

Kansas Mental Health Coalition

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

Minutes

September 25, 2019 Monthly Meeting Valeo Behavioral Health Center, 330 SW Oakley, Topeka, KS

Introductions and sign-in sheet Mary Jones, Vice President

Steve Solomon, Merging Trends	Becky Fast, KNASW
Troy Foster, CAPSOL	Sherrie Watkins, JCMHC
Stephanie West-Potter, DRC	Colin Thomasset
Mallory Lutz, BHAK	Jolee Eckert, Florence Crittenton
Cha Benhardt, Sunflower HP	Ashley Grill, JCMHC
Dana Schoffelman, Florence Crittenton	On the phone:
Bob Chase	Jessie Kaye, Prairie View
Matt Spezia, P3	Stacy Manbeck
Dave Ranney	Michelle Ponce, ACMHCK
Regina Wagner, P3	Susan Montague, St. Francis
Kyle Kessler, ACMHCK	Carol Grimaldi, Cornerstones of Care
Alford Washington, P3	Jane Rhys
Mike Burgess, DRC	

Minutes of the previous meeting approved. Steve Solomon motion, Sherrie Watkins second.

10:00 a.m. Reports

Board of Directors – Meet after the Coalition.

Financial Report accepted - Colin Thomasset – Issues with the money market sweeping account. Has to do with the merger of Capital City Bank with Capitol Federal \$16,751. Bank will refund charges and hopefully correct the issue. The online payments system change is still pending. Motion Matt Spezia, Stephanie West-Potter.

Advocacy Committee –Grassroots Advocacy Network – Committee meets after the October 23 meeting. Will be planning Advocacy Day – February 19, 2020.

Governor’s Behavioral Health Services Planning Council – reports by members

Sherrie Vaughn attended the report out from the various subcommittees last week.

Prevention Subcommittee had a great report – impressed with the work of the community engagement institute.

Big Tent Coalition - Jane Rhys and Mike Burgess – Stronger Together Retreat October 10, 2019

KanCare Advocates Network - Sean Gatewood

Consumer Programs – Matt Spezia - Sheri Hall, Poetry for Personal Power

Showcase at BoobieTrap – Friday evening - showcase of Topeka sponsored artists.

Aaron Douglas Art Fair – sponsoring poetry pavilion.

Grassroots Advocacy Network – have had strong interest from Lawrence holistic nurses group. That group meets the 4th Wednesday evening of every month at Memorial Hospital.

Parity Committee – Committee will be meeting with Insurance Commissioner Vicki Schmidt and her regulatory team to discuss how the agency can improve parity for behavioral health insurance coverage.

10:00 a.m. Consider KMHC Consensus Recommendations- Annual process for updates and amendment. Please draft a paper for the topic that you would like to see included for consideration during the Coalition meetings. The Coalition encourages the incorporation of health equity principles - proposals that help to reduce health disparities and encourage overall health. Linked here: [sample issue paper format.doc](#)

Proposed Legislation for Certified Integrated Peer Specialists Sue Lewis, Mental Health America of the Heartland - [See Proposal](#)

Proposal comes from Mental Health America nationally. There is a lot of research showing that early intervention is effective.

The 3000 hours requirement is not made up by MHA – it comes from input by the insurers. (Anthem and Beacon are two of the insurers they have been working with.)

Could be certification under the BSRB, some states are using their licensing agency, others are not.

Becky Fast – some concern with the use of the term “clinical”. Infers study at an accredited university.

Steve – so glad to see this. Also have some concerns about the term “clinical”

How would this reduce the strain on the Medicaid program? Concept is that if we are bogging down the Medicaid program with the most serious cases of mental illness, early intervention could reduce the incidence of

How many people entering Medicaid have private insurance prior to accessing services under Medicaid?

Sherrie – the reimbursement rate for peer support would have to be significantly increased. Right now, we can hardly keep peer support workers because their pay is so abysmal. To require this level of rigor would discourage participation. Even masters level social workers are underpaid and hate to create another level of behavioral health providers

Bob Chase – there is some overlap here with case managers. At one time, we invested as a state in case management as opposed to therapists. At this point, case management pays for the system under Medicaid.

Current rate for peer support is around \$24 per hour.

Becky – in Medicaid you do not have to have a clinical license to be reimbursed. Is that why the term is used here?

Short answer is you would have a national certification for what you do.

As a peer, I would have greatly benefited under my private insurance coverage if I had access to peer services.

Is not intended to be in competition with public services in the mental health centers, but there are, of course, implications.

Data around peer services is compelling – reducing higher levels of care and aiding recovery. Will forward source documents for our records.

Matt Spezia – currently working with KDADS to create registry for Level 2 training. Also working to establish an ethics board.

There has been discussion with agency about this legislation – hope to avoid creating a burden where it would be implemented.

Matt – clinically integrated – term Avoiding high intensity high cost treatment models. Cost reduction is incredibly significant and it is scalable. Build community resilience – effective through measurable outcomes such as days in the community, and preventing people reaching high intensity, high cost treatment models. 455% to 238% more effective than traditional models.

Are there examples of national certifications where insurers accept the national certification v. any state level certification?

Legislation would need to have specifics where the certification responsibilities would lie.

Utah exploring putting it under their BSRB. Minnesota does not place certification under their licensing board.

Susan Montague – BSRB is always thought of as a licensing board, but one of their primary functions is to protect the public. Needs to be a conversation with them.

Mary agrees, and suggests that we need to decide whether or not there is any interest from the Coalition in supporting this.

Dana – national certifications typically designate a specialty area but do not in and of themselves make a person eligible for reimbursement.

There is interest in the Coalition to get more information and continue the discussion. Mary will talk to MHA and may have one of their experts make themselves available.

Matt says there was broad support at the agency stakeholders input meeting for expanding the use of and access to peer support services. So, definitely support moving forward.

Becky – we have been working on reducing and streamlining the paperwork and processes at the BSRB for our licensed providers. Could have some effect on the ability to implement certification effectively.

Kyle – KMHC might want to advocate for BSRB to be able to use their resources/reserves to expand their staffing. We have had the experience that just because we get something passed by the Legislature, if you don't have sufficient agency staffing, it can take years to implement.

10:30 a.m. Lobbyist Report - Amy Campbell
Legislative Mental Health Tour

Osawatomie State Hospital - plans to end the moratorium [See letter](#)

Medicaid Expansion Interim Committees -

Healthcare Access - Senate Select Committee - October 22-23

Joint Committee on Medicaid Expansion - November 12-13

Legislative Budget Committee – October 2

~~**11:00 a.m. Guest** – Gina Meier Hummel, Suicide Prevention Coordinator, Kansas Attorney General's Office~~
Postponed

11:25 a.m. Announcements

November 15-16 – Johnson County Central Library – Mental Health Memoir and Mental Health Advocacy Writing sessions.

11:30 a.m. Adjourn

2019 Schedule:

Mental Health Advocacy Day: February 19, 2020

2019 KMHC Meetings: 9 a.m.–11:30 a.m. Jan 23, Feb. 27, Mar. 27, April 24, May 22, June 26, July 24, Aug 28, Sept. 25, Oct. 23, Nov 20, Dec. 18

Board Meetings: 12 noon quarterly the 4th Wednesdays (March 27, June 26, Sept. 25, Dec. 18)

Advocacy Committee Meetings: January - March: Friday teleconferences, Meet after Coalition meetings: January 23, February 27, April 24, May 22, August 28, October 23

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