

KANSAS MENTAL HEALTH COALITION

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

Minutes

Click on underlined items for web links.

**October 27, 2015 Monthly Meeting
9:00 a.m.**

Valeo Behavioral Health Center, 330 SW Oakley, Topeka, KS

Introductions and sign-in sheet

Susan Crain Lewis, Vice President
Eric Harkness
Amy Campbell, KMHC
Rick Cagan, NAMI, KS
Steve Christenberry, FSGC
Andy Brown, Headquarters Inc.
Nick Reinecker, Inman
Sheli Sweeney, ACMHCK
James Brown, family member
Rob Mealy, KS Psych Society
Mike Burgess, DRC
Patrick Yancey, KHS
Alexandra Simmons, MHAH
Marcia Epstein
Sky Westerlund, KS NASW
Kelsey Nepote, KHI
Susanna Honaker, Little Govt Relations
Jane Rhys
Kevin McGuire, JoCo MHC
Ira Stamm, Ph.D.

Wes Cole, GBHSPC
Bob Chase, SEKS MHC

Phone:
Jessie Kaye, Prairie View
Meg Propes, Sunovion
Ryan Speier, KVC
David Elsbury, Kanza MHC
Ric Dalke, Compass BH
Mark Wiebe, Wyandot
Carol Manning, MHA of SCK
Steve Feinstein, Elizabeth Layton Ctr
Sally Fronsman-Cecil
Guests:
Cathy Housh
Ted Jester, KDADS
Dave Ranney, KHI
Angela DeRocha
Kelli Ludlow
James Brown

Financial Report adopted – motion by Steve Christenberry, second by Sweeney. Report by Andy Brown, Treasurer

Please renew your membership at [KMHC website](#) - the site will generate an invoice to pay by check. Contact Amy if you have questions.

Minutes of the previous meeting adopted with amendment adding Glen Yancey's attendance. Motion by Sweeney, second Cagan.

9:15 a.m. Reports

Board of Directors - Report from September meeting..

Advocacy Committee –Grassroots Advocacy Network - Sue Lewis -

Mental Health and Aging Coalition - Nancy Trout

Governor's Behavioral Health Services Planning Council – Wes Cole

9:45 a.m. Guest Topic: Cathy Housh - Suicide Prevention - State Legislation Jason Flatts Act

Cathy Housh, mother of 2014 suicide victim Cady Housh of Olathe Northwest High School, shared information about the Jason Flatt Act, a suicide prevention proposal. The Dr. Phil Show featured suicide prevention information. The statistics are intimidating – over 50% of high school students think about suicide. Around 20% actually create a plan, and 6% execute the plan.

People's sexiest man edition had an article titled Tragedy in Kansas. Schools in Kansas do not seem to be equipped to recognize and address the signs that students reveal when they are at risk.

Kansas Attorney General Derek Schmidt is one of 40 state attorneys general listed as an ambassador for the Jason Flatt Foundation. Cathy met with Dorothy Halley (sp), Director of Victims Services. Thinks the initiative could save lives and doesn't cost anything.

The data shows that Kansas is struggling. 100 children are dying each week in Kansas. There is a form of the legislation proposed in 16 states.

Cathy would like to forward legislation that would require annual certification.

Tennessee saw a 28% reduction of suicides after the legislation passed.

Plans to meet with channel 41 to focus on the issue.

The Attorney General's office is interested in moving forward. Compiling a list of suicide prevention organizations who are interested in forwarding a proposal.

Most states don't include budgeted funds, although California does attach funds because it is a mandate.

The legislation requires teachers to earn certification for detecting signs and risk factors for students considering suicide, then refer them for appropriate referral and counseling. The training is two hours.

Wes - This has been recommended and supported by the Suicide Prevention Subcommittee. There used to be a high school day at Osawatomie State Hospital.

Sue – MHA does this education in Kansas City and reaches out to area schools. But they are subject to the priorities of the administrators of that particular building. Can do this education with the kids or the teachers – the program is 90 minutes.

Cathy's experience with Olathe Northwest has been that the school itself is hesitant to wade into these initiatives. Cady's friends have done fundraising off-site. Olathe South seems to be more engaged in providing mental health information to their students.

Student programs encourage students to sign a pledge that they won't commit suicide and that they will share information if their friends are at risk. In one program, five students came forward after the program.

Sky Westerlund – the school funding cuts have reduced the numbers of social workers in the schools. This is a risk factor, because when a child needs to talk to someone, they need to do it right then – not make an appointment two weeks later. They need to be in the schools or educating the teachers won't go anywhere.

Who issues certification?

Where is KNEA on this issue?

Hope the Jason Foundation is engaged here, would expect that dialogue to take place prior to passage. The certification is provided by Jason Foundation. Can be certified through online modules.

Marcia – this is a very beginning step for suicide prevention. We know there are a lot of difficulties. Even though the certification is free, the teacher time is something else. When you train people, you are not only training them for their professional role, but for their personal lives and their personal relationships. It would do a lot of good things and stimulate good discussions. Kansas hasn't done anything to say that suicide prevention is important. There is a national model for training professionals to identify and address suicide risk. The Lawrence school district has a model. It would be critical to have the education organizations on board. As an organization, we should take this very seriously.

Rick – as has been pointed out, this is a multi-faceted problem and this is a beginning step. The Presidents New Commission on Mental Health recommended universal screening, and nothing was done about that in Kansas. I would still recommend that step because it then begs the system to do something about those children.

Sue – I suggest that we pull down the actual bill language and talk to the Attorney General's office. That could inform a broader discussion within the Coalition to pursue this.

Will ask Andy to help – also, Kevin McGuire would like to help as a representative of the Johnson County Suicide Prevention organization.

Carol Manning – concerned about engaging the schools participation. Served on a school board and learned that schools have one primary charter – equal education.

Sally Fronsman-Cecil – difficult experience trying to get NAMI programs into the schools, might be better to go directly to parent groups for support. Is there a state level group that deals with PTOs statewide. Sports organizations are also health oriented and might have an interest/link to parents.

Steve Christenberry, Family Service and Guidance Center – I am a trainer for MH First Aid and for suicide prevention and it is just like pulling teeth to get into schools. This year, there was grant funding from KDADS/KDHE which did inspire a little bit of participation, but Sheli can share how difficult it was.

Jane suggested reaching out to Donna Whiteman, former SRS Secretary, who works for Kansas Association of School Boards.

Rob – Cathy, have you talked to your local legislators about this? That is the place to start. Explain the situation, explain the act and the model legislation, and if they are supportive, they can get the bill introduced just to get it in the hopper and get the process moving.

Andy, Steve, Kevin, Marcia, Cathy: please bring information back to KMHC. Mike Burgess will help.

10:00 a.m. Consideration of proposals for Consensus Recommendations for 2016

Please use the [Sample Format](#) to present your issue, problem and recommendation.

Tobacco Cessation – See Draft Paper: Several members of the Coalition served as fellows of the Kansas Health Foundation that recommended a policy position advocating for public and private funding to assure effective tobacco cessation programs and treatment.

Discussion – Carol suggested including specific language that people with mental illness need evidence based treatment programs in order to be effective.

The figure stating average age – early death of people with mental illness may be more closely linked to the correlation between new age atypical antipsychotic medications and co-occurring metabolic syndrome. The data may not indicate that the tobacco use is really the key contributing factor to short lifespan.

Kevin – is it accurate that tobacco companies are marketing specifically to individuals with mental illness? Is that source true?

Steve - NAMI Public Policy Position 8.3 – should be considered prior to adoption.

Rick – will send Kim’s presentation which includes data and research relating to

Sky – is this a subset to our “access to care” position or does it need to be a separate issue?

Bigger than Kancare, but not certain where it might fall in the consensus recommendations document.

Community Support Medication Program: KMHC supports this program and would not require an amendment to the Consensus Recommendations to continue to endorse it. Typically, the issue has only emerged at the Legislature if we discover that the fund is going to run out of money before the end of the year.

72 Hour Hold / Emergency Observation and Treatment We had an expansive conversation about this proposal last month after the presentation by Julie Solomon and Capt. Brochers. Amy believes this is going to be in the legislative arena this year and KMHC must be prepared to speak on the issue. Today, our position is basically that the proponents have positive goals for the legislation and are attempting to solve a real problem in which people are

This topic will be on the agenda of the Jt. Committee on Corrections and Juvenile Justice

Amy did brief the Kansas Hospital Association Behavioral Health Task Force.

Sue – MHA has a clear historic position opposing expansion of imposition on personal civil liberties. Would hate to see the Coalition be forced to remain silent on such an important piece of legislation, so

Sally – find it ironic that we would be talking about this when we have people who can't get admitted into the hospital when they want to.

Sue – also emotional about young man who had hoped to

Eric- Would rather see voluntary treatment available rather than expanding involuntary interventions.

Sally – what is the point of convincing people to go for treatment if we can't get them in?

Mark Wiebe – the way I understand that this is supposed to work is that we are trying to prevent the need for them to go to the hospital by giving a provider 72 hours to stabilize that individual with onsite treatment.

James Brown – the 72 hour hold did not work for my son. They were trying to save a bed. He had to go to a mental hospital within a few days anyway. He encountered the 72 hour intervention several times and it was never effective. One time, due to a staff shortage, he was asked to sign a pledge that he wouldn't hurt himself or anyone else in 72 hours. It is no surprise that this didn't work and he did have to go to a hospital.

10:30 a.m. Legislative Update (postponed) Amy Campbell

KHA Behavioral Health Task Force

Mental Health Medication Advisory Committee - considering prior authorization requirements, dosage requirements, and other limitations. Posted on website.

11:00 a.m. KDADS Update - KDADS Behavioral Health - Ted Jester, KDADS

OSH at 145 census. Four pending discharges.

Construction is finished. Now having to work through processes with CMS about the survey process and discharges. There was an October time frame set. CMS has to tell us how many patients can be admitted and how many discharge plans in place. There is now no set time frame for re-implementation.

This process and review is necessary for the 60 remodeled beds at Adair Building to be CMS certified. The conversation seems to indicate that other beds in use currently are not CMS certified. Ted will clarify this information for us.

Now it is uncertain which beds will be recertified and when. Can't go back to 207 beds until the other unit is also remodeled and put back online. Phase 2 will be Building B with 30 beds. Then, there will be further consideration regarding the necessary overall number of beds and when they can be in service.

Patrick – tour at OSH last month opens 60 beds at the remodeled unit and that isn't instant. Would probably take about a month to have those admissions.

Rick – which specific hospitals are being used for overflow and how is that being done?

Four hospitals currently under contract for OSH Temporary Census Diversion Funds appropriated by Gov/Legislature. Via Christi, Prairie View, KVC and Cottonwood Springs are under contract. Current waiting time to get into OSH is fourteen hours.

Patrick – Today, KVC has 11 out of 12 beds used. Cottonwood Springs has not been used much because there are beds available. Most are because people have had an outpatient order revoked. During the summer time there was more waiting and more demand. In terms of the overall dollars appropriated, the funds will hold out through the end of the year.

KHS contract to facilitate these admissions runs through December. Utilization has been slightly less than expected.

Ted has personally contacted every community hospital to inform them of the opportunity to contract without an RFP process. It is unfortunate that

KHS and KDADS are reaching out to maintain a chart of licensed beds available in the community. Important to note that capacity is not the same thing as licensed bed number. Hospitals know that these beds stay relatively full and are not anxious to have these numbers publicized which might reduce availability in their own community.

Community Support Medication Program – KMHC has supported this funding for years. NAMI continues to get calls from people who need help paying for their medications and it seems that many providers are not defaulting to this program as a resource. Part of the problem that was revealed in the Hospital and Home Program was due to staff turnover, programs at Walmart or CVS can sometimes be substituted.

There are utilization reports sent to every CMHC regularly. The fund was depleted and had to be supplemented last year. There has been a policy proposed to allow SUD facilities to use the program for those with co-occurring disorders – must be co-occurring because it is mental health block grant dollars. The use has stayed at a consistent level for several years, until last year. (Personal note: could prevention grant be accessed to provide more flexibility.)

Hospital Screening: October implementation of the new screening process changes for hospitalization was made necessary when CMS said that our process requiring CMHC screening was not “mental health parity compliant”.

In non-emergent admissions, the state will require the insurer’s prior approval.

PRTFs are not considered emergent, so in order to stay consistent with our medical-surgical side which requires insurer prior authorization of the admission, have changed the process for screening into the hospital. Wanted to preserve CMHCs in that process in order to assure that the community based services are available to the child and to the family. So, now MCOs are facilitating the case consultations rather than the CMHCs

11:25 a.m. Announcements

Bill Persinger has been hired as CEO for Valeo Behavioral Health Center.

11:30 a.m. Adjourn

2015 KMHC Meetings: 9 a.m.–11:30 a.m. Jan 28, Feb. 25, Mar. 25, April 22, May 27, June 24, July 22, Aug 26, Sept. 23, Oct. 21, Nov 18, Dec. 16 **Board Meetings:** 12 noon quarterly the 4th Wednesdays (March 25, July 22, Sept. 23, Dec. 16)

For more information, contact: Kansas Mental Health Coalition

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