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| **L*ouisiana***  **C*ommission on* A*ddictive***  **D*isorders*** |  |  |
|  | ***MINUTES***  ***March 2011*** |  |
|  |  | ***3/22/2011*** |

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| **COMMISSION MEMBERS PRESENT:** | Lloyd Hernandez  Tom Lief  Tony Wick | Kathleen Leary  George McHugh  Shelley Mockler |

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| **COMMISSION MEMBERS PARTICIPATING VIA CONFERENCE CALL:** | None |  |

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| **COMMISSION MEMBERS ABSENT:** | Lana Bel  Kathy Hayward | Freddie Landry  Jon Lance Nickelson |

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| **OAD / HQ STAFF ATTENDING:** | Pete Calamari | Rochelle Head-Dunham  Daryl Koerth |

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| **GUESTS IN ATTENDANCE:** | Marolon Mangham |  |

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| **I. Serenity Prayer & Roll Call** |

George McHugh called the meeting to order. Tom Lief led the Commission and guests in the Serenity Prayer. Daryl Koerth conducted roll call.

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| **II. Approval of February Minutes** |

The members of the Commission reviewed the February 2011 meeting minutes of the Louisiana Commission on Addictive Disorders. Mr. McHugh called for a motion to approve the minutes. Tony Wick made a motion to approve the minutes. Kathleen Leary seconded the motion. All were in favor, and the motion to approve the February 2011 meeting minutes passed.

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| **III. ADRA and LASACT Monthly Report** |

Marolon Mangham gave the Commission a brief update on the status of ADRA and LASACT. According to Ms. Mangham, ADRA is actively seeking on executive director, who will then choose an assistant director. Ms. Mangham told the Commission that nominations for the executive director position are welcome. Tom Lief asked about applicant review, and Ms. Mangham explained the recruiting and review process. In addition, she explained the review process for licensure/certification, specifically for the new Peer Support Specialist credential that is in development.

Ms. Mangham also gave the Commission a brief update on LASACT’s current initiative. She state that the annual LASACT conference is “on track,” and that Dr. Dunham – along with several other OBH staff – have been very helpful in developing the conference. The conference will be held July 24-27, 2011, in Baton Rouge. LASACT is actively seeking sponsors and accepting scholarships for clinician attendance. Tom Lief asked if there would be any coverage or presentation on gambling issues during the conference, as well as Native American representation. Ms. Mangham confirmed that there would be representation of gambling issues during the conference; she was not certain about Native American representation.

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| **IV. Medicaid Service Provisions and Required Credentials** |

Ms. Mangham directed a question to Dr. Dunham about the official release a Medicaid billing and professional credentialing crosswalk. Dr. Dunham clarified for the Commission members that the crosswalk will identify billing eligibility for professionals per service. She explained the Coordinated System of Care’s purpose and the implementation process for that system of care. She also explained that the state is currently in the process of working with the Centers for Medicare and Medicaid Services (CMS) to clarify the eligibility of addiction professionals for Medicaid billing and reimbursement per each service. The work is ongoing, she said, and neither the crosswalk document nor the service guidelines are ready for official release.

Ms. Mangham asked whether Medicaid-eligible services will be billed through the agency (OBH). Dr. Dunham responded that there will no longer be any agency billing at that point. Instead, billing will be done per provider: for independent providers (individuals), payment will be sent to the individual, and for provider agencies, payment will be sent to the agency.

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| **V. New Business** |

***Behavioral Health Integration.*** George McHugh asked about the status of behavioral health integration statewide. Pete Calamari, Interim Assistant Secretary for the Office of Behavioral Health, responded that integration is taking place in all five regions that OBH is responsible for administering. He said that each region will have a single administrative office, rather than one for mental health service and one for addiction services. In addition, clinics will be physically consolidated where they are geographically close to each other, and integration of services will take place over the course of a year to ensure that the quality and effectiveness of services is maintained. Mr. Calamari also stated that during the next year, OBH will work with a local foundation to integrate services in one region, to ensure compatibility and develop a more refined integration process, and then expand to the other regions. He said that under Dr. Dunham’s leadership, the Office has advocated for the expansion and preservation of addiction services throughout the system of care, and that it is the goal of the Office to at least maintain the level of services that are currently available.

***Core Technical Review.*** Mr. Calamari stated that the Office’s Core Technical Review is going very well, and will produce a document that gives recommendations for maintaining and improving services and processes. He stated that the Office will be able to share that document with the Commission as soon as it is available.

***SMO Selection.*** Mr. Calamari stated that as integration proceeds, the major role of OBH is the selection and supervision of the State Management Organization (SMO). He stated that the Request for Proposals (RFP) for selecting a SMO is currently in the final revision stages, and should be released soon. Implementation of the SMO is expected in September of this year.

***System of Care Organization.*** Tom Lief asked if there was a table of organization for the regional integration. Mr. Calamari stated that he would send the Commission members a copy of the DHH/OBH system of care organizational table, as well as a white paper that describes the integration and coordinated system of care.

***Public Forums.*** George McHugh asked whether the addiction public forums will be combined to include mental health next year. Dr. Dunham responded that although there is some combination already, there will most likely not be a complete integration in the public forums, since those forums are required by the SAPT Block Grant, which is specific to addiction.

***Privatization.*** George McHugh asked about the status of the OBH privatization process. Mr. Calamari explained that privatization is a wide initiative in DHH, and gave a few examples of privatization of other offices’ services, as well as the major points of reasoning for privatization. He stated that the privatization of addiction inpatient facilities is complete, and has been implemented. He has proposed quarterly review and bi-annual reporting on the private providers who were awarded the privatization contracts.

Dr. Dunham stated that when privatization was first approved by the state legislature, OBH was given three key responsibilities: (1) projected savings, (2) maintenance of outcomes, and (3) employment continuity (re-hire) of existing state employees during the transition from the public to the private sector. With regard to employment continuity, Dr. Dunham informed the Commission that Pathways Behavioral Health, a private organization that won contracts the contracts for Red River and Greenwell Springs (Springs of Recovery), retained approximately 80% of the existing state employees at the Red River facility and approximately 30% of the existing staff at Greenwell Springs.

George McHugh asked the Commission members to be more involved in the privatization of services and monitoring of private providers.

***District Progress.*** George McHugh asked about the progress of regions who are developing a district structure. Mr. Calamari responded that the development of the district model is going smoothly in each of the regions, although some regions are comparably farther along than others are. Tom Lief expressed concerns about the state of Metropolitan Human Services District. Dr. Dunham responded by saying that MHSD is moving toward privatized service delivery in a manner similar to the state’s model. Tom Lief then expressed concerns regarding leadership “down the road” with regard to continuing the quality of work that has been done and ensuring the quality of and access to services. This led to a brief discussion about consumer advocacy and the need to build an advocacy movement within the communities of the state. In addition, Tom Lief suggested that the state collaborate with institutions of higher learning (universities, etc.) regarding curriculum and enrollment for the development of a future workforce competent to deliver integrated services.

The Commission gave its approval for the finalized *2010 Annual Report*.

Dr. Dunham reminded the Commission that four public forums remain, and asked that they attend if it is possible for them to do so. A reminder of the dates, times, and locations of these events will be sent to the Commission members.

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| **VI. Next Commission Meeting** |

The next meeting of the Louisiana Commission on Addictive Disorders was discussed, and the date, time, and location were set. The next meeting will take place in Baton Rouge, at OBH Headquarters, from 1:00 p.m. to 3:00 p.m., on Tuesday, April 12, 2011.

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| **VII. Adjournment** |

George McHugh called for a motion to adjourn the meeting. Tony Wick made the motion to adjourn, and Lloyd Hernandez seconded the motion. The meeting adjourned at 2:46 p.m.