

**Meeting Minutes for the  
Governor's Council on Behavioral Health  
Thursday, September 12, 2013**

The meeting was held at 8:30 A.M. in the Department of Corrections Conference Room A, 40 Howard Avenue, Cranston.

**Public members present:** Richard Leclerc, Chair; Richard Antonelli, Sandra DelSesto, James Gillen, Joseph Le; Anne Mulready, Stephanie Culhane.

**Statutory members present:** Megan Clingham, Mental Health Advocate; David Spencer, DATA of RI

**Ex-officio members present:** Director Stenning, Linda Mahoney, Charles Williams (BHDDH); Janice DeFrances, Ruth Anne Dougherty, Chris Strnad (DCYF); Lou Cerbo, (DOC); Director Deborah Florio/Sharon Kiernan (EOHHS); Denise Achin (Department of Education)

**Guests:** Cherie Cruz and Allison Theriault (PSN); Colleen Polselli (DOH); Susan Jacobsen (MHARI); Sarah Dinklage (RISAS); Diane Dufresne (Pawtucket Prevention Coalition); Jim Beasley (RI Kids Count); Laura Jones (RIPIN); Garry Bliss (The Providence Center).

**Staff:** Jim Dealy and Linda Harr (BHDDH)

Rich Leclerc called the meeting to order. The agenda and draft minutes were circulated for review and comment. Anne Mulready made a motion, and the motion was seconded, to accept the minutes as presented. There were no objections or abstentions. The minutes were accepted as presented

**Meeting Times: (Rich Leclerc):** The Council is considering possible new times to meet and members will be surveyed as to best times. We may also be scheduling meetings outside the monthly Governor's Council Meeting to deal with special topics, such as the HealthCare Exchange. The new calendar for 2014 will be forwarded shortly so that all may plan accordingly.

**Orientation Packets: (Denise Achin and Anne Mulready):** There are currently five public vacancies, with four good candidates having been identified. Those names will be submitted to the Governor after October so that hopefully they will be presented at the November meeting.

**ROSC update: (Susan Jacobsen):** The survey developed by the Recovery Capital Committee, which is designed to find out what people in recovery see as their most pressing needs, has been released. The Systems Change Committee is in the process of getting community and provider feedback on how regulation language could be modified to make it more consistent with the principals of recovery. The Systems Capacity

Committee has been considering how to follow up on the success of the initial ROSC presentation to the BH treatment community. One idea being considered is to have Dr Prochaska, the URI expert on the process of personal change, present to the same audience on how to operationalize the principals of ROSC.

**Medicaid Expansion/ACA: (Deb Florio):** Deborah provided a presentation on “Health Reform in the Ocean State.”

The Access to Affordable Care Act was described:

The health reform goals are: (1) improving the health of the population; (2) reducing the per capita cost of care, and (3) improving the experience of care.

The tools of the Affordable Care Act’s (ACA) include expanding access to affordable comprehensive health insurance, expanding patient protections in commercial health insurance, and a delivery system reform (changing how care is paid for and delivered).

Access to Affordable Coverage envisions affordable coverage for virtually all residents as follows:

- (1) Individual Mandate requiring that everyone carry health insurance;
- (2) Medicaid Expansion for those under 133% of FPL (Federal Poverty Level)(including childless adults); and
- (3) The Health Benefits Exchanges offering federally subsidized coverage, generally for those 133-400% FPL.

The delivery system and payment reforms include:

- (1) Strengthening primary and preventive care;
- (2) Payment reforms addressing quality and cost (Medicare changes);
- (3) Supporting integrated models of care;
- (4) Eliminating Medicaid payments for hospital acquired conditions;
- (5) Reducing Disproportionate Share hospital payments;
- (6) Restructuring Medicare Fee-For-Service payments;
- (7) Enhancing Medicaid and Medicare payments to primary care physicians;
- (8) Enhancing quality metrics; and
- (9) Making public health investments.

There will be increased flexibility in the Medicaid program, including access to drug rebates for managed care plans, coordinated care for dual eligibles and Medicaid payment innovations. These innovations will include Primary Care Health Homes, chronic disease prevention as part of Medicaid, and the refusal of payments to hospital for infections contracted in those hospitals. The eligibility determination rules will be modified so that non-income assets will no longer be considered and income will be calculated using the Modified Gross Income standard.

The key elements and timeline to Rhode Island's approach to implementation include:

- (1) Establishing a state-based Health Benefits Exchange (known as HealthSource RI);
- (2) Developing close collaboration between Medicaid and HealthSourceRI; and
- (3) Streamlining eligibility and enrollment in public coverage programs.

Under the Alternative Federal Health Benefit, Rhode Island decided that all groups should receive the same benefits. Under the Affordable Healthcare Act, financial caps can no longer be put on benefits.

Rhode Island plans to implement a structured process for public engagement; organized interagency leadership; and three streams of work (policy, operations, and technology).

Education will need to be provided to assist in plan selection, taking into consideration prescription plans. EOHHS has contracted for a Contact Center which will have approximately 75 federally trained assistants or "Navigators" to help those eligible understand how to get available health insurance. In addition, it is training community-based agencies to assist their clients with access to the new system.

The primary mechanism for getting information on health insurance benefits will be the Health benefits Exchange, known in RI as HealthsourceRI.

The Exchange will be a new health insurance marketplace for individuals and small businesses. It will include a web portal through which eligibility for publicly subsidized coverage (including Medicaid, CHIP, Federal subsidies/tax credits for commercial coverage) can be determined; and the benefits and cost of commercial insurance plans can be compared. The web portal can also be used to apply for benefits. Federal tax credits for private insurance are only available by purchasing coverage through the Exchange.

There will be a wave of change beginning with 10/1, the opening of the enrollment period. Medicaid applications will be accepted via web portal, telephone, mail or in-person. The new Contact Center, open on September 16, 2013, will be available to assist Rhode Islanders with questions on health insurance and applications. Navigators and In-Person Assisters outreach will commence October 1, 2013.

Rich requested that the new adult Quality Metrics be forwarded to the Council. It was also suggested that the Health Insurance Commissioner come to address what is covered/mandated by Federal Requirements. Rich suggested that we hold a special meeting to cover this complicated topic, which will allow enough time for everyone's questions.

**Update from BHDDH: (Craig Stenning):** Director Stenning advised the group that September is National Recovery Month. There will be four Recovery Rallies held in the ACI. The National Rally 4 Recovery will be held in downtown Providence on September 21, 2013 from the hours of 2:00 PM – 7:00 PM. The streets will be blocked off. There will be bands; the Governor will be present; and it will end with a march to Waterfire. Recovery Month will culminate in a final Recovery Rally in Newport.

BHDDH has just received an \$11,000,000, five year Strategic Prevention Framework (SPF) grant. It will be used to develop a community-based planning process and prevention activities in twelve communities that will address underage drinking, marihuana use and prescription drug overdoses among high school age students.

On October 7<sup>th</sup> and 8<sup>th</sup>, an Olmstead Policy Academy will be held. State and other stakeholders and housing and trade associations will work in teams of 30 to address ways to increase the integration of people with disabilities into the broader community.

**Update from DCYF: (Janice DeFrances)** DCYF is moving forward with Evidence Based Practices to try to keep more children home safely with their families and reduce the need for residential placement. The Department has a goal of reducing or possibly eliminating group care placements for children under 10 years of age. It feels that children's families, either their own or a foster family, are a more appropriate and caring environment for children under 10. Janice also spoke about "Evidence to Success," which is a Casey Family Foundation program that focuses on strengthening families and communities in Providence, specifically South Providence and the West End. DCYF is partnering with Family Service, Providence Public Schools, the Mayor's Office and Casey on this initiative.

**Old/New Business:** None.

A Motion was made to adjourn, moved and seconded. No objection having been made, Rich Leclerc adjourned the meeting.

**The next regular Council meeting will be on Tuesday, October 8, 2013, at 1:00 P.M. in the DOC Conference Room.**

Minutes respectfully recorded and written by:

Linda E. Harr