

KANSAS MENTAL HEALTH COALITION

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

Minutes

April 22, 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 See Report. JoLana Pinon, Treasurer Approved motion Sue Lewis, second Sheli Sweeney.

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. Approved motion Rick Cagan, second Mark Wiebe.

9:15 a.m. Reports

Advocacy Committee –Grassroots Advocacy Network - Sue Lewis -

Medicaid Access Coalition – There was a two day hearing on Medicaid bill and advocates are pushing for passage through grassroots pressure, press coverage

Governor’s Behavioral Health Services Planning Council – Wes Cole

Meeting on May 1 – will receive subcommittee reports prior to June reports to Secretary. Meeting on May 20 – focus on children’s issues. New appointees – three representatives of the SUD field and one youth representative.

Subcommittee Special Report - *KMHC will dedicate about 20 minutes to a briefing on the GBHSPC Subcommittees' Annual Reports.*

Mental Health and Aging Coalition – no report.

10:00 a.m. Guest Topic: Housing and Homelessness Subcommittee – Doug Wallace, Housing and Homelessness Specialist, KDADS – Subcommittee was established in 2001. June 2014 Annual Report.

Mission: Our mission is to promote the expansion of safe, decent, affordable, and permanent housing options for all Kansans experiencing severe and persistent mental illness, serious emotional disturbance and/or co-occurring disorders. We will fulfill our mission through assertive and strategic partnerships with local communities, housing developers, lenders and Federal and State agencies.

Vision: Our vision is that all Kansans experiencing a severe and persistent mental illness, serious emotional disturbance and/or co-occurring disorders have access to safe, decent, affordable, and permanent housing.

The committee has had strong stable membership over the years, allowing for strong planning.

Ongoing Priority Recommendation: Studied the successful model of the housing initiative in Tennessee. Developed a long-term goal of being able to develop a strategic plan for housing availability in Kansas. Continue to ask for an investment of \$500,000 for the Creating Homes Initiative to go into communities, assess the gaps in the housing continuum, and provide housing facilitators to obtain additional housing units. Lack of funding has prevented this accomplishment.

Accomplishments:

- Developed the Supported Housing Fidelity Scale and Toolkit to support the promising practice in housing services. University of Kansas is working to develop and implement supported

housing tools that have been shown to be successful. Committee plans to identify two pilot sites.

- Support the five Continuum of Care communities in Kansas (Johnson County COC, Wichita/Sedgwick County COC, Shawnee County COC, Wyandotte County COC and the Balance of State COC) bring in over \$8 million every year for housing options and services for Kansans who are homeless. These funds are from the US Dept of Housing and Urban Development and at least 25% are match with other local, state and private dollars. The Continuum of Care committee cover the entire state and are focused on increasing the number of housing and service options for our most vulnerable citizens. Seventy percent of the membership for the Subcommittee on Housing and Homelessness is involved in at least one Continuum of Care community.
- Kansas has been declared a Super SOAR State by the national SOAR Technical Assistance Center. SOAR (SSI/SSDI Outreach, Access and Recovery), is a SAMHSA endorsed best practice that has been adopted and implemented by many DMHCs throughout Kansas. As of May 2014, Kansas cumulative approval rate for initial SSI/SSDI applications was 80%. Nationally, the approval rate is 65% for SOAR assisted cases. This can be compared to the estimated approval rate of 10-15% for persons experiencing homelessness who do not receive assistance to apply.
- The members of the GBHSPC Subcommittee on Housing and Homelessness share a unified vision that the cornerstone of recovery for persons with mental illnesses includes having a robust array housing options. These options should include safe, decent and affordable permanent independent living with community based services to supportive housing options with 24/7 on-site care.

Read Report at the website.

Tanglewood – Topeka apartment complex for adults who are chronically homeless – Valeo operated and HUD funded.

MHA of the Heartland operates several sites in Kansas City, Leavenworth, Ottawa and Manhattan. Susan Lewis recommends reading the recent article by KHI about Leavenworth project. HUD funding is reviewed annually. Criteria includes HUD homelessness criteria, MHA contract specifies MH disability. Individuals are referred by mental health center. May charge up to 30% of individual's income. Some of the MHA operated properties have no income, such as Marion. Looks like a cross between independent living for seniors and assisted living. Don't have 24 hour staffing – but there are on-site staff part-time to provide some level of daily living support. Have on-site peer support programs. Different facilities have different services.

Housing First concept – model says that you support individuals to get housing with low demands and requirements on the individual to participate. Model has shown that people improve in mental health and substance use by simply having a stable place to live.

Availability statewide – regional specific. HUD is moving toward more permanent housing models instead of transitional housing. Examples in Wichita and Lawrence.

MHA of South Central Kansas runs a large number of units in Wichita.

Does KDADS have a handle on the data re: number of individuals with MH diagnosis needing housing? Number of units of supported housing?

Gina says KDADS has asked CMHCs to reach out to community partners to capture this information.

Problems and joys of permanent supportive housing is that there aren't bed counts because the units are not transitional.

There is a homeless count done annually by COCs and a housing inventory of HUD funded projects.

Q: What kind of transportation is part of the package? That is a big barrier, especially in rural Kansas. As a subcommittee

Sue – in my properties, the residents are transported by case managers. I have one that has an additional source of funding for bus passes. At one property, I have residents trading cooking for car rides with other residents.

There are strong examples in existence in our state. But Sue pointed out that her organization receives the same amount of money from HUD for the property built in 1999 as was provided in 1999.

Amy reported that her research into transitional housing and permanent housing models in Kansas in trying to understand where KDADS interest in expanding transitional housing might lead. The organizations she interviewed were not interested in expanding their facilities based on currently available funding. Staffing is a challenge, building maintenance costs are not always covered, the programs are not profitable – but needed.

Rick – NAMI, KMHC and other organizations support the subcommittee recommendation, but that advocacy has not resulted in any appreciable gains in recent years. Suggestions for how to move the initiative forward are welcome.

Andy – in my previous position at Lawrence Community Shelter – larger homeless population than housing units availability. The point in time count is pretty accurate. Expect that any units developed will be filled as soon as people can be screened for acceptance.

Rick – people move to Topeka, Lawrence, Kansas City because they don't have housing resources in their region. Certainly, the demand outstrips the supply.

Report indicates that successful housing reduces pressure on the state mental health hospitals.

10:30 a.m. Lobbyist Report See handout.

- **Review of Legislation**

- **Legislative Veto Session: Budget**

Walt Hill pointed out that counties are very concerned that the State might claw back motor fuel taxes for roads and bridges and that could affect their ability to fund local mental health centers and county programs.

HB 2216 - ABLE Act was signed into law after being inserted into a money transmitter act – allows for 529 savings accounts.

11:00 a.m. KDADS Update - Proposed Agency Budget – Gina Meier-Hummel, KDADS Commissioner of Behavioral Health. Gina is leaving to work for a non-profit in Lawrence.

Secretary plans to split behavioral health and HCBS waivers to be certain the emerging issues and ongoing programs receive proper attention. Gina has been covering all. Commissioner of Behavioral Health will cover BH and state hospitals and will be filled by Bill Rein. The second leadership position will cover HCBS and DD state hospitals and is open for application. Will be dealing with waiver amendments and new federal regulations this year. Joe Ewert is covering in the interim.

The Behavioral Health Director position will continue to direct the many new programs and initiatives related to Behavioral Health and the needs of the state mental health hospitals.

Not sure where the SED waiver will land.

Current budget proposal includes the additional funding for transitional housing / crisis services and we hope it remains under the radar.

KDADS sent a memo to CMHCs about possible moratorium on admissions due to the pending construction at Osawatomie State Hospital. CMS has demanded all drop ceilings to be replaced. In order to complete the work in a short period of time, would need to take 60 beds out of operation. Trying to keep census under 146. Right now, have advanced triage whenever census is at 185. CMHCs have taken the burden of keeping people in the community. Hope to start construction May 1 and finish by October.

Tried to ask CMS for a three year correction plan, but the agency insisted on the rapid response. The removal of drop ceilings due to safety concerns is a new standard that hasn't been required before.

Begs the question long-term about investing in the changes

Jane – nobody is going to say in October, well, 146 beds worked for the summer so we are going to stay there?

No – that is not the intent.

Will we be monitoring the people going to jail and being left unserved?

The Secretary doesn't want to call a moratorium, and if we can keep the beds at 146, there won't be a moratorium. Need to keep those beds for those who are truly a danger to self or others, for involuntary commitments. Anyone who can be diverted, needs to be diverted.

When constructions starts, could have to transfer people – or call moratorium. Delicate balance. Have talked to the chief justice and communicated with all of the county judges that would be affected. Want them to understand that this is not something that we want to do, but something we are being forced to do. Asking each CMHC to report full inventory of community resources for drug and alcohol services, sobering beds, transitional housing, permanent housing, etc.

Moratorium language is clear in the statute that there could be a waiting list established. Want the judges to be clear that only those who must have the services would be placed on the waiting list.

The idea is that when we are done, we would have a listing of our resources. Also doing this for the Larned catchment area. Admissions have been reduced with the process that, when someone is screened for admission, they still have to talk to our docs there in order to be approved for admission. Working hard on their census as well in case we need to use those beds for transfers.

Sally – expressed serious concern – want to be on record that State might feel that this triaging would be acceptable and overall

Rick – how is Larned capacity holding up? \$400 per day. Lowering census by 60 beds. Where will all of that savings be going? Why not for private hospital beds.

You are ahead of me. Governor and Secretary are drafting and moving forward a GBA to help to offset the cost of hospital beds. Will depend on what is approved for the GBA. We have two hospitals who now do CMI – census management initiative – admissions for us.

Sue – how creative can we be? Can we rent an apartment with 24 hour care staffed by the local CMHC?

Would encourage the most extraordinary level of creativity.

Trisha Darland – the CMI is a nice option, but it is kind of a smokescreen because the people who might most need admission wouldn't be admitted there due to history of violence or aggression.

Jane – is it possible for kids who have been on the SED waiver who are now 19 or over to go to PRTF instead of OSH?

Don't think they can be admitted over 18 years of age unless they have a birthday while there.

That is not to say that someone couldn't put together some ideas about how to better serve our transition age youth. Hope that someone is doing that and going to apply for the RFP that is currently out for diversion from high end care funding.

Jane – have a couple individuals who have done that – and it is quite a jump to go from PRTF to state hospital.

GBA money needs to be focused on paying for the right service to divert them rather than paying for a block of beds here or there. Blocks of beds tend to have a high administrative cost and we would prefer to purchase individual beds already in existence.

Ira – fine line between creativity and silliness. Some ideas may be realistic. Perhaps should buy a hotel or something and convert it into residential care facility.

We do know there are beds available – KHS has the bed board to track availability. Couple of geri-psych beds here and a couple of hospital beds there.

What will happen with the state employees? We think they will only be affected in the sense that they wouldn't have to work the overtime.

There are ways of making changes – what is it going to take for Kansas to make a commitment rather than operate in crisis mode?

You know that the RFP is now out for the study of the cost of providing mental health care as recommended by the Governor's Mental Health Task Force. Be patient with us, because we are operating in crisis mode right now.

As we collect the information about available resources, know the capacity, evaluate the access to those resources, then will also have the cost study.

Have started the adult screening group and childrens screening group again.

Legislative Post Audit report – April 28th – SPTP Program

Gina told the group she has enjoyed working with us and looks forward to working with our members in her new capacity. Amy and David thanked her for her excellent reports and said we will miss her.

11:25 a.m. Announcements

Kansas City – 1:30 pm May 6th – Kauffman Center – Talk About Mental Health - wide variety of advocacy groups, mental health stakeholders to come together to share calendars and partner to promote mental health message. Mental Health First Aid and other community awareness programs to be highlighted.

April 7 was the first anniversary of Rainbow Services Inc. celebrated in Kansas City. Updated data was distributed regarding the success of the program and cost avoidance by diverting from state hospitals.

National Media Event – May 5th – National Association of Counties and Council on State Governments will feature model programs for decriminalizing mental illness. Johnson County Mental Health Center will be highlighted.

Faith Community – Topeka Jump - organizing with focus on mental health – May 12th at Ramada Convention Center – 7-8:30 – expecting 1500 people. Focusing on supported employment and support for released offenders. Huge opportunity for consolidating a base of support and awareness.

Faith Community event – Justice Matters – focus on diversion programs, CIT, expansion of crisis services – event at the Lieds Center (tickets required) and expecting large crowds to focus attention. At a pre-event gathering, had over 400 people and had a short three minute Prezi available online. Video online is Justice Matters of Kansas.

Congresswoman Jenkins introduced Mental Health First Aid Act this week.

ACMHCK will hold Annual Conference in September

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>

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