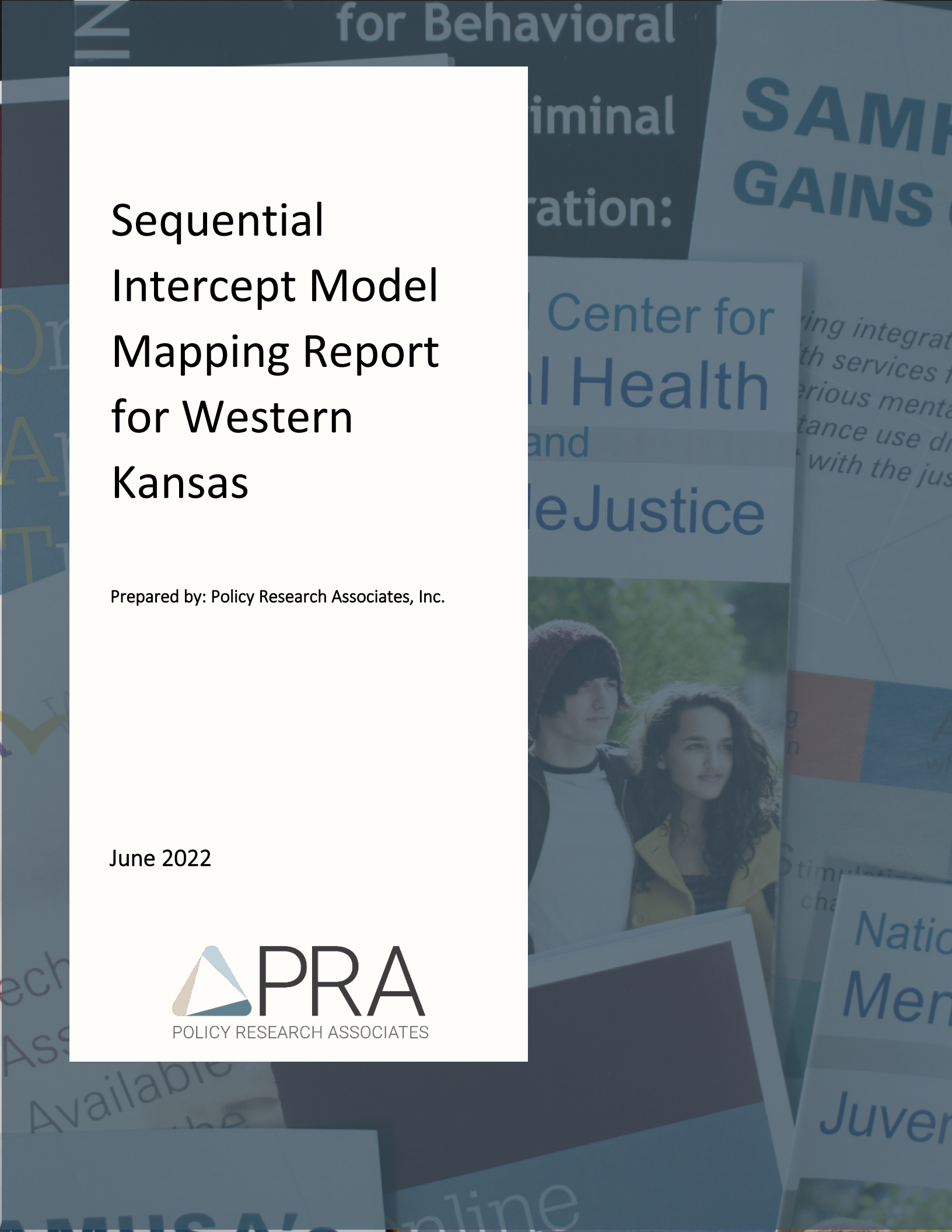
Sequential Intercept Model Mapping Report for Western Kansas

Prepared by: Policy Research Associates, Inc.

June 2022



PRA
POLICY RESEARCH ASSOCIATES

Sequential Intercept Model Mapping Report for Western Kansas

Final Report

June 2022

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ACKNOWLEDGEMENTS

This report was prepared by Regina Huerter and Debra Pinals of Policy Research Associates. Policy Research Associates wishes to thank Audra Goldsmith for organizing the Sequential Intercept Model Mapping Workshop for Western Kansas, and for hosting the event. PRA also wishes to thank all the local stakeholders that participated.

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INTRODUCTION

The Sequential Intercept Model (SIM), developed by Mark R. Munetz, M.D. and Patricia A. Griffin, Ph.D.,[1] provides a conceptual framework for jurisdictions interested in exploring the intersection of behavioral health and criminal justice, assessing available resources, identifying gaps in services, and conducting strategic planning. These activities are best accomplished by a diverse cross-system group of stakeholders from the behavioral health and criminal justice systems including mental health and substance use treatment providers, law enforcement and other first responders, courts, jails, community corrections, social service agencies, housing providers, people with lived experience, family members, and many others.

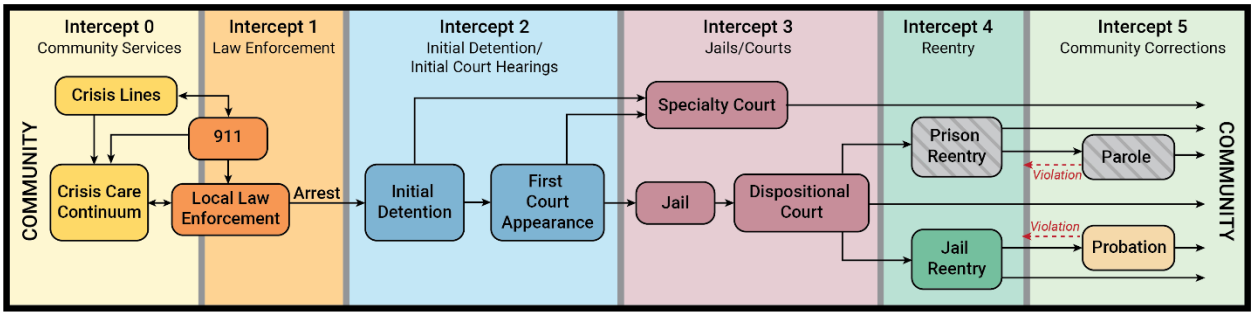
SIM Mapping is a process that results in the development of a map that illustrates how people with mental and substance use disorders enter and move through the criminal justice system. Through the process, facilitators and participants identify opportunities for linkage to treatment and other support services, and for prevention of further penetration into the criminal justice system.

SIM Mapping has three primary objectives:

1. The development of a comprehensive picture of how people with mental and substance use disorders enter and move through the criminal justice system along six distinct intercept points: (0) Community Services, (1) Law Enforcement (2) Initial Detention and Court Hearings, (3) Jails and Courts, (4) Reentry, and (5) Community Corrections.

2. Identification of resources, gaps in services, and opportunities at each intercept for individuals in the target population.

3. The development of priorities for change and strategic action plans.



[1] Munetz, M., & Griffin, P. (2006). A systemic approach to the de-criminalization of people with serious mental illness: The Sequential Intercept Model. *Psychiatric Services*, *57*, 544-549.

BACKGROUND

On June 15, 2022, Policy Research Associates (PRA) convened a cross-system group of criminal justice and behavioral health system stakeholders from Western Kansas for an in-person Sequential Intercept Model (SIM) Mapping Workshop. PRA delivered a presentation on the SIM and facilitated discussions focused on identifying available resources for responding to the needs of adults with mental and substance use disorders involved in the criminal justice system, as well as gaps in services. The discussions covered all intercepts of the SIM.

Over sixty individuals representing service providers, law enforcement, Sheriffs, corrections officers, advocates, and peers from forty-five counties were represented at this large cross county and mental health catchment area meeting. Given the large size of the catchment area that was the focus of the workshop, the discussions focused more broadly on higher-level resources, gaps in services, challenges, and opportunities. A voting process was also used to provide participants with an opportunity to prioritize gaps in services that were identified during the workshop.

Many workshop participants also participated in one of three subsequent virtual meetings, during which participants reviewed the voting results, discussed their top priorities in more detail, and developed strategic action plans that outline next steps for beginning to address the top priority areas. On, June 16, 2022, PRA convened participants from High Plains Mental Health Center and Catchment Area 18. On July 7th, PRA convened participants from the Center for Counseling and Consultation and Catchment Area 24. On July 12, 2022, PRA convened participants from Compass Behavioral Health and Catchment Area 1.

The following report was developed based on information gathered from participants during the meetings.

AGENDA (PART I)

Sequential Intercept Model Mapping Workshop

Western Kansas

June 15th, 2022

8:30 **Registration**

9:00 **Opening**

- Welcome and Introductions
- Overview of the Workshop
- Workshop Focus, Goals, and Tasks
- Collaboration: What's Happening Locally

What Works!

- Keys to Success

The Sequential Intercept Model

- The Basis of Cross-Systems Mapping
- Six Key Points for Interception

Cross-Systems Mapping

- Creating a Local Map
- Examining the Gaps and Opportunities

Establishing Priorities

- Identify Potential, Promising Areas for Modification Within the Existing System
- Top Five List
- Collaborating for Progress

Wrap Up

- Review

4:30 **Adjourn**

AGENDA (PART II)

Sequential Intercept Model Mapping Workshop

Western Kansas

Session I: June 16, 2022 (Catchment Area 18)
Session II: July 7, 2022 (Catchment Area 24)
Session III: July 12, 2022 (Catchment Area 1)

8:30 **Registration and Networking**

9:00 **Opening**

- Remarks
- Preview of the Day

Review

- Day 1 Accomplishments
- Local County Priorities
- Keys to Success in Community

Action Planning

Finalizing the Action Plan

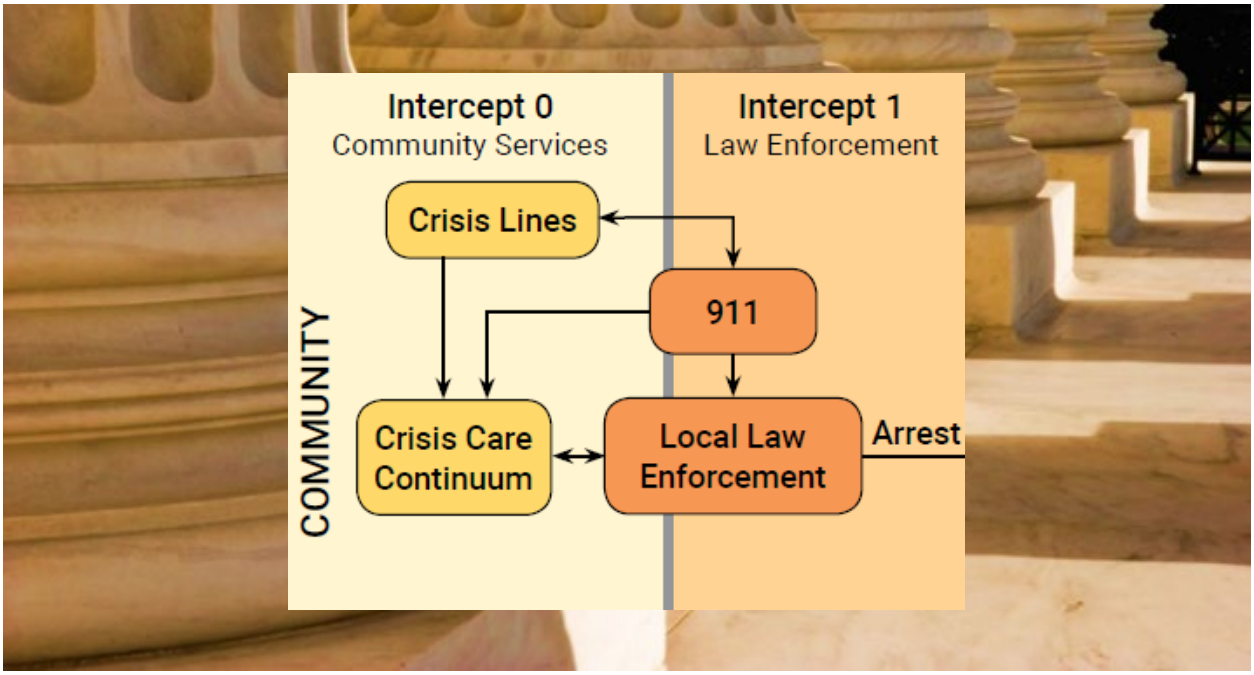
Next Steps

Summary and Closing

12:30 **Adjourn**

Resources and Gaps at Each Intercept

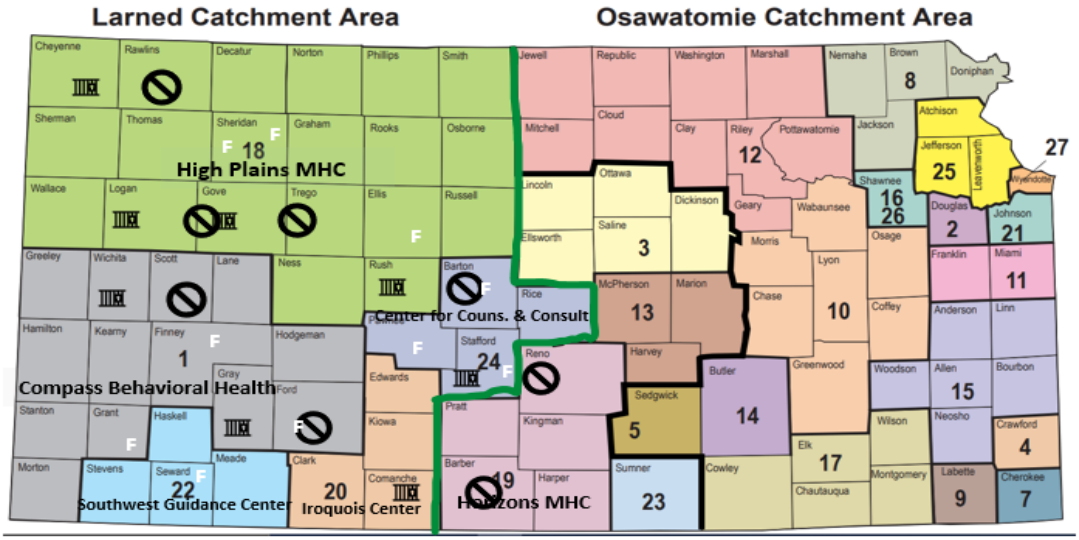
The facilitators work with the workshop participants to identify resources and gaps at each intercept. This catalog can be used by planners to establish greater opportunities for improving public safety and public health outcomes for people with mental and substance use disorders by addressing the gaps and building on existing resources.



INTERCEPT 0 AND INTERCEPT 1

INTERCEPT 0 AND 1 RESOURCES

The SIM Workshop for Western Kansas focused on five of the 26 catchment areas served by Community Mental Health Centers, covering 45 counties (all counties left of the green line).



- (18) High Plains MHC/ Developmental Services of Northwest KS, Inc.
- (1) Compass Behavioral Health/ Southwest Developmental Services, Inc.
- (22) Southwest Guidance Center/ Arrowhead West, Inc.
- (20) Iroquois Center for Human Dev/ Arrowhead West, Inc.
- (24) Center for Couns & Consultation/ Southwest Developmental Services, Inc.

No Jails located in these counties, including either Hamilton or Hodgeman

Community Mental Health Centers

Western Kansas is home to five community mental health centers that serve the 45 counties.

- *High Plains Mental Health Center* (HPMHC), KS Mental Health Catchment area #18,
- is a Certified Community Behavioral Health Center (CCBHC) and licensed substance use disorder treatment program.
    - HPMHC serves 20 counties through 6-full-time offices and 20 additional service locations. Counties served: Cheyenne, Decatur, Ellis, Gove, Graham, Logan, Ness, Norton, Osborne, Phillips, Rawlins, Rooks, Russ, Russell, Sheridan, Sherman, Smith, Thomas, Trego, and Wallace.
    - Full-time offices are in: Norton, Phillips, Sherman, Thomas, Osborne, and Ellis.
    - Payment: Fee for service, and insurance including Medicaid. Approximately 15% of patients are uninsured.
    - Telehealth services are widely used.
    - Treatment services including medication and medication management.
    - Voluntary 4 bed, 72-hour crisis stabilization unit in Hays, KS (Ellis County) for
    - male and female populations; ages 18+.
    - Manage two properties: Woodhaven in Hays, and Colby House in Colby.
- CBHC High Plains Mental Health Center | HPMHC is the Comprehensive Community Mental Health Center for Northwest Kansas. "We're Here For You!"

- *Compass Behavioral Health* (CBHC), KS Mental Health Catchment Area # 1, is a community mental health center and licensed substance use disorder treatment program.
    - CBHC serves 13 counties in Southwest KS.: Finney, Ford, Grant, Gray, Greeley, Hamilton, Hodgeman, Kearny, Lane, Morton, Scott, Stanton, and Wichita. through 4 full-time offices in Garden City, Dodge City, Ulysses, and Scott City. Main office is in Garden City, KS.
    - Housing program
    - Treatment services including medication and medication management.
    - Compass Suboxone Clinic sees fewer than 10 individuals.
    - Supported employment
    - Mental Health Center in Garden City, KS | Compass Behavioral Health (compassbh.org)

- *Southwest Guidance Center (SGCMHC*), KS Mental Health Catchment Area #22 is a community mental health center.
    - Serves 4 counties: Seward, Stevens, Haskell, and Meade. Main office is in Liberal, KS.
    - Southwest Guidance Center - Counseling Agency - OpenCounseling

- *Iroquois Center for Human Development* (ICHD), KS Mental Health Catchment area #20, is a community mental health center; SUD services are also provided.
    - Serves 4 counties: Clark, Comanche, Edwards, and Kiowa. Main office is in Greensburg, KS.
    - Manage the Oak Haven Apartments.
    - 24/hr. crisis 620-723-2656
    - Iroquois Center for Human Development (irqcenter.com)

- *Center for Counseling and Consultation (CCC, The Center),* KS Mental Health Catchment area #24 is a community mental health center.
    - Serves 4 counties: Barton, Rice, Strafford, and Pawnee.
    - Offices can be found in Great Bend, Larned, Strafford, and Lyons, KS.
    - 24/hr. crisis line: 620-792-2544 The Center for Counseling and Consultation | Mental Health Center (thecentergb.org)

9-1-1 Dispatch / Crisis Lines

- Community Mental Health Center 24-hr Hotlines CMHC 24-Hour Crisis Lines (ks.gov)
- 911 is the primary emergency dispatch in each county.
- Planning meetings for the implementation of 9-8-8 are occurring through a statewide steering committee. The current 24-hour suicide hotline can be used for crisis response, along with veterans and domestic violence hotlines. Only two of the SIM participants in attendance have participated on the 988 statewide implementation committee.
- Some CMHCs operate their own crisis call lines and perform crisis assessments.
    - High Plains Mental Health Center 24-hour crisis line: 800-432-0333.
    - Ellis County, dispatchers work with High Plains Mental Health Center to perform a screening process at the hospital; law enforcement uses the Columbia Suicide Screening.
- Compass Behavioral Health Center crisis line: 800-259-9576.
    - Kearny County currently has 4 dispatchers, 4 jailers, and 6 officers. Screening processes are done through CBH.
    - The Center for Counseling has call lines: 620-792-2544 and 800-875-2544.
- Some officers are Crisis Intervention Team (CIT) trained, but there are no CIT trained response teams.

Psychiatric Hospitals

Kansas has two state-operated psychiatric hospitals.

- Larned State Hospital (LSH) serves mid-and Western Kansas and covers 40 counties. It was reported that access to Larned can be difficult due to waitlist and requirements. According to its website it has a bed capacity of 525 beds: Larned State Hospital (LSH) (ks.gov); LSH - Services and Programs (ks.gov)
    - Psychiatric Services Program (PSP) has 90 beds; 60 long-term; 30 for crisis.
    - State Security Program (SSP) has 220 beds, 200 Mentally Ill Forensic population; 20 beds Security Behavior Unit (SBU).
    - Sexual Predator Treatment Program (SPTP) has 225 beds; 218 located in LSH.

- Osawatomie serves the remainder of the State's 36 counties. Osawatomie State Hospital (OSH) (ks.gov)

Community Clinics and Hospitals

- There are Federally Qualified Health Care Centers (FQHC), FQHC lookalike and Safety Net Clinics across KS.
    - https://www.kdhe.ks.gov/DocumentCenter/View/558/FQHCs-Safety-Net-Clinics-Rural-Health-Clinics-List-PDF?bidId=
    - First Care Clinic in Hays, KS is an FQHC primarily serving Ellis County.
    - Hoxie Medical Clinic (FQHC) is part of Sheridan County Health and serves 13 northwest counties. There is an opportunity to expand Hoxie Medical Clinic by offering case management for behavioral health services.
- Psychiatric hospital systems include St. Catherine's in Garden City for voluntary patients with a 6-bed capacity.
- KVC private health care hospitals are in Wichita and in Kansas City KVC Health Systems | Healthcare | Human Services | Board of Directors | Nonprofit Member | Youth Services - Nonprofit Connect (npconnect.org)
- In Garden City, Compass Behavioral Health runs a 72-hour crisis house for children, Children's Crisis House, which has 5 crisis beds and 5 respite beds.
- The Center in Great Bend, KS has 1 bed for crisis stabilization and is Medicaid funded.
- White Plains Kansas Department of Disability and Aging (KDADS) has provided grant funding for MH services.

Crisis Care Continuum

- The most recent statewide mental health taskforce report identified many of the same gaps and needs as did SIM participants including the need for Regional Community Crisis Centers. Mental Health Task Force: Report to the Kansas Legislature, January 14, 2019 (ks.gov)
- Each county and catchment area has their own crisis care continuum based on resources but includes crisis lines, crisis response and evaluation with varying access to internal or external crisis care.
- Kansas University (KU) Center for Telemedicine and Telehealth (KUCTT) has been active for 30 years, especially in the more rural areas of Kansas. Center for Telemedicine & Telehealth (kumc.edu).
- All Community Mental Health Centers (CMHC) have been encouraged to apply for Certified Community Behavioral Health Clinic (CCBHC) certification.
    - Center for Counseling in Lyons, KS has a pending CCBHC certification for 2023
    - High Plains Mental Health Center is a CCBHC.
- Mental Health First Aid: www.mentalhealthfirstaid.org is a rural-specific resource for public safety trainings. Many CMHCs have staff trained as instructors.
- Center for Community Engagement and Collaboration (CCEC) at KU School of Social Welfare has workforce training to support behavioral health staff. www.socwel.ku.edu/CCEC
- Social Work Rural Resiliency Network is supported by KU-CCEC www.socwel.ku.edu/social-work-rural-resilience-network
- NAMI provides support groups: Opening an office in Ford, has an office in Ellis Homepage - NAMI Kansas
- Kansas Stepping Up Technical Assistance Center is working at the county level to help develop strategies to improve response to individuals living with mental illness and reduce criminal justice involvement. Kansas Stepping Up Technical Assistance Center - Step Up Together
- Websites such as Open Counseling provide information and resources in KS (accuracy was not reviewed) Kansas Mental Health Services Guide - OpenCounseling : OpenCounseling

Substance Use Disorder (SUD) Treatment

- Jail is typically the catch-all for individuals with SUD.
- There are two detoxication providers in this Western Region, the most centrally located in Dodge City.
- Free naloxone is available. Kansas Naloxone Program (ks.gov)

- Barton Oxford Houses are peer run sober living options, individuals must undergo an interview process to be accepted, but if they are turned down, they will still be eligible to apply for a different Oxford House.
    - Use an Equal Expenses Shared (EES) model.
    - 10 beds average, 9 facilities in Ellis County, 40 in Sedgwick
    - Individuals are directed into services, and Narcan is offered and used.
    - 2-week restriction for clean individuals, 30 days otherwise upon transitioning into Oxford House.
    - Open-door policy, involvement, and collaboration with local police departments
    - In Barton County Jail, inmates can fill out applications for the house
    - Medication Assisted Treatment (MAT) is an option, there is a locked pill box
- Ford County has two Suboxone providers: New Chance, which has a 30-bed inpatient unit for men only, and Dodge City, which has a 10-bed facility for withdrawal management of men and women.
- Hays Kansas has the Smoky Hill Foundation for Chemical Dependency.
- MAT is within state facilities or individuals are sent out to FCQHCs
    - Jail contracts with CKF Addiction Treatment out of Salina for Suboxone treatment and social withdrawal management.
- High Plains Mental Health has an MAT provider.
- Larned State Hospital has withdrawal management options.
- Reno County providers are Hutchinson and Breakthrough for medical withdrawal-management treatment providers.
- Opioid Response Network is a free resource: www.opioidresponsenetwork.org that offers consultants, trainings, support, and specific training for justice, corrections, and law enforcement. They specialize in prevention, treatment, and recovery of SUD. Sherrie Watkins is the regional contact through University of Missouri-Kansas City (UMKC).
- Compass Suboxone Clinic sees fewer than 10 individuals.
- The 6th annual Kansas Opioid and Stimulant Conference will be held on November 10th, 2022, in Topeka.
- Project Echo is available in Kansas as an opioid data project for an action grant.

Assisted Outpatient Treatment (AOT)

- Kansas AOT Project: pilot sites: Cowley, Douglas, Ellis, Ford, and Riley. Governor Laura Kelly Announces KDADS Awarded $4 Million Grant to Strengthen Outpatient Treatment Services for Kansans with Serious Mental Illness (ks.gov)
- Treatment Advocacy Center provides the following review of KS AOT and psychiatric beds Kansas - Treatment Advocacy Center
- Other counties with AOT include Sumner, Thomas, Reno, Butler, and Barton

ACT (Assertive Community Treatment) Team

ACT is not currently available 24/7, but the team is involved with the private provider Health Source for after-hours needs. After hours alerts will call an ACT on call, refer to a local hospital, or treat an individual the next day. The ACT team is serving 12 people now but have the capacity to provide services for 50 individuals. The team has one staff member with lived experience. act-training-flyer.pdf (ks.gov)

Homeless and Housing Services

- Kansas Statewide Homeless Coalition oversees the HUD Continuum of Care including the Balance of State Continuum of Care. About KS BoS CoC - KANSAS STATEWIDE HOMELESS COALITION (kshomeless.com). There are 9 Regions across Kansas.
    - Northwest KS is Region #1
    - Southwest KS is Region #2.
    - The Point in Time Survey, 2022 shows a total of 668 sheltered and 261 non-sheltered individuals across KS. Of those, in the northwest there were 4 unsheltered in Sherman County and 14 sheltered in Ellis County. In the southwest, 40 sheltered in and 35 unsheltered across Barton (18), Finney (38), Ford (8), and Seward (11). PIT - KANSAS STATEWIDE HOMELESS COALITION (kshomeless.com)

- The One ESG (Emergency Solutions Grant) through the Human Rights Commission (HRC) of Topeka is working on a housing program with federal funding. Funding is currently provided through the Department of Housing and Community Development.
    - Available for rapid re-housing, seeking funding for permanent supportive housing,
- Permanent supportive housing for co-occurring disorders is typically a housing voucher for Newton, KS but this program is often full
- Wood Haven 32 apartments for low-income and living with serious mental illness. Placements by HPMHC
- Housing units: Colby KS House and Ellis KS; 16 apartments each
- First Call For Help is through Ellis County Information, Referrals and Assistance HOME | First Call for Help (firstcallelliscounty.com)
- Offers housing resources with CCBHC partnership opportunities
- 18 counties meet monthly to discuss resources and opportunities

Veterans Services

- In Western Kansas, the Commission on Veterans Affairs has locations in Colby, Hays, and Dodge Office Locations - Kansas Commission on Veterans' Affairs (ks.gov)
- Veteran Justice Services are available in Leavenworth, Topeka and Wichita Leavenworth, VA Eastern Kansas Health Care System, Stacy Downey
    - Topeka, VA Eastern Kansas Health Care System, Stacy Downey Wichita, Robert J. Dole Department of Veterans Affairs Medical and Regional Office Center, Abigail Kirkpatrick

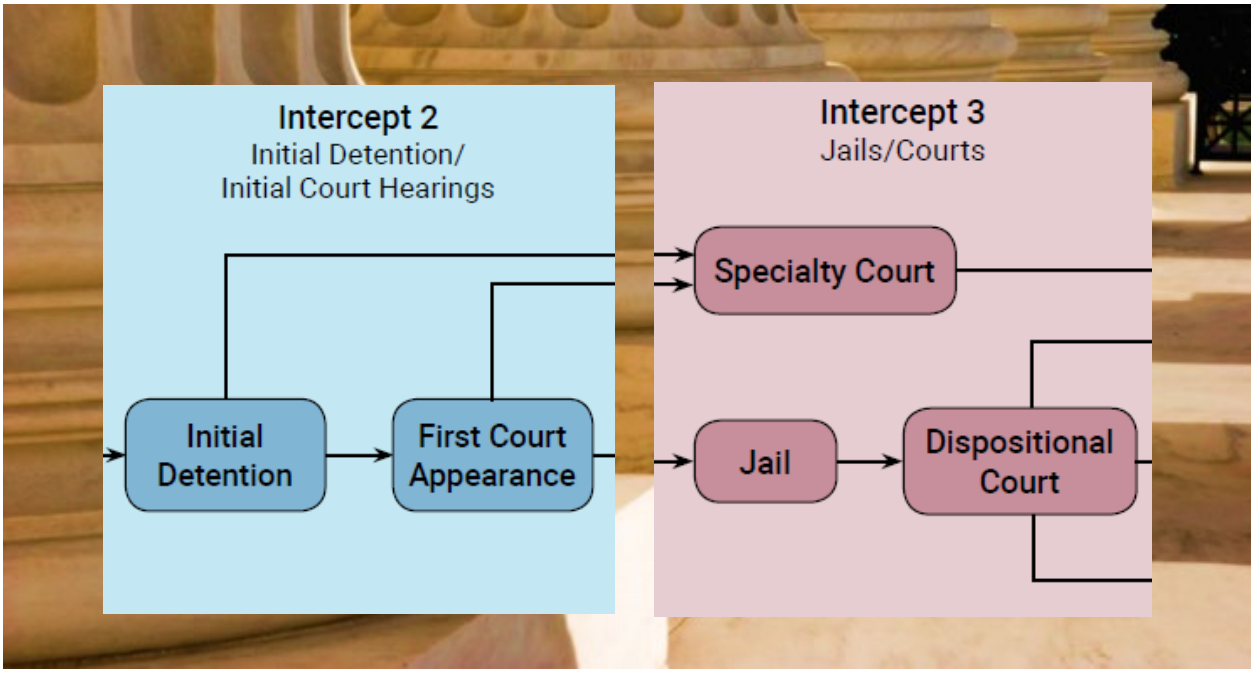
INTERCEPT 0 AND 1 GAPS AND OPPORTUNITIES

1. Crisis Response/Dispatch
2. In Western Regional Kansas there are no co-response (clinician and law enforcement) teams, even though many law enforcement agencies have CIT training. Johnson County, KS police has a very active CIT TEAM model.
3. Sheridan Co., and throughout the region there are workforce shortages, particularly within EMS – underfunded and understaffed
4. An opportunity here is data collection and the development of a dispatch rubric for triage of crises
5. Kansas is not a Medicaid Expansion State.
6. There is a funding gap within CCBHCs; an estimated 15% of patients are uninsured, and High Plains Mental Health Center, which serves 20 counties primarily accepts Medicaid.
7. There is a lack of inclusion and coordination with local FQHCs.
8. Individuals must be denied services before they are placed on the State Hospital waitlist.
9. There are designated State Institutional Alternatives (SIA), however, historically there are variations in access to services based on voluntary and involuntary nature. State Institutional Alternative (SIA) (ks.gov).
    a. There is very limited access to SIA in western KS, especially NW KS.
10. Lack of data and data analysis to sort populations, determine familiar faces who are frequently in need of services.
11. Housing
    a. Lack of housing options in general across the catchment areas.
    b. Significant gap on homeless services across western Kansas.
    c. There is no representative of NW regional Kansa for CoC, or Continuum of Care.
    d. Agencies have not been applying for the competitive housing funds offered by Continuum of Care (CoC) and Emergency Solutions Grant (ESG) funding

www.kshomeless.com is the CoC website. The Northwest Region covers Cheyenne, Sherman, Wallace, Rawlins, Thomas, Logan, Decatur, Sheridan, Gove, Norton, Graham, Trego, Phillips, Rooks, Ellis, Smith, Osborne, and Russell counties. earganbright@kshomeless.com is a contact.

e. Rural counties in NW Kansas have no homeless shelters, leading to more individuals "hiding" and unsheltered. Also leads to inaccurate data reporting, and related resources.
f. There is a homelessness stigma and lack of coherence on definitions of homelessness.
g. Schwaller Center crisis stabilization unit, Hays, KS. Operated by HPMHC
Completely voluntary. Beds are underutilized (not a Medicaid barrier), but they are empty, no referrals. Homeless population must meet medical needs for stabilization criteria

12. There are few psychiatric facilities for children within reasonable distance.
13. Crisis stabilization
    a. Need to increase awareness, and USE of the 4-bed crisis stabilization unit at High Plains Mental Health Center – this is a 72-hour facility with options to extend.
        i. Additionally, The Center has 1 bed for crisis stabilization that is underutilized, likely due to Medicaid funding requirement.
    b. There are Medication Assisted Treatment (MAT) gaps across Western Kansas.
    c. In Ford County, there is a gap in consistency for Suboxone providers, likely due to complications with the X waiver
14. Need for broader integration of peer services and supports across stakeholder groups.
15. Transportation to and from appointments is a tremendous gap across western KS.
16. Transportation to and from appointments is needed.
17. Workforce is a significant barrier to offering comprehensive and timely services.



INTERCEPT 2 AND INTERCEPT 3

INTERCEPT 2 AND 3 RESOURCES

Note: The workshop was not attended by court-based participants from every county or judicial district. The following information captures some of the general information related to KS courts and judicial districts, with specific information included as discussed by specific judicial districts.

Courts

In April 2022 a statewide mental health summit with over 600 participants was held in Topeka, KS. Kansas Courts - 2022 Kansas Mental Health Summit (kscourts.org)

Kansas has 31 Judicial Districts. 8 of those judicial districts are found in the western region.

- 15th: Cheyenne, Logan, Sheridan, Sherman, Rawlins, Thomas, Wallace
- 16th: Clark, Comanche, Ford, Gray, Kiowa, Meade
- 17th: Decatur, Graham, Norton, Osborne, Phillips, Smith
- 20th: Barton, Ellsworth, Rice, Russell, Stafford
- 23rd: Ellis, Gove, Rooks, Trego
- 24th: Edwards, Hodgeman, Lane, Ness, Pawnee, Rush
- 25th Finney, Greeley, Hamilton, Kearny, Scott, Wichita
- 26th: Grant, Haskell, Morton, Seward, Stanton, Stevens

Public Defenders

- There is a statewide public defender system in Kansas.

Initial Appearance, Arraignment and Bond

- Bond can be done through an Own Recognizance process.
- Pre-sentence Investigation is automatic for felonies.

Risk Need Responsivity (RNR) Assessments

Kansas has adopted two validated RNR assessment tools:

- Level of Service/Case Management Inventory (LS/CMI) rt2BC (assessments.com); multi-health-systems-usd (mhs.com)
- Women's Risk Need Assessment (WRNA) Women's Risk Needs Assessment Research (WRNA) - College of Social Work - The University of Utah

Specialty Courts and Caseloads

- Specialty Caseload in Ellis County with court services supervising misdemeanor cases.
- In some judicial districts community corrections supervisions are done through probation.
- Ellis County has a Drug Court (as well as a Mental Health Court)
    - This option has been available for 4 years, has had 51 graduates, and 23 individuals are currently involved.
    - Completion rate is about 75%; other data is being tracked.
    - Medication Assisted Treatment (MAT) is supported.
    - Drug Court receives BJA grant funding of $400,000 total over 3 years. This expires 9/30/2022, and a renewal application for 4 more years has been submitted.
- Ford County is in the process of establishing a Drug Court.
- Ellis and Ford Counties are both working on AOT (Assisted Outpatient Treatment) pilot programs with JAG. This opportunity would be through the civil court.
- Northwest Kansas Community Corrections (NWKCC) has an office in Ellis County; they sponsor methamphetamine specific treatment programs.
    - 10-12 client capacity, currently have 5 involved.

Jails / Medical Care Within the Jails

Finney County

- The jail has a capacity of 225, averaging about 100 individuals at a given time. 5-10 individuals need competence restoration in the jail.
    - Jail coordinators have met with Compass Behavioral Health service providers to work on co-responder services and are seeking alternative safety nets for individuals released.
    - There are 20 deputies and 2 are CIT trained

- Advanced Correctional Healthcare (ACH) can contract with the jail to send a nurse into the facility for up to 40 hours (this is a relatively new resource).
- Possible screening for crisis treatment is brought through the ER and is performed by Compass Behavioral Health.

Ellis County

- Jail has a capacity of 72, 65 individuals are currently in jail, and an average of 2 per day are screened for crisis stabilization needs.
- Columbia Suicide Screening is available through ACH as a remote screening, and then cases are sent out to High Plains Mental Health Center.
- In Ellis County the judge will internally assess jail times as a population review system.

Thomas County

- The jail has a capacity of 64, with 28 individuals now in custody, and an average of 4-5 per month screened for mental health crises.
- Medical care is covered by ACH.
- A mental health questionnaire is used and reported to a nurse. Nursing staff is available 24-hours a day.
- Enterpol is the jail management system, and the mental health questionnaire is available through this system.
- Therapy in the jail is provided through High Plains Mental Health Center.

Barton County

- Jail has a capacity of 108, with 75 individuals currently in the jail, and about 4 needing MH services (2 individuals are currently at the state hospital).
- There is a MH screen for all incoming inmates.
- Case management is performed through a jail liaison at The Center.
- On Monday, Wednesday, and Friday the medical providers have clearance to visit the jails. Doctors, nurses, and a surgeon will come in once a week through a third-party medical provider.
- Kiosk machines in the jail allow individuals to use video calls for MH needs, apply for Oxford Housing, and work around barriers of cost and accessibility. The kiosks advertise Oxford Housing and The Center.
- Medication formulary is done through the nurse.

Kearney County

- The jail can hold 20 people, currently has 4 detained and 3 of the 4 have MH needs.
- 1 individual in Kearney County Jail is waiting for state competence restoration.

- Individuals with MH needs are taken to the emergency room at Kearny County Hospital, otherwise Compass Behavioral Health is the health services provider.
- Enterpol is the jail management system which provides the MH questionnaire.

Enterpol is a widely used jail management system. Jail Management System (JMS) | Enterpol

Competence

There are current discussions of community-based restoration options.

Criminal Justice Legislation

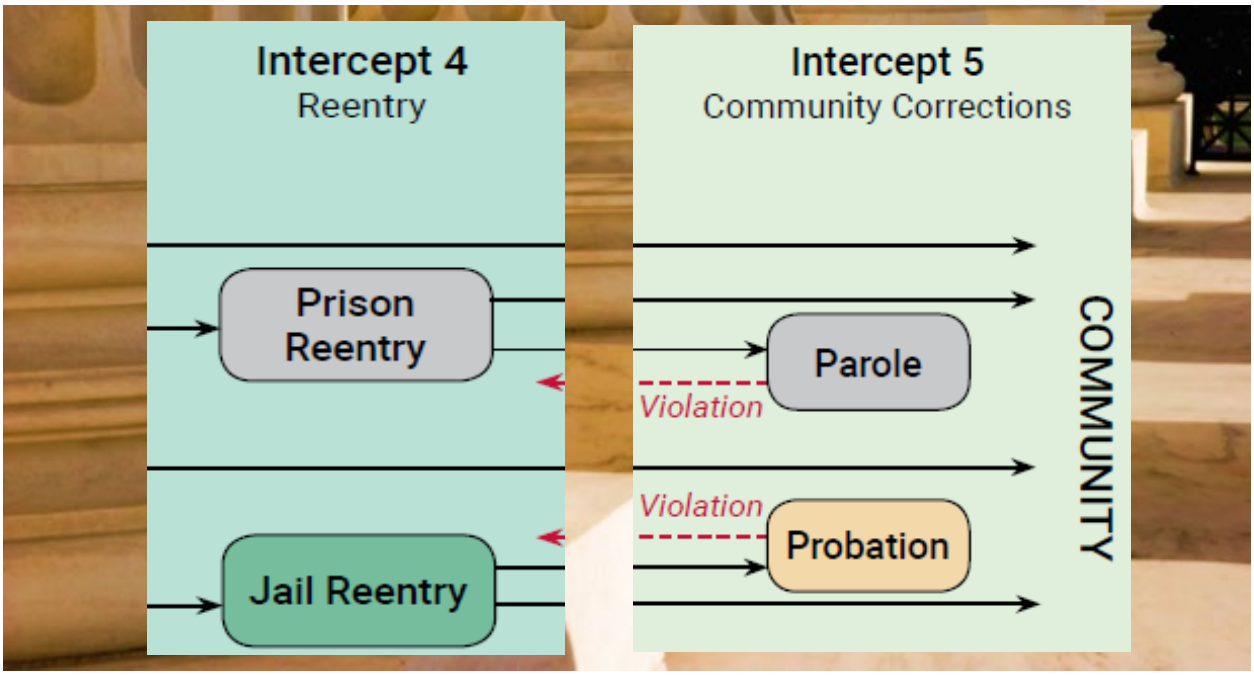
KLRD provides research and analysis for the KS Legislature. Their 2021 briefing book on mental health and criminal justice is available: Mental Health and the Criminal Justice System – KLRD with links to:

- Statewide Justice Reform Commission. The 2020 report to the KS Legislature: Report of the Kansas Criminal Justice Reform Commission to the 2020 Kansas Legislature (kslegresearch.org).
- The Mental Health and Drug Treatment Subcommittee recommendations related to SB 123 SB 123 (ks.gov)
    - Report of the Kansas Criminal Justice Reform Commission to the 2021 Legislature (kslegresearch.org)

INTERCEPT 2 AND 3 GAPS AND OPPORTUNITIES

1. Ellis County is seeking local level push for bail reform.
2. Jail Population Reviews, and related processes are not taking place across judicial districts. In Ellis County the judge does watch how long individuals are detained pre-trial.
3. There are no social workers assigned to the public defender system or offices. Lack of formal processes for diversion advocacy.
4. There are gaps and inconsistency in follow-up mental health care for individuals in and released from jails.
5. In most cases there is no formal jail-based needs assessment process, discharge planning or plan implementation.
6. There are gaps in data collection for tracking suicide screening cases. Only about 1 in 15 are taken to care providers in Thomas County.
7. There is a lack of data collection and cost allocation; or analysis within county/catchment areas or across the region.
8. General gaps in mental health care and deteriorating conditions within corrections.
9. There are gaps in screening protocols for SUD, brain injury, IDD, and other disabilities upon entering jails.

10. There are gaps in mental health workforce across providers and system stakeholders. In particular, the 17th judicial district noted it is short-staffed.
11. Sheriff departments noted being short staffed especially in patrol functions.
12. There are opportunities for more nuanced training (ex. for crisis intervention and response).
13. Court Services, overseen by the Office of Judicial Administration (OJA), for the state of Kansas, is not allowed to have or carry Narcan in offices.
14. Transportation to and from appointments is needed.
15. Workforce shortages are throughout the western region and in each discipline/system.
16. One identified gap within courts has been assigning clients to community corrections since the pandemic started. There are challenges to motivate individuals in community corrections with high recidivism rates.



INTERCEPT 4 AND INTERCEPT 5

INTERCEPT 4 AND 5 RESOURCES

Kansas Department of Corrections (KDOC)

There are three prisons within the identified Western Kansas /Larned Catchment area: Topeka Correctional Facility, Hutchinson Correctional Facility, and a pending facility in Norton, KS.

Probation and Parole

Caseloads have decreased from 300 down to 160 for larger districts, with about 40-50 people per court service officer.

- Officers average 90 contacts per month.
- Probation and Parole officers are very willing to coordinate with CMHCs

Northwest Kansas Community Corrections (NWKCC) supervises community corrections and parole in 17 counties (the 17th, 15th, and 23rd judicial districts).

- There is a NWKCC governing board: Northwest Kansas Community Corrections and Northwest Kansas juvenile services governing Board | Hays, KS (haysusa.com)

There are intentional liaison partnerships between community mental health centers substance use disorder treatment services and Drug Court. Community Corrections and Court services staff time is supported by the SAMHSA Hope Grant.

Kansas Department of Correction (KDOC) has funded a behavioral health grant for community corrections and care coordination.

- KDOC health care policies are available to the public: Microsoft Word - 10117D (ks.gov) and other health care services Chapter 16: Health Care Services — (ks.gov); view (ks.gov), etc.

KDOC Parole Services has a BJA grant for innovations in supervision. The grant is offered with a focus on capacity building and skill building for case management.

In the 25th judicial District, community corrections had an August caseload of 50-55 cases per officer. There are 4 Intensive Supervision Officers (ISO), an in-house SUD treatment option, mental health first aid training for staff, and have partnerships with Compass Behavioral Health healthcare providers.

Kansas Department of Corrections, facilities staff, parole, and post release supervision are all Narcan trained.

Reentry

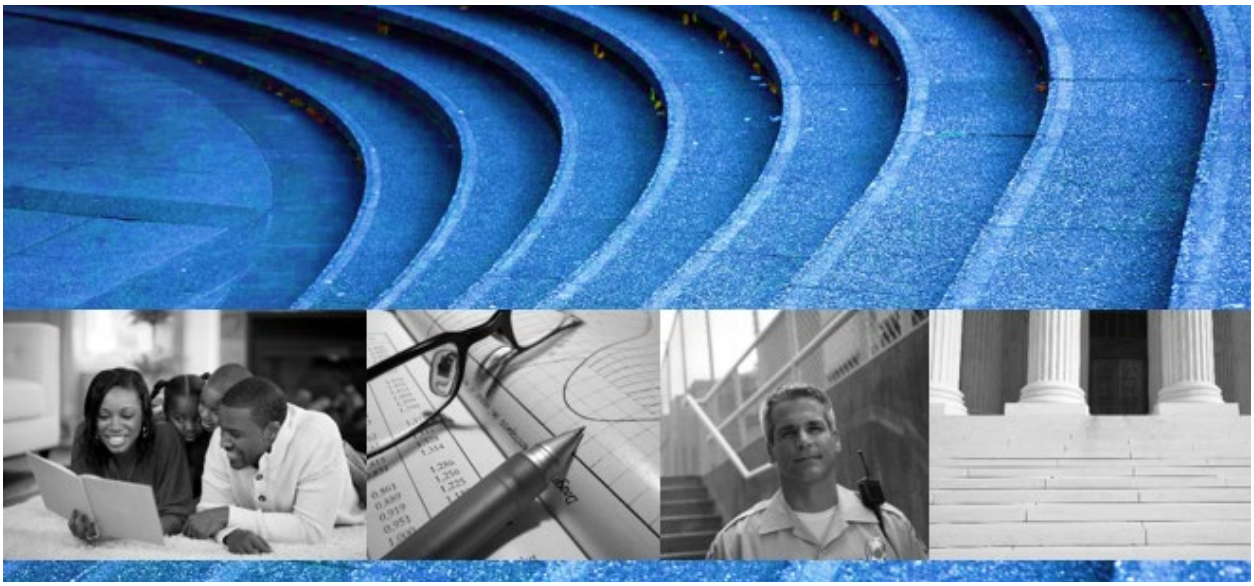
Barton County

- NAMI and Oxford Housing are providers and offer resources, along with Poverty Projects.
- Currently outreach work is happening to build continuity of care,
- Second Chance Act grant for substance use disorder is a resource.
- There are current efforts to deploy technological opportunities for resume building and creating a culture shift within jails to reduce recidivism rate.

INTERCEPT 4 AND 5 GAPS AND OPPORTUNITIES

1. There is an opportunity to cross-train within community corrections and community providers around mental health care. Currently there is a lack of formal, consistent practices.
2. LSCMI and WRNA requirement for specialized caseloads can be a barrier especially for smaller counties with limited resources.
3. Gaps in information sharing and cross-system coordination results in an individual having multiple supervision agencies, treatment plans and case plans at a given time.
4. The DOC behavioral health funding grant is underutilized.
5. Within county jails, and across the Western region there is not a standardized reentry needs checklist.
6. In community corrections there are gaps in placing mental health as a priority, offering trainings, treatments, and an in-depth understanding of needs. This is an opportunity for data-sharing and partnering with service providers.

7. There are opportunities for continued partnerships with NAMI, Stepping Up Kansas, Poverty Projects, community corrections, jails and CMHC to all to work in partnership. Leadership and coordination are needed.
8. Transportation to and from appointments is needed.
9. Workforce shortages are throughout the western region and in each discipline/system.



PRIORITIES FOR CHANGE

The priorities for change were determined through a voting process. The meeting participants, across all 5 catchment areas identified a set of priorities followed by a vote where each participant had three votes. The top six priority areas are highlighted in bold text.

Position / # Votes	Area of Work
1/18	**Increase collaboration with people with lived experience at all intercepts.**
2/16	**Transportation enhancement.**
3/15	**Establish more options for withdrawal management in local settings.**
4/14	**Develop opportunities to pool funding or consider regional models for compiling resources and expanding opportunities.**
5/11	**Foster stakeholder cross-sector collaboration opportunities.**
5/11	**Address homelessness issues and identify resources.**
6/10	Enhance workforce development.
7/8	Leverage specialty services for people with IDD, build in leverage funding, cross-system education, and consultation training.
8/7	Cross trainings or conferences between behavioral health and justice.

8/7	Increase screenings and early identification of MH needs.
9/4	Increase collaboration for sharing data collection to access regional grants.
10/2	Engage all sheriffs into Stepping Up activities.
11/1	Increasing awareness of other system needs, gaps, and available resources.
12/1	Identify champions and foster engagement of leadership.

Strategic Action Planning

In addition to the Western Kansas SIM Workshop, many workshop participants also participated in one of three subsequent virtual meetings, during which participants reviewed the voting results, discussed their top priorities in more detail, and developed strategic action plans that outline next steps for beginning to address the top priority areas. On, June 16, 2022, PRA convened participants from High Plains Mental Health Center (HPMHC) and Catchment Area 18. On July 7th, PRA convened participants from the Center for Counseling and Consultation (CCC) and Catchment Area 24. On July 12, 2022, PRA convened participants from Compass Behavioral Health (CBHC) and Catchment Area 1. The following pages contain notes from those sessions as well as draft strategic action plans that were developed by participants.

Priorities for Change: HPMHC and Catchment Area 18

1. Developing an inpatient unit for women, crisis stabilization, voluntary and involuntary unit (14)
    a. Improved location, access, and availability
2. Workforce development (8)
    a. Fostering interest
    b. Low incentives and poor conditions for LE workforce now
3. Transportation enhancements (6)
    a. Expanding beyond LE being the transportation
    b. Using peers, grouping people together, creating a route, possibly tying in telecommunications, offering a mobile van
    c. Expenses, cab costs, seeking flexible transportation funds
    d. MCOs are meant to provide transportation under Medicaid
        i. Staffing issues, rural complications (transportation based out of other cities)
    e. Hays Medical Center
4. Address homelessness and identify resources (6)
    a. Huge issue but less so in the rural areas, but often couch-surfing
    b. Affordable livable housing is hard to find
    c. Perhaps can be linked to the women stabilization unit
    d. Collaboration with landlords and case management
    e. Almost 20% of jail population is homeless and cannot be released without a home, otherwise may be transported to Salina
        i. Are sent to Oxford House, which then becomes more of a homeless shelter
        ii. Or to Roadway Motel (cheapest motel)

1. High drug use there

iii. Limited options for released inmate housing (only about 15 houses for sale, renting is filled)

f. "Burned bridges with landlords" further limits future renters, no lower-income housing once committed a felony, seeking connections with housing renters

g. "By the horse-shoe" will be closing

h. Considering the FUSE model to prioritize stabilization, Ready Willing and Able (Doe Fund) model Affordable & Supportive Housing - The Doe Fund (** Look for smaller communities that have the housing models)

i. Schwaller Center crisis stabilization unit, Hays, Ks, operated by HPMHC

i. Completely voluntary

ii. Beds are underutilized (not a Medicaid barrier), but they are empty, no referrals

iii. Homeless population must meet medical needs for stabilization criteria

j. Wood Haven – low-income infinite living (federal laws applied)

i. 32 apartments

ii. Good during the day for groups

iii. Must identify with having SMI

iv. No felony in the last 5 years, no registered sex offender

v. Built by private companies

k. Colby KS House – set of apartments in Colby, same groups as in Ellis

i. 16 apartments

5. More options for women in local settings (4)
6. Foster stakeholder cross-sector collaboration opportunities (3)
7. Develop opportunities to pool funding or consider regional models (2)
8. Increase collaboration with people with lived experience at all intercepts (2)
9. Establish a regional coordinator position

Following discussion of the identified priority areas participants ranked the priority areas through a voting process. Below are draft strategic action plans that the participants developed for the top three priority areas.

Strategic Action Plans: HPMHC and Catchment Area 18

HPMHC Priority Area #1: Develop a local, in-patient crisis stabilization unit for voluntary or involuntary patients as a diversion opportunity with AOT, withdrawal management and law enforcement drop-off options.			
Objective	**Action Step**	**Who**	**When**
1. Data collection and data sharing	• Cost analysis of law enforcement transport log (name, length of time in vehicle, who is transporting, fuel log and 1:1 wait time) • DOC to track individuals put in jail for withdrawal management • Transport log and wait times for DOC (family transports included), Hays Medical Center, EMS, and local hospitals • Determine severity level of patients at Hays Medical, 19 local hospitals, and MCOs (sort populations into low level treatment involved, "most visible persons (MVP)" with complex needs and those with high-acute needs) ▪ Collecting: names of MVPs, charge type, location, time of day, time of year • Information sharing of names and phone numbers for jail booking and release notifications • Data and policy review on insurance and 123 funding	• Sheriff Scott Braun, Jodi Dumler, and David Anderson to coordinate on data pulls • SUD services from Smokey Hill Foundation, DREAM, High Plains, Heartland, RADAC, AIC and High Point • University ties • Erin Geist can sort corrections, parole, and court databases to match against law enforcement data • Eric Arganbright with KS Statewide Homeless Coalition to provide data on homelessness (SUD barriers in shelters) • Teresa Greenwood to pull data from Judicial District • Judge Brendon Boone to pull court data • Sheriff Troy Haas to pull DOC data from Norton County	• Law enforcement data by June 20th • High Plains Medical center cross referenced data by July 15th, 2022 • July 15th • July 15th • June 20th

2. Consider buy-ins for funding	• Existing COVID relief funds • KDADS and ARPA funding • Possible SAMHSA, BJA and DOJ grant opportunities • IDD providers and CDDO agencies such as DSNWK	• Advocating group of Sheriff Scott Braun, Jodi Dumler, David Anderson, and Chief Don Scheibler. • Doug Williams with Grow Hays Grow Ellis County	
3. Workforce pooling and location	• See below for workforce action steps • Consider Hays Medical Center, Norton County, new hospitals, Colby Jail, KU Medical Center or First Care Clinic • Case managers especially for discharge planning • Connect with universities (Fort Hays, MCK, North Central Kansas Tech) • KSU Trade Skills training	• Peer supports	

HPMHC Priority Area #2: Workforce development			
Objective	**Action Step**	**Who**	**When**
1. Recruitment a. Law Enforcement b. Corrections c. Providers (SUD, IDD, BH)	• Partner with high schools and universities (Fort Hays, KU, Colby, KSU, NKC, WSU) • Utilize Dane G. Hansen Foundation for internships and apprenticeships in NW Kansas • Utilize peer network and ambassadors • Use of federal funds particularly for higher level degrees and Kansas pay backs • Share information, abolish stigmas, and make individuals aware of barriers (i.e., felony records) • Create a standardized recruitment sheet with (pay, work environment and needs) • Regional CJCC position	• Sheriff Scott Braun to consider presentation for student internships and field placements • Hope Kramer with KDOC – BH funding in corrections for staff support or peer network • Christina Boyd with KU Medical community engagement	• LE job presentation by July 4th

2. Policies and credentialling	• Expand endowment funds and internal motivation for bachelor level staff to receive funds to continue education • Look at insurance policies for competitive benefits and pay increases • Expand provider funding and confidentiality licensure for expert oversite • Advance Fort Hays counseling program for accreditation through BSRB • Send peer sheet to determine where peers are currently and where they are needed	• Hansen Grant through Fort Hays • Regional group out of Logan • NAMI peer training • KDADS peer training	
3. Retention	• Increasing incentive and excitement for criminal justice work (job fairs, fun facts, and develop recruitment tools) • Establish workforce wellness – offer trainings and mechanisms for staff to advance expertise ▪ Consider training budgets ▪ Consider compassion and corrections fatigue • Offer tours of facilities	• Peer network and staff support through DOC behavioral health funds • Audra Goldsmith to consider KSU workforce taskforce regional coordinator	
4. Cross-training	• Cross staffing and agency collaborations – cross-system sharing of additional hours • Consider budget for cross training between MH and LE ▪ ASSIST training ▪ Columbia Suicide training ▪ CBT trauma training • Telehealth cross-trainings	• Discuss opportunities to expand with Hansen • Josh Tanguay from NAMI for cross trauma training between MH and LE • Shawna Wright from KU Telemedicine	• Working group across agencies to meet via Zoom by July 15th • Judge Brendon Boone, Sheriff Scott Braun, Jodi Dumler, David Anderson, Chief Don Scheibler and reps from High Plains, and DOC • Next Sheriff CIT meeting in July to consider cross-trainings

HPMHC Priority Area #3: Transportation Enhancement			
Objective	**Action Step**	**Who**	**When**
1. Explore transportation options	• Consider volunteers, VA, college involvement, church, or community co-transport (peers/ students with LE) • Data collection from Hays Medical Center transports • Mapping project – geocode for jails, FQHCs and MH centers • Reach out to RCAB – Reno County as a model • Expand vocational rehab transportation vouchers or co-transport options	• Sarah Dryling for hospital transportation data • Chief Don Scheibler to consider city connections • Sheriff Scott Braun to communicate with county attorney about necessary transportation • Chief Don Scheibler and Sheriff Scott Braun for county geocoding • Jodie Dumler to investigate FQHC van options from Hoxie Medical	
2. Policies and statutes	• Data collection on insurance policies and laws around secure transports and vehicle size requirements (LE side) • Expanding telehealth • Review MCO contracts with Access, collect data on IDD resources • Policy review of hospitals requiring secure transport when unnecessary • Expand options for those with suspended licenses on probation • Seeking standardization of Medicaid funding for BMB Transportation	• LE to work with car dealerships for repurposing vehicles and adjusting trade-in policies	
3. Costs and fees	• Federal funding for transportation contracts • Funding for more LE vehicles (unmarked)	• Erin Geist to determine transportation allocation from opioid funding	

Additional Notes: HPMHC and Catchment Area 18

Note: Items in red font are areas of work currently underway

General

- Increased collaboration with people with lived experiences. Peers supports are relational. They can be effective In a group setting, but 1:1 is most effective. Increased sensitivity, seeking collaborations with college students
  - "Here's what it's like to be me" short essays, day in the life, bullet points for policy
  - (Judge:) AOT court gives more of an insight into the persons lived experiences as opposed to an attorney, considering what is reasonable for people to do
  - (David:) We have people with lived experience in an advisory committee/group through the CCBHC and SUD program, with 51% having lived experience or family members with… (we have those resources), staff is part of NAMI board, collaboration with people with lived experience is pretty good (less of a priority)
- Consider the FUSE housing model to prioritize stabilization, DOE Fund model (look for smaller communities that have the housing models i.e., Spokane, WA)
- Need to increase awareness of other system needs, gaps, and available resources.
- Cross-trainings or conferences between behavioral health and justice
- Increase screening and early intervention of mental/behavioral health needs
- Need to address homelessness issues and identify resources
- Need for transportation enhancement
- Develop a local in-patient psychiatric service, not available in 20 counties, closest is 100 miles away from Hays, Larned (local state hospital) was full yesterday (6/15). Children's unit to be re-established next year, seeking to develop an adult in-patient psychiatric unit for crisis stabilization, women, and involuntary participants
  - Currently have the 4-bed voluntary (not secure or locked) adult stabilization unit, people were in and out
  - Do not have the staff to have law enforcement sit and wait for someone to be assessed, seeking a drop-off option
  - New regulations for a crisis stabilization unit, allows for involuntary, Women (social)

Inpatient Unit

- Statutory for Larned (not technically a hospital but a psychiatric treatment center, and do not want patients who will then need to be transported to the hospital)

- Hays Medical Center has data around involuntary but some voluntary if beds are available, hospital requests a screen, 1,000 screens per year, gatekeeper for state hospitals; not all screens are necessary
- GAP: None of the SAI beds are in the Catchment area, no funding, ability, desire, or staffing for in-patient care.
- GAP: getting out of jail, High Plains is not notified when people are let out of jail, where they're going, the phone number for reach – daily booking list sent out would help
- County hospital to in-patient (not in Ellis)
- Hospital in Norton is uninvolved
- Most local medical hospitals: need a 1:1 for psych patients until a bed is available (typically LE or a nurse if available), can be 1-4 days
- Below are some of the identified needs:
    - Social model withdrawal for women
    - Connection to community providers
    - Transition out / discharge planning and CASE MANAGERS
    - 24/7/365 access, seamless transition
    - Free to those with no insurance or those without 123 funding
    - Voluntary and in voluntary
    - Technology access to outside especially courts / hearings
    - Sobering observation
    - Full medical levels of care (and medical women, medication in general and MAT), diagnosis and gateway to Larned
    - Transportation to placement; secure transport
    - Clarification of charges, context of placement (considering options to divert to treatment for prosecutors and courts)
    - Option to stay at least 2-weeks (hearing required for >72 hrs.)
    - Active treatment (individual, group, SUD, vocational training, daily living, and self-management)
    - On site security
    - Open communication: cross-system coordinating group (sheriffs, chiefs, LE in general, EMS, corrections, county/city commissioners for housing concerns, MH providers – Hays Medical Group, Jodi, High Plains, SU)
    - Onsite intake and assessment for the unit (for triaging)
    - Universities as a partner (Fort Hays, MCK, North Central Kansas Tech)
    - Flexible funds, ability to bill (Medicaid, hospital funding, surrounding counties), cost savings for LE transport, State hospital beds
    - Secure a sally port, have another specific room for LE to do paperwork
    - Consider veteran services funding

- Probation, parole, corrections and LE have different data sharing protocols, and seeking a cross referenced database – larger training about data sharing (2019, and 2019-2021 data pulled of just names not offense shared with providers)
- For jail management systems: Thomas is on New World, Norton on Enterpol… 49 counties of the state use Enterpol – can be cross mapped
- Development of a MH court or docket, or treatment court with agreements all aimed at increasing treatment options, engaging clients within services

Workforce Development

- Legislation changes for Fort Hays made the counseling program non-accredited through BSRB
- Western region of the state looking for funding and facilitation for regional measures
  - Had one meeting with seeds planted about MH concerns with Hays Medical Center
- Hope Kramer with KDOC spoke of underutilized funding available for BH in corrections for positions in the NW and SW region of the state
- Payment opportunities for peers, stratifying the workforce population
- Endowment funds, internal motivation for bachelor's level staff to receive funds to go back to school, and then come back for work
  - Hanson grant continued this opportunity with Fort Hays state
  - Regional group out of Logan
- Have a statewide peer credentialling service, a KDADS state training
- NAMI has a separate peer training – one for mental health and one for SUD with dual accreditation options
- GAP: connection between Fort Hays and Corrections due to a lack of experience between the students
- Main Buckets: recruitment (LE, Corrections, providers – SUD, IDD, BH)
  - Law enforcement
  - Corrections
  - Behavioral health
- KU MED – conversation with Kristina who does community engagement
- LE: age requirement of 21 for certification, high employment rates, emphasis on the presentation, struggling more so in corrections
- Corrections has a jail training program
- Send peer sheet to take stock of where peers are and where they are needed (taking a systems view)
- Have one person with lived experiences on the ACT team
- All are trained in MH first aid at the medical center

Homelessness and Transportation

- Bus stop in Hays has closed
- Need for transportation to in-patient psych hospitalization (Larned, Salina, St. Catherine's, private hospitals, etc.), and to crisis stabilization (future)
    - Some private hospitals want secure transport even when there is not necessarily needed
    - Voluntary: family or friends who feel safe enough
    - Involuntary is almost always LE to Larned (custody status matters)
- Public transportation to and from work, appointments, etc.
- People on probation having suspended drivers' licenses and needed to make appointments
- No regional transportation authority
    - Nor for hospital to hospital aside from EMS which is unlikely to transport those with acute BH needs, LE will not unless involuntary
- Secure Transport, Junction Station, or Topeka
- Hays Medical has transportation
- Need for county attorneys to make approvals for transportation when necessary
- EMS lacks staffing, high costs
- Time and distance to do transports
- One strategy is having a designated transport person
- Why transport – juvenile and Larned transports, particularly for voluntary are meant to be transported in an unmarked vehicle (lack of access to unmarked vehicles)
- Cost rideshare services, costs of fuel
- VA hospital will transport veterans or the public in some areas – more reasonable but still costly
- Vocational rehab clients get driving vouchers towards working
- Medicaid has been using BMB Transportation company (needs to be standardized)
- Groups – day program at Wood Haven in Ellis Co for SPMI in case managements through the CMHC, lacks transportation
- Volunteer drivers, Church involvement… understanding the needs
    - Data collection on costs, frequency, and level of needs
- College credit or partnership opportunities with the university to assist with transportation
    - Nursing student, social work, peer
- High Plains used to have a program with staff providing transport and the center receiving reimbursement from the mileage
- Medicare does not pay for transportation
- The transportation in Hays is expensive and closes early
- Safe Ride / bus gets federal funding

- Here we see the benefit of telehealth
- State offers an access van for disabled individuals (federally funded)
- KS does not have public transportation
- Statute for July 1st about necessary use of force crossing county lines

Priorities for Change: CCC and Catchment Area 24

1. Most Visible Persons
2. Alternative Process to State Hospital Placement
3. Peer Services

Strategic Action Plans: CCC and Catchment Area 24

CCC Priority Area #1: Most Visible Persons				
Objective		**Action Steps**	**Who**	**When**
1.	Link individuals with complex needs who are contacting 911 or other law enforcement entities often because they need someone to speak with, supports and care, to appropriate services	Provide training and education to law enforcement and first responder (EMS, Fire) entities on warm-lines and available resources.		
		Increase use of NAMI as a resource: • Explore NAMI as a resource to embed peer recovery supports into behavioral health centers • Provide number to Barton County 911 call center for a warm transfer to NAMI peer to assist during those calls where individuals need someone to speak with. • Support NAMI strategies to expand their warm/resource line.	Dr. Brittany Brest, David Larson	
		Improve common knowledge of available resources. • Develop a resource card for Law enforcement and first responders to carry and distribute.	Amy, David Larson, Brittney Brest	

		○ The Center has a card with several hotline numbers. The card needs to be updated to include 988 and other numbers. ○ Small group will discuss what all needs to be included on an informational resource card The Family Crisis Center has a one-pager listing resources that will be updated to include 988 and other resources.	Julie Kramp will send to David Paden and David Larson current card and discuss Jamie Fager	
		Identify and build on opportunities on collaboration with 988 and 911 PSAPs to triage calls, transfer calls and access resources.		
2.	Training and Education: First responders including law enforcement and sheriff will benefit from mental health, substance use disorder and information on other disabilities.	Training and education for law enforcement and first responder (EMS, Fire) on specialized populations (CIT training, Mental Health First Aid training) Marisa has available funds to purchase the manuals for Mental Health First Aid if needed. The Center has a MHFA facilitator who collaborates with community stakeholders CIT (Crisis Intervention Teams) training – focus on de-escalation; optimal training is 40 hours Training on IDD centers- connecting with CCDO, implementing MHFA; Specialized training? Cross Training – multiple agencies representation during trainings. Invite MH professionals, CJ stakeholders, and IDD providers, individuals with lived experience, and other community partners Trauma Informed/Responses Training • Explore with Rise Up Central Kansas group about training, https://riseupcentralkansas.org/	Marisa, Julie and David Paden, Dena Popp Laura Brake Amy Boxberger Amy Boxberger and David Paden, Local Resilience Group with	

		• Seeking Safety- access to 2 trainers for Seeking Safety facilitation • EMDR Explore IDD START teams implementation Explore local WRAP training opportunities www.poetryforpersonalpower.org	the Health Department, Rise up Central Kansas Koleen Garrison	
3.	Cross training	Schedule a meeting with Stepping up Council and clarify role of champions (paraments for common language) Identify local champions and points of contact at agencies for stakeholder collaboration Develop a list of champions across agencies and disseminate the list Continue working on through with local Stepping Up council Cross Training – multiple agencies representation during trainings. Invite MH professionals, CJ stakeholders, and IDD providers, individuals with lived experience, and other community partners	Audra Goldsmith, Amy Boxberger, Stepping up Council Amy Boxberger	

CCC Priority Area #2: Alternative Process to State Hospital Placement				
Objective		**Action Steps**	**Who**	**When**
1.	Data collection and data sharing	Collect and review data of those individuals who meet acuity level of care (voluntary vs. involuntary) Identify data metrics (number of times, the length of stay, and any services that were rendered in between admissions)	Amy Boxberger, Julie Kramp, Marissa Woodmansee and Lt. Paden	
		Collect and review data of Capacity issue, beds are available, but staffing is limited		

		Creating lists to identify people-base and/or place base calls Pull Data about calls, frequency from IDD facilities – Sunflower, ???wood, Rosewood (in the past, 3 highest callers were identified, they received more attention Contact IDD facilities to establish relationships and communicate about data/concerns Reach out to State point of contact, Matt Fletcher to review data Change in leadership and other staffing. Establishing a point of contact, champion. Discussing individualized strategies to divert callers from 911 (work with behavioral plans)	Amy Boxberger, Julie Kramp, Marissa Woodmansee and Lt. Paden State: Matt Fletcher	
		Follow up with Sheriff department on data collection discussed in Ellis Co action plan	Audra Goldsmith	
		Create definitions and parameters among stepping up councils in other counties	Audra Goldsmith	
		review the data of those who meet criteria for hospitalization to identify who they are. Review high acuity hospitalization (what are the follow up services, any concerns such as TBI, IDD		
		Low simmer folks who do not meet criteria, review the data to identify any services or strategies for pre-crisis or follow up.		

2.	Identify alternative housing or placement (living room model, respite)	House adjacent to the Dream Center. Clarify if both facilities are being used and for what services? Clarify status at Prodigal House (faith-based program) – they may need additional support/structure for their residents. Data point: collecting housing status. Strategies of those with permanent address and homelessness.	Katie Hales Tyler Lehmkul	By July 31st
3.	Involuntary placement	Follow up with Sheriff and Chief to see if there are any conversations or strategies to assist LE with monitoring individuals who meet criteria for hospitalization at local hospitals while pending placement	Lt. Paden	
		Connect The Center and LE to explore interventions (medications) while individual is pending placement while in custody	Scott and Lt. Paden	
		Connect The Center and the jail provider to explore MAT protocols	Scott and Lt. Paden	

CCC Priority Area #3: Peer Services				
Objective		**Action Steps**	**Who**	**When**
1.	Peer Connections and physical space	Identifying a space for NAMI to facilitate support groups • NAMI offers peer-to-peer classes. Classes meet 1x/week for 8 weeks for 2-2.5hrs every time they meet • Connection support group meets anywhere between 1x/week to 1x/month	David, Brittany Brest, Amy, Julie	By July 31st

		• The Center for Counseling and Consultation can offer space		
2.	Peer Certifications	Continue to push the discussion about justice involved peers and regulations at the state level Continue discussions about regulations that Agencies are facing due to state policies Education on the certification process so agencies can have individuals with CJ involvement • Recruitment for NAMI peer led programs is happening via word of mouth, social media, and collaboration with other entities • Outreach to local universities. NAMI on Campus (Wichita State, Hayes College, Emporia State). Exploring federal funding to expand this service to as many colleges as possible • Chamber of Commerce collaboration to ensure businesses are aware of peer opportunities	Koleen Garrison Julie Kramp, Koleen Garrison NAMI and Julie Dr. Brittany Brest Dr. Brittany Brest	

Additional Notes: CCC and Catchment Area 24

Note: Items in blue font indicate action items

Priority Area #1: Most Visible Persons

1. Concerns of the time it takes to have a person in crisis screened and allowing patrol to get back on the road.
2. Screens being done by a QMPH at The Center or Healthsource Integrated Solutions (HIS).
    a. HIS does telehealth crisis screening for the state and complete 90% of the crisis screens for the Center.
    b. If Law Enforcement Organizations (LEO) is involved the only place/location they must take someone if they are a danger themselves is the jail, the local hospital, or the Center.
        i. Local Hospitals in this catchment area: KU Med Great Bend, Clara Barton Hoisington, Ellinwood Hospital, Pawnee Valley Hospital, Stafford Hospital
        ii. Data on how many people are in jail just for a MH crisis instead if there is a legal charge on them. Julie Kramp is working on collecting this data.
        iii. If someone is waiting for placement, LE must sit with them in the hospital or have even rented a hotel room
    c. Conversations from LEO on strategizing process improvement on managing those in crisis.
        i. Lt. Paden noted that Chief and Sheriff have been in conversation to improve procedures and will follow up on this.
    d. Is there follow up with those who are involuntary during a crisis episode to who engage in services as they await placement.
        i. Julie Kramp noted that she will connect with Lt. Paden to provide intervention to those who are in the jail awaiting a crisis placement.
        ii. The Center Med Providers are not allowed to provided services while the person is in the hospital.
            1. Scott Yarnell- noted that the state hospital can take days or weeks to get in and can have an antiquated formulary and would like to see more use of longer lasting medications when appropriate.
                a. He would like to be connected to folks who are in the jail that are needing medications assistance and will continue to connect with the Sheriff's dept on improving the referrals coming from the jail.

b. Lt. Paden will talk with Scott Yarnell with the doctor in the jail to have further discussions on MAT services.

iii. Regi will share protocols on MAT in the jail systems including the state law in CO on formularies to improve continuity of care. Medication Consistency (Senate Bill 17-019) | Behavioral Health Administration (colorado.gov)

3. State Institutional Alternative (SIA)- Screening should only take 3 hours, placement into a SIA is what is taking so long.
    a. The SIA hospitals are Prairie View in Newton, St. Catherine's in Garden City, Hutchinson Regional, Salina Regional, Via Christie Ascension Wichita, Cottonwood Springs, Stormont Vail in Topeka, Newton Medical Center, and South Central
    b. QMHP's must have 2 denials from a SIA to be involuntarily placed on the Larned State Hospital list.
    c. If put on the wait list most often wait in the ED or are in custody of the LEO until have place. Clients can sometimes wait at the police department office until they are placed.
    d. Concern of having a crisis facility here when they are in the same catchment area of LSH who historically has problems with staffing and retention
    e. Option to call Julie Kramp if it takes longer than 3 hrs.
4. What types of services/immediate intervention could be wrapped around this person in lieu of the wait for LSH.
    a. The Center could provide services for established clients data if willing
    b. If clients are in police custody and involuntary, then not able to force services or medications.
    c. Concerns of staffing for this type of immediate service.
    d. Immediate services vs support services for transitioning or diverting from state hospital.
    e. Scott Yarnell- med provider for the MHC and the jail. Look for long acting injectables for familiar faces and what types of options we have there.
5. Local Hospital- University of KS hospital, security staff don't have the credentials to sit with a person to alleviate the officer to get back on the road.
    a. Potential conversation on having credentialed security staff on campus as well as having a drop off space to utilize as they wait for screening in the hospital.
    b. Regi's example of CO and their services on ED boarding – TSP and Momentum programs
        - Transitional support through case management available in ED and psych units to assist with transitioning back to the community. TSP Eligibility & Referrals | rmhs (rmhumanservices.org); momentum english welcome.pdf (colorado.gov)

c. No Local hospitals in this catchment area have a MH unit resulting in more medical and LEO response vs a MH response.

6. Data points that could be looked at for those who are being denied admission to SIA's or regional hospital psych units.
    a. Voluntary date: # of admissions, Length of Stay, if clients at the Center could look at the services being provided after release from the hospital.
    b. Data point between The Center enrollment/participation and Lt. Paden jail care.
    c. Third data point from Lt. Paden and Dena Popp with Barton Co 911 regarding persons calling for crisis/emergency services.

Priority Area #2: Alternative to State Hospital Placement

1. Daily bookings are given to the Center to know if they are a client of the Center. The person is then connected with the Jail Liaison in Barton County Jail, and she will connect them with Tracy the clinicians in the jail as needed.
    a. Julie Kramp: I have an interest in incorporating substance use treatment and early release from incarceration or for those on probation
2. Concerns on information sharing when a person is on custody and encounters LEO
3. Follow up services post hospitalization:
    a. Connie Holliday- coordination will be done post release from a regional hospital; appointments will be scheduled with peer support specialist as well as with the on-call therapist.
4. Lt. Paden- two facilities that are IDD and call 911 just to have someone to talk to. This does limit resources with road patrol to be able to spend time dealing with their concerns. Also have difficulty dealing with calls who are seeking MH crisis services and just want the number.
    a. Potential Resources: There are many "warm lines" available. This is a resource that could be used. https://screening.mhanational.org/content/need-talk-someone-warmlines/?layout=light
    b. Potential Resources: Dr. Brest asked: Can NAMI partner with this to support and provide a peer leader to talk with these folks?
        i. Regi suggested: Embedding a person in the call center to answer these types of calls.
        ii. Dr. Brest noted that a collaboration with Comcare in Sedgwick Co have a call line to be able to talk with NAMI volunteers.
            1. Is there an option to have a peer leader collaborate with facilities to be able to assist with these calls? Could we pilot this in Barton Co?
        iii. Dena Popp- Challenges due to criminal justice standards for the peer leader to be placed in a Law enforcement center. Could result on the responders to the call to connect the clients to a warmline.

iv. Lt Paden- suggested that being able to have a person in a facility could be a challenge but a phone number to connect with could be more applicable.

c. Koleen Garrison: MHA of Central KS may have a warm line, unsure of this is statewide. MHAH (national headquarters in Missouri) also assists in answering calls.

i. MHAH Compassionate Ear Warm Line: 913-281-2251 or 1-866-927-6327; https://mhah.org/compassionate-ear-warmline

5. Audra Goldsmith: F/U with Sheriff's dept on the data collection discussed in Ellis Co Action Plan
    a. Do similar to this in with Barton Co group (Ask Regi about this)
        i. Identifying High Acuity Folks as well as Low Simmer folks
    b. Frequency, Intensity, Duration of services being provided to identified Familiar Faces
        i. Is there a strategy that could be implemented pre-crisis and follow-up points.
6. Are there housing units available in the community that could be looked at to start a Living Room/ Keya House model.
    a. Katie Hales: Will contact Dream Center and ask about a potential House that is empty which could be utilized by end of July.
7. Gap identified as a lack of a drop off center, crisis unit for those awaiting hospitalization
    a. Tyler Lehmkuhl: Will reach out to Prodigal House and status of this house and report back to Ay Boxberger by
        i. Asking if they need infrastructure support to lift this up? Faith based service which maybe a limitation

Training:

1. Cross-training involving multiple county entities to go through the training all at the same time, facilitate organic conversations and support cross systems.
    a. Regi: START- multi-disciplinary team providing support to those who have contacted Law Enforcement and connecting then with outreach services for those with IDD.
    b. Koleen Garrison: Has contacts of two trainers who can provide Seeking Safety.
    c. Enhance involvement of community champions in this type of work.
        i. Barton Co Stepping Up Council will continue to grow this group and list of point persons in agencies in their community.
            1. One-on-One conversations with partners
            2. Invitation to those to come to the Stepping Up Council meetings to grow the list as well as find the champions in the community.
2. Cross-training possibilities with IDD to assist those facilities on aiding those experiencing a MH crisis.
    a. MHFA, ASSIST, trauma-informed care etc.
    b. Partner with the CDDOs on providing MHFA

c. Invite Matt Fletcher with Interhab, leaders at SW Developmental Services, and other IDD providers and CDDO providers to have a discussion on participating in this work.
    i. Lt. Paden will reach out to folks at Rosewood to come to the table and have discussions regarding data and collaborating together
    ii. Identify a point of contact for MH and LEO staff to reach out to when there are some process improvements needed.
d. Improving Behavioral Support Plans for individual experiencing a mental health crisis and are involved in the IDD services.

3. Additional CIT training is needed while officer await the full CIT certification.
    a. Lt. Paden noted some officers have been trained with CIT but due to high turnover there is a high need.
        i. Potentially join with Barton Co 911 to have two classes with multiple agencies attend.
    b. Julie Kramp has a certified MHFA trainer who can support additional MHFA training for LEO.
        i. Marissa Woodmansee has funds to provide the materials for the training.
    c. KDADS has some additional resources to assist in providing CIT through the Kansas Law Enforcement Training Center.
        i. Laura Brake will investigate the shorten version of CIT that was previously being provided while officers wait to complete CIT.
4. Cross-training possibilities with Law Enforcement on peer support services available and how to contact those folks.
    a. NAMI KS has been working with Model B affiliates (smaller NAMI affiliate who relies on state finances and business structure to connect to local services) with information lines to provide support to those calling the lines and connecting them to resources in their local area.
        i. Sedgwick Co is a model A (larger NAMI affiliate who has their own finances and business structure to support local services) due to having its own resource line connecting them directly to their local resource.
5. Trauma-Informed Care Training
    a. Amy Boxberger noted a Rise Up Center KS used to provide resources for this. https://riseupcentralkansas.org/
    b. Dr. Brest noted that the community engagement institute offers TIC training; they travel across the state to do it but can be costly.
    c. Julie Kramp- The Center uses Relias for trauma training for their staff.
6. No current item or handout that officers can utilize to connect folks with peer supports
    a. David Paden, David Larson, Dr. Brest, and Amy Boxberger will collaborate to have a handout made.

i. Julie Kramp has a handout that includes multiple hotlines and is going to give Lt. Paden a copy of the card.

b. Dena Popp- asked Jamie Fager regarding updating a resource page that was made previously. They will partner to locate and update this list.

9-8-8 Education:

1. Need for IDD providers in catchment area
   a. The Center will have an article regarding 988 and their part coming out after July 16th.
2. Laura Brake's 988 input…. (*Listen back to the recording*)
3. 988 Crisis response via The Center- 3 therapist positions open for the past 3 years. Julie noted that there is concern on mobile crisis services due to workforce. Could hire case managers who can assist in connecting client with QMPH via tele video.
   a. Working on CCBHC certification next July 2023 and realizes the need to have an additional crisis service.

Priority Area #3: Peer Services

1. Julie Kramp in conversation with Dr. Brest and David Larson with NAMI in boosting peer services in this catchment area.
2. Dr. Brest discussed NAMI Connections (peer-to-peer group) and NAMI Connection Support group who provide more in-depth skills groups and transitioning skills from jail/prison to community.
   a. Currently have 5 individuals from Barton Co who started the Peer-to-Peer class this week.
   b. Don't provide any WRAP planning due to being peer lead services and not clinical
   c. Space needed for the Peer-to-Peer class 1-day a week for 8 weeks for 2-2.5 hrs. a day. Also need small storage space for paperwork and materials.
      i. The Center could be able to facilitate this space for NAMI. Julie Kramp and David Larson will connect by end of July.
   d. Space needed for the Connection Support Group, happens once a week or once a month.
      i. The Center could be able to facilitate this space for NAMI. Julie Kramp and David Larson will connect by end of July.
   e. David Larson discussed NAMI services that are trying to improve peer involvement in communities specifically in Western KS.
3. Laura Brake with KDADS- increased involvement of Certified Peer Support is being investigated; KDADS looking to secure grant funding related to workforce development specific to CPS and crisis services.
   a. KDADS currently completing a landscape analysis to see how CPS currently functions and what next steps can be.
4. Living Room Model not available in this catchment area

a. KS Consumer Advisory Council- looking at Peer-Ran respite
b. Regi will provide examples of Living room models and Peer Recovery Models (national model).
c. Resource provided by Laura Brake https://smiadviser.org/knowledge_post_fp/what-is-the-living-room-model-for-people-experiencing-a-mental-health-crisis
d. Resource provided by Audra Goldsmith; Keya House peer ran model in Nebraska https://mha-ne.org/programs-services/keya.html

5. Need for more Peers to be certified in KS
    a. Certified Peer vs Peer Specialist- Peer Certified Specialists must complete the state training for a peer specialists vs a peer specialist
        i. Further training may be needed on clarifying the criteria for hiring and the disqualifications that would inhibit a person with lived experience.
            1. Experience of not being able to hire a person with non-person felony background. Julie Kramp will explore these criteria further.
    b. Regi: resource for peer de-escalation being provided in the jails in CO.
        i. She will provide Lt. Paden information on this,
    c. NAMI has a separate certificate through their Peer Program and Peer Leaders who facilitate their Peer Lead Groups, there is no certification that goes along with this training.
        i. NAMI criteria include:
            1. No sex offense
            2. No gang affiliation
            3. No current legal supervision
    d. The Center- peer certification via mental health centers, are sent to peer support certification courses to be certified by the state after 6 months of employment and must be completed before their 1st year of employment.
        i. Must have one year of sobriety and complete background checks.
            1. If there is a history of justice involvement this becomes a barrier which is a state regulation.
            2. Regi: Is there discussion of this barrier for peer employment at a state level?
                a. Laura Brake: noted that there is some review in the process of qualifications for peers at the state level.
                b. Cultural barrier for those in the BIPOC populations being a peer provider.
    e. Dr. Brest noted success in having those with lived experience involved in the justice system currently working in correctional facilities providing peer services.
    f. Koleen Garrison: noted a need for those involved in consumer run organizations, including those with lived experience, and additional subcommittees and workgroups who could be involved in the state level conversations that are being had.

i. Continue discussion on state regulation on peer employment. Julie Kramp and Koleen Garrison will email Charlie Bartlett regarding furthering this discussion.
ii. Further need of discussion on regulations agencies are facing due to state policies. Julie Kramp and Koleen Garrison will email Charlie Bartlett regarding furthering this discussion.
iii. Further need on providing education on agencies who could have peers employed at their agency.
    1. NAMI- current advertising is via word of mouth and recruitment as well as social media platforms.
        a. Also looking to organizations to spread the word on NAMI resources. Julie Kramp will collaborate with NAMI to assist in this.
    2. Outreach to Universities to recruit peers.
        a. Dr. Brest noted NAMI on Campus and are acquiring federal funding to be able to spread to more community colleges and universities in the state.
    3. Chambers of Commerce or Businesses in Communities to recruit peers.
        a. Varies from community to community, several large counties in the state have good partnerships, however there is a struggle in the western, rural and frontier counties.

g. WRAP Plan training from Poetry For Personal Power do state training; https://www.poetryforpersonalpower.org

Priorities for Change: CBHC and Catchment Area 1

1. Workforce
2. Peer Services
3. Crisis Services and Hospitalizations

Strategic Action Plans: CBHC and Catchment Area 1

CBHC Priority Area #1: Workforce		
Objectives	**Action Steps**	**Who**
1. Consider how to utilize nurse practitioners to do more intake and assessment services 2. Increase partnerships with KU Med. 3. Allow and grow supervision over tele video. 4. Develop strategies to address salary basis and how can this be more competitive 5. Increase resources that address vicarious trauma and support staff resilience.	• Explore partnership sites with KU Med, increasing availability and online classes to increase access to Social Work programs, in efforts to support the "grow you own" workforce in your own community. • Increase utilization of Resilience Network started with KU School ○ Continue to apply for additional funding to support this network • Work with the Dean of KU to support the rural and frontier workforce • Explore funding through Department of Labor, Department of Agriculture and how to partner with FCHCs.	

CBHC Priority Area #2: Peer Services		
Objectives	**Action Steps**	**Who**

• Increase hiring peers at Compass and connecting with NAMI
  ○ Increase qualified applicants for state peer requirements
  ○ Develop housing resources for qualified peer supports
• Maximize space and settings for peer services
	• Compass hiring peers for AOT services	

• Rebuild communication and coordination with St. Catherine's
• Increase the number of available Peer-to-Peer sessions
• Increase the availability of "living room" settings
• List of state certified list of peers and can this be broken into county or catchment areas
• Increase locations that support peer supports
• Recruit, train, and support peer services
  ○ Address barriers to peer services at Compass due to justice involvement
  ▪ Discussed conversation with Dr. Brest and David and how they utilize peers
• Work to clarify confusion on state feedback and KDADS qualification on who can and can't qualify as a peer-specialists and complete the KDADS training
• Use data to understand the level need for those who meet level for inpatient hospitalization vs those who would only meet criteria for a crisis house
• Explore how to increase wrap around services for a client.
	• NAMI of SW KS has office space in Compass facilities
	• Church resources may be open to peer services.
	• Hospitals have space on/in their campus that could supply a building
	• NAMI is meeting with the Corner Stone Community Church at end of August in Topeka to have conversations regarding starting a 'Living Room' model
	• Explore potential for NAMI employed peers to provide services at Compass or another agency
		Danny will talk with the Ministerial Alliance
		David Gillum will reach out to David Larson with NAMI KS to discuss having his Peer-to-Peer Connection group serve as a Focus Group for the IAC and complete their survey
		Danny will explore connections with NAMI to Oxford
		Audra Goldsmith will break down list of state certified peers by catchment area
		Audra will have discussion with Horizons on technicalities of being able to hire peers with a health of justice involvement

CBHC Priority Area #3: Crisis Services and Hospitalizations		
Objectives	**Action Steps**	**Who**
• Increase workforce to open beds in Finney CO- St. Catherine's Hospital • Explore EMS access to telehealth • Explore alternative health response	• Lisa Southern will reopen conversation with folks at St. Catherine's to try to build bridges and clarify roles and increase collaboration • Audra will investigate formulary for allocation of federal funds coming through SAMHSA Path, SABG, MHBG funding for SUD services. ○ Allocation of SB 123 and who has access to those funds and where they are going in the state	Lisa Audra

• Increase SUD Services and Detox:
  ○ Safe space for 24-48 hours for a person to go to detox
  ○ Insure Western region representation on KDADS Advisory group to allocate state block funds
 	
• Reduce waitlist for SUD withdrawal and treatment by increasing personnel trained to administer the State Standardized SUD Assessment
 	
• increase collaboration with SUD providers:
  ○ New Chance Social Detox centers
  ○ Valley Hope
	• Explore alternative health response models. Most have a combination of EMS, Clinician, Peer, IDD. Models include CAHOOTS-Eugene, OR; STAR- Denver, CO; CRU – Olympia, WA)
	  ○ CAHOOTS | Eugene, OR Website (eugene-or.gov)
	  ○ Support Team Assisted Response (STAR) Program - City and County of Denver (denvergov.org)
	  ○ Crisis Response & Peer Specialists (olympiawa.gov)
	
	• Work with universities under certain disciplines to have been certified to administer the State Standardized SUD Assessment
	
	• New Chance: Roger will connect with to clarify admission criteria, date, and time etc.
	• Conversations with RADAK and Valley Hope on admission and criteria for assessment to make process of admission more fluid
		Roger

Additional Notes: CBHC and Catchment Area 1

Note: Items in blue font indicate action items

Priority Area #1: Workforce

- Vicki Broz (Compass): Noted on the priority of developing a local in-patient unit but concerns of enhancing the workforce to staff a place when already have a struggle.
- Lisa Southern: Compass has been inventive on having staff wear multiple hats and trying to think how to utilize nurse practitioners to do more intake and assessment services and have wrap around services for a client.
- Christina Boyd: partnership sites with KU Med, increasing availability and online classes to increase access to Social Work programs, in efforts to support the "grow you own" workforce in your own community.
    - Would like to continue to be on conversations on how to expand workforce and support agencies doing this
    - Allowing supervision and allowing supervision to happen 100% over tele video has been a good thing to allow more clinicians to obtain supervision in rural and frontier areas with encouragement to stay and work in their hometown.
    - How do we support resilience in our staff
        - Resilience Network started with KU School
        - Applied for additional funding to support this network
    - Salary basis and how can this be more competitive
    - The Dean of KU is very interested in supporting the rural and frontier workforce
- Regi: Funding sources- Department of Labor and specifically rural funds available; Depart of Ag; partnering with FQHC which can support community health workers

Priority Area #2: Peer Services

- Hiring Peers at Compass and connecting with NAMI,
- Compass hiring peers for AOT services
- NAMI of SW KS has office space in Compass facilities
- Family to Family classes are also available at Compass
- Challenges:
    - finding qualified applications to meet state peer program.
    - Housing for participants they are serving
- Living Room/Peer ran housing
    - Keya House, in Nebraska: https://mha-ne.org/programs-services/keya.html

- Ford CO and First responders meet regularly and have had conversations with a crisis type house, unclear if it is a living room or sobering type center
- Regi: Info provided with sobering centers vs living room models
    - Regi will provide additional information to see what living room across the country are doing with they are also providing some sober center services
- Looking into working with the city with the CHAD (?) program
    - Lack of vacant motels, hotels, schools etc.
- Church resources which Danny thinks would be open to the discussion and will have this conversation with the Ministerial Alliance
- Hospitals have space on/in their campus that could supply a building
    - Old birthing center had previously been in discussion with hospital leaders in Ford County, but the hospital has been bought
    - St. Catherine's felt the Compass adult crisis house took away admissions from the psych unit at the hospital and bridges were burned regarding collaboration and large falling out happened about 5 years ago.
        - Regi: population sort which would identify those who meet level for inpatient hospitalization vs those who would only meet criteria for a crisis house

- NAMI Affiliation- Danny Gillum a board of director for NAMI which serves all catchment area of Compass
- Current Peer Utilization:
    - For Peer-to-Peer Connection with NAMI provide in-person and virtual sessions are available; max 16 participants.
        - To facilitate this training, you must do the certification through NAMI
        - Current Peer-to-Peer group functioning in Ford Co, can leverage this group to assist identifying needs and gaps in the community.
            - David Gillum will reach out to David Larson with NAMI KS to discuss having his Peer-to-Peer Connection group serve as a Focus Group for the IAC and complete their survey
    - Family to Family more prominent in Finney
    - Western KS NAMI representatives are a resource to connect to referrals for diversion purposes.
        - Compass CSS services collaborate with NAMI peers to provide services in the community when needed
    - Group sessions in infancy stages, goal is to establish a family unit
    - NAMI is meeting with the Corner Stone Community Church at end of August in Topeka to have conversations regarding starting a 'Living Room' model
        - Legislators and political personnel invited for his conversation

        - Goal is to bring information back to Compass and NAMI in this region and start discussion on how this could start in the western region
    - Connections with NAMI to Oxford are unknown, Danny Gillum will reach out to a connection with NAMI and Oxford
    - List of state certified list of peers and can this be broken into county or catchment areas- Audra Goldsmith tasked
    - Compass Peer Services:
        - Ford Co- Peer support worker works with multiple services within Compass to coordinate care.
        - CSS also has peer support and peer support psychosocial groups, Finney CO, positions open but not filled at this time
        - Also utilizes parent support workers when can staff
    - Genesis: FQHC's peer workers, Community Health Workers, provide case management and outreach and engagement services. – Regi and Audra can partner to discuss this
    - Large need for peers and large acceptance for peers but gaps in allowance for peers in some locations.
    - Barrier in employing peers at Compass due to justice involvement
        - Discussed conversation with Dr. Brest and David and how they utilize peers
        - Audra will have discussion with Horizons on technicalities of being able to hire peers with a health of justice involvement
        - Consistent confusion on state feedback and KDADS qualification on who can and can't qualify as a peer-specialists and complete the KDADS training
        - Is there potential for NAMI employed peers to provide services at Compass or another agency

Priority Area #3: Crisis Services and Hospitalizations

- Finney CO- St. Catherine's Hospital has a 6-bed psych unit, but low workforce doesn't allow them to fill all open beds, typically only 2 beds filled at a time
    - Community hospitals are utilizing the Columbia Suicide Screening tool to gauge if a further Care and Treatment screen needs done
    - Hamilton Co Hospital, Kearny County, Hodgeman County, Greeley County, Scott County, Grant County hospital has no psych unit
    - Relationship with director of their psych unit Lisa Southern will reopen conversation with folks at St. Catherine's to try to build bridges
        - Conversations to clarify roles and increase collaboration
- EMS access to telehealth
    - Only in Ford Co, does EMS always respond with 911 so have access to a tablet for crisis purposes

- Example Olympia Washington; Alternative response system is all peer-ran along with other examples across the nation to add to recommendations

- SUD Services and Detox center need
  - Safe space for 24-48 hours for a person to go to detox
  - Compass and FQHC both have suboxone providers
  - New Chance does social detox in Dodge
  - St Catherine not licensed to do medical detox, currently must admit under a medical issue
    - Affiliated with Centurion in CO
    - Barrier is unfunded services under Medicaid
    - Must be voluntary
  - Formulary for allocation of federal funds coming through SAMHSA Path, SABG, MHBG funding for SUD services. – Audra look into
    - Allocation of SB 123 and who has access to those funds and where they are going in the state
    - KDADS runs the advisory group who will allocate the funds
      - Who sits on this committee?
      - Are their representatives from the western part of the region?
  - Social detox-
    - Barrier to quick access due to some facilities requesting a State Standardized Assessment
      - Lack of State Standardized Assessment trained personnel to give the assessments which results in a waitlist
        - Compass has a few trained personnel who can do this assessment
        - Is there a partnership that can be formed with a university
        - Higher level barrier College course that keys up folks to be in line to go through the training to complete the State Standardized Assessment.
    - LSH has a social detox option where LEO can take individuals to the state hospital without going through the local CMCH
      - Way the law reads places liability on taking a person somewhere for a service and is not clearly defined in this statue; LEOs have been advised against taking them to state hospital for social detox due to detainment issues
    - New Chance Social Detox (Ford Co)- male and female detox, only male inpatient services
      - Identify admission

        - City on a Hill- Does not have detox services anymore
            - Roger will connect with to clarify admission criteria, date, and time etc.
            - Reintegration SUD services in Grant CO, and Seward CO and Chautauqua Co
            - Women's unit in Dighton, KS (Lane CO)
                - Inpatient SUD services, unknown if they still have detox services
        - Valley Hope (Norton CO) has been very open to admissions especially if person has Medicaid and private insurance
            - Conversations with RADAK and Valley Hope on admission and criteria for assessment to make process of admission more fluid
    - Regi: Types of withdrawal management centers: Sobering centers (egress door, with delayed unlocking device, staffing includes EMT paramedic level and potentially nursing staff, alcohol is a typical type of sobering here as well as someone who has just had too much); Social detox (oversight for medical kinds of situations, more typical to have more clients who are chronic inebriant, tend to be released before totally clear because will start to withdraw); Medical Detox (Highest level of detox); Residential transitional (90 day stay or longer, intensive outpatient treatment with residential services); Opioid Use Disorder Detox Services
- Can initial screen and follow up appointments for suboxone treatment still be done tele video?
- How do you start the conversation on pooling resources with a hospital, LEO, Compass etc. when a person is detoxing vs taking the money and creating a sobering center together as a community?
- Data
    - Stepping Up Data and utilization
    - Familiar Faces Strategies
        - How do we get the data from LEO when they are responding to a MH call with no arrest to allow for follow up?
        - Person Based Strategies
        - Place Based Strategies; CAHOOTS, STAR, KEVA
    - Make sure data includes time of day/day of week
        - Regi: Data pulling from Sheriff's Dept or court to start with since it is not protected data, pull name, housing status, if possible, number of bookings, length of stay and types of charges.
            - Marginal cost from the jail not available at this point at the Sheriff's dept
            - Garden City PD, pull a list of familiar faces
            - DOC data is needed also

        - EMS works for the county, & responds to all 911 calls in Ford Co, In Finney CO EMS responds along with LEO response when MH crisis is imminent
        - Familiar Faces are most likely lower-level charge people
        - Needed definitions of SMI, SUD, and Opioid Use Disorder, Meth Use Disorder, Alcohol or Drugs and MH
        - When looking at common people CMHC can look at services provided, lack of engagement,
    - Interagency agreements necessary as this conversation advances
- Jail capacity- 20 max, road patrol and custody services, no standardized questions only to identify needs
- Competency Issue
    - Barrier is transportation when attempting to get an assessment from Compass or transporting to St. Catherine's Hospital
- Thinking in terms of "Hubs and Spokes" to maximize resource utilization
    - Megan Garcia: Most utilized hubs Finney and Ford Co St Catherine's Hospital in both locations, Finney Co psych placement but not in Ford CO.
    - Sheriff Horner: Jail service hub & local hospital, Kearny CO Hospital
        - Jail ALOS approximately 2-3 days
        - People bond out for on their own most of the time or bond
    - Roger: St. Catherine's, LSH, Finney CO PD, City on a Hill (rehab outpatient SUD services), New Chance in Dodge City, Compass & Genesis (FQHC) MAT only induction for services,
    - Stephanie: 25th Judicial District Rehab services (outpatient SUD treatment only serves those in the court system), Maya House sober living house; Catholic Charities, Genesis, City on a Hill (Wichita and Finney CO), New Chance in Dodge City
    - Vicki: New Chance, City on a Hill, Compass (broke down into 4 areas, Ulysses (Grant Co), Scott City (Scott Co), Dodge City, Garden City), Private Practitioners, St. Catherine main office in Garden City another location in Dodge City and Ulysses.
    - Danny: Compass, New Chance, Oxford houses (5 in Ford Co), Domestic Violence Crisis Center (Dodge City)
    - Sliding scale fees can be utilized in some facilities to assist those with no coverage.
        - AFAC Alcohol Tax Funds: Compass and DOC can secure funds to pay for services.
        - Live well Coalition: has funding possibilities and an Opioid Taskforce which secures funding to support services in the community.
            - Lisa Southern participates on the Live Well Coalition
            - KDOC participates in the Opioid Taskforce
    - Chelsea: County Health Departments; KVC Hospitals; VA Hospital

- Veteran Liaison and Reentry Outreach- Audra find the regional rep for this area
- Lana: Compass, DCF, Heartland RADAC, Harvest America (provides funding for homeless populations) Catholic Charities, Seeds of Hope jail ministries (some SUD funding)
- Large Hub services largely operate as silos but there is conversation about collaborating
- Need to get the right folks at the table to build collaboration cross systems. Stepping up can be that convener.

Quick Wins

1. Eric Arganbright with Continuum of Care encouraged applications be sent in for permanent supportive housing grants.
2. Corrections staff will review their jail contracts.
3. The 6th Annual Opioid Conference in Topeka is an educational opportunity for later this year.
4. Audra Goldsmith will offer webinars and information sessions on homelessness and the implementation of 988.
5. Jessica Sherfick with High Plains Mental Health Center will send more information about the 4-bed crisis house to the group.

RECOMMENDATIONS

Common themes and priority areas organically came to the forefront across the three mental health catchment areas (1, 18 and 24). Independently and collectively catchment areas are encouraged to work on these issues:

- Workforce recruitment, retention, and support
- Peers and peer services and support across stakeholders
- Transportation to and from appointments, and in general
- Housing gaps including transitional, permanent, contracted beds
- Women specific service needs
- Improve post-crisis stabilization including case management, peers, and proactive services
- Increase coordinated care and access to care for substance use disorders and co-occurring populations
- Alternatives to hospitalization and jail; utilization of unused/underused crisis and stabilization beds.
- Create regional focus including the above items and the following:
    - Gather and analyze data and use data to sort population needs, services, outcomes, and costs.
        - Build the case for resources and services through data
    - Strategies for familiar faces within catchment areas and across catchment areas
    - Need for a regional in-patient voluntary and involuntary crisis stabilization unit
    - Seek, braid and blend funding and resources
    - Create a regional coordinator position tasked with moving forward western region priorities
    - Utilize a standardized transition needs checklist across jails and providers.

1) From the facilitators advantage, the regional focus makes a good deal of sense having regional coordinator to focus on developing resources, keeping work moving forward, using data to guide work, and ensuring resources are well maximized.

- Perhaps the regional coordinator could be associated with Kansas Stepping up Technical Assistance Center
    - Kansas Stepping Up Technical Assistance Center - Step Up Together
- Consider a Hub and Spoke model, and co-location of services.
    - The hub-and-spoke organization design revisited: a lifeline for rural hospitals - PMC (nih.gov)
    - Hub and Spoke Model - RHIhub Medication for Opioid Use Disorder (MOUD) Toolkit (ruralhealthinfo.org)
    - Co-Location of Services Model - RHIhub Medication for Opioid Use Disorder (MOUD) Toolkit (ruralhealthinfo.org)
- Review and identify areas of alignment in the western Kansas region with the Mental Health Task Force 2019 report, build on access to resources and push for attention at the state level. Mental Health Task Force: Report to the Kansas Legislature, January 14, 2019 (ks.gov)
- Create common data points, define terms, collect, and analyze data related to needs, and outcomes and costs.
    - Create MOUs across hospitals, jails, CMHCs and SUD providers
    - Create Familiar Face strategies and sort populations needs and use of services.
    - Identify costs for service and return on investment for new processes and services.
    - Consider using a platform such as PowerBI to develop internal and external facing dashboards. Build rich reports and share Insights that drive results | Power BI (microsoft.com)
- Pool resources such as transportation, workforce recruitment and training, crisis center development, and transitional and long-term housing. Using data to inform needs, develop common goals across the region and apply for state, federal and foundation funds as a region.

2) Create “stabilization and recovery” strategies to move individuals, especially those who are familiar faces across systems and living with complex care needs from repeated crisis to stabilization. Strategies may include intensive care management, peer services and supports, complex care teams, housing, transportation, and financial resources.

3) Utilize a sharable (encrypted), standardized needs identification transition form and consent to release information across the region. Collect de-identified, aggregated data to inform trends and needs including gaps in service availability, wait times, current setting, types of supports needed, etc. Provide data to the state for planning purposes and to build in flexibility to current

policies or innovate and demonstrate new ways to do business. Form should include the following domains:

- Physical, and behavioral health, medications, disabilities, supports and accommodations
- Income and benefits
- IDs and documents including military discharge documents.
- Basic needs such as clothing, food, transportation, and housing
- Employment history, training, supported and placement.
- Care for children or elders.

Contact Regi at rhuerter@prainc.com to discuss options and adopt existing models.

4) Create strategies to integrate peer services and supports across regions and agencies.

5) Increase access and availability of substance use disorder treatment and supports across the region. Consider working with local FQHCs for transportation resources to treatment, or mobile vans to provide de-centralized treatment to rural areas.

RESOURCES

Competence Evaluation and Restoration

- Policy Research Associates. Competence to Stand Trial Microsite.
- Policy Research Associates. (2007, re-released 2020). Quick Fixes for Effectively Dealing with Persons Found Incompetent to Stand Trial.
- Finkle, M., Kurth, R., Cadle, C., and Mullan, J. (2009) Competency Courts: A Creative Solution for Restoring Competency to the Competency Process. *Behavioral Science and the Law, 27,* 767-786.

Crisis Care, Crisis Response, and Law Enforcement

- Technical Assistance Collaborative. Implementation of the 988 Hotline: A Framework for State and Local Systems Planning.
- National Association of State Mental Health Program Directors. Crisis Now: Transforming Services is Within our Reach.
- National Association of Counties. (2010). Crisis Care Services for Counties: Preventing Individuals with Mental Illnesses from Entering Local Corrections Systems.
- Abt Associates. (2020). A Guidebook to Reimagining America's Crisis Response Systems.
- Urban Institute. (2020). Alternatives to Arrests and Police Responses to Homelessness: Evidence-Based Models and Promising Practices.
- Open Society Foundations. (2018). Police and Harm Reduction.
- Center for American Progress. (2020). The Community Responder Model: How Cities Can Send the Right Responder to Every 911 Call.
- Vera Institute of Justice. (2020). Behavioral Health Crisis Alternatives: Shifting from Policy to Community Responses.
- National Association of State Mental Health Program Directors. (2020). Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies.
- National Association of State Mental Health Program Directors and Treatment Advocacy Center. (2017). Beyond Beds: The Vital Role of a Full Continuum of Psychiatric Care.

- R Street. (2019). Statewide Policies Relating to Pre-Arrest Diversion and Crisis Response.
- Substance Abuse and Mental Health Services Administration. (2014). Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies.
- Substance Abuse and Mental Health Services Administration. (2019). Tailoring Crisis Response and Pre-Arrest Diversion Models for Rural Communities.
- Substance Abuse and Mental Health Services Administration. (2020). Crisis Services: Meeting Needs, Saving Lives.
    - Substance Abuse and Mental Health Services Administration. (2020). National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit.
- Crisis Intervention Team International. (2019). Crisis Intervention Team (CIT) Programs: A Best Practice Guide for Transforming Community Responses to Mental Health Crises.
- Suicide Prevention Resource Center. (2013). The Role of Law Enforcement Officers in Preventing Suicide.
- Bureau of Justice Assistance. (2014). Engaging Law Enforcement in Opioid Overdose Response: Frequently Asked Questions.
- International Association of Chiefs of Police. One Mind Campaign: Enhancing Law Enforcement Engagement with People in Crisis, with Mental Health Disorders and/or Developmental Disabilities.
- Bureau of Justice Assistance. Police-Mental Health Collaboration Toolkit.
- Policy Research Associates and the National League of Cities. (2020). Responding to Individuals in Behavioral Health Crisis Via Co-Responder Models: The Roles of Cities, Counties, Law Enforcement, and Providers.
- International Association of Chiefs of Police. Improving Police Response to Persons Affected by Mental Illness: Report from March 2016 IACP Symposium.
- Optum. (2015). In Salt Lake County, Optum Enhances Jail Diversion Initiatives with Effective Crisis Programs.
- The Case Assessment Management Program (CAMP) is a joint effort of the Los Angeles Department of Mental Health and the Los Angeles Police Department to provide effective follow-up and management of selected referrals involving high users of emergency services, abusers of the 911 system, and individuals at high risk of death or injury to themselves.

Brain Injury

- National Association of State Head Injury Administrators. (2020). Criminal and Juvenile Justice Best Practice Guide: Information and Tools for State Brain Injury Programs.
- National Association of State Head Injury Administrators. Supporting Materials including Screening Tools and Sample Consent Forms.

Housing

- Alliance for Health Reform. (2015). The Connection Between Health and Housing: The Evidence and Policy Landscape.
- Economic Roundtable. (2013). Getting Home: Outcomes from Housing High Cost Homeless Hospital Patients.
- 100,000 Homes. Housing First Self-Assessment.
- Community Solutions. Built for Zero.
- Urban Institute. (2012). Supportive Housing for Returning Prisoners: Outcomes and Impacts of the Returning Home-Ohio Pilot Project.
- Corporation for Supportive Housing. Guide to the Frequent Users Systems Engagement (FUSE) Model.
    - Corporation for Supportive Housing. NYC Frequent User Services Enhancement – Evaluation Findings.
- Corporation for Supportive Housing. Housing is the Best Medicine: Supportive Housing and the Social Determinants of Health.
- Substance Abuse and Mental Health Services Administration. (2015). TIP 55: Behavioral Health Services for People Who Are Homeless.
- National Homelessness Law Center. (2019). Housing Not Handcuffs 2019: Ending the Criminalization of Homelessness in U.S. Cities.

Information Sharing/Data Analysis and Matching

- Legal Action Center. (2020). Sample Consent Forms for Release of Substance Use Disorder Patient Records.
- Council of State Governments Justice Center. (2010). Information Sharing in Criminal Justice-Mental Health Collaborations: Working with HIPAA and Other Privacy Laws.
- American Probation and Parole Association. (2014). Corrections and Reentry: Protected Health Information Privacy Framework for Information Sharing.
- The Council of State Governments Justice Center. (2011). Ten-Step Guide to Transforming Probation Departments to Reduce Recidivism.
- Substance Abuse and Mental Health Services Administration. (2019). Data Collection Across the Sequential Intercept Model: Essential Measures.
- Substance Abuse and Mental Health Services Administration. (2018). Crisis Intervention Team (CIT) Methods for Using Data to Inform Practice: A Step-by-Step Guide.
- Data-Driven Justice Initiative. (2016). Data-Driven Justice Playbook: How to Develop a System of Diversion.
- Urban Institute. (2013). Justice Reinvestment at the Local Level: Planning and Implementation Guide.

- Vera Institute of Justice. (2012). Closing the Gap: Using Criminal Justice and Public Health Data to Improve Identification of Mental Illness.
- New Orleans Health Department. (2016). New Orleans Mental Health Dashboard.
- The Cook County, Illinois Jail Data Linkage Project: A Data Matching Initiative in Illinois became operational in 2002 and connected the behavioral health providers working in the Cook County Jail with the community mental health centers serving the Greater Chicago area. It quickly led to a change in state policy in support of the enhanced communication between service providers. The system has grown in the ensuing years to cover significantly more of the state.

Jail Inmate Information/Services

- NAMI California. Arrested Guides and Medication Forms.
- NAMI California. Inmate Mental Health Information Forms.
- Urban Institute. (2018). Strategies for Connecting Justice-Involved Populations to Health Coverage and Care.
- R Street. (2020). How Technology Can Strengthen Family Connections During Incarceration.

Medication-Assisted Treatment (MAT)/Opioids/Substance Use

- American Society of Addiction Medicine. Advancing Access to Addiction Medications.
- American Society of Addiction Medicine. (2015). The National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use.
    - ASAM 2020 Focused Update.
    - Journal of Addiction Medicine. (2020). Executive Summary of the Focused Update of the ASAM National Practice Guideline for the Treatment of Opioid Use Disorder.
- National Commission on Correctional Health Care and the National Sheriffs' Association. (2018). Jail-Based Medication-Assisted Treatment: Promising Practices, Guidelines, and Resources for the Field.
- National Council for Behavioral Health. (2020). Medication-Assisted Treatment for Opioid Use Disorder in Jails and Prisons: A Planning and Implementation Toolkit.
- Substance Abuse and Mental Health Services Administration. (2019). Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings.
- Substance Abuse and Mental Health Services Administration. (2019). Medication-Assisted Treatment Inside Correctional Facilities: Addressing Medication Diversion.
- Substance Abuse and Mental Health Services Administration. (2015). Federal Guidelines for Opioid Treatment Programs.

- Substance Abuse and Mental Health Services Administration. (2020). Treatment Improvement Protocol (TIP) 63: Medications for Opioid Use Disorder.
- Substance Abuse and Mental Health Services Administration. (2014). Clinical Use of Extended-Release Injectable Naltrexone in the Treatment of Opioid Use Disorder: A Brief Guide.
- Substance Abuse and Mental Health Services Administration. (2015). Medication for the Treatment of Alcohol Use Disorder: A Brief Guide.
- U.S. Department of Health and Human Services. (2018). Facing Addiction in America: The Surgeon General's Spotlight on Opioids.

Mental Health First Aid

- Mental Health First Aid. Mental Health First Aid is a skills-based training course that teaches participants about mental health and substance-use issues.
- Illinois General Assembly. (2013). Public Act 098-0195: Illinois Mental Health First Aid Training Act.
- Pennsylvania Mental Health and Justice Center of Excellence. City of Philadelphia Mental Health First Aid Initiative.

Peer Support/Peer Specialists

- Policy Research Associates. (2020). Peer Support Roles Across the Sequential Intercept Model.
- Department of Behavioral Health and Intellectual disability Services. Peer Support Toolkit.
- Local Program Examples:
    - People USA. Rose Houses are short-term crisis respites that are home-like alternatives to hospital psychiatric ERs and inpatient units. They are 100% operated by peers.
    - Mental Health Association of Nebraska. Keya House is a four-bedroom house for adults with mental health and/or substance use issues, staffed with Peer Specialists.
    - Mental Health Association of Nebraska. Honu Home is a peer-operated respite for individuals coming out of prison or on parole or state probation.
    - MHA NE/Lincoln Police Department REAL Referral Program. The REAL referral program works closely with law enforcement officials, community corrections officers and other local human service providers to offer diversion from higher levels of care and to provide a recovery model form of community support with the help of trained Peer Specialists.

Pretrial/Arraignment Diversion

- Substance Abuse and Mental Health Services Administration. (2015). Municipal Courts: An Effective Tool for Diverting People with Mental and Substance Use Disorders from the Criminal Justice System.
- CSG Justice Center. (2015). Improving Responses to People with Mental Illness at the Pretrial Stage: Essential Elements.
- National Resource Center on Justice Involved Women. (2016). Building Gender Informed Practices at the Pretrial Stage.
- Laura and John Arnold Foundation. (2013). The Hidden Costs of Pretrial Diversion.

Procedural Justice

- Center for Court Innovation. (2019). Procedural Justice at the Manhattan Criminal Court.
- Chintakrindi, S., Upton, A., Louison A.M., Case, B., & Steadman, H. (2013). Transitional Case Management for Reducing Recidivism of Individuals with Mental Disorders and Multiple Misdemeanors.
- American Bar Association. (2016). Criminal Justice Standards on Mental Health.
- Hawaii Opportunity Probation with Enforcement (HOPE) Program Profile. (2011). HOPE is a community supervision strategy for probationers with substance use disorders, particularly those who have long histories of drug use and involvement with the criminal justice system and are considered at high risk of failing probation or returning to prison.

Racial Equity and Disparities

- Actionable Intelligence for Social Policy. (2020). A Toolkit for Centering Racial Equity Throughout Data Integration.
- The W. Haywood Burns Institute. Reducing Racial and Ethnic Disparities: A NON-COMPREHENSIVE Checklist.
- National Institute of Corrections. (2014). Incorporating Racial Equality Into Criminal Justice Reform.
- Vera Institute of Justice. (2015). A Prosecutor's Guide for Advancing Racial Equity.

Reentry

- Substance Abuse and Mental Health Services Administration. (2017). Guidelines for the Successful Transition of People with Behavioral Health Disorders from Jail and Prison.
- Substance Abuse and Mental Health Services Administration. (2016). Reentry Resources for Individuals, Providers, Communities, and States.
- Substance Abuse and Mental Health Services Administration. (2020). After Incarceration: A Guide to Helping Women Reenter the Community.

- National Institute of Corrections and Center for Effective Public Policy. (2015). Behavior Management of Justice-Involved Individuals: Contemporary Research and State-of-the-Art Policy and Practice.
- The Council of State Governments Justice Center. (2009). National Reentry Resource Center
- Community Oriented Correctional Health Services. Technology and Continuity of Care: Connecting Justice and Health: Nine Case Studies.
- Washington State Institute of Public Policy. (2014). Predicting Criminal Recidivism: A Systematic Review of Offender Risk Assessments in Washington State.

Screening and Assessment

- Substance Abuse and Mental Health Services Administration. (2019). Screening and Assessment of Co-occurring Disorders in the Justice System.
- The Stepping Up Initiative. (2017). Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask.
- Center for Court Innovation. Digest of Evidence-Based Assessment Tools.
- Urban Institute. (2012). The Role of Screening and Assessment in Jail Reentry.
- Steadman, H.J., Scott, J.E., Osher, F., Agnese, T.K., and Robbins, P.C. (2005). Validation of the Brief Jail Mental Health Screen. *Psychiatric Services*, 56, 816-822.

Sequential Intercept Model

- Policy Research Associates. The Sequential Intercept Model Microsite.
- Munetz, M.R., and Griffin, P.A. (2006). Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness. *Psychiatric Services*, 57, 544-549.
- Griffin, P.A., Heilbrun, K., Mulvey, E.P., DeMatteo, D., and Schubert, C.A. (2015). The Sequential Intercept Model and Criminal Justice. New York: Oxford University Press.
- Urban Institute. (2018). Using the Sequential Intercept Model to Guide Local Reform.

SSI/SSDI Outreach, Access, and Recovery (SOAR)

Increasing efforts to enroll justice-involved persons with behavioral disorders in the Supplement Security Income and the Social Security Disability Insurance programs can be accomplished through utilization of SSI/SSDI Outreach, Access, and Recovery (SOAR) trained staff. Enrollment in SSI/SSDI not only provides automatic Medicaid or Medicare in many states, but also provides monthly income sufficient to access housing programs.

- The online SOAR training portal.
- Information regarding FAQs for SOAR for justice-involved persons.

- Dennis, D., Ware, D., and Steadman, H.J. (2014). Best Practices for Increasing Access to SSI and SSDI on Exit from Criminal Justice Settings. Psychiatric Services, 65, 1081-1083.

Telehealth

- Remington, A.A. (2016). 24/7 Connecting with Counselors Anytime, Anywhere. National Council Magazine. Issue 1, page 51.

Transition-Aged Youth

- National Institute of Justice. (2016). Environmental Scan of Developmentally Appropriate Criminal Justice Responses to Justice-Involved Young Adults.
- Harvard Kennedy School Malcolm Weiner Center for Social Policy. (2016). Public Safety and Emerging Adults in Connecticut: Providing Effective and Developmentally Appropriate Responses for Youth Under Age 21.
- Roca, Inc. Intervention Program for Young Adults.
- University of Massachusetts Medical School. Transitions to Adulthood Center for Research.

Trauma and Trauma-Informed Care

- SAMHSA. (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach.
- SAMHSA. (2014). TIP 57: Trauma-Informed Care in Behavioral Health Services.
- SAMHSA, SAMHSA's National Center on Trauma-Informed Care, and SAMHSA's GAINS Center. (2011). Essential Components of Trauma Informed Judicial Practice.
- SAMHSA's GAINS Center. (2011). Trauma-Specific Interventions for Justice-Involved Individuals.
- National Resource Center on Justice-Involved Women. (2015). Jail Tip Sheets on Justice-Involved Women.
- Bureau of Justice Assistance. VALOR Officer Safety and Wellness Program.

Veterans

- SAMHSA's GAINS Center. (2008). Responding to the Needs of Justice-Involved Combat Veterans with Service-Related Trauma and Mental Health Conditions.
- Justice for Vets. (2017). Ten Key Components of Veterans Treatment Courts.

APPENDICES

Appendix 1: Attendee List

Catchment Area of High Plains Mental Health Center	
Ellis Co	
Scott Braun	Sheriff
Tim Deines	Lt. Ellis Co Sheriff
David Anderson	CEO High Plains
Benito Rivera-Madrid	CSS Team Leader, High Plains MHC
Cathy Shaffer	High Plains MHC
Casey Benyshek	High Plains MHC
Eric Brown	ACT Team Lead, High Plains MHC
Jessica Sherfick	High Plains MHC
Amy Bird	High Plains MHC, Drug Crt member
Judge Brendon Boone	Specialty Crt
Jobeth Haselhorst	Treatment Dir, Smoky Hill Foundation for Chemical Dependency, Inc.
Erin Geist	Dir Northwest Kansas Community Corrections
Josh Tanguay	NAMI Rep, FHSU clinician
Teresa Greenwood	Chief CSO & County District Crt Drug Crt Coor
Lance VanKooten	Director of Service Coordination, Developmental Services of NW KS, Inc.
Don Scheibler	Police Chief- Hays
Troy Thomas	Sheriff
Jodi Dumler	Hoxie Medical Clinic FQHC
Allen Van Driel	Administrator, Smith Co. Memorial Hosp.
Mark Walker	Jail Sergeant
Catchment Area of Compass Behavioral Health	
Finney Co	
Beth Beaver	Dir 25th Judicial District Community Corrections
Stephanie Roush	Community Corr, Deputy Director
Steven Martinez	St Catherine Hospital
EJ Ochs	Captain Patrol Division
Lana Urteaga	Lt, Garden City Police Dept
Steve Sandoval	Chief Program Officer, Southwest Developmental Services, Inc.
Ford Co	
Lisa Southern	Dir Compas Behavioral Health
Roger Montex	CCBHC Implementation Manager, Compass
Megan Garcia	Regional Director 1, Compas
Vicki Broz	Regional II Admin, Compass
Danny Gillum	Compass
Mark Hinde	Southwest Developmental Services, Inc
Kearny Co	
David Horner	Sheriff

Catchment Area of The Center CMHC	
Barton Co	
Amy Boxberger	Dir Central Kansas Community Corrections
Katie Hales	
Adam Shull	
Tyler Lehmkuhl	Central Kansas Community Corrections
Dalton Lehmkuhl	Central Kansas Community Corrections
Julie Kramp	Executive Dir, The Center , CMHC
Shionta Gray	CSS Program Director
Brenda Slagle	Jail Liaison Case Manager
Connie Holliday	Jail Liaison Case Manager
Marissa Woodmansee	JJIA
Doug Parks	S/SGT Jail Administrator
Lt Paden	Lt Sheriff's Dept
Karen Winkelman	Public Health Director/Local Health Officer
Koleen Garrison	Co-Director, KS Consumer Advisory Council for Adult Mental Health, Inc
Gail Antenen	Dir, Community Corrections
Amanda Pfannenstiel	R/F Subcommittee Co-Chair
Shawna Wright	KU Telemed
Christina Dianne Boyd	Asso Prof, Workforce Develop Coor, Center for Community Engagement &Collaboration KU Med
Brian Cole	Shawnee Innovator
Bob Tryanski	Douglas Co Innovator
Art Summers	Affiliate Development Coordinator
Brittany Brest	Justice Involved Project Director
Eric Arganbright	Director Community Engagement, KS Statewide Homeless Coal
Hope Cooper	Deputy Secretary Juvenile and Adult Community Based Services, KDOC
Andrea Allen	Northern Parole Region Parole Director
Nanette L. Perrin	Sunflower Healthplan
Angela Watson	CM at Sunflower Healthplan
Michael Croslin	Barton Co, Oxford House
Shelly Schneider	Kansas Health Dept
Ximena Garcia	Senior Advisor for COVID-19 Vaccine Equity
Audra Goldsmith	KS Stepping up TA Center