

# Kansas Mental Health Coalition

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

## Agenda

*Click on underlined items for web links.*

July 28, 2021

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

**Minutes of the previous meeting.** [Read minutes](#) motion by Shereen Ellis, second by Matt Spezia.

**9:45 a.m. Reports**

**Board of Directors** - next meeting September.

**Financial Report** adopted – motion by Sue Lewis, second Dana Schoffelman. Amy Campbell - Dues are due now. Please log in to the website to renew membership. Our annual cost for the website will increase this fall.

**Advocacy Committee –Grassroots Advocacy Network** - 988 and 2022 Advocacy Day February

**Governor’s Behavioral Health Services Planning Council** – Shereen Ellis –

All of the subcommittees are using Microsoft Teams and their notes are available through the Teams platform.

Subcommittee has created an online Service Members Veterans and Families resource to provide a one stop shop can list any resources – crisis, counseling, housing – for veterans and families. Can add events or services. WSU provides the administrative support. “LiveConnectedKS.org” Going to have two veteran specific trainings regarding what a veteran may be going through – recognizing symptoms and resources available. These are Mental Health First Aid type training that are specific to veterans and their families. Post 102 in Erie will have a training September 24.

**KanCare Advocates Network** - Sean Gatewood – KAN has a committee trying to put together recommendations for KDHE to include in future KanCare RFPs for managed care organizations. One area that has risen to the top is transparency for meaningful outcomes data.

**Consumer Programs** - Matt Spezia, P3 – Working to bridge the gap for information relating to services, programs and training events of interest to consumers and families. These are not limited to mental health – many are entrepreneurship or arts program. You are welcome to submit your information

Parity Committee working to put out educational information through a video series and P3 is providing the technical support for that effort.

Story Circles = third Wednesdays of the month, or you are welcome to participate in the Colorado event is the last Saturday of the month in the same format at the Kansas Story Circles.

Continue to offer trainings - CCAR – week long training or WRAP is two day training. KDADS has two online modules for peer recovery and peer support that are free.

NAMI – David Larson reported that NAMI has applied for a grant to provide peer support programs in jails in Kansas. Excited about that opportunity.

**Parity Committee** - Amy Campbell - Meeting with Kansas Insurance Department Commissioner Vickie Schmidt on Thursday. Committee will meet again August

The survey data has been accumulated and will be reviewed soon.

The Committee is also planning one or two online forums to talk about parity issues and we encourage Coalition members to participate in those events.

**988 Advisory Council** - Mary Jones, Monica Kurz – The Council has been meeting monthly and most recently had a report from the geolocation experts about how such systems work. The Council is developing a full implementation strategy

**10:00 a.m. Member Focus: Changes at Florence Crittenton – Dana Schoffelman, CEO** Providing quality trauma-informed care through residential and outpatient services. Inpatient PRTF, outpatient program and community wellness program. Had run out of space in our current building. COVID gave us an opportunity to look at another building in Topeka. The second location has given us the opportunity to expand our services – moving staff into the building in April. One of the great things about the expansion is moving our outpatient programs and creating some separation of those programs. It is a little bit better accessible location. Jolee Eckert runs the outpatient program – added three more therapists to have 11 total plus case managers and an APRN. Referrals have increased. Quarterly capacity h

Serve individuals of all ages and genders with trauma background. We have specialists in yoga and LGBT

We do still have former residents who continue to go to the other building who continue to see providers at the residential program.

Center for Integrative Health – one of our areas of growth is identifying how stress in the nervous system is integral to our mental health services. In our residential program, we had learned that more traditional services need the frontal lobe online, but their nervous system is so activated (stress response) which intervenes when trying to implement mental health strategies and tools. Being able to manage the current moment is so important for the short term, but research shows us the long term negative impacts of holding toxic stress response in the body.

Ask Dana for the doctors names

We have been able to work with Dr. \_\_\_\_\_, who has taken the ACE study to the next step to incorporate strategies to metabolize their stress and engage the parasympathetic side of our nervous system. To strengthen that side of our body and rewire the nervous system response can help us to have better long term health outcomes and a two prong approach. It enables people to use the mental health treatment skills more successfully in the long term.

First Friday August 6 Open House at our Center. Offering tours and education. Will also offer a punch card that can be purchased to participate in a number of groups.

Supporting mental health is our core passion – when toxic stress is added to mental health symptoms, it can overflow people’s bandwidth for coping. If you can build mastery around managing your stress moment, and slow down your stress response, can be a big tool for improving your mental health.

Sleeping well, using movement and exercise, practicing meditation and yoga, supporting mental health, eating healthy, engaging supportive relationships. Spending time with nature.

Dr. Mellardi work and research has shown the use of exercise balanced with the use of psychotropic medications has better outcomes for all mental health disorders.

Eating healthy has a big impact on our body as it relates to inflammation and the stress response system. The stress response system tells our body to crave high energy foods as a way to address the high stress events. Helping people to learn the physical wellness strategies is a big part of our integrative health program. Talked about the key impacts of each of these wellness actions. Only one side of our stress response system can be activated at a time, so strengthening the calm and connected side of the body interrupts damaging stress response moments. These seven strategies are part of the Stress Management Clinic. We have also been approached to manage a diabetes management clinic due to the comorbidity of these issues. Have not launched it yet.

Hospitals often refer to the program – direct referrals to Jolee Eckert. People may also come to the basic center services (without mental health diagnosis) to come in for wellness programs. Some people come through the outpatient mental health clinic and others are connected through the wellness program. Many different doors to the program.

Funding and public policy has not caught up to the research. Insurance and public funding rarely cover the overall wellness programming. How do we start using the language around nervous system health. Our society has normalized toxic stress as if it is a normal characteristic of our lives. The pandemic has elevated many of these issues but we normalize it as if there isn’t anything to be done.

### **10:30 a.m. Lobbyist Report** Amy Campbell

Legislative Coordinating Council establishes 2021 interim committees: KanCare Oversight, Legislative Budget Committee, Child Welfare System Oversight, Special Committee on Home and Community Based Services Intellectual and Developmental Disabilities Waiver, Special Committee on Child Support Enforcement and Collection, Special Committee on Federal 340B Drug Program - among others. [See list.](#)

Robert G. (Bob) Bethell Joint Committee on Home & Community Based Services/KanCare Oversight - August 10-11 - conferees must sign up to speak by August 2 and submit testimony by August 6. [Link here.](#)

Mental Health Medication Advisory Committee - KDHE - August 10, 2021 [Link here.](#) Proposal in discussion: • CAPLYTA®, FANAPT®, REXULTI®, VRAYLAR®, LATUDA® (MUST MEET ALL OF THE FOLLOWING) ▪ *Must have had an adequate trial (at least 2 weeks for each agent at maximum tolerated doses) of at least 3 chemically unique antipsychotics (not including different salt formulations) listed in*

*Table 1 below (Abilify, Risperdal, Seroquel, Zyprexa, Geodon, Fazaclio, Clozaril, Saphris, and Invega) before trying the newer agents in the same atypical antipsychotic class. (NOTE: the language was pulled from an email, not a published agenda.)*

[AG Derek Schmidt announces historic settlement in ongoing opioid litigation efforts.](#) Structure of settlement is in discussion with advocates hoping the long-term distribution will not dilute impact.

## ARPA Funds - KDADS Plan for FMAP Enhancement

Governor's Recovery Office and SPARK process will operate under legislative oversight for ARPA Funds distribution.

### **11:00 a.m. Agency Update: Sarah Fertig, Medicaid Director**

Kancare Oversight Committee will meet August 10-11. The meeting will be in person at the State Capitol but also offers remote participation for conferees. Public testimony will be August 11 in the morning.

ARPA – American Rescue Plan Act

KDADS enhanced FMAP dollars which frees up some Medicaid dollars. One time funding. KDADS will have \$80 million. KDHE will have \$5 to \$6.8 million.

KDHE has identified priorities:

- Community health workers to improve access to care. Would they be employed by the state? MCOs? Bill codes? Would allow us to fund directly through state dollars as a pilot project on the public health side of the agency. Public health division folks have a model in mind.
- Invest in fraud, waste and abuse detection software. Could be accessed by KDHE and/or Attorney General's office. Sustained by AG going forward.
- Housing for HCBS members with housing insecurity or at risk of homelessness.
- Primary care and dental provider training to improve care for HCBS and PACE members.
- In depth study of STEPS employment support program.

CMS has thirty days to review = August 9. All would be time limited.

Be patient as the state rolls out any of these initiatives. Nothing the state does is simple, and we don't even have a way to draw down the funds yet.

STEPS –

Focus on attracting people with specific mental health diagnosis. Have six people enrolling now. Program is capped at 500 participants.

As SSI changes, the PIL is going to change. Approximately 2600 people will be affected. After reviewing all of the eligible people, only 185 people still have a client obligation. Eligibility staff took 2 days to do the work and were able to implement on July 1.

State's regulation will catch up when CMS sends their formal approval of the change. 300% of SSI is the prevalent rate across the country, so we expect it to be approved, then I will probably write the regulation since I used to do that.

Efforts to start the reprocurement

RFP for consultant to help the State write the RFP and manage the stakeholder process because we don't have the bandwidth. Drafting will begin in earnest once the contractor is fully on board.

Please be engaged to provide input on

At last meeting, we talked a little bit about the MHMAC – step therapy concern.

I have had some conversations with a number of you. The agenda was just posted to debrief the May meeting and the concerns about where the state was going with that proposed policy. The long and the short of it was not that step therapy would be proposed for everybody, would only apply to new starts.

The Committee did not formally forward that policy to the DUR Board.

Will Warnes – not only did it not advance forward, if it were to advance forward it would look very different. Covers bipolar and psychotic disorders, so it would need to be changed to work differently for those categories. Probably wouldn't be three steps, probably wouldn't be a two week time period.

Conversations was very provider centric, with concerns relating to how they would have to prescribe. There are some benefits that could come from a clinical edit as some providers do tend to leap to newer medications that may or may not have

Would be the last class of mental health medications to come into the step edit system.

It is a nuanced conversation beyond just step edits are evil and need to be stopped.

The providers who are prescribing really are leading the conversation.

Sue – questions about the new prescriptions – who would that be?

Amy – expressed concerns about how the MHMAC process works. Concerned about responses stating there was no

Advisory committee only – no decision-making powers.

Ira – data relating to immunizations –

On Medicaid side, we only have data for the immunizations we've paid for. I don't have access to the public health epidemiological data. Medicare paid for a lot of the immunizations in the nursing homes initially, so that skews our data. I've reached out to our 3 MCOs to see what they can find out. They would like to have access to Web IZ to try to crosscheck their membership.

Sunflower had a survey of members who are not vaccinated yet and asking if they intend to get vaccinated and why or why not. Have talked about incentives. We have pockets of resistance. You all know the misinformation out there and it is difficult to pierce.

What kind of messaging is most effective? Some data suggests it isn't so much about the information but who and where it comes from.

Have boosted rates for administering vaccinations to \$40 (not \$14) and Medicare / Medicaid will also add \$35 federal dollars for vaccines administered in the home.

Amy – data relating to hospitalizations of Medicaid members Sarah – we haven't been asked and that data would be incomplete because we are the payor of last resort.

Group thanked Sarah Fertig for her regular communication and responsiveness.

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

Kyle Kessler – concern about the characterization of the MHMAC as “advisory” only. Will follow up on the actual statute with the director.

### **11:45 a.m. Adjourn**

**2021 Schedule:** Jan 27, Feb 24, Mar 24, Apr 28, May 26, June 23, July 28, August 25, Sept 22, Oct 27, Nov 17, Dec 15

**Mental Health Advocacy Day - Virtual Event:** February 17 - 24, 2021

**Board Meetings:** 12 noon quarterly the 4th Wednesdays (March 24, June 23, Sept. 22, Dec. 15)

For more information, contact: Kansas Mental Health Coalition

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