

Kansas Mental Health Coalition

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

Minutes

September 27, 2017 Monthly Meeting

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

Teleconference access 1-515-739-1285, enter 567518 Meeting room wi-fi: Guest@ccess

Introductions and sign-in sheet Susan Lewis, President

Minutes of the previous meeting.

9:15 a.m. Reports

Board of Directors - meet after the Coalition.

Advocacy Committee –Grassroots Advocacy Network – Advocacy Day tentative date is March 15.

Governor’s Behavioral Health Services Planning Council – Wes Cole – Children’s Continuum of Care Task Force has met twice. They are working on a preliminary report for the Secretary that would be finished before the Legislature.

Veteran’s subcommittee had a technical assistance workshop from SAMHSA.

Rural and Frontier Subcommittee will have a Legislative Day for mayors and legislators. Hope to have Lt. Governor Colyer as a guest.

Chairs and Co-chairs – are meeting to enhance collaboration with KDADS and among the committees. Meet again in October.

Sad to report that Margie Manning passed away – that advocate position on the council is now open. Also, Gary Parker moved to Colorado.

Next meeting is October 18 in Topeka.

Vocational Subcommittee – Lt. Governor Colyer met with group re: proposal to establish a 1915(i) amendment for adults with mental illness within the Medicaid program. He supports Medicaid programs to incentivize employment for people with disabilities. He pointed out there are resource restrictions. Would like to restructure programs to create more opportunities. Noted the high rates of unemployment for people with IDD and serious mental health. Committee members are promoting expansion of IPS employment and better ways for mental health centers to get paid for implementing the IPS model.

Mental Health Medication Advisory Committee - meets Nov 14. DUR meeting on July 26 approved proposed rules for children's medications - watch for implementation. Step therapy for ADHD medications may or may not be amended.

Big Tent Coalition – Mike Burgess – At the last meeting, focused on information and Q & A regarding the 1915(i) option. Guest was Dr. Stephen Hall, a former state Medicaid director. The DD Council has retained him and he helped to write the roadmap to employment, which includes adopting the 1915(i) federal option.

There will be a cross-disability health care policy retreat hosted by the Big Tent Coalition and KanCare Advocates Network. It will be a facilitated two-day strategic planning forum November 30 – December 1.

Financial Report - Andy Brown – net income to date is \$9,000 which should be sufficient to end the year very close to a zero balance.

10:00 a.m. Thinking Skills for Work: Career Success Program - Mary Jones, MHA of South Central Kansas - Program funded through a grant by the Kessler Foundation

This Kessler Foundation effort is the only program of its kind. Program combines cognitive (COGPAC curriculum), simultaneously working with their supported employment specialist and working with a personal recovery plan.

There is a research component built into the program with a third party researcher engaged. On target to train 50 or 60 people in two years.

Had a kickoff training with Dr. McGuirk – there is a lot of one on one coaching in the program. There are 21 consumers in the program, they are more than halfway through the coursework. There are 18 people competitively employed now.

The Mental Health Association has a great supported employment program in place already, with 52% of participants employed. It is a strong program in our association. The "Thinking Skills for Work" model is now an integrated part of their supported employment program. The Kessler Foundation element has funded the incorporation of the recovery model and the research component.

This is a model designed to empower individuals with serious mental illness with a cognitive problem – some of whom have given up on the idea of being able to work again.

Rick – wondering if there could be an opportunity to highlight this for KDADS staff. Talking about an intervention that allows individuals to achieve a level of recovery with reduced dependence on medication – which is an important direction.

The computer software itself is excellent training, but it is the one on one personal coaching of the supported employment model and guidance for the recovery model that promote individual success.

Jane Rhys – this sounds like a program that could be incorporated into schools very effectively.

10:20 a.m. Coalition Consensus Issues under consideration - Members identify issues for consideration and review or assign proposal drafts.

Federal ACA Repeal and Reform Efforts – Although the Graham-Cassidy bill has been set aside, congressional leaders are promising to revisit the issue. Many senators are hoping the bi-partisan work that had been going on in recent weeks can resume now, but others insist that

Federal Mental Health Block Grant Cuts It appears this issue has been resolved by Congress – the presidents' proposed cuts will not be accepted – will agency change its approach?

Creation of a 1915(i) Waiver for Individuals with a Mental Health or Substance Use Disorder This is a larger proposal that is being considered by a number of advocacy entities. What are the pros and cons?

Privatization of Osawatomie State Hospital –

Secretary is putting forth a logical argument – the State is not an expert in the field and should hire someone who is. Inviting legislators to go to Florida to visit the facility and state employees to talk to CorrectCare employees to reduce their concerns.

We have a brief statement in our current inpatient paper regarding the parameters for privatization of some beds.

Issue is a distraction from important reform and decentralization – don't need to replicate a 19th century model.

Advocate organizations in other states – reports are not positive.

Surprised to hear Florida cited as a good model.

Concerns about the current methods being used to not admit individuals to OSH. Being indigent and in a psychiatric crisis is not a pathway to the state hospital.

Patient discharged to a primary care safety net clinic without their knowledge?

Cannot hire the A Team to a facility that is called a hospital but is little more than secure care. If you can't promote

Very broke system – privatization might support the infusion of new dollars, but pulls those dollars to a limited service. Right now, we are rejecting people with real mental health crises – using medical issues and other diagnoses to divert them away from admission.

Have heard that the real money is in private prisons, and a company that does both could enter the system here.

Success of the child welfare system in 1996 was not about privatization, was about adding money.

If we are privatizing with the expectation that we would add money, it would be different. Theory of a private corporation being able to save money while rescuing a system that is in trouble is problematic.

7 or 8 people in the room have worked in state or private psych hospital settings. Major issue of success is attracting good employees, ratio of staff to patients, and quality treatment programs.

Issue of privatization – don't know that there is consensus in this room about the role of the psychiatric hospital re: robust treatment programming vs. crisis stabilization.

Been in 828 jails in 48 states – written two books on the subject. Privatization of jails – won't fund appropriate staffing of jails and if they aren't well staffed, the inmates run the jails. Privatizing state hospitals will take us backwards.

Bids are low-balled, and then contracts are made with the party in power, brings money to the party in power and some to the minority. Legislators may benefit. Foster care is still high caseloads and high turnover. Greatest critics are the judges who are involved in child in need of care.

Do we want to privatize when we are on the cusp of a new administration? Will there be a commitment to continuity? How can we gain investment where there are major gaps in our system if we push money toward hospital beds and new building? Need housing, Need peer programs, Need step down services. Need integrated addictions treatment.

KDADS website has a draft amendment to state hospital screening and admission procedures – due Oct. 5 – appears to be moving from an extensive screener’s manual to a six page guidelines document.

It is not clear whether or not the Coalition could unify behind this issue – much is dependent on the impacts to the rest of the system.

Health Equity KMHC will hear from Elina Alterman at our next meeting regarding health equity topics. We also have an issue paper draft proposal that will be a part of our discussions regarding consensus agenda.

Inspector General position paper? Would like better checks and balances (Nick)

10:45 a.m. Lobbyist Update - Amy Campbell – postponed to end of meeting

2017 Mental Health Task Force (created by Legislature)

Children's Continuum of Care Committee

KanCare Oversight Committee

Foster Care Oversight Committee

Elections – November 7

11:00 a.m. KDADS Programs and Update - Sheli Sweeney, Behavioral Health Director

Plans to always be here or send someone from the agency.

Block Grant application submitted end of August. Thank you to those who did weigh in and many comments were incorporated. Federal block grant reviewers might also be able to interact with the Coalition for feedback in the future. Application is available online.

President’s budget includes at 26% cut to mental health side of the block grant. States had to decide how to implement that. Kansas decided to implement the cut on the front end of the year – and some of the Coalition members were affected by that. Some states implemented on the back end, which means their grantees might see a cut toward the end of the fiscal year.

It is our agency’s intention to make those partners whole if Congress does not implement that reduction.

Rick Cagan suggested the block grant comment period was very short and the document was over 100 pages – a summary or outline format would be helpful, along with a longer comment period.

Rick Cagan reports that the block grant reduction is reported to be restored within the budget reconciliation process in Washington D.C. Sheli will follow up.

CIT Training – three events and would be interested in funding an additional event focused on veterans if general funding is available.

Systems of Care – federal grant for intensive wraparound for youth into four locations. Hope these programs will build the programming into their ongoing services. Also have access to SED waiver services if eligible.

KanCare 2.0 – RFP will be out by end of October for public comment. There will be public comment meetings posted on the KDADS and KDHE websites. Do review the full document and submit comments. This is a major endeavor and occupying a great deal.

Prevention Coalition Grants – under the SUD block grant – 13 communities outlined on the website. Prevention Coalition meetings are open and public. All are encouraged to engage with the coalitions in their area.

Problem Gambling – four coalitions and one statewide problem gambling coalition. Gambling addictions often co-occur with other addictions

Suicide Prevention – applied for zero suicide grant – this was rolled into a second year application. There were only eight awards, but we expect there could be additional opportunities and our application is ready.

Peers in the state mental health hospitals – working with the CROs. There is a training occurring now for peer support workers who will be able to engage with hospital patients who are interested. Workers will contact patients within a short time of their admission. Excited about returning these services to hospital.

PRTF Pilot – October 11 will begin effort to eliminate the waiting list for PRTF admission. MCO will be responsible to reach out to community providers to connect with community services rather than waiting on a list. Can also track the availability of community services and barriers to care. We didn't have these long waiting lists for PRTFs before last year. The MCOs will be the ones to implement the outreach.

Becky Fast – Concern, the reason children are on a waiting list is because there aren't community services for them. Social workers would not refer them to the PRTF if there were sufficient services in place.

Rachel Marsh – Access to PRTF placements is the greatest problem for our contractors.

Opioid Addictions Treatment – Kansas is a federal grant recipient and four areas of the state have been contracted to provide the treatment. The contractors are on the KDADS website – will be trying to track the impact of the grant. Providers are encouraged to contact those contractors for your needs. Kansas is 16th in the nation for opioid addiction.

Rick Cagan – requested Sheli revisit the question of residential care facility regulations that were begun many years ago. Also, regarding nursing facilities for mental health, we have made requests to the agency and to the Legislature that money be set aside to run peer based facilities such as that in Lincoln, NE, which would be a better step-down option from hospitalization. It is not a condemnation of the NFMHs themselves, they are set up for failure.

11:30 a.m. Adjourn

- **2017 KMHC Meetings: 9 a.m.–11:30 a.m.** Jan 25, Feb. 22, Mar. 22, April 26, May 24, June 28, July 26, Aug 23, Sept. 27, Oct. 25, Nov 15, Dec. 13
- **Board Meetings:** 12 noon quarterly the 4th Wednesdays (March 22, June 28, Sept. 27, Dec. 13)

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