

**Meeting Minutes of
The Governor's Council on Behavioral Health
1:00 P.M., Tuesday, May 6, 2008**

The Governor's Council on Behavioral Health met at 1:00 p.m. on Tuesday, May 6, 2008, in Barry Hall's Conference Room 126, 14 Harrington Road, Cranston, Rhode Island.

Members Present: Richard Leclerc, Chair; Linda Bryan; Leo Cronan; Stephanie Culhane; Sandra DelSesto; Scotti DiDonato; James Gillen; Joseph Le; Peter Mendoza; Noreen Shawcross; and Representative Bruce Long.

Ex-Officio

Members Present: Tom Martin, Department of Mental Health, Retardation and Hospitals (MHRH); Craig Stenning, Department of Human Services (DHS); Alison Croke, Robin Etchingham and Ellen Mauro, Department of Human Services (DHS); No Representation from Department of Children, Youth and Families (DCYF); Mary Ann Ciano, Department of Elderly Affairs (DEA); Denise Achin, Department of Education; Colleen Polselli, Department of Health (DOH) and Bruce Todesco, Mental Health Advocate's Office.

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

Guests: Richard Antonelli and Vivian Wiseman, Mental Health Association; and Loretta Sousa.

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 April 10, 2008. The following two corrections were noted: Page 5, **Medicaid Reform Package**, last line – 183 should read 183,000; and Kai Cameron was in attendance, but was not listed as present. Scotti DiDonato motioned to approve the minutes as amended, and Leo Cronan seconded the motion. All were in favor with an abstention from Representative Long, and the minutes were approved as amended.

RHODY HEALTH PARTNERS (RHP) AND CONNECT CARE CHOICE

Richard Leclerc distributed two PowerPoint documents and a brochure to illustrate the following presentations: ***Rhody Health Partners (See Attachment I); Connect Care Choice (See Attachment II); and brochure Connect Care Choice (See Attachment III).***

Richard introduced Alison Croke from DHS to talk about two new managed care options for Medicaid only bills. Alison stated her presentation would be on Rhody Health Partners (RHP) and Ellen Mauro would present on Connect Care Choice.

Rhody Health Partners:

Alison Croke stated that two bills sponsored by the Governor's Council on Disabilities were passed in the General Assembly session 2005. Those bills directed DHS to plan and implement managed-care options for Medicaid-eligible adults. Meetings were held with consumers, providers, community-based organization, hospitals, and health plans along with anyone interested in individuals on Medicaid. DHS asked them what was working and sustainable and what was not working and changeable. There was a lot of response with emphasis on access to behavioral health care as an issue. Individuals with serious and persistent mental illness (SPMI) are served in the community mental health centers but there is very little other access to behavioral health services for individuals with mental illness. Dental care was another issue. People are not knowledgeable about what is covered or where to go with questions about benefits that are covered, including questions about anything related to medical assistance.

DHS collected all the information and designed two programs: RHP and Connect Care Choice. In order to participate in RHP or Connect Care Choice, the individuals need to be on Medicaid only; therefore, people with Medicare or other full coverage such as another kind of commercial insurance would not be eligible. Participants need to be living in the community. Therefore, a long-term nursing home resident would not be eligible. They need to be 21 years of age or older and also residing in Rhode Island. In addition, for RHP the individual needs to be categorically eligible for Medicaid (this does not apply to Connect Care Choice). Therefore, individuals who are on the Spend-down program are not eligible for RHP, but are eligible for Connect Care Choice.

RHP is similar to the RITECare program. The Department contracts with health plans or managed care organizations to deliver a set of in-plan services. There are two health plan services participating in RHP: Neighborhood Health Plan of Rhode Island and United Healthcare of New England. RHP began in February 2008 when opt-out letters were sent to approximately 2,000 eligible Medicaid clients. DHS identified a total of about 15,000 who met the above-mentioned criteria. About 2,000 of the 15,000 identified were described as SPMI, and about 800 were clients of the Division of Developmental Disabilities (DD), leaving about 12,000 individuals that were categorized as "other disabled." Those 12,000 individuals started to receive opt-out letters on February 1st for RHP or Connect Care Choice, which are voluntary programs; but the language written in the legislation directed DHS to create voluntary opt-out programs which is similar to an automatic assignment. If they do not hear from the individual within a set period of time, there would be automatic enrollment into one of the two programs. The opt-out letters are being distributed by geographic region which is illustrated in Attachment I, Page 4, Slide 8.

Those who do not receive the opt-out letter are clients of DD or clients that were known as having SPMI. They received an opt-in letter which was sent around April 5. Both of the letters are available on DHS's website. The opt-in letter presented both programs along with a fact sheet about each of the programs directing the individual to call if they need more information or if they want to enroll. It did not take any action on the client's behalf.

In-Plan Benefits are listed in Attachment I, Page 5, Slide 9. Out-of-Plan benefits are listed in Attachment I, Page 5, Slide 10, which are services that are primarily received at the CMHCs as well as Methadone maintenance which is always out-of-plan. A procedural manual has been developed and sent to all CMHCs and substance abuse providers regarding billing. Waiver Services are not affected by enrollment in RHP or Connect Care Choice.

An enrollment help line has been established for clients, (401) 784-8877, with two staff devoted to the managed care options, available to answer questions from 8:30 a.m. to 3:30 p.m. they take in-bound calls; and from 3:30 p.m. to 4:30 p.m. they do some out-bound calling for those who have left messages during the day. Of the two staff, one is bilingual Spanish and English speaking, and they offer non-biased enrollment counseling. Contact information has been provided in Attachment I, Page 7, Slide 13.

Connect Care Choice:

Ellen Mauro was introduced from DHS to discuss Connect Care Choice. She stated that members that are in the Medicaid adult, 21 and over population, stay in the fee-for-service world but receive this program in addition to all the fee-for-service benefits. Connect Care Choice started in September of 2007 and is a State Plan amendment by CMS which allows the development of a primary care case management model to support and promote access to good quality care in a primary care setting in the community. Nurse care managers are integrated into the primary care practice. A network of participating primary care providers has been developed, See Attachment II, Page 4, second slide for participating practices. There are ten practices that are either in the network or going to be included in the network with six up and running.

Connect Care Choice does include individuals with DD and/or SPMI if they are receiving care in a primary care practice.

Rhode Island is the first state in the nation to build a primary care case management model. This model uses an advanced “medical home” which provides a higher quality of care, expertise in chronic care management for those with multiple conditions and improved access to services. Voluntary members can opt-out. Contact information has been provided in Attachment II, Page 6.

The following questions were raised:

- Linda Bryan asked how many cases are carried by the nurse managers.
Ellen stated that the national standard is 150 to 200, but is a gradual increase.
- Richard Leclerc asked what the enrollment number is in RHP.
Alison stated that as of May 1, there were 3,600 clients evenly split between the two health plans.
- Richard Leclerc asked what they anticipate the total number of enrollees to be.
Alison stated 12,000.
- Richard Leclerc asked what would happen if someone were to need detox services.
Alison stated if they were enrolled in RHP, community-based detox would be out-of-plan, but if they go inpatient, then it would be in the plan.
- Joseph Le asked how someone from the Southeast Asian culture could access the program.
Alison stated that the enrollment help line has access to the language line and an interpreter for any language can be accessed through that line. The website is in English only, but by calling the number any language can be accessed through the language line.
- Neil Corkery asked what facilities someone could go to in order to access detox services.
Alison stated that the health plans have a network of providers, and a network of physicians. In the first six months that someone is enrolled in the health plan, they are able to access any provider whether they are part of the health plan’s network or not part of the network which allows for transition. After six months, they have to utilize the health plan’s network of providers. All hospitals in the State of Rhode Island are in network along with some of the hospitals in border communities.
- Craig Stenning asked if it is out-of-plan after the first six months, can people still access any provider.
Ellen stated that for in-plan service for the first six months, it can be any Medicaid provider; but after six months, in-plan services have to be part of the network and out-of-plan services can be provided by any Medicaid provider that is currently in the system.
- Neil Corkery asked what are the procedures or services that would not be paid generally.
Alison referred to Attachment I, Page 5, Slide 10 lists the out-of-plan benefits in addition to the procedure manual which was a code-by-code list.
- Bruce Todesco asked how patients are being portioned between United Healthcare and Neighborhood Health Plan of Rhode Island.
Alison stated that it is a random auto assignment and then individuals can switch at any time between the two. Facts sheets are provided with telephone number for both plans so that individuals can call each plan and compare the two.
- Richard Leclerc stated that presently with fee-for-service Medicaid an individual can access an inpatient unit without preauthorization. He asked that if they are in one of these plans, would they need preauthorization.

Alison stated that the health plan would probably authorize it.

HOUSING FIRST

Richard Leclerc introduced Noreen Shawcross, Executive Director of the Office of Housing & Community Development (OHCD) to discuss *Rhode Island's Housing First Program*. Noreen distributed the *Year 1 Evaluation Executive Summary (See Attachment IV)*. She described the program as being for people who have been *chronically homeless* and most have been homeless for an average of 7.6 years. She stated that supportive housing is the key strategy both in Rhode Island as well as nationally. In 2006 through collaborated funding from the General Assembly, the United Way of Rhode Island who contributed \$250,000 over two years and funded the evaluation, and OHCD contributing \$300,000, they are operating the program, and are also taking a careful look at the results. Ninety-one percent of the clients in Rhode Island have criminal records which would normally be a bar to getting into housing, particularly subsidized housing. The original number of 50 apartments within the community and has now risen up to 85 apartments. The program targets individuals who are chronically homeless, uses housing within the community with some of it subsidized, some private landlords with subsidies and involves an intensive service model where there is one case manager with caseloads of as few as 12 people. It is a 24/7 program and they are able to be there when the person needs them. It also involves a menu of existing services in the community.

Noreen stated that it was determined from the beginning that the requirements for the original RFP were that it had to be collaboration between a system that was serving chronically homeless people and a mental health provider. The successful applicants were the team of Access Rhode Island which is a program with the Mental Health Association of Rhode Island and Riverwood Mental Health Services. The program began in the spring of 2006, continued through 2007 and now halfway through 2008. They are able to look at the numbers and have received some wonderful results. Noreen highlighted the results:

- The program has proven to save significant dollars.
- The program has proven that it can transform lives:
 - Prior to going into the program 46 percent of the clients identified themselves as having poor to very poor mental and physical health.
 - Shortly after entry to the program the program this proportion was reduced to 21 percent.
 - Prior to going into the program 67 percent felt that their physical or mental health issues limited their ability to interact socially with friends and. At the six-month follow-up interview, they were at 33 percent. Therefore, in a very short time they were feeling much better and reconnected.
- The only area where there was little marked improvement was in employment. She expects this will change over time with additional programming to address the issue.
- Hospital overnights were reduced from 534 to 149.
- Mental health overnights were reduced from 73 to 16.
- Alcohol and drug overnights were reduced from 538 to 43.
- Emergency room visits were reduced from 177 to 75.
- Jail and prison overnights were reduced from 919 to 149 and the 149 was one individual.
- Shelter overnights were reduced from 9,600 to 640.
- Total cost to serve these clients was reduced from \$31,617 per client to \$22,778 per client which includes housing and all of the services.
- The total savings for 48 clients is \$424,272.

Noreen stated that she expects to see even more dramatic results in the future. She added that they are able to significantly increase the numbers in the supportive housing program over and above their funding because of leveraging other resources such as Road Home, and Riverwood. Noreen also added that her office is committed to maintaining the program and they have level funded this year's budget.

Richard Leclerc asked if United Way will be still funding the program. Noreen stated they will be funding until June of 2008 and the program will be losing \$175,000. They will continue to fund the evaluation. However, MHRH awarded them the PATH dollars which will help support part of the program.

SUBSTANCE ABUSE BLOCK GRANT SUMMARY

Charles Williams distributed the document *Substance Abuse Prevention and Treatment Block Grant (SAPT) Federal Fiscal Year 2008 (See Attachment V)*. Charles reported that the Substance Abuse Mental Health Services Administration (SAMHSA) funds both the SAPT block grant and the Community Mental Health Services block grant. The two block grants are very different. The state receives \$6,595,230 for the SAPT which is considerably more than what it receives for the Mental Health Services block grant. The SAPT block grant requires that states respond to seventeen goals which are listed in Attachment V. The 2007 block grant which is posted on the Departments website is approximately 500 pages long. Also illustrated on Page 2 of Attachment V is an "Intended Use" section. Most of the narratives in the block grant require reporting on the compliance year which is three years prior, the progress year which is the year following the year of submission, and the intended use years. For Rhode Island the intended use is Federal Year 2008, the progress year was State 2007, and the compliance year was 2005. Goals have been included: Goal #1 which is illustrated on Page 16 is to maintain a continuum of substance abuse treatment services; and Goal #2 which is illustrated on Page 3 is the primary prevention set aside and is the intended use narrative, not all three narratives. Charles explained that in Rhode Island 22.8 percent of the SAPT grant goes to prevention, approximately \$5,086,000 is treatment, and \$53,466 is for administrative costs. States are required to take a minimum of 20 percent for primary prevention services and take up to 5 percent for administrative and the balance is for treatment. He reported that the block grant contains a number of set asides within the treatment component and a number of agreements which are passed on to the contracted substance abuse treatment and prevention providers. Rhode Island is currently an HIV designated state which has to do with the rate of HIV in the population, with a small set aside within the overall treatment component for HIV services.

Craig Stenning raised the question regarding Allocation of Funds on Page 6, last paragraph: The contracts awarded in 2005 will be in their final year during FFY 2008. The SSA will begin planning for services to commence in FFY 2009. Craig asked Charles where that stands right now.

Charles stated that the Department has engaged in discussions with the current recipients of prevention funding under the block grant and they are in the process of putting together a plan to go forward.

Craig then asked that with the contracts ending at the end of August, if the RFP had been developed yet? Charles stated no the RFP has not been developed.

Craig Stenning raised an additional question on Page 4, Paragraph 2, regarding the statement that substance abuse prevention agencies had all received a Provisional Certification through June 30, 2008 and that full certifications intend to be issued beginning July 1, 2008. Craig asked where that stands.

Charles stated that they are in the process of completing site visits to all of the block grant funded entities and once those visits have been completed, notifications will be sent out for their certification. Charles stated that currently there are no agencies funded under the Safe and Drug Free Schools Initiative. He

stated that the RFP is up and responses are being received. The Rhode Island Substance Abuse Prevention Act (RISAPA) funded municipal task forces are currently slated to lose their funding effective July 1, 2008 unless there is amendment to that current budget resolution which would push them out to April 1, 2009.

Sandra DelSesto asked if the task forces had requested that it be pushed out to June 30, 2009. Charles explained that Article 10 in the Governor's budget eliminates funding to the substance abuse prevention task forces and reorganizes it into a regional system. The task forces had a number of concerns with that and organized a subgroup to work with the Department to come up with an agreed upon compromise. The group achieved an agreement on a compromise proposal which funded the task forces through March of 2009. The negotiating team went back to the full task forces and as a group rejected the agreement and have written a separate proposal which would have them funded without any changes, with the exception of the reduction, through June of 2009 and to use that period to plan for whatever the regionalization would be with the regionalization taking effect on July 1, 2009.

Sandra asked where it stands now. Charles stated that the proposal was presented to a task force representative, and he was not aware of who was designated to make a final decision on their status.

Representative Long asked Charles if the counter proposal from the task forces to leave it the way it is and accept the reduced funds and work on a program for the following year was acceptable to the Department. Charles stated that it was his understanding that they had a proposal that was acceptable to both parties, and not speaking on behalf of the Department, in his opinion Charles does not think that a year is necessary to do the planning.

Sandra stated that the difference is only three months and that the task forces voted unanimously for one full year to come up with a cogent plan to reorganize.

Charles stated that he has not yet received a formal request back from them post negotiations, but will be willing to embrace the year for the planning to work with them. Representative Long asked if the task forces are aware that the Department is in agreement with what they are asking for.

Richard Leclerc stated that it comes down to the question of who is carrying the ball now. Representative Long stated that he was communicating the frustrations of the task forces. Sandra stated that she will follow up and communicate the information to the prevention association.

Charles stated that he has not received the proposal that was drafted after they voted down the compromise. Sandra asked if they should they assume that there will not be any additional provisional certifications that people or organizations will need to apply for to be certified. Charles stated yes. Sandra stated that in terms of the block grant, what steps will need to be taken. Charles stated that the next step would be for him to get back to the block grant recipients, both those who met and were at the meeting and those who were not there, with the response. He anticipates getting back to them by the beginning of next week.

ATR GRANT UPDATE

Neil Corkery asked about the progress of the ATR grant. He stated that concerns have been raised regarding individuals who may be eligible for the ATR but released from prison under the correction's dollars to go into a residential treatment slot.

Charles stated that regarding the transition from prison to the community that the parole officers requested residential treatment. Charles stated that they are working with the parole board to help them recognize the value of intensive outpatient treatment and reviewing each of the potential clients individually to ensure that

they any housing or employment issues would be dealt with. Charles added that it is moving, but the bias is towards residential.

Regarding the ATR, Charles reported that the RFI for continuous recruitment was posted approximately a month ago. Eight applications have been received and will be reviewed. Charles reported that they are significantly behind in the number of clients that have been seen in order to meet the target of 472 through September 29, 2008 which means they need to see over 40 clients per week. He stated that they are waiting to hear back from a request submitted to the Office of Health and Human Services (OHHS) to be able to post and hire two positions for assessors. An alternative plan was created to use existing providers who are without interest to amend their contracts to do assessments. An arrangement has been made with Miriam Hospital to refer women who are otherwise eligible for ATR, but not for the program that they are conducting at Miriam. Additionally, there will be expansion outside of Pawtucket Child Protective Services into Providence Child Protective Services and into Medium Security. Charles reported that the voucher management system is up and running and they have started offering a two hour in-service training which is available for eight weeks to all providers in the network.

Craig Stenning stated that the ATR is a statewide grant awarded to the Governor's Office, and it is high priority for the current administration. He further noted that SAMHSA has informed Rhode Island that they are at grave risk in regards to the performance of that grant as of this date. Craig stated that there will be an action plan in place by Thursday, May 8th to address some of their concerns.

UPDATES FROM DCYF

There was no report from DCYF.

UPDATES FROM MHRH

There was no report from MHRH.

OLD/NEW BUSINESS

Richard distributed a copy of an announcement of a training presented by the Rhode Island Association for Infant Mental Health & Rhode Island Kids Count: *Cultural and Linguistic Competence: Implications for Early Childhood Mental Health*, on May 13, 2008 at the Marriot Hotel in Providence from 8 a.m. to 3:30 p.m.

Sandra DelSesto announced the development of a Recovery Center at RI College. She will e-mail the information to Corinna Roy for distribution to the Council members.

ADJOURNMENT AND NEXT MEETING

There was no further business. Upon motion made and seconded, the meeting adjourned at 2:45 p.m. The next meeting of the Council is scheduled for **Thursday, June 12, 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 Rhody Health Partners

Attachment II: Connect Care Choice

Attachment III: Brochure Connect Care Choice

Attachment IV: Rhode Island's Housing First Program - Year 1 Evaluation Executive Summary

Attachment V: Substance Abuse Prevention and Treatment Block Grant Federal Fiscal Year 2008