

# Kansas Mental Health Coalition

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

## Minutes Draft

*Click on underlined items for web links.*

**October 27, 2021**

**9:30 a.m. Welcome and Introductions** Shereen Ellis, Vice President

**Minutes of the previous meeting.** [Read minutes](#)

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

**Board of Directors** – Met in September. Meetings in 2022 will continue to be hosted on Zoom to encourage maximum statewide participation.

**Financial Report** – Amy Campbell -

**Advocacy Committee –Grassroots Advocacy Network** – Stephanie West-Potter will chair. Held first meeting to develop plans and establish chair/co-chairs. Welcome anyone who is willing to help with organizing Advocacy Day and reaching out for sponsors and exhibitors. Advocacy Day will be February 22, 2022.

**Governor’s Behavioral Health Services Planning Council** – Wes Cole, Chair – The Coalition has been a very important organization for the state. The Council has presented all ten subcommittee reports to the Secretary. There are two new subcommittees: Evidence Based Practices and Addictions. Creating a new peer subcommittee made up of people working in the peer services field. Will be advising on the training and implementation of peer services and ultimately evolve into an ethics review committee. Will need to be approved by the full Council and establish charter and appointments. KDADS is currently working on substance use and behavioral health grants.

Wes shared his view that the pandemic has created an opportunity by reducing stigma and creating more public sentiment supporting mental health services. Now is an important time to take advantage of this increased public awareness and support.

**Big Tent Coalition** - Mike Burgess

**KanCare Advocates Network** - Sean Gatewood - Stronger Together Policy Planning Retreat November 18 – watch your inbox for registration information. We are looking for Coalition priorities to include. Alliance for a Healthy Kansas Coalition Retreat Sept 29 – working to build a cross-state grassroots movement. Holding community meetings (had one last night in Olathe). They are basic advocacy training. Next week in Miami County. What can we do outside of those meetings? We need new partners. Mental health professionals have a unique relationship in the law enforcement world and we’ve struggled getting law enforcement to be engaged in this topic. Reach out to [sean@expandkancare.com](mailto:sean@expandkancare.com). Have you reached out to CIT? I reached out to the CIT in Topeka and the CIT Association, but not beyond that – Shereen will link him to some other team contacts.

Wes – I've talked to a number of legislators about expansion and there seems to be a big gap in information as relates to linking people with services.

Many of the legislators who are solidly opposed to the issue tend to be conservative and we are hoping to engage advocates in law enforcement, the faith community, and the business community. We know there are Kansans in all these areas who support it, but we want to help boost that message. We have a story bank for people to share their personal stories.

**Consumer Programs** - Matt Spezia, P3 – Rite of Joy conference focused on African American issues and included our \$1000 prize poetry slam. The conference was topped off with a beautiful gala where we presented awards and Kansas Mental Health Coalition was our inaugural flagship award winner for advocacy.

If you have people who need direct mental health services, we have staff and support available.

Juliana – Connecticut Community of Recovery training – have some last minute opening for Nov 1-5 from 9 am to 1 pm with 2 hours of pre-work for the 30 hour certification training. Need to know today if you want join this event.

Wellness and Recovery Action Plan – WRAP – November 10-11. There will be another in December.

Story Circles last Saturday of the month and third Wednesday of the month on zoom.

PoetryforPersonalPower.org/event This is an opportunity to come together and share stories and talk about how we support our wellness. She and Amy reported the event was beautiful with an incredible lineup of poets and musical talent.

**Parity Committee** - Amy Campbell – Tour de Parity – in development with video clips describing the parity issue.

Next meeting November 3 9 – 10 a.m. and December 1 same time. Discussing Legislature and where we might interface with them around parity in 2022. Any substantive legislation would be 2023 at the earliest. Discussed possible informational hearings with Insurance committees to share public information and what Insurance Department is working on with their market study. Another item of discussion is to request an interim committee to review the Department report. Hope to have an issue paper for Coalition discussion at November meeting.

**Kansas Suicide Prevention Coalition** - launch meeting held Sept 21

**Subcommittee on MCO Procurement** – KMHC has formed a subcommittee to develop recommendations for the upcoming MCO Procurement process when KDHE will create an RFP for KanCare 3.0. Volunteers are welcome.

### **10:00 a.m. KDADS Agency Update: Andy Brown, Behavioral Health Commissioner**

Welcome New Assistant – Drew Adkins – overseeing new programs division – CCBHC, Care PASSAR process, and Quality Oversight. It is going to be wonderful to have some new staff on board.

Overview of Organizational Changes: Added 3 assistant commissioners – Behavioral Health, Community Supports and Survey and Certification. Part of this plan is to put some focus on Aging since this is a part of our agency name, but those responsibilities are spread around.

Drew will be attending the leadership meetings with the Secretary and working closely with me to be sure our objectives are aligned and coordinated.

We have brought in the care team from Department of Aging working on PASSAR screens, CARE process, and continued stay screens. Have a level 2 nurse joining the team to review screens and moving Sarah Hussein to Director of Care Team to work with the informed choice trainers and NFMH. There will be a lot of focus around PASSAR and specialized services. We are excited about all of that and it is largely driven by the NFMH agreement about making sure people are having informed choice about living in the community.

Presentation to Mental Health Modernization and Reform Committee about where we are with their recommendations. [DOCUMENT ATTACHED](#).

KDADS was lead agency for these recommendations;

1.3 Providing MAT training to increase capacity in Kansas. Continuing effort – creating opportunities for training and added service to options provided. Yesterday, met with HHS and CMS to look at how we can continue work beyond the public health emergency.

Community workforce options – national efforts to allow MAT through mobile offices. Looking into how we might use that here. Looking at policy that allows MAT options for SUD.

1.4 Workforce Investment Plan – currently planning to use ARPA funding for workforce investments in the short term. Want to develop a long term investment but need more conversation with legislators and stakeholders.

1.5 Family Engagement Practices – FY 22 RFP – bidders cost to implement didn't match resources. Did apply for a grant, but not awarded. Working on state plan amendments for Medicaid to see if we can make it happen that way.

2.1 Supporting Federal Excellence in Mental Health Act – still a goal, and Kansas has passed its own CCBHC legislation and KDADS is working with KDHE for state plan amendments to be submitted in January and hopefully approved to begin approving CCHBC certification in Kansas.

2.2 Comprehensive Plan to Address Inpatient Capacity – State Institution Alternatives are well underway – allows hospitals to receive a daily rate for admitting patients who screen for

Construction scheduled to begin at Osawatomie remodel for the 12 bed addition and units upgrade. Believe there is a need for additional licensed bed space for the remodel project.

2.4 Suicide Prevention – we are underallocated for suicide prevention. KDADS submitted an enhancement request last session that was not funded and bill remains in committee. Using ARPA dollars to hire a state suicide prevention coordinator and a 988 coordinator but don't have long term funding for that.

Began in Flint Hills region to begin Governors Challenge grant and work will continue to expand those goals across the state.

2.5 Problem Gambling and Addictions Fund – Legislature did add \$250,000

3.1 Expand Crisis Intervention Centers – working with CMHCs to

CIC regs are drafted and in the hands of the Department of the Budget for review and then go to Dept of Administration for internal review. Then would be posted for public comment. Keep an eye out for that.

Also think the CCBHCs will provide access to additional Medicaid dollars for crisis services.

3.2 IPS Community Engagement – implementing IPS program as an EBP. KDADS has included IPS in the NFMH agreement. In the process of development – engaging with national level for technical assistance and will be part of the CCBHCs.

Participated in KDHE steering meetings for STEPS implementation.

3.4 Community based liaison – facilitating links with community services

Included jail liaisons in the CMHC agreement. Stepping Up TA Center is running with block grant funding. Conference moved to April next year. Continue to advocate for additional funding to expand offering.

4.1 988 Suicide Prevention Lifeline funding - \$3 million was provided for grants to the call centers. Grants have been awarded. Planning is nearing completion with a no cost extension from Vibrant. No federal funding for 988 has been provided at this time. Still advocating for state funding.

4.2 Early Childhood Mental Health Services – KDADS research potential costs of including with Kancare 3.0 considering the budget neutrality limitations. May be able to support – possible change of waiver structure.

4.4 Behavioral Health Prevention including suicide prevention and SUD prevention – KDADS did succeed in grant for medication misuse but legislation did not pass state level.

5.1 PRTF – always in progress because the recommendation is to monitor care delivery and expand capacity. We monitor the wait list but Kansas has more unstaffed

\$1 million pilot study at Emberhope – they have completed their certification and licensure and began serving kdis

5.2 Service Array – includes expansion of MAT in block grant services. Expand services across the state to Kancare members and uninsured. Feel it is completed.

5.4 Housing – expanding housing and SOAR – did get budget enhancement and additional position. Have funds granted in Douglas County for their Housing First team. Looking at how

Kansas is top ten in the country for number of cases awarded benefits through the SOAR program. Want to expand services to youth by adding a position, which hasn't yet been filled.

6.1 Awareness – DCF complete

6.2 Parent Peer Support – increase access for caregivers and families – close to completion. Grant funding ran out before completion. Have a state plan amendment in development. Funding is our main barrier but we are close.

6.3 Crossover Youth – DCF marks it complete – better communication between systems and treatment options.

6.4 I/DD Waiver – services expansion and reimbursement rates – 4500 on the wait list. ARPA FMAP funding proposal to study waitlist and individual needs. Fiscal note.

6.5 Family Treatment Centers – supportive and KDADS licenses treatment centers that accommodate families, but has not requested additional funds yet.

EHR system – has issued RFP – on a good track for that.

7.4 Statewide Needs Assessment – identify gaps in funding. Do not have a funding request yet to facilitate that

7.5 Data – working with key collaborators with federal TA programs regarding data sharing agreements. KTRACS is an example of that. Multiple agencies engaged.

8.1 Correctional Employees – training for recognizing SUD and use trauma informed practices. Worked with KDOC to amend screening at intake. Expanding training but there is still more investment needed.

8.2 Criminal Justice Reform – implement specialty courts with processes for regular reporting. Meeting with the Sentencing Commission and participate with the Justice

9.1 Regional Model to supplement traditional state hospitals – SIA program – working to allow community hospitals to admit patients in crisis and will continue

9.2 Long Term Care Access and Reform – NFMH agreement, plus work to provide access to long term care for people with former incarceration. Piloting our projects as we work to build out the statewide system. Calls for practice improvements to reform NFMHs and the work of CMHCs.

9.3 Integration and Care Transitions – working with KDHE to explore opportunities to integrate care. Once crisis teams are fully implemented, it will have a major impact.

9.4 Evidence Based Practices – established EBP work group as a subcommittee of the Council and will have ACT, IPS and Housing First fidelity performance.

90846 – tool to support youth in foster care and SED children allowing provider to work with the family without the child present. Working on a state plan amendment and will include in CCBHC rates.

10.3 Telehealth for crisis services – included in state plan amendment for crisis services.

KDADS continues to support expansion of telehealth and telephonic services for health emergencies and hope to see the federal continuation.

Wes – how much of that is being done with federal money? A lot – some concerns with sustainability. Valid concern. Trying to make the Legislature aware that so many of these reforms will need sustainable funding from the state. The CCBHC model includes many of these priorities which will help. There should be a lot of opportunity coming up for us to advocate.

There is so much for legislators to learn about what is happening and what is needed to move forward.

Bobby – Osawatomie remodel – 12 additional beds. Had questions about the nature of the additional beds and if they will be certified. Kyle suggests 166 beds at OSH now.

Jensen – will consumer groups have any funding issues? CAC and CROs will continue but we are looking at the possibility of helping them get 501 c3 status to get charity funding as well. Don't foresee any funding cuts in the near future.

Topeka NFMH agreement may include some partnering with Breakthrough House in Topeka and how they can support. Sunshine Connection is another community resource.

Walt Hill –

How many SIA are there now? Includes HAPHY beds that changed to SIA – now don't have no eject/ no reject. We are seeing additional adults and kids boarded in emergency rooms and jails, is anyone tracking that?

The last time we had no eject / no reject beds was in the Brownback administration.

Do not think that kids are tracked. Need to look at how we can do that. American Pediatric Association put out a National State of Emergency for kids psychiatric care. We are no exception. Would describe our situation as a crisis. We need a policy item to pursue that could address that. There is a pinch between increased impact of need and the beds/staffing workforce are going the opposite direction. We are losing capacity as we need increased capacity. Be looking for announcements soon about what we can do about that.

Walt – we see a crisis out here on kids side, also adults, but more families and kids.

Wish our system had been better prepared for the emergency but know people are slipping through the cracks.

Walt – we are all feeling the harm, glad to hear you recognize the problem.

Gary – that workforce piece is a huge problem and directly visible for PRTF and also for mental health and I/DD. Hopefully we are going to be able to turn this around but as Andy said we are in a crisis situation.

Walt – working on our CCBHC planning and we are also seeing a workforce crisis.

Nick – need a cheat sheet for all the facilities and how you get into them? Don't have one.

Are there any CIC online at this time? No, regs should be coming out for public comment. Suspect the first CIC to be licensed will be in Douglas County with RSI shortly after.

Juvenile Crisis Intervention Centers – where are those? Not successfully implemented.

PGAF – how is that allocated? Don't think the new money was allocated yet. Can reach out to Carol Spiker, Problem Gambling program manager.

Patrick Flaming – seeming rise in I/DD diagnosed kids and adults who can't seem to get placement in state hospitals. Is that issue getting any attention?

Yes, it is getting attention but it hasn't formulated into a plan. Mike Dixon and I have had a lot of conversation about it. In addition to being the hospitals commissioner he is the superintendent at Parsons. Have talked about a possible I/DD respite program for a sub-acute level of care. Very early spitballing not a real proposal yet.

**10:45 a.m. Lobbyist Report** Amy Campbell

Special Committee on Mental Health Modernization and Reform + Subcommittees  
Special Committee on HCBS Intellectual and Developmental Disabilities Waiver  
SPARK Executive Committee - ARPA Funds  
November local elections

**11:00 a.m. Consensus Issues Development Process: Please submit proposed issues in the format of an issue paper ([sample issue paper format.doc](#))**

**[988 Consensus Issue Paper Draft for 2021.docx](#)**

[ACMHCK Public Policy Agenda](#) (information sharing)

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

**11:30 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 22, 2022

**Board Meetings:** 12 noon quarterly the 4th Wednesdays (March 24, June 23, Sept. 29, Dec. 15)

For more information, contact: Kansas Mental Health Coalition

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