



## Governor's Mental Health Task Force Minutes

September 25, 2013  
10:00-4:00 p.m.

### Attendance:

**Task Force Members:** Captain Bill Cochran, Amanda Adkins, Dr. Rick Goscha, Dr. Rick Gaskill, Catherine Ramshaw, Les Sperling, Mark Potter, Charlie Griffin, David Redmond, Ric Dalke.

**Agency Liaisons:** Sally Frey (KDOC), George Williams (DCF), Dr. Robert Moser (KDHE).

**Advisor Committee/ Support Staff:** Gina Meir Hummel (KDADS), Lea Stueve (KDADS), Chrisy Khatib (KDADS) and Wes Cole (GBHSPC).

Chairman Goscha called the meeting to order. The minutes from the previous meeting were passed out for review and no changes and/or additions were recommended. Ric Dalke moved to approve the minutes and there was a motion for them to be seconded and approved. Lea Stueve addressed the group and gave some "house-keeping type" information. She then introduced the Secretary of Kansas Department of Health and Environment, Dr. Robert Moser, MD.

Dr. Moser of KDHE provided a brief overview of the different divisions within KDHE to include:

Health Homes: Health Homes refer to a new Medicaid option to provide coordination of physical and behavioral health care with long term services and supports for people with chronic conditions. Chronic conditions include a mental health condition, a substance use disorder, Asthma, Diabetes, Heart Disease and Body Mass Index greater than 25. The implementation date has been delayed until July 1, 2014.

Dr. Moser advised will have choices over their health homes. It will be important for professionals to recognize the complexity of these patients and have an understanding of their needs.

Delivery System Reform Plan: The State of Kansas has submitted a formal proposal to amend KanCare Section 115 demonstration project. The amendment if approved will include:

- Coverage for long-term supports and services (LTSS) for individuals with intellectual or developmental disabilities under the KanCare managed care contracts
- Establish three pilot programs to support employment and alternatives to Medicaid
- Change the timeline for the Delivery System Reform Incentive Payment (DSRIP) pool

Dr. Moser advised task force participants may refer to the KanCare website for additional information. This model will help patients move from acute care to lower levels of care. KanCare offers flexibility which we didn't always have in the past.

Division of Public Health: The division of Public Health works with local health departments and other organizations to help assure the health of Kansans. This division completes much of the data analysis and prevention efforts.

Maternal and Child Health: The division provides and/or facilitates access to prenatal care and follow-up for the mother and infant for up to one year post delivery. Examples of programs include home visitation, infant toddler services and breastfeeding education.

Health Promotion: The division promotes health behaviors, policies and environmental changes that improve the quality of life and prevent chronic disease, injury and premature death. Examples of programs include diabetes education, heart education and other prevention programming.

Bureau of Epidemiology: The division is responsible for collecting, analyzing, and interpreting data that provides information on a variety of conditions on public health and the health status of Kansas

County Health Rankings: The rankings use county level data from national sources to rank counties within the state based on various criteria's. This data helps communities develop programming based on community need.

Integration is needed in the medical, mental health, social services, and primary health care settings. We need to share resources and skill sets such as motivational interviewing. Sectors must learn from one another and become more effective. We need to look at the entire continuum of care for individuals. One helpful website is <http://www.kansashealthmatters.org/>. Individuals can look at 65 different data sets which are used for community health assessments.

Questions Posed:

1. What is going on with SBIRT?
2. What are the cost drivers within the State?
3. Regarding Health Homes, what services will we pay? What staffing changes need to occur at the CMHC level?
4. Are we looking at natural resources when considering service delivery?
5. Who is responsible for the evaluation of services?
6. How will we measure outcomes?
7. Are we considering value based purchasing?
8. What are the implications for our work?

The group then broke up into the two subgroups—Children and Adults—to review the key themes and ideas that had initially been worked on during the August meeting.

Over lunch, Sky Westerlund, with the Kansas Chapter of the National Association of Social Workers, gave a presentation over the role of social workers in the mental health system as well as other emerging issues facing the profession.

After the lunch, the task force members again went back to the sub-groups for continued discussion and some initial recommendations.

### **Wrap Up:**

It was announced that the October meeting would be comprised of a series of roundtable meetings held across the State. Each task force member was encouraged to attend at least one meeting and more details would be forthcoming. The meeting adjourned at 3:15 p.m.