

# Kansas Mental Health Coalition

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

## Minutes

**January 22, 2020 Monthly Meeting**

**Valeo Behavioral Health Center, basement conference room, 330 SW Oakley, Topeka, KS**

**9:30 a.m. Introductions and sign-in sheet** Mary Jones, President

**Minutes of the previous meeting adopted.** Steve Solomon motion, Stephanie West-Potter second.

**9:45 a.m. Reports**

**Board of Directors** – Met in December. Amended meeting schedule and budget.

**Financial Report** adopted Sue motion, Dana second– Amy Campbell Please log in to the website to pay your dues!

**Advocacy Committee –Grassroots Advocacy Network** - Advocacy Day is February 19, 2020 – We need sponsors, exhibitors and volunteers. All sign-ups are on the website. Committee meets after Coalition.

**Governor’s Behavioral Health Services Planning Council** – Wes Cole, Chair

**Big Tent Coalition** - Mike Burgess

**KanCare Advocates Network** - Sean Gatewood – Olmstead Working Group – Kansas is among a minority of states that does not have an Olmstead implementation plan to aid people in receiving services in the least restrictive setting. KAN is also looking at revitalizing SB 160 to require the State to operate an independent Kancare ombudsman program.

Alliance for a Healthy Kansas – four days of hearings on the Medicaid Expansion bill starting tomorrow in the Senate Public Health and Welfare Committee. It is being held in the committee’s normal (small) hearing room. There are rumors of amendments, but proponents are hoping to keep the bill as clean

Conscientious objections / religious freedom amendment is expected. Alliance does not support that.

There is a work referral section in the bill. We hear the Chairman will bring a work requirement amendment. In pragmatic terms, Kansas has been out of compliance with its eligibility process for several years. That is getting better, but would have serious difficulties implementing work requirements – which have had major complications in other states leading to people being dropped from the program.

Probably 26-28 votes for Medicaid Expansion in the Senate.

Five members of the nine member SPHW committee are co-sponsors of the bill. That is enough to pass it, but seems like a shaky number for keeping negative amendments off. Don’t know what that does to the bill’s future. And once it is on the floor, amendments become even more problematic.

We have the House Bill (SB 66) still sitting in the Senate. That creates some additional options and there is likely to be a number of bumps in the road as we get through the session.

We do not have support from the House Leadership, so working anything through the House is very difficult. It was passed through the House by amendment last year, which is a monumental task and tough to repeat.

One reason I give it a good chance is pure partisan politics. As much as we hate that, and this has always been a bipartisan piece of legislation, the argument has always been within the Republican party. The question for Republicans becomes – do you want this to be unresolved going into the next election – it is a popular election item.

**Consumer Programs** - Sheri Hall, P3

**Parity Committee** - Amy Campbell

**10:00 a.m. Guest Presentation: Insurance Legislation** - The family of Kristi Bennett is honoring her memory by fighting for legislation to end insurance discrimination against behavioral health treatment. Senate Bill 249 and House Bill 2459 have multiple legislative co-sponsors.

Legislation would require that when a physician / provider refers a patient to inpatient treatment or 180 days of outpatient treatment for people who have suicidal ideation, are actively suicidal, and have substance use disorder.

The story of Kristi Bennett has been broadly shared through the press, but it is the tragic story of a young woman who had struggled with depression and other issues. She tried to get treatment through a number of facilities, but was denied due to lack of insurance authorization,

bed space or no dual diagnosis beds. She was told she was not an emergency case. As a result, she took a number of pills that she thought would be just under a lethal dose.

At this point, the family members have been unable to get any details from the insurer (BCBS/New Directions) about why her treatment was denied.

Mark Desetti is an education issues lobbyist (KNEA) and a friend to the family. He has been working with the family to get the legislation acted on in this session.

The House and Senate Chairs have indicated there will be a hearing – perhaps a joint hearing since the bill is filed in both chambers.

Rep. Samsel, R-Wellsville, is the primary sponsor of 25 in the House. Senator Baumgardner and Senator Holland are the main sponsors in the Senate of five co-sponsors.

Dept. of Labor has one inspector per 2500 insurance

Insurers are spending 1% of their medical coverage on behavioral health – down from 2 years ago. Milliman report on health care spending.

Life expectancy in the U.S. is declining due to suicide and opioid deaths.

If someone doesn't have a mental health provider, and just shows up at a hospital to be screened, would they be covered by this?

My understanding is yes.

They met with the Insurance Commissioner twice – her staff linked them to the American Psychiatric Association, Tim Clement, to get guidance for the legislation. The Commissioner has indicated a public position to avoid creating policy, but sticking to her role for implementing the law.

The Kansas Mental Health Coalition is supportive in principle of this legislation and will provide supportive testimony

#### **10:30 a.m. KMHC Consensus Recommendations -**

**Assign Peer Certification to working committee** – Mary Jones, Sue Lewis – overall it seems the Coalition is supportive of endorsing some form of certification. We would like to establish a working committee to assure that we do not inadvertently carve out a form of working peer support. The legislation will need some structure, including where the certification will lie (BSRB regulated or KDADS monitored)? Do not want to negatively impact Medicaid peer support in any way. Want to reach out to Kansas insurers to navigate buy-in.

Shereen volunteered and shared that Aetna is going to be hiring 3 peer support specialists – dedicated to this cause.

Matt Spezia, Sheri Hall, Shereen Ellis volunteer to participate.

**Proposal to amend Crisis Intervention Act** - Sherrie Vaughn / Laura Sidlinger – There was an inadvertent omission in the Crisis Intervention Act that doesn't include

Under our agency guidelines, qualified mental health professionals include APRNs.

Steve indicates that QMHP is only someone working with a mental health center. This wouldn't include a masters level clinical social worker operating outside a mental health center. Thinks the language should include them.

Sue indicates she was on the Judicial Council that worked on this, the language was lifted from the current statute.

Laura points out that Physician's Assistants were included but APRNs are not.

Carolyn Jones works with the Valeo Law Enforcement Committee – Judge Evelyn Wilson brought up the CIA in that group and she noted there wasn't APRN reference.

Amy indicates that Andy Brown has said that the agency might be getting some CIA beds into operation in the next year or two, we don't know if the agency will be looking at any amendments to the CIA before doing that. Kim Lynch had said that the agency was looking at amendments but we don't know where that stands.

Sue recommends adding "licensed mental health professionals" to the statute. Sherrie Vaughn likes that. Sue will follow up with the agency to see what might be done.

***Working to update position papers.***

**Amended agenda – Consumer Groups Report** – Sheri Hall – P3 is starting a Peer Information Campus – learner portal. Hope to have that up and running by February. Will be able to use that to share information with advocates, building resumes, writing advocacy letters, recruiting advocates. Hope this will help us to spread our message across the state.

**10:50 a.m. Lobbyist Report** Amy Campbell

Medicaid Expansion – Hearings begin in Senate Public Health and Welfare Thursday and Friday this week  
Executive Reorganization Order - Governor proposes ERO to align KDADS, DCF, and Juvenile Corrections  
Governor's Proposed Budget - <https://budget.kansas.gov/budget-report/>

**11:00 a.m. KDADS Update** – Scott Brunner, KDADS Deputy Secretary for Hospitals and Facilities

Recently hired to fill a new position at KDADS overseeing Hospitals and the facility surveys functions.

Scott has worked in health care in Kansas for many years, most recently Aetna, but was at Kansas Health Institute before that. Actually served as Medicaid Director at KDHE, and worked for the Kansas Health Policy Authority when that existed. Experience dates back to 2003.

Governor Kelly has proposed an executive reorganization order to merge the Department for Children and Families, Department for Aging and Disability Services and juvenile corrections portion of Dept. of Corrections under one agency under Secretary Laura Howard.

Believe this would align prevention program more effectively an

ERO will be submitted to the Legislature perhaps next week, who will have 60 days to reject it. If the Legislature does not act, it is deemed approved. Hope to have the Department for Human Services implemented by July 1.

What is the mood in the Legislature? Will they make the argument that it is bigger government? This does create an agency with around 7000 employees. It creates a bigger agency, but we think it creates work that is greater than the sum of its parts.

Would allow for more cross-program focus on social determinants of health and thinking of services more holistically. We think it would help to enable unique local programs to benefit from the weight of the entire agency instead of

There was an editorial that called it a shuffling of the deck chairs, which is one opinion, but we think there are definite advantages for customer service.

Am I hearing that children's mental health will be moved over into the children's division and adult mental health will be over in another area?

There has been some conversation about that. There are some clear delineations between some children's mental health programs and adult programs

Deputy Secretaries would be Tanya Keys, Janis DeBoer, Scott Brunner, Megan Dodge (operations)

Stamm - The big insurance carriers are talking about housing and food, and the Governor is talking about that as well. We talked about mechanism v. integration. Think this is what the Governor is trying to do.

There is a lot to do to get to that point. The two agencies have a lot of separate rules and functions which will have to be integrated and that won't be easy.

Chase – As a mental health center director, my experience was that we had one central office to deal with and it has been more cumbersome. Would also return better communications to the field offices for

I've long thought that breaking up foster care was a mistake and I think many judges would agree.

Steve – critical for the transition from youth to adult – careful handoff – very excited about that.

Dave – Oversight of foster care will remain in the super agency? Correct.

State Hospital Proposals - ending the moratorium – agency is expecting to talk to the House Social Services Budget Committee next week about the plans. The Governor's Budget Report includes several pieces of the plan. They are also aligned with recommendations of the Mental Health Task Force Report.

Lifting the moratorium – one theme we are trying to emphasize, in order to lift the moratorium, there has to be capacity. That capacity doesn't have to be state hospital beds only. It is more than just building or remodeling more state hospital beds, although that is part of the plan.

Second emphasis, need treatment and stabilization as close to home as possible. There needs to be a path back to the community.

What we are calling the "plan" has a couple of components:

\$1.5 million SGF to remodel unused unit at OSH for additional capacity and to make room for some more extensive remodeling in Biddle Building. Gives us some flexibility we don't have today. Includes remodeling and some staffing.

OSH census management – looking at the inflow to have enough runway to evaluate the patient and move into the appropriate location for best treatment whether that is at OSH or a regional bed.

\$5 million SGF to contract for Regional Diversion Beds – short term crisis stabilization and placement. There is already some money in the budget being used in that way. Would fund an additional ten beds regionally.would allow us to open to voluntary admissions.

Crisis Stabilization path to entry = requested expanded funding but was not included in the Governor’s budget. Will attempt to work with what we’ve got.

These elements could combine to allow us to lift the moratorium and open to voluntary admissions mid-2021.

Ranney – what do the regional beds look like?

Today we have some beds at Cottonwood, Prairie View and Freedom. The model is similar to what the State Hospital provides in the acute unit.

Persinger – right now, there aren’t any Crisis Intervention Centers, there are community crisis centers.

Chase – talked about how disturbing it is that people are being held at the Emergency Rooms and not in appropriate treatment settings.

Ranney – what the heck is taking so long on the 72 hour hold business?

Needs funding source, needs regulations, needs common understanding of the goal.

Persinger – don’t think the intention of the CIA was to create involuntary beds in local communities – it is intended to be an intervention resource to attempt short-term intervention which, if it is not successful, turns into a court involuntary proceeding for hospitalization at the state hospital. Valeo keeps about 50 people a year that the court has committed, but we can’t compel them to accept treatment. We have people who are there voluntarily and those who are there involuntarily. The key question is whether or not a CIC can compel someone into treatment. I think they can, but the cost goes up. We are already doing this, providing a safe and secure place for someone who has been civilly committed, but they can leave. I believe we can take community crisis center model and add more muscle and bone to create the 72 hour level of care.

Scott – we did ask for money in the budget from Lottery sales for more crisis stabilization from Lottery sales, but that wasn’t approved primarily because, I think, the money isn’t there. Medicaid Expansion will also create more opportunities for Medicaid funding and we have to be sure that we are ready for that with our facilities at Osawatomie and Larned.

Group thanked Scott Brunner for coming today and congratulated him for his new position with the agency.

**11:25 a.m. Announcements**

**11:30 a.m. Adjourn**

**2020 Schedule:**

**Mental Health Advocacy Day:** February 19, 2020

**KMHC Meetings:** 9:30 a.m.–11:30 a.m. Jan 22, Feb 26, Mar 25, Apr 22, May 27, June 24, July 22, August 26, Sept 23, Oct 28, Nov 18, Dec 16

**Board Meetings:** 12 noon quarterly the 4<sup>th</sup> Wednesdays (March 25, June 24, Sept. 23, Dec. 16)

**Advocacy Committee Meetings:** January - March: Friday teleconferences from December through Adv. Day, Meet after Coalition meetings: January 22, February 26, April 22, May 27, August 26, October 28

For more information, contact: Kansas Mental Health Coalition

c/o Amy A. Campbell, Lobbyist, P.O. Box 4103, Topeka, KS 66604, 785-969-1617 [campbell525@sbcglobal.net](mailto:campbell525@sbcglobal.net)