

Kansas Mental Health Coalition

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

Minutes

March 24, 2021 Monthly Meeting - Zoom

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

Mary Jones	Jessica Huber, Sedgwick County
Josh Lyman, Reclamation House	Will Warnes, Kids TLC
Brad Chapin, Stormont Vail	Michelle Ponce, ACMHCK
Carol Spiker, KDADS	Jane Rhys
Fred Watts, KVC Hospital	Matt Spezia, P3
Heather Richardson, ACMHCK	Doug Bowman, KDADS
Jenna Groth, KSPHQ	Patrick Flaming
Jesica Huber	Barb Andres, Breakthrough
Ashley Grill, JoCo MHC	Dana Schoffelman, Florence Crittenton
Bill Persinger, Valeo	Kiros Misgna
Terry Mc - Otsuka	Brenda Groves
Steve Solomon, Emberhope	Nancy Jensen
Susan Montague, St. Francis	Ryan Reza, NAMI
Stacy Manbeck, Spring River	Colin Thomasset, FSGC
Emily Jensen	Sherri Luthe
Juliana Seller, P3	Susan Zalenski, J & J
Rick Cagan, NAMI	Mallory Lutz, BHA
Shereen Ellis, Aetna	

Minutes of the previous meeting adopted. Motion by Spezia, second Montague. [Read minutes](#)

9:45 a.m. Reports

Board of Directors - meet today on adjournment

Financial Report adopted. 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 – Carol Spiker, KDADS - GBHSPC has created a new subcommittee on problem gambling to look closely at the use of funds from the Problem Gambling and Addictions Fund.

Big Tent Coalition - Mike Burgess

KanCare Advocates Network - Sean Gatewood

Consumer Programs - Matt Spezia, P3 - March 27 2 pm – Story Circle, Poetry Fort Event upcoming, two writing workshops will be happening – get connected! Peer Information Campuses – PIC – submit content to info@poetryforpersonalpower.org. Drug use is increasing – Narcan reversal training. \$150 sponsorships for

events if you distribute our surveys. We don't do any thing with under 18 right now. There is a suicide prevention art contest for youth right now by HQ and KDADS.

Technical assistance offered to non-profits. Wellness Recovery Action Plan training going on now and one this weekend. Reach out if you would like to participate! CCAR peer recovery coach training coming up in May 17-20 – hoping to be in person in small group. April – daily poetry writing workshop. Also creating peer based mental health conference to be African-American centric. RFP for presenters coming soon!

Parity Committee - Rick Cagan – February meeting focused on development of messaging to reach public. Not having a tangible goal in mind for the Legislature right now is a recognition that we must focus on awareness and education to get better enforcement of regulations. Anyone with social media expertise is welcome to help the committee. Would love additional responses from the parity provider survey.

10:00 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 -

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

10:30 a.m. Andy Brown, KDADS Update

meeting with Rep. Landwehr and telecom representatives this afternoon to see what kind of progress we can make. Landwehr is very committed to the bill and keeping it alive. Without a bill on the Senate side, the House Bill needs to be turned around and sent to the Senate. There are opponents that are recommending delaying. Others suggest passing it with a lower fee. No tax folks oppose any fee at all.

We are not quite ready to go public with attacking telecom opponents. That may become necessary.

988 planning grant coordinator has been hired. Planning is underway. We have initiated some meetings but need to broaden the planning coalition. We are not getting very good direction from the federal level about what the NSPL wants the planning grant to accomplish yet. One of the points to drive home is that what makes or breaks

the success of the 988 line in Kansas is if the phone call is answered in Kansas and if the person on the line needs services, are we able to dispatch those services in the community? If 988 happened tomorrow, we wouldn't have that. The 988 bill is very important because it provides the funding to establish those services. We could use other funding, but we have been asking for these services through the Mental Health Task Force and other venues for five years.

If we want the crisis now response, this is our chance to make that happen. Delaying the bill by a year or not passing it due to the tax portion is basically saying we don't intend to fund this program. We have to get legislators to buy into that or go on record saying they don't want to fund it. If they do want to fund it, how are they going to do that?

Crisis Now Model means there is someone to talk to you and someone to respond to the call.

One of the misnomers out there is the idea that the 988 bill will pay for the entire system. This is actually one rope to pull in to braid funding to support the system. \$17.4 m won't go all that far to fund a \$150 million crisis project. When you look at the Crisis Now calculator – to shift from sending people to hospitals or emergency rooms through mobile crisis response, there is a significant savings but the overall system has a cost involved. Washington uses an ASO to receive braided funding to provide the crisis service. Instead of three MCOs, there would be one ASO serving all insured, uninsured, and Medicaid. That will be a big shift in how we fund services in Kansas. Currently, we use the MCO system.

Supported Decision Making Bill will also be debated by the full House today.

Mary Jones – asking about the impact of SB 13 sitting on the Governor's desk today. It rewrites how emergency orders can be issued through the Governor, providing overrule authority to the Legislature.

Governor's declaration mostly impacts Board of Healing Arts items such as ARNPs and doctors, for instance, re-issuing prescriptions.

Don't see it impacting all of those items that are authorized by the federal government – through HHS and CMS. Telehealth and other expanded items continue as ordered.

Rescinding the verbal consent for patient treatment – no, this hasn't changed. Guidance is in place until it is rescinded.

CFR 42 part 2 - Question regarding verbal consent and its conflict with current regulations – Andy indicates providers can get their own legal opinion if wanted. Believe we are within our rights under SAMHSA for now. Will update if needed.

Nancy Jensen – how does 988 interact with the Crisis Intervention Act?

We might go back to see if there are changes that need to be made in that Act, as it was written before 988. The intent of that Act was to create Crisis Intervention Centers. The idea with 988 is that there would be a specific crisis line for people to call when there is a behavioral health crisis. Could be dealt with through the phone call alone, or may require actual crisis response. If in person response is called for, the intervention team would do a screening. That screening would be for hospitalization if appropriate or could be for referral to a crisis center. The Crisis Intervention Act would only be in play if someone was referred to a Crisis Intervention Center.

11:00 a.m. Agency Update: Sarah Fertig, Medicaid Director

Telehealth – roundtable discussion with House Health and Human Services. KDHE's position remains that we have no intention to dial back telehealth options any time soon unless state law or federal rules would require us to do that. We believe the provider groups and individuals receiving services are most effective for that. Our data tends to be more impersonal and not persuasive.

Keeping an eye on parity for payments. If we were to start paying an originating site fee for visits from the provider's home, there would be a price tag. We don't have a dog in that fight.

Medicaid Expansion bill was SB 287, HB 2436 – introduction was delayed. These bills are tied to authorizing a medical marijuana system for state investment. Federal financial participation is 90% which is a good deal, but still a sticking point for legislators. The idea is that revenues from medical marijuana would cover the state's cost.

Protected Income Limit raised to 150% of SSI for PACE and – it is currently in regulation as a result of a proviso. There had been some discussion of increasing to 300%. There was some support for that. We would support that – doesn't affect our 1115 waiver budget neutrality at all. Price tag comes from less client obligation funds collected.

IDD Rate Increase – SB 154 / HB 2046 – phased in over three years.

SB 227 – adds adult dental benefits – high price tag.

HB 2372 – provider assessment program for ground ambulance services. Don't think it had a hearing yet.

S Sub for SB 238 – Passed committee. House leadership might be concerned about the price tag. Others fear it is amendable with Medicaid Expansion, so it was amended to remove the Medicaid funding portion. Wants the policy piece to move across the House floor.

Federal American Rescue Act – contains exciting provisions for Medicaid – extend coverage for pregnant women up to 12 months post-partum using a state plan amendment. This would usually require an 1115 waiver amendment which can take over a year to accomplish. There is a cadre of legislators that are very wary of anything that smells anything like Medicaid expansion. Visiting with people to learn about the needs for post-partum care.

Draw down an additional 8% FMAP for enhanced federal match. Additional federal dollars for base Medicaid federal match for two years - \$460 million – would free up SGF for something else. Hoping this new opportunity moves the debate.

Additional 10% federal dollars to supplement HCBS, PACE and home health services. Can't be used to offset what we are already doing. KDADS digesting that to see how those funds might be used. Could be \$60 to \$80 million.

Next Bethell meeting is April 22.

Rick Cagan – tobacco cessation question

Lots of questions about the effect of COVID on the Medicaid population. We have a delay in receiving data from the MCOs – no real time information. Kind of waiting until we have more time to have a global look. Looking to examine positive COVID tests and vaccination data.

11:25 a.m. Announcements

Recovery Conference will be June 8-9 in Junction City – Marriott – only allowing 100 attendees in person, but it will be a hybrid event so many can participate virtually as well. Nancy Jensen, CAC. Registration and workshop proposals open soon.

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

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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