KANSAS MENTAL HEALTH COALITION

Speaking with one voice to meet critical needs of people with mental illness.

Minutes

January 28, 2015 Monthly Meeting **Valeo Behavioral Health Center, 330 SW Oakley, Topeka, KS**
(*teleconference access 1-877-278-8686, enter 982797 use codes: *7 mute / *9 unmute)*
Meeting room wi-fi: Guest@ccess

9:00 a.m.

Introductions and sign-in sheet David Wiebe, President

Financial Report JoLana Pinon, Treasurer – Amy presented the report. KMHC ended 2014 with positive balance, but was 2,36.86 short of budget revenue goals. Amend to show NAMI payment. Report approved – Cagan motion, Brann second.

Please renew your membership at KMHC website - the site will generate an invoice to pay by check. Contact Amy if you have questions.

Minutes of the previous meeting. Read Minutes. Please let Amy know if your attendance was not recorded. Approved Lewis motion, Brann second.

9:15 a.m. Reports

Advocacy Committee –Grassroots Advocacy Network - Sue Lewis - 2015 Issue Paper Drafts

Comments due by February 2 to wiebe_m@WMHCI.org Veterans Adult Inpatient Issues

Criminal Justice Supported Employment Peer Support Housing Medicaid Expansion

Mental Health Advocacy Day is March 12. Please forward the online registration information to your members and employees. If people need help with registration or setting up appointments with legislators.

There will also be a breakfast that morning for legislators. Members are encouraged to be there to visit with them one on one.

Medicaid Access Coalition – Kansas Hospital Association proposal / Vision 2020 Committee Hearings

Governor's Behavioral Health Services Planning Council – Met in January. There are multiple vacancies on the council that need to be filled. There are current applications in the process of being approved by the Governor's office, but also a couple of positions that have no applicants to date.

Veterans Subcommittee Special Report - Sheli Sweeney *KMHC will dedicate about 20 minutes to a briefing on the GBHSPC Veterans Subcommittee Annual Report.* Sky- KNASW will bring in a veteran's mental health specialist / researcher for continuing education in September. Steve – do we know how many veterans have Medicaid or other insurance? We don't even know who they are. Purpose is simply to learn how many veterans and veterans family members are seeking services. Sue – in Missouri, studied returning veterans – finding that there were real disconnects for returning veterans which is an issue when there have been repeated deployments. Walt – that is exactly our experience

Mental Health and Aging Coalition – Update from Eric Harkness **-** *no report / not in attendance*.

Update on the work by Jim Brann pursuing legislation relating to Veterans and Incarceration issues. See handout for written report. Rep. Rubin is having a bill drafted. Would create a defense relating to veteran's mental health issues associated with service. Diversion available for those who are charged with a presumptive non-prison offenses. If it is a presumptive prison offense, the court could require treatment / medication.

Would suspend any benefits while incarcerated, instead of cancelling.

11:00 a.m. Consideration of RevUp Coalition – Rick Cagan - - RevUp Mission - Report on State Budget by KCEG

Coalition is forming to encourage reversing the "self-inflicted" revenue crisis in Kansas. Want to show legislators that there are advocates who support changing the direction of the

Certainly, there is discussion about what to do about revenues from both sides of the aisle.

In the views of the RevUp group, the current discussions are insufficient. The hole is deep and wide. Without an overall solution addressing income taxes, the overall picture for funding necessary programs will not improve.

Input from guests from Breakthrough Wichita: I am a businessman and mental health consumer – have felt for a long time that the Legislature is in a business and is managing money. They are trying to figure out what to do in a tight budget situation but not seeing big picture.

The sheriff of Wichita is a wonderful man who has an exploding budget problem because of the numbers in jail.

Plead with you to put numbers on here to show the costs of doing the right thing instead of not doing the right thing.

Two years ago a cost study of untreated mental illness in Kansas City = 1.7 billion in Kansas when extrapolated from the Kansas City area study.

Want the Legislature to see what it is costing our local agencies. Suspended discussion for Secretary.

10:00 a.m. Guest Topic: Access to Mental Health Medications Issue: KDHE asks Legislature to repeal MH Medications statutory exemption from PDL / Management in Medicaid - Kari Bruffett, KDADS Secretary

Agency will give an overview of Rainbow and cost savings to HSSBC today / have initiated a program in Wichita. Pleased with the cost savings and treatment successes.

Pharmacy program is within the purview of KDHE, but KDADS is very engaged as well. We know there is interest in the Legislature is pursuing this in one way or another:

- Open up or repeal the exemption statute

Have discussed the issue with this group in the past. Dr. Moser had led a discussion group on pharmacy issues (not specifically mental health)

It is problematic to have Medicaid policy prescribed in statute.

We have the state's Drug Utilization Review Board composed of Kansas physicians. Transparent and can present testimony there.

Behavioral Health Drugs

- Pursuant to KSA 39-7,121b, there are no restrictions on prescribing of medications used to treat mental illnesses.
- Kansas Medicaid is not allowed to manage behavioral health drugs (anti-psychotics, antidepressants, ADHD medications, etc.) like it does other drug classes
- Kansas Medicaid must work through the State's Drug Utilization Review (DUR) Board before instituting prior authorization (PA) requirements on any drugs
- DUR is comprised of Kansas Pharmacists and Physicians
- DUR process is transparent

Behavioral Health Drug Recommendations

Recommendations for the legislature's consideration:

- Individuals with chronic, persistent mental illness should continue to receive behavioral health medications with no prio authorization (PA)
- For other patients, safety edits should be permitted to ensure behavioral health drugs are being used appropriately
- Ensure that anti-psychotics are not being used as default treatment for dementia patients
- Encourage gradual dose reductions when appropriate

We want to know the best way to get recommendations from this group.

The reason the State has responded positively to some legislators suggestions to repeal the statute is because that would provide the most flexibility and don't have to wait for the Legislature to be in session.

How do you identify and operationalize the standard that would not require prior authorization. Within other medications, we have policies similar to this that waive prior authorizations in certain cases by generating batch PAs or simply waiving the requirements.

Q: I'm concerned about what protections there would be. If we repeal the statute, you won't always be here. There will be another Governor, another secretary, and we won't have the statute to protect us.

It maybe is the flip side of the same coin. I have heard some of your group say that you would support safety edits and that they should be okay under the statute. But our legal counsel says that we can't. So, if we had the repeal we could implement…

Q: this is the first time we have heard that any safety edits would require repeal.

Discussed the language.

Think the opening position for us might be to discuss what an amendment might look like instead of repeal.

There may be room for that.

Q: has there been any fiscal note prepared that addresses the anticipated savings associated with the repeal?

Not for the MH policy alone. It includes all of the medication policy changes, including modifying rules and regs process for DUR.

Q: It has never been my understanding that the language prohibits safety edits.

Hard edits are prohibited. Soft edits are allowed and are in place.

Q: would like to invite you to have a dialogue with families who are high end users of these pharmacy products so that there is no filter between you and the people who use the medications.

Would be happy to do that.

Q: will you work with people in this group or others to make good press about this process? Right now we are just trying to scare everybody. Rather than just oh my god. Wanting some calming language such as we are studying this and going to try to improve something.

Yes, that is best. We are not going to pursue cost motivated strategies that hurt people. We will not be interested in anything that will push people away from treatment. Much more here ….

Q: I'm hearing what the intention is not. Not to save money for MCOs. What is the impetus. What are we trying to fix? You have people in this room who are definitely interested in making things better.

Same discussion you would have had for close to a decade. While the goal is not just cost savings, we do think it will reduce costs. That is what we think better management does for the program definitely.

I don't have the data on prescribing and children, may be effective, but shows up in numbers that we don't see in other settings. Step therapy is another issue – not allowed by statute. Requires trying a generic or different dosage first. So, here we see more commonly starting with the brand name instead of less expensive drugs. That is about cost, but that is also about effective prescribing.

Concerns – appears to be a path for standardized MCO management of medications – practices known nationwide to have risks that raise serious concerns among advocates. Mental health advocates absolutely to recommend improved care, but those known practices don't exactly line up.

With the rush to legislation that has taken place, how can we engage a supportive constructive discussion?

Retroactive DUR does occur – following up with those who are prescribing outside

Does the current DUR committee have any members who are actively treating people with serious mental illness? Don't know.

Q: How often does the DUR board meet? Quarterly? Has been less and less.

Q: Isn't the prescribing physician the best judge of a patient's needs? Yes - but a cardiologist is the best judge of a cardiac patient's needs, and we don't have this restriction on cardiology drugs.

KanCare companies said they won't go retroactive on anybody. Will all three do that?

How to deal with current prescribing is part of the policy question that we do want to engage the stakeholder community on.

Kari will work with Amy and Kyle to discuss what process might be developed for stakeholder input.

KDADS Update - Proposed Agency Budget - Carla Drescher, KDADS Behavioral Health Director

KDADS will have to cut $600,000 for FY 15. $300,000 was unspent in transition to RSI. So – not an actual reduction, just returning unspent funds. HCBS and/or MH contracts due to expire before the end of the fiscal year won't be renewed. $120,000 comes from unused Senior Care Act funds.

FY 16 and FY 17 – will include those cuts. Will not be across the board. $1.2 m moving forward. Asking for administrative reductions from future CDDO contracts. A number of smaller grants will be cut – notices going out for reductions or combining. New $1 million grants for transitional housing / residential care in a revolving loan format. Could be difficult for some CMHCs who

are quasi-municipalities. The $1.9 million from Rainbow building sale will also go to investment in community services – expanding RSI-like services, as well as being used for some capital improvements at the state hospitals. (The Governor's Budget sweeps $3 million from the Social Welfare Fund – a fund created by the settling of Medicaid accounts with Kansas Health Solutions. Additionally, fee funds, which might have been used for maintenance and capital improvements, have also been swept.

Wyandot Inc has been awarded a grant for Initial Episodes of Psychosis.

CMS Waiver Renewal - SED/HCBS transition rules will potentially impact the SED waiver. Staff is meeting internally to review utilization data and effectiveness. There is an SED workgroup working on both the renewal and the final rule. Need to check the KDADS website for the posted impacts.

CMS Final Rule – posted for comment now.

KDADS Update - Proposed Agency Budget - Carla Drescher, KDADS Behavioral Health Director

Resume reports if needed.

11:00 a.m. Consideration of RevUp Coalition – Rick Cagan - - RevUp Mission - Report on State Budget by KCEG

This is being set up as a coalition of organizations. More discussion. Chambers? Cities and counties? Too early to know who will be signing on. This is an issue organization, not partisan. Many groups are waiting to consult with their boards for approval, but some are waiting for more information. This is a multi-year project – not imperative to sign on today. Motion to table the issue until April meeting to allow members to get more information and share with their boards. Will have monthly updates. Individual member organizations are encouraged to consider supporting the group. There was a request by members to get continual updates.

11:05 a.m. Lobbyist Report -

- The 2015 Kansas Legislature – emailing "Day on the Hill" documents to members. Do not post these on your website.

- KDADS Legislation - HB 2042 - add tribal representation to the Governor's Behavioral Health Services Planning Council

HB 2043 - technical amendment to clarify KDADS authority to conduct background checks on employees of hospitals and institutions

- State Budget Issues - State General Fund forecasts and Governor's Allocations

AARP Caregiver Bill covered by KHI.org this week.

Health Homes program – reports are very positive. Federal funds cover most of the first years cost.
David Elsbury wishes KS would implement more of the successes from Missouri program and hope there will be revisions helpful to providers to streamline what is now very limited by administrative burdens and challenges by the MCOs, who do not seem to have the expertise they had advertised. We need them to get better at generating lists and providing data. Has a lot of potential but needs to improve.

11:25 a.m. Announcements

11:30 a.m. Adjourn

2015 KMHC Meetings: 9 a.m.–11:30 a.m. Jan 28, Feb. 25, Mar. 25, April 22, May 27, June 24, July 22, Aug 26, Sept. 23, Oct. 21, Nov 18, Dec. 16 **Board Meetings:** 12 noon quarterly the 4th Wednesdays (March 25, July 22, Sept. 23, Dec. 16)

For more information, contact: Kansas Mental Health Coalition

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