

KANSAS MENTAL HEALTH COALITION

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

KMHC BOARD MINUTES DRAFT (actually notes)

July 23, 2014

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

12 noon – **David Wiebe, presiding**

Minutes approved.

Amy asked Board members who have not already “joined KMHC” to do that on the website. You will create a log-in, then go through the “Join KMHC” option. In this way, we can get everyone established on the website and be using it to share Board information.

Old Business:

- Review Budget – JoLana Pinon – KMHC is in good shape for meeting its budget once the CMHC dues are paid – (due in July)
 - o Membership Revenue received to date – report
 - o Expenditures – report
 - o Insurance Policies – have filed documents for a quote for D & O comparison quote
 - o Tax return was filed

New Business: Consider Corporate Engagement proposal – Jim Brann, Grassroots Advocate

Handout - Corporate Initiative Proposal [Read Here](#).

Handout - Is It Just About the Numbers? [Click Here](#).

As someone who has engaged in our Grassroots Advocacy Network, Jim saw an opportunity for KMHC to expand its efforts through outreach to Kansas corporations. After the June Coalition meeting, he met with David and Amy to discuss his proposal

Feedback received to date from David and Amy – recommended a scaled back approach. Start with five or more companies. Amy explained that there is no money in the budget to pursue the 501(c) 3 this year, but there are opportunities for future development. Seems to be an opportunity to expand public engagement in mental health issues and learn more about the level of interest and engagement by corporate citizens in our communities.

David – see this is a Consensus type project to reach out to the business community. Impressed that Jim has done all of this work and come forward with such energy and enthusiasm.

Amy – Rick and Sue have weighed in to let us know that they want to be able to have input, so we won't be moving forward with the whole thing without more discussion.

Discussion:

Asked if this was a proposal for a organization development contract – No. Jim is volunteering.

Steve would prefer the organization conduct strategic planning to develop a plan if we are to pursue such a change.

Glen – for what. Why fundamentally change the organization? Don't want to pursue a c-3. Want to know what other organizations do this.

Amy – I attend many association management conferences and forums. It is very common for organizations (particularly the c-6 professional groups) to develop a c-3 subsidiary organization. Would need to be certain we did not engage in activities that conflict or compete with our member organizations.

Lots of discussion about purposes of affiliated c-3 organizations, PACs, etc. Also discussed the legal aspects of developing such a structure.

Amy – KMHC has talked about creating a c-3 for many years. We just haven't had the money to pay an attorney to set it up. We are fundraising now through the Advocacy Committee every year. Have to use one of our members to transfer money from donors who expect it to go to a c-3.

Steve and Glen – do not agree that KMHC has ever wanted a c-3. If we will be fundraising, need to talk about how that can be done and how it would fundamentally change the organization.

Kyle – we are doing this at ACMHCK now – developing a c-3. It makes sense for the multiple purposes of the organization.

Amy – the list of potential uses for new funding comes from past discussions and interests our members have brought forward. Would not consider them to represent a change in purpose. Letter K – referring to CIT and MH First Aid, was initially written to represent KMHC serving as a facilitator/coordinator linking entities to our member organizations who provide these trainings – not to conduct the training. Jim misinterpreted when adding it to his presentation. Discussed how these items fit with current projects and planning of the Coalition (i.e. Advocacy Retreat identified need for ongoing staffing to support the Grassroots Advocacy Network – doesn't matter if that staffing was an independent contract, added to the current professional contract for office staffing or even turned over to a member organization.)

General discussion about heavy burden placed on volunteers (usually always the same volunteers) to carry on important functions of the Coalition. Discussion about characteristics of our members – active advocates v. professional delegates of larger groups = the importance of all as key parts of our Coalition to achieve our comprehensive goals.

David – Does it make sense to engage the corporate community – for engagement and information sharing/gathering – without fundraising as a primary purpose?

Sally – the business community needs more education about MI – normal people having normal problems. Have worked for years to help ppl to see why they should care.

Glen and Steve – uncomfortable with giving this presentation to anyone for networking purposes

Steve – concerned that it needs fact checking

David – these are commonly published statistics. Have seen them in multiple forums

Jim – all are researched and referenced in the document – can refine further

Bob – like the idea of going forward for information sharing and discussion, even if it isn't for fundraising

Kyle – think it makes sense to forward the conversation. The Children's Alliance has also added a c-3.

JoLana – takes the conversation to a whole other level and we need to talk about that. Going from a mom and pop operation to a formal structure. Need to do the planning. As far as general conversations about mental health in general, don't have a problem with that.

Jim – we've got to start someplace and that is why I wanted to bring it forward.

Bob – all the mechanics of what needs to be worked out legally are just a side issue.

Bob – make a motion to ask Jim to go forward and open doors and let us know what he learns, not to sell a package we haven't created yet.

Sally Anne – follow up on the motion, make it a component. Agree with the idea that it would change the organization from a mom and pop kind of group to something more professional.

Glen thinks that is jumping the gun. He will vote no. Want the input of board members who aren't here.

Amy – we understood that we wouldn't be walking out of here with a full plan.

JoLana – it is in the document though

– Yes, but we did inform Jim that it was not going to happen this way, especially with key members unable to attend.

General discussion trying to pin down whether or not we are wanting to set up a formal strategic planning retreat or just a longer meeting for discussing the moving parts of the concept and our overall goals.... Not sure we could have much success getting our board to hold a whole day for a retreat. Perhaps we could pursue in sections?

David suggested the Board meet for 2 hours after the August meeting to continue this discussion and engage the board members who weren't able to be here. Begin to talk about bringing the fundraising process into our plan. Where does the fundraising issue fit in the plan. Look at mission.

Glen – review the bylaws and mission statement – what is the mission, how does that fit. Does 501(c) 3 fit into that plan. Should we amend the bylaws?

The motion was withdrawn.

The Board will meet in August for two hours after the Coalition meeting to get started– get notice out as soon as possible. Let Rick and Sue know that we are “pulling rank” and bumping the Advocacy Committee meeting.

Glen complimented Jim on his proposal and said he didn't want to jump ahead on a proposal that was just dropped on the Board.

Amy will get these notes out as quickly as she can to facilitate full participation in August.

Sally – how will you impress on the Board members that this is important and they need to participate?

Good question!

2014 Schedule – Future meeting guests and topics

Suggestions: KanCare / Health Homes / Susan Mosier, MD

Kari Bruffett, new KDADS Secretary (already invited)

TeleHealth presentation – can someone let us know how to pursue that?

Invite Sean Swindler – Autism – include info about adults?

Reports:

For More Information, Contact:

Kansas Mental Health Coalition

c/o Amy A. Campbell, Lobbyist
P.O. Box 4103, Topeka, KS 66604
785-969-1617, fx: 785-271-8143, campbell525@sbcglobal.net

David Wiebe, President
5608 Cherokee Circle, Fairway, KS 66205
913-645-6175; dwiebe@kc.rr.com