

**Meeting Minutes of
The Governor's Council on Behavioral Health
1:00 P.M., Tuesday, January, 2008**

The Governor's Council on Behavioral Health met at 1:00 p.m. on Tuesday, January 8, 2008, in Barry Hall's Conference Room 126, 14 Harrington Road, Cranston, Rhode Island.

Members Present: Richard Leclerc, Chair; Leo Cronan; Stephanie Culhane; Scotti DiDonato; Mark Fields; James Gillen; Karen Kanatzar; Joseph Le; Peter Mendoza; Neil Corkery; Reed Cospers; and Elizabeth Earls.

Ex-Officio

Members Present: Ellen Nelson, Ph.D., Director, and Craig Stenning, Executive Director, Department of Mental Health, Retardation and Hospitals (MHRH); Sandy Woods, and Winsome Stone, Department of Children, Youth and Families (DCYF); Mary Ann Ciano, Department of Elderly Affairs (DEA); Colleen Polselli, Department of Health; Elizabeth Gilhaneey, Department of Justice; and, Mental Health Advocate's Office.

Staff: Corinna Roy, Charles Williams, Mary Ann Nassa, Richard Sabo, and Elena Nicolella.

Guests: Maureen Apperson; and Greg Graustein and Lisa Clark of Reckitt Benckiser.

Once a quorum was established, the Chair, Richard Leclerc, called the meeting to order at 1:10 p.m. After introductions were conducted, Richard entertained a motion to accept the Minutes of December 13, 2007. Neil Corkery motioned to approve the minutes and Scotti DiDonato seconded the motion. All were in favor, and the minutes were approved as written and submitted.

BLOCK GRANT AND YOUTH INVOLVEMENT AND INPUT SUBCOMMITTEES

Richard Leclerc reported that the Block Grant Subcommittee met on December 21, 2007, and that Neil Corkery was designated as the chair of the subcommittee. Neil reported that from that meeting several suggestions arose to modify the current proposal as it has been submitted. The modifications were primarily around the issue of outreach to people to get them engaged in treatment and other services. Neil asked Corinna Roy to elaborate. Corinna stated that these modifications would not influence the existing application, but could affect the next submission. She stated that there are several sections in it that describe areas where this group believes they may have a strong impact. For example, there is a section of the application that describes gaps in services and there is a section on the vision for the future. Corinna noted that the following specific areas of interest were mentioned by the group as needing more attention: peer specialists programs, the consumer affairs liaison position, serving the 18-21 year olds no longer funded by DCYF, and homeless youth outreach. She stated that the group was also interested in looking at how dollars are being expended, potential inefficiencies in funding and developing ways to better distribute funds, reduce gaps in services and duplication of services. Corinna announced that this subcommittee would meet quarterly. She will pull together the information and send it back to the group for development. Corinna will notify the Council of the next subcommittee meeting via e-mail.

Corinna stated that she was not sure of the status regarding the youth involvement subcommittee. Sandra DelSesto, who was not in attendance, continues to have conversations with Janet Anderson and Craig Stenning regarding the potential funding, although there are some obstacles about funding items

such as stipends that are not an approved use of funds. Richard stated that this report would be tabled to next month.

Corinna reported that several approved measures were put forth by the Data Subcommittee; and the departments of DCYF, DOC, and MHRH were asked to try to produce those measures and report back on them. Corinna explained that there have been some serious staffing losses in the data analysis unit, which has prevented the collection of those measures. She has reinstated the request for the data and expects to receive it within another month or so. She stated that there are some questions that the data unit has regarding the data elements. Sandy Woods stated that Colleen Caron who works with program planning and evaluation and data analysis on quality assurance for DCYF is out on leave, but that data is still available. Corinna stated that she would contact Sandy Woods within the next month to put something together for presentation to the Council at the next meeting or in March.

UPDATES FROM MHRH~

Charles Williams reported that the ATR grant is moving along. The start-up date and the date that they begin to see clients who have been screened-in is March 21, 2008. Staff has been identified and will be going to training on the GAIN which is an assessment instrument. The process through the Division of Purchases to get approval for a single-source vendor to develop and manage the voucher management system has been completed.

Charles also reported that the ACI program has begun, and initially a paper and pencil assessment will be used that will be automated subsequent to the trainings. Charles added that an RFI has been posted for continuous recruitment for treatment providers for the ACI initiative. They are in receipt of two responses. The RFIs for continuous recruitment for the ATR for clinical treatment services and for recovery support services have not been posted.

Charles stated that there is no further information regarding the budget at this time. He stated that the 2009 budget has been submitted. He stated that he is not aware of any specific instructions regarding the 2008 shortfall of 150 million dollars statewide.

Neil Corkery asked if there had been any contract renewals with reductions. Charles stated that he was not aware of any amended current contracts to reduce their amounts.

Charles announced that on January 15 and January 16, 2008 from 9 a.m. to 12 Noon at Casey Family Services, 1268 Eddy Street, Providence, Rhode Island, there will be an initial orientation, with focus on treatment on January 15th and recovery support on January 16th which will be announced via e-mail today. This will be the first of several trainings. The announcements will be sent not only to the current network of licensed behavioral healthcare providers, but also to those who are registered or listed with the United Way 211 and other services in order to get a broad range of community-based, faith-based providers.

Charles stated that those who are not licensed substance abuse providers will be prohibited from being the lead on providing substance abuse treatment services, outpatient, intensive outpatient, short-term residential, residential, medication assisted, aftercare and intensive co-occurring. If they are affiliated with a licensed substance abuse treatment provider, they will be acceptable.

Charles reported that they have begun the formulation of a proposal to the Substance Abuse and Mental Health Services Administration (SAMHSA) of an application for the Screen Brief Intervention Referral and Treatment (SBIRT) grant. The maximum grant is 2.5 million per year for five years. They are working out the details in terms of primary population and hope to have things worked out by the end of the week. Charles will be meeting with the clinical director of the Rhode Island Training School for Youths (RITSY) because they were previously involved in the research project around screening, brief intervention and family support. Charles stated that given the nature of the grant and who it is directed at, they would probably be looking at youth going through the detention center as opposed to those who are adjudicated.

Richard Leclerc stated that the vendors on the mental health side received a five percent cut in funding in fiscal year 2008 that was issued three weeks ago. Elizabeth Earls clarified that this reduction was an implementation of cuts from last year's budget, where they can no longer serve contract dollar persons over 200 percent of the federal poverty level. That was supposed to save \$250,000 and there were some other smaller provisions that were included. Reed Cospser stated that he was under the impression that mental health centers signed a contract with the state that they would provide services to every person with serious mental illness in their community if they needed it. Reed stated that this seems contrary to the contract. Elizabeth Earls stated that she thinks a contract amendment is required. Reed suggested that if the mental health centers stand up as one resisting this. Elizabeth stated that the centers received the notice just prior to the holidays and because it was not clearly articulated in the documentation to the organizations, they have been scrambling to figure out. Reed stated that the Mental Health Advocate could file a law suite on behalf of the mental health centers if they would make a telephone call. Richard stated that this happen fairly recently and the information is very sketchy. Richard expects to have more information at the next meeting and assumes that the providers will have meetings with the Department regarding this issue and would like to have this issue as an agenda item at the next meeting.

Charles added that they have been informed by SAMHSA that there will be a site visit in April 2008 that will cover the primary prevention set-aside of the substance abuse prevention and treatment block grant. That is the minimum 20 percent set aside for primary prevention plus the SYNAR regulation.

UPDATES FROM DCYF

Winsome Stone reported that DCYF will cut the residential service providers budget by 10 percent. Due to those cuts, the Department is working to bring all of the out-of-state youth back into Rhode Island. They are also introducing an RFP to the services providers to come up with a better service to network with instate and out-of-state providers.

Richard asked what the total amount that DCYF is trying save. Richard also asked that a report on where the cuts were made in children's residential be presented at the next meeting. Winsome stated that she would research and report back at the next meeting. Richard mentioned that with a 10 percent cut, you cannot have the same service capacity, the result will either be fewer beds or fewer children served.

There was some discussion about the DAS evaluation which is ordered by family court. The court orders which are evaluated and determined by a mental health clinic within the court are referred either to Newport Hospital or Phoenix House which each reserve five site beds.

Sandy Woods reported that they have been actively working to implement the ATR grant. She added that Children's Friend and Service in Providence received a 2.5 million dollar grant from SAMHSA in collaboration with MHRH, and DCYF to expand the program Project Connect statewide which provides home-based services to DCYF involved families where substance abuse is the issue. Sandy specified that the grant is 2.5 million over five years or about 500,000 per year.

DIRECTOR ELLEN NELSON

Richard Leclerc introduced Dr. Ellen Nelson, Director of MHRH. He welcomed questions from the Council to Dr. Nelson.

Dr. Nelson stated that she wanted to greet everyone and address any questions the Council may have. Reed Cosper asked Dr. Nelson about the 5 percent budget cut on the mental health centers that was imposed in the 2008 budget. Liz Earls explained that in the budget last year there was \$250,000 that was to be saved by implementing in the mental health organizations that they do not use any of their contract dollars for persons over 200 percent poverty. Liz was not sure, but thought that the five percent included some other budget condition, but it was not articulated to the organizations when the new budget amounts went out to them in December 2007.

Dr. Nelson stated that she was aware of the budget initiative, but was not aware of the communication issue and will look into that issue. She stated that she is not in a position to discuss the 2009 budget until the Governor finalizes it. Dr. Nelson stated that she is interested in knowing the most useful ways to assure that people have accurate information and that they know the implications and that it is not an information low issue but it is an eyes-wide-open situation. She is interested in going forward, and asked what would be helpful to make sure that people do understand the budget once it is released and understand the ramifications of it.

Reed Cosper stated that the issue at hand is the five-percent cut to the mental health centers. Dr. Nelson stated that she is hearing that there was some confusion in the way that the 2008 budget was communicated from the Division to the community mental health centers about the impact of that cut. Liz stated that when the budget was passed, no one knew how those savings were supposed to be achieved. Dr. Nelson stated that it is very tied together, and the budget is a public document. Everything is tied together in the budget to budget initiatives, and when testifying in front of the House Finance Committee that is their responsibility to publicly testify to any issue in all of the divisions across the Department. If there was some confusion that developed in how it gets transmitted from the Governor's budget to the General Assembly's budget to the State budget, she is not aware of it and is just hearing about it now. She clearly stated that it is part of the fiscal year 2008 budget and that it has been a public document since June 30, 2007 if not before. Her concern is with the communication issue.

Liz Earls stated that there were a number of items in the 2008 budget that it was not clear, and BuyRite was a more frightening issue. If on June 28th the mental health centers are expected to achieve the arbitrary savings that were put in their budget and do a BuyRite, then does that mean that they receive in total a ten-percent cut. Liz stated that she understands that it was in the 2008 budget, but they knew when that budget passed that there were some components that were not clear.

Dr. Nelson stated that she has been a strong voice trying to clarify that BuyRite by concept has merit, but by practice is not something that derived out of MHRH. She stated that she is very deliberate in her

advocacy for everything represented by the Department. She recalled that last year there were two things put into the Department's budget which was a reduction in dietary and housekeeping to become a privatized initiative which involved several MHRH employees and a significant service in two sites, at Eleanor Slater Hospital and Zambarano, along with the BuyRite initiative. Therefore, going into 2009, there is not anything that has been put into the budget in that way, but stated that Liz was correct that the initiative transcended the departments and was considered an OHHS initiative. She stated that what has been done in the Department is compensate for the loss in our budget, but she is not willing to call it a BuyRite savings, because it is not. Dr. Nelson stated that BuyRite is a concept that will be seen in the 2009 budget, but in 2008 the Department came up with other savings.

Neil Corkery asked that in conjunction with the BuyRite, it is his understanding that there was approximately \$150,000 in savings in BuyRite, and that there were some savings that were supposed to be incurred through that program. Neil asked if that has been ameliorated.

Dr. Nelson stated that usually the budget comes up from the Division and becomes the Departmental budget, but in this case it came down and since there was no place to put it, it ended up in her office which equated to a four million dollar hit. With a 70 thousand dollar budget, she was faced with a 4.5 million dollar deficit. Through the year, she has argued that point. She chose not to argue the bottom line which was the budget, and will achieve alternatives to hit the bottom line. She postponed BuyRite to the side and she thinks she was successful at that and found alternative savings that did not hit services and support. She feels that it is important for all to understand that in regard to additional savings that they have been asked to meet for 2008, they have been managing the Department's budget close to track. As they have been doing that, the State has found itself with a revenue shortfall in addition to what was known at the point that the 2008 budget was finalized of about 151 million dollars. She stated that there are discussions going on right now regarding how to deal with the additional 151 million dollars, and it has not been concluded.

Dr. Nelson stated that in the Department to date, most of the savings in 2008 came out of deliberate reorganization efforts within the hospital without impacting services and supports. She stated that they are in conversation and are being asked by the Governor what additional savings can be put on the table because of the larger situation. She stated that it is a difficult environment and what they are being asked to do now is to look at what savings from 2009 and 2009 has not been finalized, can they realize in 2008. This difficult environment is where the overall Medicaid budget is being looked at and many of the dollars that they are talking about from MHRH out are Medicaid. Approximately 85 percent of all of the dollars in MHRH are Medicaid dollars. Therefore, there are efforts to look at a unified Medicaid budget and her concern is that if that make sense then it is a good thing. She does have some concern that they do not move to something so generic that they loose the fiber of what is unique about the services in each of the individual areas. She expects that the Governor will release his budget some time around the third week of January. As soon as it is released, she would like to provide a briefing to the community on the budget and if it would be more useful to have a more targeted briefing, she will be happy to provide that opportunity so that it will be clear.

Dr. Nelson assured the Council that they are deliberately advocating for more creative approaches to organize themselves as opposed to slicing everyone across the board. Option two is that there is such a deficit that there will be an across the board reduction which will come from beyond the Department. Yet as we go through 2008, because there is an additional revenue shortfall in the State, she is pleased to

say that all of the managers in the Department are doing a fine job of managing to their bottom line in spite of being in a sinkhole and that becomes difficult because they are within a larger environment that impacts beyond their own ability to manage it. Going into 2009 the Governor is more committed to making sure that individuals have more choice about their services.

Richard Leclerc asked that in terms of reduction, where is that hitting the Department greatest. Dr. Nelson stated that all departments were asked to participate in a reduction of force and there wasn't a modification of the reduction that was requested based on the nature of the department: it was all departments. Therefore, she found issue with that because most of the Department's employees are direct service employees. The Department is operating now with 1,350 employees. There use to be well over 2,000. In the reduction, there have been a lot of administrative reductions. As the Department operates today, if the base is approximately 1,350, and they have not been able to fill vacancies, therefore it is a dwindling base. This creates an impact at the service level, because of the 1,350 employees about 95 of them are administrative employees. Primarily, in ESH which has close to 1,000 employees and in the RIClass system which is the State operated Developmental Disabilities area which utilizes the remainder of the employees. She pointed out that right now they are operating at a deficit of nurses in Zambarano and a deficit of direct-care workers in RIClass which concerns her. None of this implicates Behavioral Health, because Behavioral Health primarily is a purchase service but not exclusive, where the State purchases services as opposed to providing them. Therefore, when looking at force reduction, other than the administrative unit which is called the Behavioral Health Division, it is not where most of the personnel reductions came from. Most of the Department's employee reductions came from the hospital or administrative force.

Dr. Nelson stated that the layoffs are not yet over. There is a process which is the "A" list and the "B" list. The A list and B list together would sum up approximately 110 individuals along with a reduction in contract employees. In addition, she described other exercises such as OHHS consolidation exercises and then after those exercises in terms of backroom functions with OHHS, there were not enough FTEs to meet the Governor's mandate, and therefore it was necessary to contribute again which is referred to as the Delta exercise. Adding them all together, the numbers are well over 300 people. This was a substantial reduction in force within the Department, but because of the nature of the Department, it did not really hit Behavioral Health in terms of reduction of force because the Department purchases most of those services.

Stephanie Culhane expressed that the public is not aware of these foregoing facts and when you hear the news, the media is reporting that there have only been 65 people cut from State service.

Dr. Nelson stated that there are several union rules involved with such action and the need to layoff the least senior. She pointed out that in some cases in a clinical setting, it can get modified because of necessity of position. With eight unions and eleven locals within MHRH it makes this a very difficult task.

Dr. Nelson stated that she wanted to drop into the meeting to say hello and address any questions. Richard Leclerc thank the Director for attending.

MEDICAID REHABILITATION OPTION

Corinna Roy stated that Elena Nicolella forwarded an updated report with the following information:

On December 19th the House passed the Medicare/Medicaid SCHIP Extension Act (S.2499), which included an 18-month extension of SCHIP and will extend funding for SCHIP through March 31, 2009.

The bill also included moratoriums on potential changes to the Rehabilitation and School-Based Administration and Transportation regulations until June 30, 2008. Corinna stated that there will probably not be any impact on the rehabilitation issue until at least June 30, 2008.

Elena will prepare a brief summary about the rule on targeted case management for the February meeting.

UPDATES OF MENTAL HEALTH ADVOCATE'S OFFICE

Reed Cospers reported that four of the five agencies affected have met twice since his last report. They have met with the Governor's Office, who encouraged them to present a proposal, and reports that they are somewhat divided among themselves about submitting such a report. Reed stated that they need to make a decision prior to the release of the Governor's budget because something about consolidation will be in that budget. Reed believes that they can create an idea that will be a better choice than what the budget might propose. Reed will keep the Council informed as it plays out.

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 10:00 a.m. The next meeting of the Council is scheduled for **Tuesday, January 8, 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