Meeting Minutes for the
Governor's Council on Behavioral Health
Tuesday, May 14, 2013

The meeting was held at 1:00 PM in the Department of Corrections Conference Room A, 40 Howard Avenue, Cranston.

Public members present: Richard Leclerc, Chair: Fred Trapassi: Anne Mulready: Jim Gillen: Cathy Ciano: Richard Antonelli: Linda Bryan:
Appointed members present: Megan Clingham, Mental Health Advocate: David Spencer, DATA of RI
Ex-officio members present: Rebecca Boss (BHDDH): Colleen Polselli (DOH): Rannie Dougherty, Chris Strnad, Stephanie Terry (DCYF): Alice Woods (RIDE): Lou Cerbo (DOC): Mike Montanaro (DVR)
Guests: Shannon Spurlock (JSI): Sarah Dinklage (RISAS):
Staff: Jim Dealy (BHDDH)

Rich Leclerc called the meeting to order and a quorum was established. The agenda and minutes were reviewed. The minutes as submitted were accepted unanimously.

Annual Report: (Rich Leclerc) The draft Annual Governor's Council report to the Governor and General assembly was brought to the Council for approval. Copies had been previously mailed out for review. The report was unanimously accepted as written.

Intensive Technical Assistance Grant: (Jim Dealy) Jim described the grant, which will provide additional help in structuring the Council's activities around a year-round planning cycle. The intent is to make the Council more effective in surveying the behavioral health needs in the state and in making recommendations for improvement through the Block Grant planning process and Annual Reports. JSI's Annie Silvia and Ted Johnson, formerly the behavioral health commissioner and state planning council chair in West Virginia, will provide the TA under contract with SAMHSA. The July meeting will be devoted to working with them around improving our planning process.

Block Grant/Strategic Planning Committee update: (Fred Trapassi) Fred reported on the Committee's second meeting, which was on 5/8. The focus was on understanding the present Block Grant expenditures and identifying savings that Medicaid Expansion may make possible, which could then be used for other priorities. The committee identified two possible sources of savings. One is in the funds presently being spent to cover uninsured behavioral health consumers who will become Medicaid eligible. The other is in possible savings when CNOMS come under expanded Medicaid services, with the result that the state will no longer be paying the 50% state match. However, there are a lot of variables and uncertainties, and it is hard to anticipate where savings may be found or what will happen to them. The committee plans to revisit this issue in the Fall, when

the Medicaid Expansion is closer to being implemented. In the meantime, the Committee will meet to refine its list of priority populations and services.

ROSC update: (Susan Jacobsen) Susan reported on the work of the three ROSC committees. The **Capacity Building Committee's** successful Tier 1 and Tier 2 events will be followed up with an event for medical directors, hopefully in the Fall, and a repeat of Tier 2 for the staff that weren't able to get into the first Tier 2 event. The **Regulations Committee** met with Craig Stenning and agreed that consumers and clinical supervisors should review the existing regulations for their compatibility with ROSC principals. **Susan asked for volunteers to assist with this.** The **Recovery Capital Committee** is about to begin distribution of its consumer survey, which will be in both written and on-line forms, through all the treatment and recovery agencies. **The next full ROSC Committee meeting will be on 6/25 at 9:00 in Barry Hall 126.**

The question was asked whether there was funding for the ROSC initiative. Susan noted that BHDDH is contributing staff support and that BHDDH and Voices of Recovery supported the Tier 2 event. Cathy Ciano also asked whether youth are part of the ROSC initiative. They are not at this point, but the intention is to expand outward from the adult addictions recovery target group which is the focus of much of the current ROSC design to include all behavioral health consumers.

FCCP Report Follow-up: (Stephanie Terry) Stephanie provided the context for the FCCP data report to the Council in March.

The FCCPs were developed as an alternative paradigm to legally-determined, mandated protective services. DCYF had determined that the great majority of protective services calls were to report the risk of neglect, rather than for immediately harmful neglect or abuse. Most often, they reflected a family's lack of resources or underlying behavioral health problems. Short-term, mandated treatment was not effectively dealing with these problems, so many families were re-cycling through the protective system.

Research by Yale University discovered that whether these families were able to function independently following a single DCYF referral or went on to require legal intervention depended on the degree of their behavioral health problems and on the level of supports available to them. Building on the success of the CES model, DCYF designed the FCCP system of community-based, wraparound services. The four regional FCCPs are fiscal lead agencies that provide service coordination and contract with providers for the services needed by the families.

The FCCPs have done well in managing services and in providing family-focused services using the wraparound model and the Family Service Coordinators and other positions. However, problems remain. The services they rely on are not the coherent network they need to support the wraparound approach. There are a lack of family support partners and a general scarcity of the supports, such as employment, that families need to function. The services needed for the wraparound approach, such as mentoring supports and other non-treatment services, are not well funded by insurance, including

Medicaid, that uses the medical model paradigm. DCYF is working with EOHHS/Medicaid to expand its menu of behavioral support services through the Global Medicaid Waiver. It is also looking at other ways to increase the "flexible funds" available to the FCCPS to pay for things that are necessary to support families for which there is no other funding source.

Stephanie also described the Phase II of the System of Care, which applies the same community-based service principles to children who would otherwise be in residential placement. This project has resulted in deficits for the two lead agencies because the funds to develop a network of new community-based services, especially mental illness prevention/mental health well-being services, was intended to come from savings as residential slots were closed out. In fact, the number of children going into residential placements has not decreased, so sufficient community-based services cannot be built to reduce the need for placement. DCYF is requesting supplemental funding.

Stephanie discussed some FCCP Report findings that were concerning Council members. She believed that the low number of wraparound services in the report reflect both understaffing in some FCCPs and underreporting. She noted that there are some families whose immediate crisis cannot be resolved and who continue to re-cycle through the FCCPs as a result. She clarified that families closed as "unable to be contacted" are those who choose not to participate in services, and that DCYF is required to re-contact these families. She noted again that there is a shortage of the family support partners that are key to successful services.

Stephanie described the FCABs, which are the community advisory boards for the FCCPs and which will soon serve that function for the Phase II networks. DCYF is working with them to re-group, including increasing their family and youth participation, before they take on oversight of the Phase II networks.

Cathy Ciano asked whether the SED children coming into the FCCPs for behavioral health problems can be tracked separately from the other two priority populations, those leaving the RITS and those "at risk for child welfare involvement." She believed that some FCCPs were refusing services to children with serious behavioral health problems because they were deemed ineligible for services. Stephanie said that this should not be happening and offered to meet around specific cases. She also noted that many cases met both the "at risk" and SED criteria, and that what they were labeled as depended on what category they were given when they entered the system.

DCYF Update: (Stephanie Terry) Stephanie said that as of 7/1, all new families coming into the FCCPs will have access to wraparound facilitation.

BHDDH Update: (Rebecca Boss) Rebecca announced:
- The **panel on behavioral health issues among the elderly** to be held at the **Johnston Senior Center on 5/28 at 9:30.** A. Katherine Power, Rebecca and Catherine Taylor will lead the event.

- **A State Dialogue Day** to be convened by NASHMPD and HRSA at **CCRI on 5/29 from 9:00-5:00**. The subject is the integration of physical and behavioral health care.
- BHDDH's submission of its application for the 5 year/$2 million per year SBIRT grant to SAMHSA. The intent is to increase the capacity of healthcare providers, particularly OBGYN practices, to screen for alcohol and opioid abuse and to make effective referrals for treatment.
- BHDDH's planned submission of an application for a SAMHSA grant to develop services and a services network for substance abuse/co-occurring disordered youth ages 12-24
- The state plan amendment for opioid treatment Health Homes
- The upcoming Senate meeting on BHDDH's proposal for an RFP to develop an ED diversion program to be funded by the legislature
- BHDDH's upcoming application for a SAMHSA grant to implement Strategic Prevention Framework planning

EOHHS update: EOHHS was unable to attend

New Business:
- Jim Gillen announced the showing of the movie **"The Anonymous People" on 5/31 at 7:00 at the Columbus Theatre**
- Susan Jacobsen handed out the MHA's "May is Mental Health Month" activities calendar
- Shannon Spurlock announced **RIPC.Org**, the RI Prevention Center's new website
- Cathy Ciano announced two events: **"Building Natural Supports" on 5/21** and the **launch of a statewide Children's Mental Health Coalition on 5/29**

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

The next meeting of the Council is scheduled for 8:30 AM, Thursday, June 13, 2013, on the second floor of the Department of Corrections Administration Building A, 40 Howard Ave., Cranston, Rhode Island. This is the building on Howard Ave. directly in front of Barry and Simpson Halls.

Minutes respectfully recorded and written by:

Jim Dealy