

**Missouri Women's Health Council
Meeting Minutes
July 19, 2019**

Members Present	Colleen Coble, Wendy Doyle, Sandra Jackson, Eboni January, Sue Kendig, Bridget McCandless, Mary McLennan, Melissa Terry, Emily van Schenkhof, Padma Veligati, Rachel Winograd, Katie Towns (via phone)
Members Absent	Paula Baker, Daphne Bascom, Karlyle Christian-Ritter, Pat Clay, Karen Edison, Katherine Mathews, Sherry Maxwell, Denise Wilfley, Denise Willers
Department of Health and Senior Services (DHSS) Staff	Randall Williams, Karen Kliethermes, Mindy Laughlin, Tracy Henson
Department of Mental Health (DMH) Staff	Terra-Anne Erke (via phone)
Department of Social Services Staff (DSS)	Jessica Dresner
Department of Corrections (DOC)	Ann Precythe
Guests	Erin Elliot, Martha Smith

Topic/Presenter	Discussion
Department of Health and Senior Services Update	<p>Dr. Williams acknowledged appreciation to the Council for submitting their list of priorities to him. He indicated the Department will be providing feedback on the document, as well as forwarding it to the Department of Social Services for feedback on items under their authority.</p> <p>Dr. Williams indicated the number one issue, based on a polling in the United States, is healthcare, and much of that is focused on the financing of healthcare. He indicated that the Department will be at the forefront of the major issues that our country is facing in the next year and a half, and that we would be hearing a lot of debate about it. Missouri is one of 13 states that have not expanded Medicaid, which will be a big topic in 2020. Dr. Williams recommended a book by Arthur Brooks called <i>Love Your Enemies</i> which discusses finding common cause and engaging in respectful dialogue.</p> <p>Dr. Williams stated the Department's priorities going forward are: women's health (maternal mortality and infant mortality), medical marijuana, opioid crisis, and the Home and Community Based Services Program. Maternal mortality will be a huge focus of the Department next year. Missouri ranks 42nd in maternal mortality in the United States. Missouri has been accepted into AIM and will now move forward with the perinatal quality collaborative in which all 67 obstetric hospitals in Missouri will institute safety bundles around preeclampsia, postpartum hemorrhage, pulmonary embolus, and opioid abuse (which is the number one cause of death for mothers in Missouri). The Department is working closely with the Missouri Hospital Association and other partners to lay the foundation for the</p>

collaborative. In regards to infant mortality, Dr. Williams indicated Missouri is not where it needs to be. In 2015, a taskforce put forth a set of recommendations but no action followed. In Missouri, we have a lot of people/organizations doing a lot of different things, but no systematic, statewide, robust program. The Department will be focused on infant mortality in the next year and a half. Dr. Williams will be moving forward with a taskforce soon.

Dr. Williams stated the second big initiative for the Department is the constitutional mandate to roll out medical marijuana. Missouri is looked at around the country as a national thought leader for its quick actions in meeting deliverables to roll out the program.

The third initiative is the opioid crisis. Dr. Williams indicated the data will be released next week, but Missouri had a 20% increase in deaths since last year, mostly in the St. Louis area and it is Fentanyl. The national numbers are going down, and the national prescriptions are going down, but in St. Louis, and in Missouri, they are going up. Next week the Department will issue a press release outlining its innovative approaches in fighting the opioid epidemic.

The fourth initiative is Home and Community Based Services which is a billion dollar program. The program was completely redesigned, and the Department will be rolling it out in June of 2020. He indicated it has received favorable feedback.

Dr. Williams addressed the regulation issues that have been in the news lately. The Department regulates over 4,000 entities (nursing homes, hospitals, child care centers, abortion clinics, ambulatory care facilities) in Missouri and has over 400 regulators. The Department is required by law to conduct inspections each year. He spoke about the St. Louis Planned Parenthood abortion facility investigation and statement of deficiencies, which has received a lot of attention nationally and locally. The Department is required by law to investigate deficiencies found and then issue a statement of deficiencies for facilities regulated by the state.

Dr. Williams mentioned the misinformation in the media regarding the Department requiring two pelvic exams prior to an abortion. He noted a pelvic examination has been required since at least 1988 as part of the mandatory health assessment that must be used to detect factors that could influence the choice of the procedure, among other things. To clear up the misinformation, the Department issued an emergency rule clarifying the regulation of one pelvic exam prior to an abortion.

It was asked, in terms of the Council's role as advisors to the Department, there have been two things that have happened to put Missouri under the national magnifying glass – the anti-abortion law that was passed and the St. Louis Planned Parenthood regulatory issue – the Council has not yet had the opportunity to provide a professional, scientific, social service advisement on these two issues, but what is the mechanism going forward to do that? Dr. Williams responded that the Council could put forward a statement reflecting their interest and concerns, much like the priorities document. He reminded the Council that the process is bidirectional – he shares what the Department is doing and the Council provides feedback not only on what the Department is doing, but also things the Council wants to initiate or share issues that affect women in Missouri.

Sue Kendig mentioned that when the priorities document was sent to Dr. Williams,

it was the Council's hope that the document would be vetted and made available for public dissemination. She asked what happens with the recommendations and whether the document will be posted. Dr. Williams explained that all Council documents are public documents. Sue asked where the responses were for the priorities document. Dr. Williams responded that the priorities document has been referred to the appropriate agencies for feedback, which will be shared with the Council at the next meeting.

Mary McLennan asked, with maternal mortality and perinatal mortality being one of the high priorities, what about the things that are not legislative in Missouri that are affecting women's health. An example was given that Missouri has no laws regarding non-certified midwives. It was noted there had been episodes this year that resulted in either severe maternal harm or neonatal deaths from people who are not certified. What is being done to look at making it legal to require certification to prevent women from being harmed? Dr. Williams responded that the Council has the license to discuss these types of concerns and to bring the issues forward for feedback.

Rachel Winograd asked what Dr. Williams wants from the Council and how their voices can be heard outside of the Council meetings. Dr. Williams indicated that the Council has to work through the Department and that the Council cannot operate independently. He said the Council needs to continue bringing issues forward for feedback, and the Department needs to get better at providing feedback on the issues that are brought forward.

Emily van Schenkhooff asked what initiatives are coming out of the Department in the next few years that show leadership on advancing women's health. Specifically, she asked for the Department's strategy for addressing maternal and infant mortality and for the Department to share the strategy prior to the next Council meeting so the Council can provide feedback at the September meeting. Dr. Williams stated the Department has a clear strategy on maternal mortality, but not with infant mortality yet. The Department will share this information prior to the September meeting.

Sue Kendig mentioned that although the original AIM concept is looking at hospital-centric bundles, the last three years AIM has moved to a much more global perspective around women's health – what happens before and between pregnancies as a driver of not only maternal mortality and infant mortality. HRSA just released more funding requiring AIM states to look at before and between pregnancies. Sue would like to see how Missouri's strategy is going to be proactive in spilling the aspects of the hospital centric bundles over to the care before and between pregnancies.

Dr. Williams mentioned that the Trump administration has issued rulings around Title X funding this week. Department staff will be meeting next week with Michelle Trupiano from the Missouri Family Health Council to see how this affects her work.

Action Items:

- Dr. Williams will provide feedback on the priorities document at the September Council meeting.
- Dr. Williams will share the Department's maternal and infant mortality

	<p>strategies with the Council prior to the next meeting for feedback from the Council at the September meeting.</p>
<p>Department of Corrections Update</p>	<p>Anne Precythe stated she started as a Probation and Parole Officer in North Carolina and spent 30 years in the community side of supervision and not having a lot of background on what happens institutionally. Coming to Missouri she had a learning curve for the institutional side.</p> <p>In January 2019, Director Precythe discovered women in state correctional facilities did not have access to tampons and access to only one type of feminine hygiene pad. The Department of Corrections (DOC) found funding to provide two types of tampons and two varieties of pads for women that are available in the housing unit. Women can access any amount and type they want. These items are available in the two women’s correctional facilities (Chillicothe and Vandalia) and in the female Community Supervision Center in Fulton, Missouri’s first ever women’s behavior modification center.</p> <p>Director Precythe talked about the success they had in North Carolina with justice reinvestment, which is diving into the data, looking at what is happening in the criminal justice system, followed by looking at best practices to address the issues – whether in institutions or the community. Shortly after she arrived in Missouri, the Council of State Governments looked at what was happening in the arrest world, court world, corrections, and probation and parole supervision. Missouri had the fastest growing female incarceration rate in the United States. She talked about Missouri’s statute requiring the Department of Corrections’ Office of the Director to have a section for reentry and women’s services. She stated that Ken Chapman is now the Women’s/Offender Reentry Program Manager.</p> <p>Director Precythe spoke about efforts encompassing staff development and team building.</p> <p>She spoke about the MO ASPIRE program in the Women’s Eastern Reception Diagnostic Center in Vandalia. The program is a 20-week course that helps women learn how to become entrepreneurs, including developing business plans and connecting the women to resources in their communities to establish their business when they are released.</p> <p>She provided an update on the Fulton Community Supervision Center, the first all-female residential probation and parole program in the state. The facility houses up to 40 women and is designed to help offenders succeed in completing their probation or parole. All staff are trained on trauma-informed care. Substance abuse education and treatment is available onsite. Director Precythe provided examples of activities offered to the women and extended an invitation to the Council to tour the facility.</p> <p>Director Precythe also provided updates to the suggested recommendations provided by the previous Women’s Health Council from 2003. Many of the recommendations have been addressed over the past 15 years.</p>
<p>Department of Social Services Update</p>	<p>Jessica Dresner is the Deputy Director for MO HealthNet in the Department of Social Services (DSS). She indicated she would follow up with DSS staff concerning the issues outlined in the Council’s priorities document related to their</p>

Department and would provide feedback at the next Council meeting.

She acknowledged the priority for the Departments of Health and Senior Services, Mental Health (DMH), and Social Services to continue to work on processes that overlap, specifically with long-term care services and support.

Jessica shared how the Family Support Division is working with the DOC to build reentry teams so that when an offender is released, a family support person would be right there to assist with the benefits/Medicaid piece, possibly housing family support employees within the prisons.

In regards to maternal and infant mortality, Jessica shared that she started to put together a document of all of the initiatives that are currently going on and future projects through DSS, DHSS, the Primary Care Association (Federally Qualified Health Centers [FQHCs]), and the Missouri Coalition for Community Behavioral Healthcare's Community Mental Health Centers. She will be reaching out to Jordan Valley (the largest FQHC, which is not a Primary Care Association member) and the Missouri Hospital Association for their current and future projects. This document will provide information on efforts focusing on maternal and infant mortality to assure access to care, quality of care, and the social determinants of health are being addressed. More importantly, it will help the departments work smarter and coordinate efforts to make an impact. For MO HealthNet, their main focus areas will be around working more closely with their managed care health plans, substance use disorder (SUD) waiver, Maternal Opioid Misuse (MOM) grant (applied, awaiting response), funding appropriated through the DMH for case management, funding baby boxes (boxinets), and assisting with the AIM perinatal quality collaborative. Sue Kendig suggested Jessica also contact the Maternal Child Health Coalitions and Healthy Starts. Sue will send her the links for these.

In April, MO HealthNet added the Alternative Therapies to Chronic Pain Program which allows those with a chronic pain diagnosis to receive chiropractic services, acupuncture, and cognitive behavioral therapy (CBT).

Rachel Winograd asked if there was any momentum within MO HealthNet to remove the prior authorization for buprenorphine. Jessica was unsure, but said she would check and provide a response.

Jessica stated they were moving forward with covering chiropractic care for the Medicaid population that was passed in legislation last year, putting forth regulations to allow MO HealthNet to cover some preventive services around diabetes and obesity and working more closely with DHSS on promoting smoking cessation and asthma prevention.

She spoke about Medicaid transformation efforts, noting MO HealthNet received approximately \$35M (only \$500,000 for people and the remaining for contracted vendors/system work) to execute their initiatives. Initiatives focus on acute care recommendations, long term services and support, MMIS (claims processing system), program integrity efforts, operational efforts, and pharmacy. The overall goal of the transformation is to make Missouri a leader and the very best Medicaid agency. MO HealthNet wants to make sure they are providing access to the people who need it and do it in a financially sustainable way. Overridingly, MO

	<p>HealthNet wants to move to value-based payment methodology across the board. The long-term services and support initiative focuses on working with DHSS and DMH around consistent payment structure (i.e., for home and community based services, qualifications, training requirements, etc.). In regards to managed care plans, they will be looking at contract compliance and performance management. Jessica said a lot of the operational initiatives are around the Family Support Division, the call centers and participant experience. MO HealthNet is partnering with a group to look at the eligibility process and the application form. In regards to pharmacy initiatives, she reported they have reduced grandfathering in some of their drug classes and are trying to reduce opiate prescriptions.</p> <p>The issue of dropping a large number of individuals from Medicaid was discussed. Jessica reported that the Division of Family Support is converting the old enrollment system, FAMIS (Family Assistance Information Management Systems), to MEDES (Missouri Eligibility Determination and Enrollment System), which delayed annual renewals, which reassess if individuals are still Medicaid eligible for the upcoming year. The delays caused by the conversion affected the number of individuals being dropped at one time verses over a period of time, including those who do not complete the process for renewing. She said they are also looking at other data sources to see if there are other issues (such as the economy) that may have affected the number dropped.</p> <p>Action Items:</p> <ul style="list-style-type: none"> • Jessica Dresner will follow up with DSS staff on the priorities document and provide feedback at the next Council meeting. • Sue Kendig will send Jessica Dresner the links for the Maternal Child Health Coalitions and the Healthy Starts.
<p>Department of Mental Health Update</p>	<p>Terra-Anne Erke reported MO HealthNet released a notice on July 10th for public comment regarding the Medicaid waiver for women with SUD for six months past postpartum. The notice is open for comments until August 14th. She will provide Tracy Henson with the link.</p> <p>She mentioned DMH is collaborating with DOC on the Justice Reinvestment Initiative, specifically the Community Supervision Center in Fulton that Director Precythe spoke about earlier.</p> <p>Terra-Anne stated the Lafayette House is working with the Children’s Division to work with women with SUD issues to try to keep them with their children or work on getting them back with their children. She said the program is going well.</p> <p>She mentioned DMH was piloting a <i>U-MAT-r</i> mobile app in four clinics. She will send information on the mobile app to Tracy Henson to share with the Council.</p> <p>Action Item: Terra-Anne Erke will send Tracy Henson the link for the SUD waiver and information on the mobile app to share with the Council.</p>
<p>2020 Priorities</p>	<p>No discussion.</p>
<p>Opportunities for Partnership Requests</p>	<p>Reggie Rideout (Infant Mortality Reduction Initiative) and Kelly McKay (Centering Pregnancy) will be invited to speak about opportunities for partnership at the September meeting.</p>

Other Discussion	<p>Sue Kendig stated she would send Dr. Williams an email reminder requesting feedback on the priorities document.</p> <p>Sue asked the Council for their thoughts as to where the Council is right now. A discussion followed that included uncertainty about the true purpose of the Council and recognizing the value of having four departments share women’s initiatives with the opportunity for the Council to provide feedback.</p> <p>Discussion followed on topics for the September meeting agenda. The Council would like to hear from Dr. Williams and DSS regarding updates and feedback from the priorities document, then spend the rest of the meeting discussing pressing issues and priorities for 2020 and opportunities for partnerships.</p> <p>Sue announced the Missouri Foundation for Health is sponsoring the <i>Maternal and Infant Health in Missouri: Collaborative Approaches to Vitality Across the Lifespan Conference</i> in St. Louis on October 9-10. Registration information will be shared with the Council when it becomes available.</p> <p>Discussion followed on developing a Council statement on the reproductive issues discussed earlier. Bridget McCandless offered to draft the statement with input from others. Once drafted, she will send the document to Sue Kendig for distribution.</p> <p>Sue asked Mindy Laughlin to obtain clarification on how Council documents, including meeting minutes, become public documents and where the documents are posted for the public to access. In addition, will documents such as the priorities document be embedded in the minutes or available as an attachment.</p> <p>The meeting concluded at 12:30 p.m.</p> <p>Action Items:</p> <ul style="list-style-type: none"> • Sue Kendig will send Dr. Williams an email reminder requesting feedback on the priorities document. • Sue Kendig will share information on the <i>Maternal and Infant Health in Missouri: Collaborative Approaches to Vitality Across the Lifespan Conference</i>. • Bridget McCandless will draft a statement on reproductive issues with input from others. Once drafted, she will send the document to Sue Kendig for distribution. • Mindy Laughlin will obtain clarification on how meeting minutes and documents become public documents and where the documents are posted for the public to access, and determine if documents discussed at meetings are embedded in the minutes or available as an attachment.
Next Meeting	September 18, 2019 Harry S Truman Building, Room 750, 9:00-1:00