spectrum." Craig stated that this is a significant population that has been of concern to him for some time and will add to our need to address it because now there will be individuals between the ages of 18 and 21 who will qualify for services on the autism spectrum that do not fit into the normal definition of DD. Craig views this as a major step forward in treatment for young people with this disability. The article also states: "for those youngsters that are seriously emotionally disturbed." Those youngsters would continue to receive services through DCYF as well. Ten million dollars was placed back in the DCYF budget to cover those services as well as a group of 400 kids who do not fall under either one of those categories, but would continue to receive some limited services in the area of housing and education.

Craig stated that a meeting has not been held to date between the two departments regarding this modification. Liz Earls stated that there was a restored 10.5 million dollars; but for those adolescents, their health dollars are at the Department of Human Services (DHS). She added that they also moved 80 million dollars to DHS for the management of residential and children's behavioral health services, creating a tremendous amount of system work to be figured out.

Stephanie Culhane asked if there is a diagnostic tool that will be used to review the kids between the ages of 18 and 21. Liz Earls interpreted the Article to read that if the child has had a serious emotional disorder or a functional developmental disability, those kids will be served until they are 21. If they are in the group of kids who were taken out of their home because of abuse and neglect and have been in the custody of DCYF and are now between the ages of 18 and 21, they can elect to continue to participate with DCYF, although there is less money available in that category. Liz stated that money is going to be allocated quarterly and that the legislature is going to keep a tight eye on it to prevent overspending.

Craig added that Liz's comments apply as long as they had been continuously being served by DCYF up until the age of 18. Sandy Woods added that since this proposal, DCYF has been reviewing the cases on the child welfare side between the ages of 18 to 21. Sandy stated that DCYF still has the responsibility but with much less money, therefore they are reviewing them with the thought to close as many cases as possible and will then be partitioning the court.

Elizabeth Gilheeny described a call that she received at the Department of Justice from the staff at Whitmarsh House expressing their concern about what is going on, and that the message that has been received by some of the youth in that facility is that they will be displaced soon because the government says that there is not enough money. Elizabeth asked if there is way to communicate some of facts to these youth to relieve them of some of their worry. Richard Leclerc stated that part of the problem right now is that they are trying to decipher what the budget is saying. Once that is understood, that will be the next step.

Noreen Shawcross stated that she is President of the Whitmarsh Board and cannot take responsibility for what individual staff may say, but that Whitmarsh is a program where there is a large number of youth who do not fall into the categories that will stay with DCYF. The administration has engaged the youth who are there in the advocacy efforts. Noreen agreed that it is a very tough situation for these kids, and the board and staff are trying to help every one of those kids and will do everything possible not to put them out on the streets.

Craig talked about Article 3 relating to the government reorganization. Craig stated that this article deals with those departments that fall under the Office of Health and Human Services (OHHS). This article transfers the administration of federal and state medical assistance programs to OHSS and designates that office as the single state agency for Medicare. It also addresses the consolidation of services and transfers of powers and functions. On July 1, 2007: fiscal services including budget preparation and review, financial management, purchasing and accounting and any related functions and duties deemed necessary by the secretariat. Also on July 1: legal services including applying and interpreting the law oversight to the rule making process and administrative, adjudication duties and any related functions and duties as deemed necessary by the secretariat. On September 1, 2007: Communications including those functions and services related to government relations, public education, outreach and media relations and any related functions and duties deemed necessary by the secretariat. On March 1, 2008: Policy analysis and planning including those functions and services related to policy development, planning and evaluation and any related functions and duties deemed necessary by the secretariat. On June 30, 2008: Information systems and data management including the financing, development and maintenance of all databases and information systems and platforms as well as any related operations deemed necessary by the secretariat. The Secretariat shall also determine in collaboration with the department directors whether the offices' employees; agencies' advisory councils, committees, commissions and task forces of the departments who are performing such functions shall be transferred to the Office of the Secretariat.

Liz Earls added that Article 3 also consolidates the advocacy offices – the mental health advocate, the child advocate and a number of others.

Craig stated that as part of the Master Plan there will be a development of a statewide substance abuse plan going forward into the next three to five years. This will be a major strategic planning document that will be utilized to develop new resources, new programs, and new collaborations. The Governor's Council will be a participant in this endeavor. Craig expects a timetable and an outline within the next

few weeks regarding how the plan will be developed including community forums and input from the provider community as well as individuals and consumers. Craig stated that a subsection portion of the plan will deal with the corrections population and juvenile corrections population with the one million dollars proposed in the budget as a kick start for that portion of the plan.

Craig reported that the new inpatient psychiatric and detoxification services contract is in its second week which began on Monday, June 4, 2007 and is running smoothly.

Craig reported that he had just return from the National Association of State Drug and Alcohol Program Directors (NASDAPD) where he made a presentation on state systems changes and the implementation of evidence-based practices with Rhode Island being one of the leading states in this area. One of his presentations was in regard to a Robert Wood Johnson Foundation Grant that was given to a collaboration between Northern Rhode Island Mental Health Tri-Hab and a community action agency to look at system-wide changes both at the state level and at the provider level in order to implement the evidence-based practice called Continuing Care which is an aftercare model and which is historically one of the areas that programs have been the weakest in.

Craig reported SAMHSA has been working at developing a set of outcome standards for both mental health and substance abuse so that every state will be reporting the same data for a national outcome project. Over the last few years, it has been voluntary with major disagreements along the way. It is now at 95 percent agreement; and beginning in October of 2007, the reporting by states will be mandatory. Presently, for those states that do not submit data there will be a five percent penalty to the block grant. Craig stated this clause may be omitted in the future.

The domains are:

- Reducing Morbidity
- Employment and Education
- Criminal Justice
- Stability in Housing
- Social Consecutiveness
- Access/Capacity
- Retention
- Perceptions of Care
- Cost Effectiveness
- Use of Evidence-Based Practice

Craig stated that outcome data will be reported for all of the programs that are funded by the State of Rhode Island to a national database with specific measures that need to be submitted in each of these categories. Craig said that there are about 35 categories in all when you add the mental health, substance abuse and prevention together. These are the areas when looking at the effective and successful use of resources.

Craig reported that the latest project conducted by the federal government is an evidence-based practice known as Screening and Brief Intervention which is designed to identify individuals who have some involvement with substance abuse, but who probably would never be identified by a substance abuse treatment agency or any of the normal referral sources that come into the treatment system because they have not reached the point of substance abuse dependency. Therefore, it is considered early intervention and identification most likely through a primary care physician. Two Medicaid codes have been

identified for this purpose: one for the screening and one for the intervention. Millions of federal dollars have been invested in funding these two codes, and they are requesting that every state to look at how to implement this practice. Craig stated that the name on the authorization of these two codes is Patrick Kennedy; therefore they are in particular looking at what Rhode Island is doing to implement this particular practice.

The SAMHSA reauthorization bill is before Congress right now with Jack Reed chairing the Senate side of the bill. That bill and parity would be the next two major items that Congress would take up once the immigration issue is resolved. The name on the parity bill is Kennedy. There are two bills and the House version is Patrick Kennedy and the Senate version is Ted Kennedy. The reauthorization occurs when Congress looks at the entire SAMHSA structure in regards to whether or not the use of the billions of dollars that go into it have been successful and effective.

The President's budget slashed substance abuse funding and mental health funding. Craig reported that the good news is that the congressional version of those bills re-establishes most of the levels of funding and exceeds the current years with the exception of safe and drug free schools.

Craig announced an upcoming site visit from the federal level to review the implementation of the Mental Health Block Grant. It is a three-day review which includes a fiscal review and a site visit to Gateway, along with meeting with the clinical team.

Craig reported that the Access to Recovery (ATR) Grant was submitted at a level of approximately 3.7 million dollars during the first year with a total of about 10 million over the three-year period. The grant will focus on people coming out of the ACI, Training School and the associated issues of homelessness and people coming out of the psychiatric areas in future years. It is a voucher program which will open up the system to new providers giving individuals the right to spend their voucher at any licensed facility. Charles Williams added that in addition, during the first year, it includes adults whose children are involved with DCYF Child Welfare as a result of the adult's drug or alcohol problem.

Richard Leclerc reminded members of a special meeting regarding the planning activities conducted by the Governor's Council and its function in the state mental health planning and delivery system being held with respect to the Mental Health Block Grant review on June 20th from 1 p.m. to 2 p.m. in Barry Hall, Room 126.

UPDATES FROM DCYF

Jeanne Smith reported that DCYF will update the Council regarding the budget. Jeanne stated that DCYF will be participating in the CMHS site visit. Jeanne introduced Ginnie Stack and Frank Pace to update the Council on the Positive Educational Partnership (PEP) initiative.

Ginnie distributed a PowerPoint presentation, *Rhode Island Positive Educational Partnership (RIPEP) (See Attachment III)*. Ginnie reported that the third SAMHSA grant that DCYF has received over the past fifteen years. Rhode Island is the only state in the United States that has received three SAMHSA grants. The focus of the grant is to enhance the infrastructure of education, early childhood systems and RICASSP system.

Ginnie reviewed these three areas and the work over the past eight months. The first year was a planning year that ended September 30, 2006. Since October 1, 2006, they have been in the first year of implementation. It is a six year initiative of 9 million dollars. The Positive Behavior Intervention and Supports (PBIS) is the Department of Education initiative. Frank described the first two cohorts of

PBIS that are being practiced by 44 schools statewide. There is a third cohort coming on now and is an evidence-based practice. Each school receives three years of training requiring an 80 percent buy-in by school staff. PBIS will significantly reduce behaviors, office referrals and suspensions, so that 80 percent of students will have one or less office referrals once it is being practiced effectively.

Frank stated that the service delivery model was developed by a group of school psychologists, family services coordinators, mental health providers and parents; and it was designed to reduce the number of meetings that families had to attend to get to the one plan.

Ginnie described the early childhood system which is driven by the Early Childhood Subcommittee (*See Page 11 of Attachment III*). The early childhood component is behind the elementary school group and over the last eight months this subcommittee has been planning how to introduce the PEP supports to the early childhood system. National, regional and local consults worked with the group to accomplish this task. Ginnie reviewed the RIPEP flow chart on *Page 12 of Attachment III*. Ginnie foresees the implementation of the early childhood phase in October of 2007. Frank and Ginnie reviewed the RICASSP Integration with Education and Early Childhood.

Kai Cameron if child care providers would be included in any of the trainings. Ginnie stated that yes they have some child care providers represented on the Early Childhood Subcommittees (*See Page 11 of Attachment III*) and all of the licensed childcare centers in the State who have census of 35 and over receive an invitation to the PBIS introduction training and are offered the option of ongoing three-year training and support. Ginnie stated that they have until June 22nd to respond if they are interested. Ginnie clarified that it does not include home based. Ginnie stated that first to three and home based are their next challenge.

Richard thanked both Ginnie and Frank and welcomed them back to give a status report.

BEHAVIORAL HEALTH DATA ELEMENTS SUBCOMMITTEE

This agenda item was tabled to the next meeting.

OLD/NEW BUSINESS

Corinna Roy reported that the PATH Grant will be coming out within the next day or so and that the existing contracts will be extended through August.

ADJOURNMENT AND NEXT MEETING

There was no further business. Upon motion made and seconded, the meeting adjourned at 10:12 a.m. The next meeting of the Council is scheduled for **Tuesday, September 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: Behavioral Health – Health & Wellness & Older Adults
Attachment II: Living a Healthy Life with Chronic Conditions
Attachment III: Rhode Island Positive Educational Partnership (RIPEP)