Kansas Mental Health Coalition

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

Minutes

April 24, 2019 Monthly Meeting
Valeo Behavioral Health Center, basement conference room, 330 SW Oakley, Topeka, KS

Introductions and sign-in sheet Mary Jones, Vice President

Amy Campbell
Bob Chase
Bill Persinger, Valeo
Steve Solomon, Merging Trends
Michelle Ponce, ACMHCK
Beth Sarver, P3
Louis Brown, P3
Sherrie Vaughn, NAMI KS
Stacey Lyddon, NAMI KS
Sue Lewis, MHAH
Monica Kurz, Headquarters Inc.
Stephanie West-Potter, DRC
Shanti Ramcharan, Aetna Better Health
Colin Thomasset, KAAP
Clayton Dierksen, Cottonwood Springs
Mary Ellen Conlee, Breakthrough
Becky Fast, KNASW
Barbara Andres, Breakthrough
Ira Stamm
Jessica Stoffer, MHAH
On the phone:
Stacey Manbeck, Spring River
Jessie Kaye, Prairie View
Ric Dalke, Iroquois
Sean Gatewood, KAN / Alliance for a Healthy KS
Matt Spezia, P3
Steve Christenberry
Stuart Little, BHAK
Juliana Seller, P3
Guest:
Gary Henault, KDADS

Minutes of the previous meeting adopted. Read minutes draft. Motion by Sue Lewis and second by Kurz.

9:15 a.m. Reports

Board of Directors –Met in March.

Nominations Report - Susan Lewis and Jane Rhys – May is the annual election. Sherrie Alvey changed employers and is no longer in a position to serve. Terms expire for Jane Adams, Sherrie Vaughn, Colin Thomasset and Jane Rhys. Sherri, Colin and Jane Rhys will stand for re-election. Monica Kurz and Lewis Brown have agreed to be nominated for election to the Board.

Mary Jones will stand for re-election as Vice President. Colin Thomasset will stand for re-election as Treasurer.

Nominations will be accepted from the floor.

Financial Report approved - Colin Thomasset – Solomon motion, Vaughn second.

Advocacy Committee –Grassroots Advocacy Network - Heather Elliott (not in attendance) P3 has written a 160 person Grassroots Advocacy Network into their SAMHSA grant with outcomes related to responding to email alerts. P3 has recruited 20 individuals for their project and would like a release from KMHC from its intellectual property. Can create a separate entity or can have joint training and support. Would like to utilize regular e-alerts to stimulate useful grassroots action. Lewis Brown talked about the benefits he has gained from his involvement in P3 and self-advocacy and community engagement.

Governor's Behavioral Health Services Planning Council – reports by members – Monica Kurz reported on the Prevention Subcommittee and the Rural and Frontier Subcommittee. Children's Subcommittee is working on parent engagement and access to substance use treatment. Working to get more parent involvement. (Gary Henault)

GBHSPC has statutorily required positions including consumer positions. The recruitment is controlled by 3 agencies which seems to be out of compliance, so we have notified CMS of our concern. The group will need to look at the statute – 39-1605.

Veteran's Subcommittee – Steve Christenberry – KDADS point person left his position so the committee is just now getting up to speed and will be meeting next month.

Big Tent Coalition - Jane Rhys and Mike Burgess – Continue to follow State and Federal legislation. Going to try to have some of the new state agency secretaries come to a meeting to share with us.

KanCare Advocates Network - Sean Gatewood – Protected Income Level issue is being adopted by budget proviso. This affects HCBS waiver members and PACE members and would increase their protected income level. Will have a rally on the day of the Kancare Oversight Committee meeting (28th). Major priority is driving engagement for Medicaid Expansion. Alliance for a Healthy Kansas is meeting Thursday morning at the Celtic Fox at 9:00 a.m.

Consumer Programs - Corinna West – Peer Recovery Coach training – 12 new trainees completed in March. Discussing with KDADS a path to recovery coach reimbursement for their work. Continuing to balance advocacy and training. Next event is June 17 – 21. Would also like to host something in another city if we can get co-hosts.

Kansas Meaningful Measures Project – desired to measure outcomes. Kansas is trying to

There was a consumer satisfaction survey that was conducted by KU over the years, would like to dig up the questions and data.

Working on Pathways Social Determinants Hub – Beth Sarber / Juliana collaborating – interviewing Pathways hubs that are successful and some who could not sustain their work. Cincinatti is an example of deep collaboration that has sustained for 10 years. Seeking meaningful ways to implement strategies – want to be able to leverage the Arts approach of P3 as a piece of the puzzle. There is a lot to learn from others. Juliana is currently at the yearly conference in Seattle. Looks like Cincinatti has a strong model and New Mexico is also very interesting. The Hub model pays for outcomes and requires a great deal of collaboration over an extended period of time. Goal is to bring as many minds on board as possible recognizing we need each other to provide quality and effective care, recognizing what everybody else does, and providing clear pathways between the options. Involving those who have navigated the systems have knowledge that should be leveraged and could create jobs for those who have a lot to offer. Has to utilize a wide array of funding streams, more than one grant or contract. Ohio representative advocates for braided funding through strong partnerships. Michigan partnership didn't go very well, and the founder was able to talk about the weaknesses.

Have been involved in the trauma informed care movement in Kansas City and have seen that ebb and flow.

Corinna – concept is that CMHCs struggle when they are living off of fee-for-service model that doesn't pay for care. Value based care can provide

CCBHC is a federally qualified behavioral health center where the center can put all of the money into one pot for care for all instead of trying to maximize the paid services in order to cover services for unreimbursed care. Hear that the transition is a bear, but once implemented, can provide quality care for different structure. Kansas is behind the ball on this because the previous administration did not want to take advantage of the federal money that was provided through federal grant.

Parity Committee - Eric Harkness – add Mary Jones and Clayton Dierksen

10:30 a.m. Lobbyist Report -Amy Campbell - Kansas Legislature and State Budget Issues

HB 2066 – Medicaid Expansion – Bill assigned to Senate Public Health. Senator Hensley motion to bring bill out of committee due for action on May 1.
Bills Passed:
SB 15 – BSRB Licensed Professions (Social Worker reciprocity), Adult Care Home Licensure Act and Receiverships, Naturopathic Doctors
SB 77 – Requiring DCF Action for Children with Problem Sexual Behaviors
HB 2044 – Tax Credit for Purchases from Businesses that Employ Individuals with Disabilities
HB 2209 – Combined Insurance Items inc. Association Health Plans and Farm Bureau "non-insurance"
HB 2119 – Pharmacists Administer Drug by Injection, Electronic Prescription Orders, Corporate Physicians
HB 2365 – Confidentiality of Peer Support Counseling Sessions for National Guard Members

11:00 a.m. KDADS Update - Gary Henault, PRTF and Children's Programs

Laura Howard has been confirmed as Secretary of KDADS and DCF. Andy Brown is still "interim" Behavioral Health Director. This is the first time for me to go through this transition into a new administration. In my commission, everyone above me was replaced and that is not unusual.

The Governor has been very clear that she expects transparency and collaboration and I am seeing that occurring in a very positive way.

Psychiatric Residential Treatment Facilities – PRTF wait list numbers are up a little bit with 166 kids on the wait list. I see those numbers weekly. I am attributing that to greater accuracy from the MCOs for wait lists.

47 of the 166 are foster care children.

Part of the collaboration now is that I am working directly with DCF. We are sharing the lists and will begin going over the kids who have been on the list the longest amount of time. Who are they, why have they been waiting the longest and what services are they receiving at this time? There are some kids that have been on there since July. I want to know what they were offered then and now. Are they having acute hospitalizations? DCF will be looking at their kids. MCOs will be looking at the information they have. Will also be discussing the non-MCO kids. Why are they on the list? We hear stories that a parent/guardian may have denied an admission. If the facility that is available is not the one they want to go to, they may reject it. They might reject an admission "for now" if the kid is doing well but they think they might need it later.

There was a time that the numbers were very poor and "somewhere between 600 and 6000".

This only accounts for kids who are covered by an MCO. There are only a few – maybe 5% who have another third party payor.

We have 282 licensed beds. We have approved 28 beds to come on line, but that will take a little while to be staffed. 20 will be at KVC at Hays and 8 will be in Topeka at Florence Crittenton.

Census was 260 on Monday - 46 are out of state kids (44 at Lake Mary). Lake Mary is the only PRTF of its kind in the country. Visited them last week and asked about the admission criteria and asked if there was a way to incentivize Kansas admissions. Their internal wait list is very long with kids from across the country.

Kansas kids benefit from unplanned discharges because the out of state admissions take a great deal of administrative work. Filling a void that exists throughout the entire country. Do not give preference to anyone outside of Kansas. They don't pay any less. Refused to negotiate different prices with other state entities.

There has been confusion around when the MCO steps in to do the assessment on kids with

Third party payors won't pay a PRTF code – pay a residential treatment code. Kids were being approved but then reimbursements were denied once admitted because of the conflict between their UR criteria.

Have asked PRTFs to submit information and put before the MCOs to get some consensus on how children who have third party payors may or may not be covered.

Asking that the MCO assessment be done when a child is requesting admission so that the Medicaid reimbursement can step in when the third party payor steps out, whenever that is.

Solomon – will you be spending any time on reviewing the discharge data?

Yes, we are looking intensively at services at the time of assessment, while on wait list, and once admitted. Using real time information for this. If a child is in need of PRTF admission, we should have them wrapped up with services.

How do we eliminate the barriers for kids coming out of the PRTF to be into community services immediately? If they are on the SED waiver and are in the PRTF for more than 30 days, the SED waiver lapses and has to be reinstated.

When we started looking at these numbers, everyone wanted more beds, but more beds are not the answer. We want these kids to receive the services they need so they do not have to go into

We are seeing the PRTFs struggle with maintaining staff and providing effective treatment. We are getting such an increase in physical violence, having a hard time keeping staff at low wages. Feel more like a placement facility than a treatment facility. Want to move back to a treatment facility.

Looking at the admission criteria and the continued stay criteria and involving providers in that decision making more. Also have to look at the effect of higher level acuity of the kids coming into the facility and the interaction between the legal/court intervention contrasted with formal assessment and appropriate referral to services that can occur perhaps in a crisis intervention center.

Juvenile Crisis Intervention Centers were adopted in 2018 but not yet implemented – beginning to talk about through collaborative discussions with DCF. (KDADS was not part of it before.)

QRTPs (Family First) will help kids that are at risk of foster care to have a place that will allow for treatment. One of the biggest problems is having kids without a placement that doesn't put them within a CMHC catchment area.

Have to get the community providers / treatment team back involved. When he was a PRTF liaison and was involved in the evaluation process through the CMHC, we knew if a kid was going to be referred to the PRTF because we knew what we had already tried and whether or not we were being effective.

11:25 a.m. Announcements

April 28 – Headquarters Community Event

May 3 – 5K for 50/50 – Mental Health America of SCK

May 4 – NAMI KS – Walk

11:30 a.m. Adjourn

2019 Schedule:

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 27, 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

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