Kansas Mental Health Coalition

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

Minutes

December 13, 2017 Monthly Meeting
Valeo Behavioral Health Center, basement conference room, 330 SW Oakley, Topeka, KS
Teleconference access 1-515-739-1285, enter 567518
Meeting room wi-fi: Guest@ccess

Introductions and sign-in sheet Susan Lewis, President

Minutes of the previous meeting adopted. Reinecker motion, West second. Read minutes.

9:15 a.m. Reports

Board of Directors - meet after the Coalition.

Advocacy Committee –Grassroots Advocacy Network – Heather Elliott - Advocacy Day will be March 13. Please contact Heather to volunteer to help that day. The committee is reaching out to exhibitors and sponsors. Your organization is encouraged to participate. Contact Heather at helliott@acmhck.org.

Governor's Behavioral Health Services Planning Council – Wes Cole Children's Continuum of Care Committee has completed its report. It is being reviewed by the Secretary now. Next steps are to work on how the participants in the system interact and communicate with one another.

Working to get a tribal representative on the Council. This is a gap that needs to be filled – it is key to the federal block grant. There are five tribes – three principal tribes. Recommendations are welcome.

Veteran's Subcommittee (co-chaired by Steve Christenberry) will present its report to the Secretary next week. A SAMHSA technical assistance team came in recently. Bill Cochran is the co-chair and is currently serving as acting Chief of Police in Topeka. One of the subcommittee goals is to identify potential resources to serve family members of veterans, since only the veterans can be served at the VA.

Mental Health Medication Advisory Committee – meets February 13, 2018. PDL Committee is meeting today – this is the group that establishes equivalent drugs.

Big Tent Coalition - Jane Rhys – December meeting cancelled. Will meet January 11 at TILRC basement meeting room. Co-hosted Stronger Together conference Nov 30 and Dec 1 which convened a number of disability advocacy organizations. Midwest Leadership Academy training was focused on selecting policy goals and strategizing to accomplish those goals. The varied organizations have similar goals but often implement different strategies. One of the training points was to utilize your policy goals to build membership and participation. Many members of the Coalition attended, including Amy Campbell.

Financial Report - Andy Brown

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

HB 2308 - require suicide evaluation upon admission to certain treatment facilities. Introduced in 2017 by Representative Mike Houser, R-Columbus. Read bill.

> Ken Kerle – Jails are the largest institutions housing individuals at risk. Years ago, Kansas eliminated jail inspections from state law. When I went to a number of jails across the country, the major problem is a lack of staffing. In some small rural jails, there is no staff over night. If we are going to have this kind of legislation, we should say State of Kansas, it is your responsibility to see that these institutions have staff. Additionally, we leave it up to the counties to provide training. The Shawnee County jail has the benefit of an administrator who is sensitive to these needs and does a good job.
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> Anticipate huge pushback if this was expanded to jails. Wouldn't be opposed to that – think it is the right thing to do, but it would be very problematic politically.
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> Persinger – asked who might be supporting or opposing. We don't know.

Marcia – screening tools are different and levels of training are important. Some are commonly used but are not predictive.

Monica - Possibility if we do it right to avoid concerns. Asking for an evidence based tool – Columbia is very good and could avoid false positives than PHQ9. Concerned that "monitoring and assistance" is not defined. SAMHSA has Tip 50 regarding how substance use facilities could monitor and care for people at risk.

We think the objective of the bill is to not explicitly define additional staff or requirements, but to require facilities to have protocols in place and implemented.

Bill – think we should do something and it is a good conversation. Brings in the crisis intervention act and others.

Want to know what other groups will weigh in. Generally supportive. Could result in a letter of support, with some questions. Could rise to the level of a position paper if the issue is moving in March.

KDADS Update: Susan Fout, Commissioner

Susan Fout introduced Jeannie Urban-Wurtz, new Director of Behavioral Health. Registered nurse with a masters in mental health counseling. Was a KDADS Commissioner under Secretary

Survey and certification regional manager, PACE program manager, and other key agency roles in the past.

Recently, Jeannie has been working with both state hospitals. Recently, CMS did conduct its followup inspection with

KanCare 2.0 – RFP is on the Department of Administration's website and is public. Have attempted to include public concerns. One of the biggest issues was care coordination, with different populations expressing different concerns. Prior to KanCare, waivers had targeted case management. One of the asks was that MCOs would contract with local community partners to provide case management. We heard that people didn't know who their case managers were, or could not reach them with a phone call. Another issue was independence and opportunities. Employment has been a big issue – people want to work. Housing is also a major concern.

At KDADS, we are talking about a Housing First model pilot.

PRTFs – yesterday, the foster care task force asked a lot of questions about the PRTFs and the wait lists. We have begun a pilot with the MCOs and CMHCs to have the CMHCs engage kids who are on waiting lists to begin services and perhaps avoid admissions.

As of Nov 4 = 272 licensed beds with 243 occupied. We have waiting lists, sometimes due to acuity factors or because the individual is a female. One of the questions is – who is responsible for finding ways to do things differently? Some of the beds are serving out of state kids, should we be prioritizing in-state?

Looking at a proposal for crisis services for kids. It is a front end issue and a back end issue. Could help with getting family engaged. Seeking to have better stability when the child enters the home and provide assistance with that family.

NFMH Training Project – will provide mental health first aid training to NFMH employees.

CROs – trying to facilitate connection within the state hospitals and a warm handoff as they go back to the community.

Next step for peer support is to try to get CROs into the NFMHs. Think CROs will be a big help in letting people know what their other options are. We have seen older adults hesitant to leave the nursing facilities but concerned about being alone without supports. They could move to assisted living with some supports.

Sue – will the housing pilot project be tapping this model?

A: We know we want to do Housing First model – Missy has started looking at this.

Rick – KDADS has expended a certain amount of effort to investigate free standing peer support entities, could be characterized as CROs on steroids. NFMHs are an institutional setting, would like to know where the agency is going with this.

A; We need to have somewhere for people to go and supports in place. There are barriers to finding homes for people who have these histories.

Rick – will the agency build out an option for the continuum that is something new? I know some folks from the agency have investigated the Lincoln model.

A: We are very clear about building peer programs. I haven't been to Lincoln – that is a crisis diversion peer model.

Barb – our Breakthrough model has received our new state funding. We have already seen an increase in utilization. We have to work with our clinical friends to have case management incorporated. We have beefed up transportation to bring people to an inclusive community for engagement and ultimately employment when possible.

A: We are looking forward to seeing the outcomes data from the program.

Dana Schoffelman – Childrens continuum of care committee has looked at the increase in readmission rates and how that is occupying beds.

A: One issue was length of stay – we have a difference in numbers. One side is saying 45 days and our data says 101 days. Want to get an accurate sense of what that is. Hoping that creating a crisis option to work with the families.

Dana – our length of stay has decreased from 110 days to about 55 days and our The interpretation of medical necessity has changed. Instead of the role of the PRTF being for treatment of chronic patterns has changed to crisis stabilization.

A: Is that different between the companies?

No – it is a state change. We have to start talking about discharge as soon as the youth is admitted rather than talking about underlying concerns and issues. We would be better off to work with the family while at the facility rather than changing treatment teams to move to a "crisis

Dana – we need to make a decision how we define the role of the PRTF in Kansas. MCOs define it differently in other states. We all know that medical necessity can be determined differently.

Susan – there was a lot of discussion about that yesterday, about what the criteria for an out of state child is v. an in state child. An out of state child stays longer in the facility.

Dana – and they have better outcomes – we don't serve out of state

What are the changes promoted for KanCare 2.0?
Person centered planning and care coordination are to be emphasized. Also includes request for waiver of the federal IMD exclusion.

Want to emphasize opportunities for education and work goals.

Jane – would like you to focus on the education they are supposed to be getting now. It is important that this starts early. I don't see anyone checking to be sure these kids are attending school.

Transportation is another area that is targeted for improvement.

We talk about social determinants for health and independence – and that requires spending time with that individual to know what their individual goals and objectives are. Maybe they want to work, but transportation is an issue.

The RFP has an emphasis on integrated care: mind and body.

Bill – earlier in my career, I spent most of my time making sure that services were being provided in schools. One of the areas I see that we could have an impact on foster care rates would be to create a continuum of crisis intervention at school, so they don't go to detention or suspension, so they don't go to PRTFs, so they don't run into law enforcement encounters. KanCare can affect this. We know how to do this and we used to.

Susan – it is hard to go to school right now. There should be work done to make that child comfortable to be engaged at school. They don't have the skills or something that's needed. If we don't do that early on, they end up in systems where it is much more difficult to succeed.

Becky Fast – the KanCare companies have a lot of social workers positions. If they are to contract locally for care coordination, what is the clinical requirement?

Think the RFP requires bachelors degree or equivalent experience.

Rick – does KDADS have a role to respond to comments submitted before November 22 on the waiver request?

I think there should be some public response – will follow up.

Christenberry – we had a good model for integrated care with health homes, but it was a shame to end it. Do you think KDHE, the Legislature or anyone might revisit that model?

I heard that everywhere I went. I don't know if that is possible. Some of the CMHCs tried to keep pieces of it.

Consideration of Consensus Recommendations proposals:

Enhanced Followup Policy Paper – Headquarters Inc., presented by Monica Kurz

Discussion

Persinger - Would like to have KMHC policy statements mostly aligned with the Continuum of Care Report

Amy – could request copies of OSH and LSH discharge processes. Not necessarily a legislative action item – but important piece of the continuum. It would at least be useful to know what the hospitals are attempting to include in their discharge process.

Determine next steps – could be referring to the GBHSPC.

Rick – should be the policy of the State of Kansas that no one is released from a state hospital to a state of homelessness.

Persinger – question of strategy – would like to see items like this lifted into overall policy documents. Think this might be too far in the weeds and could find something digestible.

Clubhouse Issue Paper - updated version – consistent with 2017 position. Individuals who are interested in working with Barb to make language changes can contact her or us.

Expand Housing Resources - update KMHC Housing Issue Paper to incorporate a direct request for new housing resources. Recommend that KDADS issue an RFP for supported housing and initiate an interagency workforce to pursue housing resources (Christy McMurphy will assist in updating the current issue paper.)

KanCare Issues - Review KanCare Advocates Network recommendations. (Stronger Together conference.) Read here.

Potential items: Recreate Health Homes for Medicaid

- Medicaid Employment Programs
- Incorporate Social Determinants of Health in Performance Measures of KanCare
- Independent Ombudsman
- Suspension v. Terminations of Benefits for incarcerated individuals
- KanCare 2.0 Delay
- KanCare must pay for the services needed to fill the gaps in the Continuum

There will be a bill to suspend Medicaid eligibility rather than terminate benefits when individuals are incarcerated or hospitalized.

KanCare Advocates Network recommend lobbying for delay of KanCare.

Patient Protections for Step Therapy in Private Insurance Read draft legislation KMHC is signed on to the coalition.

Other items:

A bill for psychiatric advance directives is being drafted – may or may not have action.

Legislation for tobacco cessation services – Medicaid benefits enhancement – is being drafted.

10:45 a.m. Lobbyist Update - Amy Campbell
2017 Mental Health Task Force (created by Legislature) finalizing a report to the Legislature due January 8, 2018. The Task Force has been utilizing a qualitative matrix to prioritize recommendations drawn from approximately ten reports ranging from the Adult Continuum of Care Committee to subcommittees of the Governor's Behavioral Health Services Planning Council.

KanCare Oversight Committee – The December meeting of the KanCare Oversight Committee included input from multiple stakeholders about their problems with the current KanCare program and concerns about KanCare 2.0. The State plans to submit its application to CMS by the end of December. Many advocates are frustrated that their comments (submitted during the State comment period) have not been incorporated nor answered. The new program has some bright spots – including an expansion of community provided targeted case management services and requesting a waiver of the federal IMD Exclusion rule.

- **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)

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