

**Missouri Women's Health Council
Meeting Minutes
March 8, 2019**

Members Present	Karlyle Christian-Ritter, Pat Clay, Colleen Coble, Karen Edison, Sandra Jackson, Eboni January, Sue Kendig, Katherine Mathews, Bridget McCandless, Mary McLennan, Melissa Terry, Emily van Schenk Hof, Denise Willers, Via phone Padma Veligati
Members Absent	Paula Baker, Daphne Bascom, Wendy Doyle, Sherry Maxwell, Katie Towns, Rachel Winograd, Denise Wilfley
Department of Health and Senior Services (DHSS) Staff	Randall Williams, Karen Kliethermes, Mindy Laughlin, Tracy Henson
Department of Mental Health (DMH) Staff	Natalie Cook
Department of Social Services Staff (DSS)	Steve Corsi
Department of Corrections	Ken Chapman
Guests	Erin Elliot
Topic/Presenter	Discussion
Welcome	The meeting of the Missouri Women's Health Council (WHC) was called to order by Vice Chair Sue Kendig at 9:00 a.m.
Department of Health and Senior Services (DHSS) Update	Dr. Williams is leading a workgroup to ensure safe and quality care for children in Missouri daycares. Staff from DHSS, Department of Social Services (DSS), Department of Public Safety, Department of Elementary and Secondary Education (DESE), and the Attorney General's office are meeting to determine opportunities for improvement. Of the 3,500 licensed and 500 regulated and unlicensed daycares in Missouri, DHSS staff conduct 1,500 investigations a year with approximately 400 of those involving child abuse. Currently daycare workers are required to complete 12 clock hours of education annually, mandating one of the hours to be on safe sleep. The department is looking at producing a one-hour video with the Department of Justice focused on dealing with situations/behaviors such as those viewed recently in the news that newly hired employees would be required to view before taking care of any child. In addition, the department is looking at creating report cards, much like other states have, for each daycare so parents and grandparents can see where daycares stand based on a series of standards. The budget process is moving along well. The department has a new leadership team this year: Adam Crumbliss (Chief Division Director), Alex Tuttle (Legislative Liaison), Richard Moore (General Counsel), and Doug Anderson (Project Specialist) with 50 years combined experience in the legislature. The department expects to hear any day now that its AIM application has been approved. Missouri loses 25-30 moms each year, of which 70% is preventable. Missouri ranks 42 nd in the country. Once approved, the Missouri Hospital Association will house it and Medicaid will pay for it. Missouri will then apply to be part of the perinatal collaborative so we can get all 67 delivering hospitals involved in putting

	<p>algorithms and safety bundles in place. Dr. Williams gave an update on medical marijuana. He reported the program has to be up and going by August 4th. Lyndall Fraker is running the program, and staff are in the process of writing the rules and regulations. Four percent of the medical marijuana money will go to veterans, which is 28-30 million dollars a year. PDMP is moving through the legislature now – the House approved it and the Governor supports it. It is in the Senate now. Dr. Williams gave an update on the Home and Community Based Services program which was reformed for the first time since 1982. Dr. Williams recommended members read the Medicaid analysis report that came out in February. He stated 50 percent of Missouri’s combined budget is spent by the DHSS, DSS, and the DMH. Dr. Corsi added 32% of all state General Revenue (GR) is across these three departments, representing about 3 billion of the 9.4 billion of the state’s GR. DESE is 3.5 billion just by itself. Dr. Williams stated what the Council is doing is incredibly important because women’s healthcare in health is an incredible part of the conversation (including maternal mortality, infant mortality, access to providers, and sexually transmitted diseases). State government leadership has been on board for two years now, have all reorganized their departments, and are embarking on an ambitious path to reform Medicaid and advance women’s health (particularly maternal) and access to health care for women. Dr. Williams stated the Council is in a holding pattern with Teri Ackerson stepping down, and he will not make any major decisions until after April 1st. After April 1st the department is mainstreaming women’s health and Mindy Laughlin will be leading those efforts. More information will follow after April 1st, pending some potential federal funding. DHSS’ three main goals are reducing substance use misuse, improving the health of women, and increasing access to care. Dr. Williams explained the department reports monthly on metrics to track progress on meeting these goals. Katherine Mathews mentioned that with the metrics and tracking it is important to know by race and by urban/rural to see where the big variations and outcomes are and not be blinded by the averages. She asked if there were pockets of excellence in Missouri, places where the mortality rates for black women and babies are different from white baseline, if there are ways to determine what a region or care center is doing that is different from other areas, and if they can at least benchmark against their own best to learn what would be helpful. Dr. Williams responded that is the hope as the AIM and perinatal collaborative gets initiated. Sue mentioned she was in D.C. recently and got very good feedback on Missouri’s AIM application. She noted Missouri could be on the cutting edge by bringing in the community perspective as we develop the perinatal collaborative. Colleen Coble stated the last Council meeting was not fully attended, but it was very productive. She noted it is a huge benefit for the members to have some time to interact with one another as they represent parts of the components of women’s health, non-governmentally. Dr. Williams stressed the council is a value add, noting that it is a two-way street for learning and feedback. He gave the Council permission to structure future meeting agendas around what works for them.</p> <p>Actions: Dr. Williams will send the council an article from the St. Louis Post from last summer about getting access to childcare in Missouri.</p> <p>Sue will send the Medicaid analysis report to members.</p>
<p>Department of Social Services (DSS) Update</p>	<p>Dr. Corsi talked about DSS’s strategic placemat and how it drives their goals and missions. Their department has had leadership changes resulting in three new division directors. Todd Richardson is the Director of Medicaid; David Kurt is the Children’s Division Director; and Scott Odom is the Director of Youth Services.</p>

	<p>Dr. Corsi talked about the strategic performance and innovations unit led by Michelle Reinkemeyer. Michelle and her team across the state focused on 7,600 of the overdue child abuse and neglect investigations. In four months they reduced the overdue child abuse and neglect investigations from 7,600 to 52 which was a 99.16 percent improvement. Their department plan with Medicaid, over the course of the next 3-4 months, is to continue to focus on stakeholder engagement and talking with people who have read the analysis report and have thoughts or questions or input on the different pieces of the report. They would like to hear from providers and providers of services on how they can do business better and how they can make Medicaid sustainable. Their goal is to get Medicaid's growth to a place where it is running concurrently with the economy's growth. One of the things they are looking at is how they pay hospitals. They are also looking at how they pay nursing homes. Dr. Corsi indicated they are looking at strategizing around value-based payments. They put a new decision item in the state budget for around 35 million dollars to enhance and upgrade some existing technology as well as bringing in expertise in value-based payments from around the country to assist. Right now staff are reviewing prior authorization processes and looking at sorting through the pharmacy grandfathering issues. Staff are working on substance use disorder, improving maternal and fetal health, and focusing on smoking, diabetes and obesity to make a positive impact in those areas in the population they serve. It was asked why they saw such an enormous drop in Medicaid enrollment. Dr. Corsi indicated that Missouri is at the lowest unemployment rate in the history of the state. They don't have the exact numbers, but think a lot of the people have come off of Medicaid as a function of income. The other issue is that for years staff did not have the technology to do Medicaid renewals in an automated way. So they handled them manually on paper and did not have the capacity to process all of them. He noted a lot of people were on Medicaid for a long time who should not have been to begin with and should have come off whether it was income or they no longer had dependents, etc. Staff are now doing automated renewals and people are coming off of Medicaid. There is a minority coming off because they don't return the required documentation, and staff are more aware of that now that they are using an automated system. The system automatically generates notices and sends them out. He indicated another reason is they did not have good contact information in their system, so they are working diligently now to make sure they have better contact information for their recipients, but that is still challenging.</p> <p>Action: If there are comments about the Medicaid report, send them to Dr. Corsi. If there are quality concerns, quality suggestions and recommendations, or performance, talk to Michelle Reinkemeyer. For value based modeling talk with Jessie Dresner.</p>
<p>Department of Corrections (DOC) Update</p>	<p>Ken Chapman introduced himself as the Re-entry and Women's Program Offender Manager for the Department of Corrections. He gave an overview of their department of where they have been and where they are going. He indicated that when Ann Precythe first started, she got with the Council of State Governments to do an overview and look at their department to figure out the things they needed to do better. He explained that between 2010 and 2015 they had the highest rate of incarcerated women and the need to have specific cognitive behavior programming for their women. Over the last two years under Anne's leadership, they developed a multi perspective on what programming they provide and when. They have very gender specific programming for their women. The programs are Going Home and Seeking Safety. The Seeking Safety program is done within their Women's</p>

	<p>Community Supervision Centers (CSC). There are two female institutions in Missouri; Vandalia and Chillicothe. He also talked about trauma informed care. House bill 1355 talks about a three-to-five-year process for the state of Missouri and how they will change the way they do criminal justice. They have six CSCs across the state of Missouri, which are Probation and Parole offices, where people can be housed. They looked specifically at their Fulton CSC, which started January 1st, and will make it a gender specific community supervision center for women only who will go there for 120-day treatment. They have 22 vocational training programs that they offer in their 21 institutions across the state. Missouri State Technical College has the MO Start Program which is a 42 foot trailer that goes into the prisons and drops off the class modules. There are nine modules that teach advanced manufacturing and the modules rotate. They are getting trained in blueprint reading, robotics, gears and shifts, and HVAC. So when they come out of prison they have stackable credentials that can get them employment in multiple areas. Central Region Workforce Development has purchased a simulator and a welding machine that will go into the institution. They have an entrepreneur program they are doing with the Department of Economic Development in Vandalia called Spiramental. They have ten women who are studying to be entrepreneurs. They are also talking with a group about doing some certified technician programming. The other program they are getting ready to start in their women’s prison is warehouse and forklift training. They have the Helping Offenders Pursue Employment (HOPE) initiative which is helping offenders pursue employment that will get 3,000 men and women jobs before they leave prison by 2021. They have just started tracking it this month and they are up to 159 people that have gotten jobs prior to release from prison or within the first week out of prison. They are doing FaceTime interviews with employers inside the prison walls. They are working on putting a job center inside their prisons.</p>
<p>Department of Mental Health (DMH) Update</p>	<p>Natalie Cook is no longer with the Department of Mental Health. As of March 1, she works with the Missouri Coalition for Community Behavioral Healthcare. She is unsure if DMH will hire another Women’s Services Coordinator. She is still working on substance use disorder programs and initiative for the coalition and will continue to work on some women’s specific material for them as well. Natalie talked about a mobile app which is part of the opioid response grant initiative and is a supplement to clinical services that the women are already getting to help with support when they are not at the treatment site. The app was developed by Washington University and they are just starting to get some data in. The Department of Mental Health will be working with the MO HealthNet Division on a workgroup for the Maternal Opioid Misuse Grant (MOM) grant which is a federal grant that came out of the support act. The DMH will be involved with it because it will involve the women’s and children’s CSTARS. She will be on a webinar next week learning to talk about the MOM grant and she will spend 10-15 minutes specific to what Missouri is doing for women. The trainings coming up are Opioid Crisis Management Training in Rolla in April and an Addiction Science Conference in St. Louis in May. The Missouri Hospital Association position she mentioned at the last council meeting that will work on getting standard NES protocols through the birthing centers, was filled by Tiffany Bowman. The position is funded through the state opioid grant as well. Natalie talked about Substance Use Disorders Health Homes and how DMH would like to work with Medicaid to expand that into their substance use treatment providers. She will be working with the DMH and MO HealthNet on putting together a state plan amendment proposal to send to Medicaid.</p>

	Action: Natalie will send information on the Opioid Crisis Management Training in Rolla in April and the Addiction Science Conference in St. Louis in May.
Priorities Discussion	<p>Emily van Schenkhof gave an overview of the priorities developed by the Advocacy Workgroup, which include: Increasing data sharing between state agencies, not adding work requirements to the Supplemental Nutrition Assistance Program, insuring access to feminine hygiene products in correctional facilities, closing the domestic violence loophole, expanding Medicaid eligibility, improving access to women’s health services programs about contraceptive care, reducing the rate of unnecessary churning of Medicaid enrollees and including rehabilitative therapy in Medicaid coverage. Emily asked that wordsmithing suggestions be sent to her in an email. Reordering the priorities was suggested, and a discussion followed. Suggestions included adding an introduction paragraph that provides information about the women’s health council and the Advocacy Workgroup, leading with the positives, and including some things that have already been done and/or in the process. It was the consensus of the group to move ahead with the identified priorities. Based on feedback received, the workgroup will revise the document and submit the priorities to Dr. Williams by April 1.</p> <p>Discussion followed on creating a short video highlighting the priorities and uploading the video to the Women’s Health Council link on the Department’s website. Sue mentioned the Communications Workgroup was down to two members and asked if additional members should be added to the workgroup and assign the video to them. It was suggested to find out first what limitations there are in regards to content and opportunities for placement. Karen Kliethermes stated the Communications Workgroup met with the department’s public information coordinator last summer and were told since the Council is a public, governmentally-appointed body (appointed by the department director), it cannot have an autonomous Facebook, Twitter, and website and all content had to be approved by Dr. Williams. It was asked who could do the video for the website. Karen stated the department has a videographer on staff. It was suggested the identified priorities be posted on the department’s website. Another suggestion was made to create an electronic newsletter to highlight the work of the Council.</p>
White Paper Discussion	The white papers recently reviewed by members were discussed. Questions were asked regarding the purpose of the white papers and whether efforts should continue on this activity. It was decided the white papers were not meaningful and consensus was to discontinue the work.
Council Leadership Discussion	With Teri Ackerson’s resignation from the Council, discussion followed on the leadership of the council. Sue asked the Council to think about what they want the Council to look like in terms of leadership and to send ideas to herself and Mindy. It was the consensus of the group to recommend Sue as the Council chair and to continue developing the meeting agendas.
Other Discussion	<p>Members asked if it was possible to provide a conference line for future meetings to allow members unable to travel to still participate in the meetings. It was decided that Webex video conferencing will be an option for future meetings. However, in-person participation is strongly encouraged.</p> <p>Sue asked if the Council was okay with her sending an email to Mark Stringer, DMH Director, strongly recommending his department fill the Women’s Services</p>

	<p>Coordinator position. The Council supported the suggestion. Sue will ask for Dr. Williams' approval.</p> <p>Members decided to arrange optional lunches for the purpose of socializing following Council meetings. Sue mentioned some members travel the night before and would be happy to meet for dinner.</p> <p>Action: Tracy Henson will coordinate Webex capability for future meetings.</p>
<p>Update to Dr. Williams from the Council</p>	<p>Sue updated Dr. Williams on the policy priorities document and noted a description of the council would be added, along with some formatting and suggested revisions from today's meeting. The document will be sent to Dr. Williams in early April and asked that the document be posted on the DHSS website and fast tracked for approval. He indicated he would fast track the approval. She mentioned that once that is done, they would like to send the document to the legislature with a cover letter talking about the work they have done over the past year and how that lead to the policy priorities. Dr. Williams indicated that he would have a look at the draft document over the weekend and provide feedback by Monday (March 11). It was mentioned that the document was a draft at this time. Sue will draft an email to send to Mark Stringer in regards to the Women's Service Coordinator position and send it to Dr. Williams for approval by Monday (March 11). Bridget asked Dr. Williams about doing a short 2-3 minute introductory video for the priorities that introduces the Women's Health Council and why the priorities are important, and Dr. Williams indicated that was fine, but he has to look at it first.</p> <p>A question was asked what the purpose is of the women's council. Dr. Williams indicated that it is to advise and provide feedback to him as the director and to the department on women's health issues and for that to be two-way communication. The Council is made up of thought leaders in Missouri for women. The DHSS wants to provide resources/opportunities to share information with the Council and wants to hear from the Council in order to do our jobs better. Dr. Williams stressed that the Council, as thought leaders in Missouri, should share their consensus with him about what the department should be doing, not necessarily what the Council thinks he wants to hear or will agree with.</p> <p>Sue asked Dr. Williams about access to the communications person at the department to ensure the priorities document goes out in a format that represents the department well and to determine what the Council can and cannot do with regards to communication. He indicated that after April 1st they could have access to Lisa and the other department leaders.</p> <p>Sue mentioned that members will be sending their thoughts on Council leadership to Dr. Williams and Mindy.</p> <p>It was asked whether Council members could take the priorities document, once approved and posted to the DHSS website, with them to the legislature. Dr. Williams responded that he would need to get clarification as the Council is a think tank/feedback group for the department and not appointed by the Governor or legislature. He indicated he would provide guardrails/parameters.</p>

	<p>Action: Sue will draft an email message to Mark Stringer in regards to the Women's Services Coordinator position by Monday (March 11) for Dr. Williams' review.</p> <p>Dr. Williams will provide his feedback on the draft priorities document on Monday (March 11).</p>
Adjournment	With no further questions, the meeting concluded at 1:00 p.m.
Next Meeting	June 7, 2019 Harry S Truman Building, Room 750, 9:00-1:00