

**Minutes from the Service Delivery Systems (SDS) Subcommittee of  
The Governor's Mental Health Services Planning Council  
May 18, 2005 9am - 12noon  
SRS Learning Center, Room D**

**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:**

Terry Seirer Becker	Rosemary Mohr-via telephone	Wes Jones
Marlan Ratzlaff	Su Budd	Scott Jackson
Sheri Albright	Debra Burrows Dameron	Lois Clendening
Maggie Rassette		

**Members Absent:**

Kathy Harmon	Deborah Stern	Bradley Grinage, MDJudge
Thomas Saxton	James Karlan	Bruce Linhos
Teresa Berry	Toni Albright	Robert Hecht
Ron Denney	Richard Dyer, MD	Steve Feinstein
Mike Hammond	Lee Flamik	Gary Parker
Jo Lowe		

**Guests:**

Leslie Huss, SRS MH Forensic Coordinator

**SRS Support Staff:**

Nancy Rapp- Adult MH Team Leader, Becky Rinehart -Planning and Communications  
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Scott Jackson called the meeting to order and welcomed everyone. The Minutes from the April meeting were approved (with slight modification to page two).

**A Special Presentation by Leslie Huss, SRS MH Forensics Coordinator on:  
Jail Surveys, CMHC Surveys and the Forensic Subcommittee**

Leslie Huss is the forensic coordinator at SRS MH. She also works with the Aging Subcommittee of the council and is the central office coordinator for the sexual predator treatment program.

Leslie told the group about the jail survey which was sent out in January 2004 and had a 70% return rate, including from all the larger areas of the state. The survey asked about

[www.srskansas.org/hcp/MHSIP/index.html](http://www.srskansas.org/hcp/MHSIP/index.html);[www.srskansas.org/hcp/mhsatr/MHmain.html](http://www.srskansas.org/hcp/mhsatr/MHmain.html)

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

[www.NAMIKANSAS.org](http://www.NAMIKANSAS.org)

[www.Keys.org](http://www.Keys.org)

[www.KSADV.org](http://www.KSADV.org)

concerns with housing, mental health service provision, resources needed, and successful programs. Four sizes of jails were included: 1-25 beds, 26-50 beds, 51-150, and 151+. Although the expectation was that funding would be the main area of concern, the lack of training, particularly in suicide prevention ranked high. Although a previous KU survey had reported that 71% of the staff had not received training, Leslie's survey showed that 57% had received training. All of the seventy respondents reported that medications were provided to the inmates; however anecdotal information appears to show this is not always the case.

Most of the areas reported that they do not have the staff or the money to house mental health patients for any length of time and therefore try to get them moved as quickly as possible to more appropriate facilities. Most also use CMHCs for suicide prevention and/or crisis interventions. Some jails contract out to take people from one area of the state and house them in another area. This is often a problem with mental health prisoners as they cannot easily have medications refilled.

Nine of the largest jails (151+) report an increase in the number of those experiencing a mental illness. Some problems identified: Ability to identify mental health issues; lack of training; suicide and self harm appropriate housing of those with a mental illness; safety and security; the cost of additional staff to monitor; cross-training; and the cost of medications. 29% of respondents had special programs and collaborate with CMHCs. During 2004, the Mental Health Association of the Heartland provided SRS with six cross-trainings and during 2005 have scheduled four additional cross-trainings for jails, however the DOC have indicated the possibility of wanting to attend.

Leslie then told the group about a survey done with the CMHCs. There was 100% response rate, and overall, relationships between jails and CMHCs were good. Competency to stand trial is a big issue, and it was determined that the state needs to provide quarterly competency trainings. Reimbursement for the trainings is also an area that needs review. Last year the Forensic subcommittee made one important recommendation to the council and the Governor, that a separate entity be set up to coordinate all forensic issues in the state. Recommendations from the subcommittee can be found on the grid presented to the GMHSPC.

- Becky will get copies of the full Jail Survey report to the SDS Subcommittee members for the next meeting.
- Becky will bring copies of the Forensic subcommittee grid to the next meeting.

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

- Maggie- Updated hospital bed data  
Maggie handed out an updated chart on the hospital bed data. She also reported that she couldn't get/hospitals don't keep the data on 30/90 day readmissions. It was determined that this is not really necessary information for the purposes of this committee. She will try get information on the raw number of readmissions for the last two years and will update the information on the chart to reflect these changes.

- Maggie will bring an updated chart to the next meeting.
- LSH and OSH will also have readmit data available for the next meeting.
- Debra- info on social detox admits at state hospitals for past year. There is a large and looming problem with Substance abuse co occurring with mental illness, and "Masquerading" as mental illness. Many people are admitted to the private hospitals when they are psychotic, only to find out later it is substance abuse. More than 50% of these people are not covered with any type of funding and the hospitals have to eat it. This situation cannot continue for long, hospitals will be forced to close more mental health beds. Adequate funding is lacking for those with addictions in the state. Social detox facilities do not do medical detox. Social detox should be a part of the continuum. Facilities that work those that are addicted need to fund medical detox.  
Some people are screened out even though they may have mh issues, while many are given a MI Dx, so that they will be paid for. This could be fraudulent, and if there was adequate funding for the substance abuse needs, there would not be the channeling of those with addictions into the mental health beds. Funding for SA needs to be looked at by the state closely. In the past when SA facilities were closed Chemical Dependency Rehabilitation Programs were to be available in communities. This has not been the case in many areas. With a 90% relapse rate for Meth, and an extremely high addiction rate, it is important to find ways to fund more long-term SA facilities. Some people may need the 6 mos. To one year rehab, and many are in need of the 28 day units that are then transitioned into outpatient and with an effective plan of care can overcome their addictions. Currently, many walk out before any plan of care has even been discussed. This area needs more discussion and more information.
  - Debra will bring the number of admits, number of social detox, and number of referrals to next meeting.
- Scott- JJA and YCAT. Mary Beth Kidd is looking for information from YCAT. The Community Program data sets are all voluntary so may not be complete.
  - Scott will bring information on YCAT/Regional/Community services to next meeting.
- Jim told the group that JJA is putting out an RFP for Foster Care homes. It includes a "no eject" clause. CMHCs would be taking care of all mental health needs. This is mainly a western Kansas issues, and there is concern that they will not be able to find these homes, given that foster care is difficult to locate for any children in western Kansas, let alone those from JJA. There is a belief that a cost shift and a responsibility shift is occurring.
  - Jim will bring more info on this to the next meeting.

**OFF TOPIC:** Sheri announced to the group that Gatewood Care Center (NFMH) will be closing on May 31. She reported that Gatewood had made a proposal to become a service

based system with attendant care and crisis beds. She believes that SRS refused this proposal and could do more to prevent the closing. Nancy explained to the group that for some time, SRS MH has hoped to change the ability of the funding for these people to follow them when they reenter the community. In this case, it has been approved and the CMHCs will be able to provide services for these people.

- **Scott will be sending out a memo with his recommendations regarding the information to be placed behind the tabs in the notebooks. Strengths, challenges and the summary of data available. Watch for this information and return your suggestions to him ASAP. Writing assignments will be given out at the June meeting.**

Future **meeting dates** are: June 15, Wichita at Via- Christi, from 1-4. (There is a Summit being held in Wichita June 16 and 17 on NFC Goal Two at the Airport Best Western). July 19, Topeka, KS from 9-12.

The next meeting is scheduled for **June 15, 1 pm to 4 pm at Via Christi Good Shepard Campus in Wichita, KS.**

To get to this location take the Wichita Kellogg exit and go west. Turn left when you first can. The address is 8901 East Orme and is located behind a closed Circuit City.

**Rose Mary Mohr has invited anyone that would like to come and see her place at Central and Woodlawn. If you would like to meet for lunch, and tour the facilities, give her a call or email: 316.685.1821 ex 224 / [rosemary@mhasck.org](mailto:rosemary@mhasck.org)**

**Assignments:**

**Array of Services-** Memo and template from Scott

**Information on YCAT/Regional/Community services-** Scott

**DOC report on psychotropic meds???**

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**List of Needed Services:**

- Sexual Offender Treatment
- Sexual Abuse Treatment

**Issues:**

**What should social detox be at the state mental health hospitals?**

**What/How this relates to community social detox?**

**Treating medically needy people in the state mental health hospitals (not equipped for medical emergencies). There is a question of how the state hospital beds are being used, does SD belong in the state hospital, or is there another area it can be placed?**

**70% of state hospital admits have a SA issue.**

3-16-05

Cultural Competency Resources List:

- **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 and stakeholders.