

MEETING SUMMARY
MISSOURI ADVISORY COUNCIL ON ALCOHOL AND DRUG ABUSE
April 6, 2011

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| <p>Members Present: Robin Hammond, Phillip Britt, Clif Johnson, Sandra Hentges, Cynthia Steuber, Cheryl Gardine, Sandra Jackson, Marilyn Gibson, Ladell Flowers, Edgar “Rock” Hagens, Stephen Doherty, Nancy Johnson, Thomas Casey, Percy Menzies, Michael Carter</p> <p>Division Staff: Mark Stringer, Nora Bock, Sue Leutwyler, Bianca Farr, Angie Stuckenschneider, Mark Shields, Carol King, Jodi Haupt, Steve Reeves, Laurie Epple, Lynne Allar-Meine, Jodi Haupt, Tim Rudder, Scott Johnston, Rhonda Turner, Cheryl Marcum, Guyla Gardner, Lynn Slawson, Mark Rembecki, Shannon Einspahr, Kathy Huber, Pat Veltrop,</p> <p>Guests: Mayme Young, Alicia Ozenberger, Brenda Schell,</p> | |
| Call To Order | <p>Robin Hammond, SAC Co-Chair, called the meeting to order at approximately 10:11 A.M. and introductions were made. Two new council members were introduced:</p> <ul style="list-style-type: none"> • Nancy Johnson, the project manager of the tobacco prevention and cessation program at Truman State University, and assets coordinator for the Heartland Task Force; and • Thomas Casey, a retired lawyer and recovering alcoholic who has served on the boards of Harris House, the National Council on Alcohol and Drug Abuse – St. Louis, and the Missouri Bar Lawyers Assistance Program. <p>Minutes from the December 2010 meeting were approved as submitted.</p> |
| ADA Division Director’s Report | <p>Mark Stringer, Director of the Divisions of Alcohol and Drug Abuse (ADA) and Comprehensive Psychiatric Services (CPS), presented the ADA Division Report:</p> <ul style="list-style-type: none"> • Several current important initiatives focus on revenue maximization: <ul style="list-style-type: none"> ○ Converting the remaining providers to Comprehensive Substance Treatment and Rehabilitation (CSTAR) contracts: <ul style="list-style-type: none"> ▪ CSTAR is the only substance abuse treatment that Medicaid will pay for. Other programs are funded through block grants and general revenue. ▪ Some programs are not convertible. Medicaid will not pay for care in facilities of 16 beds or more, due to a federal rule based on deinstitutionalization. ○ Both ADA and CPS are working together on the Disease Management 3700 initiative, which offers case management services to individuals who are heavy utilizers of Medicaid and have co-occurring mental health or substance abuse disorders. Has been received very well by participants, due to reducing cost, pain, and suffering. ○ The Divisions continue to integrate administratively. |
| Healthcare Homes | <p>Mayme Young, Chair of the Transformation Working Group, spoke on Healthcare Homes at Director Stringer’s request:</p> <ul style="list-style-type: none"> • A healthcare home is a network with a central information coordinator, i.e. a primary care physician. <ul style="list-style-type: none"> ○ The goal is better coordinated care, where consumers see the same physicians, psychiatrists, and/or counselors on a regular basis. ○ All involved professionals cooperate to ensure continuity of care, and smooth transitions from, for example, emergency treatment at a hospital to follow up care at one’s normal physician. • Section 2703 of the Affordable Care Act (ACA) has a provision for healthcare homes for persons with chronic illnesses. <ul style="list-style-type: none"> ○ Substance abuse is considered to be a chronic condition under this act. ○ 90/10 federal match rate for the first eight quarters means that significant savings will be incurred through creating this model. • Missouri is moving forwards to shape the federal guidelines for healthcare homes and is drafting its state plan amendments to be submitted to CMS, under the leadership of Joseph Parks, M.D. <ul style="list-style-type: none"> ○ The model would be used for all community mental health centers in Missouri. ○ The federal government does not yet have guidelines established for healthcare homes. Missouri’s efforts have been viewed positively, and may be used as a model for the creation of national guidelines. ○ Dr. Parks is working with the Primary Care Association, rural care centers, and other small providers. ○ Some ADA providers are able to serve as community mental health centers, due to having both CSTAR and Community Psychiatric |

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| | <p>Rehabilitation (CPR) programs.</p> <p>Healthcare Homes and Healthcare Neighbors will be discussed more in depth at the June 1, 2011, meeting of the ADA SAC.</p> |
| Budget Update | <p>Sue Leutwyler, Director of Operations, presented the Budget Update:</p> <ul style="list-style-type: none"> • The House of Representatives passed their version of the FY12 budget late last week, per the Governor’s recommendation. • Noteworthy elements include a \$3.8 million increase in case load growth, and a reduction of \$1, 680,000 from General Revenue. • ADA introduced a few minor items: <ul style="list-style-type: none"> ○ A clean-up of appropriations information for the Mental Health Earnings Fund, and ○ An increase in tri-county partnership. |
| Employment Presentation | <p>Virginia Selleck, the Clinical Director of Adult Services in CPS, gave a presentation on employment:</p> <p>What is supported employment?</p> <ul style="list-style-type: none"> • Provides resources and services to individuals who are seeking employment in mainstream jobs that match the consumer’s interests, desires, and needs. • Supported employment does <u>not</u> use sheltered workshops, nor does it beg employers for undesirable work and force it onto consumers. • Absolutely vital for cooperation to exist between the MH/SA services provider and Vocational Rehab. • Absolutely vital that all involved staff believe that employment is possible and beneficial. <p>Why is it important?</p> <ul style="list-style-type: none"> • Individuals who work are more likely to recover from SA or MH problems; this is backed by research. • Old belief that work is ‘too stressful’ or otherwise traumatizing is incorrect. • People with mental health problems die 25 years younger than those without, based on physical illness. The high rate of unemployment contributes. • Supported employment services can be offered before a person has completely recovered. <p>When consumers receive supported employment services, what are the side effects?</p> <ul style="list-style-type: none"> • Consumers are justifiably concerned that beginning to work could cause them to lose income-based benefits that they need. • In order to help determine what might happen to said benefits after someone begins to work, Missouri is setting up an online calculator designed to predict what happens. The pilot is due to start this summer. <p>Where does the money come from for this?</p> <ul style="list-style-type: none"> • Vocational rehab can pay for some of it, but cannot afford to help everyone who needs it. • Used to be, Medicaid <u>would not</u> pay for anything related to employment. • 1915(i) Amendment changes permit billing Medicaid for employment-related services. <p>What is the DMH Employment team?</p> <ul style="list-style-type: none"> • Members include Bianca, Dr. Selleck., Nancy Nickolaus from DD, Tish Thomas, CPS |

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| | <ul style="list-style-type: none"> • Goal is to encourage the entire department to focus on employment for consumers. • Since the divisions deal with such different populations, appropriate solutions will vary. <p>What is the focus on transition youth?</p> <ul style="list-style-type: none"> • Cuts across all departments and divisions. • Young people go straight from youth treatment to a life of social security disability: kids don't want to be feeder system for adult consumer advocacy groups. • Selleck involved in Health Transitions Initiative, which involves Swope, Truman, Rediscover, Tri-County and CMHS. • Goal is to help kids start working. |
| <p>MSAPCB Report</p> | <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 March 17, 2011, via phone conference. <ul style="list-style-type: none"> ○ A new code of ethics was created for the MSASPCB. ○ Approved lowering the cost for the Certified Reciprocal Prevention Specialist (CRPS) application from \$335 to \$150 for the remainder of 2011. The goal is to enable qualified holders of the lower credential to upgrade to CRPS, which more accurately reflects their qualifications. ○ Starting January 1, 2012, in order to hold a Missouri Advanced Certified Substance Abuse Prevention Professional (MACSAPP) credential, one must hold a current CRPS credential. ○ ACT Missouri is hosting a 6 hour prevention-specific ethics course at multiple locations in the state. The cost is \$10 per person. Contact Alicia Ozenberger for more information. |
| <p>Missouri Recovery Network & Missouri Youth-Adult Alliance Update</p> | <p>Clif Johnson presented the MRN Update:</p> <ul style="list-style-type: none"> • An advocacy day was held on March 30, 2011, in Jefferson City. Attendees included: <ul style="list-style-type: none"> ○ 50 individuals for MRN ○ 267 youths for the Missouri Youth-Adult Alliance ○ 35+ legislators • Several bills of interest were focused on. Included expungement of criminal record after 5 years. • Missouri drug courts have had 10,000 graduates. On April 7, 2011, a ceremony was held at the Capitol building to show support, with a resolution recognizing the graduates being read on the floors of the state House and Senate. • MRN will be offering scholarships to a maximum of 45 ADA consumers for the DMH consumer conference on August 30-31, 2011. Application information will be available on their website. • Scott Breedlove, MSAPCB Administrator, is working with Brenda Schell, MRN, to create training on recovery-oriented systems of care. The training will be presented at the DMH Spring Training Institute in May. <p>He then presented the MYAA update:</p> <ul style="list-style-type: none"> • Several high school students received youth awards for their prevention efforts in their communities, which were presented by a few representatives. • Prevention specialist training is being held across Missouri. Currently, the course is being held in Kansas City, MO, with an upcoming run in Springfield. If someone would like to have a training held in their area, they need to please contact Act Missouri. • Show Me Prevention Day is being held from 10 a.m. to 2 p.m. on Thursday, April 21st. |

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| | <ul style="list-style-type: none"> National Prescription Take Back Day is April 30th. |
| <p>Committee Reports</p> | <p>Cliff Johnson presented on behalf of the Treatment Committee:</p> <ul style="list-style-type: none"> Continued discussion on the role of employment. Discussed ways to assist the Department of Corrections drug courts and other clients, including finding alternate funding sources. Expanded conversation on court-mandated time in treatment, including an overview by Steve Deets on what SATOP has been doing. <p>Sylvia Persky presented on behalf of the Prevention committee:</p> <ul style="list-style-type: none"> Primarily discussed strategies for educating individuals, especially elected officials, such as: <ul style="list-style-type: none"> Targeted CDs: <ul style="list-style-type: none"> Nancy Johnson suggested having the constituents of elected officials digitally record proposals, educational segments, or other ideas, as though they were speaking to the official directly. Then create a CD using these recordings, and give it to the appropriate legislator. This allows the legislator to listen to her or his constituents while driving, rather than the constituents struggling to be heard during busy office hours. Create a Fact of the Day flier and distribute it: <ul style="list-style-type: none"> Discuss and emphasize the importance of Capitol days, prevention providers, and advocacy training for grass roots initiatives. Provide community report cards on violence, obesity, substance abuse, etc., based off of the statistics of each legislator's constituency, and ask the legislator for public comments. Create a community survey, with responses sent to legislator. If the legislator sends out a survey, be sure to answer it. Invite legislators to ADA providers' annual meetings. Give them credit and praise, especially if they have done something beneficial recently. Robin Hammond reminded the council that with the price of gas, local meetings are seen as more practical. Work with legislators at their home bases, rather than driving all the way to Jefferson City. Remember to call them, to mail letters, send email, and attend town hall meetings. Springfield is now a no-smoking/clean air community, as of April 5th, 2011. Excellent opportunity for a community coalition. Robin Hammond mentioned the ACT Missouri prevention conference this summer. Jeff Linkenbock will be there to do follow up, workshops, and technical assistance. |
| <p>Membership Update</p> | <p>Bianca Farr presented the SAC membership update:</p> <ul style="list-style-type: none"> Michael Dean retired in December 2010. SAC currently has 22 members and 8 openings, all for consumers. More prevention-focused members would be preferred. <ul style="list-style-type: none"> 3 NW 2 SE 1 SW 1 E 1 Central |

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| <p>Billing & Service Review Update</p> | <p>Teresa Brandon, Compliance Systems Management Coordinator, presented the BSR update:</p> <ul style="list-style-type: none"> • Combining the ADA and the CPS billing teams proceeds smoothly. <p>The BSR team has been focusing on three main goals:</p> <ul style="list-style-type: none"> • Includes cross training with a goal of all staff being able to do both ADA and CPS providers. • Consistency of Billing and Service Review Reports. The team has been working to create more consistent reports: <ul style="list-style-type: none"> ○ Drawing heavily on the style of report used in ADA billing and service reviews. ○ Introduced summaries and observations on annotated contracts. ○ Significant changes in the CPS reports as a result. • Communication and Team Work: Despite the team being spread across the state, weekly meetings help to coordinate activities. • The BSR team participates in more than seventy reviews; with each review they become faster and smoother. • The Medicaid unit is looking to take on some audit responsibility for Medicaid-related costs. Main goal is to spot fraud and abuse. Should have more information before the next SAC meeting. |
| <p>Section Updates</p> | <p>Tim Rudder, ATR III Program Specialist II, presented the Access to Recovery Update:</p> <ul style="list-style-type: none"> • ATR III is a federal grant designed to pay for both clinical treatment and recovery support services (housing, employment, transportation, spiritual services, recovery coaching). • members of the following groups are priority: <ul style="list-style-type: none"> ○ Veterans, including members of the National Guard, especially anyone who has served in Iraq or Afghanistan ○ Offenders reentering the community after serving time in a DOC facility in Missouri ○ Treatment courts (drugs, DWI courts) • Goals for year 1 enrollment of consumers include; 200 veterans, 600 re-entry, and 400 drug court clients. • Goal for year 1 enrollment of recovery support providers is 50. Opened enrollment to new providers 3-25-2011 • Financial information for the first quarter: <ul style="list-style-type: none"> ○ \$407,000 issued to recovery supports ○ \$255,000 issued as treatment vouchers ○ \$155,000 of recovery support vouchers has been redeemed. ○ Average recovery support cost per consumer is currently \$214. ○ The average treatment cost per consumer is \$208, but will increase as time goes on. • ADA staff are monitoring the ATR III data closely to achieve desired outcomes. • Had first new recovery support provider informational meeting in Springfield on April 4th. Low turnout, but hope to see better numbers in Kansas City and Warrensburg. <p>Nora Bock, Director of Community Programs, presented the Clinical Services update:</p> <p>ADA continues working with the Department of Corrections (DOC), with the help of consultant Scott Johnston, the former Chief State Supervisor for the Missouri Board of Probation and Parole. Current projects include:</p> <ul style="list-style-type: none"> • Early Intervention <ul style="list-style-type: none"> ○ Designed to provide services to consumers who would benefit from early intervention and education programs, for whom more intensive clinical services are not appropriate. |

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| | <ul style="list-style-type: none"> ○ Should more intensive services become necessary, exit points exist to transfer the consumer into the more appropriate level of care. ○ Being piloted with four providers. ● Prioritization project: <ul style="list-style-type: none"> ○ Working to design and implement a prioritization system for DOC treatment, akin to the one used by ADA providers. ○ Priority groups are pregnant women and I.V. drug users. ○ Intended to smooth transition between treatment at the DOC facility and treatment at a community-based provider. Smooth handoffs are less disruptive for the client. ○ Smooth transitions require pre-release communication, collaboration, and picking up the consumer immediately and/or establishing a community lifeline for her or him. <p>Additionally:</p> <ul style="list-style-type: none"> ● The Centers for Medicaid and Medicare have given approval so that modified medical detoxification will be covered. Now we are asking for approval to bill telehealth services. ● Through CSTAR, we are pursuing equalization of rates between CPS and ADA. CPS currently pays more for community support, and ADA should follow suit. <p>Steve Deets, SATOP Director, presented the SATOP Update:</p> <ul style="list-style-type: none"> ● SATOP fees were increased on July 1, 2010, in order to fund the expansion of the SROP program. ● The first round of Serious and Repeat Offender contracts were issued on November 15, 2010, to Southeast Missouri Behavioral Health, Community Treatment, and Preferred Family Healthcare. ● New DWI legislation was passed in August 2010, resulting in faster expansion of DWI courts than was initially anticipated; thus, the ADA will be issuing a second round of SROP contracts soon. ● Over the past year, ADA has been looking into a way to utilize Medicaid funding to offer services through the Serious Repeat Offender Program. The process is moving along well – there was a question on whether or not mental health earnings funds (MHEF) could be used for the Medicaid match. It has been determined that MHEF can be used as match. The process has moved on to resolving how it would work in CIMOR, budgetary changes, and any changes in contractual language. |
| Adjourn | <p>The SAC meeting adjourned at approximately 3:00 p.m. Next meeting is Wednesday, June 1, 2011. The council will meet at the Department of Mental Health in Jefferson City, at 10:00 a.m.</p> |