

**Meeting Minutes of  
The Governor's Council on Behavioral Health  
1:00 PM, Tuesday, November 9, 2010**

The Governor's Council on Behavioral Health met at 1:00PM. on Tuesday, November 9, 2010 in Barry Hall's Conference Room 126, 14 Harrington Road, Cranston, Rhode Island.

Members Present: Richard Antonelli, Neil Corkery, Reed Cosper, Elizabeth Earls, Joseph Le, Peter Mendoza, Ann Mulready

Ex-Officio Members Present: Denise Achin, David Burnett, Debra Florio, Fred Friedman, Elena Nicollela, Colleen Polselli, Craig Stenning

Guests: Laurie Tapozada, Vivian Weisman

BHDDH Staff: Rebecca Boss, James Dealy, Charles Williams, Corinna Roy, Louise Blanchette

Elizabeth Earls chaired the meeting in Richard Leclerc's absence. Minutes were approved as presented.

**Subcommittee Reports**

**Transitional Youth.....Denise Achin**

Denise said that there was nothing new to report. The Transitional Youth Subcommittee did not meet on November 5 as scheduled but that the group is scheduled to meet in early December.

**CNOM Expansion/Retention of insurance when parents lose custody..... Debra Florio**

Debra Florio reported that policy has been written. She believes it is third in the InRhodes queue. Under the new policy, there will be a three month period during which parents whose children have been removed by DCYF will be eligible for financial assistance as well as the full scope of Rite Care benefits. Following that, a case by case determination will be made whether to continue the parent's eligibility for up to an additional three months. Eligibility will be determined by DCYF and an adjustment made in the eligibility system to cover the services in the parent's support plan for the additional months.

Peter Mendoza commented that three months is short, as DCYF demands a long period of time for people to show sobriety and participation in recovery efforts. Rebecca Boss said that she had been told at a CNOM implementation meeting that the average time for reunification was in the range of five to six months. Deb said that she thinks it will be, for the most part, an easy process to renew the three month period.

Craig noted that, between now and when the new rules are put into place, parents will continue to automatically lose their eligibility once their child is placed and asked whether that process could be suspended during the interim period.

Elena Nicollela said that one of the open questions is what services DCYF is currently paying for in these cases, as the intent behind this CNOM initiative is to expand the federal match for state

expenditures, rather than just to expand clients' access to services. The underlying assumption has been that savings would accrue to DCYF. Whether or not this is the case, however, DHS is moving forward with this process. The other open issue is receipt of other supports through Rhode Island Works.

Craig said that, in actuality, many of these women enter services that are paid for by BHDDH, not DCYF, which only pays for urine screens. Elena said that, since some of these services are paid for already by BHDDH, what needs to be done is to determine what services are not covered for these clients. For example, is the gap access to the primary and acute care? In terms of treatment for substance abuse issues, it was DHS's understanding that this was being provided with state only funds.

Denise Achin said that she thought the issue was about the loss of parents' Medicaid eligibility, which affected all the services they received from DCYF, DHS and BHDDH. Deb said that the point was that the state was already providing services to these parents, whether for individual treatment or reunification, and that this expansion was intended to offset state-only dollars.

Craig commented that a woman may be less likely to come forward and seek treatment if she feels she is going to lose custody of her child and, by doing so, also lose Medicaid. He said that a parent who must temporarily give up custody to enter SSTAR loses her RiteCare benefit during her time in the program, and, as a result, neither her treatment nor her medical benefits are covered. Elena said the main intent of the CNOM expansion was to ensure access to primary and acute care services, but it was DHS's understanding that services to treat the substance abuse problems were being provided. Elena said that DHS needs to determine what BHDDH's contribution is and whether or not that is already being covered under a CNOM expansion. DHS's primary objective is the maintenance of the Medicaid RITE Care enrollment.

A member asked whether eligibility for the CNOM expansion would cover parents for whom DCYF was not using state dollars to pay for medical expenses because the child's removal had nothing to do with the parents' medical needs. Elena replied that this CNOM expansion covers all parents who lose custody of their children as a result of substance abuse problems.

Rebecca Boss raised the concern that family reunification is being delayed because of the wait lists for DBH funded services. Several years ago, DCYF parents who were substance involved were made a priority group for the ATR grant and they will continue to be given priority in the ATR program set to begin January 1<sup>st</sup>. However, there are a limited number of slots available, and women who lose RITE Care aren't the only people in line for those treatment slots. If they could be funded through RITE Care for this CNOM expansion population, the state savings could go to recovery support services, which would enhance treatment. There are still gaps in the capacity of state funded treatment and some of the programs have not been CNOM'd. Craig said that many of the programs that have not been CNOM'd are residential programs, which are where most of the clients would end up.

Elizabeth Earls asked if it was DCYF that had established the criteria that said only a mother or father who had a substance abuse issue would be eligible. Elena said that this was an already identified population when the global waiver was being developed, and that this was not solely a DCYF decision.

Deb Florio said that DHS is moving forward with the managed care re-procurement. The Communities of Care Initiative, which focused on helping to reduce avoidable emergency department visits in the managed care arena, has begun. On November 1, letters were sent to half of the targeted individuals explaining the changes in their health care. Many of these individuals have responded, completing their surveys and identifying some of the barriers they have encountered in obtaining medical care. Work will continue on implementing the Communities of Care using the Net Care Choice model.

Approximately 11 FTE's part-time Peer Navigators have been hired. They include people from diverse backgrounds, nationalities and languages and have been cross-trained by the different health plans as well as receiving the peer navigator training.

Becky said that training was held for the Peer Navigators on Friday, November 5 to provide an overview of the Behavioral Health System. She and Peg Malone have been working together to develop BH training for the peer navigators. She said that, in terms of their behavioral health role, the emphasis should be on the word "navigator" because they are meant to navigate the health system, not to be a coach or a mentor. Trainings are being developed from the recovery coaching and peer models on how to recognize symptoms and what to do in crisis etc., but not to act in a clinical capacity. Ann Mulready asked whether, for a person who is enrolled in a dedicated network, having a Peer Navigator is optional or mandatory. Deb Florio said that People in the dedicated health plan will be given the option of having either a peer navigator, a clinical care manager or a social case manager. There are not enough Peer Navigators for all clients, so Peer Navigator services are limited a three month period. Deb offered to return at the next meeting to present an update.

### **Recovery Oriented System of Care, Faith Infused Recovery Efforts.....Rebecca Boss**

Becky said that the recommendations of the Governor's Council on Behavioral Healthcare Recovery Oriented System of Care Committee Report have been given to the department and that she has been charged with working with BHDDH to implement the recommendations. She updated the Council on where the Department is on implementing some of the ROSC recommendations and in other areas. Internal meetings have been held with BHDDH staff, and a plan has been made to create a ROSC Advisory Group as per the Council's recommendations. The Advisory Group will consist of the original committee members, providers, stakeholders, and anyone else who is interested, and will be formed during the first half of December. Its initial tasks are to determine the top three priorities and some clear outcomes for the Recovery Oriented Systems of Care, to look at contract and regulation language that would insure the inclusion of ROSC into policies and practices and to work on Project Recovery.

Becky reported that the FIRE training for clergy, congressional leaders and treatment providers is taking place on November 10 and approximately 90-100 people are signed up. A meeting at the Diocese of Providence to talk about recovery efforts has also taken place. The Anchor Recovery Center is going to have their grand opening December 2<sup>nd</sup> at 4:00PM. The first ARC clients are expected to be enrolled by January 15<sup>th</sup>. Recovery support services will be a major emphasis of ARC.

The Department applied for a Transformation Transfer Initiative to train staff at community mental health organizations on the principles of recovery. Teams of two trained consumers will conduct monthly trainings at each of the participating CMHOs. Also included in the proposal is the initial

implementation of the RI peer specialists' model, which would develop the training and certification process for 20 peer specialists to be placed at the CMHOs. The Transformation Transfer Initiative would have the following measureable outcomes: the revision of behavioral health regulations to incorporate peer led recovery groups; the development of recovery versus treatment planning language, definitions and expectations; an increase in service linkages and care coordination; the certification of peer specialists; and an increase in the number of individuals receiving support from peer specialists.

The screening and the brief intervention referral to treatment project is moving forward. BHDDH is planning for a January 1<sup>st</sup> implementation date of SBIRT with the community care choice sites and has worked with providers to develop a referral network for SBIRT.

A council member asked if there was a target date for the behavioral health regulations revisions. Becky answered that April of 2011 would be the target to have a final promulgation.

**Old/New Business.....Elizabeth Earls**

Fred Freidman announced that he would be retiring from the Department of Correction as of December 17.

Denise Achin reported that on November 8 the Department of Education hosted an Anti-Bullying Forum for Gay, Lesbian, and Transgendered Youth which was organized by Mitch Sabatini, Jackie Ascrizzi and Annie Silvia of RIDE. These individuals are in charge of updating the department's Thrive website, [www.thrive.org](http://www.thrive.org). Denise reported that the Department of Education has a comprehensive anti-bullying policy but there seems to be a problem with implementation of this policy at the school level. BHDDH was recognized at this forum for providing some of the data that was used. She encouraged the council members to visit the Thrive website and offered to make packets of information available through Jim Dealy.

Last spring or fall the Council accepted the Statewide Epidemiological Outcomes Workgroup (SEOW) as part of its mission and work as an Advisory Board. We have been informed that the SEOW has been awarded a \$200,000 per year contract through a SAMSA contractor to continue the work of the SEOW for the next three years. Rich will be contacted regarding this group making a presentation at next month's meeting.

Elizabeth Earls announced that the National Council for Community Behavioral Healthcare has been awarded a multi-year technical assistance center grant. It will be helping community mental health organizations around the country around integration of primary and behavioral healthcare. Also, the Providence Center and the Kent Center were recipients of the SAMSA grant secured by Senator Reed. They will have multi-year grants of approximately \$400,000 per year to help integrate primary care into behavioral healthcare settings.

**Updates from BHDDH.....Craig Stenning**

Craig presented on three new projects to expand housing for people with disabilities. The ribbon cutting for the newest of these facilities, Homestead Estates on Post Road in Warwick, was held yesterday. All the units in this property are for individuals with disabilities, and it is managed by House of Hope. A closing was held for a property in Wakefield through one of BHDDH's DD providers. That facility will be turned into six individual and one family unit of housing, with all

units reserved for people with mental health or developmental disabilities. On Friday, November 12, \$250,000 of funding through Threshold's program will be put before the advisory board at RI Housing. The money is designated to establish 16 units of housing for people with disabilities.

BHDDH is looking at legislation that would help companies that employ individuals with disabilities. Craig has also been asked by the Transition Team to review pending legislation in the area of mental health and corrections.

Craig said that providers have raised concerns about DHS' Lock In Program, which they see as preventing clients from using providers of their choice. Deb Florio said that members can choose who their providers will be and will not be "locked in" to the single provider unless they had a history of using multiple providers. Deb asked Craig to pass any of the providers' case examples along to her. Craig has asked providers to submit these to her in writing.

Deb Florio made a motion to adjourn, second by Denise Achin. Meeting was adjourned.

Next meeting will be on December 9 at 8:30AM in Conference Room 126.