

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

TUESDAY, MAY 12, 2015

Members present: Richard Leclerc (Chair), Chaz Gross, Joseph Le, Cheryl Patinaude, Bruce Long, Anne Mulready, Cherie Cruz, Sarah Dinklage, Richard Antonelli

Appointed members present: David Spencer (DATA of RI) & Megan Clingham (MHA)

Statutory members present: none

Ex-officio members present: Colleen Poselli (DOH); Ray Neirinckx (OHCD); Sharon Kernan, Rebecca Plonsky, Jessica Mowry (EOHHS); Linda Mahoney, Bette Ann McHugh, Anna Meehan, Linda Barovier (BHDDH; Ruth Anne Dougherty, Chris Strnad, Colleen Caron (DCYF); Lou Cerbo (DOC); Alice Woods, Denise Achin (RIDE/RITAP), (EOHHS); MaryAnn Ciano (DEA)

Guests: Brian Sullivan (Operation Stand Down RI); Elizabeth Conley, Thomas Joyce (TPC/Anchor), Shannon Spurlock (JSI); Lisa Conlan (PSNRI); Liz Buddington (RICARES)

Staff: Linda Harr, Jim Dealy

Review of minutes (Rich Leclerc): A quorum being present, the meeting was called to order. Several members requested changes to the Minutes of April 9, 2015. The Minutes were approved pending the suggested revisions. Those changes have been made and added to the Amended Minutes to be forwarded to the Committee by Jim Dealy.

Linda requested that, when possible, members notify either Jim or her prior to the meeting of any requests for changes to the previous minutes.

Subcommittee Reports: (Shannon Spurlock) On behalf of Sandra Delsesto and the PAC Committee Shannon requested that the Governor’s Council forward a letter to the Governor and to the Legislature requesting that a line item be added to the budget for not less than \$63,250.00 to allow for meeting enforcement requirements for the Synar grant. A Council member asked whether Rhode Island is currently in compliance with the Synar requirements. The response was that we have until September 30, 2015 to meet the enforcement requirements, which will allow us to continue to qualify for the Synar grant. Going forward, we will need funding in order to be meet the enforcement requirements each year. Rich advised the letter would be sent forthwith.

DCYF CANS (Child and Adolescent Needs and Strengths) Report (Colleen Caron):

Copies of the report entitled “**Child and Adolescent Needs and Strengths (CANS) Summary Scores for the Initial Assessment by Placement Type: July 2013-January 2015**” were distributed.

The information from this report is basically on two levels – on an individual level and on the aggregate level. From aggregate level data, an algorithm is being developed to help determine whether children/youth are receiving the correct level of care. That use of the CANS is in the future. The data being presented today is more on a surveillance level from the initial CANS.

The report covered the following:

Current placement in Rhode Island: The majority of those children/youth in placement are in in specialized foster care, group homes and residential, with a small portion in home/foster care and independent living. As to **gender**, there are approximately 72% male and 28% female. Regarding **Race/Ethnicity**, the population is 44% white, 17% African American, 19% Hispanic with the remaining 20% being either other or missing. The mean **age of treatment** is 18 years of age, with a range from 4.5 -18+ years of age. The **mean number of actionable items is 5.6**. If you get a rating of 2 or 3 in a particular domain, then it constitutes being an actionable item (something that requires follow-up). The areas of actionable items include such categories as **family i.e.**, (domestic violence, constant arguing), **living situation** (child at risk of removal), **sleep, social and daily functioning, developmental, legal** (probation, juvenile parole), **medical, and daily living**.

The **caregivers report the top three needs** fall within the categories of: Supervision, Social Resources (lack of assistance/family support), and Family Stress (prevents the caregiver from parenting). The **child risk behaviors which makes it impossible for them to remain with their parents** include: Impulsivity/Hyperactivity, Depression, Anxiety, Oppositional, Conduct, Adjustment to Trauma, Anger Control. When asked if the appropriate services were being provided by the substitute caregivers to meet those needs, Colleen responded that they should be. Most of the youth are in group care programs. In addition, the children/youth have case managers available. When looking at the family as a unit, the needs of the caregiver(s) often parallel those of the child(ren) in need. As far as **obtaining independent living placements**, similar issues are seen as **problems**: family, recreation, and legal being among the highest. **Youth who are in specialized foster placement** present with the **emotional needs** of impulsivity/hyperactivity, anxiety, oppositional, and adjustment to trauma. The **child risk behaviors are relatively low in all categories** because the children/youth are in supervised settings. **Emergency shelter placements** show the following to be **high problem areas: family, living situation, social functioning, recreation, judgment, as well as the recurring legal**. This information is being used by DCYF on an individual treatment level for treatment choices, trends, and service decisions as well as with family team meetings.

There are different domains within the assessment. There are also different CANS which assess the different populations, such as juvenile justice, behavioral health, etc. Within the last month, the **trauma module** has been added to this comprehensive care assessment for level of care.

The first part of the report provides a review of the population and then the level of care. The report covers the youth who are “in state.” The youth who are “out of state” are not reflected within the report.

Block Grant planning process (Jim Dealy): The BHDDH/DCYF Block Grant Writing Team began weekly meetings in April. It met with the Council’s Block Grant team this morning. The plan was for the BHDDH/DCYF Team to develop an outline of the problems and priorities identified to go into the BG Application by July 1st, so that the GC team will have time to review and make suggestions for the Application.

Update from DCYF: (Chris Strnad): The Family Care Network contracts expire on June 30th, and DCYF is assessing the success of the network contracts. The reduction in the numbers of children/youth in residential care which was the goal of the Network contracts has not happened. This is in the context of a considerable increase in the

number of investigations and DCYF intakes, an increase in the number of families involved with DCYF and an increase in the severity of needs within families over the past few years. Currently DCYF has begun discussions with both networks on short-term contract extensions.

Update from BHDDH (Rebecca Boss): Weekly meetings continue to be held on the Medicaid redesign of the system for the BHDDH's adult consumers. There are now two groups – one regarding the funding mechanisms and one regarding the service package. The other area that has been receiving attention is that of grant applications. With the change of leadership we were most fortunate to have Michelle Brophy redirected to Behavioral Health and the DD world bringing her skills and talents to us. June 6th there will be a training held by Dr. Paul Seal who is coming in address healthcare providers on opioid use. There are three areas of address for the Mental Health Summit which include behavioral health, the opioid crisis and the incarceration of individuals with behavioral health issues. Information will be forthcoming on the date. The Overdose Task Force continues to meet on a monthly basis.

Michelle Brophy: Michelle stated that the first thing she did was to apply for the Collaborative Agreement to Benefit Homeless Individuals (CABHI). It would be a three year grant for 5.5 million dollars to address homelessness in the state for people with mental health and substance abuse issues. If we get that it would greatly supplement the grant we received last year. BHDDH and DOC are also applying for the Offender Re-entry Program Grant that will be submitted on May 22nd. Work is continuing done on the Block Grant

Update from EOHHS (Sharon Kernan): EOHHS has been busy supporting the work of the Reinventing Medicaid workgroups that have been established. The Governor has put together a set of initiatives that have now been presented to the General Assembly in the form of proposals. EOHHS will be monitoring that and once the General Assembly has concluded its review, EOHHS will move forward to implement those initiatives. They are grouped into three themes: payment and delivery system reform, targeting fraud waste and abuse, and administrative and operational efficiencies. This does include some potential rate cuts to hospitals and nursing homes with some incentive programs especially for hospitals. There will also be efforts to develop more systems in managed care, behavioral health, and other areas.

A board member requested a presentation on how these reductions will be accomplished. Sharon said that such a presentation would be premature at this point.

Old/New Business: Notices were provided for a free dental clinic at CCRI.

The meeting was adjourned by vote of the members.

Next Meeting: Thursday, June 11, 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.