

MEETING SUMMARY
MISSOURI ADVISORY COUNCIL ON ALCOHOL AND DRUG ABUSE
August 4, 2010

Members Present: Diana Harris, Gary Lorts, Phillip Britt, Clif Johnson, Sandy Hentges, Dana Carter, Percy Menzies, Cheryl Gardine, Sylvia Persky, Keith Spare, Cindy Steuber, Michael Carter, Sandra Jackson, Marilyn Gibson, David Brown
Members Absent: Theresa Eschmann, Robin Hammond, Ladell Flowers, Ben Bruening
Division Staff: Nora Bock, Sue Leutwyler, Bianca Farr, Angie Stuckenschneider, Steve Deets, Mark Shields, Mark Rembecki, Joellyn Becker, Amanda Baker, Kathleen Mims, Cheryl Marcum, Rosie Anderson-Harper, Edwin Cooper, Stephen Hick, Lynn Slawson, Guyla Gardner, Shannon Einspahr, Christina Oliver

Call To Order	<p>Diana Harris, SAC Co-Chair, called the meeting to order at approximately 10:05 A.M. and introductions were made. Two new members were introduced: Phillip Britt, Drug Court Commissioner of the 35th Judicial Circuit Treatment courts, and Dana Carter, private practice therapist from Columbia.</p> <p>Minutes from the June 2010 meeting were approved as submitted.</p>
ADA Division Director's Report	<p>Nora Bock, Director of Community Programs, presented the ADA Division Report on Mark Stringer's behalf:</p> <ul style="list-style-type: none"> • Department of Mental Health held an ADA/CPS Budget meeting for stakeholders earlier this week to discuss possible alternatives should the Department be required to undergo additional core budget reductions in FY 12. Due to high interest a second meeting will be held this Friday, August 6. SAC will be apprised of the resulting recommendations. • Nine (9) project teams were formed to address health care reform issues. Each team, with representation from ADA, DD and CPS, focuses on a different aspect of healthcare reform legislation. Nora mentioned three of the teams: Medicaid Expansion, Healthcare Homes and State Healthcare Workforce Development as being of special interest to ADA. • Debbie McBaine has retired from the Division. Changes that have occurred following her departure include: <ul style="list-style-type: none"> ○ Steve Reeves now serves as Deputy Director of both ADA and CPS. ○ Nora was named Director of Community Programs, as well as continuing in her Clinical Director role. Additional duties include serving as Department of Corrections' liaison and providing oversight to the ATR project. ○ Jodi Haupt was named Sr. District Administrator. She provides oversight from Central Office to the other ADA districts. ○ Rhonda Turner continues in her role as Associate Clinical Director and additionally manages the Clinical Review unit. • Discussion regarding feasibility of an ADA/CPS consolidation continues at joint meetings of the two divisions. One area of focus is achieving an efficient, reasonable monitoring program. It has been determined that nationally accredited organizations will receive only billing services reviews. Such reviews would also include a look at quality of services provided. • Block grant application is underway; due date is October 1. The application calls for a three-year state plan that incorporates needs assessment, resource availability and state priorities that detail how block grant funds will be utilized. • Access To Recovery 3- We were asked to submit a revised budget reflecting a smaller award amount and requesting that we increase client targets. We hope to hear about awards in September. • Department of Corrections project- We are in the process of developing new initiatives to address concerns related to access, better transitions from correctional treatment centers, and developing responsive levels of treatment for offenders. Offenders have priority status for admission, along with pregnant women, Medicaid eligible clients and intravenous drug users. This population poses a safety risk and the costs of re-incarceration are high. Many of these clients will not need our entire array of services. As with other populations the key will be tailoring treatment to fit the individual client's needs. We do plan to offer all treatment options to offenders, including Medication Assisted Treatment. The key to successfully managing capacity and access management is the true individualization of treatment services. We have engaged Scott Johnston, former Chief Supervisor of Probation & Parole, as consultant on this and other DOC-related projects. • To address revenue maximization strategies- PR + programs' conversion to CSTAR continues- 2/3 of the programs that can convert have done so. Having a CSTAR status with Medicaid match helps protect our vulnerable General Revenue funds. We have not yet heard from Social Services regarding the breakout of Individual Counseling and Group Counseling from Day Treatment services.

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	<ul style="list-style-type: none"> Medication Assisted Treatment remains a priority for the Division. We don't consider it more expendable than any other service. We believe it is an important part of delivering to consumers the services of the type and in the amount that they need. Our mistake was not allowing for extra overhead in reimbursement like we have done in the past with other services. We plan to rectify that situation this year.
Budget Update	<p>Sue Leutwyler, Director of Operations, presented the Budget Update on behalf of Laurie Epple: Fiscal Year 2012 budget process is well under way. On June 30th the Executive Team issued a memo to all interested parties regarding FY12 Budget Development. One item of great concern was extension of the enhanced Medicaid participation rate. We have since found that it has been extended. As far as mandatories we are looking at Medicaid case load growth and medication cost increases; there will be a very limited number of new decision items requested. We have not yet heard if offsets will be required to cover these mandatory items. Those involved in budget formation have been advised that "2011 will be a year of cost containment and major system redesign"; and "until 2014 expect difficult budget decisions requiring our greatest creativity".</p> <p>Sue offered a timeline:</p> <ul style="list-style-type: none"> July- Mental Health Commission met - new decision items were introduced and policy questions discussed. August- Divisions are completing their core and program forms to submit to DMH budget office. Budget drafts will be presented to the Commission this month with a review of changed or refocused items. New decision items are due in the Budget Office by August 19th. September- Executive Team will rank the new decision items and submit the ranking to the Mental Health Commission on September 9th for their final review and approval of both the budget and the ranking order of new decision items. October 1- The budget is due to Office of Administration.
SAC Application-Proposed Update	<p>A suggestion was made to update the SAC membership application to ask the applicant to provide the reason they are interested in joining the Advisory Council. There was consensus that this addition to the application would assist in the approval process. No other changes were suggested. Bianca will follow through with form revision. Bianca asked the group if the "paperless meeting" was working for them. No concerns were voiced so the practice will continue.</p>
Committee Reports	<p>Cliff Johnson presented on behalf of the Treatment Committee:</p> <ul style="list-style-type: none"> Edwin Cooper of Housing provided an update on the Shelter Plus Care. Edwin arranged to have a link to the newly revised application sent to SAC Treatment Committee members. Clif shared information on budget implications that was given at Monday's Stakeholder's Meeting. Suggestions on how the Division may deal with the FY 2012 projected shortfall may be submitted to Heidi DiBiaso. <p>Sylvia Persky presented the Prevention Committee report:</p> <ul style="list-style-type: none"> Prevention training needs were discussed along with overview of topics offered at this year's Spring Training Institute. Some of the topics were social marketing, primary prevention, evidence based practices, and an Introduction to Prevention for people with no prevention background. Strategic Plan- several suggestions were received from providers that will be included in the strategic plan. The plan should be completed shortly and will serve as the model for 5 years.

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Section Updates	<p>Nora Bock, Clinical Director, 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: Keith Spare spoke of last week’s successful 7th Annual Midwest Conference on Problem Gambling and Substance Abuse Conference that garnered approximately 250 attendees. Senate President Pro Tem Charlie Shields delivered the welcome for the conference and Dr. Wesley Clark, Director of CSAP, gave the keynote speech. He was impressed with the gathering and pledged support for next year’s conference. Compulsive gambling services are available in the amount of around \$1500 treatment packages. Consequences for the problem gambler not receiving a referral to treatment can be great and referrals will keep this vital service going. Federal legislation is in place to make CSAT the home for compulsive gambling. We see a possibility for more funding through either block or individual grants. <p>Angie Stuckenschneider, Prevention Director, presented the Prevention update:</p> <ul style="list-style-type: none"> • Prescription Take Back events have been very successful. A statewide event is scheduled for November 13th. Local prevention personnel will collaborate with law enforcement on this project. Please plan to participate in your home area. • Prevention Conference will be held at the Lake of the Ozarks December 8, 9 & 10th, hosted by Act Missouri through a contract with the Division. • ADA Strategic Plan for prevention is in final stages. This will replace the State Incentive Grant plan. • Prevention providers have received the same 2% cuts as treatment received and are also dealing with the loss of Safe and Drug Free Schools and community funding. • Angie noted the FDA tobacco grant has been applied for and we will work with Alcohol & Tobacco Control if awarded this grant. ATC would possibly be able to re- hire 4 agents for statewide tobacco enforcement. We expect to hear this month. • The Missouri Student Survey was administered last winter and spring. School districts now have their own information to use in grant application. The statewide report should be available in a few months. • Angie provided a brief overview of the SBIRT Grant (Screening Brief Intervention Referral to Treatment) that MIMH staff has been implementing at several locations around the state. The initial program was located at Cox North in Springfield and has been in place there for over a year. SBIRT has expanded to several sites in Columbia and one in St. Louis and may expand to yet another location. So far 17,766 people have been screened; out of these 355 have been referred to treatment. <p>Steve Deets, Director of Substance Abuse Traffic Offender Program (SATOP), presented the SATOP update:</p> <ul style="list-style-type: none"> • The Governor’s office has requested that we put together a packet to address legislative issues that are associated with SATOP that either didn’t get addressed in last legislative session or were created by it. <ul style="list-style-type: none"> ○ Better control over discretion of the Municipal Courts. Authority in terms of modifying SATOP assessment screening and recommendations and/or referrals to other treatment programs to rest with DMH. ○ Establishing a court-ordered SATOP completion time frame; ○ Establish that DMH has sole authority in determining what constitutes a SATOP comparable program ○ Possibly look at ways in to establish a stronger link between DWI Court and SATOP services • SROP (Serious Repeat Offender Program) expansion contract language is almost finalized. Three (3) providers will roll out this
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	<p>program, which is a Level IV equivalent. Enrollees will be required to complete 75 hours of treatment (an increase from the previous 50 hour requirement) in a period of time that is no less than 90 days. Any certified substance abuse treatment program can provide Level IV services. The SROP program will provide funding for SATOP providers to treat their Level 4 consumers. The SATOP fee increases are committed to cover these SROP services, however we can't know for sure how far that money will go. Consumers will have to pay a minimum of \$250 to attend this program.</p> <ul style="list-style-type: none"> • The Division is in contact with the CHANGE, a company that produces substance abuse treatment materials. They are in the process of developing a new curriculum guide for our offender education program. Providers can look on CHANGE website to offer input on the proposed curriculum. <p>Mark Shields, Access to Recovery Director, presented the Access to Recovery Update:</p> <ul style="list-style-type: none"> • ATR 2 grant runs through September 30th. Funding for clinical treatment services, including GPRA's, has been depleted. Funding remains in the amount of \$200,000 on the Recovery Support side that should see us through into September. Restrictions were placed on that funding to make it last. Only Recovery Support Access Sites may currently work with vouchers for ATR consumers. They can create and manage vouchers for new Probation & Parole clients as well as for current clients. • As for ATR 3, CSAT's expectation is that 14,000 clients will be served over a period of 4 years using \$3.2 million per year. One difficult and costly aspect is the GPRA, Government Performance & Results Act. This is a client outcomes measurement screening tool that mandates a 6 month follow-up interview with 80% of the participating consumers. This is difficult to achieve with limited resources. <p>ATR 3 will not be a statewide effort. ATR staff is in the process of reviewing proposals that were submitted in July by clinical treatment and recovery support programs. The review process looks at the submitting organization's history as well as the proposal. Our plan is to rank proposals in order of areas and then bring in major referral sources of the target population, such as Department of Corrections and drug courts, for their input on which areas to fund.</p>
<p>MSAPCB Report</p>	<p>Clif Johnson presented the Board report for Missouri Substance Abuse Professional Credentialing Board (MSAPCB):</p> <ul style="list-style-type: none"> • The MSAPCB last met on July, 2010, topics included: <ul style="list-style-type: none"> ○ The Medication Assisted Treatment endorsement proposal passed. It will require 45 hours of training; following training a 50 question multiple choice examination must be passed. We plan to purchase training and testing from the Connecticut Board. 85 individuals will likely be selected for the initial training. We are hopeful that Alkermes and Reckitt Benckiser Pharmaceuticals will help underwrite the training, if not the Board will pay for it. This endorsement may be added to a credential or a layperson may obtain it to demonstrate a knowledge base in the area of medication assisted therapy. The Board hopes to offer the initial training at no cost to participants. Some of those trained may later become MAT trainers. ○ Facilitating an online lookup on their website so that prospective employers could see that professionals' credentials are in good standing. This should be in place within the next month and should be a great time-saver for Certification staff. ○ Due to the additional revenue received this year not-for-profit Board is offering fee reductions to counselors: <ul style="list-style-type: none"> ▪ RASAC I & II Fees- were \$160, reduced to \$110- effective immediately ▪ A professional holding two credentials will pay \$190 for the first renewal, the renewal fee for the 2nd credential was previously \$50 and is being reduced to \$25 ▪ RASAC II who have held that credential for awhile will be provided with a \$50 coupon to encourage them to

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	<p>upgrade. This coupon will be good for one year.</p> <ul style="list-style-type: none"> ▪ In honor of Recovery month in September, all credentialed professionals will be sent a \$10 off coupon to be used for any Certification Board approved training, also good for one year ○ The Board has been approached to do a Tobacco Specialist endorsement. There are no plans to add this immediately however may be revisited in a year or so. MSAPCB also envisions taking over Gambling Certification in the near future. ○ The Board has agreed to acknowledge the one year St. Louis Community College Specialized Addictions Program Certificate of Completion. Completion of this program will merit the RASAC I credential and will count towards RASAC II and CADC credentials. Another school in Missouri also offers this area of study.
MRN Report	<p>Clif Johnson, Missouri Recovery Network (MRN) Council member, presented the Board report:</p> <ul style="list-style-type: none"> • In September, Recovery Month, many events are scheduled around the state. The MRN website http://www.morecovery.org/ or www.actmissouri.org has many of these events listed. Please contact MRN if you wish to list an event. • MRN is offering the new recovery language training statewide this spring to 500 people. Call the MRN office (573-635-6669) if you are interested. • MRN is gearing up for new fiscal year by preparing and printing FACT sheets engaging the recovery community. Focus is also on advocacy. MRN is providing presentations statewide on how to work with media, political contacts, etc.
Proposed ADA/CPS Merger	<p>Gary Lorts told the group that the Reorganization Committee, with ADA representation of himself, Sylvia and Clif, met with CPS representatives with Mayme Miller of Transformation serving as moderator. There was much discussion from both treatment and prevention points of view. They plan to meet again soon.</p> <p>In the meantime, Mayme was tasked with trying to locate another state that has gone through a similar merger. We are interested in seeing how the organizational charts flow as well as how they work with vendors. We are thinking that due to the growing number of co-occurring vendors that we may be able to avoid replicating services as well avoiding gaps between alcohol/drug and psychiatric services.</p>
Membership Update	<p>Bianca Arrington-Madison presented the SAC membership update:</p> <ul style="list-style-type: none"> • SAC currently has 21 members and 9 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 ○ 2 SW ○ 2 E • Spring Training Institute has been scheduled for May 19 & 20, 2011 at Tan Tar A.
Adjourn	<p>The SAC meeting adjourned at approximately 2:00 p.m. Next meeting is Wednesday, October 6, 2010, Department of Mental Health, Jefferson City.</p>