KANSAS MENTAL HEALTH COALITION

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

Minutes

November 19, 2014 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

David Wiebe
Amy Campbell
Jim Brann
Ron McNish, Amerigroup
Rob Mealy, KPS
Susanna Honaker
Marcia Epstein
Susan Zalenski, J & J
Wes Cole, GBHSPC
Donna Kay, Cenpatico (Sunflower)
Deb Burnham, Sunflower
Sandra Dixon, DCCCA/KAAP
David Elsbury, CMHC
Kyle Kessler, ACMHCK
Steve Christenberry, FSGC
Mark Weibe, Wyandot
Rick Cagan, NAMI KS
Stuart Little, KAAP
Chris Beal, Otsuka
Sally Anne Schneider, Stormont Vail
Glen Yancey
Lynn Davis
Phone:
Steve Feinstein, ELC
Jason Hooper, KVC
Walt Hill, High Plains
Sue Lewis, MHAH
Alexandra Simmons, MHAH
Guests:
Angela DeRocha, KDADS
Gina Meier-Hummel, KDADS

Financial Report adopted. Motion by Cagan, second by Brann. see report

Minutes of the previous meeting adopted. Motion by Yancey, second by Cagan. see draft

9:15 a.m. Reports

Advocacy Committee –Grassroots Advocacy Network - Rick Cagan / Sue Lewis
The next teleconference is December 4 at 11:00 a.m.

Grassroots Advocates Teleconferences – Nov. 18 6 p.m. or Nov. 19 8 a.m.

Amy asked people to log in to the website and be certain they are on the list for notices and their email addresses are current. Please call Amy for assistance at 785-969-1617.

Hospital and Home – David Wiebe and Amy Campbell

CMS has notified Kansas that OSH is in jeopardy of losing Medicare reimbursement due to continuous operation over census and other identified health and safety conditions. KDADS has a plan of correction and anticipates meeting CMS requirements before any reimbursement might be withheld.

Acute care hospital v. residential care facilities. Discussion about the need for specific planning for the operations and goals of the hospitals. Wes talked about the role of the GBHSPC is discussing the full system and the hospital role within that system. There are particular community based needs that aren't being met, including housing and intensive treatment. Members of the Coalition feel that the definition of the hospitals as "acute care facilities" should include acute care provided over periods of 30, 60, 90 days or more if needed – instead of the common interpretation of short term stabilization over a week or two.

Medicaid Access Coalition – Rick Cagan – Kansas Hospital Association has been working toward some proposals. That information is not yet public.

Governor's Behavioral Health Services Planning Council –Wes Cole – Met yesterday at Larned State Hospital. Had a patient panel discussing their experiences. Most indicated that a longer stay would be beneficial. There are many patients who lack needed supports in their communities – including housing, employment and family support. Discharge planning has been problematic. It might be helpful if individuals were connected with consumer support organizations.

Jane Adams has been awarded the Family Movement Pioneers and Heroes Hall of Fame – one of 25 in the nation. This is a major honor for a great Kansas advocacy professional.

Wes offered Subcommittee Reports to the Coalition.

GBHSPC Subcommittees – Suicide Subcommittee – Plan for January meeting to pursue a statewide coalition in Emporia at the National Guard Armory. It is anticipated that the Suicide Subcommittee will be disbanded in lieu of a Prevention Subcommittee. The Suicide Prevention Plan for the State has been delayed due to staffing changes – Chris Bush (KDADS) and Annie Brown (Headquarters Inc.).

Example of difficulties with lack of resources at the CMHCs. Family with daughter who was cutting and had suicidal thoughts who went to a CMHC, and was screened. She was given a no harm contract and an appointment for 3 weeks from that date.

Rick met with Andy Brown, committee member, regarding developing a statewide coalition for suicide prevention. Certainly, the KMHC already has a broad membership who cares about this issue and would invite individual and group participation. Steve and Marcia participated.

Mental Health and Aging Coalition – KMHC will invite the Coalition to provide a report to an upcoming Coalition meeting.

Children's Issues –

9:45 a.m. Kancare Oversight Committee report Handouts will be posted to website.

Kansas is facing $40 million shortfall to fund Medicaid program. Factors include adjustments to the state share of Medicaid cost and ACA insurer's tax which MCOs will pass on (in part) to the State.

Amy Campbell, KMHC; Kyle Kessler, ACMHCK presented testimony opposing committee action to delete the statutory exemption language that prohibits management of mental health medications. Sue Lewis, MHA of the Heartland, and Rick Cagan, NAMI KS, submitted written testimony. However, Chairman Crum recommended the Legislature take action to revoke that statute. The recommendation was endorsed by the committee. Acting KDHE Secretary Susan Mosier recommended that mental health meds be managed by the DUR Committee for safety edits, but no prior authorization be established for adults with SPMI. This leaves a great deal of questions to be answered and we hope there will be some form of collaboration offered by the agency in developing their legislative proposal and/or Medicaid formulary recommendations.

KDADS provided numerous updates. Secretary Bruffett covered the Osawatomie State Hospital issues with CMS (census) and proposed corrective actions – includes Census Management Initiative (contracts for overflow beds), State Hospitals Strategies Work Plan, increasing community bed capacity options and CSP staff involvement with the state hospitals and CMHCs. She also highlighted the new $1 million grant that intends to expand services similar to those offered at Rainbow Services to south central Kansas – includes crisis beds, short term crisis residential services and stabilization, crisis detox services (sobering beds, social detox, or medical detox) and short term crisis inpatient stabilization. Community based services shall include mobile crisis services (includes peers), 24 hour crisis hotlines, 24 hour warm lines (manned by trained consumer/peers in recovery), peer crisis services, and transportation.

Kyle Kessler pointed out the problems created by more inpatient beds being lost to the system recently.

There was much more covered in the all day meeting, but these were the key mental health items.

Kyle – There are more issues to IMD Exclusion is unique to mental health. There is no such exclusion for cardiology or other specialties. Those kinds of federal issues need to be revisited.

10:00 a.m. Elections Report

10:10 a.m. KDADS Update – Gina Meier-Hummel – Deputy Secretary
Carla is in the field today for federal site visit on our block grant.

Big issue is the census at our state hospitals. The State Hospitals Strategic Work Plan has been in progress since prior to the CMS census issue. Includes the grant to south central Kansas. In addition, working to enact a bed board at KHS that would make available every bed available in any given area to the mental health screeners. Would help them to know about any additional resources in that area. Also looking to develop additional beds –

visited Iola and Emporia and Halstead for possible options. Could be CMI contract such as Via Christi or Prairie View or could be short term crisis stabilization. Working toward the sale of RSI in order to offset the cost of these additional resources. Property will be sold later this month and the money will be reinvested in the system. The buyer of the current facility will continue to lease to RSI for the current three year lease.

If you are aware of psychiatric beds or crisis beds that could become a part of the bed board resource, contact KDADS.

Staff is going out to Larned and Osawatomie to transition people from those facilities back to communities. Talking with the VA about additional support for veterans in the state hospitals. Valeo recently opened crisis unit that is helpful. Also looking at improving the screening process.

Continuing to use RSI and discussing the possibility of expanding the catchment areas that could feed into RSI (Douglas and Leavenworth).

It is an exciting time because we have seen community based beds reduced and it is exciting to have opportunities to expand those resources.

What are you looking at for the screening process? There are patients at the state hospital whose primary issues are drug and alcohol addiction or IDD issues and this isn't the correct place for those patients. Also, there are veterans

Elsbury – as you look at that issue, you need to evaluate whether or not the doors of those other systems are available to them. Sometimes, the issue is where can these people go to be safe? If the state can have authority to make sure that those other doors are open, then they could be placed more appropriately.

We are looking at the need for crisis intervention strategies for persons with IDD, who sometimes are dropped into the mental health system and that may not be appropriate.

Wiebe - This can occur because CMHCs have the only 24 hour response system.

Cagan – there is also an issue where someone who has been convicted of a crime has no placement options within nursing facilities or other residential care facilities. A criminal history does not always indicate a danger to others and the agency should look at those regulations. The hospitals are saying their hands are tied.

Cole – when I worked at the hospital, there was a person there who worked for the Veteran's Administration.

Meier-Hummel – we had a meeting to talk about that recently.

Brann – you are talking about people with an honorable discharge, and unfortunately, many of our folks do not have that. A large portion of this population has lost VA benefits due to behaviors that are directly due to their mental illnesses.

Cagan – status of grants

First Episode of Psychosis grant = already out and being awarded

Corrections / Diversion RFP= perhaps out in January. There are 9 communities developing work plans who will be pursuing that funding.

Shelley Duncan – looking for potential providers – are you interested in working with other providers or only CMHCs?

Meier-Hummel – wouldn't be changing codes, but interested in proposals working with current codes available.

Will also be taking a very focused view of our youth.

KDADS is in the process of renewing four of our waivers. SED Waiver is currently open for comments. HCBS rules require conflict-free management. Will be looking at how to achieve conflict-free management, are there enough firewalls in place? There has been significant discussion about how to separate management and provision of services within the IDD waiver and other waivers.

There are also some proposed changes to FMS services within the DD waiver.
TBI waiver and

Prescription Drug Monitoring changes – invitations are going out for December 9. Please contact KDADS

KDADS convened stakeholder meeting to talk about implementing the DSM V and brought in the BSRB to talk about transition. BSRB legal counsel had recommended quick transition and may not have fully considered the implications of
Appeared before the Board November 10 and explained difficulties of changing electronic medical records and diagnoses. BSRB will delay until implementation of ICD-10 implementation which will be around October 2015.

There will be an agency meeting this afternoon about changes to the Medicaid management of mental health medications policy and she will be advocating for stakeholder input to that process.

The last portion of the meeting is for members only, to vote on consensus recommendations.

10:45 a.m. Consider Consensus Recommendations Proposals:

Mental Illness and the Criminal Justice System - Jim Brann

Link to proposed position statement. Link to powerpoint presentation as amended. Proposed Legislation draft.

Introduced his Issue Proposal.

Talked with Rep. Rubin last spring, who talked about HB 2655 that pertained to veterans with honorable discharge and diversions.

Met with Sheriff Denning – added 8 counties to the study.

Rubin recommended presenting his ideas to a Joint Committee on Corrections.

Position would amend the laws to allow a Kansan with mental illness to have additional consideration when facing criminal charges similar to the veteran's legislation.

Brann's study cites numerous studies that show that people with mental illness are commonly incarcerated.

There is no statutory requirement that people with mental illness could be diverted to therapeutic mental health care. People who are incarcerated would receive therapeutic mental health care.

Cagan – question – I think people get the big picture. You have just now stated multiple positions. You talk about some consideration for people with mental illness. My understanding is that current prosecutors have the ability to create diversion programs. We have a survey through the justice involved youth subcommittee to ascertain to what extent there are less formal diversionary arrangements. There had been a bill to expand diversion programs to other counties, but the CMHCs put the kibosh on the bill because they saw it as a mandate. So, the question is – making it happen – which is a local affair, which is difficult to legislate.

The other thing that I heard you say was that people who are incarcerated should get treatment. We certainly support that, but are not sure how to get that in place. We try to suggest to people that if they are going to get arrested, do it in Shawnee County and not Bourbon County. There are great variations to what we have found. We have a conversation going with the Sheriff's association.

Brann – the Association of District Attorneys and County Attorneys. I met with representatives of those groups and they are dead set against any law that tells them what to do. My original proposal included an audit and Secretary Roberts opposed that item. Kansas has something called home rule which allows larger counties to opt out for their own decisions.

I believe that allowing every county to do this for themselves is inherently wrong. Rep. Rubin says that he supports doing something about this. Gives options for judges beyond just going to the grid. Allows the options for the judge to recommend probation with therapeutic mental health care as an option (if the violation is one that does not include imminent danger to the public or other conditions). If incarceration is appropriate – would require therapeutic care and at release would require discharge planning.

Cagan – discharge planning is a part of the state prison system.

Kerle – Sedgwick County has a mental health court up and running. Shawnee County will start its court next year for misdemeanors only. I have spoken to the judge in Wichita, and I was very impressed. He grew up in Topeka and his mother worked at Menninger Clinic. He is sensitive to the issues involved. There

On the negative side of this, I have been in 829 jails in 40 states. I visited one jail where 50% of the employees of the jail have CIT training – very good. But when the people are released, you can't force them to engage in

treatment. The majority have co-occurring diagnoses of addictions. If you don't have the adult supervision / probation program in place such as is available for the

He gives them a five day supply of meds as authorized by law. But then he sees them on the streets and knows they will probably be coming back.

The price for treatment within the jail bumps up from $85 a night to $250 a night or more and voters are not sensitive to these needs. People are released by hundreds of thousands and jump into the circular cycle of re-offending. And that's the way it is going to be for the foreseeable future. If criminal justice is going to do this, then you have to give them the funding.

Brann - The cost numbers includes $95 per day including treatment – came from Brian Cole. Would be around $40 a day.

This report is a snapshot creating 2013 data. Would ask all 95 detention centers to report this data with the goal of diverting people from prison. Would hope to see that the cost would go down to $85 per day.

I know it is a draft law and the Legislature would get their hands on it and something else might come out of the sausage making process.

Connecting w treatment. Process for people within the system. Discharge planning. The question is – how do we accomplish that?

Brann – this was modeled after the legislation that was already passed – diversion. Did not include the therapeutic mental health care requirement and discharge planning.

Cagan – If Rep. Rubin has a notion that something like this might clear this committee, I wouldn't second-guess him.

Kessler – the idea and concept are absolutely noble. When I was in state government, every time I would meet with a stakeholder group, I would have to ask the question. The fiscal note on this will be substantial. In time, I think this is the kind of idea that we could push

Kessler - To try to move forward with this initiative this year, we will be met with – how would you pay for it? Someone will likely say – surely this is captured in the CMHCs mandate or surely this is captured in the jails mandate. The bulk of the counties do not make an investment in their CMHC or their jails like Johnson County does. We could be getting into the position where we will have to say that either we fund these programs or we build more beds.

Brann - I have looked at our neighboring states and they are doing as badly as we are.

Cagan – would expect Sheriffs to oppose as well.

Brann – disagree – the 8 sheriffs I met with said "more power to you"

Susan – some states advocate suspending state services in lieu of termination during incarceration.

Rick – subcommittee is working on this. KDOC has worked this out, but county jails have some technical issues that would have to change. Agency has been very interested. Taking a while to figure out how to do this.

Kerle – Kansas had jail inspection requirements up to a recent administration and now we are one of twelve states that no longer does jail inspections.

Consensus is to pursue merging these principles with our current Issue Paper on Mental Health and Criminal Justice and incorporate into the relevant section of our Consensus Recommendations. May want to avoid massive inclusive legislation in favor of supporting issues as they are presented.

Revisit the SPTP proposal - Link to updated proposal.

Steve recommended incorporating relevant sections of the MHA position on this issue.

David – key to the recommendation is recommending the consultants' report.

Glen – concerned about our group / policy folks trying to make clinical decisions. What are the evidence based practices that are effective in

Rick – there is a clinical group that is responsible for the work that is done with people who transition from the program, but they have nothing to do with the treatment within the program. SPTP is roughly 40% of the cost of programs at Larned State Hospital.

Kessler – agree that this is part of the larger hospitals issue, but there is a crowd-out factor for a large public policy document. Not sure this is appropriate for the Coalition.

Rick – what is the skittishness?

Gerald – possibility of pushing work load out into the community as a mandate without additional funding.

Rick – we certainly think that there is a need for capacity in the community that doesn't exist today.

Kessler - Asking for a study may lead to the implication that CMHCs should be covering this as a part of their mandate. Who will we not serve if this is reverted to the community? I think the state has to be the first one to that table.

Steve – the people we are dealing with are sexually violent predators. The program is all about keeping people locked up and treatment is incidental. It is a sham.

David – we are a diverse group and our policy initiatives are very broad. It seems to me that it would be difficult for us to oppose a study and if those results tried to revert the load back on the CMHCs then they would intercede at that point.

Rick – clearly we are not ready for this and I understand. Family and Friends group will reach out to legislators for a hearing.

Pull off the table for 2015 for lack of consensus.

Mark – given the fiscal condition of the state, there is an opportunity here to raise the issue that we are wasting millions of dollars on this program.
Steve – this isn't a MH issue – it is a sentencing guidelines issue. Let's stop trying to treat people who are untreatable.

Amy – we have in the past included in our budget testimony that SPTP is a drain on the funding for hospitals and it needs to be addressed. There is no opposition to continuing that message in our budget testimony.

New Topics should be introduced today in order to schedule for consideration by the membership.

11:25 a.m. Announcements:

11:30 a.m. Adjourn

2014 KMHC Meetings: 9 a.m. – 11:30 a.m. Jan 22, Feb. 26, Mar. 26, April 23, May 28, June 25, July 23, Aug 27, Sept. 24, Oct. 22, Nov 19, Dec. 17 **Board:** 12 noon quarterly the 4th Wednesdays (March 26, July 23, Sept 24, Dec 17)

For more information, contact: Kansas Mental Health Coalition

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