**Kansas Mental Health Coalition**

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

**Agenda**

**March 23, 2016   Monthly Meeting**

**Valeo Behavioral Health Center - 330 SW Oakley, Topeka, KS - Basement Conference Room**

(teleconference access 1-877-278-8686, enter  982797 use codes: \*7 mute / \*9 unmute)    Meeting room wi-fi: Guest@ccess

**9:00 a.m.**

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

**Minutes of the previous meeting approved**.   [Read Minutes.](http://kansasmentalhealthcoalition.onefireplace.com/resources/Documents/Minutes%202-24-16.pdf) Motion by Cagan, second Lemke.

**Guest Conversations -** Several legislators have offered to share insights with KMHC, but we will have to work them into the schedule as they are available from the Statehouse **-**Senator Molly Baumgardner, Senator Caryn Tyson, Rep. Kathy Wolfe-Moore

**Senator Molly Baumgardner** – southern Johnson County, northern Miami County. Teaches community college. Comes from a family of teachers and healthcare professionals. This is her second year as a legislator.

It was her conversations with precinct committeemen and women that helped to form her primary areas of concern – education and mental health care. In particular, see issues in the classroom, college age kids and veterans in her classes encountering mental health issues.

Has been surprised at the pushback she has seen from KDADS when she has spoken out to advocate for mental health concerns.

Has been very discouraging from a legislative standpoint. Have had a series of traumatic issues at Osawatomie State Hospital. Any time a staff member is attacked it is an indication of problems. My concern is that we haven’t dug into the root causes. A paramount issue is understaffing. Last year, the session drug on forever and what happened? There was funding earmarked for hiring staff thanks to the work of Senator Tyson.

The loss of certification at OSH occurred and it was more than a month before legislators were notified. When CMS notified KDADS that there needed to be a clear wall of distinction between operations of separate units, in October, the Legislature found out in November. Typically, legislators are receiving this information from the press.

In her background of business and industry as well as teaching, if I didn’t notify the people who needed to know about important issues, I would be fired. I think part of the problem is the turnover of agency leadership. There is not trust among legislators who are concerned about mental health care that we are getting good information. We know it isn’t timely, don’t know about accuracy.

There are a number of agency amendments and bills that appear unrelated to mental health care, but it is designed to streamline the process toward privatization. The Governor has told people that he intends to privatize.

In debate, you are given a problem and have to develop a plan to solve the problem. So far, the State would get an “F” for this plan. No one at the agency has been able to give us any kind of a plan. Is it complete privatization? Is it just private contracts for doctors? For nursing? Groundskeeping? No plan has been revealed. And yet, their legislative goals are designed to expedite an RFP for privatization.

A month ago, I was part of a meeting with a few legislators and agency representatives about an RFP process. The key for an RFP is that you must be absolutely explicit in what you are wanting or your responses will be junk. They will all be different and you will not be able to competently compare the proposals.

Last week, Senator Tyson proposed an amendment to block any contract.

The deputy secretary was on the Senate floor and said that “if that amendment is passed, Osawatomie will be shut down immediately”. We consulted with our legislative revisors to question that interpretation. Then, she pulled back that interpretation and said it would cause problems. The revisor redrafted the amendment to make it more specific. Her statement had been so absolute that we were very concerned. It is a constant struggle and it feels like Russian roulette. Yesterday, we did get an amendment on the Senate floor.

The domino effect of reduced beds at Osawatomie State Hospital is that law enforcement is pulling the slack. I have heard from two local law enforcement officers with individuals picked up by their department that were deemed eligible but could not be hospitalized. Some are staying in cells, at least one is staying on a cot in the office. These individuals require suicide watch and attention – this is not their role.

The latest Senate amendment went onto a bill for local property tax lid – exempted expenditures for law enforcement, EMTs and such.

I like to think of myself as an optimistic person. This isn’t a drip drop from the faucet, it is full flow.

We are feeling pretty helpless. We are fighting, but we feel like we are fighting in the dark. It is difficult to ascertain if we are moving forward or just holding ground.

We have hospitals beds at Osawatomie Hospital that were remodeled but are sitting vacant. We have appropriated $2 million for staffing expenses at the state hospitals.

KDADS staff laughed at me over that because she said $2 million was a drop in the bucket.

Q: Will there be another local forum over the break? Hoping to find ways to move forward. Someone on the floor suggested that law enforcement officials should just contact the Governor’s office and ask him to declare an emergency.

Q: It appears the agency wants to do what they want to do rather than be held in account, so we appreciate everything that you are trying to do.

Senator Tyson and I were told that KDADS is not going to keep us informed or communicate with us because we have made it clear that we are in opposition. To me that was interesting that it was verbalized. It didn’t need to be verbalized because we have never been kept informed. We have asked for weekly bed counts at OSH and that has never happened.

I had an interview with a reporter with the Kansas City Star – someone with a mental health issue needs the same level of attention as a newborn who is relying on us to provide their care.

Q: One of the hospitals has been charged with an EMTALA violation because they were unable to get a patient into the state hospitals so they were providing care without a psychiatrist.

Emporia issue was an isolated situation.

Individual at the Kansas City CMS office is Stephanie Moore, I know Dennis Moore. I feel that we may have a nasty game of politics going on between Moore democrats v. Brownback republicans. If that is true and we would use people as pawns is appalling. I think it is a horrible overstep by CMS.

Q: Who wins in this situation? We know who the losers are – the patients and providers.

Seems like those who have set a priority for change and privatization.

Q: Seems like you are ahead of the game when we compare to the history of 20 years ago when child welfare was privatized. The winners were the contractors at that time.

Comment: Ken Kerle - Now that the jails have become the mental health providers in many counties – privatization has had a cost. When these services have been privatized, personnel is the first thing cut to save costs. Kansas has not quality guidelines or requirements – total absence of state responsibility. So, there are jails being sued for this lack of care. There have been millions of dollars of suits brought against the jails over the years since 1968. Prior to that, inmates were not allocated any rights. I would expect that privatizing the state hospitals could result in same kind of political suits.

Lewis – think it is terrifying to consider that Kansas would try to follow the privatization of Florida because the information I have from my peers there is very bad. Please keep us informed so that we can be supportive.

**Financial Report**  postponed         Andy Brown, Treasurer

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

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

**Board of Directors -**  Will meet after the monthly membership meeting.  There are several open board positions for election at May annual meeting, [email Stephen Feinstein](mailto:stephenf419@gmail.com) if you are interested in serving.

**Advocacy Committee –Grassroots Advocacy Network -**Eric Harkness, Chair - Advocacy Day was held March 15 with approximately 300 people in attendance.  The rally featured Senator Caryn Tyson, Rep. Kathy Wolfe-Moore, and Interim Secretary Tim Keck of KDADS.  It was windy and chilly outside, but the crowd stayed in place and they were rewarded by the powerful poetry by Sherrie Purpose Hall and Nick Givechi.

**Mental Health and Aging Coalition -** next meeting will be on April 22nd from 12:30 to 2. If someone would like to attend either in person or virtually, they should send their name and contact information, including email, to [courtneyminter@carehavenhomes.com](mailto:courtneyminter@carehavenhomes.com)

**Governor’s Behavioral Health Services Planning Council –** Jane Adams – Next meeting is May 12. The Council is in a serious restructuring effort to attempt to strengthen its role. Jane emphasized that this is her perspective and not Wes’s.

There are 8 subcommittees who operate relatively independently and they report to the Secretary. There is no intensity by the Council to sort out priorities and it seems to give license to the agency to ignore the recommendations. This came to light for me during the development of the last block grant – and the Council is supposed to have a role in developing that grant proposal.

We were told that the agency staff takes out pieces and parts of the reports. Would like to have a better ability to know what is happening and how that interacts with the extensive work that is happening with the Council and its subcommittees.

Cagan – as a former member, I agree with that view. In addition to simplifying the recommendations there should be a way to monitor what happens with the recommendations.

Dixon - The Council feels the turnover and lack of leadership and we are trying to operate “in spite of” the changes. Believe we really need to be more involved in the block grant.

Feinstein – the title “subcommittee” indicates that the Council charters the subcommittees and they should report to the Council.

Adams – that is in place, the question is what the Council does with this information. When a subcommittee makes 10 recommendations that quickly becomes 90 recommendations. And it seems like 90 recommendations are easier to ignore than 9.

Dixon – we have lost our cohesiveness primarily because there used to be a staff member who facilitated all aspects of the Council and maintained some coordination. Staff changes have made a big difference.

Cagan – think the reason for the Council to report to KMHC is so we can harvest the good ideas of the subcommittees and move them toward action items. So whether or not the agency moves them, the Coalition has the opportunity to move forward these priorities.

**10:00 a.m.  Old Business**

Approve Tobacco Cessation Issue - [Link to Proposal](http://kansasmentalhealthcoalition.onefireplace.com/resources/Documents/2016%20Tobacco%20Position%20Paper%20March%202016%20draft.pdf) Rick Cagan motion to adopt, second by Feinstein.

New proposal includes edits from Sky Westerlund and Jane Adams. The edits form a more comprehensive document to include adolescent and youth information. The paper talks about the limitations of what Medicaid will cover for cessation treatment.

Senator Tyson called in to share information from the Senate – talked about her concerns about hospital privatization.

Not sure that the Ways and Means conference committee members will be supportive of the amendments/proviso that have been staked out by the Senate opposing any privatization efforts

Her intern did some research when mental health went through similar transitions – concerned about whether or not that will result in reducing resources.

Will be movement on SB 422 and perhaps SB 460. Was told that they didn’t plan to work SB 460. The language in SB 422 is vague and provides a great deal of additional authority to the agency. Think we should watch that language carefully to be certain it does what we expect of the agency.

Had the support of Senator Denning for the amendment to SB 422. Agreed with the part that wouldn’t shut down current contracts, but doesn’t agree that we should limit the agency from pursuing privatization.

Do not want to privatize until or if ever there is an understanding of what that means and what that would cost the State.

Cagan – wondering if GBA will continue to fund the overflow contracts. Secretary didn’t know last week.

Agency was saying that SB 422 needed to pass or they wouldn’t release the moratorium on group homes. This was a problem for legislators because revisors indicated that no such language was in the bill.

Patrick Yancey – Kansas Health Solutions – Osawatomie diversion program – when OSH is at capacity, individuals are referred to KHS and we are responsible for finding an alternative placement. That funding has been enough to carry us through the end of June.

Law enforcement would dispute the adequacy of those placements especially in Osawatomie and Paola.

**10:30 a.m. Legislative Update**

State Hospitals Privatization

HSSBC Hearing on the Adult Continuum of Care Report

SB 323 Jason Flatt Act - Suicide Prevention

SB 341 Step Therapy for Medicaid Medications

SB 447 Tax Checkoff for Behavioral Health Programs

Other KDADS issues and legislation - SB 460, SB 422, SB 446, SB 449.

SB 367 Juvenile Justice Reform

HB 2534 Seclusion and Restraint Legislation

**11:00 a.m.  Update from Nikki Gilliland, Kansas Dept. for Aging and Disability Services**

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

**11:30 a.m. Adjourn**

**2016 KMHC Meetings: 9 a.m.–11:30 a.m.** Jan 27, Feb. 24, Mar. 23, April 27, May 25, June 22, July 27, Aug 24, Sept. 28, Oct. 26, Nov 16, Dec. 14

For more information, contact: Kansas Mental Health Coalition

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