

**Meeting Minutes for the  
Governor’s Council on Behavioral Health  
Thursday, November 13, 2014**

**Public members present:** Sandra DelSesto, Mark Fields, Rich Leclerc, Cheryl Patnaude, Anne M. Mulready, Cherie Cruz, Sarah Dinklage, Bruce Long, Chaz Gross.

**Appointed members present:** Megan Clingham (MHA), David Spencer (CEO of DATA of RI).

**Statutory members present:** None.

**Ex-officio members present:** Lou Cerbo (Department of Corrections); Denise Achin (Department of Education); Jason Lyon, Debra Florio and Sharon Kiernan (OHHS); Raymond Neirinckz (OHCD/HRC); Chris Strnad (DCYF); Director Craig Stenning, Rebecca Boss, Anna Mehan, Brenda Amodin, Linda Barovier (BHDDH).

**Guests:** Gary Bliss (TPC); Susan Jacobson (MHA RI); Holly Cekala (Anchor); Allison Theriault (PSNRI); Alyssa Brown (NAMI of RI).

**Staff:** Jim Dealy, Linda Harr.

**Review of Minutes (Rich Leclerc)**

A quorum being present, the meeting was called to order. The Minutes of October 9, 2014, were reviewed. There being no other corrections, the Minutes were approved as submitted.

**Committee Reports (Sandra Delsesto)**

**ROSC Committee:** Steve Gumley and Linda Mahoney are in the process of reviewing regulations for treatment agencies – both mental health and substance abuse - and is making recommendations on how to make them recovery friendly.

**Prevention Advisory Committee/Evidence-based work group:** This group has had an initial meeting and set tasks for the next meeting. There are no state department members on this Committee. The group is composed primarily of researchers and epidemiologists. We are going to develop standards for local initiative programming based on evidence-based practices. Hopefully, the communities involved with “Partnership For Success Grant” will develop new and creative initiatives using these standards. There’s a three tiered system for classifying evidence based practice: (1) those on the Federal registries; (2) those in peer review journals, and (3) those based upon the needs of the community. The standards for level three are those that we are going to be using. They will be applied first to the “Partnership For Success Grant,” but it is intended to be generic. We will be focusing on prevention first. There is a possibility that this

could eventually be used for programs and treatment. The goal is to develop programs in this state that address the unmet needs of populations for whom current programs are not culturally appropriate. These will be standards that should be applicable throughout. This group will be meeting again on December 11<sup>th</sup> and the Prevention Advisory Committee will be meeting in the beginning of January.

**ATR Wrap-up (Brenda Amodei):** The 4 year, \$9.7 million ATR (Access to Recovery) Grant (9.7 million dollars) that BHDDH received in 2011 is officially completed and closing out for the end of this calendar year. A hand-out was provided for review. Since the printing there was approximately another \$50,000.00 in spending for services and that break-out can be provided. 41 providers were enrolled in the network (13 secular and 28 identified themselves as faith-based). A survey regarding “lessons learned” was sent to the ATR providers. We learned that maybe we need to invest a bit more on the front end on technical assistance and pathway building to help them best use the technology. We also learned that turnover, especially in smaller agencies, can mean that the whole program can be lost because there remains no one to keep the service together. That needs to be monitored much more closely. It was echoed throughout that Housing First and safe housing is the top-rated support service needed in the program overall. There was much confusion about how to enroll, who could enroll, who was eligible, how to access the programs, so perhaps clearer information should have been provided to the community. Sometimes the location of services (i.e., recovery coaching) were delivered through recovery houses, creating some potential conflict.

Over the four years, a total number of 4,600 received vouchers. We saw that 75% were male, 25% female. The prevalent age group served was 25-34, followed by 35-44. The majority were white, followed by African Americans.

We struggled with getting the six-month surveys completed. We received approximately 61% follow-up from 2,806 respondents. At intake, nearly 52% said they were not using alcohol or drugs; by the follow-up 70% said they were not using either.

Stability in housing was the most needed service for all. By 2013, we had stopped paying for residential treatment. By 2014, we stopped most treatment except for methadone because of the Affordable Healthcare Act. Regarding the rest of the funding, 20% of the entire award went into administration, including our voucher management system. The vendor that hosted that system received a large chunk of those funds.

Unfortunately only 598 individuals responded to the satisfaction survey. Those who responded felt that their right to choose and the services provided were the most helpful aspects of ATR.

Resources to support sustainability on the housing portion have not been great. Between Gateway and The Providence Center, Phoenix, there are a limited number of beds they can use

for step-down from treatment to recovery housing. There is still a huge need for permanent housing.

Comparisons of the faith-based and non-faith based housing, was not available due to the fact that the voucher system aggregated the information.

There was no follow-up after the close-out of the six month period.

Now that the program is over, there are folks that still want to work together to look at finding ways to pay for services, such as housing, managed care, recovery coaching, etc.

Things have improved greatly in the eight years since ATR began. There is recovery housing that we didn't have before. Many of the dollars that were previously used in treatment care have been transferred over to managed care.

**Health Transitions (Brenda Amodei)** There are several initiatives that were funded under "Now is the Time" Presidential Initiative, of which "Healthy Transitions" is one. The award is for \$1,000,000.00 per year through 2019. The overall purpose is to improve access to treatment and support services for youth and young adults from 16-25 who have or are at serious risk of developing a serious mental health condition. Our task is to create, implement, and expand services that are culturally competent, youth-guided, with involvement of family and community, with seamless transitions between child and adult services. Cross-training needs to be provided – not just in our own field but across higher education, primary care, child welfare, etc. We are to be mindful of minority representation in the service population, and improve access and service use and outcomes to our racial and ethnic minorities. Six weeks have been spent so far in efforts of identification, prioritization, etc.

**State Department Updates** (the tape recorder battery failed, so the reports were not recorded).

**Old/New Business (Rich Leclerc):** None.

The meeting was adjourned by vote of the members.

**Next Meeting: December 11, 2014, 8:30 A.M.**

**Anchor Recovery Center II**

**890 Centerville Road**

**Warwick**

**615-9945**

**Statutory and Public members, please let Jim Dealy know if you cannot attend**

**This meeting is open to the public.**

**If you plan to attend and you require special accommodations to ensure equal participation, please contact Jim Dealy at the Division of Behavioral Healthcare Services at 462-0118.**