

Governor's Mental Health Task Force Community Round Table Discussions

Notes—Chanute

Providers

Attendance:

Dulcinea Rakestraw, Patti Doncouse, Evelyn Smith, Susan Lopez, Matt Atterberry, Misti Mastin

Participant Presentations:

Dulcinea Rakestraw, Preferred Family Healthcare—large number of people that come without a funding source attached to them. The number in need of block grant treatment continues to rise. Drug court system was implemented in this region this year. (31st district) Drug court has no funding tied to it.

Patti Doncouse, Emergency Director at Mercy-finding placement for pediatric psych patients is a huge challenge and so is ATOD detox. No Medical detox in SE KS. It is very difficult to care for uninsured. Work closely with 4 County MHC. KTRACS has a new vendor which creates several challenges—now worthless and is preventing patients from getting care that they need. Mental health population has grown by leaps and bounds in the past few years; most of those patients have co-occurring issues. Increase in the last year of suicide and suicide attempts; there were 3 suicides with guns in the last 3 weeks and one hanging.

Evelyn Smith, Flint Hills Community Health Center- clinical social worker at FQHC, she is the behavioral health specialist at the center. They are integrating behavioral health in a medical setting; views the integration as the way of the future. Funding cuts impact medical providers. Waiting list to get on a med clinic is 6-8 weeks.

Susan Lopez, Spring River MHC- Wellness Ctr opened in 2010. Poverty is huge issue in community, ranks in the top three in terms of poverty. Access to physical exercise is also minimal. Hoping to focus on recovery and wellness as they move forward, that includes opening a health clinic and to look at physical health. Also looking at health homes and expanding focus of how they look at client. Participating in EBS, family psych education (third year). Parent Child Interactive Therapy-bug in the ear program, struggle with keeping families engaged.

Matt Atteberry, Labette Co MHC-in KS the MH system is state of the art. Community collaboration is a huge strength in SE KS. Share a mid-level nurse practitioner with Spring River. Medical psychiatric services continue to be a human resources issue. Reimbursement doesn't cover the amount of cost for psychiatric coverage. Mental Health First Aid is working well...have been overwhelmed with community response to providing those trainings EBS are going on including the start of a program called My Family-helping families enroll in home visiting programs. Strengths based case management has increased by 60%. PBS is another program that they are proud of.

Other Discussion:

- Is there a difference between the kind of patients that enter a health center vs. mental health ctr. Vs emergency room—patients are all the same, but much of it may relate to a stigma.
- Is there a sub-population that represent the increased need—20-40 at the ER, adults and CMHCs with no pay source, also an increase in kids, but the kids come with insurance. Economic situation in general has created many more patients.
- What are the implications of the new ACA? Expanded Medicaid would greatly help the population of the uninsured. Are you worried about an increase in caseload—yes was the answer by most of the participants.
- Acute care needs are phenomenal

- What kind of return are you seeing via the wellness center? –there are some members of the community that appreciate the stretch of bounds, positive feedback from clients. Do you think it is creating awareness in the community? Is it helping to reduce the stigma? That is the goal, but there isn't data at yet.
- What would it take to be able to do more of the early intervention?—early outreach activities are funded by ACA but when that ends there is not future funding to continue efforts.

Law Enforcement/Judiciary

Attendance: Beth Emmert, David Groves, Chief Danny Thayer

Participant Presentations:

Beth Emmert, 11th Judicial District—most folks on her caseload have a MH issue; have seen significant increase in the number of MI patients. 50-60% are involved in MH issues some are more dramatically affected. Stigma creates decreased seeking of treatment. Local law enforcement agencies have no mandates from the state to provide MH training. It takes clients 2-6 weeks in this area to get MH services, and do not receive counseling more than once a month. Also there is a lack of access to quick and affordable medication and safe housing. Department of corrections grant provides a navigator that will be working in area. Statute mandated MH courts across the state. Funding previously cut must be reinstates. Need ample community support services. The legal system cannot be a surrogate to mental health funding.

Sheriff David Groves- Cherokee County Sheriff, seeing an increase in folks with MH issues. Biggest frustration is not getting screening and those folks get taken into custody on a minimal charge to resolve the present situation. Doing better at getting local training, but there was a long time where LE didn't understand the MH processes with screening etc. MH center is making an effort to try and help educate law enforcement.

Chief Danny Thayer- 28th year as police officer and he is seeing an increase in interaction with individuals with MH concerns. There are a lot more juveniles and there is no place to take them—have taken them to Tulsa, Mo, and KC area. Co-Occurring issues are big, closest bed was in Topeka. Occasional wait time for screening has been 4-5 hours. Drug court has been very successful.

Other Discussion:

- Where does the ownership lie in regards to keeping law enforcement training—if it isn't state mandated it needs to be part of LE agency requirements.
- NAMI is also pushing MH First Aid
- Sheriff's Association and Chief's Associations should be trained in MH First Aid
- No MH training at the HWP academy
- Does CIT training exist here in the SE KS—exists in some communities, but not everywhere and it looks different in every region
- Hard to keep track of who all is available to help who.
- Do you see a pattern in the types of calls?-- calls are all over, some folks use the system
- How much do you think our economy is playing into this?—a great deal
- Drug and MH Court—what does it take? Needs to be pushed from the state level. Funded by grants mostly at this point
- No psychiatric acute beds in SE KS
- What MH connections are being made when someone is incarcerated?

- What would be the best indicator at the state level, what would you use?-- Protective custody cases thru district courts, over census at state hospitals. Does anyone track law enforcement law enforcement referrals? -- judiciary data, AIMS data may also be relevant.
- How many people do you see who are recurring?—most of them over 75%
- Prevention is what is going to turn the tide so that in a generation or two you can see a difference. Aim prevention at the educational system
- USD 503 Good Behavior Game—as an EBS in first and second grade

Education

Attendance: Rhonda White, Linda Broyles, Allison Ouellette, Judy Johnson

Participant Presentations:

Linda Broyles, SEK-CAP Head Start- Mental Wellness prevention and promotion. First center in the US to implement this kind of program—discovered that there were no early childhood mental health professionals in southeast KS. Center is involved in the My Hope and Strengthening families studies that measures cortisol levels. They are also trying to look at a prevention focus VS and intervention focus. Would like to see codes open to bill for these types of programs. Second Step anti-violence program is taught at homes and centers. No children are rejected or ejected. Have had to develop safety plans to cope with the difficult children.

Rhonda White, Pittsburg High School, Ass't principal-780 students over 50% economically disadvantaged; district has TLC alternative school. TLC program serves 13 school districts—young kids attend there. Young children are increasingly demonstrating violent behaviors that have required law enforcement intervention. S3 Safe and supportive schools grant, tremendous theater program that puts on social issue plays.; 13 reasons why this fall—play about suicide. Teachers aren't trained to deal with aggressive behavior. Just had a grant that brought in a licensed therapist, however dependency on grants is a strong concern.

Judy Johnson, Nurse-ANW special education cooperative, nurse- she sees generational issues emerging from preschool thru 21 years of age; pre-school kids already showing signs of MH issues. Currently they have a 5 yr. old in alternative school and taking anti-psychotic meds. Helping individuals and families work out isolation, getting them to know about agencies to help is important. Children with co-morbidities are getting bullied. She has texting relationships with parents and with kids that she serves. Also there is a need for continuing education for various professionals.

Allison Ouellette- coordinator of residents and student life at Neosho Community College- Dean of student life is the primary contact for students with MH issues. Have many support services, but the ones who need it the most have the least connection are aren't able to get connected to these services. She lives on campus to be the eyes and ears. There are no professionals on the campus. Students on campus that have issues must have a professional evaluation before they are allowed to return but getting an assessment is cost prohibitive.

Other Discussion:

- **Question:** What programs in this area are working? **Answer-** a program thru the pitt police department for homeless youth
- regulations from the state level pit providers against each other

Consumers

Attendance:

Betty Pentola, Judy Almond, Steve Raub Kids from Y-Link

Participant Presentations:

Betty-told her son's story, NAMI representative—incentives for employers to employ people with mental illness would be an excellent idea. Mental Health Centers need funding. KDADS should be renamed to be more inclusive of mental health. It took her 8 calls to find out who was in charge of mental health in the state.

Steve Raub, Bridge to Freedom, CRO- need more support—lost two CROs this year. Need technical assistance, state board fell apart need to build a statewide support system for CROs. Believe that CROs need to go to hub regions as well—would like to submit a proposal to KDADS.

Judy Almond-CRO of HOPE in Parsons-fighting budget issues can do more with so much more, but we do use what we have for such a passion.

Kids from Y-Link-

Question: how do communities support families and individuals with MH issues— **Answer**-still a large stigma, not very supported, confused but not closed communities.

Community Services/Prevention

Attendance:

Sam Burdeau, Ann Elliot, Jane Adams

Ann Elliot-Family Resource Center- they do have an infant toddler MH specialist in their facility and see many MH issues in children. They do assessments on all of the kids in the facility; 338 kids in the facility on any given day. Serve Many Hispanic families. If there is an IEP at the center, it follows them into the schools

Jane Adams, KEYS- more training for parents is a need; they don't want to and won't attend parenting classes. KEYS has developed modules. They also want crisis management training on how to handle their kids. PRTF discharge planning is a need. They also keep track of data and family outcomes at KEYS.

Communities are doing good things---but they need backed up, that includes funding but also support wheels on the ground.