

**Meeting Minutes of
The Governor's Council on Behavioral Health
12:00 p.m., Wednesday, September 15, 2010**

The Governor's Council on Behavioral Health met at 12:00 PM. on Wednesday, September 15, 2010, in Barry Hall's Conference Room 126, 14 Harrington Road, Cranston, Rhode Island.

Members Present: Chairperson Richard Leclerc, Bruce Long, Sandra DelSesto, Reed Cosper, Peter Mendoza, Elizabeth Earls, Lynda Bryan, Joseph Le, Darlene Price, Stephanie Culhane, Karen Kanantzer, Ann Mulready

Ex-Officio Members Present: Denise Achin, Frank Pace, Sharon Kernan, Alison Croke

Guests: Ian Knowles, Vivian Weisman, Elena Goldstein, Marie Woldek, Kathryn Greigel

MHRH Staff: Craig Stenning, Charles Williams, Corinna Roy, Louise Blanchette

Richard Leclerc opened the meeting. He asked if there were any actions on the minutes of July 8, 2010. Peter Mendoza motioned to accept the minutes seconded by Elizabeth Earls. Minutes were approved as submitted.

Leclerc noted that the order of agenda items was being switched and Elena Goldstein would speak about the evolution of the Employment First Initiative.

Elena had handouts for the group. First handout was the Employment Workgroup of the Global Waiver Task Force's recommendations that were submitted to the Department of Health and Human Services last year about this time. It was in these recommendations that the Employment First Issue and the Employment First definition and mission came up. The next document she sent around was a report from Pathways to Self-Employment. She reported that the first year that funding was provided was 2009 and three providers were awarded grants. In this current year there are nine awardees. The customized employment philosophy is to determine what is the most optimal profession or career for somebody with disabilities. There is a report from the first year grantees on the successes and challenges that they had. Lastly, she handed out a Summary Report of the first Employment First Summit. Elena gave some background on the beginnings of Rhodes to Independence. She said that they started out as a grant from the Department of Health and Human Services Center for Medicaid Services. She said that Rhodes to Independence was pretty much fully funded through this grant, called the Medicaid Infrastructure Grant. This grant was part of the Ticket to Work Act and it was supposed to be an 11 year grant and that they are currently in year 10 and have submitted a new application for next year. She just submitted a new grant through the Department of Labor and Training to the Department of Labor at the federal level on employment for people with disabilities. Elena said that if they were fortunate enough to be one of the six or so states that receive this grant they look forward to continuing the work that they have been doing with Rhodes to Independence and the Employment First Initiative. She explained that the real guts of the Rhode to Independence was developed because there were two other grants that were also obtained in 2000, one that the Department of Labor and Training received and one that Vocational Rehabilitation received. Elena said that the Voc Rehab Department grant has been extended each year. If this next grant is received it will be a great opportunity to integrate special supports that are needed for employment for people with disabilities into the program. These supports make or break whether a person can be fully employed to

their maximum potential. She said that people may question what Medicaid and employment have to do with each other. She stated that with the new health care reform no longer will private health providers be allowed to rate you based on your health care condition. They look to the Medicaid program as the floor or basis from which reform is going to move. Medicaid will now be for people at 138% of poverty or below except for people with disabilities and she said that she thought senior citizens also fell into this category.

She asked the group if they were familiar with the Sherlock Plan which is a big milestone of the Medicaid infrastructure grant. Law was passed in 2004, amended in 2005 and began in 2006 which probably was not a great start date because that is when Medicaid Part D also was implemented. This was a tough time for the Medicaid agency and all the other human service agencies to start a program like the Sherlock Plan. This plan is an eligibility category in Medicaid which allows people to become eligible for Medicaid who could be making up to \$50,000 and the individual is also allowed assets of \$10,000 if individual and \$20,000 if married. Unfortunately what happened was that the premium structure that was designed was so high that it created a barrier to access. We have been trying very valiantly to change that law so that the premium structure is not so inhibitive and people can actually buy in to the Medicaid Program. As we were going through the Employment Work Group it was clear that just because you become eligible for Medicaid does not mean you are going to get the supports and services that you need to work. We conducted an assessment of what services are available across the Global Waiver for individuals with all types of disabilities. She said that there is an enormous amount that can be done with this Global Waiver especially if want to have more people with disabilities get to work. She said that this grant was put in the Medicaid agency because when you are in Voc Rehab and looking for employment and secure employment there are many different employment supports that are provided to you through the Voc Rehab program but these are not usually long term which is why you need the Medicaid Program. However, if you are employed and on Medicaid these supports are available to you as long as you remain on Medicaid. All of the people with other disabilities, including developmental disabilities, get these services through other kinds of waivers such as Person Choice Waiver, DD Waiver etc.

She continued that in the Sherlock Plan there was supposed to be a State Plan Amendment that personal care services, especially for people with physical disabilities would be available. Unfortunately that never happened before the Global Waiver was implemented so what we are trying to do is fix all the ways the Sherlock Plan was supposed to be providing the right kinds of services for people so that they could get employed, remain employed and hopefully move up in their employment. This is predominately what we did as far as recommendations in the Employment Work Group. Because of the issue of understanding Employment in 2001 we held our first Employment First Summit. We invited 130 people who had been involved in this issue and had about 110 people in attendance. The morning portion of the Summit was directed at what is going right with employment of people with disabilities and the afternoon we sat in affinity groups with employers, providers, consumers and government officials. The attendees presented a very broad spectrum of voices at the same table. In the Summit Report we came up with 10 real barriers that exist in RI for people to become employed and to be able to remain employed. We had a second Summit in spring of 2010 and at that summit the goal was to rate the different barriers because it is impossible to work with everything at the same time.

She announced that there will be another summit on October 28 from 8:30-1:30 at the Kirkbrae Country Club. At the summit you will hear the report on the work groups, the progress the workgroups have made and the products that have been created by the different workgroups will be highlighted. There are five workgroups that have been in operation: policy, provider group, employer

group, youth and transition group and the transportation group. The transportation group has been the most difficult to get going. The gubernatorial candidates will be invited and we will request that they lay out the disability agenda for their administration. We will also meet with each of the candidates one on one to give them a quick disability education. We have sent the candidates a fact book called "The State of Disability in RI" which addresses many issues such as poverty, education, employment, social security, health care, long term services and support. We are hoping that when they know they are going to be talking to a group about disability that they will preview the book. We plan on letting them know that jobs are very important for all people in Rhode Island and that this includes people with disabilities.

She discussed a workbook that is coming out soon that is directed at young people with disabilities and encourages them to get working. Also, Steve Kitchen, President of New England Tech and also the chair of one of the workforce investment boards in the state said that it has come out that students who have an opportunity to have a work experience in high school will earn 40% more over their lifetimes than someone who does not have a work experience.

She said that an interesting theme was repeated in the employer focus group. It was that the employer did not really care to hear the whole history or social work dialogue about why they should hire someone with disabilities but what they cared about was if the person can do the job. She said the employer focus group had a lot to say about job developers and hoped to get employers, providers and job developers together to brainstorm how to have a better relationship and get things done.

She reported on the policy workgroup and laws and changes to the laws related to employment of people with disabilities in the State of Rhode Island and the WIA law (Workforce Investment Act). She said that for lots of different reasons people with disabilities do not get serviced very well through the WIA and the Department of Labor and Training. She said a grant has been submitted in conjunction with the Department of Labor and Training and that it was the first time a head of BHDDH, in the person of Craig Stenning has come forward and said that he wants to work collaboratively with the Department of Labor and Training. She stated that if they were successful in obtaining this grant that there would be people training across state agencies who deal with people with disabilities who are trying to get employed. The training would be the same across state agencies to help the person they are working with get into the proper profession or career. She stressed that it is not about getting just a low level job.

Rich Leclerc asked if there were any questions. Denise Achin responded that she wanted to put in a plug for Elena's fact book as it is an excellent resource and very well done.

Elena said that it is also on the Rhode to Independence website www.rhodestoindpendence.org.

Updates from DHS:

Richard Leclerc moved to the next agenda item; changes with new health plan contracts which included DHS going out for bids for Medicare coverage. He stated that it had been decided that when the bids had been awarded or received, Alison Croke from DHS would address the council.

Alison had two handouts for the group; a PowerPoint presentation and a fact sheet which would be referred to through the presentation. DHS recently conducted a competitive procurement for the Medicare/Medicaid programs both RIte Care and Rhody Health. She stated that every year departments are given budget targets that they try to reach and what DHS did last year was to try to come up with an approach to create savings in the DHS budget that didn't involve cutting eligibility or

benefits. So, the approach that we took was to leverage the efficiencies inside the health plans. The first thing done was a request for information that was issued in January, 2010 and that is where the department puts out our ideas with the changes we want to make in the program and solicit feedback from stakeholders. We had 11 responders to that request for information. Three instate managed care organizations and two national chains outside of RI responded to that request. We met with council as well as six advocacy organizations and five managed care organizations. We took the information we received back from the state board of reviews and we rolled that into a request for proposals or a letter of interest in which the department sets the price. That LOI was issued in June of 2010 and we received two bid responses, Healthcare of New England and the Neighborhood Health Plan. Blue Cross/Blue Shield of RI did not respond and will no longer participate in Rite Care.

Next we spoke of how the department was going to transition families out of Blue Cross/Blue Shield of RI. We have about 15,000 members or 66,000 families total enrolled in Blue Cross Rite Care and there is almost a 100% overlap of the providers and specialty care providers in the networks. The behavior health networks were larger in Neighborhood and United than in Blue Cross. Some contract provisions were put in place to allow for a seamless transition on both of those. Alison said that the state was divided into four regions for the purpose of informing members. She said that today, September 10, the first wave of letters is going out telling them that Blue Cross is no longer participating and to choose a new plan. It lays out for them the health plan we preselected for them depending upon who their primary health care provider was. People can change the selection that was made by the department by calling a phone number on the letter. She also said that it would be on their website.

Families will receive notification in four phases. They will receive the fact sheet and will be given a phone number to call to make a change in the health plan that we assigned to them if they choose. They will have up to 90 days to make a change. Any authorizations that Blue Cross has made, whether drugs or any other type of authorization such as medical equipment, surgical or other type of procedure will be honored by the accepting health plan for whatever period of time Blue Cross authorized it. Families transitioning to another plan from Blue Cross/Blue Shield who have an existing relationship with a provider who is not with the new plan will have six months to continue that out of network access. Also, Blue Cross is helping us to identify who within Blue Cross is in care management and care coordination whether that is medical or behavioral healthcare management and we are doing what we call a warm transfer from Blue Cross to the new plan. We are expecting everyone to be transitioned into a new plan by November.

Sandra DelSesto said that she needed clarification about the Generic First Program and the state's formulary. Alison responded that all of the clients affected had Rite Care so they have had Generic First Pharmacy since February 2009. Sandra followed up with a question about a family that may have had Blue Cross and may have had access or prior authorization for a medication that is not on the new formulary. Alison said that they should be honoring the exact medications.

A member asked if the other two plans were exactly the same. Alison replied that the benefit packages are identical but that the networks are somewhat different between United, Neighborhood and Blue Cross. Alison said that there was an out of network clause in the plan which would address the issue of individual providers not in the new plan.

Alison reported they are also implementing the new contracts with the health plans which started September 1st that had some new program elements. DHS wants everyone to have a medical home, a behavioral health home and hopefully those two homes help each other and remain in communication.

Also emphasized was a concept called selective contracting in the health plan contracts. Alison gave an example of this, “someone getting a laboratory procedure or radiology in a hospital is much more expensive than someone getting that exact same test done in a community based center.” What was intended by this was that providers would be incentivized to perform the same service in a community based setting. She said that the plans are putting together proposals and different approaches, each plan would do something a little bit different and those proposals are being reviewed at this time and are not finalized. United for example is looking at a national lab contract and also at selective surgeries.

Vivian Weisman asked if there was an estimate of what these changes would do to hospitalization costs given that some hospitals use lab and other in house services to cover some of their administrative costs. She expressed concern that this could cause clinic and inpatient costs in hospitals to skyrocket if they are no longer performing as many of these procedures. Alison replied that it shouldn't because of Article 20 which passed in the most recent budget which cuts hospital inpatient costs by 9.9%. Vivian responded that this will not make up any shortfall but will be another cut which must be absorbed by hospitals. Alison replied that hospitals serve a vital role in providing emergency care, hospitalization for the very sick and others but over time hospital expenses have gone up by double digit rate increases which the program cannot sustain. She said that the money must come from somewhere and that benefits and programs were not cut but hospitals are the industry that took the hit.

Alison said that they also emphasized program integrity in the new contracts as the Federal government has put a lot of emphasis on protecting providers as well as member fraud, waste and abuse. And we are holding health plans to the same standards and there are estimates that in some state enhanced fraud abuse efforts could save up to 8% off the total expenses. She said that this is not what DHS has budgeted for but they do expect to see some program savings from those efforts.

She spoke next about Generic First Pharmacy which was implemented for RItE Care families in February 2009. At that point children's special health care needs and Rhody Health Partners members were exempt from those requirements but as of October 1st 2010 they are no longer exempt from those program requirements. At this point every client who will be affected by this should have received a mailing from their health plan and their provider/physician should have received a mailing as well. She referred to a Generic Drugs First Pharmacy Benefit fact sheet that was passed around that lists the exempt classes of drugs. She said that if a drug is not on the list it does not mean that a patient could never get the brand name it just means that they have to demonstrate that the generic drug doesn't work, have tried two generics and shown that the generics are not effective and then get access to the brand name. She said this has been done in RItE care since 2009.

Denise Achin asked if this was just for clients of managed care and if fee for service clients would be under this plan and Alison replied that they are not under this plan at this time but it does not mean that it will not be expanded to fee for service clients at some point. Dual eligibles who are under managed care would be under this plan.

There was discussion about clients who were on certain drugs that are not on the Generic First Pharmacy list and how frightening it is to have to change to a drug that an individual is not sure will work for them. Alison explained that there is an appeal process and that during that appeal the health plan will maintain service as it has been delivered for the time the appeal is open. Alison said that the list of exempt drugs does not include the orphan drugs which we are going to added to the exempt list.

Alison spoke about another provision within the health care contracts is to have a pharmacy lock-in program for certain clients. This is a program which has existed in family services for a number of years and before Part B actually had hundreds of people in pharmacy lock-in program within their Medicare services. What was done in this health plan is similar to what is done in the Medicaid fee for service. Health plans will identify certain prescribers that have a prescribing pattern that may be problematic such as an excessive number of opiate medications at more than three pharmacies by more than three prescribers. She said the criteria for this will be identical between the two participating health plans. She said they do not expect anyone to be in the pharmacy lock-in until November 1 because they need to be given 30 days notice. People will be able to choose which pharmacy they are locked into. Also, they will be able to change their pharmacy from time to time but the details of this are still being worked out. We estimate 80-100 people may have the prescribing patterns that will cause them to be in this program.

She next spoke on communities of care which is another new contract provision. One of our biggest expenses inside both the managed care programs and inside the fee for service program is hospital costs and in particular emergency room costs. Communities of care is a program we have developed based on some experiences in a few other state Medicaid programs that is targeted at people that use the emergency department more than four times per year for non-emergencies. Many people use the emergency room for primary medical care and we are trying to change this. Certain individuals inside communities of care will be locked into a pharmacy as well as to a dedicated primary healthcare provider as well as behavioral healthcare provider. Those individuals will receive some enhanced care management as well as peer navigation support. This program is somewhat similar to the recovery coach model. These are people that are peers, they may be people with disabilities who are in Rhody Health Care partners, parents of children with special health care needs for CSM members etc. Sometimes all that people need to keep from going to the emergency room is someone to talk to; it often doesn't need to be a clinician. We've made an investment with the health plans for training through a contract with RIPIN (RI Parent Information Network) who will employ the peer navigators and the health plans will be working very closely to train those peer navigators on managed care, RItE Care for legal partners etc. Alison said that people don't have to accept a peer navigator.

She added that there will also be some personal responsibility wellness incentives such as gift cards if someone chooses not to go to the emergency room. There are some additional in-plan benefits in the new contracts such as a substance cessation benefit for members for both medications and counseling.

Richard Leclerc asked if the contracts had been signed with the health care plans. Alison replied that yes they were and were effective September 1st. Sharon Kernan said that each of the health care plans agreed to participate in each of these initiatives in their original proposal.

Transitional Youth Subcommittee:

Denise Achin said that the subcommittee had a presentation on July 21st from Andy Beck who is the consultant to the DOC's Shared Youth Vision Program and a request from our group was to have an informational meeting for potential participants in their regional programs. Our September meeting was held last week and we did have a presentation from the Department of Health about the PEP program as well as some other initiatives the Department of Health is doing. There was also some talk about holding an information meeting on October 4th. It will be up to our members to send out those invitations and I am waiting to hear back as I do not want to have a meeting set up that no one attends. She said there is now a draft document on what is working and not working and our recommendations so that the intent is to present it to the council. We are also looking to have someone from housing at

our November meeting which is our last scheduled meeting. She said that she expected they would have a couple of meetings after that to work on their draft recommendation document.

Linda Bryan asked Denise about some discussion at the Transitional Youth subcommittee meeting about teachers' access to health information on high risk youth. Denise replied that she could not recall this discussion but that within the school setting we do have options between the Department of Health and the Department of Education and do have emergency plans and personal health plans that are available to all students regardless if they are Section 504 kids or kids within special education. She also said that school nurse teachers would be involved with the development of those health care plans but that school staff are not going to know about changes in medication unless a parent shares that with the school. She also said that there are constraints on individuals when dealing with a student's personal health plan and that health information is protected by HIPAA.

Mental Health Block Grant:

Next item for discussion was the Mental Health Block Grant. The subcommittee on the Block Grant met at the beginning of the summer and identified unmet service needs issues that were incorporated into the block grant which had to be submitted to the federal level by the end of August. He said the council members have access to the online version of the application. He said he sent a letter to the SAMHSA approving the grant on behalf of the council who would be ratifying the letter at the next meeting. Corinna Roy said that the letter was on the back of the agenda. Motion was made to approve the submission, seconded, motion approved.

Rich said that there is a peer review of the Block Grant in Miami in October 19 at 1:00 PM and asked if anyone was interested in attending. Expenses would be covered. Corinna said that if you were interested in participating via conference call but can't make the actual meeting to let her know and she will try to make the arrangement. Richard said that he had attended a few of them and they were very educational. He asked anyone interested to let him or Corinna know after the meeting or via an email.

Retention of Insurance:

Richard next introduced Sharon Kernan who provided an update on retention of insurance when parents lose custody of their children. Sharon said that a committee has been created that is looking to move this forward. The major issue that has to be resolved is a technical issue regarding the system because there has to be a way for these folks to be identified. She addressed Sandra DeSesto regarding email from Sandra DeSesto that said that she had heard from someone that this is not a priority and therefore it is stalled and not moving forward. Sharon said that none of the people working on this are aware of this issue and she was asked to ask Sandra who had said this so they could try to track it down. Sandra said that she could not name the person but that it was someone in a high level at DHS. Richard suggested that Sandra get back to the person who had said this and let them know that the allegation has been denied. Sandra agreed that she would do this. Sandra said that she knew there were technical issues and asked Sharon if the timeline they were given, by the end of the calendar year, was still in place. Sharon replied that she had not heard to the contrary but has not heard that it is either.

Sandra DeSesto asked if a timeframe had been determined for the length of time the parents who have lost custody of their children will be eligible for medical benefits. Sharon Kernan responded that it appears that this responsibility will be delegated to DCYF as they will be working with those parents as they work to regain custody. Discussion ensued about details such as length of time persons would be eligible for health care, would there be strict eligibility rules or would it be on a case by case basis. A council member asked Sharon if she could speak about the regulations of this program. Sharon

responded that the department did not need a regulation because they have four years of a global waiver to do this. Sharon said that the reason these parents would lose their health care is because they would no longer be custodial parents of their children. She said that Medicaid is not available for these people at this time unless they meet criteria such as are elderly, disabled or a parent. She said that this would change under the new healthcare reform but those changes would not take place for several years. She said that currently when an adult loses custody of their child/children coverage ends as soon as DHS is notified. Sandra said that what they are looking for is something for the gap period from when an individual leaves treatment to when they regain custody of their children. She said that the lack of health care inhibits their recovery and their ability to regain custody of their children. Sharon said that this program would address this and each case would be monitored by DCYF.

Sandra said that there was one meeting to establish the criteria and urged that there be another one. Sharon said that she would let Lisa know about this request and said that the role of DHS in this is to bless and endorse this plan. She said the final decision as to how long and who can enter the program would be left to DCYF. Reed Cosper interjected that there is a fairly objective process in place. When DCYF takes your kids they immediately put together a reunification plan and he said that he thought the continuation of coverage would be linked to the success of the reunification plan and that it continue until a court or DCYF decided that reunification was not going to happen. Rich Leclerc said that the council could ask DCYF about this the next time they attend the council meeting. Sandra asked that it remain on the agenda until it is completely resolved.

Richard Leclerc expressed concern about losing the group quorum and asked if there were any other reports. Corinna Roy had a handout given to her by DCYF that they wanted passed out regarding legislation that was pending.

Sandra DelSesto asked for the status of the prevention block grant dollars. Charles Williams answered that a draft RFP is being reviewed in the department and following the review and editing it will move forward but could not give a firm date. Sandra said that this is the first time that she can remember when the contracts ended and the new ones did not begin. Charles replied that it has never happened in the past but it did now because there has been no full time staff working on it. Charles was asked if the criteria for the RFP had been developed. Charles said that it will be small; community based and involve use of evidence based practices. Charles said that the grants will be available to communities or agencies; currently there are eight agencies that are contracted under the program. He said that there would probably be eight or nine funded no more than that but no fewer than six. He was asked if the eight that are currently funded are enhanced in terms of qualifying or being awarded the next one because they had one already. Charles said that being previously funded is no guarantee that we will be procuring the exact same work. He was asked who would determine what type of program would be funded. Charles said that the department would make this decision based on what the needs are in the communities in terms of substance use consequences and substance use incidence. He was asked what the turn around time would be and answered that it would be in the range of four to six weeks. He said that the amount that has been set aside for the programs that are currently funded is \$850,000. Charles said that there is a formal process to score the RFP's and that they are looking at going out five years, two to three base years and then two option years.

On another issue, Denise Achin said that she wanted to share with the group some information about another transition group that met this summer. The agencies involved are BHDDH, DCYF and the Department of Education. David Sienko is the contact at the RI Department of Education and it is scheduled to meet again next week. She wanted to make the council aware due to its own

subcommittee on Transitional Youth in order to look at potential duplication or even just to look at the work that has been done so far to see what can be shared with that group as it moves forward with whatever it is doing. She said this group was convened by EOHHS.

Sandra said that she has spoken with Craig as they are waiting for feedback from him on the Recovery Oriented System of Care recommendations and asked if it was possible to check with him and see if it can be on the next agenda. Rich Leclerc said that he would put it on the agenda to trigger to group to have discussion on the issue.

Rich said that at the next meeting he wanted to distribute some information about the integration of behavioral health care and primary health care.

Sandra said that she had passed around some information about a forum being held at RIC with Peter Mendoza as a panel member and asked Corinna if she could get it out to the other council members.

Meeting was adjourned.

Next meeting will be on Thursday, October 14, 2010, 8:30 AM.