

**Meeting Minutes of  
The Governor's Council on Behavioral Health  
Thursday, April 11, 2013**

The Governor's Council on Behavioral Health met at 8:30 a.m. on April 11, 2013 at the Department of Corrections Administration Building A, 40 Howard Ave., 2<sup>nd</sup> Floor, Cranston, Rhode Island.

**Members Present:** Richard Antonelli, Joseph Le, Bruce Long, Anne Mulready, and Richard Leclerc (chair).

**Appointments Designated by Position Present:** Megan Clingham, Mental Health Advocate.

**Ex-Officio Members Present:** Chris Strnd and Ranney Dougherty (DCYF), Lou Cerbo and Elizabeth Earls (DOC); Denise Achin (R.I.D.E); Director Stenning and Linda Mahoney (BHDDH).

**Guests:** Susan Jacobson (MHARI); Michael Archambault (House of Hope/Manager at Harrington Hall); and Lindadee Bryan, parent representative.

Staff: Linda Harr.

Richard Leclerc called the meeting to order at 8:40 A.M. A quorum was acknowledged. Copies of today's Agenda and the Minutes from the meeting of March 12, 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.

**Data/Needs Assessment Committee (Liz Earls):** The Committee has continued to work on identifying what kinds of data are needed for the Strategic Planning/Block Grant planning phase of the "Expanding the Vision" grant, what is available, what is missing and where missing information might be found. The Committee is unsure about what direct role it should play in the needs assessment process. The next step is to meet with Charles Williams to coordinate its efforts with BHDDH and DCYF's Block Grant needs assessment.

**Update from BHDDH (Craig Stenning):** Director Stenning expressed concern about the effects on behavioral healthcare that the public discussion on gun violence and mental health may have. He emphasized that careful attention has to be given to the public perception of what these issues mean, and, was he pleased that the General Assembly and the Governors took a step back from an immediate reaction in favoring of developing a thoughtful response. The range of discovery that is allowed regarding background checks must be given serious thought if it is to truly protect the public while at the same time protecting privacy. State legislation has established a Commission consisting of representatives from RICCHMO, Craig, three members appointed by the Mental Health Advocate, three members appointed by the Senate President, three members appointed by the Speaker of the House, two or three members appointed by the Governor, the State Police, the Police Chief's Association, and the Administrator for the Court system. That group will meet twice a month and forward a report to the General Assembly by January 2014.

A number of considerations make these issues difficult issue. There is sometimes a public perception that identifying and requiring treatment for mentally ill people who might pose a threat will prevent these kinds of tragedies. However, the Director noted that often people who are actively mentally ill do

not voluntarily seek treatment because they are unaware that they have an illness. Involuntary treatment/commitment can only happen when a mental health court determines that someone is a danger to self or others. Others, who may need treatment, but do not rise to this level of acuity, cannot be compelled to get treatment and will not show up as “mentally ill” for the purposes of background checks. People who have voluntarily sought treatment will not, either.

Council members noted that our mental illness prevention services are relatively weak, so that a person often has to be in crisis to get treatment. It was also noted that approximately 95% of people with mental illness are not violent people. Council members noted that we have been fighting for years to change the public’s perception around mental illness with programs like “Change your Mind about Mental Illness.” The recent mass shootings could bring back the kind of blanket stigma about mental illness that result in discrimination regarding housing, employment, and services. It is our job to stay “on message”.

Liz Earls related that she recently attended a national workshop called “You Can’t Predict Violence.” The challenge to the behavioral health community is to better understand where characteristics of anti-social behavior and thinking overlay. There are protocols that can be used to assess these risk factors.

Regarding BHDDH’s fiscal year-end budget, every problem is magnified by the fact that the department has a several million dollar deficit. The block grants and a number of the other Federal grants have all been cut between 5%-7% annually, but because we are already halfway through the Federal fiscal year, it’s really a larger percentage. BHDDH is reviewing several grant opportunities.

This year, the Statehouse has focused more on recovery than in the past. For the first time ever the Governor, the Senate President, and the Speaker all attended the legislative recovery event. Also, the state is well into the planning for the September National Rally here in Providence, Rhode Island.

**Block Grant/Strategic Planning Committee (Rich Leclerc):** Rich reported that the combined Block Grant Committee and Strategic Planning Committees had its first meeting on April 2<sup>nd</sup>. Its work is to recommend priorities for the use of Block Grant and to assist with the Block Grant’s development. The BG’s due date has been pushed back to September 1<sup>st</sup>. Choosing data-driven priorities will require a great deal of data and supportive information. The NAC’s work has shown that, while there is a lot of data, it doesn’t always contain a lot of useful information and there is limited manpower to analyze it. The BG/SP realized that it needed to start with what experience shows to be priority needs, and then look back through the data sources to test those perceptions. Also, consideration of new priorities needs to take into account the state’s current commitments. Many priority areas, for example, prevention programs and services to pregnant, addicted women, are required by the Block Grant, and much of the funds are tied up in these required categories. Within the required priority populations, the states have been allowed to allocate funds with some discretion and, in recent years, to add some additional priority populations and services. The Committee needs to begin by understanding what previous years’ Block Grant funds have been used for.

At its first meeting, the committee identified its initial list of currently underfunded priorities:

1. Youth in transition
2. Performance and outcome data gathering and analytic capacity, especially for adults
3. Parent support programs that are currently not Medicaid reimbursable
4. Evidence-based treatment services that conflict with levels of care determination and criteria established by insurers
5. Expansion of student assistance program

6. Additional funding for access to behavioral health care services to veterans and their families who don't qualify for TRICARE services
7. Training for peer support and recovery coaches
8. Funding in areas of workforce development (implementing needs assessment, as well as training and technical assistance)
9. Respite services for children and possible for adults.
10. Suicide prevention.

Rich noted that we need to make sure that the funds that can be allocated to these areas will be sufficient to have an impact. The current plan is that a draft Grant application will be written and approved by this Council by the end of June, so as to allow enough time for public comment before the grant is submitted on September 1<sup>st</sup>.

### **Infrastructure Committee recommendations (Denise Achin):**

Denise introduced the material developed by the committee for its adoption by the Council. The committee developed these documents to help clarify the operations and roles of the Council and to help build a stronger membership. The material had been mailed to the full Council a week prior to the meeting so Council members could review it prior to the vote to adopt.

The material related to Council operations and roles was contained in the Orientation packets. These packets, which will go out to participants, both voting and non-voting, are meant to clarify a fairly complex set of participant categories and functions. The committee felt that, while the Council has evolved in a productive way over the years, its function and the roles of participants needed to be formalized. Thus, for example, while it benefited from having stable leadership for many years, no definition of the Chair's role has been in place for a successor to refer to. Likewise, while much of the Council's work has been contributed by non-voting participants, the rights and responsibilities of these "guests" had never been formalized. For the Council continue to function well, it was believed, required that formalization.

The committee also made a set of recommendations as to membership. Denise noted that five of the Council's 18 Public memberships are vacant, which allows the Council an opportunity to recruit new members who can represent Rhode Island's current behavioral health constituencies and equip it to address some of the current developments in behavioral healthcare. The committee recommended that the Council set up a Membership Committee to address filling the vacancies.

There is also a need to address the complex issues around the statutorily-determined make-up of the Council's membership. That will require some longer-term work.

Finally, the committee made recommendations for updates to the By-Laws. However, there are other changes that need to be made which may require decisions around the make-up of the Council, and may require statutory revisions.

Rich set forth the recommendations to accept the Committee's report and to create a Membership Committee. The motions were made and, with no discussion or abstentions, carried.

Rich asked for volunteers for the new Membership Committee. He believed the Committee would not need to meet on a regular monthly basis and that some of its work could be done by phone.

**ROSC Update (Susan Jacobsen):** Susan noted the success of the Systems Capacity work group in organizing the two ROSC training events – one with targeted primarily to agency leadership and the other to line staff. This second event was a sell-out with a full waiting list. Unfortunately many had to be turned away for lack of space. A “Tier Three” repeat of the second session is being considered, as are ways to present this material to others, especially medical staff, who would have difficulty attending a session. Susan concurred with Craig Stenning that Patrick Kennedy’s presentation at the first session was outstanding.

The Regulation workgroup has received feedback from the Department about the draft report and the Committee is considering that feedback. The next ROSC Steering Committee meeting is scheduled for April 23<sup>rd</sup> at 9:00 A.M. in Barry Hall, Room 314 and the next full ROSC Committee meeting is June 25<sup>th</sup> in Barry Hall, Room 126.

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

**Update from DCYF: (Chris Strnad):** Chris announced that Stephanie Terry, the Associate Director for Child Welfare Services, will attend the next Council meeting to answer any questions about the Semi-annual FCCP Report the previous presentation by Barbara Guglielmo. The data presentation didn’t provide the larger context for what the FCCPs are doing, especially since this is an entirely voluntary program. Stephanie will be discussing how DCYF views the work that they are doing and how crucial the wrap-around approach really is. Chris asked that if Council participants have any specific issues they would like to see addressed, they email them to him so that he can forward them to Stephanie.

Chris noted that Rhode Island is the recipient of 1.6 million dollars in multi-year Federal funding to work with the Chadwick Center for Children and Families in San Diego. The grant is focusing on trauma and systems building, specifically for children who are victims of child abuse or who have been exposed to domestic violence and are involved with the child welfare system. The grant focuses on children in military families. It builds on work that Family Services has been doing for the better part of a decade on trauma informed practices and interventions for children, and involves community partners, including the Providence Police and School Departments. It also follows two DCYF/Family Court conferences on the developmental effects of trauma. It will begin with a community assessment, followed by targeted trainings.

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

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

**The next meeting of the Council is scheduled for 1:00 P.M. on Tuesday, May 8, 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

