

**GOVERNOR'S MENTAL HEALTH SERVICES PLANNING COUNCIL
MEETING MINUTES: January 19, 2005**

MEMBERS PRESENT:

Wes Cole, Kimberly Roady, Jim Deister, Gary Parker, Roger Haden, Tom Ward, Marlan Ratzlaff, Paul Turnbull, Fran Seymour-Hunter, Scott Jackson, Mary Vilmer, Sue McKenna, Melba Sutton, Norma Phillips, Bobbie Rine, Kathy Harmon, Walt Hill, Jane Adams, Roy Menninger

MEMBERS ABSENT Excused: Jo Lowe, Linda Witten, Rose Mary Mohr

MEMBERS ABSENT Unexcused: Carol Dermeyer, Judy Thompson

SRS STAFF PRESENT: Becky Rinehart, Nocona Pewewardy, Lori Nuebel

Guests Present: See attached sheet

1. WELCOME/CALL MEETING TO ORDER:

Wes Cole, Council Chair, called the meeting to order at 9:10 am. The council and guests in attendance introduced themselves. There are three new council members: Walt Hill, Jane Adams, and Roy Menninger. Dr. Menninger will be representing a practicing physician, Jane Adams represents General Public, and Walt Hill represents the second CMHC Executive Director from High Plains Mental Health Center in Hays.

- 2. LAST MEETING MINUTES:** The minutes from the November meeting were not available yet. Minutes are placed on the website after approval. (www.srskansas.org/hcp/mhsip/index.html)

1. REVIEW OF AGENDA ITEMS

TOPIC:

Meeting Dates (Handout)

DISCUSSION:

Wes Cole, council chair, reports that there may be more meetings needed, but the dates of the future regular meetings as set by executive committee are: March 22, SRS Learning Center, Rooms A&B; May 10, Liberal, KS Location to be determined; July 5, SRS Learning Center; Sept. 7, Colby, KS; Nov. 9, Topeka, KS

TOPIC:

Update on Forensic Subcommittee presentation to HHS Cabinet (Handout)

DISCUSSION:

Wes gave the council a brief update on the report the subcommittee gave to the Health and Human Services Cabinet Team in January. It went very well, and the

www.srskansas.org/hcp/mhsip/index/html
<http://www.srskansas.org/hcp/mhsatr/MHmain.htm>

group offered information on pursuing a single entry point for the forensic population and the forensic program started at OSH. The cabinet seemed very interested and Wes felt it likely another charge will be given to this subcommittee in the future. This presentation also showed an in-depth view of the work of the council and its subcommittees.

ACTION TAKEN: None needed

RESPONSIBLE PERSON (S): N/A

TARGET DATE: N/A

TOPIC:

Evidenced Based Practices (EBP) Workgroup

Updated EBP Grids (Handouts)

DISCUSSION:

Lori Nuebel, SRS HCP MH co-director, reported on a new KU staff person housed at SRS who is working on EBPs basically for adults. An advisory group is being formed and they will be helping to determine the direction the state needs to be going to implement EBPs across the state. Members of the group include SRS, KU, NAMI, Consumers, CMHCs and GMHSP council members. Wes commented that he hopes the group will incorporate information from the "National Registry" of best practices.

Kathy Harmon then introduced the EBP Grids that Kansas developed last year (2004). They are not new and were introduced to the council previously. They have been updated for the Summit Five, but were not used in the presentation or as handouts as SRS had expected. Kathy is checking with NAMI to determine what happened, and has indicated that SRS MH is willing to send copies to all participants at the summit, as well as the national presenters. In addition to the grids, a new map showing the sites of EBPs using fidelity tools or toolkits was handed out.

ACTION TAKEN: Will update in future as needed

RESPONSIBLE PERSON (S): N/A

TARGET DATE: N/A

TOPIC:

Update and Report: Summit on NFC Goal Three (Handout)

DISCUSSION:

There was participation from across the state for the summit three held in Garden City December 16 and 17, 2004. Over 85 people attended. The council received a draft report on the summit from Melissa Ness, who facilitated. 11.5 CEU's were offered, interpreters were available and most attendees were there for both days. Area Mental Health did a wonderful job and opened up their facilities for the group. A work group or task force may be formed (to determined by the executive committee) on rural issues. Extra handouts from the summit were available to those who were unable to attend. SRS MH provided funding for CAC

www.srskansas.org/hcp/mhsip/index/html

<http://www.srskansas.org/hcp/mhsatr/MHmain.htm>

and KEYs for Networking to make available for families and consumers to attend all six summits.

ACTION TAKEN: Will ask Melissa Ness to attend future GMHSPC meeting and present final report.

RESPONSIBLE PERSON (S): Wes and Becky

TARGET DATE: 3/22/05

TOPIC:

Council Member Subcommittee Updates

DISCUSSION:

SDS: Scott Jackson reported the new subcommittee has met twice and will be looking first at the overall service delivery system in Kansas, and putting it into some type of workable visual representation. There are approximately 30 members from very diverse stakeholder groups, and at least one person from each of the other GMHSPC Subcommittees. The group will be meeting monthly to begin with.

Aging: This is another newer subcommittee, Rose Mary told the council. They are determining ways to increase services to the aging population. They would also like to see more aging specialists in the CMHCs. There are around 8-10 people on the committee. Nancy Trout from Johnson County and Rose Mary Mohr are the co-chairs. They will be working with the SDS SC also.

VR/SE: Jim is the rep on that subcommittee, one of the oldest. Sitka Steuve, the new chair, was in attendance at the meeting and told the council the SC will be looking at previous recommendations and trying to finish those, while also adding some new direction. The group has around 15-18 members, and in the afternoon, they add in the providers, making it a 30-35 person group.

Housing and Homelessness: Gary reported on this SC. One of the main questions this SC is looking at is whether MHBG Funds can be used for housing, historically, BG funds cannot be used for housing (or for anything that other funding is available for) and SAMHSA has put out a book on this very issues. It is being researched at this time by several SRS MH staff.

Children's: Previously, as a children's hospital workgroup, the committee had begun a report. This subcommittee plans to move the report from draft form to final and then into action. Mary Beth Kidd told Bobby she would like to be a part of the group.

Update from Melba Sutton on new Substance Abuse Field staff. A map showing the location of the regional field staff was handed out. Previously, the program consultants were all located in Topeka, but AAPS has decided to mirror the MH field staff and locate staff in the communities where they know the resources and needs. Information about self-help groups, support groups, 12-Step programs, etc. will be a few of the things the new staff provides. These staff are half time SRS regional office employees, and half time SA field staff.

Update from Wes on the Sexual Predator Treatment work group. This is a major concern for the council as the dollars used to house the sexual predators,

and the beds being taken up by these individuals are growing at an alarming rate. This group of people come from the corrections side, and is then moved into this program. SRS has a Sexual Predator Treatment Program at LSH. This group hopes to meld the two areas together so that the person starts the treatment in the corrections arena. Perhaps also a transitional program modeled after the one at OSH. There is a need to have better assessment of these people and their abilities to be released into the community. There has been some discussion and some controversy regarding this population. CMHCs are not mandated to provide services to sexual predators, or to those who sexually offend, however they are mandated to provide services, as they do on a daily basis to meet the needs of individuals with SPMI or children with an SED. The SDS SC will likely receive some of the information on this subject.

ACTION TAKEN: A list of subcommittee meeting will go out to all the council members after one can be compiled, and meeting dates determined.

Subcommittees need to send dates and locations to Becky.

RESPONSIBLE PERSON (S): Becky will email out

TARGET DATE: As soon as available

TOPIC:

Implementation Report, Block Grant Modifications (Handouts)

DISCUSSION:

Kathy told the council that normally she would not be making this presentation, but that she and Nocona Pewewardy had taken the lead in the Implementation Report due to the six-month absence of Becky Rinehart, the state planner. This year, a three-year plan was submitted for the Block Grant. The report shows the performance measures for the year previously- so this is the FY 2004 Implementation Report. The implementation report is a part of the BG. There are 21 indicators in the FY 2004 plan, covering five mandatory areas. Several new indicators (four or five) have been added for the 2005 plan, and they will be reported in the Implementation Report for next December.

CMHS mandates the four areas for adults, and five for children, states only need do one indicator for each or nine total, but Kansas has 21, with more for next year. In addition, there are federal URS tables in the end of the report that Kansas also reports on. Front page of report tells you all the parts, then the accomplishments in mental health for the past year, which goes to page 14. The data collected in '04 is next. These data indicate how the state has performed with regard to the indicators mentioned earlier.

Most of the performance measures are captured in AIMS, with the subset of those receiving the most intense services -SED or SMPI with case management, CPST, vocational status, etc., which gives an indication of how the most vulnerable sub-populations are managing their illness. This is not generalized to other populations, but is indicative of the outcomes for those receiving the most intense services in our overall population- the "Targeted Population". Others receiving services that are not tracked, do not have the intensity of services- and

don't need them apparently. They may have in the past, but are doing well enough to only need, for example, med checks. In addition, Kansas uses a Consumer Satisfaction survey to look at these folks, and how they are doing.

This is all related to the Mental Health Block Grant, which the council reviewed this past summer. CMHS advocates for the BG funding, and must show outcomes; therefore, all states and territories who receive block grant funding must use the mandatory areas, and measure the populations with the most intense services, in order for the feds to have reliable and valid data to report back to congress on. Having the population measured the same throughout all the states makes this possible. Page 16 shows the mandatory areas.

Kansas uses both national averages and information regarding our own system to set the percentages to be achieved for each performance measure. In addition, AMIS has changed the way much of the data is collected, so that it is much more accurately reflective of the system. States not meeting their goals must have a good explanation in their narrative, or they can be in jeopardy of losing their BG funding.

At the end of the report are the basic tables, and the developmental tables. These federal tables are being collected from all the states and territories, in order for SAMHSA to have reliable data on the same measures from everyone, in order to report back to the congress. At first the basic tables were optional, now they are mandatory. The developmental tables are just that- still under development. These data are not collected to compare one state to another, but to compare a state to itself and its trends over time.

The FY 2005-2007 Block Grant application was reviewed in October, and Kansas only had one modification to be done. Those pages are in a handout, and consist of the numbers that were not available when the application first went in on Sept. first.

ACTION TAKEN: none needed
RESPONSIBLE PERSON (S): N/A
TARGET DATE: N/A

TOPIC:

Data Book, SRS MH Website and AIMS (Handouts)

DISCUSSION:

Nocona Pewewardy, Data Integration Specialist at SRS MH gave a presentation to the council beginning with the website for MHSIP- the Mental Health Statistical Improvement Project. The address is

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

This website enables the state to be transparent in the sharing of data collected across the state through AIMS. Information goes from the CMHCs to the

www.srskansas.org/hcp/mhsip/index/html

<http://www.srskansas.org/hcp/mhsatr/MHmain.htm>

Consortium, is reviewed and entered into the database, and then is sent to the state often by way of reports. The Consortium contracts to the state to collect and manage the data. So, for example, the Consortium generates the tables at the back of the Implementation report.

The CMHCs and the people there that attend to detail, and enter their data, are the backbone of the system. There are 85 data elements in the AIMS, and three subsets of data are collected from those elements. This system helps us, through the numbers and data, to do what is important. It isn't just numbers and percentages and data. It is human beings. These data help everyone connected to do a better job with the limited resources available. These data and the information they contain must be relevant and accessible to everyone with a stake in what they contain. That is why this website is important. It gives everyone the opportunity to see the reports and to access the data.

In addition, there is a Mental Health Homepage that can be accessed from this site, and it contains a lot of detail regarding mental health initiatives, how to contact the central office staff and the teams they are on, and documents, like the block grant application, the strategic plan, etc.

Nocona helped the council understand how the data is used, the reports that are available, and how outside people can request the use of the data through reports. There is a protocol in place now, since so many entities have requested use of the data.

The AIMS oversight committee keeps the system on track, and consists of many stakeholders, including consumers, CMHCs, KU, and the state. The data infrastructure grant has funds available to help consumers and family members attend the meetings, because it is necessary and important to have consumer input in all areas, including the AIMS. In addition, the committee helps in the "tweaking" of the AIMS, refining and changing definitions. AIMS is not, however the fix-all for everything. There are other sources of data that are better than AIMS in some instances. She also asked that the Association make sure that information from their representatives on the committee is being brought back to them and shared so that they have a good understanding of what is happening.

Nocona also reminded everyone that they do not see something they thought was on the website to contact her or Becky or Kathy for help. She demonstrated that the reports on the site are in various forms, so that different people can relate to them in a manner most comfortable to them. She also showed the group the "Data Book", which is also on the web. She cautioned them to read the introduction and learn how the data can and cannot be used. The data is aggregate, so there is no identifying personal information, and HIPPA is followed.

ACTION TAKEN: none needed

RESPONSIBLE PERSON (S): N/A

TARGET DATE: N/A

TOPIC:

Council Member Reports

DISCUSSION:

Kathy: MH has a new contract with K-State on the all-hazards planning. There are 8 people working on this from K-State, and one will be at SRS 20 hours a week. Her name is Vickie Hull.

Sue: Children and family services contracts were awarded last week. Transition will be complete on June 30. Also, the child in need of care (CINC) legislation is being revised and will be taking up a lot of their time.

Jim: Deafness is another type of cultural diversity, and there is concern that MH services are being provided to those in need of deaf services. The person from Johnson County cannot get to all parts of the state because her time is limited. Jim would like for the council to hear more about these concerns from the community and asked that the executive committee contact this woman and the Director of the Kansas Commission on Deaf and Hearing Impaired to see if they can come and talk at a future meeting.

Roger: In process of awarding contract for Health Services, and will be getting more discharge planners to work with those who are reentering with significant medical or mental health issues.

Gary: CAC is in the planning process for the fifth annual recovery conference to held May 31-June 2. They are still accepting workshop proposals. Workshops are 75 mins. Sponsored by SRS Self-Help Network, and of course the CAC. Leadership Academy is going well, and just sent out applications for fourth class consisting of 25 students for one year.

Melba: AAPS is having their first annual Recovery Conference the 9, 10, and 11 of June. Working with the Oxford Houses, and hoping to have a large turnout, despite the fact that 12-step programs have as one of their greatest strengths anonymity. The Oxford Houses are more like CROs, and a great way to help consumers. They are sure if it will be annual, but they are hoping so.

ACTION TAKEN:

- 1) Need to contact Johnson County CMHC, and the Director of the Kansas Commission for Deaf and Hearing Impaired to find out about coming to speak to the council on this topic.**
- 2) Tom is sending email to Melba to get a letter for some of the folks at his CRO regarding the Recovery Conference.**

RESPONSIBLE PERSON (S): Executive committee; Tom and Melba

TARGET DATE: not set

Additional Items: none at this time

TOPIC:

Public Comment

There was no public comment heard.

Additional Announcements:

none

NEXT GMHSPC MEETING:

The next regular meeting is set for March 22, 9-3 at SRS Learning Center, Rooms A&B.

ADJOURNMENT: Meeting adjourned at 3:05 pm

Wes Cole
COUNCIL CHAIRPERSON

2/23/05
Date