**Kansas Mental Health Coalition**

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

**Agenda**

**February 22, 2017   Monthly Meeting**

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

(teleconference access 1-515-739-1285, enter  567518 - KMHC has changed to a teleconference service that might incur charges for members.  If the fees become a burden to members please forward the bill to the treasurer at [andy@headquarterscounselingcenter.org](mailto:andy@headquarterscounselingcenter.org) )

Meeting room wi-fi: Guest@ccess

**Introductions and sign-in sheet**           Susan Lewis, President

On the phone:

Koleen Garrison, CAC

Len Lemke, Cornerstones of Care

Nick Reinecker, Inman KS

Scott Bruner, Aetna Medicaid

Billie Todd, Butler County

Marcia Epstein

Andrew McCarthy, SIDE

Trisha Darlen, ComCare

Sally Fronsman-Cecil

**Minutes of the previous meeting approved**.   [Read Draft Minutes](http://kansasmentalhealthcoalition.onefireplace.com/resources/Documents/Minutes%202-22-17.docx). Feinstein motion, Persinger second.

**9:15 a.m. Reports**

**Board of Directors –** meeting today at 11:45 a.m.

Members who are interested in being elected to the Board or running for officer, please contact Susan by May 10 [slewis@mhah.org](mailto:slewis@mhah.org).

**Advocacy Committee –Grassroots Advocacy Network** **-** Heather Elliott reported Mental Health Advocacy Day was March 15 and was a very successful event. Had close to 300 people and 30 volunteers from KUMC School of Social Work. Distributed a list of sponsors.

Grassroots Advocacy Network Training Report by Andy Martin - The KMHC Grassroots Advocacy Network training event was held on Tuesday, March 14, 2017 in Topeka, Kansas.  This practical training was designed to teach participants how to tell their story and experience with mental health in Kansas.  The outcome of this learning experience was that attendees will know how to schedule and have a sit-down, in-person meeting with a state legislator, a county commissioner, a municipal decision-maker or a community leader.

* This experiential learning experience lasted 6 hours and was completed by 18 participants.  90% of these advocates participated in Advocacy Day the next day at the Kansas State Capitol.
* The teaching team included Eric Harkness, Lynn Kohr and Nancy Ross.
* All participants completed an additional module titled “Medication: Protecting Choice.”
* Overall, on average participants stated that their “advocacy knowledge and skill” increased by 1 level on a 10 point scale.
* Participants stated that their “confidence in advocating” increased on average by 2.77 on a 10 point scale.
* Thank you to Association of Community Mental Health Centers of Kansas for helping host this event by schedule this meeting room, validating parking and helping with last minute details.

Angela deRocha commended the Coalition for the most positive Advocacy Day in years.

Thank you to our sponsors: AmeriHealth Caritas, Healthcare Foundation of Greater Kansas City, Johnson and Johnson, REACH Healthcare Foundation, Pfizer, Sunovion Pharmaceuticals and the Association of Community Mental Health Centers of Kansas.

Thank you to our exhibitors: Aetna Medicaid, Amerigroup KS, AmeriHealth Caritas, Cottonwood Springs, Disability Rights Center, HealthSource Integrated Solutions, Kansas Consumer Advisory Council for Mental Health, Mental Health Association of South Central Kansas, NAMI Kansas, Poetry for Personal Power, Sunflower Health Plan, UnitedHealthcare, Valeo Behavioral Healthcare.

**Governor’s Behavioral Health Services Planning Council –** Wes Cole

**Mental Health Medication Advisory Committee – meets May 9.**

**Financial Report -** Andy Brown, Treasurer

**10:00 a.m.  Kansas Legislative Update -** Amy Campbell

Mental Health 2020 - Kyle Kessler

Breakthrough Clubs HB 2044 - Mary Ellen Conlee

Medicaid Expansion HB 2044 - Amy Campbell

SB 32 passed and awaiting Governor’s signature – Psychiatry – medical student loan program, residency bridging program – House passed 120-5 / Senate concurred with amendments 38-2 on March 16.

Distributed updated List of Legislation – see last page.

**11:00 a.m.  KDADS Programs and Update -**

SED Waiver Amendments - Sam Philbern

Housing Program Update - Melissa Bogart Starkey, Cory Snell, CABHI coordinator (cooperative agreement benefitting homeless individuals), Misty Bosch-Hastings, PATH grant – began a week ago. Melissa began May 2016 and worked with KDOC for discharge planning for persons with disabilities for 15 years.

CABHI – three year program at three sites = MHA of SC Kansas, Valeo and Wyandot. Focus on \_\_\_\_ and veterans. Use Housing First model and strengths based supported employment and SOAR.

Goal is to be self-sustaining after the federal dollars go away. The cooperative agreement is designed to build infrastructure. The goal is to create outreach teams that are inclusive with team members representing the supported employment and SOAR. It is a pilot process for change. At this point, centers are reporting serving more than the projected numbers – goal is 510 at the end of the year, including the three years and the state hospitals.

Once someone enters CABHI, goal is to get that person in stable housing as quickly as possible. Once they are in stable housing for one year, they can move to traditional case management.

Using SPARS federal data tracking – GPRA interview must be done at intake, 6 months and discharge, so all participants are tracked and the number of people who disengage from the service are documented. Federal target is 80%. Because of the new data system, there was a switchover and current data is not accurate, but will be having good numbers soon.

Part of the plan is connecting people from state hospital discharge directly with a CABHI team. Every person who is at risk of homelessness is connected with a housing team.

Biggest challenge has been the felony offenders who have histories of evictions and records that make it difficult to find landlords who will work with them. Have worked with DOC system to utilize some of their discharge opportunities and use their successes / parole testimony to secure options.

Wyandot Center has had success with the veteran’s implementation through the work of a veteran on staff.

Individuals who are part of CABHI receive very intensive supports and multiple contacts during their time in the program.

Are you able to keep OSH accountable – to know if they are identifying those at risk of homelessness?

Have checks and balances – 2 KDADS staff in state hospitals 2-3 days a week. They can cross-check the cases to identify if individuals who might be misidentified. Also, RADAC substance use screens can identify individuals that may be at risk of homelessness.

SOAR is also able to be sure that disability applications are open and applicable at the time of discharge. If individuals have lost SSI due to being in the hospital for more than 12 months, the SOAR team is able to reactivate their disability application.

Could KDADS target youth who are aging out of foster care?

Very aware of that population and we did a statewide tour initially to see what it was like. The lack of uniformity across the state is important to know how to work with the program in different communities. There is a problem where kids do not know the services that they are entitled to. Getting the young people to connect with the services they have is also very difficult, so it is important that they are addressed prior to leaving the foster care system.

SOAR has a very strong program to help youth to be connected with disability benefits.

Chronically homeless = definition is 12 months of homelessness over a 3 year period.

Veterans – there are occasions where veterans have been on the street for so long that the walls of their housing placements are uncomfortable. They may be placed in a setting, but still go out on the streets several times a week.

Program works to troubleshoot the most difficult cases and provide additional contacts.

How can the program become sustainable?

SED Waiver Amendments - Sam Philbern – currently in the request for additional information fourth round. Waiver Renewal process began in 2015 and is operating under temporary extensions. CMS feel it is a conflict of interest for CMHCs to create the plan of care and to implement the services. Current proposal would have the plan of care created by the MCOs and keep the clinical eligibility with CMHCs by having third party sit in on significant portion of the screenings to verify accuracy.

Financial eligibility continues to be determined by the State. There are 3300 to 3700 children on the waiver and they are usually time limited. Waiver offers more than the traditional mental health services under the Medicaid plan: respite care, attendant care (more robust for their mental illness and can be in school), formal and informal supports through wraparound team, support for parents, independent living and skills building, and professional resource foster care (currently underutilized because of the difficulty in recruiting those families – only 12-15 homes licensed to date).

Autism waiver is open for renewal as well – third round of requests for information. Three services are moving out of the autism waiver and into the Medicaid state benefit plan: Autism specialists, intensive individual supports and communication therapy (last one is already in EPSDT). These are high cost services. That waiver population is limited to 65 children and is very limited. Waiver application population is 300 – and most of them already have Medicaid and by making those early intensive supports available can be very helpful. This would also make these services available to children on the SED waiver and the IDD waiver who missed their opportunity for early interventions through the Autism waiver.

Providers are mostly individuals and some organizations.

Christenberry – merging waivers still on hold? Yes.

New Consumer Affairs Coordinator – Carrie Billbe

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

**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

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