

Kansas Mental Health Coalition

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

Minutes

November 15, 2017 Monthly Meeting

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

Introductions and sign-in sheet

Susan Lewis, President

Andy Brown, Headquarters
Christian Wade, P3
Susanna Honaker, KAAP
Ken Kerle, CIT- Topeka
Stephanie West-Potter, DRC
David Chrisman, MHAH
Clayton Dierksen, Cottonwood Springs
Gail Williams, P3
Andy Martin, NAMI KS
Corinna West, P3
Bill Persinger, Valeo
Ric Dalke, Iroquois Center
Jarod Jackson, Genoa
Steve Christenberry, FSGC
Meghan Cizek, Cornerstones of Care
Cheryl Rathbun, St. Francis
Wes Cole, GBHSPC
Stephen Feinstein

Mary Ellen Conlee, Breakthrough Club
Sue Murnane, ACMHCK
Kyle Kessler, ACMHCK
Rick Cagan, NAMI KS
Dana Schoffelman, Florence Crittenton
Bob Chase
On the phone:
Coleen Garrison
Janette Garcia, Wichita
Marcia Epstein
Jessie Kaye, Prairie View
Heather Elliott, ACMHCK
Nick Reinecker
Mary Jones, MHASCK
Trisha Darling, ComCare
Sally Fronsman-Cecil
Mike Burgess, DRC

Minutes of the previous approved. Motion by Rathbun, second Persinger. [Read here.](#) [KHF Presentation Handout](#) [KHF Handout PolicyLink Health Equity Paper](#)

9:15 a.m. Reports

Board of Directors - meet in December to approve 2018 calendar, budget and policies amendments

Advocacy Committee –Grassroots Advocacy Network - Heather Elliott

Governor’s Behavioral Health Services Planning Council – Wes Cole – Charles Bartlett has been out. Executive Committee meeting November 30. December meeting will be in Topeka on December 20. Subcommittee reports are due Nov 30, Dec 1, 7, 11, 14, 15.

Ric Dalke is now Vice Chair of the GBHSPC.

Group is meeting with tribes to get representation on subcommittees.

3 day SAMHSA site review coming up in May.

Council positions that need to be filled on council are appointed by the Secretary. There is an application online at KDADS website. Diana Marsh at KDADS can help applicants navigate the process.

Mental Health Medication Advisory Committee - canceled Nov 14.

Big Tent Coalition – no report

Financial Report approved. - Andy Brown – KMHC will end the year with a small positive margin.

10:00 a.m. KMHC Consensus Recommendations- Annual process for updates and amendment. Please draft an issue paper for the topic that you would like to see included for consideration during the Coalition meetings. Linked here: [sample issue paper format.doc](#)

Peer Support Paper Update [Read the proposed updated paper here.](#)

Edit for repetitive nature. Re-examine the “table” example

Add language regarding specific actions to expand peer support including ACC recs and Council – want to

Corinna suggested that independent peer support organizations should be able to bill Medicaid, could ask for Kancare to require MCOs to provide peer support, could ask for Medicaid to

She added that Pennsylvania allows separate billing and there are over 400 peer specialists working there.

Training issue – need to reinstate the peer specialist training and support. Agency is working on it but not in place?

WSU is working with Johnson County to do a peer support training there, but it is being independently paid for.

Want to lose the references – prefer to have a bibliography.

Bill - Modernize – 1988 references are outdated. Don't support #5. Paper puts out that our system is broken and peer support is the answer to all things. Divisive. Don't care for the tone. Could appeal to lay people who don't understand. Like to remove the idea of "crisis only" services being offered. Not "the answer" but a part of the solution.

Andy – current paper was approved for several years. Are all papers subject for rejection if a new member joins and doesn't like it?

David – intern tasked for the comparison of the old and new. Metaphor needs clarification.

Rick – we know there is a place in the continuum – way to fill what is missing – for free standing peer run facilities, whether they are respite or otherwise. Need to be a part of the discussion.

Amy and Corinna will edit and return in December.

Group agrees that KMHC support expansion of peer support services in Kansas.

Breakthrough House Proposal [Read the issue paper.](#)

Barb Andres – Breakthrough Wichita – Paper talks about the clubhouse model – recognized by SAMHSA, evidence based practice. Compliments what we are doing with CMHCs and CROs. Seeking establishment of ongoing funding source for the program that was begun this year.

\$500,000 one year pilot was authorized for July 1 through June 30.

Received a grant from the Kansas Health Foundation this year to carry the clubhouse model to more communities. Strategy is to try to move the program beyond Wichita. Grant does include funding to get started. A mental health center can start a clubhouse or a non-profit can start a clubhouse. Wichita is a free-standing clubhouse, but in other states they are often a part of larger programs. Generally, it is a two year process to become certified, could possibly be done in one year if you really push.

Hutchinson and Emporia are interested. Four County has two clubhouses – not certified. Topeka Breakthrough House has not been certified (Lynn Davis). Missouri has clubhouses – huge training center in St. Louis (Medicaid funded).

Clubhouses are jointly run by staff and consumers. Consumers are often hired to be staff. Consumer members are not paid, but can move to staff positions.

Steve – hear your passion when you speak, but not in the paper. Need to have the specific "ask" in the paper.

Edit – need the ask to be clarified.

Marcia – positive, working with Dave Ranney for NAMI leadership – resonates exactly what is helpful in reducing suicide risk. Need to feel value, have connection, not feel like a burden. The way that people are welcomed into the clubhouse, add value to their lives. Will email a graphic that could be added. Also important to the peer support topic.

Sue – analogy of the trampoline is pretty profound – keep it

Corinna – main difference in clubhouse model and CROs is that clinically trained staff are hired. Is that required?

Yes – if they are going to bill Medicaid, yes. There was a clubhouse in Washington State that was entirely peer-run that ran for a number of years. The model does require people who know rehabilitation and mental illness.

State requirement for CROs is 100% consumers. Federal requirement is 70% consumers. If Kansas would try to

Sue clarified that the paper is for the model – that can be adopted by others – not to exclusively fund Wichita.

Bill clarified that any funding source should not take away from other important services.

KMHC supports the concept – will bring the final edited paper in December.

Health Disparities Proposal [Read the proposal here.](#)

Have received comments supported sections of the paper, but some concern about individual sections. Some good ideas there.

Could be a good paper. But comments like – it's time to stop funding what is expensive. Divisive and wrong-headed.

These elements could be rolled into the measurable health outcomes statement for what is deliverable.

Appears to be less of a legislative position paper, and more of a Coalition strategy plan.

Amy asked about the language – members do not agree with the idea that anyone is running or supporting crisis-only programs. Do know that our State has been focusing on investments in crisis services, but as pointed out by the ACC report, crisis services investments without investments in community support services will not have long term success.

Address the language and tone.

Rick would like to work through the Year 2 HEPI grant plans for developing a paper, would prefer to wait.

Another internal paper – could change the name of the Coalition from Mental Health Coalition to Behavioral Health Coalition – understand the idea.

Need to receive other members specific feedback / markup to move the process forward.

Nutrition Mental Health and Naturally Occurring Substances [Page 1](#) [Page 2](#)

Nick Reinecker – goal is to have cannabis removed from schedule 1 drug list and allow Kansas as an agricultural state to be able to grow hemp for various uses. Is it more reasonable to allow this or is it more reasonable to draft a paper to make use of alcohol illegal?

Sue asked – is this to fully legalize marijuana?

That is my preference – but mostly interested in having the conversation.

NAMI has concerns with marijuana and its role in first episode psychosis.

P3 has funding in Colorado. Tax revenues from the sales revenues that are going to mental health services. A lot of the people on the ground in Colorado see this as a positive tradeoff. Opioid deaths in states with marijuana are 20% lower.

Steve – don't see this as a topic for the mental health coalition.

Sally – think the country is going to legalize marijuana at some point. Think it has an impact on people with mental health. Think it is obtuse to not discuss the effects of broad legalization on mental health. Need to have prevention programs. Don't want us to take a position for legalization – especially at this time, but do think it is a discussion we need to have over time.

Sue suggests we dedicate a meeting next year to input re: these issues.

Not going to come to consensus – but could set aside a time to have a conversation about marijuana and alcohol.

Nick – that's fine, I did give my information to people to have a conversation about this. Need to know that there will be a hearing on the subject next year and need to be sure that absent a position paper, want to know what Amy would be testifying on.

Sally – could take a position on a prevention paper. Don't think we are ready to take any position now except to say that we are going to discuss it.

Hospital Privatization Issue [See South Florida State Hospital Handout from Correctcare](#) Next month.

Step Therapy Parameters for Private Insurance KMHC supports Step Therapy Coalition efforts. [See Coalition statement here.](#) Next month.

Rick brought documents re: Tobacco Cessation. Will be 2018 legislation asking the Legislature to expand tobacco cessation benefits (counseling and pharmacotherapy) on an unlimited basis and beyond the

We were expecting a Housing paper this month, will defer to December.

11:00 a.m. KDADS Programs and Update -

Chris Bush - update on PRTF issues – Adult Community Programs Manager, KDADS –

New director Jeannie Urban-Wurtz – was working in adult patient care, started last Monday.

NFMH – MHA of the Heartland and CMHCs have a grant to provide mental health training to CNAs at NFMH facilities. The training will be Mental Health First Aid and general core MH training. My undergraduate degree was in mental health. That wasn't enough, until I went and worked with Breakthrough House – gave me the training I needed to work with individuals with mental health issues. Hope to begin around the first of the year.

Crisis Beds – Comcare and Valeo contract. Just informed that Salina will also have some crisis beds working with Central Kansas Foundation.

Rick – are you aware of interest in Harvey County and Riley County?

Aware of Riley County.

Rick – is there a pool of money for this work?

Don't know

Tisha Darland, Comcare – Director of Crisis and Outpatient Services - what is the announcement?

This was a contract amendment.

Bill Persinger – Valeo has had a crisis program but if you compared it to RSI, our program had gaps. Depending on the contract negotiations, will be able to provide higher level of service, including real-time medication access.

Tisha – similar to Comcare goals – seeking adequate funding to do what we have been doing. Goal to become a part of the standard budget in order to sustain and stabilize the program. (Amy had distributed the agency press release.)

No PRTF report was presented.

10:45 a.m. Lobbyist Update - Amy Campbell

2017 Mental Health Task Force (created by Legislature)

The Legislature's Mental Health Task Force has been meeting every two weeks and is facilitated by the Kansas Health Institute. The group is working to categorize and prioritize a range of behavioral health system recommendations from former work groups, task forces, and GBHSPC subcommittees. The report must be presented to the Legislature in January.

KanCare 2.0

KDHE will submit to the Centers for Medicare and Medicaid Services a request to renew the KanCare demonstration under Section 1115(a) of the Social Security Act for five years, effective from January 1, 2019 through December 31, 2023.

According to KDHE documents, the demonstration renewal – titled KanCare 2.0 – will continue to build on success of the current KanCare program to:

- Maintain Medicaid state plan eligibility
- Maintain State Plan benefits
- Allow the State to require eligible individuals to enroll in MCOs to receive covered benefits through such MCOs, including individuals on HCBS waivers, except American Indian/Alaska Natives, who are presumptively enrolled in KanCare but who have the option of affirmatively opting out of managed care; and
- Provide benefits, including long-term services and supports (LTSS) and HCBS, via managed care.

The goal for KanCare 20.0 is to help Kansans achieve healthier, more independent lives by providing services and supports for social determinants of health and independence in addition to traditional Medicaid benefits. Although the basic structure of the KanCare program will remain the same, KanCare 2.0 will include select program improvements such as enhances service coordination, employment support initiatives, and other improvements to streamline administrative processes.

New: Kansas is requesting new waiver authority to expend funds for Institutes for Mental Disease. (The federal government recently allowed States to seek a waiver from the IMD exclusion, which prohibits reimbursing inpatient mental health treatment at freestanding mental health hospital settings.)

Employment:

The State is considering work requirements for some able-bodied adults. Although most of the populations within the renewal will remain the same, the State is considering the addition of certain MediKan enrollees who voluntarily discontinue pursuit of a disability determination in exchange for Medicaid benefits with employments support.

2017 KMHC Meetings: 9 a.m.–11:30 a.m. Jan 25, Feb. 22, Mar. 22, April 26, May 24, June 28, July 26, Aug 23, Sept 27, Oct. 25, Nov 15, Dec. 13

Board Meetings: 12 noon quarterly the 4th Wednesdays (March 22, June 28, Sept. 27, Dec. 13)

For more information, contact: Kansas Mental Health Coalition

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