

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 25, 2022

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

Minutes of the previous meeting. [Minutes Draft](#)

Annual Business Meeting and Elections

Financial Report - Amy Campbell \$293 – we need members to pay their dues invoices immediately. CMHCs pay dues through the Association in July, so this notice does not apply to mental health centers. Dues can be paid through the website.

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

Board Nominations for 2022-2025: Colin Thomasset, Sherrie Vaughn, Jane Rhys, Monica Kurz, Shereen Ellis to be renewed. New Board Member nominations: Lori Barnes, public member, and Lisa Southern, CEO Compass Behavioral Health. Slate adopted motion by Chad Childs and second by Sherrie Vaughn.

Officer Nominations for 2022-2024: President Mary Jones - 2nd term, Vice President - Sherrie Vaughn - 1st term, Treasurer - Shereen Ellis, 1st term. (Jane Rhys - Secretary continues to serve through 2023.) Slate approved - Motion by Chad Childs, second by Matt Spezia.

9:35 a.m. Reports

Board of Directors - meet June 22 11:35 a.m.

Advocacy Committee – Amy Campbell / Mary Jones – we will start planning for next year's advocacy event. All members are invited to join this volunteer committee to support board members in planning and staffing our advocacy events.

Governor's Behavioral Health Services Planning Council – Wes Cole, Chair – no report.

Big Tent Coalition - Mike Burgess – no report.

KanCare Advocates Network - Sean Gatewood – unwinding the emergency period for CMS.

Consumer Programs - Matt Spezia, P3– Poetry for Personal Power has new programs- new training opportunity seeking safety facilitatory trainings this June. Two in person classes are available and are free. WRAP training continues in person and on line. CCAR training next event is early June. Peer Support training and services are also available.

Rite of Joy conference will be in October. RFP closing soon. \$1000 Slam at that event! 2nd RFP going live for our peer information campus – does not have to be mental health related – will pay for online educational content. Reach out to Matt to submit your proposals!

Parity Committee - Rick Cagan – next meeting is July 6 where we will be catching up on our projects that were set aside during the session. Public online panel scheduled for June – watch your inbox for invitations.

Suicide Prevention Coalition / 988 Crisis Line - Monica Kurz – May meeting was the first to be run by the newly elected officers. Very excited to have our passionate advocates installed on the committee. The current work of the coalition is organizing working groups. If there are people interested in the work groups, doors are open to your participation. SAMHSA has made some funding available to help with 988 implementation to support state funding approved by the Legislature. The Coalition will be talking about their top 3 priorities, including publicizing and marketing 988, 911 coordination and more. The national network will include a wide variety of models and coordination will be gradual. Kansas is in pretty good shape in comparison to where many other states are for implementation. Bailey Blair emphasized that the Coalition is focused on delivering the services that are already being accomplished across the state and that work is why we were able to be where we are today.

10:00 a.m. Program Update: Rick Cagan, Tobacco Cessation Project –

June Update from the Behavioral Health Tobacco Project

This communication provides information on:

Sustaining the Work of the Behavioral Health Tobacco Project

Fall Schedule for KU Tobacco Treatment Specialist Training – June 30th application deadline

Articles & Resources of Interest

With this update, we bid our followers farewell after 6 years of work with many partners across the state. The Behavioral Health Tobacco Project will shut down on June 30th. This e-mail address will not be monitored after June 30th. You may direct future inquiries and correspondence to one of the following:

For business related to NAMI Kansas: info@namikansas.org

For ongoing tobacco-related work, contact one of the following two state agencies:

Kansas Department for Aging & Disability Services – KDADS.BHS@ks.gov

Kansas Department of Health & Environment - KSSmokeFree@ks.gov

In addition to ongoing efforts by KDHE and KDADS, other key partners will remain in place to contribute to moving the work forward. These include the Tobacco Education Project at the University of Kansas School of Medicine and the Tobacco Free Kansas Coalition.

Sustaining the Work of the Behavioral Health Tobacco Project

The Behavioral Health Tobacco Project has been funded by the Kansas Health Foundation since 2016 and has been a collaborative effort involving many partner organizations, including government, public health, health care providers and their associations, patients and patient advocacy organizations, health insurers, and university partners. With the Project's closure, we have been handing off projects to other willing partners. As part of this transition, about 45 stakeholders were involved in a Tobacco Strategy Session in December 2021. The key partners involved in the work of the Strategy Session are shown here.

The session generated an Action Plan being implemented by four Strategy Teams focused on Data, Education, Systems Change, and Policy. A copy of the action plan developed at this event is available for those who are interested. You'll see more detail in this communication about where that work now stands. First, I will review some highlights which set the stage for the Strategy Session.

The broad goals of the work over the last six years by many partners were to:

1. Create statewide policy, practice, and culture change to support tobacco prevention and treatment in substance use, mental health, and primary care settings
2. Support behavioral health and primary care providers in adopting and implementing the Kansas Tobacco Guideline for Behavioral Health Care
3. Increase access to evidence-based treatment for individuals with behavioral health conditions, especially for Medicaid beneficiaries
4. Expand and increase utilization of insurance coverage for tobacco dependence treatment

The emphasis on policy, practice, and culture change translates nicely into the work of the four strategy teams that will be discussed here. This includes continuing work around access to treatment and health insurance coverage.

Major Accomplishments

More than 50 organizations have endorsed the Kansas Tobacco Guideline for Behavioral Health Care. Data from the companion Self-Assessment is being generated from a KDADS requirement that all Community Mental Health Centers will complete this process annually. New requirements in 2023 and 2024 will address screening for tobacco use and providing treatment. See <https://namikansas.org/resources/smoking-cessation-information/> for more information about the Guideline, Self-Assessment, and the Implementation Toolkit. The online version of the Implementation Toolkit was updated earlier this month in a number of sections.

Reports were released in 2018 and 2020 which demonstrated a positive return on investment for expanding tobacco benefits, first in KanCare and subsequently in the State Employee Health Plan and for private insurance plans. The first study made the case for successful legislation in 2018 to substantially expand benefits in KanCare to meet evidence-based treatment standards. Efforts are ongoing in the work with other insurance carriers which will be addressed by the Policy Strategy Team.

KDHE aligned the work of their grantees in the Chronic Disease Risk Reduction Community Grant Program with the behavioral health population, creating a high level of collaboration.

KDHE has continually upgraded the resources available through the Kansas Tobacco Quitline.

The Kansas Tobacco Control Strategic Plan was updated in 2021 and served as another input into the discussion leading to the Strategy Session Action Plan.

Critical tobacco-related data including BRFSS (Behavioral Risk Factor Surveillance System), Tobacco Guideline Self-Assessment data, and analysis of national data sets related to behavioral health and primary care providers are being tracked by KDADS, KDHE, and KU.

Tobacco Treatment Specialist training was launched in 2017 by KU which now has a nationally accredited online training program to expand this essential workforce. See details later in this update about the Fall 2022 training schedule.

Navigating the Reimbursement Maze is a one-hour online training module which provides information about billing for tobacco treatment. Access the free training at <https://www.train.org/ks> and search by course number 1085269.

A Tobacco Dependence Treatment Provider Directory was developed to identify organizations offering treatment.

Continuity of Projects

The Behavioral Health Tobacco Working Group which we have staffed since 2016 will likely continue in some form under a contract being negotiated by KDHE. Details have not yet been finalized but we expect to see this get underway beginning in July for a vendor to provide coordination for quarterly meetings of the Working Group as well as monthly meetings of the four Strategy Teams.

A Tobacco Subcommittee is being established as part of the Governor's Behavioral Health Services Planning Council to maintain a long-term focus on tobacco use in the behavioral health population. The Subcommittee will include representatives from KDADS and KDHE as well as from the Tobacco Free Kansas Coalition, the Kansas Public Health Association, the University of Kansas School of Medicine, and from each of the Strategy Teams. The Subcommittee will make recommendations to the full Council to impact decision-making by state agencies including KDADS, KDHE, DCF and DOC.

KDADS is now the repository for information about the Tobacco Guideline and its companion resources: the Self-Assessment and the Implementation Toolkit. New endorsements of the Guideline can be made through KDADS. In addition they offer access to completing the Self-Assessment online.

The online training - Navigating the Reimbursement Maze - is now being managed as part of KDHE's suite of training resources in the Bureau of Health Promotion.

The Tobacco Dependence Treatment Provider Directory will hopefully find a home within the KU School of Medicine. Details are still being worked out, including additions and updates to be published before the end of the year.

Finally, the Tobacco Free Kansas Coalition will be hosting an Environmental Scan document that will continue to be updated and accessed through the Coalition's website. The Scan includes basic data about tobacco use in Kansas, Quitline, Medicaid, and Synar compliance information, stakeholder contacts, policy objectives, treatment resources, analyses of selected data sets, and other useful information. The link to the Scan provided here will likely change once the Coalition is able to get this posted to their website.

Structure for the Work Going Forward

The Working Group's quarterly meeting schedule is the forum for engaging stakeholders who are involved in tobacco cessation work. The Working Group list includes both passive and active participation among individuals who are part of that communications list. To get added to this list, contact KSSmokeFree@ks.gov.

The Strategy Teams are where the ongoing work is focused through the Teams' monthly meeting schedules. While the Teams have some overlapping interests, their work will be coordinated through the Tobacco Subcommittee which will give them access to key decision-makers in state government. Projects on the radar for each of the Strategy Teams are listed below with the understanding that this work is continually evolving. If you're interested in specific work being undertaken by any of the Strategy Teams, contact KSSmokeFree@ks.gov.

Data Strategy Team

- Conduct a provider survey on barriers to treatment and billing.
- Develop a Data Use Agreement to secure provider-level data from KanCare.
- Review and update national data sets for Kansas indicators.
- Analyze OneCare Kansas data to better represent progress in addressing tobacco treatment.
- Continue tracking claims data from Medicaid, the State Employee health Plan, and private insurers to measure utilization.
- Track and analyze KDADS' Self-Assessment data.
- Track BRFSS updates and develop a process at KDHE to aggregate BRFSS data at the county level.
- Gather data on health disparity groups.
- Get Kansas data from CMS for Medicaid quality measures.

Systems Change Strategy Team

- Engage OneCare Kansas providers.
- Focus on the justice-involved population.
- Increase KanCare provider engagement.
- Engage Federally Qualified Health Centers.
- Integrate use of the Self-Assessment among provider agencies.

- Focus on Certified Community Behavioral Health Centers & addiction providers.
- Engage in-patient providers.
- Integrate tobacco cessation in opioid treatment.
- Engage private insurers in completing a Health Plan Assessment.

Education Strategy Team

- Develop a presentation template to educate providers.
- Compile education & training resources.
- Focus on training related to billing and coding.
- Schedule presentations at provider association and public health conferences.
- Develop training for OneCare Kansas providers.
- Identify tobacco requirements for Certified Community Behavioral Health Centers.
- Promote access to the Community Medication Support Program.
- Focus on prevention for at-risk youth.
- Develop targeted communications for MCOs to send members who've completed health assessments.

Policy Strategy Team

- Advocate for an Executive Order on tobacco-free state agencies.
- Expand KDADS contract provisions for providers to screen for tobacco use and to provide treatment.
- Add KanCare coverage for pharmacists, dental providers, and respiratory therapists.
- Expand cessation benefits in the State Employee Health Plan to match KanCare.
- Pursue ARPA and other funding requests to increase outlays for prevention and treatment.
- Create a sign-on letter to advocate with the Kansas Insurance Department for changes in the Tobacco Rating Ratio to eliminate tobacco surcharges.
- Adopt tobacco performance standards in KanCare.
- Increase KanCare rates for cessation counseling.
- Increase the state Tobacco Tax.
- Mandate more robust benefits for private insurance.

Tobacco Treatment Specialist Training – Application Deadline is June 30, 2022

The attached file from KU's Tobacco Education Program provides information about the recruitment of trainees for their Fall 2022 training event for Tobacco Treatment

Specialists. The application deadline is June 30th. Please visit www.kumc.edu/tts for more information.

National Institutes of Health - Tobacco smoking rates are decreasing among people with major depression and substance use disorder

The FDA has denied the authorization to market JUUL products and has ordered current products to be taken off the US Market. This means the company must stop selling and distributing these products, and must remove those currently on the U.S. market. Read the official FDA press release

SAMHSA Center of Excellence for Tobacco Free Recovery Tobacco-free Toolkit for Behavioral Health Agencies

Join the SCLC's 100 Pioneers Listserv - If you're not already getting essential communications from the Smoking Cessation Leadership Center, please consider signing up to begin receiving their regular communications about resources and events at <https://smokingcessationleadership.ucsf.edu/webform/tobacco-free-recovery-communiqu>.

Check out the American Lung Association's series - Tobacco Cessation Coverage 101: The Basics. These videos are between 10-20 minutes long and are designed to give an overview of tobacco cessation coverage – helpful for people new to tobacco control & tobacco cessation and helpful if you want a refresher on these topics.

Our Listing of Tobacco Dependence Treatment Resources was recently updated.

Thanks as always for your review and for your contributions to the work on tobacco recovery. Additional resources can be found on our Tobacco Dependence web page at <https://namikansas.org/resources/smoking-cessation-information/>.

10:30 a.m. Agency Update: Andy Brown, Behavioral Health Commissioner

988 legislation is on its way to the Governor's desk to be signed.

11:00 a.m. Lobbyist Report Amy Campbell

Veto Session and Sine Die

988 Crisis Hotline Legislation - HB 2281 - Now House Sub for SB 19 ([link](#))

Housing Legislation

Legislative Mega-Budget - [see spreadsheet](#)

Medicaid Reimbursement Increase

CCBHC mini-grants

Crisis Intervention Centers

Suicide Prevention Funding

State Hospital Improvements and Regional Beds

Direct Care Worker Increases

KanCare Contracts Extension / RFP Delay

Competency and Restoration Changes

Axe the Tax - Food Sales Tax Repeal

SPARK Executive Committee and Advisory Panels - Distribution of Federal Recovery Funds

Advisory Panel Recommendations to SPARK Exec: [4-18-22 \(includes Health\)](#) [4-15-22](#)

11:25 a.m. Announcements

11:30 a.m. Adjourn

2022 Schedule: Jan 26, ~~Feb 23~~, Mar 30, April 27, May 25, June 22, July 27, August 24, September 28, October 26, Nov 16, Dec 14

Board Meetings: 12 noon quarterly the 4th Wednesdays (March 30, June 22, Sept. 28, Dec. 14)

For more information, contact: Kansas Mental Health Coalition

c/o Amy A. Campbell, Lobbyist, P.O. Box 4103, Topeka, KS 66604

785-969-1617 campbell525@sbcglobal.net