## Meeting Minutes for the Governor's Council on Behavioral Health Tuesday July 9, 2013

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

**Public members present:** Richard Leclerc, Chair; Cathy Ciano; Joseph Le; Anne Mulready.

**Appointed members present:** Jacqueline Burns on behalf of the Mental Health Advocate; David Spencer, DATA of RI

**Ex-officio members present:** Director Stenning, Rebecca Boss, Deb Varga, Cherix Morris and Charles Williams (BHDDH): Rannie Dougherty, Chris Strnad (DCYF): Lou Cerbo, (DOC): Sharon Kernan (EOHHS); Denise Achin (Department of Education)

**Guests:** Cherie Cruz, Parents Support Network; Montana Robitaille (DOC intern); Mike Montanaro (ORS).

**Staff:** Jim Dealy and Linda Harr (BHDDH)

Rich Leclerc called the meeting to order. The agenda and draft minutes were circulated for review and comment. The Minutes will be voted upon at our next meeting.

Block Grant Strategic Planning Committee: (Rich Leclerc) A meeting of the Committee was held on June 24, 2013. The members reviewed the priorities identified by the Council. Members of the Council will be polled to see which of the eleven priorities will be voted among the top three. This will address the challenge that most Block Grant dollars are currently dedicated to existing programs, so that there may not be much money to fund any new initiatives. The prioritization process is made very difficult by the short amount of time available before the Block Grant Application is due for submission, which is by September 3, 2013. Hopefully BHDDH will have a draft of the Block Grant Application out in early August so there will be an opportunity for public comment. It will be hard to prioritize programs for Block Grant funding in one meeting for a September 1<sup>st</sup> submission and have a public hearing on it. However, the Council's work in prioritizing Block Grant spending is ongoing. The plan is to continue this work after the Application is submitted, since SAMHSA allows the Application to be amended. This is important because until the Medicaid Expansion and Health Insurance Exchange are implemented it will be difficult to know what, if anything, of what the Block Grant now funds will be covered by Medicaid, and whether there will be money freed up as a result.

## **Intensive TA Grant Update: (Rich Leclerc)**

The Council is receiving the "Intensive TA" grant, which is a follow up to the work begun by "Expanding the Vision" SAMSHA is contracting with JSI to provide the

Council with about ten days of technical assistance. JSI has had some planning meetings over the phone. The goal is to devote the August meeting (3 hours) to this planning effort. The meeting will take place on August 15, 2013, from 9:00 A.M. to Noon. The consultants, Annie Silvia and Ted Johnson, will be facilitating the session. The day before, they will be speaking with the Director of BHDDH, as well as the Steering Committee of this Council.

There are also 20 or so "Key Informants" that the consultants will be interviewing

Jim Dealy will be sending out a survey to everyone and is requesting that each of the people on the Council's mailing list complete it as soon as possible. The survey will be asking people to prioritize the functions the Council should be playing and evaluating how well it is fulfilling their expectations.

## **ROSC update:** (continued to the September meeting).

<u>Update from DCYF</u>: (Chris Strnad) There will be approximately \$2,400,000.00 increase in our SENOM grant. \$500,000.00 will be from general revenue and 1.9 million dollars from a shift in Title 20. The funds will cover a full array of services to the Department and it is hopeful that it may find some seed money for preventive services. The Department will hold a three day training in the Fall.

The question was raised regarding allocation of a portion of the \$2,400.000.00 grant for community based prevention dollars. Chris responded that the hope is that DCYF will be able to provide standards for preventive services. The budget is just now being passed, so there are no specifics available at this time.

The potential for misdiagnosis was raised especially where drugs are concerned. Chris said that the presenters from the Trauma Institute noted that youth who have experienced protracted trauma are difficult to diagnose. PTSD as a diagnosis doesn't capture all the profiles.

<u>Update from BHDDH</u>: (Craig Stenning, Rebecca Boss, and Charles Williams): Director Stenning announced the appointment of a new staff person within the Department, Michelle Brophy, as the implementer of a number of new policy initiatives, especially Housing First and Employment First. BHDDH's budget was decreased by what the state presumes will be saved under the Affordable Care Act or by an additional 4.5 million dollars, and the Department is unclear as to how that is actually going to play out. It basically wipes out any of the savings that it thought it was going to achieve through the ACA. The state also took \$500,000.00 from the community prevention task forces, which represents about 40-45% of the funds that they had been receiving. The thought was that the Department could replace these funds from the Block Grant, but to use Block Grant money for this program will reduce coverage for some treatment programs. One piece of good news is that enough money was added back into the budget to continue the Respect Contract. As of today, the bulk of those beds are now being

purchased at Butler. Hopefully on January 1, 2014, when the Department will have figured out how the ACA will take place, there won't be a gap for psychiatric inpatient.

Betsy announced that, as of last week, the new residential substance abuse treatment program brings a system of care that incorporates two new levels of residential treatment that previously weren't in existence. This will include recovery housing, so that once individuals have completed residential treatment they will have somewhere to go. Betsy also discussed the Department's concerns about opioid overdose deaths. Woonsocket, whose Deputy Director she met with recently, has had at least 14 deaths within the last few months related to acetofentonal which is an opiate derivative. The ages range from 19-57. There was one individual who had been in our detox program 12 times during the year prior to death and had actually only been released 5 days earlier prior to death. The Department is stepping up the attention to prescription drug overdose issues. There used to be 3-4 deaths per week in Rhode Island. Currently there are 5-6 deaths per week related to prescription drug overdose. The Department has been working with the Prescription Drug Overdose Coalition. It is also reviewing information that it plans to put on its website. This includes a video which instructs people how to administer Naloxone which is an overdose reversal medication. If someone has overdosed, administering Naloxone will help bring them out of it. The Department needs to educate the public and providers about this.

<u>Update from EOHHS</u>: (Sharon Kernan) Sharon acknowledged that the Council had requested further information regarding the Medicaid Expansion and it was agreed that EOHHS would present on this at the September meeting. David Spencer asked for a presentation on the benefits under the Health Exchange, and Sharon agreed to look into presenting on this at a later meeting.

## **Old/New Business:** None.

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

A special planning meeting of the Council is scheduled for 9:00 AM - Noon, Thursday, August 15, 2013

The next regular Council meeting will be on Thursday, September 12 at 8:30 in the DOC Conference Room.

Minutes respectfully recorded and written by:

Linda E. Harr