

# Kansas Mental Health Coalition

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

## Minutes

### August 22, 2018 Monthly Meeting

Valeo Behavioral Health Center, basement conference room, 330 SW Oakley, Topeka, KS

Teleconference access 1-515-739-1285, enter 567518

Meeting room wi-fi: Guest@ccess

### Introductions and sign-in sheet Eric Harkness, President

The President shared his August story – that he was released from Topeka State Hospital 22 years ago. 20 years ago he was hired as a pharmacist by the VA Hospital.

Ken Kerle shared information about a new book - Criminalization of Mental Illness Reader – there is a chapter about Kansas and CIT.

The President thanked Genoa for providing water and Valeo for providing donuts this morning.

Minutes of the previous meeting adopted. Sue Lewis motion, Bill Persinger second.

### 9:15 a.m. Reports

**Board of Directors** – Regular meeting in September

**Advocacy Committee –Grassroots Advocacy Network** - Heather Elliott - Committee will meet following Coalition mtg. Andy will be reporting on the HEPI grant, sustainability of the Grassroots Advocacy Network, and Text to Advocate. Committee is looking for regional volunteer coordinators who will be trained to teach the advocacy training seminar and help to coordinate regionally. That training will be in October.

**Governor's Behavioral Health Services Planning Council** – Wes Cole is currently serving as the interim Superintendent at Osawatomie State Hospital. This was initially to be a few weeks, but the Secretary of KDADS announced yesterday that they are suspending hiring efforts until January 2019.

### 10:00 a.m. Guest Topic: Secretary Gina Meier-Hummel, Department for Children and Families - Programs Update

Gina spent her career in children's services and has a strong history in mental health. As executive director of the children's shelter, she was serving on the Legislative Foster Care Task Force. She was appointed to serve as Secretary of DCF last summer. Governor Colyer asked for a top to bottom review of the agency.

The 2018 Legislature created legislation for youth crisis beds and placed the responsibility for implementation at DCF. These are distinct from PRTFs,

Similar to the Rainbow hospital redesign, creating RSI which offers crisis stabilization and referral to adults.

Have a draft of regulations on her desk today – will be working through stakeholder input. Additionally, the agency published an RFI to generate responses from entities who might bid to provide these services. This gives the agency an idea of what those providers envision

Identify what might be the mix of funding: Med

Envision 30 beds across the state – this may not be the right number, but will be a starting point.

All of this is related to the SB 367 conversation regarding how to serve high needs youth that do not fit into current established services, and want to avoid juvenile detention.

Believe this new services makes a lot of sense

Supposed to be an immediate access, short term service – meant to assess then transfer to higher services or better, to community based outpatient services.

Outside of that, there has been a lot of press around the needs of foster care youth and the practice of having kids sleeping in child welfare offices. We have

Have stood up 150+ residential beds across the state and will have more. These are either emergency shelter beds or YRC II beds. I know that sounds alarming because we have tried to reduce

We have had an influx of kids into state custody and so the need had grown. We don't want to keep kids in institutional care, so not our preference but perhaps a necessity in our situation. Kansas continues to rank below national averages for numbers of kids in congregate care.

Families in crisis response is also in development, so that will also be helpful.

Families First initiative is the first time the federal government has put dollars into preventive care. Right now, the only federal dollars are for foster care services, and putting money up front should provide better outcomes for kids and families. The State has preparation to do – have to be providing mental health and substance abuse treatment by doctors and credentialed providers in accredited facilities that provide congregate care for kids. Most of our providers are already doing that. These items are necessary to draw down federal match.

The candidates for care are supposed to be children who are at risk of coming into care without services in place. The biggest reason for kids coming into care is neglect.

We have until October 2019 to be ready. We are surveying our providers to see what they will need to do to comply. We have a detailed work plan. Will have to talk about state match dollars with the Legislature. We need to study our current programming to see what we already have in place and where the needs are.

We have already implemented a number of things to improve our response.

Foster care and family preservation contracts are currently out for bid. We will be working with potential contractors this fall to develop contracts. Want to implement July 2019.

Jane Rhys – as a child advocate, I work with kids who are moved constantly and receive inconsistent services because of the repeated moves. Also have foster families to complain that contractors do not reply to phone calls or answer questions.

New regulations will require contractors to use one centralized placement matching system. This is different from what happens now. Our contractors have their own systems today and do not share them. We hope the new system would pull up the same pool of suitable foster homes that the contractors would be required to use. What we have now is currently only using about half of the eligible foster families. Currently, our contractors, though well intentioned, are determining what the foster families can and can't take and we have families who say that they can take kids but are not asked.

State asked for feedback from across the state – more than 400 responses came in and many were from foster families. State will also change the way we provide reimbursements based on the type of care being provided, whether the child is a baby, has challenging behaviors, has disabilities, etc. Will have more robust contract oversight and newly established ombudsman's office for biological families, foster families, and kids in care to access. We will monitor and track the data.

Bill Persinger – what is the biggest reason for kids needing to move from family to family.

Think there are issues of not having the resources, not having local services available, and parents with substance abuse addictions. Think it is fantastic to see dollars coming in that are targeted to these treatment needs.

Brenda – What about drug use in children? Right now, we only have ACT in Kansas City. Will this be expanded?

There is a need there and, to the extent possible, we will be trying to incorporate

Marcia – concerned about the needs of kids at risk for suicide. Huge shout out to Jane Adams who has been a huge advocate and helped families to navigate services. We don't have ready access to PRTFs and we have a huge gap for care for kids who are at risk. This is true for adults as well. Thinking about one family that I have worked with for a while. Their high school age child is consistently struggling with suicidal thoughts – he does not have the trauma that is typical of these situations, but has a brain wiring issue that is tormenting him with these continued thoughts and is continually at risk.

I am hoping that the crisis services that we are working on will be able to help to connect real outpatient services to support them.

## Reports continued:

**Big Tent Coalition** - Jane Rhys and Mike Burgess – met last week. BTC is a broad cross disability coalition that invites participation from any group or individuals. They meet in Topeka but also offer teleconference participation. Jane encouraged younger folks participation to help expand membership and replace those who are retiring. There is a facebook page for the organization.

Had an update on the Disability Caucus. TILRC is hosting a candidate forum in Topeka on September 18. The Planning Retreat is tentatively set for November 29.

The State Transition Work Group will begin meeting August 29 at 9:30 a.m. at the Kansas Health Institute. Hopefully everyone who is interested in serving has already reached out.

Mike Oxford of TILRC is retiring May 1 2019. Roger Frischenmeyer recently passed away, he was a very active advocate from Hutchinson and will be missed.

**KanCare Advocates Network** - Amy Campbell – KanCare Meaningful Measures Collaborative – has been meeting and reported to KanCare Oversight Committee this week about their work. Working to establish data measures to be regularly collected and reported that provide the kind of data that can serve as meaningful transparent data for the program. Separately, KAN has recommended performance measures to KDADS and KDHE for evaluating Medicaid services and programs. Agency staff has been supportive, and is evaluating the recommendations. KDHE staff Adam Proffitt has been working on this as well, and agency is adding staff for evaluating the data.

KDADS just announced a series of HCBS public forums for the waivers to inform potential waiver renewal amendments. They run from September 10 to the 15<sup>th</sup>. Closest event is Sept 10 at Johnson County Community College.

**Financial Report and 2018 Budget** - Amy Campbell – Reported 21623.40 balance. Received dues from MHAH and Florence Crittenton.

**10:35 a.m. Guest Topic: Disability Crime Victims Unit – Michelle Holmer, Disability Rights Center**

In addition to the traditional work provided by the Disability Rights Center, they have established a Disability Crime Victims Unit to help residents of Kansas to seek civil remedies to address concerns resulting from a crime committed against that individual. Will not provide legal representation for the criminal matter, but will provide an attorney-client relationship to assist them in requesting accommodations to file the criminal complaint.

Interesting case – one individual needed a surgery as a result of a crime but was having trouble finding an oral surgeon who would treat her. Agency was able to connect her with a provider for both the dental issue and for shoulder injury.

Had a client who was having a problem with a local HUD property manager who seemed to be focused on trivial issues with tenants who had mental health issues. Obviously, being evicted from HUD housing can cause lifelong difficulty with finding a home. The manager was entering the apartments, which really raises concerns with feeling threatened, regularly threatened eviction for trivial problems.

Clients may be a victim of a recent or a past crime. Can connect individuals with legal services and health or daily living services related to the occurrence of the criminal act. Some of these situations may include domestic abuse, financial exploitation by a caregiver, theft or other criminal matters.

The crime does not have to have been prosecuted or even filed.

There have been cases where an individual's concerns are more rooted in their own disability (for instance possible paranoia due to a mental illness). Sometimes it is possible to gain some accommodation to alleviate the pressure they feel.

Referrals can be made by contacting the Disability Crime Victims Unit by calling 877-776-1541 or email [info@drckansas.org](mailto:info@drckansas.org). There is an online intake form that can be filled out on the Disability Rights Center website.

**11:15 a.m. Lobbyist Report**

**Insurance Alert**

**MHMAC**

**KanCare Oversight Committee**

**MH Task Force**

**SUD Task Force**

**Elections-**

**KDADS Report**

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

**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 28, Dec. 12

**Board Meetings:** 12 noon quarterly the 4<sup>th</sup> Wednesdays (March 28, June 27, Sept. 26, Dec. 12)

**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

c/o Amy A. Campbell, Lobbyist, P.O. Box 4103, Topeka, KS 66604  
785-969-1617 [campbell525@sbcglobal.net](mailto:campbell525@sbcglobal.net)