

**BOARD OF TRUSTEES
JACKSON COUNTY COMMUNITY MENTAL HEALTH FUND
MEETING MINUTES – MAY 25, 2017**

Present: G.Thompson – M.Campbell – R.Harris – A.Kitchen – J.Moore – E.Wesson – C.Clark Campbell

Absent: R.Makinen – M.Mora – J.Payne – D.Moore

Staff: B.Eddy – T.Cummings – S.Jones – A.Marshall – M.Fortin

Guests: List attached

Meeting was called to order by J.Moore at 5:15pm. She noted a quorum was present.

Minutes: G.Thompson/M.Campbell moved for approval of the 3/23/17 minutes as written; motion carried.

Staff Report: B.Eddy outlined the staff projects that are summarized in the report. There will be more detailed updates later in the meeting, including a report on the case management service tiers project.

Education & Planning: G.Thompson reported.

Panel - Domestic & Sexual Violence Grantees:

Representatives from Hope House, MOCSA, Newhouse, and Rose Brooks were present to respond to questions and give updates on the current environment.

Legislation and funding: Sexual and domestic violence funding was given bipartisan support in MO for 2018. \$6 million of tied up funding has been transferred from the Department of Public Safety to the Department of Social Services where it can be more effectively distributed. However, many programs are at risk of being cut at the federal level. Nevertheless, the Children's Service Fund is also expected to be of help.

Current trends on sources of referrals: The police continue to bring the greatest number of referrals (2,000+), followed by hospital programs (1,110+), then the court system and Children's Division. The brutality and severity of assaults that survivors are experiencing in the past couple of years appears to be higher than ever before and 2016 was the worst year in recent history. Secondary trauma within staff has become very significant as a result. There are also more reports of use of weapons and physical injuries; many children are also victims of trafficking. J.Moore asked if there have been issues with immigrant communities with respect to women being viewed as possessions; yes, but in reality it is across every culture and socioeconomic class. The number of immigrant victims has decreased, mostly due to the fear of calling the police and getting involved in the system and thus there has been a decline in requests for services. Fortunately, agencies in Kansas have also been very cooperative with not asking clients about their immigration status at time of service.

Mental health needs of mothers and their children: It is often difficult to discern between a mental health condition and trauma from abuse; substance abuse is also very prevalent within the population. A.Kitchen asked how they handle medication management; shelter residents manage their own medication however clinics such as KC CARE and TMC-BH send QMHPs to assist. They are also looking at contracting with a psychiatrist. Some general revenues are also being used to refill prescriptions. There has also been an increase in severity in mental illness and substance abuse with no avenue for stabilization; choices are to call the CIT officers to take clients to the treatment center at 12th and Prospect. However, once the acute episode is over the intervention is discontinued even though the individual is still chronically in crisis. The TMC Emergency Department is also an option, however the clients often just return to the shelter by the end of the day. As a consequence, actively psychotic individuals fail to receive stabilization interventions due to not being deemed suicidal or an imminent risk to others.

Ability to refer for social determinants: Assessments are being given to determine vulnerability in order to more efficiently refer individuals for housing. This process removes the competition for vouchers; rather, those with the most acute needs will be addressed first through the regular referral process.

Successes in programming and feedback regarding Levy Innovations projects: Accreditation has been a very time-consuming process, however most of the agency operations are already in good order and the main task remaining is to put these processes on paper. The Levy and Healthcare Foundation are the only funders in town willing to invest in increasing capacity and strengthening the foundation of agencies. The Trauma-Informed Care training has been very helpful at Rose Brooks. Newhouse has been involved in DBT training. M.Fortin asked about the referral process between DV shelters; the hotline is for all the agencies and the advocates are trained to make the appropriate referrals.

Finance & Internal: B.Eddy reported.

April & May 2017 bills: G.Thompson/M.Campbell moved to ratify the April and May 2017 bills as listed as listed; motion carried.

April 2017 Provider Distribution: M.Campbell/G.Thompson moved to ratify the April 2017 Provider Distribution as listed; motion carried.

Administrative budget adjustment: G.Thompson/R.Harris moved to accept the administrative budget adjustment as written; motion carried.

April 2017 Financial Statements: B.Eddy brought attention to the financial statements that were provided in the Board Packet.

Appropriations: M.Campbell reported.

CAPA and Family Conservancy request: G.Thompson/C.Clark Campbell moved to accept the requests as written; motion carried.

Niles request: After a brief discussion on the request M.Campbell/C.Clark Campbell moved to classify the \$98,625 already distributed for 2017 as Emergency Funding and that staff closely monitor the situation at Niles and report back to the Board.

Accountability & Compliance: R.Harris reported.

Case Management update: The update has been sent to the Board and Providers; staff continue to analyze case management billing data and will be discussing the project in greater depth with providers. M.Campbell asked if there were national standards for case management billing.

New Business: None

Public Comments: None

Announcements: None

Adjournment: J.Moore adjourned the meeting at 6:48pm.


Jacquelyn C. Moore, Chairperson


Date Approved:


Secretary or Treasurer


Minutes Prepared By: