

Kansas Mental Health Coalition
Speaking with one voice to meet critical needs of people with mental illness.
Minutes Draft

Click on underlined items for web links.

January 27, 2016 Monthly Meeting

Valeo Behavioral Health Center - 330 SW Oakley, Topeka, KS - Basement Conference Room

*(teleconference access 1-877-278-8686, enter 982797 use codes: *7 mute / *9 unmute)*

Meeting room wi-fi: Guest@ccess

9:00 a.m.

Introductions and sign-in sheet Susan Crain Lewis, Vice President

Financial Report delayed. Andy Brown, Treasurer, not present.

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 approved. [Read minutes.](#)

9:15 a.m. Reports

Board of Directors - Susan Crain Lewis

The Board is considering 2016 operating budget. Finance committee has drafted the budget, but is confirming a number of revenue items. Will be approved at the March Board Meeting. The Board will also establish nominations for open Board positions at that meeting.

SallyAnne Schneider is resigning from the Board to relocate to Alaska. We will miss her.

Advocacy Committee –Grassroots Advocacy Network – Eric Harkness –

Advocacy Day is March 1, 2016. The format is a little different this year – with a primary focus on the Grassroots Advocates Network. Registration will be held at the Statehouse, with a public rally at 10:30 a.m. There will be a legislative lunch for legislators and legislative district advocates. Please register for Advocacy Day at the website. There will be information distributed to all participants. There will not be a briefing this year at the Ramada or a legislative breakfast. Lunch vouchers are not going to be given out to every participant this year.

Contact Carol Manning if you are interested in having an exhibit table in the Capitol rotunda. Fees are tied to your membership.

Membership Survey – distributed a survey to members. This survey can also be completed online at the website. We are working to identify our membership and capture membership resources, including encouraging active involvement and identifying volunteer resources like covering meetings or participating in committees.

Corinna West is soliciting letters of support for a grant proposal designed to help provide reimbursement to volunteer advocates.

Mental Health and Aging Coalition - Nancy Trout not present.

Governor’s Behavioral Health Services Planning Council – Wes Cole – Council is meeting tomorrow. Afternoon will include Interim Secretary Tim Keck and Commissioner Bill Rein to provide updates on the state hospitals and Losing Pam McDiffett, liaison to Council, and Childrens committee, although she will still work with the Rural and Frontier Committee.

Losing Sheli Sweeney, who has left the ACMHCK, as a committee co-chair, but she will stay involved.

Kansas Health Solutions is going to be working with the Rural and Frontier Committee.

Probably two meetings in March.

Issue arising with a number of council members – predatory lending concern.

The GBHSPC subcommittees provided reports to KMHC last year at various meetings. There was a discussion about how to do this again in 2016 in a way that would promote action on those recommendations. We would like to see that process revised in 2016

10:00 a.m. Consensus Recommendations for 2016 - further updates

Jason Flatts Act - Suicide Prevention Education - [Read the proposal.](#) [Read the bill and committee info.](#) Public hearing was held yesterday in the Senate Education Committee. There was some “neutral” testimony from the United School Administrators and KD Department of Education with concerns about the construct of the bill. It is expected that the bill will be amended before it could move forward. Some of the concern was about having a unfunded mandate and how this might affect those schools that are already doing something.

KMHC supports the Jason Flatts Act.

Seclusion and Restraint / Emergency Safety Interventions Report and sunset issue. Rocky Nichols and Mike Burgess of the Disability Rights Center distributed the report of the Emergency Safety Intervention Task Force. The Report has been presented to relevant legislative committees. A bill has been introduced to implement minor administrative changes to make the Act more effective. All of the recommendations were adopted by consensus unanimously.

The one area of concern is whether or not the agreed upon recommendations will exist in statute or will be administered by rules and regulations by the Department of Education.

The House introduced a bill this week to add all of the report recommendations into the statute and to lift the 2018 sunset.

KMHC supports implementing the report recommendations and lifting the sunset.

Psychiatric Advance Directives – Mike Burgess of the Disability Rights Center introduced the topic. We do not have a draft policy paper for Coalition consideration. Kansas doesn’t prohibit these directives but they are not easily accessible. A psychiatric advance directive is a written “to do” document that a person may develop with their mental health professional that includes directions of what the person would like to have happen if they should encounter a life crisis. NAMI has been supportive of the concept for a number of years. Current law facilitates end of life directives and medical “do not resuscitate” documents, but doesn’t quite accommodate psychiatric concerns. Could be of interest to various professionals, including EMR, law enforcement, and others. Can include who to contact, treatment preferences, etc.

Osawatomie State Hospital / Larned State Hospital- The State Mental Health Hospitals have received a great deal of attention this session.

Sexual Predator Treatment Program -60% of cost of operating LSH overall. Distributed Post Audit Summary and a sheet distributed by KDADS on how they are implementing the report recommendations. Unlikely to see a legislative solution proposed this session.

Osawatomie State Hospital – Amy reported on the recent hearings at the Joint Senate Public Health and House Health and Human Services Committees and the House Social Services Budget Committee. Legislators were hard on the Interim Secretary Tim Keck – specifically asking for numbers regarding needed FTEs and how to hire the staff that is so needed.

KMHC has historically advocated for the full funding and staffing of the state hospitals. KMHC has endorsed the Adult Continuum of Care Committee Report, which urges restoration of the full 206 beds at Osawatomie State Hospital and investment into community treatment resources.

Cagan – expressed need to have inpatient capacity as needed closer to population centers with higher levels of care, concern about our ability to restore Osawatomie – an old institution – to a satisfactory level of operation.

KMHC will continue to support the need for regionally based community based inpatient, residential and outpatient resources, but these need ongoing state and federal financial commitment. On the federal side, the IMD exclusion is a serious barrier.

Feinstein – hearing the same conversation at the Coalition that we’ve gone through for twenty years. We need better community based options, but we aren’t getting there.

Problem before us is Osawatomie State Hospital – need a commitment to excellence at the state hospital. You cannot hire quality people at the state hospital when it is a dead-end place. Until we address that problem, we will continue to divert our discussion with the community based needs and continue to bump up against the same brick wall – getting nowhere.

Stamm – the problem is not just about money and staffing. There is no emotional and conceptual connection with what a hospital can be and what it can do.

Medicaid Health Homes Program to End – KDHE internal study

10:30 a.m. Legislative Update Amy Campbell

Hearings this week: Jason Flatts Act - Senate Education Committee 1:30 p.m. Tuesday

Medicaid Step Therapy Bill - Senate Public Health 1:30 p.m. Wednesday – Opposing testimony distributed. This is a continuation of current KMHC policy.

Information Hearing on Mental Health Medication Advisory Committee (2015 H Sub for 2149)

Governor's Budget - End Medicaid Health Homes to save \$13.4 million

Governor's State of the State - will not implement Medicaid Expansion

Kansas Juvenile Justice Work Group Report and Recommendations [Link to information](#)

Senate will introduce legislation to implement recommendations.

Medicaid DUR Committee adopts Prior Authorization requirements for mental health medications

11:00 a.m. KDADS Update - Nikki Gilliland, Operations and Hospital Integration Director

Additional training for Crisis Intervention Teams online resource = 5 hours. Link on KDADS website.

Last week, KDADS held a meeting in Lawrence with CROs re: Peer Support Specialists. Want to better support regions that do not have that resource broadly available. Group will develop a report recommending enhancing the availability of peer resources.

Waiver financial eligibility is now processed at KDHE.

Working to expand RSI-like services across the state. Currently looking at SE Kansas and Western Kansas – based these areas on hospital admissions. Will hold regional meetings to establish needs and then put together an RFI to serve the needs in those areas.

RSI grant is set to expire – KDADS hasn’t committed any funding yet but looking at what our commitment needs to be to continue that programming.

Wiebe – recommend establishing community stakeholders group to identify where the gaps exist – and identify the priorities and where to divert people from the criminal justice system.

State Hospitals – KDADS focused on obtaining recertification – have a team working on it. Hiring consultant group to aid in this effort. Group has a history of helping in this area, can help to assure that the steps bring us forward to a hospital that provides good treatment to our patients.

Still have people on a waiting list for Osawatomie. Have a partnership with Kansas Health Solutions to help divert people from OSH to other resources – including inpatient resources such as KVC, Via Christi,

Average wait time is about 24 hours from the screen.

Patrick Yancey of KHI agreed - Coordinating between triage nurses at OSH and with our partners has been working smoothly.

Applauded the work of that staff in getting people served.

What is the disconnect between hearing that it is 24 hours wait? There were newspaper reports of people waiting more than 48 hours. That may include waiting for a screen. There may have been five or six people since last June who have waited up to five days, can relate to where they are.
Can't release the name of the contractor until it is signed.

Where are we with the hospital diversion funding? Governor provided \$3.5 million at the end of last session and there is about \$1.5 million left to last until the end of the fiscal year.

Will the agency ask to renew that funding? Do not know.
Currently, the agency is losing between \$800,000 to \$1 million Medicare reimbursement per month.

11:25 a.m. Announcements

Mental Health Medication Advisory Committee meeting February 9, 2016 (agendas posted 14 days in advance.)

11:30 a.m. Adjourn

For more information, contact: Kansas Mental Health Coalition
c/o Amy A. Campbell, Lobbyist, P.O. Box 4103, Topeka, KS 66604
785-969-1617, fax: 785-271-8143 campbell525@sbcglobal.net

Eric Harkness
Corinna West
Mark Wiebe
Terica Gatewood, Genoa
Alexandra Simmons, MHAH
Lynn Lemke, Marillac/Cornerstones
Steve Solomon
Mike Burgess, DRC
More..need to fill in

On the phone:
Sandra Dixon, DCCCA
Bailey Blair
Jessie Kaye, Prairie View
David Elsbury, Kanza
Nick Reinecker
Guests
Linda Wager, Fox 4
Kevin McGuire, JCMHC
Steve Christenberry, FSGC
Wes Cole, GBHSPC
Carol Manning, MHA of SCK
Sally Anne Schneider, Stormont Vail
Deborah Stern, KS Hospital Association
Susan Zalenski, J&J
James Brown
Marcia Epstein
Dana Schoffelman, Florence Crittenton