FYI Fridays

(Policy Guidance and DBH Updates)

April 13, 2018

1. **Budget Update** – The Senate is working on amendments to the House Committee Substitute appropriation bills.

2. **Opioid Crisis Management Team Training** - The next Opioid Crisis Management Training will be held in Kansas City on Tuesday, June 26, 2018 (1pm to 5pm). The focus of the trainings will be on the Medical, Psychosocial, and Administrative aspects of implementing evidence-based opioid treatment programs. Each event will include brief presentations, followed by topic-specific breakout sessions and group dialogue about barriers and solutions. Please register at the link below, and please send this to colleagues who you think would be interested:

   The Aladdin Holiday Inn Hotel
   Roof Garden Ballroom 16th Floor
   1215 Wyandotte Street
   Kansas City, MO 64105

   Register here: https://katiehorst.wufoo.com/forms/mfumvbb0m3phgd/

3. **FY 2018 Allocation Notice** – Fiscal staff have completed their financial analysis for FY2018 community obligations/contracts. The picture is not pretty and we still have some unknown factors with the CCBHC PPS with regard to MCO billings. So, at this time and until further notice please be advised that we will not allow the following:
   - Transfers of funding between agencies
   - Transfers of funding between contracts within a single agency
   - One-time funding
   - Funding over allocation within CIMOR will not be done.

   Transfer requests between Medicaid and Non-Medicaid will still be allowed. We will be re-evaluating this in May.

4. **Mental Health Commission -** The DMH Commission met Thursday. Presentations included a DD consumer update, and another by Missouri Association of Rehabilitation Facilities (MARF) that covered the crisis in the IDD workforce (lack of direct care service professionals). The latter included remarks from several IDD-serving agencies. The second set of presentations was provided on behalf of the DBH State Advisory Council. Representatives of the four Recovery Community Centers that are supported through STR offered information and data on each of their centers.

5. **Myth Busting Moment –** see next page!

Look for updates on different topics/initiatives next Friday!

Myth Busting Moment

1. **A level of care in CSTAR does not mean a certain number of treatment hours must be completed per week, nor does it mean that the treatment level is time-limited.**

   a. While many of the administrative rules are outdated, even the current ones do not indicate a certain number of hours must be provided. Instead, for each level a certain number of hours must be ***OFFERED***.

   b. While many of the administrative rules are outdated, even those that discuss the number of hours that clients should participate in per level have the following caveat: "…***unless contraindicated*** by the individual's medical, emotional, legal, and/or family circumstances." If individuals participate in less than recommended given any level of care, a progress note in the record can simply be used to describe the rationale.

   c. See the DBH memo dated 1/28/13 and CSTAR vs STR: Myths and Facts e-mail dated 12/15/17.

2. **Aside from having levels of care to which clients are assigned, and not having the Medication First Model firmly established, CSTAR and STR should look very similar.**

   a. Both should be individualized – meaning clients receive only the services they need (identified on the treatment plan) – no more, no less.

   b. See CSTAR vs STR: Myths and Facts e-mail dated 12/15/17.

3. **In CSTAR, Level 3 (Supported Recovery) can and should be the level assigned for those clients who are doing well on maintenance medications, and/or those individuals who are not on medications, but only need to be seen periodically to support their recovery. Remember, SUDs are chronic illnesses and should be treated as such. You don't receive 6 months of care for other chronic illnesses…this is no different.**

   a. While many of the administrative rules are outdated, even the current ones state that for level 3 that, "Each person shall be expected to participate in any combination of services determined to be clinically necessary."

   b. This could mean meeting with a counselor every few months, meeting up with or checking in with a community support specialist or peer specialist once a month or less, or dropping in for a group every so often. For those stable on medications, who have largely met their treatment goals, they may just see the doc as recommended for med maintenance.