

Governor's Mental Health Task Force Community Round Table Discussions

Notes—Dodge City

Providers

Attendance:

Tracy Green, Leslie Bissell, Ric Dalke, Linda Horton

Participant Presentations:

Tracy Green, South Central Foundation for Chemical Dependency—Pratt, KS—explosion of IV drug use, and the number of youth who are using drugs, opiate and meth use is explosive. Two schools of thought, medication assisted therapy and the 12 step process. Integrated treatment is the way to go. Use starts at a very early age; marijuana not alcohol is being seen in the region. Adolescent clients are smoking weed, or taking meth.

Ric Dalke, Area Mental Health Center-important to understand how community mental health centers were created, dollars are a need. Scars him to think that community partners have the impression is that the need is beds—when reality effective treatment services is the need. Unfunded population is the biggest challenge. Wants to restore community based programming rather than focus on beds—and somehow those services need to be paid for. Their center has been creative about going after grants since contract dollars have been defunded—they have been creative and have great outcomes, but the challenge is that grant funding is time limited

Leslie Bissell, Southwest Guidance Center- smaller agency than Area MHC. Seward County has the highest number of Hispanic individuals. 1 in 4 Liberal residents are born outside of the US. Traditional services don't work—the center has to think very differently. 33% of population is below the age of 18. Substance abuse services are lacking, practically none. Hospital closed psychiatric unit 3 years ago. Shared about a program in partnership with the liberal area coalition for families, early preventative program

Linda Horton, Area Mental Health, Therapeutic School-school has been operating 12 years. Serve children k-12-- Partnership between school district cooperative and mental health. Two classrooms have up to 25 kids in attendance. Have good relationship with law enforcement. Have on-site therapy weekly, case management daily, have psycho-social services. She can't imagine those kids not having the special classrooms—those sorts of kids would be sent to hospitals.

Other Discussion:

- Dually licensed therapist is something that Area MHC is moving towards
- SBIRT—state can push for opening codes
- Looking at integration regionally
- Stigma for MH issues, but in reality those with just MH diagnosis are not violent; MH and SUD diagnosis are those who are more combative
- Discussion around family issues/involvement and the need for early intervention and assessment
- Behaviors are a function of your attitude, **Question**- what are programs doing to bring faith based initiatives in?—**Answers**-
 - o -SW Guidance Center has relationship with ministerial alliance, stigma of the faith community is so strong. Offering MH first aid as a means to help conquer the stigma. Stigma is especially difficult in rural communities.
 - o there is a need to integrate with physical health, SUD, how do we begin to look at working with the whole person

- Human resources issues in western KS are huge—psychiatric crisis—not sure how they are going to get by. Wait time for a regular apt is 4 weeks. Assessments are 6 weeks.
- Western ks has always partnered and been creative. Telemedicine is very important and is growing and is continuing to keep western KS in the mix

Law Enforcement/Judiciary

Attendance: Amy Boxberger, Dean Bush, Michael Robbins, Chris Weis, Dean Bush

Participant Presentations:

Michael Robbins, CIT Officer—huge problem in getting people the help they need, many times they are dangerous to themselves or to others. Challenge is to find them placements or coming up with creative charges to have them held in jails. Larned will not accept them if they are under the influence of substances. Most of these folks are self-medicating. There are no detox facilities in the region. Great distances from facilities that can help

Chris Weis, Ford County Jail- hopes his speech doesn't offend, but he is going to speak the truth. 60-80% of people at the jail have a mental illness. Have been able to bring out a therapist once a week to the jail, she can help identify if the need is real, are only able to do that in Ford county because staff are willing to do that. Deal with all of these issues and can't necessarily help them b/c of lack of resources and then the officers go home and have no one to help them. After beds at hospitals were closed no resources ever came back to the communities to assist in the provision of community level MH

Dean Bush, Ford Co Sheriff-have seen many law enforcement and emergency staff commit suicide, and clearly they don't take care of themselves or staff. Have done MH first aid training to help. Another challenge is when you have someone who has no charges, can't be screened, but also can't let them go...then what? As funds have decreased, the challenge has been passed on to the local communities and jail becomes dumping ground for all the issues no one can figure out how to manage.

Amy Boxberger, Community Corrections-those with diagnosis and funding are doing okay, but those without diagnosis and no funding are struggling. Sometimes at the outpatient level the time and adequate services are not enough to meet the need. Some of that is due to the change in how SUD treatment is funded. There seems to be a Gap between SUD and MH services. Trauma informed care is lacking. Those with serious MH needs are easy fixes, but sees more challenge with those with minor small issues are severely underserved.

Other Discussion:

- **Judge Webb to Boxenberger**--What are you ISO (intense supervision) caseload numbers? Boxenberger replied about 40 each—majority of offenders do not have family connections—goal this year is to partner more with MH, DCF, and foster care provider
- Intoxicated folks are the greatest challenge
- Folks who are let out are usually back in jail within 24-48 hours

Education

Attendance:

Valerie Rainman, Charity Saddler, Stephanie Lanning, Brian Hastings

Participant Presentations:

Valerie Rainman, Alta Brown elementary (Garden City), school nurse- substance abuse is huge, working poor, diversity, marijuana as a gateway drug, families who are undocumented and can't access services.

Charity Saddler, Alta Brown Elementary social work- 76% on free and reduced lunch, 350 students are homeless and many students struggling just to get by. Gang issues are a challenge, by 3rd and 4th grade they can't get out of gangs. Basic needs need to be addressed before you can educate students. Constantly hears from other counselors that they want to meet behavioral health needs, but they can't because they have to address educational needs first. Teachers see a severe MH need, but their hands are tied because they can't say anything to a family member that sounds anything diagnostic in any way because of the fear the school will have to pay for these needs.

Stephanie Lanning, Dodge City Community College-students come from out of state or other areas, when they discover the needs it is usually when there is a crisis event. Refer students to Area MHC, they have to pay for it themselves. Many times students come to college and are on medication but when they get to college they stop taking medication or can't afford it so issues arise. See SUD issues as part of college campus. They have early alert and referral processes.

Other Discussion:

- Schools create liability issues when students are not required to have evaluation or follow up before coming back after being expelled, MH services cannot be required
- Need to follow up on the policy for schools requiring and/or paying for MH assessments /and or referring kids for further treatment
- What kinds of training do students (community college) have in regards to what MH symptoms to look for? RAs do receive training.
- Mental health first Aid has been offered to RAs at GC community college, and Seward community college

Consumers

Attendance:

Michael Wolf, David Asbury, Kathleen Holt, Juan Perez, Diann Brosch, Barbara Clark, Emile Darga

Participant Presentations:

Barbara Clark—did foster care for 20 years, 4 adopted children, 3 with mental health needs. Struggle with getting services in the western because of community mental health center boundaries (this is no longer the case). Got services for her kids, but as a parent didn't know how to help her own kids, no family services were offered. Need to reach out to parents of children to teach them to help them help their own kids.

Emile Darga- substitute teacher, filed for disability, has two sons with paranoid schizophrenia; ex-husband had it to. We Lack resources outside of clinical setting, she would like to see increased family education.

Dian Brosch-time to get appointments, transportation, financial resources are all needs. Also need local best practices; self- directed care is best. Need peer support or CRO. Need 24/7 crisis intervention that isn't the ER or isn't the police station. Not using technology as effectively as we can. When you have MH issues you generally also have other issues,

Can we have a system for doctors to talk to behavioral health providers-- Interagency treatment teams. Need to work to decrease the stigma.

Juan Perez-borders amongst institutions that do not allow folks to share things, all are fighting for the dollar but consumers are the ones who are getting left behind. Parents need timely support and assistance

Kathleen Holt-much of our work is crisis oriented, reality is that is what it is going to be. Worry should be on how communities and neighbors partner and collaborate. Barriers need to be broken down, need to look at strengths. Can't talk about all of this without also including funding

Other Discussion:

- schools are not effective for slow or advance learners
- need more staff that provide in home services or other supportive services
- home and community based services waiver
- parent support specialist was very helpful