**Louisiana Commission on Addictive Disorders**

**December 2011 Minutes**

December 13, 2011

1:00 p.m.

**COMMISSION MEMBERS PRESENT:**

* Freddie Landry
* Tom Lief
* George McHugh
* Shelly Mockler
* Tony Wick

**COMMISSION MEMBERS ABSENT:**

* Lena Bel
* Lloyd Hernandez
* Kathleen Leary
* Damon Marsala
* Jon Lance Nickelson

**OBH/ HQ STAFF ATTENDING:**

* Pete Calamari, OBH Deputy Assistant Secretary (representing Dr. Tony Speier, OBH Interim Assistant Secretary)
* Carol Foret, DHH Program Specialist 1-A/DHH

**OBH/ HQ STAFF PARTICIPATING VIA CONFERENCE CALL:**

* Dr. Rochelle Head-Dunham, OBH Medical Director

**GUESTS IN ATTENDANCE:**

* Marolon Mangham, LASACT
* LaMiesa Bonton, ADRA
* Dr. Ramon Singh, Department of Corrections

**I. SERENITY PRAYER & ROLL CALL**

Freddie Landry called the meeting to order. Tom Leif led the Commission members and guests in a moment of silence followed by the Serenity Prayer. Carol Foret conducted roll call.

**II. APPROVAL OF NOVEMBER MINUTES**

The members of the Committee reviewed the November 2011 meeting minutes of the Louisiana Commission on Addictive Disorders. Ms. Landry called for a motion to approve the minutes. Tom Lief made a motion to approve the minutes. Tony Wick seconded the motion. All were in favor, and the motion to approve the November 2011 meeting minutes passed.

**III. PRESENTATION BY DR. RAMA SINGH, MEDICAL/MENTAL HEALTH DIRECTOR**

 **LA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS**

***DPSC/DOC Presentation***. Dr. Raman Singh facilitated a presentation on Department of Public Safety and Corrections’ (DPSC) Inmate Re-entry into the Public Program. Dr. Singh’s presentation provided information on:

* Challenges for Louisiana DPSC, work Louisiana DPSC completed in Calendar year 2010;
* Challenge for the DPSC’s Inmate Re-entry into the Public Program;
* Conversion of a prison near Shreveport into a substance abuse treatment facility for offenders;
* Direction Louisiana’s DPSC wants to go; and
* Dr. Singh asked the commission for guidance and direction to help make their system more efficient for those incarcerated on drug related charges without the need for extra resources.

Dr. Leif offered suggestions on the body’s natural healing-defense mechanism and self help groups beyond the 12 Step Program. He added adequately trained people who understand the criminal component and recovery is critical. The lack of staff that is adequately trained, licensed, and/or certified will result in inadequate treatment. The importance of aftercare for sustained recovery was also stressed.

Dr. Wick inquired if every prison has a certified substance abuse counselor. Dr. Singh indicated not all prisons have substance abuse counselors. DPSC currently has nine (9) licensed counselors. Dr. Wick went on to say Louisiana has a very effective organization through the Louisiana Association of Substance Abuse Counselors and Trainers (LASACT) under the direction of Marolon Mangham. Marolon Mangham informed Dr. Singh that LASACT posts both job openings for employers and resumes for people seeking employment on their website. LASACT can assist with announcing DPSC job openings to addictions professionals. Ms. Mangham and Dr. Singh exchanged business cards.

Pete Calamari, OBH Deputy Assistant Secretary, informed Dr. Singh of a possible way to get civil service to approve certain pay increments for additional certifications to motivated staff who receive more training to provide this additional service.

Dr. Dunham, OBH Medical Director, informed the commission Dr. Singh is clearly somebody who has the same visionary ideas about how our working relationship should go, which is a tremendous gift. Over the years Addictive Disorders (now OBH) has put forth efforts to work on this problem including requesting additional funds in the budget to develop a re-entry program where we would send our people into the facilities to provide the needed services when inmates are transitioning out of prison, so there is continuity from incarceration to living in the community.

Dr. Dunham shared that OBH and DPSC has not thought through legislation, any effects to the budget and where the funding is allocated. OBH and DPSC have not collaborated to identify how this partnership might be impacted by the new system. We have dealt with this in our own department, but together as one voice we really have not. This should be thought about more. Dr. Dunham requested Mr. Calamari speak to Dr. Tony Speier for his recommendations on how the two departments may be able to partner in some way in delivering a unified message about our perspective on this. She also suggested to Mr. Calamari that they consult with the Executive Management Team (EMT) regarding recommendations to move forward with this mission.

Most people are in prison because they have a substance related charge and untreated substance abuse results in criminal behavior. Dr. Dunham emphasized the reality of the statistic regarding 70% of persons under correctional supervision have substance abuse associated with their criminality and this percentage continues to rise. She also reinforced that the money would be better utilized in treatment not incarceration, since untreated substance abuse results in criminal behavior.

Mr. Calamari agreed to follow-up with EMT regarding the development of an interdepartmental initiative.

Commission members went on to discuss other available resources to support the partnership between OBH and DPSC. Mr. Calamari asked if DPSC had access to any grants that may support this partnership. Dr. Singh reported that DPSC does not have any grants available that could support this partnership at this time.

Commission members discussed faith-based supports to prisons and incarcerated individuals.

Dr. Singh agreed to provide a copy of his presentation to Ms. Landry.

**IV. Correspondences**

Ms. Landry read the farewell letter from Daryl Koerth to the Commission members.

**V. New Business**

1. **ADRA/LASACT Monthly Report –**

Ms. Marolon Mangham brought the commission up-to-date on addictions competencies. She reported the TAP 21 contains the 136 addiction competencies set forth with the knowledge skills and attitudes needed for each competency as the minimum standard for addiction counseling. ADRA wants to continue to participate in conversations regarding addiction competencies and possibly provide a demonstration of competencies for the Commission and for the Statewide Management Organization’s (SMO) providers. They would also like to be a part of getting the right practices to the right clients who are in need of services.

Freddie Landry asked what would happen to certified addiction counselors in regards to the competencies and the SMO. Dr. Dunham acknowledged the addiction counselors have a limited scope of practice within the structure. There are some services they can bill for and these services are being billed with the understanding they are under supervision at the time of delivery or they have to be signed off by a licensed professional. LAC’s will continue to have the opportunity to bill as licensed professionals, and their reimbursement rates are governed by their practice.

OBH is in the final stages of determining the certification requirements to ensure competency in the provision of substance abuse treatment services. Requiring special training beyond licensing will help to ensure competency.

OBH is convening committee meetings to determine how to outline and evaluate whether or not an individual is competent. The goal is to develop one competency examine that would apply to all licensed mental health professionals. Dr. Dunham emphasized that DHH/OBH does not intend to diminish addiction services or lead one to doubt addiction is a sub-specialty area that requires a certain defined amount of knowledge in order to adequately deliver in a safe way the services individuals who suffer from addition require.

Marolon Mangham provided some core information and the vehicles used by the addiction counselors to become licensed. Ms. Mangham expressed that this is a good place to start determining what other licensed professionals need to demonstrate competency in order to meet the requirements.

Ms. Mangham added that LASACT has the entire IC&RC competency testing instruments for seven different addiction fields. Demonstration of competency can be determined by passing an examination. Should a person not pass the competency examine, additional training in addiction can be provided in order to help applicants pass the examination, passing the examination demonstrates competency in the sub-specialty area tested.

Dr. Dunham requested Ms. Mangham to write her recommendations down and provide them to her for consideration as the committee thinks through the requirements. Dr. Dunham informed Ms. Mangham that she would be considered a consultant in this process.

Marolon Mangham verified several ways an individual can prepare for any of the examinations:

1. TAP21 can be obtained free from SAMHSA,

2. LASACT access to the addiction counselor training program,

3. LASACT has a written test preparation class four times a year,

4. LASACT has a study guide that they can purchase from [www.readytotest.com](http://www.readytotest.com) out of Minnesota,

5. Individuals may obtain the job task analysis from IC&RC that offers

Dr. Dunham informed Ms. Mangham that OBH would follow-up with her for future consultation in this area.

***B. Report on the OBH Kitchen Cabinet –***

Freddie Landry informed the Commission that Mr. Calamari would give the report on the OBH Kitchen Cabinet. She also asked him for an explanation of the LBHP Infrastructure (OBH Specific) handout. Each member was given a copy of the handout.

Mr. Calamari informed the Commission the contract for the Statewide Management Organization had been selected and Magellan won the bid. March 1, 2012 is the implementation date of the Louisiana Behavioral Health Partnership. The established structure to coordinate the implementation of the Managed Care Initiative has designated work groups. Magellan and OBH both have internal committee representatives for each of these areas. These committees are meeting weekly to determine all of the necessary activities. OBH team leads for each committee then present a weekly report to OBH Executive Management Team. The LBHP Infrastructure (OBH Specific) handout identifies some of the OBH committees.

Committees/Workgroups include:

1. CSoC
2. Case Management/Utilization Management
3. Member Services
4. Provider Network
5. Information Technology
6. Quality Management
7. Fiscal
8. Communications

The benefit of the LBHP initiative is that more people will be covered under Medicaid, more services will be available, and even those who don't qualify for Medicaid will continue to receive services.

Dr. Dunham informed the Commission the LBHP Infrastructure handout is specific to OBH and it was put together to think through all of the waiver groupings and all of the internal circles. The handout is OBH specific and does not speak to how DCFS, OJJ, and DOE are actually managing or structuring their understanding of their systems.

Pete Calamari reported a state-wide-tour is underway by Magellan. Magellan has a morning presentation for the family members and advocates and an afternoon presentation for providers to have their questions answered. Some of the forums have been held and there are still some additional forums projected. Next month the Magellan forums will have a different level of clarity for both the family members and providers. The following month they will repeat these tours with increased specificity with regards to the programs.

Freddie Landry referred and showed the commission a two page handout she obtained from the New Orleans forum. She indicated the second page of this Magellan handout was saying if anybody was interested in serving on any of these committees whether it be a provider, advocate or family member this was the appropriate way to sign-up to participate. Pete Calamari informed the Commission this list is Magellan's internal list and it may not parallel exactly the list with which we are matching them. But, they do seek community and advocate members, advisors and this list is the group of committees they would have.

Dr Leif questioned the Race and Equity Committee, why is it race and not ethnicity or something like that? Pete Calamari reported the list documenting this committee is a list Magellan passed out. Magellan has an internal committee which seeks community participation. This is a core committee scheduled to meet quarterly and focus on all aspects of Magellan's Cultural Competency Program and ensure community feedback. Dr. Leif’s concern was satisfied with this explanation.

Dr. Leif asked what constitutes a special population. Dr. Dunham informed Dr. Leif and the Commission this special population refers to those eligible for services under 1915(b)(3) waiver, which includes:

1. Kids who are in the DCSF or OJJ System
2. Individuals with co-occurring disorders,
3. Individuals who are IV-Drug abusers
4. Women with dependent children.
5. Pregnant Women

Dr. Dunham noted that this is our way of making sure they get their needs met and remain priority in this new system.

***C. Commission Administrative Assistant –***

Mr. Calamari introduced Ms. Carol Foret to the Commission. Ms. Foret has been assigned as the new assistant to the Commission to replace Daryl Koerth. Mr. Calamari reported that Ms. Foret graciously accepted this new assignment and will prove to be an asset to the Commission. Carol Foret introduced herself to the commission and shared her current responsibilities in OBH.

**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, January 17, 2012.

**VII.** **HAPPY HOLIDAYS TO ALL!!**

Freddie Landry gave each present commission member and guests a Christmas cup filled with baked cookies.

**VIII. ADJOURNMENT**

Freddie Landry called for a motion to adjourn the meeting. Dr. Lief made the motion to adjourn, and Dr. Wick seconded the motion. The meeting was adjourned at 3:00 p.m.