

**Meeting Minutes of
The Governor's Council on Behavioral Health
1:00 p.m., Tuesday, October 13, 2009**

The Governor's Council on Behavioral Health met at 1:00 p.m. on Tuesday, October 13, 2009, in Barry Hall's Conference Room 126, 14 Harrington Road, Cranston, Rhode Island.

Members Present: Richard Leclerc, Chair; Linda Bryan, Stephanie Culhane, Sandra DelSesto; Mark Fields; James Gillen, Chaz Gross, Karen Kanatzar, Joseph Le, Peter Mendoza, Anne Mulready; Neil Corkery, Reed Cosper, and Elizabeth Earls

Ex-Officio Members Present: Denise Achin, Department of Education, Janet Anderson Department of Children, Youth and Families (DCYF) and Craig Stenning, Director, Department of Mental Health, Retardation and Hospitals

Guests: Vivian Weisman, Bruce Long; Frank Pace, Alice Woods, Alison Croke, Anne Buchanan, Sharon Kernan, Melissa Moreau, Kathleen Griggle

Staff: Charles Williams, Corinna Roy and Lisa Stevens

Once a quorum was established, the Chair, Rich Leclerc, called the meeting to order at 1:05 p.m. After introductions were conducted, Richard Leclerc entertained a motion to accept the Minutes of September 10, 2009. Neil Corkery motioned to approve and Peter Mendoza seconded the motion. Rich Leclerc called for a vote to approve the minutes, all were in favor and the minutes were approved as submitted.

SOAR: Vivian Weisman and Anne Buchanan presented: (*attachments I and II*) SOAR stands for - SSI/SSDI Outreach Access and Recovery. This is instituted to create a "system" of recovery where recovery is the focus. SOAR fast-tracks the application process for SSI and SSDI for those people who have been reached out to who are homeless or imminently close to being homeless and do not have benefits. SOAR is there to help get these people the benefits to get on the road to recovery. RI is one of 37 states who are involved in this program. These applications are a challenging task for people who do not have the wherewithal to complete the application process. This in turn prevents SSI/SSDI eligible people from getting the help they need. This is a cooperative process with the social security administration. These applications are tagged for fast tracking.

The United Way is funding the coordination of this as well as support from MHRH. Over the years of the project people from community mental health centers, homeless shelters are trained to be the technical people working on applications because of their difficult nature. It has been the coordinators job to develop the relationships in each of the SSA offices in order that our applications are received well. The most exciting result of this is that people who did not have benefits who were clearly eligible have a way to get to them. When a person is newly approved, you can bill back for their early expenses. The paperwork can take 20-60 hours including investigations and medical records for each client. SSI only needs the initial date in the system while the paperwork is being process.

Subcommittees: Recovery Oriented System of Care – Sandra DelSesto presented. There was a gathering of about 75 people at Rhode Island College to do an evaluation on October 4th. There were also two brainstorming sessions one on Systems of Care and

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Recovery Principles and the second was on places where we can make changes. There were people in the room of all levels, consumers, online people, and administrators and directors in addition there was a cross representation from both mental health and substance abuse. The next meeting will comprise of just the chairs and will be meeting in about two weeks, and within a month the entire subcommittee will meet.

Unmet needs and plans to address them in the Block Grant: Rich Leclerc presented. There is a third subcommittee; which is the Block Grant subcommittee which meets only once or twice. We reviewed last years unmet needs as well as our responses of those, checking the status of them, and to see if we need to include them again in the block grant as well as coming up with new ones. *Attachment III* shows the seven for last year and the plans to address them.

Updates from DCYF: Frank Pace presented. *Attachment IV* is a list of six of the children's unmet needs. There is a lot of overlap with the adult part but are listed because they need to be recorded separately. The first two paragraphs refer to the system of care transformation, phase I and phase II. Both phases concentrate on high-fidelity wrap-around. Arizona is a state which is a precedent for billing Medicaid for many of the wrap around activity.

Updates from MHRH: Craig Stenning presented. MHRH has received a 5 year, \$3 million dollar grant starting with work with the Kent Center and then progressing to a statewide program. The purpose of the grant is to reform our system by addressing individuals and families to a more trauma and recovery informed system of care. There is a priority within the grant to service veterans and families of veterans. We are struggling with our current year's budget which does not have in it yet the reductions that may have to be included. We have rebalanced our substance abuse contracts.

We have been asked to produce a service level budget for 2011. A second document is required to show possible savings initiatives without a target dollar amount. The transition from DCYF to adult services there is a committee to look at the transition ages from 17 and up in both mental health and developmental disabilities. The goal is to maintain the integrity of our system as much as we can even with cost savings initiatives. We will continue to make improvements in the area of employment and housing which is part of the recovery system.

New/Old Business: There was no old/new business.

Upon motion made and seconded, the meeting adjourned at 2:30 p.m. The next meeting of the Council is scheduled for **Thursday November 12, 2009, 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