

KANSAS MENTAL HEALTH COALITION

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

Annual Meeting Minutes

Click on underlined items for web links.

May 27, 2015

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

9:00 a.m. Introductions and sign-in sheet **Financial Report**

David Wiebe, President

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.](#)

9:15 a.m. Reports

Advocacy Committee –Grassroots Advocacy Network - Sue Lewis -

Medicaid Access Coalition – Amy Campbell Medicaid expansion has been effectively blocked. Leadership has made certain that health bills have been kept from active floor debates if they were amendable with Medicaid expansion, the House Health Committee has not met since the public hearings – so no members could attempt to force action on the bill. Some House members believe that the votes are there in the House to adopt some level of expansion, and the effort to keep the bill from any progression seems to indicate that leadership believes those votes might be there.

Amy believes that next session will look much the same unless the people of Kansas are able to talk to the legislators persistently over the summer. Will need to be a topic of conversation at every public forum and in one-on-one meetings.

Governor’s Behavioral Health Services Planning Council – Wes Cole

June 5 GBHSPC meeting will focus on children’s issues. The guest participants will include individuals, families, children to talk about the services they have received and what should / could be provided to be effective. Will build on the very strong meeting that was held in May 2014.

The meeting will be held June 5 at Dept of Commerce in Topeka. Food is provided, so please respond to the invitation when you see it.

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

Children's Subcommittee Annual Report - Tiffany Smith, Chair, and Cherie Blanchat, incoming Chair – Powerpoint presentation.

Solomon - Questions about the PRTF alternative waiver – that has expired. Medicaid pre-approval for PRTF has now been reduced to 30 days. Asked if the intent was to reduce utilization of PRTFs, responded that the guidance is actually to have almost immediate interaction between MCO and PRTF for discharge planning in order to have a

Creating new Medicaid billing codes – early intervention piece 0 to 3 or up to school age. Could involve parent interventions. Requires additional work with CMS – hasn’t been successful yet.

Looking at providers outside the CMHCs providing the rehabilitation services? Some states have established an endorsement process for this – limited to early interventions. Had looked at this in Kansas a while ago – but it has been a long road. Still on the wish list.

Q: Can you point out recommendations that have been implemented? No – reported the recommendations. Referred to some past recommendations that seem to have dropped off the list.

Smith - Current group has narrowed down to two global goals – school based interventions and early interventions.

Cagan – subcommittee has done a huge amount of work and research, but this list appears to be full of recommendations that have never been implemented. What can be done about that? We struggle in forming our children’s policy recommendations – you have a pile of good stuff here. We see ourselves as a vehicle of moving items into action – and if the agency wants to work on your issues that’s great, but we would like to figure out how we could take even one thing from your agenda and include it in our 2016 Legislative agenda.

Adams – could we think about how difficult it is to find the documents that you reference in the arena of mental health? To capture what has been done in the area of children’s mental health is impossible. We need to do more than just reference it. I am willing to help with that – we need to do that.

Smith - When we moved to KDADS, we had the Council website – in transition, there was some updating but nowhere to put these documents. Couldn’t get it posted anywhere because we are a volunteer committee with no funds. Not at the top of any agency’s agenda. Our Google Drive initiative is to put the information at the fingertips of the committee members.

10:00 a.m. Legislative Report Amy Campbell, Lobbyist

10:30 a.m. Annual Elections

Current Officers –

2014-2016 President – David Wiebe (2nd term)

2013-2015 Vice President – Rick Cagan (2nd term)

2014-2016 Secretary - Eric Harkness (2nd term)

2013-2015 Treasurer – JoLana Pinon (2nd term)

Board Members – (18 members/25 positions)

2012-2015	2013-2016	2014-2017
JoLana Pinon*	David Wiebe	Glen Yancey
Susan Crain Lewis	Jane Adams	SallyAnne Schneider
Sky Westerlund	Rick Cagan	Kyle Kessler
Carol Manning	Walt Hill	Stephen Feinstein
Bob Chase	Roy Menninger*	Eric Harkness
	<i>Glea Ashley resigned</i>	<i>Danette Tipton resigned</i>

*resigning

Slate of Candidates (additional nominations will be accepted from the floor)

Motion to adopt the slate of candidates: Rick Cagan, motion / Glen Yancey, second.
Passed.

2015-2018 Board Members -

Susan Crain Lewis – MHA of the Heartland

Sky Westerlund – Kansas Chapter NASW

Carol Manning – MHA of South Central Kansas

Bob Chase – Southeast Kansas Mental Health Center

David Elsbury – Kanza Mental Health and Guidance Center

Andy Brown – Headquarters-Lawrence

2015-2017 Vice President –

Susan Crain Lewis, MHA of the Heartland

Treasurer – Andy Brown, CEO Headquarters

Appreciation to Retiring Officers – Rick Cagan 4 years and JoLana Pinon 4 years.

11:00 a.m. KDADS Update – Ted Jester, KDADS Behavioral Health Director

BH recovery resources loan program – take one-time funding for zero interest loans to build capacity in the community. Serve 24 hour access for people at risk of hospitalization, homelessness, etc. Deadline for application is May 29, 2015.

Wiebe – how will the program re-pay the loan?

Example – purchase a house for serving people with supported housing. Borrow enough for the downpayment, then pay it back after providing billable services.

Wiebe – my concern was that the majority of people served today are not Medicaid eligible.

Osawatomie State Hospital – at 145. Will use the collaborative admission process to keep census low. Has been as low as 128.

RFPs for the renovation are in. Will be replacing ceilings and fixtures. Target date is October 1 to re-open.

Adult Continuum of Care Committee – purpose is to make recommendations to strengthen the behavioral health system.

Temporary Diversion Funds – for alternative placements who might have been admitted to OSH during this time. Must meet statutory definition of mentally ill and eligible for hospitalization. No third party payor.

See the handout.

Potential services include private hospitalization, crisis stabilization, 24 hour placement, sobering beds, or other 24 hour service.

Crisis Diversion Grants to be awarded by the Governor's Law Enforcement

1- Larger grant for up to \$325,000 for crisis response, intervention, community partnership
- targeted to communities that have already established process.

2- Mini-grants -10,000 each up to 100,000 = seed money for communities to start community partnership

Elsbury – what is expected to be renovated by Oct?

Two buildings – First building is 60 beds. Then, second building.

Cagan – are you getting takers for the loan program? Heard that some CMHCs aren't structured to accept loans.

Yes – could be for housing, or for vans.

Sandra Dixon – grant will require KCDC screen in addition to the MH screen on diversion?

Yes

That can't happen with a person who is in crisis – the kind of screen requested is typically a part of the continued stay, not a part of the admission.

Yes – that process would not change. Will have to be flexible to work.

Sally Fronsman-Cecil – with the reduction of state hospital beds and the desire to push people through shorter stays and alternative placements, there is a lot of concern among consumers about mandated treatment / Assertive Community Treatment. Is that our direction?

The agency has compelled meetings among providers and has required CMHCs to provide their plans for what would happen if we were to have a moratorium. Those plans are being worked on to also identify how to avoid the moratorium. I understand the concerns – there is an effort to look at other options.

With funding not being there, how are people supposed to put services together? Services are not readily available everywhere.

Elsbury – in our area, there are not good alternative options. It is scary. I will say that with the GBA funding, there are conversations going on with private hospitals about utilization and some for involuntary. That is a good thing. Some of the people who are brought in are not able to provide consent. These discussions are short term, because the GBA money is temporary. It would be a gain if additional private beds will become available. We are concerned, because the community level conversations that took place in my area – there is law enforcement and there are local hospitals. There aren't options. What is Kanza Mental Health Center going to do to provide some level of clinical help to people who are being "protected from themselves" in substandard settings – it is not ideal.

It is a grave concern. I am waiting for a published list, when the people who are doing the coordinating are able to talk about what is available. It is extraordinarily serious.

Kessler – as the agency has created a “bed board” to identify where beds exist, one of the issues that has become clear is that most of the private beds are geriatric.

I am reserved in characterizing this as an opportunity (unwelcome as it is) – it creates a necessary opportunity to truly measure our current capacity in detail and to evaluate our options as new options come online locally.

KHS is contracting multiple providers and will facilitate the diversion funds and placements. When we divided the CMHCs into five regions, part of that intent was for them to begin to plan more regionally and we hope that is happening as well. Want to consider – if they don’t have those resources in their catchment area – that they would work to see what can be done to serve people in the neighboring area.

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**

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