

# KANSAS MENTAL HEALTH COALITION

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

## Minutes

June 22, 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

Amy Campbell, KMHC  
Ken Kerle, CIT  
Alexandra Simmons, MHAH  
Chad Benhardt, Sunflower/Cenpatico  
Marie McKinney, parent  
Bert McKinney, parent  
Susan Zalenski, J&J  
Lynn Lemke  
Meghan Cizek, Cornerstones of Care  
Jane Rhys  
Kevin McGuire, JCMHC  
Nick Reinecker  
Conner Hampton, ACMHCK  
Heather Elliott, ACMHCK

Patrick Yancey, KHS  
Rick Cagan, NAMI KS  
Stephanie West, DRC  
Eric Harkness  
Andy Brown, Headquarters Inc  
Bill Persinger, Valeo  
Mike Burgess, DRC  
Chris Beal, Otsuka  
By phone:  
Dale Masten, Genoa  
Marcia Epstein  
Simmon Messmer  
Jessie Kaye, Prairie View  
Carol Manning, MHA of SCK

**Financial Report** approved. Rick Cagan motion, Jane Rhys second. Andy Brown, Treasurer Operating at a fiscal loss to date. Have been working on collecting dues. All Advocacy Day funds have been collected and bills paid.

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.** Motion Lynn Lemke, second Jane Rhys.

### 9:15 a.m. Reports

**Board of Directors** - Will meet today after this meeting.

**Advocacy Committee –Grassroots Advocacy Network** - Eric Harkness, Chair – Next meeting July 27. Hope to be working on the proposal for grant funds to assist with administrative responsibilities for Advocacy Network and Advocacy Day.

**Psychiatric Advance Directives Committee** - Mike Burgess – plan to meet in the next month to work to develop a proposal for legislation.

**Alliance for a Healthy Kansas** - Amy Campbell – Education events for expanding Medicaid are being held in Dodge City, Wichita, Garden City this week. Will be an event in Topeka on the 29<sup>th</sup>. Sign the petition at <http://action.expandkancare.com/>. We need all the help we can get in sharing the petition online as well as collecting signatures in person.

**Governor's Behavioral Health Services Planning Council** – Wes Cole – Met yesterday to hear reports from subcommittees. Combining prevention committees to look at prevention across the life span. All of the subcommittees reported except the Children's Subcommittee, which will need to be rescheduled. Most interesting is the activities of these committees beyond just the reports. Council will create a report regarding the impact of Tri-Care (military) on rural areas. Will be presenting the reports to the Secretary in July. Council adopted a recommendation from the Justice Involved Youth and Adults Subcommittee regarding agency staffing for criminal justice/mental health.

Amy asked Wes to invite members of the Justice Involved Youth and Adults Subcommittee to present their report to KMHC at the July 27 meeting. Very interested in learning how the goals of that subcommittee merge with the JJA Reform package adopted by the 2016 Legislature.

Eric Harkness has spoken to family with concerns about their family member who is being held in jail with no attention to their mental health needs. There is concern about the lack of standards in local jails, but since standards were abolished in 1997, the question of recreating new standards is very sensitive among sheriffs. In 1997, Kansas eliminated jail inspection / inspectors as a budget saving measure. There is a lack of resources in

many areas to provide any kind of services for behavioral health. The Department of Corrections has well established standards, but these do not apply to jails. Rick Cagan has asserted that it is better to be incarcerated in Shawnee County and Johnson County, not so good to be in smaller communities with few resources.

Bill Persinger talked about what Valeo does with Shawnee County and the work that was done at Crosswinds in Emporia, his prior mental health center.

Ken Kerle talked about the history of doing away with inspections, and how Kansas is one of a minority of states who doesn't inspect jails. He pointed out that many states learned their lesson through painful lawsuits, but Kansas communities have not made this a priority.

Members of the Coalition are interested in learning key areas where improvement could be effected through policy. It would likely be unproductive to attempt to reinstitute State inspections – a policy that would alienate our partners in the law enforcement community. Group suggested hearing from jail administrators / sheriffs about where they see needs. Could ask for presentations regarding good programs and partnerships that are working.

**9:45 a.m. First Episode Psychosis – Grants** – KMHC should schedule some time for KDADS and Wyandot to talk about the block grant set-aside funding for FEP. There is a new RFP issued by the agency. These grant funds were increased in the federal block grant. Valeo applied for the grant – deadline was Monday. Intended to reach young people 18 to 25. There is an interesting crossover with the issue of underinsurance. Many young people are now being retained on their parents' commercial insurance, but commercial plans do not typically cover case management or the kinds of services that may be available under Medicaid. The increase in federal funds seems to indicate an interest in making services more universally available. Bill Persinger suggests looking at the RAISE model (recovery after an initial schizophrenia episode).

### **KanCare Budget Cuts and Contract Renewal Process - Public Listening Sessions**

At least four Medicaid policy decisions have harmed CMHCs and the 4% is another. If you look at the multiple state and federal policy decisions including unfunded mandates, the funding stream for community mental health is very serious. Our capacity to serve the uninsured and underinsured is being further affected. A CMHC can't turn anyone away, but there is guidance around how much care can be provided and how that can be metered out and controlled.

Several associations are working on how to advocate against these cuts. It is not just a \$38 million cut, but we are also losing the federal match – losing over \$120 million all funds.

Suspended conversation in order to hear from Guest Aaron Dunkel.

Losing \$87 million to the system. When you include some policy changes, the system will see up to \$130 million reduction. Affects hospitals, community based care, and will certainly result in job losses.

Kyle Kessler expects well over 100 jobs to be cut in mental health due to the 4% cuts. The end of Health Homes cost around 180 jobs at CMHCs.

Physicians, dentists, optometrists do not have to take Medicaid. They want to, but have very little motivation to continue. Numerous organizations are talking about this problem, including Kansas Hospital Association, Kansas Medical Society, Children's Alliance, etc.

KMHC encourages members to reach out to legislators to communicate about these cuts. The 4% cut was not an issue that was debated and adopted by the budget committees. They simply elected to pass on the responsibility for cutting the budget further and gave the job to the Governor. These cuts were on a list of options that the Governor said he would use if the Legislature did not make other choices.

At the very least, we can exert pressure on legislators in the next few days about the harm that this will do.

### **10:00 a.m. Guest Topic - Medicaid Mental Health Medications Advisory Committee Update - Aaron Dunkel, Deputy Secretary, KDHE**

Policies around prior authorization and restrictions – long list of policies that have been sent to the DUR Committee. DUR has two options – can approve them or return them with questions.

Implementation on June 1 – benzodiazepines and antipsychotic dosing limits

July 1 – multi-concurrent SSRIs

August 1 -Multi concurrent anti-depressants

Adults – concurrent drug use policies

Children – have elected to break into groups - younger than 6, 6 to 13, 13 and above

One of the pieces that has had a lot of conversation – how will MCOs implement policies

If you have been on a medication 90 days or longer – should not be affected. Please let them know if you find that this is being violated.

MHMAC doesn't have to approve per se, but have been looking at the ability to gold card / preferred provider status. What we have come to w MCOs, should be able to develop a policy for first tier = psychiatrists to alleviate the need for PA. Not sure if it would include everything – might exclude dosing limits because that has been extremely rare.

Working on the rate reductions right now, as well as other new Medicaid policies from the end of the session.

The August meeting will include opportunity for public comment on those policies that were approved at the May MHMAC meeting. This is part of a new transparency process that was created as a result of testimony presented by the Kansas Mental Health Coalition to the House Social Service Budget Committee.

Agendas are posted 14 days prior to the meeting. Agenda will include the general category to be discussed. Stakeholders will notify Liane Larson 7 days in advance. The new business policies are not being provided in advance, but the proposed language for final action will be posted with the agenda.

It appears as if the instructions will require the written comments to be turned in 7 days in advance. Amy would like KDHE to consider deleting the requirement for the written comments ahead of time.

Mike Burgess asked if they would consider sending agendas out to a list of interested parties. Probably need to put dates on your reminder list to check the agendas.

Chris Beal requested copies of minutes to be posted. At this time, you have to request them.

What is coming up? There were a few pushed from the last meeting, including ADHD. A committee member requested a different dosing limit for children. If anyone has suggestions, they can be sent to Liane Larson. Had to review all drug classes prior to July 1.

November meeting will be an opportunity to look at additional components instead of just broad drug class issues. Current policies needed to focus on safety and we did look at what other states had in place for dosing limits and multiple concurrent use policies. In moving forward, policies will be expected to come from a variety of sources.

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

Special Session begins Thursday, June 23

Adult Continuum of Care - modified stakeholder group to reconvene under the auspices of the Governors Behavioral Health Services Planning Council. Will be chaired by Randy Callstrom, Wyandot Center, and Amy Campbell, KMHC.

2016 Elections Information

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

Mental Health Director position is still in process. Have made an offer.

Melissa (Missy) Bogart-Starkey is replacing Doug Wallace.

Corey Snell will be filling Missy's position.

Under the CABHI grant, working with KU on evaluations process. Trying to continue to build bridges with external agencies and programs.

Adult Continuum of Care Committee is sending invitation letters to members. Randy Callstrom and Amy Campbell will co-chair and Nikki Gilliland and Charles Bartlett will staff. Have created a charter and proposed meeting schedule to begin July 12 and meet every two weeks through November to meet the initial goals. Will be focusing on the state hospitals initially. This Committee will work to further the recommendations of the 2016 ACC Report under the auspices of the GBHSPC.

Working on the Childrens Continuum of Care Committee now and will build from the membership of the GBHSPC Childrens Subcommittee.

State Hospitals: Secretary and Nikki visited both hospitals last week. Provided updates and gathered input. Staff provided input – many concerns about continued understaffing.

In June, added 19 MHTs, 2 LPNs, 6 others at Larned. Retention does seem to be improving with the new training processes.

At OSH, had significant turnover of MHTs – competing with Walmart distribution center and others. Reaching out to the colleges for continued RN recruitment.

RFP soon from workforce center seeking community colleges or universities to provide MHT training in conjunction with CNA certification. Right now, the training is provided at the hospital, but they don't get the CNA certification.

OSH – working with Kathy Bolmer and her group for recertification. Staffing is the biggest issue for recertification because we have to draw from the licensed side to the certified unit for staffing. Need to be able to show true separation. Need to be closer to the national average / accepted ratios for CORA on those units. Also need to be able to offer uniform treatment opportunities 7 days of the week.

LMHT – Sherie Cole has been helping to lead this initiative. Have met with the Board of Nursing. Expect to have the certification in place soon.

*Q: While OSH has a history of using certified peer specialists, their scope has been severely limited. LSH hasn't used CPS at all. Can the agency take a look at why CPS have been limited to attendant care duties?*

A: The July complaint survey hit us pretty hard on how we were using CPS at the hospital. (Individual incident) So the Governors office asked us to pull back. I think everyone supports the use of CPS within the hospital but we need to be careful as we proceed with recertification and be sure the roles are approved with CMS.

From January to June 6, 2016 STAFF VACANCY RATES

Classification	Total FTE/Positions Filled	Vacant	Vacancy Rate
Safety & Security Officer	32	32	0
Physician	18	13	28
RN	56	21	35*
RN Temp (PRN)	24	17	729
LPN	33	7	26#
LPN Temp	19	3	16
LMHT	15	11	27
MHDD Technician	136.5	73	63.5
MHDD Tech Temp	11	7	36
Administrator	1	1	0

\*of the 35 vacant RN positions, 14 are filled by Agency RNs

#of the 26 vacant LPN positions, 12 are filled by Agency LPNs

Staff Turnover Rates since Jan. 1, 2016: Physicians = 0; Licensed Nursing (RN, LPN, LMHT) = 0; MHDD Tech = 51%; Security = 0

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OSH – focused on A building. Our consultants had recommended changes to the baseboards – removing wood baseboards and replacing them with rubber lining that is less likely to harbor infection.

Working on job posting for the Superintendent at Larned – Chris Mattingly is temporary. Have changed the way the position is posted and have had more interest.

Need to replace Certified Hospital Administrator for OSH to serve under the superintendent.

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4% cut to agency = there was a cut to Senior Care Act, not sure if other internal funds were reduced.

First Episode Psychosis Grants – very aggressive timeline. Applications were due Monday. Hoping to notify applicants as soon as possible but may or may not be able to meet the goal of awarding them by the end of the month. Think there were four applications for \$200,000.

Read the goals of the RFP – includes specific model of care, outreach, followup and in-home.

## 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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