

**Meeting Minutes of
The Governor's Council on Behavioral Health
Tuesday, October 9, 2012**

The Governor's Council on Behavioral Health met at 1:00 p.m. on Tuesday, October 9, 2012 at Barry Hall, conference room 126, 14 Harrington Road, Cranston RI 02920.

Members Present: Stephanie Culhane, Mark Fields, James Gillen, Joseph Le, Bruce Long, and Fred Trapassi.

Ex-Officio Members Present: Michelle Brophy, RI Housing and Community Development; Kim Sande, Department of Children, Youth and Families (DCYF); Lou Cerbo and Elizabeth Earls, Department of Corrections (DOC); Alice Woods, Department of Education (DOE); Catherine Taylor Division of Elderly Affairs; Sharon Kernan Executive Office of Health and Human Services; Rebecca Boss, Charles Williams and Elizabeth Kretchman Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH).

Guests: Marie Waldeck (RIC), Laura Jones (RIPIN), John Neubauer (RI Kids Count) and Jon Dupree.

Staff: James Dealy and Louise Blanchette.

Elizabeth Earls chaired the meeting as Richard Leclerc was on vacation. The meeting was called to order at 1:04 PM. Elizabeth asked the members after reviewing the Minutes, for a Motion to allow for discussion of the Minutes. Bruce Lang made a Motion to move the minutes, seconded by Mark Fields. Fred Trapassi asked that his name be corrected on the minutes. There are two "s" in his last name. Elizabeth asked for a Motion to approve the Minutes with the correction. A vote was taken. The Minutes were approved with two abstentions.

Infrastructure Committee update: Since Denise Achin was not present, this report was put off to the next meeting to be held on November 8, 2012.

Data/Needs Assessment Committee: Elizabeth Earls reported that her Committee would be meeting on Friday, October 10, 2012, at 1:00 P.M..

Opening Doors Rhode Island Presentation: Michelle Brophy provided an updated report on how "Opening Doors RI," the state's plan to end homelessness, is being implemented. The work of implementing its strategies is divided between a number of workgroups. The workgroups are coordinated by an Opening Doors Implementation Team that is chaired by Director Stenning. The are work groups on Veterans, Crisis Response System, Economic Security, Chronic Homelessness, Children, Youth and Families, Data and Engagement, and Health and Housing. Each one of these has a list of strategies. Michelle is available to go into detail about their work. Her email address is michelle.brophy@csh.org. The overall goals of "Opening Doors" are to end chronic homelessness and veterans' (and their families') homelessness within five years and end homelessness among youth aging out of foster care and families within ten years. A major task of this work is to change the way our state addresses homeless: to increase the speed with which homeless people are re-housed, decrease the time spent in temporary or transitional shelters and increase the numbers of people in

permanent housing. Key strategies include standardizing the assessment process for homeless consumers, streamlining the access to services and coordinating the resources that are now provided by a number of separate providers. The Implementation initiative is pursuing federal funding to help develop a coordinated system that can link consumers and housing more effectively. At the same time, the state needs to develop enough permanent supportive housing (the combination of services and housing) for those, particularly the chronic homeless who need it. The goal is to develop or create 100 units of supportive housing per year. This is being done both through private development and partnerships with public housing authorities.

Michelle noted the close connection between this initiative and behavioral healthcare. She urged Council members to become involved with the workgroups where their experience could inform the planning process. She noted that the Transitional Youth Committee had done significant work to identify the needs of one of the major underserved groups of homeless, 15-24 year-old young adults. Although the Committee has suspended its work until the Block Grant work is done, she asked for members' involvement with the Opening Doors, Children, Youth and Families Committee. Jim will get Michelle a copy of the Transitional Youth Committee's report. Michelle noted that, although the state's Continuum of Care group, which authored "Opening Doors RI," has been around for about 20 years, it has traditionally included just the homeless service providers. The planning for the new "Opening Doors" report made clear the close connection between homelessness and behavioral health, so Michelle reiterated the importance of having the behavioral health community participate in the plan to end homelessness. Jim will circulate the list of groups and what they are working on in case anyone wants to drop in to one of these groups.

Update from DOC (Lou Cerbo and Liz Earls): The Department of Corrections anticipates having the second statewide re-entry implementation task force meeting in November and will report back to this Council in December. As of next week, it will implement a new program within the intake service center, which on an average day houses about 1100 male offenders who are awaiting trial or sentencing. Historically, there hasn't been much treatment available there. In addition, DOC is starting a program next week for individuals who violate parole on a substance abuse violation. It will be providing a 30 day intervention engagement that will, if the parolees are successful in completing the program within the 30 days, allow them to go back to the community. This is a real opportunity for people who may have built up "recovery capital"— housing, treatment, etc. - to avoid losing that by being re-incarcerated.

Update from EOHHS (Sharon Kernan): There are no new initiatives to report on. EOHHS has been very busy working on a number of previously reported initiatives, including Dual Care for Medicare and Medicaid beneficiaries and Communities of Care. The Department has implemented a pain management benefit within that program for certain diagnostic categories. Many groups are working on the implementation of the Affordable Care Act in 2013-2014. In 2014, the Medicaid eligibility will be extended to adults up to 133% of the federal poverty level without requiring the current "qualifying conditions" (e.g. being the parent of a minor child, being elderly or disabled). Previously, "qualifying conditions" requirements have prevented many low income people from getting Medicaid. One result has been to delay needed treatment, so that, by the time they get treatment, their conditions have become more serious and costly. Liz Earls noted that EOHHS has been working very closely with state agencies to maximize the positive impact of the ACA.

Bruce questioned whether children on Rite Care who turn 19 will continue to receive extended Rite Care benefits to age 26 or switch to Medicaid coverage as adults, providing that their income is under 133% FPL. Sharon will research this and Jim will distribute her answer to the Council.

Division of Elderly Affairs (Catherine Taylor): SAMSHA has been organizing regional team meetings, and the last several team meetings focused on older adults. It has also been putting together state-level teams of the Behavioral Health, Mental Health, Medicaid agencies to address elder issues and has issued a directive on this subject. It will be holding two-day meetings at the end of the month where the teams from various states will discuss strategies for older adults. There is also a very active elder mental health coalition in Rhode Island that meets every 2nd Tuesday.

The Council discussed the need to identify seniors who have behavioral and other needs, but are reluctant to get help from mental health or substance abuse programs. Betsy suggested that case managers in community programs are an important resource. She pointed out that substance abuse prevention task force groups are working throughout the state and have a good knowledge of local needs.

Jim Gillen noted that Anchor has been doing telephone outreach work with a growing number of seniors, as well as providing some groups in senior centers in Pawtucket.

Primary care providers were suggested as a key resource, but their usefulness is dependent on both the patient's willingness to discuss their behavioral health issues and the PCP's ability and willingness to address their needs. Sometimes, PCPs will brush aside such concerns as being "just part of growing old." Traditionally, the public perception is that drug, alcohol and other behavioral health disorders miraculously stop at age 65. Kim suggested that the Global Waiver might be modified to address some of the unique needs of these seniors, similar to what was done for children with special needs. It was mentioned that under the Affordable Care Act there is now payment for an annual wellness visit that includes alcohol and dementia screening. This could be a tool to open conversations between PCPs and their patients around their behavioral health needs.

UPDATE FROM BHDDH (Rebecca Boss): Becky reported that Recovery Rally was a great success. Connie Cirelli is sending out requests for feedback to assist in preparing for an even better rally next year.

The initial budget for Fiscal Year 2014 has been submitted for the Governor's review, along with a plan to avoid the need for a supplemental request, which will most likely not be granted. One key budget issue will be the impact of the Medicaid expansion under the ACA. Many consumers whose services have had to be funded using Block Grant or state funds because they have not been Medicaid eligible will gain Medicaid under the expansion. However, it is difficult to know what the impact will be on specific programs and services. The Department is working on Housing First and Employment First initiatives, but there isn't much detail yet to these ideas. BHDDH will have a discussion with SAMHSA next Thursday about its proposal for health homes in the opioid treatment programs. EOHHS/Medicaid has been involved in this planning.

The Department is involved with a number of site visits. The most recent was the ATR site review. The program continues to have issues. Overall participant numbers are not yet high enough, and spending is higher than anticipated. BHDDH has opened up referral sources so as to be able to use places like Anchor to refer to ATR. It is still trying to get the prime substance abuse outpatient providers to refer into the ATR. There was also a site visit by an organization studying health homes

nationwide. Overall, they were very impressed. Finally, the Department is preparing for a SAMHSA SAPT Block Grant review site visit the first week of December.

BHDDH is continuing to work internally to prepare an ED Diversion Pilot Program for the chronically homeless who are high end users of emergency room services, as was mandated in the last legislation session.

UPDATE FROM DCYF: Kim Sande introduced Ruth Ann Dougherty, who will serve as Kim's back-up when she cannot be present.

The DCYF budget that was just submitted required some substantial cuts. It is still unsure where all of those are going to fall, but there was a lot of talk throughout the Department about ten million being the number that will need to be shaved. In the past, DCYF's private agency partners have worked collaboratively with it around how to minimize the impact of cuts on the families, and the Department is hopeful that that collaboration will continue.

The FCCPs, which are the agencies of Phase One of the system of care, are developing public awareness campaigns. On September 29th, the Urban Core FCCP was present at Waterfire, and distributed water bottles and other materials with their community building message. The UC FCCP is focusing this year's message on safe sleeping, window screens and respite. The FCCPs work on the front end of the child welfare system to help families get the community supports that they need so they don't require more intrusive interventions from the Department. DCYF's Medicaid Unit will begin audits of all the FCCP home-based programs in November. Among the things to be assessed will be whether all of the programs have adequate treatment components, that assessments address the families' needs and concerns, that the planning process includes families' natural supports (the standard is that 70% of team meetings include unpaid supports) and that standards are met for wraparound services. The audits have met the error rate standard of 89% for the past three years.

Colleen Caron will present outcomes from the FCCP Phase One at the December Council meeting.

Tonya Alderman continues to work with CEDARRS around how DCYF can work collaboratively with them so that they and the FCCPs are not duplicating services..

Phase Two of the system of care development is progressing. Its focus is to develop community-based services so that children with DCYF legal status need minimal time in placements. There are two provider networks. A lot of time and energy is required to change the way services are provided to these children and families, but it appears that progress is really being made. A very intensive training program for DCYF workers, community providers and community members done in collaboration with RIC is helping to orient them toward getting kids back home and in their communities as soon as possible instead of letting them remain in group homes or residential settings. A great deal of effort is being put into the evidence based practices that have shown to be effective with kids in similar types of situations.

Although it is facing budget cuts, DCYF's Director is working very hard to find funding and Medicaid support for the wrap-around teams, particularly the Family Support Partners. She believes that the intensive, individualized family-centered planning of wrap-around is a key ingredient to success in maintaining the children in their homes who would otherwise need placement. This may produce modest savings over the cost of placement in the short run and will lead to significant savings to the child welfare system over time. Beyond the savings and the effect of strengthening individual families, the wrap-around approach should lead to better decision making, because, in addition to the judge and social worker who now have sole responsibility for decisions, families and teams of providers and other community supporters will share in decisions around services and placement. In addition, the

Phase Two networks are beginning to draw in resources, such as local churches and businesses, that have traditionally been outside of the planning for support of DCYF-involved families.

Old/New Business: Jim Gillen announced a Town Hall meeting regarding behavioral health issues on Saturday, October 13th at 3:00 PM. This will be a good opportunity for people who are newer to the recovery process to really learn about self-empowerment.

Rich is planning to approach people about chairing the remaining two “Expanding the Vision” planning groups, but Liz didn’t know whether he had done so yet.

A Motion was made to Adjourn. No objection having been made, Elizabeth Earls adjourned the meeting at 1:55 PM.

The next meeting of the Council is scheduled for **8:30 AM on Thursday, November 8, 2012 BHDDH, Barry Hall, Room 126.**

Minutes respectfully recorded and written by:

Linda Harr

/attachments