

Kansas Mental Health Coalition

Minutes

February 28, 2018 Monthly Meeting, Valeo Behavioral Health Center, basement conference room, 330 SW Oakley, Topeka, KS

Introductions and sign-in sheet Susan Lewis, President

Amy Campbell
Heather Elliott, ACMHCK
Mary Jones, MHASCK
Scott Anglemeyer, KACAP
Sherrie Watkinns-Alvey, Wyandot Center
Wes Cole, GBHSPC
Dave Ranney
Clayton Dierksen, Cottonwood Springs
Ceil Noiles, Cottonwood Springs
David Chrisman, MHAH
Rick Cagan, NAMI KS
C. Eric Harkness, NAMI KS
Ken Kerle, CIT-Topeka
Peter Gotta
Michelle Mathes, Sunflower Health Plan
Sandra Berg, Sunflower Health Plan
Cheryl Rathbun, SFCS
Ryan Speier, KVC Hospitals
Monica Kurz, Headquarters

Barb Andres, Episcopal Social Services Breakthrough Club
Jane Rhys
Bob Chase
Bill Persinger, Valeo
Becky Fast, KNASW
Meghan Cizek, Cornerstones of Care
On the phone:
Christy McMurphy, Kim Wilson Housing
Jessie Kaye, Prairie View
Stephanie West-Potter, DRC
Lynnette Downing, Crawford County
Marcia Epstein,
Steve Christenberry
Christine Thompson, CAC
Corinna West, Poetry for Personal Power
Nick Reinecker, Inman
Mike Burgess, DRC
Walt Hill

Minutes of the previous meeting approved. Motion by Peter Gotta

9:15 a.m. Reports

Board of Directors – Meet after March KMHC meeting. Will be appointing nominations committee for Board and officer positions to be elected in May. We will be seeking a candidate for president.

Advocacy Committee –Grassroots Advocacy Network - Heather Elliott - Register for Mental Health Advocacy Day at the website today! Tuesday, March 12, 2018 at the State Capitol. Volunteers welcome. Schedule includes morning briefing, rally with legislators.

Governor's Behavioral Health Services Planning Council – Wes Cole – Children's Continuum of Care Report has been presented to the Secretary. Group will continue to meet in order to create additional recommendations regarding substance use issues for youth. The CCC focused workgroups on three areas: Early Childhood, Psychiatric Residential Treatment Facilities (PRTF) and Prevention. Rural and Frontier Subcommittee held a luncheon in Garden City. Will hold another event April 17 and Governor Colyer will attend. Human trafficking has become a big issue. SB 281 was introduced to make some changes to help with the concerns of the rural areas. Will ask Ray Dalton to speak to GBHSPC on behalf of Tri-Care to attempt to address concerns with Tri-Care reimbursement of community services. Kim Nelson, SAMHSA representative, has been involved. Next council meeting is March 21 in room 331 from 9:00 to 3:00 at the New England Building downtown. Park across the street in the parking garage and have the front desk validate ticket.

KDADS / KDHE Quarterly Meetings – Rick attended a meeting yesterday with a number of disability advocates and MCO representatives. Asked about four issues: 1) Peer support and what the agency is doing to expand these services, 2) Rules and regulation for Crisis Intervention Act, 3) What the agency is willing to do regarding reforms for the nursing facilities for mental health (concerns re: poor reimbursement and standard of care). Issues will be revisited May 22. WSU is facilitating the meetings – seem to be by invitation. There are other meetings also going on with other constituencies. (Families Together, Self Advocates, ARC of Douglas County, others – Keys invited but not present) The Secretary spoke about the need for housing as the missing link.

Mental Health Medication Advisory Committee – February 13, 2018 – Unable to attend. Continue to have concerns about process.

Big Tent Coalition - Mike Burgess –

- Ongoing concern regarding dual diagnoses of IDD and mental health issues.
- Transition Bill of Rights – challenge for children of school age who are graduating to get the information regarding what is available to them in the community when they leave school. House Children and Seniors Committee created a bill – HB 2743 – about two weeks after hearing about this issue during an informational meeting. There is information at KDHE, but it is high level large documents that are not really consumable by families. Jim Porter, Chair of the State Board of Education, is going to convene a task force in March without legislation. Please contact Rocky Nichols, Disability Rights Center, if you want to participate. Not sure how members will be selected.
- KanCare 2.0 / Clearinghouse Issues are a top priority.

KanCare Advocates Network – KanCare 2.0 / Clearinghouse issues. Nursing home issues – reimbursement, inspections, fines. Concerns about consumer protection for residents at the homes.

Financial Report adopted - Treasurer - Dues are Due! Please log in to the website to get an invoice or request from Amy Campbell – Balance just over \$12,000. Motion Rhys, Jones second.

10:00 a.m. Coalition Policy Paper Review - Health Equity [Link to Draft](#) Corinna West

This Paper is designed as a policy paper to frame future advocacy efforts of the Coalition. Health Equity / Health Disparities are terms that are being used across systems for goal-setting, but the methods are not always clearly explained. Corinna has used the PolicyLink document distributed by the Kansas Health Foundation.

Rick – appreciate Corinna’s work, need to delve more deeply into the KHF information to see if it is included here.

Eric – interesting to see context here. I’ve often railed against the concept of a mental health system, because what we have doesn’t appear to be a system.

Sandra – talk about some of the things we’ve come up against

Bill – Recently, this was seen as more of a concept of the FQHCs. Have worked with the MCOs to try to knock down barriers for mental health centers to provide or coordinate primary care services. Almost a full time program now, would like to see it double. The more we can integrate care with Do think we will need some kind of focused specialized programs because I don’t see primary care providers absorbing all of that. There is so much more that can be done to promote wellness overall. There are some technical problems along the way with licensure and other issues that I would not have foreseen.

Susan – there are certainly some technical pieces, but work is being done. Then, hope to see another layer earlier and further upstream.

Barb – when you look at the mental health system, have to look not just at the participants, but also at the system itself. We have worked to reduce smoking and drinking pop culturally among our staff – not getting rid of it but working on developing a healthier culture. I remember the days when we used to sell cigarettes in our program. We don’t do that any more, but we still promote sugar and pop. I’ve been looking at staff statistics on smoking, and some are as high as 50%. How can you influence your members to quit smoking if your staff smokes. I really liked the health homes and thought that could have gone a long ways if it hadn’t been cancelled. Also, looking at how we connect people with primary care and teach them to utilize that instead of emergency rooms.

Susan – there are also sessions to help with biorhythms where individuals can identify their productive time. Have also been working with individuals on issues of budgeting and using flexible problem solving in order to add useful tools such as budgeting weekly instead of monthly, locking up designated cash so that it isn’t available to be loaned to family members. Some of health equity is around helping people to be healthy, structuring life to be less stressful, etc.

Sandra – I think it goes to our unidentified biases around the people we serve and the assumptions we make about why we have disparities.

Discussion about jobs, etc.

Mary Jones – employment is a cornerstone of what we do at MHA because it works. This is why we developed housing because we know that it is fundamental as a springboard to so many other pieces of the puzzle, to be able to live in a stable safe environment

Bill – Very important, unfortunately it is easier to talk about billable hours and medical services.

Eric – what should we do with the paper?

Susan –consider making it an agenda item to continue to dialogue about equity and what it means, where KMHC can advance issues.

Rick – very interested in the part where it can translate into further policy positions that we can advance.

Susan – could also change the other groups that we hang out with.

Bill – there are a lot of good points in here. Would like to see pieces of this integrated into our other draft documents. Not sure it warrants a stand-alone document. This is systemic – should be a part of all of our documents.

Susan – think that is an important piece. That is also why this is not a position paper – it is a vision. Hope to use it to start looking at other things that we need to get involved with.

Lynnette – in Crawford County we have a grant called Live Well Crawford County – one element is Health Equity. What we are doing right now is going out in the community and asking community members what are their concerns, what gets in the way of being healthier, what are their own health issues. Hoping to find people who are experiencing health equity barriers and get them involved in our team. Salina is convening a community health summit in March and I am looking forward to that.

Susan – please send us the Salina information. Would you be willing to talk to the Coalition about what you are doing?

Lynnette – Sure – maybe April, could help some of our organizations to do some of that – working with Kevin Baumhoff at Wichita State, meet a couple of times a month. Have a community café coming up.

10:15 a.m. Issue Papers - Step Therapy, Inpatient Crisis, Medicaid Expansion, Peer Support Programs, Clubhouse Program, Supportive Housing, Medicaid Medication Management, Behavioral Health Continuum of Care, Mental Health Task Force Overview
Comprehensive discussion and group review/feedback:

Step Therapy: Corinna - For 3 drugs, cold turkey withdrawals may cause traumatic brain injuries (chemically induced brain injuries) and are very dangerous. "Friends don't let friend quit antipsychotics". Key issue with switching medications.

Sherrie Watkins-Alvey - Why not advocate for science based interventions that would be effective, such as genetic testing that can cost as little as \$400. There are companies out there that can test for 40 different medications. We do that 100% in our PRTFs.

Inpatient Crisis – Nick doesn't support any tax funding for CIA. Rick has a real problem with the issue being blocked by one person. Has served us well to have organizational members be able to block consensus on issue because we have been able to craft consensus, but not happy that it is being used as a flat veto. Bill – those facilities will be doing the work of the government and will not have private funding available. Walt – all due respect, having looked at these facilities, no taxpayer funding would mean no county funding. Feel very strongly that the funding should stay in the document. Sue – doesn't specify what type of funding, may feel like I'm kicking the can down the road, but maybe that conversation will be more timely once the regulations are out and we review how we feel about it. Will this be a legislative issue this year? Lobbyist does not expect much progress this session. Pull it out or vote on it? Suggest pulling out the two words – have a full policy conversation about CIA later. Pull out CIA until such time that we can fully debate.

Medicaid Expansion – Paper seems to be in good shape.

Peer Support – this is the only truly new paper. Need to know if there are any pieces that members do not agree with. We will need to pull some of it out because it won't fit on the formatted page. Susan and David worked with Corinna to craft this paper. Rick – need a clearer ask. Need to ask for a path to training for certified peer specialists, integration of peer specialists in all venues. Develop new options on the continuum of care, perhaps respite centers as a voluntary option for crisis prevention. Add housing programs. Reference the childrens continuum of care, add the asks on the back. Bill – much improved document, Valeo employs 350 people, but 25% would be a stretch. 25% is a high standard and probably not achievable.

Clubhouse – Add language "can be an essential part of the continuum of care"

Medicaid Medication Management – add bio testing info - called gene psych.

Community Based MH Services – asterisk the MH Task Force recommendations to be clear that we endorse the report except CIA – Crisis Intervention Act. We do not have unanimous consensus on that issue.

Childrens Issues – Jane and Sherrie will submit paper based on the work of the Childrens Continuum of Care Report.

10:30 a.m. Lobbyist Report - Kansas Legislature

- SB 38 - Medicaid Expansion - [Link to testimony](#)
- SB 195 - Suspension of Medicaid Benefits for Incarcerated Individuals [Link to testimony](#)
- SB 304 - Step Therapy parameters for private insurance coverage [Link to testimony](#)
- SB 316 - Improve Medicaid tobacco cessation services [Link to testimony](#)
- SB 333 - Rescinding portions of Jason Flatt Suicide Prevention Act [Link to testimony](#)
- SB 438 – Remove prior authorization requirements for Medicaid when prescribed by behavioral health facilities
- HB 2517 - Lottery Vending Machines to fund mental health and crisis services [Link to testimony](#)
- HB 2549 - State Hospital Catchment Areas Removed, amendments to competency statutes [Link to testimony](#)
- KanCare Delay Legislation: Senate Bill 300 and House Bill would delay KanCare 2.0 - have significant implications for the current bidding process for the next three years contract with MCOs.
- IMD Exclusion Federal Waiver

11:00 a.m. KDADS Report: Gary Henault, Sissy McKinzie

Central Mental Health – Salina is developing crisis stabilization services, Manhattan is another possibility.

Agency is looking at developing a 24 hour crisis hotline service – details pending.

Working with CRO program to work within the hospitals to continue to move within the process. Will be also looking at involving CROs in the community transitions from NFMHs.

NFMH training program implementing through MHA of the Heartland and ACMHCK

Life Case Management Training program –

Sissy MacKenzie, KDADS – Home Based Family Therapy is a Medicaid eligible service. Public comment period was approved.

KDHE/KDADS/MCOs are working to implement the details. K-State Home Based Family Therapy certification program will be required.

It is a revision of the training policy, not a new program. Collecting information from MCOs about how many families are utilizing service.

SBIRT free online training through KU. Brought copies.

11:30 a.m. Adjourn

2018 KMHC Meetings: 9 a.m.–11:30 a.m. Jan 24, Feb. 28, Mar. 28, April 25, May 23, June 27, July 25, Aug 22, Sept. 26, Oct. 24, Nov TBA, Dec.

Board Meetings: 12 noon quarterly the 4th Wednesdays (March 28, June 27, Sept. 26, Dec. TBA)

Advocacy Committee Meetings: January - March: Friday teleconferences, Meet after Coalition meetings: January 24, February 28, April 25, May 23, August 22, October 24

Contact: Amy Campbell, Lobbyist 785-969-1617