KANSAS MENTAL HEALTH COALITION

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

Agenda

March 25, 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
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.

KMHC Board: Meets immediately following KMHC Meeting

9:15 a.m. KDADS Update: Gina Meier-Hummel, Commissioner, Carla Drescher, KDADS BH Director
- Access to Mental Health Medications Issue - HB 2149 - creating mental health medications advisory committee.

Amy distributed a report on Senate Sub for HB 2149.

Think the MH Medications work group will continue for the short term, because it is a broader group.

Legislation passed Senate unanimously with some friendly amendments.

Amy has recommended that the guard rails that were developed by the MH med work group be formalized in some fashion = policy implementation. How to document is important. It is about the transitions, so might fit more as an agency policy.

Wondering if the MH Med Advisory Committee will have formal advance notice of agendas. That process will be parallel to the DUR Committee process – posted on the website. Meet at least quarterly.

Another concept was to have a half day of public testimony at the beginning for consumers/family members to present.

Think those are good suggestions in the implementation stage.

Harkness – 6 years or so ago, Andy Allison convened a body to move toward policy recommendations. Maybe didn't work out the way he expected it to.

Believe it will succeed in preserving the protections by reviewing safety recommendations relating to age, dose, and polypharmacy. Will be looking at outliers and evidence based guidelines. Not just following package insert guidelines, but looking at the accepted practices for prescribing. Want to preserve the protections while also protecting the consumers.

Harkness – forgive me if I feel it looks a lot like that process.

Zalenski – what is the timeline? Will rules and regs need to be in place for the committee to begin meeting?

Effective date is publication in the register. Could institute emergency rules and regs. No policy will change until those committees begin their work.

Definition? Does this change which drugs are affected?

No – because the original statute included "and other drugs", it is expected that any drugs being used to treat mental health conditions would still be considered mental health drugs. The Advisory Committee will be focusing primarily on the appropriateness of their use within certain age groups. Numerous seizure medications are already on prior authorization – and would not have been

Concerns have arisen because it is clear that the MCOs themselves seem to define MH medications differently. This bill continues state policy that all MCOs must use the State's formulary.

Amy pointed out that this idea has been promoted among legislators that the MCOs should be able to have their own formularies and their own DUR determination processes. The State chose to have a centralized DUR / formulary for KanCare to streamline and simplify our program. Amy expects that policy to be discussed / challenged in the future.

Secretary noted that she appreciates the level of concerns about this change in Medicaid and the impact that our history has on people's level of comfort and understanding. Will move forward with determining the best method to formalize the Advisory Committee process, structure, and the "guard rails".

Gina Meier-Hummel will return to take up the rest of the KDADS issues around 11 a.m.

- KDADS Revolving Loan Fund for Transitional Housing
- Mental Health Grant/Contracts Ended - Proposed Program
- Osawatomie State Hospital

10:00 a.m. Monthly Briefing GBHSPC Subcommittee Annual Reports: Rural and Frontier Issues Subcommittee – Leslie Bissell, Southwest Guidance Center, Kansas CMHC and Gordon Alloway, JoCo - HIT

- Southwest Guidance Center serves the far southwest corner of Kansas - Sewell, Haskell, Stevens, and Meade – 6 hours from Topeka

MISSION

- The mission of the Rural and Frontier Subcommittee is to statistically understand and promote accessibility and availability of mental health services in frontier and rural Kansas counties, as defined by KDHE's frontier (less than 6 people per square mile) through urban continuum.

VISION

- The vision of the Rural and Frontier Subcommittee is that mental health funding and policy decisions in the state or Kansas will consider rural & frontier county representatives in order to improve accessibility and availability.

Current Members:

Travis Hamrick – Chair, Amanda Williams, Barbara Clark, Cheryl Holmes, Cheryl Rathbun, Cory Turner, Gordon Alloway, Leslie Bissell, Michael Hinton, Renee Geyer, Rhonda Kinser, Ric Dalke, Sheldon Carpenter, Vicki McArthur, Wendy Lockwood, Pam McDiffett – KDADS support staff

Goals to Achieve Mental Health Service Equity

To address the trends and concerns noted in the following summaries, the Rural/Frontier Subcommittee advocate for the pursuit of the following:

1. Establish a state-wide behavioral health tele-conferencing network.

   Purpose: Utilization of an existing, proven mechanism to help overcome current provider shortages.

   Rationale: Resources are available to begin immediate development of such a network, and tele-conferencing in Kansas has already demonstrated effectiveness in all the related areas:

   1. Efficacy of behavioral health services delivered via tele-conferencing
   2. Enabling access to care from providers in distant locations
   3. Necessary connectivity already exists between health-related facilities in KS
   4. Minimal investment needed to engage in tele-conferencing between health facilities
   5. Pilot management of ED mental health screening needs in counties of SW Kansas

2. Increase rural capacity for use of HIT through coordination of currently available resources.

   Purpose: Ensure availability of experienced workforce and infrastructure to support greater use of Electronic Medical Records and other health-related communications in achieving improved health outcomes for rural Kansans in the future.

   Rationale: Resources are available for subcommittee to begin immediate coordination of existing programs into a single, synergistic effort:

   1. Develop an HIT Workforce Awareness & Resource campaign in conjunction with Hutchinson Community College's IT in Healthcare program, currently providing Certification in HITECH Workflow Management and Implementation.
   2. Secure federal funding support through combined USDA Distance Learning / Telemedicine (DLT) and Community Facility (CP) funding, utilizing current support for this activity from the Office of National Coordinator for Health Information's (ONC) Rural Health IT Coordinator.

3. Facilitate development of care management coalitions to meet KanCare Health Home needs

Purpose: Minimize current rural Medicaid patient concerns about changes in care by utilizing currently effective practices in rural communities to assist KanCare in successful implementation of the Health Home model of patient care.

Rationale: Change is always difficult, but resources are available for subcommittee to begin immediate coordination with KanCare using the following steps:

1. Get update on Health Home status from director of Medicaid initiatives or other appropriate person at KDHE
   a. Propose working with KDHE on future expansion timetable
   b. Outline timetable for subcommittee assistance
2. Survey CMHCs, FQHCs, RHCs, etc. for current models of care
   a. Engage related state-wide organizations – KS Assn for the Medically Underserved / Primary Care Association and Kansas Foundation Medical Care / HIT Regional Extension Center for cooperation on survey and data collection
   b. Coordinate activities with groups expressing interest in program
3. Prepare Health Home Care Management education and training plan
   a. Check with Wichita State for resources
   b. KU-Area Health Education Centers are available for educational assistance capabilities

Rural and Frontier Data Summaries:

1. Demographic Overview
   a. Lack of Urban/Semi-Urban Resources in Rural/Frontier Counties
   b. Depopulation of Rural/Frontier Counties
   c. Senior Citizens (Age 60+) in Rural/Frontier Counties
   d. Hispanic Population in Rural/Frontier Counties
2. Workforce Overview
   a. Limited Access to Licensed Behavioral Health Providers in Rural/Frontier Counties
   b. Square Miles covered by Behavioral Health Providers in Rural/Frontier Counties
   c. Disparity in availability of Psychiatrists in Rural/Frontier Counties

Sky – How are you protecting confidentiality with telemedicine practices?

Policies are being updated and those policies are trying to be technology agnostic and device agnostic. Video conferencing technology is built to be encrypted. There are secure systems in place such as log-ins at each end and other protective measures.

About 80% of the telemedicine appointments in this country are tele-psych.

Gordon – have been delivering Medicaid patients to their appointments for 20 years. Began with transportation and now has moved into tele-medicine. Has been easy to do in Kansas.

Amy – this has addressed delivery of basic medical appointments etc., but do you have demand for peer groups? How do they meet?

There is demand, but we have to be creative for accommodating that. Our CRO has had to be creative. We have found that there is demand, and many people are willing to do that by video if that is what is available. People are willing to have telemedicine appointments if that allows them to have an appointment more quickly rather than having to wait.

Working to develop emergency / crisis services because right now, our employees must be called away from their schedule to handle a crisis screen and we could use remote services to handle that.

Steve – pointed out that there are rural/frontier areas of the country that are doing this and we shouldn't spend a lot of time re-creating a system.

Gordon – working with a model out of Ulysses to centralize information such as bed availability (private / public) and link with regional transportation services and other integrated services. If centralized, we could simply share the resources.

Rick – what are regional transportation centers?

There is one at KU – KDOT is starting to focus on regions and looking at regionally based transportation systems

10:40 a.m. Reports - 5 minutes each

Advocacy Committee –Grassroots Advocacy Network - Sue Lewis - Advocacy Day had 350 attendees March 12 at the Statehouse. It was a successful day. Ramada Inn was a great location, good for traffic flow and the size for our group. The bus ran regularly and was utilized. This year, provided an online briefing for those who couldn't attend that part of the program.

Evaluation forms were not distributed manually – can be completed online. We had an incentive drawing for participation. Didn't change the number of evaluations received – about 67 out of 300. Was emailed to all participants and they had a slip in their packet.

It is a small group of people who manages a big project in organizing this day. Will be looking for additional volunteers.

Thank Andy and Sheli for the YouTube video production – useful beyond Advocacy Day. Provides a quick feel for the legislative visits. It is posted at the KMHC website.

Advocacy Training had a class of 18 people. Large class – great group.

KMHC will bring a training to your area if you can put together a group of five or more. Iola is looking at the possibility of hosting an event. Ft. Hays State University is also looking at the option.

Medicaid Access Coalition –House Health Committee held hearings March 18-19. The committee has not announced plans to work the bill. KMHC will post testimony at the website when available. The Kansas Hospital Association did a great job of coordinating testimony and putting it into a packet for legislators. KMHC has distributed its Medicaid Expansion Issue Paper to the Legislature.

Mental Health and Aging Coalition – contact Sue Schuster

Children's Issues – KDADS work group developing recommendations for amendments to the SED Waiver.

Governor's Behavioral Health Services Planning Council – Wes Cole, Chair – met yesterday in Topeka. Had a Panel from Bert Nash and Compass about integration of services. Good meeting – learned a lot. There seemed to be agreement on the Council that we have a long way to go for real integration of mental health treatment, substance use treatment, and primary care treatment. The reports showed good progress, but substance use treatment seems to be moving more slowly. While all CMHCs are either currently or destined to become SUD treatment centers, but the addiction treatment facilities are not able to move in the same direction. May 20 GBHSPC will host meeting focused on childrens issues.

11:00 a.m. Lobbyist Report – Amy Campbell

- March 25 Last Day for non-exempt bills
- April 3 Drop Dead Day - Return April 29
- Mega-Budget Bills: House v. Senate

Funding for Advocacy groups provisos – Senate version: 30 day proviso / House version: funds NAMI

Looks like House won't work their budget, Senate will run its version.

- List of Legislation

Seclusion and Restraint – HB 2170 ABLE – amended into HB 2216 Facility Licensing - still in Health Committee

SPTP changes – amended and reported out by House Judiciary

Gina Meier-Hummel returned to take up the rest of the KDADS issues around 11 a.m.

- KDADS Revolving Loan Fund for Transitional Housing

Still in process. Because this is funded by income from the Rainbow property sale, it is hoped that the fund could stimulate infrastructure. ACMHCK has identified a concern that quasi-municipal entities (some CMHCs) can't apply for loans and so, they would be ineligible. This is a big issue in western Kansas particularly. Perhaps they could partner.

- Mental Health Grant/Contracts Ended - Proposed Program – RFP is being reviewed by Dept. of Administration. Hope to have that determined by May – expediting the process.

- Osawatomie State Hospital – census is creeping up again. Working on discharge plans.

Provider / Consumer Event re: Waivers – April 13th-14th – link on the KDADS website. Please RSVP.

Continuing conversations with CMS regarding the waiver renewals and extensions – did get some answers about the SED Waiver. CMS forbids screening/assessment and treatment to be provided by the same entity – currently, the CMHC provides both services. Will need to have an RFP for the screening services.

KDADS is convening a work group on NFMHs – if interested, connect with Ted Jester.

Diversionary Grants – Governor's Law Enforcement Advisory Group – RFP also being reviewed by the Dept. of Administration.

Gina Meier-Hummel is resigning from KDADS to go to a new job as executive director at children's shelter in Lawrence.

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 http://kansasmentalhealthcoalition.onefireplace.com
c/o Amy A. Campbell, Lobbyist
P.O. Box 4103, Topeka, KS 66604
785-969-1617, fax: 785-234-9718, campbell525@sbcglobal.net
David Wiebe, President
5608 Cherokee Circle, Fairway, KS 66205
913-645-6175; dwiebe@kc.rr.com