MO DEPT OF MENTAL HEALTH-COMPREHENSIVE PSYCHIATRIC SERVICES-STATE ADVISORY COUNCIL (CPS SAC)
MEETING MINUTES – August 25, 2016

Members Present: Daniel Cayou, Amanda Dumey, Sarah Earll, Toni Jordan, Mickie McDowell, Denise Mills, Linda Myers, Carrie Rigdon, Barb Scheidegger and Amy Stevens

Members Absent: Bruce Charles, Jesse Gilkey, Stacey Gilkey, Liz Hagar-Mace, John Harper, Mary Horn, Eric Martin, Scott O'Kelley, Shawn Sando, Susan Scott and Mindy Ulstad

DMH/DBH Staff: Lexy Thompson, Laurie Epple, Richard Gowdy, Rosie-Anderson Harper, Mia Ferrell, Amy Bledsoe, Sam Gierer, Amanda Baker, Tim Rudder, Lori Franklin, Amy Kessel, Kathy Huber, Vickie Epple, Natalie Fornelli and Susan Leonard

Guests: John Hudgens, Rebecca Maynard, Betty Farley and Katherine Miles

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Call To Order	CPS State Advisory Council (SAC) Chairperson, Mickie McDowell, called the meeting to order. Self-introductions were made.	
Division Director Update/ Discussion	**Dr. Richard Gowdy, Division Director** The governor vetoed a couple of tax relief bills. If those vetoes are overturned in the veto session in September, we can anticipate more restrictions and difficulty with the budget. We are continuing to press ahead with the Certified Community Behavioral Health Clinic (CCBHC) two year demonstration project, also known as the Excellence in Mental Health Act. Applications for providers are in and being reviewed. With the Mental Health Crisis Prevention Project (MHCPP), also known as the 1115 Waiver, we are asking the federal government for a waiver of Medicaid rules so that we can get Medicaid eligibility for young individuals between the ages of 21 and 35 who come in through our crisis entry points – our Community Mental Health Liaisons (CMHL) and our Emergency Room Enhancement (ERE) project. The waiver would provide physical and behavioral health benefits for individuals with mental illness and/or substance use disorder.	

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	The goals of this project are to provide early interventions as they are developing their mental illness or substance use disorder and clinical stabilization with a heavy emphasis on education and employment, ultimately getting these individuals on the path to recovery to avoid permanent and total disability. We have had our application in to Centers for Medicare and Medicaid Services (CMS) since April, are having discussions about the terms and conditions of the waiver, and are now looking at October as a possible implementation date once the waiver has been approved. Training continues to take place. There is the opportunity for counties to establish their own Prescription Drug Monitoring Program (PDMP); however, it may be hampered by the fact that we do not have a statewide PDMP. Funding may be available by applying for grants and through the Division of Social Services (DSS). We are preparing a briefing document for the gubernatorial candidates. The Mental Health Commission may be forwarding something that introduces us and states what our issues are, but at your grass roots level it never hurts to talk to your representatives to let new people coming in know what is important to you. Again, one of our most vocal and effective allies in the general assembly now are law enforcement officers. They are big supporters and understand that appropriate treatment and appropriate placement and supports really make a difference in the lives of people who are mentally ill, have a substance use disorder, or developmental disability. Whatever we can do to educate our new government would be very helpful. The 2016 Missouri Coalition for Community Behavioral Healthcare Conference will be held on September 15-16, 2016 in St. Louis, Missouri. Pre-conference workshops are scheduled for September 13-14, 2016. Several highlights of the conference include the following: • Stephen Doherty and Kim Feaman, MA, CRADC, MARS, Gateway Foundation, will provide an overview of the integration of medication assisted treatment (MAT) into the full continuum of in-custody substance use disorder treatment for offenders with alcohol or opioid dependence. An overview of MAT, implementation, successes, challenges, lessons learned, steps toward expansion and preliminary evaluation outcomes will be included in this presentation. • David Lynde, MSW, Mental Health Services Consultant, will present *Helping People Move Through Individual Stages of Change Regarding Employment,* discussing some	

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	important strategies and concepts to consider in providing recovery and resiliency oriented employment services. Michael Roush, MA, National Disability Institute, will present *The Positive Impact of Employment and Financial Stability,* discussing why employment and financial stability have a positive impact for individuals in the recovery and resiliency process. On August 17, 2016, in Kansas City, Missouri, at Truman Medical Center, the Missouri Coalition for Community Behavioral Healthcare, in partnership with the Behavioral Health + Economics Network (BHECON) led by the National Council for Behavioral Health, hosted one in a series of forums to explore solutions to Missouri's pressing behavioral health issues. As budget cuts continue to impact the treatment capacity of community behavioral health clinics, other less-experienced community public servants are the front line in handling mental health crisis situations. Missouri has been a national leader on several initiatives that focus on best responses to individuals experiencing mental health crises and who additionally are in regular contact with law enforcement, the court system, and/or emergency departments. Missouri's combined approach in creating a statewide crisis system, expanding Crisis Intervention Teams (CIT) Councils, empowering Community Mental Health Liaisons (CMHLs), and creating Emergency Room Enhancement (ERE) programs has made a positive difference in the way the state manages people in crisis. Although it is important to acknowledge successes, levels of need remain high and far too many Missourians continue to fall through the cracks—a call to action for advocates and policymakers to continue to seek new and creative ways to provide a better continuum of care throughout the state. The forum, "Improving Missouri's Crisis System," provided a scan of the current intersection of law enforcement, the courts, and the behavioral health system in Missouri, identified gaps and challenges of the current system, and delved into policy changes needed to support a better continuum of care. Speakers from a diverse array of industries discussed the opportunities available to train first responders, the cyclical effect of incarceration instead of community based mental health treatment, and collaboration among the many individuals called upon to help individuals experiencing a mental health crisis. The Excellence in Mental Health Act and the Missouri Model for crisis services will ensure there are policies in place that support a stronger mental health delivery system. Participants heard from experienced executives and clinicians from community clinics, law enforcement, and administrators of criminal justice, who shared innovative approaches to enhancing the	

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	crisis services in place and shared data from economic research on the impact of robust crisis intervention. The topic, Partnerships to Improve Behavioral Health Crisis Services, was presented by panelists including Sgt. Jeremy Romo, St. Louis County Police Department and Missouri Crisis Intervention Team (CIT) Coordinator. The Missouri Crisis Intervention Team (CIT) Council is an organization whose primary purpose is to facilitate understanding, development, and implementation of CIT programs throughout Missouri and in our neighborhoods in order to promote and support collaborative efforts to create and sustain more effective interactions among law enforcement, mental health care professionals, individuals with mental illness, their families and communities, and also to reduce the stigma of mental illness. The mission of the Missouri CIT Council is to deliver positive law enforcement crisis intervention service to people with mental illness in the area by: 1. Providing cooperative community partnerships of law enforcement, mental health service professionals, and individuals in a behavioral health crisis, families, and advocates. 2. Coordinating and enhancing services to people with mental illness and/or substance use problems through law enforcement based Crisis Intervention Teams. 3. Providing leadership to facilitate CIT programs and playing an integral role in the design of training for the CIT officers, and 4. Supporting success and continuing improvement of CIT. If you are in an area that does not have a CIT Council, talk to your local chief of police or county sheriff and direct them to the Missouri CIT website, http://www.missouricit.org/. For more information about creating a CIT Council in your area, you may contact Sgt. Jeremy Romo at (314)581-5459 or JFRomo@stlouisco.com Mickie McDowell reported that the 2016 Real Voices Real Choices (RVRC) Conference held	

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	August 21-23, 2016, was a great success. There were 850 people in attendance with great participation in the sessions. Family sessions and youth volunteers were well received. This event is co-sponsored by the Missouri Mental Health Foundation and the Missouri Department of Mental Health. The conference is an exciting opportunity for individuals and families living with mental illness, developmental disabilities, and in recovery for substance use disorders. It is a gathering of consumers, family members, friends, self-advocates and persons in recovery who come together to learn about programs, service issues, opportunities and self-advocacy. It is about fostering growth and empowerment, as well as finding the tools to be successful in the community. Annually, hundreds of individuals gather for this very empowering conference. A goal of the Committee is to get the word out so more individuals know about the conference.	
Budget Update	**Laurie Epple, Deputy Director of Administration** During fiscal year 2016 the Office of Budget and Planning had a revenue estimate of 2.8 percent. However, general revenue only grew by .09 percent. So while the state saw a $78 million growth, we fell $170 million below the Consensus Revenue Estimate. The state did not trigger the Senate Bill 509, which states if you have $150 million over one of three prior fiscal years the tax cut kicks in. The governor had to place additional spending restrictions above the normal 3 percent withholding amount. For the Division of Behavioral Health that meant restricting: • $750,000 – Medication Assisted Treatment (MAT) for Offenders Returning to Communities • $1,105,200 – Community Care Access Services in STL Eastern Region – Would have helped with the opioid epidemic • $1,600,000 – Emergency Room Enhancement (ERE) Expansion. Would have funded three new ERE expansion sites • $500,000 – KC Assessment & Triage Center aftercare services ($2.5 million	

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	appropriated) • $500,000 – Trauma Treatment program to assist the Child Advocacy Centers in serving youth OA Budget and Planning is closely monitoring revenues and hoping that additional restrictions will not need to be taken, or to determine if the restricted items can be released. The Governor's Budget Office has released our instructions for the budget process for next year. We have been instructed to only submit mandatory items in the Department Request that goes to the Governor by October 1. These include: • State Operated Facility inflationary items (food, medications, medical costs) • Sexual Offender Treatment and Rehabilitation Services (SORTS) expansion and cost to continue items • Community Medicaid Utilization Increase and Medications However, Budget and Planning has requested our new decision items wish list so we get to put our priority items in front of the new Governor for his consideration to see if he wants to pick up any of those items to put in his budget, which he will release after the state of the state. We were not instructed to core reduce the current spending restrictions, so those funds roll into core for fiscal year 2018. This means what is restricted now will be brought up in fiscal year 2018 pending good revenues.	
Crash Course in Strategic Planning	**John Hudgens, Advocates for Human Potential, Inc.** John reviewed with the Council the Strategic Planning Components/Process – the Integration Steering Committee representing both State Advisory Councils (SACs) received Substance Abuse and Mental Health Services Administration (SAMHSA)-funded technical assistance	At the joint SAC meeting in December, we will share information

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	through the Advocates for Human Potential (AHP) to propose a process for each SAC to evaluate its positions related to integration and what would be most beneficial to Missouri's public behavioral health delivery system service recipients. It is the Committee's consensus that a strategic plan is needed for the SACs to increase coordination between the addictions and mental health services (and possibly include integration of the SACs). A PowerPoint presentation showing key components related to building a plan was provided. The first steps for the Missouri SACs will include on-site facilitation for each SAC to complete (1) A SWOT (Strengths, Weaknesses, Opportunities and Threats) Analysis and (2) Environmental Scans. These will help build a foundation to create a useful plan.	from the analysis to both SACs.
SWOT Analysis Activity and Discussion	John led the Council in the completion of the SWOT Analysis, which focuses on the internal aspects of the SAC as they relate to the Council itself.	
Approval of Minutes	A motion was made by Toni Jordan to approve the minutes as written from the ADA and CPS Joint SAC Meeting on June 23, 2016. The motion was seconded. The June 23, 2016 meeting minutes were approved.	
Old Business	**Mental Health Commission Presentation for October** Denise Mills will represent the CPS SAC at the Missouri Mental Health Commission meeting on October 13, 2016 with a presentation that will focus on the sometimes devastating effects of increasing medication costs to persons needing treatment for mental illness or substance use, and will include some solutions to the issue.	
New Business	Housing was discussed as a topic for the next Missouri Mental Health Commission meeting presentation. **Appointment of Replacement Members to Integration Steering Committee** Linda Myers and Amanda Dumey advised the Council that they can no longer be members of the Integration Steering Committee. Sarah Earll and Barb Scheidegger volunteered to be on the committee.	Denise will put together some documents about her presentation and send to Lexy who will send to the Council for email discussion and feedback.
Member Reports &	Carrie Rigdon	

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Announcements	• Things are going well. I have nothing new to report. Barb Scheidegger • Real Voice Real Choices Conference – This was the first year to have a track for families who have children/youth. The presentation in this track was full of valuable information for these families. This was a great addition to the conference. • Missouri Families 4 Families held a Celebration of the 25th year of Children's Mental Health Week at the RVRC Conference. The families of children/youth along with others who have an invested interest in these children/youth were served cake decorated with this year's Children's Mental Health Week Poster "All Aboard For The Next 25 Years" while they networked together. Amy Stevens • I do not have any new information to present. I am happy to be here. Rosie Anderson-Harper • I am all about employment and peer support and am pushing this at every opportunity. I want to highlight that we have evidence-based practices for individualized placement and supported employment. We have six new sites coming on board that have Individual Placement and Support (IPS) programs. Crider is having success with their employment specialist. The tide is changing around employment of people with mental illness. Individuals with a mental illness can indeed have jobs and be successful at them. Rebecca Maynard • We are very excited about the IPS initiative and what it has done for our agency, Vocational Rehabilitation. We are looking at it very closely with our other employment programs because it is so successful. We are trying to focus on our emerging sites so we can give them all the attention they need to be successful. The Workforce Innovation and Opportunity Act (WIOA), which will help job seekers and workers access employment, education, training, and support services to succeed in the labor market and match employers with skilled workers they need to compete in the global economy is real big in our agency right now so a lot of our energy is going toward that. My focus has been to continue to build and strengthen our partnership with the Department of Mental Health. I am very excited about that and about where employment is going. Sarah Earll • The St. Louis Empowerment Center is gearing up for our site review next week. Mickie is going to spend three days with us along with Stacey Williams. We are seeing a lot of	

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	overflow because Horizon Club in St. Louis closed a week and a half ago and Centenary is closed. St. Patrick Center opened Biddle Housing in St. Louis, but there are lots of hoops to jump through to get a bed there. For this reason, we are seeing a large influx in our numbers and are having a hard time keeping up with demand due to a lack of funds. Toni Jordan • My issue as usual is funding but we make do with what we have. We are looking forward to Access to Recovery (ATR) possibly expanding their services. That will help a lot. We most definitely meet their criteria. Amanda Dumey • Last month I participated in a round table with Senator McCaskill about the opioid epidemic. I was there representing Legal Services. There were law enforcement representatives, a psychiatrist from the VA, pain management physicians, a representative from the community partnership and an addiction specialist. It was a very interesting discussion. I learned a great deal; for example, what Medicaid does and does not pay for, how that impacts my low income clients when they request help for pain issues, and how pain issues sometimes mask mental health issues which can then turn into addiction issues. I am hopeful that something good will come out of the discussion and impact Missouri in a positive way. Daniel Cayou • I am really glad to hear about the IPS and that it is going well. Social Security reports that people with mental illness are the most likely people to try and go back to work and most likely to be successful (a statistic – Social Security tracks this) so it is good that we are trying to help them to secure jobs and live independently. Mickie McDowell • The RVRC conference went by quickly and we were busy. I did the opening session this year as well as two other sessions and facilitated two meetings. It was awesome. • We are getting ready for contract monitoring beginning next week with Sarah Earll, always a busy time of year. • In October, Stacey Williams and I are going to New Hampshire for the National Advanced Level Wellness Recovery Action Plan (WRAP) facilitator training, which is going to be incredible. It means that we are going to be able to do more WRAP facilitator trainings around the state for drop-in centers, warm lines, and community mental health centers. Once we have two advanced level facilitators, we can do so	

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	much with WRAP around the state. • I was sorry to have missed the last peer specialist training while at the SAMHSA Block Grant Conference in Arlington, Virginia. I have some great information to share at our next meeting. Lexy Thompson • I do not have any updates at this time but will soon. Denise Mills • Burrell is doing a ribbon cutting ceremony for a complex called James Place that will have eight units for those that are duly diagnosed with developmental disabilities and mental illness. This is a partnership with a development company in Springfield. • We will have Eye Movement Desensitization and Reprocessing (EMDR) training, an evidence-based treatment method. The training lasts a week with a year of consults before becoming certified. • We are ready for our Commission on Accreditation of Rehabilitation Facilities (CARF) in November.	
Environmental Scan Activity and Discussion **Missouri Protection and Advocacy Services Overview**	**John Hudgens, Advocates for Human Potential, Inc.** John led the Council in the completion of an Environmental Scan, which focuses on the external aspects of the SAC to include social/demographic, economic, leadership, political, legal/legislative, and technological, for the purpose of helping us determine what our focus must be on as a Council to achieve our mission of serving individuals in need of behavioral health treatment. **Missouri Protection and Advocacy Services** - **Daniel Cayou, Director and Attorney** - **Betty Farley, Director of Advocacy Administration** - **Katherine Miles, Certified Work Incentives Planning and Assistance (WIPA) Program Coordinator and Project Manager** • The Mission of Missouri Protection & Advocacy (Mo P&A) is to protect the rights of individuals with disabilities by providing advocacy and legal services. • There is a P&A program in every state and every territory of the Unites States.	We will continue to work with the Integration Steering Committee representing both councils. Information will be shared with the Committee and they will in turn give us guidance. The PowerPoint we presented this morning will be distributed to

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	• Mo P&A Services is a non-profit, public interest law firm founded in 1977 to address public outcry in response to the abuse, neglect, and lack of programming in institutions for persons with disabilities, and was designated as the *Protection and Advocacy System* for Missouri. Mo P&A operates nine federal programs to protect the legal rights of individuals with disabilities. • Mo P&A provides Protection & Advocacy for persons with Developmental Disabilities (PADD), Protection & Advocacy for Individuals with Mental Illness (PAIMI), and Protection and Advocacy of Individual Rights (PAIR). Other Mo P&A programs include Client Assistance Program (CAP), Protection & Advocacy for Traumatic Brain Injury (PATBI), Protection & Advocacy for Assistive Technology (PAAT), Protection & Advocacy for Beneficiaries of Social Security (PABSS), Work Incentives & Planning Assistance (WIPA), and Protection & Advocacy for Voter Accessibility (PAVA). • Advocacy and legal services are free. Social Security allows representation fees from awarded back pay. • To receive services you must apply and qualify for one of the Mo P&A programs. We are specifically designated for people with disabilities. You have to have a diagnosed disability to qualify. • We have trained advocates and attorneys to assist you. We are not psychiatrists, social workers, or psychologists. We do not duplicate services; do criminal law, family law, divorce, adoption, wills, personal injury cases, or lawsuits where the only compensation is money; or establish guardianship. We are not a government agency. We are advocates and lawyers who can work for you, focusing on resolving conflicts. • Our focus of concern is looking for issues of abuse and neglect. • Our main offices are located in Jefferson City, St. Louis, and Kansas City. If you would like to obtain additional information about our programs and services, our web address is www.moadvocacy.org. • Work Incentives Planning and Assistance (WIPA) is a federally-funded program which provides information about work incentives to individuals who are receiving Social Security Disability Insurance (SSDI) and/or Supplemental Security Income (SSI) so they can make informed choices about work. MO P&A has trained Community Work Incentives Coordinators (CWICs) who provide information and referral, problem solving and advocacy, benefits analysis, work planning information, and benefits management. These services are provided through MO P&A for specific counties in northern Missouri.	members of the SACs after meeting with the ADA SAC at their October meeting.

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Adjourn	This is the only program administered by MO P&A that is not statewide. If you have any questions about who provides WIPA services in your area, please contact the MO P&A Application Unit (800-392-8667). Motion to adjourn was made by Daniel Cayou and seconded by Sarah Earll.	