

**Meeting Minutes of
The Governor's Council on Behavioral Health
8:30 a.m. on Thursday, December 9, 2010**

The Governor's Council on Behavioral Health met at 8:30 a.m. on Thursday, December 9, 2010, in Barry Hall's Conference Room 126, 14 Harrington Road, Cranston, Rhode Island.

Members Present: Elizabeth Earls, Acting Chair; Stephanie Culhane, Peter Mendoza, and Anne Mulready;

Ex-Officio Members Present: Denise Achin, and Alice Woods of the Department of Education, Frederic Friedman, Ed.D, Department of Corrections (DOC), Sharon Kernan, Department of Human Services (DHS), Elizabeth Gilheeny, Department of Justice, and Craig Stenning, Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

Guests: Kathy Carty, and Jasmina Andreas.

Staff: Elizabeth Kretchman, Ron Tremper, Corinna Roy and Lisa Stevens

There was not a state-level quorum established. Introductions were conducted and the meeting went on without ability to vote on State-level issues. However, there was a quorum of representatives for Federal business.

Subcommittees:

- Transitional Youth – Denise Achin informed the group that they have not met since September but will have two upcoming meetings, one in January and the other in February. This committee will discuss services throughout the community and will be contacting DHS shortly.
- Recovery Oriented System of Care ROSC – Craig Stenning recommended that we utilize the members of this subcommittee as the permanent ROSC Advisory Council. When a quorum is established he requests that this suggestion be made official. Last week was the opening of Anchor Recovery Center and Craig mentioned how well done this center was designed for its purpose. Craig mentioned that several representatives of NAMI had met with Jim Gillen to build a partnership, which would be a giant step in the recovery oriented system of care.

Statewide Epidemiological Outcomes Workgroup (SEOW): Elizabeth Kretchman and Jasmina Andreas presented. BHDDH has received a 3 year grant from SAMHSA and CSAP to continue and enhance the SEOW in place now. Charles Williams and Dr. Stephen Buka co-chair this grant. Objectives of the SEOW include developing a set of indicators that describes the magnitude and distribution of substance abuse consumption patterns and the related consequences throughout the state. In this iteration of the grant, they will include the incidence of mental illness as well as promote positive behavioral health across RI. Work plans include the extension of past focused work including mental health indicators and profiles to make national, regional and within state comparisons. SEOW is striving to make data-driven decision making more possible. This data will also determine the priorities for the prevention of substance abuse and other high risk behaviors at the state, local and community levels. The data shows in ***Attachment I*** that in 2002-2003, RI was worse than the national average for drug abuse. There is the expectation that there may be a push in the General Assembly this year to strengthen some of the laws in RI pertaining to driving under the influence possibly including a restorative justice component. The high use rate of substances shown by this data in our state should give SEOW's recommendations some influence on the decision makers to promote better prevention. Elizabeth asked that it be considered that someone at the Governor's Council level participate on the SEOW workgroup. She also asks that SEOW and its report and findings be put on this council's agenda on a quarterly basis starting in March.

Minutes, agendas and meeting schedule available at: http://www.mhrh.state.ri.us/bh_gov_council.htm

Block Grant Implementation Report: There was a quorum by federal regulations for this topic. Some highlights of the implementation report show that Block Grant Expenditures in the State Fiscal Year were different than previous years. The change in distribution is partially a result of the CNOM's *Attachment II*. Block Grant money cannot be used by inpatient psychiatric hospitalization but can be used for the diversion programs. The Peer Oriented Service Delivery will be taken over by the ROSC advisory group and there are several grants that have gone out. Peer support is a priority for the ATR and the Jail Diversion programs. The state fell short on some specific targets in the implementation report including stability in housing and access to supported employment. This is likely due to the weak economy. The criminal justice statistic on re-arrest was one area of positive achievement with rates decreasing. Corinna requested that the Council ratify the letter sent to the Federal Government by the Chair of the Council. Liz motioned to ratify it and requested a second, which it was and all were in favor.

Updates from DHS: Sharon Kernan presented. The discussion from the last meeting was to develop a mechanism to allow parents who have lost custody of their children to maintain their eligibility for Medicaid so that they can receive substance abuse treatment and hopefully be reunited with their children. This is still a high priority. All the specifications have been put into place to implement this and it is still in the queue for programming to be done. Hopefully it will be completed within two months.

The Community of Care, which tries to reduce inappropriate emergency room use, is moving forward and the peer navigators are on board. They are beginning outreach and contacts with families. Liz mentioned there was a major presentation at the last meeting of the Emergency Taskforce. The MH organizations have been able to meet with both Neighborhood and United to talk about how each plan is addressing this issue. The grant ends in April 2011 but the program will continue. It has been incorporated into the managed care delivery system for RIteCare and Rhody Health Partners as well as Connect Care Choice for adults with chronic health concerns who have chosen to stay in the fee-for-service delivery system but have nurse care managers who work closely with them. Fred Friedman mentioned that the providers that he has called in the recent past have a voice recording stating "If this is an emergency, please call 911." He is concerned that people are using 911 for emergency coverage. RI Law states that if you call 911 you will go to the emergency room. Often there is a better option than to call 911 without jeopardizing safety or the RI law. Efforts need to be made to change habits and better educate the public. Mention was made of Open Access Scheduling - a system that reduces the rate of no shows which in turn makes it easier to get an appointment with healthcare providers. It allows patients to call that day for an appointment. Liz did say that an assessment was being made of the Open Access Scheduling model.

Updates from MHRH: Craig Stenning presented. Craig stated that many of the initiatives BHDDH worked on together with DOC both inside and outside the prison walls were successful in part because of Fred Friedman (retiring). Craig thanked him on behalf of BHDDH's clients and DOC's clients for the work that he has done and wished him much happiness and a gift was given from the group.

2012 Budget – All departments in state government were given assignments including the unrestrained budget. This is what we think we need to have to go forward at current operational levels. Next is what is called the restrained budget with a target of 5, 10 and 15% reductions. The 15% reduction assignment was submitted last Friday to the transition team to the new governor. The risks involved with this size of reduction were also submitted. What must be remembered is that most of what we currently fund is matched either by Medicaid or CNOM's which would be drawn down by this cut. In actuality the 15% budget cut would be close to a 28% cut including the matched dollars. The risks

involved by reducing our budget by this amount would be to lessen services to the community, the hospital, group homes and beyond. These dollars would eventually be placed on another department's budget for example DHS, DOC, DCYF etc. because some type of service or program must be provided to these individuals. The other risk would be losing the two block grants because of the Maintenance of Effort clause in the contract in which you cannot fall below a funding level equal to the average of the two previous years' funding levels. The CNOM's in the Global Waiver would be at risk as well. Also with this 15% reduction assignment, there would also be reductions in the SSTAR contract; which would also have ripple effects on services here and in the community. The 15% reduction is the equivalent of \$30 million but a total reduction would be \$60 million which includes the federal matches.

The meeting adjourned at 10:05 a.m. The next meeting of the Council is scheduled for **Tuesday, January 11, 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 - SEOW Presentation
Attachment II - Block Grant letter and report