

Kansas Mental Health Coalition

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

Minutes

October 23, 2019 Monthly Meeting

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

Introductions and sign-in sheet Mary Jones, Vice President

Minutes of the previous meeting. [Read minutes draft.](#)

KMHC Member of the Year Nominations Form - due November 30. [PDF Form](#) [WORD Form](#)

9:15 a.m. Consult by phone with Debbie Plotnick, Vice President, Mental Health and Systems Advocacy, MHA National, regarding the Certified Integrated Peer Specialists Proposed Legislation - [See Proposal](#)

9:45 a.m. Reports (*as time allows*)

Board of Directors – Met in September.

Financial Report - Colin Thomasset \$12,387.95 – The website will process online payments and automatically register those payments into our account. We are reaching out to collect from a few members that are still due.

Advocacy Committee –Grassroots Advocacy Network - Heather Elliott – meet today after the Coalition meeting to assign volunteer roles for Advocacy Day.

Governor’s Behavioral Health Services Planning Council – reports by members – Shereen Ellis reported the vocational subcommittee has met and established a subgroup to work on training, also looking to partner with mental health centers

Rural and Frontier subcommittee working on a legislative lunch November 15.

Big Tent Coalition - Jane Rhys and Mike Burgess

KanCare Advocates Network - Sean Gatewood

Consumer Programs - P3 – Health Futurism conference was successful. Held another Peer Recovery Coach training and trained five more individuals.

Susan – going to need Peer Recovery Coaches for a new program.

Parity Committee - Meeting with Insurance Commissioner - Amy Campbell

10:00 a.m. Guest Topic: Family First Act - Allison Bowling and Ariele Erwine, Department for Children and Families February 2018 – federal enactment of the Family First Prevention Services Act. States could begin as early as October 1 2019 – Kansas is an early enactor. There are two sides of the Act – one is prevention services and there is also a foster care piece. The foster care piece includes qualified residential treatment programs (QRTP). Must be trauma informed, engage families and include after care. Requires 24/7 access to medical staff. As of October 1, Kansas has 94 QRTP beds – KCK, Olathe, Topeka, Wichita, Newton, Salina. Will have beds in Goddard and Wellington, Kansas. QRTP facilities must be accredited. This is for kids who are in foster care.

When a child is placed in a QRTP, the court must be notified and there are milestones to be met.

Healthsource Integrated Solutions will do an assessment within 30 days of admission. Within 60 days, it must be approved or denied by the court. Child and Adolescent Functional Assessment (CAFA).

QRTP is not a medicaid reimbursed program but the child may receive Medicaid services while at the facility.

The Act allows kids in custody to reside at a substance use disorder facility for a period of time, anticipating parents in residential treatment. DCCCA in Lawrence is able to provide this care. Reaching out to others.

Prevention – can draw down federal funding to provide services to families and to pregnant foster youth to avoid children from being removed from the home. Four categories: MH, kinship navigation, parent skill-building, substance use disorder treatment.

The services contracted at this point serve various ages of children and also parents. At this point, they are not necessarily available statewide. They begin with a nine month grant to align with our fiscal years and are eligible for 3 one year renewals.

The programs will be evaluated under a contract with the University of Kansas to measure goal achievement, fidelity with evidence-based treatment models, and whether or not the services are “well-supported”. The Title IV-E Clearinghouse has identified six services as “well-supported” and Kansas is moving forward with five: Functional Family Therapy, Health Families America, Multisystemic Therapy, Parent Child Interaction Therapy, Parents as Teachers. (The sixth is nurse-family partnership.)

Kansas has \$13 million all funds committed for FY 2020. 50% is State General Funds. The agency is requesting additional funds to expand in FY 21. Need the clearinghouse to rate new services well-supported. The services that are next for review are: Attachment and Bio-behavioral Catch Up, Incredible Years, Triple P-Positive Parenting Program, Seeking Safety, Family Behavior Therapy, Homebuilders, Nurturing Parenting, Safe Care. Earning “well supported” designation can be very difficult.

It is important to note that these do not change or replace the currently available programs in the community such as SED waiver services at the mental health centers.

As a response to a question - Strengthening Families is a program that is on the California list of well supported programs.

Is there a mechanism to help the grantees to connect with each other? There will be regional advisory workgroups and a statewide advisory workgroup for Family First Implementation. KU will be an integral part of that process.

10:43 a.m. KDADS Update – Andy Brown, BH Commissioner –

Opening 8 additional adult hospital beds at Osawatomie State Hospital soon. Will be state licensed beds, not part of the certified Adair Acute Care unit.

Will also be looking at opening some additional beds in Kansas City with the KU

Mike Dixon, taking over the hospital commission.

Kim Lynch is going to HHS in Kansas City in a legal counsel role.

Submitted a large list of enhancement requests to the Governor’s budget office. Those budget items will be addressed by the Governor’s office in the near future. There are a lot of things in those requests that I am very excited about and believe others would be too if I could talk about them.

There has been a little bit of a stir up in western Kansas with the changes at Wheatland, Hays. They are getting their acute hospital beds converted to PRTF certification and their shelter beds also to PRTF. Should be around 50 PRTF beds when this is done. The acute beds are shifting to their new children’s hospital in Wichita. That will create some transportation issues.

There are 54 licensed beds at the Wichita facility but they are operating at a lower number for now.

Still working on contract issues with KVC around HAPHY and the CECR contract. CECR is competency evaluation and restoration for juveniles.

Florence Crittenton also converted shelter beds to PRTF beds earlier in the year. That will raise the overall number of PRTF beds in the state to 326. There are 171 kids on the wait list now.

Mental Health Program Manager position is open. Christina Orton left on Friday.

Are there concerns that an independent reviewer for QRTP and kids burning out their foster care placements, there could be placement problems? More of a question for DCF.

What happens when Medicaid Expansion goes through? How does it affect MH or SUD block grant funds? How does it affect CMHC grant funds?

Trying to make some crystal ball predictions. Will not impact the amount of funds received from the block grants. Could free up some of those funds that up until now has been allocated to serve uninsured folks to be used for other priorities.

Census time is coming. Next month will be bringing information to this group to try to help to get more accurate census numbers around the state.

National Organization of State Mental Health Program Administrators – what are they saying? Have had quite a bit of conversation with Ohio and the impacts they have seen. They have a county level system. We are going to be looking for states that have expanded Medicaid who have a more similar system to our CMHCs and SUD providers. Want to evaluate and find measurable results. Many of the states most similar to us have not expanded Medicaid.

There are negative examples – Governor has pointed out that tying in workforce requirements causes a very difficult system to manage. Identifying states with managed care is also an issue.

Sean Gatewood – Alliance for a Healthy Kansas – this is the last year of federal ultra-match at 95%/5%. Would be 90/10 for the expansion population in perpetuity if we go up to 138%. If a woman gets pregnant now, she will be covered at 55/45, but after expansion, she will be covered at 90/10. This will be a very positive impact.

Alliance for a Healthy Kansas – Sean Gatewood, Medicaid Expansion

Expected to add up to approximately 150,000 people if we expand Medicaid up to 138% of poverty level.

Medicaid is a limited menu of services and dentistry is extremely limited.

Kancare Advocates Network – some of the MCOs have begun offering some cash benefit for cavities, crowns, etc. Hope to see continued improvement – those benefits are not required.

Been working on this since 2012. Exciting to see something moving.

There is a bill on the Senate side awaiting action that passed the House last year. Yesterday and today, the Senate Select Committee on Healthcare Access began working on a Senate version of

Good news, it does not have work requirements or drug-testing.

It does have stair-stepped plans to expand up to 100% of federal poverty level instead of 138%. Other states that have tried to expand to less than 138% have had their plans rejected. At 100%, the ACA marketplace kicks in.

They are talking about applying for a 1332 reinsurance waiver to cover costs of people who are extremely expensive at the same time as applying for the expansion waiver.

Federal regulation does not seem to allow this process or the comingling of the funds.

The message we want to communicate to our advocates is “no more delays” and we want to see a plan that can past federal scrutiny.

Our current Medicaid program could cover children under SCHIP but the single mom working half time for minimum wage is too rich to be covered under Medicaid.

If she makes 138% of FPL, she can get insurance on the ACA marketplace and have 90% subsidy.

The only states that have not expanded (14). Wisconsin’s Medicaid program already covers up to 100% of FPL.

Kansas has passed up \$3.5 billion by avoiding expansion.

One of the revenue sources being proposed for this initiative is an additional \$1 on tobacco products. That is also likely to be a big part of the conversation.

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

Medicaid Expansion - Senate Select Committee on Healthcare Expansion 10-22/23

Joint Committee on Medicaid Expansion 11-12/13

Joint Committee on Corrections and Juvenile Justice: Crossover Youth 10-16/17

Legislative Budget Committee: Nov. 19/20 and December 12/13 (Agency Requests)

Stronger Together Retreat -

Please submit any policy priorities for consideration by the Coalition – we will need to schedule time on the November or December agendas.

Consider KMHC Consensus Recommendations- Annual process for updates and amendment. Please draft a paper for the topic that you would like to see included for consideration during the Coalition meetings. The Coalition encourages the incorporation of health equity principles - proposals that help to reduce health disparities and encourage overall health. Linked here: [sample issue paper format.doc](#)

11:25 a.m. Announcements

11:30 a.m. Adjourn

2019 Schedule:

Mental Health Advocacy Day: February 19, 2020

2019 KMHC Meetings: 9 a.m.–11:30 a.m. Jan 23, Feb. 27, Mar. 27, April 24, May 22, June 26, July 24, Aug 28, Sept. 25, Oct. 23, Nov 20, Dec. 18

Board Meetings: 12 noon quarterly the 4th Wednesdays (March 27, June 26, Sept. 25, Dec. 18)

Advocacy Committee Meetings: January - March: Friday teleconferences, Meet after Coalition meetings: January 23, February 27, April 24, May 22, August 28, October 23

For more information, contact: Kansas Mental Health Coalition

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