

**Meeting Minutes of
The Governor's Council on Behavioral Health
1:00 p.m., Tuesday, October 7, 2008**

The Governor's Council on Behavioral Health met at 1:00 p.m. on Tuesday, October 7, 2008, in Barry Hall's Conference Room 126, 14 Harrington Road, Cranston, Rhode Island.

Members Present: Richard Leclerc, Chair; Linda Bryan; Mark Fields; James Gillen; Joseph Le; Anne Mulready; Noreen Shawcross; Reed Cosper; Stephanie Culhane and Elizabeth Earls.

Ex-Officio

Members Present: Craig Stenning, Acting Director, Department of Mental Health, Retardation and Hospitals (MHRH); Denise Achin, Department of Education (DOE); Mary Ann Ciano, Department of Elderly Affairs (DEA); Frederic Friedman, Ed.D., Department of Corrections/Mental Health Services (DOC); Jane Morgan, Department of Elderly Affairs (DEA); Sandra Woods, Department of Children, Youth and Families (DCYF).

Staff: Charles Williams, Corinna Roy, Noelle Wood, Mike McAfee, and Lisa Stevens.

Guests: Frank Pace, Vivian Weisman, Richard Antonelli and Christine Constantineau.

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 September 11, 2008. There were a few requests for changes in the September 11th minutes and they are as follows:

- Page 1 paragraph 2 under CIS Restructured to CAITS and CSHCN into RItE Care change the word "case" in sentence 7 to "CAITS."
- Page 2 paragraph 1 RItE Care Enrollment of Children with Special Health Care Needs change "Department of Health" to "Department of Human Services" and in the same paragraph, change in the description of the Katie Beckett Program change the acronym "SSI" to "DHS" and omit the word only.
- In paragraph 2 page 2 change the words "now part" to "no longer."
- Reed Cosper requested that the words "and there were no objections" in paragraph 5 of page 2, be deleted. The motion was not seconded and the words were not deleted. There was a motion by Liz Earls to accept the minutes as amended and it was seconded by Joseph Le, all were in favor and the minutes were approved as amended.

RATIFICATION OF LETTER TO THE GOVERNOR REGARDING CHANGES TO THE CHILDREN'S BEHAVIORAL HEALTH SYSTEM

The Council reviewed a letter (see *Attachment 2*) to Governor Carcieri regarding the changes in the behavioral health services for children. Reed Cosper made a motion to change the wording in paragraph 1 of this letter from "a motion was made by Reed Cosper, Rhode Island's Mental Health Advocate" to "a motion was made" Stephanie Culhane seconded the motion, the Council passed the motion with no further discussion. There were a few other typographical errors that Council

Members requested be corrected as friendly amendments. The letter was approved and will be sent out as amended.

OBJECTIONS TO CHANGES IN STATE STRUCTURE OF BEHAVIORAL HEALTH AUTHORITY

Part of the 2010 budget for the office of the Mental Health Advocate included a review of the global waiver as an effort to hear the voices of mental health impaired and poor people in this state. Reed has prepared a White Paper on the subject of trends and issues in the mental health system (see *Attachment 1*). Reed also handed out a draft complaint to the Federal Department of Human Services from his Office (see *Attachment 5*) asking them to review the status of Rhode Island's Mental Health Authority claiming that "...the Governor has eviscerated it, rendering it legally non functional. The result, in regard to the budget, is, we do not have a legally established Mental Health Authority and should not be receiving Federal Grants or Medicaid funds." This is a draft and will not be sent unless it is approved by the Council. This will be added to next month's agenda.

BLOCK GRANT APPLICATION RATIFICATION: *Corinna Roy* handed out two documents: *Attachment 4* – List of unmet needs, and *Attachment 6* - Letter to Louellen Rice, Grant Management Officer, SAMHSA regarding the Council's opportunity to comment on and contribute to the Mental Health Block Grant Plan submission.

The comments made regarding the unmet needs described in the block grant were produced by the Block Grant subcommittee based on several meetings they held and on the Council's Annual Report as well as from recommendations from the June Block Grant site visit from Federal Monitors. While much of the Block Grant remains the same from year to year, this section is an opportunity to point areas needing improvement. Denise Achin would like to be kept posted on the transition from the youth to the adult system bullet of these recommendations that includes the formation of new Council subcommittee. It was asked if there are other committees working on the same issues. Richard Leclerc would like this subcommittee to research how many committees are out there dealing with these same issues and determine how to get reports rather than duplicating work in the form of a subcommittee of the Council. Therefore, the recommended focus of this subcommittee would be to gather the work that has already been done. Corinna invited anyone interested in being part of this subcommittee to contact her. Motion to ratify the letter to Ms. Rice was made and seconded, motion carried.

DATA SUBCOMMITTEE RESULTS, REPORTS FROM MHRH *Noelle Wood* handed out *Attachment 7*, Governor's Council Performance Measures Availability and Responsibilities. This list shows which measures are assigned to which department. MHRH was able to collect all of the measures assigned to it except for two.

Admissions to DBH funded inpatient care, historically the Butler contract now the SSTAR contract. RI is trending upward for inpatient for psychiatric care and somewhat downward for detox. In spite of the fact that the admission numbers are decreasing for detox, RI is still serving the same amount if not more of these unique individuals and more for psychiatric inpatient individuals. The readmission rate for psychiatric care is leveling off, for detox services it is decreasing. The SSTAR contract includes step-down services as a diversion from or a post-

discharge from inpatient services. This is an inpatient model that was successfully implemented via a collaboration between SSTAR and NRI and has been so successful it is being used as a model for DHS to implement for Medicaid patients as well. Craig Stenning pointed out that the goals of the new contract, one of which was to ensure that people who were being sent to an outpatient detox for substance abuse when appropriate would be better addressed. The second goal was to increase the availability of admissions to psychiatric facilities.

Homelessness: Approximately 25% of the homeless are going into inpatient modalities, which is one of the challenges that these modalities face. There is a goal of not discharging people into a homeless situation; therefore alternative residential settings are in demand. These admissions are trending down on the substance abuse side and trending upward on the mental health side.

Underage use of alcohol and tobacco: The department conducts compliance checks within the community to ensure underage kids are not purchasing cigarettes or alcohol. The cigarette survey is part of our block grant requirements. We have been consistently under the 20% benchmark.

Collaboration with DOC: Approximately 10% mental health clients and 20% substance abuse clients are intaked into the ACI either at the time of intake or after 12 months prior to intake. This has been very consistent over time.

Consumer satisfaction with care: Mental health consumer survey results show we fair better on the national average on consumer perception of satisfaction, consumer perception of access and consumer perception of appropriateness. Treatment outcomes we are about average and participation in treatment planning we are slightly below the national average. Reed requested more copies of this handout to be distributed beyond the council and be posted on the website.

CONSUMER ORIENTED TRACK FROM THE BG CONFERENCE - *Linda Bryan* (see *Attachments 3 and 8*). Most of this information came from David Hammis who is a consultant working with the disabilities population. He focuses on economic cooperation between the disabilities population and the University of Montana. He has been responsible for over 250 Plans of Achieving Self Support (PASS), leading individuals to jobs, self employment or resources for employment. In a workshop he stated that people with disabilities have little social capital. He calls people with disabilities as having the “Broken Windows Syndrome,” living in isolation in their jobs, recreation and places of residence. There is a need to link the private, public and government sectors and create community cooperation. One important statement from this conference is the notion of Property Essential for Self Support (PESS) which means that if you have a business you can earn over \$2000 and it will not affect your SSI benefit. Individuals can use a business checking account. The threshold would be if they made more than \$46,000, then they could lose their SSI check but they would not lose their medical support. The Social Security Act authorized the exclusion of income and resources if the individual has a disability when the individual needs such income to fulfill an approved plan for achieving self support.

Customized employment is being demonstrated in communities across the nation individualizing the employment relationship between disabled employees and employers in ways that meet the needs of both.

Linda further detailed ways to create a business plan when working with individuals with disabilities. Linda ended her presentation with poem she wrote and dedicated to her son.

UPDATES FROM MHRH Craig *Stenning* - As of last week, the National Mental Health Parity bill was passed and signed into law. Fortunately Representative Kennedy was able to continue the rider in the bill which states that it does not automatically supersede a state statute if the state statute is stronger than the federal one.

The Recovery Day event on Saturday, September 20th was a wonderful event and was attended by an overwhelming number of people. The NAMI walk was held on October 4th was and it was a great day where the issue of the stigma of mental illness was addressed.

Two weeks ago there was a three-day police training to address concerns about the use of force that resulted the fatalities of two mentally ill individuals in just a few months. This past week, Gateway had a briefing to describe their mental health first aid program, a portion of which involves police departments.

The ATR grant Federal Project Officer is visiting over the next three days. We are at 91% of our client intake goal to date, which is an amazing accomplishment.

MHRH is currently going through a major reorganization exercise. Our department has finished this exercise and it has been presented to the Governor and the Deputy Secretary. The following numbers are related to MHRH exclusive of the hospital or MHR. Prior to January of this year there were 634 funded positions of which there were 609 active bodies (there were about 25 vacancies). As of October 1st, there were 457 actual employees, a decrease of 177. The largest portion of our non hospital employee's work is within the RICLAS system (the public DD system). Within RICLAS there were 448 filled positions prior to January and as of October there were 371 filled positions (77 positions lost). Craig has appointed, by 3-day rules, Sue Hayward as head of Social Services within Developmental Disabilities, Mike McAfee has been appointed to head up the licensing section, and Kathy Peagler has been appointed to fill Sue Babin's position in Quality Improvement, formally Quality Assurance. The new organizational chart reflects these changes. The organizational chart (see ***Attachment 9***) has been streamlined with the new office of Operations, Planning, Data and Research to be headed by Charles Williams, which will work across all disabilities. There is also the Disaster Response Unit and a link to the Hospital with the CFO/Financial Management unit. Clinical Services will be headed up by Tom Martin, Program Services will be headed up by Rebecca Boss, these two Units will work closely together. RICLAS has been redesigned to make it one statewide entity. Contracts and Logistics in the grants management section of Behavioral Health will be headed by Steve Dean who has replaced Rick Baccus. There will be no assistant director.

Richard, Elizabeth and Craig attended the Medicaid Mental Health Conference conducted by SAMSHA. This raised some concerns for Craig, especially on the topics of employment and housing. Workgroups will look at these areas as well as looking at how we are continually going to reform the Behavioral Health and the Developmental Disabilities Departments under the guise of people getting the right help at the right time in the right settings.

UPDATES FROM DCYF: Frank Pace provided an update on the Family Care Community Partnership system (FCCP) (See *Attachment 10*). Sometime this winter there will be an RFP coming out for what would be the 2nd phase of FCCP residential service retooling toward providing community wraparound services to youth and families. The Positive Educational Partnership with SAMSHA started its 4th year of 6 years of a cooperative agreement. Elizabeth Earls asked about a public hearing on the 18th about the practice standards on the FCCP which are attached to the contract. The draft may be different than what was seen in August so Frank will follow up on how this will be made available.

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 3:00 p.m. The next meeting of the Council is scheduled for **Thursday, November 13, at 8:30 a.m. in the first floor Conference Room 126 at the Barry Hall Building.**

Minutes respectfully recorded and written by:

Lisa Stevens
Secretary, Governor's Council on Behavioral Health

Attachments

Attachment I: White Paper – Long Term Trends in the Mental Health System the Real Crisis That We Have Brought Upon Ourselves

Attachment II: Letter to Governor Carcieri

Attachment III: Presentation of Consumer Oriented Track from BG Conference

Attachment IV: 2009 Mental Health Block Grant Plan

Attachment V: Letter, Lapse of State Mental Health Authority in the State of Rhode Island

Attachment VI: Letter to Ms. Luellen Rise SAMHSA

Attachment VII: Governor's Council Performance Measures

Attachment VIII: Micro Enterprise Development/Discovering Personal Genius

Attachment IX: MHRH Organizational Chart

Attachment X: Family Care Community Partnership System of Care Update