

**Meeting Minutes of
The Governor's Council on Behavioral Health
8:30 A.M., Thursday, June 12, 2008**

The Governor's Council on Behavioral Health met at 8:30 a.m. on Thursday, Jun 12, 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; Richard Hill; Karen Kanatzar; Joseph Le; Peter Mendoza; Anne Mulready; and Neil Corkery.

Ex-Officio

Members Present: Craig Stenning, Director, Department of Mental Health, Retardation and Hospitals (MHRH); Fred Friedman, Department of Corrections (DOC); Sandy Woods, Department of Children, Youth and Families (DCYF); Denise Achin, Department of Education;

Staff: Charles Williams, Mary Ann Nassa and Lisa Stevens.

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

Once a quorum was established, the Chair, Richard Leclerc, called the meeting to order at 8:45 a.m. Richard entertained a motion to accept the Minutes of May 6, 2008. Scotti DiDonato motioned to approve the minutes, and Peter Mendoza seconded the motion. All were in favor and the minutes were approved as written and submitted.

MENTAL HEALTH BLOCK GRANT CONFERENCE

Charles Williams reported that Corinna Roy and Council member Linda Bryan along with Ron Tremper from the research and data unit attended the block grant conference in Washington, D.C. from May 20 through May 22, 2008. He reported that the conference included workshops for planning councils and special sessions for territories. A common theme among other states was the fiscal difficulties they find themselves in, which has created opportunities for change.

Richard stated that the block grant which is approximately 1.4 million dollars is due for submission on September 1; and considering that the Council will not be meeting in August, he suggested that a subcommittee be formed to allow input to Corinna Roy prior to the writing of the submission in order to meet the deadline.

CMHS BLOCK GRANT MONITORING REPORT

Richard Leclerc distributed an excerpt from a *document that summarizes the block grant visit of Center for Mental Health Services (CMS)* in June of 2007 (*See Attachment I*). Richard stated that the draft of their site monitoring visit, which occurs every three years, was completed last summer, taking eight months to go from draft to final. The Summary and Recommendations are attached to the letter for review. Richard stated that if anyone would like a copy of the entire document, contact Corinna Roy at croy@mhrh.ri.gov.

Charles Williams highlighted the Systems Strengths listed on Page 43. CMS cited Rhode Island with strength in the use of evidence-based practices specifically in assertive community treatment and the ability to learn from that system to improve service models. They were impressed with the Community Medication Assistance Program (CMAP) and the collaborative work with the Department of Corrections (DOC) and the Office of Housing and Community Development and its Housing First model, Project Hope, Positive Educational Partnership (PEP) and the ability to retain the Child and Adolescence Service System

program. Additionally, they were impressed with the involvement of various state stakeholders such as the Parent Support Network.

During the visit, the group divided in two groups and one stayed at MHRH for review of the adult section and the other group set off to DCYF. Charles explained that the recommendations and the notations of strengths and weaknesses refer to the overall mental health system.

Opportunities To Strengthen And Improve The System which is illustrated on Page 46 of the document sites the need for more involvement of consumers and family members; the need to refill the office of the Coordinator of the Office of Consumer and Family Affairs; to create a larger pool of peer specialists; to allow more time for the Governor's Council to review the block grant, which is starting implementation; and creating a subcommittee that is dedicated to children, youth and families in addressing the issue of transition of youth to the adult system.

They also recommended using 10 percent of PATH dollars to homeless projects to fund initiatives that target outreach to homeless youth with severe emotional disorders.

Ann Mulready asked about the recommendation to improve consumer and family involvement in the system. Charles stated that CMS conducts monitoring visits every three to four years to assess how states programs match up with their block grant submissions. The visits involve representatives from each state's advisory council, the adult system, the children's system and visits to local stakeholders. Charles reported that part of SAMSHA's major initiatives over the past few years has been to increase and enhance consumer and family involvement in planning for both for adult and children's mental health services.

Anne then asked if CMS is referring to its own monitoring or something that occurs within the state. Charles explained that the state is responsible for monitoring providers within the state for compliance. She asked how often that happens. Charles stated that providers in Rhode Island are monitored on an ongoing basis. CMS is looking more closely at how Rhode Island involves consumers in the planning process and in the development of contracts that would then be monitored.

UPDATES FROM DCYF

Sandy Woods reported that to date 35 individuals have been referred to the ATR grant and 22 individuals have been assessed and referred to treatment. Three of the 35 were no shows and two of them are in the process of being rescheduled and given a second chance; and 10 clients are somewhere in the process. Clients are being accepted from every DCYF office statewide, as well as accepting clients from intake. Clients have been referred to all levels of care. She added that there have been some startup issues that have been resolved.

ATR GRANT UPDATE

Charles Williams reported that purchase orders have been generated for providers within the ATR network creating an official network both for recovery services and clinical treatment services. The recovery support side includes: Vantage Point, Providence In-town Churches Association, Crossroads, Gateway, and Phoenix House, as well as 10 additional applications which are in house, some of which have been reviewed and a portion waiting review. Once they have been approved, the information will be forwarded to the Division of Purchases and purchase orders will be received for them as well. There is one faith-based provider in the network and there is a faith-based provider affiliated with one of the recovery support agencies. Charles reported that there are enough providers in the system, and he will be informing those providers within the interim system to submit applications in order to be included in the network.

Charles reported that as of this morning, there were 55 clients registered in the system. Referrals are now being accepted from Minimum Security, Medium Security, and Women's and a small number from Maximum within Corrections; as well as detoxification services which are from STARR and Phoenix House and DCYF. They are looking at those folks who were part of the transition from prison to community project, known as the ACI Project, to bring them into ATR for the purposes of recovery support services. This brings them up to 25 percent of the target for this year with expectation for its continued growth.

Charles reported that the pool of assessors has been expanded to four, one of which is full time and the other three contribute a fair amount of time. There is a scheduling mechanism in place which deals with calls from DCYF and Corrections for potential assessments at those locations.

Leo Cronan stated that he has met three people in the last month at meetings at different facilities and all three of them suggested that they do not have an addiction problem at all. Leo state that it is his impression that the "word is out how to get out." Leo feels that these individuals are misappropriating slots from people who need the slots for recovery as a way to get out of jail. Neil Corkery stated that he had heard about some of these issues.

Richard asked Charles with respect to Leo's comments to give a sense of what the evaluation or outcome expectations are from the ATR. What kind of measurements will be available at the end to see what has worked and what has not.

Charles stated that SAMSHA may be conducting outcome studies and performance studies for the ATR grantee, but at this point there is nothing in place that would have any outcome. Charles stated that they are looking at some standard measures such as retention and treatment, compliance with treatment, etc. They are not currently prepared for long-term follow up of those coming out of the ACI. The primary follow-up instrument in Rhode Island is the GPRA (Government Performance Results Act) which is a questionnaire that is administered at intake; at discharge, which means when the client leaves the voucher; and six months post admission.

Sandy Woods added that valuable data will come out of this grant because the majority of the individuals who are being referred to ATR have had their children removed. She stated that it may answer some of the questions such as: Does it shorten the time from unification? Has it decreased the reopening of cases?

UPDATES FROM MHRH

Director Craig Stenning reported that Budget Article 10 in the field of Prevention originally had a significant savings coming out of funding that is provided to the community task forces. The dollar amount was reduced; however, the House Finance Committee removed Article 10 giving authority to take a year for planning. Craig stated that an agreement was reached with the task force coordinators and Representative Slater and Representative Long which will remain in place. Presently, there are 35 task forces who accepted the reduction but disagreed with the enactment and the concept of a new system on July 1, 2008. The implementation date has been moved to July 1, 2009 in order to plan for whatever makes the most sense with the reduced funding.

Craig also reported that the House Finance Committee did not agree with the elimination of the TASC Program at the Department of MHRH and restored \$520,000 from general revenues along with the six positions for this activity.

Additionally, he reported that the House Finance Committee reduced funding by \$740,000 from general revenues to adjust the Governor's Budget which includes additional funding for integrated mental health grants that were not allocated for any purpose or awarded to any provider. Craig stated that it appears that this was a balance retained in this budget after the Governor recommended this proposed savings. Craig is not aware of what this means but realized that something happened a few months ago when he was not here between communications at MHRH and the House Finance Committee who were confused as to why this money had not been spent. Craig is actively trying to sort it all out. He stated that apparently adjustments were made from the wrong base and therefore there was additional money that was never allocated.

Further, he stated that there was a reduction of the amount of money allocated to the Community Medication Assistance Program (CMAP). Craig stated that it appears that MHRH reduced the CMAP appropriation twice in the supplemental budget: Once because there actually was a reduction in the estimated spending for the year, and secondly because there was a one-time pharmacy credit. It appears that the House Finance Committee saw the second reduction, which was a one-time reduction, and took the bottom line number into account.

Craig reported the following:

- The one million dollar ACI program has remained in the budget.
- In Behavioral Health no reductions were restored and no additional reductions were added.
- The article for the licensing of chemical dependency professionals will be transferred to the Health Department.
- The House Finance Committee voted in approval to move forward with the Medicaid Global Waiver. Neil Corkery stated that they voted that the savings that they anticipate of 67 million dollars is included in this budget as a revenue enhancement and if the savings is not realized, they will address it next year.

Craig added that the Governor commended the House Finance Committee for their budget proposal which singled out the following three reform initiatives:

1. The Work First Initiative which is the Welfare Initiative
2. The initiative to all cities and towns to negotiate their health benefits through the State contract.
3. Medicaid Global Waiver.

Craig described that a significant number of staff members will be leaving because of retirement and a variety of reasons and that some will be leaving the end of June instead of in the fall when he anticipated because of unsubstantiated rumors about additional adjustments to benefits. He stated that a number of individuals have left in the last week which has caused a pending crisis in several units within the Department. Stephanie Culhane asked if some of those positions will be filled. Craig stated that all Departments have been asked to present basic reorganizations within the next couple of weeks, and he believes that a significant number of those positions will be able to be filled. He stated that the problem is that several people are leaving within two weeks or less and that the State personnel process, working at its best, takes a few months at the very least to go through the process.

Dick Antonelli asked if the Department will be engaging in a strategic planning process with the mental health centers. Craig stated that he has scheduled discussions with CMHCs, and over the past three weeks he has visited several groups and will continue to do so. He stated that he has met with Liz Earls and Neil Corkery and DD organizations in order to reassess what has occurred over the past year in order to plan for the future. Craig requested internal meetings be held by DATA and the Rhode Island Council of CMHOs so that when they meet together discussions can be meaningful.

Mark Fields asked for an update on Eleanor Slater Hospital (ESH). Craig stated that John Young has been assigned as Chief Executive Officer of ESH. He plans to stabilize that facility. The Virks Building which was the geriatric psychiatric facility was scheduled to be closed and most of the patients had been transferred out that facility until about a month ago and now nine patients remain on the ward because of a restraining order which was filed by Reed Cosper the Mental Health Advocate to prevent the closure and now the Department is in discussions with Reed regarding how to resolve that issue. Renovations are in the process at Manual Mathias (MM) Building to accommodate some of those individuals. The Girl's Training School, which is anticipated to move, and The Providence Center's Talbot Program occupy two sections of the MM Building leaving two sections of the building vacant. There have been numerous plans regarding how to utilize that building: there was approximately two million dollars allocated during the 2008 budget to address this which the Department never spent and therefore it has been taken away. Three million dollars have been allocated for next year and four million dollars in 2010 for renovations. Some of the thinking is for the Forensic Unit which is now in the Pinel Building would move into two of the sections of the MM Building which would give an opportunity to expand the size of the Forensic Unit.

Craig stated that he has decided that the geriatric psychiatric capacity of ESH which was originally going to be eliminated will not be. He believes that the hospital needs to maintain a ward in that particular area and he has informed the court of the change.

Craig announced that Wayne Miller of the Providence Journal will be reporting in an article about mental health services within the ACI.

OLD/NEW BUSINESS

Richard Leclerc reported that the letter to the Governor which included the Council's Annual Report was forward to the Governor as well as all of the legislators.

Richard revisited the subject of the workgroup that looked at performance measures from MHRH, DCYF and Corrections for the State with performance data to be collected for 2007. To date, he has not yet received any responses. Richard asked Charles Williams and Sandy Woods if they could provide a status report at the next meeting.

Richard introduced Lisa Stevens who will be replacing Mary Ann Nassa as Secretary of the Council. Mary Ann will be retiring from state service prior to October 1, 2008.

ADJOURNMENT AND NEXT MEETING

There was no further business. Upon motion made and seconded, the meeting adjourned at 10:05 a.m. The next meeting of the Council is scheduled for **Tuesday, July 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

Attachment I: Summary of the Block Grant Visit by CMS