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**Meeting Minutes of  
The Governor's Council on Behavioral Health  
Tuesday, May 8, 2012**

**The Governor's Council on Behavioral Health met at 1:00 p.m. on Tuesday, May 8, 2012 at Barry Hall, conference room 126, 14 Harrington Road, Cranston RI 02920.**

**Members Present: Richard Antonelli, Linda Bryan, Sandra DelSesto, Mark Fields, Joseph Le, Richard Leclerc (Chair), Bruce Long, Lisa Lunt, Anne Mulready, Fred Trapasi, Neil Corkery and Elizabeth Earls.**

**Ex-Officio Members Present: Kim Sande, Department of Children, Youth and Families (DCYF); Dr. Michael Fine, Department of Health (DOH), Michelle Branch, Department of Corrections (DOC); Denice Achin, Department of Education (DOE); Catherine Taylor, Department of Elderly Affairs(DEA); Sharon Kernan, Executive Office of Health and Human Services (EOHHS); Director Craig Stenning, Charles Williams and Rebecca Boss, Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH).**

**Guests: Marie Waldeck, David Dorsey, Cheryl Cruz, Laura Hosley, Katherine Powell, Lori Dorsey, Linda Mahoney.**

**Staff: James Dealy and Linda Harr**

**Once a quorum was established and introductions were made, the Chair, Richard Leclerc, called the meeting to order at 1:05 p.m. Richard entertained a motion to accept the Minutes of March 13, 2012 as presented. Denise Achin motioned and Joseph Le seconded. Richard called for a vote to approve the minutes. The majority was in favor with one abstention and the Minutes were approved as written.**

**Department Updates: Because of today's full agenda, the departments agreed to forego their monthly updates.**

**Vote on Annual Report: Jim Dealy had prepared a draft of our 2011 Annual Report to the Governor and forwarded a copy for review to the Council. He advised that corrections submitted by Council Members had been made. Joseph Le made a Motion to approve. Motion was seconded by Denise Achin. Motion passed and the Council approved forwarding the 2011 Annual Report to the Governor, Legislature, and all interested parties.**

**Transitional Youth Report: Denise Achin, Chair of the Committee, requested that the full Council approve the Report, which she first presented at the March meeting, had distributed via email and for which she provided additional information at this meeting. Denise summarized the Report's development over a 2 ½ year period. The**

**Committee was formed in August of 2009 “to investigate the transition of youth with serious emotional disorders into the adult mental health system.” The Committee chose to focus on youth ages 12 through 26 who are at risk for or have behavioral health needs or disabilities. It felt that the target age group needed to begin early enough for effective prevention and to extend to the age when brain development, particularly of the frontal lobe, allows for mature judgment. The Committee’s focus was on the gaps created by the “disconnects” between the systems that cover this age group - education, children’s behavioral health and the adult behavioral health system, as well as on the areas of needs particular to this group. Because of the many facets of this issue, the Committee designed its membership to reflect a broad spectrum of child-serving programs, parents and Minutes, youth and spent a great deal of time gathering information. Parents, youth and all the major State agencies that serve children were represented on the Committee. State agencies, community providers, clinicians from Bradley, Gateway, Northern Rhode Island Community Services and special education personnel and others gave expert presentations to the Committee over many months of meetings. In the course of its seventeen meetings, the Committee also reviewed and discussed the available literature.**

**Approximately 30 people were involved over the course of the 2 ½ years that the Committee met. There was a core group of people who contributed heavily. The list of Committee members, informants**

and literature is in the Report. The Committee noted that the problem of access to services is broader than disconnects between particular service systems. While some youth who receive services such as special education suffer because there are no good equivalents for them once they graduate. Many others have never been identified as needing services in the first place. The same is true of those passing from the children's to the adult behavioral health systems. Therefore, the Report calls for "A partnership within communities, youth, families, schools, government and provider agencies that improves outcomes, increases access to services and supports and promotes positive change in the lives of youth and their behavioral health needs as they transition into adult services". Global recommendations include: improving access to services for youth with mental health needs; strengthening integration of behavioral health and primary

care; and establishing Governor's Cabinet level oversight to coordinate and address the issues identified and potential solutions recommended by this report. The Committee's basic view of youth-serving systems is that they exist in silos. The committee also recognized the importance of including youth and families in policy/decision making and the need for marketing information to youth via social networking venues. Rhode Island has BHDDH, DCYF, education, community healthcare, Medicaid, etc., but there is no one cohesive or unified entity that can address this age group's needs or provide oversight. As a step towards that oversight, the Committee is recommending that the Youth Transition Committee be appointed as

**a standing committee of the Governor's Council.**

**Discussion was opened on the Report. Kim Sande said that Director DeFrancis from DCYF had read the report and thought it was a phenomenal piece of work with some really good suggestions. She acknowledged that there are some youth 18-21 in DCYF care who are not eligible for the transitional programs or for adult services through BHDDH. The unmet needs of this group are being addressed in the course of finalizing Phase II of the System of Care.**

**As the Report was being developed, Tanya Alderman from DCYF and Tom Martin from BHDDH had discussed their work over the previous three years to facilitate the transition of the highest need kids from DCYF care – typically, those in high-end residential treatment – into adult BHDDH services.**

**There were approximately 300 youth of these youth per year. The result of this collaboration was a close interdepartmental collaboration and a more seamless transition for this population.**

**Another group of particular concern to the Committee is those adolescents with emerging Serious Mental Illness (SMIs) as they move from the children's to the adult systems. Often, they received outpatient treatment as adolescents that met their needs but as their condition worsened with age they may not have received the services needed for stabilization because they weren't recognized as needing intensive adult services until that have left the treatment systems and have experienced rapid and significant decomposition/regression. Often the system intervenes later than it should and does not have**

the opportunity to provide treatment and recovery at an early enough stage and if treatment is provided, it often is with older adults with different needs. The Report highlighted the need for way to track such youth as their conditions emerge and they move between the two behavioral health systems and the provision of “age-appropriate” services.

There was discussion about Committee’s request to become a Standing Committee of the Governor’s Council. Questions were raised about what its mission or charge would be. Committee members said that the Report identifies a significant number of gaps in services to this population, but that much work remains to be done to address them. The issues involved are very complex, made more so because there is limited understanding of the special needs of the population and limited mechanisms for bridging the gaps between service systems and developing age-specific services. Committee members said that the changes that will be needed to address these issues will require some time, and that it could play important roles in supporting them.

On the most immediate level, the Committee identified the need to refine the Report’s broad recommendations and, acting as part of the Governor’s Council, to prioritize and shape them into a roadmap for change. A significant part of this would involve working with the state departments to identify realistic steps in this change process. It was suggested that the Committee continue to meet and bring drafts of its recommendations to the Council on a regular basis

until the roadmap is finished.

Beyond developing the Report's recommendations into a working plan, Committee members saw the need for it to continue to support the implementation of its plan. Because there is no general appreciation of the special needs of this population or governmental body that concerns itself primarily

with those needs, the Committee sees the need for a body that will continue to focus on the behavioral health needs of young adults. Denise spoke about the importance of continuing to have such a broadbased group: of the many "ah-hah" moments, when people from separate systems were able to see the interactions and gaps between their programs and to see "their" clients' needs in a broader light.

While facilitating a plan to focus services on young adults with behavioral health problems is a long-term task, it is not open-ended. Members clarified that they are not proposing that the Committee play any governmental role, but rather help support bridging the gaps between existing programs and maintain ongoing focus on the complex needs of transitional youth. The suggestion was made that Committee members ask for a meeting with Secretary Costantino to discuss its findings and recommendations. It was noted that EOHHS has already initiated some efforts to deal with transition issues. Committee members agreed that this would be a key step in continuing its work. The Committee proposed that it become a standing advisory body to the Council along the same lines as the ROSC Committee.

**A motion was made to approve the document with the recommendations and with the sense of the discussion of the charge and purpose of the Committee and with the recommendation of some on-going communication with DEOHSS on these matters. Motion was made and seconded. Motion carried unanimously.**

**Prescription Drug Monitoring Program: Dr. Fine, Director of Health for the State of Rhode Island, gave a sobering presentation on the rising number of deaths in Rhode Island due to prescription overdoses. He said that he starts each week at the Medical Examiner's Office reviewing the fatalities that happened over the weekend. Every week in Rhode Island, 3-5 people die from prescription drug overdose. This figure has risen over 400% over the last decade. The availability of opioid pain medications is unprecedented. The amount of prescription opioids in the United States has gone from about 8 million tons per year to over 100 million tons within the last decade. Rhode Island as a State has the third highest rate of non-medical use of opioids among those 12 years old and older – 6.13%.**

**The National rate is 4.8%. Drug overdose death is now the leading cause of premature death in 18-64 year olds. Prescription drug overdoses now cause more deaths than motor vehicle accidents and fire arms combined. Dr Fine emphasized that these are deaths caused by medicines that are prescribed by Rhode Island prescribers and**

dispensed by Rhode Island pharmacists. In his words, “ The buck stops here.”

The prescription monitoring program was established in 1997 at the DOH and initially consisted just of a data base of 2-3 medications dispensed to Rhode Island patients by in-state and resident pharmacies. The program is designed to provide patient information to prescribers, pharmacists, regulatory boards and to law enforcement agencies, but it has largely been unused until recently because most did not know how to use it and because it was cumbersome to use. Modernization of the program began about 8-9 months ago, using a Federal Grant from the Bureau of Justice. It has been developed into an online system that permits external sharing of the database. The prescriber, before prescribing a prescription such as an opioid, using password protections, will be able to access records on all the medications prescribed to the individual from doctors in Rhode Island and also from pharmacies that send medications to Rhode Island. DOH hopes to soon include information from Medicare/Medicaid in Massachusetts. The primary reason for this is to allow prescribing physicians to understand a patient’s history of drug use before they prescribe. Most of the time, prescribers know when someone is pitching them a line, but sometimes they don’t. The State of Washington currently requires that every physician consult EMP before prescribing an opiate medication. The new system will also have the capacity to write algorithms that will help it know when patients are getting into

trouble, when a physician looks like he or she is prescribing amounts far from the norm, and also when a pharmacist is filling unusually large numbers of opiates. Law enforcement doesn't have access to information on individuals, but there is an ongoing investigation, this will give us an additional tool. The system may also be able to identify patterns of abuse and work with BHDDH, law enforcement, etc. Dr. Fine said that the supply side of opioid abuse is going to be cut off. Health plans are already pretty actively involved in monitoring prescription misuse among their clients. However, they don't have access to

information about clients who are paying cash or to those outside their plans. This comprehensive statewide program should give us information on everyone. In response to a question, Dr. Fine said that individuals will not have access to their own information in this system, so they will not be able to check for possible identity theft or fraud committed in their name. However, repeated requests for information by one person would be red-flagged by the system, so this type of activity would be noticed. Dr. Fine and Council members discussed other approaches to resolving this problem. The question was raised as to whether the State needs a Chronic Pain Evaluation and Treatment Center. Some of the

Council think something like this is important as a way of developing alternate, non-narcotic, methods of relieving pain. They are advocating for a place where physicians who have hit a dead-end with pain treatment can send their patients as an alternative to prescribing further medication. One challenge is

to make something like this available to everyone – insured or otherwise. Dr. Fine also spoke about the state’s approach to working with physicians. He said that there is a delicate balance between using drugs to manage pain and their abuse. He noted that there is some requirement for continuing education for doctors to renew their licenses. These are not extensive, but one or two topics relevant to this area will be required. Also, Public Health Grand Rounds will be initiated as a monthly lecture that is also webcast. It will be on a number of public health topics so that the primary healthcare community is getting the best information about a variety of public health topics – one of which is certainly substance abuse, addiction and recovery. Rhode is also likely to duplicate Washington State’s requirement for a consultation with physicians who prescribe over a certain amount of opioids. This will take a couple of years to implement.

Dr. Fine cautioned that, whenever we choke off opiates, there is the risk that heroine usage and Hepatitis “C” will rise. One fear is that, if prescription drug abusers turn to heroine, we will push Hepatitis “C” from people who are now typically over 45 to younger people. Not only do we need to get on top of prescription opiate overdose but we have to anticipate what may happen with heroine so we can get on top of that and not find ourselves dealing with a new epidemic that we could have foreseen. It allows the prescriber and the pharmacist to work together to monitor the prescription drugs. The current data base is being moved to a server with a

contracted vendor and all pharmacies are being directed to forward the information to our vendor. This should be operative by the end of the month. Beginning late June or July, we will begin the practice of licensed prescribers and pharmacists to use the data base. By September, we expect to see the full program up and running. It will allow us to work rather quickly with Connecticut and hopefully Massachusetts before too long. An event was held in Providence two weeks ago dealing with the proper disposal of unused prescription drugs. There are disposal sites set up in police departments. Flushing the unused drugs will contaminate the water supply and have a negative environmental impact. At this point, police are the only ones legally authorized to take back medications. It is currently mandatory for pharmacies to enter this information into the database but no one has been able to see it because it wasn't web-based with appropriate controls. We are attempting to get the prescribers to be very careful about their prescribing. The suicide numbers probably add another 30-40% to the accidental drug overdose deaths. Ironically, Kent County, specifically, Warwick, has the highest statistics of overdose of any kind, not the inner city as one might think.

Medicaid is working on a plan that involves alternative therapy.

We are going to have to find another way of treating people beyond medication. The easiest thing for a physician to do is to write a prescription. It is much harder for physicians to recommend a nonpharmaceutical solution.

## **Old/New Business:**

**Director Stenning expressed his gratitude for the work of the Transitional Youth Committee. He came specifically to offer his own appreciation and thanks for 21 years of service that Reed Cosper has given not only to the State but more importantly to the hundreds and hundreds of individuals that he has represented over the years. He suggested that the Governor's Council officially communicate a letter of appreciation to Reed for his years of service for the mentally ill of the State. A Motion was made,**

**seconded and passed to prepare and forward such a letter of gratitude. Craig also said that the recent visit of SAMSHA's Director visited went well. In addition to BHDDH, Ms. Hyde also visited the National Guard and the Readiness Center.**

**Rich reminded everyone that the Governor's Council has received the \$20,000.00 "Expanding the Vision" grant from SAMHSA. The grant is part of SAMHSA's initiative to help states integrate their substance abuse and mental health planning processes under combined behavioral health planning councils. It will provide technical assistance to the Governor's Council to make it a more effective behavioral health planning body. The Council, in turn, will provide technical assistance to other state councils.**

**The grant will pay for a technical assistance consultant to facilitate two ½ day strategic planning sessions of the Council. The work of the sessions will be to develop a plan for producing our next Block Grant**

**plan in a way that integrates mental health and substance abuse. The Committee had hoped to have our first meeting regarding this at our regular April 12th meeting date, but the health issues of the consultant who had initially agreed to work with the Council caused this to be postponed, and a new facilitator hired. A temporary Task Force will meet with the new TA provider, JSI, Inc., an agenda for the full meetings. Cathy Ciano, Rich Leclerc, Ann Mulready, Charles Williams, Liz Earls, Neil Corkery and Jim Dealy will be on the Task Force.**

**The first of the Council's ½ day planning sessions will be on June 14th between 8:30-11:30 at Parent Support Network.**

**Sharon Kernan announced that Rhode Island has developed a draft proposal to integrate care and financing of services for individuals who are "dual eligibles" -- i.e. eligible for both Medicare and Medicaid services. A public hearing will be held on Tuesday May 15 at 4 pm at the DaVinci Center, 470 Charles St, Providence, R.I. All interested parties are invited to attend. In addition, written comments can be submitted to Kimberly MerollaBrito, Policy Office, EOHHS, KMerollaBrito@ohhs.ri.gov Deadline for submission of written comments is May 25,**

**2012. The demonstration proposal is posted on the EOHHS website, ohhs.ri.gov. Upon motion being made by Joseph Le and seconded by Linda Bryan, the meeting adjourned at 2:45 p.m.**

**The next meeting of the Council is scheduled for 8:30 AM on**

**Thursday, June 14, 2012 at Parent**

**Support Network.**

**Minutes respectfully recorded and written by:**

**Linda Harr**

**/attachments**