

**Meeting Minutes of
The Governor's Council on Behavioral Health
Tuesday, March 12, 2013**

The Governor's Council on Behavioral Health met at 1:00 p.m. on March 12, 2013 at Barry Hall, conference room 126, 14 Harrington Road, Cranston RI 02920.

Members Present: Richard Antonelli, Fred Trapassi, Cathy Ciano, Sandra DelSesto, James Gillen, Joseph Le, Bruce Long, and Richard Leclerc (chair).

Appointments Designated by Position Present: David Spencer (CEO of DATA of RI).

Ex-Officio Members Present: Lou Cerbo (DOC); Denise Achin and Alice Woods (DOE); Catherine Taylor (DEA); Colleen Poselli (DOH); Sharon Kiernan and Deb Florio (EOHHS); Linda Mahoney (BHDDH); Michael Montanaro (ORS).

Guests: Susan Jacobson (MHARI); Barbara Guglielmo (Consultation Center/Yale); Sarah Dinklage (RISAS); Cheri Cruz (PSN); John Neubauer (Kids Count)

Staff: James Dealy and Linda Harr.

Richard Leclerc called the meeting to order at 1:00 P.M. A quorum was acknowledged. Copies of today's Agenda and the Minutes from the meeting of February 14, 2013, 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 and seconded. The Motion carried with one abstention.

FCCP Outcomes: (Barbara Guglielmo): Barbara presented a summary of the semi-annual FCCP report on data from the third and fourth quarters of 2012 (**the power point summary and full report are attached**). There was discussion and clarification on a number of points:

- Barbara noted that the percentage of families where there is a team meeting within a month of opening to the FCCPs is increasing.
- She clarified that the difference in length of time opened to an FCCP as opposed to opened to an agency reflects that fact that some families are opened to the FCCP but are not eligible for agency services. She noted that all families get wraparound services and that the average length of time in treatment reflects a relatively small number of families in long-term care and a larger number in shorter-term care.
- There was discussion about the reasons for case closings. Lou Cerbo thought that the number of youth coming out of the YDC whose cases were closed because they could not be located was very high considering that they are active with probation/parole.
- Barbara noted that the outcome measures, the NCFAS, "Ages and Stages" and Ohio Scale, are improving in most ways, although the weakest outcomes relate to family functioning and child well-being.
- Barbara clarified that families working with the FCCPs have a Family Service Coordinator and may also have a Family Support Partner. About 1/3 of families had a FSP. This may reflect the lack of enough FSPs for all families who want one, and a question being considered is how many families would chose to have a FSP if there were enough for everyone.

Richard Leclerc pointed out that there was no narrative that put context to the numbers. Barbara stated that the report did not draw any conclusions – that it was just a “snapshot” over the 6 month period. A narrative was requested, and Barbara stated that one would be provided in the final report.

The question was posed as to what the Department’s program goals are, how these relate to the report’s data and whether a plan exists to address issues identified in the report. Barbara responded that there are currently work groups addressing some of that. There is a state level quality assurance board, the Statewide Family Community Advisory Board, which provides oversight to both Phase I (FCCP) and Phase II (Networks – We Care). The reports provide an opportunity for the SFCAB to really dive in, ask questions and make recommendations back to DCYF.

Substance Abuse Prevention in RI (Sandra Delsesto): Sandra said that her work with other state’s prevention programs has highlighted three issues. **The first regards certification.** RI is one of about 45 states that have Prevention Specialist certifications, which are reciprocally recognized between states, and state contracts require programs to employ certified specialists. However, as a temporary measure, BHDDH asked the Certification Board to establish non-reciprocal Associate Prevention Specialist certification. The Associate PS was designed so that non-certified people could begin work at the licensed prevention programs, with the understanding that they would get full certification as soon as possible. To meet licensing requirements, prevention agencies could have only a certain percentage of Associate PSs on staff.

However, we currently have 14 people at the associate level, and only 15 people at the certified level, despite the fact that the contracts for the State have required certification. This is clearly not happening. At this point, 23 task force coordinators are not fully certified despite the fact that it is in the regulations. 14 of the associate level are task force coordinators. This raises the issue of quality assurance for prevention services, particularly among the task forces.

The second issue regards training. Sandra said that good news is that we have a training contract and a new contract for a Prevention Resource Center and that the Resource Center has done an assessment of training needs. What the assessment has shown is that many task force folks have not received basic training. About 20% of the task force coordinators are relatively new to the field and there have been few or no specific prevention trainings within the last few years. One of the problems has been that when the trainings were offered and dated, there wasn’t a huge attendance. Sandra attributed much of this to the fact that there was no incentive to attend if the certification regulations were not being enforced. She noted that we might be losing out on federal grant opportunities because of our low level of prevention staff certification.

The third issue regards staffing. Sandra said that BHDDH’s prevention staff is the smallest in New England. Most of the other states feel understaffed with 4-6 full time prevention staffers. Rhode Island employs the equivalent of one person to do all the prevention contract and program oversight and monitoring. It is not possible to do the work of monitoring and attend to all the issues that are needed. Sandra doesn’t feel that adding to the prevention staff has been a priority for BHDDH. As a result, not enough prevention work can get done. She cited the “Partnerships for Success” for New England states, for which Rhode Island was not able to send in an application.

Joseph Le noted that when SEDC sent people to training in prevention, they invested a lot of time for which there was no financial support. Many were part-time employees. Sandra said that she wasn’t convinced that the Task Force model worked best. She noted that having so many community Task Forces meant that many have very limited staff, many of these part-time. As a result, staff often cannot get to trainings and may be unaware of developments in the field. The effectiveness of the prevention

system as a whole is not clearly evaluated. While the Marihuana project is having a positive impact, it worked with a limited number of communities.

Sandra asked that the Council recommend BHDDH take action to enforce the certification levels required by contract with the prevention providers. She felt that this would incentivize practitioners to get the Prevention Specialist Certification. She also asked that the Council request that BHDDH hire additional prevention staff.

Richard moved that this request be put in writing and forwarded to the Department. The Motion was seconded and passed. Richard said he would do it and send it off.

ROSC Update: (Sandra Delsesto): Sandra provided an update on the ROSC Committee's three workgroups. The **Systems Capacity** work group has given the Tier One ROSC presentation to CEOs and clinical directors of the Mental Health and Substance Abuse Programs. The keynote was by Dr. Arthur Evans who directs the Department of Behavioral Health and Developmental Disabilities in Philadelphia. Tier Two, for line staff, will be held at Rhode Island College in Alger Hall on March 22, 2013, from 8:00 AM – Noon. The maximum capacity is 150, and there is already a wait list, so a Tier Three may be held for those who are unable to attend. The work group is considering a special forum for medical staff and also a Training the Trainers to help agencies build their staff capacity for implementing a ROSC.

The **Regulations Committee** has come out with a preliminary report that tries to address what it sees as regulatory process that gets in the way of providing services. Ian and Sandra have a meeting with the Director next week to discuss the draft report.

The third group, **Recovery Capital**, is about helping/supporting recovering people and is made up of consumers and service providers. Their next activity will be to survey consumers to find out what they need to support their recovery. Questions ask about what services and networks people have available or would like to have available to them. Susan asked anyone with access to a consumer group to speak to her, because the intent is to get this survey out with as broad an outreach as possible. The anonymous survey will be done both using "Survey Monkey," which will require consumer access to computers, their own or at centers, and also using a paper and pencil copy. The target date to get the survey out is May. The committee hopes to have the results by June. It was suggested that the survey be forwarded to the Committee for further distribution. It has yet to be decided whether youth or families will be included in the survey.

Expanding the Vision Infrastructure Committee Update (Denise Achin): Because there was limited time, the Council wasn't able to consider the committee's draft recommendations. These will be distributed prior to the next Council meeting. There will be recommendations regarding By-Laws changes, orientation materials, including role definitions and committee structures, and membership. The committee hopes to finish its work with the full Council's discussion and adoption of final recommendations at the next Council meeting.

Denise elaborated on some of the issues regarding Council membership. One is that there are four or five vacant seats among the public members of the Council. The committee wants to ensure that these positions are filled by members that represent the various constituencies required by statute. It is also making recommendations for other ways, in addition to choosing voting members, to include a broad range of perspectives on the Council. Another issue is non-participation by entities that are required by statute to participate, including the Legislature. The committee has made recommendations about strategies for filling these vacancies. A problem has been that the 2002 state statute is prescriptive

about the composition of the Council, and may include provisions that are archaic or unrealistic at this point. This not only complicates efforts to build a representative Council, but also create structural problems that may require changes either to the by-laws or to the statute.

It was agreed that, once the committee's recommendations are finalized and adopted, the present committee's work will be done. Work still remains to be done around the by-laws and the statute and around filling the vacancies. The best approach is to fill the vacancies as soon as possible. The by-laws and statutory issues can take longer, although any recommendations regarding statutory changes need to go BHDDH enough ahead of time to be enacted by the Legislature. Rich will appoint Council members to address these issues.

Update from EOHHS: (Deb Florio): Continued to next meeting.

Update from DCYF: (Chris Strnad): Continued to next meeting

Update from BHDDH: (Rebecca Boss): Regarding the Sequester, the Department's understanding is that it will affect the budget starting this quarter and going forward. It is looking at ways to cut as little as possible.

Rebecca noted that planning for youths aged 18-21 who are transitioning between the child and adult BH systems has been re-initiated between DCYF and BHDDH, and an initial meeting is scheduled soon.

Old/New Business: (Rich Leclerc): Jim Gillen announced that next Tuesday night is the official opening of the Anchor Recovery Center in Warwick, which is on the grounds of the Kent County YMCA. It is at 6:00PM

A Motion was made to adjourn, moved and seconded. No objection having been made, Rich Leclerc adjourned the meeting at 2:45 P.M.

The next meeting of the Council is scheduled for 8:30 A.M. on Thursday, April 11, 2013, on the second floor of the Department of Corrections Administration Building A, 40 Howard Ave., Cranston. This is the building on Howard Ave. directly in front of Barry and Simpson Halls.

Minutes respectfully recorded and written by:

Linda Harr

/attachments