

KANSAS MENTAL HEALTH COALITION

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

Minutes Draft

Click on underlined items for web links.

November 18, 2015 Monthly Meeting

Valeo Behavioral Health Center, 330 SW Oakley, Topeka, KS

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

Meeting room wi-fi: Guest@ccess

9:00 a.m.

Introductions and sign-in sheet

Susan Crain Lewis, Vice President

Financial Report

Andy Brown, Treasurer

Please renew your membership at [KMHC website](#) - the site will generate an invoice to pay by check. Contact Amy if you have questions.

Minutes of the previous meeting approved.

9:15 a.m. Reports

Advocacy Committee –Grassroots Advocacy Network - Eric Harkness

The 2016 Mental Health Advocacy Day will be March 1, 2016. Advocacy Committee is proposing changes to the annual Advocacy Day at the Capitol. The primary change is to center the day's activities at the statehouse, rather than holding a large registration and public briefing at a nearby hotel. There will not be a lunch provided for every participant, but there will be a legislative luncheon for members of the Grassroots Advocacy Network. We have reserved the visitor's center theatre for registration, the first floor of the Capitol for exhibits, and the south apron for a mid-morning rally. We hope to put more focus and attention on those advocates who attend and meet with legislators, providing more opportunity for interaction with legislators by being in the Capitol the full time. We will save money by avoiding the costs of the hotel site, but will invest those funds in preparatory work and outreach in facilitating meetings

These changes are a result of evaluation processes conducted by the Advocacy Committee, hoping to better achieve our advocacy goals rather than simply continuing to do the same thing year after year for the sake of tradition.

Advocacy Committee meets today at the Kansas Health Care Association at 1100 SW Gage.

Governor's Behavioral Health Services Planning Council – Wes Cole

The council met Friday. There was discussion about KMHC coordinating someone to attend the meetings and report back when Wes isn't available.

9:45 a.m. SAMHSA Update: Kimberly L. Brown, LAC, MPA

Regional Administrator Region VII (KS, IA, NE, MO) Substance Abuse and Mental Health Services Administration

Kim Brown began with SAMHSA

IN JUNE. HER BACKGROUND INCLUDES PRIVATE SECTOR BEHAVIORAL HEALTH, AND SHE WAS WORKING WITH BEHAVIORAL HEALTH

NOT A COMPLIANCE PERSON, MORE CONSULTIVE DUTIES WITH FOUR STATES. WORKS TO BE THE VOICE OF BEHAVIORAL HEALTH WITH THE OTHER FEDERAL AGENCIES. SHE IS THE SINGLE BEHAVIORAL HEALTH PERSON IN THE FEDERAL REGIONAL OFFICES IN KANSAS CITY.

IMPORTANT TO SHARE THE MESSAGE THAT TREATMENT WORKS AND RECOVERY IS REAL. SHE CHOOSES TO SHARE HER OWN STORY OF RECOVERY IN ORDER TO HELP WITH SHARING THIS MESSAGE AND TO REDUCE STIGMA.

STEPHANIE MOORE IS THE LEAD REGIONAL CONTACT WITH HHS. HER POSITION IS A POLITICAL APPOINTMENT. ONCE A MONTH, ALL OF THE REGIONAL OFFICES UNDER HHS, SUCH AS SAMHSA, CMS, HRSA, MEET AND TALK ABOUT WHAT IS GOING ON.

OPEN ENROLLMENT FOR THE AFFORDABLE CARE ACT IS RIGHT NOW, STARTED NOVEMBER 1. WE HAVE HELPER GUIDES FOR PEOPLE WHO NEED TO GET INSURANCE AS WELL AS GUIDES TO HELP INDIVIDUALS TO BEST UTILIZE THEIR INSURANCE ONCE THEY HAVE IT.

STAFFING CHANGES AT SAMHSA – NEW ADMINISTRATOR, INTERIM – KHANA INOMOTO, HAS BEEN WITH THE AGENCY SINCE 1998. THERE HAVE BEEN HEARINGS ON THE MURPHY BILL IN CONGRESS. RIGHT NOW, THEY ARE WORKING AT BUILDING RELATIONSHIPS THAT HAVE FALTERED UNDER FORMER LEADERSHIP.

KIM WOULD LIKE TO SEE MORE FLEXIBILITY IN THE WAY THAT SAMHSA USES ITS FUNDS, BUT THAT WOULD REQUIRE CONGRESSIONAL ACTION AND THEY WON'T BE ASKING FOR THAT THIS YEAR. CURRENT PENDING BILLS COULD CHANGE THE WAY SAMHSA WORKS, AND NO ONE KNOWS IF THEY WILL BE ADOPTED, BUT THEY ARE TRACKING IT CLOSELY.

SAMHSA HAS 600 STAFF AND THEY ARE MOSTLY IN D.C. THERE ARE 10 REGIONAL ADMINISTRATORS IN THE FIELD. THERE IS A LOT OF TURNOVER – 30% VACANCY RIGHT NOW. THEY ARE WORKING TO FILL THOSE POSITIONS.

WORKFORCE DEVELOPMENT – ONE OF SIX PRIORITY WORK AREAS. REGION V AND VII HOSTED A SUMMIT TO FOCUS ON WHAT WE CAN DO FOR WORKFORCE DEVELOPMENT IN BEHAVIORAL HEALTH. THAT WORK IS LIKELY TO EXPAND. LOOKING TO BRING RESOURCES TO CONVENE PEOPLE TOGETHER TO SEE HOW WE CAN REMAIN FOCUSED ON THIS ISSUE. IF YOU HAVE TRIED TO HIRE SOMEONE LATELY, YOU KNOW HOW DIFFICULT THAT CAN BE – WE ARE APPROACHING CRISIS STATUS. SHELI ASKED WHO WAS ON IT – STACEY, DEB STIDHAM, LES SPERLING.

NATIONAL SURVEY ON DRUG USE AND HEALTH IS OUT. HAS BEEN BROKEN DOWN INTO REGIONAL BAROMETERS. IT IS ON THE SAMHSA WEBSITE.

A RECENT STUDY WAS RELEASED ON “ENDING CONVERSION THERAPY”. SHOCKED THAT IS WAS STILL HAPPENING.

RECENT ARTICLE ON FIRST EPISODE OF PSYCHOSIS – HAD A COMPANION ARTICLE IN HUFFINGTON POST.

POCKET GUIDE TO MEDICATION ASSISTED TREATMENT FOR ALCOHOL TREATMENT.

A MORE RECENT STUDY WAS RELEASED REGARDING MORTALITY TRENDS. RECENTLY, MIDDLE AGED MORTALITY RATES HAVE INCREASED DUE TO DRUGS, ALCOHOL AND SUICIDE.

SAMHSA HAS OPPORTUNITIES FOR GRANT REVIEWERS. SUE SHARED THAT SHE HAS DONE THIS AND IT IS DIFFICULT AND RIGID AND ON YOUR OWN TIME, BUT VERY EDUCATIONAL FOR YOUR OWN GRANT WRITING EDUCATION.

ADDRESSING OPIOID EPIDEMIC IN THIS COUNTRY. OVERDOSE RATES HAVE QUADRUPLED AND EXCEED VEHICLE CRASHES. THE RATES HAVE SLOWLY GROWN IN THE MIDWEST, BUT IT IS DEFINITELY HERE. LOOKING AT PRESCRIBING PRACTICES, INCREASING ACCESS TO MEDICATION ASSISTED TREATMENT, INCREASING ACCESS TO NALOXONE – A QUICKLY ADMINISTERED TREATMENT TO PREVENT DEATH AFTER AN OVERDOSE. KANSAS CITY HAS CREATED A METRO TASK FORCE TO LOOK AT THIS.

HEALTH INTEGRATION IS ONE OF SAMHSA'S INITIATIVES. LOOKING AT HOW WE CAN DO THAT. SAMHSA HAS SOME GRANTS – PRIMARY CARE BEHAVIORAL HEALTH INTEGRATION GRANTS – NO ONE IN KANSAS HAS ONE OF THOSE. WE HAVE HAD SOME INITIATIVES IN THIS STATE, AND SOME PRIVATE GRANTS, BUT NOT SURE WHY WE DON'T HAVE ANY IN THIS STATE. DON'T KNOW IF IT WASN'T APPLIED FOR? ELIGIBLE ENTITIES INCLUDE ORGANIZATIONS – COULD BE A COLLABORATIVE.

WE DON'T KNOW WHAT OUR UPCOMING BUDGET IS GOING TO BE, BUT IT IS INTENDED THAT WE WOULD CONTINUE IT. ENCOURAGE YOU TO MONITOR WHAT GRANTS ARE AVAILABLE FROM SAMHSA.

ESPECIALLY SINCE KANSAS DIDN'T DO THE SECTION 223 PLANNING PROJECT, MAYBE LOOKING AT THE PBHCI GRANT WOULD BE HELPFUL.

ARE THERE PEOPLE WHO MAKE A LIVING WRITING GRANTS? YES – THERE IS A PROFESSIONAL ASSOCIATION.

RECOVERY RALLY ON OCTOBER 4 IN WASHINGTON DC HAD TENS OF THOUSANDS OF PEOPLE THERE PROMOTING FACING DOWN ADDICTION. THERE WAS ONE IN SEPTEMBER HERE.

RIC DALKE – IS THERE INFORMATION NOW ON THE WEBSITE ABOUT THE INTEGRATION GRANT? THAT GRANT WAS RECENTLY AWARDED, BUT YOU COULD SEE THE INFORMATION AND POSSIBLY PAST GRANT APPLICATIONS

KIMBERLY.BROWN@SAMHSA.HHS.GOV

EPSTEIN – KANSAS DID NOT APPLY OR GET SUICIDE PREVENTION GRANTS. WILL THEY BE AVAILABLE IN THE FUTURE? HAVEN'T HEARD THAT WOULD GO AWAY. DEPENDS ON CONGRESSIONAL REAUTHORIZATION FOR FUNDING.

THERE HAS ONLY BEEN ONE APPLICATION PROCESS FOR WORKING AGE ADULTS, AS OPPOSED TO 18 TO 24 YEAR OLDS? DON'T HAVE INFORMATION ON THAT.

ARE THERE THINGS THAT SAMHSA WOULD LIKE STATES TO DO THAT IS NOT ON THEIR TO-DO LIST RIGHT NOW? THINGS THAT WE COULD PUT ON OUR ADVOCACY AGENDA?

THE RECENT RE-ORGANIZATION OF THEIR "PREVENTION COLLABORATIVE" – ALTHOUGH WE ARE STILL ON IT, THE JURY IS STILL OUT ON WHETHER THERE IS SOMETHING CONSTRUCTIVE GOING ON HERE. THAT GOES BACK TO SAMHSA BECAUSE THE SECRETARY INDICATED THAT THIS REORGANIZATION WAS ALL ABOUT ALIGNING KANSAS PRIORITIES WITH SAMHSA'S STRATEGIC PRIORITIES. IS SAMHSA REALLY DRIVING THIS SHIP?

I DON'T THINK THAT THERE ARE ANY PRIVATE MESSAGES BETWEEN SAMHSA AND STATES. I THINK EACH STATE INTERPRETS WHAT THEY HEAR FROM SAMHSA IN THEIR OWN WAY. IN TERMS OF PREVENTION, NOT AN EXPERT – STILL NEW, BUT WHEN I MET WITH FRAN HARDING, WHAT I ASKED ABOUT WAS THE IDEA THAT PREVENTION AND MENTAL HEALTH SHOULD BE INTEGRATED ON THE GROUND, HOWEVER, ALL OF THE FUNDING IS SEPARATE AND SILOED AND CAN'T BE MIXED, SO HOW DO WE INTEGRATE THAT?

STATES MAY BE HEARING THE INTEGRATION MESSAGE, BUT THE FUNDING IS STILL SILOED. SO THAT IS HARD TO RECONCILE.

MORE DISCUSSION ABOUT HOW KANSAS HAS DILUTED ITS MENTAL HEALTH GRANT FUNDING TO ADVOCACY ORGANIZATIONS IN THE NAME OF PREVENTION INTEGRATION. PEOPLE WITH MENTAL ILLNESS RESENT BEING EQUATED WITH ADDICTIONS SOMETIMES, BELIEVING THAT THERE ARE ASSUMPTIONS THAT THEY ARE DRUG OR ALCOHOL ABUSERS. THE STIGMA RUNS BOTH WAYS. WE ENCOURAGE SAMHSA TO FIND WAYS FOR TREATMENT INTEGRATION TO REACH THE GROUND LEVEL.

10:40 a.m. Consideration of proposals for Consensus Recommendations for 2016

Please use the [Sample Format](#) to present your issue, problem and recommendation.

Status: Tobacco Cessation – will be a paper in December

Emergency Observation Treatment Centers / Recovery Center / 72 hour involuntary holds: Draft Position Paper. Discussions are going on between proponents and those who oppose the current proposal. It is uncertain whether or not consensus will be developed by December. DRC, MHA of the Heartland, and MHA of SC Kansas have been vocal about their concerns. DRC and MHA of the Heartland met once with Julie Solomon and intend to meet again to talk about possible amendments that might bring consensus.

Jason Flatts Suicide Bill – volunteers are communicating to develop a position paper.

Amendment to K.S.A. 652837a as proposed. Relating to the use of Vyvanse, a medication recently approved by the Kansas Board of Healing Arts for treatment of binge eating disorder. The proposed bill will also change the term "hyperkinesis" to attentive deficit hyperactive disorder.

Comments – whenever a medication is put in place for something like this, it can be useful, but they can often be used as a shortcut from important psychosocial treatments. Would like to know that accompanying treatment was being provided.

Want to track the issue to see what kinds of amendments might be tacked on to the legislation.

10:55 a.m. Legislative Update - Amy Campbell

Recent revenue forecasts reduced projected revenues by \$159.1 million in FY 16 – the current fiscal year. The Governor's office made funding shifts internally, including diverting more highway funds. All agencies will be operating conservatively, likely keeping positions open and holding onto program funds as long as possible.

The Governor announced at a press conference that he will not be proposing program cuts nor tax increases. This has exacerbated the ill will between legislators and the governor's office. Additionally, the rifts created in the last legislative session continue. With the 2016 elections at the forefront of every legislator's mind, there is a good deal of posturing and ally building for the 2016 December leadership elections. These alliances will be a part of the legislative picture this session.

Additionally, the Speaker recently reorganized legislative committees, removing members who support Medicaid expansion from the Health Committee and removing members who opposed the K-12 education block grant from the Education Committee. The press has covered this. This virtually assures that the committee won't pass any Medicaid expansion legislation unless the administration changes its position.

Discussion of DSM issues. Senate Health Chair Pilcher-Cook has expressed her concerns/opposition to the DSM V. This is a concern for clinicians because regardless of any support or controversy, it is what they must use. BSRB bill SB 254 would have removed reference to DSM in the various practice acts. APA opposed and they are now backing off from striking it. But they haven't updated their internal references to DSM IV. Thomas Insel – the new DSM has enhanced reliability but reduced validity.

11:00 a.m. KDADS Update -KDADS Behavioral Health -Ted Jester, KDADS

11:25 a.m. Announcements

11:30 a.m. Adjourn

2015 KMHC Meetings: 9 a.m.–11:30 a.m. Jan 28, Feb. 25, Mar. 25, April 22, May 27, June 24, July 22, Aug 26, Sept. 23, Oct. 21, Nov 18, Dec. 16 **Board Meetings:** 12 noon quarterly the 4th Wednesdays (March 25, July 22, Sept. 23, Dec. 16)

For more information, contact: Kansas Mental Health Coalition

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