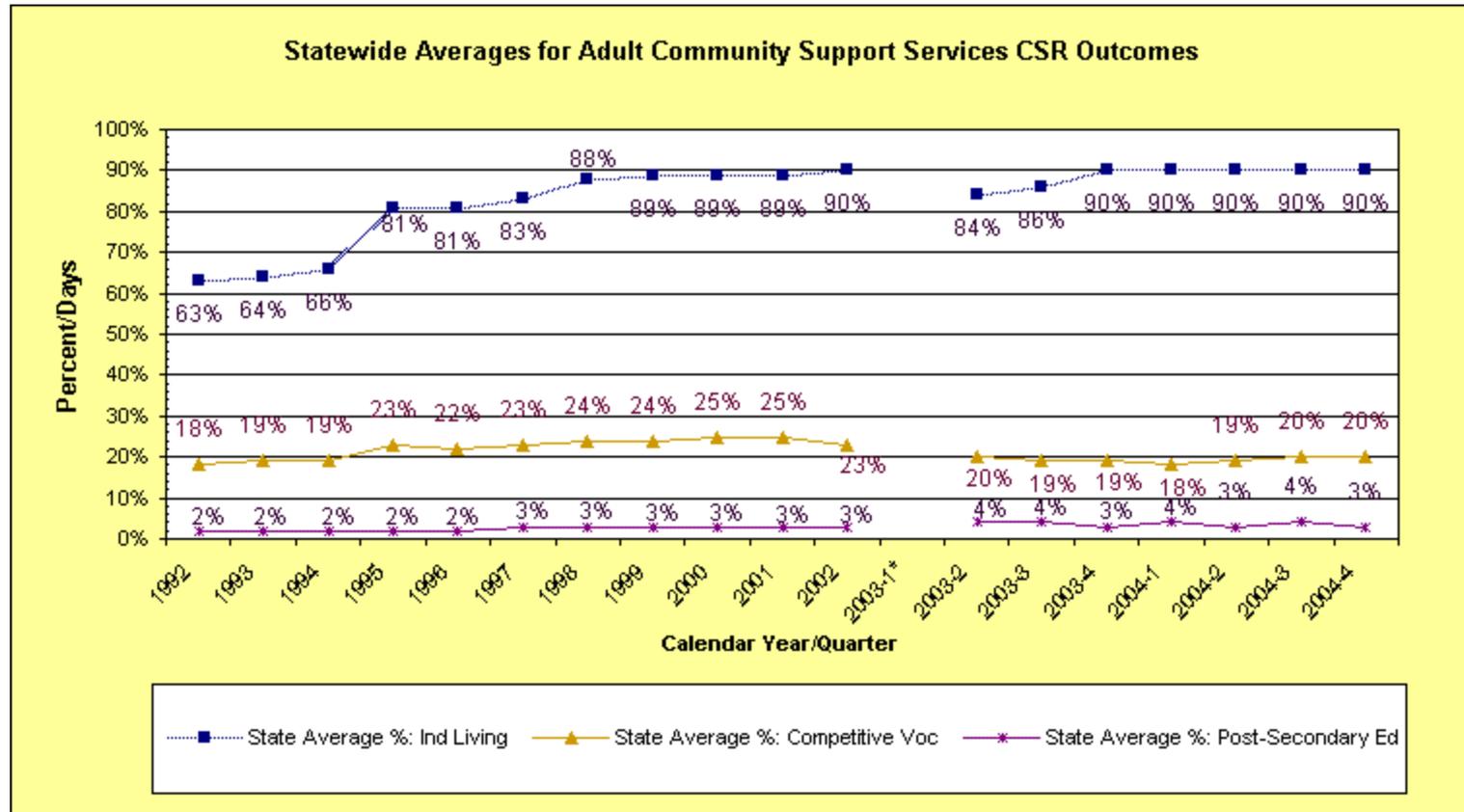

Community Integration of Persons with SPMI

Healthy Kansans 2010

Steering Committee Meeting

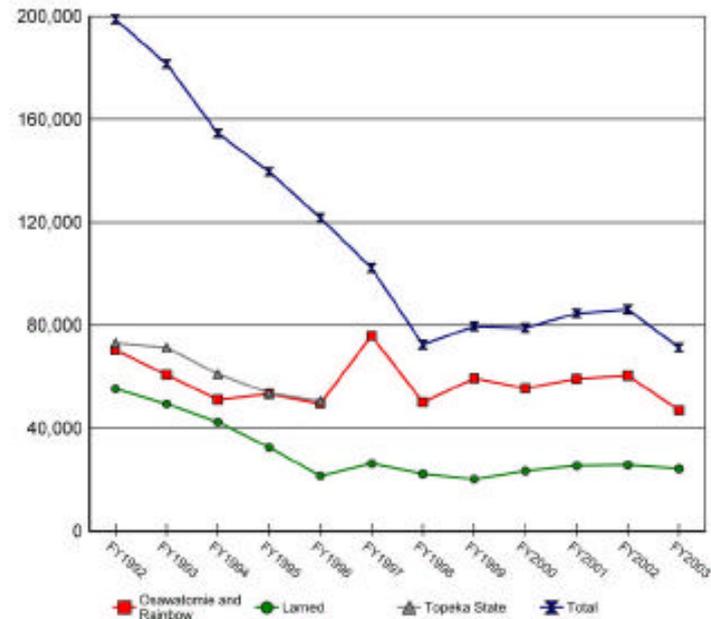
May 12, 2005

Description of the Problem



Description of the Problem (cont.)

State Hospital Bed Days Used
Adults
FY 1992 through FY 2003



Topoka State Hospital closed in FY 1997, changing the state hospital catchment areas. Two CMHCs were added to Lamed area and six were added to the Oswaltonia area.

How are we addressing this issue in Kansas now?

- Strengths-Based Case Management

Dartmouth Toolkits:

- Supported Employment
- Integrated Dual Diagnosis Treatment

State of Kansas Evidenced-Based Practices Implementation Resource Tool Kit Sites

Lamed Catchment Area

Osawatimie & Rainbow Catchment Area



- Supported Employment (Continuum of Care Priority Toolkit Programs)
- ★ Integrated Dual Diagnosis Treatment (Continuum of Care Priority Toolkit Programs)
- ✚ Strengths-Based Case Management Pilot Project

March 10, 2010

What Are Kansas' Assets for Improving This Health Issue?

- A community mental health system that is well defined and coordinated with at least a 15 year history of using a Strengths-Based Model of case management
- Progressive thinking on the part of leadership in the State Mental Health Authority, in several Community Mental Health Centers and a dedicated consumer leadership, all of whom are committed to continuous improvement of the Kansas mental health system
- State departments that actively work together for the benefit of Kansans

BARRIERS OR LIABILITIES THAT ARE LIMITING PROGRESS IN KANSAS

- Limitations on funding*

 - Dependence on Medicaid and Medical

 - Separate and distinct funding streams

 - Difficult to incorporate incentives to try new interventions

- Rural and urban perspectives

- Infrastructures

*Biggest barrier

RECOMMENDATIONS

- Fund practice models with fidelity (quality) and proven effectiveness
- Promote full participation in community life
- Encourage collaboration between state departments

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