

Kansas Mental Health Coalition

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

Minutes

Click on underlined items for web links.

August 30 2023

9:30 a.m. Welcome and Introductions Mary Jones, President

Minutes of the previous meeting will be approved at the September meeting.

9:35 a.m. Reports

Board of Directors - met in July and reviewed the “in meeting poll” regarding online meetings. Members substantially prefer meeting online but would also support an in person meeting once a year. Board approved including MCO briefings

Financial Report – Amy Campbell – 2640.93 with additional deposits pending. ACMHCK has paid dues for all centers and Breakthrough House Topeka also paid dues. The website platform is increasing fees this year and KMHC will pay \$2592 for the year and will pay liability insurance at the end of September. The website platform is now offering a new function for texting to members. Could be a useful function but it does incur an extra fee.

Advocacy Committee – Colin Thomasset / Monica Kurz – We expect to hear from the State to confirm our requested Advocacy Day date soon.

Governor’s Behavioral Health Services Planning Council – Charlie reported next meeting is September 20 for subcommittee reports to Council. The Council then approves those recommendations prior to presenting to the Secretary in October. The Peer Subcommittee leadership group has completed their charter and goals. They will convene work groups – including one to create ethics review process.

KanCare Advocates Network – KAN is focusing on the eligibility renewals process for Medicaid. States have had a rocky experience with many people dropping eligibility simply for not responding to the renewal requests. Families with children have been losing eligibility at a worrying rate. Hopefully, school season might improve awareness. In other news, Medicaid Director Sarah Fertig is leaving KDHE for a different job in the private sector. The new RFP for MCO selection for KanCare should be public soon. Anyone who was planning to provide input to that process should have done so. RFP is due to be public September 29 and it will be interesting to see how much of the input has been incorporated. KAN also convenes the Stronger Together policy retreat – likely in October. We will forward the registration information when it comes out.

Consumer Programs -

Parity Committee - Amy Campbell / Rick Cagan -

Suicide Prevention Coalition / 988 Crisis Line - Monica Kurz – September is Suicide Prevention month. Sponsoring Youth Suicide Art Contest. See link for newly launched map feature for Suicide Prevention

Coalition website. Can view map by clicking county initiatives. Please check it out to see who should be included that is not already listed. There is a linked survey to submit information.

Continue to plug away at 988 work. Discussed 988 at the Special Committee on Mental Health last week. Answer rate continues to be under 20 seconds and over 90% in state. Expecting to hear more from the federal level about public information and awareness.

September 7 there is panel hosted by Kansas Health Institute. We had a proclamation signing with the Governor with many of our partners. The Governor was very interested in how 988 is performing and we were happy to have that opportunity.

#TalkAboutSuicidePrevention – please use this hashtag for September suicide prevention messaging and activities, encouraging sidewalk chalk projects and more.

Recent suicide statistics show that Kansas is struggling. Believe that the 2020-21 numbers might be an anomaly due to the pandemic, but this shows that people are still facing social isolation and stress. We did have a moment of improvement, but the overall trend is still negative. It is a call to action that we must collaborate and build on each other's efforts among mental health, primary care, education and media. This is long term work and we see little wins every day, but it takes time to accumulate overall change.

10:00 a.m. KDADS Update: Andy Brown, Commissioner –

Report on Legislative Interim Special Committee on Mental Health – *(following are notes from meeting transcript)*

Believe that we are working on the majority of the recommendations that the put forward by the Special Committee on Mental Health that met last week.

It was an interesting round table discussion that they had had on FQHCs and CCBHCs and taking a further look at that, who can provide services in the schools under the MHIT program and getting more information for the legislature around those issues. There was a lot of concern presented that challenges around workforce, going forward and seeking to understand how the funding mechanism works. They were asking about CCBHCs using people who are unlicensed or providing services that licensed people are supposed to be providing. How are they compensated, those types of things? And so we still have education to do around the PPS rate and how the CCBHC model compensates based on costs. Ultimately, I feel like the 2 days were informative for the committee members, I think they got a lot of their questions answered and addressed. The number of recommendations was kind of small, because a lot of what they were asking for, we were able to answer while we were there.

The first day was spent almost exclusively on the Mental Health Intervention Teams program in schools, the K through 12 program. And there was a lot of focus on confusion by legislators about how that was being provided, why it was being provided the way it was being provided. The chair seemed particularly focused on the liaisons and how they work in the school, what their credentials were and whether or not they had enough work to do in a day.

Amy added - that conversation went down the route that all education conversations go down, which there is a great deal of local control when you are talking about programs in schools. And so these programs don't look exactly the same in each school that they are offered. And then there was a great deal of time spent on how FQHCs can or do participate in the program and whether or not that's set up

correctly and is that just duplication? There was it particularly a case in southeast Kansas where there's a school district where you have mental health professionals from an FQHC in the same building that you have mental health center professionals working. And one is part of the mental health and intervention program and one of them is not.

Yes, there was a lot of time spent on that. I do think that at the end of the day the committee was pretty well agreed that however they're set up, they do want improved accessibility.

Amy: There seem to be, you know, there seem to be a lot of questions and I think this is a lesson for all of us about the outcomes and what the outcomes show. But the fact of the matter is when the when the Department of Education was trying to give them the outcomes and give them the data, they were asking questions about completely different things. And so they weren't absorbing the outcomes data.

So it was quite a couple of days. There was, as Andy mentioned, the curve, the understanding that legislators have or don't have because we have such a broad variety of ways that services are delivered to families, children, adults, that sometimes the questions that are being asked aren't really even the right questions for what the legislator is trying to understand. So the more that we are able to communicate, especially with your local legislators about what you do, how you do it, and how that is funded, the less likely you are to then end up being sidelined during the session, just a little tip for you because if you don't have someone on that committee who can speak up for you and how it's being done, the conversations really go sideways very quickly. But I thought that they were very happy to receive the information from the agency.

Andy: Yes - there were a lot of questions about CCBHCs and how that's being implemented. They look at the fiscal note and they want to know that it's effective and that it's accomplishing something. But yeah, I thought most of that information was very well received by the committee.

KHI is going to be doing a 988 Panel and kind of a little focus or highlight on that to help with. Providing so basically kind of an overview of what progress has been made in the last year. So that's coming up September 7.

I think to one of the lessons we kind of took away was that we probably need to do a better job of coordinating our testimony around suicide prevention so that when we have those opportunities we're able to better present or better educate folks on how all these pieces work together, because I think it came across as feeling a little disjointed. But other than that, I think it was a really good week last week.

Amy: It's always good to have that opportunity in front of legislators. And I encourage all of us when we testify about whatever individual program you're a part of is to include information about whatever individual program you're a part of is to include information about how that fits into the program you're a part of is to include information about how that fits into the overall continuum of care.

Legislators got that message from the mental health modernization and reform committee about the continuum and if we can continue go on using that kind of language I think that helps them grasp a little better. That one program in which Kansas does not solve all of the programs for access across the state, but it fits part of the puzzle.

Did you want to talk a little bit about the PRTF questions, the topic that came up?

Andy: The legislature is really interested in the workforce challenges that are facing the PRTFs. It is not that the challenges are really significantly different from other parts of the behavioral health workforce,

but it does involve more, typically more front line staff. But lately we've even had situations where, you know, higher level doctors or administrators have been difficult to replace. And there's been, sort of a request that came through to us to talk about that workforce challenge and I really felt like you know we're not in a very good position to describe the challenges on the ground that the PRTF administrators are dealing with, and it would be better to invite some of those CEOs to come and talk to the legislature directly about. But the challenges are on their end. But primarily what they're looking at is, you know, we've got more than enough license beds in the state to eliminate the wait list. If those beds were adequately staffed. And so right now we've got a wait list that's, you know, the last couple of weeks it's been hovering around 85 to 90. And, So if we could come up with some solutions on how to staff those beds we could potentially eliminate that wait list. And so I think that's really what the legislators are going to be wanting to talk about in the Bethell Committee is. You know, what is this workforce challenge and how can it be addressed? And, What's the best way for the state to assist in that if possible.

Andy, I would also just mention - for everyone's understanding - every time KDADS talks about PRTFs, members of the committee get confused and think that these are state operated facilities. They must constantly be reminded that they are privately operated in the state doesn't get to just go in and do stuff there.

The other program that there were a number of questions about and that the legislature particularly representative Carpenter is pushing pushing pushing the agency on is the competency and restoration process and moving that along and shortening the waiting period for those services. I know there was discussion about the contract that has been signed with Wheatland to get some.

KDADS is working with, the association, the mental health center members to provide, competency evaluation and restoration in the community so that people don't have to wait for a transfer to the state hospital and then back to the jail for trial.

We also, are planning on adding and we talked about this a little bit is planning on adding some competency beds to the Wichita facility once that's, open. So that hopefully will be able to, provide some competency restoration services and that, facility and region without having to move people up to Larned. So there's a number of things that we're trying that we're hopeful will help produce this but it's definitely something that continues to be a challenge. I'm doing some individual meetings with Shawnee County and with Douglas County about competency evaluation and restoration programs that might be jail based. And so we're, there's a lot of interest in and support from the sheriff's, association on, if we can get the ball rolling. We'll keep looking for ways we can support that and with any luck, we'll have some progress in a couple of years on really getting that wait list reduced.

Steve Solomon: I was able to listen to some of the meetings over the last those 2 days, but I didn't catch at all. I have a question that I did catch the discussion regarding the linkage between the MHit program and the contractors for the child welfare services foster care services. But was there any discussion around the broader question of what is the role for community mental health centers or CCBHC is once they get developed for working with the foster care system and the kids and families involved before and after they come into care.

Andy: The after they come into care question is a little easier to answer because that's, that's sort of an outline in the participation agreement between KDADS and the association members. There's language in that agreement that covers what the expectation is for, referrals of children who need care, that are part of the foster care system. And so basically the way that's outlined and I'm gonna paraphrase here

basically says that when there's an initial contact from a foster care regarding a foster care child. To that center that they're gonna conduct a triage. And determine whether or not the level of care that's needed is emergent or urgent or routine. Right. If it's urgent. Then they'll have up to 24 h to have that child come in and begin an intake process then have about a 10 day window to complete their full assessment. And so that's, what we've tried to outline, in that agreement for kids that are already part of the system. If it's emergent care, they'll be looking to either be hospitalized or access the crisis program. I think the challenge that we've got with at risk kids is really how those kids are identified and what for. And I think that'll be an ongoing challenge that I'll be working on with DCF. There is a population of kids that end up in family preservation and then those kids are typically receiving therapeutic services. From the family preservation provider. But they're also usually trying to do care coordination with, things like the MHIT programs and the schools and yes, there's a lot of attempt to try to wrap around services for those families so that when Family Pres steps out of their lives, they've got Providers that are engaged with them to continue those supports. And, you know, and we continue to try to make sure that any children that are headed to a PRTF are receiving evaluations for the SED waiver. And then working with the CMHCs on transition back to the community and making sure that when they come back from the PRTF they're getting those services. I don't know if that fully answers your questions, Steve, but that's kind of what we're trying to do right now.

We're hoping that, that's going to continue to produce good outcomes for the, settlement agreement.

Yeah, we appreciate it. I mean, it's much appreciated because that's an area we've improved with screens that we need to do initially. But I've always been concerned about how you figure out that the removal of home is a crisis time for every family. And so the urgency of providing a service including the screening and assessment is incumbent on all of us to kind of coordinate, make sure that gets done. So I appreciate your work on that.

Andy: I think DCF has put language into their most recent RFP that outlines what the expectations are for the foster care providers. Around that initial assessment once they've been removed from the home and then what kind of timeframe they've got for, then requesting those services in the community.

Sue Lewis: I've got a question. Wondering whether we have seen any of the rules and regulations on involuntary commitment to crisis stabilization units.

Andy: they have not yet made it to the point where they're posted for public comment. They did come back from the attorney general's office. And I am not entirely familiar with what step they are in at the moment. But I believe that KDADS has responded to what it needed to respond to and they have moved on to the next step in the review process prior to public comment posting.

Another question: we are working on our Priorities and I know last year there was some discussion of trying to get housing in the 1115 waiver and it's not the right number, but is that still a thing should I be saying we want to support?

Andy: Right now we have a concept paper that KDHE is reviewing. I'm hopeful but we've had what might be considered a little bit of a setback in that, Sarah, who's been, Medicaid director there is stepping down. But she has told me she's going to try to make sure that, her and her staff have reviewed that concept paper before she leaves. So. We'll see the times ticking on that. She's got about, I think, 2 more weeks and then, We'll have to revisit it after that to see where we're at.

Okay, so I should go ahead and say, hey, yes, we are supportive of this.

I think saying you're supportive of any kind of supportive housing assistance within the Medicaid program is positive.

Walt Hill: Good morning. Hey, listening to the testimony and discussions that the committee heard. One of the things I heard was announcement, I believe, there about promoting integration and primary behavioral health care in SAMHSA grants or KDADS grants, of, well, 10 million dollars. 2 questions. One, do you have a sense of when the recipients of those will be announced among the FQHCs, RHCs and those. And second, do you have a sense of hope that perhaps there'll be some collaboration between the recipients of those grants and CMHCs to help achieve some of the things the committee talked about about avoiding some duplication.

Andy: Yeah, this is an interesting question. Well, so we, submitted the grant program. We did select, I believe a number of specific Rural health clinics and, FQC and FCC look alike, which is that project. So I think I don't have that list with me, but I think I can get a copy of it. And send it to you so you know which ones are included and then you can kinda cross check to see if any of those are in your service area.

The intention behind this grant from SAMHSA is really to focus on a very specific evidence-based care model. when we submitted the application, there were there were kind of 2 options. One was a further investment in CCBHCs. And then the other one was, with these Health clinics. And because of the level investment that we've already done in CCBHCs, we felt like we would try to do this other model. And so I can see I can also send you, some information about what that model entails. And then you can kind of review that and see if there's opportunities for collaboration around that.

Good. Thank you.

But it's sort of a multidisciplinary team. Kind of model similar to you know ACT kind of stuff.

11:00 a.m. Lobbyist Report Amy Campbell (abbreviated list)

- Interim Committee Schedule
- Special Committee on Homelessness – November 9 – many cities are working on these issues. The 2023 Legislature considered HB 2430 to mandate criminalizing public camping. Discussed the committee list of members and schedule and possible direction. KMHC is convening a small group to discuss potential position statement.
- Special Committee on Mental Health - August 23-24 – The Committee received information regarding the Mental Health Intervention Pilot (K-12 MH partnerships), 988, Mobile Competency and Restoration, and more.
- Special Committee on I/DD Waiver - August 7-8 – Lots of discussion re: workforce and the new Community Support Waiver process to get CMS approval and implementation. Must apply to CMS for approval for this new waiver that will offer a more limited array of services and hopes to reduce the number of people on the waiting list for the IDD Waiver (estimated around 5500). KDADS estimated 2026 date, but Legislature would like it to move faster.
- Bethell Committee on HCBS and Kancare Oversight – next meeting October 11-12 – in August, KDADS reported FMAP ARPA funds that are left over will be expended on some new initiatives.
- Special Committee on Child Welfare System Oversight - August 22 – recent news reports that the State has not yet met requirements of the settlement agreement. Secretary says they are still working to meet goals to improve stable placements and reduce moves, highlighted recent legislative approval for initiatives.

- KDADS Stakeholder Budget Input - August 14 – Many organizations provided recommendations to KDADS regarding mental health and substance use treatment budget items.
- Now is the time to follow your legislators on facebook, ask to get their newsletters/emails. This is the best time to get to know legislators while they are not in Topeka. There are local forums and other public events.
- If you have public policy issues proposals for KMHC consideration, please let us know so we can get you on an upcoming agenda. We will ask you to draft an issue paper proposal.

11:25 a.m. Announcements

Subcommittee to meet in September to discuss KMHC policy positions relating to homeless / unhoused persons bills. See poll.

Stephanie Rinehart – Prevention Conference – October
<https://kansaspreventioncollaborative.org/conference/>

Stephanie Rhinehart, KDADS: <https://www.kshomeless.com/transitional-aged-youth-seminar-series.html> Transitional Age Youth program to prevent homelessness for youth 16-24.

Thursday, Sept 7 – Stop Suicide Wichita Gala – Lori Barnes will be speaking

Marcia Epstein – World Suicide Prevention Day – Art performance event. Words Save Lives on World Suicide Prevention Day in Lawrence, art performances, potluck, & encouraging donations for people living in Lawrence while unhoused
https://www.facebook.com/events/901860174242870/?active_tab=discussion

What helps more people have lives they are glad to live / “suicide prevention”? Nationally (and internationally) work is going on to create new “Blueprints for Change in Understanding and Addressing Suicide”. One of the opportunities to be part of that is on Nov 1-2 in Golden CO
<https://unitesurvivors.org/livingbeyondsuicide/> The national Suicide Prevention Resource Center is involved with (not hosting tho) the Nov 1-2 event. Another’s date is being set, that one is by the long-standing national organization SAVE <https://save.org/> Some “smaller discussions” that are part of this movement happen through the international org PAUSE, People Addressing and Understanding Suicide Experiences <https://pauseint.org/>

Dana Schoeffelman – Florence Crittenton education opportunity -
<https://FlorenceCrittentonConference2023.eventbrite.com>

Sherrie Vaughn, NAMI Kansas : NAMI Kansas is planning an in-person NAMI Provider seminar in Topeka, October 10 and 11. More info to come... It will be 15-hours and offer 15 CEUS (BSRB).

Sherrie Vaughn, NAMI Kansas : NAMI Kansas Annual Conference, October 6 and 7:
<https://namikansas.org/get-involved/nami-events/nami-kansas-conference-and-annual-meeting/>

11:18 a.m. Adjourn

2023 Schedule - Jan 25, Feb 22, Mar 29, April 26, May 24, June 28, July 26, August 30, September 27, October 25, Nov 15, Dec 13

Board Meetings: 11:45 a.m. quarterly the 4th Wednesdays (March 29, June 28, Sept. 27, Dec. 13)

For more information, contact: Kansas Mental Health Coalition

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