

Kansas Mental Health Coalition

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

Minutes

September 26, 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@cress

Introductions and sign-in sheet Eric Harkness,
President
Susan Montague, St. Francis Community Services
Ken Kerle, CIT Topeka
Carolyn Irvin, ICHD Greensburg
Jessica Stoffer, MHAH
Cadance Ries, NASW
Mary Jones, MHASCK
Cheryl Rathbun, SFCS
Steve Solomon
Rob Yost, NAMI KS
Chris Beurman, Aetna
Sue Lewis, MHAH
Monica Kurz, Headquarters Inc.
Liz Worth, JoCo MHC
Stephanie West-Potter, DRC
Corinna West, Poetry for Personal Power
Stuart Little, Behavioral Health Assoc. of KS

Jane Rhys
Heather Elliott, ACMHCK
Bob Chase
Clay Deirksen, Cottonwood Springs
Sherrie Vaughn, NAMI KS
Dave Ranney
Bill Persinger, Valeo
Amy Campbell
On the phone:
Nick Reinecker
Jessie Kaye, Prairie View
Christie McMurphy, Housing
Juliana Seller, P3
Mike Burgess, DRC
Marcia Epstein, Social Worker
Guests:
Angela DeRocha, KDADS

Minutes of the previous meeting adopted. (Motion Rhys, second Lewis) [Read minutes.](#)

9:15 a.m. Reports

Board of Directors – Meet today after KMHC meeting. Will be discussing new Treasurer nomination, 3rd year goals for the HEPI grant, and other general business.

Big Tent Coalition - Jane Rhys and Mike Burgess – Met September 20. Congress has moved a “money follows the person” bill through committee. Coalition is working on policy priorities and encourages other disability groups to weigh in. Talking about client obligation / costs as they are measured against the client’s protected income level and assets for people on the waivers. Some states choose not to collect it. Providers are obligated to collect it. Some believe this is a barrier for consumers, an administrative task for providers, and should be reviewed.

KDADS held a stakeholder meeting regarding HCBS waivers, but the advocates felt that process needs improvement. This meeting came on the heels of a KDHE KanCare update regarding where they are in their renewal process. From a consumer perspective, would have benefited from more prior information in order for public to be better prepared to participate at the meeting. In any process, there are opportunities for improvement. Angela DeRocha shared that the meetings were to gather recommendations and the waivers are posted and will have a 30-day time period for public comment.

Carolyn Irvin shared that she is involved in the KDADS SCHICK program that aids Medicare beneficiaries. Agency provides education on these topics – there was a lot of focus on that technical information this year.

Advocacy Committee –Grassroots Advocacy Network - Heather Elliott – Next meeting is October 24. Advocacy Day is scheduled for March 14, 2019. Will be seeking sponsors for that event, please let us know if you would like to participate. We are also planning for year 3 of the HEPI grant which facilitates our Grassroots Advocacy Network – which the Board will address at today’s meeting. We will have more to report on the GAN.

Governor’s Behavioral Health Services Planning Council – Wes Cole is serving as the interim OSH superintendent. The subcommittees have presented their reports to the Council. Reports should be posted to the Council website. At this point, subcommittees are making revisions according to the Council feedback.

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Poetry for Personal Power – Corinna West

Statewide Consumer Network – Gave a health equity report at NYAPRS – New York Association of Peer Recovery Specialists. Concluded that funders do not have a clear understanding of peer recovery networks. Hosting a peer recovery coach training Nov 10-11 and Nov 17-18. It is a four day training for national peer recovery coach certification. It is based on a peer recovery for substance use treatment model. Missouri has blended SUD and MH peer certification, but Kansas is still separate.

KanCare Advocates Network - Sean Gatewood

Alliance for Healthy Kansas Public Meeting– Newton – Kauffman Museum Oct 8 6:30 – 8:00 p.m. Another public meeting Oct 11 in Topeka at First congregational Church, 17th and Collins – 6:30 – 8:00 p.m. The public meetings are Medicaid Expansion meetings. There will be more meetings across the state. On October 4, there is a meeting in Topeka for members only.

Candidate Forums are being hosted across the state. October is going to be very busy. These are public events not organized by our organizations, but are ideal for public engagement and opportunity to ask questions to the candidates. If you know of forums, send them to Sean@expandkancare.com. He is trying to put together a list of forums that we can share with our members. At this point there are 15 or 20. Several of them may have a link requiring an rsvp, some allow people to submit questions, some will have rules about whether or not you can ask questions. Some also include meals.

KanCare Advocates Network invited KDHE Medicaid Director John Hamdorf to participate in their meetings and he has been coming every other month or so. He asked the group to develop a roadmap for KanCare with some guiding principles, goals, and mile markers relating to building capacity and providing transparency. Capacity in the KanCare program has been somewhat diminished and isn't being measured properly. Excited about that process – not all Medicaid directors are interested in working with groups like ours.

Amy Penrod of KDADS is spearheading project looking at capacity for programs and how many provider options are available in each county – with a goal of two providers per county. Have been working with KDADS and KDHE on the development of performance quality measures for KanCare and what those network adequacy measures should be. Angela DeRocha shared that they are looking at these measures for all services, including travel times and availability, and there are major challenges in our rural and frontier areas.

Financial Report and 2018 Budget - Treasurer - Today, the Board will consider the nomination for a new treasurer. Approximately \$18,000 in the checking account.

10:00 a.m. Consensus Issues Development Process -

Each year, the Kansas Mental Health Coalition updates its consensus recommendations. Any member may bring a proposal by submitting the recommendation in the form of an issue paper. Please use the following issue paper format ([view here](#)) and contact the President or Lobbyist to have your item added to the meeting agenda in October or November. This is also the time for member organizations to bring their consensus issues to the Coalition's attention - either for adoption or simply to inform. Proposals will be discussed by the membership and adopted by consensus, although a vote may be called if deemed necessary. The Coalition will only promote policies that have the consensus or vote of our members.

Nick Reinecker – Never had a chance to discuss the cannabis issue and would like to break that down a little bit. October meeting schedule – have paper and schedule 15 minutes. Time will need to be limited because

Monica Kurz - Suicide Rate Increasing – capacity issues of the suicide lifeline are not currently sufficient to handle the number of calls that are generated in our state alone. June of 2017 vs. June 2018 up 65%. At one point we were able to answer 87% of the calls from Kansas, now closer to 67%. Currently Headquarters receives some Prevention money – about 1/6 or less of the budget. NSPL – National Suicide Prevention Lifeline. The CMHCs also receive emergency calls. The VA has a call line that connects veterans.

10:30 a.m. Lobbyist Report - Amy Campbell

Step Therapy Legislation Meeting with Proponents and Opponents

Mental Health Task Force – Shared report information re: outcomes of crisis center services. Task Force continues to meet every two weeks at KHI to establish next steps, costs, and prioritization of the 2018 Report recommendations.

Governor's SUD Task Force- Report is available – does include a recommendation for Medicaid Expansion.

Tower Foundation Attorney General's Suicide Prevention Task Force – Monica reported the Task Force has been meeting around the state. Trying to collect input from those who are working locally. Exploring concept of an “app” and other recommendations. Kansas is seeing an increase in youth suicide and among farmers, as well. Kansas had 544 suicide deaths in 2017, steadily increasing. 45% increase since 1999 – 5th largest increase by state. KansasSuicidePrevention.org has statistics.

Gambling communities have accompanying suicide increases. Greenbush Learning Center report re: problem gambling task force, showed some correlation.

Elections – October 16 is the deadline for voter registration.

Kansas Statewide Consumer Network Action Plan – Corinna West - handout

11:00 a.m. KDADS Report – Prevention Conference, Housing First Initiatives - Missey Starkey and Angela DeRocha – see written report

11:25 a.m. Announcements

NAMI, Kansas 30th Anniversary Annual Conference - October 13 2018 - Registration link: <https://namikansas.org/meetings-schedules/2018-annual-conference/>

11:30 a.m. Adjourned

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 4th 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

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785-969-1617 campbell525@sbccglobal.net

[KDADS Report attached](#)



KDADS BEHAVIORAL HEALTH UPDATES

PREVENTIONPALOOZZA

Last week KDADS put on a Kansas Prevention Conference in Topeka. The Conference theme was Connecting Communities. Carlton Hall, a former Vice-President of the Community Anti-Drug Coalitions of America (CADCA) and acting director of its National Coalition Institute was the keynote speaker. Wednesday night prior to the conference the Kansas Prevention Collaborative presented awards to prevention professionals and their community partners. Max Wilson was awarded the Kansas Prevention “Sally Zellers” Lifetime Achievement for his work.

The conference objectives were to provide educational opportunities to increase awareness of emerging trends, build skills and knowledge to prevent suicide, alcohol, tobacco, and other drug abuse and advocate for best practices. More than 200 people attended the event, which also was supported by KDHE, STAND, Valley Hope, the ACMHCK, NAMI-Kansas, Greenbush, WSU, KU, Headquarters Counseling Center, and DCCCA. CEUs were provided for Nurses and Social Workers.

The Kansas Prevention Conference was the first statewide prevention conference held in the state in about 10 years. KDADS will continue to work to expand the conference moving forward to include additional pre-conference workforce development trainings and meetings, as well as more breakout sessions, and based on youth interest this year a specific youth leadership track. KDADS is also exploring working with other SAMHSA Region 7 states to offer a regional conference in Kansas City.

HOUSING FIRST PROJECTS

Behavioral Health is working to bring Sam Tsemberis to Kansas to put on a HOUSING FIRST training event for our CMHC Housing Specialists and some of our SUD residential providers and other interested stakeholders. More details later. **Sam J. Tsemberis** is a clinical and community psychology practitioner, and the founder and executive director of Pathways to Housing, a Housing First program for individuals with serious mental illnesses, long histories of homelessness, and often co-occurring substance abuse.

Housing First evidence-based programming is an approach that offers permanent, affordable housing as quickly as possible for individuals and families experiencing homelessness, and then provides the supportive services and connections to the community-based supports people need to keep their housing and avoid returning to homelessness. Move people into housing directly from streets and shelters without preconditions of treatment acceptance or compliance.

Staff at both of the state psychiatric hospitals were trained in 2018 in the SOAR process. SOAR is funded by SAMSHA and is designed to re-connect disabled consumers with Social Security Administration (SSA) benefits after they have resided in an institution or been homeless. From that training we have had a total of 92 consumers who were granted a Medicaid determination before discharge from the state hospital.

The SSA has granted permission for Kansas to participate in the Temporary Institutionalization Benefits program. Section 1611 of the SSA Act provides that SSI recipients who are temporarily institutionalized for medical care who would otherwise receive a reduced benefit or none at all can get benefits during the

first three full months of institutionalization to pay expenses related to maintaining their home or living arrangement to which they may return upon discharge.

The Lawrence Kansas SSA is the field office for Osawatomie State Hospital (OSH) area and has agreed to work with OSH to ensure that these benefit applications are being submitted. As part of the SOAR project they will report those cases back to the state for data collection and reporting purposes.

KDADS' housing division has completed the following contracts for 2019: Supported Housing Funds, PATH, Interim Housing, Housing First Bridge Pilot Project.

A KDADS budget request has been made to expand the Housing First Bridge program to include the entire state. KDADS is requesting 3 FTEs for this program.

KDADS HOUSING BRIDGE PILOT

Four sites have been selected to participate in the Bridge Housing Pilot.

- 1) Mental Health Association of South Central Kansas (Wichita) will set aside four units for homeless consumers with co-occurring Behavioral health diagnosis. The housing model that consumers will be using is the Housing First programming, with the goal of immediately connecting consumers to permanent supported housing through employment and HUD. The project began in early September.
- 2) Valeo Behavioral Health Care, Inc. proposes to provide immediate temporary housing for adults leaving social detox and awaiting residential bed placement. The target group to be served are persons who meet the HUD definition of disabled persons at risk of homelessness or are homeless. These individuals will be diverted from ERs, state hospitals, jails and prisons. Consumers participating in this programming will be using the Housing First Program model and will be connected to employment and/or HUD programming after completion of residential care.
- 3) Kim Wilson at Wyandot Center will be providing Bridge Housing using the Housing First Model of care for persons exiting substance abuse detox units, sobering beds, hospitals, RSI, NFMHs, as well consumers who have a co-occurring disorder and are homeless or at risk of homelessness. This program will provide a total of seven beds in Wyandotte County that will offer immediate access to safe, decent housing as well as behavioral health services for consumers with or without insurance. Once placed in a Bridge Housing unit, consumers will be assisted in securing permanent supported housing through HUD programming. This program will be up admitting the first group of consumers by the end of this week.
- 4) The Miracles (SUD) project in Wichita proposes to provide bridge housing for women who are un-insured or under-insured who need access to residential treatment and who are discharging from detoxification or a sobering unit. Miracles, Inc. is proposing to fill the gap by providing a pilot project and location where consumers can access temporary housing while waiting for a residential bed to become available, as well as residential and reintegration graduates who may be at risk of homelessness. Consumers in this program can also be diverted from residential care and placed in intensive outpatient groups because they will have a safe environment to reside in while outpatients. Miracles, Inc. will provide permanent supportive housing units to avoid discharge to homelessness or a shelter. The proposed project includes seven shared units and is projected to serve approximately 12 pregnant/single female adults per year. This project has been operating since late July.