

**Meeting Minutes of
The Governor's Council on Behavioral Health
8:30 A.M., Thursday, October 11, 2007**

The Governor's Council on Behavioral Health met at 8:30 a.m. on Thursday, October 11, 2007, in Barry Hall's Conference Room 126, 14 Harrington Road, Cranston, Rhode Island.

Members Present: Richard Leclerc, Chair; Kai Cameron; Leo Cronan; Sandra DelSesto; Scotti DiDonato; James Gillen; Mitch Henderson; Peter Mendoza; Anne Mulready, Elizabeth Earls; Noreen Shawcross; Bruce Long; Karen Kanatzar of Parent Support Network; 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); Janet Anderson and Jeanne Smith, Department of Children, Youth and Families (DCYF); Fred Friedman, Department of Corrections (DOC); Paula Parker, Department of Elderly Affairs (DEA); and Colleen Polselli, Department of Health.

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

Guests: Jessica Lopes and Gabrielle Gibson.

Once a quorum was established, the Chair, Richard Leclerc, called the meeting to order at 8:35 a.m. After introductions were conducted, Richard entertained a motion to accept the Minutes of September 11, 2007. James Gillen motioned to approve the minutes and Scotti DiDonato seconded the motion. Jeanne Smith of DCYF made the following two amendments to the minutes: Page 5, UPDATES FROM DCYF, in Paragraph 2, change "because of a delay from **CMHS** to because of a delay from **CMS**" and also under UPDATES FROM DCYF, in Paragraph 5, strike "She offered to report on Project Early Start at the next meeting for everyone's information." All were in favor, and the minutes were approved as amended.

YOUTH INVOLVEMENT AND INPUT

Charles Williams introduced Sandra DelSesto. As a result from discussions regarding meaningful youth involvement with the Council on Behavioral Healthcare, Sandra invited Jessica Lopes, Assistant Project Coordinator at Initiatives for Human Development (IHD) and Gabrielle Gibson, a senior at Shea High School. Both Jessica and Gabrielle were invited to speak about a proposal to the Council about how meaningful youth input can be in Council discussions. Sandra distributed an outline of their PowerPoint presentation -- *Working with Youth as Resources (See Attachment I)* and *Rhode Island Teen Institute (RITI) (See Attachment II)*. Sandra described the background behind the Rhode Island Teen Institute which is a nationally recognized statewide prevention program that promotes the development of peer leaders in both middle school and high school from a broad range of community settings. Sandra reviewed the PowerPoint presentation (*See Attachment I*).

After review of the outline, Sandra introduced Jessica Lopes of IHD. Jessica described the organization as outlined in the *Rhode Island Teen Institute Q&A* brochure attached (*See Attachment III*). Jessica and Garbrielle presented their proposal to start a Youth Advisory Council. They stated that decisions being made by advisory councils affect them as youth, and they feel that it is important for the Governor's Council to include their feedback. Jessica suggested that a staff person be assigned to work with the youth to make it accountable and also be able to provide the necessary tools for them to succeed. Corinna Roy asked what percentage of time they were suggesting for this staff

person. Jessica stated that it would be about fifteen hours per month to support the group--with administrative to be delegated to Youth Council members. Regarding how the youth would be recruited, they suggested that a youth be recruited from each community or from a program that they are already involved in as illustrated on Page 5, Slide 3, No. 3 of the PowerPoint presentation (*See Attachment I*). Jessica also suggested that the Council produce projected outcomes as suggested on Page 6, Slide 2 of the PowerPoint presentation (*See Attachment I*). They also provided in their presentation suggestions regarding: **Where Do We Start** (*See Attachment I*). Jessica suggested that the youth representatives be accommodated by holding two to four meetings of the Council after 3 p.m. so that they would be able to attend after school. Jessica Lopes stated that if anyone had any questions, they could contact her at 401-490-2200, Ext. 208 or email at jlopes@ihdri.org.

Richard suggested that this subject be placed on the agenda for the next meeting in order to conduct further discussion about it.

UPDATES FROM DCYF

Janet Anderson stated that as a follow up to the IHD presentation, DCYF would be very much involved with such a venture depending upon what the Council decides.

She reported that the budget continues to be a challenge for DCYF. She stated that RFP proposals for the Family and Community Care Partnership (FCCP) were due on October 10th and nine proposals were received. DCYF will review the proposals within the next two to three weeks. Janet reported that presently there is a re-procurement of the front-end services and supports that are funded by DCYF. The FCCP has wrapped into what was known as the CASSP System. The system is being reformulated along with how it functions on a day-to-day basis in order to take the next step in going further into implementing and operating the CASSP principles within Rhode Island which is family driven, youth guided, culturally competent, community-based services. This allows clear integration of resources and services for children who are coming in through a child welfare, juvenile justice or behavioral health door. It is considered Phase I in a massive reform effort that DCYF is undertaking. Phase II of this reform is to take the services that have been geared for funding for families who are in the care of DCYF where the child has been deemed safe to stay at home with services and roll those more intensive services into the FCCP. The second element of Phase II is an RFP for a data entity which will be the container for the data coming in from the new community-based system as it is rolled out. The data collected will be analyzed by, The Consultation Center at Yale with which they have a contract. Phase III is working with the Department of Human Services (DHS) reviewing the possible changes being proposed to the rehab options coming from the Centers for Medicaid Services (CMS) in Washington, D.C. which is a critical funding source in Rhode Island for youth in residential services. DCYF is looking at how to prepare for those changes if they occur. A time study is being performed by consultants from the Public Consulting Group (PCG) who will go out and work with residential providers and their staff. The time study will determine what will be Medicaid billable. The PCG will follow up by going to the residential providers in November to conduct trainings on Medicaid billable services.

Janet described a letter of interest that was circulated through the DHS website looking for suggestions from people across the country regarding organizing services and supports in Rhode Island from both a Medicaid perspective for capturing the most Medicaid, as well as looking at the child welfare and juvenile justice populations. There were six responders to that request for information, and over the next couple of weeks they will be sitting down with those responders,

gathering information from them and formulating an RFP for services that will be address to those children with most complex needs.

Janet stated that a huge benefit is the resources brought in from the SAMSHA grant for the Positive Educational Partnership (PEP). Those dollars fund some of the training and help refocus the need in Rhode Island to help increase what had been initially started and to also continue to bring in more of the natural supports to the families within the system. Janet stated that top people from throughout the country have been contracted to do high-fidelity wraparound. DCYF is modeling other states for information in this area.

Liz Earls announced that a conference focusing on Wraparound will be held on October 31st at the Crowne Plaza in Warwick. Wraparound honors the uniqueness of every individual while normalizing responses to extraordinary circumstances. The theory and practice of helping children and families will be explained clearly and powerfully at the conference. Liz stated that Mr. Dennis, a sought-after lecturer and consultant, will bring concepts and ideas to life through the stories of real people. He will speak about working collaboratively to reorganize the system of care while honoring the principles of Wraparound and acknowledging the current financial challenges in RI. This workshop will provide an opportunity for participants to discuss current practices in delivering a strength-based, individualized care model to RI families of children with serious emotional, behavioral and mental health challenges and youth who are involved in the RI juvenile justice system. This presentation will share current practices and community partnerships and explore the strengths and challenges of utilizing a wraparound process and building natural support networks. Liz welcomed those interested to call Susan Earley at 228-7990 for more details or on line at www.riccmho.org.

MENTAL HEALTH BLOCK GRANT PEER REVIEW

Corinna Roy reported that the block grant was submitted on time and is available to the public on the web. She stated that for the second year in a row Rhode Island has passed without having to do any amendments and feels that they were very complimentary of Rhode Island's state system and how the system was presented to them.

Craig Stenning added that it was important to hear what the Rhode Island system looks like from the perspective of about ten individuals from around the country who are at the state and federal level in comparing Rhode Island to other states.

Craig stated that the reviewers were very complimentary of the Governor's Council especially in the areas of collaboration, advocacy, monitoring and evaluation, and providing public input which is one of the purposes of the Council to the Department and to the State. In particular, they mentioned that Rhode Island has been able to sustain a system of care with high quality in spite of the difficult financial times. They indicated that the work in Rhode Island is ahead of most states in the areas of co-occurring treatment and specifically sited some of the staff work and the training that has been conducted statewide by the Division of Behavioral Health. The new combined psychiatric inpatient and substance abuse detox contract was singled out as a best practice that should be modeled by other states. They were interested in and asked questions about the work being conducted with the Department of Corrections. They were impressed with Rhode Island's ability to respond to the federal demand for outcome measures and data especially under the National Outcome Measures (NOMS). They sited the development of RIACTII as another example of a program that could be a model for other states because of the number of new people who have been served as well as the effective use of resources. They sited the high number of evidenced-based practices that Rhode

Island has been able to implement, and they were impressed with the fact that Rhode Island is still concerned about adhering to the fidelity scales for these practices. They asked about the Housing First initiative that has been funded with one of the providers through the State Office of Housing, MHRH and the United Way of RI. They noted with interest the work that has been done around emergency disaster planning and were impressed that Rhode Island had trained over 500 people and there were still 400 plus people currently involved. Lastly, Craig reported that they mentioned a number of training initiatives, sighting in particular the supported employments.

Jeanne Smith's only concern was the reviewers' question regarding DCYF's capacity to report on the data because DCYF is struggling to be able to report on all the NOMS, but they are trying to integrate some of those measures into their new FCCP and other places in order for them to create a baseline by next year.

Corinna added that there is a trend reporter that publishes a report from all of the states' perspectives which is distributed nationally, and they are looking more specifically in that report at how states are fairing with fewer resources and still trying to improve services. Since Rhode Island is facing this predicament, our input will be carefully considered.

Richard Lecher followed by stating that it was a very good review.

BEHAVIORAL HEALTH DATA ELEMENTS SUBCOMMITTEE

Mitch Henderson reported that the composition of the data to be included in the Behavioral Health Data Elements Outcome Measures report is complete. Mitch requested a motion to accept the list of performance measures which was distributed at the last meeting along with presentations of data by the departments to be made annually during the winter months.

Richard Leclerc clarified moving forward with the Council formally accepting the Data Elements Outcome Measures of the system. Richard accepted Mitch's motion, and Liz Earls seconded the motion. All were in favor. The Data Elements Outcome Measures were accepted as submitted in the report. Mitch thanked Kristen Quinlan for all of her hard work with the coordination of the efforts.

Mitch reported that a meeting was held regarding his consumer-oriented recommendations. They suggested that consumers and stakeholders be involved in providing block grant input in the next year's block grant plan starting in January. Mitch made a motion to form a subcommittee to start in the January timeframe to provide recommendations to state executives on service ideas to be included in the block grant application.

Corinna clarified that this would be an opportunity to make recommendations and set some priorities from the consumer perspective or from any Council member who is interested early on about the service system prior to submission. Richard Leclerc mentioned that another element to keep in mind is that the funding budget cycle runs ahead as well which creates a lag between recommendations and actual implementation.

Bruce Long seconded Mitch's motion to form a subcommittee. All were in favor and the motion carried. Richard stated that they would like to identify the members of this subcommittee within the next month to make sure that individuals can meet on a regular basis.

In additional, Mitch requested creating a small budget for general operating funds for the subcommittee. Mitch made a motion that the Council Steering Committee determines a budget for the subcommittee and Sandra DelSesto seconded the motion. All were in favor and the motion was carried.

UPDATES FROM MHRH

Craig reported that he is in receipt of the official notice from the Federal Government that Rhode Island is one of the recipients of the Access to Recovery grant. He stated that the grant was submitted at \$3.75 million per year, but was reduced to \$2.75 million per year for three years. The planning and implementation process for the grant has been up and running since receiving notification. Certain pieces of information and certain steps need to be provided to the Federal Government within the next 30 days. With a rather ambitious schedule in the next two weeks, a revised budget must be submitted. Fortunately, they did reduce the expectations somewhat due to the budget reduction. In the first year they are expecting that Rhode Island will actually provide services to 472 individuals and in the second and third year 1,022 individuals are expected to be served each year which is slightly less than the original submission. The provision and tracking of a voucher, is a complicated system in and of itself that creates many fiscal and staffing concerns. The Federal Government has made it clear that this is a project under extreme scrutiny at the federal level. Data and outcomes will be reviewed on a weekly basis, as well as expenditures of vouchers and the numbers of individuals served. The federal government expects individuals to be receiving vouchers and be in treatment in January 2008. Craig reported that meetings have been held with partners in the grant, and he has been informing several different provider groups within routine meetings. Craig stated that a more comprehensive set of meetings and trainings will be rolled out concerning vouchers, how to register people, state-wide screenings, and an assessment tool designated for all providers to use. Craig stated that the targeted population includes individuals released from the ACI and Training School, and families of individuals who are under the care and custody of DCYF. Craig added that it includes a co-occurring component. The planning partners include DOC, DCYF, ATTC for New England, DATA, Adult Drug Court, and RICares. Craig gave thanks to the partners for all their work in assisting in writing the proposal. Sandra DelSesto requested an Executive Summary of the proposal. Craig stated that he will provide the abstract in the minutes of the meeting (*See Attachment IV*).

In answer to the question of what providers are on board, Craig stated that one of the major purposes of this national project is to expand the capacity and expand the delivery system; therefore, for the treatment aspect of the voucher, any current licensed provider is eligible, and they will have to agree to the terms and conditions of the program. In addition to that, benchmarks have been built in the application where the State expects and hopes to gain additional providers. There are several large agencies that provide behavioral healthcare services that are not currently funded or licensed by the State, and it is hoped that a few of those agencies will become licensed. Licensed providers who are not funded are also eligible. The provision of recovery services is wide open because the nature of those services. The types of services will include faith-based services and other services designed to follow people once they have finished with the traditional formal part of treatment. A Recovery Coach will be assigned to each client in the program to help them with their treatment as well as their recovery services. To help increase the capacity of the current system, individual practitioners or group practices that do family counseling, and marriage counseling, etc. can become clinicians in this program as long as they affiliate with one of the licensed providers. Craig hopes that the ATR grant will serve as an incentive to such organizations as Crossroads and the Urban League to become licensed by the State.

Craig stated that screenings will be done by MHRH staff at the John O. Pastore Center and at DCYF in Providence. Kristen Quinlan added that two subcommittees will oversee and implement and review the application process to establish and to better define the networks. The networks being both the clinical services and recovery support services.

Craig stated with quick roll out, he will have a lot to report back at the next meeting.

Craig reported that the ACI project which is the \$1 million dollars for treatment for individuals who are awaiting parole and who have been identified as needing substance abuse treatment or co-occurring treatment and are prevented from their final review because of the lack of availability of treatment. The RFI has been drafted and reviewed by the Parole Board and DOC, as well as the House Finance Committee who initiated the project. It is currently waiting final review and approval by the Director of MHRH. Craig is hopeful that it will go to purchasing by the end of the week. Their target was originally to have individuals in treatment during the month of November but it is a few weeks behind schedule. He stated that it will be a rolling recruitment which reduces the timeframes. There will not be an RFP; therefore, if you are eligible, you will be one of the providers that will be considered. It includes two levels of residential care as well as a new definition of intensive outpatient services.

Ann Mulready asked who would provide the names of potential program clients. Craig stated that the Parole Board will provide MHRH with a list of names. MHRH will do the assessment and a treatment plan which will be given to the Parole Board. It will be their decision as to whether or not someone gets paroled. MHRH will also provide a risk assessment on the likelihood of that person being a risk to the community. The Parole Board has agreed that they will narrow the number of parole officers that will be assigned to these individuals. MHRH has made the same agreement that they will have a staff person that will track those individuals once they are out in the community, and the provider has to agree to assign someone to monitor the client creating a three-way conversation at all times. The first objective is to reduce the amount of time people wait at the ACI and the second objective is to reduce recidivism.

Bruce Todesco asked if those individuals are being identified prior to appearance before the Parole Board or is the Parole Board granting some type of provisional parole. Craig stated that it is still open for discussion because there will be some limits on how many assessments can be done in a given week. In some cases this may be their first time before the Parole Board, and in many cases people are not approved their first time. One of the reasons that they may not get approved the first time is because of the lack of clear assessment on their substance abuse history. Some have gone through ACI treatment and those are the people they will try to get released first. The next group is people who may have had drug related histories prior to their incarceration mostly as users and not as sellers. The third group is approximately 600 individuals in any given year to whom the ACI gives some type of review.

This program was designed for the group of approximately 30 people at any given time that both DOC and the Parole Board have deemed eligible for parole except for the fact that the plan before them does not include treatment availability for the individual.

Craig thanked everyone, especially Jim Gillan, who participated in the Voices of Recovery Event at Steeple Street in Providence on Saturday, September 29, 2007.

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 Goddard 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.

Craig announced that on October 15th and 16th a regional conference is being held in Rhode Island regarding recovery. Craig formed a team with Jim Gillan from DATA, Tom Coddere from Faces and Voices of Recovery, and Neil Corkery for the provider community.

Craig announced that on October 19th there will be a teen conference at the Crowne Plaza in Warwick on teen alcoholism. It is a conference that will explore underage drinking and prevention programs and all the issues associated with teen drinking which is being sponsored by the Attorney General and Chief Justice Jeremiah.

Craig added that there will be a visit from the White House Office on drug abuse by the individual that is in charge of promoting brief screening and intervention which is a model for best practice that the White House Office and SAMHSA have been recently promoting. Both MHRH and DHS are meeting with them now that Rhode Island will be joining the group of states that have been initiating that as a Medicaid-funded services.

Craig announced receipt of notification that the Adult Drug Court has decided to reconsider and will provide funding to MHRH to continue the clinical case management services that have been provided by MHRH under the Adult Drug Court. Over the past year and a half it has been funded out of a variety of miscellaneous accounts. Craig anticipates the program to continue at least through this fiscal year.

Craig reported review of the first quarterly report from the combined SSTAR contract and asked that the report be put on next month's agenda for presentation.

OLD/NEW BUSINESS

The proposed schedule of meetings for 2008 was distributed (*See Attachment V*). Richard stated that it was proposed in light of the recommendation of possibly starting a youth advisory board.

Noreen Shawcross announced that Rhode Island has received a technical assistance grant from HHS called the SOAR Grant. SOAR stands for SSI Outreach Access and Recovery and the kick off will be next Tuesday and Wednesday (October 16th and 17th) all day at the offices of The Kent Center. The purpose of this grant is to link homeless people to SSI in order for them to be eligible for Medicaid and subsidized housing which Noreen believes is key to ending homelessness among the behavioral health population.

Corinna Roy reported that the PATH application for seriously mentally ill homeless was complete and has been forwarded to the State Purchasing Office. Corinna looks forward to announcing something soon.

Craig reported that the proposed RFP for Safe and Drug Free Schools and Communities has also been forwarded to the State Purchasing Office. He stated that it should be posted on the Purchasing website shortly.

Charles Williams added that the Substance Abuse Prevention and Treatment Block Grant was submitted on time. Craig added his commendation to the staff on both submissions.

Richard Leclerc added that an Executive Summary of that application would be available for December or January.

ADJOURNMENT AND NEXT MEETING

There was no further business. Upon motion made and seconded, the meeting adjourned at 10:20 a.m. The next meeting of the Council is scheduled for **Tuesday, November 13, 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: Working with Youth as Resources*
- Attachment II: Rhode Island Teen Institute*
- Attachment III: Rhode Island Teen Institute Q&A*
- Attachment IV: Executive Summary ATR Proposal*
- Attachment V: Proposed 2008 Schedule of Meetings*