

**Shawnee County CDDO
Affiliate Meeting
June 12, 2017**

Present: Donna Holstein, SLI; Nancy Rhone, CDDO; Callie Baker, TARC TIES; Robert Smith, CDDO; Jamie Cooper, CDDO; Ramona Macek, Easter Seals Capper Foundation; MaryAnn Hughes, Sunflower Supports; Lina Petrel, Game Time Living; Olga Hennessey, TARC; Shelby Fry, TARC TIES; Merilee Larson, Lifeworx; Lisa Marx, DCCCA

I. Guest Speaker: TPD Officer Shawn Kimble, TPD Crisis Intervention Team.

- ✓ The CIT program began in Shawnee County in 2006 which started with a voluntary 40-hour training course. The program has expanded to being part of the new recruits training. Shawnee County CDDO provides training on Communicating with Special Populations and an overview of the CDDO.
- ✓ CIT training provides an overview and other aspects of what may be going on with emergency calls.
- ✓ In 2013, the MH Co-Responder team was established for mental health calls. This team allows a Social Worker to go with an officer on crisis calls.
- ✓ The program has expanded to include a Valeo employee working out of the TPD office. Additional funding has allowed to add more officers creating a formal Behavioral Health Unit and adding a 3rd shift squad.
- ✓ Attempt to Locate/Elopement - If you cannot find the person within a reasonable time call 911. Give as much detail as possible. Please remember to notify the police if the person is located.
- ✓ Alternative Sentencing – When someone is arrested they may choose to enter this program, if they meet the criteria after being screened. If the person is put on probation they must follow the guidelines. If they do not have the mental capacity to understand the terms of the agreement they cannot be in the program. The Alternative Sentencing team meets weekly to discuss the progress of individuals in the program.
- ✓ Take Me Home – is for individuals who has difficulty communicating due to a disability. (<https://www.topeka.org/tpd/Pages/Take-Me-Home-Program.aspx>)
- ✓ Behavioral Health Premise Alert – This voluntary program assists police officers and other first responders with information about the person and help with their responses to the call. (See attached)
- ✓ If you would like to know more about the CIT program go to cit@topeka.org

II. CDDO Updates:

- April 2017 and May 2017 Affiliate Report Overview – See Attachments
- Medicaid Functional Eligibility Instrument (MFEI) - Shawnee County CDDO Assessors have attended training for the new Assessment Tool. The Assessors will be asking for volunteers to assist in a random test sampling July through

September. This will not affect the current BASIS tool for determining tiers. Comments may be shared for feedback, to the Assessors.

- Assessments must be completed within 358 days by the CDDO, so that they are submitted to the State within the required time frame of 365 days. A notification alert is in the process of being set up as a reminder to schedule Assessments; a second reminder will be sent if the Assessment has not been scheduled.
- Tier changes – be sure that the MCO is informed of the new tier to ensure the ISP is current.
- It was stated that a Provider Choice form should be completed annually, for individuals that do not have HCBS funding.
- Shawnee County continues to have several individuals determined eligible and have transferred to Shawnee County. Currently, we have 33 individuals on a TCM wait list. For individuals that do not have a TCM, but have HCBS services, the providers are responsible for writing the support plans.
- Three individuals in Shawnee County were offered services from the State waiting list.
- Please submit any ideas for guest speakers to the CDDO.

III. Other

- Discussion on Informed Consent and what is being looked at by the State during Record audits. (See attached)
- Behavior Tracking needs to be signed off on at the bottom of each page. Each individual box doesn't need to be initialed.
- Each person served is to have a goal for both day and residential providers. Goals should be measurable. An addendum can be done when goals have been met and new goals are added.
- Physicals need to include medications, dosages, diagnosis and recommendations. They also must be signed or have an electronic signature by the physician.
- It was requested that documentation be uploaded into BCI as a share file such as informed consent, HRC/BMC and physicals so that everyone has this information available to them.
- Transition Council – Callie Baker, TARC, and other community members are working collaboratively with Valeo, school districts, Voc-Rehab and other Community Partners to re-establish the Council. They are currently working on a step-by-step Resource Guide to assist individuals, families and/or guardians of what is needed to be done and who to contact.

IV. Upcoming training opportunities

- CDDO Quarterly Training – June 22, 2017 8:30 am-12 pm TARC Board Room

Next meeting is scheduled 2 pm on August 12, 2017

If you are interested in CIT or want to give us your valued feedback, please contact:

OFC Shawn Kimble
Topeka Police Department
(785) 368-9571
skimble@topeka.org

Crisis Responder Supervisor
Christina Russell-LMSW
Valeo Behavioral Health Care
crussell@topeka.org

Dennis Bosley
NAMI Topeka
785-580-3021
dennis.bslydnns48@gmail.com

Crisis Responders
Amy Wasinger Lewis, LMSW
Shaun Moore, LMSW
(785) 207-2942
cit@topeka.org

CIT
Doing the **RIGHT** thing
for
the **RIGHT** reasons

A Community Effort



Serving with

Pride and Integrity.

**Topeka/
Shawnee
County Topeka
Crisis
Intervention
Team**

**What is
CIT?**



<http://www.topeka.org/tpd/cit.shtml>

CIT Objectives & Goals

CIT is focused on the significant numbers of persons with mental illness in Shawnee County/Topeka, Kansas who have been absorbed by the criminal justice system rather than being directed to treatment.

GOALS

- To gain awareness of mental health issues
- To increase officer awareness in recognizing when a person is having a mental health crisis
- To learn how to intervene with effective and safe techniques to enhance both officer and public safety.
- To provide avenues for consumers to divert them away from incarceration.

IF YOU NEED HELP,

CALL 911!

VALEO BEHAVIORAL HEALTH

CARE

24-HOUR

CRISIS HOTLINE

234-3300

Veterans

National Crisis Hotline

**1-800-273-TALK
(8255)**

Press #1 if a Veteran



Partners for Success

- Adult Protective Services
- Breakthrough House
- Community Resource Council
- Family Service & Guidance Center
- Florence Crittenton Services
- Kansas Capitol Police Department
- Kansas Dept. of Corrections
- League of Women Voters
- NAMI Kansas
- NAMI Topeka
- Pathway Family Services
- Shawnee County Dept. of Corrections
- Shawnee County Sheriff's Office
- Stormont Vail Behavioral Health
- Topeka Municipal Court
- Topeka Police Department
- USD 501 TPPS School Police
- Valeo Behavioral Health Care
- VA Eastern Kansas Health Care Systems

Person Served Main File Review Tool



Department of Aging
and Disability Services

Date: ___/___/___

Time: ___:___ am/pm

QMS: _____

Person Served Main File Review Tool

Section 1: File Review

Name of Provider: _____

Address: _____

Section 2: Person Served Information

Person Served: _____

Residential Licensed Provider: _____

Day Licensed Provider: _____

Targeted Case Manager: _____ TCM Agency: _____

Section 3: Record Review

Record Review:

30-63-29 Records

Application or Agreement for Services _____/_____/_____

Financial Agreement between Provider and Person _____/_____/_____

Critical Incident/AIR Report(s): _____/_____/_____ ; _____/_____/_____

Health Profile:

Medication tracking sheets (MAR), Medication Error Reports? Y N

Health Profile to include health status, special medical and health conditions, medication list? Y N

Date of Health Profile/Visit(s)? _____/_____/_____

Basis and/or other evaluation materials: _____/_____/_____ Tier: _____

Integrated Service Plan: _____/_____/_____

Releases:

a. Releases of Information _____/_____/_____

b. Authorizations for publication _____/_____/_____

c. Consent for emergency _____/_____/_____

d. Consent for routine medical treatment _____/_____/_____

Discharge summary (if applicable) _____/_____/_____

Person Served Main File Review Tool

30-63-21 Person Centered Support Plan; Implementation

Person Centered Support Plan: ___/___/___

PCSP Participation Includes Individuals from Person's Support Network? Y N

PCSP contains a description of person's preferred lifestyle: 30-63-21 (2) (A)(B)(C)(D)(E)? Y N

Describes how Opportunities of Choice will be provided? Y N

PCSP Is Approved in Writing in compliance with 30-63-21 (8)? Y N

Achievement of goals or skills outlined within the plan? Y N

Risk Assessment (30-63-21 (5) (A)(B)(C)(D) *if there are restriction(s), a risk assessment is required)

___/___/___ or NA

A. History of Decision Making Y N

B. Possible Long and Short Term Consequences Y N

C. Possible Long and Short Term Effects Y N

D. Safeguards Y N

Notes: _____

30-63-22 Individual Rights and Responsibilities

Evidence of Rights and Responsibility training? Y N

30-63-23 Medication; Restrictive Interventions; Behavioral Management Committee

Behavior Management Plan (if applicable): Y N NA (if NA skip this section)

___/___/___

Psychotropic Medications Prescribed: _____

Any Restrictive Interventions: _____

Informed Consents for Psychotropic Medications and Restrictions Signed by Person/Guardian?

Medication/Restriction: _____ Date of consent: ___/___/___

Medication/Restriction: _____ Date of consent: ___/___/___

Medication/Restriction: _____ Date of consent: ___/___/___

Medication/Restriction: _____ Date of consent: ___/___/___

Medication/Restriction: _____ Date of consent: ___/___/___

Behavior Management Committee / Human Rights Committee reviewed and approved BMP? Y N

Date: ___/___/___

Behavior tracking on file? Y N

30-63-28. Abuse; Neglect; Exploitation

Evidence of regular abuse, neglect, and exploitation training? Y N



Behavioral Health Premise Alert



The purpose of the "Behavioral Health Premise Alert" is to provide responding law enforcement officers and other first responders with information which may assist them in their responses and investigations to calls for service.

Enrollment is voluntary and the information provided will be submitted and added to law enforcement dispatch systems. Enrollment can be made by:

- Individuals who have a behavioral health issues
- Parents or guardians of minor children who have a behavioral health issues
- Those with legal guardianship for another who has a behavioral health issues*
- Those with lawful power of attorney for another who has a behavioral health issues*
- Current foster care parents of child living within premise who has a behavioral health issues (The child's name is not required)
- A family member or caregiver living at the premise of a person who has behavioral health issues

Information provided in the Behavioral Health Premise Alert Voluntary Early Notification Registration Form will be scanned by the Topeka Police Department and kept electronically.

When dispatch receives a call about the address listed on the form, the information that was provided on the form will be provided to first responders by radio to assist them in their responses and investigations to calls for service.

The information will be maintained by the Topeka Police Department for three months. At the end of three months, the Police Department will contact the provider of the information to confirm the information is still accurate and if they wish to continue in the program. In the event the provider of the information wants to change or remove the information from the premise alert before the three month period ends, they must contact the Topeka Police Department at: (785) 207-2942).

Premise Alert notification systems are a best practice utilized by law enforcement agencies across the United States. Premise Alerts play a major role in keeping those with behavioral health issues, their family members, first responders, and other citizens of the community safe.

If after three months, the Topeka Police Department cannot reach the provider of the information at the phone number listed, the information will be deleted from the Computer Aided Dispatch system.



Behavioral Health Premise Alert



Voluntary Early Notification Registration Form

Purpose: Provide responding law enforcement officers and other first responders with information which may assist them in their responses and investigations to calls for service.

Completing this form is voluntary. The information provided may be submitted and added to the Shawnee County Emergency Communication Center (SCECC).

This form can be completed by:

- Individuals who have a behavioral health issues
- Parents or guardians of minor children who have a behavioral health issues
- Those with legal guardianship for another who has a behavioral health issues*
- Those with lawful power of attorney for another who has a behavioral health issues*
- Current foster care parents of child living within premise who has a behavioral health issues (The child’s name is not required)
- A family member or caregiver living at the premise of a person who has behavioral health issues

**Proof of guardianship/lawful power of attorney is required if this form is completed for a person who does not live with you. Copy and submit documents will not be returned.*

Is the person with behavioral health issues aware this form is being completed on their behalf: _____Yes _____No

Information provided in the Behavioral Health Premise Alert Voluntary Early Notification Registration Form, hereafter referred to as “Premise Alert,” will be scanned and stored electronically by Topeka Police Department.

When SCECC receives a call about the address listed on the form, the information on the form may be provided to the responding law enforcement officers/and or other emergency responders to assist them in their responses and investigations to calls for service.

The information will be maintained by the Police Department for **three months**. At the end of three months, the Topeka Police Department will contact the provider of the information to confirm its accuracy and consent to continue to keep the information. In the event the provider of the information wants to change or remove this form before the three month period ends, they must contact the Topeka Police Department at (785) 368-9512. If after three months, the Topeka Police Department cannot reach the provider of the information at the phone number listed, the information will be deleted from the Computer Aided Dispatch system.

By signing the last page, you confirm understanding that the Topeka Police Department and responding officers will do the best they can to preserve confidentiality; however, when dispatch broadcasts information over the radio, it may be heard by others. It is not secure and could be intercepted.



Behavioral Health Premise Alert



Today's Date _____

1. Do you/your loved one have a behavioral health issues or history of behavioral health issues?

Yes___ No__ (Do not complete form if answered "no.")

Please **PRINT** responses

2. Name of person who has a behavioral health issues: _____

Address: _____

Date of Birth: _____ Sex: _____

Height: _____ Weight: _____ Race: _____

Home phone: _____ Cell phone: _____

Please describe the behavioral health issues. (Please print clearly and briefly as possible.)



Behavioral Health Premise Alert



3. Contact Information: *(Two contacts may be listed; however, listing one person is preferred. Further, if this form is being completed by an individual other than the person named above, the individual completing this form is the preferred contact.)*

Please **PRINT** responses

Primary Contact:

Name: _____

Address: _____

Home phone: _____ Cell phone: _____

Relationship to person with behavioral health issues: _____

Secondary Contact:

Name: _____

Address: _____

Home phone: _____ Cell phone: _____

Relationship to person with behavioral health issues: _____

4. Please check if any of the following apply:

- | | |
|---|---|
| <input type="checkbox"/> History of Violent Behavior | <input type="checkbox"/> Aggressive Pets in Home |
| <input type="checkbox"/> History of Aggressive Behavior | <input type="checkbox"/> Live Alone |
| <input type="checkbox"/> History of Substance Abuse | <input type="checkbox"/> Live with Others |
| <input type="checkbox"/> Guns on Premise | <input type="checkbox"/> Fearful of Police |
| <input type="checkbox"/> Children in the Home | <input type="checkbox"/> Fearful of Members of Opposite Sex |
| <input type="checkbox"/> Served in the Military | |

5. Please check if any of the following suggestion(s) would be preferred if you/your loved one is contacted:

- Call Valeo crisis line
 Call person(s) listed as contact
 Send a CIT trained officer, if possible
 Other _____



Behavioral Health Premise Alert



My signature below constitutes an affirmation that I am the person named above, or I am one of the following for the person named above for whom I have provided information:

- Parent or guardian of minor child named above
- Person with legal guardianship of person named above*
- Person with lawful power of attorney for person named above*
- Current foster care parent of child living within premise (the child's name is not required)
- A family member or caregiver living at the premise of a person who has behavioral health issues

*****Proof of guardianship/lawful power of attorney is required if this form is completed for a person who does not live with you*****

Further, my signature below affirms the following:

- I consent to have this information entered into the necessary Computer-Aided Dispatch systems and agree that it may be shared among law enforcement personnel;
- I understand the Police Department and first responders will do the best they can to preserve confidentiality, but they cannot guarantee confidentiality;
- I understand when dispatch broadcasts information over the radio it may be heard by others. It is not secure and could be intercepted;
- I understand providing this information **in no way guarantees how law enforcement will respond** to calls for service at the address provided;
- I understand providing this information **does not guarantee or imply any specific actions or disposition** by law enforcement.

Signature _____ Date _____

Printed name _____

Address _____

Phone number _____

Relationship to person with behavioral health issues _____

How to submit this form:

Mail: Topeka Police Department
 Crisis Intervention Team (CIT)
 320 S. Kansas Ave., Suite 100
 Topeka, KS 66603

Fax: (785) 368-9458
 Please send to the attention of CIT

May 2017
Shawnee County CDDO Affiliate Report

Individuals receiving service: 1,188 (not including KNI)
941 adults; 247 children

- 283 Receiving in home supports
- 721 Receiving day services
- 535 Receiving residential; 525 adults, (10 children's residential)
- 1,112 Receiving TCM
- 145 KNI

Determined Eligible: 8

Determined Ineligible: 0

Re-entry: 0

Redetermination: 0

Eligible (re-determined after age 8): 0

Transferred In: 5

Transferred Out: 1

Individuals in Crisis Year to Date: 21
(July 1, 2016 - June 30, 2017)

Crisis Request Reviewed: 4

Crisis Request Approved: 1

Crisis Request Denied: 0

Crisis Request Pended: 3

Individuals exiting Medicaid Services: 1

Provider Changes * Data not available

◆ **Day:** 0

◆ **Residential:** 0

◆ **Case Management:** 0

◆ **In-Home Support Providers (FMS, SHC):** 0

CDDO (TCM) Representative: 76

Medicaid Eligible: 45

Non-Medicaid Eligible: 31

CDDO TCM Waiting List: 29

April 2017
Shawnee County CDDO Affiliate Report

Individuals receiving service: 1193
946 adults; 247 children

- 281 Receiving in home supports
- 722 Receiving day services
- 538 Receiving residential; 527 adults,
(11 children's residential)
- 1118 Receiving TCM

Determined Eligible: 4

Determined Ineligible: 1

Re-entry: 0

Redetermination: 1

Eligible (re-determined after age 8): 0

Transferred In: 3

Transferred Out: 3

◆ **Individuals in Crisis Year to Date:**20
(July 1, 2016 - June 30, 2017)

- ◆ **Crisis Request Reviewed:** 7
- ◆ **Crisis Request Approved:** 3
- ◆ **Crisis Request Denied:**0
- ◆ **Crisis Request Pended:** 4

Individuals exiting Medicaid Services: 1

Provider Changes

- ◆ **Day:** 9
- ◆ **Residential:** 6
- ◆ **Case Management:** 5
- ◆ **In-Home Support Providers
(FMS, SHC):** 1

CDDO (TCM) Representative: 75

Medicaid Eligible: 44

Non-Medicaid Eligible: 31

CDDO TCM Waiting List: 17