

Governor's Mental Health Task Force Community Round Table Discussions

Notes—Hays Round Table

Providers

Attendance:

Sheryl Butler, Bryan Brady, Walt Hill, Ric Dalke, Fr. Daise, Les Sperling, Mike Sinclair

Participant Presentations:

Sheryl Butler, Dream Inc.— she wants to make sure that substance use stays a priority; it is important and should remain solid—doesn't get lost. Transportation and work schedules are issues in this region. As an outpatient facility—have had to deal with people longer b/c there is not as much inpatient available and that can take time and attention away from other outpatient patients. Inpatient facilities aren't close to this area. Look for whoever can take inpatient clients more quickly.

Bryan Brady, First Health(Hays)—the amount of depression and anxiety disorders they see every day is shocking; and how those impact diabetes, high blood pressure etc. is evident. Someone from High Plains MH center comes over on a regular basis to help educate these people about managing their diagnosis. Interesting to see how MH provider can lend itself to improved physical health. The integration of MH and Physical health is critical. The problem with the classes is that there is no reimbursement—these are being paid for out of pocket. They have seen some great outcomes so far, not only with the patients but also with patient families.

Walt Hill, High Plains—provided an overview of High Plains—the center serves an area of 19,000 square miles, 105,000 residents that live in the area. Last year, 5200 were served as patients-- about 5%, but more family members etc. were touched. Transportation is the first and greatest challenge. More than half had family incomes of less than \$25,000, rates of insurance are lower in this area—people do not apply for Medicaid. 1,200 are SMI, the rest are other—depression is the most common. Have a diminishing funding base. Statewide county funding to MH centers has surpassed state funding—but how long will that continue. Fleet vehicles and travel are very expensive. Have focused on solving and overcoming issues, telemedicine has been a real boom. Have 15 units at sheriff's offices around the region. He sees an opportunity to increase telemedicine statewide. Funding challenge of diminishing resources has created issues requiring them to become more efficient, focused, and push for more productivity. Concern is that there are individuals who may get left behind, those that don't have Medicaid, and county and state funding will diminish and they will get caught. See an opportunity to working in an integrated fashion. 60-80% of the causes of physical health costs are behavioral, not genetic. Trends that are concerning, delays in payments have gone up, delay in self-pay accounts, 100,000 behind in Medicaid payments. Another opportunity exists in other types of technology. Pharmacology genetic testing for example, which tests how people will react to certain medication. Challenge is also in recruiting professional staff members.

Mike Sinclair, Rooks County Health Center—one huge concern is the cross over with SUD issues. They do not have the ability to treat. There a lot of people moving in to their small community to live with parents/grandparents because they have lost jobs etc. This causes stress and depression. Also see issues with those transitioning into adulthood—they may have meds that they take, but as they get to be 18 there isn't a way to pay for it or accountability for taking it. Issues with payment, operates a critical access hospital with increased delay in Medicaid payments. Detox centers are something that is a need out here

Other Discussion:

- Critical piece that is missing is access there aren't enough providers. In Hays, so many people come in from small communities and that creates huge challenges.
- **Question**-What are your ideas of removing barriers that would help you work to integrate physical and behavioral health? How do we all get at the table?

Answers-

- o Licensing issues—if they could all be using the same payment mechanisms, regulatory barriers, administrative barriers.
- o Subsidizing out of state folks to come here but aren't doing the same for more urban areas inside our state. Spent \$65,000 dollars on recruiting last year to get providers. Recruitment and retention is a huge issue—going to have to invest in manpower. Some facilities are loaning money to their staff to go back to school. If the state had a loan program for health providers.
- Concerned that we pay social service workers in the MH system is too low—we pay less in the CMHC system than in the state hospitals
- In some ways the advantage of rural providers is that there is integration in many cases, even if informal
- MH First Aid is being done at High Plains and they have worked with KU School of social welfare on some evaluation and they have trained over 600 people.
- Have to normalize MH and reduce the stigma

Law Enforcement

Attendance:

Tom Drees, Bobbie Bradbury, Curt Miner Ward Corsair, Ed Howell, Gary Knight, Richard Hanks, Charlene Brewbaker

Participant Presentations:

Sheriff Curt Miner- Have a hard time with mental health, do not have adequate facilities to care for individuals with this issue, folks who are high on drugs have nowhere to go—that is a huge problem in rural areas. Money is a huge issue, and it is up to the jail to pay the costs for most of them.

Chief Ed Howell, Ft. Hays police chief- a third of cases involve individuals with MH issues, suicides are a big deal, in the past year 10 years have had 3 suicides. Critical need is resources. ATOD issues coincide with MH.

Sheriff Ward Corsair, Rooks Co-no MH programs in their county. 2012 had 44 MH related calls, 25 resulted in screening. IN 2013 there have been 30 MH involved cases, had two suicides last year. ITV system has been very helpful. Time it takes to get screeners is long—more screeners are a need.

Bobbie Bradbury- operates a federal grant that allows treatment for high and moderate risk clients on probation and parole. They have a case manager thru the funding that acts as navigator for folks on probation and parole in helping them find and get services. Been working on the federal grant for 6 months, but overall the program seems to be working very well, however she isn't sure about what happens when that ends

Charlene Brewbaker, Ass't Attorney Ellis County—law enforcement resources are very scares and get used up very easily. 105 counties and that generally means there are 105 ways of doing things. Glaring gap is dual diagnosis facilities, there are none. More and more people with MH issues self-medicate with substances. Lack of inpatient beds for SUD treatment. CINC cases always involve ATOD or MH issues. Medicaid clients don't get to be seen enough each month—when kids fail to get treatment what happens—we always pay for this one way or another. Whether you pay a direct or indirect price—you will pay it.

Tom Drees, Prosecutor Ellis Co.- 80% of people going into community corrections has SUD or MH. Not enough beds for either in terms of inpatient treatment. Not enough resources, since state cut funds the county had to handle the burden. Law Enforcement are the plumbers of society b/c there is no place else to put them; going to pay for it on one side or another. Slashing funding is irresponsible. No place for dual diagnosis patients, need a locked facility that can deal with their needs—those folks are sent to prison. There are some resources for outpatient in the area. Programs that do exist are funded federally—no money is coming down from Topeka.

Other Discussion:

- Question to Bobbie about the grant and its success--\$115,000 dollar grant, have a case manager, instantly get screened. Dual Diagnosis is a huge concern. Had high hopes for the federal program—how can it continue to keep getting it funded. Need to find a way to replicate the process in rural areas.
- **Question**—crisis stabilization—would it be helpful to expand crisis stabilization? What would be most helpful to you? **Answer**-Need detox beds.
- **Question**-How many of the crisis situations come from hospitals? – **Answer**-most of them come from the streets
- Many of the county hospitals don't handle detox—they have to go to Hays or Salina—if the physician won't take it on they have to keep looking to find a place.
- There is a lot of it's not our problem mentality out there
- Lots of clients ' only treatment source is jail
- Liability concerns with jail and housing these sorts of criminals—what happens when they die in jail?
- Need way to access intermediate treatment
- **Question**—can there be statutory changes that would allow you do more? **Answer**- All the laws are in place, just don't have the resources or intermediate care
- There are resources but they are missing the in between and need funding. Need acute care.
- Telemed is a positive thing, but still missing crisis care
- Really do depend on each other, and at the community level they do a great job of working together

Education

Attendance:

Dr. Kenton Olliff, Sue Holmes, Julie Zollinger, Judy Johnson, Susan Bowels

Participant Presentations:

Dr. Kenton Olliff, FHSU- More and more students who are entering college on medication, and oftentimes they stop taking their meds. In the last five years the number of counseling cases has doubled. Facing reduced resources. Currently services are free at the Kelly Center on campus.

Sue Holmes, school nurse, Salina- 50% of kids at her building have free and reduced lunch, have many parents who don't speak English. The school is mobile. Many school nurses end up taking care of mental health needs. Only have part time counselor and part time social worker. Number of kids on psych meds is growing, including preschool and kindergarten. Severity of kids coming in is much greater. Last year there were 10- 1st and 2nd graders extreme issues. Have many kids who are FAS or drug babies. 13 kids identified last week that needed behavior plans. Communication with other agencies is key. Language and cultural barriers are a challenge. Issues with foster care and group homes, kids get put in homes and then homes bring kids to school and enroll them and no one knows what meds they are on or what issues they have. Can we improve communication regarding foster kids and their history/records. Privatization of foster care is an added hurdle that hurts the kids. Could there be a jump drive that goes with each kid. Not as much parent involvement or support. No child psychiatrist in Salina.

Julie Zollinger, School psychologist-communication with foster care is huge. Students are coming to schools with much more than what is in their back pack. 108,000 students in KS experience MH problems. In NW 1,411 students have received care. Schools are the primary identifier of youth MH problems—just a few students can disrupt an entire school. Reductions to education funding have left schools with limited resources. Teachers and support staff are stretched thin. Prevention is cheaper than incarceration MH prevention and education is clearly needed. Need adequate staff, research based services, resources to support families. West side school in Hays is an example of an alternative program. Need an investment in what works otherwise we will continue to put out fires and not prevent or eliminate the need.

Judy Johnson, School Counselor, Great Bend-not enough people being trained to take on the vast need b/c youth know it doesn't pay to be a counselor. District has hired family support workers, but they are not trained and don't have the necessary background--which oftentimes makes them less effective. She shared a story about a youth in her school. Parents lack skills and resources but in general have good intentions. Have many students that need to be served by people who are licensed. Also have to be concerned about regular education kids. They have rights to be safe and protected

Susan Bowels, Hays Area Children's Center- need to locate high risk children and then work with the families—need evidence-based programs to help them interagency collaboration and cooperation is key.

Other Discussion:

- Need to improve communication at all levels
- There used to be an SRS form that traveled with kids in foster care that contained important information; that worked for about 6months (at least in Hays) but that form doesn't exist or they haven't seen it anymore. Finding out that important information is time consuming and oftentimes difficult
- Need to provide education about the level of abuse that exists—people don't recognize the depth of the problem
- Kids with identified MH issues may be in and out of schools because of their various treatments, and the result is that their education is suffering also. MH issues get in the way of learning
- Stigma associated with families going to MH center, so oftentimes they turn to schools
- **Question**—is their time/room for screenings? **Answer**- we do some but they are not universal. So many kids and so little time for this to happen. What happens once kids get identified
- Classrooms staffed with mental health staff
- **Question**- TF Member asked more about foster care services—can you all share more about your experiences with that. **Answer**- Privatization hasn't helped, experiences are not good. The bottom line for the foster care providers is payment and costs. Communication is not there. When FC was under SRS/DCF—clearly knew who to call, now they don't know who to call...who is in charge? Kids have several providers and it isn't clear which agency is providing what care. The continuity of the service providers isn't stable. Providers have staff turnover continuously

Consumers

Attendance:

Hope Burch, Geri Fulk Roy Hustead, Coleen Shields, Gina Anderson

Participant Presentations:

Hope Burch, parent- son with severe mental autism, at 12 has been between 23-32 placements

Geri Fulk, parent-son now 25 grew up with mental diagnosis, volunteers for KEYS, support one another on Facebook, need help getting heard talking to schools and providers, need help from the state to get appropriate services, and to help service agencies work together. Need joint plans for children. Being in the west there are transportation issues, financial situation. There are organizations that do offer support but schools really need to be a part of the support offering

Roy Hustead, consumer- Echoes what others say about school system, mental health starts too late, need to have screening that starts pre k. Also need to work on removing stigma

Coleen Shields, Parent-17yr. old daughter who started in pre-school

Gina Anderson, CRO-works with adults and helps them maintain coping skills, not many people know that the place exists. Offers anger management and pathways program

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
- there are 20 CROs in the state currently, but need more
- mental health first Aid helps defuse situations
- screenings are difficult to get, screenings should be more adequate and not necessarily for the state to save money

Community Services

Attendance:

Laura Dunn, Junnae Campbell, Charlotte Linsner

Laura Dunn Catholic Social Services- provides services for NW KS covers Manhattan and west. Offer crisis pregnancy services and counseling, pregnancy maintenance initiative, majority of services are provided to low income families

Junnae Campbell, Boys and Girls Club in Manhattan-serve 2000 children in Manhattan area that number has increased by 38% in the last several years, the need for before and after school care is going up. They are seeing more behavioral issues. Their club has developed a relationship with Pawnee Mental Health in Manhattan to provide MH staff to work at the B& G club, this collaboration is working very well, but because of reductions in funding, staff are not able to be as available to the club relative to when the program first started. They also have a new partnership with school of counseling at KSU

Charlotte Linsner-Options Domestic and Sexual Violence—focusing on bringing men in to help prevent domestic violence

Other Discussion:

- United Way partner agencies meet on quarterly basis to partner and learn to work together that seem to be working well in Hays.
- Mental Health First Aid
- Prevention is important

- Don't have money for medication, so by the time they reach out for social services they have stopped taking meds
- Public education about reducing the stigma
- **Question**-Would it be fair to say that you have the kinds of resources that are necessary but there isn't enough capacity? **Answer**-much comes down to funding
- **Question**- Are behavioral health needs being discussed? **Answer**-not really and services are often siloed.