

**Meeting Minutes of
The Governor's Council on Behavioral Health
1:00 p.m., Tuesday December 9, 2008**

The Governor's Council on Behavioral Health met at 1:00 p.m. on Tuesday, December 9, 2008, in Barry Hall's Conference Room 126, 14 Harrington Road, Cranston, Rhode Island.

Members Present: Richard Leclerc, Chair; Leo Cronan; Stephanie Culhane; Scotti DiDononato, Mark Fields; James Gillen; Joseph Le; Peter Mendoza; Anne Mulready; Noreen Shawcross; Reed Cosper; Representative Bruce Long and Elizabeth Earls.

Ex-Officio

Members Present: Winsome Stone and Sandy Woods, Department of Children, Youth and Families (DCYF), Elizabeth Gilheeny, Department of Justice, Denise Achin, Department of Education (DOE)

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

Guests: Richard Antonelli, Colleen Caron, Frank Pace, Loretta Souza Linda Barovier and Vivian Weisman.

Once a quorum was established, the Chair, Richard Leclerc, called the meeting to order at 1:10 p.m. After introductions were conducted, Richard entertained a motion to accept the Minutes of November 13, 2008. Joseph Le requested that the following clarifying statement be added to page 3, fourth paragraph: remove the phrase about adding treatment to the SPF SIG and replace it with a statement about the Council's advisory capacity, and that the chair of this committee let the Governor know that we will assume a new responsibility because the members of this council were appointed to work and give him advice on behavioral health treatment and the SPF SIG which is a program for minority communities. Richard requested a vote to approve the minutes as amended - all were in favor. Minutes of November 13, 2008 approved as amended.

2009 Schedule of Meetings: *Attachment I* was distributed for the Governor's Council on Behavioral Health.

Ratification of Modifications to 2009 Plan and 2008 Implementation Report: Corinna Roy: *Attachment II:* Letter to Louellen Rice from Richard Leclerc. The implementation report which is a description of how well we performed on last September's submission of the Block Grant Application plan was submitted on December 1. It will be posted on the website as soon as it is approved. *Attachment III:* State of RI Mental Health Block Grant Peer Review Response: which pertains to filling Frank Spinelli's position where he represented Medicaid and vocational rehabilitation. It will be determined whether to continue with one position through OHHS or change it to be represented by two of the state representatives on the Council. Frank Pace distributed *Attachment IV:* The Wraparound Fidelity Index, which measures client perception of care. The instrument will be administered as a data requirement for Family Care Community Partnerships FCCP. Frank reported to the Council that this will allow DCYF to collect more data as well as be able to report back on client satisfaction and be compliant with data requirements that SAMHSA has with the Block Grant Application.

Richard Leclerc requested a motion to pass the modification to the 2008 Mental Health Block Grant Plan and the letter regarding the submission of the 2008 Implementation report. Liz Earls motioned, then was seconded, all were in favor, motion carried.

Highlights of data specific to Rhode Island and mental health issues from Ron Tremper who could not attend this meeting were distributed. **Attachment V** Serious Psychological Distress and Associated Conditions and Risks Among Rhode Island Adults in 2007 which is produced annually. This information is for review if there are any questions; there are contacts on the bottom of the page.

DCYF Data Elements: Attachment VI: Colleen Caron presented: The data is comprised of the population of children active in out-of-home placements for calendar year 2007: Out-of-home placements for this data presentation is limited to:

- Residential Treatment Facilities
- Staff Secured/Staff Secured Alternative Program/Sex Offender
- Residential Counseling Centers
- Group Homes/Developmental Disability Group Home
- Supervised Alternative Placement
- Transitional Apartment Programs
- Independent Living Programs

This does not include specialize foster care, DCYF generic foster care or children who need to go into shelters for a short period of time for an assessment to occur. The demographic percentage of out-of-home placements by age shows that the largest two populations are the 15 – 17.5 age and 17.5+. A fair portion of this percentage is composed of kids with Serious Emotional Disturbance (SED) and those with Developmental Disabilities (DD). The largest percentage of out-of-home placements by ethnicity is Caucasian at 70%. The largest commonly occurring primary diagnosis was posttraumatic stress disorder (PTSD) 13% and mood disorder NOS 11%. Of the children receiving therapeutic services 73% received individual therapy and 49% received group therapy. 34% of children who received evaluation services were treated with medication. The highest percentage of children receiving family therapy was children in residential counseling centers at 42%; group therapy and individual therapy in residential counseling centers was provided to 98% of youth. The highest outcomes for children in out-of-home placements was 35% to group care in 2007, 37% with reunification in 2006, 34% to group care in 2005. DCYF separates by race and ethnicity the way the Census Bureau does with Hispanics being counted in multiple racial groups. The diagnoses of this population are collected using Federal definitions. The reason for removal from the home of this population is due to child behavior not child maltreatment. The total unduplicated number of these clients served is 1337; child welfare cases are excluded in this data. The data represented is outlined on page one of **Attachment VI #'s 14-19**.

Sandy Woods reported the numbers of families cited for abuse/neglect and children removed because of substance abuse for the years 2005, 2006, 2007 and most of 2008. She then compared the total removals with the removals for substance abuse.

State Epidemiology and Outcomes Workgroup (SEOW): Charles Williams introduced Linda Barovier, Project Director for the State's SPF SIG; Nina Andreas and Dr. Colleen Caron, Data and Evaluation, RI DCYF; and Dr. Stephen Buka, Professor and Head of Epidemiology at Brown University. **Attachment VII** was handed out by Linda. The Strategic Prevention Framework is funded by SAMHSA for 11.75 million dollars over 5 years of which 85% will return to the community for programming. There are three overarching goals of SPF

1. Reduce problems related to alcohol and drugs in communities.
2. Reduce the onset and progression of childhood and underage drinking.
3. Create a state and community infrastructure.

The SEOW is a critical part in creating a state and community infrastructure. Many types of data were looked at to determine the state level priorities. Rhode Island was much higher than the

national average in regard to alcohol dependence and abuse as well as for illicit substance abuse. Three consumption patterns linked to this are underage drinking, young adult heavy drinking and illicit drug use in grades 9-12. An index was put together for a number of different indicators to trace the progression of these behavior patterns into negative consequences presented in *Attachment VIII*. An eligibility pool of fourteen communities was created for these monies. Dr. Buka said that this is one of the most forward looking, data based initiatives coming out of the federal government. The general approach was to give states dollars to implement evidence-based programming in prevention. This funding strategy is strictly needs-based. The first step was the progression from use to serious consequences of use which is a big shift in federal policy. Rhode Island has the highest proportion of motor vehicle fatalities due to alcohol. Data from the SALT survey from schools was used for youth consumption patterns and the makeup of the population itself (see *Attachment IX*).

The mandate is to compile data across state agencies that can be useful for state level surveillance and more importantly, within state level local programming (see *Attachment X*). This is a way to implement prevention programming and to capitalize on the funds and data that come into or are collected by the state from other sources to keep momentum going to the local agencies. Through monthly meetings they have been identifying which data sources agencies within the state collect related to this. There will be one data set with hundreds of indicators that will be made available to all interested agencies. This is beneficial for where resources will be used.

Discussion of Draft information pertaining to letter to Mr. Kuhn, Center for Medicare/Medicaid Services: Richard Leclerc redistributed the draft letter to Mr. Kuhn *Attachment XI*. Reed Cosper presented his opinion regarding State Directors and the law: The chain of command within the Mental Health Authority needs to be made clear.

Part of the inspiration of this draft letter is the new contract for the uninsured inpatient and detoxification contract that reduced the outlay of funds by 30% which created a backlog in emergency rooms holding people with mental health issues in ER's when they should be placed elsewhere. 2009 starts the Global Waiver which, in Reed's opinion, is the demise of the established continuum of services provided by community mental health centers. The above is being accomplished through OHHS which is not within the statutory framework of the mental health system.

It was mentioned that the Department of Human Services is the State Medicaid Authority. Joseph Le asked if the Governor has been contacted regarding this issue. Another Council member stated that a more appropriate stand would be to make a recommendation as a Council to the Governor before taking the issue elsewhere. Stephanie Culhane pointed out that she would like to hear MHRH's position on this issue since Craig Stenning currently serves at the discretion of the Governor. It was decided to table this issue until the January meeting when Craig would be able to express his views and a new administration will be in office at the Federal level. Furthermore, Reed Cosper agreed to redraft the letter with assistance from Anne Mulready, taking into account a number of recommendations made during the discussion. He will submit the redrafted document to the Council for further discussion.

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 3:05 p.m. The next meeting of the Council is scheduled for **Tuesday, January 13, 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: 2009 Governor's Council Schedule of Meetings*
- Attachment II: Letter to Louellen Rice*
- Attachment III: Mental Health Block Grant Peer Review*
- Attachment IV: Wraparound Fidelity Index*
- Attachment V: Serious Psychological Distress and Associated Health Conditions and Risks Among Rhode Island Adults in 2007*
- Attachment VI: Governor's Council Performance Measures Availability and Responsibilities*
- Attachment VII: State Epidemiology & Outcomes Workgroup*
- Attachment VIII: Geographical Municipalities Risks and Consequences*
- Attachment IX: Preliminary Inventory of Variables Available for Surveillance and Local Planning Related to Substance Abuse, Violence, and Mental Health Rhode Island*
- Attachment X: SEOW Multi Agency Integrated Data Set*
- Attachment XI: Draft Letter to Herb Kuhn*