

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.

May 23, 2018 Annual Business Meeting - Valeo Behavioral Health Center, basement conference room, 330 SW Oakley, Topeka, KS

Introductions and sign-in sheet Susan Lewis, President

Meghan Cizek, Cornerstones of Care
Clay Dierksen, Cottonwood Springs
Sage Brown, Cottonwood Springs
Liz Worth, JoCo Mental Health
Eric Harkness, NAMI KS
Rick Cagan, NAMI, KS
Stuart Little, BHAK
Dana Schoffelman, Florence Crittenton
Melissa Gardner, Florence Crittenton
Heather Elliott, ACMHCK
Mary Jones, MHASCK
Ryan Speier, KVC Hospitals

Andy Martin, NAMI KS
Christine Swenson, Wyandot Center
Mike Burgess, DRC
Dave Ranney
On the phone:
Jessie Kaye, Prairie View
Nick Reinecker, Inman KS
Teresa Snell, Sunflower Health Plan
Marcia Epstein
Steve Christenberry
Barb Andres, Breakthrough Club

Minutes of the previous meeting approved. [Read here.](#) Motion Dana Schoffelman, second Mary Jones.

9:15 a.m. Reports

Board of Directors – Meet after June KMHC meeting.

Advocacy Committee –Grassroots Advocacy Network - Heather Elliott – Committee will meet immediately following the Coalition.

Governor’s Behavioral Health Services Planning Council – Wes Cole – The Council held a special meeting relating to children’s issues and the Children’s Continuum of Care Committee Report.

Cagan – FYI – Matt Angel, MHA of SCK, is the chair of the vocational subcommittee met with KDADS leadership. There is a SAMHSA grant coming to an end that funds IPS supported employment. Hoped for some commitment to sustainability. Susan Fout seems to be supportive of focus on evidence based programming – housing, employment, case management. Would support integrated implementation over continued siloed programs.

March federal appropriations include additional block grant funding. It is not yet clear how these funds may be distributed. Early Intervention First Episode Psychosis Grant Program is now funding programs at 2 mental health centers. That funding is doubled, so it could mean two more centers or some other expansion.

MHMAC - Mental Health Medication Advisory Committee - [May 8 Meeting Notes](#) Amy provided an extensive report relating to the actions at the last meeting.

1. Main purpose of meeting was to reorganize all of the P.A.s into four forms. “Streamline”
2. Grant and Lakin continue to resist any efforts to go beyond one year authorizations – require annual renewal forms, etc.
3. Grant confirmed phasing out “gold card” prescribing for psychiatrists
4. Appears that the process promised by Mosier – to carry over approval to a following meeting so that the public would have a chance to speak on known policy proposals – has been abandoned (did not ask anyone)
5. Grant complained about process taking too long, something about a kid coming out of a PRTF on too many prescriptions that she is calling out as a reason for review of all prescribers. Also, brought up the parity issue and the confidentiality of records issue again (same as her testimony)
6. Minutes no longer include all of the detail – Porter asked why, Grant said contracted note-taker can’t take 90 hours to document all of it

7. Did away with the 60 day anti-psychotics renewal auto-override – wanted to change to five days – perhaps compromised at 30 days.

Big Tent Coalition - Mike Burgess – Advocates are seeking follow up with the Department of Revenue regarding the Joey Weber Act, which provides for the option to have an indication of a person's disability for a placard, license, or plate in order to assure that law enforcement is informed when encountering an individual whose disability might be misinterpreted for failure to comply with a law enforcement officer's directions.

There have been meetings scheduled for input that did not gain much participation. There are best practices out there to guide agencies for stakeholder engagement. The Coalition is crafting a memo to the State administration encouraging implementation of these practices.

BTC has been discussing changing their meeting date to enable more participation.

KanCare Advocates Network – The next KanCare Oversight Committee meeting in August. Expect they will spend a better part of a day covering data and meaningful indicators.

KDHE and KDADS are meeting weekly with CMS regarding KanCare 2.0. The IMD waiver has been included in the discussion, but CMS is trying to focus this on the SUD population.

Series of stakeholder meetings with KDHE have been occurring. These are closed meetings, but groups can ask to be included. There is a larger meeting with leadership reports on June 26.

Some of the ongoing issues with KanCare continue to be re-establishing eligibility when individuals come out of state hospitals.

Another FYI:

Assisted Outpatient Treatment – there are 10 counties interested in beginning these programs. There was a meeting Friday looking at taking current statutes and using them for better implementation of Outpatient Treatment Orders co-sponsored by Treatment Advocacy Center, Behavioral Health Association of Kansas, NAMI and law enforcement groups. County prosecutors, judges, defense counsel, CMHC team staff and others were present. There are team leaders in these counties. Judge Lynch is a leader in this policy area.

10:00 a.m. Lobbyist Report - Kansas Legislature

Special Guests: Senator Laura Kelly and Rep. Kathy Wolfe-Moore

Rep. Wolfe-Moore – seems to be a tipping point on mental health. People who have never been interested in the past are eager to do something positive. There was a perfect storm where many legislators who may not be well educated on these issues were willing to go along with policy initiatives and funding. Trying to get people to understand that we must do more to support the system rather than just prop up Osawatome State Hospital – which has been a crisis for several years - was important. I supported increasing the tobacco tax, which didn't happen, but I hope the small gains added to the Medicaid tobacco cessation services will help people to stop smoking and improve their health. I think the IMD exclusion issue is also very important. When I first came to the Legislature, there were maybe a few legislators who really advocated for mental health.

Senator Kelly – it was a totally different year. Think it helped that you put together such a robust report from the Mental Health Task Force – gave people a road map. Looking forward to seeing that group stay together and put together a more long term strategic plan for the continuum of care. One other thing was the school mental health pilot program adopted in the K-12 budget. It wasn't exactly how I would have done it, but focuses on getting some mental health professional services within the school system that can be available on an ongoing basis. Would like to see us focus a lot more on that kind of program in the school setting. Hospital privatization continues to be an ongoing problem – we haven't seen it work very well for human services. Have seen problems with KanCare, with eligibility, with reimbursement, with services. I am also opposed to expansion of Osawatome until we know exactly what we need – will we be able to staff them, should we look more at regionalization where people are closer to home and their community providers. Will keep fighting that one. We only have a few more months of this administration and then we are done.

We were not allowed to address Medicaid Expansion – we would have passed it like we did last year and this Governor would have vetoed it, and that would have been a political bombshell. The leadership in the Legislature protected him.

I think Louisiana expanded Medicaid and saw savings and new jobs. We do need to reverse our trend.

Question for all of you – the institutional license issue, where people are providing medical services in the hospitals who are not boarded. I used to work in a state psychiatric facility in New York and we had institutional licenses, but those were usually foreign professionals who were specialists who have passed boards in their countries. Is this an issue for you?

Rick Cagan – we have talked about it for years. There has been some push back. Senator Bollier has said that she has asked KHI to convene a discussion. There is a reason that they are not fully licensed and need to know what that is. There is another side to this question and we need to know what that is.

Kelly – I also think that implementing telemedicine can assist with this issue. Want to know if we need to phase this out over time.

Harkness – is it anything more than more license = more money?

Cagan – we have been told that people get their full credential and they leave. I think part of the dynamic is that there is a shortage of psychiatrists. I have been advised that many of the doctors practicing with institutional licenses are in the community mental health centers.

Little – as we move more toward regionalization, does that create more barriers to care as the areas who have crisis centers and other services get resources, but smaller communities do not have access.

Wolfe-Moore – I believe the regional crisis locations divert a large number of people and create more availability for state hospital beds for areas without those resources.

Have worried from Day 1 that regionalization could lead to the State trying to off-load expenses to local governments.

Kelly – if it is done correctly, proper regionalization should free up additional state investment from the state institutions and expanding regionally based options – and the areas served by those regional centers should go beyond the immediate area.

Rick Cagan – our focus shouldn't be the institutions, but the integrated services at the community level. Talking about the interplay between individuals in communities and the justice system continuum of care. Need to be considering the Behr County model from San Antonio. Would hope that under a new administration, this could become the new model.

Ranney – do you think the Democrats will be able to make Medicaid Expansion one of the definitive issues this election?

Kelly – it is one of the definitive issues – education, Medicaid expansion, and infrastructure. People are ready. It's the dumbest thing we never did – we left so much money back in D.C. that could have done so much for our economy.

Ranney – there isn't a Republican candidate saying expand Medicaid?

Barnett supports expansion.

Kelly – would need to maintain or expand the moderate majority in the Legislature that supports it – a new Governor's support could push that forward and allow us to move beyond this problem.

Ranney – what is it that this group does not understand about the legislative process that has kept these issues down for so many years

Wolfe-Moore – you have a citizen Legislature that has a limited capacity to become an expert on so many diverse issues. Legislators come in with their own set of expertise – Ag or Business or other things that

Kelly – I also think you have put it together in a better form that people can understand. I also think it is being pushed more at the local level. You all need to be very active in the elections – working with other groups, education, children who need the same kind of candidates that you do. Need to find the candidates who can hear you and can understand you. That is why we were so successful overturning the Brownback tax cut. Many candidates were elected in 2016 who didn't care if they were re-elected. They wanted to fix it and they were elected to fix it.

Harkness – we have a cadre of about 200 trained advocates from across the state who can talk to those legislators who need more understanding. It's not just Amy and those of us in the room.

Wolfe-Moore – law enforcement has also taken a more active role and that different voice has made amazing strides.

Cagan – concerned about \$6 million from the \$8 million that is available handed to KDHE from SB 367. KDHE doesn't want it. We are all kind of scratching our heads. KDHE might be looking at some kind of an interagency transfer.

Legislators have heard of these concerns, but do not know much about it. Kelly hopes they don't move forward too rapidly with the idea that a new administration will want to influence how it is established.

Talked about source of this issue – leadership by Rep. Blaine Finch, KDOC and Juvenile Justice. Came from Judicial Council recommendations. KDHE nexus was added late and has to do with needing the funds to go through authority with federal designation. Will know a lot more in the next few months through policy implementation. Urged people to not jump to conclusions about how this will or won't work based on current lack of understanding of folks who might

Financial Report adopted – Treasurer Meghan Cizek

11:00 a.m. Annual Elections and Bylaws Amendment

The Board of Directors recommends amending Article VI, Section 2 as follows:

Section 2 Number, Tenure and Qualifications. The number of directors shall be no fewer than nine (9) and no more than fifteen (15) ~~twenty-five (25)~~ until changed by amendment of this bylaw. Each director shall hold office for a term of three (3) years. Directors may serve consecutive terms.

Harkness motion, Jones second. Adopted.

Annual Elections -Nominations are welcome from the floor in addition to those from the nominations committee.

Board Nominations for 2018-2021: The committee nominates the following directors to renew their positions: Susan Crain Lewis, Mary Jones, and Bob Chase. New director nominations include David Ranney and Sherrie Watkins-Alvey.

Burgess motion, Harkness second. Slate of directors elected.

Officer Nominations for 2018-2020: The committee nominates for President - Eric Harkness (1st term) ; Secretary - Jane Rhys (1st full term).

Motion by Lewis, second Cagan. Officer slate elected.

Sue Lewis nominated Mary Jones for Vice President, Harkness second. Jones is elected Vice President.

11:25 a.m. Announcements – DRC distributed a brochure for their Disability Crime Victims Unit staffed by two new employees. If any Kansan with a disability has been a victim of a crime, they are eligible to receive some type of advocacy services from this new unit.

Ranney – recommends adopting the motto to Make the Mental Health Coalition Great Again and get hats!

11:30 a.m. Adjourn

2018 Schedule:

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. TBA

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

For more information, contact: Kansas Mental Health Coalition

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