

# Kansas Mental Health Coalition

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

## DRAFT Minutes

*Click on underlined items for web links.*

**August 24, 2022**

**9:30 a.m. Welcome and Introductions** Amy Campbell, Coordinator

**Minutes of the previous meeting.** [Draft Minutes](#) [Zero Suicide Presentation](#)

**9:35 a.m. Reports**

**Board of Directors** - met July 27 – welcomed newly elected members. Our annual tax return has been filed and our annual corporations documents have been filed with the State. Monica Kurz and Colin Thomasset have volunteered to lead the Advocacy Committee this year. The Board also set topics for the upcoming meetings.

**Financial Report accepted** – Amy Campbell – All members who have not yet renewed their membership are asked to log in to the website and click renew. Complimentary members also need to renew your memberships, because this is an opportunity for you to update your contact information on the website and it will lapse if you haven't renewed. The website renewal is very important, committees such as the Advocacy Committee are member committees and if your membership lapses the website will drop you off the contact list for those events. \$17,278.20

**Advocacy Committee** – Amy Campbell - Monica Kurz and Colin Thomasset, Co-chairs, will convene meeting immediately following today's meeting. 2023 Advocacy Day is March 7, 2023. All members of the Kansas Mental Health Coalition are welcome to be members of the Advocacy Committee. The Committee not only convenes our Annual Advocacy day at the State House, but they also coordinate advocacy activities throughout the year, including advocacy, training, events, and communications. The committee also does the final brush up and polishing up our policy issue papers and decides which papers are featured at advocacy activities in March.

**Governor's Behavioral Health Services Planning Council** – Wes Cole - the Council has been very busy finishing up their subcommittee reports. September 21 is the next meeting at the New England Building. We'll look at the subcommittee reports and they will be presented to the Secretary in October. November will be in Wichita, looking at the substance use facilities and mental health center work in that area. Planning a goal setting special meeting in December. Also talking about work on stigma for the new year.

One of the responsibilities of the Council is the state hospitals. Want to look at what is being done in Missouri and other states to address ongoing concerns with hospitalization. Missouri still has state hospitals but use treatment rehabilitation recovery centers and other resources like that.

Want to commend the budget stakeholder meeting held by KDADS. I did attend that and it is a great opportunity to hear from broad groups as they report what they are doing and put in requests for future funding where they see additional needs. It is informative. Amy did attend and speak for KMHC. KDADS also reported on the legislative session and all the gains made there.

Council is still working on the peer support group subcommittee. The charter is mostly completed I wanted Charles to report on that. a little bit this morning, too.

Charles Bartlett reported the Rural and Frontier subcommittee has been meeting virtually and this year they hope to have their annual legislator event back again in Dodge City, which has always been a nice deal in a big turnout.

The peer subcommittee has been kind of put on hold we're still waiting to fill the position of the peer and consumer coordinator. That is still open for application and so we were hoping to wait till get that position filled.

We also have a new subcommittee, which is the tobacco subcommittee. They will be presenting their charter in September, when the rest of the committees provide their reports, and that subcommittee is made out of the Tobacco grant that Rick Cagan shared the work for a couple of years that they want to continue their work even though the grant had expired.

**Kancare Advocates Network** - Kancare Advocates network has been extremely busy. KDADS is working on the unwinding of the Federal emergency, and what that means to all of the waiver rules and Medicaid rules that have basically been loosened to enable outreach to people during the pandemic. Amy Penrod at KDADS has proposed a number of waiver amendments that would allow the extension of some of these flexibilities, an example, would be rules that allow parents to be paid to provide certain services to their child who is on the waiver, or to a family member who is on the waiver. That that has been a useful tool for some families especially with the workforce shortage. There are also some rules pertaining to telehealth and allowing certain evaluations to take place remotely. This isn't the comprehensive list but the amendments were put out for comment and they are moving forward with getting federal approval.

The group has also been receiving updates from KDHE about the implementation of some of the rate changes that were enacted during the legislative session, and really a broad number of other things including the medicaid expansion efforts that are going on across the State. It has been a challenge to make Expansion a primary election issue this time around. If you're interested in participating in that group, the meet typically at 9 am on Fridays remotely and then once a month it's on a Thursday for KDADS reports. The group is made up of representatives of disability organizations and the focus pretty much on medicaid programming and waiver issues.

**Consumer Programs** - Matt Spezia, P3 – P3 trainings are occurring regularly for Level 1 WRAP and Level 2. 2 is the train other people to facilitate level 1 training events. They are regularly scheduled but if your whole organization would like to do it, we can very easily accommodate a separate event. CCAR is also happening once a month. That is a little bit more intensive.

If you need peer support yourselves, please reach out.

The gigantic Rite of Joy Gala is happening in October. It is a wonderful time. Not only is there a ton of amazing speakers at this event, but there is a gigantic, formal gala afterwards, and a \$1,000 poetry slam that will have people coming from all over the nation, and your registration fee pays for all of those events. You get the gala. you get the conference and all the speakers. RiteofJoy.org

Monthly story circles are the last Saturday of every month. They are free to join - a place for you to be you. Nothing that's said inside of the circle comes out of the circle, and they are very wholesome community connecting events that you get to hear from people that are also dealing with those issues. And you know we don't just do negative stuff we do a lot of positive stuff, too. The last one was really great. It was about accepting victories because I feel like we all have a little bit of a problem with like, Okay, we accomplish something. It is good to feel good about yourself. So our story circles are free to join they're on zoom at 2 Pm.

There's lots of community calendar events on our website if you're looking for involvement across the State of Kansas, Missouri, or Colorado.

We have a huge community calendar with an event happening every Thursday down in Kansas City. There's events happening in Topeka quite frequently, and more, and Salina Wichita pretty much wherever you are, there's art happening, and we have it up on our calendar.

**Words Save Lives** – September events – Marcia Epstein - Thanks, Matt, I appreciate that so very similar to how poetry for personal power has always worked, bringing people together, acknowledging the struggles and the successes people have, building community good communication together, creating that sense of being valued and belonging. That's what the event Words Save Lives has always been and it's been an annual event in Lawrence since 2014 when I started it.

I want to segue back to last night was one of the meetings of the suicide bereavement groups that I host and one of the things that came up at that meeting was people's anxiety and discomfort and sense of sometimes shame and blame that is stimulated by messaging about suicide prevention, and with the month of September being called U.S.A. Suicide Prevention Month, and with the 988 Campaign wanting everybody to know that that resources available easily you know there's lots of good stuff, and also sometimes the ways things are worded makes it sound like it's very simple to do something that's going to prevent this person you care about from dying by suicide, and all of those of us, and I know there are people on the call in addition to me, who have lost people to suicide know it is not that simple, and all the people on the call who have their own suicide thoughts and suicide attempts in the past. It's not simple to stay safe so Words Save Lives was inspired by that kind of understanding and wanting to bring people together on the day that's called world suicide prevention day but in a very different way, not a lecture, not a speech, not educational in that sense but art performances. And we've had a variety of arts - dance and aerial acrobatics and drag, and just amazing things in addition to word art, which is where the name came from. This year we have a Poet Laureate who was awarded a grant from the Academy of American Poets, and, as I say, we will have about a dozen events.

The full dozen isn't confirmed at this moment, but on September 10 there are events in Topeka, in Kansas City, in Selina and Lawrence, and then later in the month, Andover, Wichita, Colby, Leavenworth, and Overland Park.

If you by chance, or somebody who would like to be there. You are most welcome. If you'd like to be at the mic, there are ways to offer to do that, too.

**Parity Committee** – Amy Campbell - If you have been engaged in mental health party community activities, you know that we've been very busy. Yesterday, we hosted the third in the webinar series. We heard from a group of attorneys who advise large employers on large employers sponsored health plans about the considerations that they are looking at for national parity enforcement as the United States Department of Labor ramps up enforcement of parity in large employer-sponsored health plans. I found it extremely educational. It was a bit in the weeds but very interesting. Key to the conversation is how all of this bureaucracy and regulation might actually boil down to policyholders being able to more easily access the mental health care they need. These webinars have been recorded. I have fully edited 2 of them and uploaded to the Kansas Mental Health Coalition Youtube Channel. They should be viewable, but I have more work to do on the tech side.

**Suicide Prevention Coalition / 988 Crisis Line** – Brenna - the Kansas suicide prevention coalition is finalizing subcommittees. We've got a good amount of people committed to each one, so there should be getting off the ground here in the next couple of months as we try to identify some chairs. We're also doing some very exciting things in September through the Coalition including a Twitter live chat campaign with partners. So if that's anything anyone is interested in, that's an opportunity to connect people on their Twitter with other agencies. This is also gonna be the introduction of the Kansas suicide prevention coalitions, official Twitter Page, which will be going live with that event.

Our 988 Breakfast for Hope is September 8. Register at our website [KSPHQ.org](http://KSPHQ.org) or you can email Monica or myself, and we can help out. We host 988 Lunch and Learns every Tuesday or Thursday until the end of September. If you have not made it to one, I highly recommend them, but I am also biased because I did create the slide decks.

## **10:00 a.m. Agency Update: Andy Brown, Behavioral Health Commissioner**

### **Note the following unedited transcript –**

funding.

10:11:42 Opportunities are open on our chess. Yeah, it as it.

10:11:52 But I mean

10:11:57 But there's there's opportunities sunday and some other

10:12:05 So I need opportunity dollars. So there's those are things for checking out.

10:12:15 We also, or in the process of

10:12:26 Middle health block Grant. So that's available for on the website I would comment.

10:12:36 So it's open. just a little bit this week. I think we have to close it down more on Friday, hey?

10:12:46 But if you have anything in what you want and it's available, and I cost so you to amy the and then

10:13:04 Getting our festival year 20

10:13:11 Place and out the door. So is a number of good currently questions about one that's specific to out to Sba or got it.

10:13:28 But I do think we'll see more of those going out and then we have been working to try and expand a number of over prices opportunities, and so we're more team

10:13:51 Crisis, and how we're doing the crisis stabilization So we're continuing to wait on feedback about our Cic Reds graph.

10:14:07 Making sure that got it all our eyes, and crossed all our teas

10:14:14 Also. was we state and on how to manage adult level crisis.

10:14:30 And

10:14:36 That's continuing to prefer like right Now we're looking on, you know, identifying training opportunity is first.

10:14:46 You may see staff building incentives for for this program.

10:14:52 We just finished our first year of the project and did a report to the stakeholders on that right now.

10:15:08 We're making pretty good progress in most of the areas So working on.

10:15:16 Trying to be group and so our route housing unemployment and and how that impacts with we're gonna continue to work to make progress in those areas.

10:15:35 And then we're gonna spanning the game the pilot this year. on accounting yeah, there's a number of the funding opportunities that are available.

10:15:50 Relate back to those in a Mh. relitigation, settlement, agreement goals, objectives.

10:15:54 So all in all has been a busy month we've been a lot good

10:16:04 The staff has been working on trying to get done. We held a agency budget session, where we invited stakeholders and advocate groups to come and present.

10:16:17 I've got a lot of, good feedback on behavioral health about both progress that we've already made, but also on things that would be beneficial to and our budget for next year.

10:16:28 So we've submitted those as you know Yes, my request for the Commission, and those are going to be

10:16:41 You're muted by the secretary before they go off to the Governor's office.

10:16:46 And then likewise, right now, information about what types of legislative bills or items might need on our agenda.

10:16:59 As agency for next legislative session.

10:17:03 And so we'll be reaching out to some stakeholders for suggestions on that we're also reviewing the mental health modernization of reform reports from last year to see what progress has been made

10:17:22 and and what items we might want progress on in the company session.

10:17:28 So like I said it's been a busy month we've got a lot of lot of good opportunities to engage.

10:17:36 I'm hopeful that our next steps will be very good for you? Are there any questions for me who has questions for Andy?

10:17:50 He covered a lot of stuff there very quickly. i'd like to touch back on what you said about the 2023 agreements.

10:18:02 I assume that these are the contracts. These are your yeah additional contracts.

10:18:12 So I know. So it's been a goal under this administration to not let those linger at the end of the month?

10:18:21 Or are we gonna be going into the fall? Yeah, I feel like

10:18:31 Department to help us get the through your rent faster. But it is.

10:18:37 It is still a process. I I still take time. Current process is pretty good.

10:18:43 We streamlined you know how the commission prioritizes agreements, so that this those were commission line and we've really worked on trying to increase the staff within the system department that's working on so i'm

10:19:06 hopeful that this year will burn a little further you know the exception of that might be the cmac participants which they're gonna be voting on final language.

10:19:18 I think, this week those those are not entered the concurrent process yet. but once we have a final boat, and the association of the Mobile app, try to get those all processed and concurrent as quickly as possible.

10:19:32 So we can agreements for execution.

10:19:47 Then you mentioned the goals for performance improvements for housing and employment programs.

10:19:55 I haven't heard a lot about that is that something we as a coalition should schedule.

10:20:01 Oh, no, yes, you were kinda blip in there a little bit, so I I think that yes, that would be something if we wanted to.

10:20:17 The next at the next call. Yeah, do a little presentation about you know what our or results first year, and what our goals are for next year.

10:20:37 And this model for community transition at the end ofmh is I know It's come up another time a number of times in public meetings as sort of a model that we would like to get work.

10:20:51 State. Why, yeah, but i but i'm sure it's running into all the same challenges that all of the other programs are with staffing and with reimbursement rates and all of that.

10:21:03 How do you feel like? Do you want to give a grade to it right now, or let us know how you think it's going?

10:21:09 You know, I think we're probably in like the b plus range, you know we're we're we still got progress to make on implementing the plan, But there were a number you know positives and performance.

10:21:25 Groups, and even the ones that we did. we came close, surveyed a fair amount of progress.

10:21:30 I saw establishing the infrastructure needed i'm optimistic.

10:21:35 That will be able to improve in the next year on all those areas great.

10:21:46 So i'm going to revisit what you said folks should look at K.

10:21:52 Ads website. search you you When you say Bhs: you mean behavioral health services, funding opportunities.

10:22:01 Vhs funding opportunity. Is that correct? that's correct to see what's been put out there.

10:22:07 Utilizing some of the additional arpa dollars that were available.

10:22:11 I have, under my reports talk about the fact, that the Spark Executive Committee still has not met to approve the recommendations that came from their advisory committees.

10:22:23 So there's still a pretty big pot of money sitting there that should be moving into behavioral health services from Federal dollars.

10:22:31 Would that yes, that's accurate we're we're waiting.

10:22:36 Obviously, that give final action on that from the smart committee.

10:22:42 But we do anticipate having talked with the recovery office that there will be a significant amount of fun. so i'll cut the key ads for us, to course so.

10:22:57 And and those projects. there was a range of projects that had been proposed under those funds.

10:23:02 Yeah, Yeah, i'm oldest point we get the final recommendation. So sure, authorities from the spark to be able, we'll be probably putting out, you know, additional Rfa.

10:23:16 And opportunity apply as well. and then my last question would be, Do you have off the top of your head?

10:23:23 And obviously maybe not a sense of where the lottery vending machine funds are coming in today.

10:23:30 Is that pot still growing? no, it is now capped.

10:23:36 So we are. You have reached the crisis stabilization programs and the full 2 million for the Club houses, totally and rabbit.

10:23:53 Well that's available for us to spend this year so it really did come in.

10:23:57 As predicted, so that's and we may want to look at then requesting access to those funds as they continue to grow.

10:24:10 Yeah, like, I think I think it would be accurate to say that like if if we want more that could be a legislative ask to increase the very good, does anybody?

10:24:29 I so alright, so i've hammered in with a number of questions anybody else have questions for andy

10:24:37 I'm sure I think you've been just doing such an amazing job of providing us with information on a regular basis that it's amazing that you have not been that you come on and and we don't hold you for 2

10:24:53 hours with additional questions that's kind of a change yeah well I'm I'm, you know i'm always happy to take questions that people have on.

10:25:02 But it's not also happy to put the phone Alright, It looks like we might have one for you, Dennis.

10:25:09 Did you have a question, Andy are you in Touch with Brian Cole, the director of Shawnee County Department of Corrections regarding what you're doing in Shawna County. Yeah,

10:25:22 And I So I I got a basically like a request from secretary supported.

10:25:30 And that filter down to me from our secretary and the Governor's office to talk talk with Brian a little bit about for their

10:25:42 The Shannon County jail and i've reached out to Bill Perenger, and basically asked him to set up a meeting so that we can kind of discuss what their needs are and help them identify possible Federal funding

10:25:58 sources. that could help with the project, and just kind of get it feel for kind of the scope of the breath, though.

10:26:06 But okay, I wanna mention one other thing in passing. Nami.

10:26:12 Topeka has 3 members who are going to the National assisted outpatient treatment conference in San Antonio October the thirteenth, fourteenth, and Fifteenth, and they're working very

10:26:23 closely with Brian on things like this just wanted to put that in the mix.

10:26:27 So good. you're in touch with brian that's critical, so good.

10:26:32 Yeah, absolutely. And you know, i'm also like if mommy has you know, specific issues that they want to talk about regarding.

10:26:39 I'd be happy. Okay, Yeah, I'll put that out there. we'll go through Brian.

10:26:45 But yeah, we got some big projects in town we're working with rotary of Topeka, who's. I come up with about \$125,000 to work with women who are re-entering so we've got some

10:26:58 balls in motion, but to fyi 10% Oh, that's great good work, and thank you, Randy for your work, too.

10:27:07 Appreciate it

10:27:14 Excellent. Okay.

10:27:21 So do we have Steve on

10:27:35 Thank you Andy and you're welcome to hang on the line as long as you want to, or yeah, might stick around and see what's cCD expansion.

10:27:51 I'm not sure that I see steve so we might we're a little bit ahead of schedule, which is very unusual

10:28:08 If we have a moment. amy can you talk a little bit about the veto provision that's coming up in November the stuff I've been able to find for it's a little confusing to read

10:28:23 I Sorry you'll have to be more specific let me see if I can't find what it's actually called

10:28:59 Here he is joining right now

10:29:55 Hi, Steve, do we have you on

10:30:03 Yes, i'm here. Hello! Wonderful so we've asked steve Denny to join us today to give us an update on the roll out of the Ccbhcs in Kansas he's been working on

10:30:22 this for some time. So so and and Steve, you can just kind of start wherever you want.

10:30:31 We. Our organization has received a couple of briefings about what a Ccbhc is, and what it's supposed to do.

10:30:41 So what we'd really just like is kind of an update on how it's going.

10:30:46 Sure y I wasn't sure how formal you wanted me to get. I do have a like a introductory powerpoint.

10:30:54 I could do, but it sounds like you've gotten the base kind of understanding of what a Ccbh. c.

10:30:59 Is, and how it came about in some of the history but i'm happy to go there if you want me to

10:31:06 If you want me to just give a more general update, just just just kind of direct me what makes the most sense for your for you folks.

10:31:11 Well, I yeah, I think let's let's go ahead and let you do your presentation, and what you were prepared to talk about, and we'll see where it goes from there, and I wasn't necessarily that prepared.

10:31:26 But I have one available. I guess what i'm saying if you want me to kind of go into some of the like just a little bit of the history I can.

10:31:31 I can do that general orientation. I think that would be great.

10:31:36 And then, you guys, if there's any questions on any point or pull like hey?

10:31:41 We already know this, Steve just telling me and i'll stop talking.

10:31:46 So just 1 s i'm gonna pull this up

10:31:54 Alright, let me make sure

10:32:02 Amy can you can you see my screen now I can alright? So i'll just kind of go over like this is this is the orientation that I provided at several community groups when we were rolling out i've modified a

10:32:19 couple things and hidden several slides that may not be relevant.

10:32:24 So

## **10:30 a.m. CCBHC Implementation Update: Steve Denny, Four County Mental Health Center**

most you're familiar with the the ccbac legislation that passed in 2,021. I would assume you know, for county. we were the first expansion grantee to receive that Grant we we

10:32:37 got notice of that in the we really got started in that in the summer of 2020, with really full implementation.

10:32:47 Starting later on that fall we actually just finished out our our samsagram.

10:32:51 I think we're the first one to finish the grant in may of 2,022, so we are no longer a Samsa funded and grant funded Ccb. Ac.

10:33:01 We are relying solely on our new system of reimbursement, and this new model of care.

10:33:07 So, and when I talk about ccbas you always like to talk about how it should commit to the original mission and purpose of a Community Mental Health center which ours has always been for those who don't know for county Mental

10:33:21 health. We were located in Southeast part of the state I'm coming to you from Independence, but we have offices and Independence coffee. Bill Winfield have a new building in sedan hoping to do something in Howard and

10:33:33 Foronia. We have satellite offices and Neo-chay, and you know several other locations in our area.

10:33:41 We have a lot of community based services, but the the the idea is that this is is a new way of thinking.

10:33:49 About care is transformative. but it doesn't really change our core or our core heart and sole purpose as far as what we're trying to do so.

10:33:57 And Ccbac stands for certified community behavioral health clinic.

10:34:01 It came about originally in 2,015, with the Federal demonstration.

10:34:05 Grants. Kansas was not a part of that originally had the opportunity, but didn't work out. There were several of our neighboring States, both Missouri and Oklahoma were involved, in that and and quite quite honestly one of our primary.

10:34:20 motivations was in applying for the grant, was trying to be more competitive with Oklahoma, which is right on our border.

10:34:29 We were losing employees at concerning rates to their new system, because of some things they were able to offer financially and scheduleize and other things that we just could not compete with under our fee for service system

10:34:41 So that was one of our motivations and concerns at the time.

10:34:45 But Ccbh. c. is a very comprehensive model.

10:34:48 There are 6 program areas that we have to attest to and certify around staffing, which includes staffing, protocol staffing plans, having a training plan and a method for assessing competency and making sure you know, We

10:35:06 develop staffing patterns around the needs of the people. We serve their standards around availability and accessibility.

10:35:12 A whole lot There we could get into but I won't get into the weeds, huge emphasis on care, coordination, and not just care.

10:35:19 Coordination for like a one care program or just you know a target population.

10:35:25 It's carefully coordination, expectations across the entire population. And then there's a list a huge list of scope of services, you know, from, you know, suicide, risk assessment, protocol ch children adults

10:35:40 veterans treatment planning consumer engagement there's a lot of things in there, and there's a big data piece which is programmer of 5 quality and other reporting.

10:35:50 We all have to have a continuous quality improvement plan and have a data reporting system that you know function with an electronic health record and ties into quality outcome.

10:36:01 And then there's a language around board and authority consumer representation, making sure that you're board meets criteria, Abc.

10:36:11 And D and If you if you can't do that with your board of directors, and you're supposed to establish a Ccbac advisory committee, and we have both.

10:36:18 We we establish an advisory committee it's. representative by consumers as represented by key folks in our community that we think need to be involved in helping us guide our processes.

10:36:31 We have a school teacher. We have a law enforcement officer who's also a member of a minority population and a veteran.

10:36:39 We have. We have several consumers, both on the children and adult size.

10:36:45 We have someone who represents our Hispanic community.

10:36:48 So we have a pretty wide variety of folks who help guide. that and it's it's more directive and more conversation oriented versus like a formal board meeting that makes sense.

10:37:02 So the I mean those are the I mean that is a very, you know, high level overview of what a Ccbhc. is.

10:37:09 I always like to talk about. there's really 3 elements to kind of make it simple, simplified.

10:37:12 It needs to be comprehensive. services needs to be data driven and you have to develop an outcome focus.

10:37:19 Culture, and that looks like, you know, comprehensive care is whole person care.

10:37:24 That means screening for primary health issues. So we've started to collect blood pressure and health metrics and make referrals at an increased rate based on health needs.

10:37:35 Things we should have been doing, anyway. But we just didn't have the resources to necessarily before finding gaps expanding beyond the 4 walls.

10:37:44 Dad. driven decisions. we have to have measurable data and make sure that we're viewing that data and paying attention to it, being purposeful about the changes and then having an outcome focus culture accountability and towards outcomes and

10:37:58 towards making sure that what we say we need to do in terms of cost, expense, and staff, and and all that good stuff actually ties to some sort of method or or way of measuring how we're being successful and includes having

10:38:15 competent providers in a continuous improvement mindset and the last thing I think i'll show, and then i'll just pause for a second.

10:38:22 Amy cause there's more to this presentation but I don't wanna miss out any questions.

10:38:27 This. This is a a slide that we provided to to all of our providers, and and mainly we provided it to those individuals we were serving as they walk in the door.

10:38:40 What we wanted people to understand is what is a ccb ac what will change what won't change. And you know this.

10:38:46 This was important as part of our rollout because it's a lot to kind of process.

10:38:52 But really we we wanted the people that we serve to to understand what they might experience as a change.

10:38:58 So we we had this slide. that kind of went over you know here's new things.

10:39:02 We're gonna have patient navigation services which is There are the folks who clicked, you know, blood pressure do those health metrics and have enhanced care coordination at the front door. you're gonna have a more comprehensive

10:39:14 screening experience we're gonna be doing more screen around alcohol and maybe some other purposeful screens tobacco things we weren't doing. necessarily.

10:39:23 Before, and we're going to be doing the primary health screen metrics, and we'll probably be having a more purposeful conversation about referrals, particularly around primary health, and primary care.

10:39:33 Health. the Melissa. things that won't change and we added the services and listed the services that we provided you'll notice down here at the bottom.

10:39:41 There's there's a there was a veteran services coming soon, and throughout the course of our project we were able to add a full-time veterans resource.

10:39:54 We call them a veterans navigator, who works with both veterans and family members of every veterans, and that's been a pretty pretty powerful experience in terms of serving the veterans in our community and a new

10:40:05 more purposeful way. So What's happening you know Obviously we we eventually had other partners. Cmh. T.

10:40:14 Partners who receive the demonstration. grant not the demonstration, Grant the expansion, Grant.

10:40:21 And now we currently I believe We're up to 9 provisionally certified.

10:40:24 Ccv. eightcs. We started to function under our new payment system.

10:40:29 It's still a lot of glitches to work out, But we have shifted away with medicaid population away from the traditional fee for service.

10:40:40 For the most part to the new perspective payment system which is you know It's basically we get paid once per day, regardless of how many services you provide, and that rate is driven by the cost.

10:40:52 The eligible cost. you're able to provide so we're starting to figure that out and understand that most of the 9 have scheduled certification visits coming up in the fall, and winter where we'll hopefully ship

10:41:04 from a provisionally certified to a fully certified, and K.

10:41:09 Ads has a whole team of individuals that that will be doing that.

10:41:13 So. so. anyway, I hope it provided a little bit of history, and hopefully provides a little bit of an update.

10:41:18 I certainly wanna make sure that there's time for questions or if there's something you want me to cover that's completely different.

10:41:25 If you want me to dive into the Weeds on any of these other things we talked about, i'm happy to do that.

10:41:29 So you just tell me what to do amy and i'll i'll go there.

10:41:35 That's always such a dangerous thing to say to me I really like the way that you've organized this and talking about what's changed, and what hasn't changed Tell me do you feel like the people who come

10:41:51 to for county, then feel a difference in what's their services look like, or do you think it's just been kind of a seamless sort of behind the scenes?

10:42:05 Transition. I I think Yes and no to that question I I think you know, for someone experiencing.

10:42:13 I guess it traditional outpatient visit that may or may not end up, you know, in a case management or peer support, type, service or addiction treatment that their experience hasn't changed a lot of other than you you know at intake.

10:42:29 We are asking for some health metrics that we didn't do before, and they have additional support from our patient navigators to help navigate things like you know, anywhere from transportation to primary health needs to referral

10:42:44 to you know someone else in the community We have the you know in rural America. we have to do some informal stuff from time to time, so we might get released to an individual community member that that can help this person with whatever that need is So I don't think

10:42:58 there's a big shift, I mean where where they are seeing changes would be some of our new programming. So I didn't talk about assertive community treatment. But you know, that's program targeting individuals with with more significant needs and

10:43:12 usually a co-occurring substance. Use disorder.

10:43:16 Often you have legal involvement that involves work directly and correctional systems, and there's really not a discharge process in the way that we think about traditional discharges, and we we try to stay with those individuals as long

10:43:30 as we possibly can so that's that's new and different, and I certainly think that our community partners are starting to see differences in how we approach here in that regard there there probably is a little heavier emphasis

10:43:44 on collecting information and quality measures and experience of care. Type measures.

10:43:51 On a more regular basis, and some most of our folks really i've come to.

10:43:58 We've got a really positive feedback about that you know there's some that Say, look, are you asking me these questions again.

10:44:03 But a lot of people will like to see in comparison to when I came in.

10:44:07 How am I doing now with some of the measures we collect?

10:44:11 So I I think, in some areas there's been significant changes in some it's been much more seamless, and more us trying to to pay attention to things in a new or different way.

10:44:23 We have in the past. So when an organization goes through a dramatic change like this, which I think you could probably define as a top down change that's makes serious impacts on your employees day to day.

10:44:43 responsibilities and routines. what are you seeing within your own staffing?

10:44:51 Are. Are you seeing positive results there? I i'm sure these are challenges that you're putting on your employees?

10:44:57 Yeah, no, it's it's a heavier lift and we were transparent around that from the beginning.

10:45:05 I mean, we we strategically use some of these dollars to create more competitors, you know, reimbursement options.

10:45:15 And in that that came what kind of message that like that kind of comes with some additional responsibilities here with that being said, there's only so much you can ask someone to do in the course of the day, or the course of a week so we

10:45:27 had to add new positions when I started. the grant I had no intention to have patient navigators, or we didn't at the time, but when we started assessing the the sheer scope and volume of the work I

10:45:40 was like, Whoa I can't ask we can ask our entire case management and therapy and medication services team and peer support team.

10:45:48 We can't ask all of them to do this in addition to all the stuff they have to do already.

10:45:54 So we created some some targeted positions to do that work in terms of change.

10:46:00 Yeah, it's, a you know there there's probably 2 levels. the changes that I experience right now, like all of a sudden my documentations requirements have changed, or there's a new field or new checkbox or new assessment I have

10:46:12 to do Those come pretty quickly, but there's also the anticipation of what coming?

10:46:18 What comes next to change fatigue and the need for transparency.

10:46:23 One of the things we did is develop the A change management team that involves the makeup of all levels of our organization.

10:46:32 To just really think about how we communicate, how can we Make sure that there's a feedback loop with everything we attempt to communicate where those gaps needs and and it sounds all nice and packaged. when I talk about here in a presentation but

10:46:46 it's. it's hard work and there's a lot that goes into that, and a lot of challenges that we're still working through.

10:46:53 But the point is, you do have to be we had found that we had to be really purposeful about how we thought about change, how we communicated, and how we pace ourselves because there are parts of this journey. that are a sprint like we gotta get

10:47:05 it done there's parts that you've got time and you don't need to overload people.

10:47:10 That makes sense. and then the Ccbh c.

10:47:16 Roll out is co coinciding now with, of course, 9, 8, 8.

10:47:24 So I I know that the community expectations for the mental health centers are expanding exponentially right now.

10:47:31 As we look to the centers to sort of be the be all answer to a lot of the expectations that we have for people to be able to access a crisis response.

10:47:46 I know that there was a lot of discussion early on that Ccbhcs.

10:47:54 Would be better able to provide more support services, maybe expand access to peer support, You know.

10:47:59 Hey? how is all of them? It feels like it would be a lot of pressure as you are meeting these immediate outcomes.

10:48:08 And then also looking at all of these additional expectations how's that working for you.

10:48:15 Yeah, you know we were. We were fortunate enough to get an additional grant in middle of all this.

10:48:20 It's the one of the samsa crisis expansion grants that allow us to start building c responder programs.

10:48:29 So we have 3 co- responders going out with law enforcement and trying to divert and address some of those behavioral health related calls before they escalate to other levels.

10:48:42 You know, so that's that's part of our work and we are also integrating people into all of our local correctional facilities to try to have more smooth discharges and better planning and care

10:48:58 coordination to know address. the whole re-entry issue. So i'm saying that because we have a little bit of a head start on that now. the 9 8 8 is is much larger than any of us.

10:49:11 Obviously, you know our role as mobile crisis responders. That is a big lift.

10:49:15 Particularly for for folks, you know. So rural and frontier areas like we do, and then even more. so, for folks like high planes or or compass, you know, because of their coverage areas. we've got a little time to develop it

10:49:31 you know, which is the good news like if we, if they were to say, you have to have mobile crisis responders across your entire area by next month.

10:49:39 That would be impossible. But we have a plan that we're we're gonna start working towards that, and and rethinking about how we deliver care.

10:49:47 But it's it does feel like a lot for me personally in us.

10:49:54 We've gone through so much change where we had a new Ehr.

10:49:58 We had Covid, and we had Ccb. Ac.

10:50:02 All happen within about 3 month period, and so I maybe we're just a little more resilient.

10:50:08 I don't know if that's the right term but that's.

10:50:10 That's how I think about it it doesn't feel nearly as daunting as it would have a couple years ago.

10:50:15 But that is, that is a big change and I think we're going to need to continue to think about that. You know.

10:50:21 Do we go with the firehouse model where we you know we have you know, shifts of individuals constantly available for mobile crisis?

10:50:29 Well, that's There's a big cost that goes along with that. and I'm concerned about workforce.

10:50:35 Where am I gonna find the folks to do that work, or do?

10:50:37 We have some sort of hybrid model you know we're we're still talking that through. and our our model is to start with with something is manageable, and then grow from there as we learn so that'll be our approach and I

10:50:49 don't want to speak for the entire system but I think you'll you'll see some more conversations happening

10:50:59 Can I answer your question very much. so. Yes, excellent answers and I also appreciate how positive you are in addressing, cause I I feel like It's been a tidal wave of change and expectations, and I really admire your

10:51:17 can do attitude as you sort of work through it I think You're right.

10:51:22 I think some of the things that have happened. in the recent years have created a level of resilience where for many of us it's just like Well, this is just one more thing.

10:51:31 So let's go after it but

10:51:39 Upside to this and potential to this model, I mean, I I default back to 2,014 when the State hospitals, you know, started going through their certification issues, and we started to to to really experience a level of pressure and

10:51:56 severity and and dangerousness that we've never encountered before, and just broken relationship with law enforcement.

10:52:04 So Yeah, while there is a lot of work and there's a ton of of expectations that to me it's super exciting, because it allows us to feel some gaps and hopefully address it needs to have us never go back there and have

10:52:19 to be in that situation, and and hopefully keep a lot of individuals that that need care in the community that we had to manage through.

10:52:29 Just, you know, in really concerning circumstances so compared to that this is i'm. i'm super excited about this that makes sense wonderful.

10:52:39 Do we have questions for Steve? Hey, Steve? this is Kevin.

10:52:47 Wire from Johnson County Mental health. We are going through Ccbc implementation.

10:52:54 Currently we're kind of toward the beginning one thing we're focused on right now is enhance our network of community partners for referrals.

10:53:05 Can can you talk about how that's working for for a county? Specifically, the continuity of you know, following our our clients along the way?

10:53:15 How strong your partners really need to be to to be effective with the Ccdfc in the referral process.

10:53:22 So yeah, great question you got that goes around with you know what I was talking about earlier programme area 3 and programmer to accessibility and availability and care coordination.

10:53:35 There's a there's a lot of there's a lot of work that has to be thought about purposely and strategically.

10:53:43 What we found is that some of those relationships are kind of no brainers in terms of establishing some sort of protocol.

10:53:52 So, for example, we already have an existing relationship, and set of care coordination, protocol with the foster care system, which is, you know, we're even improving that right now, making some adjustments.

10:54:05 But what we did there is start to think purposely. How come, how can we manage those referrals in a way that reduces?

10:54:15 You know people being lost through the cracks and making sure that we, you know we just basically enhance and already established relationships, whereas on the other end of the spectrum, there's there's the the

10:54:25 Va. system, which we've never had a formal relationship with other than through.

10:54:30 You know, insurance agreements and those sort of things.

10:54:34 So that was a lot of work in terms of reaching the right people, establishing those memorandas of understanding.

10:54:41 But really an Mou is in the end it's just a piece of paper, right?

10:54:45 I mean, are you gonna actually follow what you said you were going to do so.

10:54:50 The real work has been having our veteran service navigator.

10:54:53 Make those connections, and, you know, really examine. How can we make sure that the veterans and payment members we serve have access to benefits, and or they get in the right door.

10:55:05 If there is some sorting we've been shocked to find out how many veterans in our community are eligible for benefits, and never apply it, or asked, or even seen in some folks that You know have very limited resources.

10:55:18 that can very much benefit from it. Some of the more challenging one can be emergency room.

10:55:25 There is language around emergency departments and emoji's that's hard and not because they're unwilling, but because the you know the individuals that you need to really set down and hash that out with in your emergency

10:55:39 rooms are so busy, particularly in our rural areas anyway, and it's it's hard to find out that the time to work on developing care coordination protocol, so that's a gap.

10:55:49 We're still trying to fill, and hoping to build a point. We do have some mutual goals as far as emergency room readmissions and things like that that we can work towards primary care positions.

10:56:03 Varies by community. We have 2 F Qh. Cs.

10:56:08 In our area, and we did develop some enhanced care.

10:56:09 Coordination protocol which is you know simple things like What's the basic information we need to exchange what releases need to be in place?

10:56:18 Who do you talk to like care? coordination at the heart and soul?

10:56:22 Still a relationship. Who are you talking to and then you know now we're starting to explore some of the same areas things happening like in Oklahoma with the my care app which is basically you know, an ipad system that connects directly

10:56:38 with law enforcement that allows us to be available once again.

10:56:43 Hope of before a crisis escalates to the point where we're having to make a State hospitalization decision, or something like that and more preventative engagement type work.

10:56:53 So that's brand new we're still figuring that out but you know it.

10:56:56 There there's there's a lot to think about but what's important. is that it?

10:57:01 That it matters to your community, not what you know. It needs to happen in in 4 counties area.

10:57:07 But what makes sense to Johnson County because that's gonna look a lot different, depending on who you're serving, And you know your popular and what populations you're serving Once you get a long answer to a simple question sorry

10:57:18 with that there's a lot of technical stuff like mou templates and and some protocol There's some.

10:57:28 There's some technical things that that need to be work through on that.

10:57:33 But the National Council has dozens of resources and options and you know I I've shared our documents multiple times, and certainly happy to do that if that would be helpful with anyone that has interest

## **11:00 a.m. Lobbyist Report** Amy Campbell

KDADS Budget Stakeholder Hearings - [KMHC Testimony](#)

Interim Committees:

Special Committee on Mental Health Beds - [August 23 Agenda](#)- Amy's [Overview of 2018 and 2019 Mental Health Task Force Reports](#) as it relates to bed capacity

Primary Election Results - General Election Candidates

Interim Committees

## **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, July 27, Sept. 28, Dec. 14)

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