

Kansas Mental Health Coalition

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

Minutes

April 22, 2020 Monthly Meeting

Due to public health orders related to COVID-19, KMHC met by Teleconference 1-515-606-5183,

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

Minutes of the previous meeting adopted – motion Matt Spezia, second Jane Rhys.

9:45 a.m. Reports

Board of Directors – Next meeting June. Annual elections will be next month.

Financial Report adopted as presented by Amy Campbell with 3825.32. Motion by Sue Lewis, second Shereen Ellis. Please log in to the website to pay your dues!

Advocacy Committee –Grassroots Advocacy Network - 400 people participated in Advocacy Day. Governor Kelly addressed the crowd during the rally. Leadership and Collaboration Awards presented to Rep. Will Carpenter and Rep. Susan Ruiz. Member of the Year presented to Corinna West. Please provide feedback on evaluation forms or through email. [Print Evaluation form](#). Please thank our generous [sponsors and exhibitors](#)! The Advocacy Day Committee is seeking additional members to take on the responsibilities of Advocacy Day and building on the gains made through our training events in Topeka, Shawnee and Wichita. It remains to be seen whether or not there will be in person events over the next 12-18 months, but we will make reservations assuming that the gatherings will be possible and make changes as necessary.

Governor’s Behavioral Health Services Planning Committee – Wes Cole – The subcommittees have been doing a tremendous job. IT infrastructure at KDADS – they have made a few changes for communication that will be helpful. Have had some phone exec meetings covering staffing activities, leadership messages and work that is going on.

The Aging Subcommittee is on hold, appointments are also on hold. Amy said she had seen a report with some appointments confirmed by the Governor and will follow up.

It is an important time for all of us to come together again – bring the Council and subcommittees together and invite others to sit down and process lessons learned and coordinate for future efforts. The Coalition will also play a key role as we view lessons learned and prepare for the future.

Big Tent Coalition – Mike Burgess – The Coalition met last week and mostly discussed COVID-19 information. Some of the Big Tent members submitted policy recommendations to help the State to care for persons with disabilities during the pandemic. Requesting an agency response by letter. Want to be sure that people are not being left out due to their disabilities.

KanCare Advocates Network – Amy – The Network meets weekly and is periodically joined by Adam Proffit, Medicaid Director, and Janis DeBoer, KDADS Deputy Secretary. There are ongoing meetings and efforts to provide input to the state’s new Medicaid waivers and program waivers with CMS. Recently, have been pressing the state to prioritize persons with disabilities for assistance during the “stay at home” orders, getting access to PPE and in home services, as well as looking at the options provided for in the Appendix K filing. Appendix K provides for rules of operation during a disaster declaration.

Consumer Programs – Matt Spezia – working to transition to online – we have peer support services available online – reach out to us. We can also help you to set up peer services. PoetryforPersonalPower.org

Direct topicality – looking for those who can contribute to training. Want to congregate the training in one place to help people to find access. MSpezia@poetryforpersonalpower.org

I'm a big team effort guy – info for technology platforms. Two apps are really getting used: Zoom meetings and CrowdCast. Latter is very useful for larger crowd events – can put certain people “on stage” with a speaker/crowd relationship. The audience doesn't have the microphone/camera function but can comment.

Jennifer Padron – we have a group that has put a program online. I would be able to see programs and trainings on your website? (Dropdown tab)

Matt – that is the question we need to answer for those who do not have online access. We are trying to get PPE.

Corinna – recommend continued contacts as long as the participants stay six feet away and use appropriate caution. How many peer specialists?

76 advocates – 20ish certified PSS. Also have other trained staff. Making calls pretty regularly for around 10 clients.

Heartland Consumer Network – Corinna – looking at drug leads related to COVID. Three molecular targets – there is a good list of 233 clinical trials running around the world. It is a matter of how the public will be able to ask for those medicines. There are various nutraceuticals that bind to the proteins. Black tea has one of the effective compounds. Encourage eating plenty of purple fruits – have compounds that bind to the proteins. Getting information out about healthy eating. Putting out a survey of action items. An existential crisis is not a mental health issue. Our issue right now is that we have no funding so it is difficult to get things moving on various fronts.

Parity Committee - Amy Campbell -Rick Cagan - New York Attorney General assessed some civil penalties in New York to a company similar to New Directions and role they play with BCBS. The document in effect asserts that the NY company was treating behavioral health differently than other health issues. The information was forwarded to KID staff and asked them to review it in the context of a Kansas market study that could get at similar issues. Reaching out next week to House leadership regarding creation of promised task force.

Peer Certification - working committee - Mary Jones – still pending.

10:00 a.m. Kansas Behavioral Health during COVID-19

11:00 a.m. Lobbyist Update - State Legislature and budget summary. – LCC meeting to reconvene Legislature. Moved update to 10:05 a.m.

10:30 a.m. Special Guest - Andy Brown, KDADS Commissioner of Behavioral Health - Up to date information regarding KDADS actions, program changes and federal grant.

Emergency COVID-19 grant – working on special terms and conditions this week and will be hiring a project director. \$2 million for new services to people with SPMI or SMI diagnosis. 10% for services to health care workers who are underinsured or uninsured and impacted by COVID-19 due to their work. 20% for those impacted by stressors and needing access to counseling or other services.

Establishing a process for CMHCs in hot spots to access the fund. Tricky part is that they are to be new services and can't fund current services.

There is a small pocket of the fund for outreach – consumer services. Funding ends in 16 months.

Telemedicine policy changes – have been working to open codes for telehealth services. On the mental health side, it has been more difficult than the SUD side. We do have a guidance in place for both providers.

For the last six weeks, we have been trying to focus in on vulnerable populations – those who are transitioning to community from hospitals and incarceration. Trying to connect them with eligibility for benefits and linking to services. Had a meeting last week with the Association and fielded some requests – forwarding those to the KanCare program. Attempting to make links between

Jen Padron – regarding telehealth – providing for people? We have already put that in place.

Mary Jones – from a service provider standpoint, we appreciate KDADS rapid response in getting those codes available. We have been doing a lot of person to person contact still, but that really did help.

Feel pretty good about where we are now.

Barb Andres – how is the funding for the clubhouses going to be affected? Can we feel secure that it won't be taken or used for other purposes?

Andy – I haven't been provided with any estimates of how our programs will be affected in terms of what is happening right now. There will be cuts and I don't know what programs will first be affected. I have specific fear relating to the vending machine money because we haven't already been tapped into it, because it hasn't generated enough money for us to use it for the intended purpose. The agency did request supplemental funding for that this year, we will have a better sense later. We do expect possible program cuts related to COVID-19. We will do our best to protect programs for the most vulnerable. We will also be evaluating federal funds to measure what they might be targeted for and how they might overlap or supplement state-funded programs.

Are we still trying to get those other lottery machines to Kansas?

Andy – the lottery machines themselves are in a roll-out process. I don't think they are anywhere near the scope they had planned.

Charles – they haven't set any in JoCo yet and I think the money would be flowing if they were here.

Andy – Brad kind of keeps his finger on the pulse of what is happening with the KS Lottery. I do not have a direct line of authority to provide them with any guidance on how to distribute their machines. If the Coalition wants to write a policy position on that – you could take it to them.

Need to help get people back to work.

Andy – while we are doing what we can right now to keep people safe, the revenue impact is considerate. Still considerably lower than the impact on the loss of life that could occur. It is a significant issue and concern, but don't feel like it is outweighed right now by the public health concern.

Want to support her effort but give her backing

R.A. McMillan - Thank you for your and KDADS effort to push through this COVID-19 response grant. I am a SOAR benefit specialist for Pawnee MH. Appreciate the work and shout out to Melissa Bogart-Starkey. From an advocates perspective, when you say cut I say heck no and appreciate your work to protect the most vulnerable. Can you speak more about the outreach and the effort to communicate with companies to get internet access, phones and other resources to people so they can take advantage of that. How can we support those outreach efforts? What might that look like with the response grant money gets flowing?

Andy – we are trying to support our SOAR workers and their benefits, looking at how we can work through CROs to reach people who are not likely to walk into CMHCs. Hoping to work with both professional associations to reach out to health care providers. Work with advertising in hot spot areas in both English and Spanish. Trying to provide support to our hotlines in Kansas that are up and operating and trying to provide services. Obviously, for people who have an MCO through KanCare, they are a great resource to reach out to cell phone and technology assistance programs. Want to expand those services – mostly use the federal program called LIFELINE to get mobile phones out to their members who need that. Different MCOs are doing different things, but all are working on COVID-19 messaging and we are trying to get them to include behavioral health language. Also working through our prevention coalitions, using social media and other outreach. National Disaster Helpline. National Suicide Prevention Helpline. 211 Resource Line. As we are trying to build those referral networks, we will see those help channel early identification and referral to treatment. Hopefully, we could see more people connected to treatment through these efforts.

How can our people get PPE? Understand that certain waiver recipients are entitled to those products monthly through their waiver.

There have been a lot of homemade mask-making projects. Part of the reason all of this shelter at home effort is important is because we don't have the PPE needed to make most public spaces reasonably safe. The amount of PPE available seems to be expanding and we really appreciate those people who have been making and donating cloth masks to the state hospital and to staff at other medical facilities. Cloth masks are not the most safe, but are

helpful. Surgical masks are better, but have to be thrown away after every use. N95 masks are more effective than both, but also need to be thrown away after each use. So, there are varying levels of protection. The most important public health advice is hand washing and cleaning and disinfecting the items you touch, along with surfaces.

I would suspect that in a case where someone is exposed to COVID-19 and in quarantine, we might be able to access cleaning assistance, but our folks are not identified as the vulnerable population. Not assumed to have a compromised immune system and need help with daily living/PPE.

Resource scarcity issue – our scarce resource is ICU beds, and they were almost full a few days ago. That is the resource to be tracking. We do not want any increased need where we can.

I wonder if people in the BH community have not grasped the serious nature of this virus and made the necessary adaptations to be as safe as possible. Need innovation and adapting to different ways to provide those services.

Louis – minority areas and the impact on the African-American community. There was a lack of understanding among the community about the illness. It doesn't seem like the information is really getting out there to many people in my community.

Andy – Federal level of funding is not dependent on tax revenue, they can do deficit spending. State can't do that. Federal funding is coming in waves. Last round of fed funds is also very limited in what it can be used for. Encourages members to reach out to federal representation regarding the need for funding to support state programs when revenues drop.

Council of State Government, NAMHSPD and a couple of other national organizations to inform and direct efforts for behavioral health funding at the federal level. We want to advocate for our needs to our representatives to get federal legislation in place to support us at this time. The money that has already come into this state has been largely available to FQHCs, hospitals, KS Housing Resource Center, FEMA.

The more you can advocate for continued support,

The \$2 m grant is the only federal BH related funding we have received.

Aside from the stay at home and wash your hands speech, you can follow our social media – we are trying to be pro-active. KDHE has a robust COVID-19 website. Feel free to reach out to me, we are all working from home to make the most of what we've got. Appreciate your support and the work you are doing every day to keep people safe.

Hope to be able to talk to you next month.

10:30 a.m. Kansas Behavioral Health during COVID-19

Mary Jones - HUD has released a number of waivers – MHASCK is involved with housing. We have been able to deploy staff that was formerly restricted, but we can get people connected with housing that might not have qualified before. In particular, we are working with people that are older. We are giving masks to staff and residents. Our local brewery is making sanitizer and we have received gallons.

Beyond telehealth platforms – can interact through telephone and limited personal contact.

R.A. – HUD website talks about getting internet connectivity and computers in their homes. Kansas COC is prepping for our board meeting later this month and identified that some people don't have internet connectivity. Encourage PPE for anyone visiting homes or other in person outreach.

Monica – we are seeing a uptick from about two weeks ago on our local lifeline and the National Suicide Prevention Lifeline. The SAMHSA Disaster Help Line has had a huge increase and they are rolling over some contacts to us. We have had to limit the number of volunteers present – so, the text line is helpful because that can be answered remotely. Definitely seeing stress – economic stress and isolation are having a profound effect on people's mental health.

Shereen – do you refer to local warm lines?

We provide those options to volunteers but I can't quantify the referrals.

Shereen – have been volunteering for the Shawnee County warm line but it has been up for only a few weeks.

Please feel free to send me contact information because we are getting a lot of resource emails.

Sue - Mental Health America has a consumer run warm line – 1 p.m. to 10 p.m. – have expanded our hours and we are seeing a lot of engagement.

Jen Padron – very impressed with what you are doing. Group I am involved with is doing home based programming – volunteer – SRCTPSN.net or SRCCPSN?

Keys for Networking – post that number

Corinna – Heartland Consumer Network, working on additional research relating to what can be helpful to people to stay healthy and avoid infection.

Urban Wildfinds – give out garden plants, Spreading information for natural food resources. Researching benefits of natural food resources. Trying to put together a clinical trial to put lower income folks in line. Work toward outreach and scaling up peer services.

R.A. – thanked the group for the meeting and the teleconference access.

11:25 a.m. Announcements

11:30 a.m. Adjourn