MEETING MINUTES FOR THE

GOVERNOR'S COUNCIL ON BEHAVIORAL HEALTH

TUESSDAY, MARCH 10, 2015

Members present: Richard Leclerc (Chair), Sandra DelSesto, James Gillen, Chaz Gross, Joseph Le, Bruce Long, Anne Mulready, Sarah Dinklage

Appointed members present: David Spencer (DEO of DATA of RI)

Statutory members present: none

Ex-officio members present: Abby Swienton (Governor's Office), Colleen Poselli (DOH), Ray Neirinckx (OHCD), Sharon Kernan (EOHHS), Anna Meehan, Linda Mahoney, Elizabeth Kretchman, Maria Montanaro, Brenda Amodei, Michelle Brophy, Elizabeth Kretchman, Linda Barovier, Bette Ann McHugh, Brenda Amodie (BHDDH), Ruth Anne Dougherty, Chris Strnad (DCYF), Lou Cerbo (DOC), Denise Achin (RIDE/RITAP)

Guests: Anna Meehan, Linda Barone, , (BHDDH); Brian Sullivan (Operation Stand Down RI); George O'Toole, Thomas Joyce (TPC/Anchor), Shannon Spurlock (JSI); Lisa Conlan, Brittany Silva (PSNRI); Darlene Morris (RIQI); Nancy DeNuccio (RI Prevention Advisory Council); Craig Dwyer (Lt. Governor's Office); Michael Cancillere (About Families); Jeremiah Rainville (NAMI); Diane Defresne (Pawtucket Prevention Coalition); Rebecca Plonslay, Jessica Mowry (EOHHS)

Staff: Linda Harr, Jim Dealy

Review of minutes (Rich Leclerc): A quorum being present, the meeting was called to order. It was announced that the prior approval of the Minutes of January 13, 2015, was invalid because the meeting had not been properly posted on the Secretary of State's website. The Minutes of January 13, 2015 and February 12, 2015 were both voted on and approved without corrections.

Subcommittee Reports: (Sandra DelSesto)

Prevention Subcommittee: The Evidence-Based Practices workgroup is primarily composed of evaluators and researchers as well as some prevention providers. The results of this group will be going to the Prevention Committee shortly for approval. It is specific to developing protocols for identifying evidence-based programs.

SAC (State Advisory Committee): (Linda Mahoney) The SAC is to the Healthy Transitions Project is a new subcommittee of the Council. The first meeting was held last week. John Scott and Brenda Amodei spoke to the subcommittee about its mission and tasks. The next meeting is scheduled for April 13th at 3:00 PM in Barry Hall.

Current Care (Darlene Morris): Darlene works for the Mutual Extension Center which is a program at The Rhode Island Quality Institute. The field staff that works for the Mutual Extension Center assists physicians to participate in the Current Care initiative by explaining it and assisting with enrollment. Current Care is a voluntary system which allows physicians to enter and retrieve their patients' healthcare information from a common data site. Patients may also enter the Current Care site through a secure portal and view all their healthcare information.

Today, as a patient, you go to various providers, laboratories, etc. for healthcare services. For the most part, your information is held separately by the various providers that often do not communicate your information between them. An average primary care provider works with 229 physicians and 117 different practices to treat the individuals and families they serve. One result is that there is a lack of coordinated care for many patients. Individuals who leave hospitals, for example, often fail to get adequate follow up care because their doctors are unaware of the hospitalization. In 2012 a survey revealed that less than half of the physicians were able to get a discharge summary from the hospital before they saw their patient for follow-up. This was particularly significant, because one in two patients experienced a medical error while in the hospital. I

We believe that Current Care can help improve these numbers. We are attempting to ensure that medical information is correctly recorded/transferred.

Current Care ties in with the initiative to link payments to medical providers with quality of care. The State Innovation Model (SIM) is looking for 80% of provider payments linked to value. This will require the ability to track health outcomes across multiple providers for a given individual, as well as the state's adoption of new payment models

that incentive good and efficient medical outcomes for patients. RI OHHS is looking for 50% of Medicaid reimbursements to use alternate payment models by the end of 2018. The U.S. Department of HHS is looking for 30% of Medicare Fee for Services (FFS) payments to be tied to these alternative payment models by the end of 2016 and 50% by the end of 2018. All these things are happening all at once and bombarding the medical providers with new requirements. Current Care is assisting physicians to adopt these new payment models.

Once you are enrolled in Current Care, all your healthcare information would be stored in one central depository. Your physician or any medical provider would be able to log into this and see all your medical information. This ensures that your information moves along with you, the patient. If you choose to sign up with Current Care, you have options. Option 1 is that all your doctors will be able to see your entire healthcare your information wherever give permission. Option 2 provides that your information is only available in emergency situations. Under Option 3, you would be able to pick which of the doctors would receive what information. Option 1 and Option 2 are strongly recommended.

Current Care's two most frequently used services are: hospital alerts, which are secure email messages that get sent to your provider whenever you get admitted or discharged from any hospital or EED in the State: and patient log-ins into the secure Current Care portal, where they can bring up their entire health record.

Currently there are about 1.2 million people in Rhode Island and about 44% of them are enrolled in Current Care. Because Rhode Island is an "opt-in" state, everyone had to choose to enroll. 90% of all medical data, 90% of all laboratory data, flows into Current Care. All the hospitals are on board.

Your doctor receives an alert showing when you have been discharged from a hospital. It gives that physician and his staff the opportunity to contact you. All newborns from Women & Infants are enrolled immediately. The team that is assigned to follow up on their care will get these alerts automatically. We are working this year on getting diagnostic images and reports, EKG reports, and discharge summaries added into the system.

Rhode Island is the very first state in the nation to integrate substance abuse and behavioral health. This record is particularly helpful for physicians to see if patients are visiting other physicians in pursuit of duplicate drug prescriptions.

There are currently 79 data feeds going into Current Care – most of them are labs, hospitals, medications records if filled at CVS, etc. All this information flows into a participation gateway and looks for your name. If you are not enrolled in Current Care, the gateway drops all your data. Current Care currently drops approximately 2/3 of the data that hits the gateway because of the enrollment numbers we have.

The question was raised as to how this potentially conflicts with privacy issues. The answer was that unless you have a treating relationship with a patient, the physician cannot have access to this information. So our strategy is to obtain enrollment through the providers. It is within the rights of the patient to decline to enroll. We are hopeful that people are beginning to see the value. Approximately 4,000 patients per month are being added.

Neither parents nor legal custodians have access to a minor's records – only treating providers.

Darlene can be reached through Current Care RI either through her email at dmorris@riqi.org. or at www.currentcareri.org.

Block Grant planning process (Jim Dealy): Jim advised that the previous year's Block Grant writing team met recently to map out a planning process for the FY 2016-17 Block Grant Application. June 1st the target date for providing a draft to the Council for comments. Under the law, the Council must have input into the Block Grant, and BHDDH and DCYF are asking the Council to be involved with the development of the Application. .A second meeting will be held soon.

SYNAR Follow up (Bette McHugh) At the last meeting, members asked for clarification about funding for the SYNAR tobacco enforcement grant and the Block Grant. There are three elements of the SYNAR Grant:

1. An Annual Report
2. Enforcement to prevent underage tobacco use
3. A Cover Study required every 3-5 years.

If states don't do one or all of them, there are several penalties available up to and including the Secretary of HHS being barred by law from making the Block Grant award to the State. The state could be looking at anything from 40% cut to complete withholding of the Block Grant. The last time the state was not in compliance, it cost it about $295,000.00 a year for a couple of years. It is unknown whether this is a yearly authorization – the state could be looking at a $3,000,000.00 cut or the entire

$7,500,000.00 amount of the Block Grant. The state has until September 30, 2015, to get into compliance with the enforcement requirement. The current concern stems from the Legislature's decision to cut the enforcements funds out of its budget. Rich inquired as to how much money is required. The amount is about $63,000.

It was pointed out that these prevention program cuts are on top of the Legislative decision to drastically reduce state funding for the local prevention councils. The cuts were partially offset using the Substance Abuse Block Grant. However, they have resulted in reduced hours for these services. Also, the reductions in state funds have the potential to reduce the state's Maintenance of Effort (MOE) requirements for the Block Grant and other federal grants. The federal government requires states to maintain a level of state investment in efforts that are supported by federal grants. An overall decrease in state funding for these programs can lead to the loss of the fedral grants on which Rhode Island is heavily dependent. A presentation is being put together for the General Assembly on the need for prevention and the consequences of the cuts within this area.

Bruce suggested that these issues need a "godfather or godmother" in the Legislature. . He indicated that usually it is the personal connections among legislators, rather than just the issue, that gets matters passed. He said that finding the champion for our cause should be our number 1 goal.

Update from DCYF: (Chris Strnad) DCYF is continuing to meet with both networks (RICARE Management and Ocean State Family Management) to identify what steps we want to take regarding amending, renewing, or cancelling contracts. Using utilization management data to determine how well the needs of children in residential placements, are being met is critical.

The Council had requested the outcome information from the network and DCYF as to how many people were getting the services they need. It was requested that this be provided in a follow-up report. Chris explained that it might be a bit hard to work it up.

Update from EOHHS (Sharon Kerman): We have been working closely with the Department of Corrections on how to best get individuals enrolled in Medicaid when they are released from any correctional facilities so they can access treatment. The question was raised as to how close EOHHS is to getting this done in that it has been an issue for at least a year, if not two years. Sharon stated that there has been a huge amount of progress but does not know how close they are to full implementation. A more precise time frame was requested and Sharon said she would try to provide a fuller response at

the next meeting. Federal legislation prohibits Medicaid money from being used while inmates are incarcerated, so the cost of their care falls entirely on RI taxpayers.

Update from BHDDH (Linda Mahoney): BHDDH continues to focus on opioid addiction. A control group has been selected to monitor on Vivitrol, to see this would provide a life-saving alternative to individuals with opiate dependencies coming out of prison. Research has proven that even if only one treatment is received, it can be effective for 30 days, but of course it is even better if it is taken for the entire six months. The injection is 4 ccs and hurts, so that the individuals who volunteer to participate have to be in the action stage of change. Sharon noted that drug companies are supplying the first dose of Vivitrol to inmates while they are incarcerated. The additional five shots are being given to a selected group.

Active applications are being made for as many grants as can be found. We do have Center for Substance Abuse Treatment (CSAT) grants, SAMSHA grants, and are working with the Department of Health on the Prescription Drug Monitoring Program as to how to streamline some of the information and make that information worthwhile. We are looking to bring in Dr. Sears, who is a specialist in alternate methods for pain management, to the state in May. We have the Overdose Prevention Task Force that is meeting at the Department of Health on Monday, at 10:00 AM. We have two new Directors between the Department of Health and Behavioral Health. Dr. Klein will still be at the Department of Health helping Dr. Monteiro, the new Director, to look at the direction that he wants for the Overdose Prevention Task Force. There are several bills pending. One calls for going back on DUIs to ten years versus five years. Rhode Island is one of the few states that does not go back ten years. Other new bills around recovery include those attempting to get recovery houses certified, preferably by private entities. These are not treatment facilities. These are private homes that can be certified through the National Association of Recovery Housing.

We have other concerns about funding. The Phones program, that is highly successful and requires only a 90/10frederal/state match, ends in June. We are hoping that some legislators will see the success of that and continue it. Rhode Island was one of the few states that got an initial grant for this, and Rebecca Boss has trained other states how to do this.

The issue of electronic cigarettes was raised. Many kids as well as adults are using EC paraphernalia for marijuana. Odorless/smokeless tobacco can be used right in a classroom or in a home without others being aware of it. The Prevention Resource Center currently has a fact sheet on electronic systems, etc. on its website which is riprc.org.

Old/New Business: The 2nd Annual Children's Behavioral Health Conference will be held on May 8th. If you go to psnri.org, I think Jim was going to send it out to everyone also. Be sure to save the date. Kathryn Collier has been confirmed to be a speaker at the event along with The American Foundation of Suicide Prevention is going to be doing a general presentation. There will probably be about six workshops. The registration should be up by March 20th. The charge will be $10.00 per person.

Save the Date for **Saturday, September 19, 2015,** which is the 13th Annual Rhode Island Rally for Recovery. There will be a whole month of exciting events during that month.

The meeting was adjourned by vote of the members.

Next Meeting: Thursday, April 9, 2015, 8:30 A.M.

Barry Hall

Conference Room 126

14 Harrington Road, Cranston, RI 02920

Statutory and Public members, please let Jim Dealy know if you cannot attend

This meeting is open to the public.

If you plan to attend and you require special accommodations to ensure equal participation, please contact Jim Dealy at the Division of Behavioral Healthcare Services at 462-0118.