

**MEETING MINUTES FOR THE  
GOVERNOR’S COUNCIL ON BEHAVIORAL HEALTH  
THURSDAY FEBRUARY 11, 2016**

**Members present:** Richard Antonelli, Richard Leclerc (Chair), Bruce Long, Anne Mulready, Cherie Cruz, Sandra DelSesto, Esther Picone, Maxine Heywood, Fred Trapassi, and Sarah Dinklage.

**Appointed members present:** David Spencer (CEO of Substance Use and Mental Health Council of RI) and Megan Clingham (Mental Health Advocate)

**Statutory members present: none**

**Ex-officio members present:** Lou Cerbo (DOC); Denise Achin, Alice Woods (DOE); Colleen Polselli (DOH); Sharon Kernan, Jessica Mowry (EOHHS), Linda Barovier, Dan Fitzgerald, Rebecca Boss, Judy Fox (BHDDH).

**Guests:** Lisa Tomasso (TPC/Anchor); Lisa Conlan and Alvarado Christian (PSNRI); Shannon Spurlock (JSI); Dana Parker (NAMI); Nicole Hebert and Tina Spears (RIPIN); Ruth Feder (MHA-RI); Susan Jacobsen (Thundermist); Jeffrey Hill (RIDOH); Rene Sheehan (BCBSRI); David Martin (RICARES); Nancy DeNuccio (RISAPA); Keshar Poddar (Governor’s Office)

**Staff:** Jim Dealy

**1. Review Minutes (Rich Leclerc):** The Minutes were accepted with the correction that Denise Achin was present at the January 12, 2016 meeting.

**2. Committee Reports (Sarah Dinklage, Anne Mulready):** Sarah presented for the Prevention Advisory Committee (PAC) and the Evidence Based Workgroup. The **Prevention Advisory Committee** has addressed the certification of prevention specialists. As of now, 62% of prevention coordinators comply with the certification regulations. Last year at this time last year only 52% of coalition coordinators were certified. We are working with new coordinators, about half of whom are not certified. Because of the hours required for certification, newly hired Coordinators are allowed 18 months to complete their certification. To assist them, the Prevention Resource Center offers training and also a certification Study Guide. The Study Guide has been developed with an eye toward

adapting it for the Chemical Dependency Professional certifications. Rhode Island is a leader in the country in developing the Study Guide. For those who have been uncertified for longer than 18 months, BHDDH is requiring a corrective action plan. A letter requiring this is being developed. The Department will be holding people to the regulations on certification, part of which will include renegotiating contracts with the prevention councils.

The PAC is also taking up a state-wide prevention service and behavioral health inventory across departments and outside of state agencies. The inventory is for identifying prevention services being offered throughout the state and private systems. It is asking the Governor's Council for help identifying contacts in state and outside agencies and organizations. People should email Sarah or Jim Dealy with contact information.

Anne Mulready said that the Youth Transition workgroup had developed an Excel sheet to capture information from programs across employment and housing. Since both committees are taking on similar exercises with this inventory, she wondered whether there is a way that they can work together to leverage this activity.

The **Evidence-Based work group** has finalized the document that describes the various levels of evidence-based practice for behavioral health intervention strategies. The list will be shared with the various practitioners in the behavioral health arena to obtain their feedback on this and any recommendations for revision in the future. The committee's other core task at its recent meeting was to develop policies and protocols for the application process to be recognized as an evidence-based practice in Rhode Island. This will apply, not just to registered EBPs, but also to practices, policies or programs that are not one of the national registries or peer-reviewed literature, but have other evidence of effectiveness. The committee is in the process of drafting those guidelines.

**3. Marijuana and Other Drug Initiative (Lucy Gu):** Lucy Gu, a PHD student working under Paul Florin at URI, presented exploratory studies of the effectiveness of social media in getting high school students to participate in MODI surveys and in modifying their perceptions of social norms. Her presentation is attached with these minutes.

**4. Update from EOHHS (Sharon Kernan):** The four provisional certified pilots are in the process of contacting the two health plans.

EOHHS is embarking on a pilot and the goal is to have a fully developed Accountable Entity (AE) by early in 2017. OHHS hopes to have about 80% of Medicaid beneficiaries in an AE within two or three years. An Accountable Entity is group of providers that works together to make sure that people get the care they need, and that the outcomes are appropriate, which requires that they provide the all resources to help those requiring them. They will all be in the framework of our managed care delivery system. Each AE would

have a contract with one or more of OHHS' managed care help-mates and will be responsible for 5000 "lives." Because contracts have not yet been signed, Sharon wasn't able to share information about the four AE contracts, but will do so when they have been signed.

OHHS is working to re-procure its contracts for managed care health plans. In approximately March, there will be a release of an LOI or an RFP so that additional plans can reapply. The current contracts end June 30<sup>th</sup> but there is a one year extension available to the state. The plan is to re-procure for a contract period that would begin approximately October 1, 2016.

The question was raised as to whether there is a forum where the public can go to have these and other changes to Medicaid presented in a user-friendly, "dumb-downed for some of us, with no acronyms." Sharon said that this would be an excellent idea and the request would be brought back to the team as well as housing stabilization.

A request was made for a report to the Council as to what has been accomplished so far in the Medicaid change process, what has worked and what hasn't, that would give a broad view of where it has come from and where it is going. Rich asked if this could possibly be something presented at the May meeting. Sharon will check on that.

**5. RIPTA service (LeeAnn Byrne):** Many groups have been working together regarding RIPTA's efforts to raise the rates for the elderly. RIPTA held a series of public hearings (approximately 12) around the state in November. The RIPTA Board received a great deal of input from consumers as well as individuals who work for social service agencies that their constituents utilize. That information was presented to the RIPTA Board at their December meeting. At that meeting the Board voted to increase the fare to \$.50 per ride, rather than to \$1.00, which is the amount they were proposing, and also to delay implementing that increase on July 1, 2016. However, this can't take effect until the passage of the Governor's budget so there remains room for some advocacy to reinstate the free fare program. There is a group that meets once a month to discuss this issue. Other groups are working on it as well. Those who are interested in working on this area should give their name and contact information to LeeAnn or Jim.

**6. Update from BHDDH (Becky Boss):** There are three primary Medicaid redesign efforts that BHDDH is working on. One is to look at possibly bringing people out of Eleanor Slater Hospital and into the community. There has been a backlog of patients unable to leave acute care hospitals because of the lack of appropriate levels of care. BHDDH is looking to develop specialized MHPRR (mental health psychiatric rehabilitation residences). Central Street, a Gateway specialized group home has prioritized patients from Slater Hospital and moved them into that residence. BHDDH is also contracting with NAFI for a five or six person group home that also serves as a Slater step-down. BHDDH is hoping to increase the capacity and opportunity in the community

to serve those individuals that don't necessarily have to be hospitalized. This is a work in process.

Another initiative is the STOP Program, run by The Providence Center, which engages individuals who have late-stage alcohol use that are showing up in the emergency department and works to find alternative setting where those individuals to be assessed, helped, treated, and connected with recovery supports. This effort is likewise "in process".

The third Medicaid initiative is a redesign of our health home systems, which actually happened as of January 1. BHDDH is still working out the details. It is engaging its managed care partners to assess the SMI (seriously mental ill) population and is redesigning the contractual expectations for health homes, focusing on the quality metrics to measure the success of the provider.

The CCBHC (Certified Community Behavioral Health Centers) Grant that BHDDH received now has a project management team in place. It is working to make sure that this program is aligning with BHDDH's efforts through the SIM Grant to move the state towards value-based purchasing. Meetings for the CCBHC will be starting soon now that the team is in place.

Other efforts in the Department include the Governor's Overdose Task Force. The Strategic Planning Committee is a result of the Overdose Task Force. It is focused on treatment and recovery. The recovery effort is expanding the availability of recovery supports to individuals at risk of overdose or who have overdosed, while there is also an emphasis on expanding treatment services. A big focus has been the creation of Centers of Excellence. The Department is looking to establish a place where people can go, get access to treatment within 48 hours from referral, start on medication treatment, be stabilized, be giving intensive services and then be stabilized enough to be moved out into the community, where they can be treated in primary care centers. The hope is to create enough case flow that others can access the Center. Then if there is a relapse or an issue with someone that the primary care doctors don't feel they are able to handle, the Center of Excellence serves as a place where someone can go back to and get intensive services again, hopefully to re-stabilize.

The Division of Behavioral Health's senior leadership has taken a close look at the roles its staff will play as its mission changes. It is looking strategically as to what its vision is, how to plan its resources around meeting that visions, what grants it should apply for and how it lines up with where the state is going.

**7. Old/New Business (Rich Leclerc):** The letter to the Governor's Office about the prevention budget has been forwarded.

Over the years the Governor's Council has had some standing operational committees for the separate functions of membership, strategic planning, Block Grant planning, etc. This year, the members of these committees decided to create a single Steering Committee to fulfill all these functions.

8. **Adjourn** - The meeting was adjourned by vote of the members.

**Next Meeting: Thursday, March 8, 1:00 P.M.**

**Barry Hall**

**Conference Room 126**

**14 Harrington Road, Cranston, RI 02920**

**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.**