

# Kansas Mental Health Coalition

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

## Minutes

February 24, 2021 Monthly Meeting - Zoom

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

**Minutes of the previous meeting.** Read minutes

**9:45 a.m. Reports**

**Board of Directors** - next meeting is March 24

**Financial Report** – Amy Campbell - Dues are due now. Please log in to the website to renew membership.

**Advocacy Committee –Grassroots Advocacy Network** - Mental Health Advocacy Virtual Event February 17-24. Join the WRAPUP event today on Zoom!

**Governor’s Behavioral Health Services Planning Council** – Wes Cole, Chair

**Big Tent Coalition** - Mike Burgess

**KanCare Advocates Network** - Sean Gatewood

**Consumer Programs** - Matt Spezia, P3

**Parity Committee** - Amy Campbell - please respond to survey

**10:00 a.m. Agency Update - Andy Brown, Behavioral Health Commissioner, KDADS**

**10:30 a.m. Lobbyist Report** Amy Campbell

Legislative Actions and Budget Hearings - This session is full of behavioral health topics - too many to cover all of them in person! We will have some extra time today to go over all that is happening and talk about moving these important issues forward.

2021 List of Legislation - [see website](#)

KDADS Budget - Governor's Behavioral Health Enhancements would provide mobile response, CMHC services in NFMH facilities, housing program boost, and electronic medical records

DCF Budget - Governor's Behavioral Health Enhancements would provide mobile response for children and adolescents

KDOC Budget - add substance use treatment facility at Lansing Correctional Facility

State Hospitals Budget - moratorium at OSH and LSH continues through pandemic

CCBHC - establishing certified community behavioral health clinic certification and funding.

Telemedicine

Addictions Treatment

Child Welfare

Reducing hours of training required for masters level practitioners

Step Therapy, Tobacco Cessation Treatment, Mental Health Parity

**11:25 a.m. Announcements**

**11:30 a.m. Adjourn**

**2021 Schedule:** Jan 27, Feb 24, Mar 24, Apr 28, May 26, June 23, July 28, August 25, Sept 22, Oct 27, Nov 17, Dec 15

**Mental Health Advocacy Day - Virtual Event:** February 17 - 24, 2021

**Board Meetings:** 12 noon quarterly the 4th Wednesdays (March 24, June 23, Sept. 22, Dec. 15)

For more information, contact: Kansas Mental Health Coalition

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Best regards,

[Kansas Mental Health Coalition](#)

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Planning grant: needs assessment, forming coalition of partners, system design, funding plan, support system. Process will end September. October to July of 22 to ramp up our state's readiness. We will get one more legislative cycle. If we are able to pass bills now, that will make our process much easier to be ready to roll out the system July 2022. Very interested in making sure that Kansas becomes a front door for people in crisis. This may not just be MH. This could be for substance use crisis, child welfare crisis, or other situations. Budget request in Senate Ways and Means would be a base budget for answering the phones. The 988 legislation is very important to cover the services – staffing to answer phones, training, followup and referral, mobile crisis team services etc. This will include connections and outreach between appointments – literal wraparound. Probably will be a multi-tiered structure. If you are in Wichita, ComCare would answer the call and refer to services. There is value to have the CMHC be the first answer point – and even more if we can get the CCBHC system in place. If they are unable to answer, the call would roll over to KS Suicide Prevention Headquarters. So, we will have a backup to have the call answered within the state – a problem now for our suicide prevention lifeline calls. Also going to include in our RFP a triage agreement related to screening, referral and contact or admission. It is expected that 80% of the calls will not require mobile response. Will have to provide multi-disciplinary approach for BH and IDD folks as well.

If needed, this will roll into screening and referral for inpatient services or crisis stabilization or crisis intervention – once that might be put into place.

Right now, the phone companies role is to route the 988 calls to the NSPL. A more full coalition will be launched in September.

R.A. McMillan – phone companies role – possible donation of some services

Cagan – when is rollout? July 16 2022

Agency is working with a consulting group around how to utilize new federal COVID funding – could be \_\_\_ million to the federal block grant. We don't know what the restrictions will be on that funding. Have heard verbal information that it would be available for perhaps

Some will be a pass through to CMHC systems with a possible 5% set aside to our regular block grant funding. This is a new set-aside provision and we are in the process now to work with the consultants and to incorporate into our strategic plan for

The funds are for MH and SUD –

Guidance expected in the next few months.

Would be handled administratively – it is one time funding so we will need ongoing funding

Suicide numbers? We won't know. Those reports are typically more than a year later. Also important that Kansas has been statistically higher for suicides pre-COVID. There could be a nationwide increase and KS might stand still and continue to be higher than the national average.

Use of SUD services are significantly down due to a reduction in referrals, reductions in court mandates, DUI numbers not being processed. We anticipate an increase as services come back online. I don't have a crystal ball but I do expect FY 23 numbers to be a lot higher than FY 21 or FY 22.

Deaths by despair are up if you are tracking your indicators.

There is an ongoing need for treatment.

We have more need than we have providers. Kansas has not used all of its SUD funding for the past two block grant periods – can carry over some for short term but there is going to be a snap back. Increased block grant reimbursement rates to try to help. Trying to get additional funds for the AAPS program and also our campaign to get stimulants into the opioid grant finally came through.

We definitely need more providers and the CCBHCs will help with that.

Juliana – what is the role of peer support for SUD treatment?

We are working to expand the role of peer support for

Can work with a licensed SUD facility or provider. Increased the rates 10% for block grant and Medicaid services. Required MCOs to meet a performance measure for peer support utilization by 10%. We are making administrative efforts to expand availability including providing online training. Continues to be something we are looking at. Not too distant future – will be looking at model service teams delivery such as ACT and Housing First teams. This is an area of the workforce we can develop quickly and help out there.

Susan Montague – would be helpful if there was some sort of training to teach administrators to use peer services in their programs and to use MAT in their programs and not lose money.

Recently added MAT to our Medicaid services so our next step on the Medicaid side is to work with providers to be sure that people have access to MAT through their provider or through agreements. We have such a small number of MAT providers right now we are going to need a lot of support to get network coverage within the Medicaid system.

There is a federal program with resources on MAT.

Parity Committee – Rick Cagan – Virtually all of our meeting this month was focused on educational material around parity – recognizing it might be next year at the earliest before we would see legislative action. There is a need to educate regulators, legislators and the public to try to provide education around parity through some slides that are crafted to expand education through social media or other forums.

We are also looking at the possibility of a public forum with industry folks and others.