

SUMMARY DOCUMENT NFC SUMMIT REPORTS AND OTHER RECOMMENDATIONS

Goal One - Americans Understand that Mental Health Is Essential to Overall Health

The Goal One Summit was held on August 25-26, 2005, hosted by Conlee Consulting Group. The goal of this summit was to begin a process for establishing a plan to increase Kansans' understanding that mental illness can be treated and recovery is possible through educating the public with appropriate messages targeted to the right audiences.

Group recommendations from the Goal One Summit include:

- Designate a lead agency, a subcommittee of the Governor's MH Services Planning Council, to develop appropriate messaging for target groups. This should also include formal advocacy training.
- When developing messages, the lead agency should keep several factors in mind...cultural and language barriers, audience and purpose.
- Create a plan to educate policy makers, employers, etc., with specific messages.
- Messages should include:
 - Mental illness is treatable
 - Services are available
 - Recovery is possible
 - Early identification improves outcomes
 - Good mental health is a public issue
 - Patient is the captain of his/her treatment
 - Treatment works
 - Mental illness is a medical illness
- Communication vehicles should include: clearinghouses, web site, broad communications venues, venues to share consumer/family success stories, community events, statewide medial relations, simply get the message out.

Goal One Recommendations from Consumer Recovery Leadership Summit-2004

- Create a long-term education strategy to improve public understanding of the personal experiences of those in recovery, targeting: Family (education at time person is diagnosed); first responders (required annually); general public (through a nationally-recognized spokesperson); clergy and faith community; local SRS workers; consumers (to increase tolerance and acceptance); and the judicial system.
- Expand the number of warm-lines that are connected to professional crisis services that have consumer staff (that have ready access to WRAP Plans) and treat all crises as serious, respecting each caller.
- Support a "buddy system" and respite care system on a statewide basis.

Goal One Strategies from Aging Summit 2004

- Primary Care Medical Doctors must be trained to provide mental health services, particularly for older adults
- Raise awareness of what geriatric mental health services are available.
- Bring mental health care people and medical people together
 1. Fewer and fewer doctors taking Medicare patients
 2. Don't believe current politicians will do anything about mental health care --we need to bond together
 3. More training for geriatric care providers
 - a. Have enough workers to meet demands
 - b. People who provide services need to be covered by Medicare
 - c. Statewide training, however what works in rural areas may not work in cities
 - d. Have more pilot programs
 - e. Concentrate more on prevention
 - 1). Prevention and home health care less expensive

Goal One Strategies from Aging Summit 2005

- Create opportunities to share information on what has been done and what is working
- Combine resources/coordination of dollars, get entire community (mental health providers, area agencies on aging, hospitals, doctors, neighborhood associations, fire and police departments) involved in defining what is needed
- Inform politicians; involve local and city officials in developing local coalitions that are committed to have personnel involved in improving communication and supports to the elderly
- Educate physicians and their offices on what services are available in the community
- Increase knowledge of services available within each service provider systems
- Senior Centers, congregate meal sites, faith-based organizations, senior housing, assisted living facilities, nursing facilities, area agencies on aging, independent living centers, adult protective services, mental health centers/professionals, doctors, nurses, community businesses, associations, transportation, and volunteer organizations can build a sense of community and look at models like the gatekeeper program in Topeka
- Develop a model similar to the Program for All-inclusive Care for the Elderly (PACE)-a medical program that coordinates all needed services with incentives for keeping services in the home versus nursing home
- All aging service providers, community mental health centers and area agencies on aging coordinating education and outreach efforts ensuring accurate information is shared and available to all older adults and their families
- Entire community involvement/collaboration in providing service options

Goal Two - Mental Health Care is Consumer and Family Driven

The goal two summits were held in June 2005 in Wichita and were sponsored by the Mental Health Association of Kansas. The first, incorporated into the annual Recovery Conference held May 31-June 2, 2005. The second was held June 16 & 17.

During the 2005 Fifth Annual Kansas Recovery Conference attendees provided input and suggestions for Goal 2 (e.g., mental health is consumer and family driven) by participating in surveys and breakout sessions. The purpose of the current report is to summarize findings from these activities. Based on participants' preferred future, closing discussions centered on their recommended strategies and activities. After participants shared their ideas and recommendations at tables, they noted their top recommendations, followed by a large group call-out of the top recommendations to help further consumer-driven mental health care in Kansas.

Goal Two Recommendations from the Consumer Recovery Conference / Goal Two Summit, June 2005

- Well organized approach
- Education Programs thru advocacy and self-help groups. To help consumers invest in their own wellness and to be assertive and involving their families in the recovery process. To educate family members to understand mental illnesses and recovery.
- Pressure on legislature and agencies for funding. Dollars going to consumer needs.
- Establish a mental health restructuring committee composed of mental health consumers, advocates, service providers, community leaders.
- Consumers will have to be in the majority on boards. Outreach education, to consumers. Medicaid needs to fund a more recovery model rather than a medical model.
- Gather more support system
 - Having a lobbyist spec. for mental health
 - Required education for clients, public, medical etc., judges
 - Support for Senate Bill 30
 - Community education
 - Different laws concerning felonies and resource acquisition
- Consumers growing, taking others with us, and participating at higher levels (such as in government). Independent boards in town. Modify area mental health centers so that consumers can achieve their goals and be ahead.
- Power to vote/educate. We are all a family. Find a right doctor. Work together. Utilize "Consumers as Providers"
- Research
- Using funds appropriately in various ways
 - Funding following the client
 - Recognizing rural and urban funding differences
 - Consistent evaluation of programs

- Evidence-based practice
- Focus on outcomes
- Families and community need to encourage and empower consumers to achieve independent living goals.
- Look at consumers through the lens of recovery and not the lens of illness.
- Improving quality of service to consumers and also have a consumer representative to address the issues pertinent to individuals in area and at the state level.
- Have head of SRS and/or Governor visit sites, communities, committees, etc. Contact consumer representatives to discuss issues pertinent at the time.
- Education to believe that recovery is real
- Establish consumer-provided training to all entities involved/affected
- Consumers are going to have to organize more effectively
- ½ % National Sales Tax dedicated to mental health.
- Parity between SSI & SSPI.

Goal Two Recommendations from the Consumer Recovery Leadership Summit, June 2004

- Ongoing education for mental health professionals, medical professionals and community members by consumers only about current treatments available and alternative treatment options (e.g., WRAP).
- Identify best practices across Kansas and establish a unified, fully funded standard of care which addresses: Consumer choice, consumer input into treatment, and models for consumers working at CMHCs
- Require advisory councils made up of consumers at all CMHCs
- Provide advocacy training to consumers
- The Kansas Consumer Advisory Council for Adult Mental Health will create a partnership with Disability Rights Center of Kansas to provide grassroots education about patient rights - focus on consumer choice, right to quality health care, legal/civil rights.
- Improve access to quality care in rural areas, including: more psychiatrists, better ongoing training, and use of consumer-to-consumer supports.

Goal Two Strategies from Aging Summit 2004

- Offer more peer and family support groups
 - a. Support groups don't usually have older adult consumers
 - b. Mental health centers need to take a leading role
 - c. More model programs
 - 1). Example: Topeka Health Care 55
 - 2). Example: Gatekeeper Program
- Elder Care is under represented on many committees

Goal Two Strategies from Aging Summit 2005

- Utilization of senior volunteers to provide support and assistance to elderly with needs through programs such as: Senior Companions, Foster Grandparents, and the Retired Senior Volunteer Program

- Form coalition with faith-based organization within three communities to establish services for family and those who have dementia
- Arts and Inspiration centers.

Goal Three - Disparities in Mental Health Services are Eliminated

The Goal Three NFC Summit was held in Garden City in December 2004, sponsored by the Council, and included 85 consumers and families, service providers, state agency personnel and state mental health leaders. Some of the recommendations from this summit:

Cultural Competency

Critical issues identified include forms and materials available in multiple languages, system of bilingual providers, improve outreach, include schools and law enforcement more effectively in planning and service delivery, develop skills and language to relate to a variety of religious leaders, and policies and procedures need to reflect cultural norms.

Infrastructure and System Administration: Increase availability of services, education and training; create a center for cultural competency; develop standards for language interpreters.

Service Delivery and Planning: Determine strategies to engage parents, families and consumers more actively in statewide planning; seek new and innovative venues for mental health service delivery through schools; create interdisciplinary partnerships with daycare providers and schools; add a model to Community Support System process whereby cultural competency is measured.

Human Resources and Training: Expand cultural competency in a wide range of community agencies utilizing local/community resources and cultural context of that community; increase access to bi-lingual bicultural and masters level professionals through scholarships, college/university students; encourage training and employment of minority attendant care and other support staff to motivate pursuit of higher education in those areas. Increase funding for recruitment, training, etc., of minority (culturally competent) professionals. Increase involvement of parents and consumers as advocates through approaches that include one on one contact information about people and events at community, county, and regional levels. Include establishing a statewide internet calendar. Identify minority community leaders, faith-based leadership, etc. and educate/engage them in helping their constituents be involved, through outreach, education, and inclusion on committees, etc. Utilize faith-based resources to build cultural competency and minority access to services. Encourage organizations and agencies to sponsor events or classes conducted by or that feature minority cultures and demonstrate their beliefs, values, traditions, etc. to enhance public and professional sensitivity and identification/acceptance. Promote and publicize resources and services available to persons with disabilities, minority status, etc. to maximize access to and utilization of medication benefits and rehabilitation services. Promote state revision of definition of severe and persistent mental illness (SPMI) for greater inclusion. Develop and market a campaign to increase awareness of

mental illness as treatable illness, with recovery goals. Develop and distribute brochures, along with media promotion materials, etc. Go into schools and work to develop partner programs through their health classes. Participate in community events such as Cinco De Mayo. Recruitment programs for culturally competent staff aimed at high school students. Use community service organizations as a training site. Support groups should be available in more than one venue for all ages.

Financing: Provide funding for those who are willing to design culturally specific outreach. Provide funding for projects to increase workforce development in cultural sensitivity. Increase funding and identify need for more interpreters. Make culturally specific loan forgiveness for Mental Health. Resources are available to enable underinsured various access to services and sliding fee scales are reasonable across all incomes.

Advocacy/Policy & Legal: Develop and build access to public media. Present at Community Council meetings about needs.

Improve Access to Quality Care in Rural Settings

Critical issues identified include: Develop ways for CMHCs to provide effective, efficient service with travel/staff costs to outlying jails, physician offices for mental health screens, etc., with attention to reimbursement for service provided. Expand senior transportation services, including that provided by faith-based organizations, to include persons with a mental illness. Address cell phone access - does not give the coverage needed; lack of social and medical services; lack of attendant care services; respite and attendant care need to be more child friendly; few crisis services provide bilingual support; expand office hours; and conduct review of JJA to ensure level six referrals are appropriate.

Infrastructure and System Administration: Do a community assessment to identify true services gaps and develop a plan to fill them. Develop tax incentives for service providers. Work with community business development to encourage and assist service development.

Service Delivery and Planning: Increase mail/phone reminders by CMHCs. Develop groups for persons who miss sessions to reduce negative impact fiscally and still ensure service. Schedule more group services to minimize the funds lost in no shows. Collaborate with families and consumers to problem solve transportation and service delivery. Increase service hours after 5 p.m. Monday-Friday and weekends. Increase involvement by consumers and families in setting time, location, follow through on appointments. Develop a long term plan for the aging population (age 60+).

Human Resource & Training: Scholarships, tuition forgiveness, flexible hours to facilitate training, hiring, retention. Maximize consumers as providers using/hiring for attendant care. Offer employment benefits and bonuses for outstanding performance. Offer training and staff recognition programs. Train consumers and professionals together. Use technology to fill the gaps but remember to use best practice standards. Make CEUs easier to get locally.

Financing: Increase flexibility of Medicaid billing for transportation service. Restructure guidelines/reimbursement for services - case management, attendant care, etc. Eliminate new

spend down rules. Find funding sources to cover staff time for transport. Find funding to cover families with transportation expenses.

Advocacy/Policy & Legal: Organize our work to target specific legislative changes. Discuss the need for state policy around handcuffs and restraints.

As follow up to this summit, extensive work has been initiated to pursue some of the lessons learned, including planning to provide technical assistance in cultural sensitivity issues based upon the success of four pilot projects that focused on issues such as minority work force development, translation skills and resources, service information appropriate to age, ethnicity and education level, and outreach activities that capitalize on natural connections to existing community organizations. As part of the agenda for action, we will address ensuring that service resources are easily accessible to all cultural populations, and will focus on developing a workforce that reflects the diversity of Kansas.

Goal Three Recommendations From the Consumer Recovery Leadership Summit

- Advocate for affordable, safe, and decent housing in rural areas by: Temporary housing (upon discharge from state hospitals), Section 8 housing (revise rules to be more user-friendly), local respite care homeless shelters, transitional housing.
- Advocate for increased transportation in rural areas by: consumer run transportation services (grants for consumer-to-consumer transportation); Liability coverage for consumer run transportation services; Change Medicaid rules for transportation (nonmedical); Provide gas vouchers for consumers.
- Continue funding for networking opportunities for consumers to become informed about: Available services; rights; legislative issues.
- Increase mental health workplace diversity by promoting programs that encourage employment of consumers (e.g., job sharing, stress reduction, lower caseloads).
- Increase the number of minorities and consumers working in the mental health field that provide quality, culturally competent mental health services through a mentoring program
- Use mental health paraprofessionals working under guidance of mental health professionals.
- Develop or access accredited programs to train mental health consumers and minorities to become mental health paraprofessionals.
- Expand current transitional programs and provide new programs in areas where they don't exist (from middle to high school, from child to adult, to independent living).

Goal Three Strategies from Aging Summit 2004

- Accessibility in all communities for mental health services for older adults
- Eliminating disparities in mental health care services
- Hasn't always been a priority for legislature (both state and federal)
 1. Economy changes-priorities change
 2. The more rural you are the harder to get services

Goal Three Strategies from Aging Summit 2005

- Funding for rural areas that lack resources and services for the elderly population

Recommendations From the May 17 NGA Roundtable with State Agencies

- Establish Health and Human Services intensive summer institute for cross training transitioning to establishment of HHS degrees at state universities (convert institute to on-going CEU opportunity).

Goal Four - Early Mental Health Screening, Assessment, and Referral to Services Are Common Practice.

The NFC Goal Four Summit was held May 12-13, 2005. There are critical needs to be fully identified and addressed in the agenda for action related to all areas of early mental health screening, assessment and referrals, and related training for primary health care providers and providers in related systems.

Goal Four Strategies from Summit

- Promote the mental health of young children
- Improve and expand school mental health programs
- Screen for co-occurring mental and substance abuse disorders and link with integrated treatment strategies
- Screen for mental disorders in primary health care, across the lifespan, and connect to treatment and supports

Goal Four Strategies from Aging Summit 2004

- Early Screening for older adults

Goal Four Strategies from Aging Summit 2005

- Approaches to prevention and intervention that included:
 - 1) Peer support groups;
 - 2) Medication evaluation/counseling/case management;
 - 3) Depression screening, elder abuse prevention, education of seniors on mental health, and covering services which include housing;
 - 4) Help with Medicare issues, particularly medications and insurance;
 - 5) Nutrition based and work on helping older Kansans understand the importance of good nutrition;
 - 6) Educate, intervene, refer to physicians, senior diagnostic center and community mental health center;
 - 7) Nursing evaluation with proper referrals and follow-up;
 - 8) Facilitate development of grief and caregiver support groups
 - 9) Work one on one with other agencies
 - 10) Outreach to seniors at risk for abuse

Goal Five - Excellent Mental Health Care is Delivered and Research is Accelerated

The Goal Five NFC Summit was held in Kansas City in January 2005, sponsored by NAMI Kansas and included approximately 100 consumers and families, service providers, state agency personnel and state mental health leaders. The following are some recommendations from the draft report of this summit.

Accelerate Research to Promote Recovery and Resilience, and Ultimately to Cure and Prevent Mental Illnesses

Infrastructure and System Administration: Build coalition community that extends beyond the universities. Promote message of hope, recovery, and cure to all. Promote interdependent groups of research, training and services working together to understand mutual goals, values, and various perspectives. Need to have an infrastructure to support financing of dissemination of information.

Service Delivery and Planning: Crisis stabilization. CROs, networking information from providers, using public service announcements, websites, and a constant feedback loop between consumers and their local SRS offices.

Human Resources and Training: Using consumer & families to educate each other to navigate agencies and resources. Educate schools, doctors, primary care workers, churches on stigma busting.

Financing: Money to implement evidence based practices (EBPs). Reimbursement from Medicaid/Medicare for EBPs. Funding sources to support local priorities.

Advocacy/Policy & Legal: Research partnership efforts with people who are stakeholders in the system. Identify and advocate eliminating gaps in housing.

Advance Evidence-Based Practices Using Dissemination and Demonstration Projects and Create a Public-Private Partnership to Guide their Implementation.

Infrastructure and System Administration: Initiate and expand community coalitions to confront challenges of educational and language barriers that would interfere with consumer self advocacy. Combine licensing standards in situations where two governments share responsibility. Need a web based interactive system to act as a clearinghouse for any meeting concerning mental health, with the possibility “rating” the site. Would have to work with a national organization that could provide information that is available to consumers, families, providers, such as one discussed that is in California.

Service Delivery and Planning: Discharge- need planning and up to date info/data when doing transitional planning. Fidelity to EBPs, but have to have flexibility to meet individualized needs

of the consumer, who might be afraid that an EBP is too rigid. Use success stories such as NAMI's "In our own voice" to reach more people. Develop similar programs for children

Financing: Utilize, expand and fund existing consumer run organizations. Secure long term funding for two EBPs for adults and youth.

Advocacy/Policy & Legal: Need to sell EBP programs to community, funders and law makers

Improve and Expand the Workforce Providing Evidenced Based Mental Health Services and Supports and Develop the Knowledge Base in Four Understudied Areas: Mental Health Disparities, Long Term effects of Medications, Trauma and Acute Care

Infrastructure and System Administration: Creation of booklets for paraprofessional, sensitivity and cultural diversity training, regarding conceptualizing and implementing treatment options. Make sure that all stakeholders are involved in this process and on board.

Service Delivery and Planning: Providers have consistent services so that treatment continuum remains intact. Create classification of case managers with opportunities to grow in the career before burnout ensues.

Human Resources and Training: Increase the workforce by cross training between mental health and substance abuse. New career track for specifically rural with modified credit and experience requirements-must coordinate employers, state credentials and insurance payments. Case management programs for those out on parole, work release would require major community service requirement at a school, hospital or outpatient provider.

Financing: Explore ways to pay for case management programs for those on parole or work release. Find stipends for employee training in co-occurring mental illness and substance abuse

Advocacy/Policy & Legal: Education regarding connection between mental illness and substance abuse.

Goal Five Recommendations from the Consumer Recovery Leadership Summit

- Educate consumers to find/search for evidence-based approaches and develop and enhance ways to share this information: CRO network website; SRS Mental Health Information Exchange website; and University of Kansas website.
- Given evidence that treatment should consider the "whole person," find holistic approaches that include nutrition/vitamins; medical needs; physical wellness/exercise; spiritual (hope).
- Strengthen the review of "informed consent" to require that treatment plans are in the words of the consumer; reflect individual needs and preferences related to use of evidence based practices; assure the consumer understands options and basis for interventions
- Expand opportunities and remove barriers to employment in the mental health field for consumers by maximizing ADA provisions and addressing disincentives to work.

- Increase access to and graduation from college programs to increase the number of qualified mental health staff by expanding college credit/scholarship programs, and utilizing reasonable accommodations, and by expanding training programs.

Goal Five Strategies from Aging Summit 2004

- Collecting information on what people want to know about mental health services
- Education for staff needed
 1. Poor care
 2. Patients over medicated
 3. Patients over or under stimulated
 4. Nursing homes don't want to train their staff due to high turnover
- Need awareness and training
 1. Specialize in mental health care and geriatrics
 2. Caregivers are getting older
 - a. About 26% of American population act as care givers
 - b. About 64% of caregivers get depressed at some point
- Care needs to be nontraditional
 1. Go to their homes when necessary
 2. Provide services, which keep them in their homes
- Lots of different systems need to pull together
- Have more braided funding
 - a. Federal dollars are hard to work with
- Collaboration
 - a. People don't know what's going on
 - b. Start at a local level
 - 1). Example: Osawatomie group got affordable housing created in their area

Goal Five Strategies from Aging Summit 2005

- Combine efforts to seek out grant funding, doing more with less philosophy
- Identify wasteful service practices that may be caused by existing procedures, such as multiple case managers that may overlap
- Identify functions that are critical practices based on current best practices
- Fund pilots based on best practices and research
- Offer loan forgiveness, scholarships for rural areas
- Offer stipends for work, certification, education, e.g. Perkins forgiven if willing to commit to working with elderly instead of children
- Work with nursing homes/retirement communities, Medicare/Medicaid agencies, mental health providers, hospitals, Board of Regents, churches, etc., to increase opportunities for practicums and to educate everyone on what is a normal part of healthy aging

- Review/evaluate laws that deal with licensing of professionals who can provide services and what those services should look like, especially for community based mental health services for seniors
- Increase outreach/education to high schools, junior colleges and universities to encourage new professionals to enter aging arena
- Encourage requirements of geriatric study in field placements
- Kansas should re-instate incidental type two billing
- Modify ARNP protocol
- Promote more individuals going into psychiatric nursing
- Combine efforts to find grants/match funds to provide aging specialists
- Government negotiating with private vendors to provide formularies for psych medications
- Consider developing programs that are based off of research; what do other states have for programs that are supported by research on mental health and aging
- Crisis assessment program for seniors

Goal Six - Technology is Used to Access Mental Health Care and Information

The Goal six NFC Summit was held in Topeka in November 2004, sponsored by the Association of Community Mental Health Centers of Kansas, and included approximately 90 consumers and families, service providers, state agency personnel and state mental health leaders. The following are some of the recommendations from this summit:

Disseminate Information Using Technology – Critical issues identified included how to ensure community collaboration i.e.: the best interest of the child with JJA and schools. How can barriers for people with disabilities be removed? How to overcome language barriers? How can agencies find and fund equipment for their IT infrastructure? How to reduce HIPPA barriers between agencies and encourage cooperation?

Infrastructure and System Administration: Build a wireless infrastructure in rural areas. Include community partners in the development of a webpage. IT equipment for agencies.

Service Delivery and Planning: Work toward a comprehensive website and educate professionals to share information. Develop webpage that addresses language barriers

Human Resources and Training: Increase telepsychiatric network in rural Kansas.

Financing: Find funding for webpage development increasing telepsychiatric network and IT equipment. Staff training. Use webpage to get people information on insurance and other care coverage.

Advocacy/Policy & Legal: Develop encryption system for posting and accessing information to reduce HIPPA barriers.

Improve Access/Coordination of Mental Health Care Using Technology – Critical issues identified included how can telehealth promote a more family/consumer driven service? How do we build a trusting relationship between clients and provider without face to face contact? How can all providers for a consumer participate in the e-health system?

Infrastructure and System Administration: Communication to better use time and technology, efficiently use teleconference systems, cell phones, wireless internet, palm email.

Service Delivery and Planning: Have pre-meetings with all providers to identify goals with all parties with mental health case manager being the key point person. Need a statewide supported internet to help mental health providers online to work on plan of care with level six priorities

Advocacy/Policy & Legal: Need for education of consumers and workers relevant to the use of all above mentioned equipment

Electronic Medical Records Coordination and Sharing – Critical issues identified included how to overcome geographic barriers? How is data standardized? How to achieve infrastructure compatibility? How should technology be used to support EBPs? How do you get commitment from providers?

Infrastructure and System Administration: Get statewide use of e-health records in place. Secure commitment from community partners to standardize data elements and definitions.

Service Delivery and Planning: Conduct a statewide needs and wants assessment to determine resources i.e. hardware, staff, funding, and unique communication needs

Human Resources and Training: Train staff on use of e-health records, and other technology

Financing: Secure funding to establish an e-health system and train staff and community partners

Confidentiality of Personal Health Information – Critical issues identified included who has access to record and what is the security to protect them? Who gets into the file, why and what was taken? How do we address the problem of confidentiality with HIPPA? What are the rules related to foster care, substance abuse, JJA, adult corrections, education?

Infrastructure and System Administration: Conduct massive focus group to address community mental health centers, consumers, schools, doctors and other agencies.

Service Delivery and Planning: Create an encyclopedic guide to confidentiality. Educate parents around implications of HIPPA laws

Goal Six Strategies from Aging Summit 2005

- Use technology (televideo/telehealth models) for support groups and possibly providing services