EXECUTIVE SUMMARY
MISSOURI MENTAL HEALTH COMMISSION

Behavioral Health Response
12647 Olive Blvd., Ste. 200
Creve Coeur, MO 63141

October 8, 2015

PRESENT
Kathy Carter
Gary Duncan
Steve Roling
Mary Seigfreid
Dennis Tesreau

STAFF
Mark Stringer, Director
Debra Walker, Public & Legislative Affairs
Susan Flanigan, Public & Legislative Affairs
Cathy Welch, Public & Legislative Affairs
Laine Young-Walker, MD, Chief Clinical Director for Children's Services
Angeline Stanislaus, MD, Chief Clinical Director for Adult Services
James Jackson, Human Resources
Denise Thomas, Acting General Counsel
Rick Gowdy, Ph.D., Division of Behavioral Health
Rikki Wright, Division of Behavioral Health
Valerie Huhn, Division of Developmental Disabilities
April Maxwell, Division of Developmental Disabilities
Tonya Piephoff, Division of Developmental Disabilities
Emily Koenig, Children's Services
Jacque Christmas, Fatality Review
Dave Kingsbury, Deaf Services
Roy C. Wilson, M.D., St. Louis Psychiatric Rehabilitation Center

GUESTS
Hannah Swan, Senate Appropriations
Glen Fitzgerald, House Appropriations
Pat Coleman, BHR
Bart Andrews, Ph.D., BHR
Angela Tate, BHR
Lisa Lappin, BHR
Danny Gladden, BHR
Mike Keller, Independence Center and BHR Board Member
Joe Yancey, Places for People and BHR Board Member
Theresa Brandon, Hopewell Center and BHR Board Member
Kim Gladstone, BJC Behavioral Health and BHR Board Member
Karl Wilson, Ph.D. (retired), founding board member of BHR
Greg Kramer, Easter Seals Midwest
Chris Allen, NCADA

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TOPIC/ISSUE	DISCUSSION
CALL TO ORDER/ INTRODUCTIONS	Steve Roling called the Missouri Mental Health Commission meeting to order at 10:04 a.m. on October 8, 2015. The meeting was held at Behavioral Health Response (BHR) in Creve Coeur. Mr. Roling thanked BHR for graciously hosting this month's meeting. Self-introductions were then made.
APPROVAL OF MINUTES	Kathy Carter motioned for approval of the September meeting minutes; Gary Duncan seconded. Motion carried for approval of the minutes.
OPEN DISCUSSION	Mr. Roling shared that the Commission has been hearing lots of good news regarding the department receiving well-deserved recognition. Mr. Roling asked Mark Stringer to share what is currently happening within the department. Mr. Stringer noted that DMH is receiving a lot of national attention. Representatives of our Health Homes project are currently in New York to receive the American Psychiatric Association's Gold Award for Community Programs. We also have a team currently in Denver as the Health Homes project was selected as a case study by Harvard University for presentation at the National Association of State Chief Administrators (NASCA) annual conference. Missouri's NASCA member is Doug Nelson, Commissioner for the Office of Administration, who nominated the Health Homes project for this study. Notes of congratulations have been received from throughout the country. Mr. Stringer thanked DMH staff, Dr. Joe Parks, and our providers who have worked tirelessly to make this program a success. Gary Duncan shared this is a great story to have told and appreciates that through this program, mental health is being balanced with physical health, which will ultimately save lives and dollars. Mr. Stringer also discussed Governor Nixon's news release marking the second anniversary of the Strengthening Mental Health Initiative. This initiative was launched after the Newtown, Connecticut shootings. Five components were included in this initiative: Emergency Room Diversion, Community Mental Health Liaisons (CMHL), NAMI's Family-to-Family program, Mental Health First Aid (MHFA), and Crisis Intervention Team (CIT) Training. Each individual project had its own champion, but most notably, Dr. Rick Gowdy orchestrated the development of the CMHL program. We have received many media contacts over the last few days regarding this initiative, and he and Debra Walker have been responded. A copy of the news release can be found at http://dmh.mo.gov/news/2015newsreleases.html. Kathy Carter voiced her excitement that the department is receiving the recognition and publicity that it deserves. She added this attention also serves as a reinforcement of our high-quality system for not only our consumers, but also our legislators.

DRAFT

TOPIC/ISSUE	DISCUSSION
	Mr. Roling closed by adding that Commissioners each received a copy of the DMH Annual Report that shared an amazing amount of information regarding our system. Staff were complimented on the quality of the report. A copy of the DMH annual report can be found at http://dmh.mo.gov/opla/pubs/docs/hocifinal.pdf
OVERVIEW AND TOUR OF BHR	Mark Stringer introduced Pat Coleman, President and CEO of BHR. Ms. Coleman is a 20-year employee of BHR who exemplifies professionalism and visionary leadership. Ms. Coleman welcomed Commissioners and guests to BHR and shared her appreciation of the support they receive from the department. She included that BHR cares, listens and responds 24 hours a day, every day, and they are most proud of the fact that they save lives. Ms. Coleman and her staff presented an overview of BHR prior to the tour of their call center. Highlights included information regarding their initial development in 1994 when four community mental health centers--BJC Behavioral Health, Comtrea, Crider, and Hopewell--began providing access crisis intervention (ACI) services in the Eastern Region, which led to the creation of BHR. BHR has since expanded to provide access to 24/7 crisis services in 46 counties and will expand to include the Pathways Behavioral Health service area effective December 1. BHR Worldwide provides crisis hotline services for Colorado, Michigan, Washington, Alaska, and Australia. For each individual location, their system is programmed to advise the worker where the call is coming from, offer instructions on how to answer each call depending on the area, and give information about where to direct the caller for services. In addition to call center/crisis hotline services and mobile outreach, BHR also provides services through CIT, emergency department enhancement, the CMHL program, youth connection helpline, and a texting and chat service that is currently available in St. Charles and St. Louis counties, and the City of St. Louis. They hope to expand this service statewide. Angela Tate, Vice-President of Clinical Operations, shared data, performance outcomes and customer satisfaction results for FY'2015. Over 75,000 contacts were received, with follow-up provided by mobile outreach, referral to 911 or law enforcement, referral to existing provider or another community agency, or admission to a psychiatric inpatient hospital or unit. She stressed that the worker who answers the call provides follow-up throughout the time it takes to resolve the crisis as it is very important to build rapport and confidence with the individual in order to ensure they know that people care. Lisa Lappin, BHR Director of Community Relations, described their community outreach services for schools, businesses, and the community. "Gold" cards are distributed to the general public, law enforcement, legislators, etc., that includes information on how BHR can be contacted. Over 200,000 of these cards were ordered last

DRAFT

TOPIC/ISSUE	DISCUSSION
	year. Kathy Carter questioned how the general public knows to contact BHR in a crisis. Ms. Lappin advised there is a mix of marketing. They are in the phone book, they are listed in a few publications, and some media events have been attended. Dr. Andrews added there are many ways they could increase their exposure and saturate the market, but there is a battle between resources and call volume. They do not want to be unable to answer all the calls in need or have the individual in crisis hang up when they are not able to get through. Ms. Coleman expressed BHR is where it needs to be within their region and fixed capacities. Mark Stringer agreed with their assessment that marketing is great, but can also clog the system more. Dr. Bart Andrews, Vice President of Clinical Practice/Evaluations, discussed BHR's active involvement with trauma informed care. They are very cognizant of the fact that many of their employees have experienced trauma in their own lives; therefore, self-care for their employees is of utmost importance. BHR staff is trained to expect that all people that call have experienced trauma. Staff have all received an introduction to Trauma Informed Care training, and have received certificates in Serving our Veterans training. Applied Suicide Intervention Skills Training (ASIST) has been completed by 50% of their staff. BHR is also heavily involved in the CMHL and CIT programs. The Eastern Region has eight CMHLs with one coordinator, who serve nine counties and St. Louis City. As not all communities are the same, ongoing trainings for law enforcement that are certified in CIT are being developed for their specific needs. In looking towards the future, Dr. Andrews described BHR's endeavor to create a Virtual Online Youth Center to increase help-seeking behavior for youth ages 19 and under, aimed to reduce the impact of barriers including stigma, transportation and accessibility of resources. This pilot project allows the individual to create an avatar in a video-game concept that can navigate the services in a virtual environment. Virtual offices were created where the individual can go online and enter a kiosk to visit with a clinician who has created their own avatar for a virtual face-to-face session. Autonomy is a huge motivator for youth to seek services when and where they want it. Preferred Family Healthcare has had great success in group therapy with the virtual environment that they want to duplicate. A youth counsel was developed to help work on the project and they are looking at internship programs to help put the program together as well. They want to build the site as something that will attract youth to get on the site on their own. BHR is looking at this program to help them stay ahead of the curve and look into the future. Mr. Stringer shared his pleasure that BHR is connecting with Preferred Family Healthcare. This is the future, and very well suited for those in specialized populations or those that are isolated, such as with the deaf community or those in foster care.

DRAFT

TOPIC/ISSUE	DISCUSSION
	A full copy of BHR's powerpoint presentation can be found at http://dmh.mo.gov/about/diroffice/commission/2015meetingschedule.html
ZERO SUICIDE PREVENTION	Dr. Bart Andrews described the Zero Suicide Prevention program and advised that Missouri is one of the few states actively involved. Zero Suicide aims to improve care and outcomes for individuals at risk of suicide and is based on the realization that suicidal individuals often fall through multiple cracks in a fragmented and at times, a distracted health care system. Suicide prevention is a core responsibility for behavioral health care systems, yet many clinicians do not have the training or skills necessary to assist those at risk for suicide. The core components of Zero Suicide include a commitment by leadership, standardized screening and risk assessment, suicide care management, workforce development and training, effective evidence-based treatment, follow-up during care, and ongoing quality improvement and data collection. Health and behavioral health care organizations have found that Zero Suicide is a feasible program even without additional funding, but most importantly, lives are being saved. Jacque Christmas shared that DMH first learned of Zero Suicide in 2012 through conversations with Tim Swinfard, who at the time was the Director of the Coalition of Community Mental Health Centers. In 2013, a national speaker addressed Zero Suicide at the Coalition's annual conference, and in 2014 the department attended the first Zero Suicide Academy. Since that time, DMH has joined the national collaborative, convened a stakeholder planning and implementation team, and participated in suicide prevention conferences with the focus on Zero Suicide. Coalition of CMHC members are also engaged, with Ozark Center being selected as the pilot site for implementation. On the national level, Missouri has been paired with Maryland, Tennessee and Utah to collaborate and learn what state level actions support implementation and to learn what provider-level actions facilitate successful improvements in suicide care. As part of the Ozark Center pilot, a voluntary workforce survey was completed with 41% of those responding working as a behavioral health clinician or community support specialist, and 19% being administrative support staff. Results indicated: • 74% knew how to gather suicide warning signs and risk factors; • 45% always ask about suicide with clients; • 36% felt confident in their ability to treat a client's suicidal thoughts and behavior; and • 70% had never worked with a client who ended his/her life. Ozark Center has also identified the top 20 high-risk behavioral health utilizers of ER visits and inpatient admissions, thereby providing enhanced follow-up to all crisis consumers deemed at risk for suicide. A committee is also being formed to work on a center-wide standardized suicide pathway of care, and law

DRAFT

TOPIC/ISSUE	DISCUSSION
	enforcement is receiving additional training. Ms. Christmas included that Zero Suicide is data driven. The last suicide in a state operated facility occurred in 2011; however, from 2008-2014, there were 198 suicides in the behavioral health system, and 10 from developmental disabilities. Dr. Andrews and a representative from Crider Center recently participated in the second Zero Suicide academy and are now collaborating on a suicide care plan for individuals identified at risk. They are also reviewing suicide training and screening tools. The stakeholder and implementation team is currently working on developing branding and messaging for the LAUNCH MO initiative. Additional next steps include bringing a Zero Suicide Academy to our state, developing a budget and sustainability plan, revising the MO Suicide Prevention plan, and finding grant opportunities. Their main goal is to make Missouri's initiative the best example of Zero Suicide throughout the country. In conclusion, Kathy Carter stated this is fabulous, groundbreaking work, with Mr. Roling adding these are inspiring projects and the work involved is very much appreciated. A copy of the Zero Suicide PowerPoint presentation is posted at http://dmh.mo.gov/about/diroffice/commission/2015meetingschedule.html
DIRECTOR'S UPDATE	Mr. Stringer first recognized Hannah Swan with Senate Appropriations for her continued support and analysis provided to the Department. Glenn Fitzgerald is new to House Appropriations but is off to a great start in understanding DMH. Specific updates included: • Related to recovery, Mr. Stringer attended the annual Real Voices-Real Choices conference in August and shared the karaoke night was truly inspiring. In addition, when he was recently in Washington DC a Recovery Rally was being held where 20-30,000 people with substance abuse disorders gathered for a four-hour history-making event. • Kana Enomoto is the new Acting Administrator for SAMHSA, replacing Pam Hyde who retired. Ms. Enomoto has a collaborative working relationship mindset much like we have with our providers. Mr. Stringer feels she will be a great administrator to work with. • Pending resolution, December 11 may see a Federal government shutdown. Political insiders are not saying one way or the other what they think will happen. • Due to a variety of reasons, including funding and recent surveys from CMS and DHSS, Truman Medical

DRAFT

TOPIC/ISSUE	DISCUSSION
	Center closed its behavioral health emergency department on September 16. Additional opportunities are being looked at for the Kansas City area that we are hopeful will help to alleviate this loss to the community.
DIVISION AND SECTION UPDATES	**Developmental Disabilities** Val Huhn, DD Director, provided the following update to the Commission. • The Marshall and Higginsville consolidation continues: o Four homes, with clients, have opened in Slater. o The current census at Marshall is 23 and all will be transitioning to Higginsville shortly. Five of those individuals will then transition to the community. o Three homes in Higginsville have completed their restroom remodels. o The evaluation team will be reviewing the response to the RFP for administration and crisis space on October 15. o There is tremendous interest in the Marshall campus. The school has e-mailed the division that they want more space, and the City of Marshall is doing site evaluations on what areas they are interested in keeping and what should be demolished. • The Partnership for Hope waiver amendment was submitted on September 16. Informal questions were received from CMS, with no outliers. o The MOU from St. Louis County has not yet been approved, but based on questions received, Ms. Huhn feels the division is in good shape. The MOU is for $70,000, or 40+ slots. • The first DD-related Ambassadors Academy training for legislative staff was held on September 29, with a very good turnout. The next academy will focus on Waivers. • The Division has been working hard on their Waiver renewal. Final comments are due by the end of the month. **Human Resources** James Jackson, HR Director, shared the following update: • HR managers and analysts are undergoing training on trauma informed care and Mental Health First Aid. Approximately half have completed the trainings so far. • Initial meetings and discussions have been held with facility HR directors regarding the development of a succession plan. They will soon begin work with the Senior Management Team in preparing data. Kathy Carter voiced her concern with the recent report indicating Fulton State Hospital has a 45% nursing vacancy rate. She questioned how Fulton is managing with this staggering amount of RN vacancies. Dr. Rick Gowdy shared part of the increase is due to the new ward opening in the SORTS unit. Andy Atkinson,

DRAFT

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	Hospital Operations Coordinator for the Division of DBH, who is also an RN, is watching this issue closely and is taking proactive steps in trying to fill these vacancies, such as working with the MU School of Nursing on promotion. At this time, there is no danger of losing our accreditation as we have been meeting the minimum standards. Competitive salaries as compared to the private sector or the Veterans Administration are also factors in the recruitment and retention of nurses. Other obstacles include the extended period for retirement vesting, 12-hour shift options, availability of state of the art equipment, etc. Kim Gladstone added the private sector also experiences RN vacancies but they have more options for recruitment, such as the offer of a one-time signing bonus. Mr. Jackson concluded that we have appealed to the PAB for the past four years for help with nursing vacancies, as well as the Commission writing letters of support. The first two years we did receive some relief that has helped with shortages in our other facilities. We are still hopeful to receive approval for DMH nurses to be reclassified differently than other nurse positions in state government. We also requested nurse differentials to include Biggs, Guhleman and SORTS. **Division of Behavioral Health** Dr. Rick Gowdy, Division Director, shared that DBH has received notification of award for a two-year planning grant under what was formerly called the Excellence in Mental Health Act for the development of certified community behavioral health clinics. The funding awarded is half of what was originally expected; however, the Division plans to move ahead.
PUBLIC COMMENT	No public comment.
NEXT MEETING	The next meeting of the Mental Health Commission will be held on Thursday, November 12, 2015 at the Missouri Coalition for Behavioral Healthcare, Kathy Carter Building, 221 Metro Drive, Jefferson City.

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TOPIC/ISSUE	DISCUSSION
ADJOURN	Mary Seigfried motioned for adjournment; Dennis Tesreau seconded. Meeting adjourned at 2:07 p.m. _____ Steve Roling, Chair

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