

Common Themes	Needs	Data Needed
Full continuum of behavioral healthcare for youth.	<ul style="list-style-type: none"> • We don't have a lot of influence with families before youth are placed in custody. • CMHC's aren't providing these mid-level services. This type of programming has been cut within the CMHC's. An example would be respite services and/or attendant care • In the past, families could access community based services which did meet the needs of families • We need to engage families holistically 	
<p>Accountability for both providers and clients</p> <p>Reviewing previous work and recommendations and looking for consistencies.</p>	<ul style="list-style-type: none"> • The state continues to build strategic plans, yet stakeholders have concerns regarding the State's ability to implement those plans • The need to bring dates and expectations to the work we are doing • At minimum we would have a strategic plan with dates • We would have both short term and long term goals and a reasonable timeline <p>Client</p> <ul style="list-style-type: none"> • Do we need to sometimes cut them off from services? • We need individuals to be accountable for their behavior <p>New Freedom Commission – Previous work / recommendations from different stakeholders within the State of Kansas. Then there was a change of administration and the work was stuck on a shelf. The work had a role in the funds for the block grant. The commission was funded through SAMHSA. This would have taken place 2007-2008. The work was broken down for both adults and youth. Believes many of the issues remain the same year to year.</p> <ul style="list-style-type: none"> • Should they be included in our recommendations? 	<p>List of strategic plans set for by DCF, SRS, KDADS</p> <p>What similarities do other State strategic plans / initiatives have in common?</p>
<p>Transition Age Services</p> <p>Better Transition for youth coming</p>	<ul style="list-style-type: none"> • Concerns about adequate services for youth aging out of system • Transition is greater than age; it includes foster home to foster home. • We wait too long to remove children and children and are beyond repair • Can intermediary services be court ordered 	<p>Data about youth transitioning out of DCF</p>

out of DCF Improving the care of children coming out of the foster care system	<ul style="list-style-type: none"> The youth are “sicker” today. 	
Improve Engagement	<ul style="list-style-type: none"> There is a need to find helping individuals who are not threatening to consumers and have them engage families. Family support workers were successful in the past. Bridge Person – An individual who would do whatever it takes to make services happen. Improving communication and noting let confidentiality get in the way of service delivery and building collaborative relationships. 	
Improve Outreach and Education with a focus on early engagement. Investment in early intervention and prevention	<ul style="list-style-type: none"> The need for screening instruments upon intake at DCF offices The need for brochures within the DCF Offices The need to lobby for putting appropriate documentation in the right individuals hands Proving resources for consumers Behavioral Health Screening’s in community 	
Health Home Service Delivery Model	<ul style="list-style-type: none"> What if at-risk families could be identified and served within a health home model There are practices that are no cost or low cost which will impact child development. 	
Seamless system that is easy to navigate for all individuals.	<ul style="list-style-type: none"> The system is very cumbersome It’s hard to navigate for even healthy individuals There are numerous barriers for families How to navigate the mental health system How the services are accessed 	Mike H. will send continuum of care map.
Focus on engagement	<ul style="list-style-type: none"> The need to focus on removing barriers and being persistent. These are the individuals who would get things done. 	

Trust is a major issue for at risk families.	<ul style="list-style-type: none"> • The ability to build trusting relationships. • A focus on collaboration with the community. 	
Retention of CMHC workforce *West Region	<ul style="list-style-type: none"> • There is a revolving door of therapists which causes additional stress to families involved in the mental health system. • Additional concerns about healthcare provider turnover rate 	<p>CMHC staff turnover rate data, specifically case managers and therapists</p> <p>Turnover data and its impact on the youth</p>
Standardized Testing within a School System	<ul style="list-style-type: none"> • Bridging the gap between mental health and school system • What collaborations need to occur? • Mental Health and School Conference • In-Service training for educators about mental health 	<p>Expulsion Numbers</p> <p>IEP's</p> <p>Communities that Care Survey</p> <p>Data from existing school based MH initiatives</p> <p>Engagement data for CMHC / SUD</p>
Faith Community - Building capacity within the faith community	<ul style="list-style-type: none"> • Need to build trust between the faith community and state government. • The need for MH training for the faith community. • Pastors need to know what to do with data garnered from parishioners, i.e. mental health concerns. • What faith forums would be the best place to educate / share knowledge? 	<p>Is there data about adoptions from the faith community?</p> <p>Is there data about the volunteerism from the faith community?</p> <p>List of Charitable Choice Programs within State</p>
Substance Use Disorder	<ul style="list-style-type: none"> • Study the adolescent data and its impacting youth. • Beginning universal screening for adolescents. • What is missing for these youth? • What are they not getting from their family? 	SUD Adolescent Data
Law & Policy Data	Misc. Data Requests.	<p>The number of youth who are on the SED waiver</p> <p>Is there any data on severity?</p> <p>How many SED move to SPMI</p>

		<p>How many fail to show up for appointments from CMHC's?</p> <p>Where are CMHC's at with diagnosing Substance Use Disorder / Co-Occurring?</p> <p>Data for human trafficking</p>
Uniformity of Billing Codes	<ul style="list-style-type: none"> • Reserved codes for only the CMHC's • We don't have an "anyone" provider system • Kansas has opened some of the billing codes for all providers 	
Prevention Data		<p>Medicaid Expansion – A percent of population that is not being served</p> <p># Of Kansan's that won't be insured. KHI has the data.</p>
Chronicity – Frequent Flyers	<ul style="list-style-type: none"> • Nothing works • Assertive Community Treatment Programs (EBP) <ul style="list-style-type: none"> http://store.samhsa.gov/product/Assertive-Community-Treatment-ACT-Evidence-Based-Practices-EBP-KIT/SMA08-4345 <ul style="list-style-type: none"> ○ These programs are for high utilizers ○ It's expensive ○ It's hard to maintain fidelity in rural settings • How to insert strengths based case management • Cost is the #1 reason why they don't obtain services. 	Are there needs assessments?
Is there a need for incentives? Anosognosia (Psychotic Disorders)	<ul style="list-style-type: none"> • There is a portion of the population that has such significant psychotic disorders the CMHC may not be able to have a large impact. • If you are so wired/compelled to complete compulsive behavior, you may not be able to have a positive impact 	
Creating Marketing	<ul style="list-style-type: none"> • Sharing information / providing education to community members about mental illness 	

<p>Campaign</p> <p>Reducing the stigma of mental illness</p>	<ul style="list-style-type: none"> ○ Challenge for the CMHC network to meet the needs of the community ○ Concern about the creation of waiting lists ● Encourage people to get help earlier ● SUD Prevention Data (Public Awareness / Campaign) ● Drop In centers / community outreach ● Radio PSA's 	
<p>Standardization of MH Forms</p>	<ul style="list-style-type: none"> ● Release of Information Forms / Templates 	
<p>Technical Requests:</p>	<ul style="list-style-type: none"> ● The need for electronic health records to follow youth so information isn't lost. 	
<p>If you had to pick one thing?</p>	<p>What would it take to move forward on this topic:</p> <ul style="list-style-type: none"> ● Prevention and Early Intervention ● Access & Engagement <p>Engagement of at-risk families and/or youth</p>	