

FYI Fridays

(Policy Guidance and DBH Updates)

April 27, 2018

1. **Budget Update** – The Department’s budget was passed on the Senate floor this week.

What we do know today is as follows:

- Provider Rate Increase 1.5% restored by the House was supported by the Senate.
- Compulsive Gambling was restored by the House and supported by the Senate.

Conference Items:

- The Opioid New Decision Item (NDI) for Peers in the ER and ATR recovery supports.
- The Behavioral Health Pilot Program in STL City NDI (Rep. May).
- Sen. Curls added \$800,000 FED to support the Crisis System in KC. We believe it is intended for the KC Assessment and Triage Center, but it is unknown at this time.

2. **USDA Rural Development, Rural Opioid Epidemic Roundtable** - USDA Assistant to the Secretary for Rural Development Anne Hazlett is hosting a series of monthly roundtables on opioids through the summer. On Wednesday, April 25, state leaders and stakeholders gathered for a roundtable discussion as a way to open the doors of communication among the people who are fighting to put an end to opioid misuse and its effect on rural communities. Tim Rudder represented the DMH at the roundtable and presented on Missouri’s State Targeted Response to the Opioid Crisis (Opioid STR) grant. Tim focused on our efforts to utilize telehealth as a way to increase access to treatment in our rural areas, and in particular physician services.
3. **CSTAR SPA** – DMH staff continue to work through the “informal” questions sent to us from CMS in response to the submission of our revised CSTAR State Plan Amendment (SPA). The major changes requested in this SPA are the 1) addition of Peer Support, 2) addition of Family Support, 3) addition of LPNs as qualified providers of nursing services, and 4) addition of PAs as qualified providers of medication services. Answers to CMS’s informal questions are due back to that agency by May 3, 2018; however, due to the extent and nature of the numerous informal questions received, DBH will be sending only a selection of responses. We need more time to adequately address some of the others. This will put us into “formal” mode with CMS. Stay tuned.
4. **New AmeriCorps VISTA Funding Available** - AmeriCorps VISTA supports efforts to alleviate poverty by providing opportunities for Americans 18 years and older from a diverse range of backgrounds to dedicate a year of full-time service with a sponsoring organization (“sponsor”) to create or expand programs designed to empower individuals and communities in overcoming poverty.

AmeriCorps VISTA Opioid Programming focuses on addressing the **opioid crisis in Kansas and Missouri by placing VISTA members with non-profit organizations, government entities, tribal nations, and other qualified public health organization, that are creating or expanding opioid projects targeting low-income communities.** The programming treats opioid addiction and recovery as a health issue and fits into the Corporation for National and Community Service’s Healthy Futures focus area; however, other focus areas such as education may be impacted. The programming emphasizes prevention, intervention, and treatment.

AmeriCorps VISTA helps strengthen nonprofit organizations:

- AmeriCorps VISTA members serve full time for a year performing indirect services such as: recruit community capacity of nonprofit organizations.
- During their service year, VISTA members receive a living allowance, training and may be eligible for health care, childcare, student-loan forbearance or deferment and relocation allowance. Members receive either an Education Award or cash stipend at the end of their service year.
- Interested nonprofits agree to recruit VISTA members, provide weekly supervision for the VISTA, mileage reimbursement, progress reports and onsite training.

If you are interested in applying for AmeriCorps VISTA resources to support your substance use/opioid programming please contact the Kansas and **Missouri State Office**: MO@cns.gov or KS@cns.gov.

5. **Certified Peer Specialist Update** - For many years the DBH has recognized two peer credentials, one with the goal of qualifying peers to work with individuals with mental health (MH) disorders and the other focused on individuals with substance use disorders (SUDs). Peers have received different education and support based on their own lived experiences and whether they wanted to help people in recovery from substance use or mental health disorders.

Research and national experts tell us that an integrated approach in using resources and helping people in recovery from MH disorders and SUDs is the best way forward. Beginning in **March of 2018**, the Missouri Credentialing Board, in partnership with the DBH, is training and credentialing peers across the state with one standard curriculum. The Certified Peer Specialist Basic Training provides participants the tools needed to use their personal stories to provide support to individuals in treatment and recovery programs. DBH will recognize one peer credential: the Certified Peer Specialist. The basic training for peers will continue to be free of charge to participants.

What this means for peers and providers:

- More year-round training opportunities for peers;
- Peers with different kinds of lived experience will work and learn together;
- A streamlined certification and recertification process;
- A unified voice under one network of credentialed peers; and
- A larger peer workforce.

Look for updates on different topics/initiatives next Friday!