

**Meeting Minutes of
The Governor's Council on Behavioral Health
Thursday, February 14, 2013**

The Governor's Council on Behavioral Health met at 8:30 a.m. on February 14, 2013 at Barry Hall, conference room 126, 14 Harrington Road, Cranston RI 02920.

Members Present: Richard Antonelli, Linda Bryan, Cathy Ciano, Mark Fields, Anne Mulready, James Gillen, and Richard Leclerc (chair).

Appointments Designated by Position Present: David Spencer (CWO of DATA of RI), Craig Syata (CEO of RICCHMO)

Ex-Officio Members Present: Ruth Anne Dougherty and Chris Strnyd (DCYF); Lou Cerbo and Elizabeth Earls (DOC); Denise Achin (DOE); Mary Ciano (DEA); Colleen Poselli (DOH); Deb Florio and Sharon Kernan (EOHHS); Craig Stenning, Charles Williams, Rebecca Boss and Linda Mahoney (BHDDH).

Guests: Dr. Steve Buka (Chair of SEOW Committee, Brown University); Laura Jones (RI Parent Information Network); Susan Jacobson (MHARI); Cherie Cruz (Parent Support Network); Eileen Stone (South Kingstown Partnership for Prevention); Ian Knowles (RI Cares); Elizabeth Kretchman (BHDDH); Jana Hesser and Bill Waters (MHARI); Lindadee Bryan (Parent).

Staff: James Dealy and Linda Harr.

Richard Leclerc called the meeting to order at 8:35 A.M. Copies of the Agenda and Minutes were circulated. The minutes were reviewed. There were no requests for discussion or revisions. Richard asked for a Motion to approve the Minutes as presented, which was made by Elizabeth Earls and seconded by James Gillen. The Motion carried. Richard advised he would be leaving early and would then turn the meeting over to Elizabeth Earls.

SEOW (State Epidemiological Outcomes Working Group): Betsy Kretchman and Steve Buka:

Steve began by announcing that Brown's Corporation voted yesterday to create the Brown School of Public Health, which will have a very positive impact on Rhode Island's ability to understand our public health needs. He spoke about several of the positive results of Rhode Island's SEOW grant, which is now in its last year. He handed out materials which will be part of paper he will present on RI's efforts to reduce substance abuse using an approach first suggested by SAMHSA. Approximately 8-9 years ago, SAMHSA had the good idea that in order to really change levels of substance abuse within states, you needed certain features were needed to "move the needle" at the statewide level. You needed data to determine the priorities, which sub-regions within the state you wished to target, and to provide data to those regions with the goal of really changing things locally. Given that data, the local task forces were able to make significant improvements in underage drinking. More recently, SEOW is studying youth marijuana use in 9 communities that have received Block Grant assistance to reduce marijuana and prescription drug abuse. The SEOW committee has created a RI survey which will be piloted through this initiative. Another initiative is the Prevention Resource Center – a technical assistance center for prevention providers throughout the State. These initiatives were direct results of the SEOW work. The SEOW's work has shown BHDDH what its next steps should be and has provided the data necessary to write much of the Block Grant.

ROSC Update: Ian Knowles: Ian outlined the current efforts of the ROSC Committee, which is a permanent sub-committee of the Council that is comprised of all the relevant behavior stakeholders. The workgroups of the ROSC Committee are a Steering Committee and three ad hoc committees.

The first of these, the Systems Capacity Committee has developed a number of ROSC forums. The first forum, called “Tier One,” will be on February 22nd from 8:30 am – 11:30 am at DATA. It is targeted to CEOs and clinical supervisors to get buy-in for a ROSC and discuss how it will be implemented. Dr. Arthur Evans, who implemented the ROSC in Connecticut and Philadelphia, will be the speaker. Dr. Evans will also discuss ROSC with BHDDH staff and other state department personnel on the afternoon of the 22nd. The Tier Two forum is to be held at the RIC Student Ballroom on March 22nd from 8:30 am-11:30am. Its target audiences are clinicians, prevention providers and other alternative community providers. Roland Lamb, who works with Dr. Evans to implement the ROSC in Philadelphia, will be the speaker along with Patrick Kennedy. Brown’s ATTC will sponsor this event.

The second of the ad hoc committees, the Regulations Committee, is about to finalize a draft Report. It will hold one more meeting before the Report is finalized after which it will be presented to the Council.

Judy Gorman has presented a report on the work of the third workgroup, the Recovery Capital Committee. The Committee has focused on establishing a structure for the proposed Statewide Alumnae Association. Judy Gorman has contacted all the residential treatment providers, who are quite enthusiastic about this, and the next step is to reach out to consumers to see what their needs are. The Committee is working on a survey tool to get feedback from consumers around language, functionality, and identifying other kinds of recovery capital that are either in existence or need to be in existence. Work continues to be done around the idea of having a dedicated website. The initial phase of developing a peer to peer network will focus on the substance abuse recovery community, then a subsequent phase will bring in mental health communities.

MHA Reports: Bill Waters

Rich advised the Council that Bill was previously on the Governor’s Council and chaired the Block Grant Planning Committee, which at that time played a significant role in identifying community mental health needs.

Bill acknowledged the assistance and presence of Jana Hesser; Susan Jacobsen, Executive Director; and Richard Antonelli, President of the Rhode Island Mental Health Association Board. He identified three purposes for the RI MHA’s series of three reports on mental health services in Rhode Island:

- Objective assessment of where we are to ground advocacy in reality;
- Transparency of the system
- Provide public information and education to advance the cause.

Bill noted the example of Vermont’s model assessment program, the Vermont Mental Health Performance Indication Project (PIP), which supports data-based decision making within and across statewide public sector systems of behavioral healthcare. Weekly PIP reports are emailed to subscribers and posted to their website.

To date, the MHA work has largely been the effort of volunteers. The reports have been downloaded to the MHARI’s website. The first report, completed in March, 2010, was “CHART BOOK,” which examined mental health performance indicators between states and within Rhode Island. By most indicators, Rhode Island is doing rather well in comparison with the rest of the country.

The second report, “The Impact of Mental Illness on Rhode Islanders: Statistical Measurement,” was done in July 2011. This report reviewed :

- Mental Illness and Health Status
- Mental Illness and Socio-Economic Status
- Mental Illness and Health Care Utilization
- Mental Illness and Criminal Justice Involvement

Data from 2007 revealed that 12% of Rhode Island adults with incomes less than \$25,000.00 suffer from SPD (serious psychological distress) versus 2% of those with incomes of \$50,000.00 or more. 30% of Rhode Island adults were unable to work, and 12% of those who are unemployed suffer from SPD compared to fewer than 4% of other adults.

The third report, “Mental Health Treatment Outcomes in Rhode Island,” was completed in September, 2012. This report reviewed:

- Employment Status
- Perception of Service Results
- Social Connectedness & Functioning
- Readmission to State Psychiatric Hospital
- Homelessness
- Correctional Settings
- Arrests

It was reported in 2010 that of patients admitted to psychiatric hospitals, 19% were readmitted within 180 days; readmission rates were higher for the youngest adults (25%) and for males (21%). Data in 2011, reported 59% to 72% OF ADULT SMHA System clients report various positive results on six selected assessment measures as a result of receiving services.

The main sources of data were from:

- SAMHSA
- Rhode Island BHDDH (Behavioral Health, Developmental Disabilities and Hospitals).
- Federally Driven/Financed Adult Mental Health Data Collection System
- CMHC (Community Mental Health Center) – Based Data – publicly funded system

Bill noted a real lack of Children’s Mental Health Data..

Bill noted that if we want to know how well RI’s mental health system is performing, we need to know how our consumers are fairing in terms of their day-to-day lives. Is life better for people with serious mental illness as a result of our services or not? The Mental Health Centre of Denver (www.mhcd.org) has developed recovery measures as part of their work on a system wide approach to recovery. They involve service users in this work. Their approach involves four separate measures:

- Recovery Marker Inventory – staff rating of consumer’s progress
- Promotion recovery in organizations (PRO) – the consumer’s evaluation of the mental health centre
- Consumer recovery measure - rating of their own recovery

- Recovery needs level – the best level of service for a specific stage of recovery.

Gateway and Riverwood have sent a number of staff out to Denver to try to review their system. He advocated that Rhode Island consider adopting this approach, and that the Council, MHA, BHDDH and others consider ways to collaborate in advancing our knowledge of our consumer's needs and of the effectiveness of our treatment system.

Expanding the Vision Committee Updates: Rich announced that several of Expanding the Vision subcommittees had been temporarily combined to be able to assist BHDDH in getting the Combined Block Grant Application ready for submission to SAMHSA by April 1st. The expanded Block Grant Committee is scheduled to meet at the beginning of March and plans to hold another meeting before the end of March in sufficient time to give initial and final feedback to staff as the Block Grant for preparation of the Federal Grant Application.

- **Infrastructure Committee update: Denise Achin:** Denise said that this committee should be winding up its work soon and will present a full report at the March Council meeting. It has focused on several areas.

The first is Council membership. The Committee has looked at the Council's membership, both as it is currently and as it should be to make it representative of the state's behavioral health community and effective in fulfilling its statutory duties. Currently, there are gaps in terms of its ability to represent some key constituencies such as youth, military and their families, minority groups, etc. At the same time, there are a large number of vacant public member seats and some statutorily-required positions that have not been filled for many years. The state and federal legislation setting up the Council present some barriers to setting up an effective and representative Council. The Committee has developed a membership chart that highlights these issues and proposes some strategies that may be effective. This will be presented at the next Council meeting.

The Committee also reviewed the By-Laws. Some of the focus was on updating provisions that are out of date. It also focused on areas, such as committee structure and roles and guest members, that were not fully discussed in the original By-Laws. The Infrastructure Committee will make its By-Laws recommendations at the March Council meeting.

- **Data/Needs Assessment Committee: Liz Earls:** Liz noted that the reports from SEOW and MHA speak to some of the data needs and the level of sophistication that we need to help us to move our needs assessment and data forward. One thing that became obvious to the NAC is that we need more training as to how to conduct a needs assessment and a gap analysis. The Committee itself is trying to develop a few key questions that we can apply to the existing data that will help Council determine where it should put its focus. BHDDH's data, which Noelle Wood has been very helpful in describing to the Committee, has the limitation of being treatment data. It does not tell us much about the needs outside the treatment system, the service capacity of our system or the outcome of its services. The NAC will meet in a few weeks to consider its next steps.

Update from BHDDH: Rebecca Boss/Craig Stenning: Becky advised that this is the period of intensive legislative focus on BHDDH's budget. She updated the Council on the methadone treatment programs Health Home proposal. A call was held with CMS and TA assistance will be provided. Hopefully the program will begin this summer. BHDDH was also contacted by the Lottery Commission for help designing strategies to reduce problem gambling. This will be funded with funds associated with the expansion of Twin Rivers to table gaming, and the Commission is anxious to develop the services as soon as possible. BHDDH is preparing a letter to the Commission identifying

some initial strategies and stressing the need to do a state needs assessment so as to develop targeted prevention and treatment programs.

Director Stenning addressed two major BHDDH initiatives, “Employment First” and “Housing First”. These have evolved as part of the system transformation towards a recovery orientation. BHDDH and its partners have been extremely successful in putting together a system that supports individuals in recovery through initiatives such as the peer mentor programs. In the course of that work, it has become clear how critical and at the same time how problematic it is that consumers have a job or other meaningful activity and a roof over their head. BHDDH has formalized its focus on these two areas as its “Employment First” and “Housing First” initiatives. It has just issued an Employment First policy for both Developmental Disabilities and for Behavioral Healthcare as a way of focusing the system on the needs of people to be able to gain meaningful employment in an integrated community setting rather than inside of a treatment program or day center.

The Department is involved in two ongoing employment committees, one internal to the Department and one that it serves on. Both are looking at ways in which to develop new employment opportunities for individuals who have disabilities. The internal one is a unique partnership between three state agencies, several community provider agencies, and a group of non-profits such as OIC, Amos House, and the Rhode Island Council on the Arts that is putting together a number of modules that would offer employment for people.

The Housing First Initiative is an outgrowth of the work that the Department has done over the past couple of years with Rhode Island Housing in developing more of a concentration on housing for people with disabilities. This began with BHDDH’s Threshold Project and was added to with the vouchers under the HER. In this year’s budget, we have added to that with about a million dollars for temporary housing vouchers for individuals with disabilities.

Craig mentioned that applications for the Joyce Ionis Advocacy Award are out. The presentation will be done during mental health month. If anyone would like to nominate someone for this award and has not gotten an application, they just contact BHDDH for one. This is an extremely important award to highlight the work that is done day in and day out in the community for people with behavioral health issues.

In March, which is “DD Awareness Month,” BHDDH will be presenting the first of a similar award in the area of Development Disabilities. The award will be named the “The Fogarty Olean Advocacy Award” in memory of Congressman John Fogarty and Frank Olean, two major leaders in the work to close the state’s institutions and to offer positive images of people with developmental disabilities. At the awards ceremony, there will be a number of speakers who are individuals with developmental disabilities

Providence, Rhode Island is the hub site for the National Celebration of Recovery in September, which is huge honor. It allows us to spotlight not only the work that we have done here in Rhode Island but also in the whole area of recovery. Rhode Island is the only state in the country that includes substance abuse, mental health, and developmental disabilities in that effort, and it speaks volumes to our commitment to recovery and support and integration of individuals in removing the stigma attached with those disorders. The Rally will be part of a worldwide series of events and will be linked with other sites. Rhode Island will need more volunteers at this year’s Rally 4 Recovery and more agencies to support the Rally. Craig asked Council members to please join in those efforts. The country and the world will be watching.

Lastly, Craig noted that last week was the 50th anniversary of President John Kennedy’s famous speech to Congress which dealt with the issues of mental illness. He said that it is amazing to think that 50 years ago the President of the United States was talking about not only closing down institutions but

developing community based services. Patrick Kennedy is sponsoring an anniversary celebration of that event in Boston on the 23rd and the 24th, and Patrick has invited Craig to attend.

Update from DCYF: Chris Strnad Chris noted Colleen Caron and a representative from Yale will present the outcomes data from the FCCPs (Family Care Community Partnerships) at next month's Council meeting. He also said that DCYF's Director, Janice DeFrancis, and the child advocate, Regina Costa, are starting a task force on children's behavioral health. The broad purpose behind it is to look at what the state's needs for children's behavioral health services are and identify the evidence-based practices that need to be implemented. They will be looking particularly at access to psychiatric services and at the process for getting informed consent for psychotropic medications. This is intended to be a multi-disciplinary task force with members from government, the advocacy community, and people with different professional backgrounds, and should start in April. We are hopeful to get this started in April. It will be an ongoing group and will produce regular status updates and reports.

Update from EOHHS: Sharon Kernan: Sharon stated that EOHHS is working on the three initiatives – the Affordable Care Act and its plan for implementation by January 1, 2014; the renewal of the Global Waiver; and the Integrated Community Initiative for duly eligible individuals – that she has reported on at past Council meetings. There will be a public hearing next week at URI for the Global Waiver renewal, and EOHHS is asking folks to attend and make comments and suggestions to be included in the Waiver request.

Old/New Business: Elizabeth Earls: None presented.

A Motion was made to adjourn, moved and seconded. No objection having been made, Liz Earls adjourned the meeting at 10:20 A.M.

The next meeting of the Council is scheduled for 1:00 P.M. on Tuesday, March 12, 2013, BHDDH, Barry Hall, Room 126.

Minutes respectfully recorded and written by:

Linda Harr

/attachments