**Kansas Mental Health Coalition**

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

**Agenda**

**July 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@ccess

**9:00 a.m.**

**Introductions and sign-in sheet**           Susan Lewis, President

Andy Brown, Headquarters

Ken Kerle, CIT

Alexandra Simmons, MHAH

Rick Goscha, KU

Ally Mabry, KU

Lynn Davis, Breakthrough House

Bill Persinger, Valeo

Patrick Yancey, KHS

Wes Cole, GBHSPC

Stephen Feinstein, ELC

Nancy Lusk, KS House

Corinna West, Poetry for Personal Power

Kevin McGuire, JCMHC

Sky Westerlund, KNASW

Ira Stamm

Dana Schoffelman, Florence Crittenton

Rick Cagan, NAMI Kansas

Stephanie West, DRC

Jane Rhys

Heather Ellioitt, ACMHCK

Steve Christenberry, FSGC

Susanna Hoenecker, KAAP ACMHCK

Sally Fronsman-Cecil

On the phone:

Marcia Epstein

Jessie Kaye, Prairie View

Meghan Chizek, Marillac

Walt Hill, High Plains

Nick Reinecker

Andrew McCarthy, SIDE

David Elsbury, Kanza

**Financial Report adopted. Cagan motion, Simmons second.**           Andy Brown, Treasurer

Please renew your membership at [KMHC website](http://kansasmentalhealthcoalition.onefireplace.com/).  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, Kerle second.

**9:15 a.m. Reports**

**Board of Directors -**  Report of the June meeting.

 **Advocacy Committee –Grassroots Advocacy Network** **-** Committee will meet at 11:45 a.m. after the Coalition meeting. Seeking Kansas Health Foundation grant to assist with staffing for Advocacy Day and the Grassroots Advocacy Network.

**Governor’s Behavioral Health Services Planning Council –** Wes Cole – Met in Salina and visited local mental health center. Concerned about decreased funding and cuts there. Also have reported Guidance Center has laid off 29 staff. Major concern. In Salina, visited peer-to-peer program that is doing very well.

Wes will be attending a meeting in Washington DC next month regarding the block grant.

Committees will be reporting to the Secretary beginning on August 1.

Recovery Conference brought forward a concern about a statute relating to transportation that was established in 1942 and Wes will be bringing information to the Coalition to see if we would be interested in addressing a change.

**Psychiatric Directives Committee** - Hope to meet in August. Currently researching other state statutes.

**Alliance for a Healthy Kansas** - Amy Campbell – forum tonight in Prairie Village

**9:30 a.m.  Update on CMHC programs** - How are the Centers adjusting to the Medicaid reimbursement cuts, end of Health Homes program, changes to inpatient screenings for Medicaid, end of KU Evidence Based Practices Contract, and other changes?

Walt Hill, High Plains MHC – Another element is the county funding uncertainty. Also, the likely change in the Dept. of Labor rules in employee rules. $930,000 out of $8.5 m budget. Have a hiring freeze. Likely will pass on more of the cost of service to consumers and patients to try to balance budget. Sequential plan has 3 phases: trying to avoid affecting treatment staff / non-revenue staff are currently affected. Utilizing staff layoffs, pay cuts, reduction of travel to outreach offices, reduction of benefits. At professional levels, we are seeing staff read the handwriting on the wall from the press reports and they are looking for other places to work – prisons, hospitals, and schools. Have an 18% vacancy rate for therapists at High Plains – typically 1/3 of that. Represents needing six staff. We don’t have a waiting list, but we do have longer waiting times. We are prioritizing care. Continue to operate the crisis beds.

Ira Stamm – commercial insurance is also ratcheting down benefits, so the private provider will ask

Jessie Kaye, Prairie View – echo what Walt has said. Conversations with cities and counties, they are concerned about the impact of the tax lid. Changes at the MCOs – as they become more different from each other, looking at different prior authorization requirements, looking at incentivizing different outcomes, just adds to the cumbersome administrative challenges. The fact that we do not have an executed mental health center participating contract leaves us concerned about our work. Concerned about the increasing uncertainty and stress on our local law enforcement. Creates fewer opportunities for us to collaborate with those agencies to address community needs because we don’t

The continuing turnover of leadership and support staff at KDADS leaves us with more uncertainty, receiving mixed messages. Uncomfortable position to be in.

Lost funding for health home program, lost 3 staff – attempted to move most into other positions. Have attempted to avoid layoffs, but may need to do that in the near future. At an all time high with open positions and we can’t provide assurances 5-7 days for older adults and 3-4 days for adults. Now the payor authorization conversations have to take place every day and takes a good deal of additional time. Sometimes the payor won’t authorize payment, but if there is a safety issue, we will keep them in the hospital without reimbursement.

Hill - There was a change in the way state hospital screens were paid – used to be fee for service, now it is rolled into the grants and that did cost some centers a good deal.

Bill Persinger, Valeo – Press has been good about covering our issues. Without whining, absolute fact that every win the CMHCs have been given in the last thirty years has been changed, revoked, modified, watered down or given to someone else. Unfunded mandates for HIPPA, electronic medical records, utilization management have continued to add to the burden. Frozen / cut grant funds. County funding has been relatively steady, but not growing. Nowhere to turn for relief. Grant funds have also changed

Valeo recently received a grant for early intervention, which is good thinking and progressive, but it won’t help pay the light bill or employees. Many Medicaid rates have been frozen since the nineties. You are going to see a major sea change in mental health, including the way we serve the uninsured. Valeo is going to develop a private pay plan. We can’t give away nearly $2 million in charity care like we did last year. No one will be turned away but we will be limiting care to the uninsured. We will become our own managed care organization for some portion of the county funding and out of pocket payments. We do not have any partners to sustain the ability to serve the uninsured the way we have. We will have limits and will have to titrate their care when they bump up against those limits. We won’t stop caring for anyone. Will continue to provide crisis care. We will continue to serve the uninsured. But we don’t have the ability to make any money in one area where we can balance the unreimbursed care.

What we are seeing is the result of 15 years of painful policy decisions. There are some bright spots, so if we have to lay off people in one area while we are hiring for a new program, that is just the way it is. We have laid off three or four positions already and are down about 15 positions for the year.

**10:00 a.m.  Guest Speaker - Secretary Tim Keck, KS Dept. Aging and Disability Services**

Update on Agency programs.  Q & A.

Introductions to new staff: Susan Fout, interim Commissioner of Behavioral Health – long background in state agencies, asked to fill in where needed since Bill Rein went to run Larned State Hospital. Secretary indicated he would love to have Susan apply for the permanent position, but not sure if she will choose to do that.

John Hostetler, Mental Health Director, from Oklahoma with a diverse background in mental health.

Nikki Gilliland has also moved to a different position. Jeannie Wertz (sp) will fill in that position.

It was a blow to the central agency to move Bill Rein out to Larned.

Adult Continuum of Care Committee is meeting this summer to look at what the state hospitals should look like. Kind of came out of the question of privatization at OSH, but think it is a better question to look at what the state hospitals should look like. Excited about the direction that is heading.

State Hospitals – think things are trending up. At about step 19 of a 26 mile marathon. Vacancy rate for MHDDs is down to 26% from 44%. The vacancy rate is actually lower if you count the corrections staff that is helping out from KDOC.

Bill has been communicating with me virtually every day and things are improving. Have some initiatives we want to look at including a tiered pay system that would recognize time, experience, training in some way. I know there is a hospital interim study committee and look forward to that. Employees continually share with us the problem that there is no career trajectory in this area. We have employees that have worked for 30 years making the same as brand new employees. Will take some money and legislation. Thank your legislators for

Still meeting with KOSE every month. Very productive.

Osawatomie State Hospital is very close to making our application for recertification. Things we have done to improve care have changed the approach and these changes have vastly improved treatment. We still have some FTEs on the books from Rainbow, have FTE changes for the certified 60 beds side of the hospital. At some point we’ll get back to the 206 bed capacity – not at that point yet, but need to get through recertification at this point. Kathy Baumer put together a list of the changes at OSH and they are ten pages. Using CPI treatment instead of “Manz”? I think that we would pass certification at OSH if it were done today. Being held up with some construction issues. Replacing the dropped ceilings with sealed ceilings has created a condensation issue that has to be addressed.

Will file the application soon for a date certain. Initial survey will examine if we have corrected the issues. Then have to operate for a couple of months without incident, then there will be a full survey.

New administrator for certified hospital started at 18 as a mental health tech, nursing degree, then law degree. Governor’s amendment helped with pay increases at OSH. Had some trouble with competition at local Walmart distribution center. Turnover around 15% now. LSH turnover is 30%, but these rates are half of what they were for a while – was 70% at LSH.

Juvenile correction facility at LSH is closing. Hope to be able to pick up employees from that. Should be about 100 employees available from that.

Document will be available when they make the application.

LSH - Discussed reorganizing leadership team / governing body / employee representation and engagement. Updating operating principles.

*Community programs –*

Bill- it is a great paradox to me that the folks in the agency seem to get it, but they aren’t given any resources to work with us.

Secretary – that is something we hope can also be a part of the conversation at the ACC. We have challenges with some admissions and difficulties with discharge. We have met with some resistance with discharges and where some people can go. I think the mental health centers could do a better job with more resources at keeping people in the community.

We are looking at our contracts across the board to look at where the resources are being used. Not meant to hurt anybody but want to be sure we understand what we are doing.

Want to be sure that we as an agency understand what is being done with the funds and want to engage with the CMHCs and the MCOs to see what they need.

Some contracts are moving to an hourly rate rather than a contract rate – think that provides for the best level of accountability.

We aren’t necessarily cutting grants.

The result of the turnover of staff we have had has led to some of this. Brad has been helping us with this and has attempted to be sure we know what we are doing with this money, but not just do things because we have always done that.

Sue – would it be possible to recognize that there are staffing problems and other priorities that need to be dealt with. Problem that the philosophy has been going on for a long time where we are renewing contracts because we don’t have time to deal with everything we need to deal with.

Secretary doesn’t anticipate big changes with the mental health center contracts.

Sally Fronsman-Cecil – passionate comments about how the changes in delivery are affecting their lives.

Secretary offered to meet with Sally and her peers.

Moved back to system discussion:

**10:50 a.m. Legislative Update - Amy Campbell – No discussion. Information included on the back of the agenda**

1. Report on the Legislature's SPECIAL INTERIM LEGISLATIVE COMMITTEES APPROVED JULY 22: Schedule not published

**Organization of Public Health Boards - Combining Certain Health Boards**

● Consider the combination of the Board of Nursing and the Board of Healing Arts under one administrative entity for the purpose of potential reduction of administrative costs and increased efficiency over time.

**Patient Protections for Step Therapy** - Study Patient Protections in Commercial Health Insurance

● Consider patient protections for Step Therapy to be used in commercial health insurance in the State of Kansas.

**Foster Care Adequacy - Review Issues Pertaining to Foster Care Adequacy**

The study would include the following:

● Review the level of oversight and supervision by the Department for Children and Families (DCF) over foster care contractors;

● Evaluate whether a working group consisting of attorneys in the area of family law, judges, foster parents, and parents with reintegrated children would aid in addressing foster care concerns;

● Study the proper selection of foster parents and the qualifications of foster parents; and

● Review the duties of those individuals responsible for foster children, the connection between DCF and foster care contractors, and the grandparents rights law regarding custody, KSA 2015 Supp. 38-2286.

**Larned and Osawatomie State Hospitals -** Study Various Issues Regarding Larned State Hospital and Osawatomie State Hospital

The study would include the following:

● Monitor the patient populations and review the study the activities and plans of the treatment programs and correlation to patient outcomes;

● Tour each state psychiatric hospital, considering and evaluating facility issues relating to plan management and safety;

● Review and study the Kansas Department for Aging and Disability Services’ (KDADS’) policies relating to each state psychiatric hospital;

● Review and study KDADS responsiveness and efforts in identifying and resolving issues relating to facility, staff, and patients;

● Review and study KDADS staffing and policies relating to staffing, recruitment, retention, employee morale, and employee relations issues;

● Review and identify patient and employee safety concerns; and

● Review and study any other issues brought to the attention of the Committee concerning state psychiatric hospital oversight.

2. Legislative Mental Health Forum - August 17

3. Adult Continuum of Care - modified stakeholder group reconvened under the auspices of the Governors Behavioral Health Services Planning Council - meeting the second and fourth Tuesdays of the month

4. Drug Utilization Review Board (DUR) met Wednesday, July 13

**KanCare DUR Board Meeting: July 13, 2016**

Dr Scheffer resigned, Lauren Morton, PharmD, BCPS, elected new Chair. Liane Larson, PharmD, KDHE-DHCF Staff leaving July 30.

The Board approved several step therapy policies not related to mental health medications. Neither the step therapy statute nor the patient protections language was distributed to members, some members asked to receive that information.

The Board sent one policy back to the MHMAC – Opioid Dependence Agents – Prior authorization criteria to include the exclusion of coverage by those beneficiaries concurrently prescribed benzodiazepines. Sent back to get clear PA on Bupenephrine, etc.

Approved policy to require an appropriate diagnosis or prescriber specialty for ADHD medications for adults 18 and older.

Approved policy to require an appropriate prescriber specialty (psychiatrist) for ADHD medications for children under the age of 3 years old. (33 children affected.)

Approved policy to require dosage limits for ADHD medications.

There were annual MCO reports detailed utilization trends and provider education efforts for 2014. (should be 2015?) Reported Anti-psychotics ($61 m) and ADHD medications ($44 m) were the highest categories by “spend”. Interesting reports on the retro-DUR programs and pharmacy MTM programs. Criteria for the reports are not uniform, so not directly comparable, but the information was interesting.

5. Mental Health Medications Advisory Committee - will meet August 9 - 2:00-4:00 pm

**Mental Health Medication Advisory Committee** meets August 9 and will include opportunity for public comment on second round policies as approved at the May MHMAC meeting. The agenda should be posted tomorrow.

6. 2016 Elections Information - What do you need to do? See handout. Go to your local election office to vote early. Primary Election is August 2.

Reach out to the candidates in your local election and let them know that you are very concerned about Kansas mental health programs. See the chart.

Amy is available to talk about any of the races, although there are many candidates we do not know much about. campbell525@sbcglobal.net.

**11:00 a.m.  Next Steps - Susan Lewis** A members only discussion of action steps for the Coalition. 

**Cagan proposes two part action plan. Online Petition. Regional education events will be discussed by the Advocacy Committee.**

**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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