

KANSAS MENTAL HEALTH COALITION

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

Minutes

April 27, 2016 Monthly Meeting

Valeo Behavioral Health Center - 330 SW Oakley, Topeka, KS - Basement Conference Room

(teleconference access 1-877-278-8686, enter 982797 use codes: *7 mute / *9 unmute) Meeting room wi-fi: Guest@caccess

9:00 a.m.

Introductions and sign-in sheet

Susan Lewis, President

Rick Cagan, NAMI KS

Ken Kerle, CIT

Lynn Lemke, Marillac

Ira Stamm, Psychologist

Wes Cole, GBHSPC

Jane Rhys

Chris Beal, Otsuka

On the phone:

Heather Elliott, ACMHCK

Marcia Epstein

Lauren Wiebe, Intern NAMI

Dana Schoffelman, Florence Crittenton

Steve Solomon,

Sandra Dixon, DCCCA

Alexandra Simmons, MHAH

Jessie Kaye, Prairie View

Nick Reinecker

Financial Report adopted. Cagan motion, Nichols second. Report presented by Andy Brown, Treasurer. KMHC is operating at a deficit, please go to the website below, log in, and renew your memberships!

Please renew your membership at [KMHC website](#). First, log in, select your membership renewal and the site will generate an invoice to pay by check. Contact Amy if you have questions.

Minutes of the previous meeting adopted. Cagan motion, Lemke second.

9:15 a.m. Reports

Board of Directors – Board met and adopted nominating report: Susan Lewis, President is nominate to serve a full term. Seeking a candidate to fill Secretary position as Mark Wiebe may be unable to continue. Patrick Yancey and Bill Persinger are nominated to fill board positions. Jane Adams, Rick Cagan, and Walt Hill are eligible for re-election to the Board. The Election will be May 25 at the KMHC Annual Business Meeting. Will meet in June.

Advocacy Committee –Grassroots Advocacy Network - Eric Harkness, Chair – Committee met last week by phone and will meet today after this meeting at the Topeka Shawnee County Public Library. Reviewed participant survey results and Advocacy Day debriefing.

Mental Health and Aging Coalition - April 22nd from 12:30 to 2. If someone would like to participate in the Coalition, either in person or virtually, they should send their name and contact information, including email, to courtneyminter@carehavenhomes.com

Governor’s Behavioral Health Services Planning Council – Wes Cole – Two positions were filled – family member of child w SED and a family member of an adult with SUD.

May 12 – meet at Valeo at 9 a.m. – May is National Children’s Month. Also concerned about waiting list for KanCare.

Doug Wallace has resigned from KDADS and is going to work for the Department of Commerce.

KDADS is creating a new task force to review previous reports and focus on key recommendations to develop action steps to build on that work and the work of the Adult Continuum of Care Committee.

Report on Insurance Issues - Kansas Insurance Department – there was a meeting with some members of the Coalition to talk about some parity related issues.

Kansas Health Foundation – has announced their tobacco recovery project – will be providing a series of grants to promote tobacco free policies at recovery centers, mental health centers. Will have another level of grants focusing more on policy – Behavioral Health Tobacco Cessation Advocacy Project. In the first year, the objective is to create a guideline that could be followed by mental health centers, addiction treatment providers and others. WSU will be involved in the program.

9:45 a.m. GBHSPC Report - Update on Consumer Run Organizations – Simon Messmer and Wes Cole – WSU fills the role of coordinating work with the CROs, including facilitating the quarterly network meetings of the CRO and monthly meetings of the “work group”.

3 CROs are designated as regional recovery centers – to be a resource among all the CROs. The CRO work group includes their representatives, MCOs, WSU and KDADS. They are examining the possibility of CROs providing peer support services eligible for Medicaid reimbursement. Also looking at options for peer services to provide hospital diversion services.

In June, will be restoring funding that was lost a year or so ago. This will help with capacity. CRO services need to be more grassroots than the typical CMHC setting, but need to be able to carry a reliable, professional role in the system. Facilitating the groups helps to maintain the professionalism and quality role.

Some discussion of the concerns that might occur at the CMHC or provider level. Ira Stamm points out that the issue is not whether or not these services compete with other kinds of services. The issue is that when such programs are created, third party payors may choose to direct patients to these less expensive options and reduce availability to current treatment.

Would not want to see this service replace current treatment options. CROs work best to compliment other treatment and services.

Work group is to provide a report to the agency Physical needs, space, technology, staff. The Peer Support Specialists training program at WSU is on track to train

We have a Peer Support Specialist team at Osawatomie but not Larned. The Mercer Study actually did not recommend keeping the team, but it is still in place. It may be that the consultants with the Mercer Study were only looking at acute short term inpatient models or that the hospitals they studied simply didn't have such services in place because it is a newer growing model of service.

Would the peer support specialists earn a living wage? That would be the goal. In some areas, they are not getting the hours and pay needed to live on. In other areas, they do. Simon indicated that often they graduate from the PSS position, get additional education and move to case management positions.

10:00 a.m. Guest Topic - Medicaid Mental Health Medications Advisory Committee Update
- Aaron Dunkel, Deputy Secretary, KDHE CANCELLED.

10:30 a.m. Legislative Update

SB 341 Step Therapy for Medicaid Medications

State Hospitals - Staffing Problems, Unit closed at LSH, Privatization

Adult Continuum of Care - modified stakeholder group to reconvene

SB 323 Jason Flatt Act - Suicide Prevention

SB 447 Tax Checkoff for Behavioral Health Programs

Other KDADS issues and legislation - SB 460, SB 422, SB 446, SB 449.

SB 367 Juvenile Justice Reform- passed and signed by the Governor

HB 2534 Seclusion and Restraint Legislation

Medicaid Access Coalition.

11:00 a.m. Update from Bill Rein and Nikki Gilliland, Kansas Dept. for Aging and Disability Services – Bill Rein, Commissioner of CSP, has been serving as interim superintendent at Larned State Hospital for the past seven weeks.

Nikki Gilliland – Report

Governor's Budget Amendment – 11.4 m FY 16 for KDADS, mostly OSH. Has had to renovate the baseboards in the hospital – wasn't called out in the actual survey, but that it is an infection control issue. Have patients in A2 unit while it is empty and then will change A1, which is occupied.

Updating internal documentation, looking more closely at risk management. High employee turnover means that many employees are not familiar with the inspection standards.

Also facing DSH withholdings due to including SPTP numbers in reimbursement documentation. (\$2.89m per year for two years.)

Salary study has shown that our nurse salaries were under industry standards.

Trying to engage with schools who train young professionals to improve relationships and encourage potential recruits to consider the state hospitals for employment. Must share all of the positive changes to encourage professors and counselors to recommend employment with us. We are still understaffed for nurses.

FY 17 - \$5.6 million – pay increases at both hospitals. Larned is competing with correctional facility for staffing – move techs up to be comparable. Also bringing Osawatometie up to rates. Fund the overflow beds at KVC Prairie Ridge – 12 beds are staying full (we pay for 10 no matter what).

Staffing: Jeannie Irvin Wertz – was hired as adult patient care coordinator. Have interviewed for mental health director. Good candidates. Doug Wallace resigning effective May 5 from position as Housing and Homelessness Coordinator.

Moving forward with the new Advisory Group to continue the work of the Adult Continuum of Care Committee.

Assigned Linda Blasi, KDADS staff, to finally move forward with the Childrens Continuum of Care Committee. She had been assisting Pam McDuffett in the creation of the charter before Pam left. Will include DCF, KDOC and others. Some people have been invited, but the list isn't complete. Linda Blasi will also be staffing GBHSPC.

Systems of Care Grant application=\$9.5 million over 4 years for implementing trauma informed care and SED.

OSH = 143 w 14 on wait list. LSH =79 – allowing for 6 additional, can take voluntary. KVC is down to 9 this morning and can help with the waiting list.

Depending on staffing, would like to apply for recertification by end of May. Two part process.

Seeking recertification for ADAIR A Building because it is the only building that has had the physical remodeling done = 60 beds. Leading up to now, have been calling that the Osawatometie Certified hospital. Being tasked by CMS to clearly differentiate the two areas = two hospitals. Because of statute, must be "at Osawatometie State Hospital". Asked staff for suggestions. Name will be Adair Acute Care at Osawatometie State Hospital.

When will OSH add beds back online? Recertification is the priority and won't expand until appropriate staffing is in place.

Hearing reporting that a number of the patients at OSH are inappropriate admissions – perhaps due to their addictions produced psychosis? What about them? If we exclude them from the hospital, we are creating another crisis for ourselves. Do we change our criteria?

For the certified hospital, must meet the CMS criteria – must be able to benefit from treatment. At admission, will determine who is eligible for the certified hospital. Also, working to identify the options available for people who may not benefit from the continued placement at the hospital and where they can go. It is a required piece of the discharge planning process.

Hoping the Adult Continuum of Care group can help with some of this.

Need to be sure that admissions are appropriate and they can benefit from hospitalization – must be able to assert that it is the appropriate treatment in the least restrictive environment.

Cole – when I was at the hospital, my biggest concern was the level of training. I think you have made good strides there. That training and hiring qualified people will be the key to getting over this hump.

Bill Rein – Larned State Hospital - Went to Larned in order to live in the area with the staff and learn the issues.

#1 – strain on the one psychologist who was supervising numerous interns and required

#2 – SPTP – developing unified program for SPTP, transition program

#3 – Larned State Hospital is one of the most complex programs in Kansas. We have three hospitals – and any one of the three could be the largest employer in almost any Kansas city. Psychiatric Hospital / State Security Hospital –Isaac Ray Building (correctional and screening and evaluation) / Sexual Predator Treatment Program.

Employee issues – excessive overtime, perception of lack of respect, lack of trust with Topeka. Worked to build rapport with staff and listen to their problems.

Action – putting together programs. Some of the staff are 3rd generation. Administration, engineering, construction. Put out a memo asking if any would be willing to take positions on the wards if they were given the training. Similar to CAN training. There are now several who are working on the units. Went to the Department of Corrections and they had been through similar shortages, so they were helpful. There are two Corrections facilities on the site. KDOC sent a memo to both the adult and juvenile facilities to see if any of them would be willing to work overtime. The adult section is pretty tight, but the youth facility had flexibility. Have 15 who were willing to undergo training and help out.

There are two rehab units for correctional inmates that offered flexibility, Isaac Ray S1 and S2, so we closed them and transferred these (non-acute) inmates back to KDOC treatment units. 30 have been moved so far. There are 30 more that will be transferred. I view it as similar to NASA, shutting down a control module for the safety of the individuals involved.

So, we have already been able to move some of our already trained nursing staff to areas of greatest need.

Looking very closely at mentoring or shadowing to provide support to new staff. Trying to identify people who really have that desire and that talent to help make new employees feel very supported and safe in their positions.

Just returned from a two day training for new commissioners – average tenure is 2 ½ years. They tell you you aren't going to be here very long. Most important thing you can do is probably to keep things going as well as you can, but look at one or two things that are important to you and focus on making improvements there.

I remember when Walt Menninger used to come to the state hospital and do rounds with some of the toughest patients in the morning. We had some psychologists who came out and toured with us. I spoke to them about our state's history and strength in psychiatric treatment. Also tried to emphasize the range and focus of multiple mh facilities on the location that could benefit mental health professionals.

Thinking we can provide that opportunity and should be able to get back the quality of care that we are accustomed to.

Still believe the Emergency Observation and Treatment legislation – opportunity for the 72 hour holds – is something I am very passionate about. The legislation didn't advance this year, but think it is very important.

Would love to see more forensic screening done in the community. It is not that complicated.

Never had any desire to be the superintendent of a state mental health hospital, but this hospital is different. There are three hospitals there and they are all court ordered. It is an important service. In the short time I was there, I took it to heart, I hope it was helpful, and I really do care about the success of that facility.

Wes – when I started at the hospital – it was a career advancing move. It has changed and we need to bring that back. It takes good leadership to make that possible.

Interim Superintendent at LSH – Chris Mattingly.

11:25 a.m. Announcements

11:30 a.m. Adjourn

2016 KMHC Meetings: 9 a.m.–11:30 a.m. Jan 27, Feb. 24, Mar. 23, April 27, May 25, June 22, July 27, Aug 24, Sept. 28, Oct. 26, Nov 16, Dec. 14

For more information, contact: Kansas Mental Health Coalition

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<http://kansasmentalhealthcoalition.onefireplace.com>