

# MEETING MINUTES FOR THE GOVERNOR'S COUNCIL ON BEHAVIORAL HEALTH

THURSDAY, OCTOBER 13, 2016

**Location of Meeting:** the Arnold Conference Center, located in the Regan Building, Eleanor Slater Hospital, 111 Howard Avenue, Cranston, RI

**Person presiding:** Richard Leclerc

**Members present:** Sandra Del Sesto, Sarah Dinklage, Ruth Feder, Wendy Looker, Anne Mulready

**Appointed members present:** Megan Clingham, David Spencer

**Ex-officio members present:** Michelle Brophy, Lou Cerbo, Ruth Anne Dougherty, Elizabeth Farrar, Sharon Kernan, Colleen Polselli

**Guests:** Brenda Amodei (BHDDH), Linda Barovier (BHDDH), Terri Censabella (Chariho), Denise Cushaney (Netsmart Technologies), Steven Dean (BHDDH), Dan Fitzgerald (BHDDH), Judy Fox (BHDDH), Ines Garcia (CPRS/EBCAP), Kathy Kushnir (BHDDH), Susan Lindberg (DCYF), Bette McHugh (BHDDH), Obed Papp (City of Providence), Sarah Reinstein (BHDDH), Sandra Robinson (PSN), Corinna Roy (BHDDH), Tammy Russo (RIPIN), Shannon Spurlock (RIPRC), Julia Steiny (Youth Restorative Project)

The meeting was called to order at 8:30 am by Richard Leclerc. Meeting attendees introduced themselves.

**Review of Minutes:** Susan Lindberg (DCYF) wanted to clarify that DCYF is not sending children in their care out of state for substance abuse treatment. DCYF is not responsible for contracting with or paying providers, and that this is under the purview of insurance providers.

Ruth Feder advised under the "Review of Minutes" to change "sub-committee" to "committee" regarding the Prevention Committee.

Rich proposed changing the language regarding staying as chair from "as long as he can" to "as long as he is allowed".

Proposal to correct "Healthy Transitions" to "Youth Transition Committee" on page two.

The minutes were approved as amended.

## **BHDDH Prevention Strategic Plan**

See slides. The strategic plan will be available to all members to view. Elizabeth can send copies of the plan.

Rich asked about the reduction of youth marijuana use and if BHDDH is monitoring the effects of legalization on use in other states. Sandra Del Sesto mentioned that she and Sarah Dinklage recently returned from a National Prevention Network conference and encountered the issue of the lack of protections written into the legislation for states where marijuana has been legalized, and assignment of funds dedicated to prevention and treatment services. Sandra added that it would be advisable to look at other states that have legalized and have medical marijuana laws to examine the lessons learned so that Rhode Island can be more proactive should a ballot measure come up in the state.

Rhode Island overdose rates remain high compared to other northeastern states. The state also reports high substance use rates compared to the national average for 18- to 25 year-olds and 9<sup>th</sup> to 12<sup>th</sup> graders. BHDDH has presented information at the Governor's Workgroup on Overdose Prevention about primary prevention and what can be done with federal funding. They have been collaborating with other state agencies on overdose issues.

There was a question of whether these rates are affected by decriminalization. URI is providing evaluation and will be able to provide more conclusions as the Marijuana and Other Drug (MOD) Initiative comes to an end. The data is still being analyzed. RISS data shows that the perception of harm among youth is decreasing.

Brenda Amodei expressed concern about sufficient resources to focus on the 18-25 year old population, and how the group can address this population without taking away initiatives targeted to high schoolers. The RFP re-design takes a more holistic approach that examines across the lifespan and also addresses violence and suicide prevention. Federal block grant dollars have been combined to expand the scope of work.

Ines Garcia commented on the high rates for such a small state, and wanted to know if socioeconomic and environmental concerns are being considered as factors for substance use. Elizabeth answered that risk factors and protective factors are included in the needs assessment. Following interest expressed by several other council meeting attendees, there will be a future presentation to the council on the strategies being used in prevention initiatives around the state.

### **BHDDH Overview of Combined Block Grant**

Michelle Brophy and Corinna Roy from BHDDH began the discussion. They spoke about the reorganization and how it relates to the budget set forth for the block grant. BHDDH transferred a percentage of existing payroll to the block grant to increase state revenue, and therefore hire additional planning, data, and fiscal staff. Using a portion of the Resource Development funds allocated under the grant allowed this to happen. Brenda Amodei and Linda Barovier are two of those staff and work under the Policy and Planning Unit. The reorganization has also allowed BHDDH to apply for more grants and disburse more funds to the community.

Five units have been created under the reorganization: Policy and Planning, Research and Data Evaluation, Compliance, Fiscal and Contracts, and Program Services and Community Engagement. Licensing still exists but has been restructured to include Behavioral Health and Developmental Disabilities under one umbrella.

Linda Barovier reported that a number of planning groups met over the summer and talked about age-specific needs for 12-17 year-olds and 18-25 year-olds using a strategic prevention framework, available data, needs assessments, and existing resources and capacities to address the needs of those populations with block grant funds. Data was examined for the older adult population, but not as much planning has been done yet. However, the groups were able to complete logic models for the adolescent and young adult populations. Meetings were put on hold to allow for the reorg and now that these staff have come on board, the work has resumed and is being applied to the strategic plan.

Brenda said that goals have been clarified, and some of these goals are operational and others are more strategy-based. The council will be looking at operational and strategic goals as part of the plan. Michelle reminded the council that some SAMHSA project personnel have changed and SAMHSA has priority populations that need to be focused on. All states must use at least 20% of block grant dollars on prevention. RI spends around 40% on prevention. SAMHSA has identified the following groups as priority populations: pregnant women, women with dependent children, adolescents with serious emotional disorders (collaborating with DCYF), tuberculosis, IV drug users, HIV/AIDS, serious mental illness, homeless w/ serious mental illness. Transition-age youth and veterans are additional priority populations for BHDDH.

Steve Dean from BHDDH spoke more about the reorg and the block grant. He further explained that the substance abuse block grant allows for resource development, which includes payroll expenditures for employees that work on the entire scope of the block grant and the rest of the department. This applies to a percentage of employees in the Fiscal, Planning, and Data units, since they work on every project. BHDDH called an audit on itself in January to call attention to deficiencies in behavioral health. These deficiencies are often due to understaffing and can lead to non-compliance. These deficiencies, along with a need for uniformity and additional staffing, led to the reorg. \$494,000 was allocated from the block grant toward this purpose. The reorg was accomplished without additional state dollars. Fiscal staff are still onboarding, and overall the plan has been established and the agency is working toward it.

Rich asked Steve to outline the items on the block grant. The total is just under \$7.6 million. Steve explained each service. Task forces were regionalized, with funding based on before and after regionalization and based on a full year. For example, RISAPA is listed at \$450,000 and MOD is listed as half that number. Those dollars are not going away, but are just being moved into a dollar pool per regionalization. Several contracts, some of which pre-dated the Affordable Care Act, are ending and RFPs are being written. See handout for further information.

There was a question regarding funds allocated to DCYF for children's mental health. BHDDH receives data, and the funding enhances current contracts. Ruth Dougherty answered that the money goes to RIFAS (MIS system for the Family Care Coordination Program), Parents Support Network, the warmline, and family peer supports. Any remainder goes to an evidence-based program called PPP.

Rich acknowledged Steve's work on meeting the requirements and piecing together the funding.

Ruth Feder had a question about the mental health hotline. Steve was unable to discuss details because it could become part of an RFP.

Michelle added that an advocate could look at this list and determine what to advocate for in terms of funding, and this presentation is timely given that the General Assembly will meet again soon. Being able to review this list could open up opportunities for a variety of funding sources.

### **Old and New Business**

Youth Transition Committee: The Children's Cabinet has been looking at behavioral health issues, and wants to do a needs assessment to determine gaps in service. The Cabinet is collecting individual stories that help people understand the impact of these gaps in service. These stories need to be collected by 10/21. Sarah Smith at DCYF is collecting these stories. Sarah's contact info is [sarah.smith@dcyf.ri.gov](mailto:sarah.smith@dcyf.ri.gov).

Ad Hoc Olmstead Committee: Meets right after this meeting in this room.

DCYF: There is a need for clarification of the roles of BHDDH and DCYF regarding referring adolescents to substance abuse treatment. Council members would like more information on these roles, where the adolescent SA population goes, and how they are treated. Randi further clarified Susan's earlier remarks and said that DCYF is not financially responsible, but they are responsible for referrals. This discussion will be taken offline.

CCHBHC: The application is due at the end of October. Corinna reported that they met with the Governor's staff and EOHHS to update them on the status and find out if they would approve the application submission. They have not heard back yet.

Prevention Committee: Meets at BHDDH in Barry Hall Room 226 right after this meeting.

### **Next Meeting**

The next meeting will be held on Thursday, November 10<sup>th</sup> at 8:30 am at 126 Barry Hall.

### **Adjourn**

The meeting was adjourned at 10:08 am.