

**Minutes from the Service Delivery Systems (SDS) Subcommittee of
The Governor's Mental Health Services Planning Council
March 16, 2005 9am - 12noon
SRS Learning Center**

Please put the DATE and the Presenters Name on any handouts for the Subcommittee. (Three-hole punch on each item is much appreciated)

Member Attendees:

Scott Jackson	Richard Dyer, MD	Steve Feinstein
Terry Seirer Becker	Lori Nuebel	Debra Burrows Dameron
Wes Jones	Rosemary Mohr	Lee Flamik
Marlan Ratzlaff	Gary Parker	Maggie Rasette
Sheri Albright	Kathy Harmon	James Karlan

Members Absent:

Bradley Grinage, MD	Deborah Stern	Judge Thomas Saxton
Jo Lowe	Bruce Linhos	Lois Clendening
Teresa Berry	Toni Albright	Robert Hecht
Su Budd	Mike Hammond	Ron Denney

Guests:

Wes Cole- Chair of GMHSPC, Mary Ulrich, Grace Kim

SRS Support Staff:

Nancy Rapp- Adult MH Team Leader, Nocona Pewewardy- Data Integration, Becky Rinehart - Planning and Communications

.....
Scott Jackson called the meeting to order and welcomed everyone. The Subcommittee introduced themselves. The Minutes from the February meeting were approved.

Cross cutting principals discussion began with a description of the SAMHSA Matrix showing how SAMHSA looks at several issues as "cross cutting" in every dimension of mental health services. A suggestion was made to have a small task force look at all the data received in the subcommittee to determine the implications for rural, frontier and cultural competency, and suggest the challenges that may exist. This group could perhaps meet after each subcommittee meeting, or in between meetings, to look at these areas.

The discussion centered on ways to handle cultural competency and rural issues as the array is developed into a useful format. Many different minority groups have moved into various areas of the state and have put pressure on the system. One suggestion was to get more demographic information about the various culturally diverse groups around the state and seek information about how they are impacting the MH delivery system. Because cultural competency in service delivery is a dynamic process and because it goes beyond just race or ethnicity, we should encourage providers to encompass cultural competency in service delivery planning rather than trying to define it.

<http://www.srskansas.org/hcp/MHSIP/Index.html>; <http://www.srskansas.org/hcp/MHmain.htm>

(Meeting minutes, Strategic Plan, Block Grant, Implementation Report, Newsletter)

www.NAMIKANSAS.org

www.Keys.org

www.KSADV.org

After lengthy discussion, it was determined that:

- At the next Meeting: more discussion of demographics (what is needed, who is responsible for gathering the information, etc.) and languages
- Becky will bring copies of the SAMHSA Matrix for the group to review
- Begin list of Cultural Competency resources i.e.-Bert Nash has Library, interpreters available, etc. (**See last page of this document**)
- Possibly contact a Cultural Competence expert to give members a presentation on CC as well as some type of draft that could be used in the preparation of the manual.

Scott told the group that after discussions on whether a task force or subgroup should be formed regarding the Rural and Cultural Competency issues, he and Ron felt that using the idea of cross-cutting principals should be filtered through all the work. There may still need to be a single section added on Rural and Cultural Competence. The group seemed to agree that this would be a good idea.

Array of Services Graphic

Graphics were handed out and some additions and changes were noted (education for Children's Array; Inpatient/Residential). All members were requested to send any further changes to Becky. It was noted that Debra Dameron was the only committee member that had sent a request prior to this meeting. She wanted to know where Sexual Offender Treatment would fit into the array. This sparked a long discussion. Sexually violent predators are housed at the LSH Sexual Predator Unit (SPU). Dr Dyer noted that only the worst 3% of offenders are in the Sexual Predator Treatment Program (SPTP) at LSH, the other 97% are released for DOC. Some plea down and so there is no tracking of them if they show no conviction because they do not have to sign up with local law enforcement. This population is becoming more difficult for communities to deal with. Demand for treatment far outweighs financial resources.

It was pointed out that sexual offenders are not a mandatory population for CMHCs to serve, and legal liabilities and risks were also noted. Jim Karlan told the group that regardless, his CMHC does work with sexual offenders, and so do several other centers. Terry stated that she had worked with this population for several years at Pawnee, and that when the courts support the treatment, the offenders either do what they are supposed to do according to the treatment plan, or they go to jail.

On the other side of the discussion are the victims. The group determined they would like to have a list of "Needed Services" to include Sexual Offender Treatment (SOT) and Sexual Abuse Treatment (SAT). The question then becomes one of who is responsible for the treatment of sexual offenders and those that are sexually acting out. (This will be an on-going discussion for now.)

Report In/ Present Information/Data from Assignments: 15 min each

- Lori Nuebel- *Map of providers and group Homes*-Lori gave the group a handout of the list of RCFs (Residential Care Facilities) again. She also gave out a map showing the number of RCFs in highlighted counties where they are located. She also told the group about SB 116, a bill that is on the way through the legislature giving the secretary of SRS the authority to close down those facilities that don't seek or obtain licensing. The bill has gone through the House and Senate.

<http://www.srskansas.org/hcp/MHSIP/Index.html>; <http://www.srskansas.org/hcp/MHmain.htm>
(Meeting minutes, Strategic Plan, Block Grant, Implementation Report, Newsletter)
www.NAMIKANSAS.org www.Keys.org www.KSADV.org

- As a side note: Scott told the group that Lori will be leaving SRS at the end of April. She has been there for eight years and done a great job for the citizens of Kansas.
- Maggie - *Updated Hospital map and data*- Maggie brought an information sheet with number of beds at state and regional hospitals (with psych beds). It was noted that the Sexual Predator Unit (SPU) beds at LSH were included in the numbers. Steve Feinstein asked for numbers on admits and patient days by hospital. (This information is available for the state hospitals in the Implementation Report.) Steve Feinstein noted that he believes actual outcomes for those released are not available. Gary Parker noted that the CROs contract to do the Consumer Satisfaction Surveys on a yearly basis and this includes the consumers feeling on their recovery. He also noted that with the community based services across the state, many consumers are being helped without having to be hospitalized.
 - Maggie will bring updated map with SPU beds at LSH footnoted.
 - Maggie will add information on number of admits per year and 30-day recidivism.
- Nancy and Sherri- *Updated NFMH Data*- Nancy told the group it was worth noting that there are 8 people under the age of 25 living in Nursing Facilities for Mental Health (NFMH). The average age is 57, with 70% of residents under the age of 65. Cost per day ranges from \$67-96, and includes mental health services. Funding comes from State General Funds (SGF) for those under 65. People in NFMHs must have a disability and many have physical as well as psychological disabilities. These facilities have historically provided transitional services to those leaving the state hospitals. It is important that these facilities not be removed from the service array, although it was also noted that a “conversion” to more appropriate role may be helpful in the future. In addition, members were worried that funding be adequate to continue NFMHs until a different and self sustaining role can be found.

With “conversion” these facilities could fill gaps and needs in their areas. Gatewood Center is apparently looking at some other options already. Providence (formerly know as Indian Trails) has until Monday, March 21 to correct situation or they will lose their licensing. This NFMH had some complaints registered and it was also their time for licensing inspection and they were unable to pass due to Quality of Care issues. Valeo is looking at 18 individuals that are being evaluated to live in the community. The Dept of Aging has told Nancy that these facilities often correct the situation by the deadline.

- Nocona- *SPMI/SMI Age 65 & older by county*: Map and spreadsheet. There was a question about the definitions of SPMI and SMI. Jim Karlan asked about the prevalence rates and was told he could find this in the Block Grant.
 - Nocona will recalculate and revise map and spreadsheets for next meeting
 - Nocona will bring information to show basis for determination of prevalence rates.
 - Becky will bring definition of SMI, the members received the SMPI definition at the Feb. 16 meeting.

<http://www.srskansas.org/hcp/MHSIP/Index.html>; <http://www.srskansas.org/hcp/MHmain.htm>
 (Meeting minutes, Strategic Plan, Block Grant, Implementation Report, Newsletter)
www.NAMIKANSAS.org www.Keys.org www.KSADV.org

Off topic: Lee Flamik asked how we access information regarding the mentally ill going into the prison sentencing project. Reference was made to a study done by KU after the 1999 Topeka State Hospital (TSH) closing. Nocona told the group that she would bring the sentencing project report to next meeting. DOC has (?) information on use of psychotropic medications used and number of releases that MH Services. It was also noted that the Forensic subcommittee of the GMHSPC has been working on this area, and that they have done a jail survey in addition to many other projects. A suggestion was made to have Leslie Huss, the SRS Forensics Coordinator, come to a future meeting to discuss.

- Scott will find information on YCAT/Regional/Community services
- Will ask Leslie Huss to attend future meeting to discuss Jail Survey, Survey from Kansas Association of Counties (KAC) any other information she thinks is logical for this group to have
- DOC report on psychotropic meds???

These items will be moved to April meeting:

Total numbers served in Detox (AAPS licensed) other social detox facilities- Melba Level 5 and 6-updated information-Brad

Future meeting dates are: April 20 at KNI Wheatland Rooms A&B and May 18 at the SRS Learning Center, Room D. The time will remain at 9-noon.

Agenda items for the April meeting may include the following:

The next meeting is scheduled for **April 20, 9 am to 12 noon at KNI Hospital**, Wheatland Rooms A & B, in Topeka, KS. A map link is enclosed for your convenience.

<http://www.srskansas.org/kni/About%20Us/MyKNIMap.jpg>

<http://www.srskansas.org/hcp/MHSIP/Index.html>; <http://www.srskansas.org/hcp/MHmain.htm>
(Meeting minutes, Strategic Plan, Block Grant, Implementation Report, Newsletter)

www.NAMIKANSAS.org

www.Keys.org

www.KSADV.org

Assignments:

Array of Services- (graphic format) Kathy Harmon, Scott Jackson, Ron Denney, Becky Rinehart; Notebooks with tabs on array topics-Kathy & Becky

Updated hospital bed data(LSH); also 30-day recidivism and number of admits yearly - Maggie

Detox/Treatment Beds (Medical, Social) on the Social Detox Providers: add column for the number served annually; is there a list of other facilities besides those licensed by AAPS? -Melba

Level five and six

- o Brad will work on obtaining more information with definitions, ages, numbers of kids served, and whether they are secured facilities or not.
- o Do the level and five and six use seclusion and restraint?
- o Waiting lists?

Update Map and spreadsheet of Over 65- Nocona

Definition of SMI- Becky will bring

Information on YCAT/Regional/Community services- Scott

Will ask Leslie Huss to attend future meeting to discuss Jail Survey, Survey from Kansas Association of Counties (KAC) any other information she thinks is logical for this group to have

DOC report on psychotropic meds???

.....
List of Needed Services:

- Sexual Offender Treatment
- Sexual Abuse Treatment

3-16-05

Cultural Competency Resources List:

- o **Bert Nash Center:** Through a one-time grant from the Kansas Department of Social and Rehabilitation Services, Bert Nash, the Lawrence area CMHC, purchased a set of professional development materials for the enhancement of cultural competence in assessment and treatment and comprise the “Cultural Competency Library”. These materials include professional handbooks and texts, selected videotapes, related discussion materials and a new journal published by the American Psychological Association with a focus on clinical practice with culturally and ethically diverse populations. These materials cover issues of race and culture and include information concerning gay, lesbian, bisexual and transgender individuals, as well as people with disabilities. This is a lending library and the items are available for check out in person or by mail to CMHCs, SRS offices, and other professionals.

<http://www.srskansas.org/hcp/MHSIP/Index.html>; <http://www.srskansas.org/hcp/MHmain.htm>
(Meeting minutes, Strategic Plan, Block Grant, Implementation Report, Newsletter)

www.NAMIKANSAS.org

www.Keys.org

www.KSADV.org