

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

TUESDAY, JULY 14, 2015

Public Members present: Mark Fields, Joseph Le, Richard Leclerc, Anne Mulready, Sarah Dinklage

Appointed members present: David Spencer (CEO of DATA of RI) and Megan Clingham (Mental Health Advocate)

Statutory members present: none

Ex-officio members present: Ruth Anne Dougherty, Chris Strnad (DCYF); Lou Cerbo (DOC); Alice Woods (DEA); Colleen Poselli, Jeffrey Hill (DOH); Rebecca Boss, Michelle Brophy, Anna Meehan, Judy Fox, Linda Barovier (BHDDH);

Guests: Lisa Tomasso, Michael Esposito (TPC/Anchor); Lisa Conlan (PSNRI); Diane Dufresne (Pawtucket Prevention Coalition); David Martins (RICARES); Rachel Plummer (DOH intern)

Staff: Jim Dealy; Oyediya Ezikpe (BHDDH legal intern)

Review of minutes (Rich Leclerc): A Motion was made, carried and the Minutes were accepted as presented.

Healthy Transitions Committee (Anne Mulready): This Committee is the Healthy Transition program's state advisory body and a subcommittee of the Council. It grew out of the Council's Transitioning Youth Committee of four-five years ago. It meets on the 2nd Tuesday of each month and the next meeting is August 11th from 3-4:30pm. We participated in a two-day SAMHSA site visit at the Kent Center that focused best practices for the youth/young adult population on the youth and how to develop peer supports among youths along with a youth driven approach to services. The Subcommittee is looking forward to increasing our diversity and figuring out ways to connect with youth. Once the Youth Coordinator is hired, the Committee will probably be strategizing about different meeting times and locations so as to involve more young people. There is a grant meeting coming up in Maryland on August 4th-6th. Sherry Cruz will be attending and representing a family member of a young adult.

Prevention Committee (Sandra Delsesto): Scheduled for next meeting.

Block Grant planning update (Jim Dealy): Jim went over the basics of the Block Grant, what the requirements are and what directions the planning was going in. The Block Grant is due on September 1st. The writing team is Ranny Dougherty, Jim Dealy, Betsy Kretchman and Linda Mahoney and has involved other people as needed. Last year's Mental Health Block Grant was \$1.6 million, and the Substance Abuse Block Grant was almost \$7.5 million. The Block Grants are not meant to substitute for other funding, like Medicaid or state funds, but are meant to stimulate improvements in states' systems.

Some uses for the Block Grant are required. Primary Prevention has to get at least 20% of the Substance Abuse Block Grant. Children's Mental Health is required to get at least 10% of the Mental Health Block Grant. 5% must be set aside to treat early incidence of Severe Mental Illness (SMI). We are using that to enhance the services through the Health Transitions grant. Women's services is one of the core focus areas of the Substance Abuse Block Grant, and the state is not allowed to spend less than \$1.9 million per year on Women's services.

One of the big problems in the planning process over the years is the disconnect between the state budgeting cycle and the Block Grant budgeting cycle. The Block Grant is awarded on October 1st, by which time the state has already finalized a budget, and the contracts that draw on the Block Grant have already been awarded. This means that all the Block Grant funds for FY 2016, the year that we are currently writing the Block Grant for, have already been awarded. To change how we will spend the Block Grant for FY 2017, we will have to start in September and have pretty firm plans by January, which is when the state starts putting together its budget. BHDDH and DCYF are hoping to get good participation from the Governor's Council in this planning, starting in September. What SAMHSA's block grant is designed for is all laid out on the handout.

Jim went over a number of things that SAMHSA is asking states to focus on in this year's application. These include:

- Changes in the way states plan and fund behavioral health services. For example, in RI, the behavioral health services budget which was administered by BHDDH is now administered by EOHHS, much of it through Managed Care Organizations. This raises questions about what BHDDH's role will be in behavioral health planning.

- Being sure that states purchase services in a way that leads to good outcomes and that doesn't substitute for state or Medicaid funds.
- Broadening the focus of their behavioral health services, especially to include racial and ethnic minorities and LGBT individuals, homeless, the elderly and transitioning youth. SAMHSA is urging states to look at behavioral health needs over the lifespan of individuals, rather than to treat behavioral health conditions in silos according to age or diagnoses.

Jim went over the populations that SAMHSA is requiring states to use the Block Grant for and those additional groups that Rhode Island has chosen to serve. Jim will email his handout with these minutes.

Mental Health Summit (Michelle Brophy):

The Mental Health Summit occurred on June 8th with an attendance of over 300. Three questions were asked to basically set the stage and get community feedback on how we can change the system to address the three issues mentioned. Opiate addiction and the overdose epidemic were talked about, as were the connections between behavioral health and corrections and the integration of Behavioral Health and Mental Health. The PowerPoints that were used in the Summit as well as the minutes are posted on BHDDH's website. Action steps will be posted on the website in late July that talk about what the department will be doing with the information gathered at the summit and an implementation plan will be developed. In September/October there will be a Mental Health Children's Summit and DCYF will be taking the lead in planning that.

Members asked that the Council be part of helping to develop the implementation Plan for the Mental Health Summit. They also asked that members of the Transition Committee be part of the Children's Mental Health Summit, since those who are transitioning from the children's to the adult systems have such significant needs. A letter will be sent to the Secretary's office stating that the Governor's Council wants to be involved in creating the implementation plan for both Summits.

Information on the Mental Health Summit can be found at:
<http://www.bhddh.ri.gov/events/event/event.php>

The Council's letter will be attached to these minutes.

Legislative representation (Rich Leclerc): The plan for getting the legislative representation which is required by state law was discussed in terms of whether it was better to approach possible candidates directly, or through the Speaker and Senate. A formal letter to the Speaker of the House has been tried but only received a polite response in return. However, Representative Matiello has not been asked since he became Speaker, so Rich will send a letter sent to his secretary asking for a brief meeting with him to explain the Council's needs.

Update from DCYF (Chris Strnad): DCYF has resolved some of the issues around its present contracts. It have now signed six-month extensions for the two Network contracts. In addition, other contracts, including that with PSN, which was discussed at the last Council meeting, have been extended for three months.

DCYF continues to look at ways to make its contracts lead to better program outcomes. There is now a requirement in the Network and FCCP contracts that the providers use CANS (Child & Adolescents Needs and Strengths), a functional assessment tool for planning and to know where kids are and whether or not they are going to the right level of care and that they have 95-100% compliance with CANS scores. DCYF has also been working with the Governor's Performance Lab to look at performance based contracts. It is also to meeting with many of its providers to talk about how they are being paid, what it is getting out of their services and whether they are passing performance expectations.

The out-of-state placements number is in the low 80s. It has trended up in the past 3 years, but has leveled out for the past 6-8 months. There is a need to increase in-state capacity for housing of the youth. However, keeping kids in state should not be used as a cost saving method. DCYF hopes to focus the system on much earlier preventive and early intervention sooner to prevent hospitalization. There is no change on the policies for voluntaries and custodies, but more details have been added to the policy which currently existst. Kids currently at Arcadia will be sent home, put in foster care, or sent to other facilities.

Update from BHDDH (Linda Mahoney): Towards the end of the week of July 13th, the final results from the Truvan Study will be released. The study, created by the HICPAC Committee, takes a comprehensive look at the need, cost, and capacity of Behavioral Healthcare system across age groups, which include children and adults. BHDDH will keep everyone posted on that. The Department has also been working with EOHHS and other state agency partners in the implementation of the SIM (State Innovation Model) Grant and BHDDH's position on the grant will be posted shortly. There will soon be news on the

Governor's Overdose Task Force. On another topic, staff from BHDDH have met with EOHHS and talked about health plan benefits meeting the needs of consumers. One issue is the reduced access to adequate levels of in-patient residential substance abuse treatment as these services into managed care plans. BHDDH has received a SAMHSA CABHI Grant Cooperative Agreement for 3 years for \$5 million which benefits homeless individuals, resulting in eventually ending chronic homelessness. Reminder that the Rally for Recovery is September 19th. The Prevention Advisory Committee is meeting on July 30th. The State Epidemiology Profile is in draft and soon will be ready for this group to look at.

Update from EOHHS (Deb Florio): Put on agenda for next meeting.

Old/New Business (Rich Leclerc): None.

The meeting was adjourned by vote of the members.

Next Meeting: Thursday, August 13, 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.