

Kansas Mental Health Coalition

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

Minutes

July 24, 2019 Monthly Meeting - Valeo Behavioral Health Center, basement conference room, 330 SW Oakley, Topeka, KS

Introductions and sign-in sheet Mary Jones, Vice President

Steve Solomon, Merging Trends
Kyle Kessler, ACMHCK
Shereen Ellis, Aetna
Bob Chase
Sherrie Watkins, JCMHC
Sue Lewis, MHAH
Louis Brown, P3
Heather Elliott, ACMHCK
Stephanie West-Potter, DRC
Haley Lynn, Cottonwood Springs
Monica Kurz, Headquarters
Dave Ranney
Brenda Groves
Bill Persinger, Valeo
Dana Schoffelman, Florence Crittenton
Jolee Eckert, Florence Crittenton
Regina Serenity Wright (sp?), P3

Nika Cotton, P3
Amy Campbell, KMHC
Andrew Brown, KDADS
On the phone:
Stacy Manbeck, Spring River
Michelle Ponce, ACMHCK
Jessie Kaye, Prairie View
Juliana Seller, P3
Jane Rhys
Marcia Epstein
Colin Thomasset
Susan Montague, St. Francis
Kiersten Adkins, Breakthrough Olathe
Josh Lyman, Breakthrough Olathe
Brenda Soto, Sunflower
Sean Gatewood
Rick Cagan

Minutes of the previous meeting. [Read minutes draft.](#) Bob Chase motion, Sue Lewis second.

Invitation: The Celebration of Life for Eric Harkness will be August 3, 2019, 11:30 a.m. - 1:00 p.m. at the Garden House at Lake Shawnee, 3720 SW Yacht Court, Topeka, KS 66618. [See announcement.](#) [See jpg.](#)

9:15 a.m. Guest Topic: Kansas participation in the national Governor's Challenge to Prevent Veteran's Suicide - Andy Brown, KDADS Commissioner of Behavioral Health

Seven or eight states received this federal grant designed for states to create a suicide prevention state plan utilizing the national plan to reduce suicide among veterans, service members and families. Have been at it about six months. Had stakeholder meeting in the state and have had two or three trips to Washington D.C. with a smaller team. Working with Army National Guard and the V.A., as well as Fort Riley. Formulating plans of what we would like to do during the upcoming legislative session. Working on public communications, websites and advertising. Hoping to do a legislative push for funding for the campaign and working with the population. Surprised to learn that the family members with school age children showed much higher rates of depression that were almost twice that of the average family in Kansas. There is a tendency to focus on the veterans but there is also a definite impact on the families. Feel like we are benefitting a lot from the TA we are getting from the federal level. There has been a kind of a growth arc as we have been talking about it. There are a lot of draft documents floating around but we don't have a plan yet. There will be a joint TA visit in August – working on state effort and then the Topeka mayor's challenge. Hope to build in some consistent messaging.

There will be opportunities to issue additional Mayor's Challenges around the state, so if there are other cities that are interested in participating, there are opportunities to expand this. Because we are the first cohort, there seems to be a lot of energy around making this successful. We've met with Facebook and Twitter, had a social media conference around what kind of support they can provide. Met with SAMHSA and DOD to talk about their programs and get support from them. Feel like there is a lot of momentum around this issue. Hoping as we move forward with the plan, hope to start rolling out some legislative issues and may come back to this group to talk about what we are doing and see if you can support it. We are working with other groups to also build support.

Corinna – highest age group is 18 to 45 and we are learning through our WyCo Engage project that half of the population are not technologically literate. Would like to encourage addressing the digital divide and use techniques to reach them effectively.

Why is it mayors and cities? Beginning implementation with local buy-in. Probably going to be reaching out to population areas – it targets active military and veterans. Junction City, Manhattan, Wichita, Hays makes sense. There is a real desire to address some of the rural issues that come along with suicide. Our group has pretty good rural representation – trying to figure out how to reach out using the VSOs – VFWs and American Legions are often a rallying site for veterans. For younger service members, looking into nontraditional VSOs and what they can do as partners. The likelihood that we could get a Mayor’s Challenge in a small town like Tecumseh is slim. That is part of why we wanted to organize the Governor’s Challenge. The amount of resources that are required for their strategies are substantial and the grant doesn’t have funding. May need to braid funding together from several agencies. Use existing infrastructure. Policy change might be hiring a state suicide prevention coordinator. Enhanced programming might include working with the national guard assist trainers and work with the CMHCs or others to provide ASSIST training to those who work at VSOs.

Strategic Planning document – produced internally that was mostly staff driven. There was an effort to try to review and capture things from various reports and recommendations. Was not a stakeholder process.

Kyle – will you be putting dollars to this?

That document will kind of guide the vision and objectives of the agency. There may be supplemental budget requests and enhancements tied to the document.

Kyle – some of the technical assistance grants seem like unicorns to me. We don’t have a lot of interaction with the feds. That is a connection we have lost over time, perhaps the former administration tried to keep provider groups at a distance in those conversations. It would be easier for us to understand the circumstances where the State says CMS

I want the MCOs to do the things they are supposed to be doing before adding other programs – let’s walk before we can run. I mean we continue to have people kicked out of KMAP – we need to meet the bare minimum and then try to make the program all it can be.

Corinna – stakeholder involvement at national level, AAAS does the best job of including consumers and suicide survivors. KDADS did attend this. Would suggest the KDADS team is saturated in the best practices for stakeholder involvement. Also have suicide survivors involved.

Bill – headed in the right direction and the Topeka Mayor’s Challenge has a KDADS representative involved and believe that Manhattan has had someone attend. That would make a lot of sense to expand there.

MHTF meeting – Andy – that meeting was a good time to be sure our leadership team was exposed to the Task Force Recommendations and really delve into the goals of what might become legislative recommendations. There will probably be a number of agency budget recommendation.

Dave – will the agency be having stakeholder meetings like the ones held in the past where they discussed the agency budget requests and then meet again in a few months and talk about what was passed?

Dave – those meetings were able to clear up a lot of confusion in the past, and the fact they were dropped for eight years was a huge step backwards.

Medicaid Housing Codes – community reintegration codes are now available as of July 1. CMHCs can bill under those codes. Use CPST teams to deliver services that allow people to maintain housing in the community. Eligible recipients include those coming out of institutional settings for reintegration in the community or others that meet the medical requirements.

Dave – went to a presentation in Lawrence for the plan for a community crisis center. Part of the plan is to include space for 72 hour hold (Crisis Intervention Center) beds. When will those policies be written?

On my list of things to address this year. Have a set of regs drafted by the previous administration under review. Will put that out for stakeholder review to be sure we aren’t cutting off our

Bill – don’t think it is possible to even know how to build a facility without the regs. Wouldn’t be the first crisis center to hold somebody who had been through due process. Topeka has done that voluntarily. A crisis intervention center is different than a community crisis center that is operating today under current statutes and regs. You will sometimes hear about a 72 hour intervention on a voluntary basis, but providing care under the CIC statute isn’t possible without the regulations. It is also going to need to have a pretty substantial funding stream to go with that.

Andy – it is quite possible that by the time we are through this process, we will recognize that we need to go back to the legislature and ask for changes to that statute. Regs have to be written under current law and if there is something in the law that is a barrier to getting programs running, we will need to address that.

When are level 2 specialist trainings going to be held? Andy – think there will be something this fall.

Supervisor training will be held at the ACMHCK annual conference September 12.

Corinna – we are offering level 1 training in October, will also host monthly online events where we will all be in a room together to do the online.

10:00 a.m. Reports

Board of Directors – Met in June. Voted to establish an annual award to recognize the KMHC Member of the Year. Individuals are to be nominated by membership as a whole in November, voted on by the Board in December, and awarded at Advocacy Day. Currently, KMHC has been awarding the Legislative Leadership and Collaboration Award to legislators who work across party lines to improve mental health public policy.

Financial Report - Colin Thomasset – Balances are \$19,225.83 thanks to dues checks coming in. Still have a number of organizations that have not yet paid. Online payment portal was approved and active on the website. Sue Lewis motion, Shereen Ellis second.

Advocacy Committee –Grassroots Advocacy Network - Heather Elliott – Next meeting is after the August Coalition meeting in this room.

Governor’s Behavioral Health Services Planning Council – reports by members – Glenda reported the Council had a remembrance for Eric Harkness and discussion. Children’s Subcommittee is working on their report. SMVF subcommittee will meet month. PRTF subcommittee on medical necessity was put together and looked at admission and discharge criteria. Will meet again in August.

Big Tent Coalition - Jane Rhys – BTC had the Secretary at the last meeting. She was there for about two solid hours. Very helpful. Sent her some questions in advance and hoping to get some written answers to questions that there was not time to address. BTC meets the 3rd Thursday of every month, in the basement in the basement of the Topeka Independent Living Resource Center.

Heather said it was interesting the Secretary reported that they were looking for someone to work for both DCF and KDADS to work on Kancare Supported Employment. She also said there was a need to expand crisis centers into rural Kansas.

KanCare Advocates Network - Sean Gatewood - Alliance for a Healthy Kansas Coalition Meeting - Thursday, July 25, 9-10 a.m., Community Care Board Room, Jayhawk Tower, Suite 600, Topeka.

There will be another collaborative policy planning meeting between the disability coalitions this year on October 10 at the same church as last year.

Consumer Programs - Corinna West – We have trained 30 people on our phone app for peer supervisors, specialists, and recipients. Phone app is called True Mobile Health and it is HIPAA compliant. We can resell it if your group is interested in trying it. Did meet with MCO to talk about contracting to offer peer support as a value added service. We now have 12 staff. As a statewide consumer network, we are seeking to increase engagement with the Governors Behavioral Health Services Planning Council. Our staff member who was on that project sustained a traumatic brain injury and is on leave. Have been engaging with the meaningful measures collaborative project, but that has been weird in development of stakeholder surveys – revisions were scrapped for no reason. We are not sure what is happening with that project. Working on community reinvestment act – contacting banks to talk about those funds. Working on Grassroots Advocacy Network facilitation (without lobbying). In a value based funding world, using peer support services saves money. The more peer support you provide, the more value you get. National Association of County Behavioral Health Directors suggest peer support should be 25% of the behavioral health workforce. Improves morale, operates more efficiently, will be a big part of the next generation of behavioral health services.

August 14 – Welcome reception for Bert Moore, the new special education director at the Dept. of Education. 1:00 – 4:30 p.m. come and go – suite 102 at Landon State Office Building.

Parity Committee - Rick Cagan – Very good meeting yesterday. We started April 2 by meeting with the Insurance Commissioner. KMHC, NAMI, BHAK, KAAP, KHA – the work of the committee has a provider focus but very clearly the impact of the lack of parity is having an impact on access to mental health and addiction treatment services. We want to gather information that can be the basis of complaints to the Insurance Department. There is a trend that Blue Cross Blue Shield is setting in asking for confidential patient records from providers. We have two providers who are refusing to provide these records and that has looped in the Governor’s office and the Insurance Commissioner. Believe these requests exceed the insurance company’s

authority. We are developing a letter to the commissioner about the variety of issues the committee is sorting through. Will meet with the commissioner's legal staff and then with the commissioner again. The committee did look at model legislation from the APA – recently enacted in Missouri. Not sure when or if the committee will decide to pursue legislation in Kansas. Amy is working as the liaison with the Coalition and Rick is serving as the recording secretary. Eric was facilitating and running our meetings, so his absence leaves a gap in our committee

Mary shared that Mental Health America had a regional policy meeting on this subject. Tim Clement is willing to be a resource on this. Rick shared that Tim and Amanda Blecha from APA were involved in our last meeting. So, they have already been looped in. We hope they will be involved in our next meeting and they can provide us updates on Missouri.

Tobacco Cessation Project – 18 of 26 CMHCs have endorsed the guideline, would like to match that on the SUD side. One of the FQHCs has endorsed. The movement of making the guideline real is kind of taking shape as more and more agencies are engaged. We have a mini-grants project underway. Applications are due August 2nd. You can find that on the NAMIKansas website – go to the Tobacco dependence link. We are putting \$50,000 for agencies to put experiments around focusing on the target population in the primary care and addictions treatment area. Also, to put information out there around these best practices. We are continuing to put information out there about the new tobacco dependence benefits under KanCare that are now available. Utilization is currently low. It is a matter of educating KanCare providers and members. We have recorded and posted to our website a peer video touting the value of the new KanCare benefits – she is a member of the Manhattan CRO. If you need help to share that video, let us know. There is also a video by a physician from KU Med to circulate among provider networks. Trying to also focus on more training of peers and case managers, as well as nurses and social workers to be the tobacco treatment specialists in these organizations. There is also a group code that agencies and centers can use to run peer groups with this focus.

Susan – we have always struggled with finding adolescent focused training. Do you have anything?

Admittedly the focus has been on adults and there has been a lot of talk about needing to focus on adolescents with all of the vaping. I can connect you with the people at the agencies that are working on this.

Kansas Coalition for Treatment Access - There is an invitation for a call on August 1 at 10:00 AM CST to discuss Kansas Step Therapy. SB 93 and HB 2120 are in play for the 2020 Kansas legislative session.

Meetings with target legislators will be key to moving out of committee and toward passage.

Corinna – overuse of medical services can be as harmful as limiting access. For behavioral health medications, reviewing the harm v. use of medications is important. The Right Care Alliance has a white paper – example of use of anti-psychotics with dementia patients.

Far better ways to approach this problem than step therapy. One method is “common ground” a deprescribing intervention. One very simple intervention would be counter-detailing. Could send reps to doctors to talk about reducing overuse and reducing utilization.

Brenda – KFMC – regardless what dataset we look at, our nursing homes have been able to reduce use of anti-psychotic medications in nursing homes by 30% and most successful when we incorporate front line staff. Tier 1 homes are in focus by CMS.

11:00 a.m. Lobbyist Report - Amy Campbell –

DUR Committee – the DUR Committee is changing how PA information is categorized on the website, organizing it according to disease state rather than medication name. The staff continues to recommend the consolidation of information and forms in order to simplify as many processes as possible. There was good back and forth communication between the committee members, staff, and public input (from pharmaceutical industry representatives who weighed in on the accuracy of the information and whether or not FDA approved uses were accurately incorporated).

Mental Health Task Force – met with KDADS leadership to review the January 2019 Mental Health Task Force recommendations and answer questions. This was intended to provide the opportunity for KDADS leaders to best evaluate what the various recommendations might require and which might be implemented most effectively. The agency is evaluating recommendations in order to develop the agency budget requests to be presented to the Governor.

KanCare Oversight – The Robert G. (Bob) Bethell Joint Committee on Home & Community Based Services & KanCare Oversight is schedule to meet August 26. Conferees will need to sign up and turn in testimony around a week prior to the meeting.

Health Interims – The Senate will have an interim health committee to develop a Senate Medicaid Expansion proposal. The Senate leadership believes they need an opportunity to create a Senate “position” in contrast to the House “position” – which is the bill passed during the session. Then, a joint legislative health committee will meet to develop joint recommendations. The Senate proposal is expected to include a variety of limitations and some form of work requirement. It isn’t clear when this process might begin.

11:25 a.m. Announcements –

Holistic Practices Discussion - July 31 Lawrence Memorial Hospital 7 pm – conference room A. Holistic Nurses Association and P3 community conversation about proven holistic practices. Everyone welcome and want lots of input. - Matt Spezia

ACMHCK 40th Annual Conference Sept 11-15 Wichita – Patrick Kennedy, keynote speaker. 50 breakout sessions. Register at annual conference link at ACMHCK website. - Heather Elliott

3 day conference at Kaufman Center – Oct 7-9, Recovery movement merging with other communities – different patient groups, entrepreneurs. Seeking sponsors. - Corinna West

In all of our talk about suicide prevention, it is also a tragedy if their patients or friends end their lives. There is really good work being done out there.

Kiersten Adkins – Pathway to Hope – 90 to 120 days from opening our clubhouse. Posting jobs on Indeed.com. Separate from Clubhouse, will be opening peer support services with job openings also posted for that on Indeed.com.

At the end of the meeting, Corinna shared a poem about advocacy.

11:30 a.m. Adjourn Motion by Bob Chase, Jane Rhys second.

2019 Schedule:

Mental Health Advocacy Day: February 19, 2020

2019 KMHC Meetings: 9 a.m.–11:30 a.m. Jan 23, Feb. 27, Mar. 27, April 24, May 22, June 26, July 24, Aug 28, Sept. 25, Oct. 23, Nov 27, Dec. 18

Board Meetings: 12 noon quarterly the 4th Wednesdays (March 27, June 26, Sept. 25, Dec. 18)

Advocacy Committee Meetings: January - March: Friday teleconferences, Meet after Coalition meetings: January 23, February 27, April 24, May 22, August 28, October 23

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