

## **Overall Vision for Community Behavioral:**

The Governor's mental health task force seeks to advance a new vision for mental health that will make a real difference in the lives of Kansans. The vision calls for a commitment by all, including the state and local communities, to promote the emotional well-being of children and ensure that children with emotional disorders live, learn, and thrive in their communities. This includes communities serving as "the village" to support families in need.

The vision for children's mental health is one in which access to comprehensive, home and community based family centered services and supports for children exists within conditions that promote positive mental health and emotional well-being and prevent the onset of emotional problems in all children.

## **Vision of Infrastructure:**

- We have to create a larger Community Model to ensure primary and secondary prevention can exist (in Community Corrections – Infrastructure of Regional MH Centers is there).
- Courts Administrative Order or Law that requires a multi-disciplinary team (including community group) to meet together regularly to discuss issues, needs, barriers, and solutions.
- Connections of all people in the community are encouraged.
- Community Mobilizers (through Regional Prevention Center) are trained
- Engage the community!
- Give "AWAY" Social Worker.
- It has to be the community problem.

## **Barriers:**

- Collaboration between Systems and agencies—both at the local and state level
- Policies
- Multidisciplinary professionals are there but not trained appropriately.
- Fee for service system
- "Closed communities" such as schools, CMHCs, other professional
- Attitude of "that's not my problem"

## **Recommendations:**

- MH Screening in DCF.
- Council or panel that gives directions to the community on what they could do—not regulatory and no mandates.
- Incentives (SB 155 – Career Tech); there has to be money to encourage 1) professionals and community members to participate; 2) have to have money and standards around strategies and money to encourage people to follow through;

- Send larger community messages to get ALL people in the community caring for one another (i.e. if a kids doesn't have lunch money – pay the bill; if a family can't afford church camp – sponsor them; etc.)
- Develop list of exemplary programs for communities to replicate and develop
- Training and awareness about mental health and substance use
  - o Integrate into college curriculums for teachers
  - o Integrate into police academies
  - o Increase awareness and public understanding about mental health and substance use
    - MH first aid should be provided to everyone
  - o Increase awareness of trauma and its influences on people
    - Specifically train judges through office of juvenile administration and court services
- All public service systems should be driven by trauma informed policies and practices
  - o Law enforcement response to potential crimes—“what about the kids”
  - o Schools
  - o Behavioral Health
  - o Health and Medical
  - o Foster care
- Study options for what works for “runners”—need secure option that is not in detention
- Repurpose funds from tertiary services to prevention
- Funding
  - o Match to effectiveness
  - o Look at braided, blended, shared funding models
- Cross system training and policy development
  - o Mental Health  Substance Use
  - o Mental Health  Criminal Justice
  - o Mental Health  Education
  - o Mental Health  Child Welfare
  - o Mental Health  Medical
- Develop cross-system accountability
  - o Single point of responsibility for behavioral healthcare—authority to drive meaningful coordination and collaboration across agency and department lines
  - o Highly visible and strong operational management, including unified data system
- Provide for integrated care through allowing the sharing of information and records

**Considerations:**

- Engage the general community in prevention and intervention efforts.
- Engage the survivor leaders in this solution – particularly certified peer specialists.
- This has to be a larger, more general movement of healthy communities.
- We have to do critical strategic thinking as to what will work and what systems the changes will effect;
- How are regional recovery centers working to decrease systems barriers created in policy?

**List of Programs that Work:**

- Cathy's group Topeka Netreach
- Safe Families (temp non custody support)--DCF