

MEETING SUMMARY
MISSOURI ADVISORY COUNCIL ON ALCOHOL AND DRUG ABUSE
October 6, 2010

Members Present: Robin Hammond, Diana Harris, Phillip Britt, Clif Johnson, Sandra Hentges, Dana Carter, Percy Menzies, Cheryl Gardine, Sylvia Persky, Sandra Jackson, Marilyn Gibson, David Brown, Theresa Eschmann, Ben Bruening, Ladell Flowers, Edgar “Rock” Hagens, Stephen Doherty
Members Absent: Gary Lorts, Keith Spare, Cynthia Steuber, Michael Carter, Michael Dean
Division Staff: Mark Stringer, Nora Bock, Sue Leutwyler, Bianca Farr, Angie Stuckenschneider, Mark Shields, Joellyn Becker, Cheryl Marcum, Stephen Hick, Lynn Slawson, Guyla Gardner, Shannon Einspahr, Carol King, Tom Lauer, Pat Veltrop, Kathy Huber, Jodi Haupt, Mark Rembecki, Tim Rudder, Kathleen Mims, Steve Reeves, Laurie Epple
Guests: Karan Waddle, Brenda Schell, Chuck Dougherty, Scott Breedlove, Mayme Miller, Alicia Ozenberger, Charles Eschmann

Call To Order	<p>Diana Harris, SAC Co-Chair, called the meeting to order at approximately 10:10 A.M. and introductions were made. One new member was introduced: Edgar “Rock” Hagens, a mentor for MERS Goodwill PRI.</p> <p>Minutes from the August 2010 meeting were approved as submitted.</p>
ADA Division Director’s Report	<p>Mark Stringer, Director of the Division of Alcohol and Drug Abuse (ADA) and Comprehensive Psychiatric Services (CPS), presented the ADA Division Report:</p> <ul style="list-style-type: none"> • The Division’s third Access to Recovery grant was announced. Since 2004, Missouri has received almost 50 million dollars from ATR. This has given access to support and treatment to persons who would otherwise have been unable to receive it. • We are concerned about healthcare reform as applies to mental health and substance abuse coverage: <ul style="list-style-type: none"> ○ As yet, the contents of essential benefit packages are unknown and have not been determined by the federal government. These packages will vary from state-to-state. ○ The federal government is writing the law as fast as it can in order to build the necessary framework, but is not necessarily creating the best possible results. ○ We worry that the result will be similar to traditional insurance benefits, which may not offer the most appropriate, effective treatment options to consumers. 30 days of inpatient and 20 outpatient visits are insufficient to get someone into recovery. ○ Recovery-Oriented Systems of Care, Housing and Transportation are not likely to be included, despite their efficacy. ○ The federal block grant and other funding sources will be necessary to get consumers into recovery. • While it remains early in the decision cycle, there are not a lot of options with the budget. There is no money for anything beyond mandatory items. • There will be little growth in the system until after the next legislative session. Missouri plans to hold its infrastructure strong in the hopes that after 2014, some relief will come in the form of economic turn around and additional features of healthcare reform going into effect. • The Division is continuing to move towards evidence-based practices and away from residential facilities. • Noted that 40% treatment providers who receive block grant funds have never billed, whereas most Missouri providers already bill in an insurance-like manner. This is significantly more advanced than other states. • We urge the Council to ask elected officials to visit their facilities, in order to improve the chances of DMH in general, and ADA in specific, to have the submitted budget approved. • At the federal level/SAMHSA, there is a controversial move to expand the role of Prevention to include both substance abuse prevention and mental health promotion. The concern is that Prevention chronically underfunded and without increased funding, no matter how sound this idea is, it is unlikely to come to fruition. • ADA and CPS integration is gaining support at the national level. 29 states have already merged their psychiatric and substance abuse divisions in some way, shape, or form. • Sylvia Persky brought back from NPN a mathematical equation which compares people and dollars in Prevention to the number of people served. She asked by what amount do you have to increase Prevention to limit the number of persons who then move into the next treatment service. There is consensus that there is a direct correlation between amount spent on Prevention and a decrease in the amount of persons moving into more intensive services. • Director Stringer agrees that more money put into good prevention programs does decrease category change, however he thinks

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	the system is so underfunded that attempting this is currently unfeasible.
Budget Update	<p>Sue Leutwyler, Director of Operations, presented the Budget Update: <u>Fiscal Year 2012 budget has been submitted to the Governor’s Office and includes:</u></p> <ul style="list-style-type: none"> • \$6,201,213 for anticipated caseload increases in the MO HealthNet program <ul style="list-style-type: none"> ○ \$2,274,605 GR ○ \$3,926,608 FED • \$102,295 GR for increased Medication costs due to inflation 5.83% • \$136,314 Mental Health Local Tax Match fund (MHLTMF) for Pathways Adolescent Partnership with Lafayette County. • \$388,743 Federal authority for the USFDA Enforcement of Tobacco Provisions contract. • (\$6,915,120) and (1.34) staff core reduction from the FY 2011 appropriation level of federal authority - mostly due to expiring grants. • (\$2,166,359) reduction to non-Medicaid treatment services to 1,555 individuals <ul style="list-style-type: none"> ○ (\$1,680,578) GR core reduction of the FY2011 Expenditure Restrictions ○ (\$485,781) IRF core reduction of excess authority
MSAPCB Report	<p>Stephen Doherty presented the Board report for Missouri Substance Abuse Professional Credentialing Board (MSAPCB):</p> <ul style="list-style-type: none"> • The MSAPCB last met on September 16, 2010, via phone conference. Topics included: <ul style="list-style-type: none"> ○ The Medication Assisted Treatment Specialist Certificate pilot project started on October 4th. Out of 150 applicants, 85 candidates were chosen. Between October 4th and December 8th, these individuals will go through 50 hours of MAT training, and then take a 50 question multiple choice exam. Those who pass the exam will be awarded the MAT Specialist certificate. The program will become to everyone on January 1st, 2011. ○ The Online Professional Look-up Database is a register of all credentialed professionals with MSAPCB. It will hopefully be finalized soon. Most credentialing entities have the ability to check a professional’s credential or license on a website. ○ The Board voted to give every credentialed professional a coupon for \$10 off a Board-sponsored suboxone training. It will go out with renewal applications and is designed to encourage utilization of Board-sponsored trainings. ○ In November, the Board will be selecting new regional representatives from the Central and the Eastern regions. The term of Stan Landon, who has been a long time member in the Central region, is expiring and he will no longer be eligible. Seven people have submitted applications for the Central region position. In the Eastern region, Larry Manyon’s term is also up; however he is eligible to run again. Manyon has chosen to run again, against ten other applicants.
MRN Report	<p>Brenda Schell, Missouri Recovery Network (MRN) Project Director, presented the Board report:</p> <ul style="list-style-type: none"> • In September, Recovery Month, MRN reached 1800 across the state. MRN hosted or co-hosted 8 events, which is double from last year’s number of events. The goal was to spread the knowledge that addiction is a treatable disease, that recovery is possible and to celebrate those in recovery and those who helped them on their path to recovery. • On September 11, there was a Celebrate Recovery Picnic in the Park in Washington, MO. 120 people attended. Franklin County Detective Sergeant Jason Grellner and Brenda Schell both gave presentations, and Sandy Lucy, Mayor of Washington, MO, presented a proclamation at the event. Ashley Cleveland, a 3-time Grammy Award winner with personal experience with

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	<p>addiction and recovery, provided entertainment.</p> <ul style="list-style-type: none"> • On September 12, the Capitol Area Recovery Fest, in Jefferson City, MO, was attended by over 100 people. This was the first Fest held in several years. Cole County Drug Court Judge Pat Joyce attended the event and recognized those who are in recovery and those working on recovery. • On September 18, the First Annual Memorial Recovery Walk was held in Kansas City, MO. Over 350 people attended. The walk was held in honor of Michael Johnson, the son of retiring ATTC Executive Director Mary-Beth Johnson, who passed away in February of this year due to an addiction. The keynote speaker was Gil Kerlikowske, ONDCP Director, who also presented the proclamation from President Obama. State Representative Mike Talboy, Kansas City, and Drug Court Commissioner David Fry were also in attendance and spoke. • MRN also created Recovery Ribbons. Different colors indicated the different number of years in recovery, ranging from green for less than two years, to gold ribbons for twenty years or more. It facilitated discussions between strangers at different stages of recovery and was very well received. This concept and tool has been embraced by Faces and Voices of Recovery. • Also on September 18, the Third Annual Recovery Festival was held at Lake Wappapello, MO, and attended by several hundred people. Presenters included State Representative Gayle Kingery and Mark Panagous. • A workshop on Chronic Pain and Addiction was held at the St. Louis Marriot West in St. Louis, MO. Over 400 people attended; an increase in participants from last year which necessitated a venue change this year. Drs. William Yarborough and Ohlms presented. • Recovery Month in Missouri received a lot of positive media. • The Lost and Found in America Tour screened <u>Lost in Woonsocket</u> at two locations in Missouri: roughly 50 people attended the Columbia screening, and 180 attended in St. Louis. <u>Lost in Woonsocket</u> documents the five year long recovery journey of Normand Cartier, a formerly homeless Rhode Island man who had been out of contact with his family for thirteen years. ACT Missouri has five copies of the movie available for lending.
<p style="text-align: center;">Membership Update</p>	<p>Bianca Farr presented the SAC membership update:</p> <ul style="list-style-type: none"> • SAC currently has 22 members and 8 openings. The maximum number of members is 25, so these openings include some to replace members whose terms have expired. There are several consumer openings; applications are available on the website. We could particularly use members who would meet the criteria and be interested in Prevention issues. <ul style="list-style-type: none"> ○ 3 NW ○ 2 SE ○ 1 SW ○ 2 E • The previously discussed changes to the application have been put in place, and the new application should be available on the website shortly.
<p style="text-align: center;">Presentation by Dr. Keith Schafer</p>	<p>Dr. Keith Schafer gave a presentation on key components of healthcare reform:</p> <ul style="list-style-type: none"> • Coverage expansion <ul style="list-style-type: none"> ○ Requires most individuals to have coverage (highly controversial, central media focus) ○ Provides credits and subsidies to individuals making up to 400% of the federal poverty line ○ Expands dependent coverage up to age 26 ○ Employer coverage requirements (>50 employees)

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	<ul style="list-style-type: none"> ○ Small business tax credits ○ Creates State Health Insurance Exchanges <ul style="list-style-type: none"> ▪ Cost efficiency through groups banding together in greater numbers, giving them increased negotiating power with insurance companies. ▪ Federal government assumes that only certain groups will be included in the Exchange. ▪ However expanding the number of groups included will provide superior results in terms of both cost and treatment quality. ▪ In Missouri, following Dr. Schafer’s plans, this could be 2.3 million individuals – including state employees – which yields significant negotiating power. ○ Expands Medicaid ● Insurance reform <ul style="list-style-type: none"> ○ Requires guaranteed issue and renewal ○ Prohibits annual and lifetime limits ○ Bans pre-existing condition exclusions ○ Creates essential benefits package that provides comprehensive services, <i>including</i> mental health and substance use at parity ○ Requires plans to spend 80-85% of premiums on clinical services ○ Creates federal Health Insurance Rate Authority ● States are already somewhat more advanced than federal requirements, in that they recognize that one’s health will be poor unless one can live in a decent place ● Infrastructure development, with a focus on utilizing technology to minimize paperwork and improve appropriate record access, and a focus on workforce development ● Healthcare homes for chronic conditions <ul style="list-style-type: none"> ○ Case management for individuals with co-morbid conditions ● Healthcare delivery system redesign, changing from primarily acute treatment to practices more focused on both preventive care and care for chronic conditions ● Missouri needs additional behavioral health workforce in order to meet the coming needs. Currently running at a 20-30% nursing shortage at state hospitals. ● ACA Requirement Timelines: <ul style="list-style-type: none"> ○ By 2010, High Risk Pools, Insurance Reforms and Temporary Re-Insurance for Early Retirees must all be in effect ○ Missouri’s High Risk Pool is up and running ○ By 2014, Medicaid Expansion Coverage and Health Insurance Exchanges must be in effect ● Critical Health Care Reform Issues for DMH include: <ul style="list-style-type: none"> ○ What is included in the benefit packages under the Health Insurance Exchange?
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	<ul style="list-style-type: none"> ○ Who will be the Plan Managers? ○ Will aged, blind and/or disabled populations be included? ○ Will DMH/providers be major players in designing health care homes? ○ Will the existing behavioral health workforce be able to handle the expansion? <ul style="list-style-type: none"> ● Additional staff will need to be hired solely to cope with increased numbers of individuals applying for annual enrollment.
<p style="text-align: center;">Committee Reports</p>	<p>Cliff Johnson presented on behalf of the Treatment Committee:</p> <ul style="list-style-type: none"> ● Level One Treatment has changed. The mindsets of providers, counselors and consumers have not always changed along with it. ● In order to achieve this goal, the Treatment Committee started by looking at training and clinical review processes. ● At next meeting, the Committee will look at how the judicial system wants to mandate treatment length. ● Additional training may be discussed; to help clinicians understand how managed care/recovery oriented systems of care look and function. <p>Sylvia Persky presented the Prevention Committee report:</p> <ul style="list-style-type: none"> ● ACT Missouri is hosting a 5K walk in honor of Red Ribbon. Please is to have red glow necklaces on the walker and runners. ● Chuck gave an update on mini-grants given out by ACT MO – out of 54 applications, 35 coalitions around the state received grants. ● Angie gave an update on FDA grant received and the Epi grant applied for. (See prevention report for more information about grants.)
<p style="text-align: center;">Section Updates</p>	<p>Nora Bock, Director of Community Programs, presented the Clinical Services update:</p> <ul style="list-style-type: none"> ● Monitoring Activities: Our Certification team, Billing Review and Area Treatment Coordinators will soon be trained on billing review procedures with an eye towards increased efficiency. ● Compulsive Gambling: We are having to closely monitor expenditures this year due to losing half the budget in the last fiscal year. In order to survive to the end of the current fiscal year, the duration and intensity of treatment have been reduced. ● Certification: Some of the remaining PR+ agencies are taking steps closer to CSTAR converted. Two thirds of ADA’s total contracted agencies have already converted. This is a revenue maximization strategy which strives to minimize the vulnerability of our revenue funds while maximizing our federal opportunities. ● ADA/CPS Consolidation: Steven Hicks will be joining the ADA-CPS Joint Billing and Services Review Team, under the supervision of Teresa Brandon. Over the next few months, the ADA and CPS members will cross-train with the eventual goal of a unified team to conduct billing reviews for agencies contracted with either ADA or CPS. ● Vivitrol Bulk Purchase: Month long project organizing a bulk purchase of Vivitrol on behalf of our ADA treatment providers and CPS long-term facilities. Over 1200 doses were purchased at 23% off the wholesale acquisition cost; a rate significantly lower than it could be purchased elsewhere. This represents a cost savings of over \$250,000. The cost of Vivitrol rose on October 1, making these cost savings even more substantial. ● Capacity Management/Waitlist: During a review of the Fiscal Year 2010 block grant, the ADA was found deficient in capacity management/waitlist procedures. <ul style="list-style-type: none"> ○ Despite our historical response that due to underfunding, our facilities are always at 100% capacity, we were informed that formal procedures need to be developed and put in place.

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	<ul style="list-style-type: none"> ○ ADA is also required to monitor, develop and maintain a waitlist for priority block grant recipients. While CIMOR already has a waitlist function, it is not being used by providers. Despite ADA’s amendment of contracts to require priority populations to be immediately assisted, this was deemed insufficient and we were informed that a formal waitlist must be in place. ● Request to MOHealthNet to Unbundle Day Treatment: This option should be made retroactively available on October 1. There are a few remaining details to be worked out. This is another revenue maximization strategy. ● Healthcare Homes: Reiterated that substance use and its attendant health problems, and mental illnesses, are considered chronic conditions, therefore making available significant cost savings. Missouri is ideally situated to take advantage of this due to the core structures of the CSTAR and CPRC programs. <p>Angie Stuckenschneider, Prevention Director, presented the Prevention update:</p> <ul style="list-style-type: none"> ● Prevention Prepared Communities (PPC) are not being recommended by the Senate, however Partnerships for Success are. PPC are still a priority for SAMHSA. ● ADA has received a FDA tobacco enforcement grant, in which ATC will be sub-contracted with to implement. However some of FDA’s training protocol conflicts with state law, so those issues are being worked out at this time. ● ADA has applied for a small federal contract to enhance the epidemiology workgroup. ● ACT Missouri is hosting a 5K walk in honor of Red Ribbon Week on October 29th. ● ACT Missouri is coordinating Missouri’s involvement in a national prescription take back event on November 12th. ● ADA has applied for a Service to Science national award on the S.P.I.R.I.T. program and is a finalist in the selection. Hope to hear soon on whether or not we are a recipient. <p>Mark Shields, Access to Recovery Director, presented the Access to Recovery Update:</p> <ul style="list-style-type: none"> ● ATR 3 was awarded to Missouri in the amount of \$13 million over a four year period, with \$3.3 million available in the first year. As with previous ATR grants, ADA is being asked to serve more clients using less money. ● In addition, ATR funds will be kept separate from block funding, at SAMHSA’s request. ● ADA developed a process whereby six regions in Missouri were chosen to receive ATR funding, and whereby providers could submit proposals for participation in ATR 3. ● Specific details of funded regions and providers were not discussed, since as of the meeting, not all providers had received notice of whether or not they were accepted. <p>Pat Veltrop, Director of Performance Improvement, presented the Billing Review Update:</p> <ul style="list-style-type: none"> ● Pat will no longer be the contact for Billing Review for ADA due to the consolidation of the ADA and CPS BR teams.
ADA/CPS Merger	<p>Mayme Miller, Chair of the Transformation Working Group:</p> <ul style="list-style-type: none"> ● At the last CPS SAC meetings, staff from Colorado spoke about Colorado’s experience with integrating CPS and ADA into a whole. <ul style="list-style-type: none"> ○ It took at least two years to fully integrate both divisions, accomplished in phases. The phased approach allowed individuals more time to adjust to the changes.

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	<ul style="list-style-type: none"> ○ Some of Colorado DMH's revenue streams are currently still separate, however post-healthcare reform these streams may be integrated as well. ○ The integration effort had the full support of the Governor and First Lady. It was supported by legislation, helping to ensure that change in administrations would not interfere with the integration. A copy of the ○ During a discussion of the different phases in the process, they identified different gaps in knowledge and talked about raising awareness with staff and stakeholders. ○ Workgroups were formed: One on communication, one on departmental moral, and one on organizational structure. ○ Biggest challenge was with staff who were resistant to change. ○ Consumers had concern about stigma within the new, integrated division, and that one side or the other would be prioritized. ○ As a result of the integration, some providers chose to integrate their services. The state of Colorado is developing a certification process for combined services. ○ The criminal justice system in Colorado was supportive of the integration. ○ Despite having fully integrated, Colorado is still working to train staff to fill in gaps in the division. ● Gibson asked that, since we have a Mental Health Court and the relationship between mental health and substance abuse is well known, why is there resistance to combining the two agencies? <ul style="list-style-type: none"> ○ Director Stringer responded that historically, substance abuse providers have been afraid that all the moneys for ADA will be taken for the treatment of severely mentally ill persons. However, he has only heard from a single person who felt that the integration is categorically a bad idea. While he has had questions from other persons, he has not encountered the aforementioned fear. He feels we need to uncomplicated the system and make it a richer, more useful system that provides superior patient care. ● Percy Menzies mentioned that one of the strongest advocates in Colorado was a woman whose son has a diagnosis of bipolar disorder in addiction to substance abuse problems. Should we look for similar advocates in Missouri? Returning soldiers with PTSD are another opportunity to show the synergy created by the integration.
Adjourn	The SAC meeting adjourned at approximately 2:18 p.m. Next meeting is Wednesday, December 1, 2010, via webinar at 10:00 a.m.