

# KANSAS MENTAL HEALTH COALITION

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

## Minutes

**March 26, 2014 Monthly Meeting**

**Valeo Behavioral Health Center, 330 SW Oakley, Topeka, KS**

(teleconference access 1-877-278-8686, enter 820091 use codes: \*7 mute / \*9 unmute)

Meeting room wi-fi: Guest@ccess

**9:00 a.m.**

### Introductions and sign-in sheet

David Wiebe, President

JoLana Pinon	Treasurer	Sky Westerlund	
David Wiebe	President	Carol Manning	MHA of SCKansas
Rick Cagan	NAMI, KS	Marcia Epstein	Suicide Prevention
Dana Schoffelman	Florence Crittenton	Subcommittee	
Tom Pletcher	ComCare	Mary Ellen Conlee	Keys for Networking
Steve Christenberry	FSGC	Ira Stamm	
Sandra Dixon	DCCCA	Danette Tipton	Breakthrough House
Chris Beal	Otsuka	Topeka	
Glen Yancey			
Amy Campbell	KMHC	On the Phone:	
Susan Crain-Lewis	MHA of the Heartland	Meg Propes	Sunovion
Stephen Feinstein	ELC	Christy McMurphy	Kim Wilson Housing
Susan Zalenski	J & J		
Corinna West	Poetry for Personal	Guests:	
Power		Angela DeRocha	KDADS
Sally Anne Schneider	Stormont Vail	Angela Hagen	KDADS
Eric Harkness		Richard Odiam	Jewish Family Services
Jane Rhys		Celeste Aranoff	Jewish Family Services
Walt Hill	High Plains MHC	Ginny Krystel	Jewish Family Services
Glea Ashley	Valeo	Mike Shields	KHI
Kyle Kessler	ACMHCK		

**Financial Report** adopted. Yancey motion, Cagan second. JoLana Pinon, Treasurer

**Minutes of the previous meeting adopted.** Cagan motion, Yancey second.

### 9:15 a.m. Reports

#### **Advocacy Committee –Grassroots Advocacy Network - Post - Advocacy Day Review**

Rick Cagan / Sue Lewis

Attendance was very strong this year – between 350 and 400 attended.

David Wiebe – thought it was a very good day.

Amy Campbell – Governor’s message was strong. Secretary Sullivan has clearly become very knowledgeable on the issues and it was great that he would take Q & A from the audience. Most excited about the advocates who are becoming more comfortable with meeting with legislators.

Rick Cagan – Committee will do more evaluation of the location. Have to be off site due to our size. Have received 57 evaluation forms/follow-up – hope more will come in. Effort to increase the number of legislators to respond to the survey has only had one response. At least one legislator (who is friendly to mental health) said he just doesn’t answer surveys.

Sue Lewis – Logistics seemed to work successfully – the flow in and out of the building worked well. Having a designated contact for the media was effective. We continue to struggle with identifying where people need to go with their visits, what they need to support those visits, and how best to

track those visits. Would like to be able to connect people who are pre-registered from the same area to join one another for legislative visits.

Could have a spreadsheet that includes pre-set appointments and assign people to the visit. A lot of people are frustrated that legislators are fundamentally too busy to see us and that chasing them down to the committee room or to the men's room just isn't really viable. Some people are hurt by this and feel that their travel was wasted.

Eric Harkness – Great attendance – need more space and volunteers at the pre-registered table.

Mark Wiebe – having the Governor in attendance really helped to add to our media exposure.

The Grassroots Advocacy Training event the day before had 25 in attendance, good participation. We also had a person attend, a family member, who is retired from USD 501 – media department – who is engaged in the subject matter and may be able to help us in a consulting role to add to our education program with an online program.

Corinna West – have heard from some legislative folks that mass advocacy events are just background noise to some legislators and there may be more effective ways to lobby.

Eric – true – what do our lobbyist members think about that?

Amy – it is true that we have multiple objectives for Advocacy Day. The Planning Committee evaluates this every year. Our objectives for educating our constituency seem to be successful, but the actual linking to legislators and teaching people to follow up is much harder and not as effective.

Yancey – encourage us to ask the participants about their expectations. There is some value in coming together.

### **Hospital and Home – Rick Cagan**

Met by teleconference. There was extensive discussion about the effective role of the group – possible work as an umbrella over some smaller work groups to specifically address screening, etc. Had a report from Larned region regarding the availability of crisis beds. Also talked about increasing the use of the indigent medication program. Appears that OSH has double the readmission rate of LSH – looking for more detailed data there. There is an effort to enhance the mental health technician training programs – perhaps seek accreditation. There will be a formal process of folding the Rainbow Mental Health Facility discharge and admission to OSH – a reassignment process.

Angela raised a question about whether the group should be addressing children's inpatient issues, Rick believes those should not be separated.

Steve Feinstein weighed in on the readmission rate – 7.6% at Osawatomie is actually a low rate. Somehow, the positions at the state hospitals for mental health technicians have been lost, and that is a terrible mistake. Those people are the extenders to the nursing staff, they can provide medications, etc.

Rick – but my memory of the Buckley report was that we were going to need to de-emphasize the MH technicians and enhance the professional staff. Not sure that we understand that fully.

Carol Manning – are you also looking at differences in length of stays at each facility?

Rick – yes, we look at that data – will want to look at it more closely for those who are being readmitted.

Eric Harkness – want to know how many of these folks are having their first contact at the hospital.

David – historically, that number has been around half of the admissions.

Walt – that has been consistent over time. One of the issues being discussed at Larned are how many people with Medicaid are going to the state hospital as opposed to the uninsured. We try to

send those to private hospitals – but in our area, there aren't any beds and so they have to travel for many miles.

David – KMHC has a position statement about enhancing public/private partnerships with hospitals, but of course, you have to have psychiatric units to make that happen. There is a benefit for people to receive treatment closer to home.

### **Medicaid Access Coalition – Amy Campbell**

Held an advocacy day and had good attendance at their event. Interestingly, the Governor had stated in the press (as a response to a question from someone who attended MH Advocacy Day) that he wasn't interested in moving forward with expansion and that those resources should be used to serve the disabled. Don't know what impact that may have had on the MAC Advocacy event. Yesterday, the Senate again adopted language asserting that no expansion take place without legislative approval. That seems to bring any behind the scenes discussions to a screeching halt – at least temporarily.

### **Governor's Behavioral Health Services Planning Council –Wes Cole**

**SPTP Task Force – Rick Cagan, Gerald Snell – Report is concluded.** Legislative Post Audit division is looking at the program further. KDADS staff is reviewing the recommendations of the report and looking at what they feel they could implement. The Family Group that has come together around this issue and is working on an Issue Paper for future consideration – perhaps by this group. Talked again about some of the elements of the Task Force Recommendation. NOTE TO AMY \_ post that report?

### **GBHSPC Subcommittees**

**Suicide Prevention Subcommittee – April 22 in Topeka, also may participate through technology.** KDADS will be taking responsibility for leading prevention planning process. Not sure what that means, Angela and Gina at KDADS have made it clear that they won't become the experts on the work of the subcommittee. The subcommittee is looking at some national

Headquarters Inc. will no longer be the

Subcommittee doesn't know what its role is going to be in the future, as the agency has indicated the subcommittee will be just one of the stakeholders in that process.

Email Marcia at [ME@sunflower.com](mailto:ME@sunflower.com) if you would like to participate.

**Mental Health and Aging Coalition – Eric Harkness – working with the GBHSPC MH and Aging Subcommittee to update the MH and Aging Guidebook.**

**Housing and Homelessness Committee – Eric Harkness – Discussing how to bring more resources to housing programs.**

**Justice Involved Youth and Adults Subcommittee – Rick Cagan – working on focusing on diversion, collaboration between Corrections and JJA folks and Medicaid/health care folks,**

**Vocational Subcommittee – Rick Cagan - KDADS may apply for \$800,000 grant from SAMHSA to promote supported employment.**

**Children's Issues – Seclusion and Restraint amendment – need to follow up.**

### **9:45 a.m. Legislative Report - Amy Campbell**

See list. Highlighted Autism, Juvenile reform,

**10:15 a.m. Guest Topic: Anti-Stigma Campaign - Celeste Aranoff and**

*Richard Odiam, LCSW, LSCSW, Director of Clinical Services, Jewish Family Services of Greater Kansas City*

Showed videos from their anti-stigma campaign. See powerpoint presentation. The campaign is designed for the general public and seeks to encourage conversation about mental health. Jewish Family Services is encouraging other groups to adopt their materials if useful to engage their own memberships. They are also encouraging the development of a KC Metro Mental Health Coalition. There is an agreement that organizations can sign to become a part of the coalition effort.

The members were very encouraging and supportive of the campaign.

Corinna West presented a different perspective – distributing a list of scientific literature that indicates the use of disease/illness based labels and language can increase stigma, and that stand alone stigma reduction messaging would be better replaced by embedding stigma reduction into other broader wellness campaigns. See comments below:

“I'm passing around a flyer [attached] with a literature review of stigma reduction. I'm also passing around a page of comments by national and local psychiatric survivor advocates about this particular JFS stigma reduction campaign. You, as mental health agencies, rarely hear our voices because our pain and anger is so great that you often can't hear what we're saying.

The academic literature says that illness based messaging actually increases stigma, that mental health providers and diagnoses are the biggest sources of stigma, and that stigma isn't even the main thing that prevents help-seeking. It says there are better ways to help people through emotional distress than by telling people they have an illness for life. JFS says their stigma campaign is not about illness, or diagnoses or treatments, but their materials are filled with these words. The about page on their website uses the word "illness" 16 times in 9 paragraphs.

This is not a direct attack to JFS. They are just an example here. In fact, if you engaged psychiatric survivors in this same review process, a very similar set of comments and literature reviews could probably be made for every organization in this room, Agencies hardly ever hear from people who feel that their treatment did more harm than good, but this data is very important to consider.

The federal government and funders know this. There is a massive amount of funding right now available for agencies who know how to involve patients and ex-patients in decision making. Right now up to \$4 million are up for grabs from funders like National Institute of Health, the Patient Centered Outcome Research Institute, the Robert Wood Johnson foundation, the Substance Abuse and Mental Health Services Administration, and the Small Business Innovation and Research Program. All of these agencies have initiatives that promote patient and ex-patient engagement.

I would strongly encourage KMHC and any other interested organization to start working on ways to increase hearing from all types of people who have engaged with mental health services. Let's not leave all this money on the table.”

There was further discussion of the relationship between private mental health treatment and public mental health, as well as the overall relationship between mental health (something we all have) and mental illness (something fewer people will experience).

Coalition members thanked Celeste and Richard for their work to create and share the campaign.

**11:00 a.m. KDADS Update** - Angela Hagen, Director of Behavioral Health,

Agency is looking at a statewide anti-stigma / social inclusion campaign. Center for Suicide Prevention uses the term Mental Health Promotion. Glad to be here for this conversation and will closely review the materials distributed by JFS and by Corinna West.

Daughter is 17 – in an international baccalaureate program, soccer, just quit job. Recently said that “kids with more homework have higher depression rates”. Not depressed, but under a lot of stress. These are factors that can lead into mental health issues / substance use issues. Want to look at primary prevention focus.

Suicide Prevention – agency wants to do more work in that area at the media level and within the constructs of all that we do related to mental health. Looking closely at suicide prevention amongst the juvenile justice population. Will be moving forward on development of statewide suicide prevention plan.

Health Homes – there are weekly webinars hosted by WSU. KDHE is the primary presenters for Lunch and Learn. Includes Q & A. Has been three or four. Target audience is providers.

Look at KanCare website – has a wealth of information for consumers and providers. Has frequently asked questions, provider manual for SMI health home (chronic conditions still being worked on).

Rainbow Alternative Project – delayed six days, but on target. The work has already been done to assure seamless transition from Rainbow beds – will use attrition, ending admissions at the Rainbow building on Monday. Will go to OSH campus directly.

SBIRT – Screening Brief Intervention Referral and Treatment – long awaited service for substance use. Will be live April 1<sup>st</sup> as an option. Note went out from Chrissy yesterday to assure that it is embraced by the medical community and works as intended. It was expected to start at the beginning of KanCare – 1 year and 3 months late but it is going to happen.

Rick Cagan – timeline for MH Task Force report?

Maybe April – the task force is doing some voting and assessment of the recommendations in the draft report. Will be meeting with them by conference call tomorrow to go over the items collected and assembled – that draft has been out for about a month. The members are going to be voting on what is to be included and want to be sure that everybody’s voice is heard. Then, the report has to be cleaned up and finalized.

Rick Cagan - Hospital and Home is meeting in May and will want to look at next steps. We are also working to meet with legislators who want to see the recommendations first.

Corinna – Canada used to have a screening program where primary care doctors screened, but had so many false positives it was dropped. (Substance use or MH? Not sure)

Carol Manning – is there any statewide workforce development or training for health homes? There is a lot of good information out there for health homes/best practices. Our current workforce wouldn’t have the expertise for the positive outcomes that have been advertised. Those outcomes tend to be very medically based.

Ohio just did a three-phase rollout to every county. Could be an example.

Missouri has also done this, Sue is involved in a metro-area group that has engaged in outreach for dialogue with workforce-level / CEO-level information sharing.

**11:25 a.m. Announcements:**

**Steve Feinstein and Glen Yancey are going to be working as nominations committee. Let us know if you are interested in serving on the Board. Annual Meeting is in May.**

**Membership** – Asking all members to be sure to sign up on the website, create your membership contact. Then, send your membership check to JoLana.

**NAMI Walks**

**National Dialogue on Mental Health** – Thursday, 7-9 p.m. – Abilene, Eisenhower Library

**National Dialogue on Mental Health** – Saturday – Kansas City, to release action plans. Will have funding available for action plan facilitators.

**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 4<sup>th</sup> Wednesdays (March 26, July 23, Sept 24, Dec 17)

For more information, contact: **Kansas Mental Health Coalition**

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