

# Kansas Mental Health Coalition

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

## Minutes

*Click on underlined items for web links.*

### April 28, 2021 Monthly Meeting - Zoom

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

Nancy Jensen	Janell Stang
Dave Williams, KS Breakthrough	Patricia Cellier
Heather Richardson, ACMHCK	Tiara Nicole
Michelle Ponce, ACMHCK	Will Warnes
Jeannine Hurford	Davis Finley, Zero Reasons Why
Susan Montague, St. Francis	Marcia Epstein
Abigail Koch, student	Susan Zalenski, J&J
Sue Lewis, MHAH	Ryan Reza, NAMI KS
Shereen Ellis, Aetna	Mike Burgess
Shanti Ramcharan	Kate
Steve Solomon	Matt Spezia, P3
Ashley Grill, JoCo MHC	Jamie Felton
Brenda Groves, Parent	Becky Fast, KSNASW
Rick Cagan, NAMI	Stuart Little, KBHA
Chad Childs	Regina Wagner, P3
Monica Kurz, KSPHQ	Travis Freed, FSGC
Jenna Groth, KSPHQ	Kurt Haberkorn
R.A. McMillan, Pawnee / CAC	Jason Osterhaus
David Larson, NAMI Wichita	Doug Bowman, KDADS
Dave Ranney	Amy Campbell

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

#### 9:45 a.m. Reports

**Board of Directors** - next meeting is June. Annual Meeting and Elections next month.

**Financial Report adopted** – Amy Campbell – We will need additional dues receipts to manage through July – our balances are low due to not having a live Advocacy Day this year.

**Advocacy Committee –Grassroots Advocacy Network** - Meet in May

**Governor’s Behavioral Health Services Planning Council** – Chad Childs – have been working to stand up a new suicide prevention coalition under the Council. Veteran Subcommittee is creating a website resource. Contact Andrea to add your events to the calendar.

**Big Tent Coalition** - Mike Burgess – providing input to the agency regarding best use of the new federal enhanced FMAP and recovery funds. New HCBS Access Act gaining sponsors at the federal level.

**KanCare Advocates Network** - Sean Gatewood – Working to increase the protected income limit for people on the HCBS waivers. The Legislature increased the PIL to \$1177 (about 150%) a couple of years ago – but we would like it to be 300% of SSI so that people can retain more of their own income or social security support to pay for living expenses instead of having to turn it over to the program.

**Consumer Programs** - Matt Spezia, P3

**Parity Committee** – Rick Cagan – The committee is creating the “Parity Tour” – an information resource / a primer on the issue of insurance parity to be delivered through social media and email. Hope to enable providers and insured to take action on our cause. In the short term, we hope to boost enforcement of current parity laws (federal and state).

**10:00 a.m. Crisis Program for Children** - Travis Freed, Family Service and Guidance Center

800 SW Lane – grant to expand facility for substance use programming for youth and begin a short term facility for kids. Many kids don’t need a PRTF level of care, but they need around 20 days – individual therapy, clinical groups and weekly family therapy. The juvenile crisis intervention center concept is designed to fill a gap for kids that maybe stay at a PRTF or hospital but discharge to home environment that hasn’t changed. Crisis programming is designed to fill the gap for kids that need more family involvement, parent support, and outpatient transition. Can use teletherapy and additional strategies to engage the family. Have psychiatrists here but not on site. 2.5 or 4 to 1 ratio.

Other gap is for substance use services. Facilities have 3 to 4 month wait lists.

Strong family based model for substance use – integrated dual diagnosis team in place. Probably 1.5 to 2 years to being fully engaged in the substance use treatment. Will look a lot like the ACT model. There is a lot of work to be done to break the contacts / peer groups that are all engaged in substance use. There is often a perception that everyone at their school is using substances but that isn’t true, everyone in their peer group is using substances.

Is there an accountability piece in this model for family engagement? We are going to be using a lot of outreach for engagement. Need to avoid a dumping ground scenario. At our crisis center, we do not allow parents to drop their kids unless they are going to be involved through the 3 day stay.

Crisis model for kids – have up to 17 beds where we have crisis resolution and respite care. Haven’t been doing that during COVID. High need for crisis. Acute hospitals are full. There are so many with issues of acting out or violence – have to have 1 to 1 staffing. We really want to get back to the respite stays, but just can’t right now.

We are looking into contracting for some respite care, but not much available right now.

Kids we serve are often suicidal, homicidal or just broke up a classroom.

We are taking kids now that Stormont and KVC won’t even take because they can’t staff at 1 to 1. We are not a lockdown facility, we are a staff-secured facility.

How many youth crisis centers are out there? Bert Nash developing for adults, Pawnee has one. Usually if they have them, it is only 2 or 3 beds.

For respite care, from out of town – schedule it for over a weekend. In county is just 24 hours. Respite care and crisis kids are involved in groups, life skills, and activities. Four days a week they are clinician led groups. Floor staffing do cooking groups and other activities. Kids do chores and are responsible for participating to be as home like as possible. Many of the older kids who have come to crisis for a while become mentors for younger youth and assume a leader role within their home or foster home.

Building a success story for a kid who was in a foster home, very violent and destructive, but came to the program and was able to build a success story for himself. We try and provide whatever stability we can. Even just three days of stability is useful. We want a welcoming and inviting atmosphere and hope to train the families to create that at home. We follow up for about a week and push a treatment plan.

Brenda Groves – parent/advocate – raised my niece – FSGC was our go-to and the respite and crisis services benefit was extremely valuable. We also had to use the PRTF system as well. Getting the PRTF and the treatment CMHC to collaborate fully was a struggle. I am looking forward to the ongoing advancement and very excited about the collaboration that is occurring. Non-traditional parent because I was raising my niece.

Right now, we don't have staff available to attend the review meetings / co-planning meetings. Definitely part of the future plan.

Can decrease need for crisis services when there is respite available – so that is a crucial need.

Source of the grant is the crisis funding under the Lottery Vending Machines. Staffing will continue to be the biggest uphill battle for providing these services. Hoping to tap into universities for internships and more. We know the impact is going to be great, although there will be hiccups along the way.

**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.

Key actions in the mega-budget and upcoming Omnibus Budget -

Sub for HB 2007 - [Summary](#)

Sub for HB 2208 - [Summary](#)

[Human Services Caseloads](#) [Consensus Revenue Estimates](#)

Omnibus List of Items - [Memo](#)

American Rescue Plan Act - [Document](#) [Chart](#)

CCBHCS - Legislation passed, funding to be negotiated in the omnibus budget.

988 Still Pending - Bill not passed, but Senate may provide \$3 million startup funds and House considering \$7 million - to be negotiated

**11:00 a.m. Aunt Bertha resource directory, Shereen Ellis, Aetna Better Health** [Document](#) The resource directory is provided through a financial relationship between Aetna and the Aunt Bertha directory. It is a tool to access assistance programs. Your program can be listed in the program – you can access the program to “claim” your program and add detailed information. No membership is required. The staff confirms the hours and contact information to keep the directory up to date. Many programs are already listed but not claimed. Once claimed, you can keep your program information up to date and assure that your targeted audience gets the information they need. You can change your hours, list individual programs separately, and access analytics. Can add eligibility criteria and language preferences. This is a statewide directory. There are training dates available to learn how to use the tool effectively.

**11:10 a.m. Kansas Promise Scholarship Program, Heather Morgan, KS Association of Community College Trustees**

Working to pass the Kansas Promise Scholarship Program which would provide “last dollar scholarships” to full or part-time students in programs that need additional workforce. Behavioral health is one of the education program options.

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

Recovery Conference – June 8-9, Junction City Marriott – hybrid event – limited in person registration and online participation available.

Rep. Cindy Neighbor shared that many legislators participated in a Mental Health First Aid program.

Mental Health Association of the Heartland is turning 25 years old and will host a virtual celebration this summer.

KSPHQ – hosted an art contest with great participation.

**11:30 a.m. Adjourned** Motion Lewis, second Ellis.

**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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