

**Meeting Minutes of
The Governor's Council on Behavioral Health
1:00 P.M., Tuesday, September 11, 2007**

The Governor's Council on Behavioral Health met at 1:00 p.m. on Tuesday, September 11, 2007, in Barry Hall's Conference Room 126, 14 Harrington Road, Cranston, Rhode Island.

Members Present: Richard Leclerc, Chair; Stephanie Culhane; James Gillen; Chaz Gross; Mitch Henderson; Joseph Le; Peter Mendoza; Anne Mulready, RIDLC; Neil Corkery, and Bruce Todesco, Mental Health Advocate's Office.

Ex-Officio

Members Present: Craig Stenning and Gene Nadeau, Department of Mental Health, Retardation and Hospitals (MHRH); Jeanne Smith and Sandy Woods, Department of Children, Youth and Families (DCYF); Elizabeth Gilheeney, Department of Justice; Denise Achin, Department of Education; and Colleen Polselli, Department of Health.

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

Guests: Lisa Clark, Reckitt Benckiser; Leo Cronan; and Jen McCarthy, NAMI

Once a quorum was established, the Chair, Richard Leclerc, called the meeting to order at 1:05 p.m. After introductions were conducted, Richard entertained a motion to accept the Minutes of June 14, 2007. Jeanne Smith of DCYF made the following two amendments to the minutes: Page 7, Paragraph 4, "Ginnie stated that first to three and home based are their next challenge" **should be "birth to three;"** and on Page 6, UPDATES FROM DCYF, Paragraph 2, it should read that Rhode Island is the only state in the United States that has received three (add) **statewide** SAMHSA grants. Neil Corkery motioned to approve the minutes and Peter Mendoza seconded the motion. All were in favor, and the minutes were approved as amended.

BEHAVIORAL HEALTH DATA ELEMENTS SUBCOMMITTEE

Mitch Henderson reported that they are at 98 percent completion of phase one which is the collection of metrics which will be presented on a yearly basis to describe the mental health system. Mitch distributed the *Performance Measure List, Availability, Priority and Responsibilities (See Attachment I)*. Mitch explained the form which is a list of all the metrics with their availability, importance and additional comments about each. He asked that members review the list and be prepared to vote on it at the October meeting. He stated that once they receive inputs from DCYF regarding wording, it will be complete.

Mitch stated that their goal is to present metrics in December when all the metrics become available on an annual basis. At that time, each department will be able to present their metrics and include other subjective information that rounds out the "story" on how things are going in their area. The scorecard, which was mentioned at previous meetings, will illustrate a summary of the data on one sheet of paper with color coding based on a stoplight to describe how well different areas of the system are doing.

Kristen Quinlan stated that listed on the last page of the report are additional metrics still under development.

Elizabeth Gilheeney referred to the last page, LOS in ER for kids seeking mental health treatment. She asked what age group is defined within a group noted as kids. Kristen stated that it is birth to eighteen.

Richard Leclerc clarified that the data elements listed on the first three pages are considered easier to collect than those listed on the last page which are more of an issue for departments to gather.

Comments and suggests should be e-mail to Kristen Quinlan at kquinlan@mhrh.ri.gov prior to the next meeting.

RESPONSE TO MENTAL HEALTH BLOCK GRANT MEETING

Richard stated that there is a national meeting held yearly sponsored by SAMHSA and CMS which was attended this year by Corinna Roy, Mitch Henderson and Jeanne Smith in Washington, D.C. Included with the Minutes of June 14 are Mitch's *Conference Impressions (See Attachment II)*. Mitch indicated that it was an opportunity to learn what other states are doing with their planning councils. He stated that some of them have a very active role in their state depending on their resources and how they are organized. Mitch highlighted the conference which is illustrated in the *Conference Impressions*.

Mitch highlighted the reverse side of the document which listed some of the ideas that were discussed at the conference that he has proposed that the Council adopt (*See Attachment II: Consumer-Oriented Council Changes*). Mitch is submitting these changes to the Council for a vote.

Craig Stenning stated that in regards to Item No. 6 on Consumer-Oriented Council Changes that the Department has attempted to get that position approved to be filled, and in this year's block grant allocation funding at a higher level than previously funded has been set aside to fill the position. Craig reported that in the past the position was not a full-time FTE within the State system, it had been filled as a consultant position. Two requests have been submitted, one to convert that position into an FTE and allow it to be filled and if that is not successful, they have asked for permission to fill it as previously filled, as a temporary consultant position. He received some feedback last Friday asking for more clarification about the request. Craig stated that this response does not make him hopeful about the chances of filling this position.

There was some discussion about Mitch Henderson's recommendation regarding peer specialists. Corinna Roy clarified that Mental Health Consumer Advocates of Rhode Island (MHCA) continues to conduct trainings for Peer specialists. Currently six of MHCA's trained Peer Specialists are actively employed. Two work directly for a CMHO, and four consult with a variety of providers including working on a daily basis with consumers living in a transitional shelter dedicated to serving chronically homeless, mentally ill men and women run by MHCA. Corinna stated that the training is still offered and that the State is committed to that programming. She further stated that RI is working with a federally funded technical assistance provider to do additional planning and move the program to a higher level. Corinna stated that there is high-quality trainings that will be offered in Georgia that they would like to potentially replicate.

Elizabeth Gilheaney asked if the peer specialists coordinate with the consumer advocate and does the consumer advocate oversee the peer specialists. Corinna stated that presently they work for a community mental health organizations. Therefore, if a consumer is having a problem with the services that they are receiving or having some kind of problem with their case manager, this person has the right to intervene. They have also been able to intervene in some crisis situations.

Craig Stenning clarified that the consumer position he referred to earlier is not an ombudsman type position where people would send formal complaints. Craig stated that the Mental Health Advocate serves in that role. The position was designed to insure that the voice of consumers and family

members are part of the intricate day-to-day working of the Division of Behavioral Health. This position is included as a senior member of the staff so that a consumer voice would be involved in any new projects, programs or internal monitoring or review processes.

Richard Leclerc recommended that over the next few weeks that an ad hoc committee be formed with Mitch Henderson in attendance and anyone on the Council who can attend to talk about the suggestions and then make recommendations at the next meeting. Richard stated that some of these suggestions may have to wait for the next cycle of the block grant, but for now they can review and prepare for it. He suggested that he would coordinate with Corinna that a notice be sent to everyone.

BLOCK GRANT

Corinna Roy distributed a *letter mailed to SAMHSA regarding the block grant submission (See Attachment III)*. Corinna thanked all of those who provided her with feedback on the grant. She pointed out that the difference with this letter from previous letters was specifically in the second paragraph. Corinna read the second paragraph aloud to the Council (*See Attachment III*). Richard reminded the Council that there is always a timeframe for submission of the block grant by September 1. Neil Corkery motioned to ratify the sending of the letter and the submission of the block grant, and Elizabeth Gilheeny seconded the motion. All were in favor, and the motion was approved.

Corinna reported that the Implementation Report will be submitted electronically by December 1. Corinna also reported that the Peer Review date has been set for October 10th in Newport. Corinna along with Craig Stenning, Richard Leclerc and Jeanne Smith will defend the block grant application at that review.

UPDATES FROM MHRH

Craig Stenning reported that Jane Hayward, the Secretariat for the Department of Health and Human Services, has submitted her resignation effective October 5, 2007. According to a press release from the Governor's Office, an interim secretariat will be named followed by a search for a permanent replacement.

Craig stated that the process for submission of the 2009 budget is underway. The Governor has met privately with each Department Director individually to begin those discussions. The actual budget submissions are due in October 2007. Craig stated that this budget submission will be the most difficult in recent history. The general theme of discussion at both the state and the department level is that they have reached the end of the line of any further trimming or cuts. In order to meet this year's budget there will have to be major system changes and system reforms. At MHRH those major changes center on a reconfiguration of the Eleanor Slater Hospital, a reformatting of the way in which services with Division of Developmental Disabilities (DD) are delivered and purchased, and within Behavioral Health (BH) a look at a major change in the way in which the services are purchased. Craig stated that there is an initiative that would look at transferring the 25 million Medicaid dollars currently spent on hospital level inpatient services in the community hospitals from DHS to MHRH. These dollars will be combined with the dollars that are currently being spent in what is generally known as the Serious and Persistently Mentally Ill System and have a behavioral health care management organization manage those funds and services. This strategy would produce savings that would accrue from a reduction in hospitalization. Over the past ten years there has been a steady increase in hospitalization, while dollars for community-based services have been fairly level. This will change with a reinvestment of some of the savings from reduced hospitalization in an expansion of step-down services, crisis services, transitional services, etc. There have been several presentations

of this concept by the Director as well as the community mental health centers. These three major initiatives are included in the MHRH reform package.

There was some discussion about the different possibilities and scenarios these initiatives may produce. Craig stated that they have not yet reached a concrete estimate of the savings.

Craig stated that during the last few weeks of its sessions, the General Assembly spent time looking at a variety of proposals dealing with the Department of Corrections (DOC) and the overcrowded situation at the Adult Correctional Institution (ACI). The proposals included major legislative initiatives which would have changed statutes around sentencing. Because those discussions came so late in the session, not many of them saw their way into legislation or completion. The one that did was based upon an assumption that because of the capacity of the substance abuse treatment system, there are individuals awaiting parole and their wait to release is longer because of the inability to find a treatment spot for them. Therefore, 1 million dollars were placed into DBH's budget to develop a project to address it. Craig stated that once beyond the purchasing office, there will be an RFI which will request interested agencies to respond that have a capacity to provide short-term and long-term residential treatment, as well as wrap-around intensive outpatient services, for those individuals who are not necessarily in need of a residential level of treatment and have some place to live. Previously, residential has been used as an alternative to housing. Craig reported that the target date is to actually have people in beds by November 1, 2007. Behavioral Health will do a centralized assessment to facilitate a good picture for the parole board on which to base their decisions. In conjunction with the parole board, they are hoping to assess somewhere between 150 to 170 individuals with hopes that somewhere between 120 and 140 people will actually get services and get out into the community based upon this project. Some of the performance measures will focus on the length of time it takes between the day that the parole board calls and gives the name of the inmate, an assessment is performed by BH, and BH presents the parole board with a treatment plan.

Neil Corkery questioned if other types of housing and wrap-around services would be available once they reached capacity. Craig stated that there is a section that allows for other types of housing and wrap-around services, but they are targeting the creation of approximately 30 beds, some of them short-term that would turnover every three months and some would be long-term that would turnover about every nine months. The stipulation to apply for those is that there is no capitol money, so they can't build anything and they can't pay for any buildings. These would be agencies that have a capacity which has not been purchased previously. Representative Constantino has insisted that it be documented that these beds are not beds currently in the system. Craig stated that in review of the current system, the 30 number is very doable as far as a capacity which is currently either licensed or would be available to be licensed and is currently not being occupied. Craig stated that data will be run for the past two years to make sure that standards are being met.

Craig reported that they are awaiting positive word of funding regarding the Access to Recovery application which is commonly known as the Voucher Program for choice in substance abuse services. Craig reviewed the history and requirements of the grant. He stated that the grant was submitted at \$3.75 million, but if awarded there would be a suggested reduction in the dollar amount to \$2.75 million in the first year; it is not yet clear how commensurate years would be affected. Charles Williams reported that the target populations are the same, and that the Governor's Office received from SAMHSA the suggested reduction in the first year number of persons served from 600 to 437 with the \$1 million cut during the first year of budget.

Peter Mendoza asked if there is any existing data from other states. Charles Williams stated that it was a slow start, but then they were not been able to meet the demand. Some states have some advantages that Rhode Island does not possess. This needs to be figured in. Overall, it has been successful. Charles stated that the data can be accessed at SAMHSA's website at: <http://www.atr.samhsa.gov/AggregateDataProfiles.aspx>

Regarding tracking, Craig stated that there are some targeted numbers of how many people would be reached and with reducing the dollars, there is also a reduction in the target number.

Craig announced the culmination of Recovery Month with the Voices of Recovery Event at Steeple Street, Providence on Saturday, September 29, 2007, starting at 3 p.m. and going until 6 p.m. with the WaterFire to follow. Craig invited everyone to attend and to spread the word.

Craig also announced the NAMI Walk which is scheduled for October 13, 2007. There will be a team from the Division of Behavioral Health who will be participating. The walk is a total distance of 3.2 miles and begins at Garddard Memorial Park in Warwick. Check-in time is at 9:00 a.m., and the start time is at 10:00 a.m. All walkers must register for the walk. You can register on-line at: www.nami.org/namiwalks07/4hi.

UPDATES FROM DCYF

Jeanne Smith reported that DCYF is making an effort to develop initiatives to address the budget constraints. DCYF is working with the Department of Human Services (DHS) to maximize the funding with Medicaid and to expand the programs and services for children. Jeanne stated that a team will determine the need for an RFP. In addition, they are working weekly with DHS and providers to identify priorities for children, what services are needed, criteria for levels of care, and rate-setting.

Jeanne stated that residential contracts no longer exist, but DCYF continues to honor payments from previous contracts until October 1st. She stated that community-based contracts are on a month-by-month basis, and CIS will continue to operate as-is until spring 2008 because of a delay from CMHS in trying to work out the Medicaid payment fees.

Jeanne reported that the Family and Community Care Partnership (FCCP) are looking at a more effective integrated system of care. She stated that a conference bid occurred and that the bidding period has been extended until October. Questions regarding this FCCP RFP and related bids can be emailed to lee.baker@dcyf.ri.gov.

Jeanne reported that DCYF continues to develop plans for transitioning 18-21 year olds out of DCYF. Details can be provided at the next meeting. Janet Anderson was unable to attend this meeting because she is recovering from a surgery and that she will make an effort to attend the next meeting.

Joseph Le asked Jeanne what was going on with Project Early Start. Jeanne stated that she will investigate his inquiry and get back to him by telephone. She offered to report on Project Early Start at the next meeting for everyone's information.

In reference to the children's residential issue which has been put off until after October 1, Richard Leclerc asked what happens after October 1. Jeanne stated that it has not been clearly defined and referred the question to DHS where the dollars have been transferred.

OLD/NEW BUSINESS

There was no old or new business.

ADJOURNMENT AND NEXT MEETING

There was no further business. Upon motion made and seconded, the meeting adjourned at 2:30 p.m. The next meeting of the Council is scheduled for **Thursday, October 11, at 8:30 a.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: Performance Measure List, Availability, Priority and Responsibilities

Attachment II: Conference Impressions and Consumer-Oriented Council Changes

Attachment III: Letter to SAMHSA/Louellen M. Rice