

KANSAS MENTAL HEALTH COALITION

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

Minutes of the Annual Business Meeting

May 28, 2014 ANNUAL MEETING

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

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

David Wiebe, President
Amy Campbell, Lobbyist
Glen Yancey
Ken Kerle, CIT
Sheli Sweeney, ACMHCK
Ric Dalke, Compass Behavioral Health
Sandra Dixon, DCCCA/KAAP
Susan Zalenski, J&J
Carol Manning, MHA of SC Kansas
Christy McMurphy, Kim Wilson Housing
Jane Rhys
Sally Fronsman-Cecil
Kyle Kessler, ACMHCK
Sally Anne Schneider, Stormont Vail
Marci Epstein
Stephen Feinstein, Elizabeth Layton Center
Susan Crain Lewis, MHA of the Heartland

Susanna Honaker, KAAP/ACMHCK
Glea Ashley, Valeo
Jim Brann
Ira Stamm
Jane Adams, Keys for Networking
Jessie Kaye, Prairie View
Candy(?) McCarthy
Jason Scheck, ComCare
Gerald Snell, Youthville/Emberhope
Stuart Little, KAAP/ACMHCK
Guests:
Dave Ranney, KHI
Gina Meier-Hummel, KDADS
Angela DeRocha, KDADS

Financial Report [See Report](#). Delayed.

Minutes of the previous meeting adopted. [Print PDF](#). Motion Yancey, second Feinstein.

Annual Elections (*requires majority vote*)

Officers – 2012-2014 President – David Wiebe (1st term)
2013-2015 Vice President – Rick Cagan (2nd term)
2012-2014 Secretary - Eric Harkness (1st term)
2013-2015 Treasurer – JoLana Pinon (2nd term)

Board Members – (17 members/25 positions)

(2011-2014)	(2012-2015)	(2013-2016)
Gerald Snell	JoLana Pinon	Rick Cagan
Tom Pletcher	Susan Crain Lewis	Roy Menninger
Danette Tipton	Sky Westerlund	Glea Ashley
Jane Adams	Stephen Feinstein	Walt Hill
Eric Harkness	Carol Manning	David Wiebe
Glen Yancey	Bob Chase	

Nominations and Election of Officers / Open Nominations from the floor:

The Nominations Committee offers the following nominations to fill vacancies in the KMHC Board of Directors:

- To fill terms expiring in 2014:* Gerald Snell Jane Adams Eric Harkness Glen Yancey
- To fill vacant positions:* Kyle Kessler SallyAnne Schneider

The Nominations Committee offers the following nominations to serve a second term as officers of the Board of Directors: David Wiebe, President Eric Harkness, Secretary

The Nominations Committee notes that eight Board slots remain open and offers no further nominations at this time.

Stephen Feinstein, Chair

Sue Lewis motion to close nominations, Glea Ashley seconded.

Motion by Glen Yancey to adopt the slate as presented, Steve Feinstein second. The slate was adopted unanimously.

Board of Directors Report – Next meeting July 23 at noon

9:25 a.m. Reports

Advocacy Committee –Grassroots Advocacy Network - Rick Cagan / Sue Lewis

The Advocacy Committee met on April 14th to review Advocacy Day and our advocacy and training efforts to date. The Committee will meet in Emporia at 12:30 p.m. at the mental health center for a retreat. The group will evaluate and prioritize Advocacy activities and plan for the next year.

Hospital and Home – David Wiebe and Amy Campbell

The group has not met recently and the Coalition is interested in working with KDADS to better define the role and the goals of the Hospital and Home group.

Medicaid Access Coalition – Amy Campbell

The Coalition will have a rally at the Statehouse on Friday to draw attention to the needs for

Governor’s Behavioral Health Services Planning Council –Wes Cole

Children's Mental Health Awareness Month Presentations. Amy reviewed the day's agenda and guests. It was an incredible meeting and powerful testimony. The messages were concrete about what works for children and families. Amy is hopeful that the testimony can be put to work and these experts and children/parents can be accessed again for promoting state level policies that can enhance the successes, expand access, and resolve the difficulties that were brought forward.

The KMHC website will have a complete and detailed report of the meeting, the testimony and information so that others can learn from it.

There was discussion of the current vacancies on the council – 8 open positions. There are two positions open for family members with a child with SED. He detailed the other position descriptions.

Jane talked about how the meeting was organized and the people who attended to share their experience. She also shared her thoughts about how difficult it will be to find people to fill those positions when they are all day meetings that move around the state and

GBHSPC Subcommittees

Suicide Prevention – Marcia Epstein – the restructuring of the subcommittee and grant implementation seems to be up in the air. The role of the subcommittee seems unclear. At one time, there was an independent coalition that gave up its identity to become a subcommittee. There may be an interest in re-establishing a private 501©3

Rural and Frontier Subcommittee – Ric Dalke – There will be a legislative luncheon (11:30 – 1:30) in Dodge City July 24th.

Mental Health and Aging Coalition – no report.

Children’s Issues – 1. Concerns about medication use in KanCare.

There was a meeting with MCO

Believe that one MCO is using soft edits. That is leading to some misinterpretation by pharmacists who are treating it as a hard edit.

2. SAMHSA Block Grant requirement for early intervention.

9:55 a.m. Report - Amy Campbell, Lobbyist

Legislators retiring. Crum

Changes at KDADS / Administration.

2014 Session wrap-up.

10:15 a.m. Guest Topic: Mental Health, Incarceration, and Veterans - Jim Brann, Advocate

See attachments: *Click on the title.*

[May 2014 Mental Health Incarceration and Veterans Presentations](#)

[May 2014 Heartland and US Mental Illness, Incarceration and Veterans Powerpoint](#)

[May 2014 – 2015 Mental Illness and Criminal Justice System Draft Legislation](#)

Father served in WW II along with uncles. He and brothers served in Vietnam. Son served in Iraq. Came back from active duty and got in trouble when he was on a three month leave – discharged. Son was living in a residential program for homeless vets. Recently diagnosed with bi-polar.

Participated in advocacy training – much about how to do sound bytes with legislators.

Met another disability advocate who is active Democrat – and he is a conservative Republican. Have formed a friendship and meet regularly to talk about the things they agree on.

Had opportunity to meet with legislators at MH Advocacy Day – good discussions. Met with Bollier, Rubin. His legislators Kleeb and Denning were not available. Talked with Rubin about HB 2655 – opportunity for diversion for veterans with honorable discharge. Concerned about how this doesn't serve veterans who do not have honorable discharge.

After reviewing the mental health coalition's policy papers, decided to do some research on his own regarding veterans, mental illness and incarceration.

Research is for Midwest states.

Study Summary

1. Percentage of the Population who are Mentally Ill: Average 19; Colorado, Iowa, Kansas, Nebraska 18, Missouri 19, Oklahoma 22
2. Percentage of Incarcerated Population who are Mentally Ill: Average 33; Colorado 29, Iowa 47, Kansas 38, Missouri 16, Nebraska 37, Oklahoma 33 *Depends on how the state defines mentally ill.*
3. Percentage of Population Incarcerated who are Veterans: Average 7; Colorado 9, Iowa 6, Kansas 8, Missouri 7, Nebraska 3, Oklahoma 6
4. Percentage of Incarcerated Veterans who are Mentally Ill : Average 44; Colorado 33, Iowa 50, Kansas 66, Missouri 18, Nebraska 60, Oklahoma 35
5. Percentage of Incarcerated Mentally Ill Veterans with Less than an Honorable Discharge (no data for Nebraska and Oklahoma) : Average 21; Colorado 22, Iowa 4, Kansas 10, Missouri 46
6. Percentage of Incarcerated Mentally Ill Veterans convicted of Violent Crime : Average 68; Colorado 66, Iowa 53, Kansas 84, Missouri 64, Nebraska 95, Oklahoma 45
7. Only data for the United States as a whole : Percentage of Population who are Mentally Ill is 18

Talked to people in every state. Most were interested in getting his information and hoping to use it.

Recommendations

1. Annual conference call among interested Heartland state agencies, federal agencies, state NAMI and national NAMI
 - A. Review common areas of concern
 - B. Discuss potential solutions

2. Request that DOJ collect and report on this data beginning in FY 2016

3. State of Kansas consider 2015 legislation to provide:
 - A. Diversion programs to keep people with Mental Illness out of the criminal justice system connecting them with mental health treatment;
 - B. Therapeutic care (prescribed medications and counseling) for incarcerated offenders living with mental illness;
 - C. Discharge planning linking people with mental illness to community based services upon their release from correctional facilities;
 - D. Kansas Psychological Association* annual and random, unannounced, KDOC facilities audits;

*(*Likely not the right entity...but why audit? Missouri has required medication and counseling but doesn't do any audits. Who should it be? Perhaps KU or WSU?)* and
 - E. Require law enforcement to determine veteran status of anyone charged with a crime and if convicted their status must become part of their incarceration profile instead of relying on "self-identification".

Collection of data is key and not readily available. Conducting meetings with federal legislators (Kansas delegation). Has met with Sheriff Denning, JoCo Move-On, Rep. Melanie Meier. Will be meeting with five sheriffs with detention – Wyandotte, Johnson, Sedgwick, Shawnee, _____. At any given time, we have 25,000 people in county jails.

Invited by Rep. Rubin to Joint Committee on Corrections in November. Interested in looking at people with mental illness, not just veterans, for court and diversions.

David – commended Jim's passion.

Rick – have some definite ideas about how to go forward with the advocacy. Invited him to participate in the June 12th advocacy meeting.

Amy – when we talk about veterans issues, many people do not pick up on the point that you made that many veterans who experience their illness and are dishonorably discharged before they are diagnosed. Ultimately, they are part of the "uninsured population", the "homeless population".

Great to see you having these meetings, hope you can bring back to us the information that they share with you about their own perceptions of where the problems lie.

11:00 a.m. KDADS Update - Gina Meier-Hummel, KDADS Commissioner

Governor's announcement yesterday was very focused on looking at the issues of incarceration and law enforcement. Created a law enforcement behavioral health advisory council yesterday to advise the administration on how to spend allocated funds for diverting people with mental illness from the jails and prisons.

Advisory Council will look at the GBHSPC recommendations and the Governor's MH Task Force recommendations and look at specific communities who have high needs.

Child welfare, corrections and KDADS all have money for behavioral health. Governor created a sub-cabinet to look at how those funds are spent and how they can coordinate. What data sharing is needed, what outcome reporting is needed.

Who are they serving within their agency programs?

Look at funding streams at focus on purposeful funding of behavioral health services. Study where we are spending these funds and how much. Are they being spent correctly?

This is new money – not a shell game, not shuffling money.

TANF dollars are reserve funds that exist within TANF – that reserve has been larger in previous administrations than it is today.

The use of TANF dollars will be used to increase family preservation funding, home visitation funding and employment training. There have been several conversations with DCF over the past several months about how those funds can be spent and they were a part of the Task Force work.

There was also a Governor's Budget Amendment to put \$500,000 to provide additional access to substance abuse treatment, and also for the jail diversion programming.

Task Force spoke about how individuals and families live in communities and those communities are supported by coalitions.

We targeted money to the CMHCs and the uninsured – we have heard clearly about the burden that the uninsured has put on the CMHCs and counties. There is \$1 million targeted for that and there will be further study. This will be put toward timely treatment, timely medication, and that they don't have to wait. Will be talking to the CMHCs about how they can use that funding to provide timely access. We heard them, that resources are tight, and we hope to use that resource for that piece.

Task Force also talked about how the state can't do everything alone. Will be using the data that we are collecting to enhance or build community collaborations or coalitions in high risk communities. Talk about how public/private coalitions can evolve to support the needs in those communities. Governor targeted \$150,000 to help to start those conversations within these communities.

Q – is there a list of criteria for selecting communities? A: We have data that we collect as a part of our regional prevention grants about communities and substance use disorders. DCF has data about communities relating to poverty. Will be blending this data and the sub-cabinet will be looking at that to see how we can use that data more meaningfully with a focus on communities.

Yesterday morning, they went to tour Rainbow Services and met with local law enforcement to talk about how it is working. It remains one of the most pivotal things we have done to address mental health issues in Kansas. We are still working through some barriers. There is still a need for more outreach and education, but those officers who are using this resource talk highly about the way that it is working. We are tracking data to see how many people are coming back – we understand that people have difficulties and may have further needs.

Secretary Sullivan is moving to the Division of the Budget June 7 and Kari Bruffett will be the new secretary. We are excited to have Kari move to our agency and have the secretary focus on the overall budget. That will be good for us and good for all Kansans to have him working on the state budget. He will also report to / work with Secretary Bruffett as Director of the administration of the state hospitals.

Sheli – Co-Chairs the GBHSPC Sub-Committee – we don't really count the veterans within our mh system, although SUD does it. That is a recommendation of our subcommittee. We are very appreciative that the Governor included the Adjutant General on the Sub-Cabinet. And the subcommittee is very interested in continuing to be supportive.

Sandra - Sound byte from Secretary Gilmore was about prevalence of substance use disorders among parents of children in the child welfare system. How is this money going to be used to help those families? Took three or four proposals to the secretary about how to incorporate the funds for families struggling with substance use disorder.

Ric – did I hear there was an anti-stigma campaign as part of this?

A: Part of what we are doing is really talking about recovery and that recovery is possible. We are going to really try to have education at the forefront.

Rick – Secretary spoke forcefully at the front with an anti-stigma message – much appreciated.

Breaking down of silos and increasing cooperation between agencies will be tough task but important.

Initial report from Secretary Gilmore about expansion of IPS supported employment has been a cornerstone of this Coalition for years and we were very pleased to hear about that. We will want to follow that more closely.

A: We also put a federal grant application in for more funding for this.

Kyle – yesterday was a terrific development for the advancement at the state level of the types of programs we have been talking about and testifying about to the Legislature as long ago as last February and March. Interested in looking at the next steps. Depending on how the evaluation and collection of data is done, important that we

evaluate the successes, the quality of services and how we compare with surrounding states. It isn't just about how much we spend.

Glen – Glad to see the focus on people – life is about transition, instead of talking about mentally ill as if they are a separate group. People are living their lives in transition and trying to move forward with the many barriers that exist. Working to provide support where people live is a form of prevention and can be very effective, have worked with these kinds of grants before. Appreciative of this and encouraged by it.

Hospital and Home – will be looking at repurposing the group to go back to the focus on the connection of coming out of the hospital and going into the hospital. Will be looking at the GBHSPC recommendations there.

Amy – really interested in seeing that group delve into some detail about what is happening inside the walls of the hospital. Testimony from patients is inconsistent, some recount a very positive experience and others do not. That group could really dig into the data that is being used to reform the various treatment units, the number of beds for long term treatment v. short term.

Kyle – very encouraging to have someone in the budget director's position who has a detailed knowledge of the state hospitals and a plan for addressing the needs there. Don't remember a time when we had someone in the budget director's
State hospital superintendents really are the cornerbacks of the state agency – they are out on their own. This is a good opportunity.

Block Grant requirement for spending a percentage of the funds on early intervention – think it is about \$140,000 of SAMHSA new money. Believe it is about the transition age.

Rick – what is the status of the residential treatment facility regulations? Still in process.

Has there been any further action on the SAMHSA grant applications? Will have to follow up.

Any interest in responding to the Excellence in Mental Health Act? Also looking at that.

11:25 a.m. Announcements: ACMHCK Conference – October 17-18-19

There is a volunteer gun violence prevention group that has begun meeting at the Topeka Shawnee County Public Library (open meetings) – Sally Fronsman-Cecil.

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 4th Wednesdays (March 26, July 23, Sept 24, Dec 17)

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

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