

AGENDA
Task Force on Substance Abuse Treatment Services
Task Force on Substance Abuse Prevention
Meeting Jointly

Monday, October 13, 2014

01:00 PM

Room 151, State Capitol
Little Rock, Arkansas

Legislative Members

Sen. Joyce Elliott, Chair
Sen. Missy Irvin, Chair
Sen. David Burnett
Sen. Jonathan Dismang
Sen. Stephanie Flowers

Rep. Deborah Ferguson, Chair
Rep. Jeremy Gillam
Rep. Stephen Magie
Rep. Stephanie Malone
Rep. Micah S. Neal
Rep. Matthew J. Shepherd
Rep. Sheilla E. Lampkin, ex officio
Rep. Henry "Hank" Wilkins, IV, ex officio

Non-Legislative Members

Mr. Dennis Amaral
Ms. Michelle Anderson
Ms. Teresa Belew
Mr. Casey Bright
Ms. Kimberly Brown
Ms. Diane Bynum
Ms. Deb Crawford
Ms. Jackie Dedman
Dr. Moses Ejiofor

Ms. Joy Figarsky
Mr. Fred Harvey
Ms. Jessica Hestand
Ms. Joy Laney
Mr. Gary Morgan
Ms. Lisa Ray
Mr. Gary Rhodes
Mr. Cephus Richard
Reverend William Robinson

Ms. Susan Rumph
Ms. Otistene Smith
Mr. Max Snowden
Mr. Steve Varady
Mr. George Weaver
Ms. Jill Weinschke
Mr. Victor Werner
Ms. Bonnie White
Mr. Hank Wilkins, V

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- A. Call to Order
 - B. Approval of Minutes from the September 23, 2014, Meeting **[Exhibit B]**
 - C. Division of Behavioral Health Services, Arkansas Department of Human Services
 - 1. Ms. Joy Figarsky, Director of Division of Behavioral Health Services
 - 2. Ms. Paula Stone, Assistant Clinical Officer
 - 3. Ms. Julie Meyer, Director of Policy and Research **[Exhibit C-3]**
 - D. Review and Approval of the 2014 Draft Report for the Task Force on Substance Abuse Prevention
 - E. Other Business
 - F. Adjournment

Notice: Silence your cell phones. Keep your personal conversations to a minimum. Observe restrictions designating areas as "*Members and Staff Only*"

DRAFT MINUTES

TASK FORCE ON SUBSTANCE ABUSE TREATMENT SERVICES
Meeting Jointly with
TASK FORCE ON SUBSTANCE ABUSE PREVENTION

September 23, 2014

The Task Force on Substance Abuse Treatment Services met jointly with the Task Force on Substance Abuse Prevention on Tuesday, September 23, 2014, at 9:00 a.m. in Room 171, at the State Capitol, Little Rock, Arkansas.

Task Force on Substance Abuse Treatment Services Legislative members attending were: Representatives Deborah Ferguson, Chair, Stephanie Malone, Senators Jonathan Dismang, and Stephanie Flowers.

Non-legislative Substance Abuse Treatment Services members attending were: Casey Bright, Diane Bynum, Dr. Moses Ejiofor, Gary Morgan, Cephus Richard (*via conference call*), Nelda Barnard (*for Steve Varady*), George Weaver, and Victor Werner.

Task Force on Substance Abuse Prevention Legislative members attending were: Senator Missy Irvin, Chair, and Representative Jeremy Gillam.

Non-legislative Substance Abuse Prevention members attending were: Nelda Barnard (*for Steve Varady*), Jessica Hestand, Jill Weinischke, Otistene Smith, Deb Crawford, and Teresa Belew.

Other Legislative members attending were: Representatives Scott Baltz, David Hillman, and Homer Lenderman.

Representative Ferguson called the meeting to order.

CONSIDERATION OF THE OCTOBER 29, 2013 MINUTES [Exhibits B-1, B-2]

Approval of minutes from the October 29, 2013, Task Force on Substance Treatment Services and the October 29, 2013, Task Force on Substance Abuse Prevention were made without objection.

Arkansas Prescription Drug Summit Summary [Exhibit C]

Ms. Nelda Barnard, Program Coordinator, Office of the Drug Director, Division of Behavioral Health Services (DBHS), was recognized. Ms. Barnard gave a brief overview of the Arkansas Prescription Drug Abuse Summit held on September 9 & 10, 2014, at the Statehouse Convention Center. A total of 516 community leaders, physicians, and educators attended the workshops. The goal of the summit was to raise public awareness of an alarming increase of prescription drug use and drug abuse and work toward ending the epidemic surrounding the state. Ms. Barnard said the Drug Director's Office supervises state asset forfeiture funds and prevention monies.

Discussion of the Rescheduling of Hydrocodone Combination Products

Dr. Scott Pace, Chief Operating Officer, Arkansas Pharmacists Association, was recognized.

Dr. Pace announced the United States Drug Enforcement Administration (DEA) has reclassified hydrocodone-combination products as a Schedule II drug in an attempt to curb drug abuse.

Dr. Pace said patients using hydrocodone for pain management must now have a written prescription from their doctor before each time medication is refilled by the pharmacist. He said DEA holds Physicians accountable for prescribing hydrocodone to patients who have a legitimate need for the medication.

Dr. Pace explained Arkansas Take Back Initiative set up multiple prescription drug take-back locations across the state. He said the DEA promulgated a final rule to allow pharmacies to set up take-back boxes within their facilities if they so choose. The boxes are sealed and will be picked up by Law Enforcement officers who will take them to a disposal facility.

Update on Arkansas Prescription Monitoring Program [Exhibit E]

Mr. Robert Breck, Chief Financial Officer, Arkansas Department of Health (ADH), was recognized. Mr. Breck's explained in his handout there are approximately 5,000 physicians around the state operating the Prescription Monitoring Program (PMP) database. The Program currently holds 15,400,000 controlled substance prescription records. ADH received a federal grant in the amount of \$250,000 to fund the Program through June 2015. The cost to maintain the database is approximately \$300,000 a year.

Dr. Eugene Shelby, Emergency Medicine Physician, Hot Springs, Arkansas, was recognized.

Dr. Shelby explained how the Prescription Monitoring Program helps physicians keep track of patients who may be "doctor shopping" as a way to obtain more pain medication. He said the PMP helps emergency room doctors keep track of a patient's pain medication history.

Funding Substance Abuse Prevention Programs

Ms. Paula Stone, Assistant Clinical Director, Department of Health, Division of Behavioral Health Services, was recognized. Ms. Stone gave a brief overview of her handout entitled *The Strategic Prevention Framework*, which is a five-step plan to assist communities with underage substance abuse problems. Ms. Stone explained how each of the five steps are designed to assess and develop sustainability within the community. Ms. Stone provided a chart that listed names of each community program in the state that received federal funds from the Substance Abuse Prevention program and a breakdown of the dollar amount each program received.

Senator Irvin stated federal grant money from the Substance Abuse Prevention Program would be more effective if funds were directed toward school programs such as STOMP and EAST (Environmental And Spatial Technologies) Initiative. Senator Irvin suggested the Task Force invite these groups to the state capitol during the 2015 legislative session as a way to spread the word about Substance Abuse Prevention.

Ms. Sharon Mims, Program Manager, DBHS Prevention Services, was recognized. Ms. Mims agrees that sustainability and prevention begins with youth initiatives. Ms. Mims suggested her department meet with Senator Irvin and discuss organizing a youth event at the state capitol.

Ms. Mims said many youth leadership organizations receive federal funds from the Partnership For Success grant.

Senator Irvin requested Ms. Stone provide Task Force members with a list of the federal contracts including a break down on the dollar amount each entity sets aside to fund the media campaign agency Advantage Communications.

Discussion of future agenda items

- Continual update on the Prescription Drug Monitoring Program Advisory Committee;
- Task Forces on Substance Abuse Prevention and Task Force on Substance Abuse Treatment Services will work on submitting their final reports to the Arkansas Legislative Council, the Senate Interim Committee on Public Health, Welfare, and Labor, and the House Interim Committee on Public Health, Welfare, and Labor.

Next meeting date for the Task Force on Substance Abuse Prevention and Task Force on Substance Abuse Treatment Services meeting jointly is October 13, 2014.

Meeting adjourned 10:40 a.m.

Thomas, Sheri

From: Casey Bright [CaseyBright@quapawhouseinc.org]
Sent: Monday, October 13, 2014 12:34 PM
To: Joy Figarsky (Joy.Figarsky@dhs.arkansas.gov); Julie.Meyer@dhs.arkansas.gov; Thomas, Sheri
Cc: George Weaver; Diane Bynum (Diane.Bynum@wacgc.org); kimberly brown (counselorkim2002@yahoo.com)
Subject: Letter of Support for Behavioral Health Homes

Good Morning Members of the Substance Abuse Treatment Task Force,

I am writing you to acknowledge that at this time the Arkansas Substance Abuse Treatment Providers Association is in support of the Behavioral Health Home transformation and any initiative that increases funding and access to Substance Abuse Treatment Services in the State of Arkansas. For years, the Arkansas Substance Abuse Treatment Providers have looked for ways to receive funding through the State's Medicaid System and, while we have been successful in allocating funds and development of the SATS program, we have not yet had any success in billing for or utilizing these funds. Difficulties with that process are due to the restrictions placed on the system and inadequate billing procedures as well as rules developed upon implementation of the program. We believe that the proposed changes in the Payment Improvement Initiative that utilize the Behavioral Health Home model will allow Substance Abuse Providers much needed access to Medicaid Funds that have not been available in the past and eliminate the current SATS program that has been extremely unsuccessful across the State. While the providers are supportive of this change and feel that it is a step forward from the current system, there is still plenty of questions, concerns and more specific details that need to be provided and discussed in order for us to be 100% fully committed to the Arkansas Payment Improvement Initiative and specifically the Behavioral Health Home Model. Below I have outlined some preliminary concerns we have with the proposed system:

- Restrictions placed on credentials that are connected to services projected to be offered within the Behavioral Health Home. We feel that this will potentially reduce the quality of services as well as result in a substantial workforce issue that could set the system up for failure similar to the SATS program.
- The absence of some Substance Abuse Treatment Services offered under the Behavioral Health Home as well as the communication across the State regarding substance abuse treatment services not being offered with the new model. Specifically Residential Treatment Services for Substance Abuse. We believe that clients seeking treatment services and the Judicial System across the State will be very upset that these services are not covered and subsequently cause a significant problem within the Judicial System especially with Judges and Prosecuting Attorneys.
- The lack of clarity regarding the role the Substance Abuse Treatment Providers will play in the Behavioral Health Home as well as lack of focus the Assessment Process has on the Substance Abuse Treatment field. In preparation for the development of a Behavioral Health Home Plan, the State did not use the proper data that we believe illustrates the need for Substance Abuse Treatment Services in the State. The data used in the development of this plan is heavily centered on data from the Arkansas Medicaid system which does not reimburse for Substance Abuse Treatment Services and in some cases has actually influenced providers to not diagnosis Substance Abuse Disorders making the data used for the development of this program inaccurate and not reflective of the complete need in Behavioral Health across the State. This could place a decreased and unrealistic view of the need of Substance Abuse Treatment Services in the Behavioral Health Home Model planning and actually decrease the access Arkansans have to Treatment Services.

These are only a few of the concerns we have and a meeting has been tentatively scheduled for Oct. 30th with the Arkansas Substance Abuse Treatment Providers Association and Mental Health Council of Arkansas to outline our concerns and recommendations in more detail. While I believe the concerns we have with the system at this time are still significant I want to point out that a large amount of information has been put out for review only for a week and providers are still in the process of reviewing and receiving clarification from the State and DBHS. With that being said

the proposed changes that we do understand in the proposal are potentially far better than the current system in place and we believe that it is in the best interest of the providers in the State and clients that we serve to continue in this direction. Once we have had more of an opportunity to review the recently created documentation in further detail as it pertains to Certification of Programs, 1915i services, Behavioral Health Home Rules, Program Transition, Service Definitions and Rates with Benefit Limits. I hope that this information has been helpful and acknowledges that Substance Abuse Treatment Providers are supportive of the direction the State has taken with the Payment Improvement Initiative.

Thanks,

Casey Bright

Executive Director

Quapaw House, Inc.



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