

KANSAS MENTAL HEALTH COALITION

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

Minutes of the Monthly Meeting

April 23, 2014 Valeo Behavioral Health Center, 330 SW Oakley, Topeka, KS

9:00 a.m. Introductions - Attendance:

Glen Yancey	Amy Campbell
Nichols	Jane Rhys
Sky Westerlund	Glea Ashley
Marcia Epstein Wendy	Colin Thomasset
Sally Anne Schneider	Gerald Snell
Rocky Nichols	Guests
Sandra Dixon	Annie McKay
Stuart Little	Bernie Koch
Susanna Honaker	Angela DeRocha
Danette Tipton	Angela Hagen
Ron McNish	Dave Ranney
CE Harkness	Mike Shields
JoLana Pinon	On the phone:
Dana Schoffelman	Carol Manning
Mark Wiebe	Dwight Young
Jane Adams	Sheli Sweeney
Rick Cagan	Rebecca Shupert
David Wiebe	Jessie Kaye

Financial Report approved. Motion Cagan, second Yancey.

Minutes approved. Motion Cagan, second Yancey.

Report of the Board Meeting: David Wiebe

May is the KMHC Annual Meeting and Election. The Nominating Committee is Stephen Feinstein, Roy Menninger, and Glen Yancey.

The Board set meeting topics – including Rick Goscha – Gov MH Task Force; Budget Discussion – KS Economic Progress – Bernie Koch/Annie McKay / KHI; Special Health Care Needs Program – Promote Functional Skills of Persons who have or are at risk of disability. Up to age 22. Heather Smith, KDHE.; Vocational rehabilitation - VR and what the program is doing for people with mental health; Supported employment; DCF– to talk about Children and Families programs; Kansas Dental Project / Oral Health Kansas.

Advocacy Committee – Grassroots Advocacy Network – met last week. Will have a sub-committee bring forward an action plan. Members are asked to stay after this meeting to try to set the next meeting date.

Hospital and Home – did not meet.

Medicaid Access Coalition – The Governor has publicly stated that he will not pursue Medicaid expansion and believes that funds are better spent to serve the disabled. A Report out this morning – funded by multiple Kansas health foundations – indicates that Medicaid expansion could

GBHSPC- meeting May 9. Focus will be children’s issues. Will be developing a role for the Gov Mental Health Task Force Report.

Suicide Prevention Sub-committee – the Council is changing some things about the role of the subcommittee. The Agency will be taking the lead on updating the suicide prevention plan. A student will be speaking to the GBHSPC on May 9. April 8- annual conference of national suicide prevention / suicidology. Talked about including the voices of people who have survived suicide and peers in suicide prevention.

Guest Program – A Report on the Kansas Budget from another perspective - Bernie Koch, Kansans for Economic Progress and Annie McKay – KS Center for Economic Growth

These groups are collecting budget data and believe the Governor’s income tax plan will not benefit Kansas and will not grow the Kansas economy enough to replace the loss of revenues. Believe it will result in further harm to important programs such as education, universities, social service programs.

WIBW / KAKE Wichita, then Wichita Chamber, then Tulsa Chamber –Kansas Economic Progress Council – interesting in government role in economic growth.

What grows the economy?

Area Development magazine – 2012 site selection factors:

- Labor costs
- Highway accessibility
- Skilled labor availability
- Availability advanced ICT services
- Occupancy/construction costs
- Energy availability and costs
- Corporate tax rate
- Available buildings
- Tax exemptions
- Low union profile

Kansas intrastate employment – chart = Manhattan / Kansas City / Lawrence / Wichita / Topeka Metropolitan Statistical Areas (MSA)

Areas that have not recovered = Wichita / Topeka Ag economy is doing okay, but aircraft and government are down.

Real economic activity is happening in the NE part of the state.

Council on State Taxation – Taxes paid by KS business FY 2012

Property tax/Sales Tax / Income taxon down

Kansas Government Revenue Sources

Sales and Use Tax = 40.9%

Individual income Tax = 42.9% (This is what we are reducing over time / eliminating)

“Indicators of the Kansas Economy”

Kansas trails in growth behind other states in the region in the following categories:

- Employment
- Population

- Gross domestic product
- Personal income
- Private industry wage level
-

Receipts and Expenditures – we were spending more than we took in during the 3 years of recession, then passed cent sales tax and we took in more than we spent. Since passing the income tax cut, we are again spending more than we take in.

Refer you to check out Duane Goossen Budget Blog for KHI – SGF Revenue numbers

2014 Kansas Legislature –

- Still need to know the final effect on SGF for the education bill
- Still have 30 bills in Taxation committees to be resolved which will affect the bottom line
-

Annie McKay – KS Center for Economic Growth – grew out of Kansas Action for Children – think tank / research and analysis

Of 151,000 who would be eligible. 100,000 are now working in low wage jobs who can't access coverage.

There are pressure that push outward on the SGF -

There is a third piece of the school finance lawsuit that was kicked back to the lower court for a decision.

All Day K

KPERS underfunding

State Employee salaries

Dept of Corrections

Public Health

Postsecondary Ed cuts – restoration?

Medicaid caseload – ACA woodwork effect should bring more people into KanCare

Medicaid Expansion

Future Revenue Stream Restricted

Pass-through business

Revenue growth limited to 2%

Once individual income tax is brought down, then corporate tax is next (\$3 b)

Kansas' Fiscal Cliff

Kansas relied heavily on spending cuts to close budget gaps, FY08-FY12

Very little room to go to cut more spending in order to make up for lost revenues

Kansas Taxes in 2013 – Who Pays?

Lowest 40% of Kansans actually saw a tax increase

Local units of govt are instituting more fees

Chart – showing financial differences between lowest income Kansans and the highest income Kansans

If we spent every dime of tax savings to individuals, would only make up \$190 million in Sales Tax income, but of course, people do not spend all of that money.

No jobs boom from Kansas tax cuts – comparison w neighboring states chart

Open for Business? Look again?

Secretary of State's office reporting record number of new business filings.

Chart shows “net new business” – showing the businesses that have closed.

Still lower than where we were before the recession.

There was a peak in 2012 – how many were businesses who were reorganizing to take advantage of the new income tax reductions for certain types of businesses?

The cost of Kansas tax cuts – State Aid reduced by \$700 m = Property Tax Relief, \$263 m = Education, \$4.9 m = Community Corrections, \$1.1 m = Libraries, \$684,000 = Health Services (county health depts.). Headlines show that local governments are considering mill levy increases, sales tax increases, while still cutting local budgets.

If poverty were a city in Kansas, it would be the state's largest city = 391,734. Around \$11,000 a year.

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Q&A –

Rick – is there an opportunity for KMHC to be a part of what you are talking about?

We are really looking broadly across our spectrum for effects on the lives of Kansans. Working closely with the Kansas Mental Health Coaliton

David – we have read that expansion of Medicaid would be an economic expansion for Kansas, can you talk about that?

Yes, it could mean \$375 million federal dollars into Kansas. 3500 – 4000 new jobs Shore up critical access hospitals

Greater benefits beyond providing needed coverage for working Kansans. Who absorbs the cost for serving those who seek uncompensated health care?

Walt – one of the explanations was that the state can't afford to pay for those Kansans who are not aware that they are eligible for Medicaid but not enrolled, but who will enroll if they are aware.

\$500 million over ten years – we will pay that if those folks enroll. We are going to pay for that whether or not we choose to take advantage of the federal funds that could be recovered.

Rocky – it is even worse for those with disabilities. From 2011 to 2012, the number of people with disabilities living below the poverty line grew = 25.5% grew to 28.5%

Glen – there is an ongoing sense of blaming the victim here and no acknowledgement of the effect of reduced wages and opportunities, reduced professional education / mentoring for teachers, etc.

Had we seen more Kansans participating in the discussions when these decisions were made by the State Legislature and more questions asked, we might have been looking at a very different budget picture.

FY 16 would have been a \$2 billion change if we had not taken those actions. That is enough money to have made changes to income tax rates and other policies without going whole hog on this route.

The biggest drop is between 2017 and 2018, when we see the biggest drop in the income tax rate.

Stuart – we have an election this year, the next Legislature would appropriate a 15-16 budget, when there is still some money in the bank. It is after the next election that the bottom drops out. That is going to put tremendous pressure on the budgets of DCF and KDADS. It will become a Medicaid only budget at that time. Can you do a pause in the midst of a governor's term?

Not built into this data are the assumptions built into this model. It is true that we are not keeping up with our neighboring states currently, but if the

Sandra – Texas economy is booming right now, but if you look at their social services, they are in worse shape than we are – even with a booming economy.

Annie – it is true, we need that adrenaline shot to materialize from the cut taxes / grow business plan. We need those people to come quickly and begin spending their money quickly – or the cliff is going to arrive sooner than planned..

Mark – there were estimates of

We would really be in trouble if the 2013 Legislature had not kept the 1 cent sales tax and reduced the amount of tax exemptions that could be claimed.

We don't have all of the tax returns processed yet for 2013. I am self-employed and my wife is a clinical counselor, and we got a lot of money back because we didn't adjust our state withholding.

Governor's Mental Health Task Force Report – Rick Goscha, Co-Chair

Speaking on my own behalf, not for the group. I don't usually like task forces – they tend to lack direction and can even add to inaction. Wanted to be able to energize and contribute to the dialogue, but didn't think there would be a set of recommendations that would create a panacea or solve all the problems of the mental health system. I was reminded of the complexity of mental health

We have some elements of excellence, but in other areas, we are also fragmented, underdeveloped, underfunded, and in some areas not even helpful or accessible to Kansans. I hope this can evoke emotion and action in order to effect change in areas where it is needed.

As a task force, we met six times in person and three times over the phone. We tried to synthesize an incredible amount of information and create recommendations around a limited set of areas.

I think the most stressful part of it is that regardless of what we do with the task force, real lives are at stake. We wanted to, at least, create some kind of vision of where we should be- see page 3 diagram. Wanted to have, in the center, the families who are affected by mental illness. There are lots of people

who are dealing with mental illness who will never touch the public mental health system. Wherever people fall from, we have to work to return them to a level of functioning that is not based on their mental health symptoms. There are people who experience mental health symptoms who are able to live and manage with the natural supports of their communities. Others will be unable to manage with those natural supports and will need some sort of system support. Too often, people end up accessing services in an area that was never designed to provide the kind of supports they need.

Q & A

Steve Feinstein sent comments – very concerned about the anti-institutional bias of the vision diagram and the overall report. Why do we want to avoid having people served by hospitals. Why would we want to avoid having people enter the public mental health system for treatment.

Goscha - It was not intended. The hospitals were a part of the chart at one time. State hospitals do play a role in the public mental health system.

Eric – seems like a really significant oversight – the hospital played a significant role in saving my life at one point.

Cagan – what will be the role of the Task Force in moving forward?

Rick – the Task Force is finished, but I hope that the groups aren't done. I hope that where we see problems, we will do something about it.

Glen – we have a Hospital to Home work group and it seems that the role of the state hospitals has been studiously avoided. Even with a mandate of the Legislature, we have worked all the way around that. This could have been a tool to bring that forward again, but it didn't. We have the state hospitals which are serving a very meaningful role and thank God for that.

Goscha - Need to address the clarity of the role of state hospitals and how they help people to move on with their lives. That is certainly worthwhile. The overall question is what needs to be done to help people to move on with their lives. I think there are people who have experienced both sides of those things.

Amy – My observation is that the Task Force report reflects the conversations, views, and experiences of the task force members who were not primarily people who are engaged in providing mh services. Most of the time was spent talking about communities, families and the education and community corrections venues more than professional mh services.

Eric – my time in the hospital was more about saving my life and not when I put my life together.

Rick – my experience is that people don't put their lives together in the hospital or the CMHCs, they put their lives together where they live. We have really good outcomes compared to some other states, but where are we failing? We need to dream and examine where we could add resources in new areas that might add to our success and reduce the need for investment in other areas.

Mark – the report focuses on evidence based practices, but we lack funds for investment in these areas. What do we do about that?

Rick – report shows that we know how to do some things well, things that work. And yet, we don't have broad implementation of those practices. We need to collect data regarding what is working and look at how to expand the access to those services. We need to use things that work for people whether or not they have the ability to pay.

Cagan – I know there was discussion about Medicaid expansion in the group, but it isn't in the report.

The consensus of the task force is that people need to be able get the services regardless of their ability to pay. Now the intelligent work needs to take place on how to make that work. The discussion of Medicaid expansion needs to take place in a more in-depth way

Is there any small item in this report that we can ask legislators to belly up to or are we going to push off any action until 2015?

Rick –was there anything useful in this report that can be used to mobilize the community?

Jane Adams – would like to see

Twelve years ago I was on a giant committee that produced the New Freedom Commission Report, and we were all very proud of that report. But there was no plan to implement it. I, for one, would like a half-day meeting to examine the whole report and learn why certain things were included. We can all look at this and piece it out. But would rather look at it as a whole.

Rick – would like to review this and look at what policy levers need to be pushed to make something happen. Some things could occur by an action of the Secretary and others might require legislative action. Would like to see what pieces have the elements to move forward and what we can do to move them forward.

I like it that this has irritated some people. I don't want a report that just sits there and doesn't do anything. If there are things worth doing, how do we make them work? If there are things that are misguided, then how do we address that?

Cagan – this is where the rubber meets the road. This Coalition has the ability to take some action. Find some advocates and see it move forward. Find a group to put the report under the microscope and find what we can get behind. Think it is in the Governor's interest to see something come out of this rather than sit on the shelf.

Sky – really shows that you cannot look at MH in a vacuum, but look at all of the things that affect families. Can't just shove it off to "let them have an appointment over there". The overall recommendations are rather safe. We have heard about accountability for years. There isn't anything bold here. Accessibility is screaming on every page, but Medicaid expansion is not mentioned. It doesn't connect. What are the policies that will help families?

Rick – I am always leery of a group like this setting policy. There are other venues who can take these parameters and get into that more effectively.

Carol – didn't see anything about Housing – think that would be important..

Rick – true, housing is foundational. Could have included more about that.

Gerald – it seems to me that public education is also important. There is a general misperception about what mental health is all about. There was discussion here about

Rick – I am not sure how much good public information efforts do. I think we will have a greater impact by getting people into jobs and into school. If we are working with someone who has racing thoughts / or hears voices. I worry more about actual discrimination than general perceptions. Safe is doing a public education campaign. Hard is getting people into jobs.

Glen – asked Rocky – I wonder what overall impact the ADA has had for persons with disabilities. It has done a lot to protect people, but it is limited. It is very hard to win a case. Even if you prove discrimination, if the issue is remedied, the case is over. Stigma is certainly still alive. Even if you do enforce your rights, it can be nearly impossible to get reparations if the violator simply remedies the issue.

KDADS REPORT - Angela Hagen – KDADS

Secretary met with representatives of Coalition and others to go over the report last week and talk about the agency plans. At this point, reviewing the report internally to select the low hanging fruit to prioritize for action.

Secretary will meet with agencies to walk through the report this week. Will be talking about interagency improvements in relationships and communications.

We were there in a support role to the task force, along with representatives of KDHE, Corrections, Education. Have begun working with KDHE to look at joint applications for some grants. Details are not clear yet, but exciting opportunity.

The idea of state agencies being more collaborative and talking to each other more will happen. Will begin putting together some steps for implementing administrative aspects of the report.

David – maybe we could meet with the agency to be a partner in looking at how we might work together in responding to the report.

Have you tuned in to the Excellence in Mental Health Act? It has been a swirl lately of being approached about various grants. Just submitted an application for a grant on supported employment. It is exciting to see if we might have opportunities from that. We also applied for a grant for training first responders.

Cagan – There is another one for Healthy Transitions from SAMHSA.

Developing a chart of grant opportunities – deadlines – nature of the grant, matching requirements. Do not expect to be able to apply for five or six grants at one time. (Mark offered information they have used for applying for MH First Aid grants)

Cagan – do you have any sense that the Secretary might bring anything to the Legislature?

No, I think it is mostly working with other agencies. I think Amy did a good job explaining how the group had a different focus and looked at community basis. Some of that was intentional, not something that we

We have been asked for some priorities and costs associated with them. Crisis Intervention, replication of Rainbow, Mental Health First Aid – there were five or six of them that we prioritized and created a timeline / budget for.

Rainbow is open. Seeing mostly folks in sobering and observation areas rather than the crisis stabilization initially. KDADS team is working with Rainbow staff and teams from both CMHCs weekly to discuss barriers, target population, etc. So far, have not reached capacity.

Behavioral Health technical assistance with MCOs every other Friday. Will have 1.5-2 hours to discuss behavioral health items. Also HCBS briefings. We have a lot of operational meetings, this is designed to talk about the programs. This will be an opportunity

We will kick off a Mental Health Awareness Campaign in May. The Governor will sign a proclamation May 4, Joann Howley and others will participate. The general message is that communities should talk about mental health and everyone plays a role. We want people to learn that mental health issues are common and not always portrayed accurately in the media. Will have calls to action and materials. Hope to get more communities involved – tried to tie to the Task Force recommendations about community involvement.

Sheli Sweeney – CMHC PI staff have developed a number of 30 second spots and other items for mental health month that can be shared.

Would be useful to have a central spot for what is happening throughout the state. Would expect that mental health centers will be leading community involvement efforts.

Mark – KC is doing mayoral proclamation.

We want to lead into September - Recovery Month / Suicide Prevention.

Jane Adams – May 9th meeting of GBHSPC is devoted to children's issues. Have invited 8 youth who are exemplars of the best we can do – kids who got the right services at the right time. They are going to talk about what really made it work for them. Want to focus on, when we did it right – what did that really look like?

Next meeting is May 28th – it is the Kansas Mental Health Coalition Annual Meeting and Election.

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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