

**Meeting Minutes of
The Governor's Council on Behavioral Health
8:30 a.m., Thursday, November 13, 2008**

The Governor's Council on Behavioral Health met at 8:30 a.m. on Thursday, November 13, 2008, in Barry Hall's Conference Room 126, 14 Harrington Road, Cranston, Rhode Island.

Members Present: Richard Leclerc, Chair; Linda Bryan; Leo Cronan; Sandra DelSesto; Mark Fields; James Gillen; Joseph Le; Peter Mendoza; Anne Mulready; Noreen Shawcross; Neil Corkery; Reed Cosper; and Elizabeth Earls.

Ex-Officio

Members Present: Janet Anderson, Winsome Stone and Sandy Woods, Department of Children, Youth and Families (DCYF), Fredric Friedman, Ed.D., Department of Corrections/Mental Health Services (DOC).

Staff: Charles Williams, Corinna Roy, Elena Nicolella and Lisa Stevens.

Guests: Denise Achin, Richard Antonelli, Frank Pace, and Vivian Weisman.

Once a quorum was established, the Chair, Richard Leclerc, called the meeting to order at 8:45 a.m. After introductions were conducted, Richard entertained a motion to accept the Minutes of October 7, 2008. Linda Bryan requested that the following clarifying sentence be added to her presentation: "The success of disability employment is based upon economic cooperation and high performance organizations working together with the disabled population – this may be going back to a customized employment model or allowing multiple forms of self employment models. David Hammis is a project director of four employment and four social security outreach training and technical assistant projects at Rural Institutes of the University of Montana." Richard requested a vote to approve the minutes as amended - all were in favor. Minutes of October 7, 2008 approved as amended.

FCCP PROGRAM Janet Anderson (DCYF) presented the Family Care Community Partnership Program (*Attachment I*). This is the first phase of transforming children's services which has been overseen by DCYF. It is based on a philosophy and an approach of developing a service system that is integrated across state departments, public, private and community sectors, so that children and families are served based on their individual needs. This is a service system where DCYF is introducing a High Fidelity Wraparound process for developing service plans. The Positive Educational Partnership SAMSHA grant makes it possible to bring in national consultants to do intensive training for this High Fidelity Wraparound process. Research is still in process, this is not considered an evidence-based practice but it is very promising. FCCP is a way of working with families that is strength based and supports cultural competence by reaching out to families and developing the use of natural supports. The focus is not only on getting clinical services, but also on building a social web around these families. A family can come in through multiple portals where they will be assessed through this Wraparound process then, based on their needs a service plan will be developed that reaches out to partnerships to support these needs. The Wraparound process of support is for families who need supports short term (3 months) and long term (3 -10 months). FCCP is not for the intensive service level family, it is for families that can stay in the community and use the services they already have (Rite Care, CEDARR Services, etc.). Implementation should begin in January.

The standards for the Wraparound process and the FCCP are posted on the web and a public hearing is set for Tuesday 11/18/08 at the DaVinci Center in Providence. The families entering this system have been assessed as being safe – the child can remain in the home without opening them up to DCYF.

A Council member raised a question from page 2 on (*Attachment I*) regarding the benefit of replacing eight Local Coordinating Councils (LCC's) with four Community Partnership Advisory Boards. Janet responded that it will be up to the community advisory boards to decide if they want local branches. The new advisory boards will be involved in quality assurance in this system initiative. It will be their responsibility to look at the data. There will be an MIS web-based, live data system where reports will go back to the communities. There will be similarities between some of the aspects of LCC's and Community Advisory Partnership Boards. The scope of FCCP is much broader than LCC's as there will be more services. The partnerships will be implementing the services and making sure the families have access to services and supports. The state is requiring the LCC's meet the needs of their clients by developing more slots, or working with other providers to increase service capacity. The only population included in FCCP at this time is the Project Hope kids. There is also a requirement that the FCCP's have bilingual capabilities.

RIDOC DATA ELEMENTS Fred Friedman, Department of Corrections presented on RIDOC data elements (*Attachment II*). An RFP for electronic medical records is currently downtown and a vendor has been selected. The single largest dollar amount spent on medications in the Department of Corrections is psychiatric medications. There is no control over the population's medical expenses. For example, an inmate came in with hemophilia, which cost the DOC over \$1 million dollars in medications.

The psychiatrists are instructed to give generic vs. brand name medications if there is no risk to the client. 28% of inmates in RIDOC are on psychiatric medications, whereas the national average is 15-20%. 23.5% of male inmates sentenced are on psychiatric medications but only 7.5% were prescribed psychotropic medications. Everyday DOC sends a list of new commitments to MHRH and MHRH crosses it with its data set and informs providers if one of their clients has been incarcerated. DOC is giving every inmate sentenced to six months or more (which makes them parole eligible), the Texas Christian University drug screen. This is a well accepted instrument in the correction environment. This screen will help make treatment decisions, what level of care within the system is required and helps MHRH when these inmates are out of the system get the correct level of care. It is tied into the parole risk assessment so it will get them help the first time they get out.

TRANSFER OF STRATEGIC PREVENTION FRAMEWORK STATE INCENTIVE GRANT (SPFSIG) FROM OHHS TO MHRH Charles Williams (MHRH): Four years ago the State was awarded a Strategic Preventive Framework State Incentive Grant (SPFSIG) (*Attachment III*) from the Center for Substance Abuse Prevention of the Substance Abuse and Mental Health Services Administration. It is awarded to the Governor of the State; the host agency within the State for the grant is the Executive Office of Health and Human Services (OHHS). It is a substance abuse prevention grant focused on the total population, and designed to identify major substances of abuse, consumption patterns and consequences and to address those consumption patterns and consequences. The SPFSIG is currently in its fourth year of operation. OHHS and MHRH have had discussions of sustaining the concept and the approaches of the grant past the end of grant funding. In order for that to happen, some of those concepts would need to flow into the development and implementation of the Substance Abuse, Prevention and Treatment Block Grant. OHHS and MHRH have agreed to transfer the grant and its administration over to MHRH from OHHS. The Governor will be submitting a letter to SAMHSA to apprise them of this.

The grant requires an advisory committee so it will be proposed, at a future date, that the Governor's Council on Behavioral Health act as the advisory committee for this grant as the original advisory committee has not been meeting on a regular basis. It is anticipated that the grant staff will move

from Louis Pasteur to Barry Hall on 11/21/08. Charles Williams will be designated as the Project Director for this grant by the Governor.

As part of the SPFSIG, the State Epidemiology and Outcomes Workgroup (SEOW) (*Attachment IV*) which all states have through funding from SPFSIG or separately from SAMHSA. Its job is to collect, analyze and utilize data for policy and planning. SEOW is co-chaired by Dr. Stephen Buka, Chief of Epidemiology at Brown University and Colleen Caron of DCYF. It is also associated with the Data Infrastructure Grant that the Department of Elementary and Secondary Education has. It meets quarterly and the Governor's Council will receive data and reports on an ongoing basis. It is the largest database for information on substance abuse, consumption patterns and consequences in the State. Adelita Orefice sent her regrets that she was unable to attend this meeting to speak on this issue.

A Council member commented that this was a positive move. A suggestion was made that a subcommittee be formed since this grant is looking to effect statewide changes in substance use and abuse. Richard and Charles plan to meet regarding the subcommittee and reporting schedule.

Joseph Le informed the Council that prevention efforts are limited to only five minority communities. This Mr. Le asked Charles to communicate to the Governor that the additional responsibility of treatment may be needed. Charles mentioned that a minority workgroup is incorporated in the grant and SAMHSA is not suggesting changing state level behavioral health or advisory committees in order to accommodate the SPFSIG. The sub recipients all have contracts that will be transferred from OHHS to MHRH

DISCUSSTION OF DRAFT INFORMATION PERTAINING TO LETTER TO MR. KUHN, CENTER FOR MEDICARE/MEDICAID SERVICES Craig Stenning could not attend today's meeting, therefore this topic will be placed on next month's agenda.

BLOCK GRANT PEER REVIEW Frank Pace (DCYF) was thanked by Corinna Roy, Janet Anderson and Richard Leclerc for an excellent job on a technically difficult application, which was reflected in the peer review. The peer review consisted of a detail-oriented chair who requested some modifications that were not requirements of the grant. Frank had addressed those modifications on the day of the review. Discussion is ongoing with the project officer to see if these modifications will need a formal submission. One of the reviewers concerns was the loss of Frank Spinelli on this Council. Frank served a dual role as the Medicaid representative and the vocational rehabilitation representative. MHRH/OHHS will now need to appoint one or more representatives to fill those roles.

Frank Pace then reported that the reviewers liked several topics covered in the children's section including:

- Young Adults Self Sufficiency Program which helps young adults who are in school and in DCYF care by supporting them with housing and education.
- The Article 23 approach - When a parent or family member needs to file a wayward disobedient petition, there is an agreement with the police and local counseling agencies to have interventions and mediations with the family and the child
- The cultural confidence quality assurance coordinator through Positive Educational Partnerships (PEP).

The outstanding piece they would like to see is how DCYF will measure youth and family satisfaction. Frank believes that DCYF will likely use the Wraparound Fidelity Index. Approval after the modifications should be obtained within the next thirty days.

Corinna Roy added that the reviewers appreciated the level of involvement from the Governor's Council in overseeing the mental health system and providing comments on the block grant.

UPDATES FROM MHRH Charles Williams – The Access to Recovery grant ended its first year. To date 102.9% of the client target has been achieved. The burn rate describes how much money is spent per client vs. what is spent on the client's voucher; this will need to be analyzed. It is the actual expenditure per client that in the end, will determine how many clients will be served. The projected number of clients to be served is 1,022, if the burn rate is \$2,200 per client, the numbers will be met. If the burn rate increases, the money will run out. Neil Corkery asked a generic question regarding payment to members of the of drug and alcohol treatment centers who are complaining of delays. The providers should anticipate 90 days for payment – MHRH redeems vouchers every week to two weeks maximum and they are sent downtown. Providers should bring this discussion to the Department of Administration (DOA) and their Office of Accounts and Control.

A member asked if medication assisted treatment is going to be funded through the ATR. Charles stated that there is no rate structure for Suboxone as of yet and no decision was made to add Suboxone to ATR. Charles announced the addition of ATR's new Project Manager, Judy Fox originally from DOC. Judy was the Director of the Woman's Mentoring Program at the prison.

An RFP has been awarded to the Boys and Girls Club of East Providence on behalf of all of the clubs in the state and to the Rivers Edge Arts Council. The funding comes from a federal grant for Safe and Drug Free Schools. MHRH will be speaking to both about increasing their capacity. Sandra DelSesto asked if all of the dollars have been allocated for this grant. Charles stated that the budget numbers are not finalized in this account. It will be known how much money will be going forward when it is finalized. It was requested that this information be brought to the Council.

MHRH is getting ready to submit the 2010 budget under the old rules.

The implementation report for the CMHS Block Grant is due December 1, 2008 it will be available online for review. The report is on outcomes from the previous year's mental health clock grant plan.

UPDATES FROM DCYF Janet Anderson – FY '08's budget needed to achieve a 10% reduction from the residential programs. DHS and DCYF designed and worked with providers to achieve this reduction while not allowing any of the children in the system to go un-served. During multiple meetings within the state and with providers, a continuum was designed to connect residential services with step-down, intensive follow-up or intensive home-based services for the children in their residential services. The savings have been met. Included in the savings is the ability to bring up more community based services (*Attachment V*).

A letter of interest was put out three years ago for a rolling enrollment which is a way to bring new providers into the service continuum to begin to build evidence-based or promising practices that serve youth in their homes and communities. Dollars have shifted from residential services to fund this home and community based service continuum. Several other proposals have been submitted to the Department of Administration and DCYF is waiting for response. There are greater reductions that DCYF is committed to in terms of residential beds and what is proposed is that one half of the savings realized from residential bed reductions will be reinvested into the development of community based services. The residential stay, although still needed, must be the shortest length possible so that youths will be involved with their families if appropriate. The need to reduce generic group homes is reflected in the handout. Group homes are the least desirable settings for youth. The dollars saved from reducing group homes can be put in to therapeutic foster care, generic foster care or intensive home and community based services.

The number of children served by DCYF is down although DCYF is not sure if its etiology. A Council member suggested it is possible the new immigrant law may be a factor in this decrease. Another possibility is the economic crisis which could change the focus of families from services to saving their homes, finding employment, etc.

Janet announced that Sandy Woods has joined the Division of Community Services and Behavioral Health.

Sandy announced that the first three clients from the Rhode Island Training School (RITS) have been referred to the ATR program.

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 10:30 a.m. The next meeting of the Council is scheduled for **Tuesday, December 9, at 1:00 p.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

Attachment I: Family Care Community Partnership System of Care Update

Attachment II: RIDOC Drug Cost by Disease State

Attachment II: Abstract: Transferral of Administration Strategic Prevention Framework State Incentive Grant to MHRH

Attachment IV: RI Strategic Prevention Framework State Incentive Grant (SPF) State Epidemiology & Outcomes Workgroup

Attachment V: DCYF, Division of Children's Behavioral Health - Residential Projections