KANSAS MENTAL HEALTH COALITION

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

Agenda

Click on underlined items for web links.

February 24, 2016 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

Introductions and sign-in sheet Eric Harkness, Vice President

Financial Report adopted. Cagan motion, Christenberry second. Andy Brown, Treasurer Collecting membership dues. Review the last page of the report for received dues. 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 adopted. Cagan motion, Solomon second. Read Minutes.

9:15 a.m. Reports

Board of Directors - next meeting is March 23. There are several open board positions for election at May annual meeting, email Stephen Feinstein if you are interested in serving.

Advocacy Committee –Grassroots Advocacy Network - Eric Harkness, Chair – Mental Health Advocacy Day is March 15. There will be a grassroots advocacy training on March 14. RSVP at the website. The schedule is posted at our website. 127 people have pre-registered to date. Please remember to pre-schedule appointments with your legislators. Making those appointments now will assure that you are on their calendar. Meeting with legislators is the most important activity of the day.

Mental Health and Aging Coalition – no report.

Governor's Behavioral Health Services Planning Council – Wes Cole – meeting March 10. There is a new Prevention subcommittee. Developing work group with the goal of continuing the work of the Adult Continuum of Care Committee that met last summer. Council coordinated reports from each subcommittee to the KMHC in the past year, and will be coordinating reports from the Consumer Advisory Council –

Cagan – what has happened with the idea of a children's continuum of care committee?

Pam McDiffett left the agency, so that project is still pending.

Cagan – what about the NFMH work group?

That group is finishing up and has been working on a report. The group has had good input. Could be ready to provide a report soon.

Update on Blue Cross Blue Shield behavioral health changes - Sky Westerlund

BCBS of Kansas covers 103 of the counties in Kansas. At the end of 2014, BCBS of Kansas was doing a lot of really aggressive utilization review which was resulting in the rejection of claims for private providers serving BCBS customers. In 2016, BCBS announced they would no longer be reviewing / pre-approving treatment. There is still aggressive utilization review. Providers are concerned about the degree of information being sought by the insurance company. They believe the information is more sensitive and private than what is necessary for approving reimbursement. The company indicates the provider contracts require the release of the information. See it as targeting people who are asking for mental health care.

It is very difficult to get people with mental health issues to come forward and talk about their situation, which makes it hard to provide concrete examples. Still doing some research to seek the best approach. Curious if the public mental health system is experiencing similar denial of services by BCBS.

9:30 a.m. KDADS Update - Interim Secretary Tim Keck

State Hospitals (decertification, recertification, funding and GBA, consultant, privatization RFP, declassification of employees, amending catchment areas, proviso blocking privatization RFP without legislative approval, staffing) Other KDADS issues and legislation.

Secretary Keck is in his second month on the job. The legislative season has altered the approach

Pause in exploring privatization – I know it is a nasty word to some people, and I prefer to talk about public/private partnerships.

Want to put together an ad hoc group including legislators with staff structure and a time line. Hope to roll that out in ten days or so,

with an overriding philosophy of looking at what is best for Kansas. Focused on Osawatomie for now, mostly due to the current situation there.
Referred to a rape/assault that occurred on the campus. Have secured a consultant to outline needs for recertification. Staff, processes and forms, leadership, protocols and other issues are

Engaged the consultant, Kathy Baumer KB Behavioral Healthcare Consulting, to do a mock survey and report. That is done. Will re-engage in order to pursue recertification. Start again next week through May, once contract procurement is complete. Hope to pass new survey in May. Then there would be a period of time that would pass, and then another full survey for recertification. Could be four to six months.

I've been to OSH. I've talked to Dr. Worley and the employees there. In spite of all they have been through, they continue to be committed to recertification and remain positive. I really appreciate the work they are doing. I am optimistic that we will be recertified by mid-year.

The plan is to have a certified portion of the hospital and a licensed portion of the hospital – 206 beds total. The beds being looked at for recertification are essentially the new construction areas which comply with the inspection findings regarding ligature points. From a physical standpoint, it would be difficult if not impossible to recertify the areas where the ceilings haven't been renovated. Although we have corrected the ligature issues with the furniture, bathrooms, and water fountains – we can't reasonable correct the ceilings issue in the rest of the hospital prior to recertification since replacing ceilings requires the units to be closed and those beds unavailable.

Ira Stamm – a little history – if looking toward public/private partnerships, would recommend looking only at non-profits such as Shawnee Mission Medical Center / Prairie View, Newton

Legislature has prohibited moving forward without legislative approval.

Cagan – current crisis and response is appropriate, but want to look at the big picture. We have had ongoing dialogue with the agency through various formal reports and informal interactions about the need to expand community based options as a better response and better treatment for people. My hope would be that you would look at some of the Hospital and Home recommendations as we have made them.

Keck – honestly I would expect that would be a part of the conversations about public/private partnerships as well.

Have been to Independence and Hays to talk about the needs in those areas. The success of Rainbow has been a part of these discussions and want that to be a big part of the conversation. I have made a strong commitment to Osawatomie that the hospital should stay there, that community has a 150 year commitment to the hospital. It only makes sense. I am only the interim Secretary and may not be here long.

Right now we are looking at a Governor's Budget Amendment. Diversion funds and other elements will be a part of that discussion. We are still talking about the amounts and the timing of what we need. There was some thought that the Legislature might talk about the GBA earlier, but since the last week of March is being knocked off the schedule – so, it will probably be at the end of April.

Amy's comment – Recently passed budget has $2 million for staffing at OSH and $1 million for LSH. Legislators and advocates are concerned that there won't be much pie to divvy up at that late date. Essentially, you know how much is being lost every month and it seems like it would be important to cover that loss at minimum.

Recently passed budget has $2 million for staffing at OSH and $1 million for LSH. We have said from the beginning that doing this through the GBA would give us more time to be more accurate. The GBA will be more significant.

We won't see the DSH impacts until FY 17 which allows us some flexibility in managing that situation. Agency has assurance from the Governor's office that there will be investment available, so didn't want to rush.

SB 422 – KDADS Licensing Bill – consolidates licensing authority. Had a House Bill last year, and ran into pushback from stakeholders about the lack of discussion with them. Saw it as a cleanup bill, but it really did include a lot of new language, so needed outreach. Have made some changes. Changes to shared living settings, changes to new federal regulations. No opposition. Minimal testimony with points of concern – think those can be addressed with revisors.

SB 446 - state hospital catchment areas – every county is assigned by statute and regulation to one of the catchment areas. Statute also allows secretary to set catchment areas by regulation. Would require full rules and regs process. Has been on the table for some time as a statutory clean up idea, didn't really plan to coincide with this session's major issues.

A third priority bill deals with aging assessments and referrals.

These three bills were blessed and expect action after turnaround.

10:15 a.m. Juvenile Justice Reform - SB 367 - Randy Bowman, KS Dept. of Corrections

SB 367 — Amendments to the juvenile justice system. Juvenile Justice Reform – close YRC II facilities to fund community based services and probation oversight. Committee held one week of testimony supporting and opposed – Feb 1 – Feb 5. Senate passed February 23.

http://www.kslegislature.org/li/b2015_16/measures/sb367/

When the juvenile justice act was adopted, the nation was responding to a call to respond to the increase in crime. Today, there is a move across the country to move toward a change – a more data driven response to juvenile justice challenges. The Department engaged with the Council on State Governments and Annie E. Casey Foundation to look at our system and how it is working. As a result, the Department and Governor Brownback invited the Pew Charitable Trust to come to Kansas and facilitate the reform effort. This work was facilitated by staff of the Trust at no charge, and they worked in Kansas for the past year. Worked with the Office of Judicial Administration. Over the summer, a 17 member work group that included legislative leaders, agency leaders and representatives of numerous interest pools.

It is true that we have kids in Kansas who are a significant public safety risk. But they are not the majority.

At the Kansas Dept of Corrections website, you can go to the Juvenile Services tab and find the work group and hundreds of pages of data that was accumulated for their work.

One of the most critical data points was the disconnect between a reduction in youth crime and an increase in residential placements and the length of those placements. 2/3 of the kids in our youth residential centers are there for misdemeanors. 1/3 of the kids in our correctional facilities are there for misdemeanors. High rates of incarceration are associated with high costs of removing from the home. We don't do this for adults. Kansas ranks sixth highest in the country for incarcerating youth. We are 38th in the nation for incarcerating adults. 2/3 of the money goes to juvenile correctional facilities. That spending pattern results in almost no community based programming for youth in our department.

Under current law, you could be ten and commit a crime and literally stay in the system until you are 21. It isn't the norm, but it is possible. The rates of moving kids out of home and rates of filing prosecutions are inconsistent from one jurisdiction to another.

We know that kids grow up at different rates. Time of placement doesn't correspond with better outcomes. In fact, placements for kids with low level offenses have worse outcomes when they are placed with high risk kids. Data illustrates this in Kansas, as well as nationally.

Report had 40 recommendations. Some were for law enforcement and schools - appropriate interventions. Increasing opportunities for diversions – especially first or second misdemeanor issues. Training across the system. There is no youth-specific training required for judges, prosecutors, probation officers or others who deal with children. Due process issues. Probation and detention caps replace the open-ended terms left up to judges or probation officers. Only the most serious crimes will have long sentences. Misdemeanors will not go to correctional facilities. 40 or 50 kids per year are waived to the adult system – restricts those options.

A Senate amendment re-inserted Extended Jurisdictional Juvenile (EJJ) cases but limited the sentences where it could apply.

Ken Kerle – what is the percentage of African Americans in Kansas v. others? Re: county level juvenile detention centers, I see these kids come in and spend a few weeks and then they disappear. Then, they reappear. State juvenile institution has good programs, but when they leave, they go back to the same troubled situation they came out of. Staffing turnover is horrendous in the county level facilities. This is repeated over and over due to low pay and poor job conditions.

Bowman – 10% population or so. Definitely have disproportional representation in this population in all jurisdictions. Reform attempts to institute uniform assessment tools to avoid as much as possible.

Bill will make sure fewer kids are exposed to the environment in the secure county facilities. Hopefully, the community based programming will help with the issues faced by kids that move from institution back to community.

Senate pushed back full implementation to July 2018 and passed the bill 38-2.

Cagan – is the agency concerned with the changes made to the bill?

Few kids serve over five year sentences anyway. The bill does go back to allowing some kids to serve longer terms – maybe affects fifty kids. We are not very concerned with the changes made in the Senate, but we are anticipating that further changes might be pushed in the

Are foster care home placements part of the bill? It is a small part of the bill, but not large.

Are there funding pieces to aid in finding additional families for those placements?

Will kids stay with DCF? Will there be additional needs for DCF funding if there are additional placements as a result of this bill?

There isn't funding in the bill. But DCF would have a basis to request a boost if the data shows there is an increase upon implementation.

Jane Adams – thank you for your work on this.

There will be a reinvestment fund that will look to support court services functions, MST programming, family therapy programming similar to what was just launched in Southeast Kansas. Talked with community corrections association about what evidence based programming could be funded through the new programming. Must be evidence based. Some examples include Parenting Wisely / Love and Logics / Substance Abuse Treatment / Cognitive Behavioral Therapy. It must be evidence based and it is going to influence criminal behavior.

Schools will have training and programming through KDOE.

No new school based services come to mind, but there are some evidence based programs out there.

What will happen with kids who can't go back to their home environment?

Pathways in Wichita – can replicate what they do through probation. If there is a sex offender and a juvenile in the home, judge will have access to both the correctional and the foster care system in order to address the needs whether it might be an independent living placement with probation oversight and treatment or perhaps an MST or FFT intervention with the family along with the probation oversight option. MST will not be available in every county because it has a 30 minute response time, but FFT will be statewide.

Funding – the reinvestment fund will retain funds no longer spent in the residential / incarceration side. Additionally, Senator Smith secured $2 million seed money in the current budget to begin the program.

Expect to let a regional or statewide bid for FFT or some other models because those programs have an overall fee / certification that would prefer to pay only once. There will be other programs that will be locally offered.

Will it be contracting or short term grants? Outcomes measuring?

There will still be county grants – probably a good portion of the local granting process. They are relatively consistently funded year after year.

10:30 a.m. Legislative Update Amy Campbell

First Turnaround has been moved up three days to February 23rd. Legislators will work to pass all bills through their "House of origin" - the chamber where the bill was introduced, by Tuesday. This likely means they will be working bills on the floor most of the day on Monday and Tuesday. You can see the list of bills on general orders by viewing the House and Senate calendars at www.kslegislature.org. You can also listen to the debates online. Then, legislators will go home and return

Wednesday, March 2. Bills that are not exempt from deadlines must have passed at least one chamber by First Turnaround.

Read the 2016 List of Legislation KMHC is following as of 2-12-16.

11:00 a.m. Issues of Interest - Action Items

Consider Adoption of Tobacco Cessation Position Paper

Kansas Health Foundation will be rolling out the tobacco cessation issue in April and providing grants and funding for furthering the position. Input from the group – not necessarily a priority issue for Coalition. Generally supportive. Concern – statement re: "tobacco treatment specialists in the behavioral health community must be a top priority." Delete last sentence? Paragraph before that describes effective evidence based treatment. Could adopt a sentence relating to training and adding youth content. Will carry over.

Feedback on 2016 Position Papers: Medicaid Expansion,

Inpatient Mental Health in Crisis,

Community Based Mental Health: Repair the Safety Net

These papers are amended but consistent with current policy positions. Your edits are encouraged.

Discussed impacts of current budget as adopted on the Community Mental Health Centers. Wyandot recently announced layoffs of more than 20 employees. We can expect to see additional job reductions across the state at 6 to 10 other mental health centers.

These losses are due to the State ending the health homes model and some administrative policy changes. This leads to another year of reduced workforce in community based behavioral health care.

11:25 a.m. Announcements

11:30 a.m. Adjourn