

Kansas Mental Health Coalition

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

Minutes

Click on underlined items for web links.

October 26, 2022

9:30 a.m. **Welcome and Introductions** Mary Jones, President

Minutes of the previous meeting.

9:35 a.m. Reports

Board of Directors - met in September. The Board elected to not take a position on the issue of the law enforcement officer certification based on the lack of alignment with our mission and bylaws.

Financial Report presented by Amy Campbell adopted, motion Joan Tammany, second Matt Spezia.

Advocacy Committee – Colin Thomasset/Monica Kurz – Committee welcomes volunteers to participate in planning and executing Mental Health Advocacy Day and other advocacy activities. This is the most active working committee of the Coalition. Next year, Mental Health Advocacy Day is March 7 at the Kansas State Capitol. Subcommittee is planning advocacy training opportunities for messaging to legislators. Opportunities are available now for sponsors and vendors. Vendors will have tables set up in the rotunda of the Capitol. Goal is to raise \$8000 to cover all of the lunches, training, communication materials, nametags, etc. If your company has specific requirements for sponsor dollars, please reach out to Colin, Monica, Mary or Amy to be sure you get the correct information to complete that sponsorship.

Governor’s Behavioral Health Services Planning Council – Subcommittees have completed their presentations to the Secretary and those reports will be on the website soon. The Secretary was extremely pleased with the subcommittee reports and the work they have been doing. The Rural and Frontier Subcommittee is hosting a legislative lunch on November 15 at the Dodge City Sheriff’s Office. There will be a meeting following the lunch, and a tour in the morning of the New Chance Inc Substance Use Treatment agency. The new Tobacco Use Subcommittee has finalized its charter.

Big Tent Coalition - Mike Burgess – participating in Stronger Together and closely tracking the work of the Special Committee on Intellectual and Developmental Disabilities Waiver Modernization. Looking at the creation of a new lower level IDD waiver to aid people who are on the waiting list and the need for improved reimbursement for supported employment, as well as parity for reimbursement across the waivers. Many other issues in discussion.

KanCare Advocates Network – Amy Campbell – Stronger Together is a combined strategic planning retreat co-hosted by the KanCare Advocates Network, Big Tent Coalition, SACK, KMHC and Disability Rights Center. November 17 – Topeka – in person and remote access available. A full day of educating one another about our issues and finding focus on common issues.

KDADS news – Amy Penrod is leaving the agency to work for KDHE. The interim commissioner for HCBS programs is Mandi Flower.

Consumer Programs - Matt Spezia, P3 – The Rite of Joy Conference was amazing with incredible speakers. Every last Saturday of the month is Story Circles. This month will be hosted by Asia Owens, one of the assistants for the Cory Bush administration talking about community mental health and building ties together. There are a couple of shows coming up that are happening in Kansas City. We have the on the corner series, which happens in the Eighteenth and Bond district. We have the poetry shows that are happening in Topeka next week - the speak easy poet show that happens every month that's a really awesome organization that has been around about 7 years with a monthly open mic that's fully back to in person operations. There is the Lawrence new consumer group that started an open mic so that's awesome. Please support Emporia's art scene, because I don't know if you guys have been seeing what's been happening at ESU but their English department has been gutted alongside a couple of others. So we're dealing with the fallout from that, because Emporia is a really awesome hotbed for artist stuff.

For our consumer training program specifically goes, we still have our WRAP trainings available for levels 1 and 2. Those are scheduled on our website, or if your organization would like them for your group, we can set up a specific time for you. CCAR training is also available, and we are offering direct peer support online and in person. If you guys need advocates to help you with your programs, or if you would like to come over and partner with us, we would be more than happy to.

KANSAS CAC – Robert MacMillan/Colleen Garrison -is really searching for representatives to fill various slots on the board. If anyone's interested or know someone that might be interested to join the Board of Directors of the Kansas Consumer Advisory Council, November 7. We will be sending representatives to the Kansas Prevention Conference in June. See a call for workshop ideas next month. I'm looking forward to that and then the next, Quarterly Board meeting in Kansas City is December 13-14 on zoom.

Parity Committee - Amy Campbell – The Parity Committee has hosted a number of policy focused webinars this summer and is now planning some provider focused webinars. Hoping to capture and communicate the “on the ground” experience of trying to get services approved by the payors and delivered to Kansans. When trying to get authorization and payment for services, there are a lot of barriers that can occur that really get to the heart of the parity issue. We are also updating the provider parity survey to collect new information from hospitals, clinicians, mental health centers about their experiences.

Had a recent call from an individual that works to coordinate payment for substance abuse treatment and she indicated they have submitted multiple complaints to the Insurance Department regarding frank denials of service and lack of information sharing. It does seem to me that the more information we put out there and circulate, the more interaction we are getting with people who are running into these problems. I hope this will lead to actual policy changes or legislative requests in the future once we have more specific data in hand.

Suicide Prevention Coalition / 988 Crisis Line - Monica Kurz – The suicide prevention coalition is going well and established work groups. Resource development which right now is really looking at making sure that we have coalition membership that's representative of the state and has good stakeholders involved. We have the surveillance research and evaluation work group which is taking a look at our

suicide data and then a systems of care work group that's really taking a look at the mental health behavioral health services side of suicide prevention. Additionally, a community outreach which is going to be taking a look at more of the safe messaging and those pieces of suicide prevention. We are always looking for folks who are interested or passionate about that work. We are also gearing up as a coalition to take a look at our State suicide prevention plan which can be found on the KDADS website. So really excited this year to be able to pull together such a wide variety of stakeholders to take a look at the plan and provide some feedback about you know what's working and what's not working. So if that's something that you all have a opinions about very welcome to join us at our meetings.

998- So we continue to be operating those lines at Johnson County, Comcare, HIS and our organization. We're all at the Crisis Conference last week in Kansas City. That is a lot of 988 providers who get together annually and talk about crisis services and particularly hotline services. That conference grew from about a 70 person attendance to 260 this year. So we talked a lot about how cool crisis services have become, and also got to learn a lot about how it is going in other states. Some of the challenges that other states are facing but a lot of good informational sessions, and I think also a good opportunity for the Kansas 988 centers to et together and connect and and think about how Rollout is going.

My guess is that Commissioner Brown is going to talk a little bit about the 988 Commission that's going to be launching. We continue to see that the calls have any increased from where we were with the national suicide prevention lifeline to where we're at with 988 this year. I know that we did some aggregating of statewide data over here, and we're maintaining about that 50% increase from where we were last year to where we are this time this year, and that is also continuing to climb.

We're seeing some really positive impact of having some additional money in the system to be able to hire folks.

988 phone prompts - when someone calls 988, they get an automated recording first. And if you press one or you you're prompted to press one, if you'd like to be connected to the veterans crisis line, which is a subnetwork that is really well connected to the VA system, so veterans can self-select for that for that service. There you can press 2 to be connected to the Spanish subnetwork which is a spanish language service, that's staffed by centers that can speak Spanish. They are actually piloting a partnership with the Trevor project. So folks may be aware of the trevor project it's a nonprofit that has been around for a long time really focused on LGBTQ mental health and suicide prevention and so they are partnering with 988 for a special dial code. So I believe it's 3 but you should but if you call you can find out to be connected but that's not yet 24-7 they do have limited hours of operation where they're connecting with the Trevor Project folks.

10:00 a.m. Agency Update: Andy Brown, BH Commissioner, KDADS

Unedited meeting transcript:

10:06:48 And i'll i'll start with a couple of 98 items, too.

10:06:51 So we we did get from the governor's office. a list of appointments for

the 98 coordinating council.

10:07:02 And so we're the process of getting everybody sworn in for that, so that we can host a meeting.

10:07:10 I did mine yesterday, so i'm official but will be hopefully, having at least one coordinating council meeting between now and the start of the legislative session.

10:07:26 So that we can compile a quick report on that progress that we've made over the last 6 months.

10:07:33 Well last 3 months now 6 months by january but and so i'm excited about that and we'll probably

10:07:45 I mean those will be public meetings so we'll work with av on making sure she knows when they are so wants to sit in on the can.

10:07:54 But we also you know, have minutes and things like that to you.

10:07:59 So. we are also currently working on a samhsa Grant submission. we were contacted by Samhsa on Friday, and asked to submit a grant by 11 o'clock Pm.

10:08:21 This Friday. in order to receive a additional 98 funding that can be used for things like more strategic planning type things.

10:08:36 So our last round of Samson Grant funding. you know the requirement was that about 80% of it go directly to the call centers to be used for staffing and you know, capacity building into the name I need a capacity

10:08:54 Grant right? But these funds were be added onto that, Grant.

10:08:59 So these are supplemental funds. that the State will be able to use to focus on things like building out mobile crisis.

10:09:12 Working on evaluation of 9, 88 working on, planning.

10:09:18 Follow up care and services things like that so there's a variety of of items that are on that list and right now we're just scrambling to meet the deadline so but it will i'm

10:09:35 i'm confident we'll get something turned in and Then we can, you know, like we talked with her program officer about, you know, if we need to iron out things or smooth the edges. later.

10:09:43 We can do that after the deadline so we'll get that in

10:09:50 We also I think, or in the process right now of working on tti grants through nasa and figuring out kind of the different types of programs we might be

Page 9
closed_caption

able to apply for for that we're looking

10:10:08 at like additional expansion of some of the pure work that we've done and I think some you know, family engagement and support type programs.

10:10:22 Through our children's side so couple of things going on there

10:10:29 There's also some work that we're doing currently on policies throughout Medicaid.

10:10:43 So we've we've been communicating you know with a number of different associations and provider groups about kind of what what we could do to help improve behavioral health integration with their services and so there are some codes

10:11:04 that we're looking at, expand, expanding access to including peer support.

10:11:14 And we're trying to also look and see how we can make progress on some of the items that are on that middle health.

10:11:24 Modernization and reform report rub recommendations. So a lot of good things happening there, and I think some of those things will start to show us as being having effective dates for January.

10:11:37 First. some of them are gonna take us a little while longer.

10:11:41 It might be going into effect later in the spring but it's a fairly significant body work A lot of it is applying to you know, sud folks or folks that are serving children.

10:12:06 Families. We are also in the process right now of working through a couple of issues that we have with Samhsa or not a Sam.

10:12:14 So with Cms around the medicaid. codes so 2 areas there.

10:12:21 One is electronic verification for attendant care.

10:12:27 So both. This would apply to the Cmhc system mostly.

10:12:33 But really anyone that's doing any kind of attendant care for adulthoodal health or for seb waiver right

10:12:47 Well, I have to start doing electronic verification. The effective date for that is going to be January first.

10:12:54 And that's the kind of bring us back into compliance with some stuff with cms that we need to get done and we're I think we're about 2 years past due on when that was supposed to happen

10:13:11 but at the time when we did that work I think it was that, you know, I think it was a judgment.

10:13:22 Call that that we weren't going to include those 2 c codes.

10:13:26 And now you know we've kind of been totally need to so we're doing that.

10:13:34 And then we're also working on crisis intervention codes.

10:13:43 So the feedback we got it from Cms was, you know, basically like, Hey, your mobile crisis codes are fine.

10:13:50 But if you want to be able to claim the f map enhancement, you need to, you know, make some changes because it doesn't meet our requirements for that.

10:14:01 So we're currently working on those and getting those updated so that we can draw down that in hand staff map.

10:14:11 And while we're doing that, we'll we might look in team providing some additional clarity around the different levels of crisis intervention codes

10:14:24 Recently it was. it was brought up that I think people didn't know who at Kate adds to contact for

10:14:37 You know it stays longer than 72 h or services longer than 72 h at a

Page 10

closed_caption

crisis intervention program. And so we're gonna basically send out a a medicaid communication that'll help

10:14:51 resolve that and once i've got that in black and white print.

10:14:58 I'll share that with amy as well and she can share with you guys.

10:15:03 But that's those those are a number of things that we're working on.

10:15:08 There's other stuff, too, that you know is is gonna be going on between now and the start of the session.

10:15:16 Kate adds, is, you know, kind of had the opportunity to hear from providers about

10:15:21 What legislative agenda items and things like that.

10:15:24 So as you guys are finalizing your stuff. we'll be happy to review that

with you guys as Well,

10:15:34 But we do see. I think a number of things on the horizon for us that probably make it a fairly busy session.

10:15:43 So. I don't know what are the kinds of questions you guys have.

10:15:47 But i'm free to take some Drews here to you in case anybody has questions about Ccbc. stuff.

10:15:52 But i'll work here or anything else that might be relevant to drew side of the shot

10:16:07 Does anyone have any questions for Andy, or comments? Yeah.

10:16:12 Mary Rick Kagan here again, andy I just wanted you to know I've alerted amy to legislation that you're hoping to get introduced to clarify some issues about

10:16:24 tobacco, hoping that we can get some help from the Coalition.

10:16:28 Maybe the long association on tracking. Oh, that legislation and

10:16:35 So, unless you have anything else to add to to that i've kind of briefed her on it.

10:16:39 But the gist of it for everybody else as I as I understand it, is that the legal department there doesn't think that Kadas has the authority to require tobacco treatment from its providers.

10:16:56 And the legislature may have to weigh in on.

10:16:59 That is that the the kind of the long and short of it Yeah, we're.

10:17:04 We're gonna be putting together draft legislation and getting that in front of the governor's office.

10:17:10 That May says, you know the cadets would have the authority to require State contractors with Kate ads to provide tobacco.

10:17:29 Dependent screening or nicotine, dependent screening and and in appropriate treatment.

10:17:39 You know. arrangements for appropriate change so that's that's what we're hoping to get in place.

10:17:47 Obviously, you know we don't we don't know what the outcome of that will be.

10:17:51 But you know this is this is kind of my attempt to resurrect a goal that we had from the behavioral Health tobacco work group.

10:18:00 Which is to you know. really encourage providers across the system.

10:18:08 To look at tobacco health as a as a behavioral health issue and and do those those screenings when when able to.

10:18:19 So and it's you know it's it's just meant to be something that would be

Page 11
closed_caption

like, you know, like writer language on it.

10:18:32 Contract. Basically, the creates the opportunity for us to sort of make that a an expectation or a requirement.

10:18:41 Thank you very much. I appreciate your following up on that now. I don't have a question for you Andy. but i'll say a prayer for you and your team to get that invite those samsung grants are

10:18:58 hell. yeah there, it's a little bit modified it's because they I mean they're they're not having us do the full application that you would normally have to do It's like we don't have to do

10:19:09 a need statement. we don't have to do a couple of other pieces but
10:19:13 It's still like a 5 page you know narrative assignment.
10:19:18 So along with the budget and all that fun stuff.
10:19:21 So. but we'll get her done so andy you're talking about Cms coming back,
and saying that we need to have the electronic verification for tenant care that is
the system by which the worker verifies that
10:19:39 there's actually on location. doing what they're supposed to be doing
right, that's something that was implemented a couple of years ago for the Hcbs.
10:19:48 Waivers, and it's typically them calling in on a phone or something like
that.
10:19:55 Is that correct? Yeah, my understanding is is they can use a phone or a
tablet, or any kind of Internet connected device.
10:20:03 And if they they don't have access to the Internet then they can call in
from like a landline.
10:20:15 So then I guess my question is I my understanding under the Hcbs.
10:20:22 Waivers is that that has been done through what they call fms providers.
10:20:28 So those are there. They are also providing payroll services.
10:20:30 Is that correct? So is this something the cmate sees, or the clinic that
is providing the attendant care is going to have to pay for.
10:20:42 And then my second question is, is this going is this also going to relate
to maybe peer-based services.
10:20:52 So there's no requirement for peer services to utilize it.
10:20:59 Under Cms the I think the you know. I was trying to explain this the other
day in the Association.
10:21:07 Maybe, but I think the main reason for the Cms role on this was because
they they had some bad actors out there that were, you know.
10:21:18 Creating This you know enough fraud in the system that they felt like they
needed to to tighten control calls on it.
10:21:26 I don't really feel like we have those kinds of issues in our system.
10:21:32 But it's definitely like a a tracking software and right now they have it
limited as a requirement for people that are providing either Adl or I atl personal
care services or attendant care right so it's
10:21:51 it's pretty narrow at this point who's required to do that.
10:22:00 We also We, as Kate ads have a contract with the
10:22:06 The sorry I don't have the people information handy but the company that
is used for
10:22:15 This service. The Evv service is a contract. with kadas and so we're
essentially just gonna add You know what we need to to that contract, and that
provider will then do training for the Cmcs and
Page 12
closed_caption
10:22:34 and our workers on how to utilize that system
10:22:42 No.
10:22:45 I'm sorry, so I just bring that up because I do know that attendant care
is a very difficult service to provide .
10:23:00 Many of our families that are entitled to that service say that they they
can't get it because there just aren't any workers in that area.
10:23:09 So I just pointed out to say, this is another scenes layer that may make

it even more.

10:23:16 You just add it, adds another layer of difficulty.

10:23:20 I I do get it. I do understand. They, especially under some of the other Hc.

10:23:26 Bs waivers. There were some real fraudulent situations going on to people billing for hours, where they said they were in the home, and they were actually somewhere else, sometimes even in jail.

10:23:35 So that was a problem. and then, i'd like to move out.

10:23:40 You were talking about different levels of crisis services. I assume that these conversations are taking place in the context of trying to get the crisis intervention centers in place as well.

10:23:55 Yeah, Well, it it has to do like it's it's it's a little more complex than just that.

10:24:00 But it has to do with the fact that you know we need.

10:24:04 We need to have a a mobile crisis code that is separate and stink from our crisis intervention.

10:24:11 Codes that we've been using for crisis stabilization services, and

10:24:17 We also want to have something that can be built by Cics

10:24:24 When when those are established and operational So that you know they have a designated code for them.

10:24:30 So there's we're, just gonna look at kind of what the current levels are, and maybe you know kind of tighten those definitions up a little bit, so that everybody has a clear understanding of which codes what and that we

10:24:46 don't have any you know confusion with the Mcos or with providers.

10:24:53 For Cms. And is this something that you are able to do as an agency?

10:25:00 Is this gonna require a State plan amendment. What is your process?

10:25:05 So the Mobile Prices portion of it requires a State plan amendment, and

10:25:13 I think we can tighten up our debt service definitions without having to do that outside of policy work.

10:25:22 And then adding a new level for Cics would probably take a a State plan amendment as well.

10:25:30 So then, so that means you're going into the spring before something like this will hit the ground.

10:25:37 Probably I would assume so. it it does. Kind of It just depends right now on kind of how long it takes first Cms.

10:25:50 T. and us to go through sort of an informal review process to get to shared language. and then, once we hit shared language, we can start the you know the formal public postings and and all that.

10:26:06 Fun stuff. But right now we're just in like the dialogue phase of trying to to come with where we need to be.

10:26:13 I can always tell how long somebody's. been in a position of dealing with

Page 13
closed_caption

Cms by their utilization of these different phase languages that are so informal.

10:26:24 And yet, yeah, yeah, but yeah, I think I mean and it and honestly like you know, I I will say like I don't actually feel like there's any sort of imminent harm right?

10:26:39 That is being done to the State by limiting our access to this mobile

crisis in enhanced funds.

10:26:46 At the moment and here's. Why? is because we only have 3 years of eligibility out of the 5 years of the program.

10:26:57 So right now, as we're building our mobile crisis services like our utilization is going to be relatively low.

10:27:06 So it's probably better for us to participate in the last 3 years of eligibility than it is in the first 3.

10:27:14 Right. So just I think we'll get more bang for our buck in the long run.

10:27:18 Once our utilization is higher, and the but the rates will still be billable, though they'll just be fully state funded.

10:27:34 Every every like like everything that's going on right now is still live and and working right. it's just that the State is receiving less Federal money is match for the services.

10:27:44 Yup. Does anybody else have questions along those lines because Then i'm gonna jump ahead to the mental health beds committee.

10:27:55 You all have arpa funds Now or you do not? Has this has a State finance Council Release those?

10:28:03 What's going on with that no the state finance Council has not really spun yet.

10:28:10 We are anticipating receiving about 66 million dollars and archa phones that are for expansion of facilities and programs.

10:28:24 And do you get? Imagine that 66 million isn't anywhere near the amount that we were hoping to get for that category?

10:28:36 And you know, feel free to talk to legislators about why we're limited to 66 million dollars.

10:28:44 But I it's not final and you know We've submitted a plan to the recovery office.

10:28:54 That, I believe is gonna be reviewed by the State Finance Council.

10:28:59 And the update that I got earlier this week was you know they didn't have a timeline for how soon that was gonna happen.

10:29:06 So if I could just paraphrase this what's happened with this this Arpa process has been going on for over a year.

10:29:16 The Legislature forced it into this spark executive process that had the advisory panels that met sort of in the spring.

10:29:27 And then they brought out their recommendations, which did trim down the amount of money to be recommended for a wide variety of state programs.

10:29:37 But mental health figured very prominently. in the proposals that came in because the Governor's office, the recovery office had mentioned behavioral health as an area of focus.

10:29:49 I'm going to go way, out on a limb here and say that if you looked at the numbers that were being initially looked at, say last February, we're probably somewhere at like a third maybe of what had sort of

10:30:05 been talked about, and that has to do with a lot of things it has to do

Page 14

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with the Legislature coming in and picking their pet projects at pay down certain debt of the State and other things as their preferred way to

10:30:19 spend these funds, but it also has to do with early funds being

distributed for things like hospitals and other items.

10:30:28 During the middle of the pandemic. So 66 million is I.

10:30:36 If you look at the list of programs that that advisory panel ranked recommendations, and then they ranked some of them higher than others.

10:30:47 I don't know how I it's unclear to me who get who says? then?

10:30:52 What's still on the table it's just very unclear so

10:30:58 That's Why? I asked andy this question because I I know that he's gotten kind of briefed on it.

10:31:04 And it sounds to me like there could still be some tossing around of ideas. Yeah.

10:31:14 And it, you know. I think my understanding is is that the recovery office is anticipating that the Finance Council will probably release funds based on the recommendations from spark and those big bucket categories right

10:31:36 And so I do. you know if things go the way the recovery office thinks they're going to go That should mean that we're gonna get that 66 million in that muppet right?

10:31:50 The other reality is that there are way more approved or recommended.

10:31:58 You know, funding things on in that list that spark is sending with the bucket that actually are available to be funded right like there's the and the number of requests that they've said like this sounds like a high

10:32:13 priority request we should do this probably almost double the 66 million that they're giving us right and so you know, I I think if if there's any advocacy, left to be done is probably at the State

10:32:32 Finance Council level and you know if there's a desire to see you know opportunities for folks

10:32:46 I think that's a good place to Maybe go and see if you can maybe get on their pet project list.

10:32:52 I just wanted to highlight that for you all, because, having seen that list of requests and the things that were ranked as high priority, I you know I think the coalition as a whole would probably support all of those things.

10:33:04 There is no way to do all of those things under the funding that is being released, or that could be released, and as far as we know, they might come back and take another bite out of it.

10:33:15 We have no idea I ended up with 44 instead of 66 don't say don't say it out loud.

10:33:24 Don't put that into the universe? those were my primary questions.

10:33:30 Anybody else have anything for Andy. Thank you so much for joining us

10:20 a.m. GBHSPC Subcommittee on Veterans Report - [see PPT](#) [Goals](#) [SMVF Pamphlet](#)

Unedited transcript:

Hi! this is Shereen and Kathy Shepherd is with me as well.

10:34:06 She's a 4 Canal health and she is going to be the upcoming chair of the subcommittee I'm starting November the first as i'm stepping down, but before I did that we wanted to

10:34:14 make sure the we threw this goal out to the universe and ask for help.

Page 15

closed_caption

10:34:18 So when I when I submitted this goal, or we submitted this goal to the governor, and through Andy and his group we had.

10:34:29 We wanted to reduce suicide per with a reliefful means within the veterans population, and so we're trying to figure out how to do that.

10:34:37 And so Dr. Davis talks about us be the ninjas of of the The governor's overall arching subcommittee to make sure that the veterans are getting services. they need and So when came up with this

10:34:47 goal. It was like, Okay, how do we do this and so we met with we're counting health and talked about how they're how they're working with our our veterans in their population within their Ccbhc and

10:34:58 through this conversation it became preabundant and very apparent. Then we need to reach out to this entire group

10:35:05 As the Ccbhcs are growing in the State of Kansas, with eventually all of all of our mental health centers taking it on

10:35:11 This project. So when we're talking about the lethal means how do we reach out to our upon shops to our nomi representatives in the local areas, how we reach out to our churches, how we go to the c.

10:35:24 Box and the veterans. where they're living right where they're at, and it just became very very apparent that we needed to reach out talk to everybody.

10:35:31 You take this on as a goal. So we talked about calm training.

10:35:34 We talked about leaf I mean safety training through the the Kansas train.

10:35:39 They have those trains through that, and then how how do we physically do this.

10:35:43 So we're asking the ccbhcs to actually take this on as part of their challenge with their veterans population.

10:35:49 We did ask for funding for this project because we talked about how we're going to do mailers and maybe bolt failures to our community partners and to our gun shop owners, and that's where it costs

10:36:00 money, so I did put a request in for money for that.

10:36:04 So I told Secretary Howard i'd rather have it in the budget, and not need it the need it, and not have it, because this is going to take out more time from our C speech.

10:36:13 These be able to do this? so? I believe you share the Powerpoint, and you shared our our our packet with this group already through the agenda.

10:36:23 So if you would kind of look at that and see if you have any questions and what your thoughts are on this, so can you just be more specific about what it is that the committee wants?

10:36:37 Ccba sees to do communities to do what is the action that would be happening.

10:36:46 So we would like to have gun locks put out in the community more accessible, so that every segment she has gun locks available to give out to their clients given to the gunshot owners. She are pawn shops to

10:37:03 churches to their vas to our allegiance, and make sure they have those to be able to pass out, making sure that the suicide hotline number is passed out.

10:37:12 Make sure people know where to go. having the ccbh she's talk about their services with these community partners, and saying, This is what we can do, and how do we negotiate that making sure that our veterans have

10:37:22 the service, and know that it's out there and we also found out through

Page 16

closed_caption

Dr.

10:37:27 Davis that if any any place wants to partner with the va and say that they're working with the veteran population, the Va.

10:37:33 Will send gun locks to that organization at no charge. They also have packets of informational synapse at no charge to the to that organization.

10:37:42 And so now that we have an mou with all receipt Cvhcs that's done so they could actually get all this new charge, and just physically go out and give them out.

10:37:51 I know that when I did suicide prevention training, I asked the Va.

10:37:55 For gun locks. They sent me out probably at 500, to be able to pass out, so that so those resources are no charge.

10:38:03 So, making sure that those are accessible. And, Kathy, would you like to talk a little bit more about what?

10:38:09 For help is already doing for their Ccbc's

10:38:17 Sure here for county. we actually have a person who works specifically with veterans, and so he's out in the community, and he's been doing a lot of the things that shrines talking about.

10:38:33 He also is very knowledgeable about benefits.

10:38:35 And so one of the things that We've learned is recently from statistics from the Ba.

10:38:42 Is that many times when we have a surviving spouse of a veteran who has completed suicide, that they've had no contact with the Ba.

10:38:54 And then the spouse really has no idea what they need to be doing.

10:39:00 And so just working closely with the community, trying to get more of the veteran population signed up for services.

10:39:09 Here at for county we've been doing this for a little while and so now we've gotten to the point where we've had the mo use in place for a few years now, and so things are starting to get pretty

10:39:24 seamless with working with the ba and when we have someone that's in crisis.

10:39:28 And then they need to go on to the Va that we're able to get them right there and get them into services.

10:39:40 And then on the opposite side of that, when the ba has someone that's wanting to receive services in the community.

10:39:45 Then where able to work with them and make that a little easier for the veterans.

10:39:51 So. Hopefully, we have more of that going on around the State now.

10:39:58 And and so here it's working really good and and Lauren, who's here? he he's done a phenomenal job, and he just is so knowledgeable about benefits and everything else, and

10:40:12 so it's really making that really go well for us and really helping out the community and the veterans in our community.

10:40:23 I mean our our statistics of working with Veterans have just taken off, and so hopefully we start seeing that all around the State.

10:40:36 I'd like to point out what Kathy said when she was talking about the veteran services, and Lauren, knowing what benefits are out there, making sure the

family members are connected as well, because the svf
10:40:46 subcommittee is for veterans and their family members as well.

Page 17

closed_caption

10:40:49 Whether they're active duty or they're or they're retired or considered a veteran, so, but making sure that that person knows where to go to get benefits.

10:40:57 As well for the for the surviving spouse, and for the children as well.

10:41:00 So making sure with your ccbc's that you have that connection with the Va.

10:41:05 Because we do have the mou and finding out what they can offer, and what they can't offer, and just making that seamless.

10:41:12 So by reducing the suicide lethal means it's gonna be very imperative that you have that relationship with your local Va.

10:41:21 Whether it be a c box, or it's in peak or Wichita and making sure you have that connection to them.

10:41:25 And I think Kathy and for county over there has done a phenomenal job doing that and kind of laying it out.

10:41:30 The map how to do it. so maybe using them as a resource

10:41:39 Sharon. Where did you say we can get those unlocks and other resources?

10:41:44 I'm from the da. and I can get you I will get the email information over to ay, to pass out to this group.

10:41:53 Have it with mash and I should Have it right I don't have it right here available.

10:41:55 Appreciate it. Thank you and i'll include Stephanie Davis is information in that as well, because she wants to be included in those emails to make sure things go through seamlessly

10:42:18 Are there any other questions or comments

10:42:26 I just think it's really important that We talk about like sharing was talking about this coordination factor.

10:42:38 It. One of the biggest things that I see happening, and one of the biggest complaints that I keep hearing across the State is that you know they had someone at the Cmhc.

10:42:51 Who had all the information, and then that person retires, or mostly retiring.

10:42:55 Nowadays is what I keep hearing about but then it's you know.

10:43:01 There, there's you know Maybe the center, has a hard time filling the position, or maybe the va has completely moved those people out of the building that they were once in, and they're now somewhere else, entirely or all working

10:43:15 remotely or It really is a coordination factor from what I keep hearing.

10:43:25 I have some friends who we're in the service and who have been on and off with services with the Va.

10:43:32 And you know it. What? sure I cannot emphasize in that?

10:43:37 What shrine is talking about is that the veterans themselves may have had this information at one time, but the families, you know, really struggle to know who they're supposed to turn to.

10:43:50 So I'm really glad to hear that for county is having success with the person that they've hired, and I I hope that all of the Ccbhcs will be as fortunate as we move down the road because that's

10:44:01 what most families really really need is contact with someone who knows

what the story is, where the benefits are, who to contact and how they can get access.

10:44:15 And like. I said I did ask for the subcommittee didn't ask for a funding for this particular goal, because it might be that we need to have one of

Page 18
closed_caption

someone who's successful doing this train others to do this so

10:44:26 they're for the hcp. should be able to be paid for that because so I mean we're asking for it, as I can do right, and I was not told.

10:44:37 No when I get when I get the presentation to i'm Secretary Howard.

10:44:40 So we're hopeful that this will be funded may not be a whole lot of money, but it's better than nothing.

10:44:46 And again our veterans and their families need to be served I'm just gonna have a plug here. I'm.

10:44:51 Now in Texas, and so i've. been looking at what Texas is doing for their veterans, and Kansas can do a lot better.

10:44:58 So it. It may be a big big jumps but it can be a small jump, and you're doing more services and offering more things to our veterans because they did put their life on the line, and so and their families are right

10:45:09 there with them, so we need to be able to serve them.

10:45:14 One comment, I would add, is One of our subcutting members is Bill Turner, who is with the Kansas Commission on veterans affairs, and they do have mobile units who could actually come out to the different

10:45:31 Cmhc's and They have people in that mobile unit that can help people get signed up for Va.

10:45:40 Benefits. So it's something that if you're just getting started in that area.

10:45:46 That's something that you might want to consider have a pick a day and invite veterans in the community if they're not signed up for services through the Ba to get signed up and that might help in that

10:45:58 area with the Va. benefits, and then transitioning to their local community centers for their services.

10:46:10 I also happen to think that the veterans community is an untapped resource.

10:46:17 In our communities for volunteerism, for supporting organizations, for distributing information.

10:46:23 They? they are eager to jump in and to participate.

10:46:33 You know There, they're all very they shouldn't generalize here. I apologize, but it's been my experience that when I work with veterans in the community that they are very action-oriented and if you point them to

10:46:45 a problem. They are very eager to jump in and help so that's just been my experience, and I would just say that I continue to look at our workforce issues and wonder how we can funnel more veterans into this line of

10:47:00 work, and i'll piggyback off of that if you have veterans in your community. again.

10:47:08 It's untapped resource and you can actually have Those folks going out and talking to the pawn shop owners and talking to the gun shop owners and passing out gun locks.

10:47:16 It doesn't have to be your staff it could be a veteran.

10:47:18 Then you can meet that wants to help out so really tapping into your legions, tapping into your va's topic in your vfw's.

10:47:26 And again all that collaboration, and working together

10:47:30 Well, i'll be curious to see if the subcommittee can in the future maybe developed a greater degree of centralized coordination for that to help the ccbhcs

Page 19

closed_caption

with this because right now just sitting

10:47:44 in meetings at the capital, and hearing everything that's being handed to the Ccbhcs.

10:47:49 And then hearing about all the workforce and hiring problems i'm wondering how on earth we're going to get all of this on the ground in the amount of time that we have before.

10:48:00 So that I think this is a great area to be looking at and again 4 county's been doing this for every 2 years, and so they've they've kind of hit some brick walls.

10:48:10 But they've also built a lot of bridges and so seeing what they've done, and how they've done a thing can be very helpful.

10:48:16 Great good question from kevin from johnson Kennedy. i'll sharing.

10:48:23 Can you talk more about how like what guidance you can give for Chcs or Ccdhcs to tap into?

10:48:29 You know to the for the local Va How do we hands those partnerships?

10:48:35 I think the big thing is gonna be who you've hired to have that role of your veterans.

10:48:39 That program, and having that per having a point of contact for them, so they can build that relationship, build the trust, get to know them, and maybe even look at that area for hiring to be honest and from what Amy has said because when things this may

10:48:54 forecast successful is they've hired a veteran so he knows the system is willing to learn it.

10:49:00 The additional pieces so doing that. but having that person boots on the ground does make a difference.

10:49:07 But but but sharing is it? Stephanie Davis is the Kansas.

10:49:15 Whatever community coordinator, or something like that with the Va.

10:49:19 Is that not? Is that correct? Dr. Davis is at the va and she's over.

10:49:25 She's a suicide prevention programs and she does a lot of trainings so, but we reach out to her directly to find out who to make those connections to their somebody else in the Va.

10:49:33 We need whether be in the with shop because she's in speak office.

10:49:36 So finding those connections, we do use her for that. So maybe reaching out to Dr.

10:49:39 Davis I just know that i've talked to her, and she's very eager to and can maybe that information that contact information be included in that email you're gonna send to Amy shreen I

10:49:53 will talk to. I will talk to stephanie make sure That's okay.

10:49:58 Stephanie is the Kansas Eastern half suicide, provision, coordinator, and for the western half there is a different person out of Dolba and

10:50:13 So she is a little bit newer stephanie's been around a while, but both seem to be great resources and very eager to help

10:50:34 And Kevin. I think that it's gonna be very imperative as the ccbhcs grow. and as the veteran piece grows as well, that we do need kind of have a book, of how this how what

10:50:44 are our failures, what our successes and how are ways to to build a program be helpful. so I think it's a good idea.

10:50:50 I I agree, and and that that's part of our focus right now. Johnson County
Page 20
closed_caption

is, you know, working toward the you know, full Ccbhc.

10:50:57 And you know, through the years we we've definitely found importance to connect with our local Va.

10:51:05 But I think that the Ccbhc is is helping us put an emphasis on that.

10:51:09 So this is a helpful conversation, and you know, building the stronger connections is good to be a priority for us.

10:51:17 Hey? This is colleen from cac It just fun up.

10:51:22 Put out there that local V aid is local for everybody.

10:51:28 Some of the smaller, especially the smaller rural places.

10:51:35 Some of those veterans are not really connecting very well.

10:51:38 At least that's my experience talking to people, so if there's any any ideas or suggestions with how we can support somebody in wanting to reconnect with va and helping them get there I love that that

10:51:58 mobile crisis thing is hopefully available to any place, even 8.

10:52:07 You know the western half of the state there are a lot of counties where there isn't, where the Cmhc. may be only there a day or 2 a week, right? and we're awesome correct and so also partnering.

10:52:28 Not with the Va. but your local legions. So look at your different vs that you have in the communities and partnering with them as well.

10:52:34 Because a lot of times they will have someone kind of identified within their legion.

10:52:40 That is their their go to person for crisis situations, or whether it be a housing crisis to

10:52:47 They have someone to go to. Generally they can be very helpful.

10:52:51 So pulling that person into your full, so to speak, can be very helpful.

10:52:56 Most of the legions, and the bfws also have veteran service officers who can help with getting people connected.

10:53:06 So reaching out to them as a good thing in that area, too, Kathy.

10:53:12 Just real quickly What? what? you said? You hired a veteran.

10:53:15 What role did you hire that person into? So Lauren?

10:53:23 He actually had worked for the Va. so we just kind of hit the jackpot with him.

10:53:29 He has been a veteran service officer prior to coming to work for for county, and so he knows all the ends and outs of filing the paperwork to get people signed up for benefits.

10:53:44 He helps start that process, and then it's finished up with the veteran service officer.

10:53:52 So like I said, we just kind of got lucky with that, and finding him.

10:53:59 But he's doing anything from helping initiate that paperwork to making contacts for them, because he has contacts within the Ba.

10:54:11 And then also just anything and everything that has to do with the veterans like he's been at the veterans homes.

10:54:20 The you know, we might be a little worried about their living conditions or things like that.

10:54:27 So he's out checking on him he's following up with them to make sure that paper works getting in if they have any questions or anything like that.

10:54:35 So he he's doing a little bit of everything for us just specifically that fruits it sounds like it.

Page 21

closed_caption

10:54:43 But he is he like a care, coordinator, or clinician, or what degree he is?

10:54:50 He is not a coinition. Okay? Good. I was hoping you were gonna say that.

10:54:55 Yes, no, he has. I wanna say his degree is actually in maybe marketing, or something like that.

10:55:02 But having that experience being a veteran service officer is a huge thing, but not everybody's gonna find that.

10:55:11 But if you find somebody who's willing to get out there and make the connections with different organizations, they're gonna be able to help your person that you hire get more involved and know who to go to who's in

10:55:30 the community so like for us. we we don't have a va here.

10:55:37 We have the local clinics, that one is in parsons. So we're talking 40 miles, and then she knew which is like 45 miles from us.

10:55:50 But he's made those contacts and so now he works with them all the time, and even with Wichita and Topeka and everything he he's constantly working with them, and our numbers of veterans that

10:56:04 we're serving has just continually gone up since he was hired, and he's doing this full time now

10:40 a.m. Consensus Policy Development

11:00 a.m. Lobbyist Report Amy Campbell

Interim Committees

Special Committee on Mental Health Beds- 10-27-22

Sedgwick County Mental Health and Substance Use Coalition - [Policy Priorities and other information](#)

Unedited transcript:

The Special Committee on Mental Health Beds.

10:57:09 That committee has had 2 meetings They are also meeting tomorrow, and trying to delve into the issue of expanding capacity for inpatient adult beds based on the governor's budget recommendation of 15 million dollars in

10:57:34 operating contract expenditures for adding 50 beds.

10:57:42 To the system. The last meeting was held in Wichita.

10:57:48 It was extremely interesting. I drove down there for it. They had testimony from a number of people from Wichita, from Sedgwick County Government,

and the Hospital Association spoke.

10:58:08 There was testimony from a couple of hospital administrators.

10:58:15 Talking about the problems that they're having with receiving people who need inpatient treatment.

10:58:24 But there, isn't the bed available for them and so you know what do they do?

10:58:29 In the meantime. it! the committee is charged with studying the question of the expanded capacity, and then making arrangements to the State Finance Council whether or not to release this 15 million dollars.

10:58:49 Part of the background of this issue is that there was 25 million dollars requested from the Arpa Funds through the spark committee from Sedgwick County, that they would then planned to use to Rehab or

10:59:08 you know, remodel a building for this 50 bed stayed hospital.

10:59:16 My understanding from the conversations that kind of went on in that committee is that the State is kind of looking at.

10:59:22 This is something that would be privately contracted for operations they're open to other models.

10:59:31 Sedgwick County in their testimony made it pretty good clear that, hey?

10:59:36 They don't really care if these beds are within the city limits of which tough that's an issue.

10:59:44 They just want the access to the resource and believe that it's very important for me one of the most interesting things to hear was all of the actions that have taken place within Wichita for moving forward their overall Plans

11:00:04 that have been developed by this mental health and substance abuse Coalition in South Central Kansas in Sedgwick County, and we've talked about the plans of that group.

11:00:17 A couple of times we are I do believe that Don Shepler will be participate in our December meeting.

11:00:27 To talk about their plans, but she did provide me with the links.

11:00:33 That are attached here on the agenda.

11:00:35 If you want to go, look at the information they have I I was invited to come to A.

11:00:42 I don't know what they called it they call it the the phone community update in Wichita. but it wasn't available online, and I guess I don't know.

11:00:55 Anyway. I wasn't able to be there I was kind of hoping for so I consolidated report of what they discussed at that meeting. but that doesn't seem to be what's on the website.

11:01:05 But it does. but they do talk about all the different things that they are working on.

11:01:10 I will say that the piece that I was most excited to hear about in the Middle Health Beds hearing was that the city has set aside 15 million dollars for Com Cares Crisis Center, which I did not realize the county. put them in it's the county. i'm sorry I

11:01:30 always. Yes, it's the county the county has put together 15 million dollars for that.

11:01:34 They also talked about in the in linking this with education, with continuing education and career opportunities, so that they can build workforce in the community.

11:01:51 And that was also very exciting. They are still talking about the camp a campus to serve the homeless, and with some job training and such organized with it.

11:02:06 It is a comprehensive plan, with very parallel tracks running all at the same time.

11:02:11 The inpatient beds are something that they are hoping that the State takes on and takes responsibility for.

11:02:19 So the conversations that have been going on around this have been fast and furious.

11:02:26 I think the one that members of the members of the Coalition are most familiar with. are the concerns about workforce and the idea that oh, okay, So you put out an Rp.

11:02:39 You get this bitter. You rehab a building and now you've got out of State corporation coming in here and hiring away all of our workforce and now, our community mental health center and our crisis, center.

11:02:50 And our, you know, our prtfs and our beds that we already have are competing.

11:02:58 Then for the small number clinically trained folks that we have in this community.

11:03:03 And so there's a great deal of concern about that I have had a number of private conversations with the chair and other members of this committee.

11:03:11 I think they're hearing this message loud and clear but they are wondering then.

11:03:18 Oh, you know Well, do you not want us to release the phones?

11:03:20 Do you want us to release the funds? You know?

11:03:23 What do you want us to do? I was put in kind of an interesting position because I tried to remind the chairwoman of back when the male health task force was looking at this, and you had a secretary who wanted to

11:03:40 privatize Osamai State Hospital and the Kansas Mental Health Coalition took a position of Okay, that's not really what we were talking about.

11:03:50 And serious concerns about what that would look like on the ground.

11:03:58 And you know one of the issues that we have in Trent with privatization in this state is every time we bring in privatization, and we then end up running into kind of a transparency problem.

11:04:09 So I had it. had a conversation with the chairwoman, and basically was trying to say, You know, Look, privatization is all well and good.

11:04:20 But you then run into a question about quality services and assuring quality treatment.

11:04:29 They are going to have the same problems with hiring that everybody else has.

11:04:33 So how would the State oversee this contract in a way that assured that the people in their care were receiving?

11:04:40 You know the best care possible. We as a state know what it's like to be hammered for insufficient staffing and insufficient facilities.

11:04:53 So it's a complicated conversation. But the chair the chairwoman wants me to speak to the committee about this, and i'm not going to be here. So i'm trying to put together a very abbreviated

11:05:05 video in which I just sort of hide these talking points.

11:05:12 And I really want to make sure that all of you are comfortable with that.

11:05:16 I think part of the caution that I have is that it sounds to me like the private contractor that's done the most work in talking to the agency about potentially running a an inpatient bed facility is one that has just

11:05:35 been renamed that has not had the best track record across the country in the past.

11:05:42 So I don't want to say anything negative about that particular company.

11:05:46 Maybe they're great now. Maybe they have fantastic outcomes, but we would certainly want to know that there are safety mechanisms being put in place, and that there would be transparency, and I think that there are a lot

11:06:04 of our members, and I again I try to be really careful about paraphrasing what I'm getting from our membership.

11:06:11 But I think there are a number of our members that would Really, rather see the State partner with people entities that are already in the system to help with this capacity issue rather than bringing in someone entirely.

11:06:27 New. it's not clear to me that we have current partners who are interested
Page 24

closed_caption

in operating a 50 bed facility.

11:06:38 I think it's been pretty clear from the agency that they're not married to the 50 beds.

11:06:43 That's just the proposal that had been put forward by the Governor for use of 15 million dollars.

11:06:50 So, having thrown all of this out and and just kind of stirring the pot a little bit with all of you, I'm very interested in getting really quick feedback from our members about this particular question.

11:07:09 I I wanna agree with what patrick's put in in chat there about the workforce issues related to facility, and I think that's across the Board of the we need to develop the workforce i'd also like

11:07:24 to kind of think and hear about how you know, Increasing the number of inpatient beds is related to, increasing.

11:07:34 Maybe some transitional housing with intensive case management, or, of course, some more community-based kind of kind of outpatient and patient kind of setting, not just for homeless folks, but also for maybe people that are being

11:07:49 discharged from hospitals. or institutions that that may need a transitional housing, So I don't know if that's a separate conversation, or if the the discussion about the the need to increase the number of

11:08:08 inpatient beds is is connected to a related to the increase.

11:08:14 For maybe community-based transitional housing. So what I can say about that is that the Schedule County coalition planning seems to be very comprehensive.

11:08:29 They are looking at multiple yet levels of services. and they're using the San Antonio models.

11:08:44 What they're looking at. so I cannot speak specifically to how close they are to having additional transitional housing on the ground there.

11:08:57 I know that Mary is on one of the subcommittees of this group.

11:09:01 I know that you know Mha offers housing services, so you could probably talk to her about that in more detail.

11:09:11 But they I I will say that i'm very confident that that group is planning comprehensively.

11:09:16 They're not asking for one thing additionally they do have workforce planning in involved in this whole thing, and some of it is very ambitious.

11:09:28 They're talking about co-locating educational programs with some of these

services.

11:09:33 Okay, I know. I also do know that I have had extensive conversations with Senator McGinn about what she hopes that this committee can encourage and get rolling on education on sort of a career pipelines for

11:09:57 social services work. Her viewpoint is that Wichita was very aggressive in getting aircraft engineers and workers.

11:10:08 A career populating setup for that through which to State University, and which is it which talk?

11:10:16 Tech, I think, is the name of school, so she has felt like that was extremely

11:10:26 If we her point is, if we could do that then, we can do this.

11:10:32 So. Yes, she's talking about now can I you know will it be super successful.

11:10:34 I don't know but I do know that I did talk. to the committee staff, and they've got Heather Morgan lined up to talk about the promise act which some of you May Remember that heather came and spoke to

11:10:47 us a year ago, a little over a year ago, about the Promise Act offers last dollar educational funding to anyone who wants to go into.

11:11:00 Go to a 2 year school in targeted areas of development.

11:11:05 One of those targeted areas is mental health so If a kid wants to go to a community college for their first 2 years on the pathway to becoming a master's level social worker.

11:11:18 That 2 years can be entirely paid for and free to them.

11:11:25 Because the State, the promise act will pick up the last dollar. let's say they're eligible for our student, you know, Federal funding up to a certain level and then the State promise act will pick up the balance of that But

11:11:36 there are some requirements associated with that that it needs to be hours that are going to qualify for that ultimate degree when they transfer to a 4 year university, and I understand that that's been kind of an issue but that's something

11:11:52 that's already in place. If it were to get more press and you know all of that.

11:12:01 There's also been some talk about certifying mental health tech going back to a level where there's an accreditation associated to that that.

11:12:13 It's more of a you know it's wouldn't be a 4 year degree.

11:12:16 But there's more formal education. associated with it so that it'd be more like it'd be something that you know that you would have after your name you're a certified mental health tech So Yes, there are conversations

11:12:32 about workforce development. I don't know you know but what i'm trying to really talk about is is so what are what are we?

11:12:45 You know we're asking. we have asked the state to add inpatient bed capacity.

11:12:51 The Kansas Mental Health Coalition has been asking for that 4 years.

11:12:58 So wow! And and we also have been asking for workforce development.

11:13:02 We also have been asking for community based services. So I was looking at.

11:13:08 They put out this history of Mental health funding chart.

11:13:11 You know one of the things that's really depressing about this thing.

11:13:15 You can see it. it's very long is it every you every year, when they put it out.

11:13:23 It's a different stuffer that's putting it together, and then we have to get.

11:13:26 We have all these questions again. Is there stuff on here that just makes no sense.

11:13:30 But if you look at the overall funding for the state mental health hospitals, I mean it is.

11:13:35 It takes a big jump up in Fy 2020, and and Fy 2021, and then it actually the approved amount for fy 22 goes down.

11:13:56 So if you you know, and and the amount of money that is going into from State general funds and Federal funds through K ads the fy 23 amount is almost double.

11:14:14 You know what it was back in like 2,015.

11:14:18 So this Legislature has done a good job of trying to been funding the Ccbhcs and getting some more money.

11:14:29 Moving towards community basement will help treatment but if you look at this chart.

11:14:34 It doesn't tell the story like it should so that's kind of what we're dealing with right now.

11:14:43 If anyone is wanting me to stop asking for additional hospital capacity when we are still looking, we are still operating under the number of beds that we had when the mental Health task force recommended the addition of beds.

11:14:59 But by the same token I think everybody's aware that This is a pretty tenuous time to be trying to staff a new hospital, and I keep looking at it like I don't know the thing New hospital.

11:15:12 Is the model that it has to be what if all of our sia contractors, and that we're operating at capacity instead of where they are today.

11:15:22 What would that mean for overall beds

11:15:29 Joan, i'm really interested in your thoughts I would also really if I don't know if marcy's on here still.

11:15:35 But I really like to hear from her as well this is Joan and I think I've shared with you.

11:15:44 Amy i'm conflicted over this i'm conflicted over because I would love to see state hospital services delivered close to home for our patients.

11:15:55 But I am also conflicted by the fact that we know how hard it is to recruit and retain providers right now, regardless of of role within the community mental health center.

11:16:08 I know Mary is struggling with it as well and yet. I also know that if this is approved, it's not going to be a tomorrow project, you know it's gonna take years to get it in place.

11:16:20 I mean There's There's nobody including this State wanting to serve and cover the services at the State hospital.

11:16:28 So who's gonna do it? is the biggest question you know a large part of it is all around the competency, and to stand trial and competency restoration?

11:16:39 We don't even know what that demand is yet to know if the new legislation for mobile competency can fill that void.

11:16:49 I I it's it's a complex issue in a very complex difficult time.

11:16:57 And you will know that I haven't spoke into it in a committee meeting, because I don't have a firm recommendation.

11:17:05 I also don't wanna jeopardize my partnering Cmh.

11:17:10 Cds and other communities that have hospital beds, and could most likely lose their workforce to a new facility.

11:17:18 So I have not been speaking to the issue in a public hearing.

11:17:23 I've been asked to testify on different issues for the committees but not in terms of an opinion

11:17:32 Hi amy This is marcy i'm still on here for prairie view, I mean, I our opinion is very bold and outspoken.

11:17:41 We we don't support it. you know we have a 30 bed in patient unit right now that we can't staff for more than 10 or 12 at a given time.

11:17:51 In addition to that per review, is surrounded by Cmhc's that are a year 2 years into the Ccbc process.

11:18:02 You have more infusion of dollars than we do we just recently got our first grant, and it's gonna take us multiple years to get caught up to some of those surrounding ones.

11:18:12 So we're already in a deficit trying to figure out how to hire workforce, and if another competitor comes in offering higher salaries, we will be available to have statements for Si or inpatient in general

11:18:31 Marcia. looks like Rick. you have your hand raised.

11:18:35 Yeah, Thank you, Mary. Yeah. So I would only like to speak to the workforce issue, which is the complicating factor in all of this planning.

11:18:47 And discussion is going on, and it's not related directly to hospital bits.

11:18:53 So you might consider this. Consider this off the subject but you know there's been too little attention.

11:18:59 In my view. in the last several years around ramping up peer-based services, and I think. Why, that's relevant.

11:19:09 Is that it's an easier workforce issue to address it's a gap in the continuum of care that has not been met.

11:19:21 And so I think some attention from the Coalition and K.

11:19:26 Dads and the legislature should be. We focused on how, oh, that type of component could be built and expanded in the State.

11:19:38 And to what degree that would impact recovery, which I think you would.

11:19:44 And and to some extent take some pressure off state hospital beds

11:20:01 So and I and Rick, you should know that that does come up in pretty much every room where this conversation goes on.

11:20:11 I do think that there are people who are trying to get some attention towards that, but I also think that Hmm!

11:20:20 We the way I look at it right now. is we we're super lucky to get this commissioner who came in, who was able to look

11:20:34 Look at the overall mental health system and the multiple moving pieces that it would take to modernize and improve and update our system.

11:20:47 And then it took some time to get everyone around him sort of thinking more in those terms, more broadly.

11:20:57 But now it's just looks like this scrambling to get every facet of our system modernized, and it's.

11:21:10 I probably what my greatest concern about the next 2 years in front of the legislature is that we are able to deliver on these multiple facets that we have sold them on peer services.

11:21:24 Unfortunately, in those contexts doesn't get talked about as much but I do know.

11:21:28 I do know that k dad's has been doing some work on that, and I I think that I think it's definitely something that's part of the the commissions overall plans but i'm not sure not sure how fast

11:21:42 they expect all of that to move. So I agree that that peer services is a piece that we have to keep pushing and keep bringing attention to to keep it moving, because again, it is a it is a solution.

11:21:57 It is a solution for some of the workforce issues that we have.

11:22:02 So I will. I have to record this short video which I will do right.

11:22:10 After this meeting i'm basically going to say that it's a an extremely complex puzzle that there are but that when you talk about privatizing state
Page 28

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inpatient hospital beds that can seem very attractive because it sounds like you

11:22:30 can hand this off to quote unquote experts to get it done for you.

11:22:37 And at the end of the day they will face all of the same challenges that our current state hospitals are facing.

11:22:43 And the impacts that it will have on the other community. based services and inpatient programs that are operating in the area are unknown and and could be bad.

11:22:55 I do think that this chair is very interested in investing in current programs and not moving forward.

11:23:05 Without making sure that, for instance, per view in particular, I know she is very interested in seeing what can be done for prairie views specifically to stabilize those programs because the last thing she wants to see is some new building opening

11:23:24 up in wichita and resulting in closing beds in her own backyard. So that's it's good that she is aware and conscientious about that and i'm just gonna say that I have the opportunity I know I

11:23:39 told all of you about this, but i'm just gonna say it again.

11:23:43 I had the opportunity to go out and tour the construction side in Hayes, where they're adding children psychiatric inpatient beds in a new building with that will be co-located But separate

11:23:57 from the prtf beds that are operated out there by Katy, and I will just say again, if it is a shame that we had to come to this huge crisis with Cms.

11:24:09 And Kate ads having to close beds out there for the Legislature to wake up and smell the coffee and say, Oh, I guess if we want this, we actually have to spend more money per bed if we want it and we want it in

11:24:20 the location, but at the end of the day they were willing to do that.

11:24:25 So i'm that's. what i'm looking at this as they have a lot of pressure from law enforcement, and others to get these beds open.

11:24:39 But I think that they can also grasp the idea that.

11:24:45 Okay, Then you also have to be investing in everything else in this area so that it can all work together, because otherwise you're just replacing one thing with something else.

11:24:56 Those are just my thoughts I hope that that's Okay, goodness, I mean the chair is just insisting that I speak because she knows that I will say things that

other people won't.

11:25:12 Say, because I am not a provider. I am not you know in the difficult position as other folks. so I just hope that whatever I do deliver tomorrow is represents you all well.

11:25:29 And I don't want to go out on any limbs in any way.

11:25:32 So and I think there's a lot of competition in our field right now, just to hire people. I mean if you watch, or what comes through recruiting wise, there's all sorts of bonuses increase and

11:25:57 salaries that people you know we'll make and things like that and I think i'm halfway afraid that our field will price themselves out and not be able to provide services because you can't afford to run things because the

11:26:16 rates, whether it's a block grant fund or for substance, use, or mental health that you're through Cms.

11:26:26 You just are not getting funds to be those salaries you have to pay out
Page 29

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11:26:38 And certainly is the message that i'm hearing from across the state Susan.

11:26:45 Okay, So i'm sure there were other things that I was supposed to talk about.

11:26:47 But i'm aware of the time do we have folks who are prepared to submit or email us.

11:26:57 Position papers that are for discussion at the next meeting for our consensus policy development

11:27:09 The other thing that I am going to resend to all of you.

11:27:13 I meant to link it to this agenda, but I forgot it was linked to the last agenda.

11:27:17 Is the nomination form for our advocate of the year, and I will resend that to everybody.

11:27:25 And please take a moment and think about that. on cause there are a lot of people in this coalition doing a lot of really good work, and we'd like to Recognize them for that.

11:27:36 So I think you'll see a desktop of the medicaid rate paper, so just you know I can certainly work on cleaning that up and and aligning it with other positions across the state one of them being

11:27:51 the mental health and substance abuse coalition i'm not prepared to and probably not the most appropriate person.

11:28:01 But I am aware that the BsrB is looking at a real changes to reciprocity for work, for exchanges, and I would hope that the mental Health Coalition would be in support of that and perhaps even

11:28:13 provide proponent testimony when it gets to that place.

11:28:17 So. there are some things that are being worked at the BsrB.

11:28:21 Is heard, and will be looking toward making some legislation action.

11:28:26 This coming session. Is that something that will be able to talk about in November?

11:28:34 I think timing wise it would have to be after November. i'm thinking probably December would be the earliest, and maybe January I know representative land where feels like she is putting a lot of

11:28:50 pressure on the board to move forward some reciprocity stuff.

11:28:56 Yeah. and there there is consensus at the BsrB that they Wanna move something forward to identify how to make reciprocity less.

11:29:05 Laborious process for people. also looking at some pathways along bringing people, maybe with inactive licenses back in a very easy and low cost methodology.

11:29:18 So There's some there's that's being heard by the Bsrb. Amy.

This is Barbara Andrews with the Kansas Club house coalition.

We are going to kind of update our proposal, and probably talk a little bit more about pushing clubhouses as a preferred way of of partnering with mental health centers and working in the community so just heightening the awareness and heightening

The importance of that work in the community to really help people.

Live without crisis, or or live after a crisis in a supportive way

That's great barb, and I think we're probably due for an update.

Yeah, we could do that in November.

11:25 a.m. Announcements

11:30 a.m. Adjourn motion by Joan Tammany, second Matt Spezia

2022 Schedule: Jan 26, Feb 23, Mar 30, April 27, May 25, June 22, July 27, August 24, September 28, October 26, Nov 16, Dec 14

Board Meetings: 12 noon quarterly the 4th Wednesdays (March 30, July 27, Sept. 28, Dec. 14)

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