

# Kansas Mental Health Coalition

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

## Minutes

**August 28, 2019 Monthly Meeting**

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

**9:00 a.m. Introductions and sign-in sheet** Mary Jones, Vice President

Mallory Lutz, BHAK  
Matt Spezia, P3  
Steve Solomon, Merging Trends  
Colin Thomasset  
Sue Lewis, MHAH  
Michelle Ponce, ACMHCK  
Mary Jones, MHA SCK  
Sherrie Vaughn, NAMI Kansas  
Shereen Ellis, Aetna  
Bob Chase  
Jane Rhys  
Sheri Hall, P3  
Regina Wagner, P3  
Louis Brown, P3  
Becky Fast, KNASW  
Bill Persinger, Valeo  
Heather Elliott, ACMHCK

On the phone:  
Stacy Manbeck,  
Stephanie West-Potter, DRC  
Josh Lyman, Pathway to Hope  
Kiersten Adkins, Pathway to Hope  
Susan Montague, St. Francis  
Monica Kurz, Headquarters  
Juliana Sellers, P3  
Keri Strahler  
Mike Burgess

Guests:  
Kim Lynch, KDADS  
Charles Bartlett  
Andy Brown, KDADS

**Minutes of the previous meeting approved.**

### Reports

**Board of Directors** – Meets after the September Coalition meeting.

**Financial Report adopted** - Colin Thomasset Motion by Sue Lewis, second Steve Solomon.

**Advocacy Committee –Grassroots Advocacy Network** – Committee is meeting after the Coalition today.

**Governor's Behavioral Health Services Planning Council** – reports by members

**Big Tent Coalition** - Mike Burgess – Lee Norman, Secretary of KDHE, was the guest at the last Big Tent Coalition last week. BTC meets the 3<sup>rd</sup> Thursday of the month in the basement conference room at the Topeka Independent Living Center.

**KanCare Advocates Network** - Sean Gatewood Alliance for a Healthy Kansas Coalition Meeting – The Alliance issued an article about behavioral health in response to policymakers associating recent mass shootings with access to behavioral health treatment. See handout.

**Consumer Programs** – Health Futurism conference October 7-9 at the Kauffman Center in Kansas City. Please register to attend to learn more about peer services, bridging silos and patient led innovations.

Grassroots Advocacy Network signups are growing. We get more signups at every event we hold.

October 14-18 – Peer Certification Training in Kansas City.

9:25 a.m. GUEST PRESENTATION: **Kim Lynch, Commissioner of State Hospitals, KDADS,**

One of the first actions by the new Secretary was to create a State Hospitals Commission within KDADS. The state hospitals have always taken a lot of time to

Plan to lift the moratorium – have met with a number of the mental health center directors.

Survey was sent out to gather information. Want to identify the key issues. Working to identify options for regional options. Do not yet have a new RFP. Want to be very careful to draw up a request that will attract a number of proposals that could add to the resources/beds in the community.

Hope to meet with the Sheriff's Association in order to address their concerns.

Larned State Hospital also has a lot going on. Working to modernize the State Security Hospital forensic evaluation process. Hoping to move as much of that to the jail setting as possible. Contracted with Clinical Associates and Dr. Kapo to help with this work. Started this week. Hoping they can get into LSH to provide some relief there. There are about 90 folks waiting for evaluation and we need to decrease that wait. We also hope to lower the transportation costs associated with this process. Either LSH staff or staff from Clinical Associates will go out to the jails to do some of these evaluations. We are piloting in Shawnee County. We will be tracking the data. We also hope this will help with the mandates and staff overtime – increasing staff to patient ratio. If and when our census begins to lower, we can potentially move some of the staff into other areas of the hospital. We are also reaching out with more staff recruitment paid advertising and job fairs.

There are plenty of things going on at Parsons and KNI as well. They have a wonderful team that goes out to work with individuals who often have behavioral issues along with their physical disabilities to try to help them to stay with their families.

Bob Chase – at one time there was a contract with KU to provide an outreach team. That may have phased out.

Hoping to also add to the capacity of that outreach team and perhaps to help with adding training to other entities.

We do have a contract with KU, but it is for the state hospitals.

KU initially was helping with the recertification of Osawatomie State Hospital. They have advised with forms and processes for nursing and utilization review. They help with peer review when there are issues and incidents within the hospital. They have come alongside for the risk management process and looking to them to help with root cause analysis.

We have a certified risk manager that was just certified at KDADS and we want to add another. We hope the KU contract will continue to help us to move to being self-sufficient.

Keri Strahler – talking to legislators about Kansas adding an insanity defense.

Kim – we are following that case and its outcome could directly impact the state hospitals.

Bob Chase – what is the status of the Osawatomie intake process, are people able to get in voluntarily and not having to wait?

Yesterday, there were four people awaiting entry. They are all involuntary. We are working on a plan to safely lift the moratorium in response to the Legislative Proviso.

The issue right now is how many beds do we need? And what can we do to allow voluntary admissions as soon as possible?

We were looking at data prior to the moratorium – about 35% were voluntary at OSH.

Survey went to CMHCs? Elizabeth Layton Center was helping to organize that. Wanted it to address the top issues they are facing. It was focused in the Osawatomie catchment area.

The crisis intervention centers are another key issue relating to capacity for inpatient services. Commissioner Brown is working on that and they are working on rules and regs. I'm not sure where we are with resources for that effort. We are probably at least a year out in getting any of those resources in place. We want each of the state hospitals to have a five year strategic plan to know where we are going.

I think many of you have seen the KDADS strategic plan that we are working from – it is among your handouts.

Osawatomie State Hospital is more stable since the 60 bed acute care was recertified. The remaining 106 beds are state licensed. I don't know when

CMS certification is more acute care related, the 7-14 day admissions. It appears that we have more need with longer care 30-60-90 days. Longer care also includes some of the civilly committed folks who are court committed because they are not deemed competent for trial.

OSH has started a robust leadership training. They have a strategic plan with goals from each section of the hospital. Most of those goals are risk management based, associated with certification. But there are longer term goals relating to training and education.

LSH is having a lot of difficulty with staffing. A lot of that is due to the rural location. Another part of that is the co-location of the Larned Correctional Facility. This past session, the Legislature approved salary increases for starting correctional officers. A five dollar difference in starting pay is pretty significant. We are looking at what can be done now and also with some supplemental requests to the Governor. We want to work more closely with the other agencies, so when Corrections or another agency comes forward with an initiative, we don't have these inadvertent consequences.

**Parity Committee** – Amy Campbell - The committee met with legal staff from the Kansas Insurance Department on Monday and plans to meet with the Commissioner in October.

**10:00 a.m. Lobbyist Report** - Amy Campbell

KDADS Stakeholder Budget Input Hearing - [See comments](#)

Legislative Budget Committee

Family First – agency announcing contracts soon. See update from the Legislative Budget Committee

Robert G. Bethell Joint Committee on Home and Community Based Services and KanCare Oversight Handouts: Agenda, KanCare Exec Summary, KanCare Update, Medicaid Eligibility Strategy, KDADS Update, KDADS Strategic Plan, United Healthcare Handout, Sunflower Handout, Aetna Handout

**11:00 a.m. KDADS Update Charles Bartlett** – Governor’s Behavioral Health Services Planning Council – he and Wes just met with the Governor’s appointment staff. Have been waiting on a number of appointments to get through the Governor’s office process. They are a bit behind but promised to get things moving.

New subcommittee is working on evidence based practices. We had sort of lost our infrastructure for EBPs and the subcommittee will be looking for ways to promote expanded use of EBPs in Kansas, identifying resources and opportunities.

Going to be reorganizing the Aging subcommittee and standing up a Problem Gaming subcommittee.

Purpose of the Council is to approve the Block Grant for Substance Use Disorders and Mental Health – it is on the website for review until next week. This year, each section went out to the relevant subcommittees as it was developed. Stakeholders are urged to review the Block Grant application and submit comments.

Scott said the process has been revised because the online process was very complicated.

**KDADS Update: Andy Brown, Behavioral Health Commissioner** – asked if there were any questions or concerns to begin discussion.

Please send feedback on the Block Grant application – available on the KDADS website. Has a short turnaround.

KDADS Budget Process – agency is working on what we are putting in front of the Governor for her budget consideration. We have zeroed in on the items listed within the KDADS Strategic Plan document.

Sue Lewis – tell me about modernizing the Care and Treatment Act.

Kim Lynch is spearheading that. It will be an agency-wide conversation but mostly surrounding the moratorium. If we are going to open it up for those sorts of discussions, now is a good time to provide feedback to the agency about other things that may need to be addressed.

Sue – when the crisis intervention act went through, there was a great deal of work that went into finding consensus. Is that work at risk?

It is being looked at with good intention. Not sure what might be changed. Those who have an interest might want to weigh in.

I have talked to her about the sensitivity that interested people have regarding that language and the rules around it.

Steve Solomon – identifying the gaps in care – reminds me of the followup for children being discharged from PRTFs and what is available.

We are trying to see what sort of role CMHCs might play in the PRTF process.

Steve – PRTF stakeholder group is going to talk about the NRI report – does that have some weight?

I outlined those recommendations in the KanCare Oversight testimony. The report itself is pretty weighty. The actual goals that are listed are:

- Ensure that youth and families have access to timely and evidence-based health services
- Develop a comprehensive and cross-agency strategy to build a strong wraparound environment
- Utilize data to monitor and drive PRTF policy and program decisions
- Identify strategies to strengthen information dissemination
- Develop a mechanism to review situations with youth with highest needs
- Research solutions to reimbursement barriers

How are you doing getting staffed up?

Currently have only two open: Prevention Program Manager – Mindy Barnett moved to KDHE (Need to get RFPs out for the next round of prevention collaborative funding). New position – Adult Inpatient Services Coordinator position will be working with state hospitals and NFMH facilities to connect people with community services.

What happens with Missy’s position when the ESIC grant (supported employment fidelity) goes away?

Nothing happens to the position. Working on a 90 day extension with KU to close out the ESIC grant which will have an impact on paid services. Hoping to build fidelity into some of the Governor’s budget requests.

Will KDADS add a housing position? Misty Bosch-Hastings works on housing and homelessness issues, but I am working on getting a position as was recommended in the MH Task Force report.

Andy did meet with Gina Meier-Hummel to talk about what her new role as suicide prevention coordinator at the Attorney General's office will be. She did attend the recent Governor's Challenge for Veteran's Suicide Prevention.

Met with Kimmy Gardner, our state suicide prevention coordinator. She is working specifically on the recommendations of the Attorney General's Suicide Prevention Task Force. She is also joining KDADS meetings with KDHE (public health) around suicide prevention for youth. That work is likely to produce resources lists and TIPS sheets.

Andy noted that Kansas is one of few states that does not have a suicide prevention central office to lead and coordinate suicide prevention efforts.

Next month is Suicide Prevention Month – the Governor will sign a proclamation at the State Fair on September 12. Governor's Challenge for SMVF will be there and the public is welcome.

Substance Use Disorders – KCPC: New data collection tool – sending out communications around that. SAMHSA is going to do a site visit in September around the SUD Block Grant. There will be time for delving into the

The web application is going through final testing and hope to go live in mid-September. We are circulating a form that providers could use to generate a batch file to upload from their EHR to avoid having to do manual entry.

Working on exploring ways to potentially offset the financial costs through incentives if agencies are forced to use manual entry to gather the TEDS data.

Hopeful that it will not involve penalties. CMS is providing technical assistance and we know that we are not the only state that has been in this position although we are unique because of the KCPC tool being unique.

Level 1 Online Certified Peer Specialist online training is having good participation. Last week had the first in person Level 2 event was held. Other Level 2 events are posted. Will be piloting Supervision Training as well. For each 30 hours of direct services, one hour of direct supervision is required. Also emphasizing the safety planning requirement.

Workforce Development – KDADS brought together a group with SAMHSA and Nebraska BECHN (contractor) and will be drafting a white paper around Kansas workforce needs. This is largely what they did in Nebraska to being approaching the Legislature around the need and how it is a larger systems issue. At some point, we will be reaching out to the BSRB to see what they are willing to partner on. Nebraska had a broad strategy around multiple levels of certification and licensure, on ramps for getting high school and college students interested in the fields, and post-secondary tracks that allow people to work while achieving the next levels of certification.

Kansas Chapter of the National Association of Social Workers applied for a grant. Kansas has high regulatory standards that are affecting our changing workforce. Other states have higher percentages of clinical licensed social workers and would love to see an analysis of our levels of licensure. Think these standards were begun back in the days when Kansas had a large number of qualified workers with Menninger's and the state hospitals as reliable employers.

Nebraska did require an investment and a rollout. We are utilizing the SAMHSA Technical Assistance grant to access the help of the Nebraska BECHN staff.

If there are other questions – it is easy to reach the KDADS staff and ask those questions. Contact Andy at [Andrew.Brown@ks.gov](mailto:Andrew.Brown@ks.gov).

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

Sue Lewis – will be circulating some language that KMHC may be interested in supporting making Peer Specialist Services insurance billable services.

Legislative Mental Health Bus Tour will be September 9-11. Legislators will tour mental health facilities from Wichita to Hays and Salina.

ACMHCK Conference is September 11-13 in Wichita with Patrick Kennedy, Sam Quinones, and Chuck Ingoglia.

#### **11:30 a.m. Adjourn**

#### **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 20, Dec. 18

**Board Meetings:** 12 noon quarterly the 4<sup>th</sup> 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](mailto:campbell525@sbcglobal.net)