

Mental Health Crisis Center Advisory Board

Meeting Minutes

01/18/2017

12:00pm

PRESENT: Terri Burchess, Arnold Remington, Tim Kennett, Phil Tegeler, Ruth Lavin, Gail Anderson, Scott Etherton.

- I. **Announcement of the Open Meetings Act.** Those in attendance were directed to the information posted at the side of the room.
- II. **Welcome and call to order at 12:03pm.**
- III. **Approval of November minutes by roll call vote.** All present at 12:06pm unanimously approved minutes as distributed previously.
- IV. **Introductions**
- V. **Mental Health Crisis Center Current Status**
 - a. **Region V Audit – December 21st** Region V performed annual audit of this agency. No problems were brought to attention, however, official results are yet to be received.
 - b. **State of Nebraska & Region V Allocations --** Provider meeting is next week. In the meantime, Phil reports DHHS has found funding for this fiscal so the expected cuts will be deferred for now. The State is continuing to look at 2.5-3% cut in developmental disabilities provider reimbursements.
 - c. **Human Resources --** There have been some challenges in filling position of technicians and nursing staff at this agency. As of late all of the full time tech positions are filled as well as full time RNs, however, on-call RNs are continuously being recruited.
- VI. **County Board Agenda Items**
 - a. **Mid-year Budget --** Review date with County Board is scheduled for 2/2/17. Discussed numbers here (see attached). The Board has had some discussion regarding changes to the budget process by consideration of a 'zero-base budget' approach. No change to the budget process has been adopted currently.
 - b. **Electronic Health Record –** Software from Credible is on the table and continues to be reviewed by County Attorney, Purchasing, and this agency. Suggestions of current users at the table caution a close look at needs for reporting modules, storage space and ongoing training as part of the initial contract. All in all, reports are positive with regard

to the operations of the software. Projected timeline of implementing the EHR is four months once everything finalizes.

VII. Miscellaneous

- a. **Kansas City Assessment Center -- Information shared (see attached) regarding this service available in Kansas City. Lincoln's Community Health Endowment has invited several community providers to tour this program February 1st to see how it is working and what impact it has collaboration with statistics to support that notion as well. You can read more about this program at:**
<https://www.thenationalcouncil.org/BH365/2016/11/18/reversing-criminalization-mental-illness-kansas-city-assessment-triage-center/>

<http://www.kansascity.com/news/local/article111139112.html>
- b. **Legislative Behavioral Health Task Force -- Please see the link listed at bottom of KC Assessment Center attachment for further information.**
- c. **Anderson brought to the table a request for teleconferencing into the Advisory Board meetings in the absence of said meeting. This is approved and extension for conference calls is 8277.**
- d. **Fiber optics now installed to the 825 J Street address. Fastest connection in town!**
- e. **No weather issues presented themselves during the Ice Storm recently.**

Meeting adjourned at 1:15pm.

DATE OF NEXT MEETING: February 8, 2017 at noon

LOCATION: 825 J Street

MHCC	MID Year		FY17 Budget	FY17 Fiscal Year-To-Date	Projected Year End	Amt. Over/Under
	FY16	FY17				
	Actuals					
EXPENDITURES						
Regular Salary	1,490,587.06	1,541,850.00	760,117.72	1,520,235.44	21,614.56	
Temporary Salary	246,138.48	225,000.00	119,528.35	239,056.70	-14,056.70	
Overtime	54,459.58	55,000.00	35,055.38	70,110.76	-15,110.76	
Psychologist/Psychiatrist	0.00	50,000.00	31,427.50	53,875.71	-3,875.71	
Pharmacy	7,729.22	12,000.00	8,683.02	14,885.18	-2,885.18	
Substance Abuse Evaluations	0.00	25,000.00	10,077.34	17,275.44	7,724.56	
Revenue						
Medicaid	401,530.20	375,000.00	261,220.27	69.66%		
Medicare B	45,287.37	50,000.00	16,512.47	33.02%		
Region V Post Commitment	116,959.76	100,000.00	36,201.63	36.20%		
Client Private Pay	3,281.53	5,000.00	2,341.00	46.82%		
Client Insurance	91,505.79	150,000.00	15,784.84	10.52%		
County Contract Revenue	135,567.00	165,000.00	101,742.00	61.66%		

KC Assessment Center

In November 2013, Kansas City, Missouri's first responders, mental health providers, municipal court and mayor's office decided that enough was enough. Our community knew that the number of arrested and jailed individuals with mental illness was unacceptable, and any solution required cross-systems collaboration between local government, criminal justice and mental health.

1. To address the problem, the City of Kansas City, the Kansas City Police Department, community-based organizations and seven Kansas City area hospitals created the ReDiscover **Kansas City Assessment and Triage Center (KC-ATC)**, which opened on October 31. After being picked up by law enforcement or referred by a local hospital, clients can stay at the center for up to 23 hours, providing enough time for KC-ATC employees to provide mental health and substance use treatment and develop post-treatment plans, like provider referrals, emergency housing preparation and prescriptions. By providing a space dedicated to mental health and substance use treatment, clients avoid more restrictive and inappropriate placements.

Before our collaboration, the only real options for law enforcement were to hold people with mental illness in jail or send them to a hospital emergency room. Jails are never an appropriate setting for someone in a mental health crisis and ERs are often overcrowded and ill-equipped to handle psychiatric conditions. Without accessible behavioral health services, mental illness put an unyielding strain on police departments and ERs. In fact, Kansas City ERs experienced, on average, 9,000 visits for serious mental illness each year from 2012 to 2014.

Even before opening our doors, the KC-ATC already had a tremendous impact. From July to September 2016, we decreased homelessness among some of Kansas City's frequent ER users by 75 percent using emergency housing granted to us by the Department of Mental Health and the Jackson County anti-drug tax. These new residents are at a decreased risk of drug use and have clear access to health services, decreasing the likelihood of further contact with the municipal court and hospitals.

We hope not only to make a difference in our community's mental health but also to ignite conversations about mental health in other communities. As we treat clients who otherwise would be in jail, we hope to serve as an example of how to dissociate mental illness from incarceration. Through our work with the Kansas City Police Department, we hope to show that law enforcement officers play a vital role in community mental health. Moreover, as we work with clients, we hope to open the doors of treatment and recovery to those who need it most.

Legislative Behavioral Health Task Force

http://nebraskalegislature.gov/FloorDocs/104/PDF/Agencies/Task_Force_on_Behavioral_and_Mental_Health/617_20161201-100256.pdf

Kansas City Assessment and Triage Center

2600 E. 12th Street
Kansas City, MO 64127

Why an Assessment and Triage Center for Kansas City?

Three-year trend data (2012-2014) generated by the Missouri Hospital Association (MHA) indicated that KC area hospital EDs experienced over 8,000 visits per year from patients with substance use disorders (with no other life threatening emergent medical conditions) and over 9,000 visits per year from clients with serious mental illness.

Why?

- Top 50 Ambulance Users in 2013 had 27-127 ambulance runs.
 - 74% of those users also had contact with Municipal Court
- Top 10 offenders arrested for public intoxication or drinking in public had an average of 10.7 arrests in 2013.
- Top 10 offenders for soliciting employment (panhandling) in 2013 had an average of 34.2 arrests.

What is the Kansas City Assessment and Triage Center-(KC-ATC)?

An assessment and triage center for persons who are experiencing a mental health or substance use crisis that come into contact with Kansas City Missouri Police Department (KCPD) or an Approved Emergency Department (ED).

- All Voluntary
- NO WALK-IN's
- ONLY Open to KCPD and Approved Emergency Departments

Participating Hospitals-Year One

- Research Medical Center
- Research Psychiatric Center
- Saint Luke's Hospital -- Kansas City, Barry Rd and Smithville
- Truman Medical Center, Hospital Hill
- North Kansas City Hospital
- St. Joseph Medical Center
- Liberty Hospital

Public Private Partnership Funding Sources

Entity	Amount
Ascension Health	\$2 million annually for 10 years
City of Kansas City	\$2.5 million – renovation
Area Hospitals	\$1 million annually/2-years
Missouri Department of Mental Health	\$2 million for backdoor mental health services plus state-owned site for the urban core center

KC-ATC OPEN



2 Units with a total of 16 Slots Available

- 8 Slots-Sobering Unit
 - Primary presenting issue is substance use
- 8 Slots-Stabilization Unit
 - Primary presenting issue is mental health

How long can clients
stay?

Up to 23
Hours

Exclusion Criteria

- Under 18
- BP over 190
- Heart Rate over 120 or less than 45
- Blood Glucose under 60 mg/dL or over 250 mg/dL
- Acute or Traumatic Medical Needs--bleeding, unconscious, seizures
- Combative and requiring restraint or field sedation
- Adaptive equipment—IV, catheter, oxygen tanks
- In-ability to self-transfer

KCPD Protocol

- Officer Drops off at Intake and completes an officer drop off form
- Officer completes MH/CIT Report and leaves a copy
- QMHP/MHT or RN will have ROI/Consent signed prior to officer leaving

In and out in 7-10 minutes

Approved ED Protocol

- ED will call KC-ATC and provide client details to the RN or QMHP.
- KC-ATC will determine if there is space available.
- ED will fax a discharge summary/medical assessment summary to KC-ATC prior to transport.
- ED will determine and arrange transport method.
- If there are no slots available at the time, RN will provide a timeline for ED to call back or send a Case Manager (if available) to ED to assess/provide resources.

What Happens While at KC-ATC?

- Immediate triage and assessment -QMHP will gather collateral information and assess suicide risk
- RN will complete triage/health assessment
- MHT will monitor clients on units at all times, conduct vitals and checks
- Case Manager will conduct CM Assessment, VI-SPDAT, Collaborative Crisis Plan and Discharge Plan
- Rapport Building with Clients
- Psychiatric Evaluation
- Bridge Medications and Case Management

What Happens at Discharge?

- Linkage back to home/family or friends
- Linkage into or back to CMHC's
- Follow Up and Warm Hand Off's to Providers
- Bridge Case Management/Medications
- Emergency Housing until Permanent Housing is available
- Collaborative Development of a Crisis Plan

Follow Up Funds

- There are \$2 Million in the DMH Budget for KC-ATC Follow Up Funds.
- Follow up funds can be used for core services or flex funds—residential or outpatient treatment, detox, housing, respite, RCF, start-up funds, utility support, food, clothing, dentures, medications, hygiene items, transportation, labs, dental and physical health
- Wrap around funds for those on Medicaid for Non-Medicaid services

Target Date for Opening

- Kansas City, Missouri Police Dept (November 1, 2016)
 - Week 1-KCPD CIT Officers
 - Week 2-KCPD-CIT/East and Center Zone
 - Week 3 and 4-ALL KCPD
- ED Admissions (30 days later-December 1, 2016)

Kansas City Assessment and Triage Center

2600 E. 12th Street

Kansas City, MO 64127

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