

**AMENDED MEETING MINUTES FOR THE  
GOVERNOR'S COUNCIL ON BEHAVIORAL HEALTH**

**THURSDAY, APRIL 9, 2015**

**Members present:** Richard Leclerc (Chair), Chaz Gross, Joseph Le, Bruce Long, Sarah Dinklage, Cheryl Patnaude

**Appointed members present:** David Spencer (DEO of DATA of RI), Megan Clingham (MHA)

**Statutory members present: none**

**Ex-officio members present:** Colleen Poselli (DOH), Sharon Kernan (EOHHS), Linda Mahoney, Elizabeth Kretchman, Rebecca Boss, Michelle Brophy, Linda Barovier, (BHDDH), Ruth Anne Dougherty (DCYF), and Lou Cerbo (DOC)

**Guests:** Brian Sullivan (Operation Stand Down RI); Lisa Tomasso (TPC/Anchor), Lisa Conlan (PSNRI); Jennifer Wall (RI Prevention Advisory Council); Craig Dwyer (Lt. Governor's Office); Rebecca Plonslay (EOHHS); Kiz Buddington (RICARES); Bob Tilton, Melanie Costa, James J. Buckley, Jr. (CPS), Kyle Toto (VA Medical Center)

**Staff:** Linda Harr, Jim Dealy

**Review of minutes (Rich Leclerc):** A quorum being present, the meeting was called to order. The Minutes of March 10, 2015 were voted on and approved without corrections.

**Veterans Services (Robert Tilden):** Bob is a psychologist and Chief of Substance Abuse at the VA Hospital in Providence. The presentation focused on Military Cultural Awareness. This program grew out of a Mental Health Summit several years ago. There will be another soon so an open invitation was given to anyone interested. At the last Summit, Jim Buckley and Melanie Costa were part of a panel that discussed military culture. Since that was well received, they decided to take the presentation "on the road".

Bob said that the more we learn about our Veterans and the challenges they are currently facing, the more we can compassionately demonstrate to our Nations heroes, that we desire to understand them, and if called upon, assist them. He gave a slide presentation, which accompany these minutes, on the military structure and veterans' issues.

Veterans often come back with post-traumatic stress syndrome and don't want to discuss it. Often removal from their "military family" leaves them with feelings of separation and loss. Often when they return, their spouse may have divorced them and their families may have moved leaving the Veteran with no support and possibly no home. Their families may have taken all their monetary assets as well. Veterans may return to babies/children that were unborn when they were deployed throwing them into the role of parent along with anger of the spouse who was left to handle everything in their absence. Often the soldier was protected from news at home that might have distracted them during duty. When they return and discover these things, they feel great alienation from civilian life.

Peer support counseling is the most beneficial connect for Veterans but often it takes a great deal of time for them to identify that they need help or that help is available. Many choose isolation to housing because that feels more familiar. Mental health problems are often self-treated with drugs, alcohol, etc. Combat memories cannot be erased but hopefully Veterans can move forward with proper peer support.

Peer contacts go out to talk to the homeless Veterans as they are located, but many of them prefer to live in isolation after combat return. Contact information is provided so that when they are ready to "come in"; they know where to go and who to reach out to.

One group helps with mental health and another group assists with finding employment opportunities for people who have mental health issues. There was a gentleman we were able to provide with an apartment. He was in the apartment for a very short time and he didn't feel safe, he didn't feel comfortable. He wanted to return to the sheltered space he had created outside.

Many Veterans are coming back after unpleasant prior experiences with the prior V.A. Programs. Our last phase of treatment is at the Psycho-Social Rehabilitation Resource Center. This is where most of the groups meetings are held. At this time, it is hopeful that many will wish to become peer specialists themselves. Rhode Island only has 3 peer specialists at this time.

Richard requested that they please advise us as to how the State can best assist the VA Program. The suggestion was made that their peer coaches be trained as recovery coaches. One of the Council's goals is to make these connections with people who have both mental health as well as substance abuse issues. Once certified, bills can be submitted to Medicaid.

The Office of Mental Health from Washington was present for two days to observe what is being done regarding staff talking to leadership. When Veterans come in for the first time, peers are most essential at this point. The most effective marketing is still peer to peer – Veteran to Veteran.

The Veterans Administration holds family and couples' counseling. A Veteran recently wrote a book called "Why Is Daddy Mad" in an attempt to help his daughter understand.

Families of Veterans will be a matter for additional discussion in the next Mental Health Summit. Feedback from the spouses and children provide integral pieces of information needed for recovery.

**Update from BHDDH (Rebecca Boss):** The Director had originally planned to give a presentation on the Block Grant but since she was unable to attend, Becky gave an overview/status of the Block Grant. Becky handed out a draft document detailing how the Block Grant was spent in FY 15 and proposing uses in FY 16. FY 2016 uses are being proposed now because of the disparity between the federal and state fiscal years. The State fiscal year runs July to June, and the Legislature needs departments to plan their expenditures starting in July. Federal planning, such as that for the Block Grant, is for the federal fiscal year, which runs from October through September. so the Federal planning cycle finishes several months after the states want us to have a plan that will be in place for October.

Becky went over the FY 15 uses of the Block Grant as they were listed in the handout. Substance Abuse Block Grant funds were used for substance abuse treatment, women's and men's residential treatment and the Transitioning from Prison to Community Program (**TPCP**). **TPCP** has primarily been focused in getting individuals who are paroled with the condition of residential treatment out of jail sooner by increasing their access to treatment beds. There is a gap between Medicaid eligibility and the time the individual walks out of prison until they can be enrolled in a plan which has to pay for the residential. The gap funding is what we have been covering.

The **RESPECT** Program is money to fund psychiatric crisis beds for individuals who are uninsured, detox beds for individuals who are uninsured, and crisis stabilization unit beds for individuals who might need hospital level care. Also funding for the **ANCHOR RECOVERY CENTER** is included in this.

**TRAINING** funds cover the contract for our workforce development and **STUDENT ASSISTANCE**. We are well above what the Feds require us to do.

The following areas were also described: Methadone treatment (not covered by Medicaid), **Peer review**, **RICARES** (the state's substance abuse recovery organization), **Revolving Loans** for recovery housing programs, **JAG Recovery Housing** (a structured recovery housing program for individuals leaving incarceration who are willing to receive Vivitrol), the **New England School of Addiction Studies** (work force development for both practitioners and others in prevention and treatment services), **RISAPA** (prevention task forces), the **Marijuana Initiative**, **MOSAIX** (a data system), **URI** (Data evaluation), **JSI** (prevention services contractor), and **Administrative**.

The Mental Health Block Grant is used for: **Court Diversion** (for those individuals whom the Court feels could be better served by being diverted from the justice system to a treatment system), **Peer Support** (funding for peer support practitioners in with mental illness recovery), **MHA** (funding of positions that are not State positions but are necessary for the functioning of the Block Grant and the Department, **Training** (the mental health portion of the training contract), **NAMI** (a support program for individuals living with mental illness and their families), **DCYF** (the 10% of the Mental Health Block Grant required to be set aside for Children's mental health), **MOSAIX** (reporting/data contract), **DCYF prevention** (5% required to be put aside) , and **Administrative**.

Becky asked the Council members to communicate with her if they feel there are items that need cutting cutting or gaps that are not being funded in our system. Linda Mahoney also suggested that any questions be forwarded in writing to Jim.

Rich requested that the Block Grant Planning Committee meet, hopefully before the end of April, so that someone from BHDDH's Senior Team could provide us with further narratives on each of these in the future. The issue was raised regarding the lack of funds for SYNAR. Becky responded that a meeting had been held with the Legislature and this was being addressed.

The question was raised as to what the Block Grant previously covered if it is now able to be used in the current manner. Becky advised that much of it had been used for treatment which is currently being covered by either insurance and/or Medicaid. SAMHSA does not want states to use the Block Grant for services that can be covered by Medicaid, nor can it be used to replace state funds for programs.

The Block Grant was used to make up large budget cuts in State program funding. BHDDH remains at risk for losing additional state funding for its programs.

Rhode Island needs to make a commitment to these needs. The only other state of comparable size that is making such a small financial commitment to behavioral health services is Arkansas. Most other states are making a significant investment.

**Update from EOHHS (Sharon Kernan):** Continuing efforts are being made with the Transportation broker regarding all things related to transportation. There has been a dramatic decline in consumer concerns with transportation, but there really not enough wheelchair and ambulance providers in our state to meet the needs. There are continuing discussions regarding health plans and there is continued discussion on the HIPPA health issues. Sharon reported that the Medicaid Program has worked closely with staff at the Department of Corrections to ensure that all potentially eligible prisoners leaving Corrections are assisted in applying for Medicaid. As of November 2014, over 2000 inmates leaving Corrections have been enrolled in Medicaid Expansion.

Sharon also clarified that individuals who have applied for Social Security benefits are eligible to apply for and receive Medicaid benefits. This applies to persons coming out of prison as well as others.

**Update from DCYF (Ruth Anne Dougherty):** There are two reports being finalized that will be presented at the next meeting. The question was raised inquiring what percentage of funding goes into planning, versus plan implementation.

**Old/New Business:** Elizabeth Kretchman provided handouts regarding upcoming presentations being made by The Ocean State Prevention Alliance regarding the impact of marijuana in our communities. Various grant applications were discussed that are currently being submitted. It was also requested that everyone keep their eyes peeled for any grant applications that they may see in trade publications, etc.

Save the Date flyers were also distributed for the New England Institute Addiction Studies ([www.NEIAS.ORG](http://www.NEIAS.ORG))

Save the Date for **Saturday, September 19<sup>th</sup>**, which is the 13<sup>th</sup> 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: Tuesday, May 12, 2015, 1:00 P.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.**