

Governor's Mental Health Task Force Community Round Table Discussions

Notes—Wichita

Providers

Attendance:

Venus Lee, Jessie Kaye, Teresa Lovelady, Dr. Janka Lincoln, Marilyn Cook, Connie Unrein, , Dulcinea Rakestraw,

Participant Presentations:

Dulcinea Rakestraw, Preferred Family Healthcare—she provided an overview of funding for treatment and indicated that they have good outcomes. Preferred also has grants to provide prevention. See data that is positive, but again funds are shrinking. What is greatest challenge related to treatment? The great need; not enough dollars in order to do it adequately. Is the demand rising? It ebbs and flows; currently there is a high level of need.

Jessie Kaye, Prairie View- community mental health center for 3 counties. Has agreement to take overflow from Larned, PRTF, in-patient hospitals. Regional differences or challenges across the state. Challenges around recruiting and maintaining staff in a region that is urban and rural--can be vast differences in the same region between urban and rural. She would advocate for more freedom in regional approaches so that providers can determine what makes sense for them. They are working toward an integrated community health collaboration with FQHC. Gov. Mental Health Initiative—funding for prevention efforts is important. Funding to allow supports to maintain recovery is a need. Small population base, program initiatives that work for larger populations won't work for all, would have to neglect other services in order to implement with fidelity. Shrinking funding is exacerbated by increased accountability. Administrative burden is too heavy, meetings, record keeping etc. (early reaction to the MH contracts)

Venus Lee, Grace Med-much of their work will be expanded upon by Marilyn Cook who is their behavioral health partner.

Teresa Lovelady, Ctr. For Health and Wellness- funded thru city alcohol tax funds. Serve those who have been released from prison or parents who have children in foster care. 90% is uncompensated care. They are working to integrate care with a model that looks at integrating care in a health setting. Utilize tools that the primary care provider can use during visits to assess the needs related to behavioral health— this approach helps to eliminate some of the stigma. Requested consideration of the level of providers that can receive reimbursement—this would be very helpful. Also requested that integrated care codes for such things as a case manager and the ability to be able to bill for those services.

Marilyn Cook, ComCare-regional differences, difficult to have adequate services in such a large urban area. 25% of Medicaid population resides in SG county. 70,000 calls to crisis program last year. State funding diminishing is a huge challenge. The other thing that impacts the ability to serve people is the local economy. They are increasingly competing for high functioning staff; lost many staff to managed care companies and the VA. Many individuals who leave the state hospital are still very fragile. Strong community collaborations are going on currently. Many strengths do exist as well; CIT program is doing well, do have a MH court and municipal drug court. A new MH Pod will be in jail in Jan. 2014. Region does have active suicide prevention coalition in the region. They were the first Ctr. In the US to implement an online depression training. Patients need to have better health literacy.

Dr. Janka Lincoln- VCBH is the only psychiatric provider in Wichita. Have seen increased number of assessments—now the average is 600-800 patients which is doubled from the past 3 or 4 years. Equates this to decreased funding levels and the inability to provide these services in the community. No social detox facilities in Wichita. Provide a lot of

unfunded care, average 7 million dollars with over half related to SUD. No community programs to help prevent relapse.

Other Discussion:

- Need for capital improvement fund for facilities particularly to support integration enhancement to facilities.
- Takes work to get cultures to match in terms of integration—takes time to move in this direction
- Capital costs are really high.
- Training in the culture of organizations to move toward integration
- Accounting training re: integration
- MH First Aid—everyone needs to take it
- **Question**—Think about stigma...If the governor were able to invest in one prevention measure to give social work et. all back to the community to prevent BH health issues what would he do? **Answers-**
 - o Each community is different, create and RFA for each individual community
 - o State law is stricter than federal law in release of medical records—hard to answer that question
- Funding and codes—is this a top priority? Would be consistency, what drives the codes is the Medicaid state plan...all agree. Also would help if our state did expansion.
- **Question**-In terms of other tasks of TF—what are gaps in terms of state agency roles? **Answers-**
 - o Lot of falling thru cracks,
 - o KDADS and DCF—disconnect in receipt of food card for those in residential substance use treatment centers. No coordination in how that works—treatment providers must go to the DCF office and wait. Also disconnect in women’s services
 - o KCPC system between DCF and KDADS

Law Enforcement/Judiciary

Attendance:

Judge Timothy Henderson, Mark Masterson, Captain Felcia Norris, Sheriff Randy Henderson, Rita Snider

Participant Presentations:

Judge Henderson, SG Co. Juvenile Svcs.-have more resources in urban district, but also sometimes resources are more isolated. There is a struggle with PRTFs and SED waivers. This region has the largest percentage of foster care children in the state; getting them homes is a challenge b/c of MH issues. How do we as a community step up and try to get kids home. MH is a huge part of that.

Sheriff Henderson, Reno Co. Sheriff- MH patients are self-medicating and are out on the streets. MH is tougher than narcotics in a lot of ways. Officers have gone thru MH first Aid, funding for CIT is a huge concern. Need for judges, lawyers and law enforcement need to have training together and be educated about drug provision for behavioral health needs within jails.

Felcia Norris, Captain. WPD, it is wonderful that we are looking at this at a community level. CIT is given to a small group of officers. 84 CIT officers at PD 75 at the jail 350 total in Wichita and SG County. 1900 suicide attempts, 273 suicide calls in 2011. How do we get people assistance and relieve officers from being tied up. Need a one stop shop looking at SUD and referrals to appropriate services. Provide resources and then promote those so that everyone knows where it is.

Rita Cline, Co-Chair CIT council-also works at VA with justice involved veterans. CIT is a 40 hour training. Much time is spent on scenarios and de-escalation. Collaboration is increasing among law enforcement. Community crisis center is being developed. Partners are sheriff, PD, hospital NAMI, CDDO, parole, VA

Mark Masterson, corrections director, operates JD facility. Delinquent youth with MH issues should be served in the community, but there are many barriers to that. We need to unlock and revisit the state Medicaid plan, it assumed an approach that youth with DD and MH needs would be served via a menu of services that could be purchased from a menu—doesn't happen and doesn't work. Some ways to do this better is an integrated pool that services are purchased from (state of NY). Blended pool of funds would take away that barrier. Research shows coordinated integrated approach is best for the youth—better treatment outcomes. Addressing delinquent youth with MH disorder is a shared community responsibility—but it doesn't work that way. Youth get locked up and left as the responsibility of the facility. Medicaid is not available to pay for services of locked up youth. There is a huge/strong need for secure treatment facility for children; that is not a detention center. ComCare services for youth have expanded and have improved.

On the adult side, many of the same needs exist. Local needs exist for the transition from jail to the community services. Peer mentor program could be expanded. Most are not SPMI which creates gaps.

Other Discussion:

- Look at gatekeepers, set up some inherent conflicts of interest. Screenings provided by CMHCs—kind of like having Target screen who gets to go to Wal-Mart.
- Drug courts are effective models—growing movement toward veteran's courts.
- Family courts
- Got to look at what resources are going to assist LE to deal with a MH population
- Douglas county has a good program to address MH when folks leave the jail
- How about the people we don't know...those we aren't talking about today? What about the stigma? Why are we missing so many
- Find kids via truancy reports
- Is it thru advertising?—has to be done in a non-threatening way.
- Frequency of kids on medications is 40% that are admitted to the delinquency center
- **Question**-From your perspective why didn't MH reform and tearing down brick and mortar work? **Answer**-Pendulum effect—swung so far away from hospitalization that we put a great burden on the, aren't adequate community based supports and the money to fund those aren't present as much as they were when this happened.

Education

Attendance: Glenda Wilcox, Lora Meirowsky, Tamme Buller, Alisha Bodyk, Dr. Michelle Robertson, Verla Hoffman, Dr. Dan Lord

Participant Presentations:

Alisha Bodyk, MS Counselor, Augusta-need resources to try and help parents

Lora Meirowsky, counselor at alternative school – if we don't get services in schools, kids aren't going to get services at all. School social worker is overworked and doesn't spend enough time with each student because of the great need. Lots of resources in their community, but parents aren't aware. Need a way to share resources by county that can be shared with parents. Teachers and educators spend more time with kids than most parents do.

Dr. Lord, Friends University- patient need is compelling, acute and chronic and it begins in early childhood years. Children are being expelled from preschool, self-harm, harm to others. Families tend to be fragmented and services are fragmented. SUD is highly present and creates challenges. Their program has been rapidly expanding community partnership the past five years a focus has been in elementary schools. Trauma informed care and systems built around that are a strong need. Need for info. and training around early childhood development and screening for that age. Need for stronger therapeutic pairing with case management. Need to consider regional/local differences.

Glenda Wilcox, HeadStart program in Wichita-pregnancy and birth are the most important to her because the child's mental health a direct result of the parent's mental health. In therapy with parents children need to be included or considered School readiness starts at birth—how is child growing and developing socially and emotionally. Paying attention to kids' transitions—how many people and care givers have they had in their lives. How are judges trained and educated—seems to be a need.

Tamme Buller, Reno Co Headstart- Only early Headstart in the state of KS that receives no state funding. When a child is born, resources are provided and children are tracked at birth PACE program—tracked to second grade. The program has been tracking for the last 10 years. Partner with Horizons top have a therapist available, but Headstart can only use therapist 20 hrs./mo. Parents have to trust before they allow anyone in their home.

Verla Hoffman, retired, Sowers Alternative High School-support teams include, school social workers, nurses, educators, counselors. Parents don't always see MH concerns as a health issue. 10% of school age children have mental and emotional problems which is the same number of students with asthma. Nurses are providers of care for many low income families. Community mental health providers are sometimes helpful, but sometimes the provider (in person) can be helpful or not very helpful...just depends on the individual person. Biggest concern is students in crisis have no beds. Help people thru the process of psychotropic meds before they take effect. Transitions related to the foster care system

Other Discussion:

- Are we spending enough time preparing potential educators for addressing MH needs? The answer is NO
- Dr. Lord suggested a model to be included in the core of education for all professional degrees (education, counselors, social workers, primary care etc.)
- Using KEMP screening tool on mother and using ASQC
- **Question-**How do you juggle educational time with MH time in some of the school districts in which you work?
Answer-MH time takes a back seat b/c of the testing standards, but it truly does depend on the administrator
- **Question-**Behaviors in children are getting worse and worse—what do you think is the root cause? **Answer-** family stress, the economy, social norms

Consumers

Attendance:

Nancy Ross, Cassandra Sines, Jenn Brockman, Rene Strunk, Mary Ellen Conlee, Stephanie Shellenbarger Jing Reddfern, Colleen Estes, Jen Brockman

Participant Presentations:

Mary Ellen Conlee, KEYS Board Pres.- lobbyist-modules for helping parents learn, parents need help—would love the opportunity to share these with the TF

Cassandra Sines, parent- shared her daughter's story

Nancy Ross, NAMI representative- shared some of the successes of what is working well in SG County. Drug court statewide would be a benefit. Homeless outreach program of police department. Wait time for access to treatment, PG funds should be used for that purpose. Need services early on and is very concerned about funding cuts. Don't give up hope, appropriate treatment at the time that it is needed, national average between diagnosis and treatment is 10 years.

Colleen Estes, parent-4 kids age 21 to age 11 all have MH disorder. Case management, hospital beds, and community services. It is everyone's responsibility

Jen Brockman , Butler Co, parent-felt like it was up to the school system to make diagnosis. Access to services

Renee Strunk, CRO –need more funding

Jing Redfern, parent, partnerships help, need advocates at school b/c all educators often see is the misbehaviors not the illness. Educate the schools, IEP, help parents know their rights so they can help advocate for them

Community Services/Prevention

Attendance:

Sondra Borth, Anne Corrison, Jeff Jacobs

AnneCorrison, Interfaith Ministries-many homeless residents have SUD/MI or both. When someone is ready for treatment, they are ready to go now, but the availability of beds is a big issue. When bed is open, the person is gone. HUD movement toward taking homeless folks to an apartment right away—but the reality is they need an intermediate space. Case managers in each apartment building is working.

Jeff Jacobs, Boys & Girls Club

Sondra Borth