

FYI Fridays

DBH Updates, Notices, and Policy Guidance

December 13, 2019

1. **Reminder Regarding Use of Subcontractors** – Please carefully review the memo on subcontracting put out last spring. It outlines agencies' responsibilities for subcontractors delivering services on behalf of DMH-contracted providers.
<https://dmh.mo.gov/media/pdf/subcontracting-responsibilities>
2. **End of Clinical Supervision Billing Code** - Effective December 31, 2019, the Clinical Supervision service codes (96006 and 96006 GT) will be eliminated. Thus, **Clinical Bulletin 001** entitled, "**Clinical Supervision**," will be rescinded. This is a non-Medicaid funded service, so there is no match available when it is billed. This non-consumer specific service code was developed more than a decade ago when training on evidence-based practices was less accessible. The primary goal was to improve the quality of treatment delivered by improving counseling skills, competencies, and effectiveness. Routine clinical supervision activities were not billable under this service. Web-based learning platforms that often offer trainings free of charge are widely available and cover a plethora of topics. There are also learning collaboratives regularly available that assist participants in information uptake and skill implementation. This past year, the DBH conducted a desk audit of Clinical Supervision billings for the 10-12 providers who seek reimbursement for this service. Unfortunately, the recoupment of billings was quite high because the documentation did not support the billable service functions. Our treatment resources are so limited, I believe the dollars would be better invested in services delivered to clients.
3. **Update on DBH Administrative Rules** - The **CPR rules, as amended**, were published in the October 31, 2019, issue of the *Code of State Regulations* and will be effective **November 30, 2019**. The rules are available at:
<https://www.sos.mo.gov/cmsimages/adrules/csr/current/9csr/9c30-4.pdf>

A summary of changes has been developed to assist providers and staff in transitioning to the revised rules
<https://dmh.mo.gov/media/pdf/cpr-rules-amendment-summary>.

Most changes were necessary to bring the rules up-to-date with current service delivery practices, so providers should be familiar with them.

Rules for **Substance Use Disorder Treatment Programs** are currently being reviewed by staff. The proposed changes will be shared with all providers for informal comments prior to official filing with the Secretary of State's Office.

MEDICATION COSTS - URGENT

If you are not currently working with pharmacies that have \$4 meds, YOU SHOULD BE!

If you don't know if you are, ASK! If you know you are not, but don't know why, ASK!

And it's not just the \$4 meds – other med prices have been drastically cut by asking about possible negotiations, bulk purchasing, whatever. We have agencies reporting that by **switching pharmacies they have brought down medication costs TREMENDOUSLY (35-75%)!!**

Our treatment funds are far too limited – we **ABSOLUTELY MUST** be bargain shoppers – these are your tax dollars after all. We all need them to go further. Our friends and family members are DYING.

We cannot meet the demand for treatment, but we could be serving more individuals (AKA: **SAVING MORE LIVES**) if we cut down on unnecessary medication costs.

The DBH will be exploring how to systematically ensure we are not overspending when there are clear opportunities for community savings. Right now I'm just begging you to do it **because it's the right thing to do.**

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Core Rules remaining to be amended—

- 9 CSR 10-7.070 Medications
 - 9 CSR 10-7.140 Definitions
4. **Congrats, Katie on Move to CJ Services!** – Katie Andrews has accepted the position of Criminal Justice Specialist. She will assist Angie Plunkett (Criminal Justice Manager) as the liaison to DOC, the courts, CMHLs and as the point of contact for the Justice Reinvestment Initiative. Katie has worked for DMH for 8 years as the Real Voices Real Choices Consumer Conference Coordinator and most recently in the SATOP unit.
5. **CMHT/OSMI Summit** – The Summit related to the Community Mental Health Treatment (CMHT) and Offenders with Serious Mental Illness (OSMI) was held on December 2, 2019, at the Coalition. Attendees included:
- 21 Probation/Parole Officers who carry an SMI caseload
 - 23 community mental health providers
 - 7 Department of Corrections staff
 - 6 DMH staff
 - 2 Coalition staff
- Great feedback regarding these programs was received and the group asked for summits to be conducted semi-annually. The next one is scheduled for May 4, 2020.
6. **DBH SAC Meeting Held** – The State Advisory Council convened at the DMH on December 4, 2019. Chaired by **Denise Mills** and **David Stoecker**, the meeting agenda included the following topics:
- Division Update and Budget Update – DBH Staff
 - Budget Overview – **Vicki Schollmeyer**
 - Missouri Child Psychiatry Access Project (MO-CPAP) – **Wendy Ell**
 - MO Crisis Intervention Training (CIT) Update – **Det. Jason Klaus**
7. **DMH Commission Meeting Held** – The Department’s Mental Health Commission convened at DMH on December 12, 2019. In addition to the introduction of the newest commissioners, the following agenda items were presented:
- Director’s Update – **Mark Stringer**
 - Budget Update – **Lynne Fulks** and **Molly Boeckmann**
 - Division Introductions – **Lynne Fulks, Rick Gowdy, Val Huhn**
 - Legislative Session Overview – **Susan Flanigan**
 - RESPECT Institute Speaker – **Michelle Gerstner** and **James Preston**
 - Technology First – **Val Huhn** and **Cory McMahan**

Info and Resources

1. **AHRQ Study Finds Widening Urban-Rural Mortality Gap is Due to Fewer Visits to Mental Health Care Providers by Rural Adults with Mental Health Needs** - A study published in the December 2019 issue of *Health Affairs* (<https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.2019.00369>) finds that a widening urban-rural mortality gap over the last decade immediately attributable to differential death rates from suicides, overdoses, and alcohol-related liver diseases has been caused by the fact that adult rural residents with mental health needs have fewer ambulatory mental health visits than their urban counterparts, even if they are already on prescription medications for mental health conditions.

The AHRQ researchers found “stark differences” in the county level supply of psychiatrists, with 79% of rural non-adjacent counties lacking a psychiatrist, compared to 33% of urban counties in 2017-2018. But they reasoned this workforce shortage might actually reflect a difference in the demand for care rather than the driving force itself for a lesser rate of care visits. They found that residents of rural non-adjacent counties had 73% fewer mental health care visits than urban county residents and 59% fewer visits than rural-adjacent county residents who, in turn, had 33% fewer visits than urban county residents. Specialist visits showed similar disparities, with rural-nonadjacent county residents having 73% fewer visits than urban county residents, and rural-adjacent county residents having

41% fewer visits than their urban counterparts. Rural-nonadjacent county residents had 21% fewer prescription fills compared to urban county residents, and rural adjacent county residents had 12% fewer prescription fills. Among those with a prescription drug fill, rural-nonadjacent county residents had 54% fewer ambulatory mental health visits than did urban county residents and 55% fewer specialist visits. Rural-adjacent county residents with at least one prescription drug fill had, on average, more ambulatory and specialist visits than their rural-nonadjacent county counterparts, but they still had fewer than urban county residents.

The authors of the study suggest several potential approaches in remedying the rural care disparity: (1) incentives for providers who practice in underserved rural areas, such as the loan repayment programs under the National Health Service Corps administered by the Health Resources and Services Administration; (2) training in mental health treatment for nonphysician providers and a revision of scope of practice laws to allow advanced practice nurses and physician assistants to screen for mental health conditions and provide basic mental health services such as prescription-writing; (3) task-sharing that allows or encourages local staff to work at the top end of their training while leaving scarce but highly-trained specialists to act more as consultants or supervisors than direct caregivers; and (4) a greater use of, and parity in reimbursement for, telemedicine in monitoring mental health and treating mental illness. *(source: NASMHPD Weekly Update)*

2. **Senators send letter to Attorney General regarding MAT expansion in criminal justice settings** - Senators Margaret Hassan (D-NH), Edward Markey (D-MA), Jeanne Shaheen (D-NH), and Elizabeth Warren (D-MA) recently sent a letter to Attorney General William Barr regarding medication-assisted treatment (MAT) for individuals involved in the criminal justice system. As described in the letter, the First Step Act of 2018 required the Director of the Bureau of Prisons (BOP) to submit a report to Congress on the availability and capacity of the BOP to treat individuals with opioid use disorder (OUD). The legislation also required that the report include a description of plans to expand the use of MAT in criminal justice settings. The Senators noted that a report was released in March of 2019, however, it did not include the required information. In response, the letter requests that the BOP provide written responses to these and other questions by January 17, 2020. *(source: NASADAD Update)*
3. **Report Finds Decreasing Racial Disparities in the Criminal Justice System** - The Council on Criminal Justice recently released a new report examining racial and ethnic disparities within the criminal justice system. The report expands on previous research, indicating a decrease in racial disparities, by examining the following data: national-level trends in disparity in probation, parole, jail, and prison populations; crime-specific changes in disparity in imprisonment rates; differences in disparity by race and sex; and how changes in reported offending rates and decisions at the key stages of criminal justice case processing have affected black and white imprisonment rates. Key findings from the report indicated that from 2000 to 2016, racial and ethnic disparities declined across all justice-involved populations. The black-white State imprisonment disparity fell from 8.3-to-1 to 5.1-1, and the Hispanic-white parole disparity fell from 3.6-to-1 to 1.4-to-1. Additionally, black-white disparities in State imprisonment rates fell across all major crime categories, with the largest drop for drug offenses. *(Source: NASADAD Update)*
4. **Regional P&P/Provider Oversight Meetings Scheduled**
 1. December 10th – **NE Region** (Districts 11, 16, 17 and 38) - 1:00 pm – 3:00 pm Location: P&P Office, 211 Compass Point Dr., **St. Charles**
 2. December 16th – **Eastern Region** - 9:30 am – 11:30 am
Location: St. Louis Community College, William J. Harrison Education Center, 3140 Cass Ave., **St. Louis**, MO 63106
 3. December 16th – **North Central Region** – 10:00 am – 12:00 pm
Location: P&P office, 205 Thompson Rd, **Sedalia**
 4. December 17th – **SE Region** - 10:00 am – 12:00 pm
Location: P&P Office, 3463 Armstrong Dr., **Cape Girardeau**
 5. January 14th – **NE Region** – (Districts 3, 18 and 26) 9:00 am – 11:00 am
Location: P&P Office, 1317 E. Highway 24, Suite B, **Moberly**

Training Opportunities

1. **Value Based Care for Behavioral Health** - Many behavioral health organizations are seeking a pathway as they enter into Value-Based Reimbursement models. You may be in the initial phase of deciding whether VBR is right for you, or you may be in the stages of preparing your organization infrastructure for this new model. This recorded **Webinar series** will help you more effectively work with payers and develop service lines to deliver better value for your clients and the communities that you serve.

These **FREE** Webinar sessions can be viewed according to your own schedule:

The Drivers Shaping The Movement To A Value-Based Contracting Business Model
Thriving With Managed Care: Organizational Competencies & Best Practices For Succeeding With Managed Care
Are You Ready For Value-Based Reimbursement? An Executive Guide For Assessing Readiness In A Value-Based Market
Bridging The Gap Between Data & Data-Driven Performance
Are You Ready for Value-Based Reimbursement? A Case Study Presentation

To register for these no-cost recorded Webinars and for free registration to the OPEN MINDS Value-Based Care for Behavioral Health online community, visit VBCforBH.com

2. **Expanding Access to Recovery** - In this **webinar**, national recovery organization leaders will provide an overview of the existing networks of recovery community organizations, recovery housing, collegiate recovery programs, recovery high schools and alternative peer group programs that make up the recovery support infrastructure across the United States and what is needed to sustain it. This **FREE** webinar will be held **December 17, 2019, at 3:00 pm EST. REGISTER**
3. **From Evaluation to Action: Sharing Four Years of Implementation and Learning in Value-Based Care - Wednesday, December 18, 1-2:30 p.m. ET Register Today!** In this **webinar**, take a deep dive into the successes and lessons-learned that provide insight into the role of providers, payers and patients in driving true value-based care. Leaders and innovators within the project will share stories of exemplary performance and quality outcomes and provide national, state and provider perspectives on the future of behavioral health in a value-based environment.
4. **Collaborative Care: Strategies for Unlocking Its Potential** - The detrimental effects of poor access to psychiatric services have come into sharper focus with the increasing pace of health care reform, the national crisis surrounding opioid addiction and staff shortages. Studies show that collaborative care is one of the most effective interventions for depression, anxiety disorders and co-occurring medical conditions such as heart disease, diabetes and cancer. Join the [Center of Excellence on Integrated Health Solutions](#) on **Wednesday, December 18, from 2 – 3 p.m. ET**, for a **webinar** “Collaborative Care: Strategies for Unlocking Its Potential”. [Register Today](#). Integrated care expert, John Kern, M.D., the University of Washington’s clinical professor of psychiatry and behavioral science will provide guidance on practical strategies to:
 - Implement collaborative care clinical practices to conduct depression screening and regular tracking.
 - Create an organizational culture that empowers staff to improve clinical and financial outcomes.
 - Adhere to procedures born out of the IMPACT study, the largest depression treatment study to date.
5. **Clinical Supervision Learning Collaborative** - The *Missouri Children’s Trauma Network*, in partnership with the *Missouri Coalition for Community Behavioral Healthcare* and the *DMH* is excited to announce an opportunity to learn more about clinical supervision through our **12-month Clinical Supervision Learning Collaborative** starting **January 2020**. During this learning collaborative, you will learn different fundamentals and best practices of supervision. CEUs will be provided throughout the learning collaborative as well. Space is limited, so please register as soon as possible. Registration and more info: [CLICK HERE](#)
6. **EMDR Training** - The Missouri Children’s Trauma Network will provide additional EMDR training for 2020. The training is free and will be provided in the rural areas of Missouri. The locations are below. Please make sure you can attend the initial dates of training and the follow-up dates of training. **You must attend the full training to**

complete. Additional details regarding location, time, etc. will be sent once registration is complete. **Register online now >> [Click Here](#)**

Dates & Locations:

Hannibal | ***February 7-9, 2020 & March 13-15, 2020***

Poplar Bluff | ***April 3-5, 2020 & May 15-17, 2020***

Joplin | ***June 5-7, 2020 & July 10-12, 2020***

7. **MATCP 22nd Annual Treatment Court Training Conference** – the theme for this year’s conference of the Missouri Association of Treatment Court Professionals is “One Team: One Goal.” This conference will be held in Branson from **March 25-27, 2020**. Explore the all-new **MATCP website, motreatmentcourt.org**, to learn more about registration, housing, agendas and more! Please remember to register early and to secure your hotel at the host hotels at the Hilton Hotel and Convention Center or the Hilton Promenade. (Rooms have sold out every year—so do not delay!)

8.

Look for updates on different topics/initiatives next Friday!