

MT Co-Occurring Capacity Building Project: Planning Council Minutes

September 10th, 2015; 10:30 to 11:30am

Sanders Building; Room 107

Attendees: Isaac Coy, Mick Leary, Zoe Barnard, Kandis Franklin, Laura Taffs, Joclynn Ware, Lori Davenport, Tim Conley, Linda Kinsey, Denise Higgins, Arne Wiebe, Elizabeth LeLacheur

- 1. Introductions and Welcome:** Zoe and the members welcomed Arne Wiebe to the Council. Arne joins us as a family member advisor. The Planning Council will start meeting on a more regular schedule again, starting in November. Zoe also reiterated the desire for the Planning Council to continue in its advisory and oversight capacity with other grants that focus on the care of multi-agency involved youth, and invited the Council to be part of the SYT-I grant -- State Adolescent & Transitional Aged Youth Implementation Grant.
- 2. Sustaining Funding for Integrated Co-occurring Treatment (ICT):** The Bureau has been researching what would be a suitable Medicaid cost model to sustain ICT treatment services. Research initially centered on proposing an appropriate reimbursable rate that could be added to the Montana EPSDT Rehabilitative Services State Plan Amendment (SPA). However since the Plan has been open for 30 months, this may not be the best option given the grant timelines. The research is now focused on an 1115 Demonstration Medicaid Waiver. This permits us to specify service limitations such as serving a specific age range and the number of qualified treatment providers. The ICT developers agree that the model may not be suitable for state-wide dissemination due to the requirements of the team composition and credentialing, and the logistics and costs of traveling to offer in-home treatment in frontier communities with low population density that is distributed over a large geographical area. Another condition is the waiver must be cost neutral. This waiver would grant us five years to pilot the waiver at which time it would then need to be renewed.

To date, Medicaid has been reimbursing ICT costs for about 30% of the grant clients with private insurance, grant dollars and Probation responsible for the remaining costs. There was discussion about the parity requirement in the Affordable Care Act and the gaps in service coverage and limited provider networks of private insurance plans which can negatively affect access to adolescent treatment services. As Arne noted, families sometimes have to vigorously advocate with the insurance companies to get services covered. This may be a discussion to have with the Insurance Commissioner's Office.
- 3. Update on Workforce Development Activities:** Tim gave an update on Workforce Development. There have been 1,957 separate training registrations and 7,465 contact hours of training offered to behavioral health care professionals, law enforcement, juvenile justice, school counselors, and state employees. The trainings offered were informed by what the workforce reported they needed.

A power point presentation showing and explaining the Workforce Maps has been shared with a number of stakeholders such as the Department of Labor and Industries (responsible for licensing the professionals) and the Licensing Board for Addiction Counselors, Professional Counselors and Social Workers. The power point presentation is included with the Minutes.

Another focus has been reviewing the current processes and policies for licensing Addictions Counselors. We intend to work with the Dept. of Labor and Industry, and Cyndi Reichenbach with the Licensure Bureau has been invited to join the Planning Council. An example of the challenges with licensing relates to the lack of reciprocity with out-of-state licenses. Linda noted that many of the tribal clinicians have the national CDS license and it was a long process to get that recognized in Montana. Tim intends to follow up with Linda to better understand the CDS license and process.

Student loan repayment was mentioned as a workforce development incentive; it was noted that many of the people stay on long after their obligation is fulfilled.

Workforce coordination has changed hands since the last Planning Council meeting. The Western MT Addiction Services (WMAS) Workforce Development Coordinator took a new position in August and the Intermountain Workforce Development Coordinator has taken over the role and responsibilities.

4. **Update on Grant Activities:**

TREATMENT MODEL USE: Since the last meeting, MET/CBT (Motivational Enhancement Treatment/Cognitive Behavioral Treatment) has been discontinued at Intermountain because the level of treatment need of the clients being referred was much higher than could be effectively served by this model. WMAS has continued to use MET/CBT and is building a referral base and will sustain its use at the agency.

Tim noted that to-date, by the end of the no-cost extension we'll have served 95% of the proposed number of grant clients (n=180), and 80% of these will be ICT clients. The second attachment, with these Minutes, contains notes from the interviews with the WMAS ICT team. The focus of this conversation was largely on family involvement and the role of parents/caregivers in ICT. The statements from family members powerfully convey their experience, and the work that the clinicians do with families. It's worth reading.

Other upcoming reports from the Evaluator's office include an update on the Office of Court Administrators Study of ICT and non-ICT youth, and an intake and 6 month report of specific measures from the Teen Addiction Severity Index (T-ASI), the evidence based assessment.

DISSEMINATION OF ICT: Rimrock, in Billings, has hired an ICT team who will be trained in the model this month. WMAS and Intermountain are co-facilitating the training and are being groomed by the developers to be the MT based technical assistance for this new team.

FINANCIAL MAP: Currently the SFY 2014 financial map is under development and we plan to share it with the Council at the November meeting. Thanks to all of your agencies that are contributing data for the map.

NO-COST EXTENSION: In July we submitted a twelve month no-cost extension request and hope to get the award this month as the grant period ends 9/29/2015. This extension would continue workforce activities and infrastructure development; another 10 months of ICT services; would allow us to work with the financial mapping data; to work on developing a cost model to sustain ICT; and to continue the work on finding a home to house and host the online webinars developed by the grant.

5. **State Adolescent & Transitional Aged Youth Grant (SYT-I) awarded:** The SYT-I provides integrated care - physical, mental health and substance abuse services to 16-25 year olds who are now eligible for Medicaid. This transitional age group has often had dismal treatment outcomes. Grant activities include: using an evidence-based treatment model, *Interactive Journaling*, and piloting a health home care model at four provider agencies: Bullhook in Havre, Helena Indian

Alliance; Gateway Community Services and Center for Mental Health in Great Falls and Rimrock in Billings.

Linda Kinsey noted that a more culturally competent version of *Interactive Journaling* has been developed and is going through the evidence-based process with SAMHSA.

6. **Other:** Since the last meeting, the Governor requested that Dept. of Public Health and Human Services apply for a one year, planning grant: *Certified Community Behavior Health Clinics (CCBHC)*. This grant focuses on addressing life-time behavioral health needs. The activities would include studying a medication assisted treatment payment model; an actuarial firm will be hired to determine the actual cost of providing care in the field. If awarded, this may not be a grant that would involve the Council.

Zoe noted that both the SYT-I and CCBHC grants continue the focus on the need for co-occurring treatment and other stakeholders such as NAMI (National Alliance for the Mentally Ill) and the Montana Health Foundation are also talking about the need to address co-occurring disorders. Denise shared that her Bureau had been awarded a grant by the Healthcare Foundation to offer loan repayment incentives and place six mental health professionals in primary care offices.

Arne prompted a discussion about using public service announcements (PSAs) to raise awareness about what families and youth go through when co-occurring disorders exist. Denise shared the strategies used by her Bureau including evaluating the effectiveness of PSAs with a sample of respondents using postcard surveys before and after the PSAs. Arne suggested working with the youth in high schools to shape the PSAs and possibly share their stories. Zoe and Kandis will work on this as part of the work with Jason DeShaw.

Next meeting: November 16th, 10:30 to 11:30 am
Sanders Building; Room 207

Attachments: