

# Governor's Mental Health Task Force Community Round Table Discussions

## Notes—Leavenworth Round Table

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### Providers

Attendance: Jason Hess, Stephanie Liebling, Keith Rickard, Phyllis Reed, Cara Cramer, Jason Wesco

### Participant Presentations:

**Phyllis Reed, St. Luke's Cushing Hospital-** Currently the hospital contracts with a group to help patients apply for Medicaid benefits. They have a Great relationship with the Guidance Center. Also they do safety planning with patients and have a great screening process. Screenings happen 24hours a day, by social workers or telehealth. Housing is an issue in this area, there are no shelters in the county. Need more SUD treatment

**Stephanie Liebling, private practice-** how do people in rural areas get resources, what about minority communities? How do we use more video conferencing capabilities?

**Keith Rickard, The Guidance Center-** need to understand the history to know where we are going into the future. CMHCs started with MH reform in 1990. Today growing need with reduced funding. How are we doing more with less? Medicaid is how we are paying for the uninsured in KS. What happens now as the MH initiative to those that were being served with the 10 million that was repurposed?

**Jason Wesco, The Health Partnership Clinic (FQHC)-**8000 patients, patient volume doubled in the past year, strength is that problems are looked at very broadly. Cherokee approach from TN. Get a little service to everybody and then assess. Getting people into a system that has multiple services.

**Jason Hess, Heartland RADAC-**there are many resources, but we work in our own boxes-we say we want to connect, but don't always make those connections happen. Great at identifying people with really bad problems—but where do they go after that? There is not funding to treat them. Getting them in residential treatment takes 6-8 weeks –beds are being managed by funds not patient need. People from western KS come here for treatment. Trying to manage via outpatient services, but that isn't working very well. No payment for needed services. Mental health folks are now talking to SUD treatment providers and are reaching out, in fact and asking for help. There is a lack of crisis beds in communities. Lots of positives but there are real gaps.

### Other Discussion:

- **Question-** what is the percentage of payment sources for RADAC services? **Answer-**less than 10% Medicaid and less than 5% self-pay
- **Question-**Who would you say your strongest partners are (to FQHC) **Answer**—take partnership very seriously—strongest partner is Kids TLC. Also work very closely with school districts and headstart. Many kid needs in Johnson County. 30,000 kids who have income under 20,000 in JoCo. Behavioral health is a component to every service that they are involved in in some way.
- **Question to Phyllis**—have you looked at re-admission what are your rates, not many within 30 days, significant transient population, but find out patients go back and forth between hospitals. Have you identified services if available, that would have helped the re-admission rates? Involve a MH center near where they live, home health helps, but can also look at doing a care assessment and getting them in a nursing facility somewhere. Do you see or track how many admissions may have been driven based on respite? Have talked w/ Valeo about respite beds and the success that they are having in that community.

- Keith commented that the presence of a local psych unit really does help in decreasing the number of hospital beds.
- What is going on for deaf and hard of hearing or special populations was a question asked to Stephanie—she wasn't exactly sure what is going but does know about what some of the needs are. Tele med is being used to do the work for assessments in several of state offices in western ks (Jason Hess)
- Clinical social workers feel isolated, how do we create those connections? How do we have more collaborative partnerships?
- What about supportive services to the family that is left behind when someone is in inpatient services? (Stephanie)
- **Question to Keith** -what is different right now to the uninsured? What is the cost of that to the system?  
**Answer**-services at his center are the same whether you or uninsured or not, rates are going up. At some centers, you can't get individual services, but can only attend groups. Managed care doesn't know about care, but only manage dollars. The uninsured aren't going to have a resource, since KS hasn't expanded Medicaid. What's at risk—are always doing more for less—we must begin to pick and choose who can be treated and can't be treated. Demand for services is exploding.

## **Law Enforcement**

Attendance: Judge Kathleen, Crystal Sprague, Sherriff Jeff Herrig, Chief Ralph Oliver

Participant Presentations:

**Dea VanDeBerghe-CIT coordinator for the Leavenworth crisis intervention team**, NAMI-shared a story about her granddaughter. Need to make CIT mandatory

**Judge Kate Lynch, Wyandotte Co**-received a grant from SAMHSA that allowed them to track patients thru the process and thru the assessment, identified 5 main issues. A jail diversion program began in January, in the last 6 months; have diverted 312 days of stay. And have expanded hours of the crisis center. In her courtroom she has also taken steps to work on diversion—started doing in court reviews. Increasing crisis center hours and will have an imbedded co-responder. It took everyone in the county to get the right partners on board. Can't call themselves a MH court, but are utilizing all of those ideas

**Crystal Sprague, community corrections**-CIT training is critical, mental health first aid training for all employees, fund medication support, added a mental health care coordinator. Sees success in cognitive program, problem solving court. We need to create enabling legislation for problem solving courts

**Jeff Herrig, Jefferson Co Sheriff**-people who don't get help, they end up in jails. There needs to be training statewide, with educators, law enforcement. Many sheriff offices aren't large enough to have CIT programs. Sheriff's association is working with a health group now to do correctional officer training, but that doesn't reach everyone; may be helpful to provide training to the KS Jail association.

**Chief Ralph Oliver, University of KS**-representing the Chiefs of Police Association, number of crisis calls had doubled in the past decade, DG is partnering. Formerly worked at Rainbow, feels there should be a minimum requirement for law enforcement to be trained in some sort of MH training. Training should be standardized. Association is interested in resources and promoting those resources.

## Other Discussion:

- Common training for CIT is under consideration by the state CIT committee, but are keeping it more broad so it can be tailored to meet specific community level needs.
- Can the taskforce get more information about the mental health court model from San Antonio
- Helpful to have any data that has been included in the presentations
- Q to Chief Oliver-what does the hand off process to families look like? A- it varies on situation-it is easier on the university than it is with a city police department. Wait time for evaluations. Transportation and report writing takes time, and then you may have to go pick them up from the state hospital.
- Need intermediate resource—that would benefit law enforcement greatly.
- Topeka has mobile response unit, and works on similar program and may be receiving a grant that will allow them to hire. Two case managers.

## **Education**

Attendance: Julie Kizzar, Deborah Gregor, Jane Stueve

### Participant Presentations:

**Kent Reed, KSDE-** strong concern is emergency preparedness and crisis management. Needs: special education kids, sustainability of programs that have been initiated thru grants, early childhood issues and school readiness, youth suicide.

**Jullie Kizzar, school social worker at Seaman High School-** feels fortunate. Have 4 counselors and one social worker at high school. They see about 80 kids on a regular basis, weekly. Career readiness has been huge. Also works a great deal with family guidance center. Communication is a challenge between MH facilities and schools and also need more education and training. Long term hospital stays are in KC. Drop out is another issue and once that happens they become other people's problem.

**Jane Stueve-** average school nurse ratio in KS is 1-750 students. She was there on behalf of a school nurse in Leavenworth. School nurse does about 10 medications per day to students—have severe ADHD. Noon meds is critical time and school nurses also cover other issues. Solutions may include telemedicine both for physical health and mental health. Now that is a billable service that can happen in schools. School nurses should be a part of shared medical records.

**Deborah Gregor, Director of Youth Achievement Center-**provide free afterschool activities, SNAP program. Protective environment

**Dr. Davies, superintendent-Horton-**children are getting a raw deal by teaching the test. We are trying to deal with the emotions of many kids, yet things are so structured now that we forget that kids are just kids. Working together with other school districts, law enforcement, and mental health providers meet and talk about the very topics this group is talking about. Training together has been remarkable. They are frontier; don't have alternative schools and programs that others do, even out west. 6 kids in elementary school need intense training. Ministerial alliance is a partner. Educators aren't getting training on MH issues at the university.

## Consumers

### Attendance:

April Patten, Cherie Reynolds, Laura Batson, Catie Hilton

### Participant Presentations:

**April Patten**, former parent support liaison, and also a former therapeutic foster parent provider, sibling to a consumer, works at KU parent support training research study. Currently have 8 sites (CMHCs) across the state to get referrals. It is peer related and family driven, and is evidence-based. Four main collaborators are parents of children with special needs.

**Cherie Reynolds**- adopted son with many needs, found KEYS for networking which was a great help. No one would tell her who would help her. If enough get

**Laura Batson**-has a daughter with mental illness-partnership approach between guidance center, schools, and family.

**Catie Hilton-NAMI advocate**, and former consumer—evidence-based programs need to be increased and continued. Any program that can keep people out of hospitals and jails is a worthy investment. Expansion of KanCare, kid's issues, works both on the KS and Mo side. Maintaining funding for community based services, maintaining psycho-educational and family support funding and resources. Expand parent aid services, increasing training and awareness for adults. Teaching social service providers and others who come in contact with kids about signs symptoms and recognizing kids that are at risk. Expanding regional crisis services, families are coming from far away and families can't participate in treatment. Maintain or restore funding to PRTF, and expand criteria for screening and admission.

### Other Discussion:

- Need to consider how to recruit and retain MH employees
- **Question-** What do you see are barriers to collaborations? **Answer-**funding
- **Question-** If we had all the funding in the world what would we do?

#### **Answers-**

- o Referral agencies
- o Quit looking at this as individual agencies, and look at this as a partnership—need holistic approach
- o Law that requires primary care or medical field to provide resource list to those who show up in their offices
- o Caps on stays
- o Increase collaboration with foster care system—all of the providers working together.

## Community Services

### Attendance:

Zineta Petrovic, Connie Trusty, Joe Thorne, JoAnna Lowe

**Joe Thorne**, Guidance Center Emergency and Homelessness Coordinator, Joanna Lowe- the goal of PATH grant is to find those who are homeless with MI and help them get housing. Challenge in this community is that there is no homeless shelter in the area.

**Zineta Petrovic, behavioral health at VA**-large system with lots of resources, but are dealing with a large volume of returning veterans. Have large suicide rate. Do have VA supported housing program also. They are focused on access to MH and care outreaching to underserved areas, particularly rural areas. They have been developing and growing telehealth services

**Connie Trusty, Family Advocacy Center**-referrals to MH system take a long time, can't get appointments established despite having paid in advance.

### Other Discussion:

- **Question-** Have you had trouble connecting the homeless to services or do they have to prove residency.  
**Answer-**no if they have a mental illness we serve them.
- **Question-** How do you work with folks who are coming out of prisons? **Answer-** If they have SPMI they will serve them. What have been the key factors that have made successes possible? Case managers connecting with clients and realizing that there is more to a person than what they appear like on paper.
- **Question-**Prevention is a charge of the task force? Are there areas that are working or need to be improved?  
**Answers**
  - o being able to convince someone to have a payee and access to payees
  - o Adjustment from soldier to civilian, communicate that services are available. There is a stigma that is only compounded for soldiers.
  - o CAC has tried to go into schools to talk about bullying and date rape, really hard to get into the schools