

TKC's CEO David Lauterbach Panelist on Public Occurrences Forum in Providence

November 6, 2014 – Providence Journal Article: At Public Occurrences forum, a plea to fix R.I.'s mental health system/ Polls (by G. Wayne Miller)

PROVIDENCE, R.I. — Rhode Island's system of community mental health care is flawed, fragmented and underfunded — hardly the national model it was some three decades ago.

Rhode Island's system of community mental health care is flawed, fragmented and underfunded — hardly the national model it was some three decades ago. Many people who need help, particularly many who are poor and disenfranchised, go without help. Some are homeless. Still others are in prison, where they don't belong.

And yet, the system could be fixed. But it will take time, money and collaboration among many state and private agencies and departments.

That was the broad message Thursday from the 10 panelists at this year's final Public Occurrences forum, sponsored by The Providence Journal in partnership with Leadership Rhode Island and Rhode Island College. More than 350 people attended "Rhode Island's Mental Health System: Condition Critical?", nearly filling Sapinsley Hall at RIC's Nazarian Center for the Performing Arts.

"We are at a crossroads and a tipping point," said James McNulty, head of the Mental Health Consumer Advocates of Rhode Island and ex-president of the National Alliance on Mental Illness's board of directors. McNulty has successfully managed his bipolar disorder for years.

"We are at a critical phase right now," said David S. Lauterbach, head of Warwick's Kent Center for Human and Organizational Development. "Surely it is not too late to find the compassion again."

"We have a high demand but not enough resources," said Christian L. Stephens, president and CEO of Horizons Healthcare Partners Inc. and former head of the Woonsocket-based center NRI Community Services. "It's time to have a new mental health plan" — one, he said, that incorporates new models of care while honoring "services and traditions that have worked."

Integral to the fight for support, many panelists said, is a better public understanding of what mental illness is — and isn't.

Historically, the mentally ill have been "criticized, misunderstood and judged," said Dr. James Sullivan, chief medical officer, Butler Hospital and clinical assistant professor of psychiatry at Brown University. Today, he said, "many people still hide in the shadows."

Sullivan described a variety of illnesses and the types of people diagnosed with them — a range from young to old. He described them as "unique and diverse. What is not unique and diverse is

their suffering.” And many do not seek or receive treatment, he said, because “the number-one hurdle is stigma.”

Calling the issue one of civil rights, Susan C. Jacobsen, executive director, Mental Health Association of Rhode Island, said “we need to focus on discrimination.... The crisis is about values. It’s about whether we value all lives as much as other lives.” In part due to policies set at the State House, she said, “we have created an underclass.”

“Stigma is the biggest hurdle people with mental illness have to overcome,” said Karen Hetzel, associate professor of nursing, psychiatric specialty, Rhode Island College.

Hetzel described the broad range of care her students learn, from medication to “complementary therapies” such as yoga. A fundamental lesson about the mentally ill that she teaches, she said, is “their humanity, their struggles, and their worth.”

Stigma and discrimination can be keenly felt in Rhode Island’s growing Latino community, said Dr. Alvaro Olivares, psychiatric chief, Butler Hospital, and clinical assistant professor, Brown University. Language, cultural and social barriers combine to create a situation in which “Latinos lack information and strategies,” he said.

Olivares urged more outreach and education and greater numbers of mental-health professionals. “There is a huge need for mental health services in the community,” he said.

Craig S. Stenning, director of the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals, spoke of “the daunting challenge” of running the public system. But when he reports for work in the same building, now offices, where his grandmother was confined at the old Institute of Mental Health, he said “we take these issues to heart every day.”

With new models of care, Stenning said, “people can get better, can live longer and more meaningful lives.... The big question is do we have the will to make these changes.”

Megan Clingham, Rhode Island mental health advocate, spoke of the hundreds of people with severe mental illness who are incarcerated at the Adult Correctional Institutions. The IMH, remembered for its inhumane conditions, is now closed, but “one of the unintended consequences has become criminalization of the mentally ill. Prisons have become de-facto psychiatric hospitals and we, as a society, should not stand for this.”

Still, Clingham said she was encouraged that so many people came out on a rainy night for the forum. More than 400 people had registered for the event, with a waiting list of almost 190, making it the most in-demand Publick Occurrences ever, said Mike Ritz, head of Leadership Rhode Island.

“I’m not normally the optimist in the group but I’m optimistic about what’s going on,” said Dale K. Klatzker, president and CEO of The Providence Center.

He sees better integration of mental-health care with overall medical care, the model supported by Stenning and others, as a wise direction.

“People are best served when they are served holistically and there is a robust array of services and possibilities.... We don’t spend the money we have in the smartest possible way. The only way we can do that is to treat a person as whole.”

The forum complemented The Journal’s continuing series examining mental-health issues in Rhode Island, which began on Sunday, Oct. 26. Find stories, photos, charts, interactive graphics and polls from the series at providencejournal.com/mentalhealth

TKC Receives Victims of Crime Act Funding for Victims Assistance Program

October 29, 2014 – The Victims of Crime Review Committee awarded \$66,000 in grant funding to The Kent Center for its Victims Assistance Program. This funding, distributed by The Rhode Island Department of Public Safety Grant Administration, enables TKC to provide critical services that directly benefit victims of crime primarily located in Kent County, Rhode Island. Federal VOCA funding directly benefits victims of crime statewide, predominantly in Kent County, Rhode Island. All grant funds will be allocated for personnel costs in the form of salaries and fringe benefits; office supplies; and other operating expenses that are provided under the allowable direct services, activities, and costs.

TKC will use VOCA grant funding to provide integrated behavioral health screening, assessment, counseling, case management, and psychiatry services to victims of crime who are uninsured or underinsured through traditional funding sources such as private insurance, Medicaid, or Medicare. The program will assist victims of violence without regard to their culture, race, ethnicity, disability, age, gender, sexual orientation, or socioeconomic status. Participants in services funded by this grant must be victims of domestic violence, homicide, physical assault, sexual assault, sexual abuse, and/or incest.

VOCA grant funding will be used to provide currently underserved populations of individuals with access to behavioral healthcare so they can recover from any physical and/or psychological issues that resulted from a crime in which they were victimized.

Prior year participants in VOCA-funded programs have reported the following results:

1. Decreased negative psychiatric symptoms directly brought on by victimization
2. Decreased anxiety level
3. Increased emotional health and well-being
4. Increased sense of self-worth
5. Increased routine care visits to primary care physician
6. Decreased visits to emergency room

7. Improved overall physical health
8. Improved overall level of functioning
9. Increased ability to successfully fulfill responsibilities (parenthood, employment, etc.)
10. Increased healthy support system

In 1982, President Ronald Reagan created the President's Task Force on Victims of Crime to address the needs of the millions of Americans and their families who are victimized by crime every year. The task force's goal was to review the policies and programs affecting crime victims and then advise the President and the Attorney General with respect to actions to improve efforts to assist and protect victims. Among its many findings was the lack of compensation and services for crime victims and a large imbalance between a defendant's rights and those of the victim. As a result, the task force made many recommendations to the President and the Attorney General. The most notable changes in federal victims' rights and services resulting from the task force's work included the passage of the Victims of Crime Act of 1984 (VOCA) that funds victim services through fines and fees levied against federal criminal offenders.