

**Meeting Minutes of  
The Governor's Council on Behavioral Health  
1:00 P.M., Tuesday, July 8, 2008**

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

Members Present: Richard Leclerc, Chair; Leo Cronan; Stephanie Culhane; Sandra DelSesto; Scotti DiDonato; Mark Fields; James Gillen; Chaz Gross; Mitch Henderson; Richard Hill; Joseph Le; Peter Mendoza; Anne Mulready; Noreen Shawcross; Reed Cospier 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 and Winsome Stone, Department of Children, Youth and Families (DCYF); Denise Achin, Department of Education (DEA); Jane Morgan and Mary Ann Ciano, Department of Elderly Affairs; Colleen Polselli, Department of Health (DOH); and Frank Spinelli, Department of Human Services (DHS).

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

Guests: Richard Antonelli and Christine Constantineau, Mental Health Association.

Once a quorum was established, the Chair, Richard Leclerc, called the meeting to order at 1:05 p.m. After introductions were conducted, Richard entertained a motion to accept the Minutes of June 12, 2008. Neil Corkery motioned to approve the minutes, and Peter Mendoza seconded the motion. All were in favor and the minutes were approved as written and submitted.

**PERFORMANCE MEASURES FROM MHRH/DCYF/CORRECTIONS**

The *Performance Measure List, Availability, Priority and Responsibilities* report (*See Attachment I*) was distributed. Charles Williams reviewed the circumstances around the evolution of the report which was initiated in March of 2007 with the creation of the Data Subcommittee chaired by Mitch Henderson. The subcommittee identified performance measures which are illustrated in *Attachment I*. The latest discussions were held at Council meetings in December of 2007. At this point, the Council Chair requested a re-examination of the information to review the status of all the measures in order to proceed to the various departments' commitment of reporting on those measures. Charles introduced Noelle Wood, Project Manager, to discuss the MHRH measures listed in the report.

Noelle stated that there are many outstanding questions about operational definitions for some of the MHRH measures, but gave a brief rundown of where MHRH stands on the measures that are readily available and the measures that may be challenging to access. Noelle referred to *Attachment I*. She reviewed each of the following illustrated in the section heading Adult Behavioral Health System: Nos. 1, 3, 4, 5 and 6 are available. Number 7 is not available. She stated that MHRH does not currently capture wait time to access detox; therefore, if the Council feels strongly about maintaining that information, a mechanism would have to be established to capture that data.

In the section heading Homelessness, MHRH does capture homelessness at the time of admission going into inpatient psychiatric care or at the time that they go into detox. Noelle stated that they do not have their status upon discharge, but given that it is usually a seven-day stay, chances are that the homelessness status would not change while they are an inpatient.

Regarding No. 10, the data is available, but it is not currently extracted. In the section under Children's Behavioral Health System, No. 18, Tobacco and Alcohol Sale Rates, data going back to 2000 are available through an annual survey of that program.

In the section heading Adult and Juvenile Corrections System, No. 21 needs to be defined more extensively, but it can be reported as the proportion of Behavioral Health clients who have an ACI intake or it can be looked at as the proportion of ACI intakes that are involved in the behavioral health system.

In the section heading Client Satisfaction, Nos. 24 through 30, are all available measures going back approximately seven years because it is part of the Outcome Evaluation Instrument which is a consumer survey of the community support clients at the CMHOs. Noelle suggested that because these measures are overall percentages, it may be useful to break them out by programs, regions or some other factor. Noelle stated that most of the measures are readily available and could be pulled together within the next month and half or so with some additional vetting of some of the definitions. To that end for MHRH, Corinna Roy recommended that the subcommittee reconvene to verify some of those definitions.

The Chair, Richard Leclerc, suggested that the subcommittee view the information once it is compiled. Richard also requested that information used to compare data come from the previous two years. He added that the subcommittee should convene prior to the next meeting in September in order to present an updated report at the September meeting.

Sandy Woods reported that DCYF has experienced staffing changes since those subcommittee meetings. Jeanne Smith, who was representing DCYF on the subcommittee, was one of the positions cut. Sandy met with Janet Anderson and Colleen Carone a few months ago, and they were in the process of reviewing the measures and the availability of the Children's Behavioral Health data. Sandy stated that most of the data is available, not necessarily exactly as it is called for in the measures listed. She plans to meet with Janet and Colleen some time next week to finalize this request. Regarding Substance Abuse statistics and Juvenile Corrections, the information will be available for the next meeting. Richard requested that the information be available for the subcommittee's review in August prior to the meeting in September. Corinna Roy asked Sandy to represent DCYF on the subcommittee. Sandy agreed that she would participate.

Fred Friedman of the Department of Corrections stated that the development of electronic medical records is still in the bidding process and appears to be approximately one year away. This will give the most accurate data. Presently, data is available for No. 20. Regarding No. 23, through arrangements with Roger Williams Hospital and with a substance abuse provider, approximately 1,500 inmates have been tested on the Texas Christian University (TCU) drug screen. He stated that that data is now being analyzed. Drug screening will be administered to everyone parole eligible, and everyone who is sentenced, along with those already in treatment. A rough cost-per-inmate by medications is available although some data becomes fuzzy because of the turnover in the jail population.

Neil Corkery asked if methadone treatment interventions have been considered in the formula. Fred stated that those drugs are considered separate and that data is available. Richard Leclerc asked if there were any specific points that would not be available. Fred stated that all requested measures are available for the previous two fiscal years.

#### **BLOCK GRANT PLANNING SUBCOMMITTEE**

Corinna Roy distributed *Gaps in Services (See Attachment II)*. Corinna stated that the Council had drafted language around these particular issues in order to address them in the block grant. Corinna

reviewed *Attachment II*. She asked that members with any additional suggestions e-mail them to her at [croy@mhrh.ri.gov](mailto:croy@mhrh.ri.gov).

The gaps identified include increases in the proportion of uninsured requiring service from CMHCs, staffing at MHRH and DCYF, prevention task forces, lack of a strategic plan, lack of consumer involvement, and the need for better transition from youth to the adult system.

Ann Mulready questioned why there was such a high percentage of uninsured on the mental health side. Corinna stated that the state is required to serve those individuals, and those individuals are often homeless, indigent, and uninsured. Noelle added that the CMHCs also serve general outpatient clients and many of them are not Medicaid eligible. Craig Stenning added that they may not be Medicaid eligible at the time that the services are provided because they have not been in contact with the system but eventually they do become Medicaid eligible.

The Chair, Richard Leclerc, stated that the Council will use the foregoing information to create targets and then allocate the resources to the extent possible and make recommendations in the block grant which is due for submission by the end of August.

Corinna reminded everyone that for every piece of information presented for adults, there is also similar information for children that will need to be uploaded as well. She therefore welcomed any additional information or recommendations to DCYF about the children's portion of the block grant.

Richard Leclerc distributed a copy of the one-page *Executive Summary GAO Highlights (See Attachment III): Young Adults with Serious Mental Illness*. This study was conducted by GAO in four states -- Connecticut, Massachusetts, Maryland and Mississippi -- on the programs and services to transition adolescents into adult services and the challenges they faced.

Richard invited all members of the Council to attend the subcommittee meetings which will be announced in the near future. Richard anticipates three subcommittee meetings, one on data collection and the other for priorities for the block grant, and one later in this year to review additional data as it comes in. An e-mail will be distributed to all members regarding date, time and location of the meetings.

#### **UPDATES FROM DCYF**

Winsome Stone reported that the Department is aiming towards implementation of the FCCP in the fall (early September/October). The FCCP will be working with the regional teams regarding transitional planning so that families will not have their services interrupted. The WRAP partnerships (the Residential and Intensive services component) RFP will be issued this fall, and the Department's aim is to reduce the number of residential beds and increase more home and community services.

The Chair revisited a request to DCYF regarding a report of the listing of the cuts that were made on residential and what exactly did it total when 10 million dollars was cut from children's residential back in January 2008. To date the Council has not received that report and would like to know if that report is in the works. Winsome stated that she will try to follow up on his request.

#### **UPDATES FROM MHRH**

Craig Stenning reported that the budget was finalized and signed by the Governor. He reviewed the following savings initiatives affecting MHRH which were included in the final budget:

- Transfer and elimination of the TASC Program, which was restored by the General Assembly putting back \$520,000 for staff costs of six FTEs of which three are retiring. Craig stated that

transitioning a portion of the program is under consideration because of the lack of staff to carry out the full version of the program.

- Co-occurring grants are being phased out by the end of the calendar year with a savings of \$200,000 state dollars.
- Review and revision of billing guidelines in Medicaid for mental health services with a proposed reduction of \$300,000.
- Transferring licensing and certification of substance abuse professionals to the Department of Health with a savings of \$99,219 achieved
- Conversion of the implementation of the Community Medication Assistance Program (CMAP) which provides medication to individuals who are uninsured from a manual system to an electronic data system (EDS) with a savings of \$243,000.
- Moving mental health individuals to less restrictive environments with a savings of \$500,000.
- Reforming the mental health acute-care system with a savings of \$1.5 million dollars.
- One million dollar cut in substance abuse treatment. Those reductions have been implemented in two areas: 1) a \$5 per week reduction per slot payments for opioid treatment programs with an increase of patient co-pays by \$5 per week; 2) Standardize rates of residential treatment while observing utilization, and in six months look at unifying the rates more than currently set. The contracted capacity within the licensed capacity has been changed for many of the residential programs. The agencies that were at 100 percent were rewarded and those that have been below will be penalized; although those unassigned slots are purchasable under the ACI or ATR grant which have higher rates than the new proposed rates. The number of licensed beds will not be reduced.
- The General Assembly made a 50 percent reduction to all legislative grants. MHRH has approximately six of those grants.
- Reduction of \$341,267 to the Substance Abuse Prevention Task Forces. With the reduction in place, over the next year the organization and implementation of the project will be pursued.

Regarding the ATR, Craig reported that several of the purchase orders (POs) have been processed through the Division of Purchases, but some of the newer ones are still waiting processing. He reported that a significant number of referrals for assessments have been received, but because of some of the delays with the POs, it is postponing the actual referrals to treatment facilities and more importantly to some of the recovery services. By next week Craig anticipates that some of those POs will be dealt with.

Craig reported that he has been addressing the current staffing issue, and additional services will be contracted out which will create another opportunity for the community providers to participate in this project.

Charles Williams added that recovery coaches are now available. He also reported that they are experiencing different types of cooperation among the providers who are receiving both ATR and ACI clients as a result of conversations about arrangements to accommodate the clients in order to help expand and maintain capacity. Craig agreed and added that he will be meeting with A.T. Wall and Roberta Richmond in the near future to discuss the interface between the ACI project, the ATR, and Adult Drug Court.

Craig reported that all departments of state government have been empowered to accomplish reorganization because of the number of retirements taking place, and approval of FTEs will not take place until each department has presented its reorganization plan. Craig has made some initial plans but will be better prepared to present more information to the Council at a future meeting.

Craig announced that the Recovery Day event is schedule for Saturday, September 20, 2008, in Providence at the same WaterFire location as last year's event but at an earlier time than. Craig asked that everyone stay tuned for more information.

Craig reported that the global waiver will be submitted at the end of July.

Reed Cospers questioned if MHRH or the Council have plans to address the recent issue of the mentally ill individual who died during an altercation with local police in West Warwick. Craig stated that he spoke with Dr. Gifford of DOH and they plan to issue a statement jointly between MHRH and the Department of Health from the perspective of best practices which is for a police officer to be accompanied by someone from emergency services if the disturbance or investigation appears to involve someone who is mentally ill. Richard Leclerc added that this may be an issue that the Block Grant Subcommittee can examine. Craig thanked Reed for bringing this very important issue up.

Charles Williams added that a few months ago MHRH and DOC in collaboration with the Rhode Island Council of CMHOs submitted a grant proposal under the Mental Health and Criminal Justice Program around the Memphis Model which focuses specifically on providing training to all of the local police departments statewide.

Craig recapped that Rhody Health was an initiative that began as a result of legislation passed by the General Assembly to establish a managed care program for individuals with disabilities. He reported that after discussions defining the disabilities and negotiations, it was determined that individuals with serious and persistent mental illness (SMI) would receive an opt-in letter/volunteer to become part of this managed care initiative. Everyone else in Medicaid who is defined through their disability would receive an opt-out letter; therefore, they would automatically be enrolled, unless they called and stated otherwise. Craig reported that the percentage appears to be much higher than originally anticipated based on the number of individuals who are showing up at hospitals, particularly at Saint Joseph's which is the largest server of psychiatric services other than Butler Hospital. Additionally, the random nature expected is not working because most of those showing up are under United Health rather than 50 percent United Health and 50 percent Neighborhood. St. Joseph's Hospital is concerned about the high percentage which is causing them to lose millions of dollars and it may effect how they do business in the future both under this contract and under some of their other contracts. Craig brings this up as an alert that there may be an issue with what is and was a good idea to bring health-related services/medical services to individuals who could not previously access those services because there may be some negative effects on the psychiatric side.

Ann Mulready asked Craig if Rhody Health has requirements or standards for outpatient services. Craig stated that it is all the same – what is in plan and out of plan is consistent.

Craig reported that the ACI program is going well and has exceed the numbers of individuals originally desired in the time involved which has greatly reduced the inmate population at the ACI.

Craig distributed the end-of-the-year numbers on the SSTAR contract: ***Comparison of Inpatient Psychiatric and Detoxification Care for Current Contract vs. Comparable Time Frame Previous Year (See Attachment IV)***. Craig highlighted the report. He stated that it is a comparison of a full year of the SSTAR contract to the previous full year of the Butler contract. The comparison demonstrates that the total number of admissions both in psychiatric and substance abuse has increased, the total number of unique client services has risen, and the total number of bed days has increased considerably. The total

has risen in the actual number of people served and the amount of time that was spent either in a psychiatric inpatient bed, diversion bed, or step-down service. Craig emphasized that innovation came out of necessity, and today there is an entire step-down unit and diversion unit that did not previously exist.

Craig announced that he will be meeting with Dr. Bevelacqua, the former Director of MHRH, who is working with a group of parents and family members to establish an independent club house for Rhode Island.

Craig also reported that for the last two weeks MHRH and DEA have been involved in trainings regarding the provision of mental health services at assisted living facilities.

Craig stated that since his return to MHRH, he has been holding “no agenda - open door sessions” bi-weekly at 4 p.m. and extended an invitation to all Council members to stop in for an informal discussion. Craig stated that it has worked out well and several new projects have emerged from these meetings. Meeting dates are posted on the MHRH website.

Sandra DelSesto asked for an update about the prevention block grant. Charles Williams stated that after several months, the RFP became available for procurement. About seven or eight applicants had been reviewed, and two were recommended to be granted awards. Charles stated that it was clear in their review that there may have been some areas where applicants were unclear as to what the intent was of the RFP and the Department will be making some changes to it. The remaining dollars will be issued in the RFP for Safe and Drug Free Schools which is will incorporate evidence-based practices into existing after-school and summer programs. Charles stated that a review was completed through evaluation, and they are committed to an additional year in the block grant which is a first option year of funding for some or all of the current providers which would be year four of those contracts. Charles also reported that the fiscal year 2009 substance abuse prevention and treatment block grant application was released on July 7, 2008.

**OLD/NEW BUSINESS**

There was no further business.

**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, September 11, at 8:30 a.m. in the first floor Conference Room 126 at the Barry Hall Building.**

Minutes respectfully recorded and written by:

Mary Ann Nassa  
Secretary, Governor’s Council on Behavioral Health

- Attachment I: Performance Measure List, Availability, Priority and Responsibilities Report***
- Attachment II: Gaps in Services***
- Attachment III: Executive Summary GAO Highlights: Young Adults with Serious Mental Illness***
- Attachment IV: Comparison of Inpatient Psychiatric and Detoxification Care for Current Contract vs. Comparable Time Frame Previous Year***