EXECUTIVE SUMMARY

Missouri Mental Health Commission Meeting

Department of Mental Health
1706 East Elm Street—Conference Rooms A/B
Jefferson City, MO 65101

May 14, 2009

PRESENT

Beth Viviano
Patricia Bolster, M.D.
Kathy Carter
David Vlach, M.D.
Dennis Tesreau
Joann Leykam

STAFF

Keith Schafer, Department Director
Lynn Carter, Deputy Director
Mark Stringer, ADA Director
Bernie Simons, DD Director
Dr. Joe Parks, CPS Director
Felix Vincenz, CEO, CPS
Monica Hoy, Director's Office
Bob Bax, Director's Office
Brent McGinty, Administration
Leigh Gibson, Office of Consumer Safety
Jan Heckemeyer, DMH Administration
Pam Leyhe, Director's Office
Audrey Hancock, Director's Office
Cathy Welch, Director's Office
Benton Goon, MIMH
John Heskett, Office of Child MH
Rikki Wright, General Counsel
Virginia Rowe-Pearson, ITSD Director

GUESTS

Tec Chapman, Division of DD
Dottie Mullikin, Office of Transformation
Rhonda Haake, ITSD
Robin Rust, Division of DD
Robin Boustead, MIMH
Jim Cook, MIMH
Zach Pollock, Director's Office
Debra Walker, Director's Office
Vickie Epple, Office of Transformation
Cheryl Eads, Office of Transformation
Bianca Arrington-Madison, Division of ADA
Jodi Haupt, Division of ADA
Debbie McBaine, Division of ADA
Steve Deets, Division of ADA
Joellyn Becker, Division of ADA
Virginia Selleck, Division of CPS
Tish Thomas, Divisions of CPS/DD
Angie Stuckenschneider, Division of ADA
Laurie Epple, Division of ADA
Patty Pratt, Investigations Unit Director
Liz Hagar-Mace, Housing
Jeff Grosvenor, Division of DD
Rita McElhany, Division of CPS
Rosie Anderson-Harper, Division of CPS
Susan Pritchard-Green, MO PCDD
Erica Stephens, MO Prot & Advocacy
Molly Boeckmann, OA Budget & Plng
Tim Swinfard, MO CMHC
Carol Evans, MIMH
Diane Mack, Parent
Greg Kramer, MARF, St. Louis
Wendy Sullivan, Life Skills
Katrina Harper, Crider Health Center
Deanna O'Brien, Arthur Center
Jane W. Smith, Fulton State Hospital
Liz Sale, MIMH

TOPIC/ISSUE	DISCUSSION
CALL TO ORDER/ INTRODUCTIONS	• Beth Viviano, Chair, called the Missouri Mental Health Commission Meeting to order at 9:00 a.m. on May 14, 2009. The meeting was held at Department of Mental Health, Conference Room B, 1706 East Elm Street, Jefferson City, Missouri. Introductions were made.
APPROVAL OF MINUTES	• Kathy Carter made a motion to approve the Minutes of the April 9, 2009 Mental Health Commission Meeting. David Vlach seconded the motion and the Minutes were approved.
OPEN DISCUSSION	• Beth announced the appointment of Patricia Bolster and Dennis Tesreau to serve on the Nomination Committee. The nominations for Chair and Secretary will be announced at the June 11, 2009 meeting and will be voted upon and begin serving at the July 9, 2009 meeting. • Keith Schafer noted that some Commission meetings will be via video conference in the coming months, with the first being on June 11, at four sites. Monica Hoy explained that the July Commission meeting is the annual meeting and will be held at Cedar Creek Conference Center at New Haven. • Commissioners and staff recognized and honored former Commissioner Phillip McClendon and presented him with gifts of appreciation. Phillip expressed appreciation for the opportunity to serve on the Commission and be a part of the organization.
LEGISLATIVE/ PUBLIC AFFAIRS UPDATE	Bob Bax provided an update and noted some legislation: • **Autism**: requires health insurance carriers to provide coverage for the diagnosis and treatment of autism spectrum disorders (ASD)—pending in SB 167 • **MOSOTC**: clarify that DMH may contract with local county jails to house persons detained for adjudication as sexual violent predators—Truly Agreed and Finally Passed (TAFP) (HB 826). • **MOSOTC**: clarify that DMH may control the contact that sexual violent predators have with persons outside MOSOTC—TAFP (826). • **MOSOTC**: allow respective licensing boards to expunge meritless complaints made against MOSOTC physicians and social workers—TAFP (866). • **Provider Certification Fee**: authorize a certification fee paid by community providers of residential and day program services for persons with DD. The fee would generate federal funds for a rate increase for providers and help reduce the wait list for DD services—TAFP (SB 307). • **DD Case Management**: allow the DMH to contract with local entities to do case management services—Pending in SB 435 and SB 262. • **Tobacco Education**: clarify that the Division of ADA may use minors in its tobacco retailer education and Synar

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	compliance program—TAFP (HB 10). • **Conveyance**: authorize Governor to convey Mid-Missouri Mental Health Center to UMC Board of Curators—TAFP (SB 15, SB 179 AND HB 282). • **Autism**: establishes in state statute the five autism projects currently serving persons with Autism—TAFP (HB 525 and SB 157). • **ICFMR Provider Tax**: authorizes the continuance of the provider tax for DD intermediate care facilities that was authorized in 2008—TAFP (HB 740)

BUDGET UPDATE	Jan Heckemeyer presented an update on the FY 2010 Budget and provided handouts listing Decision Items Funded, Areas of Concern, and DMH FY 2010 Budget Summary:
	• The Budget bills are now on the Governor's desk awaiting his signature, both DMH Operating Budget which is in HB 10, and the Stimulus and Stabilization Funding which is in HB 21. DMH had very little in the Stimulus funds. Missouri will receive around $2 billion in the Stabilization Bill in a two-year period which is included in HB 22 through Enhanced FMAP and the Education Formula.
	
	• Jan listed the New Decision Items (NDI) funded for FY 2010
	  ‣ Total NDI Funded: GR—$23,080,693; FED/Other—$48,574,815; Total—$71,655,508; FTE—44.21
	  ‣ Areas of Concern: GR Reduction in ADA Treatment for Non-Medicaid Community Services; GR Reduction in CPS for Non-Medicaid Community Services; 10% GR reduction in Administrative Services; Hab Center Transition from ICF/MR to State Operated Waiver; GR Replacement for Hab Centers earnings to Community Programs; Budget Stabilization for Hab Centers; DD Staffing Pool increase; One-time Funding for OHCDS in ADA and CPS Community Services; One-time Funding for MO HealthNet-MH Partnership Technology
	
	• Jan explained the FY 2010 Budget Summary that detailed the FY 2009 Appropriation, Core Adjustments, and New Decision Item Funding: GR—$599,485,549; GR FTE—6,635.07; FED/Other—$624,882,202; FED/Other FTE—1,657.05; Totals—$1,224,367,751 and FTE—8,292.12.
	
	• Lynn Carter noted some points resulting from the Federal Stimulus bill:
	  ‣ House Bills 15 and 21 allow some DD SB 40 Boards and CPS partnerships to collect the enhanced FMAP rate.
	  ‣ A $1 million grant application has been written for cameras and additional security at MOSOTC.
	  ‣ Grant applications for Public Safety to fund for training to replace funding DMH not able to fund.
	
	• Kathy Carter commended Keith Schafer and the Executive Team for their leadership role in the budget process and recommended that the Commission send letters of thanks and appreciation to the legislators involved in the budget this year, and to Governor Nixon for his leadership and support. It was the consensus of the Commission to do so; Monica Hoy and Beth Viviano will draft letters.

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OFFICE OF TRANSFORMATION AND CHILDREN'S SERVICES PRESENTATION	Diane McFarland, Director of the Office of Transformation, presented information on the background and activities in Transformation and the Office of Comprehensive Child Mental Health. • Why is Transformation Important? A National Perspective: ▸ One in four U.S. adults has a mental disorder in any one year. Half of all mental disorders begin by age 14. ▸ Mental disorders are among the most disabling and one of the biggest public health problems in North America. ▸ Life expectancy of persons with serious mental illnesses up to 25 years less than the average citizen. ▸ Persons with mental disorders are vastly over-represented in child welfare and juvenile and adult justice systems. ▸ The inability to access services has resulted in some parents giving up custody of their children. ▸ Persons with mental health related disabilities have high unemployment and poverty rates. • What are the Issues? ▸ Pervasive stigma and lack of public knowledge; segregation and fragmentation of services and financing across health, mental health and social service systems; system focus on disability vs. wellness and individual vs. population; gaps in service delivery systems; barriers to implementing evidence-based practices; lack of community ownership of mental health; lack of parity in health care benefits. • A Growing World/National Response: ▸ Surgeon General's Report on Mental Health (1999); World Health Report (WHO); New Freedom Commission Report on Mental Health; Improving the Quality of Healthcare for Mental and Substance Abuse Conditions; Employer's Guide to Behavioral Health Services. ▸ A New Paradigm: health is defined as a state of physical, mental and social well-being, not just absence of disease. ▸ A difficult journey—stigma and discrimination still exist; the existing mental health system is vast and complex. John Heskett, Director of the Office of Comprehensive Child Mental Health, presented information on the early roots of Transformation in Missouri and recognizing the need for Children's System Reform. • Authority – SB 1003 passed in 2004, created expectations for children's mental health: parents retain custody (custody diversion); comprehensive children's mental health service system; partnerships with each of the child serving state agencies, family organizations, and advocacy groups; comprehensive plan to achieve a mental health system for children; Comprehensive System Management Team and Stakeholder Advisory Committee. • Authority – SB 501 passed in 2005, established DMH Office of Comprehensive Child Mental Health: leadership for the Children's Plan; technical assistance across state agencies; fiscal and quality assurance policy; leadership across agencies in development of comprehensive services for children; services for the Coordinating Board for Early Childhood. Also established the Child Mental Health Clinical Advisory Committee. • Shared Values drive the system that is child centered, community based, culturally competent, emphasizes prevention/early identification, accesses a continuum of services, addresses system financing, smooth transition to adult services, coordinates across agencies, outcome based.

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	• Comprehensive Children's Mental Health Plan – the system embodied in this plan is oriented to a public health approach to delivery of mental health services through a comprehensive, seamless system. Benton Goon with the Office of Transformation presented information on System Transformation—moving Across the Life Span and across the three divisions of DMH. • Missouri is one of nine states awarded a Transformation Grant, with DMH designated to administer the grant. • The Governor appointed the Transformation Working Group (TWG) and the Human Services Cabinet Council. • Incorporated the Children's Comprehensive System Management Team and DD Transformation Steering Team. • The TWG prioritized over 240 recommendations that came from six workgroups; 14 public input meetings held. • Statewide Needs Assessment and Inventory of Resources completed. • Missouri's first Comprehensive Plan for Mental Health approved with six Strategic Transformation Themes. • Benton shared a "Snapshot of Mental Health Needs in Missouri" with data on population with mental health needs, mental health services received and by age group and by division. Diane McFarland shared further information on Mental Health Needs in Missouri • Missouri's Vision – Creating Communities of Hope throughout Missouri to support a system of care where promoting mental health and preventing disabilities is common practice, and everyone has access to essential treatment/supports. • A Public Health Approach to Mental Health where the individual is viewed within context of population health. • Dottie Mullikin presented information on Changing Attitudes and Building Communities of Hope through: Missouri Mental Health Foundation; Mental Health Promotion Workgroup; Missouri Show-Me Series—Mental Health First Aid, Respect, Procovery. • Leigh Gibson explained the R.E.S.P.E.C.T. (responsive, encouraging, sensitive, perceptive, empowering, caring, thoughtful) program. • Jane Smith from Fulton State Hospital shared information on the R.E.S.P.E.C.T. program at that facility. • Benton Goon presented information on Consumer Direction and Empowerment through Real Voices-Real Choices. It is person-centered planning and self directed care; peer and family workforce development; and CFY leadership. • LuAnn Reese, Coordinator of Statewide Family Support, presented information on the activities in the Youth Leadership Initiative, and introduced youth leaders Lloyd Darnell from southeast Missouri, Aniua Walters and Ariel Perry from St. Louis, and adult leaders Renee Murph, Jeff Darnell, Marge Parrish, and Benton Goon. The youth leaders shared information on REACH (responding through empowerment and action to create communities of hope). The adult leaders spoke on REACH and encouraged support for the program.
PUBLIC COMMENT	There were no Public Comments.
CLOSED EXECUTIVE	David Vlach made a motion that the Mental Health Commission go into Closed Executive Session in accordance with

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SESSION	Section 610.021 (1), RSMo, Legal and (3) RSMo, Personnel. Dennis Tesreau seconded and a roll call was taken. The motion unanimously passed.
OFFICE OF TRANSFORMATION AND CHILDREN'S SERVICES PRESENTATION	Diane McFarland presented further information on Transformation through Creating Systems of the Future. • Universal Best Practices—Direct Care Workforce Development; Evidence-Based Practices Workgroup; Evidence-Based Practices accelerated. • Easy, Early and Equal Access—through increased funding, achieving parity, system diversion and re-entry strategies. • Increasing focus on Wellness through prevention, early intervention and integrated care. • Increasing shared ownership and investment through cross departmental work groups, regional planning initiatives, Comprehensive System of Care for Children, emerging system for older adults, putting the pieces together. Judy Finnegan with the Office of Comprehensive Child Mental Health presented information on the Comprehensive System of Care for Children, Youth and Families. • Deana O'Brien, Co-Chair of the Comprehensive System Management Team (CSMT), explained the CSMT Report of Progress used to track progress in goals and strategies. • Katrina Harper, Vice-President of Crider Health Center, presented information on System of Care Values—child centered, family focused/family driven, strength-based, individualized for each child, community based. She explained the process of Quality Service Review for the sanctioned System of Care sites. Vickie Keller with the Missouri Department of Health and Senior Services, Division of Senior Disability Services, gave background of some mental health problems that older adults face. • Older adults with mental illness and/or substance abuse often go undiagnosed and untreated. • Focus on mental illnesses with late onset—depression, anxiety disorders, emotional problems adjusting to old age. • Substance Abuse in older adults—late-onset alcohol abuse, prescription drug abuse, OTC drug abuse. • Developmental Disabilities in older adults—longer life expectancy, parents/caregivers developing chronic illnesses, death of parents, DD care systems integrated with other health systems, co-occurring mental health problems. Jim Cook, MIMH and Office of Transformation, presented information on the Work Group activities for older adults. • Develop a conceptual framework of community based services, select an activity that addresses the lack of mental health services, select an activity that integrates services. • Healthy IDEAS (Identifying Depression Empowering Activities for Seniors)—screening/assessment, education, referral, behavioral activation through informational forum, National Council on Aging, Baylor University. John Heskett and Judy Finnegan presented information on Bright Futures. • Community effort to support mental wellness in children with support from the Missouri Foundation for Health. • The Missouri Bright Futures State Management Team has representatives from DHSS, DOSS, DESE, DMH, MSBA,

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	UMC, MSSN, PPP, Children's Trust Fund, Head State Collaboration Office. • Bright Futures Sites will serve children/students for the promotion of mental health and prevention of mental disorders.
STANDARD MEANS TEST	Jan Heckemeyer and Dorn Schuffman presented information on the rules and revisions to the Standard Means Test (SMT) • The SMT is the process for determining the contributions people make to the cost of their care. • Those assigned to revising the SMT were to recommend ways to simplify the current approach/process while assuring equitability and maintaining the current level of collections and to make a desired outcome easier to obtain. • SMT long term care—all unearned income is applied to cost of services. • All other services—ADA and CPS providers, DD regional staff, use a sliding fee scale to calculate a monthly ability to pay (MATP) based on income and family size. • The sliding fee scale is currently based on 150% of the Federal Poverty Level (FPL) and is updated annually by DMH. • Who pays—only individuals not enrolled in Medicaid /receiving SSI, food stamps, general relief, Title IVA, only one member of a household, only financially responsible individuals with $100,000 income or more for DD Case Management Services or CPS Intensive Community Support Services, only individuals with over 150% of FPL. • Exemptions—DD services for children, compulsive gambling, respite services, community support incentive. • Findings—though most consumers do not have to pay based on the current SMT rule and sliding fee scale, income must be verified for all consumers except those that are exempt; providers do not have access to Employment Security to verify employment; current process requires extensive training of provider staff; the MATP approach results in some people paying twice as much as others for short term services that straddle two months. • Findings—collections don't justify the administrative burden; few consumers found to have a MATP, charges based on MATP are low, percentage of uncollected fees is high and results in bad debts for provider, not the state. • Conclusions—long term care collections provide substantial support for services, current approach to charging working clients appears appropriate, process is managed by state staff who have appropriate systems in place. • Conclusions—all other services—ADA and CPS providers do not have ready access to information required to substantiate income levels, collections do not justify the administrative burden of the current SMT process, threshold for charging a MATP for case management services has not been appropriately updated. • Proposed SMT changes—no changes for consumers in long term care, including consumers who work. • Proposed SMT changes—retain incentive for community support services, exemptions. • Proposed SMT changes—change provider responsibilities for income determination, application and structure of the sliding fee scale, calculation of the case management threshold, waiver authority for the Director. • Proposed SMT changes: • Process—require consumers to certify their income level, rather than providers; exempt CPR program services; annually adjust the TCM threshold; revise sliding fee scale by using 200 % of FPL as basis, but establish 300% FPL as threshold above which the scale is applied.

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	• Impact of proposed changes: o Consumers will be required to certify their income, will no longer be charged for CPR services, will not be charged for services if income is below 300% of FPL, MATP's for individual/family at or above 300% of FPL would be less. o Providers will not be responsible for verifying income and family size except when there is reason to believe information provided by consumer is inaccurate, will not apply the SMT for CPR services. o DMH should experience a reduction in administrative costs associated with managing SMT process; may experience some reduction in collections, but not substantial. Kathy Carter made a motion and Joann Leykam seconded that the Commission recommend the SMT rules changes be filed and moved forward. After discussion on the issues of the CPRC exemption and the proposed income verification process, the motion was modified to reflect that Jan Heckemeyer will follow up with MO HealthNet to ensure there is no concern regarding the proposed changes in the income verification process. The motion was approved as modified.
FUTURE MEETINGS	The next Mental Health Commission Meeting is scheduled for June 11, 2009 at Department of Mental Health in Jefferson City.
ADJOURN	Dennis Tesreau made a motion that the meeting adjourn. Patricia Bolster seconded the motion. The Mental Health Commission adjourned at 3:00 p.m. Approved 6/11/09 Beth Viviano, Chair