

KANSAS MENTAL HEALTH COALITION

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

Minutes

June 25, 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

Attendance:

David Wiebe, President

Rick Cagan, Vice President

Ken Kerle, CIT

Rocky Nichols, DRC

Jane Adams, Keys for Networking

Sandra Dixon, DCCCA/KAAP

Roy Menninger

Susan Crain Lewis, MHAH

Steve Christenberry, FSGC

Dana Schoffelman, Florence Crittenton

JoLana Pinon, Treasurer

Shelley Duncan, EmberHope

Jane Rhys

Ira Stamm

Susanna Honaker, KAAP/ACMHCK

Wes Cole, GBHSPC

Susan Zalenski, J&J

Marcia Epstein

Sally Anne Schneider, Stormont Vail

Stephen Feinstein, ELC

Glea Ashley, Valeo

On the phone:

Vicky Johnson ACMHCK

Glen Yancey

Jason Scheck ComCare

Carol Manning MHA of SouthCentral Kansas

Walt Hill High Plains

Wendy Nichols GAN

Andy McDaniels

Guests:

Angela DeRocha, KDADS

Gina Meier-Hummel, KDADS

Began the meeting with a report from Gina Meier-Hummel, KDADS, on current activities of the Agency.

Financial Report adopted.

Minutes adopted with amendment. Announcements on back page - Association conference is September 17-18-19, not October.

Reports:

Roy Menninger update: Former president Roy Menninger gave a report to the Tower Foundation and handed out copies. He recommends that Kansas look at creating a "Network of Care" type information resource containing statewide information of use to Kansans providing a central point of information to include agencies, services, organizations, meetings and such. When Kansas had looked into the Network of Care option five or six years ago, it had a cost of \$100,000 or so. The Tower Foundation has funding available, but only \$50,000 or so, and likely would not grant all of it to one project. Dr. Menninger plans to discuss further with the Board the possibility of how the Coalition might be involved in this kind of project. Add to July Board Meeting agenda. Mostly considering a resource of information of where to go and who to ask.

Rick Cagan is very interested in collaborating on this idea. There are at least half a dozen databases online for Kansas today. Unless it could be fully robust and regularly maintained, it may not be useful. KDADS, KDHE, United Way, and Wichita State all have resources. Would like to convince Tower to make an investment that could get Network of Care up and running and get KDADS to commit to the ongoing maintenance.

David added that KC Consensus is interested in looking at Network of Care as well - likely for the KC metro area. People who are interested can look at the Network of Care online and see how various states are using the platform.

REPORTS:

Advocacy Committee - Grassroots Advocacy Network: Rick Cagan reported the Advocacy Committee held a retreat this month in Emporia and have re-organized the committee structure and functions. The Advocacy Committee itself will function as an umbrella and will handle Advocacy Day planning. Then, there will be a number Advocacy Teams:

1 - Grassroots Advocacy Network and Communications: data and communication - Lynn Kohr, Amy Campbell, JoLana Pinon

2 - Grassroots Advocacy Training Team: training format and schedule - Rick Cagan, Jane Adams, Vern McFalls

3 - Legislative Team: candidate survey and behavioral health caucus - Sue Lewis, Amy Campbell, Mark Wiebe, more

4 - Advocacy Evaluation Learning Initiative: health foundations / trainers and consultants / creating deliverable evaluation outcomes - Rick Cagan, Mark Wiebe, Sue Lewis, Eric Harkness

Sue - Rick has done a yeoman's job in keeping these varied projects on task and getting things done. The new fundamental structure is designed to place the responsibility on the teams to set their schedules and achieve their goals. The quarterly meetings of the Advocacy Committee will be a place for these teams to report and consult regarding additional needs or plans. If you are interested in any of the teams, please contact Sue or the team leader to join their team.

Hospital and Home - Amy reported her conversation with Secretary Sullivan, Gina Meier-Hummel and Lea Taylor about the future of the Hospital to Home group.

Steve - the questions we need to raise are the strategic issues - what do we want the hospital to do, who do we want them to serve and we shouldn't get into the "how" too soon.

Jane - I think there are still issues about that connection between the hospital and the community provider. I have spoken to therapists who haven't seen the screening document, who

Rick - this comes down to the CMHC liaison who is responsible for the communication and how that may or may not translate to the family or the actual therapist/doctor.

Wes - the mission of the hospital has greatly changed. When you have 176 beds and hundreds of admissions. The level of treatment that you can provide is greatly hampered. The level of service that is available in the community is critical. It is one big working system.

Medicaid Access Coalition - Kansas Hospital Association has announced plans to introduce options. Coalition is going to be meeting in the next few weeks. Will send out that notice when it is released.

Governor's Behavioral Health Services Planning Council - meeting July 17 in Hays with High Plains. Looking for members: SUD adult. Family member of child with SPMI. Youth with SED 18-21 years old. Will be providing reports (1 hour each group) to the Secretary and KDADS leadership in July. Ted will be putting together a monthly calendar with the committee meetings.

Recovery Conference was held in Wichita - went well. CRO contracts have been completed. Some of the contracts are requiring more technical assistance. The CRO group had put together some standards for the CROs and those are being implemented.

KMHC will receive copies of all of the reports to share with our membership.

Children's Issues - Jane Adams reported the State Librarian interest in supporting MH information and promoting the training that is offered for families. There are two pilot libraries (Salina and Newton) that will provide Mi-Fi / mobile hotspots to assist families.

Lobbyist Report: Governor's Announcement of New Funding for Behavioral Health - Gina covered this information well. We are trying to schedule a meeting with DCF to discuss how the TANF funds might be used to help families. Wyandot has an MST program and we are interested to know if the agency's plans might be inclusive of these types of programs.

Elections:

Advocates Check List: Know the candidates, share your interest in mental health issues, sign up for newsletters or notifications on candidates' websites, and show your support by attending forums and fundraisers, put up signs and/or help with campaigns.

KS Secretary of State Website / select Elections & Legislative / select Upcoming Elections / select Candidate Lists
http://kssos.org/elections/elections_upcoming_candidate.asp

10:50 a.m. Consider Amendments to Seclusion and Restraint section of Consensus Recommendations. See proposal.

Last December, when we were discussing our consensus recommendations document, raised the questions about the section regarding Seclusion and Restraint. Do not think that we should be focused on regulating the use of Seclusion and Restraint, but state our opposition to the use of these methods. Mostly looking at the use in schools. The proposal avoids addressing chemical restraint.

Multiple recent studies point out that these techniques can be harmful and unproductive.

Glen Yancey - think it is a little short-sighted to push this farther without consulting with teachers and administrators that deal with this directly.

Don't disagree, but I am thinking about the recent article in the New York Post and all of the comments that were listed that were the same stories that were used when I was a hospital superintendent and that nothing has changed. "If you have a hammer, everything looks like a nail."

Jane - I'm against these things, but I would rather see the Coalition take a position supporting training solutions for teachers for positive behavioral techniques. Without that training, banning this results in teachers simply calling the police. Then, we are getting into law enforcement and juvenile justice.

David - think that would go along with a proposal to do away with seclusion and restraint - incorporate the solutions.

Sally - don't see why training can't be made a part of the document. It is there, but not very specific.

Steve - that is why the last paragraph is written the way it is. Hoped to emphasize this need.

Jane - I suggest the overall paper should be written from a different perspective. Say that our concern is that children should be safe and that teachers should be safe. Propose the solutions that would provide for that.

Rocky - I read this language as being very accessible and very accommodating for all sides. I think the statement that our ultimate objective is the elimination of the use of seclusion and restraint - not taking it away from anyone, but supporting actions that will ultimately achieve that.

Jim - third to last paragraph - includes support for specific legislation that bans it altogether immediately. Don't see here where the bill provides for a transition or education. What do we do in the meantime? What is the plan to get people educated in the schools? Are we going to go back to the teacher training institutions to make sure that this is part of the teacher education.

Rocky - this is mis-written. The bill doesn't do that. In fact, there are many advocates nationwide that think the bill doesn't go far enough.

Steve - perhaps we need to re-draft that part of this document. However, the time is right to advocate for these two bills and would ask for a separate resolution to state our support for those.

Rocky - neither of those bills completely ban the practice.

David - where is the enforcement?

Rocky - my take is that the enforcement lies with the U.S. Dept. of Ed. Don't think that there are other penalties.

Shelly - I don't agree with this as a policy statement. It is easy to say and do - but doing this will require additional resources. Do the bills actually provide for that?

Rocky - yes, they do. There are school lobby groups who have actually come on board to support these.

Glen - what do we mean by children?

Steve - haven't thought about that. School-age children. Why is that important?

Glen - it deals with having the tools to deal with an uncontrollable person who may be dangerous. An uncontrollable five year old isn't the same as an uncontrollable 18 or 19 year old.

Steve - from my experience, it really didn't matter if an individual in my ICF/MR was a child or an adult. If I had people who were properly trained and the support of my administration, we did not use seclusion and restraint.

Ken Kerle - Recently had a CIT meeting with School Resource Officers. USD 501 has a School Resource Officer in every high school, and will have them in the middle schools and elementary school in the foreseeable future. They are very good and have special training. Whether we like it or not, the largest mental health institutions in this country are the jails and prisons and that is not going to change any time soon.

David - it might be interesting to train teachers with a CIT course designed for them.

SallyAnne Schneider -We have MH First Aid training that is being used to train our staff at Stormont Vail Hospital and is available to other professions.

David - Is it preferable today to go ahead and adopt support for those bills?

Rocky - depends on the will of the body, and support for those bills is key, but what would be most helpful would be to state that we would ultimately like to see these tactics eliminated. We are involved in negotiations now with the Board and the Department of Education. Please know that the U.S. Department of Education holds the policy that these tactics should not be used unless in imminent danger. That is the beauty of the way Steve has crafted this statement. And what has been found in the states that have ended its use, they view the use of seclusion and restraint as a failure. I think the whole document is good and we could quickly redraft paragraph 3.

David - I understand this objective as it relates to amending our overall recommendations document, I wonder if it is beneficial to endorse that federal legislation today.

Ultimately, would there be a Kansas legislative proposal?

Motion to adopt the statement - do not have consensus support.

Would prefer a positive statement rather than a negative statement. There is interest in seeing something re-drafted. There is a push right now for the legislation in Congress. Whether or not anything will happen is up in the air.

Motion by Sue, second by JoLana to adopt resolution supporting the federal legislation.

Steve will work on re-draft with Jane Adams, Jane Rhys, Sally Anne Schneider and Rocky Nichols.

11:25 a.m. Announcements:

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:

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