

MISSOURI HOSPITAL ASSOCIATION  
PSYCHIATRIC NETWORK  
MINUTES OF MEETING  
9:30 a.m. Thursday, September 6, 2018  
Missouri Hospital Association  
4712 Country Club Drive  
Jefferson City, MO 65101

**MEMBERS PRESENT**

Al Griemann, Chair  
Andy Atkinson  
Debra Deeken  
Nate Duncan  
Shannon Griggs Failes  
Tom Flanagan  
Dayna Harbin  
Alyson Harder  
Kathy Harms  
Angela Igo  
Julie Inman  
Steve Jarvis  
Lynn Lemke  
Britani Manthe  
Patty Morrow  
Robert Reitz, Ph.D.  
Megan Roedel  
Greg Shannon  
Mel Teglia  
Sarah Willson  
Debbie Wriedt

**OTHERS PRESENT**

Richard Gowdy, Ph.D.  
Daniel Landon  
Lauren Moyer  
Kim Nelson  
Ted Wedel

**WELCOME AND INTRODUCTIONS**

Al Greimann welcomed the group and introductions were made.

**REVIEW AND APPROVAL OF MINUTES**

The group reviewed the minutes from the previous meeting. With no additions or deletions, Dayna Harbin made a motion to approve the minutes and Debra Deeken seconded the motion. The motion was carried to approve the minutes.

## **DEPARTMENT OF MENTAL HEALTH UPDATE**

Richard Gowdy, Ph.D., provided a DMH update. Dr. Gowdy discussed their Early Prevention Impacts Communities program and the projected replication in three areas: Columbia, Springfield and Kansas City. The Justice Reinvestment program with the Department of Justice was discussed. This is a new initiative which will launch in the near future. The State Targeted Response grant outcomes was discussed. The State Opioid Response grant application is out. They anticipate an award of \$18 million for two years, almost twice as big as State Targeted Response. Dr. Gowdy noted the effort to get hospitals to work with the local Crisis Intervention Training Councils and the importance of hospitals reaching out to local law enforcement to foster good relationships. Greimann asked about the IMD exclusion and any waiver activity. Dr. Gowdy noted that DMH still is looking at that possibility, but it currently is not in the cue. All seven hospitals were reviewed and accredited by Joint Commission.

## **S.A.F.E.R. INITIATIVE UPDATE**

Jackie Gatz presented on the S.A.F.E.R. initiative (see presentation slides) and explained that the impetus for this initiative was to provide targeted work to help reduce workplace violence. Gatz further explained the initial focus of workplace violence is expanding to include a broader concept of overall safety including human trafficking, regulatory and survey issues surrounding staff and patient safety. Missouri hospitals complete an annual evaluation which includes a risk assessment. The results of the assessment partially drive the safety work at Missouri Hospital Association. Gatz covered the result of the 2017 assessment and how it relates to current work. She announced the promotion of the Run, Hide, and Fight Initiative, a program taught in elementary and secondary schools as well as health care professions schools.

Gatz discussed advocacy efforts including trying to resolve aggressive survey tactics. Sarah Willson discussed advocacy issues related to emergency department physicians being able to complete psychiatric assessments to determine if there is an emergency psychiatric condition. Greimann commented he had received a call from an attorney in Iowa. The attorney was representing a facility with a 15 bed psychiatric unit which had a Center for Medicare and Medicaid Services' survey and received four Immediate Jeopardy citations. Two citations were related to stopping taking admissions because the facilities were full, or could not take an additional patients because of acuity and having open beds. Willson will share this information with Herb Kuhn and Jane Drummond.

Gatz discussed actions being taken to bring CMS and Occupational Safety and Health Administration together to better align expectations to provide for a safe patient and employee environment. Alyson Harder noted that OSHA is coming in under the guise of workplace violence and then surveying the entire facility. Harder agreed to share policy on workplace violence. Gatz asked that policies be emailed to her at [jgatz@mhanet.com](mailto:jgatz@mhanet.com) or Sarah Willson at [swillson@mhanet.com](mailto:swillson@mhanet.com). The Zero Harm Culture program was reviewed. Gatz discussed the OSHA Technical Assistance agreement which recently was signed. Additional discussion included the upcoming Executive Roundtable and Building Bridges Summit planned for 2019; the policy repository on the S.A.F.E.R. site, and future data collection roll-out plans.

## **STATE LEGISLATIVE UPDATE**

Daniel Landon provided a 2018 state legislative update. Landon first discussed some Federal initiatives that might impact state actions in 2019. Opioid bills are slated to be resolved in a conference committee. He explained there is not bipartisan support of Institutions for Mental Diseases expansion or HIPPA related to substance abuse disorders. It is likely an opioid bill will be passed before the general election. If they do not pass IMD expansion or HIPPA privacy relaxation, there likely are changes that will occur which will influence the future of addressing these issues including: the U.S. House is likely to flip to Democratic control, and likely be a new Majority Leader which will not include Nancy Pelosi.

Landon discussed 2019 budget considerations including revenues exceeding \$150 million (lowering income tax rate) in which revenues likely will decrease, current state revenues will not be what was projected; the Federal Medical Assistance Percentages is going up by about a point—yet bad for Missouri because the rate is set based upon financial indicators of strength as compared to other states. Missouri currently is ranked at 49. Redistricting will likely be an issue in 2019. There will be an ancillary debate as to whether the Medicaid Managed Care plans will have their own provider tax. This could influence their power to expand the scope of managed care to the elderly, blind and disabled. Landon noted there is a state law they cannot expand managed care to the elderly without changing the law. It may not happen in 2019, however, it is likely to happen. Additionally, there will be a focus to change how the plans operate. Focus will be to shift the contracting from between the plan and the department, to law and regulation based. MHA will also push to continue Medicaid Managed Care reform and an “opt out” process which is easier for kids. MHA is holding conversations with a firm called Evolent. Evolent helps providers establish managed care plans in the market and they are doing due diligence to potentially put Medicaid provider plans in the market to replace the managed care companies. MHA may look to push having a provider—sponsored plan requirement in law. Landon covered Admission Discharge Transfer alerting capabilities and the potential of reimbursement for boarding. He concluded with FRA safeguards placed into law in 2018 where the MMC plan to provide evidence of outcomes.

Dr. Gowdy stated the new SOR grant will cover Extension for Community Healthcare Outcomes projects. Greimann asked about a potential law passed that would allow emergency medical services to take a patient directly to a psychiatric facility. Landon noted he would check into this, but is not aware of a provision like that. Greimann stated he hoped there would be work at the Federal level on the Ryan-Haight Act.

## **SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION UPDATE**

Kim Nelson from the Substance Abuse and Mental Health Services Administration provided an update to the group. Nelson is the regional representative with SAMHSA. There is a memo issued by the Drug Enforcement Agency on Medication Assisted Treatment in May. Nelson stated there was some increased flexibility. Greimann questioned whether the DEA memo really provided any additional flexibility. Willson will send the memo out to the group with the minutes. SAMHSA had a large budget increase of 35 percent for federal fiscal year 2019.

Nelson stated the SOR grant lifts limitations on preventive activities as well as provide more dollars for Missouri. The dollars are in the federal budget through 2025 and noted there is support for the continuation of funds. She also stated the continuation of program language and 10 percent set aside for child pre-admission research as well as several other programs were noted. The current Assistant Secretary is focused on diverting people from the criminal justice system. There is an additional focus on data collection especially through the SOR grant. This could be a barrier for providers to participate in program. Dr. Gowdy asked Nelson to focus on the data barrier (Government Performance and Results Act) because it is proving to be a huge barrier.

Workforce development was discussed. SAMHSA is not the primary source for workforce development, it is HRSA. SAMHSA recently has worked with HRSA to identify opioid clinics as a potential placement site. Greimann asked Nelson to work on behalf of the group to recognize inpatient hospitals for loan repayment for professional staff. Nelson asked why HRSA will not cover this. Bob Reitz inquired about this and was informed that because of the type of care being provided and the number of encounters, the inpatient hospital is not eligible. Nelson stated she has a document outlining workforce development from all agency perspective and will share with the group. The group discussed limitations with assistant physicians. Their practice is limited to primary care which is something that may need to be looked at on the state level. Nelson noted she is pushing for university medical schools in the region to establish addiction medicine fellowships. St. Louis University as well as University of Nebraska Medical Schools are getting close to implementation.

The Minority Fellowship Program was discussed. The program has been around since the 70s. Nelson will be looking into what placements are available in our area and invited members to reach out to her to discuss potential support. There will be the establishment of mental health technology transfer centers (University of Nebraska) as well as a preventive technology transfer centers. This is a regionalized model and will complement the already established addiction technology transfer center. She offered to facilitate connects with these centers to provide training. Willson asked about the kind of training to be offered. Nelson stated implementation science is a heavy focus. The training for inpatient mental health technicians was discussed. Nelson noted National Center of Excellence for Recovery of Tobacco Free Environment, Center of Excellence for Eating Disorders, Center of Excellence for protected health information related to substance use disorder. Evidence-based practice will be available through a new National Policy Laboratory: EBP Resources Center. There is an enhanced focus on serious mental illness starting with a group of federal agencies and private stakeholders who have convened to look at how federal departments communicate a comprehensive (Interdepartmental Serious Mental Illness Coordinating Committee) plan of care. CMS will be issuing a 21st Century Cures requirement to the State Medicaid Director. In generalm CMS will need to offer states better flexibility to treat serious mental illness. The Zero Suicide grant was recently awarded to Missouri DMH. On September 14, there will be a live stream from HHS covering 2017 data. Participants should go to [HHS.gov](https://www.hhs.gov) and search for live streams. Parity was discussed. Nelson thanked the Missouri group who is sending data to the Department of Labor to facilitate the parity discussion. She noted the involvement is critical. Several other programs were discussed.

## **REDISCOVER**

Lauren Moyer from Rediscover provided a presentation (see attached). She reviewed the history of the program, how the stakeholders came together and its beginning funding sources. Additional topics covered included community assessment, staffing, exclusion criteria, services offered, outreach case management and impact.

## **GUIDENCE ON EPSDT SERVICES FOR KIDS IN IMDs**

Brian Kinkade talked with the group about CMS changes surrounding Early and Periodic Screening, Diagnostic and Treatment services for children in IMD services (see attached). In 21st Century Cures Act, there is a provision that guarantees EPSDT services. Kinkade explained children, by law, now have access to the services they need as directed by their provider. Kinkade reported that CMS and the state carefully will monitor billed services are not included in their per diem. Medicaid has issued a Survey and Certification memo in June (attached). MO HealthNet Division soon will be releasing its policy. This provision goes into effect January 1, 2019. Greimann questioned if we know what the MMC organizations will require surrounding authorization and payment. He also questioned whether CMS will require the implementation and delivery of the service while inpatient if the need is identified in the care plan. Harder reinforced there may be some issues due to lack of clarity surrounding understanding of what is included in the per diem.

## **STRATEGIC PLAN**

Greimann provided a brief overview of the Psychiatric Network strategic plan. Harder gave an update on the Children's Mental Health Parity data collection. The Safe Transition and Access to Recover Resources pilot between the Missouri Coalition for Community Behavioral Health Centers and Royal Oaks Hospital and Heartland Behavioral Health Services was discussed.

Future Strategic Plan Focus Areas:

- promotion of CIT involvement among hospitals
- Kim Nelson and national training transfer centers and mental health technicians
- Drug Enforcement Administration memo and Ryan Haight
- Question, Persuades and Refer website for suicide prevention training  
<https://aprinstitute.com>
- webinar for kids hospitals and EPSDT services

## **ADJOURNMENT**

The meeting adjourned at 3 p.m.

/pt

attachments