All you ever wanted to know about development of code of state regulations (CSRs) and more!!

The state’s rulemaking process is managed by the Administrative Rules Division in the Secretary of State’s Office (SOS). Rules can only be written if a statute authorizes a state agency to write a rule pertaining to a particular subject.

The Joint Committee on Administrative Rules (JCAR) monitors all agency rulemakings to ensure they do not exceed their statutory authority.

Following a lengthy internal review of the CPR rules, including numerous postings on the DMH website for input from service providers and other stakeholders, the rules were formatted as required by the Administrative Rules Division.

The proposed rules were then reviewed and approved by staff in the DMH General Counsel’s Office and the Governor’s Office.

Next steps, over the span of several months, will include:

* Filing the proposed CPR rule amendments with SOS and JCAR;
* Publication of the proposed amendments in the Missouri Register;
* 30-day public comment period begins when the proposed amendments are published in the Missouri Register;
* DMH has 90 days to act upon the rule (including response to comments) after the public comment period ends;
* Proposed final order of rulemaking is filed with JCAR where it is retained for a 30-day review period;
* Following JCAR’s 30-day review period, DMH files the final orders of rulemaking with SOS for a second publication in the Missouri Register;

At the end of each month, rules that are published as final orders of rulemaking in the Missouri Register are prepared in final form by SOS for publication in the update to the Code of State Regulations (CSRs); and

Rules become effective 30 days after the publication date of the update to the CSRs.

Once a rule becomes effective, it has the force and effect of law.
ITCD Resources

SAMHSA Toolkit for integrated treatment for co-occurring disorders

http://store.samhsa.gov/product/Integrated-Treatment-for-Co-Occurring-Disorders-Evidence-Based-Practices-EBP-KIT/SMA08-4367

Center for Evidence-Based Practices—Substance Abuse & Mental Illness

http://www.centerforebp.case.edu/practices/sami/iddt

Missouri Credentialing Board

www.missouricb.com/

Hazelden Integrated Dual Disorders Treatment Curriculum

https://www.hazelden.org/OA_HTML/item/385159

Certified Peer Specialist Website:

https://www.prainc.com/

IDDT Integrated Dual Disorders Treatment Updated and Expanded

Missouri Recovery Network

The Statewide Voice for Recovery

www.morecovery.org 573.634.1029

State of Missouri ITCD webpage:

https://dmh.mo.gov/mentalillness/provider/iddtproviders.html

New free publications!

https://store.samhsa.gov/
One common occurrence in training MI across the Midwest is training individuals that have had previous MI training, and a confidence that they "get" MI. Soon it becomes apparent that many are not doing MI at all, but some form of person centered counseling involving the use of OARS (Open questions, affirmations, reflections, summaries). Please do not hear me wrong—any staff that increases their use of good listening skills and improves their person centered focus is likely improving the quality of their clinical practice. Yet many of these MI practitioners have no concept of change talk/sustain talk, and the intentional dance of working to cultivate change talk while trying to soften sustain talk. Without an emphasis on change talk what we are doing cannot be Motivational Interviewing—that is one of the key distinguishing features that makes a conversation MI.

Some of this can be attributed to our efforts to cram in as much training as possible, as quickly as possible, usually with little follow-up coaching and practice. That leads to an increase in learning the person centered portion of MI, which is absolutely vital, but leaves most trainees short of acquiring the true mastery of MI, which is related to direction/momentum building towards change. Both parts take time, but the latter part can take considerable time, practice, and feedback to really get comfortable and skilled.

We can combat this by better planning for the training after the trainings—the intentional, difficult work of practice in real life. Another practical thing is to continue to think of MI in helpful ways. Within the training community there is a strong push to simplify language around MI so that we better convey what it is. What if we simply thought of the first part of learning MI as the shift in attitude towards the helping relationship—away from fixing and towards partnering? Working not as the expert that should be listened to, but more as a travel guide, with expertise to offer only after hearing from the client where and why they want to travel. The second part of learning MI might be focused on the skills that make the first part easier—things like open ended questions, affirmations, reflections and summaries. The third part/stage would be a deeper dive into the language of change talk, and how noticing when our clients talk about change allows us to help them find the strength to live a healthier life.

It sure seems that most clinicians make it to stage 1 or at most stage 2, but rarely go on to truly develop those stage 3 skills. Yes, it takes time and commitment, much like how losing the first 20 pounds is often easier than taking off that second 20 pounds. It is difficult, but this can be done. If you would like some help thinking through how to train the full range of MI, let us know. We would be happy to help you make a plan.

If you have any questions about further developing Motivational Interviewing in your practice feel free to contact Scott Kerby. He has information on free and cost effective products and can help with your Motivational Interviewing needs.

skerbyconsulting@gmail.com

ITCD Networking call schedule 2019:
Phone in at 866-630-9348 from 10-11am
July 5th and October 4th

*To schedule training for individual role or team orientation to ITCD, contact Lori Norval at lori.norval@dmh.mo.gov
**Tips for attending conference calls or live webinars**

Electronic and phone meeting options are a wonderful, convenient way to teach, train, be taught, network and meet with others. It does take some planning ahead to make the most of your electronic meetings. Here are some professional courtesies and tips to consider when attending a webinar or phone conference:

* Ensure you know how to connect ahead of time, including phone numbers, passcodes, links or other numbers.
* Ensure the equipment you are using (phone or computer) is able to run the webinar
* Find out if the access is toll free
* Avoid calling from a cell phone if possible, especially if the call could “drop”
* Avoid participating when you are working with clients at that time
* Avoid participating/calling in from the field where there is traffic noise, talking in the background and lack of privacy
* Put your phone/computer on mute until you wish to comment. Remember to unmute when you do participate
* Do not press hold while connected, as others will hear your agency/personal wait music
* Don’t be a “stalker”. If the meeting leader permits, when you have questions, comments, ideas or thoughts, share them. It is likely others have the same thoughts or questions and it makes for a more productive discussion when people participate
* When you do speak, share who you are first and then speak up clearly
* Ensure that you have been listening to the discussion so that you don’t ask a question that has already been answered
* Put away other work so you can give full attention to the presentation or discussion
* If you must leave the conference, let the leader know you need to exit, if possible
Staff Qualification for Co-occurring treatment in the CPR Program

For provision of individual co-occurring counseling, group co-occurring counseling, and co-occurring assessment supplement, eligible providers must be either a qualified mental health professional (QMHP) or a qualified addiction professional (QAP) and meet co-occurring counselor competency requirements established by the Department of Mental Health. For group education, the eligible provider shall have documented education and experience related to the topic presented and either be or be supervised by a QMHP or a QAP who meets the co-occurring counselor competency requirements. Co-occurring counselor competency requirements are defined as: 1) a QAP or 2) a QMHP with one year of training or supervised experience in substance use treatment, and 3) if the QMHP has less than one year of experience in integrated treatment, must be actively acquiring 24 hours of training in integrated treatment specific content and receive supervision from experienced integrated treatment staff.

A QMHP is defined within 9 CSR 30-4.030 and can be found by following this link: http://www.sos.mo.gov/adrules/CSR/current/9CSR/9C30-4.pdf

A QAP is defined within ITCD as: A physician or qualified mental health professional who is licensed or provisionally licensed in Missouri or a person who is certified or registered as a substance use professional by the Missouri Credentialing Board**.

*The 24 hours of training in ITCD specific content can include, but is not limited to:
  • Co-occurring mental health and substance use disorders
  • Motivational interviewing
  • Stage-wise treatment interventions
  • Addictions treatment
  • Relapse prevention
  • Cognitive behavioral treatment

**Qualified Addiction Professional Credentials: CADC, CRADC, CRAADC, CCJP, CCDP, CCDP-D, RADC, and RADC-P are considered Qualified Addiction Professional Credentials

CCDP - Co-Occurring Disorders Professional
CCDP-D - Co-Occurring Disorders Professional - Diplomate
CCJP - Certified Criminal Justice Addictions Professional
CADC - Certified Alcohol Drug Counselor
CRADC - Certified Reciprocal Alcohol Drug Counselor
CRAADC - Certified Reciprocal Advanced Alcohol Drug Counselor
RADC - Registered Substance Abuse Professional
RADC-P - Registered Substance Abuse Professional – Provisional

The below credentials are NOT Qualified to provide the Co-Occurring Counseling or Supplemental Assessment (Not a QAP):

MAADC I or II

More information can be found by following this link: https://missouricb.com/wp-content/uploads/2018/05/careerdiagramladder.pdf
Enhanced IMR for ITCD teams!! 4 dates/locations for each 1 day training!

**July 9** – DMH Office: 1101 Weber Rd., Farmington

**July 11** - Burrell South Creek: 2885 W. Battlefield Rd., Springfield, Conference Room 148

**July 31** - DMH Central Office: 1706 E. Elm St., Jefferson City, Conference Room B

**August 27** - The Dome: 5300 Arsenal St., St. Louis

*All 10am to 3pm, lunch on your own, travel/lodging on your own-Contact Bobbi Summers for free registration: Bobbi.Summers@dmh.mo.gov*

**Review IMR philosophy & principles**
**Learn differences between IMR and enhanced IMR**
**Review Key Elements of 11 E-IMR Modules**
**Discuss vital E-IMR Staff Interventions**
DBH ITCD fidelity team/technical support contacts

Website: www.dmh.mo.gov/mentalillness/provider/iddtproviders.htm

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