

**Crawford County Health Department
Health & Mental Health & Juvenile Services**

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**4 YEAR PLAN
White Paper Report on Addiction Services
2016 – 2020**

There is no way to understand the real options involved in the future unless you explore the success of the past and become involved in planning the future.

- A. Economic Develop. & Local Impact
(Crawford County)**
- B. History**
- C. Town Meetings & Focus Groups**
- D. Architect Analysis**
- E. Now & In the Future**

A. Economic Development & Local Impact (Crawford County)

Economic Impact Analysis (EIA)

Economic Impact Analysis (EIA) attempts to measure or estimate the change in economic activity in a specified region caused by a specific business, organization, policy, program, activity, or other economic event.

Types of Economic Impacts include:

- Output impact – total increase in business sales revenue
- Value Added Impact – estimates the increase in the study's gross regional product (represents the total size of the local economy)
 - Estimates increase in local employee wage plus local business profit
- Labor income impact – represents the increase in total money paid to local employees in the form of salaries and wages
 - Impact is on personal income, not businesses
- Employment impact – measures the increase in the number of total employees in the local region
- Property value impact – measures the increase in total property values; reflection of generated income and wealth, both personal and business

Employment Impact

The employment impact or the number of additional jobs created is the most popular benefit measure, as it is most widely understood and appreciated because it is easier to comprehend than large, abstract dollar figures. Additionally, aggregate personal income is another popular benefit measure as it expands upon employment impact because it focuses on the rises of pay levels and/or additional workers as they are hired.

Community Mental Health Center of Crawford County, (CMHCCC) creates Employment Impact with it's over **180 part and full-time employees**, and has been doing so since its inception in the 1960s. The continued employment of these workers is a result of strategic and continued successful business practices and the expansion and growth in operations by CMHCCC in Crawford County, creating Employment Impact. **Employees at CMHCCC are paid competitive wages, adding to the Aggregate Personal Income of Economic Development in Crawford County.**

Direct Economic Effects

Direct economic effects are another aspect of Economic Development that CMHCCC plays a significant role in Crawford County. Direct economic effects are the changes in local business activity occurring as a direct consequence of public or private business decisions, or public policies and programs. Investment and spending decisions directly affect the flow of spending, income and jobs associated with economic activities and are usually categorized as facility investment and operations and non-facility spending programs.

Facility Investment and Operations - **A major business or government activity may move in or out, start up or close down, expand or contract within a given impact area. CMHCCC currently operates in a number of facilities in Crawford County with one location in Girard, Kansas and five facilities in Pittsburg, Kansas.** Construction, maintenance, and up-keep of facilities are all activities that directly effect economic development in Crawford County.

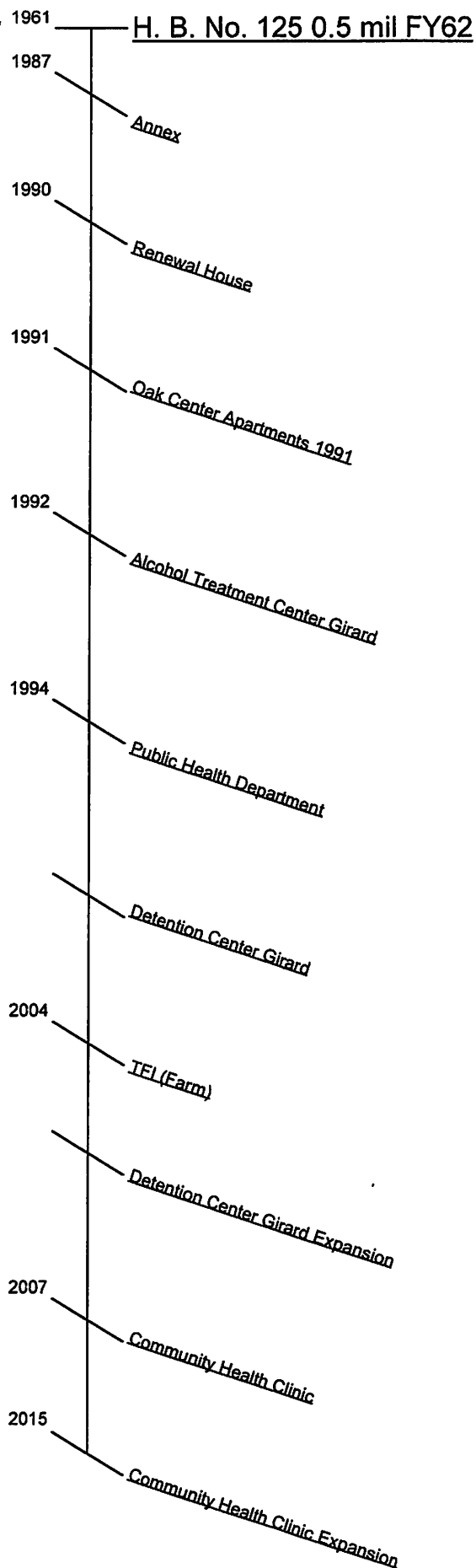
Non-Facility Spending Program - A public or private spending program may start up, expand, shrink or end. For example, this may be a major building, road construction project, or funding of a major employment program. CMHCCC aggressively goes after grant funding programs to further expand the services offered to clients, creating a greater quality of life, which has become an increasingly important source of competitive advantage for communities seeking to stimulate private investment in a global economy. Successful acquisition of grant funding and other program funding sources for CMHCCC has created more jobs, leading to greater employment impact. **One such program is the Health Home state program, which has added four full-time positions within CMHCCC.**

Indirect Economic Effects

There are also broader indirect, induced and dynamic economic effects that follow from any and all of the above types of direct effects. Some or all of these may be referred to as multiplier effects; comprised of three elements: **the direct, indirect, and induced impacts.**

Direct impact is spending done by a business in the local economy to operate the business, including inventory, **utilities**, equipment and **pay to employees**. Indirect impact happens as dollars the local business spent at other area **businesses re-circulate**. Induced impact refers to the additional consumer spending that happens as employees, business owners and **others spend their income in the local economy.**

Providing services to clients in the community, allows CMHCCC to contribute the economic development of Crawford County by filling all three multiplier effects. Operating a business in Crawford County, allows CMHCCC to fulfill direct impact on economic development. Providing direct services to clients in Crawford County keeps money spent by CMHCCC on those activities within Crawford County; indirect impact. The services provided to these clients, allows many of the clients to remain in Crawford County, keeping their personal spending located within Crawford County as well; induced impact.



Construction Expansion

Estimated \$349.5 Million
 $\$349.5 \text{ Million} \times 4 =$
\$1.398 Billion

Mental Health Personnel & Operations

Estimated over 34 years,
 \$5 Million per year
 $\$5 \text{ Million} \times 34 \times 4 =$
\$680 Million

Health Department Personnel & Operations

Estimated over 20 years,
 \$1.25 Million per year
 $\$1.25 \text{ Million} \times 20 \times 4 =$
\$100 Million

Total Personnel & Operations

$\$680 \text{ Million} + \$100 \text{ Million} =$
\$780 Million

Grand Total

$\$1.398 \text{ Billion} + \$780 \text{ Million} =$
\$2.178 Billion

B. History

About CMHCCC

CMHCCC, a quasi-governmental unit of Crawford County, administers an array of services which allows for individually identified services to support children, families, and adults in the community. Direct services range from comprehensive evaluations to community-based services, **including residential (apartment living), transitional reintegration house, and intermediate care facility**, psychosocial, child preschool, and supported employment, case management, emergency services, and attendant care, which enables consumers and family members to live in the least restrictive and appropriate setting.

Mission

Our mission is to **empower** all individuals and families to receive basic mental health and drug and alcohol services so they might **sustain** life in the least restrictive environment and live to their fullest potential as dignified and worthy human beings. To that end we create, **encourage**, and advocate opportunities for personal change by providing consumer focused services and consumer driven interagency collaboration in Southeast Kansas.

History at the 55-Year Mark: Orientation and Planning for Future

The Crawford County Board of Commissioners on August 28th, 1961 signed a resolution providing for a ½ mill designated for Mental Health Services. The signing of the County resolution marked the beginning of our local funding corner stone.

President Kennedy signaled the beginning of the Community Mental Health Centers (CMHCs) movement with a message to Congress on mental illness and mental retardation on February 5, 1963. He proposed a "bold new approach" to substitute comprehensive community care for institutional care. Congress responded with the passage of the Community Mental Health Centers Construction Act of 1963, which was signed into law by President Kennedy on October 31, 1963. That act required CMHCs to provide core services such as inpatient, outpatient, partial hospitalization, emergency care and consultation/education. The year 2016 marks the 53rd anniversary of this law, which represented a departure from previous federal policies; this act eventually affected southeast Kansas in the 1970's by designating a large comprehensive service entity as the agency of community services.

The last 50 years in Crawford County have seen many local citizens act as pioneers and visionaries in the mental health field. Crawford County citizens met December 31, 1962, to begin what was to be called a Mental Health Clinic. C. H. Benage, MD., chaired the meeting and Susan Martin, RN with County Public Health, recorded the meeting. Alvin Proctor read House Bill #125 which outlined the functions of the organization and Honorable Judge Richard Loffswold was noted as a participating member.

CMHCCC became operational in February, 1964, as a part-time Psychiatric Clinic. Frances Drenick was the office manager and the clinic was staffed by a part-time Psychiatrist, Dr. O'Brien and later Dr. Sedrick, and with a psychologist and a social worker on Thursday, Friday, and Saturday. The first staff had their full-time employment at Osawatomie State Hospital and commuted to Pittsburg.

CMHCs not only represented a bold new approach in the treatment of mental illness – but in Crawford County, it was also a new approach to our healthcare system.

In September of 1972, SEKAN Comprehensive Mental Health Services was organized in Southeast Kansas in order for the Center to receive federal monies for an eight year staffing grant. The SEKAN Unit took a fragmented arrangement of separate, independent and often non-communicating, hospitals, clinics and agencies, and organized them into a service network called a Comprehensive Mental Health Center. The additional service dollars were acquired for CMHCCC by our affiliation with the comprehensive SEKAN facility which continued until it was disbanded in August 1980. The federal legislation and regulations that established SEKAN also helped define key concepts of comprehensiveness, continuity of care, accessibility of services, community involvement, consultation and education, and accountability and responsiveness to the community.

Important Crawford County and National Milestones 1962 to 2003

1961 - State law established the opportunity for Kansas Counties to designate a CMHC in a single county or to cooperate with other counties to create a CMHC

1962 - Kansas legislature HB-125 Authorizing Mental Health Clinics

1962 - First organizational meeting C.H. Benage, MD, elected first Chairperson

1964 - Part-time psychiatric staff commuted to Pittsburg from Osawatomie State Hospital

- Legislation was signed into law allowing a mill levy in each of the 105 counties in Kansas to support CMHCs. County government is the cornerstone of the Kansas public mental health system.

1972 - SEKAN Comprehensive Mental Health federal dollars for southeast Kansas

1975 - The CMHC Act was amended mandating a more detailed CMHC – emphasizing comprehensiveness and accessibility to all persons regardless of their ability to pay

- Created community governing boards and quality assurance
- Expanded core services to include: children's services, elderly services, screening services, follow-up care, transitional services and substance abuse services

1980 - President Jimmy Carter's Mental Health Commission developed recommendations which led to The Mental Health Systems Act, which restructured the federal CMHC program by strengthening the linkages between the federal, state and local governments

- A litany of federal grants resulted for CMHCs to assist in expanding services to meet an array of priority populations (SPMI; SED; non-revenue producing services; education and consultation; and inclusion of consumer input in service and treatment)

1986 - Congress passed the State Mental Health Planning Act, authorizing small grants to states to develop comprehensive mental health plans for persons with serious mental illness

1986 - Construction of Mental Health Annex at 30th and Michigan

- 1990 - Developed & constructed the first southeast Kansas Reintegration program for male Consumers, Renewal House, March 1st, 1990**
- 1991 - Oakplace apartment complex built for transition of patients from Osawatomie State Hospital and were the first transitional apartments at a CMHC in Kansas**
- 1991 - The first Families and Children Together, Inc. 501c3 Board Meeting in November**
- 1992 - Crawford Mental Health receives "National Compeer Award" for new program**
- 1992 - National Housing Award for Oakplace from NAHRO**
- 1993 - Creation of Children's Case Managers & Challenger Program**
 - Crawford MHC Pittsburg Area Chamber of Commerce "Developing New Industry Award"
- 1993 - SKIL Agency Honors for Crawford County Mental Health for ongoing support of Persons with disabilities (services for Developmental Disability population)**
- 1994 - Kansas Legislature Blue Ribbon Committee 20 minute video on service Collaboration**
 - Kan Focus System of Care \$11 Million Grant awarded to the SEK region
- 1995 - Tele-psychiatry was introduced into the CMHCCC System in cooperation with KU Medical Center and we were the first in Kansas and provided both children and adult psychiatry**
- 1995 - Challenger Program awarded the Kansas Therapeutic Recreation Society Outstanding Community Program Award**
- 1996 - Passage of the first parity law, which prohibits insurers or plans serving 50 or more employees from setting lower annual or lifetime dollar caps on mental health benefits than for other health benefits**
- 1996 - Discovery Program was created which is therapeutic services for preschoolers**
- 1997 - Friends of Education Award Winner at Families and Children Together Program**
- 1998 - Southeast Kansas Community Corrections advocacy award for Day Reporting Program**
- 1997 - Kansas LEAN award for Cooperative garden with Health Department and K-State Extension Services**
- 1999 - Award for Best practices in reducing State Hospital Admissions from KU**
- 2003 - Public Health Community Service Award received by Discovery Center preschool**
 - Creation of therapeutic infant center
- 2010 - Support NAMI SEK Creation**

Alcohol and Drug Services

In 1978, at the request of Administrative Judge Don Musser, the Alcohol Safety Action Program was created to reduce the high number of highway fatalities. The program started and operated at 4th and Broadway, beside the old bus stop. When we needed someone to enter primary residential treatment and we were in fear of alcohol withdrawal, we would give them a pint and put them on a bus to Wichita. The other way we would get them into primary care was to put them on a bus to Osawatomie, telling them where to get off near Paola and hitchhike to the West to Osawatomie Hospital. **So, we have come a long way since 1978.**

Looking at Crawford County and the region we would like to end up with a recovering community stronger than we currently have. However, from 1978 and coming forward there has been a tremendous increase in the recovering community compared to what it used to be.

Important Crawford County Alcohol and Drug Services Milestones

1990 - Renewal House

- Alcohol Treatment Center Proposal to State and primary care began

1992 - Alcohol Treatment Center built in Girard

C. Town Meetings & Focus Group

Dictation of the May 5, 2016 Focus Group Meeting

Rick Pfeiffer (moderator) began the meeting by stating “I wanted to set the tone again to be open and reflective try to focus on consumer care and the objectives and actions of getting that done.” Moderator started with Summary of all four town meetings. Each one has been different. We had just fewer than 200 people attend all of the town meetings.

The first meeting was at the ATC at noon and the theme seemed to **focus on empathy and consumer care**. Focused on the individual illness of substance and alcohol abuse and trying to help those people get well. Moderator encouraged dispelling the myth that these are bad people trying to be good, and seeing empathically that these are sick people trying to get well.

The second meeting at the ATC at 6 pm focused a lot on **medical detox**. We talked about our relationship with Girard Hospital and getting people in for care. We talked about the need of recovery for that initial entry and access. We talked about regional area hospitals. We talked about social detox and covering costs of uninsured.

The third meeting was in Pittsburg at noon. This was right after the event where a Severe & Persistent Mental Illness (SPMI), women had been put in jail because she was held up in her house with a weapon threatening suicide. Sherriff Dan was at the meeting and we talked a lot about **psychiatric attendant care** which we do at the Alcohol Treatment Unit. We talked about the fact that we screen for admission to Osawatomie State Hospital about 360 plus people a year with 3 people during the daytime hours and 2 in the dead of the night between the hours of 11 pm and 7 am per week. Jail is not the proper placement for SPMI individuals. Examples, given of other chronic illness like heart disease, diabetes, etc.

The fourth meeting was in Pittsburg at 6 pm. A number of people went back to the **illness of addiction**. Community Health Center of Southeast Kansas presented the fact that they had a new addiction treatment grant and stated they would be able to assist us with all the medical and social detox that we wanted to try to accomplish.

At each one of the meetings **youth services** was brought up. Greenbush representative were at the first meeting and stated they would help in any way they could.

These goals and objectives that are presented here came out of the town meetings, basically what the participants said to us and we organized. The sheets used to record information had the headings of Present Concerns /Improvements and New Developments/things to be done. Moderator expressed he looked at the mission and vision first. The mission and vision statement was determined to be “Reduce human suffering and provide addiction services”, which someone had suggested at one of the town meetings. **We learned from the Health Officer that treating alcohol and drug issues were the number one and two top concerns in the Lower 8 Community Health Assessment of Kansas.**

**City of Residence at
Time of Admission to ATC**

**Number of Clients Served
from this location**

Crawford County Residents	324
Southeast Kansas Area	291
Other	<u>112</u>
Total	727

ARCADIA, KS	7	GIRARD, KS	43
ARMA, KS	17	HEPLER, KS	1
CHEROKEE, KS	5	MCCUNE, KS	4
FARLINGTON, KS	2	MULBERRY, KS	12
FRANKLIN, KS	6	PITTSBURG, KS	213
FRONTENAC, KS	13	WALNUT, KS	1

**Present Concerns/
Improvements**

**New Development/
Things to be Done**

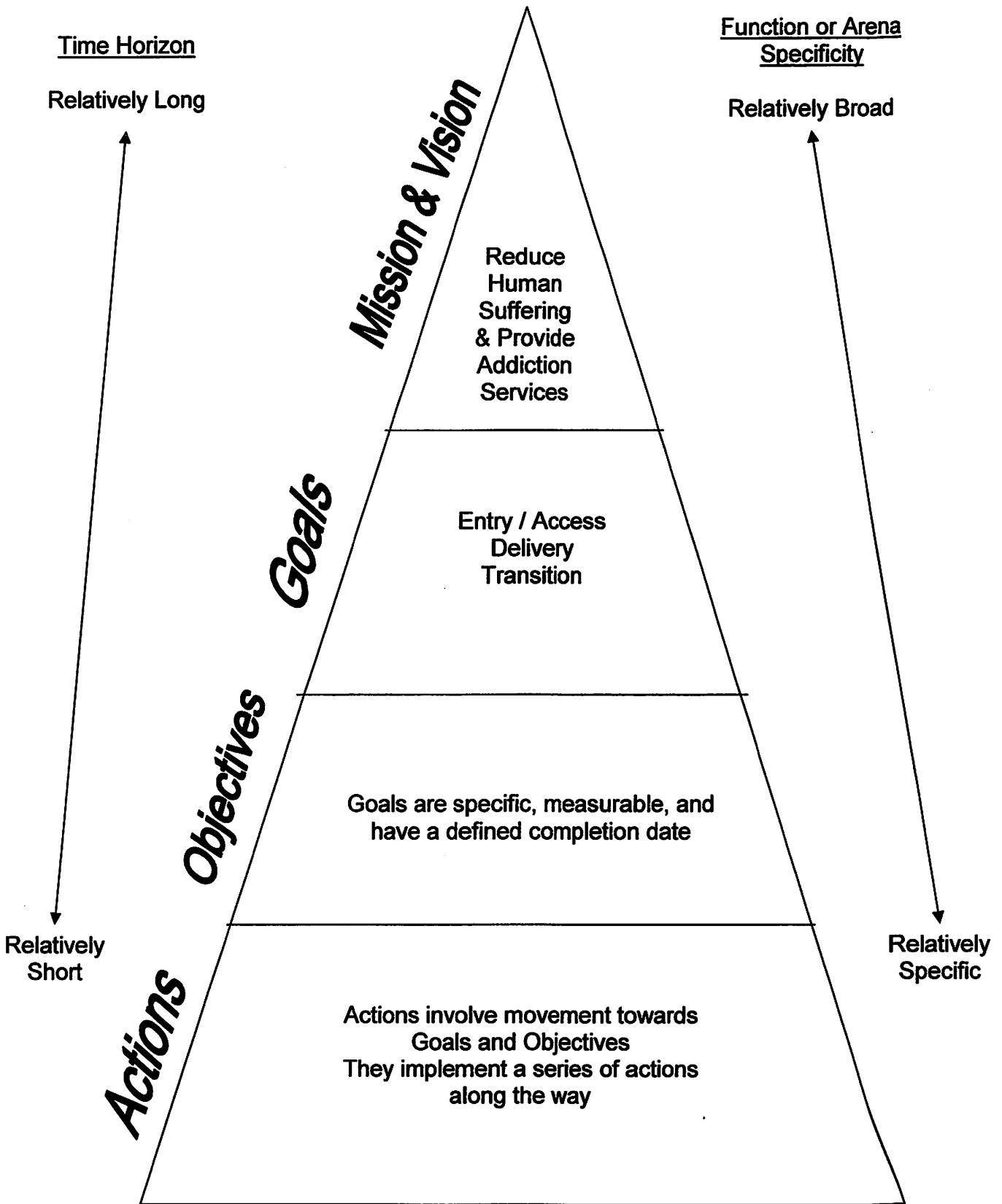
Medical Detox E	Reintegration D	Access to Large Meeting Rooms T
* Funding	* Expand women services	* NA
* Coordination of Care	* Create for men (10-15 beds)	
* Improve with local hospitals	- Off Campus	Drug Court T
Waiting list for women E & D	* Oxford House	Partnership with Area Educators E
More Beds Needed D	CHC Medication Assisted Treatment D	* Greenbush
Fiscal Concerns E	Medical Detox Coordination of Care E & D	* Colleges & Universities
Save Human Suffering M & V	Youth Primary Care D	Zip Code Analysis of Patients <input checked="" type="checkbox"/>
Attendant Care Medical Delivery E	* Regionally Beds	Expanded Beds D
Continue to Develop T	24 Hour Social Detox E	* Detox
* Recovering Community	Ask City and County Commissioners to fund <u>all Addiction care (gambling)</u> <input checked="" type="checkbox"/>	* Reintegration T
* Spiritual	Locked Facility? D	* Psych Attendant care
* Peaceful location	* Psych Attend Care	Bed Access D
Solid Relationship with CHC E & D	* Social Detox	* Primary care
* Dental		* Social detox
* Medical		* Attendant care
* Social Detox		

M & V Mission & Vision

E Entry / Access

D Delivery

T Transition



1. Goal: Expand medical array of Alcohol and Drug Services

1.a Objective: Coordinate medical detox services and add additional social detox beds to (5)

1.a Action 1: Coordinate with local services for medical expertise

- * Girard Hospital
- * CHC SEK
- *Via Christi

1.b Action 2: Increase beds for social detox by 3

1.c Action 3: Work out funding payer source of medical detox for uninsured and underinsured patients

1.d Action 4: Recruit and train physician and necessary medical staff to meet State of Kansas regulations

2. Goal: Develop more psychiatric crisis stabilization services to promote public safety

2.a Objective: Establish additional crisis beds to serve both genders (can only serve 1 gender at a time now)

2.a Action 1: Ensure adequate staffing needs to meet State of Kansas ratio requirements to include hiring and training

2.b Action 2: Find funding sources for uninsured and underinsured patients

2.c Action 3: Build psychiatric crisis stabilization facility/beds

3. Goal: Expand Alcohol and Drug Service array in the community

3.a Objective 1: Create relationships with community partners for service provision and funding

- | | |
|-----------------------|---------------------|
| * Men's Reintegration | * Casino (gambling) |
| * Drug Court | * Adolescent |
| * Greenbush | * Universities |
| * Counties/Cities | * 12 Step |
| * Spiritual Partners | |

3.b Objective 2: Create residential adolescent Alcohol and Drug Services (intermediate and social detox)

3.c Objective 3: Create residential gambling Addiction Primary Care (intermediate)

D. Architect Analysis

Architect Analysis expected completion date is June 14, 2016.

E. Now & In the Future

Now

This is certainly not an inclusive list, and does not begin to tell the story of how successful CMHCCC has been. However, the proof is in the **quality, safety, and security that children, families and adults** enjoy as a result of the efforts by Mental Health Board and Staff by changing lives and offering opportunity for the better. We save lives and raise the quality of life for the citizens of Crawford County.

We are the public safety net for the mental health needs of adults and children. The number of SPMI adults and SED children served in Crawford County has grown from 77 in FY89, to just under 625 in FY16. The number of children/adolescents with early identification has grown by collaboration with early childhood facilities. Statewide CMHCs serve over 85,000 Kansans per year.

Community-based services have proven effective in diverting thousands of local citizens from state hospitalization. From Oakplace to Renewal House to ATC in Girard, we are unique in southeast Kansas and offer more comprehensive service modules than anyone else in the state.

Significant expansion of CMHCCC's community-based services has allowed us to **provide services, 24 hours a day, seven days a week, in over eight locations**, as well as operate the save-line, **620-232-SAVE**.

CMHCCC has met or exceeded every target and objective set in reducing the use of state hospital beds. CMHCCC has simultaneously succeeded in providing quality community care for virtually thousands of seriously disabled former state hospital patients.

Future: Introduction to Four Year Plan (2016- 2020)

A number of factors have played a significant role in shaping the current environment in which CMHCCC operates. Strengthening future services is vital and can be accomplished by lobbying our policy makers at the local, state and federal level, and we can also educate our local communities on the importance of public mental health and alcohol and drug services and why funding is so critical to ensuring that we are able to meet the needs of this community.

We can ask all policy makers to:

- **Protect and increase investments in community-based mental health services**
- **Protect and increase investments in community-based alcohol and drug services**
- Encourage collaboration among public health, primary health care, mental health care, justice systems and social service agencies
- Ensure that Medicaid covers a full range of community-based services and treatment for people with mental illness and substance abuse
- Reach out to people with mental illness, family members and advocates for ideas, evaluation and implementation of services

While the Executive Administrator has and will continue to be a leader in **advocating** for our CMHCCC **service vision**, the Governing Board, the **consumers and families** who utilize our services, and our staff need to be on the **same page and in agreement**.

As we are members of civic organizations and churches, we can help reduce stigma and ensure the health of this organization by raising our level of understanding and acceptance. We can ask of ourselves that we continually seek more knowledge, and to strengthen mental health services and substance abuse services.

Getting the message out about the truth of mental illness and substance abuse is also very critical to our future success. Our message can include:

- **People with substance abuse or mental illness can recover and lead full, productive lives**
- Mental health and substance abuse problems are real, common and treatable
- A diagnosis of mental illness or substance abuse is an aspect of one's life, not the main focus
- Mental health and substance abuse problems do not discriminate; they know no race, creed, age limit or economic status
- **Early identification, diagnosis and treatment can help individuals reach their full potential**

These are just a few of the many important messages we need to communicate to anyone who will listen. We as community people need to stay involved neighbors, local businesses, educational institutions, public libraries, civic and religious groups, and local law enforcement can all help reduce stigma. By **reducing stigma** we can improve the CMHCCC's employment programs for consumers, as well as housing and transportation needs. Certainly, we also continue to promote **careers in mental health through Pittsburg State University**. We try to use all opportunities to let people in the community become aware of the services that we are proud to offer.

Future Challenges

The challenges for a steady and purposeful approach include

- integrating delivery systems: Health, Mental Health, Juvenile Services, and Alcohol and Drug Services
- reducing costs of service delivery
- addressing special needs populations, such as juvenile justice, adult county jail, aging, etc.
- meeting the needs of the uninsured
- identifying the impact of natural disasters and the focus on a new approach to become better prepared for future challenges to our county
- recruitment and retention of staff

Future: To Be Accomplished

- To be the accountable agency to receive, disseminate and integrate information concerning alcohol and drug along with mental health reforms initiatives and regulations. Since this is a

time of potentially great change, it is important to the County that a central point associated with services be identified to allow for cohesive service design.

- To continue to be the lead agency in Southeast Kansas to develop a consensus for a comprehensive plan regarding alcohol and drug along with mental health objectives for Crawford County. The role of community mental health is to look at county local urgency and priority needs which helps clarify leadership for use of allocating private resources.
- To monitor the recovery status of the citizens of Crawford County and its achievement towards the statewide objectives. As the official quasi-governmental agency, CMHCCC must continue to bear primary responsibility for monitoring local population issues and usage of state hospital beds in both the area of mental illness and substance abuse.
- **To establish an identity and building location for Alcohol and Drug abuse services**
- **To disseminate information on mental health in Crawford County to elected officials, public and private agencies, providers, and the public.**
- To be a part of planning and implementation of urgent recovery from natural disasters/critical incident trauma
- To assure services to special populations such as severely emotionally disturbed children and adults, and jail inmates.
- To develop comprehensive review to utilize new medications for psychiatry.
- To administer quality assurance programs such as enforcing state mental health regulations and licensing of Crawford County mental health programs and alcohol and drug programs.
- To recruit and train mental health and alcohol and drug practitioners in specialty area required by agency services.
- **To advocate for adequate funding to ensure the provision of necessary mental health and alcohol and drug services and building capacity to meet needs.**
- To address and assure both federal and state standards of access are maintained.
- To monitor the effectiveness of community based services to determine whether all populations receive the services appropriate to their needs.

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