

Approved: 11-23-05 Date

## MINUTES OF THE HOUSE CORRECTIONS & JUVENILE JUSTICE COMMITTEE

The meeting was called to order by Chairman Ward Loyd at 1:30 P.M. on March 7, 2005 in Room 241-N of the Capitol.

All members were present except:

- Kathe Decker- excused
- Mike Peterson- excused
- Stephanie Sharp- excused
- Dale Swenson- absent
- Kevin Yoder- excused

Committee staff present:

- Jill Wolters, Revisor of Statutes Office
- Diana Lee, Revisor of Statutes Office
- Jerry Ann Donaldson, Kansas Legislative Research
- Becky Krahl, Kansas Legislative Research
- Connie Burns, Committee Secretary

Conferees appearing before the committee:

- Marilyn Cook, Comcare Community Mental Health Center
- Roger Haden, KDOC

Others attending:

See attached list.

Marilyn Cook, Executive Director, Comcare Community Mental Health Center, provided the committee a power point presentation on the Kansas Mental Health System. ([Attachment 1](#)) The Community Mental Health Centers (CMHC) are state funded but county administered. There are 29 licensed CMHC with a combined staff of 4,500 that provide services in over 120 locations in every county.

Funding is:

- 70% from public sources, (local, state, federal),
- private insurance
- self pay
- 105 counties contribute more than \$21 million annually
- By regulation, CMHCs provide services to all regardless of ability to pay

The CMHCs are licensed by SRS and target the population who have Severe and Persistent Mental Illness (SPMI) and Serious Emotional Disturbance (SED). SPMI determination is based on mental conditions on Axis I.

The Number of SPMI Adults Served:

- 7,775 in 1992
- 18,800 in 2003

The number of children/adolescents with SED:

- 6,034 in 1992
- 18,900 in 2003

The mental health system crosses boundaries and shares clients with:

- Corrections
- Aging
- Schools
- Primary Care
- Child Welfare

CMHC's provide care to over 110,000 individuals and more than 97% of all citizens seeking public mental health care are seen at CMHC's.

#### Mental Health Reform:

- 1990 – MH reform legislated
- Implemented in phases
  - Osawatomie State Hospital
  - Topeka State Hospital
  - Larned State Hospital

#### Goals of Reform

- Decrease the number of individuals living in State Mental Health Hospitals (SMHHs) and maintain them in communities with services wrapped around them (community-based services)
- Simply put, a shift from institutional to community-based care
- CMHCs as gatekeepers

#### The cost prior to Mental Health reform:

- (1) for an adult was \$70,000 a year
- (2) for a child/adolescent \$149,000 a year

#### The core services following Mental Health reform for adults:

- Case Management
- Attendant Care
- Supported employment/education activities
- Medication Management
- Crisis Services

#### Kansas currently has 3 State Hospitals:

- Osawatomie State Hospital
- Larned State Hospital
- Rainbows Mental Health Facility (Kansas City)

#### Number of Admissions has increased 67%:

- In 1999 – 1859 admissions
- In 2003 - 3115 admissions

The average length of stay has decreased. Two state hospitals were closed in 1996 the Topeka State Hospital and Winfield DD Facility. The impact of Mental Health Reform on State Mental Health Hospitals has seen the number of accessing increased 67%, with over 50% new to the Mental Health system. From 1990 to 2003 the average daily census decreased from 1283 to 293 a reduction of 77%.

#### Major Findings:

- State Hospitals are necessary
- Role of SMHH is changing – any further decrease in beds should be done in a planned way with all stakeholders
- Community-based services and local community inpatient services have to be adequately funded

#### Recommendations: 3 Pronged Focus:

- Front end services
- TX in SMHH/Inpatient facility
- Transition to communities

In the 2002/2003 Legislative Session, SRS proposed to close Rainbow Mental Health Facility with the claim it would result in a \$400,000 savings in State General Fund (\$3.3 million all funds) and expand bed capacity at OSH.

#### Forensic Subcommittee Government Report of Mental Health Services Planning Council, August 2004.

##### Primary recommendations:

- Single state entity to take responsibility for the growing clinical, fiscal, social, and legislative issues involved with the forensic population

- Found offenders with MI return to state correctional facilities on condition violations at a rate of 75 - 80% (compared to 40 – 45%)
- Nearly 50% of MI offenders are homeless at the time release

Forensic Subcommittee Recommendations:

- Train/educate local law enforcement officers
- Identify diversion strategies
- Collaboration needed with CMHCs and jails to ensure adequate follow up
- Monitor medical availability following release
- Insufficient collaboration among primary agencies serving this population

Challenges:

- Service integration
- Need to decrease incidents of incarceration for SPMI population
- Financing the care of the uninsured
- Access

Roger Haden, KDOC, provided a briefing on KDOC Mental Health Programs. (Attachment 2) The KDOC provides a comprehensive range of mental health services for inmates that include initial screening and evaluation, crisis intervention, medication management, intensive therapeutic activities for serious mental illness, and discharge planning for mentally ill offenders preparing for release. KDOC 's health services contractor, Correct Care Solution (CCS), provides mental health services for inmates as a component of the health services contract.

Upon initial admission to the Department of Corrections, each inmate is screened for significant current or previous mental health problems. Following the screen, a psychologist then completes an evaluation of each inmate to determine appropriate placement in a DOC facility. In addition to mental health diagnoses consistent with DSM-IV classification, the Department uses an internal mental health classification system which identifies mental disorder, treatment need, housing considerations, employability, and functionality.

Increased emphasis on Release and Transition services, especially in building collaborative partnerships with community resources, the major areas which need attention for the mentally offenders are:

- Disability assistance
- Housing
- Continuity of care especially in medication management
- Employment

The meeting was adjourned at 3:20 pm. The next meeting is March 8, 2005.